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## GROWING THE NURSING AND HEALTH WORKFORCE ACROSS THE UK: AN UPHILL BATTLE OR A SELF-MADE STRUGGLE?

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Deputy Vice Chancellor (Health, Environment & Innovation)

**Professor of Nursing** 

Chair of the Council of Deans of Health UK:

https://www.councilofdeans.org.uk

Fellow of the Queens Nursing Institute



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## INTRODUCTION

- Left school at 17 entered NHS as a health care assistant (mental health)
- RMN Clinical Practice
- RGN Clinical Practice
- Enter education as a lecturer(practitioner) in university: politics, education, advanced clinical practice
- Scottish Heads of Academic Nursing and Allied Health Professions (SHANAHP)
- Council of Deans of Health UK Vice Chair
- Council of Deans of Health UK Chair



## **CAREER TO DATE**

Clinical practice = across a wide range of areas

Nursing and Higher Education = my identity

Healthcare Policy = my identity

Transferable skills = never lost Political astuteness = a key factor

Emotional intelligence= key factor



## NATIONAL ROLE

Nursing & Midwifery Council (NMC) Health Care Professions Council (HCPC)

Royal College of Nursing

Roya College of Midwifes

Department of Health & Social Care

Department of Education

**Universities UK** 

Queens Nursing Institute

Higher Education National Strategic Exchange



## **TODAYS PUBLIC LECTURE**

Will focus mainly on nursing – my background

But there are similarities with other professions (established and developing)



# A NEED TO UNDERSTAND THE HISTORY OF NURSING & DEVELOPMENT OF NURSING IN THE UK







**KEY FIGURES** 

## Mary Seacole





## **KEY FIGURES**



 Professor Dame Jill Macleod Clark





## **QUEENS NURSING INSTITUTE**

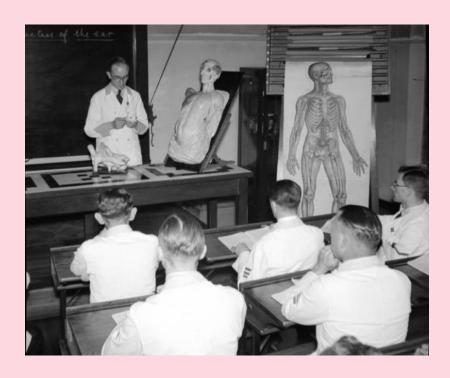
 Dr Crystal Oldman – Chief Executive Officer of the Queens Nursing Institute







## MEN IN NURSING



 George Dunn – First recorded male nurse





# And of course Suzie





## **DEFINITION OF NURSING**



The word "nurse" originated from the Latin word *nutrix,* meaning to nourish. (Taylor, Lillis & LeMone 197)

Definitions of nurse and nursing are based on this word origin to describe the nurse as a person who nourishes, fosters and protects

Or

A person prepared to take care of the sick, injured and aged people (Ellis & Hartley 2004)



## **DEFINITION OF NURSING:**

"Nurses unique function is to help individuals, both sick and well, perform activities that contribute to their health or recovery (or facilitate a peaceful death) that they would preform unaided if they had the necessary strength, will or knowledge and to accomplish this function in such a way as to help individuals gain independence."

(Henderson 1960)



### DEFINITION OF NURSING: HAS SIGNIFICANTLY CHANGED

"Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles. (ICN, 2002)"



## UNDERSTANDING NURSING IN 2023

What nursing is not

Simply following instructions

Just bathing patients

Making beds

Doing ward rounds/writing notes and following a list of tasks

Relying on others for instruction

What nursing is

Draws on a range of complex knowledge to provide care for clients with multi-pathological needs

Utilises an evidence base of research, outcomes, innovations to prescribe care

Sees nurses now undertake physical histories, assess clients, diagnose, some prescribe as autonomous practitioners

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## HISTORY OF NURSE EDUCATION

1854: Florence Nightingale – goes to Turkey – caring for soldiers in the Crimean War

1855 Mary Seacole establishes British Hotel: a convalescent home for soldiers in the Crimean War

1860 Nightingale Training School Opens at St Thomas's Hospital London

1908 First meeting of National Council of Trained Nurses of GB and Ireland – in London

1940 State Enrolled Nurse is formally recognized

1948 National Health Service formed

1951 Male nurses allowed to join the professional register

1983 UKCC sets up register

1986 Project 2000

1990's bigger move to higher education

2002 Nurses able to prescribe medication

2004 RCN votes for degree only preparation

2009 All nursing courses in UK become degree level



#### **MY OWN REFLECTIONS**

Nursing roles have continuously evolved

Nursing knowledge has continued to grow and needs to further expand

Nursing skills have continued to expand

Nursing is ever changing and as is the evidence base





## RESEARCH EVIDENCE: LANCET (2014) V383 PP 1824 - 1830

## THE LANCET

 Linda H Aiken, Douglas M Sloane, Luk Bruyneel, Koen Van den Heede, Peter Griffiths, Reinhard Busse, Marianna Diomidous, Juha Kinnunen, Maria Kózka, Emmanuel Lesaffre, Matthew D McHugh, M T Moreno-Casbas, Anne Marie Rafferty, Rene Schwendimann, P Anne Scott, Carol Tishelman, Theo van Achterberg, Walter Sermeus, for the RN4CAST consortium

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## **FINDINGS**

An increase in a nurses' workload by one patient increased the likelihood of an inpatient dying within 30 days of admission by 7% (odds ratio 1.068, 95% CI 1.031–1.106), and every 10% increase in bachelor's degree nurses was associated with a decrease in this likelihood by 7% (0.929, 0.886–0.973).

