Assessment of the Reasons for Nursing Shortage and Possible Solutions

<Student's Full Name>

<Institute Name>

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Abstract

The following dissertation examines the shortage of nurses in NHS and identifies the various factors that are causing this phenomenon of short supply of nurses. The factors examined include:

1. Poor Planning
2. Lack of Education facilities which are exacerbating the problem of nurse shortage which includes:
    a. Reduction in training places
    b. Attrition from Nursing Programmes
    c. Lack of educators
    d. Failure to attract mature students
3. Ageing Workforce
4. Gender Issues
5. Requirements of the European Work Time Directives
6. Work Climate, which includes:
    a. Dissatisfaction with pay
    b. Increase in workload
    c. Lack of empowerment
    d. EU Legislation
    e. Poor working conditions
7. Poor Perception of Nursing as a profession

The dissertation also discusses solution to this problem like better workforce planning, recruitment effort, focus on international recruitment and improvement of nursing as a profession.

1. Introduction

As pointed by O'Brien-Pallas et al (2001) state that "the cycles of shortages and surpluses, which have been a source of frustration for nurses in practice, planners, researchers, administrators and funders, are intimately linked with the quality of nurses' work life, the health of nurses and the quality of care they are able to provide. The quality of work life can affect not only the system's ability to recruit and retain nurses, but also overall system costs related to the productive use of available nursing resources". And therefore a need to study this phenomenon of shortage of nurses, its causes and possible solutions is important.

It is widely acknowledged that NHS has been facing a growing shortage of nurses. While some parts are experiencing shortage at a higher rate than others (London for example), it has been accepted that there is a national shortage. It is believed that UK may be a on a downhill road on the issue of lack of nursing staff and that it is no more a problem of organizations alone, but that of the leaders and law makers of the country. It is said that NHS is unable to deliver good quality healthcare due to the pressure it faces on account of lack of nursing expertise. Need for nurses is depicted as cyclical in nature. Mullen (2003) points out that that the Department of Health recognizes this problem and NHS has revisited its targets to increase the nursing workforce in all clinical professions in 2000. Mullen (2003) points out that "a report published by the Audit Commission (2002) drew attention to the seriousness of the workforce shortage, stating that '… the biggest constraint the NHS faces today is no longer a shortage of financial resources. It is shortage of human resources" (p.346).

The previous three decades have seen a fluctuation in the nursing workforce strength in UK. There was a dearth of nurses till the 80's and then a sharp rise from 80's through the 90's. By 2002, nursing workforce on the register for England was at its highest since the last 'peak' in

1990s (Buchan 2000). However, today the situation is just the opposite and the number of nurses are less than the count in mid 1990's. The present shortage sets itself apart due to its unique characteristics mainly the problem of ageing Nurse workforce and limited supply to fill the vacancies. The primary reason for the falling numbers today, is attributed to a surplus in demand and deficit in supply. Adding to this is the changing skill mix between registered and unregistered nurses. As per Mullen (2003) "the proportion of unregistered staff in 1998 in England increased by 2%, reducing from 72% to 70% the percentage of registered staff. This is a continuing trend with a current growth rate in numbers of unregistered nurses of 32% per annum and this fits with the wider agenda on modernization of health services, changing roles in nursing, and the widening of access for entry to the nursing profession" (p.346). It is accepted that a lot of countries are now facing the effects of a depleting nursing workforce and that the profession itself is going through a metamorphosis and is under pressure.

This dissertation aims to conduct an indepth review of literature to determine the factors contributing to nursing shortage and to identify possible solution to this mounting problem. The hypothesis assumes that there is a shortage of nurses in NHS and is a result of multiple factors namely:

1. Poor Planning
2. Lack of Education facilities which are exacerbating the problem of nurse shortage
3. Ageing Workforce
4. Gender Issues
5. Requirements of the European Work Time Directives
6. Work Climate
7. Poor Perception of Nursing as a profession

The dissertation begins with the methodology of the study. This is followed by the review of literature on the factors that impact-nursing shortage in NHS. It presents recent statistics on the gravity of the problem. The dissertation concludes with the conclusion and discussion section which discusses possible solutions to the factors contributing shortage. These include:

1. Improving workforce planning
2. Making recruitment efforts to attract more students, focus on return of nurses and international recruitment while also dealing with the age issues
3. Lay special emphasis on managing internationally recruited nurses so that their attrition is low
4. Improve the image of nursing as a profession

The dissertation then reviews how NHS Trusts and individual hospitals are coping with nursing shortage and their strategy to deal with this situation. It includes a brief review of St. George's NHS Trust, Bedford Hospital, Nuffield Hospital Somerset, Manor Hospital, Guildford Nuffield Hospital, Great Ormond Street Hospital for Children, The Luton and Dunstable Hospital, Eastbourne Hospitals, Whipss Cross University Hospital Trust and The South London and Maudsley NHS Trust.

2. Methodology

An indepth review of literature was undertaken to understand the issues that were causing shortage of nurses in NHS and the possible solutions that were being implemented to deal with the same. Only secondary data was considered for this purpose. This is followed by a brief review on the strategies that NHS trusts and hospitals are doing to deal with the nursing shortage. The review of literature involved a study of books, journals and internet sources. The primary search engine that was used was "Google" at http://www.google.com Internet searches generated information from government or nursing professional organizations that offered news releases or publications the situation in NHS. British Medical Journal, Pubmed and Journal of Advanced Nursing were other sources that were searched on the internet for relevant information. Other online journals related to Nursing in UK were also reviewed for useful data. Key words such as "nursing shortage NHS', "ageing workforce", and 'strategy" used for better search results. In addition, the reference sections of the original data retrieved from electronic sources, was also reviewed for related literature that had not already been gleaned. Literature was reviewed until saturation was achieved for all possible factors and/or solutions that could have an effect on nursing shortage.

3. Review of Literature

The growing population post World War II had created a higher need for community hospitals employing licensed nurses. At that time shortage of nurses in 1970's and 1980's was fuelled by Nurses's dissatisfaction with working conditions and lack of autonomy (Alspach 2000). And though the literature reveals that nurses still complain about working conditions and lack of autonomy the problem has added new dimensions to it. As reported by City University London (2005), Dr. Malone argues that, "nursing as a profession has never been stronger – yet faces more challenges than ever. With around 30,000 nurses leaving the profession every year, and an increasingly ageing profile, the future of nursing is at risk"(p. 14).

3.1 Overview of the Extent of the Problem

Over the past decade, NHS has not been able to attract enough healthcare professionals and on the contrary has faced a high attrition rate. This has resulted in a big lacunae in the availability of nursing workforce. Shortage of nurse in NHS has been in limelight and a subject of research.

Firby, 1990; Seccombe and Smith, 1996; Buchan, 1999 concur that there has been a shortage of qualified nursing staff in NHS. At the same time, more and more nurses are choosing to opt out of the NHS for the flexibility of agency work. According to Mulholland (2005a) "more than half of NHS trusts are facing problems in recruiting and retaining nursing staff, according to the latest survey carried out by the nursing pay review body. The survey of 258 NHS trusts in England and Wales, employing 207,000 fulltime nurses, revealed that 54% found it difficult to recruit qualified nurses. The main reasons cited for staff departures were stressful working conditions (28%), heavy or increased workloads (23%), followed by poor career prospects and pay (13%). Fifteen hospital trusts said nurse recruitment was a problem of 'major' proportions - with E grade and the more senior G grade staff the most difficult to

find. This is despite government figures which show an extra 77,500 nurses, midwives and health visitors have been employed since 1997. One third of trusts (31%) also find it hard to keep hold of their nurses once recruited, with the two lowest nursing grades - D and E - the most difficult to retain. Trusts last year had a nursing turnover rate of 12%, unchanged from the year before….The findings, buried on the Office of Manpower Economics website, also showed that 48% had failed to make reductions in their use of agency staff - a costly option which trusts are under pressure to reduce. However, use of in-house (bank) staff to provide vacancy cover had risen overall, while agency cover had fallen. Gerry O'Dwyer, the senior employment relations adviser at the Royal College of Nursing, said the new pay system should help improve recruitment and retention". One of the largest surveys of NHS workers says almost one in five health workers are doing a second job to make ends meet and one in three health work the equivalent in unpaid overtime of two weeks a year without pay. This has led to a stressed workforce that suffers poor morale and appears unattractive to potential new recruits. The Royal College of Nursing (RCN) says there are currently more than 12,000 nursing vacancies in the UK. It said that the NHS is suffering, and has been suffering for some time, "the worst recruitment crisis in 25 years" (BBC News, n.d).

The nursing and midwifery staff in NHS comprises the registered nurses and registered midwives, who have a diploma or degree and who have registered with the Nursing and Midwifery Council (before 1 April 2002, the UK Central Council for Nursing, Midwifery and Health Visiting). The second group comprises nurse auxiliaries, nursing assistants, and healthcare assistants. This category of staff could have received training up to the level of national vocational qualifications however they are not registered with any regulatory body. A study focusing on registered nurses in the acute sector revealed that a total of "634,529 nurses and midwives were registered with the UK Central Council for Nursing, Midwifery and Health Visiting in 1999-2000, of whom 90% were women and about 11% were from

ethnic minorities. The NHS in Great Britain employs 302,400 whole time equivalent registered nurses and midwives. In 2000, 23,140 whole time equivalent healthcare assistants were employed in the NHS in England. Results from the 2000 annual NHS vacancies survey suggest there are about 10,000 vacancies for registered nurses and midwives. But the Royal College of Nursing suggests that the figure is nearer 22,000 (whole time equivalents). The difference between the two figures is explained by the way vacancies are calculated. The NHS vacancies survey counts only posts that have been vacant for three months and that NHS trusts are actively trying to fill. The Royal College of Nursing counts a post as vacant on the day it becomes vacant and includes posts that have been frozen. On an average day, about 20,000 nurses provide vacancy cover for hospitals in England and Wales, costing the NHS almost £810m …a year" (Finlayson et al 2002).

As reported by King's Fund Study (2002) hospitals in central London are facing the biggest problem than anywhere else in UK. Nurse turnover in London stands at 38 per cent each year. The study points out that "out of the total 33 acute NHS trusts in London, 19 had turnover rates of a quarter or more. All seven of the NHS trusts with rates of more than one-third were in inner London. Each of the five trusts with rates of less than one-fifth were in outer London". The study found that turnover rates were also higher in inner areas of Birmingham and Manchester than in outer areas, though neither city had such high rates as those in the capital. In all cases, teaching hospitals had higher than average turnover rates. The study also revealed that, across the country, about one-third of new nursing graduates were not registering to practise. Of those who did register, a further 10 per cent did not work in the NHS in their first year in practice.

3.2 Poor Planning

Brimelow (2006) points out that "a BBC survey suggests the overall health service deficit in England is £700m out of a total budget of £76bn". The nurses working in community based

hospitals are believed to be under threat of losing jobs. Due to deficits, NHS is freezing recruitment. According to Keep Our NHS Public (2006) Avon, Gloucestershire and Wiltshire SHA has confirmed that its trusts have been forced to make "clinical capacity reductions in some areas" and "reductions in the numbers of staff employed" (p.6). The trust has been forced to take drastic measures like shutting the wards and services, stopping all recruitment, reducing the clinical capacity but deficits have still not been filled. In Leeds, the Leeds Teaching Hospitals NHS Trust cut down more than 150 full-time positions. This has caused an additional burden of a a new billing component for temporary agency and bank workers. The bill stands t around £12m a year for the trust which runs Leeds General Infirmary and St James's Hospital (Keep Our NHS Public, 2006).

