

Is this a good time to be a nurse?

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The authors of this Editorial – a newly qualified dual registered (adult and mental health) nurse (CM) and an experienced nurse ethicist and educator (AG) - recently collaborated on a book relating to nursing practice and education. The book was co-produced with 34 other authors, authors who are patients, carers, student nurses and nurse educators. The book opens with this paragraph:

This is an exciting time to be a nurse. A time when nurses have never been needed to respond to local and global health challenges. A time for nurses to assume leadership opportunities to manage increasing care complexity. A time for nurses to promote social justice by enacting advocacy - and allyship – with all those in need of fundamental care.¹

This editorial emerged from our conversation relating to the completion of our book and recent negative media attention which led us to ask: is this a good time to be a nurse? Is it ethical and/or misleading to focus on positive features of nursing when they appear to be outweighed by negative features?

The United Kingdom recently marked the 75th anniversary of the National Health Service (NHS).² Most agree this is worthy of celebration whilst, at the same time, admitting that the NHS is under severe pressure with escalating need and challenges recruiting and retaining staff. The recent launch of NHS England's Long Term Workforce Plan³ appears to provide a solution as it 'sets out the case for taking a more strategic approach to workforce planning', increasing the workforce by 50 to 65% by 2030/31 and reducing the reliance on international recruitment.³

The NHS plan's ambition and aspiration to increase, develop and retain the workforce is welcome. The plan recognises the need for more nurses and for the need to change some aspects of degree programmes. There is a call, for example for the United Kingdom (UK) nurse regulator, the Nursing and Midwifery Council, to reduce placement hours from 2300 to 1800 h. This would be a welcome change given the current strains and time constraints of qualified nurses delivering support to students. It would also bring UK nurses more into alignment with international nurse education programmes, enabling 'quality over quantity' approach to clinical education for student nurses, helping to ensure clinical time is educational and not serving to fill the deficit in the workforce.

The recent strikes by Royal College of Nursing (RCN) members in England resulted in disappointment and demoralisation as, despite the fact that some 100,000 nurses voted in favour, the ballot failed to meet the required legal threshold with less than the 50% of members' votes for future strike action. Nurses were seen to compromise with a marginal 5% increase pay deal for 2023/24,⁴ with no solid pay plan for the future following this. As RCN leader, Pat Cullen said:

You can't recruit your way out of a retention crisis, and we wish to see detailed plans to keep the experienced staff needed to make any proposals work. The plan must

not forget that effective ways to attract people into the profession is to pay staff fairly and demonstrate there are options for career progression.⁵

New registrants will continue to feel much pride in joining the nursing community, however, they may not always experience the welcome or support needed to make a comfortable transition from student to accountable practitioner. It may be understood that the (seeming) lack of ability to be hospitable to new registrants is due to more experienced nurses' compassion fatigue or moral distress. Cultural factors that affect retention of existing staff, burnout and nurse attrition rates must be challenged if we are to see positive change. There needs to be a shift from the resilience 'badge of honour' where nurses believe they must endure poor conditions in order to be a good nurse, to a culture of compassion and kindness for themselves and their colleagues.

As we declared in the introduction to our book,¹ this is an exciting time to be a nurse and it is critical that nurses step up as leaders in what is, an extraordinary, highly-skilled profession, with empathy, courage and compassion at its core. People who choose to pursue a career in nursing often do so because they possess care values inherently, and others develop these skills as they progress through their education programmes. Those who join the profession must be aware of the inevitable tensions that arise between doing what is ethically right for patients, families, students, and the profession versus the political and systemic constraints of working in overstretched health and social care systems. They may, for example, experience a dilemma between loyalty to NHS employers and professional integrity. If nurses continue to experience moral distress – feeling they are unable to deliver the quality of care they know they should, and want to, due to short-staffing and overly stretched services – some may consider moving to the independent sector or moving overseas for greater rewards.

So is this a good time to be a nurse? Are we disingenuous in our upbeat opening to our book? We think not.

Nursing is a profession like no other, one with an incredible sense of passion, pride and community. But, we are undoubtedly experiencing challenging times. The NHS Workforce Plan has some valuable strategies but if we are to make significant positive changes to the challenges we currently face, open and honest communication between the government and the nursing workforce is essential. There needs to be legitimate acknowledgements of the impact of the management of the COVID-19 pandemic on nursing staff and the residual effects on service delivery, current challenges to staffing levels, working conditions, and patient safety and outcomes. We agree that a commitment to ethical practice needs to go hand in hand with engagement with Politics and politics. In 'Who Cares – How to Reshape a Democratic Politics' (5 p.39), Joan Tronto, writes:

We must begin by making care a central value in our political world. We need to recognise the democratic ends of our caring practices. We should think about the diversity of caring needs and practices in our society and try to create social institutions congruent with that diversity.

To enact this, we need to advance our Political (national and international politics) and political (local and organisational politics) leadership knowledge and skills. We need to take care with our voting choices, contributing where we can, and carefully interrogating, political manifestos. We need to continue in roles as patient and community advocates,

allies and activists, lobbying our politicians, policy-makers and organisational leaders for what the profession needs to deliver excellent care to patients, families and communities. And, we need to stop taking 'no' as an answer. Only then can we role model the qualities next generations will be impressed by to join our ranks and appreciate the significant difference nurses need every day everywhere.

References

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3. *NHS Long Term workforce plan*. <https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/>
4. <https://www.rcn.org.uk/news-and-events/news/uk-you-cant-recruit-your-way-out-of-a-retention-crisis-300623>
5. Tronto JC. *Who cares? how to reshape a democratic politics*. Ithaca: Cornell University Press, 2015.