The future nurse:
the RCN vision explained

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1. The context

1.1 The RCN published a discussion paper on the future nurse in 2003 (RCN 2003a) This outlined different views of nurses and nursing for the future, the pressures on nurse workloads and set out some of the key policy drivers for health and social care.

1.2 The challenges facing the UK health and social care system over the next decade include:

- increasing the efficiency and effectiveness of health and social care
- changes in population demography, including a decline in the birth rate and predicted rise in the numbers of older people
- changes in patterns of disease, especially non-communicable disease and chronic and long-term illness
- changes in lifestyle patterns, for example diet, exercise and sexual activity
- changes in public expectation and demand for quality and personalised care
- inequalities in health status and health care outcomes
- reconciling demand, need and access to health care with safety and quality.

1.3 Responses to the discussion paper were published in an interim report (RCN 2003b). These covered a range of issues but had three core messages:

- the RCN has a leadership role in setting out a shared vision of the future nurse
- this will be a dynamic process which requires challenging decisions to be made
- the RCN must ensure principles and values consistent with nursing are sustained with the patient and community at the centre of nursing work.

1.4 This paper sets out the RCN vision of the future nurse for the next ten to fifteen years. It proposes a general direction of travel for the future and is not a prescription for specific nursing practice. The RCN recognises and values the variety of nursing work and innovation that has developed to meet local needs and is not proposing a 'one size fits all' approach.

1.5 Changes to the work of nurses are already taking place, for example, as a result of the reduction of junior doctors' hours and the European Working Time Directive. The nursing profession must shape the future for nurses and nursing and cannot be passive in the change process.

1.6 Five supplementary papers published simultaneously on the RCN website complement this paper. These provide further detail on key background and contextual issues and address:

- trends and predictions for the nurse workforce
- the future patient
- the evidence of the impact of registered nurses
- the future of nurse education
- the future for professional regulation.

2. The nursing purpose

2.1 The contribution of nursing to the future of health and social care is expressed in the RCN definition of nursing as:

"The use of clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death"

(RCN 2003c)

2.2 The uniqueness of nursing lies in the combination of its defining characteristics:

- **a particular purpose:** to promote health, healing, growth and development, and to prevent disease, illness, injury and disability
- **a particular mode of intervention:** concerned with empowering people, and helping them to achieve, maintain or recover independence
- **a particular knowledge domain:** people's unique responses to and experience of health-related events
- **a particular focus:** on the whole person and the human response rather than a particular aspect of the person or a particular pathological condition
- **a particular value base:** expressed in a code of ethics and professional regulation
- **a commitment to partnership**: with patients, carers, communities and in collaboration with other members of the multidisciplinary team.

2.2 Registered nurses are responsible for maintaining all aspects of the health environment so that it is conducive to improving health, facilitating recovery from illness or rehabilitation, and where appropriate achieving a dignified death. This responsibility encompasses:

- essential nursing care and patient safety
- treatment and technical procedures
- social and emotional health support
- population health and health promotion
- managing the environment in which care is delivered.

2.3 The boundaries between the health care professions have become increasingly blurred and this trend will continue in the future. History illustrates that the role of the nurse is not fixed and has evolved to meet new health care needs. However, some notions of a nurse *role* carry an implicit assumption that a collection of tasks and activities defines registered nurses and their nursing work. That it is what nurses actually *do* with patients/communities that defines and distinguishes them from other health care workers. Some proposed solutions for enlarging workforce capacity centre on a premise of roles, activities and tasks, and suggest transferring work on this basis from one staff group to another.

2.4 It *is* appropriate to consider how the time of nurses and other health care workers can be used most effectively. However, the RCN *rejects* arguments to transfer work between groups if based only on a set of tasks or activities because they:

- do not address fundamental elements of quality health care which has the holistic needs of patients and communities at the centre
- are based on a false premise of a fixed nurse role
- will compromise the responsibilities of nurses for nursing.

