



RCN Policy and International Department
Policy briefing 31/12
October 2012

Future of nursing: Analysis on the global direction of travel for the nursing profession

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Nurses are the backbone of the health and social care system and for that reason the future direction of travel for the profession is of great importance to policy makers, politicians and the health and nursing community. In recent years countries like England, the United States, Canada, Northern Ireland and New Zealand have each consulted on systemic health, nursing and workforce issues that need reforming, and proposed medium to long-term recommendations to strengthen nursing policy and practice, and improve nursing care.

The RCN has repeatedly stressed the value of building and supporting the nursing workforce and the positive impact of this investment on care quality and patient outcomes. The RCN's *This is Nursing* initiative¹ shows the Colleges' commitment to strengthen nursing policy and practice in order to deliver safe, compassionate and cost-effective patient care.

This briefing complements the RCN's *This is Nursing* project work as it offers an international perspective on long-term nursing strategies across countries, identifying nursing policy and practice trends and drawing conclusions on what is required to transform nursing care and effectively address the realities of health and social care in the 21st century.

Global drivers for change

Economic climate and sustainability:

- Repercussions from the eurozone sovereign debt crisis, the massive debt build-up and slow recovery of major financial markets have created an unstable economic climate, making the political and economic case for change even more pertinent. Rising health spending is a major cause for concerns for politicians and policy makers. Rise in unemployment rates and inflation will have a direct impact on access, availability and affordability, and could almost certainly lead to a widening gap in health inequalities among different socio-economic groups, with systems inappropriately favouring the wealthy and privately-funded patients
- In 2010, Organisation for Economic Co-operation and Development (OECD) analysis showed that the U.S. health expenditure was the highest, recorded at 17.4 per cent as a share of GDP, followed by Canada at 11.4 per cent and UK at 9.8 per cent of GDP.² Health spending has continually risen over the last 30 years and national statistics predict (if systems continue as they are) costs will continue to increase due to patient acuity and level of demand.

An ageing population and increasing long-term conditions:

- In England, it is estimated that by 2030 the incidence of chronic disease in over 65 year olds will double.³ Proper management is so important, especially as patients with chronic diseases use over 60 per cent of hospital bed days⁴

¹ RCN's *This is Nursing* initiative. <http://thisisnursing.rcn.org.uk/>

² OECD (2010). *Health: spending continues to outpace economic growth in most OECD countries.* http://www.oecd.org/document/38/0,3746,en_21571361_44315115_48289894_1_1_1_1,00.html

³ Department of Health (England). *Improving chronic disease management*

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4075213.pdf

⁴ *Ibid.*

- The World Health Organisation estimates that out of the 56 million global deaths in 2008, 36 million were due to non-communicable diseases (NCDs)⁵
- Seven out of ten Americans die each year due to chronic disease. Chronic diseases account for \$3 out of every \$4 spent on health care. In the U.S. one in every three adults is obese and one in every five youths (aged 6 to 19 years) is obese.⁶

Global workforce challenges - Supply side shortages and an ageing workforce:

- An ageing workforce has significant implications not only in the supply of RNs, but also overall safe delivery and quality of care. In the UK, nearly 200,000 RNs are aged 50 years and over and it is expected that approximately 25,000 nurses in England will be lost to retirement by 2015^{7,8}
- Similar demographic trends are recorded in the U.S., Canada and New Zealand. For example, New Zealand nurses aged 50 years and over account for 25 per cent of the nursing workforce and would be looking to retire in the next 10 to 20 years.⁹ Nurse shortages in the U.S. are expected to reach nearly 260,000 by 2025.¹⁰

These global statistics raise critical questions on whether existing funding and delivery structures are sustainable to meet future health care challenges and if not, what reforms are needed to effectively address rising costs and burden of disease.

