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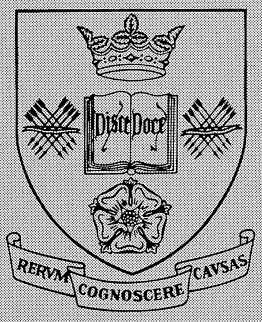

SCHARR

Training Needs Assessment of Qualified Nurses in Private Nursing Homes in Trent

December 1995

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EXECUTIVE SUMMARY

Background and Aims

Large numbers of qualified nurses are working in private nursing homes in Trent, without the employment conditions or continuing educational opportunities available to their NHS counterparts. They now represent 26% of the total general nursing workforce in the region. They operate in a setting with a high ratio of unqualified and inexperienced staff and with little induction or in-service training.

Recent changes in NHS policy have shifted the focus of health care to community services. These national policy changes require that nurses working in nursing homes should be further prepared for their changing roles. Four Consortia have been established in Trent to consider the strategy for the post-registration education of nurses, including those in the private sector. However, no documentation of these nurses' training requirements is available. This study aimed to explore the training needs of qualified nurses working in private nursing homes in Trent. Information was collected on the current activities of the nurses, the training they had undertaken and their training needs from the perspective both of the nurses themselves, and the Matrons in the homes.

Research Method

Interviews and Workshops were held across the region yielding information from nurses working in nursing homes, Matrons, Home Owners and Nursing Home Inspectors. A random sample of 277 nurses and 56 Matrons from homes in Nottingham and North Derbyshire received a postal questionnaires. Replies were received from 174 nurses (73% response) and 43 Matrons (80% response) who were still working in their respective homes.

Research Findings

Most qualified nurses and Matrons agreed that there has been a dramatic rise in the dependency of residents in their home since the introduction of the Community Care Act, and that there is a greater need than ever before for specialist equipment in their homes. About a third of nurses and Matrons gave no evidence of having undertaken any training relevant to their role in the private sector. The 3 main areas where the nurses and Matrons were clinically active and said they needed further training were in the management of pain, moving and handling residents and bereavement counselling. The Matrons and nurses then reported (independently of their involvement in any nursing activity), their most urgent training needs for clinical nursing practice. Those most frequently reported were: Management of Pain, Venepuncture, Bereavement Counselling, Moving and Handling, Wound Management and Catheter Management for Males. The Matrons cited the most urgent training needs for qualified nurses in their homes as; Care planning; Management skills; Record keeping; Wound management and pressure area care; and Bereavement counselling.

Conclusions

Nurses and Matrons in this study had minimal preparation for their role within the context of changing clients need. Few had an induction or an appraisal whilst in the home. Minimal training had been undertaken to assist registered nurses to undertake clinical nursing activities in the home. Nurses were less likely than Matrons to have attended training, or have cover readily available for them to attend a course. The training needs of nurses and Matrons are different and should be considered separately.

Combining the replies of nurses and Matrons for clinical and management activities in which they had been involved, the greatest training needs in private nursing homes in Trent are in rank order :-

1. Bereavement Counselling
2. Management of Pain

3. Moving and Handling
4. Care Planning
5. Wound Management
6. Health and Safety
7. Catheter Management for Males
8. Venepuncture
9. Assertiveness
10. Standard Setting and Maintenance

Nurses and Matrons indicated a need for further training in the following professional issues, in rank order:

- Post Registration Education and Practice (PREP)
- Scope of Professional Practice
- Code of Professional Conduct
- Record Keeping
- Administration of Drugs and Medicines
- Confidentiality

Recommendations

1) The 4 Regional Consortia for Education and Training should take account of the findings of this study in developing their training strategy for post-registration education of nurses within Trent.

2) Nursing Home Proprietors and Matrons in Trent should take account of the findings of the study and accordingly:

   a) Use a framework to evaluate the needs of qualified nurses and Matrons in the home

   b) Establish a programme of Staff Appraisal

c) Develop and Implement an induction programme for qualified nurses in private nursing homes.

3) Education Providers should develop a programme of accredited training specifically for qualified nurses and Matrons in private nursing homes. This should focus on the following:-

- Awareness of the needs of residents in private nursing homes
- Evaluation of clinical practice and maintaining and improving standards of care
- Nursing home management
- Professional Issues.

4) The Health Commissions and their Registration and Inspection Officers should:

a) Take account of the findings of this study to ensure that qualified nurses working in private nursing homes are adequately prepared to undertake their professional responsibilities.

b) Explore ways to link NHS and private sector training to include rotation of qualified staff for professional update.

5) Further investigation of the relationship between high staff turnover and staff training needs may be warranted.

6) There should be further work to examine the training needs of nurses in the private sector working with other groups particularly the mentally ill and those with learning disabilities

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GENERAL INTRODUCTION

Nurses Working in the Independent Sector

In April 1993 there were 3850 whole time equivalent qualified nurses working in the independent sector in Trent (Trent RHA, 1993). They represented 26% of the total general nursing workforce in the region. This number was predicted to rise to 4278 by 1998 whereas for the first time the number of qualified nurses working in NHS Hospitals and Trusts was predicted to fall by 309 in the same period.

Workforce Planning Figures for Trent region

	1987	**1993**	**1998**
Independent Sector	1271	3850	4278
NHS Hospitals and Trusts	13298	13499	13190

Source: 1993/4 Workforce Planning Exercise, Trent RHA

Many of the qualified nurses in Private Nursing Homes work part-time and staff turnover is reportedly high. The nurses working in Private Nursing Homes have a less structured provision of educational opportunities available to them, and are less likely to have the employment security available to them, than nurses working in the NHS. They operate with a high ratio of unqualified and often inexperienced staff who provide the majority of hands on care for patients. They also work in comparative professional isolation with minimal medical support.