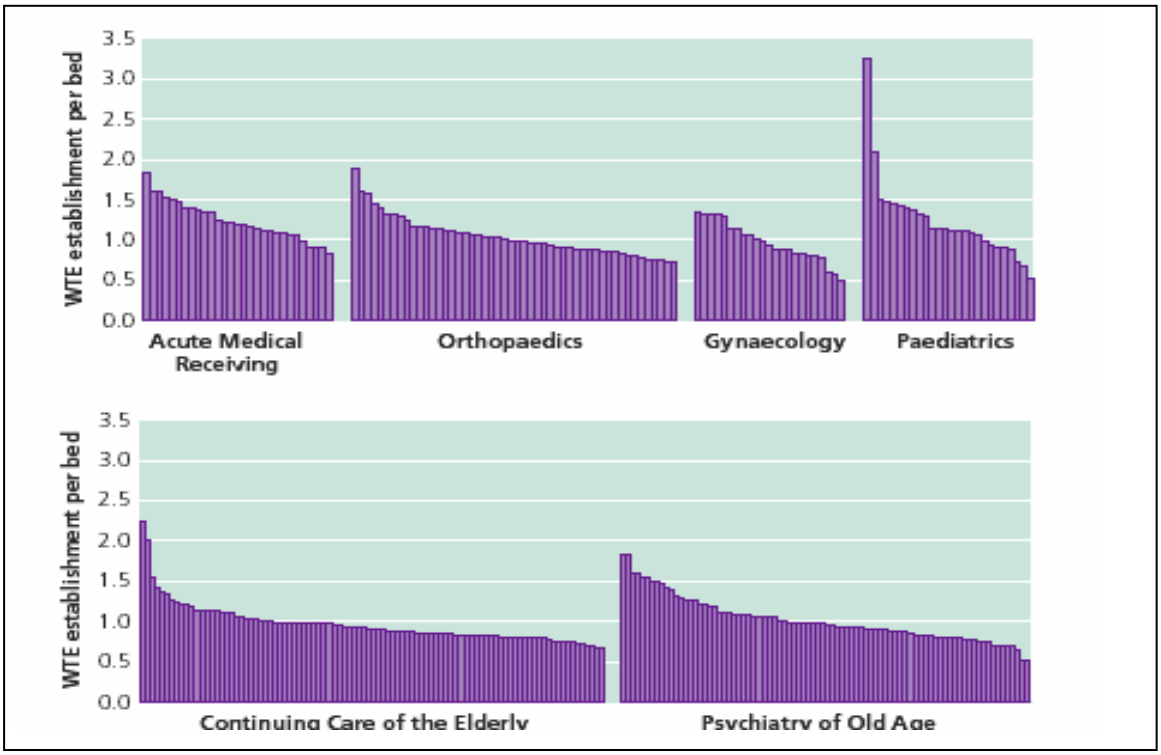
And though one argues that supply is short, there is evidence that newly qualified nurses in several areas across the country are struggling to find jobs as a result of growing NHS debt and poor workforce planning. Saint George's Trust, because of its poor financial management, had made a decision to cut back on expensive agency staff and freeze all but the 'most essential posts' to make savings". Around 70 staff at St George's healthcare NHS trust face redundancy, with the remaining cuts expected to come from a reduction in the use of expensive agency staff" (Mulholland, 2005b).

A case in point that shows the importance of workforce planning is offered through Audit Scotland (2002) which examimnes the workforce planning implemented for NHS Trusts in Scotland. The importance of workforce planning throughout NHS Scotland is brought to light with the publication of *'Planning Together'3* which was followed in August 2002 by *'Working for Health, the WorkforceDevelopment Action Plan for NHSScotland'*. According to the study it appears that there is a dearth of integrated planning, with only three trusts in Scotland attempting to integrate nursing workforce planning with other professional groups. Support from staff is also limited with only 16 whole time equivalent (WTE) staff across

Scottish trusts. A robust workforce planning requires consideration to be given to of all predictable demands on staff time, like annual leave and training in planning staffing requirements in ward.

Across trusts wide variations are observed in the study in nursing establishments among the wards. Due to lack of guidance for staffing on national level, which has been the cause for shortage of nurses or vacancies that cannot be filled, hospitals find themselves cornered. Though some variation in staffing pattern among wards is bound to exist depending on patient requirements, it does not explain the huge differences that exist between wards during the period the study by Audit Scotland. This is shown in figure 1. It appears that only two-fifths of the wards had nurses available in accordance with locally determined nursing establishment. Audit Scotland (2002) points out that the "proportion of wards running below establishment was relatively high for all ward types-around a third of orthopaedic and continuing care of the elderly wards, and just under half of other wards. This puts pressure on staff in post, may compromise the quality of care, and can contribute to higher use of bank and agency staff with their associated costs" (p.7).

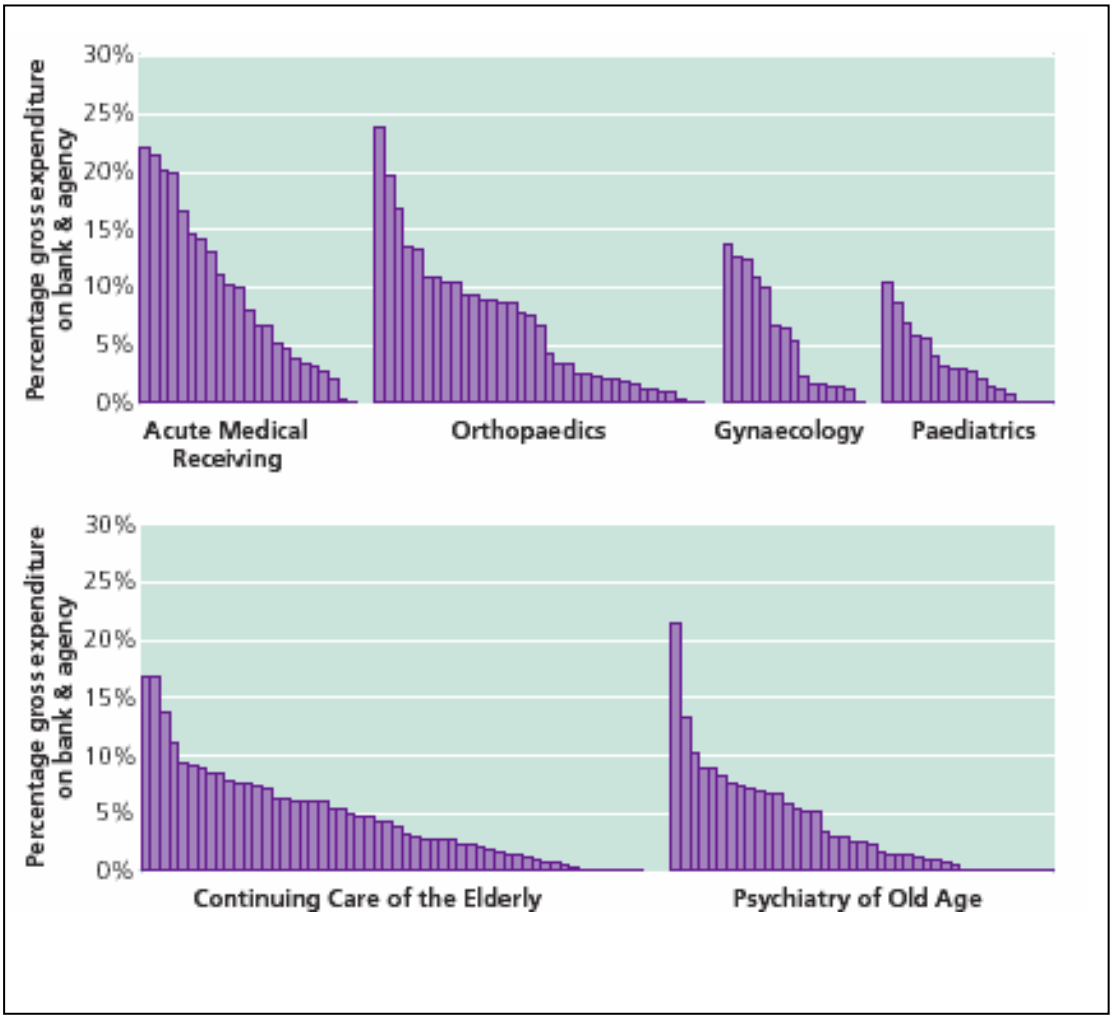
Figure 1: Variation in staffing pattern between wards as on 30 September 2001



(Source: Audit Scotland, 2002)

The use of bank and agency staff was also studied which reveals wide variations at ward level among the trusts in Scotland. Figure 2 reveals the bank and agency costs as a proportion of total nursing costs from April 1 2000- 31 March 2001. There was no expenditure on bank and agency nurses in 1 acute medical receiving ward, 2 orthopaedics wards, one gynaecology ward, 4 pediatrics wards, 4 continuing care of the elderly wards and 9 psychiatry of old age wards (Audit Scotland, 2002).

Figure 2: Proportion of total nursing costs spent on bank and agency nursing staff



(Source: Audit Scotland, 2002)

The reason for these wide variations as pointed by the study is attributable to inadequate workforce planning resulting from:

- Poor support for workforce planning
- Variation existing in ward establishments for 'time out', like sickness absenteeism
- Variation resulting in ward establishments among similar types of ward
- Variation as a result of the difference in proportion of registered nurses among similar types of wards

Though it is also acknowledged that variation can exist due to factors like

- Ward layout
- Availability of ancillary staff

- Extended roles of nursing staff
- Case mix of patient population
- Ward workload

The other aspect that is considered is the focus in nursing workforce planning on establishing the appropriate intake for student nurse places (the SNIP- Student Nurse Intake Planning-process), and this is implemented without any integration from other disciplines. It is recognized that planning nurse staffing at trust and ward level is a difficult task and probably a reason why NHS hospitals have not diligently taken steps to deal with it which is now the cause for a paradoxical situation of nursing shortage on one hand and vacancies that cannot be filled on the other.

Workforce planning requires identification of the staff requirement and skill mix of staff so that staff can be appropriately allocated to wards. There has been little guidance on the appropriate level of nurse staffing, and "levels have historically been determined on the basis of experience and professional judgement" (Audit Scotland, 2002, p.15). It goes without saying that poor workforce planning will not only cause shortage but will have a negative impact on patient care. It can result in inadequate supervision and direction for junior nurses, highly competent and trained nurses discharging duties that can be transferred to less trained nurses and need for larger number of temporary staff which impacts the bottom line of the organization. As pointed Audit Scotland (2002) it also leads to a situation "where the level of nurse staffing is too high then scarce resources, which could be better used in other areas to meet the needs of other patients, are used inefficiently" (p.15).

According to Audit Scotland (2002) "only five acute trusts and five PCTs reported having any dedicated staff, ranging from 0.2 to three WTE staff from a mix of human resources, nursing and administrative backgrounds. Altogether, we found only 16.35 WTE dedicated

staff across Scotland who support workforce planning in trusts. Given the effect of planning on patient care and cost, this level of dedicated staff is low" (p.16)

The study also pointed out that time out factor was not given any consideration in planning workforce. Audit Scotland (2002) explains "'Time out' is the term used for all paid leave within nursing establishments, including annual leave, public holidays, sickness absence, maternity leave and study leave. Most nursing establishments include an allowance to provide cover for annual leave, study leave and sickness. Annual leave entitlement is fixed at 13.5% of registered nurse contracts; while 11.5% is normally used for unqualified nurses. The nursing average for sick leave is 5.5%, and time out for maternity and study leave at ward level was estimated by the Audit Commission to be 3% in England. Altogether, time out is around 21-22% of contract hours"(p.18). The study found variation in the time out allowance made in nursing establishments. If it is very low it leads to higher pressure on ward managers in coping with staff budgets, and can impact the quality of care to patients. The Audit Scotland study indicates in acute trusts, majority permit between 19% and 20%, allowance for leave cover, with two acute trusts reporting that they add nothing to nursing establishments for time out. Six acute trusts and five PCTs also claimed that they had a source of specific funding to support maternity leave.

