Establishing a sustainable nursing workforce

As service delivery shifts from acute to community care, securing a skilled nursing workforce may become difficult.

Judie Knowles describes how it can be done

Summary

Occupational sustainability in healthcare services involves meeting the demands of a changing NHS without compromising the health and wellbeing of nurses. This article examines occupational sustainability in the nursing profession, focusing on issues of nursing workload, employee health and recruitment issues, and workforce diversity.

Keywords

Occupational sustainability, recruitment, workforce

As the review points out, NHS staff are ambassadors for healthy living, and so their health and wellbeing are crucial to the sustainability of services. In this context, the review builds on the NHS Constitution (DH 2009a) to offer opportunities and support for NHS staff to maintain their health, wellbeing and safety at work by reducing risk and stress, and by improving lifestyles.

Nurse attitudes

Despite the stress inherent in nursing, pre-registration courses remain popular. There were 157,025 undergraduate nursing students in the UK between 2007 and 2008 (Higher Education Statistics Agency 2008), and applications for nursing degrees have risen by 73.7 per cent during the past four years (Universities and Colleges Admissions Service (UCAS) 2010).

Nursing courses may be desirable undergraduate degree options because they attract bursaries but not fees (DH 2009b), or because nursing has been regarded traditionally as a secure career option.

According to Ball and Pike (2009), 82 per cent of nurses think that nursing is a rewarding career and 62 per cent would recommend it as a career choice now more than at any other time in the past 12 years, although 84 per cent say they are not as well paid as employees in other, similar professions.

Nevertheless, a recruitment crisis in the profession is looming. According to Buchan (2007), unless the number of training commissions is increased soon, there may be a shortfall of 14,000 nurses in the NHS by 2011.

In addition, 200,000 nurses in the UK are due to retire over the next decade (Kendall-Raynor and Waters 2009), although some may delay their retirement because of the recession.

ONE OF the most important factors in healthcare provision is the quality of the nursing workforce (NHS London 2008), and the sustainability of the NHS in the 21st century is at the heart of healthcare policies (Department of Health (DH) 2008a).

Nursing is difficult, however, and so the NHS must work hard to promote occupational sustainability in the profession.

In one survey of nurses’ employment and morale, for example, 54 per cent of the respondents said that they are too busy to provide a preferred standard of care, while 61 per cent said that their workload is too heavy (Ball and Pike 2009).

Five per cent of nurse respondents to an RCN (2005) survey, meanwhile, said that their most recent episodes of sick leave were due to tiredness or exhaustion.

In addition, the NHS Health and Wellbeing Review (Boorman 2009) found that NHS employees are absent on sick leave for, on average, 10.7 days a year, which can be compared with a sick-leave rate of 6.4 days a year among workers in the private sector (Fletcher 2009). Staff absence due to sickness costs the NHS more than £500 million a year (Boorman 2009).
Work must be done, therefore, to ensure nurses who are nearing the retirement age are retained in service (International Council for Nurses 2009).

All-graduate programme

Unless the coalition administration reverses decisions made by the previous government, nursing will become an all-graduate profession in 2013 (DH 2009c).

The knowledge and skills required by nurses are similar to those of the members of multi-professional teams (Harrison 2007), and so both staff groups require similar academic qualifications, particularly when multiprofessional teams are led and managed by nurses.

To ensure the flexibility and mobility of the nursing workforce, an all-graduate curriculum should cover all areas of care so that general nurses can work with, for example, children or people with mental health problems. It should include information on, for example, patient pathways, diagnosis and symptom control, and should lead to a single, generic pre-registration qualification for all nursing students.

Nurses who achieve this qualification will be equipped to offer patients holistic care and will be able to move easily between care settings.

According to Nursing and Midwifery Council (NMC) (2007) proposals, newly qualified nurses should undertake year-long compulsory internships before choosing whether to remain as nurses or progress to a specialist master’s degree-level qualification in, for example: child, family and public health; first contact, access and urgent care; supporting long-term care; acute and critical care; or mental health and psychological care. As RCN public health adviser Jane Naish has argued, such specialisation will better equip nurses to cope with shifting healthcare delivery patterns, although she also questions the fitness for purpose of these curricula branches when care is being delivered increasingly in local communities and patients’ homes (Harrison 2007).