#### These associations imply that

 patients in hospitals in which 60% of nurses had bachelor's degrees and nurses cared for an average of six patients would have almost 30% lower mortality than patients in hospitals in which only 30% of nurses had bachelor's degrees and nurses cared for an average of eight patients

## PROFESSORIATE OF NURSING

Tierny, A. Rafferty, A-M, Holloway, A. (2022) "50 years since the UK's first nursing professor" *Journal of Advanced Nursing*. 78, pp 132 – 134.

Margaret Scott Wright - University of Edinburgh 1972.

Country	Number of Professors
England	245
Scotland	32
Wales	21
Norther Ireland	16
Total	314



## SO WHERE ARE WE NOW IN THE UK?

- A recruitment crisis UK Government published a report in 2019 identifying a need for 50,000 more nurses by 2024.
- Reliance on overseas nurses to fill the gap in a context of tough overseas immigration policies
- Pandemic = surge in popularity for nursing however a fall in applicants by 5.9% in 2021/2022
- High attrition personal finances, workload pressures, poor clinical placement experiences.
- HEE (2018) average of 25% of nurses leave per year



## THE NURSING WORKFORCE CRISIS

#### **NHS England**

- 429,000 nurses required in NHS England by 2030/31. This would require:
  - 365,000 nurses to be recruited over the next decade
  - 160,000 student nurses entering NHS England between now and 2031, at an average of 18,000 per year
- One-third of nurses are expected to be recruited from overseas, and 23% from the wider labour market movement
- 44% of the planned increase will need to come from domestically trained nurses



## HIGHER EDUCATION RESPONSE: ROUTES

- Diversification of routes into nursing
- Closer partnership working with NHS providers
- Increased recruitment activity
- Small increase in simulation and technologies placements



# BIG PROBLEMS REQUIRE BIG SOLUTIONS

- BOYAN SLAT

Limited supervision, support and traditional practice placement capacity and capability across health and social care settings which impacts on student experience and retention as well as increased care provider pressures.

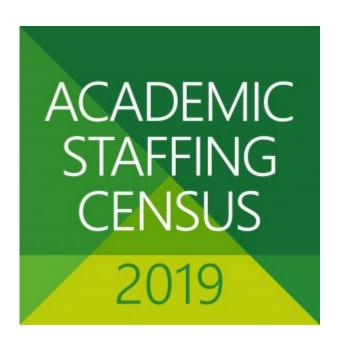
Increasing registered nursing and midwifery staff shortages and recruitment challenges across HEI's and NHS and all health and social care provider organisations which impacts on the ability to meet requirements for continued growth in student

The lack of flexible, system wide and cross sector education roles and career pathways compounded by demographic trends in the existing workforce which impact on the recruitment and retention of educators in HEI and practice settings

The absence of a cohesive and equitable career development and cpd framework designed to support, develop and retain new graduates and existing registrants which impacts on registered practitioner retention and recruitment

Multi-factorial barriers to transforming the way students learn in practice and to developing alternative, resource effective and innovative approaches which impact on the provision of quality and equitable practice learning experiences

## CHALLENGES OF HIGHER EDUCATION WORKFORCE



- A decrease in the number of practitioners moving from clinical practice to higher education
- Council of Deans of Health Survey (2019)
- Barriers of salary, pension, contractual arrangements



## **SO I POSED THE QUESTION:**

Growing the nursing and health workforce across the UK: an uphill battle or a self-made struggle?



## A NEW PARADIGM



## WHAT WOULD A NEW PARADIGM LOOK LIKE?

The design of a transformed educator careers framework which will deliver cohesive, fit for purpose and flexible cross sector career pathways for nurses and midwives. This should recognise that all registrants have a role to play as educators and focus on the interface between theory and practice.

The design of a robust and flexible educator career infrastructure which will ensure equity in contracts and facilitate movement across higher education and health and social care provider settings.

The design of a radical new approach to supporting students in the development of their practice skills and confidence, maximising the use of innovative and technology-based methods and reducing reliance on traditional practice placements.

## **FUTURE CURRICULUM CONSIDERATIONS**

Stronger Community focus

**Artificial Intelligence** 

**Sustainability** 

Advanced Clinical Skills

Technology informed/enhanced



## **FUTURE CURRICULUM CONSIDERATIONS**

Further expansion of skills

Nursing Leadership

Mental Health for ALL

Work across boundaries

Research focused & informed



## **HOWEVER**



Attractiveness of nursing and health as a viable career



Schools, colleges engagement of the attractiveness career



Systems wide approach and partnership working



Robust financial support









