

An evaluation of the roles and job satisfaction of adult and paediatric endocrine nurses in the UK

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INTRODUCTION

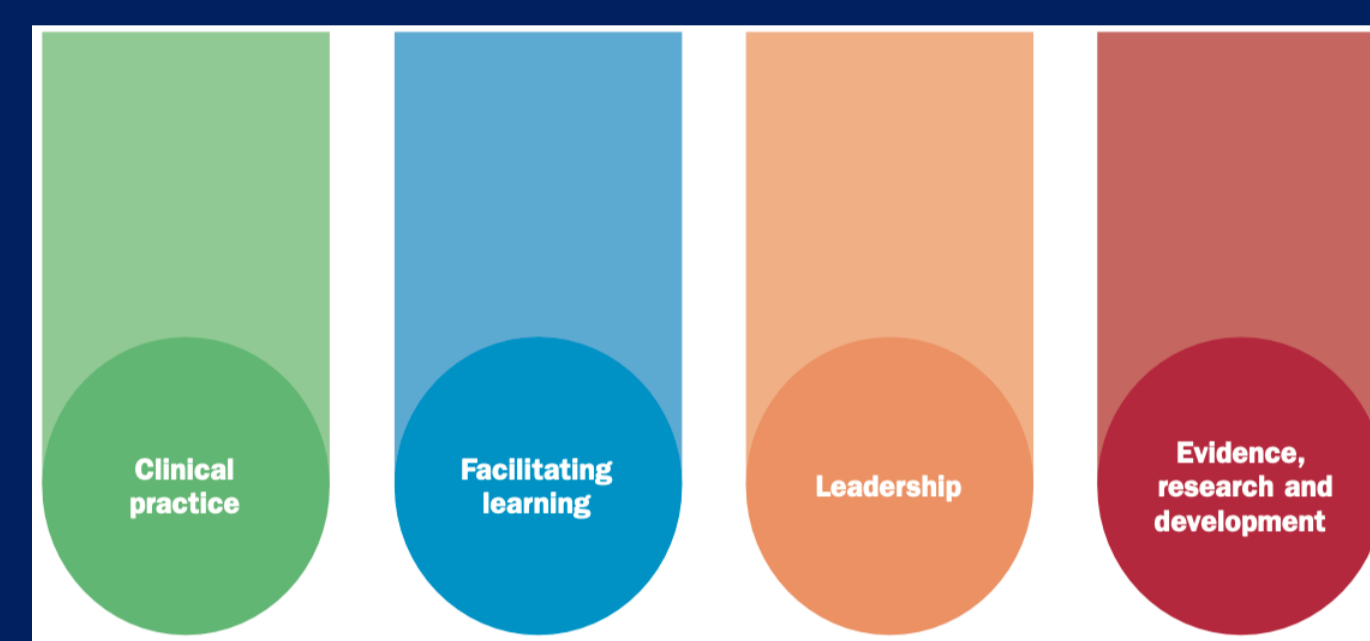
Endocrine nursing practice has been changing, with the advent of more autonomous roles, involving nurse led clinics and independent prescribing, with more complex clinical case management. However, recent research highlights the emphasis on optimum patient care, but scope of practice is not always clear, leading to unequal balance in skills and capabilities, qualifications, and Agenda for Change (AfC) bandings.

AGENDA FOR CHANGE

AfC was implemented in 2004 (NHS, 2023). The aim was to modernise pay conditions, whilst supporting career progression arrangements across separate pay groups, for all NHS staff, with the exception of Doctors, Dentists, apprentices and some managers. Staff have annual reviews against the NHS Knowledge Skills Framework, and these have been explored alongside the Society of Endocrinology (SfE) Competency Framework for Adult Endocrine Nursing (2015), with recent focus in Europe showing that 87% of nurses would utilise it to enhance and aid their career development (Kieffer et al, 2015). The AfC job band was designed to evaluate the specific job, to ensure equality across similar posts. This has been implemented differently in different places, with more professionals undertaking more advanced clinical roles, with endocrine nurses running their own clinics (Shepherd et al, 2017).

ADVANCED CLINICAL PRACTICE

Advanced Clinical Practitioners (ACPs) practice autonomously, involving complex decision making, which are supported by a Masters level award (or equivalent) that encompasses the four pillars (HEE, 2017). However, it has been highlighted that further research needs to be undertaken to evaluate the learning needs and support required (Gloster and Leigh, 2021). Nurses running their own nurse-led clinics and undertaking dynamic function tests are operating at such a level, and that focus is needed in organisational planning and correct AfC banding.