3.3 Lack of education facilities exacerbating the problem of nursing shortage

3.3.1 Reductions in training places in the 1980s and 1990s

Though there were indications and predictions made on shortage of nursing staff, there was little effort made in increasing training centers for nurses. According to Department of Health (1999) training places for students fell by 28% between 1992 to 1994.A valuable insight into lack of education facilities and its impact is explained by Finalayson et al (2002). They state that "the number of registrants peaked in 1997 and then declined. However, the figure masks three trends. Firstly, although the overall number of registrations increased by about 30,000

between 1990 and 2000, the number of nurses and midwives (on the register) who had trained in the United Kingdom declined by about a third (6000) between 1990-91 and 1998-99. The decline was steepest in the early 1990s, and there has been a modest recovery in the past five years. This trend may be explained partly by a reduction in the overall number of preregistration training places in the early 1990s and then an increase since 1995. The total number of undergraduate nursing and midwifery students has almost doubled between 1995-6 and 1999-2000, from 62,010 to 117,680. But there are several caveats to this. Training places were significantly cut during the late 1980s and early 1990s, so the increase in numbers towards the end of the 1990s may do little more than compensate for the earlier cuts".

3.3.2 Attrition from Nursing Programmes

It has been seen that not everyone who begins training for a nurse actually become a registered nurse or midwife. Statistics in UK show that —on average, a fifth are estimated to leave during a three-year course (Finalayson et al, 2002). As noted by Finalayson et al (2002): "The numbers do not show the proportion of training places filled by overseas students (who may be less likely to work for the NHS), currently estimated at 4%. We estimate that the number of newly qualified nurses and midwives eligible to register with the UK Central Council for Nursing, Midwifery and Health Visiting in, for example, 1997-8, was 24,686. (This calculation is based on the assumption that each course lasts three years, that a third of students are in their last year of education, that a fifth do not complete their course, and that 4% return to their home country). In fact, only 16,392 nurses registered in 1997-8, suggesting that about a third of new graduates do not register to practise. Furthermore, in the first year after qualifying and registering to practise, 10% of nurses do not work for the NHS". Unfortunately there are no nationally available statistics for higher education institutions on attrition rates from NHS funded training places. It has also been found difficult

to correlate data on students enrolled in training courses with those qualifying and those who go on to join the register. Thus whatever figures have been obtained on attrition are only indicative. To tackle the shortage of nurses it is important to get grasp on these figures so that appropriate action.

3.3.3 Lack of Educators

The teaching workforce remained stable for a large part of the of the 20th century (Brendtro & Hegge 2000), but with teachers now hitting the retirement age, many programmes face a shortage of nursing educators (Hinshaw 2001). The ageing educator population has also been increasing and this is largely attributed to the late entry of staff in the academic profession. Mullen (2003) points out that "trend of older nurses pursuing graduate degrees may be indicative of an increasing average age of those who pursue nursing as a non-traditional student or as a second degree"(p.336). One of the challenges facing training places is also the difficulty in attracting qualified nurses to teaching positions in the midst of a nursing shortage. This therefore shows itself as a vicious cycle which continuously aggravates the problem of the shortage of nurses. In this situation, even if there are people willing to take up the nursing profession, lack of educators can work as a hindrance. The non competitive salaries and lack of support also hinder recruitment and retention if academicians in the field of nursing (Brendtro & Hegge 2000).

3.3.4 Failure to attract mature students

Usually higher education institutes are sensitive to the needs of mature students, however this has not helped in attracting mature students to nursing courses. Largely because the academic content required to pass nursing overwhelms mature students who are unable to devote much time. Whitmarsh (1993) states that mature students have to "cope with family crises, juggle the demands of home and assignment deadlines and in some cases choose between a relationship or the course" (p.37).

3.4 Ageing Workforce

The demographic trend of the British population and the ever increasing gap in labour market for women has also been acknowledged as a key factor causing shortage of nurses in NHS. According to Buchan & Seccombe (2000) "the RCN is concerned that 50,000 nurses will hit their retirement age of 55 in the next five years". Price Waterhouse (1998) points out that there was reason to believe that a drop in population entering labour market in the mid 90's could result in shortfall of nurses. Firby (1990) also states that the number of females entering the nursing profession during early nineties needed to increase 50% by 1995 to offset the reduction in intake and maintain staffing levels. Studies indicate that with large number of nurses approaching retirement and with an overall high proportion of ageing population will pressurize the healthcare service with paucity of nurses (Gulland,2001).

Prior to 1998-1999, 26% of the nursing staff was under 30 years of age. Today only 13% of the nurses are under 30 and 58% are over 40 (Couch 2003). According to Mullen (2003) the UK nursing profession may constitute a higher proportion of older nurses than in the USA. "The average age of the nursing and midwifery population (in the NHS and on the register) has been on the rise. Already nearly half of NHS nurses and midwives are aged over 40, and the number of retirements are projected to rise from 5500 in the late 1990s to over 10,000 a year by 2005" (Finlayson et al, 2002).As pointed by BBC News (2002) "an independent study commissioned by the RCN has found that the problem of staff shortages is likely to worsen as the workforce ages. The research found 24% of registered nurses are set to retire in the next five years. Only one in eight nurses is under 30, compared to one in four 10 years ago. The problem is particularly acute in community nursing, where the average age is now 48. Some 12% of district nurses are aged over 55 and eligible to retire at any time…170,000 registered nurses left the register between 1990 and 2000. There were nearly 9,200 whole time equivalent long-term vacancies at 31 March 2001".

The age prejudice makes the existing problem of nursing shortage even more difficult. This can be further compounded by the fact that "while racism, sexism and homophobia are illegal in the UK workplace, there are no such laws to protect the victims of ageism". As noted by Tadman (2005) "according to the charity Age Concern, 1.8 million people between the ages of 55 and 64 have suffered some form of ageism at work". Discrimination can result in the form of denial of training, promotion opportunities or refusal for vacancy.Research by CIPD reveals that one out ten workers in the age group of 45 to 54, believes that they were refused a job on account of old age (Tadman, 2005). Statistics also show that a fifth of all UK workers are discouraged from applying for a job since it bears an age restriction. This has been causing job crisis among the older population. Considering that the UK population is getting older, organizations need to examine the advantage of mixed workforce and how the ageing job seeker population can be capitalized to "bring age diversity one step closer" (Tadman, 2005). As a nation UK is getting older. Fewer children are being born and people are living longer. "Over the past decade the number of people under the age of 20 in the UK has fallen by over one million and by the time the EU legislation on ageism comes into effect next year, 45 to 59-year-olds will form the largest single age group in the workforce. This trend looks set to continue. By 2020 the Office for National Statistics predicts more than one third of the UK population will be aged over 50, leaving businesses with little option but to embrace older workers" (Tadman, 2005).

3.5 Gender Issues

It is a popular belief that nursing is a woman's job. Gender bias strongly pervades the enrollement in this profession. This issue is further compounded by the change in the female labour market. Nursing has been a profession more often chosen by women than men. However, with more career options opening for women. Nursing has seen a dwindling in

enrollment of students. In view of the greater vocational choice careers available for women, Nursing is also considered too competitive by new recruits (Bosanquet, 1985; Pearce, 1988). As noted by Marks (2000) the term nursing itself dervies its role from mothers and nurturers. She states that “since the days of Florence Nightingale, the icon of modern professional nursing, nursing leaders have insisted on the intrinsic link between nursing and femininity. Not only has nursing been regarded as quintessentially ‘women's work’; in contemporary …Britain…, the public image of the nurse focuses on ‘those characteristics consensually endorsed as being feminine’: This stereotype assumes the existence of "essential" psychological differences between men and women, and assert the peculiar fitness of women for nurturing and nursing, compassion and caring, self-sacrifice and subordination. Yet there have been men in the profession”. But the number of men joining is nursing is far lower than women regardless of their race or ethnicity. In addition to the gender bias that pervades the nursing profession.

3.6 Requirements of the European Working Time Directives (EWTD)

According to Department of Health (2006) the directive from the Council of the European Union is implemented “to protect the health and safety of workers in the European Union. It lays down minimum requirements in relation to working hours, rest periods, annual leave and working arrangements for night workers. The Directive was enacted in UK law as the Working Time Regulations, which took effect from 1 October 1998”. From August 2004, the provisions of the working time directive apply to junior doctors which reduces their maximum working weeks to 58-hours and the rest and break regulations apply. By August 2009, the maximum working week will be 48-hours. The term junior doctor describes a doctor undergoing a prescribed course of training in the grades of pre-registration house officer, house officer, senior house officer or specialist registrar.

Since there is now a cap on the number of hours that junior doctors can work, it has put pressure on the already stretched nursing workforce. As noted by RCN (2004) to manage this situation "nurses replace junior doctors at night or weekends, others are heading up medical assessment units while others are piloting new roles". The RCN is currently working on its vision of the future nurse and pulling together its response to this consultation on the working time directive. As health care is a 24 hour service, nurses end up working day and night and are serving overtime. RCN (2004) points out that "financial reasons are the main motive for working longer hours, as over 60% of the nursing workforce are breadwinners. The UK is suffering a shortage of nursing staff, but the solution is not to work more overtime as this can be counter-productive. However, current staffing arrangements are not enough to meet the demands". The European Working Time Directive has been recognized as the reason for discussions around the implications on nursing staff, capacity, and education and resource requirements. This initiative has ended up transferring the onus on an already overstretched profession and increasing nursing staff numbers remains the only solution to dealing with this situation.

3.7 Work Climate

Research indicates that Problem of low morale, job dissatisfaction, burnout and intent to leave present employers are common concerns of the nursing workforce in NHS. It is also said that if the problem of inadequate staffing aggravates, quality of work will get compromised and may lead to adverse patient outcomes.One of the reason for high attrition among nurses in NHS is related to pay. A study undertaken by the Royal College of Nursing (RCN) in 1998 across 55 medical wards revealed that that the reason why nurses were quitting this profession was primarily due to high workload, lack of empowerment, and dissatisfaction with pay.

Another study by Royal College of Nursing taken up in 2000 confirmed these findings. And brought some other issues to light, which included lack of support for caring responsibilities and bullying, and violence at work (RCN 2000).Some of the issues pervading the work climate for nurses and their relation with nursing shortage are discussed below.