Private nursing homes have always functioned as a business, with Home Owners aiming to provide the highest standards of care within available finances and priorities. Nationally the number of home care beds stood at 556 900 in April 1993 (Laing & Buisson 1995). Private nursing home beds alone rose by 10 600 over the 1993- 94 period to a total of 178 800 beds. The overall Independent Sector market value is estimated at around £4.8 billion, clearly a significant market.

The implementation in 1993 of the NHS and Community Care Act has shifted the focus of health care to community services and emphasised the need for inter-agency collaboration for the benefit of the consumer. There will be a continued decrease in the number of acute beds in the NHS over the next decade and the numbers of over 85 year olds in the population will continue to rise. (HMSO, 1995). The definition of criteria for Continuing Health Care Needs may result in further devolution of care into the community.

Quality of care

A key issue in relation to the delivery of quality health care is that nurses should be able to participate in critical evaluation of practice. Training should be targeted to the specific needs of nurses in relation to this process. (Trent Health, 1993). Each nurse has a clear role in relation to personal update, but qualified nurses may experience problems in post-basic training where the Nursing Home proprietor does not appreciate the nurses' need to continually update knowledge and skills. He or she may also be unaware of how the nurse may access relevant and appropriate training. Some previous work in the region has contributed to the understanding of the characteristics of residents in private nursing homes, measuring their dependency levels (Williams et al, 1992), but little is known about the activities of nurses in these homes. Work is underway nationally by the King's Fund Organisational Audit Programme to develop standards of service for nursing homes, (King's Fund, 1995) but currently there is no consensus on standards or training in this area of work.

The UKCC's PREP initiative was to develop standards for a framework of post-registration education and practice, which would contribute to the maintenance and development of professional knowledge and competence. In 1994 the UKCC agreed its standards and provided a personal set of information for all registered nurses outlining its requirements. Registered nurses who are employed in the residential care sector remain accountable to the UKCC and subject to the Code of Professional Conduct (UKCC, 1992).

Responsibility for Training

The Working Paper "Education and Training" (WP10) of the White Paper "Working for Patients" was developed to ensure continuation of the education and training of healthcare professionals necessary to meet service provider requirements for qualified staff (DoH, 1989). A series of recommendations have been made "to ensure the future supply of appropriately qualified community health nurses to meet the changing demands of developing services" (RCN, 1992 p. 27), that "education programmes meet changing service needs" (NHSME, 1993a p. 16), and that "all primary health care nurses should ensure that they participate in continuing education available to them" (NHSME, 1993b p. 40). "The quantification of the need for local education" was identified as a major activity for the immediate future (Trent Health, 1993 p.14). The qualified nurse, Home Owner, Nursing Home Inspectors and the Region each have their own responsibilities in respect of the training of qualified staff in the private nursing homes. However, unlike the NHS, where there are Training Departments, firmer links with education providers and appraisal mechanisms in place indicating a better understanding of the training required, there are no such clear mechanisms in place for staff training in the independent sector. Earlier work in Trent has emphasised that nurses working in primary and community care within the NHS should be competent and prepared for their developing roles (Morrell, 1994). However, there has been no similar consultative work focusing specifically on the needs of the constantly rising number of nurses working in private nursing homes in Trent.

In 1995 four consortia were established within Trent region including representatives from non-NHS providers e.g. Social Services, proprietors of nursing homes. Their responsibility is, in part, to consider the workforce planning and training strategy for the pre and post-registration education of nurses. At present there is no clear information to inform the strategic and operational decisions which will be made by the four consortia, in relation to the independent sector. Nurses working in private nursing homes comprise the largest proportion of all these nurses. This study will provide vital unique information to inform the discussions of the consortia regarding qualified nurses in private nursing homes in Trent.

BACKGROUND AND AIM

A study of the training needs of community nurses in Trent (Morrell, 1994), had some relevance for nurses working outside the NHS and particularly in nursing homes. The issues still to be examined in nursing homes on a regionwide basis relate to the absence of quantified information on the current activities of nurses, the training they have undertaken and their training needs from the perspective both of the nurses themselves, and the Matrons in the homes.

Aim

- To undertake a training needs assessment of qualified nurses working in private registered nursing homes in Trent.

Objectives

- To provide information, based on the training needs assessment, for the four Trent Regional Consortia for Education and Training, on the needs for education of qualified nurses in private nursing homes.
- To highlight areas where clinical activities are not underpinned by relevant training.

STUDY METHODS

Introduction

A brief review of the literature revealed that very little work had been undertaken on training needs assessment in private nursing homes. Earlier work on training needs assessment has used a semi-structured interview or self-completion questionnaire (Sheperd, 1995). The model used in this Trent survey was designed for qualified nurses in private nursing homes, based on their actual and perceived need. Given that the aim of post-qualification education is to improve health care outcomes (Green, 1984), an understanding of the needs of residents is fundamental to defining training needs of nurses in nursing homes. Post-registration education is designed to equip practitioners with additional and

more specialist skills necessary to meet the special needs of patients and clients. The gap between the needs of clients and the actual skills available, combined with the perceived requirements of qualified nurses, represents the training needs of qualified nurses in private nursing homes. Against the backdrop of changing health care needs and the organisation of care within nursing homes and the personal responsibility of each nurse, an assessment of actual clinical training needs is required to shape a clinically-driven framework for an education and training programme. The full cycle of training needs assessment would incorporate an analysis of the shortfall of skills; the home's goals and business plans; an understanding of the educationalists' requirements; an appreciation of the resources issues; recommendations for education programmes and ultimately assessment of patient outcomes (Sheperd, 1994). The remit of this study was necessarily confined to understanding the training needs from the perspective of the qualified nurses, supplemented by the views of the Matrons in the homes. It was important at the outset of this study to understand significant issues from the perspective of all the stakeholders, (in this context the qualified nurses and Matrons, the Home Owners and Nursing Home Inspectors) before developing the tool for assessing training needs. It was also important to quantify the views expressed, particularly the opinions of the Matrons and nurses actively working in the homes. The consultation took place from February to June 1995. The series of meetings, interviews and Workshops held and the numbers of stakeholders contacted are shown in Figure 1.