AIMS

This study explored the remit, job components, and capabilities of adult and paediatric endocrine nurses in the UK, alongside an appreciation of work setting and organisational factors influencing role development and performance.

METHODS

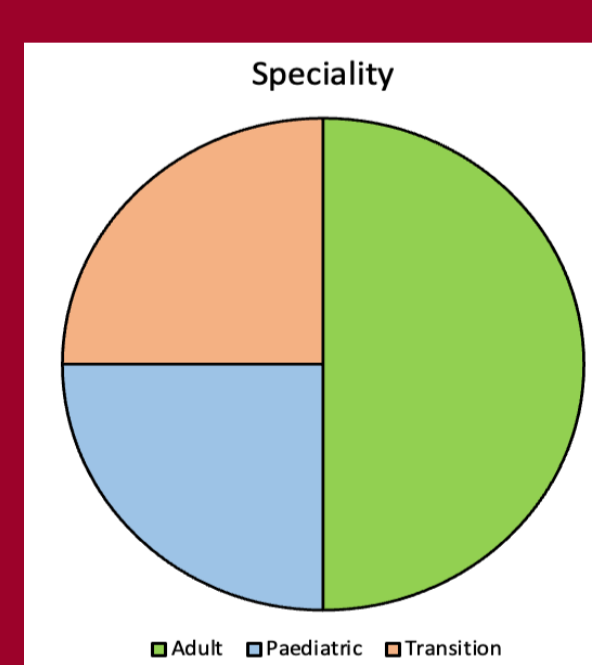
An online survey was sent via The SfE and the British Society of Paediatric Endocrinology and Diabetes (BSPED) nursing networks, and through social media. The survey encompassed 54 closed and open-ended questions, focusing on:

- 1 - Role setting, qualifications and continuous professional development (CPD):
- 2 - Role performance and development:
- 3 - Role development phases: barriers and enablers

RESULTS – RESPONDENTS:

Adult and Paediatric Nurses

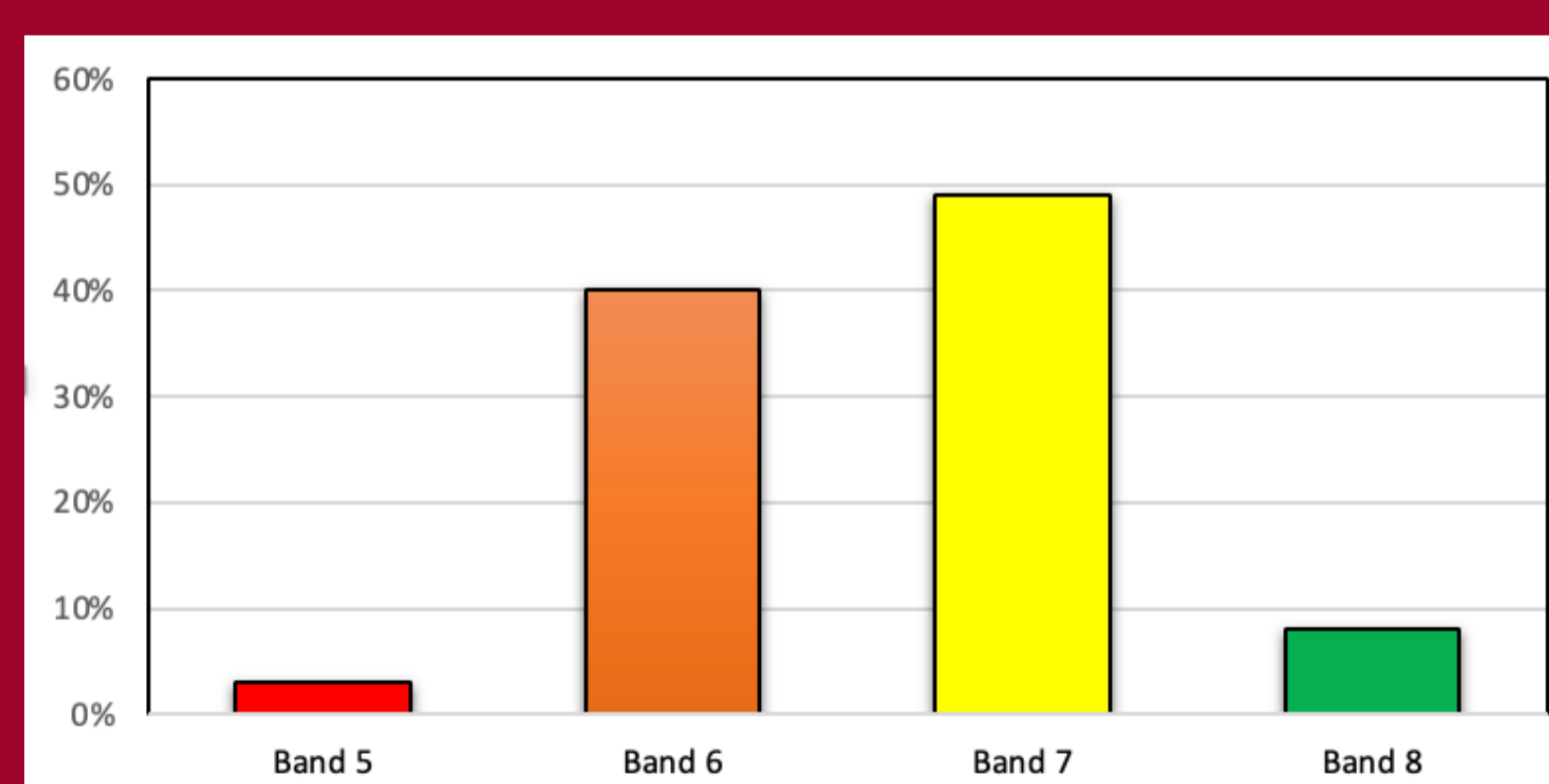
There were 186 respondents in total, with 50% of respondents working solely in adult endocrinology, 25% in paediatric endocrinology, and 25% working in both.



