

# **UNISON NON REGISTERED NURSES' FORUM**

## **REPORT JANUARY 2005**

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## ***GENERAL BACKGROUND***

As part of UNISON's ongoing commitment to the many members that are not registered nurses and following a request from its Scottish Nurses & Midwives Nursing Sector Committee, a sub-group was established to elucidate the concerns and aspirations of this often largely overlooked group of workers. This sub group advised and suggested that a questionnaire be developed to identify what resources were needed to assisting these members to press their views within UNISON, to their employers and to the powers that form and shape the NHS and the Health Care Sector in an attempt to improve and strengthen their working conditions. It should be considered that at the bedside in almost all situations of care, these nurses are delivering today what was the former remit of the Enrolled nurses of the past.

Without these teams, who largely but not always, work under the direction of the registered nurses, the NHS and care providers could not function. Unfortunately to-date they remain unregulated and the skills, standards and training is all too often left to chance or rely on the resourcefulness or benevolence of the employers. As the individuals skills are not recognised or validation at national level, they are largely non-transferable. Rewards for skills and experience are few and patchy in there distribution.

UNISON looks with some trepidation to the application of Agenda For Change and the Knowledge and Skills Framework to answer to need for true personal development and the opportunities for flexible progression for this loyal, reliable and dedicated workforce, who go relatively unrewarded for their continued commitment.

In Scotland, the Facing the Future Group, under the control of the Minister for Health and Community Care has been set up to consider influence and prepare to increase recruitment and retention of nurses and to it must not disregard the auxiliary nursing force that is already suffering from the same burdens as that of the registered nurses.

## ***THE QUESTIONNAIRE***

The sub group set the questionnaire and they were distributed through the Scottish branches. Branch secretaries were asked to distribute to wards and departments and to urge as many of the nursing support staff as possible to return no later than 15 June 2004. A sample of the questionnaire is included as Appendix 1. In the end 1251 members returned fully completed questionnaires and it is on the contents of these that the following results are based.

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## RESULTS

### WHO RESPONDED?

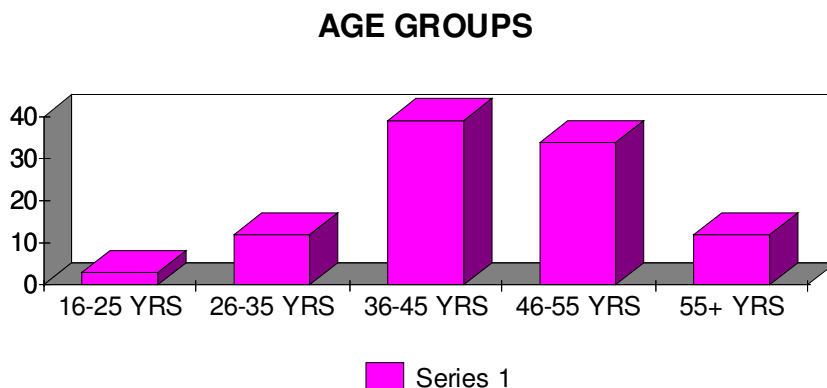
1251 non-registered nurses completed the questionnaire of which 87% were female and 13% were male. Of these nurses by far the majority, 73%, were known as nursing assistants while some 12% recorded that they were entitled Health Care Assistants and 14% as a variety of other titles such with clinical support workers/staff, phlebotomists, ward hostesses, theatre operatives being among the many. Not surprisingly the largest numbers of respondents were NHS ward-based staff (70%) while 8 % came from the community, 21% from specialist departments such as outpatients, theatre ITU/ICU/HDU and with only 1% of them coming from the voluntary or private sector.



### AGE & SERVICE

On the experience level 64% had more than 10 years service. This issue is particularly pertinent since we already are aware of the predicted impact that demography, medical advancements and health care will have on the available workforce within the next 10-20 years.

Of the respondents, a mere 15% were under 35 years with 3% of those under the age of 26 years. At the other end of the age scale 46% were over the age of 45 years.