Figure 1. Meetings, Interviews and Workshops held with key Stakeholders

Stakeholders	Nature of Contact	No. of People Contacted
Qualified Nurses working in Nursing Homes	• Project Workshops	11
Matrons working in Nursing Homes	• Meetings in 2 Districts • 1:1 Interviews • Project Advisory Group • Project Workshops	55 2 1 18
Nursing Home Owners	• Nottinghamshire Home Owners Meeting • Project Advisory Group • Project Workshops • 1:1 Interviews	67 2 6 2
Nursing Home Inspectors in Trent	• Regional Meeting • Project Advisory Group • Project Workshops	9 1 8

In the Workshops the small group work provided feedback about the changing needs of clients; the role of the registered nurse in the home; preparation for the qualified nurses to meet changing needs in the home; and the future provision of education and training for the nurses. These themes and other information provided from the consultation were used as a basis for a postal questionnaire to qualified nurses and Matrons.

Questionnaire

The pilot questionnaire was drafted and circulated to a sample of twelve Matrons and nurses working outside North Derbyshire and Nottingham, then refined before distribution to the full sample of nurses and Matrons selected.

Postal Questionnaires to Nurses

The design included a combination of "fixed-alternative" and a range of possible responses, and open questions. The structure of the questionnaire was to obtain:-

- Respondents' biographical information - hours worked, duration in employment in the independent sector, and in other health care settings, whether or not the individuals had had an induction or appraisal and their age.
- Clinical activities undertaken in the past week, past month or past 6 months
- Management activities undertaken in the past week, past month or past 6 months
- Professional Issues
- Overall priority of five most urgent personal Training Needs
- Issues within the home - agreement statements with a Likert Scale response (Strongly Agree to Strongly Disagree)
- Qualifications and Courses undertaken and the value placed on these courses.

The coded questionnaires were posted with a label requesting return to the Nursing Section, SCHARR if it was not delivered to the named nurse. Two postal reminders were issued and phone call reminders were used to contact non-responders.

Postal Questionnaires to Matrons

The sample of Matrons were sent an additional questionnaire to obtain information about:-

- Registration categories and numbers of clients in these categories
- Number of full and part time, qualified and unqualified staff in the home
- The five most urgent training needs for the qualified staff in the homes
- A comments section for areas that had not already been considered in the questionnaire.

Sample Size And Response Rate

The study population for the postal questionnaire was defined as all qualified nurses working in 118 registered nursing homes for elderly people in Nottingham (73 homes) and North Derbyshire (45 homes) in April 1995. A total of 1104 nurses' names and 112 Matrons' names were provided by the 114 homes in these 2 districts. A one in four sample of 276 nurses was selected at random and a 1 in 2 sample of 56 Matrons was also selected at random. A total of 333 questionnaires were distributed. Quantitative data were obtained from 217 randomly selected nurses and Matrons and additional data were obtained from 43 Matrons about the nursing homes and training needs in the home. Qualitative data were obtained from the nurses and Matrons' additional written comments. The response rate was 73% for nurses, and 80% for Matrons as shown in Tables 1 and 2 below.

Table 1. Nurses Questionnaire Response Rate.

Nurses	N	%
Selected	277	100
Left the Home during the study period	40	15
Received the questionnaire	237	100
Returned the Questionnaire	174	73
Did Not Return the Questionnaire	63	27

Table 2. Matrons Questionnaire Response Rate.

Matrons	N	%
Selected	56	100
Left the Home during the study period	2	4
Received the questionnaire	54	100
Returned the Questionnaire	43	80
Did Not Return the Questionnaire	12	20

RESULTS

Interviews With Home Owners And Matrons

A number of issues emerged from the interviews as listed below:

- Changing needs and dependency of clients
- Need for special equipment
- Matrons role in identifying training needs
- Problems with; supervision for Matrons and others; prioritising management training over clinical training; part-time nurses; course costs and replacement costs; availability of appropriate courses; most learning being self directed
- Unqualified staff benefit from the NVQ Framework.

The Workshop Themes

During the three workshops a list of significant issues was generated by participants which were similar views to those identified in the interviews. These included:

- Earlier discharge from the acute sector, older residents and shorter length of stay in the nursing home
- Changing and complex role of registered nurse in the home
- Inadequate preparation for the changing needs of clients in the home
- Lack of defined standards in the home
- Absence of a specific framework for training
- A preference for some work based learning.

Although the Workshops identified nursing homes for the mentally ill as being a high priority for investigation of training needs, the research focused on the homes which represented the majority of registered premises, those for health care for elderly people. In Trent, from a total of 18403 beds available, 16952 beds (92%) were available for health care for elderly people (Trent RHA, 1993).

Characteristics Of The Nurses And Matrons

The mean age of the nurses and Matrons in the sample was 42 years, with 80% having been qualified as nurses for at least 20 years. On average, they had worked in their current home for the last three and a half years, however only 22% were full-time.

Table 3. Overall Characteristics of Respondents

Minimum n=203	Mean	Std. Dev.
Age in Years	42.0	10.7
Years Qualified	17.2	10.3
Hours worked per week in the home	28.6	12.0
Years worked in the home	3.3	3.0
Years worked in the private sector	5.4	4.1

Most of the nurses and Matrons (61%) who responded were qualified RGNs. More than a quarter of the nurses and Matrons also worked in other health care settings, like an NHS hospital, and 11% worked in the home as a bank nurse.

