

EDUCATIONAL NEEDS OF NURSES WORKING IN NURSING HOMES

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ABSTRACT Nazarko, L. (2007) Educational needs of nurses working in nursing homes. *Nursing Times*; 103: 7, 32–33. This study investigated the difficulties nursing home nurses face in continuing professional development. Two hundred nurses completed questionnaires on their educational needs and access to funding and training. The study found that nursing home employers are beginning to recognise and fund staff training needs, but that nursing home residents' needs are becoming more complex, thereby increasing these educational needs. This is a summary: the full paper and reference list can be accessed at nursingtimes.net.

Nursing home nurses need to develop their skills to provide an appropriate standard of care and meet residents' complex health needs. This study investigated nurses' educational needs and access to education.

METHOD

Two hundred nurses attending study days in the south of England completed questionnaires. The questionnaire used was almost identical to the one used in a study undertaken in 1996 (Nazarko, 1996).

RESULTS

All respondents were female. The average age was 49 years, which is close to the average age of nurses in the NHS. In the original (1996) study nurses working in nursing homes were on average five years older than those working in the NHS.

Most respondents (95%) worked in independent-sector nursing homes. The remaining 5% worked in charitable homes. The number of beds in each home ranged from 17 to 172. The nurses also had more experience of working in nursing homes than in 1996, when 61% of respondents had been in post for two years or under. In 2006 only 26% of nurses had been in post for under two years.

The proportion of nurses from black or minority ethnic (BME) backgrounds had also increased, from 9% in 1996 to 42% in 2006. In 1996 only 5% of respondents had completed a course in care of older people compared with 20% in 2006, while 12% of 1996 respondents had a diploma in nursing and 2.4% had a degree in nursing. In 2006 10% of nurses had a diploma in nursing and 10% a degree in nursing.

Most nurses (61%) who attended courses in 1996 did so in their own time and paid their own fees and travel expenses. In 2006 only 15% of nurses were in this position. Levels of employer support did not appear to be related to grade or length of service.

In 1996 61% of nurses believed they faced difficulties meeting their PREP requirements,

while in 2006 only 10% of nurses said they faced these difficulties. These figures almost directly match the number of nurses who did not receive support from their employers in meeting their further educational needs.

Providing care in nursing homes

Nurses felt that they were caring for extremely frail people with complex nursing needs and the level of specialist support they could access varied. This appeared to be related to the availability of nurse consultants and specialists in the community as well as the attitude of nurse consultants and specialists.

Increasing numbers of nursing home residents require palliative care and several nurses stated that they had introduced the Liverpool Care Pathway for the dying patient (Marie Curie, 2006). They felt that this had improved the quality of care they provided.

DISCUSSION

The nursing workforce is ageing and there are concerns that when nurses aged 50 and over retire there will be a severe shortage of nurses in the UK (Buchan and Seccombe, 2006). Nursing homes may well experience these pressures earlier than the NHS. Since 1997 the number of beds in nursing homes has fallen, and the loss of these beds together with the recruitment of nurses from overseas may have combined to prevent homes experiencing staff shortages. However, recruitment difficulties may soon begin to become apparent.

The UK-educated nurses in this survey were older on average than their counterparts in the NHS and many were already at retirement age. It appears that nursing homes have become increasingly dependent on internationally recruited nurses.

However, recent changes have dramatically reduced international recruitment to the UK. In September 2005 the NMC replaced the work-based 'adaptation' programme with a university-based overseas nursing programme. In addition, non-European nationals are required to take tests to demonstrate their proficiency in English.

BACKGROUND

| Admission to nursing homes is directly associated with illness and disability – 79% of residents have mobility problems, 71% continence problems and 78% are cognitively impaired.

| More than half of nursing home residents have dementia, stroke or other neurodegenerative conditions (Bowman et al, 2004). Nursing home residents therefore require high levels of skilled care.

| In recent years nursing homes have increasingly been used as placements for pre-registration nursing students (Upex, 2000). Staff need to be up to date in their own practice if they are to supervise students.



IMPLICATIONS FOR PRACTICE

Nursing home residents require nurses with greater expertise than ever before. It appears that employers are beginning to recognise this and to support staff in their educational needs.

