

Veterinary Nurse skill utilisation in small animal practice

Vivian, Sarah; Dumbell, Lucy; Wilkinson, Kate

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Registered Veterinary Nurse skill utilization in small animal practice

Introduction:

Veterinary nursing is often cited as a misunderstood profession by not only clients but also those within the veterinary industry, which can lead to confusion of utilization and the possibility of undermining the confidence of those in the role (Davidson, 2017a; Belshaw *et al.*, 2018; Bourne, 2018; Harvey and Cameron, 2019). Incorrect utilization of an employee, alongside other factors such as salary, employer recognition and work/life balance, can lead to job dissatisfaction, a situation which can be avoided through open and honest discussions about expectations (Dale, 2013; Davidson, 2017b; Belshaw *et al.*, 2018; Oberai and Anand, 2018; Robinson *et al.*, 2019).

Registered Veterinary Nurses (RVNs) across the globe encounter the same problem of limited recognition and incorrect utilization which has been linked to shortened retention rates in the profession (dmv360, 2009; Bourne, 2018; Gyles, 2019; Robinson *et al.*, 2019). Recognition and utilization within the role is important to prevent demoralisation of RVNs who may not be carrying out the duties which they were trained for (dmv360, 2009; Harvey and Cameron, 2019; Robinson *et al.*, 2019). RVNs and Veterinary Surgeons have campaigned for greater utilization of nurses in practice and current literature suggests that there are still duties they are not involved with (Belshaw *et al.*, 2018; Saunders, 2020; Yagi and Prendergast, 2020). A potential lack of preparation in these areas by educational providers could lead to RVN reticence, whilst research has also established that lack of involvement in practice is due to misunderstandings of the remit of RVNs (Davidson, 2017a, 2017b; Saunders, 2020; Yagi and Prendergast, 2020; VNadmin, 2022).

It has been noted that delegation of duties, within the scope of Schedule 3 amendments, enhances job satisfaction for RVNs which links to motivation and job longevity (Yagi and Prendergast, 2020; RCVS, 2022a). Allowing engagement with these activities is dependent on educators' abilities to prepare them for entering practice, employers' abilities to understand the role of the RVN and the RVNs confidence and competence to be delegated to (Fraser, 2018; Yagi and Prendergast, 2020; RCVS, 2022a). The current research aimed to determine how RVNs are being utilized in small animal practice in the United Kingdom.

Methodology:

A quantitative approach was taken to the research via a cross-sectional questionnaire design to allow responses to be generalized to the wider RVN population.

Methods:

Ethical approval was gained from the Hartpury University Ethics Committee prior to commencing any data collection

Questionnaire design

The questionnaire was designed using Microsoft Forms (Office 365) and consisted of 25 questions which were adapted from a previously validated questionnaire to suit the UK RVN (Gates, Palleson-Putt and Sawicki, 2021). An RCVS list of duties was adapted to create the overall list of duties used in the questionnaire, detailing roles in relation to Schedule 3 and a typical day of an RVN (RCVS, 2022b). The questionnaire began by profiling participants with questions such as age and job title, then scored how frequently they conducted a selection of administration, management and patient care duties. Likert scales were used to collect the data determining whether duties were applicable to their role in practice; Never, Sometimes, Always or Not Applicable. Before releasing the questionnaire, a pilot study was conducted to test the relevance and refine any areas necessary.

The Sample

Using social media sites such as Vet Nurse Chatter and the BVNA, the questionnaire was published for three months. Corporate veterinary practices were also approached to disseminate the questionnaire. Inclusion criteria required participants to be over the age of 18, an RVN with a small animal speciality and having worked within a veterinary practice in the 12 months prior.

Data Analysis

To ensure ease of analysis job titles of respondents were separated into veterinary nurse (VN) or manager roles and educational routes were categorised as degree (FdSc and BSc), diploma (FE and HE) and other (NVQ and green book). Data was

analysed using frequencies, mode and mean where appropriate and demographic data was displayed as a vignette (Table 1).

Results:

Responses were collected from 141 participants with 98.5% being female, 66.4% were in veterinary nursing roles whilst 33.6% were in manager roles.

Demographic Data	VN Role	Manager Role
Gender Identity	Female	Female
Age	25-29 years old	25-34 years old
Qualified	2019	2016
Educational Route	HE Degree	'Other'
Employment Status	Full Time Permanent	Full Time Permanent
Employment Location	Urban	Urban
Time in current practice	3.7 years	7.0 years
Time in current role	3.8 years	3.3 years

Table 1: Comparison of the demographic data of an RVN when focusing on VN and Manager roles

Administrative duties

In relation to administrative duties RVNs in manager roles selected *always performed* more frequently in all categories except reception duties and communication with colleagues (Table 2). Three categories did not register as *not applicable to role* to either VNs or managers (communication with colleagues, maintenance of equipment and stock ordering), and the only category to score 0% for *never performed* was communication with colleagues.

