

Nurses in society: starting the debate

Written evidence

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Summary

This report summarises the written evidence collected from members of the nursing profession and other stakeholders to inform the work of the “Next Stage Review Task and Finish group on: The role of the Nurse”¹. The evidence gathering process took place in May 2008 and informed the document *Nurses in Society: starting the debate*². Responses were received from nurses, students, nursing academics, educators and managers from the different areas of practice, including primary care and secondary care, and different clinical specialities, including adult nursing, mental health and learning disabilities. The data was very rich and gave an insight into how the respondents, as the major stakeholders in the proposed changes, described the nursing care they aspire to deliver as practitioners and the care they wish to receive as potential patients and users. It also highlighted the major threats and challenges they believed to be facing the profession at this stage and how to go about addressing them.

In summary, the evidence presented here describes how the respondents defined high quality nursing care from a professional point of view to be one that is safe, effective, patient centred, humane and compassionate. As potential patients and users of the service, they described their aspirations regarding the service they should receive, how they should be treated with respect and dignity and how nurses should act as their advocates and keep them informed about their care to assist them in making informed choices. When asked about the threats and challenges that face the profession, they highlighted the poor public perception of the nursing profession and the high workload and stressful working conditions, with high patient-to-nurse ratios and acuity levels, to be the major challenges. Finally, the respondents generously offered their insights into the required changes and how to go about achieving them. The list was topped by improving standards of care, highlighting nursing contributions, introducing metrics and conducting research to evaluate the service and inform changes.

Introduction

In a time when roles and responsibilities are being redefined within the NHS, it was timely to undertake a review such as “The NHS Next Stage Review”³ to inform the next steps for the NHS in providing high quality care for patients and the public. As part of this review, consultations were widely carried out with members of the nursing profession to inform it and to highlight the steps needed to take the profession forward.

The work presented here was undertaken as part of the evidence gathering process to inform the “Task and Finish group on: the Role of the Nurse”. It was work undertaken in collaboration with the Chief Nursing Officer’s team at the Department of Health to gather evidence of nurses’ and other stakeholders’ views of the determinants of good quality nursing care and the most valued aspects of the nurses’ role. It also aimed to identify the challenges that face the profession and how best to go about facing them.

To gather written evidence we used four open-ended questions (see below) which for consistency were also used to gather oral evidence⁴. These four questions through short questionnaires (see **Appendix I**) were sent to a wide range of nurses, nursing students, educators and other stakeholders with a key interest in the profession in May 2008. They were distributed through members of the task and finish group and the Department of Health. The questions were as follows:

1. What is good quality nursing? As a nursing professional. What aspects of the nursing role do you value or care about most?
2. As a potential patient, what aspects of the nursing role do you value or care about most?
3. What threats and challenges do you think the nursing role faces today?
4. What do you think can be done to strengthen those aspects of the role that you care about, and how would you propose going about this?

The response was overwhelmingly positive, with respondents sharing their ideas and views of the changes needed and how to go about implementing them. Their responses also showed how powerful the message about “the need for change” is. It also reflected how nurses and other stakeholders believed that nursing can deliver better quality care if given the required support, direction and reward. This report presents the evidence from these written responses.

Key findings

We received 257 responses, 256 were from individuals and one was a collective response from a team of district nurses, community staff nurses and clinical leads for district nursing. A summary of the respondents' background detail is presented in (**Appendix II**). The collected data captured participants' views of: the determinants of good quality nursing, the current threats and challenges to the nursing profession and how best to tackle these challenges in order to deliver the high quality nursing they –as professionals and potential patients- aspire to. The responses were analysed to extract the main themes and categories. These are presented here using the questions as a framework.

Q1a: What is “good quality nursing”?

Two main themes were identified in respondents' conceptualisation of good quality nursing. These were: **“The aspects and outcomes of the delivered care”** and **“The provision/providers of care”**. Each theme encompassed a number of sub-themes as follows:

1. The aspects and outcomes of the delivered care:

The evidence gathered showed that there are certain determinants that can ensure delivering “high quality” nursing care. These included the following:

a. Providing holistic, patient-centred and continuous care

This referred to nursing care that is responsive to all patients' and carers' needs, both on basic and specialist levels, as evident in the following quotes:

- *“I feel that good quality nursing is holistic care giving, looking at all aspects of the individual's life” (Student Nurse)*
- *“Good quality nursing is being able to care for patients basic needs without compromise. Because basic nursing care is the foundation of what nursing is all about.”(Modern Matron)*
- *“Good quality nursing is complete flawless care with the patient central to it. Where the patient could not ask for anything more.” (Junior Matron)*
- *“Ensuring that the fundamentals of care are addressed across the board, once confident that this is successfully achieved to a high standard building on the fundamentals to provide more specialised input where needed.” (Director of nursing and operations)*
- *“Holistic Care (including physical, psychological, social, spiritual care) based on a solid understanding of illness/health.” (Palliative Care CNS)*
- *“The use of a holistic approach encompassing spiritual, social, psychological, and physical care.” (Research Nurse)*

b. Providing empathic and compassionate care:

Nursing care should involve treating patients with respect and dignity.

- *“Treating people with dignity and respect” (Lead Nurse, Intermediate care)*
- *“Passionate about communication, empathy, attention to detail when caring for an individual” (Consultant Nurse)*
- *“Caring for patients as you would care for yourself or a member of your family, addressing their concerns and maintaining dignity and respect.” (Macmillan Gynaecology CNS)*
- *“Good quality nursing is self awareness and compassionate care” (Student Nurse)*

c. Providing professional, high-standard evidence-based care:

This aspect referred to using research evidence to inform practice and deliver high quality care that produces positive, measurable outcomes.

- *“High quality standards and respect of the individual whilst maintaining up to date knowledge “ (Senior Manager in a PCT)*
- *“To ensure best practice at all times, providing high quality, research based care packages for patients” (Consultant Nurse)*
- *“Identifying, planning, implementing and evaluating appropriate and timely intervention to a satisfactory conclusion” (CNS)*
- *“Practice that is based on current up to date evidence and that is audited. Also benchmarked to standards” (Clinical Educator)*
- *“When you care for a child and its family maintaining professional standards set by the UKCC/hospital and importantly by self.” (Staff Nurse)*

d. Ensuring safe, effective and prompt delivery of care:

High quality nursing should also be about delivering care that is effective and safety focused in a timely manner, as and when needed.