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## **CAREER PATHWAYS**

On a positive note marginally more staff expressed the view that they were happy with prospects of your career advancing in the future and that they had advanced within their career since your commencement.

Conversely, when UNISON enquired about their personal development staff commented less positively. When asked the question “Have you, within the past twelve months, completed a Personal Development Plan or Assessment with the assistance of your Line Manager?” 55% and almost 60% stressed that they had not been given any further training or support within the area of Health Care, which probably led to the view from 53% that their employer was not committed to their Personal Development further training or support within the area of Health Care.

## **EDUCATION & QUALIFICATIONS**

UNISON looked at the level of academic and formally recognised skilled that the nursing assistants had. We were not surprised to see that 19% had O’Levels or Standard Grade passes, while interestingly 9% of these staff had Highers or A’ Levels and a further 9% had Further and Higher Education qualifications ranging from National Certificates, HNC and HND and Degrees. 7% stated that they had taken part in Return to Learn courses. Other such qualifications of note were City & Guilds and Scottish Leaving Certificates.

One finding which begs the question of the employers commitment to offer personal development is the statistic that just over one third (34%) indicated that they has SVQ/NVQ qualifications although we did not ask which of these were attained prior to entering nursing or which were relevant to health care. Further information offered was that 2% had professional registered certificates, 8% had gained Learning Credits and 9% had recognised Professional Competency Certificates. The areas covered were in Food Hygiene, First Aid, Computing, Control and Restraint, Moving and Handling, but other significant qualifications were in Dental Nursing, Nursery Nursing (NNEB) and alternative therapies such as aromatherapy.

25% of all respondents had no qualifications listed. Interestingly almost a half of the male respondents had no qualifications by comparison to one fifth of the women.

## **INDUCTION TRAINING**

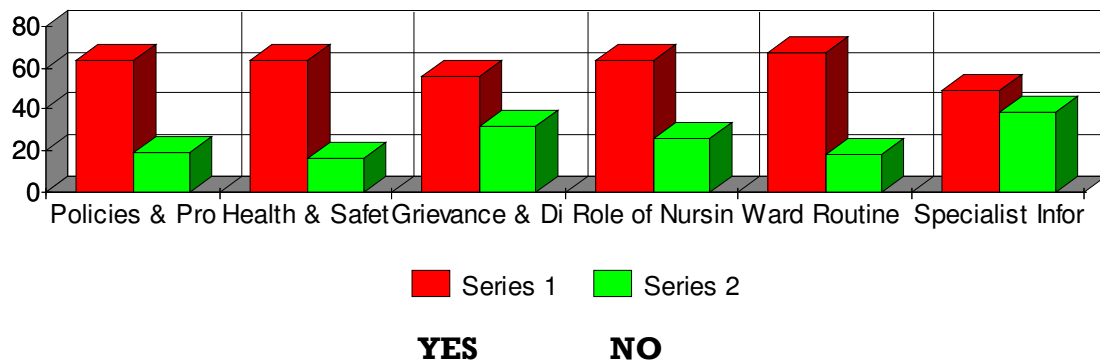
Most staff within the public sector would expect to have some form of Induction Training but it appears that this is not always the case in nursing. Some 9% indicated that they had not received any form of induction training which given the area is astounding. However, we have to consider that it is possible that these comments may be from staff who have been in the service for many years and it is therefore possible that they may only have received on the job ‘train as you go’ at that time. Unfortunately it is not possible to identify if this is the reason why at this time.

Of the staff that did have Induction training 53% had less than one week for induction while 20% had 1-2 weeks and only 6% had more than 2 weeks. The information given on these courses are as set out in the table below.