2.5 The solutions to workforce shortages and pressures do not lie in recreating boundaries between health care workers or simplistic notions of role, activities and tasks. The idea that the nurse role is fixed or static, including notions that it can be 'extended' or 'expanded', is not relevant to modern health care. An alternative vision is needed to enable nurses (and others) to fulfil their responsibilities for holistic person-centred care whilst acknowledging the need for flexibility across the wider health care team in terms of who does what, for whom and in what circumstances.

3. Reconciling the demand with supply

3.1 The pattern of demand and need for health and social care is changing and will change further in the future. The challenge is to ensure effective, appropriate and efficient provision of services to meet future need and demand within the available resources. This will be shaped by changes in the way care and treatment is delivered such as:

- advances in medical and information technologies, for example, telemedicine and developments in genetic science
- a focus on services rather than settings including the development of clinical networks
- changes in how care is delivered, for example, by telephone or by walk-in centres and treatment centres in some parts of the UK
- changing expectations of the public and patients for health care, particularly for partnership in their care and treatment.

3.2 However, the *numbers* of people employed within the health care workforce and *how* they contribute to the delivery and provision of heath care services is critical. The key features of the registered nurse workforce profile are:

- recruitment and retention is a significant problem
- general shortages in addition to shortages within particular specialties and in particular parts of the UK
- an ageing population and predictions that more nurses will leave the nursing register than will join in the future
- international nurse recruitment is not a long-term option
- an overwhelming majority are female.

(See supplementary paper *The future nurse: trends and predictions for the nurse workforce* for further detail.)

3.3 In summary, there are not enough registered nurses in the health care system and predictions that this will continue. Therefore, there are clear issues to resolve

regarding the capacity of registered nurses to meet demand for health services and provide quality nursing care in the future.

3.4 There are three key strategic options for attempting to balance nurse workforce numbers with need and demand for health care. These are:

- increase the registered nurse workforce
- change what registered nurses do
- shape demand and need for health care.

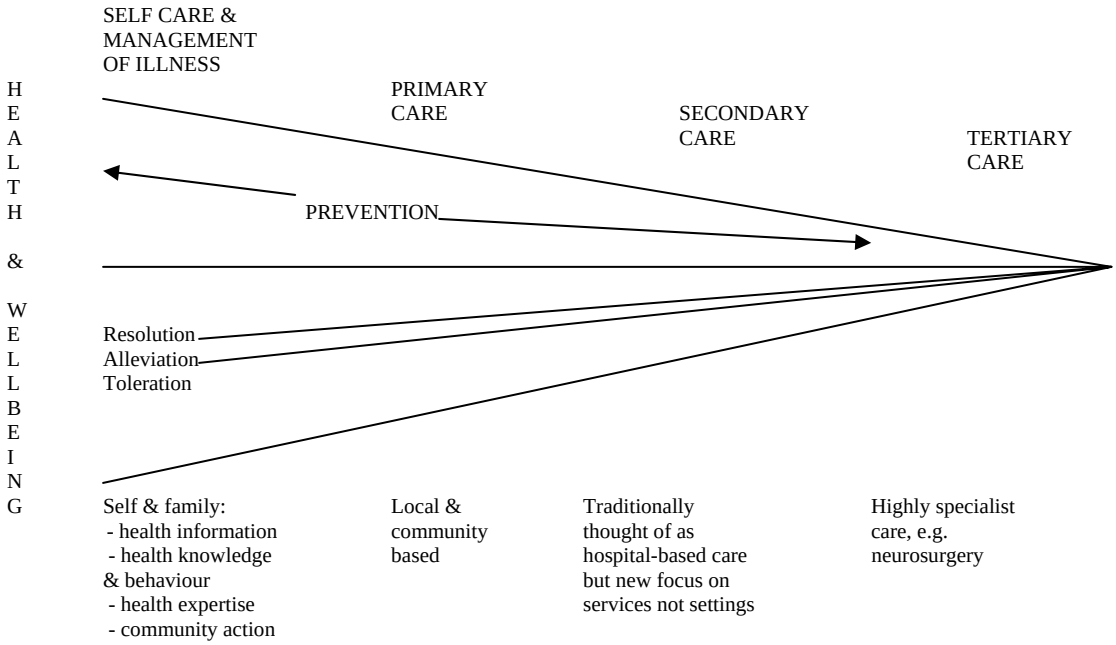
3.5 The RCN strongly supports the first option to continue to increase the numbers of registered nurses. However, continued recruitment and retention of nurses is dependent upon ensuring nursing is an attractive career comparative to others. This translates to competitive pay, family friendly policies, and a flexible career structure that enables nurses to leave and rejoin the career ladder with appropriate and accessible educational support. Job satisfaction is also key: ensuring that nurses are valued and enabled to care for people in the best possible way.