Table 4. Nurses' and Matrons' work arrangements in the Nursing Homes

Minimum n=217	n	%
Normally Work Day Shift	50	23
Normally Work Night Shift	51	24
Normally Work Afternoon Shift	31	14
Work in other health care settings, % yes	57	26
Work as a bank nurse, % yes	24	11

Preparation For Working In Private Nursing Homes

Only 30% of the nurses and Matrons said they had ever had a staff appraisal at the home. Almost one third of the Matrons (30%) and 36% of the nurses gave no indication that they had attended any training relevant to their current role. 11% of the nurses had not worked in the NHS since qualifying.

Changing Needs Of Residents

The results showed a very high level of agreement that there had been a dramatic rise in the dependency of residents in the homes since the introduction of the Community Care Act in

1993 (only 16% disagreement with the statement). There was an even higher level of agreement that there is a greater need than ever before for specialist equipment in the homes (only 11% disagreement). These results support the assumption that the needs of residents have changed within a short time. Although 29% of the nurses and Matrons agreed that they were facing medical or nursing problems that they hadn't dealt with for a long time, 58% of the nurses and Matrons disagreed with the statement.

Clinical Activities in the Home

From the questions asking about the frequency with which nurses and Matrons undertook specific clinical nursing activities, a hierarchy of frequency of tasks undertaken by the nurses was generated for the past week, past month and past 6 months. It was possible to identify activities which were only rarely or never undertaken. The clinical activities which the nurses and Matrons were performing most frequently are shown in Table 5 below.

Table 5. The proportion of nurses and Matrons who said they had undertaken the clinical activity in the last 6 months.

Clinical Nursing Activity	n=217 %
Pressure Area Care	95
Administering Medication	92
Providing Care for dying residents	91
Management of Pain	90
Evaluating Care of residents	90
Identifying Care Needs	89
Clinical Record Keeping	89
Promoting Mobility	89
Feeding Residents	88
Care Planning	85
Catheter Management for females	83

The clinical activities which the nurses and Matrons said they had performed least frequently in the past 6 months were Administering IV Therapy (9 %), Nasogastric tube feeding (26%), Identifying elder abuse (30%) and Venepuncture (34%).

Clinical Training Needs

The nurses and Matrons were asked to identify whether or not they needed further training to further develop the same areas of clinical nursing practice. Even though they were active in certain clinical areas, they nevertheless indicated that they also needed further training in these activities, as shown in Table 6 below.

Table 6. The proportion of nurses and Matron's who said they had undertaken the clinical activity and needed further training

Clinical Nursing Activity	Total (n=217) %	Nurses (n=174) %	Matrons (n=43) %
Management of Pain	13	14	9
Moving and Handling residents	12	13	9
Bereavement Counselling: residents or relatives	12	13	9
Rehabilitation of resident with CVA	9	10	5
Management of residents with Diabetes	9	9	9
Catheter Management for male residents	7	7	7
Providing Care for the dying resident	7	6	9
Counselling: residents or relatives	6	7	0
Wound Management	6	6	5

Matrons were significantly more likely (95%) than nurses (75%) to have counselled residents or relatives, and only 5% said they would need training, but 25% of nurses said they would need training (Chi square 7.9, d.f.= 2, $p<0.02$).

Table 7 illustrates the proportion of nurses and Matrons who said they had not undertaken the activity listed within the past 6 months, but in their opinion needed further training in that area. Although only 9% of nurses and Matrons were involved in administering IV therapy over the past 6 months, more than one third of the others said they needed training.

Table 7. The proportion of nurses and Matron's who said they had not undertaken the listed clinical activity but needed further training.

Clinical Nursing Activity (n=217)	No.	%
Administering IV Therapy	78	36
Identifying Elder Abuse	63	29
Venepuncture	61	28
Nasogastric Tube Feeding	46	21
Catheter Management for male residents	37	17
Pre-Admission Assessment	29	13
Bereavement Counselling: residents or relatives	27	12
Counselling: residents or relatives	25	12
Wound Management	18	8

Matrons were significantly more likely (72%) than nurses (43%) to have performed venepuncture, and 54% nurses and only 22% of Matrons said they would need further training in this. (Chi square 10.5, d.f.= 2, $p<0.01$).

Management Training Needs

Similarly, from the questions asking about the frequency with which nurses and Matrons were involved in any of a number of listed management issues, a hierarchy of frequency of involvement was generated for the past week, past month and past 6 months. Respondents were asked to identify whether or not they needed further training to further develop any area of management. The proportions of nurses and Matrons who were performing management activities but also said they required further training, are shown in Table 8.

Table 8. The proportion of nurses and Matrons who said they had undertaken the management activity and needed further training.

Management Activity	Total (n=217) %	Nurses (n=174) %	Matrons (n=43) %
Using assertiveness skills	8	8	7
Health and safety issues	8	7	12
Dealing with staff problems	6	7	5
Care Planning	6	6	7
Evaluating Care	6	6	2
Staff Appraisal	5	3	12

Table 9 illustrates the proportion of nurses and Matrons who said they had not been involved in the issues listed within the past 6 months, but said they needed training to further develop the area of management. There were significant differences between the Matrons and nurses in the following six management activities: Managing budgets; stock management; dealing with complaints; implementing disciplinary procedures; communicating with Social Services and with Home Inspectors. For all of these the Matron was more likely to have been involved in the activity and less likely to say training was required.

Table 9. The proportion of nurses and Matrons who said they had not undertaken the management activity but needed further training.