- *Provision of care that is patient-centred, safe, clinically effective” (Head of Nursing & Therapies)*
- *“When patient needs are met safely and competently. When risks are minimal and the patient experience is improved” (Head of Nursing Workforce Development)*
- *“Delivering safe, effective reliable care” (Breast Care Nurse)*

- *“Risk management, timely intervention to prevent deterioration of patients in hospital.” (Senior Nurse)*
- *“24 hour care, provided by the right professional at the right time. Providing the appropriate to meet needs” (Sister, Intermediate Care)*

e. Educating and supporting patients:

Educating and supporting patients to enhance their autonomy and independence and improve their experience of care was also supported as a fundamental aspect of high quality nursing.

- *“Provision of accurate information, support for the family” (Lead Cancer Nurse)*
- *“Helping patients to adjust their lifestyles and learn how to live with their disease or to cope with acute episodes of care.” (Gynaecological Oncology CNS)*
- *“Good quality nursing assists individuals, families and communities to optimise their health and well being in whatever environment they come together.” (Professor of Practice Development)*
- *“Nursing in today’s world should be about patient empowerment and advocacy. The good nurse at what ever level should be able to teach their patients and carers about how to support and care for themselves” (Health Visitor)*
- *“Nurses who spend time caring for and working with patients/clients to ensure optimal health independence” (Clinical Educator)*
- *“To be able to give the right information to the patients in a way that they understand. To allay fears and to promote and support their health in the future. To put patients and cares in touch with various agencies that can help them, by giving specific information and practical guidance.” (Modern Matron)*
- *“Managing time well and prioritizing tasks” (Student Nurse)*

f. Empowering patients:

Enhancing patient involvement, valuing and encouraging patient choice and advocating for them was an important dimension of high quality care.

- *“Offering patients choice and up-to-date information regarding their illness/health”* (**Community RGN**)
- *“Communicating with your patient so they are always aware of what is happening regarding their care.”* (**Governance Facilitator**)
- *“Allowing patients to have choice and involvement in their own care.”* (**Macmillan lung cancer CNS**)
- *“It is based on a relationship of equals, working together to achieve the best outcome for the service user.”* (**Infection Control and Physical Health Care nurse**)

g. Continually improving the standards of the care delivered:

Respondents also supported working on improving the service, as a response to e.g. feedback from the patients or others, and promoting and implementing reflective practice as important aspects of nursing care.

- *“Nursing that has its roots embedded in the fundamentals of care, whilst striving to continually improve the delivery and quality of the care given to the individual.”* (**Consultant Nurse**)
- *“Strong leadership skills, visibility and political awareness to drive services forward and motivate your team to embark on changes for benefits of the users of our services “* (**Lead Macmillan CNS**)
- *“We have a responsibility to innovate and design our services in a way which is responsive to patients needs.”* (**Gynaecological Oncology CNS**)

2. The provision/providers of care:

This theme reflected that good quality nursing is not only about the service provided but also “who” provides it and where as explained in the following sub-themes:

a. The Staff:

High quality nursing care should be delivered by adequate levels of staff, to devote enough time for patients. The staff should also possess good communication skills, be competent, highly skilled and well trained, motivated, reflective, non-judgemental and have up-to-date

knowledge. The staff should also be working in teams that respect each other's contributions and roles

- *“That which is delivered by reflective, well informed, motivated, non judgmental staff with the patient’s best interest in mind at all times.” (Staff Nurse)*
- *“Having an in-depth knowledge in your specialist field, allows us to coordinate care, innovate service design, but most importantly informs our nursing care of the patients and their loved ones” (Gynaecological Oncology CNS)*
- *“Quality Nursing will be achieved by having a graduate workforce – either at point of entry to the profession or shortly following registration which is supported by appropriately qualified support workers – as well as a cohesive career pathway that supports staff developing their skills through enquiry” (Senior Lecturer)*
- *“Practitioner should have high quality inter-personal skills, technical knowledge and expertise, psycho-motor skills, problem solving skills and critical thinking skills” (Professor of Community Health Care)*
- *“In addition, it is where the nurse is part of “professional team” of health care workers all striving towards known goals and objectives giving and receiving mutual respect” (Lead Nurse)*
- *“To be able to think independently but work as a team member “ (CNS)*
- *“ good inter disciplinary team working in the primary and secondary care settings ensuring seamless journey of care.” (Lead Cancer CNS)*
- *“Good planning with Team work to make experience for the patients an exceptional one” (Matron)*
- *“I believe that it is consistency of patient focused care delivered in a timely manner by all members of the multidisciplinary team.” (Modern Matron)*

b. The environment:

The environment in which care is to be delivered should be safe, clean and infection-controlled to facilitate high quality provision.

- *“Holistic care provided in a clean, safe, effective environment.” (Staff Nurse)*
- *“Quality nursing also means to have the time to care for the environment i.e. infection control” (Staff Nurse)*

Q1b: As a nursing professional. What aspects of the nursing role do you value or care about most?

It was apparent from the responses that the close nurse-patient relationship and the impact nurses' have on their patients' 'lives in a time of need were important aspects of the role for the nurses. It was also clear from the responses that there was a general attitude of being proud of the nurse's role, despite the changes needed. These were the main aspects identified:

1. Making a difference to patients' lives:

"Difference" was mainly referring to achieving positive patient outcomes and satisfaction.

- *"Being able to make a difference to people lives (or deaths)" (CNS)*
- *"The big difference the 'small things' make to patients/carers" (Lung Cancer CNS)*
- *"I see cardiac patients when they are unwell and I help them to get back to normal life. This very rewarding." (Cardiac Rehabilitation CNS)*

2. The close contact with patients:

This largely referred to the close nurse-patient relationship that facilitates understanding and addressing patients' physical and mental needs and providing them with individualised care in a time of need.

- *"Direct patient contact – positive communication with patients – the way we do what we do" (Consultant Nurse)*
- *"No other profession spends as much time with the patient or as consistently. Nurses know the patient and family better than anyone else which enable us to provide the best possible care and attention at all stages in the patients journey" (Lead Cancer Nurse)*
- *"Being able to step into someone's life at a time of great stress and share their life journey" (Macmillan Gynaecology CNS)*
- *"Most valued part of the role is being a point of contact for patients, families and carers to support them through a cancer diagnosis, treatments and beyond, assisting with complexities that a cancer diagnosis brings to ensure that their pathway is a smooth as possible." (Lead Macmillan Oncology CNS)"*
- *"I care about the close proximity nurses have to patients that I don't think is shared by other professional groups." (Senior Nurse User Involvement)*

3. Excellence in care delivery:

Delivering high-standard care in a competent and professional manner while treating patients with care and respect and preserving their dignity.

