

The implications of healthcare  
reform for the future of nursing and  
care at the bedside

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- “The nurses who looked after me were mostly grubby — we are talking about dirty fingernails and hair — and were slipshod and lazy. Worst of all, they were drunken and promiscuous,” Lord Mancroft
- The Royal College of Nursing said Lord Mancroft’s comments were “grossly unfair” and a “sexist insult about the behaviour of British women”.



# Daily Mail 2007-Melanie Phillips

- What has happened to the nursing profession, where there has simply been a collapse of that ethic of caring first promulgated by the inventor of modern nursing, Florence Nightingale.
- Nursing is not a job but a vocation. That means it is *governed by a sense of moral duty* to the patient *rather than by the self-interest* of the nurse.



# Daily Mail 2007-Melanie Philips

- Our society seems to have turned into a *Darwinian nightmare* in which the *fittest prosper mightily while the old and weak are tossed aside as of no value.*
- That's why we starve and dehydrate some elderly people to death. That's why we *turn a blind eye to the dreadful conditions in so many old people's homes.*
- And that's why *nurses become managers*, and preen themselves as expert professionals in meetings and seminars and conferences and away-days while patients in their hospitals are left to die in their own filth.

# The media account of contemporary nursing

- A collapse of moral standards-nurses have become '*selfish*'-moral decline is ascribed to feminism and/or social liberalism so the solution is more discipline-'**bring back matron**'
- Nurses have too much education-they have become '*too posh to wash*'. Nursing was '*turned into an academic subject*' and '*nurses became too grand to care*'-the solution -cut educational content of training-'**back to bedpans**'



In this presentation I will suggest that the commentary above offers a distorted picture-the wrong explanations for some real problems

# Ordered to care?

- In 1987 Susan Reverby said that nurses had been 'ordered to care' by a society which did not value caring
- Contemporary reforms appear to place even less value on care and on the 'cared for'
- Pejorative labels for the most sick and vulnerable used to be vernacular-'rubbish', 'crumble' -now they have been legitimised-'bed blocker', 'frequent flyer'

# Two nursing traditions

- The **case approach**-whole person nursing-'named nurse', 'primary nursing','individualised care'
- The **industrial model**-fragmented, 'production line' care-dominated by 'getting through the work'(Goffman 1961 Clarke 1978)
- The industrial model predominated where clients were less socially valued-large scale institutions for the elderly,mentally ill.

# The corruption of care

- Hospital scandals of 1960s and 1970s pointed to institutional roots of poor care
- “Policy is built up of fine words but the reality of what is provided for these groups denies their truth. The work is wrapped round with high sounding terms such as care, reform, rehabilitation but the resources and facilities made available convey to staff the low value which society puts upon their work and upon their clients. Official aspirations and standards are therefore deprived of legitimacy.”

Wardhaugh and Wilding 1993

# McDonaldisation

- McDonaldism -extends industrialised, assembly line techniques to the service sector.
- **4 basic dimensions:**
- **Efficiency** (cost cutting), **Calculability** (quantification), **Predictability**, **Substituting people with non-human labour** (robots, IT systems).
- Shifts labour and service costs onto the consumer. Reduces its own costs by 'putting customers to work'- clearing their own tables etc. Similarly Ikea puts its customers to work building flat pack furniture.
- As with all rationalised systems McDonaldisation produces negative by-products - the dehumanisation of customers and employees and unintended inefficiency and waste. *Ritzer 1996*



# Changes in healthcare delivery

- Steady decline in hospital bed numbers-halved since 1980
- Biggest declines in provision of long stay care in hospitals - 43% care of the elderly, 45% mental health
- Fall of acute bed numbers of 16% between 1987 and 1997
- Increased hospital throughput (hospital stays for heart attacks have dropped from 7 weeks to 7 days)
- Increased day case and outpatient work and private nursing home care
- Consequent emphasis on self care - flat pack care?
- Fragmentation of care- neglect and poor care less visible, care falls through cracks

# Implications for ward nurses-'sicker and quicker'

- Increased dependency
- Increased throughput=increased activity
- Increased bed occupancy
- Extended roles
- Increased paperwork
- *“The only people you see are the really poorly ones, you don’t have time for the rest. The relatives want you, you keep getting called to the phone and the bed manager is always breathing down your neck.”*

*Staff Nurse*

# *'Pushing patients through beds'*

*Joanne Latimer 2000 The Conduct of Care*

- Ethnographic study of medical nursing
- Nurses struggle to find a space for care between demands of medicine and managerial pressure for cost efficiency
- The pressure to push patients through beds takes precedence over patients best interests
- Demand on nurses is to '*get patients going*'
- Some patients died in the process

# Nursing home care

- Lee Treweek 1994
- Assembly line processing of elderly clients
- The production of the 'lounge ready' patient-clean, tidy ready to be parked in the lounge
- Led to 'bedroom abuse' in backstage areas of home in order to get through the work

