



LEADER

The role and function of nursing auxiliaries

The debate on the position of the unqualified person in nursing has arisen yet again. The Rcn Representative Body at Harrogate in May discussed a resolution relating to the role and/or function of other staff apart from qualified nurses.

The dilemma facing the nursing profession is almost unique in professional terms, especially relating to the position of the nursing auxiliary. Take law, although solicitors have clerks and other assistance, it is only the qualified man or woman that actually practises. It is the same with teaching and other professions. Their professional role and function can be defined in writing and boundaries of work with authority be declared.

The major problem with nursing is that it is widely practised by almost all the population at sometime or other in the home. Take for instance the individual who has looked after an aged relative for years. The illness is progressive and therefore the practical skill required by the carer tends to develop by trial and error. This skill can eventually be quite considerable and challenge the professional, especially if the patient is admitted to hospital. It could be said that over 90 per cent of nursing patients is undertaken outside the professional authority of a qualified nurse. This is one reason why it is difficult to define accurately the function of professional nursing.

This conflict is highlighted when resolutions at various professional meetings try to denigrate the role and status of the nursing auxiliary. I miss out 'function' — the job to be done — deliberately because the profession tends to take an overall view that most, if not all, of nursing in hospital and care in the community should be restricted to qualified nurses. This is the stand taken at national conferences and the pent-up emotion of the audience is released, and most present feel very much better following the discussion. What is generally debated is the role and status of the unqualified person, not the function. I say that because the very same people who speak so eloquently about restricting the use of unqualified staff return to a situation 'at home' where up to 40 per cent of their staff are unqualified.

This is why I separate function from role. The role affects the qualified nurse much more than function because role relates to status, while function relates to work to be done. At one and the same time a person could continue to employ unqualified persons to nurse patients and yet may not see the need to offer training to fit them for their job. In fact, the very idea of providing training for auxiliaries is unacceptable to some senior nurses. The reasoning is that those staff will eventually demand recognition as a third level nurse.

This is a very important debating subject which requires careful consideration. It only becomes constructive, however, when we know what aspect is being debated. I can only guess that the discussion at the Rcn Conference related mainly to the 'status/role' situation of other non-nurses.

May I make a special plea for the discussion to be moved towards the job that is required to be done? This completed, the profession can then go on to determine what status the nursing auxiliary should be given and a definition of role should follow on.

I believe there is urgent need to conclude this debate and for the nursing profession to determine clearly the function and role of the nursing auxiliary.

Anthony Carr

Congratulations to Anthony Carr upon being appointed President to the District Nursing Association. The Association was set up in 1971 following the disengagement of the Queen's Institute of District Nursing from pure district nursing activities. The appointment was made at the annual general meeting in Liverpool on 26th April.