- *“I care most about nurses delivering competent nursing care in a professional manner that demonstrates respect of their clients” (Clinical Placement Facilitator)*
- *“Having the time, knowledge and understanding to ensure the patient receives the best care at the best time” (Parkinson’s Disease CNS)*
- *“I care most about good team work to meet goals and excellent standards. I want the patients to have a positive experience and speak highly of the care & service they received whilst in our care” (Matron)*
- *“Ensuring that I deliver a high standard of care to all my clients, within my professional capacity” (Breast Care Nurse)*
- *“I care about dignity, recognizing the patient as an individual with their own values. Caring means that how the patient feels really matters. Good quality nursing should follow.” (Macmillan Nurse)*

4. Working in a team and being a role model for peers and juniors

This was highly valued by respondents as an important part of the role.

- *“being able to use my expertise to direct nurses in the delivery of care/develop the workforce” (Consultant Nurse)*
- *“As a manager seeing staff develop” (Clinical Placement Facilitator)*
- *“being a role model for my peers and juniors.” (Breast Care Nurse)*

5. Continuous Professional Development:

The knowledge and skills acquired during the training and maintained during practice and the ability to maintain that and develop it “on the job” were also highlighted as highly valued aspects.

- *“The knowledge and skills that I have acquired that have enabled me to provide the best care possible to my service users.” (Infection Control and Physical Health Care nurse)*
- *“Commitment to continuing education for the benefit of patients, staff, and the entire trust.” (Staff Nurse)*

Q2: What aspects of the nursing role do you as a potential patient and member of the public most value / care about?

The responses highlighted the most important aspects the respondents cared about as potential users of the service and these included:

1. A caring and humane attitude

This was the most valued aspect of the nursing role that respondents – as potential patients and users of the service- believed would be highly valued. It was related mainly to two attitudes:

a. Respecting privacy, confidentiality and preserving dignity

- *“Someone who cares about how I am feeling and what I need to make me feel better or cope better with my illness, or the effects of my treatment” **(CNS)***
- *“A nurse who can take time to think of me and my concerns; makes an effort to address my anxiety and discomfort.” **(Community Palliative Care Nurse)***
- *“I would like to feel that the nurses looking after me showed that they DO care, even down to their body language and non-verbal communication.” **(Community Learning Disability Nurse)***

b. Respecting patients’ values and beliefs, understanding their needs and treating them equally

- *“That my values and needs are respected and taken into consideration.” **(Student Nurse)***
- *“Ensure all patients are treated equally and receive the best possible care from nurses.” **(Sister, Intermediate Care)***
- *“To perform this in a caring manner that is sensitive to the needs and abilities of the patient and where appropriate their relatives and carers.” **(Epilepsy CNS)***
- *“I want to be viewed as an individual, with needs that are unique to me and those I love.” **(Infection Control and Physical Health Care nurse)***

2. Putting the patient first

As patients, it was important for respondents to be a top priority and to be treated as partners in their own care. This would mean the following:

a. Keeping patients informed about and involved in their own care:

- *“I have the ability to consent to treatment and am included in decisions regarding on-going treatment” **(Student Nurse)***

- “The right to be an equal partner in what happens to me, so I need informed choice.” (**Infection Control and Physical Health Care nurse**)
- “Information, being updated regularly and having ongoing communication” (**Student Nurse**)

b. Communicating with patients , listening to them and advocating for them

- “The nurse having the time to listen to my concerns and communicate effectively “ (**Macmillan Haematology CNS**)
- “People having time to communicate with me effectively, to listen and to hear what I am saying” (**Registered Nurse – Learning Disability**)
- “Communication between staff and patients about treatment and progress delivered in a polite and unhurried manner” (**Matron**)
- “Being treated as an individual. Staff taking the time to listen and explain when one might be feeling vulnerable and afraid.” (**Clinical Modern Matron**)

c. Meeting patients’ basic needs: including hygiene, nutrition and analgesia and doing that in a timely, safe and individualised manner and in a clean environment

- “I want my fundamental care needs met i.e. hygiene, pain relief, and nutrition but also want my psychosocial needs met” (**Clinical Placement Facilitator**)
- “Being able to receive treatment without having to wait years” (**Student Nurse**)
- “Having sufficient time to be able to explain what is happening regarding treatment as well as being able to provide basic needs (see above) in a timely manner. “ (**Epilepsy CNS**)
- “I would like to receive a nursing service that recognized my need to be treated as an individual as opposed to being treated according to my diagnosis / symptoms.” (**Community Learning Disability Nurse**)

3. Delivering a high-standard service:

This can be achieved through possessing high-level knowledge and training, being adequately trained, competent and possessing up-to-date and expert knowledge. Being a regulated profession was also believed to promote the patient’s trust and confidence.

- “I want the care I need to be delivered in a safe prompt manner by professionals that can advise me on alternatives and consequences of my choice and act as a leader when I am not sure what the best course of action is I want staff to be educated and confident in meeting my care needs and worthy of my trust” (**Clinical Placement Facilitator**)

- *“Knowing that the care I will receive is the “best” I can get and I am not at risk “(Lead Nurse)*
- *“Sound knowledge base gained through utilizing an evidence based practice approach, with staff not afraid of asking others opinions and expanding their knowledge base” (Staff Nurse, Intermediate Care)*

4. Easy, timely and convenient access to the care

Access to care whenever and wherever needed, without long waiting times and either at home, hospital settings or in the community were also highly valued aspects.

- *“2. Low waiting times, 3. Clinical effectiveness, 4. No postcode lottery”
(Macmillan Haematology CNS)*

Q3: What threats and challenges do you think the nursing role faces today?

This question attracted a widely variable range of responses representing the challenges facing the nursing profession and the threats to its viability and existence. The following were identified as the major obstacles and threats:

1. Poor public perception of the nursing profession and being undervalued as a result:

This was in part attributed to the poor media representation, which were felt to focus on negative cases rather than the positive achievements of the nursing profession. This was perceived as potentially undermining public confidence. However, it was also highlighted that the variation in care delivery and in some instances perceived poor delivery of care contributed significantly to this poor perception.

- *“Being undervalued for the increasingly complex work we do.”*
(Clinical Nurse Specialist)
- *“Media representation of the nursing profession has not always truly reflected current practice – this can threaten the public’s confidence and perceptions of nurses – which is not warranted and potentially detrimental to care successes.”*
(Student Nurse)
- *“A very poor public image. Even where nursing care is being delivered to a high standard, our contract with society, based on trust, appears to have been eroded. Some of this is to do with the fact that nurses are easy targets for the location of guilt and blame for poor practice by failing and dysfunctional organisations.”* **(Health Visitor)**

2. Financial constraints

Perceived financial constraints were felt to limit resources available for achieving good standards of care and to increase the pressure to cut costs, which can be demoralising. They were also felt to limit the opportunities for nurses’ training and development.

