Austerity and Employment Relations in the NHS: Re-Structuring the Nursing Workforce

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A New Focus in the Public Services?

Who does what?

Task Recalibration

User Centred Services

Professional

Cost

Assistant

Quality
Assistants

Teaching Assistants
Healthcare Assistant
Social Work Assistants

Unregulated

The Vulnerable
A New Focus in the Public Services: ‘Good Times’

Who does what?

Task Recalibration

User Centred Services

Cost

Professional

Assistant

Relief

Apprentice

Co-Producer

Quality

Assistant

Professional
A New Focus in the Public Services: Austerity

Who does what?

Task Recalibration

User Centred Services

Professional

Assistant

Cost

Quality

Relief
Apprentice
Co-Producer
Substitute
Focus and Structure

• The HCA

• The Debate

• The Evidence
The HCA

- Long Established
- AfC pay band 2-4
- Increasing bedside presence
The Debate: Then

DH (2003):

As existing staff develop into new roles...so the time of more highly skilled staff can be used more effectively. For instance suitably skilled support workers could carry out some of the current tasks of registered nurses, freeing up these nurses to contribute more fully with their skills.

John Denham (1999):

HCAs are invaluable and important to the NHS...They make an important contribution to the direct care of patients as well as supporting a range of professionals in a wide range of ways’ (emphasis added)
The Debate: Now

• Mid Staffordshire

• Winterbourne View

• Older People

• The General Secretary of the RCN:

‘Many hospitals employ healthcare assistants as opposed to registered nurses, and many of them don’t give them as much as an hour’s training...It is wholly unacceptable that the elderly should be cared for by people who are not given the rudimentary training’ ([www.bbc.c.uk/news/health-15016634](http://www.bbc.c.uk/news/health-15016634)).

• Griffith and Robinson (2010)

‘It cannot be unequivocally concluded that unregulated support workers present a risk to public safety; it likely that they do, not an absolute certainty.’
The Evidence: The Focus

- HCAs as managers of patient emotions
- Emotional Labour?
- Structure of the Role
- Post holders
- Scenario 1: Poor emotion managers
- Scenario 2: Good emotion managers
- Methods
- Findings
# Research Methods (Qual.)

<table>
<thead>
<tr>
<th>Trust</th>
<th>Hospital Sites</th>
<th>Wards</th>
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## Research methods (Quant.)

<table>
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<tr>
<th></th>
<th>Survey: HCAs</th>
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<th>Survey: Patients</th>
<th>Action Research</th>
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<tr>
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<td>198 (53%)</td>
<td>227 (50%)</td>
<td>379 (46%)</td>
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<tr>
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<td>235 (53%)</td>
<td>156 (41%)</td>
<td>449 (56%)</td>
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<tr>
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<td>163 (42%)</td>
<td>130 (28%)</td>
<td>415 (51%)</td>
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<tr>
<td>Trust 4</td>
<td>149 (60%)</td>
<td>175 (44%)</td>
<td>408 (49%)</td>
<td>EDT role</td>
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<tr>
<td>Total</td>
<td>746 (51%)</td>
<td>689 (41%)</td>
<td>1651 (51%)</td>
<td>3 projects</td>
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</table>
Findings: Closer

- **Matron_Midlands**: A good auxiliary will have a much closer relationship to the patient and be relied upon more. And in the feedback you get from the patients, they will always talk about the person they liaised with the most and talked to the most and let their secrets out to the most and it’s the auxiliary [HCA].

- **Patient_South [focus group]**: The healthcares at [South] were absolutely excellent. One took me for a shower after my operation, a couple days after my operation, and I just felt she’d got all the time in the world for me and it does make a difference because you’ve got so many worries at that point.
Findings: Difficult situations

Scale: Managing patient emotions

Q1. Develop a close relationship with a verbally abusive patient
Q2. Develop a close relationship with a patient whose background is different from your own
Q3. Cheer up a patient who is deeply upset about an aspect of their care
Q4. Develop a close relationship with a confused patient
Q5. Ease any conflict between patients on the ward
Q6. Listen closely to a patient’s concerns

Mean (1 = Very Difficult, 5 = Very Easy)

Error Bars: 95% CI
Examples

• **HCA_Midlands [fieldnote]:** Nurses complained that the patient had kept staff busy for five hours and at one point had been verbally abusive. The HCA sat down with the patient, letting him slowly engage and talk. The patient talked about his life before his paralysis, and then expressed concerns about a prolonged bout of hiccups: the first time he’d talked about them on the ward. Subsequently venturing out of the bay, the patient calmly discussed his situation at the nurses’ station. The HCA returned to help the patient onto a commode: the patient remarked “I’m glad to have met you today”.

• **HCA_North [field note]:** The patient had three major episodes of bewilderment and anxiety during the observed shift. On these occasions the HCA crouched down on her knees to maintain eye level whilst holding the patient’s hands as she listened and tried to calm the patient.

• **Ward Manager_London [interview]:** I worked with an HCA when we had a poor fifteen year old [patient] with a lot of problems – she was sectioned – and the HCA sat with her all night without a break. [The patient] really wore everyone down and it was lovely, [the HCA] was so dedicated.
Why?

Role Structure:

• Tasks

• Status
HCA-Nurse Tasks Distribution

![Bar chart showing the distribution of tasks performed by HCAs and RNs.]

- **Direct care**
  - HCA (n=24; 133 hours)
  - RN (n=10; 59 hours)

- **Indirect care**
  - HCA (n=24; 133 hours)
  - RN (n=10; 59 hours)

- **Pastoral care**
  - HCA (n=24; 133 hours)
  - RN (n=10; 59 hours)

- **Ward/team centred**
  - HCA (n=24; 133 hours)
  - RN (n=10; 59 hours)

- **Technical/specialist**
  - HCA (n=24; 133 hours)
  - RN (n=10; 59 hours)

Error Bars: 95% CI
• **Patient_Midland [focus group]:** You feel as though you can ask an auxiliary if they're passing by or whatever, but a nurse, you're a bit more reserved; you think they’ve something more important to do that they should be doing.
Why?

Post Holder:

• Rooted in the community

• Informality

Patient_Midlands [focus group]: You could have a laugh and a joke with those in the brown uniforms [the HCAs], but those in the blue uniforms [nurses] you’ve got to watch your ‘Ps’ and ‘Qs’.
## Background Characteristics

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$^a$ HCAs > Nurses at all Trusts: South $p < .001$; North $p < .01$; Midlands & London $p = .05$

$^b$ Nurses > HCAs: South, Midlands & London $p < .001$; North = ns
HCA_Midlands [field note]: One new patient on the ward, meeting [the HCA] for the first time found out that he was born two doors from [the HCA’s] husband and was friends with her husband’s brother. The patient’s previously dour demeanour changed after this encounter and each time the HCA was back on the bay he was keen to explore further nostalgic connections.
HCA_London [interview]: I'm friendly towards everybody; sometimes I will say, “Come on sweetheart”, “Come on young man”, “Come on handsome something”… Patients are great, some of them are cuddles. We just laugh and joke and things. I like to be very friendly towards them but it depends; you can tell from a family if they are a bit reserved, then you don't approach them and respect their space.
Summary and Conclusions

• Austerity and a new IR agenda
• Cost-Quality and a focus on work organisation
• Work Organisation and Job Roles
• The assistant as undermining care quality?
• The Case of HCAs
• Evidence argues against this
• Issue of the assistants’ value, worth and reward