Administration duties	Always performed	Never performed	Sometimes performed	N/A to role
Participation in Full Team Meetings	VN: 25.8 Manager: 58.3	VN: 14.0 Manager: 4.2	VN: 57.0 Manager: 37.5	VN: 3.2 Manager: 0.0
Participation in Nurse Meetings	VN: 38.7 Manager: 77.1	VN: 8.6 Manager: 0.0	VN: 41.9 Manager: 18.8	VN: 10.8 Manager: 4.2
Communication with Colleagues	VN: 96.8 Manager: 95.8	All: 0.0	VN: 3.2 Manager: 4.2	All: 0.0
Maintenance of Equipment	VN: 52.7 Manager: 64.6	VN: 7.5 Manager: 2.1	VN: 39.8 Manager: 33.3	All: 0.0
Administrative Tasks - Insurance	VN: 12.9 Manager: 20.8	VN: 55.9 Manager: 45.8	VN: 29.0 Manager: 31.3	VN: 2.2 Manager: 2.1
Educating Owners - Displays	VN: 16.1 Manager: 18.8	VN: 35.5 Manager: 20.8	VN: 41.9 Manager: 56.3	VN: 6.5 Manager: 4.2
Administrative Tasks - Stock Ordering	VN: 39.8 Manager: 62.5	VN: 18.3 Manager: 2.1	VN: 41.9 Manager: 35.4	All: 0.0

Administrative Tasks - Stock Placement	VN: 41.9 Manager: 54.2	VN: 15.1 Manager: 4.2	VN: 43.0 Manager: 39.6	VN: 0 Manager: 2.1
Reception Duties	VN: 24.7 Manager: 8.3	VN: 15.1 Manager: 12.5	VN: 59.1 Manager: 77.1	VN: 1.1 Manager: 2.1
Clinical Auditing and Reporting	VN: 1.1 Manager: 27.1	VN: 48.4 Manager: 12.5	VN: 47.3 Manager: 60.4	VN: 3.2 Manager: 0.0
Clinical Coach	VN: 24.7 Manager: 62.5	VN: 46.2 Manager: 14.6	VN: 14.0 Manager: 16.7	VN: 15.1 Manager: 6.3

Table 2: Frequency (%) of respondents performing administrative duties

Management duties

Managers selected *always performed* more often than VNs when thinking about management duties (Table 3). Two categories scored 0% for *not applicable to role* (management of people and organisation of meetings) and two categories scored 0% for *never performed* (organisation of rotas and liaise between staff members)

Management duties	Always performed	Never performed	Sometimes performed	N/A to role
Management of People	VN: 11.8 Manager: 81.3	VN: 26.9 Manager: 2.1	VN: 59.1 Manager: 16.7	VN: 2.2 Manager: 0.0
Management of Practice Facilities	VN: 10.8 Manager: 64.6	VN: 28.0 Manager: 4.2	VN: 57.0 Manager: 29.2	VN: 4.3 Manager: 2.1
Organisation of Meetings	VN: 3.2 Manager: 33.3	VN: 72.0 Manager: 10.4	VN: 20.4 Manager: 56.3	VN: 4.3 Manager: 0.0
Organisation of Team Rotas	VN: 2.2 Manager: 56.3	VN: 82.8 Manager: 0.0	VN: 10.8 Manager: 41.7	VN: 4.3 Manager: 2.1
Liaise Between Staff Members	VN: 43.0 Manager: 83.3	VN: 1.1 Manager: 0.0	VN: 54.8 Manager: 14.6	VN: 1.1 Manager: 2.1

Table 3: Frequency (%) of respondents performing management duties

Patient care duties

When asked about patient care duties those in VN roles selected *always performed* more frequently than managers for all categories except assisting with surgery (scrubbed nurse), supportive care of owners and applying bandages (Table 4). *Never performed* was selected by more than 5% of those in VN and manager roles for assisting with surgery (scrubbed nurse), nurse clinics, minor surgery (in line with Schedule 3) and providing OOH support.