- *“Not being able to deliver appropriate care due to the financial crisis in the NHS”*
(Sister Intermediate care)
- *“Smaller budgets mean services cannot accommodate as many patients or offer as many services.”* **(Staff Nurse Intermediate Care)**

- *“The financial constraints can lead to nursing staff becoming demoralized and to loose the focus.” (**Head of Nursing**)*
- *“Due to financial restrictions – not enough staff. May not be able to deliver amount / quality of care required.” (Sister, **Intermediate Care**)*

3. Workload

A major challenge identified was the high workload, both clinical and administrative.

a. Clinical:

This was mainly believed to result from the increased number of patients who are acutely ill or have high level of dependency in an ageing population.

- *“Insufficient time to provide the care that I firmly believe most nurses want to provide. The causes are probably multi-factorial but will include excessive work load (I have a personal caseload of 1,700, about 600 of which have active problems)” (Epilepsy **CNS**)*
- *“Rising age range and dependency levels of patients using the NHS (e.g. increasing multiple chronic conditions in elderly).” (Practice Development **Facilitator**)*
- *“Too busy to care! Target focus, too much pressure on beds” (Lead Nurse, **Intermediate care**)*

b. Administrative:

Too much bureaucracy, paperwork and data collection and input that is not always useful or relevant were seen as major administrative obstacles. These tasks take time and were felt to reduce the time nurses can spend with patients. This can also be aggravated by the lack of adequate levels of administrative support.

- *“Lack of adequate administrative support for nurses means additional pressure with keeping on top of admin tasks. “ (Macmillan Breast Care Nurse)*
- *“A lot of documentation relates to audit or out side agencies requesting data. The sad fact is that all extra paperwork ends up with the nursing staff, leaving them less time to care for the patient.” (Modern Matron)*

- “Generic nurses now have to show that they are giving care rather than actually give it. For example, audit, benchmarking dashboards, etc. I understand the idea of providing evidence but when all the care is in place its easy to measure just from the patients face.” (**Macmillan Colorectal CNS**)
- “There is a culture of ticking the boxes and over audit but the emphasis is not on using that information to increase the quality of the provision of care. Nor of learning from lessons of the past, there are missed opportunities and a dilution of the information that goes to the Board.” (**Infection Control and Physical Health**)

4. Nurse shortages

Inadequate staffing levels was identified as another major challenge for the profession, which was attributed to several factors including:

a. The nursing profession becoming less attractive to new entrants

Possible explanations given included the high workload with inadequate pay, the poor image of the nursing profession and the lack of job opportunities for newly qualified nurses.

- “Low wages means that many people who would have trained to be a nurse may not do it, it is hard to survive on the student bursary.” (**Student Nurse**)
- “Nursing less attractive to new entrants – hard physical and emotional work for inadequate financial reward.” (**Macmillan Gynaecology CNS**)
- “A salary that does little to reflect the hard work, dedication and training of nurses.” (**Student Nurse**)
- “Inadequate availability of jobs for newly qualified nurses.” (**Student Nurse**)
- “Not enough jobs and recognition of the specialist skills that nurses bring. There is no longer the guarantee of a job for life” (**Clinical Modern Matron**)

b. The ageing workforce and poor staff retention leading to a lack of role models:

The increased number of experienced nurses leaving the profession was felt to affect the quality of the service and leave newly qualified without proper guidance.

- “Experienced nurses leaving the professional, thus, leaving areas of care with poor leadership around quality care.” (**Parkinson’s Disease CNS**)

- *“In addition, there seems to be a steady haemorrhage of experienced nurses away from front line clinical posts leaving areas with poor leadership leading to a reduction in standards of care.” (Epilepsy CNS)*
- *“I think that privatization is a threat to the profession, in so far as losing skilled professionals to the private sector can be harmful to provision of service and also effects budgeting, which in turn could affect the standards of care we provide” (Community Psychiatric Nurse)*

5. Inadequate nursing education, training, and professional development standards

The standards of education, training and professional development were criticised by some and graduates were described as “ill prepared for the roles they are expected to fulfil”. Additionally, practicing nurses’ professional development was not always viewed positively. Some possible explanations given were:

a. Low entry standards to the profession

This was partly attributed to the failure to attract high calibre, promising students coupled with making it difficult to fail.

- *“Reduced entry standards, Difficult to fail training (6 attempts at each module!!), Ward based staff not experiencing ‘sick’ pts as all kept in ITU/HDU until all problems resolved, Deskilling of some staff due to proliferation of specialist nurses” (Modern Matron)*
- *“Diminishing standards of education - due to a variety of reasons but in particular the perverse effects of the contracting and funding arrangements with universities, which penalise for attrition thus making it hard to fail students” (Health Visitor)*

b. The continuation of the nursing diploma as opposed to being a degree qualification

This was seen as a threat to the status of the profession:

- *“The continuation of nurses graduating with diplomas as opposed to degrees is a threat to the status of nurses. It should become a level 3 graduate profession in common with the developed Western world with the associated academic entry requirements e.g. A levels” (Senior Nurse, Pain Management)*

c. Focus on academic training and advanced roles

Delegating such essential roles to HCAs was believed to be inadequate and taking the caring role away from nurses.

- *“The moving away from the bedside in hospitals so that care is predominantly managed by HCAs.” (Senior Nurse)*
- *“The possibility of HCAs taking on more responsibilities that has normally been a registered nurses’ duty” (Breast Care Nurse)*
- *“Inadequate training, too much emphasis on and reward for academic prowess above sound practical skills and pragmatism. We seem to have forgotten the importance of “basic nursing care” ” (Staff Nurse)*
- *“Too academic (sometimes) which often fails basic nursing care.” (Macmillan Haematology/Oncology CNS)*

d. Increased specialisation

This was described as leading to deskilling of generalist staff.

- *“Whilst specialisation undoubtedly has its benefits, it has the disadvantage of de-skilling us in certain areas and can affect our ability to deliver holistic care to patients with multiple health problems.” (Macmillan Breast Care Nurse)*

e. Lack of clear guidance on career progression

This was mentioned especially in relation to clinical career pathways. Also, the insecurity and threat of job losses for specialist nurses were seen as a major challenge for these nurses.