# Nurses argued for the primacy of caring

- Nurses argued that effective caring, particularly of the very ill, required more than a kind heart and a willing pair of hands.
- Jean Mcfarlane (1971) identified caring as the 'proper study' of the nurse and stressed the value of giving attention to the minutiae of basic nursing care.
- Patricia Benner (1984) - nurses combined moral commitment, skill, academic knowledge and experience to produce 'expert' nursing care
- Reform of care of neglected clients groups such as the elderly high on nursing agenda

# Why nursing matters

- International studies show that higher nurse staffing levels are consistently associated with improved mortality rates (Clarke and Aiken 2001, Needleman 2002)
- Studies also indicate that higher levels of education in nurses are associated with improved mortality rates-of particular importance is care *at the bedside* by registered nurses (Aiken et al 2003)
- Studies also show that good teamwork and nurse autonomy are positively associated with improved outcomes (Rafferty et al 2001)

# Market reforms-restructuring of nursing

- Nurses envisaged more qualified nurses at the bedside-BUT Project 2000 eroded nursing workforce
- Government acceptance of P2K conditional on nurses a new grade of 'support worker' -NVQ trained and outside the profession's control.
- This led to skill mix dilution – RNs were replaced with NVQ trained or unqualified assistants.
- Thornley (1996)- the reforms led to fragmentation and inequalities in the nursing workforce.
  - The introduction of support workers lowered the pay floor in nursing (*Grimshaw 1999*)
- Coincided with internal market reforms-market in nurse training places-unplanned, unstable

# Modernising nursing careers

## 5 Pathways

- Children, Family and Public Health
- First Contact, Access and Urgent Care
- Long Term Care
- Acute and Critical Care
- Mental Health and Psychosocial Care

# Modernising Nursing Careers

## 3 Levels of care

- **Senior registered nurse-**

*Advanced practice - delivering total care packages or complete episodes*

- **Registered nurse-**

*leading care delivery, care coordination and case management*

- **Associate**

*supporting health, self care and care delivery*

# The skills escalator

- *Staff are encouraged and assisted to constantly renew and extend their knowledge enabling them to move up the escalator. Meanwhile roles and workloads are delegated down the escalator generating efficiencies and skill mix benefits.* (Department of Health 2002)
- Difficult to avoid the image of nurses running uphill in order to stand still



**Customer Bulletin**

When Escalator  
is Closed  
Please Use  
LIFT or STAIRS  
to "Exit Platform"



 connex

**DANGER**  
WE REGRET  
ANY INCONVENIENCE  
TO OUR PASSENGERS  
**NO ENTRY**

# Recent changes in the nursing workforce

- NMC register shows increased numbers leaving or retiring
- Internationally recruited nurses hid problem that more UK trained nurses were leaving profession than joining it
- Sharp decline in internationally recruited nurses in last 2 years (now a quarter of 2004 rate)
- One third increase in nurses seeking work abroad since 2006
- 63% of nursing workforce over 40, 29% over 50

# RCN Workforce survey 2007

- 71% say they could be paid more for less effort if they left nursing
- Agenda for change has made no difference to dissatisfaction with pay and grading
- 58% of nurses worked more than their contracted hours in the previous week-on average nurses work a 44 hour week
- There has been a steady downturn in career progression-fewer nurses obtaining higher grades
- There has been a significant fall (44%) in nurses access to professional development

# RCN review of ward staffing 2007

- Average bed occupancy 97%
- 54% report bed occupancy of 100% (5% over 100%)
- Average length of stay in medical wards has reduced by 5 days in last 4 years (3 days across all wards)
- More than half of patients in highest dependency category
- 90% of wards affected by reduced staffing in last 12 months-recruitment freezes, bank/agency bans, skill mix dilution

# Nursing morale

- 28% of nurses would leave nursing if they could
- There has been a worsening of organisational climate
- There has been a reduction of nurses who say that the quality of care in their area is good (down from 86% in 2005 to 79%)
- The number of NHS nurses who feel proud of their organisation has fallen dramatically to 42%
- The number of nurses who feel their work is valued has fallen to 50%

# Nursing morale

- “I’ve never seen morale so low, you get little or no management support, you’re expected to grin and bear it, get on with it, no-one backs you up. They’re taking the piss, you get no support, no back up. You ring up and say you’ve no staff and the response is ‘Tough, it’s the same everywhere’.” (Staff Nurse )
- “Morale is low because of the pressure people feel under.... it’s partly to do with management, partly to do with staffing levels. There is an overspend on the unit, we’re not allowed to book bank or agency unless we’re absolutely desperate. People feel finance is more important than patient care.” (Ward Sister/Charge Nurse )

# Shields and Watson, 2007- forecast the 'demise of nursing'



- Need to end fragmentation of care
- Need to promote whole person care above protocol based assembly line care
- Need to show we value care
- Need to invest in well educated registered nurses at bedside
- Need to end drive to increase throughput