A New Deal for Nursing: From Gladys Carter to the Prime Minister’s Commission on the future of Nursing and England

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Aims

• to provide a brief historical overview of nurse education policy in England

• to situate Gladys Carter’s recommendations within wider reform efforts

• to consider resonance of her recommendations with the PM’s Commission on the future of nursing and midwifery
Florence Nightingale
Policy pendulum

• university entrance to professions-late 19thC

• technical education for women-1920s

• post secondary education-1930s
Cont....

• Colleges of nursing and midwifery-Briggs 1970s

• Higher education-PK2 diplomas-1990s

• Bachelor degree entry-2010
Gladys Carter

- Canadian
- Graduate-BSc economics
- Inspector of Midwives, organising Secretary to Midwives Institute
Critique

• Confused objectives in nursing education

• Highly trained expert and assistant in the prevention and cure of sickness/someone spent her time ‘scrambling through the work of the hospital?’

• Educated women turned off by prevailing conditions (Lancet 1930)
Impediments to modernisation

• Crippling culture-endurance, long hours

• Tyrannical regimes-restrictions on freedom-hum drum routine

• Drudgery and domestic labour-despotism

• Public perception of career as ‘imprisonment’
Cont...

• Economy of hospital care and ethos-snobbery

• No obligatory qualification of sister tutors - perpetuation of inferiority complex

• Rigidity of routine and repetitive tasks
Iconoclast

‘what is wanted above all else in the training schools is a high wind of criticism and a bonfire for prejudices’ (Carter, 1939, p. 140).
Summary of recommendations

• Restoring attractiveness of profession

• Targeting well educated candidates

• ‘inspired propaganda’-central agency for applications
• Quantum and quality-pioneers, leaders-some university graduates

• Adopting an experimental approach to organisation of training 2 + 1 for graduates

• Protect title ‘nurse’
• Two grades of nurse and a proper compliment of orderlies … would relieve congestion in the wards’

• Split the register-part A and B

• Nursing Services Act-remodel services
• Preventive and social aspects of care—patients human beings and part of a community

• Shorter hours—avoid overstrain and ‘time to think’

• Affiliation with university desirable—special attention given to the study of educational and administrative method
Funding

• Students pay fees or be financed by scholarships

• Improve conditions of service and health of nurses themselves

• Strengthening domiciliary nursing-emphasis on prevention and health education-shortages costly-return on investment
Lancet Commission 1930-2

• Stimulated by crisis in TB hospitals

• Outworn attitudes

• Institutional stereotypy
Athlone Committee, 1937-9

- Modernising methods of work organisation and training
- Analogy with teachers
- Paying for education
War is a searchlight which exposes the flaws in the body ‘politic’

- Preparations for war… revealed defective planning and provoked crisis in nurse staffing
- Quantifying reserves of nurses
- Civil Nursing Reserve
Horder Committee, 1943

• “nursing as one of the great national educational movements for woman”

• Legitimised status of assistant nurse

• Best scholars did not make the best nurses

• Grants-in-aid to hospitals for training
Nationalising nursing

• “important national resource”, Bevan, 1948

• Failure to translate into representation on policy-making bodies

• No direction of labour in NHS
MINISTRY OF HEALTH
DEPARTMENT OF HEALTH FOR SCOTLAND
MINISTRY OF LABOUR AND NATIONAL
SERVICE

Report of
the Working Party on

THE RECRUITMENT
AND TRAINING
OF NURSES

LONDON
HIS MAJESTY'S STATIONERY OFFICE

PRICE 2s. 6d. NET
Wood Committee, 1947

• Assess the nursing workforce required for the future service and how such a force could best be recruited, trained and deployed

• Job analysis, ‘efficiency movement’, psychometric testing of recruits

• Social relationships scrutinised, conditions under which nurses could lead a ‘normal’ life explored
Recommendations for reform

- ‘streamline’ nursing work, redefine division of labour and skill mix
- Reduce training from 3 to 2 years
- Common core curriculum followed by specialisation
- Strengthen educational representation of GNC
MINISTRY OF HEALTH
DEPARTMENT OF HEALTH FOR SCOTLAND
MINISTRY OF LABOUR & NATIONAL SERVICE

Working Party on
THE RECRUITMENT
AND TRAINING
OF NURSES

MINORITY REPORT

LONDON: HIS MAJESTY'S STATIONERY OFFICE
1948
PRICE 1s. 6d. NET
Majority to minority

• Cohen and controversy

• Health Service planning ‘pre-scientific’

• Investigative methods ‘scholastic disputation’

• Statistical resources ‘lamentably defective’
Engineering effectiveness

- Industrial psychology
- Improving human relations
- Length of stay and skill mix
Research recommendations

• Social and Psychological Research Unit in MH

• Scientific analysis of nursing

• Patient outcomes related to calibre of nursing staff
Summary

• Nursing exposed the weaknesses in NHS planning apparatus

• Cohen first to analyse the relationship between nurse staffing skill mix and patient outcome

• Advocated more systematic approach to policy-making and research resources to inform policy
Briggs Committee 1972
Prime Minister’s Commission on the future of Nursing and Midwifery

- First major review of the NHS since the Briggs Report of 1972
- Huge change in the NHS since its inception in 1948
- Major advances in types of healthcare available
- Growing population who are living longer creates very different demands
- The changing role of the nurse and how this can be better understood and promoted
The nursing and midwifery pledge to deliver high quality care

Nurses and midwives must renew their pledge to society and service users to tackle unacceptable variations in standards and deliver high quality, compassionate care.

