

When is a Nursing Auxiliary not a 'Nursing' Auxiliary?

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A resolution from the Ward and Departmental Section of the Rcn, to be debated in Cardiff in July, is the subject of this article

The nursing profession will be discussing in Cardiff during July this year whether to operate further restrictive practices within its discipline; the Ward and Departmental Section within the Rcn has drafted a resolution for the Rcn Representative Body to discuss. The essential theme is to remove the word 'nursing' from the title of nursing auxiliary.

Restrictive Practices

This proposed action could be termed a restrictive practice. It seems quite extraordinary that a profession may deem it acceptable to restrict people from doing work in their particular profession, while restrictive practices in force on the shop floor in industry are condemned out of hand by those same professional people.

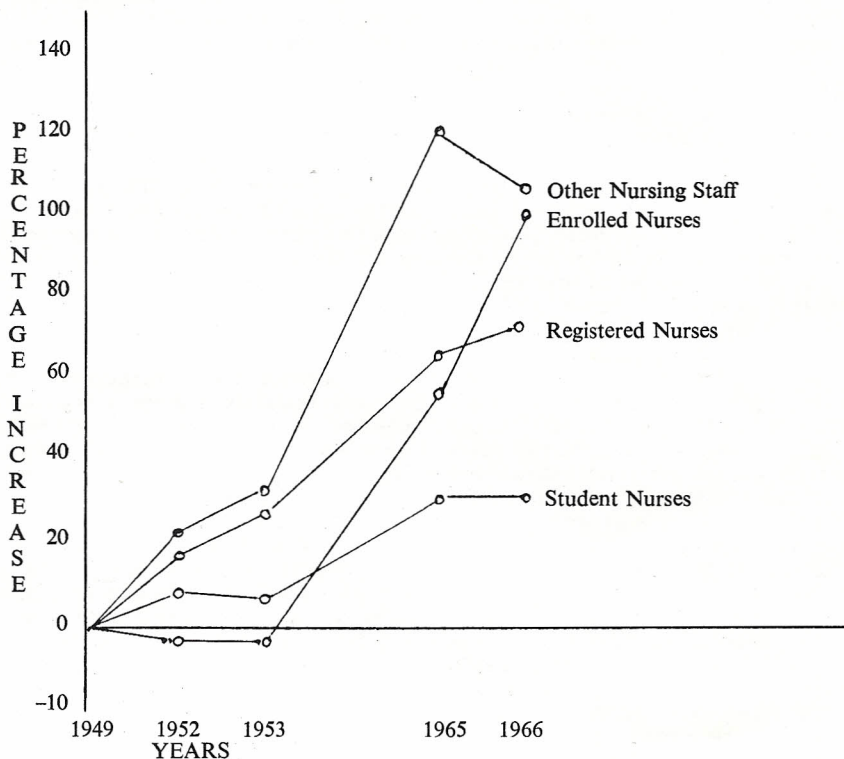
By calling a recognized body of practitioners 'professionals' it is assumed that they will have taken such formal training as will allow them to perform adequately the tasks set before them. It also implies that those not willing or able to take the training are not adequate to undertake the same tasks.

To safeguard their standards, most professions will seek ways and means to limit those unqualified, thus restricting the practice of those skills to a specialist group of people. The range of skills thus restricted, together with the essential knowledge, is wide and varied. This can be seen from engineering to accountancy, medicine to architecture, and from teaching to Holy Orders. Some of these restrictions are allowed for by law while others are enforced by employers who will only employ persons for specific posts who hold certain recognized qualifications.

Effects of the Resolution

It is not the purpose of this paper to discuss the merits or otherwise of this system of restrictive measures but only to make the reader aware that this type of behaviour is widespread both in the professions and in almost every other walk of life. The writer would much rather examine in greater detail the likely effects of the passing of such a resolution within the nursing profession.

To be fully operative the resolution would have to be accepted by the Rcn delegates, the Council of the Rcn and



then in turn by the Nurses and Midwives Whitley Council and the Ministry of Health. Before those implications are considered, first look at the short history of the nursing auxiliary. It has been growing for the last 20 years into quite a story.

Since 1949 the 'other nursing staff' have increased from 27,525 to 57,650 by 1966, a growth rate of 112% or over 6.5% per year over the whole period. In fact in 1965 this figure was higher but the opening of the Roll for persons with experience in the psychiatric field reduced the numbers of auxiliary staff by about 9%. The graph shows the growth for most grades of nursing staff in the form of percentages up to 1966.

The only grade not shown is that of pupil nurses. Their numbers have increased since the smaller general training hospitals have changed to pupil nurse training and other hospitals have opened training schools to train nurses for the Roll. This trend is clearly reflected in the growth figures for the

enrolled nurse. These show an increase of over 30% from 1965 to 1966.

It can be readily seen that the nursing auxiliary growth has been a real one. This growth is, of course, interpreted differently according to who is reading it. To the nursing profession it is usually seen as a threat to standards of patient care together with a gradual and continuing dilution of the profession by untrained personnel. To management, on the other hand, this growth is seen as the answer to the many employment problems facing them.

Who is Right?

Who then is right? The answer probably lies somewhere in between these two views. The increase in nursing auxiliaries must not be considered in isolation but rather in the context of tremendous change. Medicine, and consequently nursing, was much simpler and slower in pace 20 to 30 years ago. Many of the now common drugs and techniques were then unknown. The skill of the trained nurse in making her

patient comfortable was her prerogative and her most understood role. In this the nurse found security and support both for herself and her patient. Unfortunately for some, times have changed. It is therefore essential that the nursing auxiliary be viewed as part of a well-trained nursing team of 1968 and not that of an individual in a hospital of 1948.

