

# Professional role development of newly qualified nurses



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The aim of this essay is to explore and discuss important aspects of the roles and responsibilities of the newly qualified nurse. It will look at and abroad discuss on different type of roles and responsibilities including transition. The roles and responsibilities of a qualified nurse include essential professional skills such as leading in care management and care delivery situations as well as maintaining standards of care. The focus of the essay will be discussing in detail two particular roles of the newly qualified nurse (delegation and patient group direction). It will discuss the meaning of these concepts and their importance for nurses and provide some practical contextual examples. It will also discuss the rational of chosen roles

A new qualified nurse expected to be competent to work in all environments and situations. This emerging health care system requires a registered nurse workforce at all levels post initial registration capable of critical reflective thinking in order to create this system. Lofmark A (2006) claim that with registration comes a shift in professional accountability together with wider clinical management and teaching responsibilities. On becoming a qualified nurse, the expectations and dynamics of relationships changes fundamentally. Suddenly the newly qualified nurse is the one who must know the answer whether it is a query from a patient, a career, a work colleague or a student. The newly qualified nurse will encounter many challenging situations where she or he must lead care delivery. This includes dealing with care management within the team, dealing with patients/service users, dealing with other professionals and dealing with the required needs of the whole workplace environment. The NMC requires a student nurse to demonstrate professional and ethical practice, be competent in care delivery

and care management and show personal and professional development in order to join the register NMC (2010). It is recognized that nurses should be provided with some form of preceptorship and supervision in their role for a period of four months time NMC (2006)) once qualified. Even in this period of preceptorship, there are new expectations and challenges faced by the newly qualified nurse.

Mooney (2007) found that newly qualified nurses were faced with assumptions from others that they should know everything. This was also a high expectation they had of themselves. In meeting the NMC standards of proficiency, the nurse should have demonstrated the relevant knowledge and skills in order to practise in their career. However, it is important to recognise that not every nurse knows everything about everything in their career especially if they are practising in highly specialized fields. What they need is to be able to develop and adapt to changing situations. Therefore, for the nurse it is impossible to know everything but they should have developed the skills to find out relevant information, reflect on it, and apply this to their practice. In essence they should have learnt how to learn. There is a great deal to be learnt once qualified especially related to a nurse's new area of work and a good deal of the development needs to take place on the job Lofmark A (2006).

The study by Jackson. K (2005) suggested that a successful transition requires the nurse to develop a self-image relevant to the change in status to be able to do the job and that they meet the expectations with others with appropriate support. Mooney (2007) also points out that the duties faced by most newly qualified nurses were not patient contact centred. There were a <https://assignbuster.com/professional-role-development-of-newly-qualified-nurses/>

lot of duties related to contacting and dealing with other professionals and services. These brought anxieties related to the responsibilities that might be faced as the nurses would become increasingly senior in their roles with others expecting them to provide the actions and the answers in complex situations. This highlights how the experience of nursing of transition from student to newly qualified nurse can be daunting. In the current environment there is an expectation that nurses have a preceptor one qualifying for aid in these transitions but the literature still suggests there is a difficulty in the transition process for such professionals. Hole. J, (2009) found that individual accountability, delegating duties without appearing bossy and some challenging clinical situations such as death and dying and specialised technological roles were found to be stressful by qualifying nurses. Issues of the preceptorship of newly qualified nurses become apparent and important in dealing with the transition from supervised student to autonomous practitioner.

The approach taken throughout the rest of this essay will be to provide a discussion of the main theories, concepts, and issues related to the roles and responsibilities of delegation and PGD for newly qualified nurses. It will discuss the meaning of these concepts and their importance for nurses, and provide some practical contextual examples. The rationale of choosing these two roles are because: Firstly delegation is a huge newly qualified nurses concern. According Hole. J, (2005) newly qualified nurses are not capable to delegate tasks to someone else and they end up overloading themselves. This is because an accountability issue or not knowing the staffs well as they is new to the ward. Secondly, it is a legal requirement that newly qualified

nurses need to have knowledge of PGDs in order to work within legal and ethical frameworks that underpin safe and effective medicines management NMC (2010). For this reason, I personally was interested and picked them to discuss in order to develop my understanding and prepare me to successfully make the transition from student nurse to a registered professional.