- *“Cutting key roles from the NHS – specialist nurses because they are seen as an expensive luxury in some cases is very short sighted – do not underestimate the value of that individual who can see the bigger picture, and from the patients perspective. Use us wisely and we will contribute so much both for patients and for the organisation.” (Community Oncology Nurse Specialist)*

f. Reduced uptake of Continuous Professional Development and training

This was attributed either to the lack of opportunities for professional development, due to the lack of resources, or simply lack of motivation or time.

- *“Lack of educational opportunities for nurses due to the fact there are a lack of resources to enable them to attend study.” (Macmillan Haematology CNS)*
- *“Not all nurses believe themselves to be responsible for their own professional development. This can reduce the ability to act as a professional/educated resource for patients” (CNS)*

g. Language barriers and poor communication skills

These were highlighted as major areas that needed in emphasis during the training of nurses, due to their direct impact on patient care.

- *“The practical teaching of communicating with patients is an art which requires nurturing and hands on training and I feel that this has become lost in the bureaucracy that has become a major part of the nursing role.” (Nurse Consultant)*
- *“I think to care for a patient it is important to understand their culture and be able to communicate with them.” (Student Nurse)*

6. Stressful working conditions:

These included:

a. The continuous changes required to meet patient needs

Examples given were the changes resulting from new roles, new services, new drugs and technology.

- *“Constant change is difficult, we seem to have no time to test out or embed new systems or policies before the next process of change is already occurring.” (Training Coordinator)*
- *“The constant need to update knowledge and skills to meet the demands of new and complex procedures.” (Radiographer)*
- *“The nurse of today has to work in the face of rapid changes introduced in a short space of time by the current Government” (Consultant Nurse Critical Care)*
- *“Tremendous rapid change, recruitment and retention of high quality staff in acute areas.” (Matron)*

b. The lack of adequate leadership and management:

The respondents criticised managers without a clinical background and those perceived as unsupportive, who do not encourage staff professional development or offer opportunities for training and value innovation.

- *“There is a growing culture of bullying to get jobs done rather than nurturing and developing, which is increasingly worrying.” (Infection Control and Physical Health Care Nurse)*
- *“Not being listened to by managers who are not from a medical background” (Clinical Ward Manager)*
- *“Increased power of business management, decreasing the authority of nurses and doctors” (Staff Nurse)*

c. The pressure to achieve targets

The responses also highlighted the impact of the pressure to achieve targets that focus on the process and demonstrate effectiveness and economic benefits to the NHS rather than the person at the centre of the care process, the patient.

- *“Being able to quantify how the work of CNS’s can assist in reducing admissions into hospital, preventing delayed discharges hence providing an economic benefit to the trust and NHS” (Macmillan Gynaecology CNS)*
- *“The greatest challenge is coping with the Government targets, especially for patients who are referred in as ‘rapid referrals’” (Lead Cancer Nurse)*
- *“A target-driven culture which places less value on the “hidden” care that nurses provide.” (Macmillan Gynaecology CNS)*
- *“There has to be a little voice saying ‘there is a patient at the bottom of all this – what will this mean for them’.” (Community Oncology Nurse Specialist)*

d. Violence against staff

This, coupled with the prevalence of a culture of blaming and fear of litigation, seemed to represent a stressful working condition for nurses.

- *“I also believe that the unrealistic pressures that are put on people are contributing to their ill health driven by stress and disillusionment.” (Infection Control and Physical Health Care nurse)*
- *“Working within poor quality environments- need for capital investment in infrastructure- improving patient environment. High pressure, stressful environments, demands on productivity which can impact on quality of the patient’s experience.” (Matron)*

e. Increased patient expectations

The increasingly knowledgeable patients, who challenge the nurses’ rationale, add further pressure on nurses to keep up-to-date.

- *“Possibly more pressure for Nurses to be more knowledgeable and have answers.” (Student Nurse)*
- *“Advances in technology. Patient’s being well informed due to access in information via the web. Patient’s expectations of what realistically can be achieved or funded” (District nursing team)*
- *“Expectations from patients have changed, they have access to more information on health and treatments and are more aware of their rights and sometimes the expectations are too high” (District nursing team)*

7. The lack of adequate definition of the nurses' role and its outcomes

This was perceived to be another major challenge to nursing as a profession. Possible explanations as to why it represented a challenge were given as follows:

- a. Being judged by quantitative measures though most of the work is qualitative.
- b. A shifting focus of care with increased adoption of disease or problem models rather than a patient centred, holistic care approach.
- c. Blurring of roles and the increased pressure to use nurses as accessible resource to achieve short term, financial savings rather than enhancing the patient experience of care (e.g. undertaking doctors' roles).

- *"Nurses on the shop floor see undertaking 'task orientated' one-stop procedures as a way of gaining status within the profession. When such advanced practice roles are designed in such a way (mini-doctor role), it reduces the value of the most central part of nursing, which is caring and compassion and undertaking whatever task makes a patient feel more comfortable safe and cared for. This trickles down to the 'shop floor' and has led to the 'too posh to wash' cliché. We need to develop advanced practice, but advanced nursing practice not just new tasks alone."* (**Gynaecological Oncology CNS**)
- *"Extended roles- not being comfortable in a certain procedure asked of you."* (**Student Nurse**)
- *"Political interference about the role of the nurse and additional responsibilities put upon them to implement government papers."* (**Head of Nursing Development & Quality**)
- *"Confusion about differences in medical roles/ health care assistants and the role of the nurse in the future."* (**District nursing team**)

8. The lack of emphasis on research

Both clinical and non-clinical research was perceived to be lacking. Hence, there was a need for more emphasis on such research, which was described as important to inform changes and achieve better outcomes.

- *"We have a unique insight into patients care which we are poor at articulating, we need research to drive us forward and create more nursing leaders and role models"* (**Gynaecological Oncology CNS**)

Q4: What can be done to strengthen those aspects of nursing that you care about? How would you propose going about this?

Our respondents were fairly clear about what could possibly be done and suggested different strategies and possible changes to take the profession forward. These included the following:

1. Better representation of the nursing profession:

This was perceived to be an essential first step to emphasise the positive contribution the nursing profession makes. Suggestions as to how to achieve this included:

- a. Involving the media in promoting positive achievements.
- b. Improving professional image through emphasizing things like dress code and professional attitude to improve the public perception of the profession.
- c. Promoting nurses' belief in and valuing of the essence of their role.