3.7.1 Dissatisfaction with pay

According to Marsh (2006) NHS is facing its largest deficit "an estimated £750 million, despite record levels of funding". Brimelow (2006) points out that nurses pay is between £20,000 and £26,000 on average and their 2004-05 pay awards were around three per cent. And with NHS deficit and its need to save, pay cuts have been common in NHS. It is also seen that many experienced nurses have hit the maximum salary they can earn and since salaries do not rise commensurate to years of experience organizations do face some problem in managing compensation plans (Mee & Carey 2001) and such a situation can cause higher attrition in organization. Dissatisfaction with remuneration is a common reason for nurses wanting to leave, besides the high cost of living in major cities, and London in particular, have also been recognized as reasons for nurses wanting to quit (Finlayson et al. 2002). Housing costs it is accepted, pose a lot of pressure, especially in a city like London where a nurse may need to earn £60, 000 a year (more than three times a starting salary) to be able to find accommodation that is at par with a nurse who works in Greater Manchester. Despite increase in salaries, the starting salary remains at £1000-and £2000 per year which is way below what other employees in the public sector (like the police and teaching profession) get paid. A study conducted on nurses' reports on hospital care in five countries: USA, Canada, England, Scotland, and Germany (Aiken et al. 2001) based on inputs from 43,000 nurses in more than 700 hospitals, confirmed the findings that study on NHS revealed.

According to Berry (2004) "A strapline read: 'Hospital staff on the breadline' and one nurse described how, after 23 years' nursing, she and her family still relied on state benefits to

supplement her pay. Another article in the *Daily Express* revealed how a 'dedicated' nurse committed suicide because of debt. Dr Malone's speech set the stage for a showdown at congress with Alan Milburn, then health secretary. ….5,000 nurses that found one in three nurses had taken an extra job to make ends meet"(p.14). The focus on pay in April 2004 had many reports describing high housing costs, low morale, nurses retiring, leaving the profession or Britain to work abroad, resulting in severe staff shortages, poor patient care, and an increase in the use of expensive agency staff and foreign nurses – who were themselves subject to discrimination and exploitation.

3.7.2 Increase in workload

The higher life expectancy of patients with acute and chronic conditions requires more complex nursing care (Heller & Nichols 2001). This fact as Williams (2001) points out is one of the reasons for increase in workloads. Though McNeese-Smith (1999 points out that there are nurses who are satisfied by the patient care they provide overall nursing roles are becoming high pressure jobs.

3.7.3 Lack of empowerment and a sense of being devalued

Finlayson et al (2002) state that nearly 30% of the newly qualified nurses do not find the "modernised" health service at NHS attractive. They point out that "most feel undervalued, overworked, and abused by a government whose main message seems to be that these workers, who for years have devoted themselves to an under-resourced and badly run NHS, know less well than newly elected politicians how they should perform their duties. Worse, when things go wrong, a whole industry emerges dedicated to finding, humiliating, and destroying a scapegoat. Most workers in the NHS have already shown their intelligence, application, and dedication to sick people by undergoing arduous professional training. They are then quizzed about their HIV status and possible criminal record before they work in the

crumbling edifices that are typical of most NHS hospitals. Here they are pressured to do their job and cover for the unreasonable expectations encouraged by government dogma".

Nurses have also expressed disapproval of the emphasis being laid on academic qualification rather than practical skills and experience. This also dissuades people who may wish to join nursing but have low interest in academics. A study from the Social Affairs Unit, a British think tank, said that bedside training had been replaced by university lessons. This puts too much emphasis on status, managerial skills and technical competence with hospital machinery and ignores the basic skills of caring for patients, it said. The report also said that nurses' traditional role of comforting, feeding and bathing the sick had been replaced by the hospital manager focusing on "cost centres" rather than patient care. This makes nursing a less attractive profession to new recruits, it said"(BBC News, n.d.)

3.7.4 EU Legislation

According to Paramedic UK (2004) the Nursing and Midwifery Council (NMC), which enforces professional standards in nursing, claims that at present it rejects 90 per cent of applications from Eastern Europeans to work in UK because they do not meet UK standards. However "under EU law the Council will be expected to approve nurses from 10 countries including Poland and the Czech Republic who are qualified according to the lower European standard. The NMC has called on the Government to introduce a probationary period.

An NMC spokeswoman said: Because European legislation takes precedence over national law, we are unable to fulfil our legal responsibilities".

3.7.5 Poor Working Conditions

As reported by BBC News (n.d) another reason for shortage of nurses is associated with poor working conditions. The nursing workforce feels the need for more family friendly policies and more flexibility. There are nurses who choose to work with agencies because of the

flexibility offered compared to NHS. It has been observed that recruitment is less difficult than retention in NHS. The reasons for inability to retain are usually attributed to:

- pay and the cost of living
- the changing nature of the job
- perceptions of being "valued"
- other employment opportunities

Almost half of all nurses who leave the NHS continue to remain in nursing, but in non-NHS nursing posts or general practice nursing. Other reasons for leaving the NHS include career breaks, retirement, maternity leave, nurse education, non-nursing work, and travel (Finlayson et all, 2002).

3.8 Poor perception of nursing as a profession

As pointed by Hemsley-Brown and Foskett (1999) "the findings indicate that although young people expressed admiration for the work of nurses, this was rarely matched by an envy of nurses, or a desire to become a nurse themselves". Several studies have been conducted to examine young people's choice of career (Hemsley- Brown and Foskett, 1997; Herr, 1997) However there has been little research on how the young generation perceives the nursing profession or their keenness to join the nursing profession. The only study in this regard is the one conducted by Southampton University (Foskett and Hemsley-Brown, 1998) on behalf of the Department of Health throws light on this issue. The study indicates that nursing in the minds of the young generation was associated with the concepts of 'helping people', 'job satisfaction', 'responsibility' and 'saving lives'. Firby's study (1990) also revealed that nursing was considered as a good job which is interesting and useful to society. Firby's (1990) study also revealed that girls were prone to associating nursing with unpleasant and dirty work.

Such negative perceptions about the nursing profession are further aggravated by the belief that younger people view nursing as a supportive rather than a proactive role. They are of the opinion that the nurse only helps the doctor rather than actually cares or treats the patient. Besides, the career path in nursing to reach top positions is hardly understood by young people.

Salary issues and a lack of support for family commitments and in particular, childcare arrangements have also been identified as dissuading young people from a nursing career (Davies, 2001; Moore, 2001). Foskett and Hemsley-Brown (1998) conclude that although young people admire nurses, they do not envy them, and that it is a combination of admiration and envy that encourages a young person to consider a career desirable.

Goodin (2003) points out that "throughout history, stereotypical and negative portrayals of nurses such as the physician's handmaiden have continued to dominate society's perceptions of the nursing profession" (p. 335). Based on nursing shortage statistics, there is an urgent need to protect and support this profession.

According to Malone (2005) one of the biggest challenges facing Nursing schools in recruitment of members of ethnic minorities is that perceptions of nursing differ amongst ethnic communities. According to Malone (2005) "the role of the nurse in a family's country of origin, ie Bangladesh is and unskilled" (p.35). Research in the field of perceptions held on nursing indicates that nursing is generally ridden with negative connotations in society. These could be related to gender or the opinion that nurse is only subordinating the doctor that if nurses were smart they would have been doctors, and probably lacked academic calibre hence ended up as nurses. Besides, it is also thought that nursing provides limited career opportunities and poor pay and working conditions. Such opinions naturally impact the number of students who enrol for nursing.

There has also been research to find out if these perceptions are grounded in reality in workplace and the experiences which have contributed to nurses quitting their jobs. Brodie et al (2004) findings reveal that high academic standards required in studying for nursing was a revelation to most students who had started studying nursing.It made them respect nursing more than ever as they learnt the amount of knowledge and skills that such professionals require. But, their real life experiences seems to confirm the perception that it is a job where one is overworked and underpaid. It confirmed their and society's perception that nurses show low morale and the profession lacks respect in society.

In an artcle related to perception son nursing Berry (2004) makes interesting comments and notes there has been a change in how nursing is perceived since the 1940's. At that time it was regarded as "low paid – and nurses were portrayed as professionals, selflessly committed to their vocation. By the early 1950s the emerging NHS had shifted the focus from commitment to the profession towards commitment to the nation. Nursing was increasingly placed in the service of medicine. Then in the 1960s, coupled with the development of medical television dramas, *Carry on* films and the growth in doctor/nurse romantic fiction, 'doctor's handmaiden', 'battleaxe', and 'sex kitten' were added to the stereotypes. By the end of the decade these popular images were being contradicted in newspapers and news bulletins by images of nurses' anger, frustration and dissent, resulting in the strikes of the late 1970s and early 1980s. Since the 1990s nursing's image has been seen in the context of the NHS in crisis, centred on funding, waiting lists, hospital closures, staff and bed shortages" (p.1).She questions if these images really matter and that since these stereotypes are fictional they have no bearing on reality. But whether portrayal of nurses is fictional or not – what remains undebatable is that media exercises power on public opinions. And if such portrayal continues then it will impact the number of students who enroll for nursing. It is said that a "profession's media image can be a measure of its political, social and economic value.

Negative press coverage can undermine nurses' morale. Media images of nursing may also influence government and policy makers in allocating resources. As the users of health care provided by nurses, patients' opinions are open to influence. Given that more than 13 million national newspapers are sold daily and that a MORI poll conducted for *The Times* in January 2002 found that 66 per cent of 1,955 people interviewed felt the condition of the NHS was one of the most important issues facing Britain, *Nursing Standard* analysed that year's British press reports on nursing and nurses to see how they were portrayed" (Berry, 2004, p.14) Media coverage showed how nurses' responsibilities and authority was increasing in the medical profession, that they were allowed to perform minor surgical procedures, that nurses could prescribe medicine without having to consult a doctor first and that nurses and GPs were now working in partnership with formation of PCT. However the coverage as pointed by Berry (2004) was "couched in language that devalued nurses' clinical skills: 'Trivial complaints could be dealt with by the nurse, leaving the more serious cases for the GP' " (p.15).

It is also worth pointing out that all stereotypes surrounding nursing are all female in nature. "Although 10 percent of nurses are male, they are rarely portrayed in the media. Just two reports portrayed male nurses – and one of them was leaving nursing because of staff shortages. Although …*Daily Express* did not pander to the stereotype that male nurses are effeminate or gay because they have adopted the 'female' characteristics of care, the angel stereotype was used instead: 'He derives enormous satisfaction from his work and the people he works with are appreciative. He doesn't even consider himself to be badly paid… He offers information, counseling and comfort.' The stress of juggling family commitments with shiftwork was highlighted in the second article about a male nurse, also in the *Daily Express*" (p.16).

Press coverage does play a role in establishing the image of nursing and molding public perceptions. And the press coverage for 2002 portrayed nursing with respect to NHS which was facing a disaster. Coverage concentrated on low pay, staff shortages and poor working conditions which positioned nursing as a job not a career. This results in low political, social and economic value being attached to the nursing profession. The coverage continued to portray nurses as as "dedicated, underpaid and overworked individuals who 'by their nature' value caring for others more than they do complaining about their lot. Therefore, it falls to the press to campaign on their behalf using the angel stereotype. While this may seem to be a 'positive' image of nurses, a way of showing gratitude for their work, it can also be viewed as paternalistic. It values nurses as individuals, but devalues nursing and lowers its status" (Berry, 2004, p.16).

4. Conclusion and Discussion

This section discusses the possible solution to dealing with the shortage of nurses. There has been a sincere endeavour to combat the problem of nursing shortage. Efforts have been made by individual nursing programmes and hospitals, NHS and support from the government to deal with the crisis facing the healthcare situation in UK. In order to manage workforce issues, nurses need to take the lead and become proactive in securing their future. Through partnerships within the profession and with influential stakeholders, nurses can play a crucial role in resolving the issue of shortage pervading in NHS. There has been effort by the government too and according to BBC News (n.d) "as part of the comprehensive spending review last summer the government announced that it would recruit another 15,000 nurses to the profession. Health minister Alan Milburn announced a £50m package to tackle the crisis" This included:

- Additional training places for nurses, with extra funding to facilitate easy entry into nursing by way of an increase in the number of part-time courses in nursing and midwifery;
- Additional funding to retrain nurses who left the NHS and enable them to return;
- Financial aid for assistants so that they can progress to becoming fully-qualified nurses;
- An increase in the amount paid to student nurses.