However, there is much to be done if staff are to receive the support they require to enable them to provide care that meets the needs of the sickest and most vulnerable older people in the UK.

Staff in nursing and residential care homes need access to education and training on health issues, as well as clinical

support to be available from nurses, allied health professionals and medical staff within the NHS. In view of this it might be more appropriate for PCTs to become the budget holders for educational funds. Many PCTs are separating their purchaser and provider functions so it is unclear how they might manage such funds in the future.

Care home regulators should ensure that care homes meet mandatory requirements in relation to education, while PCTs should provide effective

support to care home staff to enable them to meet the increasingly complex needs of their residents.

Consultant nurses, assisted by specialist nurses and community matrons, could provide ongoing clinical and educational support. This is an effective use of resources and can reduce avoidable hospital admissions and improve quality of life for older people.

Funding should be made available to meet the educational needs of nursing home nurses.

REFERENCES

Bowman, C. et al (2004) A national census of care home residents. *Age and Ageing*; 33: 6, 561–566.

Buchan, J., Seccombe, I. (2006) *From Boom to Bust? The UK Nursing Labour Market Review 2005–2006*. Edinburgh: Queen Margaret University. http://www.rcn.org.uk/publications/pdf/labour_market_review_2006_sept.pdf.

Department of Health (2006) *Local Authority Social Services Letter. LASSL 2006/1. Adults' Personal Social Services (PSS): Specific Revenue and Capital Grant Allocations for 2007–2008. Children's Services: Child and Adolescent Mental Health Services Grant Allocations for 2007–2008*. www.dh.gov.uk/assetRoot/04/14/08/50/04140850.pdf.

Fitzpatrick, J.M., Roberts, J. (2004) Challenges for care homes: education and training of healthcare assistants. *British Journal of Nursing*; 13: 24, 1258–1261.

Hicks, A. (2001) Developments in the education and training for nursing home staff. *British Journal of Community Nursing*; 6: 11, 565–568.

Marie Curie (2006) *Care of the Dying Pathway (LCP)*. Care Home. www.lcp-mariecurie.org.uk/downloads/documents/home_pathway.pdf.

Nazarko, L. (2006) Nursing home nurses need support to update skills. *Nursing Times*; 92: 41, 38–40.

Upex, C. (2000) A teaching nursing home. *Nursing Times*; 96: 48, 34–44.

By 2006 greater numbers of UK-trained nurses were registering with the NMC and the Home Office removed registered nurses at bands 5 and 6 from their list of shortage occupations. This meant that employers could not obtain work permits to enable them to employ nurses from outside Europe unless they could show that they had been unable to recruit a registered nurse from within the UK or the EU. These changes mean that nursing homes can no longer rely on international recruitment to fill posts.

Funding education in the future

Nurses working in nursing homes need access to different levels of education. They need specialist training in areas such as tissue viability, continence promotion and palliative care, which can form part of diploma or degree courses. They also need short updates on theory and practice. Nursing home nurses need to be able to access specialist advice when they encounter complex nursing problems.

Hicks (2001) pointed out that although the government funds the education of NHS staff, it does not fund that of nursing home staff. If homes fund education, the cost of it must be passed on to residents. There is a danger that the best of homes will continue to fund education while the homes where education

is most needed may choose not to support their nurses' professional development above mandatory standards.

The consequence of providing higher levels of support in the community is that people are admitted to nursing homes with greater levels of physical and mental health needs than ever before. Fitzpatrick and Roberts (2004) stated that care home staff require effective education and training if they are to provide good-quality care.

This was a small study and more extensive research is required. This should focus on the characteristics of people cared for in nursing homes and the skills required by registered nurses in order to meet their needs.

The government provides over £100m a year to support the training of social care staff in the statutory, private and voluntary sectors (Department of Health, 2006). Most of the funding (£87.8m) is allocated for NVQ qualifications and continuous professional development to enable care homes to meet national minimum standards. In my opinion this funding should be split so specific funds are available for NVQ training and specific amounts for the ongoing development of registered nurses. This funding should be ringfenced and the budget holder should be required to demonstrate that the funding has been used for the purpose allocated. n

For the full version of this paper including results, full methodology, discussion and recommendations, log on to nursingtimes.net, click NT Clinical and Archive and then Clinical Extra