Management Activity	No.	%
Managing budgets	67	31
Recruitment and selection of staff	41	19
Staff Appraisal	38	18
Acquisition of resources, specialist skills/ equipment	37	17
Setting/maintaining/monitoring quality standards	35	16
Stock/equipment management	32	15
Health and safety issues	29	13
Staff Induction	27	12
Using Assertiveness Skills	25	12

Training Activities In The Home

For activities relating to training specifically, Table 10 below indicates that almost one fifth of the nurses and Matrons said they were not prepared for training other staff, identifying training needs or performing staff appraisal. Most of the Matrons (95%) had been involved in recruitment and selection over the past 6 months and only 5% said they needed training in this. Less than a quarter of nurses had been involved in recruitment and selection, and more than a quarter said they needed further training in this (Chi square 29.3, d.f.= 2, $p<0.0001$) The nurses were similarly less experienced in induction of staff compared to the Matrons, none of whom said they needed training, though 20% of nurses said they needed training (Chi square 16.6, d.f.= 2, $p<0.001$). A similar picture was true for activities relating to staff appraisal, identifying training needs of qualified and unqualified staff, providing on the job training for qualified staff, supervising qualified nurses, and maintaining quality standards within the home. For each of these activities the Matrons were significantly more likely to have undertaken the activity and less likely to say they needed training.

Table 10. The proportion of nurses and Matrons who said they had <u>not</u> undertaken the activity but needed further training.

Training Activity	No.	%
Providing on the job training for trained staff	42	19
Identifying training needs of other trained nurses	40	18
Staff appraisal	38	18
Supervising trained nurses	28	13
Staff Induction	27	12
Identifying training needs of other care staff	21	10

Professional Training Needs

Compared with the overall response to questions about clinical training needs, a higher percentage of nurses and Matrons said they required training in professional issues. More than half of the nurses and Matrons indicated a need for training or update or PREP[1] (Post Registration Education and Practice). Also, almost half the staff said they needed information or update in the Scope of Professional Practice[2]. Over a quarter of staff indicated a need for training in the Code of Professional Conduct[3].

Table 11. The proportion of nurses and Matrons who said they required training or update in the listed Professional areas.

Professional area	No.	%
PREP	130	60
UKCC Scope of Professional Practice	105	48
UKCC Code of Professional Conduct	57	26
Record Keeping	43	20
Administration of Drugs and Medicines	37	17
Confidentiality	22	10

Overall Most Urgent Training Needs

The questionnaire asked the respondents to identify what they felt were their 5 most urgent training needs, (irrespective of whether they had been regularly involved in the task).

[1] PREP is the term used to describe the UKCC's requirements for education and practice following registration. The purpose of PREP is to improve standards of patient and client care, both directly and indirectly.

[2] The range of responsibilities which fall to individual nurses, midwives and health visitors should relate to their personal experience, education and skill. This range of responsibilities is described by the UKCC as the Scope of Professional Practice.

[3] The Code of Professional Conduct holds each registered nurse, midwife or health visitor personally accountable for their practice. They are required to act at all times in such a manner as to safeguard and promote the interest of individual patients and clients, serve the interests of society, justify public trust and confidence, and uphold and enhance the good standing and reputation of the professions.

Given the distinction between the main role of the Matrons and the nurses, their views on their most urgent personal clinical training needs are presented separately in Table 12 below.

Table 12. The five most urgent personal training needs for clinical nursing practice identified by nurses and Matrons

	Nurses Replies n=170		Matrons Replies n=45	
	No.	%	No.	%
Wound Management	31	18	3	7
Bereavement Counselling	27	16	5	12
Venepuncture	26	16	6	14
Management of Pain	25	15	9	21
Identifying Elder Abuse	23	14	3	7
Moving and Handling Residents	23	14	6	14
Catheter Management for Males	17	10	6	14
Counselling residents or relatives	17	10	9	21
Rehabilitation of Residents with CVA	15	9	5	12
Care for the dying resident	14	8	4	10

Several of the areas for personal development identified by the nurses were also identified by the Matrons. The main difference is that wound management features first on the list for nurses, but appears as a low priority for Matrons. A comparison of the frequency of responses of the nurses and Matrons, showed statistically significant differences in views on the need for training for only four clinical activities, those being administering oxygen therapy, venepuncture, counselling relatives and involvement in preadmission assessment. Matrons were significantly more likely than nurses to say they had performed venepuncture and did not need training. Most Matrons said they had been involved in pre admission assessment and said they did not need training.

Urgent Management Training Needs

There were large differences between the nurses and Matrons in their views on the need for training in many of the management activities listed. The biggest differences were for assertiveness and managing budgets. 15% of nurses indicated assertiveness was a high training priority whilst no Matrons indicated this as a training need. 14% of nurses indicated managing budgets was an important training need compared to only 2% of Matrons.

Table 13. The five most urgent management training needs identified by nurses.

	n=170	%
Care Planning	28	17
Assertiveness Skills	25	15
Managing Budgets	23	14
Identifying training needs of care staff	18	11
Health & Safety	17	10
Identifying training needs of trained staff	16	9
Standard Setting and Maintenance	15	9
Dealing with staff problems	13	8
Staff Appraisal	9	5

Table 14. The five most urgent management training needs identified by Matrons.

	n=42	%
Standard Setting and Maintenance	10	24
Health & Safety	10	24
Identifying training needs trained staff	8	19
Staff Appraisal	7	17
Dealing with staff problems	4	10
Discipline/Grievance Procedures	4	10

Matrons' Opinions On Their Nurses' Most Urgent Training Needs

The Matrons saw care planning as overall the most urgent training need for their nurses, and this corresponded well with the views of the nurses themselves. Conversely 23% indicated record keeping as a high priority only 4% of the nurses themselves did so.

Table 15. Matrons' listed most urgent training needs for their qualified nurses.

	n=40	%
Care Planning	12	30
Management skills	9	23
Record keeping	9	23
Wound management & pressure area care	8	20
Bereavement counselling	8	20
Male Catheterisation	7	18
Venepuncture	6	15
Health & Safety	6	15
Moving & Handling	6	15
Communication skills	5	13
PREP	5	13
Standard Setting and Maintenance	5	13
Management of Residents with Diabetes	5	13

Home Questionnaire

The separate questionnaire completed by the Matrons gave some information on the characteristics of a sample of homes in which the nurses worked. The number of beds available in the sample of homes ranged from 8 to 66. Most of the homes had beds solely for residents in the registration category for elderly people. The number of full time qualified staff employed in the homes ranged from 1 to 10.