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<b>SUBJECT</b>	<b>YES %</b>	<b>NO %</b>
Policies & Procedures	64	19
Health & Safety	64	16
Grievance & Disciplinary	56	32
Role of Nursing Assistant	64	26
Ward Routine	67	18
Specialist Information	49	39

### Induction Training



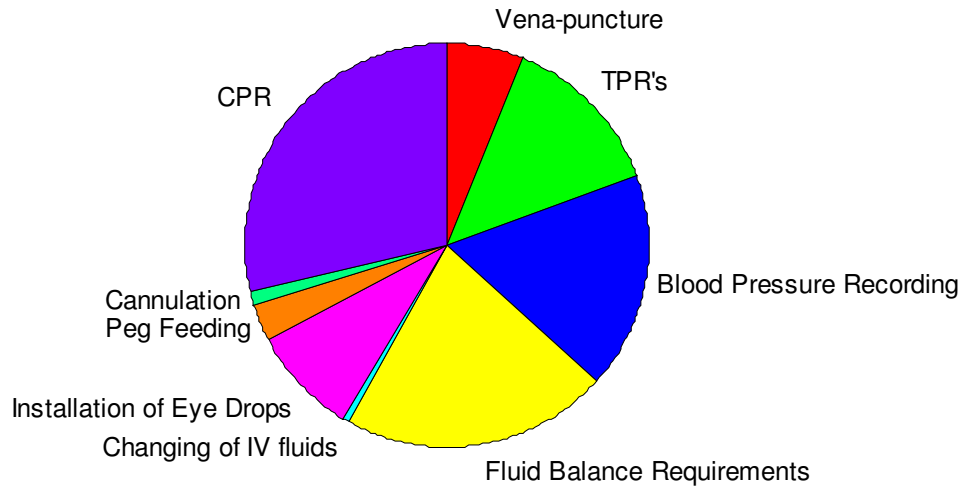
### COMPETENCY CREDITS/CERTIFICATES

Unfortunately 52% stated that they did not have any recognised credits or certificates for competency but of the 48% that had: -

<b>TASK</b>	<b>% (ACTUAL)</b>
Vena-puncture	<b>12%</b>
Catheterisation	<b>0%</b>
TPR's	<b>26%</b>
Blood Pressure Recording	<b>34%</b>
Fluid Balance Requirements	<b>42%</b>
Changing of IV fluids	<b>&lt;1%</b>
Installation of Eye Drops	<b>17%</b>
Peg Feeding	<b>6%</b>
Cannulation	<b>2%</b>
CPR	<b>56%</b>
Other	<b>0%</b>

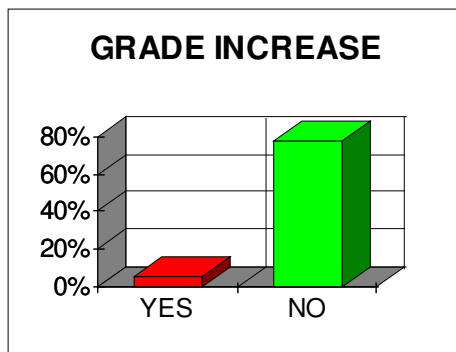
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## Competencies

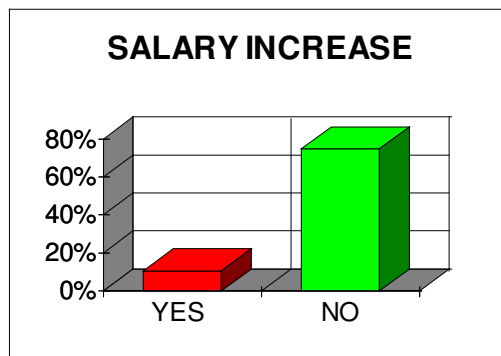


## GRADE DISTRIBUTION

We then enquired if as a result of having these skills recognised if they were given any rewards such as grade or salary increases –