- *“Better representation of nursing profession, by being clearer about the public perception and representing the positive aspects of this in response to negative allegations or representation.” (Student Nurse)*
- *“Putting “proper” nurses’ uniforms back into the system so we don’t all look like the toilet cleaners at the local railway station.” (Lead nurse)*
- *“Involving the media when things are done particularly well e.g. awards received, Foundation Trust status being achieved etc. Try and engage the media and get them on the side of the health care profession” (Governance Facilitator)*
- *“Publicity that nurses play an essential role in cancer patients’ ‘journey’.” (Macmillan Lung Cancer CNS)*
- *“Instill the value of the fundamentals of nursing care that appears to have been lost whilst constantly trying to measure and audit.” (Consultant Nurse)*
- *“Creating a workforce which is proud to be a nurse.” (Macmillan Colorectal CNS)*

2. Increased funding and rationalised spending

Providing funding and monitoring the use of resources were also perceived to be important to provide:

- a. Better treatments and facilities.
- b. Staff training and development.
- c. Better pay for nurses.
- d. Early preventive work rather than later costly interventions.
- e. Support for primary care to facilitate patients' return to normal life.

- *“Provide funding for better resources in the way of treatment and facilities”* (**Student Nurse**)
- *“Provide more pre and post graduate training, which is funded appropriately.”* (**Matron**)
- *“Provision of relevant resources, equipments and also availability of resources or finances for training staff.”* (**Student Nurse**)
- *“Support fair pay for nurses in line with other public sector workers to help us feel like we have some value too.”* (**CNS**)
- *“Money makes the world go around – the NHS needs more funding – in terms of cancer we are striving to offer world class cancer care, in the current climate it is just not possible. We know what we need to do – give us the tools to do it!”* (**Community Oncology Nurse Specialist**)
- *“Review spending. Get the actual staff more involved in what is needed and not needed”* (**Student Nurse**)
- *“Listen to us when we say there is a need for family centre or decent housing or counseling not to have to wait till something happens to work proactive as opposed to reactive”* (**Health Visitor**)
- *“Lobby for more resources into primary care, allowing hospitals to focus on assessment, diagnosis and treatment and patients. More resources would smooth the transition back into the community setting, allowing people to return to their daily lives in a more timely way.”* (**Lead Nurse, Intermediate Care**)
- *“Review spending. Get the actual staff more involved in what is needed and not needed.”* (**Student Nurse**)

3. Improving staffing levels

This could have the potential of reducing the high patient-to-staff ratios and the pressure on nurses' time and facilitate capping of nurses' caseloads, allowing them more time to provide patient care. This was seen to be possible through:

- a. Employing more qualified nursing staff on the ground rather than in managerial positions.
- b. More employment through nurse banks rather than agencies.
- c. Encouraging team work.
- d. Increasing the availability of HCAs and regulating them.

- *"I feel that the main thing that needs to be done is to employ more trained staff and reduce high staff to patient ratios which some trusts have to deal with. Also, I feel that there should be more employment on the nurse banks so that departments needn't waste valuable money going to agencies."* (**Student Nurse**)
- *"If more staff were provided for direct patient care, there would be improvements in promptness of care, assessments of skin, risk and nutrition."* (**Student Nurse**)
- *"More team building exercises including the whole MDT to encourage a team focus and a common goal."* (**Student Nurse**)
- *"More time needed for team work to create a good working team"* (**Sister, Intermediate Care**)
- *"More HCA support, who should be registered and accountable"* (**Student Nurse**)

4. Increase the level of Administrative support

This could free up nurses' time for providing nursing care. Suggestions were made as to how this could be achieved and included:

- a. Providing more/better quality clerks.
- b. Investing in IT systems.

- *"Reduce the information/paperwork load by investment in good IT systems "* (**District nursing team**)
- *"Technology, we need hand held devices, all patients with electronic patient records."* (**Gynaecological Oncology CNS**)
- *"Good ward administrators, Supernumerary status of ward sisters and admin support."* (**Matron**)

5. Improving the nursing education system

The following were highlighted as possible strategies for improving the nursing education system:

a. Reducing the theory/practice gap and providing longer placements for students

Longer placements were perceived to have the potential to achieve closer relations between what is taught and what actually happens in practice.

- *“Review of education of nurses - is university the best place? Or was the more traditional method more involving & encompassing. Nurses were part of the team, not super numeracy. Many new nurses have said to me that they feel unprepared for the role as they qualify. I would like to implement ways to prepare nurses for the emotional aspects of the role & how they cope themselves with caring for often distressed patients & carers every day year on year. Helping nurses to understand themselves & their own coping mechanisms may help them to care & communicate with patients, carers & families.” (Macmillan Cancer Information and Support Nurse Specialist)*
- *“Review of the whole of nurse education both pre and post registration. Liaise with Universities to highlight shortfalls in current systems.” (Matron for Emergency Access)*

b. Attracting high-calibre entrants into the profession

To achieve this, the following were mentioned as possible strategies: education campaigns and promotion of the profession, better career structure and improved working conditions (e.g. shorter working week).

- *“Education campaigns to attract bright young people and more mature people to want to make a difference to the lives of sick people” (Director of Nursing & Operations)*
- *“Ensuring the right quality of student nurses are employed and who actually care.” (CNS)*
- *“Narrowing the entry gate into nursing by making it a degree entry profession - but accepting at the same time that this will create a much smaller registered nursing workforce” (Health Visitor)*

c. Allowing those who can demonstrate care and concern to join the profession as well

This was perceived to be possible through creating a new grade of nurses that does not necessarily require a degree.

- *“Perhaps creating a new grade between care assistant and nurse that focuses on the therapeutic role. This role may encourage a class of nurse who keeps the role of healer in the profession (and stops us just becoming educated technicians).” (Student Nurse)*
- *“Select nursing students who demonstrate care and concern for others (with and without degrees).” (Clinical Service Lead)*

6. Raising the professional development standards

Setting high standards for professional development would create a nursing workforce that is equipped to deliver high-standard nursing care. This was seen to be achievable through:

a. Professional leadership and role modeling:

Strengthening the role of the educators and clinical supervision and the use of the skilled workforce like Clinical Nurse Specialists to educate nurses and secure succession planning.

- *“Staff need strong role models that embrace new initiatives whilst maintaining some of the more established professional standards that include dress codes, timekeeping, professional relationships etc. staff should experience this during pre registration programmes and once qualified.” (Clinical Placement Facilitator)*
- *“Encourage experienced nurses to share their knowledge, give time to the nursing team to give good quality care.” (Parkinson’s Disease Nurse Specialist)*
- *“Bring back the clinical tutor to teach students hands on in the wards setting. (Present staffing do not allow for teaching new students).” (Lead for Practice Education)*
- *“Stop the 12 hour shift and bring back the overlap so there is time for nurses to discuss patient care, teach each other, undertake staff appraisal, clinical supervision etc.” (Senior Nurse)*
- *“Junior staff need more support when they commence their role (up to 12 months). Each should be assigned a mentor” (Macmillan Gynaecological Oncology CNS)*
- *“Reintroduction of Clinical Tutors and NVQ facilitators based in the wards/depts.” (Matron)*
- *“Nursing career advisors that have strong leadership, academic, R&D background” (Senior Nurse)*

b. Providing high level and continuous professional development opportunities

This was perceived to be most important in areas like basic nursing care, communication skills, good manners, empowering patients, care planning, clinical leadership and management skills and coping mechanisms.

