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Registered nurse shortages: implications for pre-registration nurse education

As the United Kingdom (UK) moves towards 'Brexit Day' on March 29th 2019 when we are scheduled to leave the European Union (EU) with or without a deal, there are serious implications for the nursing and wider healthcare workforce to consider according to a report by the National Institute of Economic and Social Research (NIESR) published at the end of 2018 (NIESR 2018). The report commissioned by a large group of health and social care organisations known as the Cavendish coalition, estimates that there will be a nurse shortage of 51,000 by 2021, the end of the Brexit period. Health and social care in the UK is heavily dependent on nurses from the European Economic Area (EEA) and elsewhere. However the report states whereas there were 42,000 registered nurses working in social care in 2017, almost one third have left in the last 12 months. Since the referendum EEA recruits to the UK fell 17.6%, and 15.3% left the UK (NIESR 2018). Staff shortfalls are also evident in the medical and dental workforce who is also reliant on overseas staff to fill vacancies. Clearly these figures raise significant implications for care quality but given the model for pre-registration nurse education in the UK, which is dependent on work-based registered nurse mentors and assessors, in the longer term high registered nurse vacancies may also impact on nurse education.

Even before the EU referendum and its result, nurse and midwifery vacancy factors have been on the rise for some time. There is a considerable regional variation as well as within specific specialities. For example London has the highest nurse vacancy rates in England (14.1%) according to Jones-Berry (2018) with factors such as high cost of living playing a key role. Mental health and learning disabilities registered nurse vacancies are particularly dominant, as well as within community nursing (NHS providers, 2017). The fill rate is the number of training places offered and taken up by students and this is a key factor in managing workforce projections. Prior to the withdrawal of the nurse student bursary and introduction of course fees in 2017, the NHS commissioned nurse and midwifery pre-registration student places regionally, in response to projected needs. It was argued that deregulation would open up more student places by encouraging more education providers into the market but there was actually a small decline in student acceptances (UCAS 2017). According to the RCN (2018) numbers applying for pre-registration programmes declined a further 12% for September 2018 intakes compared to 2017, particularly among mature student numbers.

Once nurse students start the pre-registration nursing course, they undertake a programme of study that involves 50% of the programme hours in university-based education and 50% in clinical practice (although some of these hours are covered by clinical simulation activities). The students are supervised and assessed by mentors who are registered nurses who undertake this activity following preparation, but alongside their normal clinical workload. With an increasing shortage of registered nurses availability of mentors may become problematic. Looking forward this is likely to become more and more challenging despite the best of intentions for registered nurses to feel they can adequately supervise and assess nurse students as well as other nursing team staff such as nurse associates and health care assistants, potentially leading to stress and burnout. Perversely this may then affect nurse retention; a number of studies highlight factors impacting on nurse retention including quality of practice environment, nurse leadership and impact on burnout (RN4CAST 2012; Roche et al 2015). Add to this an unprecedented demand for healthcare mainly due to people living longer with multiple chronic health conditions (RCN 2018a) the demands upon registered nurses and nurse mentors are very high.

As a nurse lecturer I am fully aware of the importance nurse students place on the clinical placement element of their programme. However Jones-Berry (2018a) reports that 25% of student nurses fail to complete their pre-registration education programme. Clearly academic and financial pressures play a part but so do clinical placement experiences around supervision, feeling prepared for levels of responsibility and stress concerning increased workload. Halter et al (2017) found that supervisor support was the most supported determinant for retention of registered nurses; it seems likely that this factor is as important in the supervision of nurse students.

Education and health service providers need to work together to ensure adequate support for students in practice. With the Brexit process rumbling on, reduced nurse student applications, an ageing registered nurse population and increasing care need, the on-going nurse shortage does not look like it is going away and so this is an issue to carefully monitor moving forward.

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Dr Janet Scammell, Associate Professor (Nursing), Bournemouth University