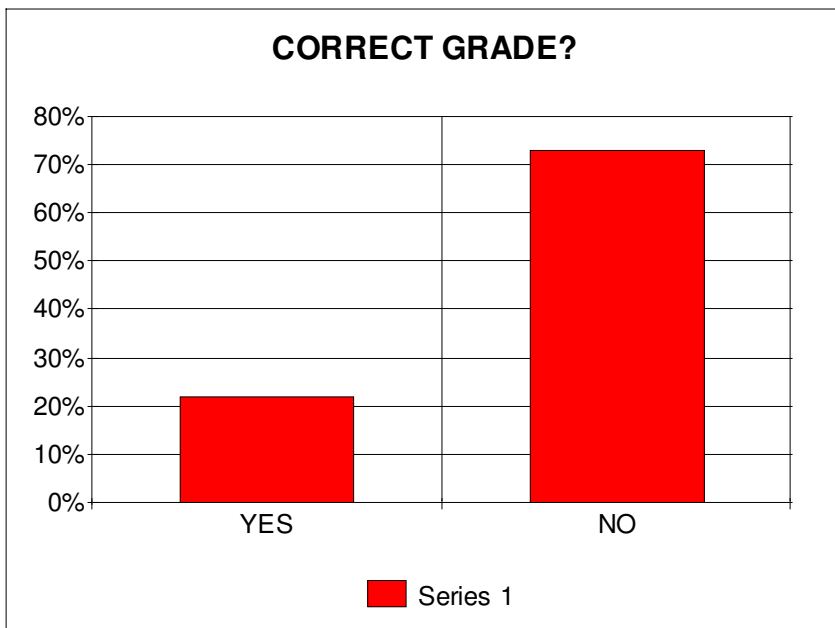
YES = 5%    NO = 78%



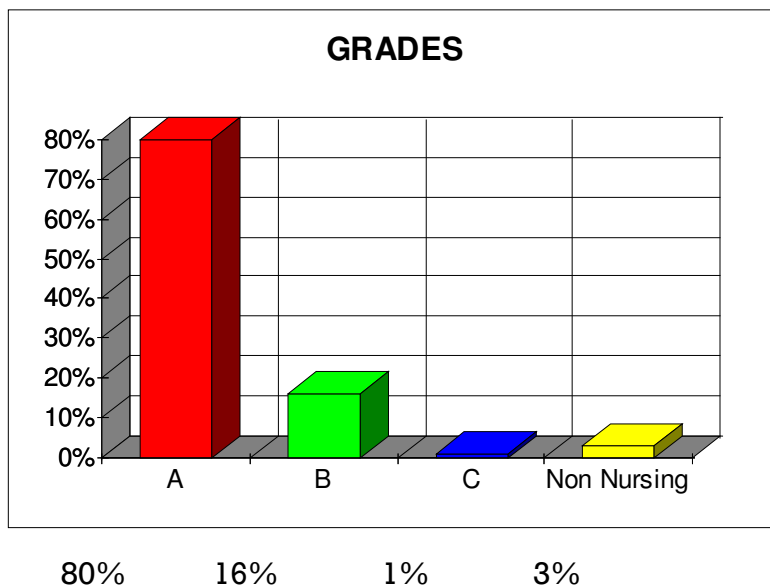
YES = 10%    NO = 75%

UNISON also enquired if others had had alternative rewards and to that 2% indicated that they had additional rewards at the time. This clearly was an issue that contributes to the assistant nursing workforce feeling undervalued and unrecognised.

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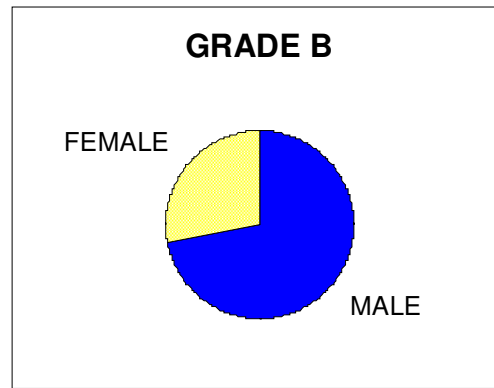
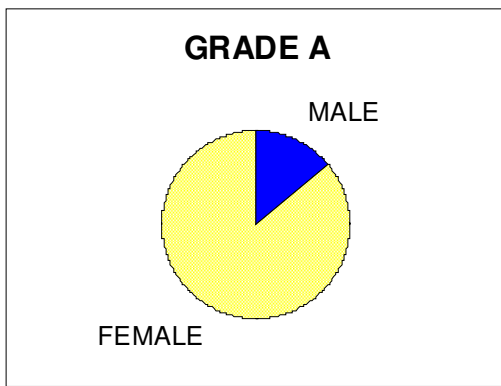