The various steps taken to provide solution to nursing shortage are described below.

4.1 Improving Workforce Planning

Workforce planning is crucial in managing nurse shortage and arriving at optimum staffing levels. Audit Scotland (2002) based on its study on the NHS Trust in Scotland suggests a few points to be remembered while planning for nursing workforce:

- development of a strategic plan, which integrates nursing workforce planning with that of other healthcare professionals
- a nominated director with responsibility for workforce planning, supported by staff with dedicated responsibility
- an objective basis for determining the number and skill mix of nurses
- review, justification and agreement on percentage allowance for time out and its incorporated in trust workforce planning policy
- if no provision is budgeted for maternity leave it should be reviewed for its impact on ward staffing
- regular review of the number of nursing staff and the proportion of registered staff across wards to ensure that these proportions reflect patient needs

In order to ensure that a strategic plan is in place for nursing workforce, continuing professional development is crucial. NHS Dumfries and Galloway have established a Nursing Strategy Development Board covering both trusts which address issues for workforce and career planning, and highlight areas for recruitment and retention of staff. Usually the role of planning workforce is dependant on Director of Human Resources and Director of Nursing (Audit Scotland, 2002).

To plan workforce, assessment of service needs is essential. While planning nursing workforce it is also important to take into account the needs of individual wards (refer Table 2) though trust wide workforce planning (refer Table 1) can serve as a guideline. Whatever plan is implemented, it must be reviewed and altered if required. Controlling any plan is the key to its success. Ongoing monitoring of management information such as the use of temporary staffing, levels of absence and a comparison of nursing establishments with staff in post can serve as useful

indicators for workforce planning. There are decision support systems available for setting nursing levels and skill mix requirements. For example, computer models that can forecast staffing requirements using variables such as numbers of beds, bed occupancy, costs, patient needs and skill mix. The following table shows the method used by trusts to plan their nursing workforce according to Audit Scotland (2002).

Table 1: Method of Workforce planning at trust level

	Acute Trusts															Primary Care Trusts												
Assessment of service needs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
National Guidelines	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓
Training and Development Plans	✓	✓	✓	✓		✓	✓		✓		✓		✓				✓	✓		✓	✓	✓			✓	✓		✓	✓
Scenario/ computer modelling				✓		✓	✓		✓		✓								✓		✓	✓			✓		✓	
Risk assessment/ other audit work		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓			✓	✓	✓			✓		✓	✓	✓	✓	✓	✓
Other	✓	✓	✓	✓	✓		✓	✓			✓	✓							✓	✓				✓				

Source :Audit Scotland (2002)

The study also suggests that in addition to these methods workforce planning can also be based on benchmarking, professional judgement, nursing skill mix review, student nurse intake planning, use of workload tools adjustment for time out

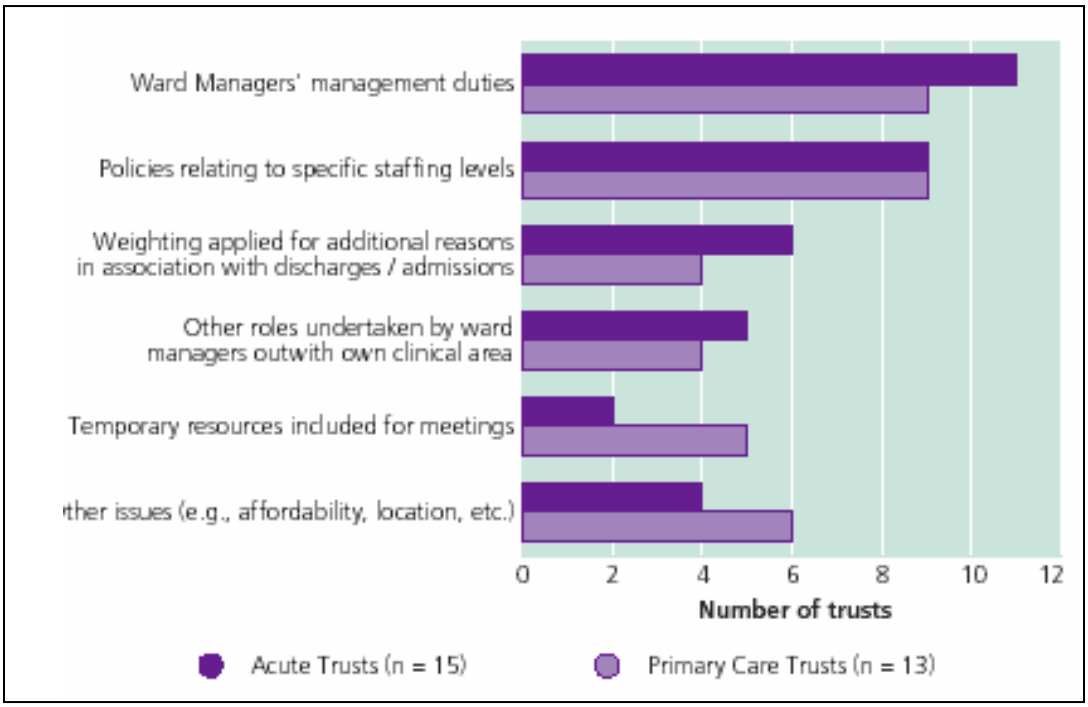
Table 2 : Method of workforce planning at Ward Level

	Acute Trusts													Primary Care Trusts														
National Guidelines					✔				✔		✔	✔			✔	✔	✔	✔	✔	✔	✔	✔	✔	✔		✔	✔	✔
Professional Judgement	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔		✔	✔	✔	✔	✔	✔	✔	✔	✔
Measurement Tools	✔		✔	✔		✔		✔	✔		✔	✔	✔	✔		✔	✔	✔	✔	✔	✔	✔		✔	✔	✔		
Quality Tools	✔			✔															✔		✔	✔			✔		✔	
IT Systems	✔			✔			✔	✔							✔			✔	✔	✔	✔	✔		✔	✔		✔	✔
Benchmarking as standard	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔		✔		✔	✔	✔		✔	✔	✔	✔	✔		✔		✔

Source :Audit Scotland (2002)

The following figure indicates some other parameters that can be considered in workforce planning.

Figure 3: Other issues take into account in calculating nurse establishment



Source:Audit Scotland (2002)

Audit Scotland (2002) also suggests some measures that NHS can take to ensure better workforce planning. These are:

- NHS boards to ensure that trusts review nurse staffing levels and use bank and agency staff
- Trusts must investigate reasons for increase in the use of bank and agency nursing staff
- Make an effort to review the grade mix of staff in post to ensure that it reflects patient needs
- Establish guidelines for the use of bank and agency staff at ward level, and monitor compliance with these guidelines
- Review the role of CNSs in ward based care to identify the appropriate level of involvement
- As part of the review of grade mix, trusts should make use of cost information

- Trusts should review reasons for differences between establishments and staff in post and take action as appropriate (p.41)

Staffing information that can assist in planning nursing staff requirements can include:

- Staff in post by grade
- Staff in post split by full and part time staff
- Three month vacancy rates by type of nurse
- Turnover rates by type of nurse
- Sickness absence by type of nurse
- Maternity leave by type of nurse
- Study leave by type of nurse

Improving availability of information can serve as a useful resource in assisting mangers to use nursing resources effectively. NHS boards can work with trusts to improve the quality of information available. This should include:

– numbers of staff in post

– staff establishment

– full time and part time staff

– vacancy rates

– turnover rates

– time out for sickness, maternity and study leave

– gross costs

– bank and agency costs

– agreed measures for the quality of care being provided by nursing staff.

This information should be available by type of registered nurse, and grade of staff.

4.2 Recruitment Efforts

There has been effort made by the government to increase the number of nurses by stepping up recruitment initiatives. The Department of Health is also focusing on modernizing human resources which aims at increasing recruitment. Its plan encompasses (Department of Health, 2002):

• Making NHS a model '3' star employer

• Ensuring that the NHS provides a model career – skills escalator

• Improving staff morale

• Building people management skills

As part of the HR plan emphasis, is also being given to improving the remuneration structure (Department of Health, 1999), and identifying support strategies to help with child care commitment and implement measures to improve the work life of nurses.

The 'Skills escalator' concept refers to the provision of a broader access to health care professions which provides better opportunities for employment and training for the local people. The plan also emphasizes that opportunities be made available to staff who wish to rise in their career. As a result of these initiatives new roles and broadening of roles has also received attention. There is recognition of the need to diversify roles and delegate skills and competencies to support workers to save nurses' time for more complex tasks. To manage the shortage, there is also an effort to develop competencies among registered staff.

4.2.1 Attracting more students

It is felt that there is a great need for the younger generation to be exposed to nursing so they can opt for it as a career. The Workforce Confederation which manages commissioning for nurse training in England has taken on the responsibility of increasing the numbers in 2002-2003 by

1540 students per year as part of the NHS Plan. The efforts have been successful so far with all available places being filled. However attracting students to nursing programmes is an uphill task. As pointed by Goodin (2003) "the recruitment of students, often referred to as the need for 'priming the pipeline', has been identified as a possible long term solution to the nursing shortage" (p.338). Nevidjon and Erickson (2001) also confirm this viewpoint and point out that if children are not tragetted before they reach high school, it may be too late since their mind I made up by 5th grade about desirable and undesirable careers' (para 17). As pointed by Goodin (2003) "students can be exposed to discussions of nursing in contemporary society, investigating community problems ,the science of nursing, and hands-on experience such as experience in simulation laboratories and internships. It is hoped that early exposure to the challenges and realities of nursing will recruit more young people into the profession" (p.338).

Other recruitment strategies that can be adopted by teaching institutes may help in attracting more people to join the nursing workforce include as pointed by Heller & Nichols (2001):

- Option of adaptable schedules which can include evening or weekend classes
- Accelerated programmes
- Expanding educational access underserved geographical regions via distance learning or web enhanced learning
- 'user-friendly' education to today's adult learners

According to Beck (2000), for recruitment to be successful, the strategies should be based on reasons that prompt students to choose nursing in the first place. In a study conducted by Hemsley-Brown and Foskett (1999) found that the young generation decided on nursing as a career depending on whether they enjoyed the area or were interested in it or just had a desire to help people. Salary was rarely a consideration in choosing or rejecting nursing as a career.

However in another study by Boughn (2001), the male respondents did concur that they joined nursing because of the good wages it offered. It is thus crucial that realistic picture is given to students so that they can make informed decision and the profession not only sees high recruitment but less attrition. There has also been effort made by education institutes to attract more students to nursing and secure a balanced ethnic mix, which is representative.