RESULTS – AfC BANDINGS

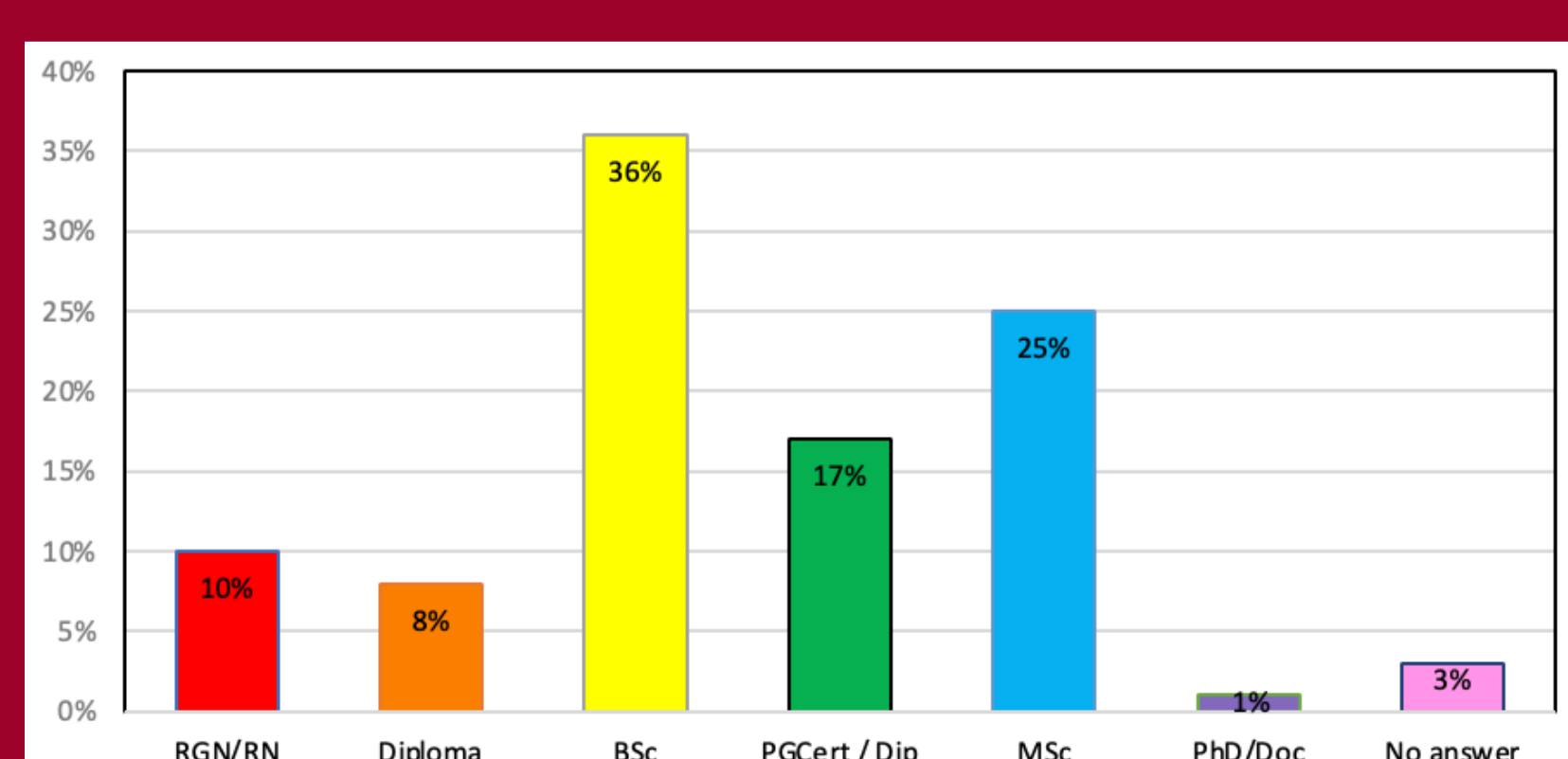
Only 8% of respondents were at Band 8, with most endocrine nurses (49%) at Band 7.