World Health Organisation nursing strategy

On an international platform, the World Health Organisation (WHO) published a *Strategic Direction for Nursing and Midwifery 2011-2015* (SDNM), identifying key priority areas in nursing where further collaboration and strengthening is needed.

The WHO encourages relevant stakeholders to adhere to the 2011–2015 SDNM vision statement and commit to

“improv[ing] health outcomes for individuals, families and communities through the provision of competent, culturally sensitive, evidence-based nursing and midwifery services.”¹¹

Building on the 2002-2008 SDNM, and drawing on key World Health Assembly resolutions, the expert panel recommended 13 objectives for countries to use when developing their national health, nursing and workforce policies and priorities.

⁵ WHO (2011) *Non-communicable diseases country profiles 2011 WHO global report*.

http://www.who.int/nmh/publications/ncd_profiles2011/en/index.html

⁶ Centre for Disease Control and Prevention (2009). *Chronic diseases and health promotion*.

<http://www.cdc.gov/chronicdisease/overview/index.htm>

⁷ Buchan J (2005). *UK nursing labour market commentary 2004/5*, London: Royal College of Nursing

⁸ Nursing and Midwifery Council data

⁹ New Zealand Nurses Association (2011). *2020 and beyond: a vision for nursing consultation document*.

<http://www.nzno.org.nz/home/consultation/articletype/articleview/articleid/765/2020-and-beyond-a-vision-for-nursing>

¹⁰ http://www.cgfns.org/files/specialnotices/jun10/2010-06_SNA.pdf

¹¹ *Ibid.*

Key result areas¹² included:

1. Strengthening health systems and services	<ul style="list-style-type: none"> contributing to patient-centred care (incorporates social determinants of health); empower nurse leadership in health
2. Nursing and midwifery education, training and career development	<ul style="list-style-type: none"> building and maintaining a competent nursing and midwifery workforce encouraging career development through mentoring and other activities
3. Policy and practice	<ul style="list-style-type: none"> building a robust nursing evidence base active nursing participation on policy decisions and national agendas
4. Workforce management	<ul style="list-style-type: none"> ensuring robust workforce management strategies and ways to enhance nursing and health performance
5. Partnership working within nursing and midwifery services	<ul style="list-style-type: none"> encouraging stakeholders to monitor and implement SDNM priorities

Future of Nursing: country-specific vision statements

Key stakeholders (national nurses' associations (NNAs), governments and independent organisations) in England, Northern Ireland, the United States, Canada and New Zealand have each produced a national strategic blueprint outlining how nurses and the profession need to transform if we are to address the rising health and social care needs of the population.

England:

In 2010, the previous Labour government under Prime Minister Gordon Brown made commitments to the future of nursing and midwifery by setting up a Commission to look at existing nursing policies and practice, and develop a vision that nurses and midwives could own and aspire to. Following active engagement with the Nursing and Midwifery Council (NMC), RCN^{13,14}, Royal College of Midwives, academics and other health stakeholders, the *Prime Minister's Commission on Future of Nursing and Midwifery*¹⁵ made 20 high-level recommendations that were categorised under seven cross-cutting themes. They included:

- High quality, compassionate care
 - Recommendations include protecting the title 'nurse'; regulating advanced nursing and midwifery practice; regulating support workers; nurses and midwives pledge to tackle variations in delivering high-quality care
- Political economy of nursing and midwifery

¹² World Health Organisation (2011) *Nursing and Midwifery services: Strategic direction 2011-2015*.

http://whqlibdoc.who.int/hq/2010/WHO_HRH_HPN_10.1_eng.pdf

¹³ RCN (2010) *PM's Commission on Nursing and Midwifery vision for England. Summary of recommendations*.

http://www.rcn.org.uk/_data/assets/pdf_file/0004/310783/Summary_of_recommendations.pdf

¹⁴ RCN (2010) *Response to the PM's Commission on the Future of Nursing and Midwifery in England*.