Table 16. The mean number of part-time and full time staff in the homes.

	Mean	Std Dev.	Range
Number of full time qualified staff	3.7	2.1	1-10
Number of part time qualified staff	5.3	2.8	0-12
Number of full time non-qualified staff	13.5	9.1	0-40
Number of part time non-qualified staff	10.9	7.3	0-36
Number of qualified bank staff employed	2.7	2.6	0-13

Table 17. The Number of Beds Available in the sample of Homes

No. of Beds available	Frequency
0 - 29 beds	12
30-40 beds	20
41-50 beds	4
51-66 beds	5
TOTAL	41

Issues Within The Nursing Home - Agreement Statements

The full questionnaire gained the nurses and Matrons' views on a number of issues relevant to the home in which they were working. The combined results are presented in Table 18. Again, the replies of the nurses and Matrons were compared. Matrons were more likely (76%), than the nurses (65%), to say that they agreed there had been a dramatic rise in dependency in the home, although this failed to reach statistical significance. Matrons were significantly more likely (86%) than the nurses (59%) to agree that staff were involved in preadmission assessments (Chi square 12.3, d.f.= 4, $p<0.02$). This corresponded well with the activity questions where 97% Matrons said they had been involved in preadmission assessments in the past 6 months and required no further training.

Table 18. Percentage agreement by nurses and Matrons with statements about Issues within the home.

Statements about Issues within the home	Agree	Not Sure	Disagree
N=217	%	%	%
a. There has been a dramatic rise in the dependency of residents in this home since the Community Care Act	64	16	16
b. Nursing home staff are involved in pre-admission assessments for this home	64	10	24
c. There is a greater need than ever before for specialist equipment in this home	75	10	11
d. I am facing medical/nursing problems that I haven't dealt with for a long time	29	7	58
e. Courses provided are relevant to my current practice	51	18	22
f. Staff cover is readily available to enable me to attend a course	36	12	45
g. I usually attend courses in my own time	61	6	26
h The cost of courses provided does not usually prevent me from attending	33	9	52
i. I usually pay for courses myself	47	7	34

* where rows do not add up to 100%, this indicates missing replies.

In relation to training, Matrons were also significantly more likely (56%) than the nurses (34%) to agree that staff cover is readily available to enable attendance at a course (Chi square 8.2, d.f.= 3, $p< 0.05$). Nurses were significantly more likely (70%) than Matrons (50%) to say that they attended courses in their own time (Chi square 14.6, d.f.= 3, $p<0.01$), and nurses were also more likely (56%) than Matrons (45%) to say that they paid for courses themselves, though this was not statistically significant.

Courses Attended

The nurses and Matrons were asked to indicate the courses they had attended, plus the value they placed on the course. Overall there was a very low level of attendance at courses, with a higher percentage of Matrons than nurses attending. For clinical courses, wound management was most frequently cited by both Matrons (21%) and nurses (14%). For both moving and handling and promotion of continence, 17% Matrons and 9% of nurses had attended courses. 6% Matrons and 12% nurses had also attended an NVQ assessors course and most of them found it valuable. The variation in the value is shown in Tables 20 and 21.

Table 19. Courses attended by nurses and Matrons, duration and source of funding.

		Funded by:		
Clinical Courses attended by:	1 day Courses %	Nursing Home %	NHS %	Self %
Nurses	58	40	32	28
Matrons	77	50	26	24
Management Courses attended by:				
Nurses	54	45	42	13
Matrons	68	75	0	25

Overall, it seems the Matrons attended courses more frequently than nurses and were more likely to have had the course paid for by the nursing home. The number of nurses who also worked in the NHS had a clear advantage over the others in being able to access training financially supported by the NHS.

Table 20. The number of nurses who had attended clinical courses and the value they placed upon the courses.

Course (n=170)	Number Attended		Mean Value
	No.	%	
Wound Management	23	14	3.8
Promotion of Continence	16	9	3.9
Moving & Handling	16	9	4.4
Palliative Care	15	9	4.1
Systematic Approach to Nursing Care	13	8	3.8
Venepuncture	12	7	3.6
Drug Administration	9	5	4.3
Catheter Care	7	4	4.5
Pressure Area Care	7	4	3.6
Bereavement	6	4	4.2

(On 1-5 scale, 5 = excellent benefit, 1 = poor benefit)

Table 21. The number of Matrons who had attended clinical courses and the value they placed upon the courses.

Course (n=42)	No. Attended		Mean Value
	No.	%	
Wound Management	9	21	4.3
Venepuncture	8	19	4.4
Moving & Handling	7	17	4.3
Promotion of Continence	7	17	3.8
Systematic Approach to Nursing Care	5	12	4.4
Pharmacy Update	4	10	3.5
Standard Setting	4	10	3.5
Palliative Care	3	7	5.0
Pressure Area Care	3	7	4.0

(On 1-5 scale, 5 = excellent benefit, 1 = poor benefit)

Table 22. The number of nurses who had attended management courses and the value they placed upon the courses.

Course (n=170)	No. Attended.		Mean Value
	No.	%	
NVQ Assessors	21	12	4.0
Counselling	8	5	4.4
Conversion Course	7	4	4.9
ENB Teaching & Assessing	6	4	3.4
Setting & Monitoring Standards	5	3	4.4
Health & Safety	5	3	4.2
P2000 Study Days	4	2	3.8
Legal Aspects Nursing	4	2	2.0

(On 1-5 scale, 5 = excellent benefit, 1 = poor benefit)

Three nurses were also undertaking a BSc. Degree in Health Studies, but not all had completed the course at the time of this study.

General Comments

The nurses and Matrons were invited to add further comments at the end of the questionnaire. They indicated a willingness to undertake further training for personal and professional development, but identified a number of features which impinged on their ability to do so.