3.6 The second option - changing what registered nurses and other health workers do - is paramount within skill mix solutions or role substitution arguments where part or all of the work of one group is passed on to another (see RCN 2003a). Another strand to this is the creation of new roles in health care, since without the education that is a necessary precursor to the traditional health care professions, recruitment into health service employment would be speedier.

3.7 The third option concerns reducing demand for health services by focussing effort on preventing disease and illness and managing the early stages of disease more effectively within primary care settings. For example, preventing coronary heart disease by reducing smoking within the population, or managing diabetes more effectively so as to prevent complications of the disease and hospitalisation. This is an option put forward within two recent reviews of long-term economic trends for the health service (Wanless 2002; Wanless 2004). However, this option is more than disease prevention and early diagnosis of illness as it includes:

- supporting patients in self-care and management of disease and illness
- expert primary care services that provide some acute treatment and prevent and control hospital admissions
- engagement of patients and the public in decisions about health service provision
- greater public responsibility for using the health service effectively.

Figure 1: health continuum



3.8 These three options are not mutually exclusive and all have merit. The RCN vision of the future nurse must address how to shape:

- demands made on the health service
- the effective use of registered nurse time
- recruitment and retention of nurses.

It must enable nurses to maintain and expand their influence, capacity and expertise for high quality nursing and health care.

4. The nursing future

4.1 The current shortage of registered nurses coupled with need and demand for health care translates to practical pressures on nursing time, both now and in the foreseeable future. The time to nurse and deliver quality care was consistently referred to in responses to the RCN discussion paper on the future nurse (RCN 2003b).

4.2 The solution to the effective use of registered nurse time lies in part with individual clinical decisions about what work nurses personally undertake and what work they delegate to others and supervise (Storey 2002). Improved support services for registered nurses, that is administrative and housekeeping support, is important within this. Knowledge and implementation of the evidence base that underpins effective nursing interventions and quality health care is central too (see supplementary paper *The future nurse: evidence of the impact of registered nurses*).

4.1.1 Nursing: an inclusive family

4.1.2 A nursing strategy for the future needs to go further than the above and recognise that registered nurses will not be able to deliver all the nursing care needed in the future. Registered nurses must be organised so that they are able to influence and shape the delivery of nursing responsibilities, whether or not registered nurses literally deliver those in the day-to-day and individual context. Teamwork will be the key medium and the development of an inclusive family of nursing and nursing team pivotal within this.

4.1.3 There are three important strands of an inclusive family of nursing:

- recognition of health care assistants as essential members of the nursing family and the nursing team and their contribution to nursing [1]
- acknowledgement of others who deliver nursing (for example, families, lay carers, volunteers) and active support by registered nurses to enable them to deliver high quality nursing care
- acknowledgement that the future nurse will need to shape, influence and work within a variety of teams and networks that deliver care.

4.1.4 Nursing teams in the future may be nurse-led or operate within multidisciplinary teams and local clinical networks. The future nurse will need to work flexibly and engage with new agendas that will emerge in population health and health care such as:

- changes to population demography and health needs including the predicted rise in those suffering chronic or long-term illness
- new emphases for health service work such as public health and primary care, and the public and patient involvement agenda
- new ways of delivering health care including the growth in availability of health information, tele-health and new technologies
- changes to the nature of health care interventions with the advent of new therapies such as gene therapy and new drugs
- changes to how health services are configured with the introduction of new health care providers such as treatment and walk-in centres.

4.1.5 In practical terms this may mean the future nurse will:

- support patients and communities in using new information technology to make decisions about their care and treatment
- make assessments of patients at home by video telephone link
- translate the meaning of individual genetic maps for health and lifestyle.