http://www.rcn.org.uk/_data/assets/pdf_file/0006/310794/PMs_Commission_page.pdf

¹⁵ *Front line care: report by the Prime Minister's Commission on the Future of Nursing and Midwifery in England. 2010*.

http://www.rcn.org.uk/_data/assets/pdf_file/0011/304301/Report_by_the_Prime_Ministers_Commission_on_the_Future_of_Nursing_and_Midwifery_in_England_2010.pdf

- Recommendations include evaluating nursing and midwifery care to ensure a return on investment; and measuring progress and nursing outcomes
- Health and wellbeing
 - Recommendations include nurses and midwives contributing to health and wellbeing improvements and reducing inequalities; ensuring a named midwife for every expecting mother; and promoting staff health and wellbeing
- Caring for people with long-term conditions
 - Recommendations include recognising and reducing practice barriers for nurses who care for people with long-term conditions; ensuring flexibility of nursing roles within different care settings and supportive career structures
- Promoting innovation
 - Recommendations include encouraging innovative nursing practices and making use of technology to improve care pathways
- Nurses and midwives leading services
 - Recommendations include strengthening nursing leadership and ward sister roles; and developing fast-track leadership opportunities
- Careers development
 - Recommendations include moving to a degree-level registration for all newly qualified nurses; campaigning and advocating the nursing and midwifery profession to attract high calibre nurses; building a sustainable educational workforce and facilitating clinical academic career progression.

These recommendations gave nursing stakeholders the foothold they needed to lobby for improvements that were long overdue like the regulation of health care assistants (HCA). However, with a change in government leadership, the recommendation to regulate HCAs has not been accepted fully as the Coalition Government has announced plans for a voluntary system of regulation and the RCN is concerned that this weak attempt to regulate HCAs will not ensure the necessary safeguards for patients.^{16,17} Under these plans, direct responsibility for delivering improvements and facilitating change has been missing. The lack of a time-sensitive, robust output strategy (i.e. action targets, identifying stakeholder responsibilities); a change in government; and lack of political backing has made it difficult to take aspects of this vision forward.

The current Coalition Government has also made commitments to nursing by promising to create 4,200 extra health visitor roles by 2015 to support families and new parents; set up a Nursing and Care Quality Forum with the aim of improving nursing quality of care across all care sectors; and formulated plans to boost the public health agenda and workforce.^{18,19} In September 2012, the Chief Nursing Officer for England and the Department of Health Nursing Director published a

¹⁶RCN (2011). *RCN support the call for mandatory regulation for health care support workers*. Press release.

http://www.rcn.org.uk/newsevents/news/article/uk/rcn_supports_call_for_mandatory_regulation_for_health_care_support_workers

¹⁷ Clover, B (2011) Health care regulation plans 'too weak'. *Nursing Times Online*. <http://www.nursingtimes.net/nursing-practice/clinical-specialisms/management/healthcare-assistant-regulation-plans-too-weak/5037819.article>

¹⁸ NHS Employers (2011).

<http://www.nhsemployers.org/PlanningYourWorkforce/childrensandfamiliesworkforce/Healthvisiting/Pages/TheGovernmentCommitmentToHealthVisiting.aspx>

¹⁹ Department of Health (2011). *Early implementer sites launched and recruitment of 4,200 extra health visitors begins*. http://www.dh.gov.uk/en/Aboutus/Features/DH_125650

vision strategy for nurses, midwives and care-givers²⁰ that outlined six values and behaviours at the heart of the nursing profession: care, compassion, competence, community, courage and commitment (see figure 1). The six C's are the professional ethos that defines nursing practice.

Figure 1: the six C's



To deliver the vision, six action areas were developed and key stakeholders who would support this work were identified. Action areas include:

- improving health outcomes, patient well-being and independence
- working to provide positive patient experiences
- delivering high quality and measuring impact
- strengthening leadership
- improving skill mix
- supporting positive staff experiences.