- **Resources**

  Most of the comments related to the inadequate funding of training and lack of availability of staff cover to allow attendance at training events. The costs of courses was

also considered to be prohibitive. Matrons commented on the difficulty of recruiting qualified staff into the home and retaining these staff. Because there are so few qualified staff, releasing them or spending time with them is problematic. Other factors which were believed to affect training were the size of the home, the number of staff employed within the home and constraints from Home Owners where they believed that the nurse was already qualified and required no further training.

- **Hours of work**

  The nurses and Matrons felt that staff who worked part-time, or those working night duty appeared to be offered fewer opportunities for training. The nurses and Matrons also commented that working 40 hours or more each week leaves very little time for training. They felt they should be able to attend training in working hours. Also, when the registered nurse is the only qualified member of staff in the home, they cannot be released from duty to attend a study day or other training.

- **Course appropriateness**

  Often programmes of study were aimed at NHS staff and the nurses and Matrons felt the courses provided were often not appropriate for nurses in nursing homes, or the method of delivery was problematic, for example, requiring the staff member to be in class for a number of days at a time and therefore away from the nursing home.

- **Complexity of the role**

  It was felt that the role of the qualified nurse in private nursing homes, especially the role of the Matron was often administrative and managerial as well as clinical. In addition, nurses in private nursing homes operate under the legislation of the Registered Home Act 1984 and need to have a good working knowledge of the conditions of registration and the standards to which the home is regulated.

DISCUSSION

Changing Needs of Clients

Nurses and Matrons indicated that the nature of care in their nursing home had changed since the implementation of the Community Care Act Reforms in 1993. They said that dependency had also increased and they also had a greater need for specialist equipment. It is essential that the different and often multiple health care needs of clients are met by skilled and experienced staff. Since a third of the nurses and Matrons indicated they had never received any training to prepare them for their role in the home, it is unlikely that they would therefore have been adequately prepared to cope with the changing needs of their clients. Even though, on average the nurses and Matrons had worked in the private sector for 5 years and had trained 17 years ago, less than one third of them agreed that they were facing problems they had not dealt with for a long time. It was suggested during the 3 workshops held that perhaps more nurses would have this opinion. It could be that nurses were reluctant to admit they may have become de-skilled with regard to some aspects of nursing care, or alternatively it may be that they had faced these medical or nursing problems recently, but infrequently in the nursing home. Of course all of those nurses who worked in other health care settings may have frequently dealt with a wider range of medical or nursing problems. In the Workshops it was also suggested that some nurses were not sufficiently involved in the preadmission assessment of clients. The study showed that half of the Matrons and nurses in the study said they had been involved in preadmission assessment in the past 6 months and required no further training. Conversely half of them had not been involved. Although this may not be a major training need for qualified nurses, the study has provided evidence to quantify the fear expressed in the Workshop. Clearly home owners and Matrons should ensure that the skills of qualified nurses are well used in this capacity, and that there is good collaboration with social services.

Access to NHS Training

More than a quarter of nurses worked for the NHS as their main employer and the training needs of these staff had been entirely met by the NHS. 32% of all clinical training

undertaken by nurses and Matrons in the study was funded from the NHS or other primary employer e.g. Red Cross or Hospice. As was emphasised during the workshops, this illustrates the importance of nurses working in the NHS bringing their knowledge and experience to their nursing responsibilities in private nursing homes.

Continuity of Care

It was evident from establishing the response rate very early in the study that staff turnover was very high especially within such a short period of time. In the 3 month period April to June 1995, 15% of nurses and 4% of Matrons had left the Nursing Home. This level of instability in staffing levels could contribute to problems with continuity of care for clients. This is compounded by the large number of part-time staff (78%) identified by the study and also the nurses whose main job is elsewhere (26%). In addition, 11% of the qualified nurses were employed on the bank. By nature, their hours are variable and therefore their contribution to continuity of care will be affected.

Preparation for Working in Private Nursing Homes

The UKCC Occasional Report on Standards of Nursing in Nursing Homes (June 1994) stated in relation to Induction and In Service Training:

"The most significant deficit is the lack of any kind of induction for new staff. Registered nursing staff, new to the home, find themselves to be the only nurse on duty and have become familiar with procedures from unqualified staff. Some of these practitioners had only recently qualified, some had not practised nursing many years and some had never previously worked in a home" (p 8)

Similarly, this study found that in Trent, more than one year after the UKCC report, few of the homes had an induction programme in place. There is a clear need for induction of staff new to the home or the independent sector. Given the changing needs of clients, it is important to prepare and implement induction programmes specifically tailored for the individual needs of nurses in each nursing home. Additionally nurses themselves will know that the range of responsibilities which fall to them should relate to their personal experience, education and skill (UKCC, 1992).

Identification of training needs within the home

Few nurses and Matrons had had a staff appraisal in the home and the study found that almost one fifth of the nurses and Matrons said they were not prepared for; identifying the training needs of other qualified staff; training other qualified staff; or undertaking staff appraisal. The main method for identifying the training needs of qualified nurses within the home should be the staff appraisal mechanism. Clearly a pre-requisite is that the appraiser would have previously undertaken relevant training. It is important that at least one qualified nurse in each home has responsibility for identifying the training needs of other qualified staff. The training needs assessment would have to take into account the overall health needs within the home and the complex role of the qualified nurses and Matron.

Current Clinical Activity

The nurses and Matrons were very regularly involved in clinical activities in providing the fundamental elements of nursing care. In the past 6 months 90% of the nurses had been involved in providing pressure area care, administering medication, providing care for the dying resident, moving and handling residents, management of pain and evaluating care. They were less frequently involved in the more technical elements of nursing care, for example in administering IV therapy (only 9% in the past 6 months), Nasogastric tube feeding (26% in the past 6 months), venepuncture (only 35% in the past 6 months). These more technical elements of nursing care are beginning to feature in private nursing homes, but would have been rare, even 5 years ago.