Delegation is a major function of an effective manager of patient care and is an essential skill when directing the activities of others at all levels in an organization. It is the means by which an individual is able to accomplish needed tasks with and through others. Although the delegator remains accountable for the task, the delegate is also accountable to the delegator for the responsibilities assumed. Delegation can help others to develop or enhance their skills, promotes teamwork and improves productivity Sullivan. E. J et al (2009). Therefore, delegation is the area where newly qualified staff experience huge difficulties. Often they do not feel confident enough to ask someone else to do something for them. Consequently, they try to do all of the work themselves and end up leaving late or providing less than adequate standards of care. Other members of staff will not mind if they delegate tasks to them as long as they apply the basic rules such as ensuring that it is something they are competent to do. When delegating, the delegator remain responsible for that care if he/she do not delegate appropriately as stated by NMC (2008). It is also important that the delegator explained clearly what it is he/she want them to do and why because he/she might genuinely busy or is it just something that he/she does not want to do.

Hole. J, (2005) point out that as long as he/she asks the other member of staff in a courteous manner and stick to the rules, there will be few problems. However, there may always be someone who has the potential to react in a negative way to his/her request. These people are often known for this type of behaviour and it should be dealt with swiftly by the manager. This type of reaction experience should be discussed with the member of staff or if he/she not feels confident enough to do this, he/she should talk to the manager.

As mention above this will be a difficult skill for a newly qualified nurse especially at first. They will need to get to know the other staff before they will feel truly comfortable delegating to others in the team. They may feel guilty about asking others to do tasks which they feel that they should be doing themselves. What they need to realise is that they cannot possibly do everything themselves and that they will need to work as a team in order to deliver good patient care. The new qualified nurses may well feel that they cannot ask others especially HCAs who have worked on the ward for years to do things for them. The nurse will probably feel self-conscious and embarrassed.

The answer is that it is not what the nurse asks them to do that are important. It is how he/she asks them. Good communication is the key to successful delegation. The nurse should take a few minutes to discuss with the HCA/student with whom he/she is working who will be doing what during that shift. Share the workload and be realistic. Therefore the newly qualified nurses must not overload themselves with care they do not really think they can give. The member of staff would rather know what their workload is at <https://assignbuster.com/professional-role-development-of-newly-qualified-nurses/>

the beginning of the shift so that they can organise their time effectively. If the delegator has to ask them to take on extra work during the shift, they will find this difficult Ellis, J. R. and Hartley, C. L, (2005). So the delegator should keep communicating with them during the shift, and if he/she is held up with relatives or an acutely ill patient, he/she should tell them and explain that he/she will try to help them as soon as possible.

According to Hole. J, (2005) when the new qualified nurses are delegating, it is important to ensure that this is appropriate as it is their responsibility to ensure that the member of staff to whom they delegate is competent to perform the task. This means that if they delegate a task to a member of staff who is not competent and they perform the task wrongly, they are accountable for the harm caused to the patient. Although the member of staff responsible, they remain accountable. For example, they cannot assume that the HCA/student with whom they are working is competent in the skill of measuring and recording a patient's blood pressure. Just because the member of staff has worked on that ward for a period of time, this does not mean that they have been taught correctly. They must assess their competence to perform the task before they allow them to do this independently. They can then justify their delegation of that skill if necessary.

A Patient Group Direction (PGD) is “ a written instruction for the supply and/or administration of a licensed medicine (medicines) in an identified clinical situation signed by a doctor or a dentist and pharmacist. It applies to a group of patients who may not be individually identified before presenting for treatment” NPC (2009), page 11. In simple terms, a PGD is the supply <https://assignbuster.com/professional-role-development-of-newly-qualified-nurses/>

and/or administration of a specified medicine or medicines by named authorised health professionals for a group of patients requiring treatment for the condition described in the PGD. Conversely the health professional must be registered.