The Department of Health is currently consulting on this vision strategy.

United States:

Health care transformation is a hot topic in the United States (U.S.) as the existing fee-for-service system is fragmented, and has huge equity issues rising from high out-of-pocket expenditure. The landmark health care reforms, the *Patient Protection and Affordability Care Act* (2010) is meant to address some of these issues and make healthcare more affordable in the U.S.

In the face of major health and patient accessibility reforms, the Institute of Medicine (IOM), in collaboration with the Robert Wood Johnson Foundation (RWJF), launched a two-year scoping and consultation initiative to make recommendations on the future of nursing in the U.S.

Responding to the need to transform nursing practice, build on existing nursing strengths and improve delivery of care, the IOM report identified four key messages that have laid the foundation for its action-focused recommendations and targets.

Key messages highlighted in IOM's *Future of Nursing: Leading Changes, Advancing Health*²¹ report:

- Transforming practices: allowing nurses the freedom to practise to the full extent of their education and training. This includes removing barriers to practice introduced by state laws

²⁰ Department of Health (2012). *Delivering the culture of compassionate care: creating a new vision for nurses, midwives and care-givers*. <http://www.commissioningboard.nhs.uk/files/2012/09/nursing-vision.pdf>

²¹ Institute of Medicine (2010). *The Future of Nursing: Leading Change, Advancing Health*. <http://thefutureofnursing.org/IOM-Report>

and insurance companies that are restrictive and out-of-date. For example, in some U.S. states, limitations in existing legislation have restricted nurse practitioners from seeing patients and prescribing medication unless they are supervised by a physician.

Recommendations:

- Reform scope-of-practice state laws and standardise regulation of advanced nurse practitioners to coincide with rules and regulations set out by the National Council of State Boards of Nursing (this was a recommendation made to the U.S. Congress to remove state level barriers to entry and practice)
 - Expand and amend the Medicare²² programme to include coverage of advance practice registered nurses and authorisations of various advanced nursing responsibilities like performing admission assessments
 - Implement a nurse residency programme (this will help student nurses to make the transition from education to clinical practice). Get buy-in from education institutions, health providers and governmental organisations.
- Transforming education: promote academic progression by supporting and encouraging nurses to complete degree-level and postgraduate education and training to build a stronger, competent and knowledgeable nursing workforce. The U.S. has three routes to registration, varying in length and offered by different providers: a four-year degree programme (university), a two-year diploma programme (community college) and a three-year hospital-based school diploma.

Recommendations:

- Increase proportion of nurses with a university degree to 80 per cent by 2020. Proposing ways to achieve this target through a combination of incentives (tuition reimbursement, salary promotion) and private and public funders' buy-in
 - Double the number of nurses with a doctorate education by 2020
 - Encourage and ensure nurses engage in lifelong learning
- Transforming leadership: encouraging nurses to take on more leadership roles and responsibilities, and to work in partnership with other clinicians to reform health care and service delivery.

Recommendations:

- Prepare nurses to lead change by encouraging them to go on leadership programmes
 - Encourage nurses to actively seek opportunities to develop leadership skills through leadership development courses, mentoring programmes and job shadowing. Enlist support from nursing associations.
- Improving data capturing infrastructure for the health care workforce: Evaluate and implement effective work planning policies that are routinely assessed. Improve data collection processes to build robust evidence-based workforce statistics.

The IOM vision committee wanted a robust statement that would not only provide an overarching vision but also identify specific targeted actions and recommendations for key groups (like state legislators, commissioners, pertinent governmental departments, health service providers, insurers and education funders) to consider, evaluate and take forward.

²² The U.S. Medicare system is a social insurance programme funded by the U.S. government and provides health insurance coverage to a select group of individuals based on specific criteria requirements. For the most part, people who are aged 65 years and over and under 65 but with physical disability are entitled for Medicare coverage.