- *“On-going mandatory education and greater control on PREP assessment. Many nurses become stagnant in their roles and their skills do not meet the needs of the patients or become out of date.” (Community RGN)*
- *“Generally nurses are academically sound but fail when it comes to practical, common sense skills. I believe that these need to play a bigger part in nurse training so that qualified nurses are better prepared.” (Modern Matron)*
- *“Emphasis in nurse training of basic nursing care which seems to have been forgotten but is important to patients on the ward.” (Macmillan Lung Cancer Nurse Specialist)*

c. Protecting nurses' CPD time and bringing the training in-house

Giving nurses the time to undertake training and delivering the training in their workplace were seen as important strategies for encouraging nurses to undertake training and CPD.

- *“I think nursing training should come back in house. As I feel now days they do not get the experiences they need for basic nursing care” (Matron)*
- *“Give nurses protected time for development of services and CPD” (collective response)*
- *“Placing the responsibility for training nurses back within the Hospitals/Trusts and keeping the Universities responsibility firmly with the education. This also puts the onus back onto the training hospital to ensure that the nurses trained are of a suitable calibre as they are employed by them.” (Infection Control And Physical Health Care Nurse)*
- *“Education within my own work place amongst my staff. Leading by example.”*

d. Encouraging evidence based practice

Improving nurses' access to evidence based practice through encouraging the use of research publications.

- *“Providing greater access to evidence-based practice to nurses (encouraging them to utilize research and journals etc)” (Student Nurse)*
- *“Positive feedback and reward for innovative, evidence based practice” (Lead Nurse)*
- *“By following policies and guidelines (essence of care, clinical governance NSF’s, etc), keeping up-to-date with evidence based research.” (Student Nurse)*
- *“Promote evidence based practice, educate and provide appropriate training in clinical practice that will ultimately improve the care that patients receive.” (Community Staff Nurse)*

e. Greater emphasis on competency frameworks in CPD

More focus on achieving competency and raising its profile were also highlighted as important strategies for raising the standards or professional development.

- *“Assessment of competency as an ongoing process & not just when a skill is learnt.” (District nursing team)*

7. Improving nurses’ working conditions

This can be achieved through:

a. Setting realistic targets and capping caseloads

This would help in avoiding overload for nurses on the ground.

- *“They just seem to want to bring in the 18 week wait for new referrals and the 5 week wait etc- I appreciate that patients want to be seen ‘urgently’ but the stress that this is causing is leading to burn out and members of the nursing profession will either retire early or leave altogether.” (Lead Cancer Nurse)*
- *“Managers/policy to cap caseloads – so nurses have the time to deliver high quality care, they are expected to see more and more patients – diluting the input and effect of their work. “ (Nurse Consultant)*

b. Better managerial support

Senior managers need to support and respect staff, listen to their opinions and contributions and be in closer contact with them.

- *“It will take time and resources to increase staff but in the meanwhile support and respect the staff we have got, so they feel valued.” (Macmillan Haematology CNS)*
- *“If staff are treated with respect, care and compassion they are more likely to demonstrate this with clients.” (Clinical Placement Facilitator)*
- *“Listen to us when we say there is a need for family centre or decent housing or counseling not to have to wait till something happens to work proactive as opposed to reactive” (Health Visitor)*
- *“Managers who listen and support their staff, not who act punitively” (Lead Nurse)*
- *“Stronger leadership – senior staff have been forced to spend more time off the ward managing issues such as budgets and should spend more time working amongst staff on the ward maintaining standards and providing education.” (Student Practice Learning Advisor)*

c. Better representation of nurses on trust boards and in managerial positions

This was perceived to be important in order for nurses to have proper input into the decision making process.

- *“Nurse managers who are trained to manage and who change culture positively in the organizations in which they manage.” (Lead Nurse)*
- *“Nurse managers/directors should spend one or two days per month in clinical practice as should nurse educationalists.” (Macmillan Gynaecology CNS)*
- *“Give actual power to modern matrons – let them lead at present dictated to by directorate leads.” (Research Nurse)*

d. Improving career structure for nurses working clinically

This would have the potential to encourage senior nurses to continue working clinically, which would have the potential to raise the standards of nursing care on the wards.

- *“Many colleagues aspire to band 7 or 8 posts but too few of these are based in clinical areas and when they are, much of the clinical role is substituted by managerial tasks. The aspirations of agenda for change, namely to keep senior nurses working clinically, is laudable but I’m not sure it has been entirely successful.” (Epilepsy CNS)*
- *“Career structure for nursing, which properly addresses the need of senior/expert nurses who wish to remain clinical, as well as a pathway for those wishing to do research in the clinical environment.” (Gynaecological Oncology CNS)*
- *“In my opinion, the Ward Managers remit has become so heavily dominated by budgets/ targets/audits etc, that they do not have time to concentrate on clinical work as well, and so their experience is lost. Balancing the 2 roles is very difficult.” (Matron)*
- *“Overtly value and recognise senior nurses at clinical levels (Sister/Matron) as the most important and respected posts in nursing. Demonstrate this value by paying them one of the highest nursing salaries. This might encourage more experienced, quality nurses with leadership skills, expertise and wisdom to remain in clinical posts rather than moving into management/teaching in order to achieve promotion and recognition.” (Consultant Nurse)*

8. Improving performance levels and standards of service delivery

This can be delivered through:

a. Greater emphasis and more clarity regarding the way nursing outcomes are measured.

Introducing metrics and conducting research studies to assess the outcomes of nursing care according to clearly defined standards were supported.

- *“A clear focus from Patients, Nurses, Government & Organisations as to what they require from Nurses and then the freedom, empowerment for nurses to deliver that joint agenda, accepting the responsibility that goes with that freedom” (Consultant Nurse and Health Visitor)*
- *“Introduce a metrics where good work is valued and rewarded, and short falls are allowed to be addressed.” (Head of Nursing)*
- *“Qualitative studies into outcomes and patient satisfaction at all levels of nursing, not just specialist cancer care.” (Lung Cancer CNS)*

b. A need for a dedicated, independent body to inform setting quality standards

There was a call also for an independent body to be responsible for setting the professional standards and supporting career pathways.

