Supernumerary Status in Intensive Care Units:

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Multi-Trust Research Project

- Ulster Community & Hospitals Trust
- Royal Group of Hospitals Trust
- Belfast City Hospital Trust
- Mater Informorum Hospital Trust
• Supernumerary status was introduced in 1999 to intensive care units in EHSSB area
• Designed to attract staff to high dependency areas that were expanding
• Funding under threat
• Little or no evidence to support its use
• All research pertaining to SS dealt with pre-reg
Project/advisory group

• **Members:**
  – Researcher
  – Research supervisor
  – ICU nurses
  – Trust links

• **Remit:**
  • Advise
  • Provide access/venue
  • Provide key personnel
  • Provide feedback
Aims

- How was supernumerary status defined by stakeholders?
- How was it implemented in the intensive care units involved?
- What effect had it in practice?
Methodology/design

- The study was qualitative in nature
- Stakeholder groups were identified and were:
  - Directors of Nursing (DoNs’)
  - Ward managers
  - Mentors of supernumerary nurses
  - Supernumerary nurses
Methodology/design

- Purposive sampling: Stakeholders sought out
- Semi-structured interviews for the DoNs’ and ward managers
- Focus group interviews for the mentors and supernumerary nurses
Data analysis

- Interviews/focus groups were taped
- Transcribed
- Read/reread
- Analysed to identify themes
- Reconstructed into a narrative
Rigour/validity

- Interviews were concurrently analysed by research supervisor
- Findings were compared
- Audit trail was explicit and available for inspection
Themes That Emerged

• Definition:

1. Additional to the usual complement of staff
‘People coming to work in the wards that aren’t actually counted in the numbers’ (M1)
‘But they did rely on you if they were short-staffed. You know... if they were short-staffed you know... you sort of had to get on with it’ (SN1)
Themes That Emerged

• Definition:

• Being assigned to a more experienced member of staff who supervised the new nurses' progress
‘They do the normal work under supervision with their mentor or another nurse and they’re progressing … they’re learning by actually doing the work with experienced ICU nurses’ (M2).

‘It was good knowing that I had somebody to…somebody who would be there if I had any problems and just show me the run of the place and how things were done here’ (SN3).
Defining a mentor

- Being a (clinical) teacher
- Providing pastoral care
- Feeling responsible

"You have to accept responsibility for what you teach them. Even after they have come out of supernumerary status, you still feel responsible for them." (M1)
Themes that emerged

- Implementation/operationalisation:

A planned and structured programme was offered
‘There is an educational programme planned that the nurse works through’ (DN1). ‘

…Have clear learning objectives set at the beginning and monitored and
fulfilled at the end’ (DN2).

‘There was a structured ten weeks you know and maybe ah...you could have two study
days a week and then two and a half days out on the unit, and after a few weeks you
were able to put two and two together - why you were doing it and learning all your
drugs etc’ (SN2).
‘There are no set directives of what you should know and what you shouldn’t know and there was no formal evaluation at the end of my three weeks’ (SN4).

‘We didn’t have any feedback. You were there for three months – having a chat with the Sister to see how you were getting on and how you felt – there was none of that’ (SN4).
Themes That Emerged

Variable criteria in how the supernumerary nurses were assessed

‘You know it’s a matter of we’d have a chat. The mentor and the new nurse would have their chat. I as Sister, or one of the other Sisters would have a chat with the nurse, “Do you feel that you would be comfortable doing this?” (WM2).
Themes that emerged

• Length of time spent as a supernumerary nurse

• Being supernumerary allowed flexibility in placement
Findings

Supernumerary status had attracted staff to work in intensive care

‘It has been an excellent recruitment tool. We had major difficulties in the past recruiting to Intensive Care. With supernumerary status, we no longer have vacancies within our Intensive care unit.'
Findings

SS was an identified source of stress (through increased workload and responsibility) in ICU nursing.

‘You’re generally going to have a busier day when you try to induct a new member of staff as well as look after a patient. It depends how sick the patient is. ‘I wouldn’t say I love having somebody with me all the time but I don’t mind it’ (M4).
Findings

SS has been worth the investment of time and money
Findings

Developing confidence and competence in role provided quality assurance

‘It was a lot easier being supernumerary than actually just coming in and not having any supernumerary status. I just felt a bit more confident because you knew there was somebody there supporting you and you weren’t just being thrown in at the deep end. It’s allowed people to develop at their own rate you know. It gives you that time to settle in, find your feet and build up a bit of confidence’ (SN2).
Conclusion

• Supernumerary status worked well in the majority of the units it was implemented in
• Staff and organisations benefited from it
• It has been an effective recruitment tool
• It has been an effective training tool
Recommendations

• Supernumerary status should continue to be funded by the education commissioning groups
• The length of SS should be reduced to a max of 4 months
• Replace title (supported practice?)
Recommendations

- Establish consultative body of experienced ICU staff (multi-Trust)
- Audit staff training needs
- Further study into staff retention