This is further illustrated when we looked at the distribution of grades. It would appear across various departments/hospitals/community settings that non registered nurses are paid quite differently. At the moment the Whitley Council grading system allows for nursing assistants to be graded at – A, B or possibly C on the Nurses and Midwives Council using the Clinical Grading Criteria but we were aware that not all were graded under this framework. Some were graded using Admin and Clerical and Ancillary grades. UNISON wanted to ascertain how diverse this range was.



One other fact sad fact highlighted in the distribution of grades was the gender imbalance for although there were very many more women than men, it is demonstrated that of the few men they were proportional on higher grades as the following charts demonstrate.

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At the moment the Department of Health are considering registering other staff such as health care assistants, nursing assistants and clinical support workers. Other professional bodies are also considering registering members of staff who work with the public, such as social workers and social work assistants. We asked if support staff thought that it would be beneficial for non registered nurses to be registered under the Nursing and Midwives Council and if they believed that the Nurses and Midwives Code of Conduct would be beneficial for non registered. **70%** said yes that it should be the NMC (Nurse and Midwifery Council) and that they thought that it would benefit them as a group. Only 20% said no and 10% said that they were unsure.

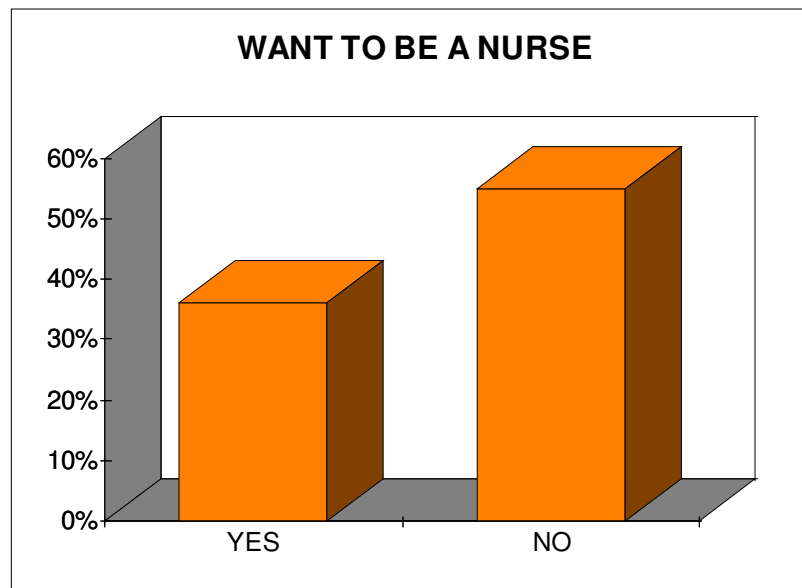
## **THE FUTURE**

UNISON wants to ensure that non registered nurses do not feel disenfranchised from the debates connected with nurses, but we accept that there are particular issues that are pertinent only to non registered nurses that should be aired. UNISON raised in the Minister in the Facing the Future Group that many of members of staff in this group of support staff would be keen and able to progress to become first level registered nurses given the opportunities for alternative and supported academic entry to courses and financial assistance for the transition from salary to bursary. UNISON supports the belief that these students were less likely to leave the course as they were already committed to the work, ethos and standards of the NHS and therefore would be a worthwhile and safe investment on nursing courses. Glad to say we have been proved correct and this has been further endorsed by the extended commitment of the Minister to continue support for these students into the second year. Many have applied for the HNC supported course and hopefully this will continue as clearly there are many more who would wish to avail themselves of this opportunity.