More than a year on since the IOM report was published, there has been tremendous support from various states, stakeholders and *Future of Nursing: Campaign for Action*²³ group; some states have even developed campaign-targeted coalition groups (consisting of nurses, physicians and patient groups) to implement some of the recommendations at state level.

Canada:

The Canadian health care system faces significant pressures to improve health care services as waiting times continue to rise, accessibility of services continues to falter, and rising demand and the cost of care services are stretching the system.

The Canadian Nurses Association (CNA) in 2006 developed a vision for nursing titled *Toward 2020: Vision for Nursing*²⁴. The report proposed scenarios to encourage dialogue and national consensus among nurses, policy-makers, academics and government on a 15-year nursing strategy. Scenarios proposed were very broad covering issues like nursing education, regulation, scope of practice, the wider health system, nursing numbers and skill mix, quality of care and patient safety. *Towards 2020* vision statement was meant to serve as a tool for constructive dialogue. This was achieved to some extent; however, there is still opportunity to revisit some of the 'scenarios' and suggest achievable medium and long-term recommendations to determine next steps.

The CNA is an active participant in the 2014 Health Accord²⁵ debates, having set up a *National Expert Commission* in 2010 to engage with nurses, key stakeholders and the public to assess the current scope of practice and propose solutions on transforming care systems, promoting patient safety, improving quality and identifying innovative nursing solutions. The *National Expert Commission* in June 2012 published a report titled, *A Nursing Call to Action*²⁶ which recommended a fundamental shift in the way health care is funded, delivered and managed in Canada. The Commission has called for the delivery of '*better health, better care and better value*' within the Canadian health care system.

Nine broad action points/ recommendations were proposed by the Commission for policy makers, funders, providers and frontline clinicians to take forward. They include:

- delivering the '**top five in 5 years**' commitment which encourages all Canadian to work together to deliver on the top five Canadian priorities within 5 years. The Commission especially highlights the role of nurses as leaders in delivering change and improvements in health outcomes

²³ Future of Nursing: Campaign for Action (2011) *First years accomplishments*. <http://thefutureofnursing.org/highlights/detail/first-year-accomplishments>

²⁴ Canadian Nurses Association (2006). *Toward 2020: Visions for nursing*. <http://www.cna-nurses.ca/CNA/documents/pdf/publications/Toward-2020-e.pdf>

²⁵ The 2004 federal-provincial-territorial Health Accord which was supposed to 'heal health care for a generation' is set to expire by 2014 and this has prompted lots of debate and discussion from health and nursing stakeholders to set the direction for future health service delivery reforms in Canada.

²⁶ Canadian Nurses Association (2012). *A nursing call to action*. National Expert Commission report. <http://www.cna-aicc.ca/en/on-the-issues/national-expert-commission/>

- **putting individuals, families and communities first-** nurses are able to effectively identify and address individual and community needs. As navigators, care co-ordinators and specialists working across health and social care settings, nurses are instrumental in delivering patient-centred and continuous care
- **implementing primary health care for all-** bringing together clinicians, policy makers and providers to transform primary health care services by 2017
- **invest strategically to improve the factors that determine health-** a special emphasis has been placed on the impact of the determinants of health on the lives of Canadians. Investing in strategies at local and national level to improve access and provide safe, effective and efficient care is key
- **paying attention to Canadians at risk of falling behind-** reducing health inequalities and actively investing resources to reduce the likelihood of geographical variations, especially in rural and remote communities
- **think health-** urging government and policy makers to consistently consider the health implications of all laws, public programmes and policies from an early stage of planning
- **ensure safety and quality in care-** nursing practice should be evidence based. Providers of health should consistently monitor quality and develop quality frameworks to improve care services. Regulators and funders should set quality benchmarks, provide incentives and enforce strong regulation to ensure that high standards are being met
- **prepare the providers** –updating nursing curriculum and programmes to instil advocacy and leadership skills at each level. The CNA will play a key role in developing nurse leadership programmes that are fit for purpose
- **use technology to the fullest-** there is a need to improve the IT systems to encourage joint working, more collaboration and improve patient care. The Commission encourages nurses to urge their organisations to improve the use of technology to provide better care.

