

Challenges to Work Organisation in Health and Social Care: The Introduction of a New Work Role

Presentation to International Labour and Employment Relationship Association (ILERA) Study Group on Public Sector Employment Relations at the virtual ILERA World-Congress, 21 June 2021

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In many developed countries cumulative and prospective resource and service pressures on the delivery of health and social care have encouraged policymakers and practitioners to address longstanding patterns of work organisation, in particular the distribution of tasks and responsibilities between different, sometimes competing occupational groups. Our contribution to the Study Group focuses on a striking and potentially profound intervention of this kind: the establishment of a new work role in National Health Service England, and beyond in social care: the Nursing Associate (NA). Internationally the structure and regulation of nursing workforces varies markedly but positioned between the established healthcare assistant and nurse roles, the introduction of the NA role in the health and social care in England represents a critical case of major institutional change of broader relevance to understanding the regulation of work organisation in the public services. This note reports on our study examining the introduction NA role: positioning the study in the employment relations literature; setting out our research questions and approach; and presenting a few substantive themes to emerge from the research to date.

Work Organisation and Employment Relations

In general, work organisation- the distribution of tasks and responsibilities across a workforce- has figured less prominently in the employment relations (ER) literature than an interest in substantive terms and conditions of employment, in particular pay and working time. Yet, as Dukes and Streek (2020:614) note, ER scholars retain an interest in 'labour constitutions' defined as 'the historically determined ensemble of rules, institutions, social statuses, and economic and technological conditions that together shape decision making in respect of the question **who gets what work** under which terms and conditions' (emphasis added). Framed in this way, work organisation might be seen to cover the 'effort' side of the effort-reward bargain, central to our field of study. Indeed, the indeterminacy of the effort side of the bargain encouraged Marsden (1999) to explore the different approaches to the allocation of tasks and responsibility by reference to mechanisms of enforcement and efficiency underpinning national system of employment. Beyond this study perhaps the most prominent contemporary stream of employment relations literature exploring work organisation focuses on occupational licences, the frameworks adopted in economies and sectors to regulate entry into and continued membership of an occupational community. In the main, however, this literature has somewhat narrowly focused on the consequences of licencing for the supply and demands of entrants into occupational labour markets, and how this has impacted, in turn, on pay and earnings (for state of research and debate on licencing see special issue of the British Journal of Industrial Relation, 2019, 55:4)

The relative paucity of research on work organisation in the public services is surprising given the diverse range of tasks performed by myriad occupational groups in the sector. Indeed, there is a well-established line of research in other fields of study, especially organisational studies, concentrating on the fluidity of occupational boundaries and the battle to preserve occupational jurisdictions amongst public service, and other, professions (see for example, Abbott, 1988). The introduction of a new work role represents the most radical disruption to the distribution of workplace tasks and responsibilities. Tasks might well be re-distributed between **existing** occupational roles (new ways of working). Employers might also seek to ensure the more efficient and effective performance of tasks by workers in an existing role (new ways of managing). By contrast, a new role involves bundling together and re-calibrating the performance of existing and perhaps novel tasks within a newly constructed job category, with significant implications for a range of stakeholders.

Research Issues and Approach

Introduced in 2017, the Nursing Associate role represents a major attempt by policymakers and practitioners in England to change the structure and nature of the nursing workforce in health and social care. Over recent years new roles, for example the assistant practitioner and the physicians' associate, have been developed in health and social care. The NA role is distinctive in various ways. It is being introduced into nursing, a key labour process in health and social care, comprising by far the largest number of employees in these service areas. (There are around 300,000 nurses in NHS

¹ This research is funded by the National Institute for Health Research (NIHR) Policy Research Programme, through the Policy Research Unit in Health and Social Care Workforce, PR-PRU-1217-21202. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

England²). Indeed, the core occupational group in this process, nurses, have a strong professional identity and representation. Moreover, the NA has been established as a registered role, attracting a degree of status and legitimacy denied to many other new roles (and with real implications for levels of NA accountability). The emergence of the NA generates a set of research questions framed in a relatively in open way given uncertainties about how health and social care employers might engage with the role:

- Would employers adopt it and if so, why?
- If adopted, how would the role be managed and used, particularly in terms of its scope of practice: the range of activities performed?
- How would the role impact on various outcomes, especially those linked to different stakeholders- the NAs, themselves, their co-workers- nurses and healthcare assistants- and services users.

To date our evaluation of the NA role has comprised three stages³:

- Phase 1 (March 2019-March 2020): Nurse Director survey (N=47); expert Interviews (N=36); Case Studies (N=2)
- Phase 2 (December 2020 to March 2021): Repeat survey (N=67 Trusts) and repeat interviews (N=37)
- Phase 3 April-June 2021: NA/TNAs surveys and a social care case study (in progress).

Findings

- **Adoption and Rationale:** Take up of the NA role has been patchy and uneven, with the role to date gaining limited traction in social care. There are currently around 4,000 qualified NAs. This is a modest number but there is a pipeline of NAs coming through the two-year training programme and our surveys suggest that healthcare employers are keen to 'run with' the role, often at scale. The NA role is underpinned by a number of objectives, which our surveys and interviews suggest informs its adoption by employers: to create a new bridging role between HCAs and nurses; to provide a stepping-stone into registered nursing; to provide career opportunities for existing support staff; to deliver a more generic, better quality form of care.
- **Management and Use:** While registration establishes standards of proficiency for the NA, our case studies reveal that fitting the new role into established care routines at the workplace level and the more precise moulding of the role in terms of tasks performed, remains an iterative, incremental process. Considerable uncertainty about the role remains amongst work colleagues and often the NAs' scope of practice is situated and a 'work-in-progress'. At the same time and generally, the role has been relatively well received at this level, for example, taking on the care of less complex cases and freeing up the registered nurse to concentrate on more challenging patients.
- **Impact:** Our case studies and interviews suggest that for the NAs themselves, the new role, whether in its own right or as a stepping-stone into registered nurse training, presents a new career development opportunity. For co-workers- nurses and HCAs- there is a residual resistance towards the new role, particularly where in the case of nurses, it is seen as source of skill mix dilution and substitution. However, where the NA role is better understood, these suspicions are less in evidence and likely to dissipate. Further research is needed on how patients and other service users view and engage with the role.

References

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Marsden, D. (1999) *A Theory of Employment Systems*, Oxford: OUP.

² Record number of NHS doctors and nurses in England - GOV.UK (www.gov.uk)

³ For outputs to date see [Examining the Introduction of the Nursing Associate Role in Health and Social Care \(kcl.ac.uk\)](https://www.kcl.ac.uk/research/centres/health-care-research/na-role)