



# LEADER

## The extension of the nurse's role — which way?

The article by Marilyn Marks in July's *Nursing Focus* called 'Intravenous Therapy — The Extending Role of the Nurse' highlighted a matter of concern to many readers. In some fields, nurses' work is changing; many are in favour of taking on more responsibility. As the debate continues, the consequences are bound to be far-reaching for managers.

Many managers seem to hold the view that to agree to extensions to nurses' duties will of necessity mean that more staff will be required to undertake the work left by those nurses extending their role. They know that the cry from the ward is continually for more staff and so the conflict between professional development and the need to do the basic job remains.

A nurse manager may also ask, what does the doctor now do if some of his duties are removed from him? The debate is interesting but endless and often leads to the accusation from those with a major interest at ward level that nurse management fail to take into consideration present and future medical and nursing developments. Nurse managers react by asserting that proposed extended duties are really medical techniques that junior doctors have found too mundane to continue to perform.

The article has raised another important issue. It is suggested that the principle of extending the nurse's role be developed in the form of specially trained teams of nurses. There are many positive advantages to be gained by the patient. He has a nurse who is very skilful in the procedure, who knows the associated complications, and in consequence can offer a safe and effective service, as opposed to the generalist nurse who attempts to master all the ward techniques.

There is another consequence to this development, however, which is not always taken into account. It is possible to take any individual of normal intelligence and train him in a limited area to a great level of efficiency. He or she need not necessarily be a nurse. So if the profession is to develop separate teams to undertake specified duties then do they have to be registered nurses? Another possible difficulty in this approach is that arguments can be put forward for other procedures to be taken out of the hands of nurses undertaking the basic care of the patient. What about the apparent simple care of the bowels of patients, particularly the elderly? An expertise in identifying and taking action with patients suffering from impacted faeces can be defined. It needs very careful attention and a certain skilled approach. Giving drugs through routes also needs a certain specific technical approach. The ultimate result of continuing to identify separate skills for team approach may be to denigrate basic nursing.

The question must be raised yet again, what is meant by the term 'nursing'? Is basic caring for a patient simple? I understand basic nursing to be highly complex; and simple skills become more complex when the patient is seen as an individual with identifiable needs. Should the nurse in charge of his care have on her staff all the expertise necessary to carry out his care or must she look to other nurses outside the ward team for a specialised technical procedure service? Does this enhance or detract from nursing in a team situation? The article shows that the present procedure is unsatisfactory from a patient, nursing and medical point of view. Where this happens in any hospital is it a fault of basic nursing education and training, a lack of management expertise at ward level to manage the patient's treatment and care in every aspect, or just the way a haphazard approach to patient care can occur?

This question of clinical teams with obvious clinical expertise, caring for one aspect of a patient's treatment, needs to be faced and discussed; because the debate will centre round the very basis of nursing care as it is understood today. It appears that the ward team must either possess basic and specialised skills at a sufficient level of expertise or delegate these responsibilities to others outside the immediate ward team.

Anthony Carr