Meanwhile, ensuring recruitment to courses while cuts to public service spending are being made and during the NHS bursary award review, may be difficult (DH 2009b, Williams 2009), and there will be too few nurses to fill posts if too few applicants meet entry requirements for a degree level programme.

One way of ensuring occupational sustainability is to recruit from among groups that are under-represented in the nursing profession, such as men, members of black and ethnic minorities, and recent school leavers.

Only 10 per cent of the nursing workforce is male (NMC 2008), so there should be scope for recruitment among men. Few members of black and minority ethnic groups or recent school leavers regard the profession as an attractive career prospect (King’s College London 2009).

Maben and Griffiths (2008) argue that members of these groups will be recruited successfully if the public image of the typical nurse is changed from that of a doctor’s handmaiden to an educator who can empower and enable people to live life to the full or help them towards a dignified death.

This change should be undertaken nationally and by the NHS and higher education institutions (HEIs) in collaboration.

Phillips (1999) implies, meanwhile, that quotas of females and males, former mature students and recent school leavers, and members of different ethnic groups should be considered by the NHS.

The NMC (2009a) says that nurses should help to recruit younger professionals while acknowledging that this will become increasingly difficult as the numbers of younger nurses in the NHS workforce and of potential recruits continue to fall (United Nations 2007, Hitchen 2008).

However, the health and social care diploma for students aged between 14 and 19 may yield a pool of potential recruits to nursing (Qualifications and Curriculum Authority 2009), and plans to increase the school leaving age from 16 to 18 in 2015 (Department for Children, Schools and Families 2008) may also lead to an increase in school leavers who take up nursing education at HEIs.

Meanwhile, the profession is also attracting older recruits. In 2009, for example, 60 per cent of all nursing entrants were aged over 21, and 41 per cent were aged over 25 (UCAS 2009). One advantage of this trend is that nurses who begin training when aged over 40 are more likely than others to remain in the profession (Hitchen 2008).

Community-based NHS

Until recently, about 70 per cent of the nursing workforce was based in hospitals and 30 per cent in the community (Young 2009).

The DH (2006) document, Modernising Nursing Careers: Setting the Direction, emphasises the importance of health promotion and patient choice if the profession is to keep up with changing demographics. It is concerned with equipping generalist and specialist nurses to care for older people, and those with long-term conditions or mental health needs.

If, as the document anticipates, the NHS becomes a more community-based health healthcare...
service, nurses will need experience in this sector and education programmes must become more community-focused (Parish 2007).

Nurses will no longer be based in acute hospitals but will ‘follow’ patients through their pathways in the acute and independent sectors. Patient care may also involve social and housing services, and schools administrators (Snow 2007).

Although some patients do not want student nurses involved in their care and in their own homes, surveys show that most of them want healthcare services to become community based (DH 2008b, 2009d, 2009e).

To reflect the public’s changing aspirations, therefore, the NHS should be based on partnerships and inclusion, and involve service users at all levels (DH 2009d, 2009e).

Nurse education should involve fewer hospital-based placements and should involve the pre-registration preparation of community nurses who will provide care for patients in their own homes (DH 2008c).

This change is made more urgent by the diminishing supply of community practitioners (NMC 2008). The number of district nurses has fallen by one quarter in recent years, from 14,150 in 1997 to 10,446 in 2008. During the same period, the number of health visitors has been reduced by 10 per cent, from 12,410 to 11,190, and the number of practice nurses by 3.6 per cent, from 22,820 to about 22,000 (Kendall-Raynor and Waters 2009).

If Lord Darzi’s vision of a community-based NHS (DH 2008a) is to be accepted by the new government, recruitment onto these courses will have to be increased.

Conclusion

If the DH-led review of pre-registration nursing, continues, it will examine how nursing education should involve service users to meet their needs effectively (DH 2009d, 2009e, NMC 2009b).

Men, ethnic minority and other non-traditional nursing entrants, particularly those in mid life, should be targeted by NHS and HEI recruitment campaigns.

For nursing to appeal to young people, who have many different career options, the ‘non-visible’ aspects of nursing, such as use of the intellect and ability to make decisions, should be emphasised in recruitment campaigns run by school careers advisers or on social networking websites.

Finally, if, under the new administration, the focus of patient care continues to shift from secondary to primary settings, more nursing positions will become available in the community.

NHS commissioners must ensure, therefore, that HEIs have sufficient resources to support pre-registration education and training.

References

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