Health care facilities, nursing associations and government agencies need to develop aggressive recruiting strategies to close gender gap in nursing and persuade more males to consider nursing as a viable-and masculine-career. It is important for nursing schools to encourage gender diversity. Positioning recruitment brochures in a way such that they hold appeal for men and not just women. Nursing schools may also need to make changes to their curriculum and teaching style to create a positive learning environment to for men enrolling in these programmes. The facts that most textbooks seme to be written by women for women in nursing needs to change.It is of course difficult for nursing schools as well, who find it a tough task to find male faculty who can serve as role models or mentors. As pointed Williams (2005) points out that "UK currently has two full-time male professors and hopes to persuade a third part-time professor to accept a full-time position"

St Bartholomew School of Nursing and Midwifery one of the largest Schools of Nursing and Midwifery in the UK therefore attempted to build "solid and lasting networks with organizations in the local community" (p.35). The school has been awarded funding of £150,000 by the Mercers Company to support their work in targeting underrepresented groups in the nursing and midwifery professions. The school holds open days, which are attended by a large number of people. The school also conducts workshops and school visits that help promote recruitment into nursing and midwifery careers – "for example by studying access to nursing courses and GNVQs

or beginning as a healthcare support worker" (p. 35). Johnson and Johnson have also provided funding which will provide some relief to the problem of nursing shortage. As noted by Johnson & Johnson (2005) "Johnson & Johnson announced The Johnson & Johnson Campaign for Nursing [that] has raised an additional $2.5 million this year, raising the total to more than $7 million for nursing fellowships, scholarships and grants. This year's efforts are part of an overall campaign aimed at the nation's critical shortage of nurses. The Johnson & Johnson Campaign for Nursing's Future is a $30 million awareness campaign launched in 2002 that has hosted 14 regional Promise of Nursing galas to raise the much needed funding. The $2.5 million raised this year came in just 4 months".

Nurse training centers have also increased from 12,000 in 1995 to around 20,000 in 2001, and the number of applications for nursing programmes has also seen an increase.

4.2.2 Focus on return of nurses

There is a higher number of nurses who are returning to work for the NHS and the vacancy levels for nursing are starting to fall (Department of Health, 2001e; Gulland,2001). To attract a higher number of nurses to NHS some of the efforts made include:

- media campaigns
- the establishment of NHS careers
- the provision of bursaries for Diploma Nursing Students, more flexible pathways to entering nursing and
- the provision of financial incentives to support the process of retraining

And though presently the number of people returning or joining nursing is improving as shown by the NHS data (Department of Health, 2001a) it has also been accepted by NHS and experts in the field that recruitment of nurses is going to require incessant effort (Gulland 2001). Targetting

nurses who are working in non nursing fields or are presently unemployed is the other way to deal with the shortage. As pointed by Domrose (2001) 're-entry' nurses can bring with them experience and maturity and all they may need is an upgrade on nursing knowledge and skills. Hospitals can thus capitalize on this resource by offering refresher programmes or training programmes to tap into this pool of nurses. According to (Mullen 2003), in the return-to practice campaign between February 1999 and March 2002, a total of 11,276 nurses returned to work in the UK. The majority of such nurses work part time which is still better than having no nurse at all though comes with it sown set of problems.

A case in point that supports the education endeavours is reported by City University London. Malone (2005) points out that in order to provide effective healthcare in the north east London it was considered crucial for local nurses and midwives to be representative of the ethnic mix of their local community.

4.2.3 International Recruitment

According to The British Council (2001) The government recognises that nurses are central to its drive to improve the NHS but, despite providing a better career structure, expanding the role and responsibilities of nurses and midwives and increasing pay, there remains a serious shortage of UK trained nurses and midwives. The UK is increasingly turning to other countries to meet this workforce shortfall" (p.7). According to United Kingdom Parliament (2001) "as the NHS has expanded the number of nursing posts in line with developing services for patients, the opportunities for international recruitment have increased. That development formed the basis for the publication of the guidance on international nursing recruitment in the NHS in 1999". In order to meet the growing shortage of nurses services of commercial agencies are also being used and a code of practice developed by NHS and Department of Health to ensure that such

agencies do not recruit from developing countries.However the Royal College of Nursing's recommendation that governemnt should not stop individual nurses from coming to work in the UK should they wish to do so of their own accord and this has been accepted by the policy makers.According to The British Council (2001): "The United Kingdom Central Council (UKCC) for Nurses Midwives and Health Visitors latest 2000–2001 statistics show that a total of 8403 nurses and midwives who have trained in non EU countries were admitted to the Professional Nurses and Midwives Register. This is a 41% increase compared with the previous Nursing schools" (p.7).

4.2.4 Dealing with the age factor

As pointed by (Tadman, 2005)"In October 2006, a new European Union law will secure basic

working rights for older workers. Until then, however, employers will remain legally entitled to make people redundant for being too old, or to otherwise discriminate purely on the grounds of age. Critics argue that any legislation is long overdue and that employers need to ditch any prejudice over age sooner rather than later". Age discrimination can turn out to be an expensive option for businesses considering that older people can achieve the same levels of performance as younger workers. Proposal for anti-ageism legislation can also help in tackling the shortage of nurses. Some policy changes that will help ageing population to get back to work include:

- EU governments signed the Employment Directive on Equal Treatment in 2000 designed to outlaw discrimination in employment and training on the grounds of age, sexual orientation, disability and religion or belief. Governments were given up to six years to implement the provisions on age in recognition of the complexity of the issues involved. UK legislation will come into force in October 2006.

- As soon as this policy is enforced, age discrimination, such as telling employees they are too old to go on a training course or only accepting applications from those over a certain age will be illegal
- The default retirement age will be set at 65 to be reviewed after five years

4.3. Continuing Education

Mullen (2003) points out that the demographic data on unemployment across the country, and especially in inner cities, shows that there are local people in the communities who would be able, appropriate, and available to enter into work and learn in the NHS. Market research in Manchester typified this, and the majority of people available were mature individuals who did not have the conventional educational requirements for the traditional professional courses. As a result of this the Confederation has launched the project called 'Delivering the Workforce' which employs a work-based foundation degree as a basis for learning. The position for an Assistant Practitioner is being developed which will encompass skills that are patient focused. The skills are aimed to be devolved from various professions, including nursing, so that time for registered professionals can be saved. This in an example of the 'skills escalator', which has been implemented by the Department of Health.

Another effort made by NHS is to aggressively promote 'common learning' programmes during pre and post registration training. According to Mullen (2003) there are four national pilot projects in England that are working towards the development of shared learning opportunities for all healthcare professionals. The main idea propelling these initiatives is the concept of building clinical teams that can deliver patient/client-focused services.

And while shortage of nurses remains a huge problem for NHS, the way it aims to tackle it is "not merely by stepping up recruitment and retention, and focusing on the idea of *more nurses*

but by re aligning the skills of healthcare professionals on the "needs of service rather than interest of individual professions"(Mullen, 2003, p.347).

Nurses should also be encouraged to further their education so that they can don the role of nurse practitioners or instructors/professors. As pointed by Goodin (2003), "opportunities in higher education should be discussed with nursing students during their initial studies and they should be advised to pursue advanced degrees in nursing immediately after graduation. Financial support in the form of scholarships, grants and loans should be readily available to aid those pursuing higher education in nursing, in addition to offering competitive and lucrative salaries on entering the workforce" (p.339). Boyden (2000) also points out that staff development strategies for those teaching nursing could help. This could include comprehensive orientation programmes, mentoring, and support for teaching, research, and scholarly work to provide overall satisfaction and success to those serving as academicians. The management in hospitals should consider offering different career paths or clinical ladders to reward nurses based on their educational qualification or to those who make an effort to further their education.

4.4. Managing Internationally Recruited Nurses

The Royal College of Nursing (RCN) had commissioned a report into the experiences of internationally recruited nurses (IRNs) working in the UK. Allan and Larsen (2003) point out that IRNs, motives to work in UK could be personal, professional, financial or social. On the personal level, it was observed that while "some came for a working holiday others intended to make a life change. IRNs expected to do nursing and to expand their knowledge of new practices and technologies. While some intended to make a living in the UK, others primarily came to work to support their families back home or save for retirement. These personal and financial motives closely related to a social motive to either bring their families to the UK or the

intention to move back home as soon as sufficient savings had been made or the *holiday* was over" (p.2).

The personal, social and financial aspects of IRNs' life provided a valuable insight into how they feel about living and working in UK. Some faced problems of poor accommodation and lack of personal support, which reinforced feelings of isolation and homesickness. But on the other hand as pointed by Allan and Larsen (2003) "positive initial experiences and a supportive environment provided a good foundation for taking up the challenge of working as a nurse in the UK. Some complained about the high level of UK taxation and others had had problems obtaining a mortgage. These experiences could persuade them against a more permanent stay and the decision to bring over their families" (p.2).The study by Allan and Larsen revealed that IRNs felt the need for better co-ordinated mentoring and increased support from their UK colleagues. It was also suggested that establishing networks of IRNs could help them gain mutual support. The inability to use their nursing qualification in the NHS was also a problem faced by these nurses. They have not been allowed to use the nursing skills that they used in their home countries. Communication has been another problem for IRNs who take time to get used to local dialects. It was also reported in Allan and Larsen's study that IRNs felt exploited by their managers who made them cover the most unwanted shifts.

In order to ensure that NHS is able to attract IRNs it is important that IRNs perception of discrimination, racism and lack of joy in their work is tackled. Some steps that can be takes, as recommended by Allan and larsan (2003)

- Better pre-recruitment information for future and potential IRNs which informs them about the life in UK, culture issues, language issues, types of work that they will be doing in NHS

- A good match must be found between employers' needs and IRNs' professional qualifications as well as personal expectations about life in the UK
- Improving and regulating induction and adaptation courses for IRNs and, if possible, use of experienced IRNs as support (supervisors/mentors) for new IRNs. This can be done in conjunction with establishing of induction programmes for UK staff, who are working with IRNs which should focus on making the local nurses more accepting of IRNs. The programmes should include information/discussion on:
    - behavioural norms relating to health care environment from IRNs' countries versus the UK setting. For example, how different forms of respect are shown to senior staff such as eye contact
    - IRNs' previous professional experiences and how these may inform clinical practice in the UK health care setting
    - increasing professional satisfaction and career prospects of IRNs by increasing the use of APEL and validation of other qualifications gained in the country of origin, to allow IRNs to develop career pathways and benefit from professional education opportunities available in the UK
- To preventing exploitation of IRNs the following steps could be taken:
    - better enforcement of existing regulations by the relevant stakeholders (Government and NMC)
    - introduction of new regulations which prevent those exploitative practices not currently covered by regulation
    - raising awareness among IRNs of their employment rights to ensure that IRNs make informed choices prior to signing contracts

- know when to seek help in challenging poor or abusive practice by their employers
- tackling racism in NHS and care homes and at an institutional level in health services
- encouraging the development of RCN local and regional support and discussion groups for IRNs and encouraging IRNs to become involved in all aspects of RCN activity. This should include encouraging IRNs to participate in professional specialism groups in the RCN and groups for black and minority ethnic (BME) nurses where appropriate

4.5 Retaining Nursing Staff

The UK government has increased NHS funding so that nursing workforce can be expanded and strategies to retain current staff can be implemented. According to Mullen (2003) "the target for nursing was initially an 'extra' 20 000 nurses for the UK and is now 35 000 (these figures refer to head counts rather than whole time equivalents). The target set for nursing was initially an 'extra' 20 000 which has since risen to 35 000. This target, whilst laudable, does not match the potential expansion that the additional funding could create: the estimated increase would be around 150,000 extra clinical staff of which 65,000 (43%) would be nursing" (p.346).