The CNA is working closely with policy makers, governmental organisations and frontline health professionals to take these recommendations forward.

New Zealand:

*2020 and beyond: A vision for nursing*²⁷ was a vision statement drafted by New Zealand Nurses Organisation (NZNO) in 2010 with the aim to give nurses in New Zealand a vision ‘they could own, aspire to and adapt into their day-to-day nursing practice’. The NZNO vision statement was for nurses, stakeholders and government to use as a blueprint to strengthen nursing practice, encourage system-wide reforms and address the care needs of New Zealanders in 2020.

Key issues raised in NZNO’s vision statement *2020 and beyond*²⁸ were:

- **Good health and wellbeing for all** - to meet the economic, socio-economic, health inequalities and demographic challenges head on and equip the nursing profession with resources to reach ‘its full potential’

²⁷ New Zealand Nurses Organisation (2010) *2020 and beyond: a vision for nursing*.

<http://www.nzno.org.nz/home/consultation/articletype/articleview/articleid/765/2020-and-beyond-a-vision-for-nursing>

²⁸ New Zealand Nurses Organisation (2010) *2020 and beyond: a vision for nursing. A summary statement*.

<http://www.nzno.org.nz/Portals/0/publications/2020%20and%20beyond%20-%20A4%20factsheet.pdf>

- **Health as a human right** - Nurses should be actively involved in policy decisions and service design/ health sector reforms. Utilising primary health care and health promotion to improve population health and move away from reacting to ill health and towards proactive health promotion and prevention. Also, demonstrating global health commitments through partnership building with nurses in developing countries
- **Nurse innovation** is firmly rooted in delivering high standards of quality and safe care. Nurses will develop and evaluate nurse-led and innovative patient-centred care models. There is also a strong push to reduce legislative, contracting and funding barriers to practice, allowing nurses to practice to their full potential
- **Models of care** - Nurses will function as case managers to help co-ordinate care and build effective relationships with service users and families. Nurses will also navigate people through the appropriate care pathways
- **Nurse education** - Interprofessional bachelor's level education will focus on an integrated model of clinical practice with academic learning and encourage lifelong learning among the nursing profession. Encouraging diversity within the nursing workforce. New Zealand nursing qualifications will be set to international benchmark standards and these will become fully portable worldwide.

The 2010 nursing vision statement was used to actively campaign for reforms in health and social care, especially during the November 2011 New Zealand General Elections. NZNO published an election manifesto²⁹ that drew strong links to its vision statement and called for the incoming government to deliver on key nursing priorities.

Northern Ireland (NI):

The Department of Health, Social Services and Public Safety (DHSSPS) in Northern Ireland commissioned a five-year strategy for nursing and midwifery in 2009. The strategy was set up as a road map to generate local action within Health and Social Care Trusts, the Public Health Agency and the DHSSPS. Four emerging themes were identified: 'promoting person-centred cultures'; 'delivering safe and effective care'; 'maximising resources for success'; and 'supporting learning and development'.³⁰

Key objectives included:

- Engage with patient groups to shape policy and practice; improve the patient experience in order to deliver good health outcomes
- Deliver safe and effective care with a focus on providing accountable care, managing risk and ensuring all care provided is supported with robust research and evidence
- Maximise resources for success by responding to need, improving outcomes through innovation and creating effective workforce planning criteria and guidance
- Promote a culture of life-long learning and continual career progression to encourage the development of leaders and managers

Northern Ireland's five-year strategy outlines key objectives that are measurable, target-driven and achievable. There is a clear line of ownership and responsibility at strategic (DHSSPS, Chief

²⁹ *Ibid.*

³⁰ Department of Health, Social Services and Public Safety (2009). A Northern Ireland strategy for nursing and midwifery 2010-2015. http://www.dhsspsni.gov.uk/nursing_and_midwifery_strategy_-_with_word_diagram_-_final_draft_-_jan_10.pdf

Nursing Officer), organisational (HSC Trusts, Directors of Nursing, workforce stakeholder groups etc.) and individual (nurses and midwives) levels.