[1] In some trusts health care assistants have been renamed nurse assistants in recognition of their contribution to nursing

4.1.6 There are many opportunities for the future nurse to create teams that can deliver flexible care. There are also challenges in supporting a diverse range of teams and networks so that they provide quality nursing care across the health care spectrum with the patient and community at the centre.

4.2.1. Person-centred care

4.2.1 Person-centred care is the central philosophy that underpins the work of nurses and nursing. The definition of person-centred care put forward by the Institute of Public Policy Research is comprehensive:

"High quality, patient-centred care can be summarised by five broad characteristics:

- safe and effective
- promoting health and wellbeing
- integrated and seamless
- informing and empowering
- timely and convenient."

(Kendall and Lissauer 2003 pp13-14)

4.2.2 Person-centred care has two fundamental implications for how health services are delivered:

- the style of interaction between practitioners and patients/communities
- the way health care systems are organised.

4.2.3 The style of interaction in person-centred care is a partnership in which patients/communities are encouraged to become active participants in the type of interventions or care they receive and how they receive it. The relationship is one of empowerment that enables and supports an informed decision-making process. The patient and communities of the future will require health practitioners to further adopt this way of working (Kendall 2001, and see supplementary paper *The future nurse: the future patient*).

4.2.4 The aim of organising systems of health care with the patient/community at the centre is integrated and personalised care that is seamless to need. Care is not based on professional boundaries or demarcations in care settings such as the hospital, treatment centre or the home.

4.3.1 Integrated nursing across care settings

4.3.2 The RCN vision of the future nurse is person centred. The way in which teams will be organised will be essential to this and the future nurse and nursing team will deliver nursing across care settings with the integrated needs of the patient/community at the centre. They will map, navigate, co-ordinate and follow the health care journey in partnership with their clientele and other members of the health care team. Nursing teams in the future will practice without traditional boundaries of role or institution.

4.3.3 Teams will be organised around an integrated care pathway. This could be based on illness care pathways, for example, people with diabetes or asthma, or population groups such as the elderly or children. They will stretch across:

- care settings such as hospital, community, nursing home
- the boundaries of health, health care and social care
- the spectrum of health interventions from public health and health promotion, early diagnosis and management of illness through to acute episodes of care.

4.3.4 This will change how nurses are currently employed and configured. It will be an evolutionary process and there will not be an overnight change or dissolution of community or hospital-based nurses. The speed of development of integrated nursing teams will be influenced by local circumstances. Rural settings with an absence of local acute or tertiary care lend themselves to more rapid development, probably within an overarching framework of local clinical networks.

4.3.5 There will be need still for nursing teams with specialist or particular expertise, such as for emergency care or for certain types of cancer care and treatment [2]. Nursing teams with specialist or particular expertise will be a resource to other teams with a more generalist focus. The work of others such as doctors, therapists and social workers will remain an important and essential resource.

4.3.6 The future nurse will be responsible for complete episodes of care, whether that is needed for 10 days or 10 years. Some changes have already taken place that will help this process along. For example, the new contract for general practice/general medical services will enable a more multidisciplinary and flexible approach to delivering services.

4.3.7 Other supposed barriers may be based on myths and traditions regarding what nurses can or can't do rather than reality. A recent publication by the Department of Health for England dispels some of the professional and legal myths regarding the work of nurses and allied health professionals in emergency care. These include myths that they cannot discharge patients, refer them to others, or order and interpret tests and investigations (Department of Health 2003).

4.3.8 Nursing teams will have ultimate responsibility for patient and community caseloads and associated resources including funding for health care. They will undertake a range of activities on their own initiative, for example, independent prescribing, admission, referral and discharge from/to care settings. They will manage and co-ordinate a substantial proportion of future health care. However, this function will be shared with others dependent on need including that for particular expertise, and patient preference.

[2] Within this there is potential to develop rotational experience so that nurses gain experience in teams that provide integrated care and also specialist teams.

5. Developing the nursing potential

5.1 The development of the potential of nurses for providing health care fit for the future requires investment. Nurse expertise is crucial to deliver this agenda and a range of levels of expertise will be needed. Not all future nurses will aspire to lead a nursing team but teamwork will be a feature of the work of every future nurse and leadership capacity integral to their ability to deliver high quality care in partnership with patients, communities and other health care team members.