As pointed by Aiken et al. 2001 in order to retain nurses and continue to stay competitive in a changing labour market, employers may need to revisit personnel policies and benefits and provide an attractive career path learning opportunities and flexible work schedules. Organizations should also reward nurses for good performance and develop incentives to retain these professionals. Considering that a large number of nurses express dissatisfaction with salary, a better compensation plan, perhaps linked to responsibility and performance may make a

difference. Goodin (2003) also points out that "only when the labour markets begin to respond to the imbalances of supply and demand in the nursing workforce will overall improvements in …wages [will] be seen" (p.340). Salary levels need not be fixed and can be in proportion to experience and skill (Farella 2001). Employment agencies can also contribute in managing the shortage of nurses by helping make the nursing career an attractive option for young and old. According to Alexander (2001), employers can also manage the problem by offering shifts and duty hours that can fit the dynamic lifestyles of new graduates. BBC News 2002 on Nurse Shortage Threatens NHS also points out that Health Secretary Alan Milburn announced that nurses must be given the authority to prescribe drugs. Therefore those with "special training will be allowed, for the first time, to prescribe antibiotics to patients. Ministers believe that giving nurses greater responsibility is one way to attract more people to the profession. However, the RCN says the only way to tackle the problem of under-staffing is for Chancellor Gordon Brown to commit £3bn over the next five years to fund a complete revamp of NHS pay and career structures". The NHS Plan to ensure that by September 2004 there would be 20,000 more nurses, midwives and health visitors working in the has been successful. However the concern now facing NHS is to ensure that attrition is controlled too. Retention of nurses poses a bigger challenge to NHS. The way to manage this is by improving the work life of nurses and positioning nursing as an attractive career option.

According to Finlayson et al (2002) points out that "since 1997 the number of leavers has outstripped the number of entrants. In 1997-8, for example, 16,392 nurses and midwives joined the register and 27,173 left. This may be due to three factors: an increase in the number of nurses and midwives retiring; changes in post-registration education and practice (PREP) requirements

in 1997 (nurses and midwives who had not maintained their practice would be removed from the register); and overseas registrants allowing their membership to lapse".

Family friendly initiatives could be one solution. These can include:

- career breaks
- child-minding facilities
- flexible contracts.

While such initiatives can help in recruiting and retaining nursing staff, they can also be more complex to manage. Another solution to target the problem is suggested by Hutchinson, Marks and Pittilo (2001) who suggests that an option worth considering is the introduction of staff who perform "mid-level" duties. Such staff can free the nurses' time for more complex tasks These can include "doctors in training, nurse practitioners (including advanced practice nurses and other titles), and physician assistants. These three groups can perform similar duties and, at the level of the patient, act interchangeably". It is also seen that higher education institutions in UK are beginning to look at the education requirements of such professionals. As reported by Hall (2000) Sir George Alberti, president of the Royal College of Physicians has said that physician assistants would have a two year training followed by two years learning on the job and would be trained in specific tasks working in accident and emergency departments, taking blood samples, arranging X-rays, and making all of the measurements for the doctor to come along".

4.6 Improving the image of nursing as a profession

The key role in changing the image of nursing in the mind of the budding generation lies with the nurses. How they communicate their professional lives to friends, family and the general public makes a difference. Nursing must also use the power of the media to revamp its image in the mind of public. It goes without saying that young people associate nursing with positive

connotations for any long term solution to this problem. It is also worthwhile to point out that counsellors in schools may have outdated perceptions which can misrepresent nursing as a profession to others (Gabriel, 2001).

Students can gain valuable insight into nursing by obtaining hands on experience in this profession and hospitals must take a step to facilitate such efforts. As noted by Goodin (2003) "distribution of printed or web-based career information to middle/high school students, adult learners, guidance counsellors, and other career educators can also help to improve the image of nursing" (p.340). McDonald (2000) also points out that bringing nurses and nursing students to serve as role models for nursing and sharing their thoughts and ideas with high school students about career options in nursing can help remove misconceptions about the profession. Farella (2001) has suggested that nursing organizations buy 'air time' on children's programming to exemplify the real-life goodness of nursing to children at younger ages. If nurses join and participate in nursing organizations it will help promote unity and this will have the potential to impact policy makers, community, and the profession as a whole (Coffey-Love 2001). Brodie et al (2004) recommend that to improve the image of nursing as a profession, media initiatives may be required which focus on nurses' skills and have an impact on public opinion. Nevertheless, it is acknowledged that these may have a limited impact unless pay and conditions are adequately addressed at the national level.

According to Berry (2004) nursing stereotypes are being questioned by the media, which can play a crucial role in changing the image of nursing in UK. "In an article in the *Daily Express*, a nurse consultant in urology – dubbed 'supernurse' – is described as leaving the 'bedpan image behind for a new high-tech, highprofile role', performing a skilled procedure that previously could only be undertaken by a surgeon. We are told that nurse consultants also diagnose illness,

treat patients and see GP referrals. They complete six months' training and are reassessed every three years to ensure they are practicing safely. Nursing degrees are preferred. These nurses are a world apart from doctors' handmaidens. …In February 2002 there was a revolutionary shift in GPs' attitudes to nurses with a British Medical Association (BMA) report arguing that patients attending surgeries should be seen first by a nurse who would recommend which health professional they consult. This was a fundamental change as the BMA had opposed all previous attempts to end the GPs' 'gatekeeper' role".

In 2002 with matrons returning to the profession after a 35 year absence, a huge shift was seen in their image. There is a dramatic change in the way the matrons are now positioned. As shift from the strict lady in a starched uniform ordering nurses about to the modern matron who is concerned about the patient's well being, offers support to staff and exercises influence over staff budgets.

Very aptly noted by Berry (2004) "a photo of the traditional female matron in a starched cap and blue uniform is contrasted with a line-up of smiling modern matrons in easy on the eye pastel grey tunics and trousers (which can also be worn by male matrons), captioned 'a softer image and attitude'". The government, healthcare institutes, nursing organizations must make a combined effort to:

- enhance the image and reputation of nursing and midwifery.
- challenge and dispel misconceptions about nursing and midwifery.
- empower nurses and midwives to publicise what they do
- encourage nurses and midwives to 'sell' or talk up their professions to future generations
- raise the public voice and profile of nurses and midwives
- encourage more respect for the professions.

A number of articles have reported that patients are happy to be seen by nurses and satisfied with their care. In The results of MORI poll commissioned by the BMA revealed that 87 percent of people said they would be happy to be seen by a nurse rather than a doctor 'if their condition was not serious'….as noted by Berry (2004).

4.7 How Trusts and Individual Hospitals in NHS are coping with Nurse Shortage

4.7.1 St. George's Healthcare NHS Trust

At St. George Hospital Tooting, senior doctors are of the opinion that the service provided is not at par with other developed nations. As noted in BBC News (1999) on Health Flu Kills Thousands Dr. Bennett points out that "If we compare ourselves with most other developed countries, the service we give is inferior." One reason cited for this was not quality of staff but lack of nurses. To combat the problem of shortage of nursing staff, like many other NHS hospitals, St.George's has also used the agency service to hire nurses from foreign countries. This however is not without its problems. St. George's Hospital NHS trust discovered that a Filipino nurse was asked to pay a £1,000 fee directly to a commercial recruitment organisation in the Philippines (United Kingdom Parliament, 2001). St. George,therefore decided to stop using this organization. The point is that even recruitment of new nurses is not an easy task and can draw hospitals into legal battles.

This problem has been compounded by the fact that London NHS trust has imposed an indefinite recruitment freeze on nursing and medical staff in order to balance its books. St George's Healthcare NHS Trust is unsure as to how long this freeze would last, but sources reveal that it could be upto three years. Recruitment is thus becoming a major issue. It goes without saying that freezing the hiring of nurses is bound to negatively impact patient care. As reported by United Kingdom Parliament (2001) St. George's Trust has a 12% vacancy rate, which is above

the national average, with a staff turnover rate running at 13%. The way its chief executive, Peter Homa, plans to manage the situation is by "not imposing job cuts on services" and reducing length of stay in hospital wherever clinically appropriate, and consequently reducing number of beds and staff needed to provide the same levels of care. The Trust also aims to revamp its back office operations to keep up with the quality of care. According to the St. George's NHS Healthcare Trust, Minutes of the Meeting held in 2003,

The Acting Director of Nursing confirmed that the vacancy factor within nursing was in line with other Trusts.

The Director of Human Resources also claimed that it was essential to recognise the global recruitment market, and to "ensure that the number of staff recruited from overseas did not create a disproportionate balance within the workforce" (p.4).

4.7.2 Heatherwood & Wexham Park Hospitals NHS Trust

Heatherwood & Wexham Park Hospitals NHS Trust also recognises the importance of recruiting nurses from overseas. To ensure sustainable staff numbers and clinical developments the hospital recognizes that cross-cultural issues will need to be dealt with and will decide the success or failure of overseas recruitment strategy. The hospital's policy assures that it will allow equal opportunity for growth to overseas staff and seek responsibility in senior positions (Heatherwood & Wexham Park Hospitals NHS Trust, 2003).

4.7.3 Bedford Hospital

Bedford Hospital launched several new initiatives to deal with the problem of lacunae in nursing workforce numbers. The hospital assessed the success of its initiatives and the results are presented below. The hospital was part of the national recruitment campaign, which began in

February 1999 and had been running its own 2 year project which has had a substantial effect in improving in the number of vacancies as a result.

As pointed in the article Bedford Hospital Tackles Shortage of Nurses (1999), the recruitment and retention strategy was successful at Bedford. According to the article "a report produced in March 1999 demonstrated that the nursing and midwifery vacancy situation had improved by an impressive 75.83% (from 92.78 WTE vacancies in December 1997 to 22.42 WTE vacancies in December 1998.)". Some of the initiatives undertaken are given below:

- Recruitment open days - Two open days had been held attracting a total of 250 people. As a result of this effort a large number of new appointments were made.
- Developing links with newly registered nurses - The project nurse visited the University of Luton to discuss career prospects, arrange interviews and assist in appointment to vacant positions. A 'preceptorship policy' which involved organised support for all new practitioners had also been introduced.
- Links with local schools were established. The project nurse visited local schools to promote nursing and midwifery as a career choice.
- Accommodation incentive was offered. Two months free accommodation to newly appointed registered nurses and midwives was offered.
- Overseas recruitment - A previous visit to South Africa was followed with a visit to Canada from where a number of candidates were recruited.
- Facilities and professional development opportunities were also constantly being developed to encourage staff to work at the hospital.

The main thrust of National Nurse Recruitment Campaign in Bedfordshire was to encourage qualified nurses and midwives who were currently not presently employed to return to work. The campaign included:

- 'return to practice' training courses - the first course had 14 participants. Two more courses are were already scheduled for later in the year which saw - 30 new participants who enrolled for it
- Debra Otte Executive Nurse Director said "we are in an good position in Bedford compared to some hospitals around the country and our new initiatives have attracted nurses and midwives to come and work here. However we must sustain our efforts as new service developments and expansions will increase our requirements for additional high quality staff. In addition there are a number of experienced nursing and midwifery staff coming up for retirement" (Bedford Hospital Tackles Shortage of Nurses (1999).

4.7.4 Nuffield Hospital Somerset

The Nuffield Hospital Somerset is able to attract nurses by positioning itself as an employer of choice and thereby attracting nurses**. "**According to a special Nursing Times supplement published:

"Nurses are impressed by the quality of patient care provided at this small hospital and by the clean, well equipped working environment. Management is praised for its pro-active approach to potential incidents and for communicating across the whole team. There is a strong rapport between different departments. Family friendly policies are cited"(Nuffield Hospital Somerset, 2005). Joy Dyer, Matron of the Nuffield Hospital Somerset said that "we take the care of our nursing staff very seriously and have invested in facilities that ensure our valued staff members

feel comfortable in their working environment. We believe that by investing in our staff this way improves the service that is delivered to patients as staff that feel valued are more likely to deliver a high quality service to those they are treating. We hope that our inclusion in this year's Nursing Times award will aid us in continuing to recruit and retain high quality staff" (Nuffield Hospital Somerset, 2005).