- *“There is a need for an independent professional body/organization to inform quality standard setting, support career pathway development, the achievement of higher level practice which is not and can not be fulfilled by a union (e.g. RCN) or regulator” (Senior Lecturer)*

c. Audit, performance appraisal and encouraging reflective practice

This was perceived to be important to encourage continuous improvement and identifying personal development needs. Additionally, there is also a need for encouraging a culture of openness, honesty and accountability if mistakes are made.

- *“Consider allowing discretionary pay awards for nurses excelling in their fields, producing high level/quality of nursing research more like their consultant colleagues.” (Gynaecological Oncology CNS)*
- *“Ensure all staff receive regular appraisal and if necessary performance management to support them to improve.” (Head of Nursing & Therapies and Clinical Standards)*
- *“No blame culture, meaningful supervision, reflective practice” (Community Mental Health Nurse)*
- *“Whilst I believe that the NHS have taken many steps to ensure quality standards are adhered to, I feel this is something that needs to be maintained and ever evolving, I feel that the NHS could do more to retain staff by monitoring and acting on staff morale issues and moving away from blame cultures” (Community Psychiatric Nurse)*
- *“Audit, Feedback, Manage Performance, Celebrating good practice, Correcting poor practice” (Professional Head Of Nursing Workforce Development)*

d. Encouraging Specialisation:

Specialisation was perceived to be a pathway that could raise the standards of practice and equip nurses with the required knowledge to practice at higher clinical levels.

- *“Influencing key stakeholders at all levels to promote the nature of our work, the PANDORA database will certainly assist CNS's in achieving this” (Lead Macmillan CNS, Gynaecological Oncology)*
- *“Recognition by trusts that clinical nurse specialist are vital to the cancer patients both in terms of ensuring tests etc done in a timely fashion but also supporting patients from diagnosis to death” (Macmillan Lung Cancer Nurse Specialist)*

- *“Comply with IOG guidance that recommends more specialist nurses not less.” (CNS)*

9. Focusing on the Patient

Putting patients first and focusing on patients’ needs was overwhelmingly supported as a priority. This can be done through:

- a. Encouraging and valuing hands-on practice and psychological support and providing fundamental and holistic care
- b. Involving patients in the decision making about their care and about service development

- *“Back to basics focus on basic patient needs and generate an understanding of what patient’s want from nurses and the service” (Junior Matron)*
- *“Educate nurses on the wards to think about the patient as a person and to educate patients to manage their health conditions” (Student Nurse)*
- *Organization centered on patient care, a lot of talk is generated about this, yet I look around where I work and see an absolute lack of respect for dignity and the worth of the individual. Targets alone do not make people better; we need to respect the individual all the time not only just when they complain or breach a target.” (Macmillan Palliative Care CNS)*
- *“Relook at patient journey in different settings: what do patients need from nurses at different stages?” (Professor of Community Health Care Nursing)*
- *“Continuing health promotion and patient education, for example aiming particular health promotion materials at certain groups e.g. self-harm/self-poisoning, eating disorders, etc.” (Student Nurse)*
- *“Patients have to come first! However, staffing numbers sometimes compromise this.” (Student Nurse)*
- *“Involve patients more in decision making about service development.” (CNS)*

Conclusion

There was a strong response to our evidence gathering process within a short period of time, with respondents generously contributing their views and aspirations for the profession. The responses demonstrated nurses' and other stakeholders' passion about nursing as a profession and the skill of nurses and their concern regarding the current challenges.

When asked to outline their own ideas of good quality nursing care, professionalism, safety, effectiveness, humanity and compassion came on top of their priorities. This reflected that, for them, nursing was not only a profession but a skill and an attitude. The close relationships with patients and the ability to make a difference in their lives were among the most highly valued aspects of their role. It also took into account that they were potential users of the service and indicated that, as potential patients, they would value being respected, treated with compassion and care and being kept informed about and involved in their treatment.

The responses also reflected the challenges that need to be faced. Key areas highlighted included the poor public perception of nursing assisted by the negative publicity in the media. This was believed to be one of the reasons for the profession's failure to attract high- calibre entrants. The aging population and the high level of acuity coupled with perceived high patient-to-nurse ratios and shortage of staff were among the major challenges highlighted. Low pay and the lack of clear career guidance and pathways also seemed to add to the frustration.

Finally, when asked about the best way to go about facing such challenges, the respondents generously shared possible strategies. Among these strategies, the need for clearly defined nursing outcomes that can be measured and standardized was highlighted. Raising the service standards and improving nurses' working conditions were also highlighted as important steps to be taken. They also focused on reforming the training and professional development of nurses. Also, involving the media in highlighting the positive aspects of the nursing role and rewarding achievements were encouraged. The need to focus on patients and their needs and to provide a patient-centred care was also widely supported.

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Appendix I: The questionnaire used



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2nd May 2008

NHS NEXT STAGE REVIEW– “QUALITY OF CARE, THE NURSING CONTRIBUTION”

As part of Lord Darzi’s Next Stage Review, we are asking you as a key stakeholder to give evidence to the Role of the Nurse task and finish group by completing the questionnaire below. This feedback will be confidential and non-attributable.

What is your profession?	
How long have you been qualified?	
What is your post title?	
What is your grade?	
What is good quality nursing? Which aspects of the nursing role do you (as a fellow professional) value most / care about?	
What aspects of the nursing role do you as a potential patient and member of the public most value / care about?	
What threats and challenges do you think the nursing role faces today?	
What can be done to strengthen those aspects of nursing that you care about? How would you propose going about this?	

Thank you for contributing to this very important work.

Appendix II: Summary of respondents' demographics

Background:

- Student nurse = 18
- Registered nurses = 227
- Nurse Assistant=1
- Healthcare assistant=1
- Health visitor= 5
- Midwife= 3
- Radiographer=1

Years since qualification:

- 0-5 years = 22
- 6-10 years = 20
- 11-20 years =52
- 21-30 years =94
- 31-40 years = 44
- More than 40 years = 3
- N/A (not qualified) = 21

Band/Grade:

- band 3= 1
- band 5= 26
- band 6= 42
- band 7= 72
- band 8=4
- band 8a= 35
- band 8b= 22
- band 8c=6
- band 9=1
- Manager=2
- Executive=1
- Trust grade=1
- Lecturer += 8
- Self employed=2
- Ungraded/unknown=33

Sector:

- Academia=6
- Acute care =93
- Primary care= 63
- Intermediate care =8
- Unknown= 86