Analysis of cross-national themes for the future of nursing

Within the few international nursing vision statements, there is a clear focus to strengthen and develop traditional nursing pillars like education and training, scope of practice and regulation, and leadership. These pillars have been identified by countries as main headings under which national recommendations have been proposed.

Key cross-national themes that have emerged are (listed in brackets are countries where these trends have been raised and/or addressed):

1. Strong focus on population health and public health investment to address demographic changes, an ageing workforce, a rise in chronic conditions and increasing level of demand. This is a global health priority and key political agenda in England, New Zealand, United States, Northern Ireland and Canada. Improvements and investment in population health will help to deliver better health outcomes. Nurses practising as educators, carers, care coordinators, advocates and consultants play a pivotal role in health promotion and early intervention strategies. Furthermore, there is an ongoing drive to increase access to primary health care and community services. This overarching theme interlinks with other themes like leadership in nursing, workforce planning and creating innovative nurse-led services, as a way in which health systems can invest in population health.

Education and training

2. All vision strategies (Canada, U.S., England, Northern Ireland and New Zealand) have made it a priority to enhance education and training systems (including pre- and post-registration education and lifelong learning) to build a healthy, knowledgeable, competent and quality-driven nursing workforce. Countries like England, Northern Ireland and New Zealand also highlighted the importance of a nationally standardised education and training system for unregulated nursing support staff.
3. Educators and nursing stakeholders in the U.S. and New Zealand are concerned about the general preparedness of newly graduated nurses entering the profession, especially in this austere economic climate where fewer mentoring opportunities are available and workload on wards and in the community is heavy. Some stakeholders are actively encouraging governments, educational institutions and employers to embrace transition-to-practice programmes that support newly qualified nurses to make the transitional leap from theory into clinical practice. All five countries feel that nursing education should have a strong community focus with more investment in clinical placement opportunities in the community and in older people's care settings rather than in acute hospitals.

Nursing regulation

4. The issue of professional regulation is a major cross-cutting theme with sub-themes like barriers to practice for advanced nursing roles and regulation of nursing support staff. Allowing

advanced practice nurses like nurse practitioners and specialist nurses to practise to the full extent of their training and education is a recurring issue in the U.S., Canada and New Zealand where barriers to practice like outdated legislation, contractual and funding shortfalls prevent these nurses from providing quality care to the best of their abilities and training. Whilst some legislative barriers have been addressed in Canada, New Zealand and England over the last few years, there is still a long way to go.

5. Issues around contracting and funding barriers often occur due to the lack of understanding and support for these advanced roles from governments, medical professionals and commissioners. In this austere time, nurse specialists and practitioners are required to demonstrate a monetary return on investment if these roles are to be openly accepted and funded; however this does not take into account reports of improved patient satisfaction related to nurse specialist services and care.
6. Regulating the unregulated nursing workforce is seen as a key reform priority among nursing stakeholders in England and Northern Ireland. However, barriers in the form of legislation, lack of governmental support, and debate relating to the regulatory body under which health care assistants (HCA) will be registered have delayed reforms in this area. There is a growing need to develop a 'system of accountability' for unregulated nursing staff. The RCN has been calling for a mandatory register for all health support workers who function below a registered nurse, whilst the Coalition government in England announced plans for a voluntary regulation system whereby HCAs who have completed basic training will be able to opt in to a voluntary register.