Training Undertaken

36% nurses and 30% Matrons gave no evidence of any training having been undertaken which was relevant to their current role. Much of the training they had received appeared to be self -directed and opportunistic and not related to any assessment or prioritisation of their clinical or management needs. Most of the training was in the form of one day courses. 11% of nurses and Matrons had never worked in the NHS since qualifying, suggesting that they may not have consolidated their learning, or ever had the benefit of training which is offered staff in the NHS. It is also unlikely that these nurses would have had the benefit of 6 months preceptorship recommended by the UKCC.

Training Required

The clinical areas where nurses and Matrons were active and were most likely to say they needed more training (up to 13%) was in the following five areas; management of pain; moving and handling residents; bereavement counselling; rehabilitation of clients with CVA and managing residents with diabetes. More than 70% of all the qualified staff had been involved in these activities in the previous 6 months, since they are fundamental to the care of people in the nursing homes and 90% had been involved in the management of pain. This suggests that some nurses are not completely confident about their skills in undertaking these tasks within the home. These five clinical areas also corresponded with the clinical areas identified by all the nurses and Matrons as their overall most urgent clinical training needs. These nurses appear to be indicating that the clinical skills they are using regularly are those for which there is the greatest need for training. This is not true for venepuncture which nurses were involved in relatively infrequently, yet it ranked highly among training needs.

Almost a third of the nurses expressed a need for training in clinical activities that they were not currently undertaking. One explanation is that they were anticipating the increasing dependence of their clients making greater demands on their clinical skills in the future than they are doing at present. Conversely, even though they had not carried out the activity in the past 6 months, 50% of the nurses and Matrons did not indicate any need for training in administering IV therapy; nasogastric tube feeding; or using special equipment. For management activities, most qualified staff had been involved over the past 6 months in using assertiveness skills, health and safety issues, dealing with staff problems, care planning and evaluation of care and these were most frequently cited as requiring further training. This was not true, however for managing budgets where 79% had not been involved, but 31% said they needed further training in this management activity.
The nurses and Matrons indicated a need for further training in six areas of professional training, that is 60% indicated that they would like training in PREP, 48% in the UKCC Scope of Professional Practice, 20% in Record Keeping, 17% in Administration of Drugs and Medicines and 19% indicated that they would like training in Confidentiality. The unexpectedly high response to the PREP and Scope questions may suggest a lack of confidence associated with the received statements from the UKCC. It seems the nurses

and Matrons require particular help on these professional matters to support their practice in a changing and rapidly developing health care setting.

Nurses and Matrons displayed different training needs for both clinical and management practice which is to be expected from the different roles they undertake within the home. The difference, however was not as big as may have been expected, suggesting that qualified nurses are undertaking complementary roles to the Matrons. These variances need to be acknowledged by Proprietors and Matrons when addressing the management as well as the clinical training needs of the total nursing workforce. A training strategy would ensure that training was indicated according to the individuals' needs, to prepare all the nurses for their complementary roles in the home.

Training Support

Shortage of resources was seen to be a major problem for providing cover and course payment to allow attendance at training courses. The Matrons indicated that they had better access than nurses to clinical and management training and this was more likely to have been supported financially by the home than the nurses. This apparent unequal opportunity may reflect the stability of the Matrons in the home or the Home Owners view that it is the Matrons responsibility to pass on training to their staff. Similar problems of access to training have been reported elsewhere (Bennet et al, 89). Although a training strategy would ensure that training needs were assessed, the problem of staff cover and funding is more difficult. The use of more work based training could be helpful in maintaining a qualified member of staff on the premises whilst they are at the same time undertaking training.

CONCLUSIONS

Nurses and Matrons in this study had minimal preparation for their role within the context of changing clients need. Few had an induction or an appraisal whilst in the home. Minimal training had been undertaken to assist registered nurses to undertake clinical nursing activities in the home. Nurses were less likely than Matrons to have attended training, or have cover readily available for them to attend a course. The training needs of nurses and Matrons are different and should be considered separately.

Combining the replies of nurses and Matrons for clinical and management activities in which they had been involved, the greatest training needs in private nursing homes in Trent are in rank order :-

1. Bereavement Counselling
2. Management of Pain
3. Moving and Handling
4. Care Planning
5. Wound Management
6. Health and Safety
7. Catheter Management for Males
8. Venepuncture
9. Assertiveness
10. Standard Setting and Maintenance

Nurses and Matrons indicated a need for further training in the following professional issues, in rank order:

- Post Registration Education and Practice (PREP)
- Scope of Professional Practice
- Code of Professional Conduct
- Record Keeping
- Administration of Drugs and Medicines
- Confidentiality

RECOMMENDATIONS

1) The 4 Regional Consortia for Education and Training should take account of the findings of this study in developing their training strategy for post-registration education of nurses within Trent.

2) Nursing Home Proprietors and Matrons in Trent should take account of the findings of the study and accordingly:

   a) Use a framework to evaluate the needs of qualified nurses and Matrons in the home

   b) Establish a programme of Staff Appraisal

   c) Develop and Implement an induction programme for qualified nurses in private nursing homes.

3) Education Providers should develop a programme of accredited training specifically for qualified nurses and Matrons in private nursing homes. This should focus on the following:-

   - Awareness of the needs of residents in private nursing homes
   - Evaluation of clinical practice and maintaining and improving standards of care
   - Nursing home management
   - Professional Issues.

4) The Health Commissions and their Registration and Inspection Officers should:

   a) Take account of the findings of this study to ensure that qualified nurses working in private nursing homes are adequately prepared to undertake their professional responsibilities.

   b) Explore ways to link NHS and private sector training to include rotation of qualified staff for professional update.

5) Further investigation of the relationship between high staff turnover and staff training needs may be warranted.

6) There should be further work to examine the training needs of nurses in the private sector working with other groups particularly the mentally ill and those with learning disabilities

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