Do ward housekeepers free up time for care?

In this article...
- The role of a ward housekeeper
- How a service evaluation was carried out
- The benefits of housekeepers for both staff and patients

Introduction
The NHS Plan recommended that hospitals should introduce ward housekeeping services (Department of Health, 2000). Recent figures show that more than 53% of hospitals have done so (DH, 2010).

Ward housekeepers have “a ward-based non-clinical role centred on cleaning, food services and maintenance to ensure the basics of care are right for the patient” (May and Smith, 2003).

Their introduction could give nursing staff more time to focus on essential care. This small-scale evaluation found the role freed up healthcare assistant time and improved staff morale.

Evaluation method
The evaluation was based loosely on that of Hurst (2010), who conducted a large-scale study to investigate the activities of nursing staff and housekeepers in 34 general hospital wards. The results suggested that housekeepers make a difference by reducing the hours nursing staff spend “working inappropriately” (Hurst, 2010).

We aimed to examine activities in an organic mental health inpatient setting, where the client group generally consists of patients with advanced dementia. Four major areas were measured using three forms of data collection:

- A 20-activity code sheet was given to two healthcare assistants (HCAs) who were on duty for the morning shift for eight days; this allowed them to document their actions accurately throughout the study period.
- A staff questionnaire was given to four HCAs. The questionnaire was devised to explore stress levels, job satisfaction and staff morale before and after the housekeeping service was introduced.
- Information on sickness/absence levels and patient falls were obtained from incident report forms.
- Performance data: The number of patient falls during two four-week periods halved from 16 before the housekeeper started work to eight afterwards. Staff absence also reduced significantly.

Results
- Code sheet: Introducing the housekeeper clearly increased the time HCAs had to provide essential care. For example, the percentage spent on one-to-one contact with patients rose from 5% to 27%; for planned therapeutic activities this increased from no time to 16%.
- Staff questionnaire: Job satisfaction and morale also increased. For example, work-related stress levels fell by 19%.
- High demands and work overload contribute significantly to occupational stress and job dissatisfaction in nursing staff (McVicar, 2003). Stress is a major contributor to occupational ill health; this can result in high sickness absence levels, high staff turnover and poor organisational performance.

Conclusion
The housekeeping service has given HCAs more time to provide essential care, which has, in turn, resulted in increased morale and job satisfaction. Some results, however, may have an element of coincidence (for example, staff sickness levels).

This work shows that the study should be repeated on a larger scale to explore benefits and cost-effectiveness further; the trust has agreed to fund this. NT

References