Should the resolution have the ultimate success its sponsors would wish, the question must be asked as to what the results are likely to be for the nursing profession in general and for the nursing auxiliary in particular. The first reaction of the nursing auxiliary is likely to be a great psychological one. This effect could be quite significant.

It should be remembered that at the present time, nursing auxiliaries are making a very considerable contribution to the nursing of the patient. In some hospitals auxiliaries are holding posts of responsibility. It is becoming common practice for nursing auxiliaries to relieve nurses for meals on night duty and act as the second nurse on the same duty. Just removing the title 'nursing' from her title will not stop these practices from continuing but rather lower the morale of these people as they see the profession taking deliberate and calculated action against them and their work.

Since the introduction of the 1964 syllabus for pupil nurses, some hospitals have been unable to offer all the experience necessary during the two years of training. This has meant secondment to other hospitals, while yet other hospitals possessing only geriatric patients have ceased to become training schools at all. The only replacements available for both these types of hospital have been nursing auxiliaries. The word 'nursing' may be removed but nurse they will because the situation demands it. Therefore this cannot be the logical reason for the demand for the removal of this word.

The second effect that this resolution would have would be most disastrous for the nursing profession. It is possible that the effects would be felt for many years to come, if not for all time.

New Controlling Council?

Once the 'nursing' part is removed, organizations representing the interests of the nursing auxiliary on the Nurses and Midwives Whitley Council could ask for this grade of staff to be removed completely from the control of the Council and be transferred to another, more appropriate Council. This request would receive the unqualified blessing of the professional organizations as they would see their future negotiating strength increased at the expense of those other organizations. The reason for this probable reaction would be that some of the trade unions hold some of their seats by reason of

their auxiliary membership.

This is not meant to imply that these organizations do not represent the registered nurse. Many of these movements do have quite large numbers of nurses in membership. However, having taken this action the next step would be to transfer the employment of the nursing auxiliary to the hospital secretary. Thus would continue unabated the profession's continued demise in the management sense.

The Prices and Incomes Board report clearly indicated that grade 1 in the Salmon structure was to be the nursing auxiliary. In other words the basis and foundation of the whole pyramid would be the nursing auxiliary. Is the profession going to continue to use to its own disadvantage that well-worn phrase, 'It's a non-nursing duty'?

This needs to be explained in management terms to show the full effect of this argument. Many staff formerly controlled by the nursing services (line authority) have now been transferred to the supporting services. These services are called 'functional' and each has its own 'line' manager. The great fault with this newer system of management is that the staff involved have not been trained to understand the effects of such changed relationships, and therefore find themselves in impossible situations.

For instance, the domestic assistant in many hospitals is given a new line manager in the form of a domestic supervisor but all senior people expect the ward sister to change overnight her role of line manager to that of co-ordinator of ward activities. This can and does make for difficult relationships if communications are poor and job descriptions inadequate. But trying to divide the nursing team in this way, is in a sense, to commit managerial suicide.

It is perhaps also interesting that as the nursing profession seeks to manage fewer and fewer people, so the demand for greater remuneration and higher status continues unabated. Surely this is restrictive practice in its purest form!

The Future of the Nursing Auxiliary

How is the nursing auxiliary to be managed and trained in the future? Immediately this type of question is asked, the profession faces a dilemma.

There is much discussion at the moment regarding job descriptions for nursing staff. Salmon project leaders throughout the country are busy writing job descriptions at this present time. Unfortunately, although there seems to be lots of information about these exercises in the professional journals, very little, if anything, is heard about job analysis.

Is it that this information is not thought necessary to put into print or is it rather that two very large steps have been taken at once and that jobs have

first been described and then analysed from the description? Surely it is essential that on-the-job analysis is performed for every grade of staff in every working situation in all hospitals. When the further work of job description is performed the place of the nursing auxiliary in the ward nursing team will be very clearly seen. It will show that in most hospitals she is occupying a very important place and playing an essential role in the profession of nursing.

New Type of Training

Once jobs have been carefully analysed in the working situation and not in an office, and job descriptions written, thought has to be given as to how to train the nursing auxiliary effectively. It has been proved in other fields of human activity that unskilled people can be taught skills to a very high level of efficiency, the secret being that the range of skills should be limited. If the hospital has developed a highly organized, reliable system of performance appraisal of its staff, then certain skills will be shown to be performed well by the majority of the better auxiliaries. These skills then need to be further analysed on the job and broken down into their component parts. This process is termed skills analysis.

A completely new form of training skills then needs to be undertaken. A small team should be formed consisting of one or two experienced nursing auxiliaries who have developed high levels of skill, and an experienced ward sister and a clinical instructor to lead the team. This small unit could transform the nursing auxiliary standards within a large hospital within months. The effects should be of lasting value.

Conclusion

The aim of this paper has been to draw attention to the effects on the nursing auxiliary of passing a resolution of this kind. Action, if taken, could so affect nursing that it would never fully recover. It has tried to show the confusion existing at ward level regarding changed relationships with ancillary staff. It has also attempted to suggest, in broad outline, new techniques of training and ways in which this could transform the performance of the nursing auxiliary grade.

As a last plea the writer would like to emphasize that nursing auxiliaries in many hospitals are at present undertaking a wide range of nursing duties. They only do this work because registered nurses are either unable or unwilling in particular areas of the country to do this work themselves.

Let the whole profession recognize this contribution and welcome these people into their nursing teams and give to them the true status that they have already earned and call them nursing auxiliaries. ■