EDITORIAL

By the day nurses bank up in a casual pool!

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We suspect that the array of silly names used to refer to temporary staff worldwide may be indicative of the extent to which these nurses have been relegated to, and we would argue, remain in, a type of underclass – relatively unsupported by employers in terms of professional practice and ipso facto excluded from contributing professionally to team work, practice development, clinical governance and evidence based practice. This may be acceptable to some but in a climate of risk averseness and in the interests of strategic planning we would suggest it is an accident waiting to happen. The recent UK Royal College of Nursing (RCN) (Ball & Pike, 2006) survey of bank and agency nurses brings a welcome focus on a group of nurses that make a significant contribution to the smooth running of health services in many countries.

Nurses who fill in for permanent nursing staff in hospital settings face particular challenges over and above the normal. They are also able to, as one of them said, “to duck the radar” by avoiding any responsibility for continuity of care and accountability for patient outcomes beyond a span of a duty shift. The general view is that the organisation owes them nothing because they are paid slightly more than normal to compensate for lack of holiday or sick leave pay, and do not have a loyalty to the hospital or area health service. The nurses themselves believe that they give up the benefits of permanent employment in return for control over the shifts they work and less responsibility than permanent staff. Of course it is not as simple as this because nursing is a profession offering an important service to vulnerable people by means of a nursing team.

Nurses who work in a casual employment capacity are unlike the majority of casual workers who are employed in jobs that require minimal training such as hospitality or fruit picking. Important work admittedly, but these workers do not carry the responsibility of professional practice. Nurses who take up casual employment through a private agency, public agency, hospital bank or casual pool sell their services as registered nurses and therefore carry a responsibility to have the requisite skills and knowledge for the work. Employers on the other hand should understand the extra challenges that these casual employees face and they have a responsibility to provide an environment that is conducive to safe practice. Manias et al (2003), after exploring the experiences of agency nurses in Australia, called for a comprehensive orientation and education which we endorse but believe does not go far enough.
A whole range of contextual factors can converge to make a shift extremely stressful for a nurse who is filling in. Predictably, and quite reasonably, they usually are sent to areas that are understaffed and therefore to work with teams that are under more than usual pressure. To compound this pressure, before starting work they need to access information about the ward, the team and patients for whom they will be responsible and it is seldom that their work allocation is adjusted to accommodate the time required for orientation. Moreover, when it is, the work is shifted to another member of the team creating pressure of a different kind and quite probably resentment. Misunderstandings occur when a casual nurse does not appreciate the way patients are allocated (“we always get the heaviest”) and perceives that s/he has been given a workload that is beyond his or her capacity (“I was out of my depth”) or more than others in the team (“they just watched as I went crazy”). Time is wasted asking where things are and it is easy to wear thin the patience of the permanent staff by interrupting their work with too many questions. At the least the shifts become uncomfortably paced and patient care hurried but at the worst, mistakes are made.

Temporary staff form a significant proportion of the workforce and as flexible working options are favoured by Generation Y it is a mode of employment that is likely to endure beyond the current nurse workforce shortage. It is incumbent on all parties – managers, clinical teams and temporary nurses to work to create a context or an environment that is conducive to safe practice on shifts where temporary nurses are employed. Attitudes between temporary staff and the team need to convey mutual respect and a willingness to be supportive. The welcome goes a long way to setting the scene for the shift (the temporary nurse to the team - “Hello, I’m ... I have come to help”) and the team to the temporary nurse ( - “hello, boy do we need you, my name is ...”); ignoring the newcomer or looking really disgruntled are bad starts and that may lead to a situation where the nurse will be afraid to ask questions and the team will be unwilling to give information. One for one replacement in areas under pressure is not fair on either the temporary nurse or the clinical team. Information needs of the temporary nurse should be considered – the traditional report on all the patients is not enough particularly when the nurse does not know who s/he will be allocated to look after. Even worse is the taped handover “here you are, listen to this, your patients are somewhere in the middle”. The subtleties and nuances associated with each ward, regardless that wards are within the same organisation, should not be underestimated by permanent nurses, and, more importantly, nurse managers. Localised knowledge and, in particular, knowledge of and about particular patients is important for daily practice; casual nurses frequently do not have ready access to this knowledge, and although they attempt to acquire it during a busy shift, this frequently hampers efficient practice.

As part of a team of researchers we are currently investigating issues of performance with regard to teams who work with casually employed nurses and with individual nurses who are casually employed. That is, we are examining team performance in relation to the provision of a context which is conducive to safe practice from a temporary nurse perspective (team attitudes, information access, fair work allocation and clear policies and procedures). We are also looking at individual temporary nurse performance in terms of her or his professional contribution (attitude, efficiency, effectiveness and reporting). This will have little effect, though, if there is no institutional
recognition that there is a rhythm to nursing that cannot usually be picked up and dropped easily. Investment in processes that support professional practice in teams to support casual nurses and casual nurses to contribute to their maximum are called for.

References


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