Leadership in nursing

7. The profession has already moved away from a mentality where nurses are recognised as 'second-best to doctors' and moved nurses forward as experts in the delivery of evidence-based care; specialists in chronic disease management; and lead contributors in health and social care reforms. Most of the above-mentioned countries are determined to strengthen nursing leadership and equip nurses with necessary skills, knowledge and competence to lead the way in modernising health care systems and tackling population health challenges.
8. The vision statements are keen to enhance leadership qualities by encouraging nurses to enrol in leadership programmes and courses, especially at university level (U.S.); strengthen nurse leadership roles like ward sister, charge nurse and team leader (England, Northern Ireland); continue to build and support the chief nursing officer role (U.S.); utilise mentoring, coaching and appraisal systems to develop nurse leaders (Northern Ireland); and actively encourage nurse leaders to participate in health care reforms (New Zealand).
9. In the U.S. there is a strong focus on leadership 'at entry level' with the rationale that leadership skills are developed over time and therefore nursing students should be encouraged to seek leadership opportunities at pre-registration education level.

Safe staffing levels and right skill mix

10. Workforce planning is a cross-cutting nursing priority in light of systemic staffing shortages, funding gaps, an ageing workforce and increasing examples of poor quality care. Attention is focused more sharply on creating optimal staffing levels, and to do this health providers need to

build and deliver effective workforce models that are comprehensive, fit for purpose and drive up quality standards. Different countries have highlighted different approaches to build and strengthen a sustainable workforce. For example, the U.S. IOM report calls to improve data collection technology to capture changing healthcare workforce trends and dynamics.

11. Nursing stakeholders in England and Northern Ireland want to ensure safe staffing levels whereby appropriate 'nurse to patient' ratios and 'regulated to unregulated' nursing skill mixes are nationally mandated, regulated and routinely monitored. There has been a lot of debate on this issue; however nurse to patient ratios are still not mandated in England and Northern Ireland. The Canadian Nurses Association is also calling for reforms to the numbers and nursing skill mix to address absenteeism and encouraging more full-time staff employment. Lastly, New Zealand 2011 election manifesto and campaign calls the Government to invest in the nursing workforce by supporting new graduate entry into practice through the "transition to practice" programme; ensuring consistency in wages and terms and conditions for all health workers, especially those working in older people's care settings; and establishing fair opportunity to access post-registration education and training programmes.³¹

Nursing innovation

12. Entrepreneurial endeavours like nurse-led services are receiving more recognition for being patient-centred, cost-effective, and improving access, quality and safety. Countries like New Zealand, U.S., Canada, and the UK are all investing in resources to identify, evaluate and implement innovative nurse-led services on a wider scale. In England and Northern Ireland, there is a big drive to evaluate innovative nurse-led services that are often localised and delivered in isolation, as most nurses do not have the available resources and time to collect data and run cost-effectiveness models in support of their unique service delivery practices. It is often the case that at a national level these innovative ideas are unknown. Similar drives have taken off in Canada, U.S. and New Zealand.

The RCN's view

There is almost a consensus internationally on the type of investment and improvements needed to strengthen the nursing profession, particularly in areas like education and training, advanced practice, regulation for health care support workers and developing nurse leaders. National vision strategies discussed in this briefing draw on similar challenges and demonstrate clarity of purpose and movement for the nursing profession towards the year 2020 and beyond.

As a dynamic profession, nurses have embraced change and developed new and improved ways of delivering care that address the realities of delivering health care in the 21st century. The RCN recognises that nursing contributions from ward to board level have been instrumental in improving patient outcomes, identifying efficient and innovative care solutions, and more broadly shaping health and social care reforms and service redesign. The RCN's *This is Nursing* initiative highlight the realities of nursing and outline the improvements and investment needed to reduce health inequalities, develop safe care practices and strengthen the health workforce.

³¹ New Zealand Nurses Organisation (2011) *NZNO election 2011 manifesto*.
http://www.nzno.org.nz/home/campaigns/vote_well/2011_election_manifesto