4.7.5 Manor Hospital

Part of the Nuffield Hospitals group, the Manor has also been successful in attracting nurses. According to Nuffield Hospital Somerset (2005) "staff [at Manor] relish their clean, spacious air-conditioned environment, they also enjoy working for an organisation that takes the nursing profession seriously in its own right, not just as a support for other disciplines. There are welcome opportunities for professional development and career enhancement - they let you fly if you want to". Stefan Andrejczuk, General Manager of the Manor Hospital states that "we believe that by investing in our staff this way we also ultimately improve the service that is delivered to patients as staff that feel valued are more likely to deliver a high quality service to those they are treating. We hope that our inclusion in this year's Nursing Times award will aid us in continuing to recruit high quality staff and ensure that the Manor's second year is as successful as its first" (Nuffield Hospital Somerset, 2005).

4.7.6 Guildford Nuffield Hospital

The Guildford Nuffield Hospital is also an employer of choice among the nurses. According to a special Nursing Times supplement (Nuffield Hospital Somerset, 2005): "Staff here enjoy the small hospital ambience and feel valued and well supported professionally and personally. It is 'one big happy family' according to one of the respondents, while another reports, 'excellent

communication channels.' There are family friendly working arrangements, with flexible shifts. Pay and other benefits are described as 'good.'"

4.7.7 Great Ormond Street Hospital for Children (GOSH)

According to Roundabout (2005) GOSH has implemented several new projects that aim at improving the life of its staff that is also helping to improve both recruitment and retention figures. Directorate manager Lucie Waters stated that an ongoing pilot scheme on Host Defence is paying dividends in improving staff recruitment and retention. In 1999, Host Defence had the highest turnover of nursing staff of any clinical directorate. But with new initiatives including childcare vouchers and loyalty bonuses, the outlook is now much better for this busy directorate, which covers haematology, oncology, immunology, infectious diseases and bone marrow transplantation. Senior nurse Janet Williss who is currently on secondment as assistant director of nursing stated : "Our aim was to make life better for everyone - for example, by increasing the retention of senior experienced nurses to help support junior staff, and so that everyone benefits" (Roundabout, 2005). Her research showed that childcare costs were a particular issue for nurses of F grade or above. Therefore, childcare vouchers were introduced for all nurses in the directorate which was commensurate with the GOSH nursery subsidy. Additional staff was also brought in on highly pressurized wards where the children were very sick and the parents very anxious. "The hospital believed that functioning at less than full capacity creates a vicious circle of overwork, resignations, understaffing and overwork. Another bonus was the introduction of extra study leave which was increased by an average of one day a year, particularly targetting more senior staff who were getting comparatively little study leave. This led to six senior staff nurses taking up one month secondments - five to intensive care to expand their skills, and one to

study in Toronto's children's hospital. Finally, staff who had worked in the unit for more than two years were given a loyalty bonus" (Roundabout, 2005).

The pilot scheme revealed considerable reduction in staff turnover, and a rise in the number of staff who had worked in the directorate for at least two years. Staff turnover dropped by 16 per cent from 34 per cent in 1999 to 18 per cent in 2004. The number of staff who had worked in the hospital for more than two years rose by nine per cent to 58 per cent. Senior nurse Janet states that all directorates had been informed of the success of the initiatives and a bid was laid forth for childcare vouchers to be implemented for all F grade nurses and above across the Trust, funded from the exchequer. The staff attitude survey in the hospital also confirmed the pilot's success, reporting significant improvements in staff's opinion of management in the area. However, nurse Janice also stated that "Every directorate is different. Speak to staff about what would specifically help them, while recognising that you can't change everything. It's about demonstrating how important staff are and understanding what would make a real difference to their working lives" (Roundabout 2005)

4.7.8 The Luton and Dunstable Hospital

The Luton and Dunstable Hospital also believes that recruitment and retaining nurses poses a challenge with the current national shortage. Its strategy to retain and recruit nursing staff includes (The Luton and Dunstable Hospital, 2005):

- Ensuring that nurses and midwives at the Trust feel valued
- Help to develop a career pathway for nursing staff
- Ensure that all nurses and midwives fulfill annual appraisal and personal development plans which will ensure that individual and organization goals are met
- Listening to staff concerns and providing forums for open communication at all levels

- Working with the Personnel and Development department to implement initiatives such as 'Improving Working Lives' and supporting any actions to address concerns raised in staff attitude surveys
- Ensuring all staff have appropriate training to develop information and technology skills
- Promoting reflective practice through action learning and clinical supervision
- Completing skill mix review to identify workforce shortfalls and determine ways to decrease shortfalls where indicated.
- Offering every nurse and midwife who leaves the Trust the opportunity to have an exit interview, to enable the Trust to learn from this information
- Respecting the cultural needs of our nurses and midwives

4.7.9 Eastbourne Hospitals

The Eastbourne Hospitals also recognize the problem related with adequate nurse staffing. As noted by Greenwood (1999) the trust was concerned to observe that the role of the ward sister/charge nurse had been severely diminished and his/her ability to plan and supervise care, had been significantly reduced. The Trust therefore made efforts to introduce ward sister/charge nurse development programme, which was welcomed by the staff. Such initiatives can help improve morale and aid in retention of valuable nursing staff.

4.7.10 Whipps Cross University Hospital Trust.

The Whipps Cross University Hospital had also launched a recruitment and retention plan for nurses. As noted Whipps Cross University Hospital Trust (2001) the Trust aimed to achieve this by: to

- Promoting flexible working across all clinical specialities
- Supporting staff in maintaining their health and well being in the work place

- Pilot project on Self-rostering and annualised hours
- Supporting "flexible step on step off" nurse training programme
- Proactive approach to identifying and addressing recruitment "hotspots"
- Establishing collaborative effort with the Workforce & Development Confederation and local education authority to raise the profile of Nursing and Midwifery as a career choice for both school leavers and ethnic minority groups
- Promoting a "can do" culture which could instill pride in staff and encourages recruitment to the workforce
- Supporting mentoring and secondment opportunities internal and external to the trust to develop clinical roles and expertise
- Developing a career framework for support workers within Nursing & Midwifery

4.7.11 The South London and Maudsley NHS Trust

According to The South London And Maudsley NHS Trust (2000)

took the eight key areas of the original national nursing strategy as a basis for producing a local strategy to achieve the objectives coming from this and other important documents such as Fitness for Practice (UKCC). The strategy also considered the shortage of nurses aspect. To create the strategy, service users and other stakeholders such as educationalists to contribute their opinion on the eight key areas of the national strategy and raise issues of local importance. The comments that were generated were then analysed by eight working groups.

From the information gathering process, the following key strategic issues were identified These are presented below as they appeared in The South London And Maudsley NHS Trust Nursing Strategy (2000, p.6-25):

1. Career Pathways

Outcome	Action
1.1 In line with national guidance develop a career pathway from Cadet to Consultant.	Review nursing roles and functions. Develop new nursing career structure. Map existing workforce into new structures.
1.2 In line with national guidance	Identify competency criteria for each grade in career structure. To develop assessment system, processes and tools
1.3 Develop opportunities to extend skills and experience of all nurses and related staff.	To identify opportunities for skill development.

2. Leadership

Outcome	Action
2.1 Provide opportunities, experience (e.g. mentoring and shadowing) and training aimed at identifying and developing leadership potential in the nursing workforce.	Establish a method for reviewing the development of nursing leadership in the trust. Seek to establish support networks and informal learning opportunities for those in leadership roles. Ensure leadership training opportunities are

	available to all levels of staff. Set up systems to monitor those accessing leadership development opportunities.
2.2 Ensure all staff have equality of access to development opportunities – special focus on part-time, night, and minority ethnic staff.	Monitor training and development opportunities accessed by the nursing workforce.

3. Support and Infrastructure

Outcome	Action
3.1 Clinical/professional supervision will be available to all nursing staff	Senior nurses and Educationalists will agree evidence based models of supervision that meet the requirements of practitioners and the demands of safe professional practice including financial implications and other risks. Nurses make active contribution to policy development in this area. Training and education in agreed models will be made widely available to Trust staff. Supervisory networks will be established

	throughout the Trust. Managers will support access to supervision by upholding national and local policy directives in this areas.
3.2 All nursing staff will have a personal and professional development plan (PDP) based on needs identified through appraisal and supervision.	The senior nursing group will agree with service managers the professional development content to be covered in staff appraisals. Senior nurses will support service management staff to identify and meet nursing staff's professional development needs.
3.3 Nursing staff will be able to access training required to meet needs identified in PDP.	Education and training provision to be reviewed annually against identified training plans

4. Recruitment

Outcome	Action
4.1 Establish conditions within the Trust that are conductive to staff recruitment.	Work with corporate services on availability & style of staff accommodation.

	Work with HR on improved access to childcare facilities, and flexible working patterns. Keep staff needs under review through annual survey. Share recruitment strategies with other Trusts.
4.2 Increase percentage of student intakes recruited at registration annually.	Identify and implement arrangements that could make students feel part of the Trust workforce to new registrants getting work in the Trust on qualification. Ensure all students prior to qualification are invited to apply for posts within the Trust.
4.3 Increase annually number of nurses recruited	Host recruitment events. Develop strategy for recruitment.

Human Resource Issues

Outcome	Action
1.1 Reduce the use of	Formulate and monitor a Trust wide policy

temporary staffing by increasing permanent staffing.	on the use of temporary staff.
1.2 Equitable remuneration and responsibility across the Trust.	Establish systems and structures to review remuneration and responsibilities in line with national and local criteria.
1.3 Reduce inequalities which affect nurses working lives	Formulate a method to measure inequalities
1.4 Provide environment and structures, which allow nurses to combine professional and personal lives.	Ensure appropriate systems are in place which maintain the physical and psychological wellbeing of staff. To develop a range of flexible working practices. To provide a wider range of cheaper and more accessible child care across the Trust.
2. Decision Making	
2.1 Increase nurses' involvement in decision making.	Review Trust committees for evidence of nurse involvement.
3. Safety	
3.1 Minimise violence in the workplace	Establish clear policies and robust systems to ensure a reduction in violence towards

	nursing staff. Ensure nursing staff are adequately prepared to prevent & manage violence and are appropriately supported following incidents
3.2 Enhance nurses' authority for safe and healthy workplaces.	Clinical managers at service delivery level will be given authority, means and responsibility to maintain the fabric and upkeep of the environments in which they work.

Education

Outcome	Action
1.1 Education, service and research have an interactive relationship	A strategy for nurse education will be developed. Trust nurses involved in commissioning and reviewing contracted courses. Trust nurses teach on contracted courses where their specific skills are required. Education and research staff are involved in

	all service developments. Trust staff work with contracted providers to identify and share areas of expertise Education staff participate in clinical activity within the Trust. Trust nurses have access to evidence based material in clinical areas. Trust nurses are able to appraise literature in order to discriminate which evidence is useful.

With this comprehensive strategy the hospital aims at coping with dearth of nurses better.

In conclusion one can say that though there is shortage of nurses resulting from multiple factors like poor planning, lack of education facilities, ageing workforce, gender issues, requirements of the European Work Time Directives, work climate and poor perception of nursing as a profession. The study undertaken concludes that the dissertation hypotheses is accepted. It has been a lesson well learnt by policy makers, Nursing Organizations and NHS, on issues that truly impact the nursing workforce. The work undertaken as part of this dissertation has been truly insightful for me especially to see how the ageing workforce and gender impacts the nursing workforce.

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