40% of respondents are employed as a Band 6.



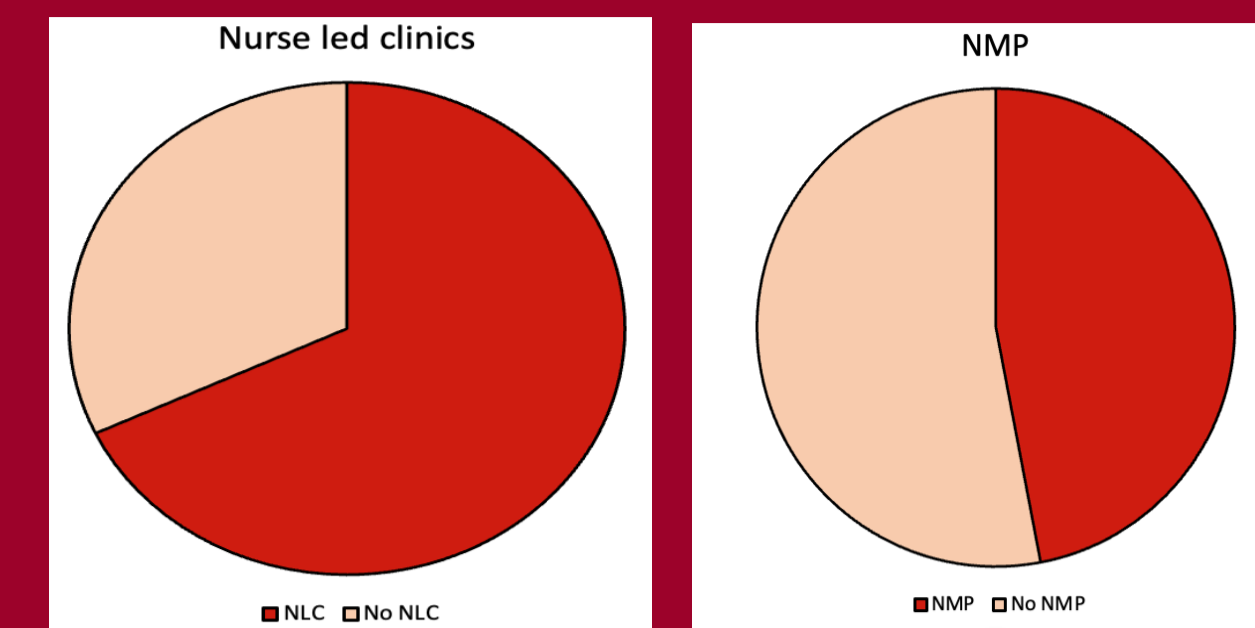
RESULTS – EDUCATION

Most respondents (36%) held a BSc degree, but 43% had studied at post graduate level



RESULTS – Advanced roles

68% of respondents carry out nurse led clinics autonomously, and 47% of respondents are qualified non-medical prescribers, a Masters level qualification.



RESULTS - CLINICAL WORK – Dynamic function testing

69% of respondents carry out dynamic function testing, with various tests being undertaken.