Patient Care duties	Always performed	Never performed	Sometimes performed	N/A to role
Administering Medication	VN: 95.7 Manager: 79.2	All: 0.0	VN: 4.3 Manager: 18.8	VN: 0.0 Manager: 2.1
Administering Fluid Therapy	VN: 89.2 Manager: 75.0	VN: 0.0 Manager: 2.1	VN: 10.8 Manager: 20.8	VN: 0.0 Manager: 2.1

Assisting with Radiographs	VN: 77.4 Manager: 75.0	VN: 1.1 Manager: 2.1	VN: 21.5 Manager: 20.8	VN: 0.0 Manager: 2.1
Assisting with Surgery (scrubbed)	VN: 12.9 Manager: 16.7	VN: 15.1 Manager: 8.3	VN: 71.0 Manager: 72.9	VN: 1.1 Manager: 2.1
Assisting with Surgery (circulating)	VN: 64.5 Manager: 64.6	VN: 6.5 Manager: 2.1	VN: 28.0 Manager: 31.3	VN: 1.1 Manager: 2.1
Preparing Patients for Surgery	VN: 84.9 Manager: 75.0	VN: 3.2 Manager: 2.1	VN: 11.8 Manager: 20.8	VN: 0.0 Manager: 2.1
Nurse Clinics	VN: 57.0 Manager: 45.8	VN: 15.1 Manager: 6.3	VN: 24.7 Manager: 33.3	VN: 3.2 Manager: 14.6
Laboratory Diagnostics	VN: 72.0 Manager: 58.3	VN: 1.1 Manager: 0.0	VN: 25.8 Manager: 39.6	VN: 1.1 Manager: 2.1
Supportive Care of Inpatients	VN: 82.8 Manager: 70.8	VN: 0.0 Manager: 2.1	VN: 17.2 Manager: 25.0	VN: 0.0 Manager: 2.1
Supportive Care of Owners	VN: 51.6 Manager: 60.4	VN: 3.2 Manager: 2.1	VN: 41.9 Manager: 33.3	VN: 3.2 Manager: 4.2
Minor Surgery (in line with Schedule 3)	VN: 2.2 Manager: 2.1	VN: 69.9 Manager: 56.3	VN: 24.7 Manager: 37.5	VN: 3.2 Manager: 4.2
Assisting with Surgery (monitoring/recording)	VN: 87.1 Manager: 68.8	VN: 3.2 Manager: 8.3	VN: 9.7 Manager: 20.8	VN: 0.0 Manager: 2.1
Applying Bandages	VN: 57.0 Manager: 62.5	VN: 2.2 Manager: 2.1	VN: 40.9 Manager: 33.3	VN: 0.0 Manager: 2.1
Assisting during Emergencies	VN: 65.6 Manager: 62.5	VN: 2.2 Manager: 2.1	VN: 32.3 Manager: 31.3	VN: 0.0 Manager: 4.2
Providing OOH support	VN: 37.6 Manager: 22.9	VN: 24.7 Manager: 35.4	VN: 25.8 Manager: 31.3	VN: 11.8 Manager: 10.4
Dispensing Medication	VN: 69.9 Manager: 70.8	VN: 4.3 Manager: 0.0	VN: 25.8 Manager: 27.1	VN: 0.0 Manager: 2.1
Infection Control and Hygiene	VN: 93.5 Manager: 77.1	All: 0.0	VN: 6.5 Manager: 20.8	VN: 0.0 Manager: 2.1
Demonstrating medication to owners	VN: 68.8 Manager: 58.3	VN: 3.2 Manager: 0.0	VN: 26.9 Manager: 39.6	VN: 1.1 Manager: 2.1
Assisting with euthanasia	VN: 73.1 Manager: 62.5	VN: 1.1 Manager: 0.0	VN: 25.8 Manager: 35.4	VN: 0.0 Manager: 2.1
Assisting with dental procedures	VN: 58.1 Manager: 45.8	VN: 10.8 Manager: 4.2	VN: 30.1 Manager: 45.8	VN: 1.1 Manager: 4.2

Table 4: Frequency (%) of respondents performing patient care duties

Discussion:

The demographic data collected regarding gender identity and age correlates with those of the RCVS for RVNs (RCVS, 2018; Robinson *et al.*, 2019) and data indicates that there are many similarities between the VN and manager positions. The average length of time for an RVN in their current position, according to the data, was between 3.3 and 3.8 years which should be reflected on in relation to the poor retention rates

and aligns with the 2019 Survey of the Veterinary Nurse Profession (Robinson *et al.*, 2019)

Teamwork is paramount to success therefore developing and nurturing individuals that are able to conduct professional communications will benefit both the practice and staff (Beckwith, 2016; Bonnett and Northway, 2020; Kerr *et al.*, 2020). It is worrying, therefore that 17.2% of VNs and 4.2% of managers did not participate in full team meetings whilst 19.4% of VNs also did not participate in nurse meetings. Meetings are essential for managing expectations by allowing time for in-depth discussion of caseload and providing opportunities to practice communication skills, integration into the RVN workload should therefore be recommended (Geimer *et al.*, 2015). An area that should perhaps be focused on is communication with colleagues because not all respondents stated that this was something that they always did. Communication is a large part of the veterinary profession and has previously been highlighted as lacking within veterinary education, there could therefore be a benefit for further specific communication training within curriculums (Pun, 2020).