RCN (2004) state that implementing PGDs may be appropriate both in circumstances where groups of patients may not have been previously identified for example, minor injuries and first contact services and in services where assessment and treatment follows a clearly predictable pattern such as immunisation, family planning and so on. Professionals using a PGD must be registered or equivalent members of their profession and act within their appropriate code of professional conduct. This differs from supplementary prescribers and independent prescribers who must also successfully complete specific prescribing training and be appropriately registered before they may prescribe. However, organisations using PGDs must designate an appropriate person within the organisation. For example, a clinical supervisor, line manager or General Practitioner to ensure that only fully competent, qualified and trained healthcare professionals use PGDs. Individual practitioners using a PGD must be named NPC (2009).

A Patient Group Direction allows specified registered health care professionals to supply or administer a medicine directly to a patient with an identified clinical condition without him/her necessarily seeing a prescriber. For example, patients may present directly to health care professionals using PGDs in their services without seeing a doctor. Alternatively, the patient may have been referred by a doctor to another service. Whichever way the patient presents, the healthcare professional who works under the PGD is <https://assignbuster.com/professional-role-development-of-newly-qualified-nurses/>



responsible for assessing the patient to ensure that patient fits the criteria set out in the PGD. In general, a PGD is not meant to be a long-term means of managing a patient's clinical condition. This is best achieved by a health care professional prescribing for an individual patient on a one-to-one basis NPC (2009).

The use of PGDs is widespread throughout the NHS and since April 2003, some non-NHS organisations have been able to use them suggested by NPC (2009). Organisations must ensure that staff responsible for the development / implementation of PGDs and those authorised to work under PGDs have the experience, knowledge and skills necessary to do so. However, different supplementary prescribers, nurse independent prescribers and healthcare professionals using PGDs do not have to become specifically qualified to do so. Alternatively, they must be assessed by their organisations as fully competent, qualified and trained to operate within a PGD.

A suitably competent and experienced health care professional who will be working under the PGD should be involved in the writing of the PGD to ensure that the PGD meets the needs of the service. NPC (2009) suggests that there is no specific national training for healthcare professionals producing PGDs. Therefore, the role by RCN (2004) for nurse proposes that the registered nurse must be assessed as competent in medicines administration, must be trained to operate within a PGD and must follow the 6 ' R's of medicines administration. Also In order to work under the PGD, register nurses need to be qualified for at least 6 months. They must assess the patients to ensure they fit the criteria as detailed in the PGD as well as <https://assignbuster.com/professional-role-development-of-newly-qualified-nurses/>

ensuring the PGD meets the necessary legal requirements. Importantly, the supplying/dispensing or administration stage cannot delegate to another registered nurse or student nurse.

The newly qualified nurses are not expected to be able to operate under a PGD until competent in medicines administration. However, they need to have knowledge of PGDs for their patient safety. For example, if patient under PGD admitted to the ward, the nurse must ensure that the medicines not stopped. The NMC (2010) code of conduct outline that newly qualified nurses to be fully understood all methods of supplying medicines. This includes Medicines Act exemptions, patient group directions (PGDs), clinical management plans and other forms of prescribing. They are expected to demonstrate knowledge and application of the principles required for safe and effective supply and administration via a patient group direction including an understanding of role and accountability. And also demonstrate how to supply and administer via a patient group direction. The newly qualified nurses may be involved with PGDs such as assisting and identifying areas where a PGD would offer more benefits than a PSD, understand the principles and processes of PGDs and be fully conversant with all the principles associated with dispensing and administering medicines they may also be working in a variety of settings where PGDs are used for example prison health care setting, nurse led service, walk in centres

In my conclusion, I have learnt the roles and responsibilities of newly qualified nurses and I have developed skills and professional knowledge to work effectively with others. The Patient Group Direction helped me how the laws and policies are set up to ensure safe and effective delivery of care  
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given to service users under a patient group direction. I am now prepared for the challenges I will face on being a newly qualified nurse by providing the knowledge and skills required to become effective and accountable practitioners. Clinical decisions will still have to be made in relation to meeting the needs of the people within my care. However, becoming a qualified nurse brings with it wider responsibilities in making and taking decisions related to the nursing team, other staff, and the work environment as a whole. These changes require a large shift from the experience of being a student and a mentored supervised learner, so it is essential that I am equipped with all the skills required to successfully make the transition.