The most common ones can be seen below:

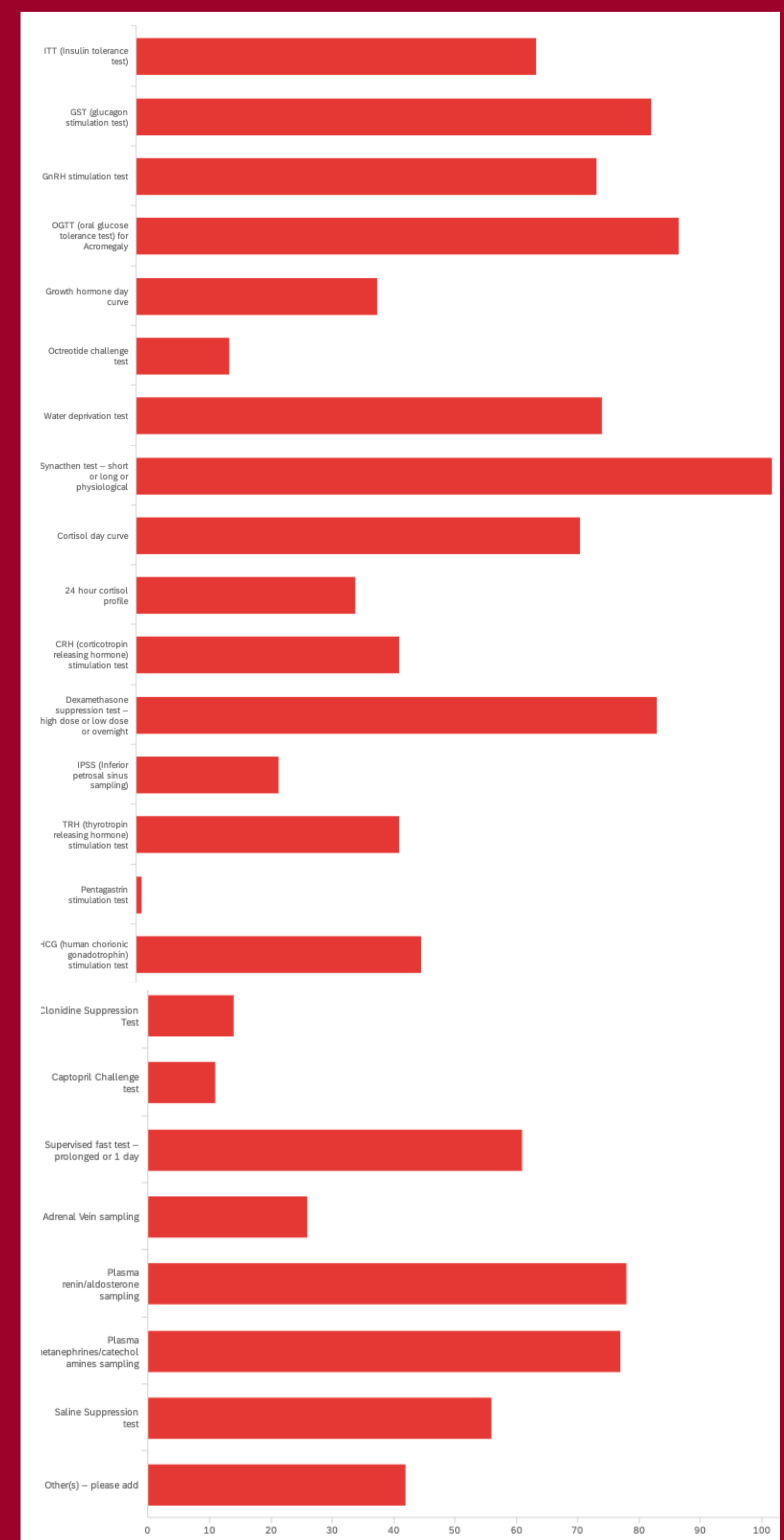
167 respondents (90%) carry out GH stimulation tests (both adult and paediatric).

116 respondents (62%) regularly carry out synacthen tests.

99 respondents (53%) carry out oral glucose tolerance tests to diagnose acromegaly.

85 respondents (45%) carry out water deprivation tests to diagnose AVP deficiency.

84 respondents (44%) carry out GnRH stimulation tests to diagnose precocious puberty.



CONCLUSIONS

The results shown here are just the start of the data analysis, as an introduction to demonstrate the differences between the roles of nurses working within endocrinology. Advanced level practice is worthy of a Band 8 proficient level, which is not evident in UK endocrine nurse specialist (ENS) practice, and this data shows that ENSs at this level are wholly underrepresented. More focus is needed in organisational planning in line with competency frameworks, nurse management, and multidisciplinary teams.

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