To identify the level of interest UNISON in the questionnaire asked staff whether they would consider progressing from your present role into undertaking training to become a first level registered nurse and the results confirmed our expectations.

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However, we must recognise what the barriers are preventing staff progress. We need to provide these staff with the means of making their wishes a realistic and achievable target. Not every member of the support team wants to take on the level of training required or indeed the level of responsibility that follows the training once you are qualified but there is clearly a need that this country, and indeed the entire NHS for a substantial and sustained increase in the number of qualified first level nurse to deliver care for the future. Student poverty must be addressed through the reinstatement of salaries and recognition given to the success of the HNC, salary-supported progress, as a major component in delivering maximum success.

### **COMMENTS WORTH NOTING**

Quite clearly there is a lot of staff who do feel strongly that their efforts to progress are not noticed, supported or rewarded. What follows is a sample of some comments.

Staff working in theatres and specialties commonly made remarks such as this –

- “..working in a specialist area – ‘Theatre’ I feel that all the auxiliaries A-B are used as D Grade Staff Nurses. The only thing we do not do is SCRUB!”

*Lack of support is prevalent -*

- “ I personally feel that by having two Highers in Care Practice, SVQ2 modules and presently undertaking SVQ3, that the NHS should recognise and reward me financially for the knowledge I have acquired and put into the workplace.”
- “ I have been waiting for over a year for a B grade assessment.”
- “Since starting work in January 1991 I have completed all the statutory courses we have to go on. Now I am doing college courses without the help of my employer to do with caring. I think that the Trust should have helped out a bit more for those who wanted to do course.”

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*Part – timers clearly felt even more disadvantaged -*

- “ I feel that Part-time nursing auxiliaries, working less than 24 hours a week do not get offered the same opportunities to gain extra qualifications/certificates as those who work more hours.”

*On an optimistic note –*

- “With Agenda for Change, maybe these skills will be rewarded with an increase in annual income.”

*Some comments were on whether or not they were on the correct grade –*

- “As nursing assistants often do a lot more than assist staff nurses, it should be reflected in proper grades”

*Interestingly, this comment came from an A grade nurse who has spent more than 20 years in the service and tends to sum up that experience is recognised and utilised in the NHS but not rewarded –*

- “The longer in the post the more is expected from you”

*Those who may be considered to be more fortunate if they were graded as 'B' may not be the case in reality as the following female 'B' grade testifies –*

- “As a 'B' graded auxiliary for 13 years, more and more responsibilities were added on to justify your grade to management. All 'A' grade auxiliaries after two years on the job training should automatically upgrade to a 'B'.”

*When considering undertaking first level training sadly here are a few that reflect on the NHS' values -*

- “ Not possible as I have a young child and couldn't be away from home for weeks on a placement”

*Comments on aspirations for the future were enlightening with some being meagre -*

- “ Being able to do blood pressure, peg feeding etc.”
- “ To do my SVQs”
- “ 1) SVQ Training 2) Work in the community 3) Get a Pay rise

*One comment from an A Grade female auxiliary from Forth Valley was more global in her vision and was echoed by other that suggested that N/As were the new bedside nurses –*

- “ I feel that at the moment N/As have more patient contact than staff nurses. I hope that in the future paperwork will lessen and staff nurses can actually nurse patients.”

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*Many unfortunately indicated that they were looking forward to their retirement with a few saying that they were successful in securing HNC and training places. Interestingly there were quite a few who did only ask that they could continue to do the job they love such as this A Grade N/A from Inverness –*

- “ Being able to do my job more confidently and being appreciated for the work I do.”

*But in summing up this A Grade N/A from Edinburgh, who has worked in the NHS for over 20 years said it all-*

- “ To work in a nice happy ward and get the respect that we deserve.”

Bridget Hunter  
Lead Officer for Nurses, Midwives and Health Visitors

January 2005