Nursing is more than the sum of its parts. Any health system needs nurses who are intellectually able and emotionally aware and who can combine technical clinical skills with a deep understanding and ability to care, as one human to another. This is a constant of nursing. It is the value base on which public trust rests and the profession is grounded. As a profession it is our promise to society.

Christine Beasley, Chief Nursing Officer for England
In addition to the Nursing and Midwifery Council Code, and the NHS Constitution, the Pledge makes explicit that every nurse and midwife will:

- Take personal responsibility for delivering high-quality care
- Make best use of their continuing professional education and development
- Acknowledge that service users are partners in their own care
- Be seen as role models for healthy living
In addition to the Pledge:

• 19 other recommendations are made in the Report
  These reflect the outcomes of the Commission’s investigations
• And provide a Call to Action
High quality, compassionate care

Senior nurses and midwives’ responsibility for care
• Uphold the Pledge
• Accept full individual managerial and professional accountability
• for care
• Maintain clinical credibility
• Champion high-quality care from ward to board

Corporate responsibility for care
• NHS Boards must accept full accountability for commissioning and delivering high quality care
• NHS Boards must appoint a Director of Nursing to champion patient care at board level
• Cultures and structures must recognise and support Directors of Nursing, senior nurses and midwives in delivery of care
High quality, compassionate care continued...

Protecting the title ‘nurse’
• The title ‘nurse’ to be used solely by those registered by the Council

Regulating advanced nursing and midwifery practice
• NMC must regulate advanced nursing practice
• And ensure required competencies
• Consider advanced level regulation for those working in specialist or consultant roles

Regulating nursing and midwifery support workers
• Regulation for non-registered nurses and midwives, health care assistants and assistant practitioners
• Government and stakeholders to review and recommend type and level of regulation
Health and wellbeing

- Nurses and midwives’ contribution to health and wellbeing
- Recognition of this important contribution necessary
- Active engagement in design, monitoring and delivery of services

- A named midwife for every woman
- To ensure coordination of care, reduction of inequalities and
- providing support and guidance

- Staff health and wellbeing
- Nurses and midwives must recognise that they are role models
- Must take personal responsibility for their own health and
- wellbeing
Caring for people with long-term conditions

- Nursing people with long-term conditions
- Greater recognition for nurses’ leading role in care for this group
- Care pathways for this group must maximise nursing contribution
- Direct referrals from nurse to other professionals and agencies
- Important

- Flexible roles and career structures
- Nurses must be competent to work across full range of health and social care settings
- Development of flexible career structures must be developed for this
Promoting innovation in nursing and midwifery

• Building capacity for innovation
• Appointment of those to promote innovations of service design
• and delivery
• Development of entrepreneurial skills among nurses and midwives

• Making best use of technology
• Education programmes needed to understand and influence the
• development and use of new technologies
• Delivery of technological understand and skills for information,
• communications and practice
Nurses and midwives leading services

- Strengthening the role of the ward sister
- Immediate steps need to be taken to strengthen this linchpin role
- Clinical lead roles need clear defined authority and lines of accountability
- This role must drive quality and safety at ward level
- No more than two levels between them and Directors of Nursing
  or Midwifery

- Fast-track leadership development
- Potential leaders must be identified and developed
- Training and mentorship should be offered
Careers in nursing and midwifery

- Educating to care
- Move to degree-level registration for all newly qualified nurses
- Effective revalidation needed
- Greater investment in continuing professional development
- Marketing nursing and midwifery
- Strong, accurate marketing campaigns that truly reflect career possibilities needed

- Position this career choice as a good one for school leavers
- Recruit high-calibre male and female candidates of all ages and backgrounds
- Integrating practice, education and research
- Need to strengthen the integration of practice, education and research
- Facilitate sustainable clinical academic career pathways
- Further develop nurses’ and midwives’ research skills
And finally, as previously mentioned...

- Evaluating nursing and midwifery
- Gaps in evidence-based evaluation of nursing and midwifery must be identified to see what further research is needed

- Measuring progress and outcomes
- The development of a framework of explicit, nationally agreed
- indicators and outcomes including service-user satisfaction, for
- nursing and midwives, must be accelerated
Further information on details of who was involved, the full Report and its Recommendations, and for the Report’s Executive Summary, is also available at:

cnm.independent.gov.uk
conclusion

• Gladys Carter prescient commentator, critic and moderniser of the profession

• drew on current political discourse of the day to frame her proposals for reform

• relevance remains today