VN clinics provide opportunities for RVNs to showcase their knowledge and skills, reduce the workload of veterinary surgeons, contribute to the financial gains of the practice and educate owners (Ackerman, 2015; Davidson, 2017b). Over 15% of VNs, however, stated that they were never involved in nurse clinics and 3.2% said that they were not applicable to their role. It must be considered that some RVNs will specialise in areas such as Emergency Critical Care and therefore will not have the same type of variance to their everyday role. For those within general practice who are not being utilised in this way it would be recommended to put a proposal together for management to highlight the benefits of full nurse utilization in nurse clinics (Ackerman, 2015; Davidson, 2017b; Yagi and Prendergast, 2020).

Clinical audits allow practices to understand whether procedures need to be altered and should have full staff participation, with RVNs being aware that it forms part of their expected professional duties (Mosedale, 2019; RCVS, 2022a) It is therefore worrying that 48.4% of VN and 12.5% of managers state that they are never involved with them. It would be interesting to determine whether RVNs are unsure of what clinical auditing is and if they are in fact participating in it without their full

understanding. As with communication it may be beneficial to ensure that clinical auditing is embedded within educational curriculums.

The remit of the RVN has changed considerably since the creation of the role and proposals continue to be developed to increase the positive impact of the position in practice (Westgate, 2020). With 69.9% of VNs and 56.3% of managers stating that they never get involved with minor surgery (in line with Schedule 3) advocates should perhaps be cautious of trying to add to the role. Focus should instead be on how individuals can be encouraged to undertake these activities, which are within their skill set, and also what factors are hindering them from doing so. Staffing levels, competency levels and incorrect use of delegation have all been suggested as factors hindering complete utilization of RVNs and although much work has been completed to combat this, the data suggests that this is still a focus area (Davidson, 2018; RCVS, 2019, 2022a; Westgate, 2020).

With the ability to support the VS with their range of skills, the importance of the role of the RVN is becoming more apparent, training courses are developing and RVNs are becoming more embedded within the practice (Gates, Palleon-Putt and Sawicki, 2021). Within many practices RVNs often state that they are underutilized denying them opportunities to put learnt theory into practice (MacDonald, 2017; Saunders, 2020; Yagi and Prendergast, 2020). The data indicates that there are many areas in which their utilization can be increased and RVNs need to lead the way in ensuring that employers understand the duties that they can get involved with. Support from educators and employers, alongside appropriate delegations from VNs helps to provide opportunities for RVNs to be utilized appropriately and hopefully increase job satisfaction (Ackerman, 2015; Wild, 2017; Fraser, 2018). The aim of focusing on the utilization of the RVN is not about finding further responsibilities but about ensuring that they are nurtured to become proactive and independent individuals with a clear understanding of what they can and should be doing within their current role (Kerrigan, 2018; Mosedale, 2019; Westgate, 2020; RCVS, 2022a).

Future Research

Participation with the research was purposely restricted to practicing RVNs to make the data relevant and current, however, further areas of research should be considered after reviewing these results. Responses from RVNs indicates that they are not being

utilized as fully as they could be, determining how RVN interpret their duties, such as clinical auditing, would indicate whether they are being conducted without full knowledge or whether further clarification of terminology is needed. In some respects RVNs may not be carrying out duties because they are not within the exact remit of their role, but it should also be considered that RVNs may not want to undertake the activity. Determining the reasons why duties are never perform or not applicable to a role may provide further understanding of the abilities, confidence and competence of RVNs.

Conclusion:

The research supports claims that even with their wide range of available skills RVNs may not be being fully utilized within practice. With the wide range of veterinary practices available to work in, it is no surprise that RVNs are utilized in different ways. On the one hand this allows them to diversify and specialise, however, it must also be considered that they may not be doing all they could or should be. RVNs must ensure that they understand their responsibilities, level of accountability and involvement with veterinary surgery under the Schedule 3 exemptions to allow them to be used to their full potential. RVNs need to be the voice that allows them to become more embedded within the practice and help move away from being invisible members of the team, clearing up any confusion that surrounds their role.

Key Points:

- Confusion continues to exist in the exact utilization of the RVN between all those that deal with them
- RVNs are utilized differently in different practices, depending on policies and understanding
- The full understanding of a job role can aid job satisfaction

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