The role of nurses in sexual and reproductive health

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Are nurses realising their potential in sexual health services?

Nursing is acknowledged as providing a unique contribution within health care. Nurses are no longer seen as 'doctors' handmaidens', but as thinking professionals who can build high levels of clinical expertise. The shortage of junior doctors has accelerated a move towards increased expertise for nurses. Nurses are equipping themselves with skills that traditionally have been considered to belong exclusively to the medical profession.[1] Studies looking at the effectiveness of the nurse practitioner role in primary care settings show that suitably qualified nurses are capable of conducting accurate diagnosis and treatment.[2] However, such comparative studies only explore nurse-led care within a limited range of services. Doctors, who have longer training and wider clinical education, will undoubtedly be able to out-perform nurses in the breadth of care and expertise they can offer.

What are the potential advantages of nurses in sexual health services?

The arena of sexual health services provides an ideal specialty in which nurses can unlock their potential and take on more advanced clinical roles, formerly associated with care by doctors. Some of the underlying reasons are listed below.

- Almost 90% of the nursing workforce is female[3] – clients within sexual health services show a preference for care delivered by females.[4] Nurse-led services can achieve clinical outcomes that are equally as effective as medical care.[2,5]
- Patient satisfaction with care delivered by nurses has been shown to be equal, or superior, to satisfaction with care delivered by doctors.[5,6]
- The availability of nurse prescribing enables nurses to deliver the full range of contraceptive care and to provide a range of treatments for sexually acquired infections.
- Nursing emphasises concordance as opposed to compliance[7] – this increased patient involvement in decision-making helps to empower clients.
- Nursing places strong emphasis on patient education and preventative health care (both of which are important features within sexual health care).

The workforce

Qualified nurses comprise 30.1% of all National Health Service (NHS) staff – the single largest unit of health care providers.[8] In order to identify ways in which nurses could be developed to take on more advanced roles within sexual health we should map the existing skill profile. We can obtain figures for the number of doctors working in sexual health[9] but no current UK data exist for the number of nurses within sexual health services or their skill profile. National workforce census data[8] relate only to numbers of 'registered nurses' rather than nurses qualified within a particular specialty. Anecdotally, nurses working in sexual health services are thought to be predominantly female, part-time workers. These two features are significant. First, the large number of part-time workers means that training needs are increased. That is because the actual number of nurses employed will be higher and more training places will be needed in comparison to a workforce that has a greater number of full-time workers. Second, the time in which training can take place is limited as nurses are in the workplace for fewer hours and have other commitments outside the workplace. This supports a case for more work-based learning. Management may view the large number of part-time workers as a lack of 'high fliers' in career terms with relatively few nurses interested in expanding their role. Conversely, a more positive view would be that part-time workers are fresh and keen to fill their shorter working hours with as much energy and enthusiasm as possible. Again anecdotally, it appears that many nurses who work in family planning clinics for just a few hours each week do this in addition to other nursing roles such as practice nursing, health visiting, and so on. This means they have additional skills (e.g. health visitors know about local counselling, support for single parents, welfare benefits, etc.) that can be drawn upon.

Training in sexual health

Pre-registration training for nurses does not include mandatory education relating to sexual health services. Nurses working in sexual health gain post-basic education in an ad hoc manner – through working in the specialty, and by undertaking specialist post-registration courses. Before 2002, the English National Board (ENB) regulated specialist courses for nurses, such as family planning. This institution validated courses set up by Higher Education Institutions (HEIs) and could set standards and create a level of parity even though HEIs were free to interpret learning outcomes and assessment criteria in their own unique ways. The ENB did not approve all post-basic courses, but ENB approval was generally seen as the 'gold standard', and signified a qualification that was commonly recognised and respected. The ENB ceased to exist in April 2002 when the Nursing and Midwifery Council (NMC) took over as the governing body for nursing, embracing registration functions and professional standards. Post-basic education for nurses now has less professional control. The NMC conduct regular monitoring of standards within nursing departments of HEIs in order to provide quality assurance. However, individual courses (which do not confer recordable qualifications) are not scrutinised. This means there is no guarantee of parity relating to these courses. Individual Trusts or employers and Workforce Development Confederations therefore have a responsibility to liaise with HEIs in order to determine the content of courses and to be satisfied that the competence of nurses undertaking such courses is assessed in a suitable

manner (e.g. to encompass both theory and practice). This unco-ordinated approach to post-basic education contrasts with the existing system for doctors that utilises a nationally recognised qualifications framework.

Career structure

The lack of a co-ordinated approach to training means that the career pathway for nurses in sexual health is also fragmented, with no obvious succession planning. There would be real advantages in nurses adopting a similar structure to doctors with recognised pathways for development such as rotation between various aspects of sexual health services. Currently, nurses tend to work in one domain. However, they could embrace a wider view and extend their services to clients by undertaking 6-month placements in family planning, genitourinary medicine departments, colposcopy and termination of pregnancy clinics. If these placements were accompanied by work-based learning programmes (ideally accredited by local HEIs) then a more rounded skills base would result that could be ultimately used to provide the complete range of sexual health services from any one base as recommended in the *National Strategy for Sexual Health and HIV*.[10] A few areas have developed innovative training to meet the learning and development gaps for staff working in the various fields providing sexual health and contraception services.[11]

Whilst political pressure urges nurses to be 'entrepreneurs',[12] the NMC charges nurses to recognise their own 'scope of practice' and to work only within their area of competence.[13] In order to expand professional boundaries it is essential to develop nurses' clinical expertise and competence through a systematic development programme. If nurses are to realise their full potential it will require facilitation from medical colleagues and management.

Doctors will need to fulfil the role of clinical teachers, supportive colleagues, and consultants for complex cases. In order to initiate more nurse-led sexual health services, doctors will need to assist in building nurses' confidence in diagnosis and treatment. Many excellent nurses trained in an era where diagnosis was the prerogative of medical staff. They may need encouragement to realise that their vast clinical experience is valuable and can be more effectively used. Managers need to recognise the expertise and competence of specialist nurses and be prepared to reward them for their enhanced roles.

Conclusions

Sexual health is a specialist area where nurses should be able to excel. The *National Strategy for Sexual Health and HIV*[10] proposed that nurses should have an expanding role. At present, the provision of nurse-led services is patchy, nurse expertise is under-utilised, and the full potential of nurses is not being realised. Using nurses more effectively will liberate doctors to focus on areas of care that are more complex, including patients with multiple health needs. However, without the commitment and support of doctors and managers, the concept of increased nurse-led care is inevitably doomed to failure.

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Editor's Note
This is the first in a series of articles looking at aspects of nursing in sexual and reproductive health. An article in the October 2004 issue of the Journal will cover nurse prescribing.