5.2 The future nurses who lead teams will be expert nurses at the level of advanced practice. They will understand the local health context, anticipate and respond positively to change, and deliver flexible person-centred care. They will be the clinical co-ordinators of care and will need knowledge and understanding of:

- general patterns of care and health within populations as well as individual needs
- span and scope of general and specialist health care
- research, critical appraisal and the application of evidence-based practice
- effective team working.

5.3 They will be able to:

- manage uncertainty and calculate risk
- transform organisational and practice cultures
- motivate and facilitate staff working in a range of teams
- influence local stakeholders
- demonstrate effective transformational leadership.

5.4 Investment in the pre and post-registration education is vital to develop the range of expertise needed by the future nurse (see supplementary paper *The future nurse: the future for nurse education*). The RCN remains committed to achieving graduate level entry to the nursing profession at the point of initial registration: this is a sound foundation for the development of advanced practice. The expertise of nurses and nursing teams will also need to be accredited and regulated (see supplementary paper *The future nurse: the future for professional regulation*).

6. Shaping the future

6.1 Nurses must be confident and grasp the opportunities for transforming health care. They are at the forefront of health care delivery, essential to the modernisation of health care and have already led many innovations that improve population health and health care. For example, NHS Direct and walk-in centres. Strong clinical leadership is needed so that the nursing family realises its potential for shaping health care in the future.

6.2 The creation of a new clinical career structure that encourages nurses to lead health care yet allows for different contributions within the nursing team is essential. It must celebrate and reward nurse expertise and ensure the nursing career is able to accommodate a variety of talents and contributions. It must:

- focus on clinical expertise and career progression and create a clear pathway to advanced practice that encourages nurse skills to stay within care delivery
- be inclusive and able to accommodate and support a wide range of nursing levels of expertise, including that of health care assistants
- be flexible and allow for interruptions in the nursing career without penalisation
- have clear links between areas of nursing expertise so that nurses can progress into new nursing areas and/or vertically up the career ladder
- be able to link to accredited nurse expertise of individuals and also potentially that of teams
- link expertise and responsibility to commensurate levels of pay using the criteria within Agenda for Change.

6.3 A new career structure will improve the public perception of nursing as an exciting and fulfilling career option that can embrace a diversity of talents, transform health care and make a difference to people's lives. This will have a positive impact on the image of nurses and encourage recruitment into the nursing family.

6.4 The visibility of nurses at all levels of strategic and operational decision making is vital so that the nursing potential and vision can be made reality. The RCN *Speaking Up* campaign aims to position nurses within decision making arenas at national and all local levels. Nurses are the majority within the health care workforce but they need to move on to a new level of professional and political action that pushes forward their potential as the solution to the challenges facing health care in the future.

6.5 The RCN, through its membership base, role in public and political life, and professional and trade union standards is uniquely placed to lead nursing and deliver the vision of the future nurse. The RCN will take this forward by:

- promoting a positive image of the nursing family to politicians, policy makers, the public and future generations of nurses
- continuing to invest in the leadership capacity of the nursing family
- promoting an inclusive family of nursing that explicitly recognises the contribution of health care assistants and others
- implementing person-centred care
- promoting and supporting the development of teamwork and integrated care across all settings
- supporting research and development of care that is based on evidence and the patient experience
- lobbying to improve the working lives of the nursing family
- developing in partnership with others recognition and accreditation of nursing competencies
- supporting the development of education programmes that enable multiple and wide entry points into nursing and support the individual nursing career
- developing with others a new clinical career framework for the nursing family.

6.6 This document is the product of a year-long project to which many people have contributed. Special thanks are due to RCN members who engaged in the debate; RCN Fellows; RCN Council and all RCN Boards for their advice and expertise; the many RCN staff who contributed. A shorter summary version of this document *The*

future nurse: the RCN vision is also available on the RCN website at www.rcn.org.uk. Hard copies are available to RCN members by calling RCN Direct on 0845 772 6100 and quoting publication code 002 302.

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