

The last few months have been some of the most testing in healthcare and for wider society. Colleagues that would normally be caring for patients with long term conditions have found themselves redeployed into areas such as intensive care or trying to hold the service afloat with a vastly reduced workforce. From the messages I receive, many are exhausted and are now trying to re-establish services to meet the needs of patients. Some people have also experienced a positive side to the recent challenges. Changes that nurses have wanted to make, such as alternative ways of delivering services, suddenly have support. Whatever the experience, it's been a time of change for everyone.

Recent events and the ever-approaching assessment of academic performance of English universities (known as the REF) have brought a time of reflection for me. Looking back at our research and different projects, I was astounded to see that I had done seventy evaluations to "prove the worth" of specialist nursing in the last fifteen years. These evaluations covered forty-eight specialisms from sickle cell to diabetes. They included workforce modelling in cancer-including uro-oncology. It's been great to learn about the different roles people have, the services they offer and how they really do make a difference.

It also set me wondering why we have done so many evaluations on what is essentially the same topic. Although we repeatedly show the benefits of specialist nursing to employers, commissioners, policy makers and patients, I am still asked to prove the worth to different groups of people—particularly when finances are pressured.

Specialist nurses must be one of the most over scrutinised workforces in healthcare, still seen as "nice to have" rather than essential, despite the impact they have. Specialist nursing has changed a lot in the last fifteen years. More nurse led services in areas like urology and uro-oncology, more complex work, larger caseloads and a lack of succession planning mean it's also a fragile workforce trying to meet a rising tide of demand with fewer resources. A recent piece of modelling that I did for one English region showed that the workloads of uro-oncology CNS, primarily working in prostate cancer had risen by 12-20% depending on the type of service they offered. The data showed that there had been substantial changes even since our research for [Prostate Cancer UK](#) in 2014.

So why am I having the same conversations? Why are academics trying to convince employers and commissioners of the value of this work? Patients and families understand it and so do most colleagues. It can't be that hard? We have the data, we have the patient experience work—what is so difficult to articulate?

One of the reasons that we are still having this conversation, is that specialist nursing will never be valued unless nursing itself is valued. It is becoming harder and harder to "sell" the value of the registered nurses despite the evidence that they improve safety and the quality of care. There are probably lots of reasons for this. The work of women has always been seen as less skilled and consequently less valued (and nursing is still seen as women's work, even when men do it). We see nursing undermining its own value everyday (terms such as "just a nurse" or "basic care" should be consigned to the bin).

Professional nursing care needs to be valued and to be valued it has to be seen. Like many experts it's easy to give an impression that a job is quite straightforward if it is done very well. It looks effortless. Nurses, particularly those working in specialisms, too also fall into the trap of devaluing their own work. Using terms like "giving support and advice" or not owning their own expertise ("I didn't do anything").

Nursing in specialisms at all levels of practice needs a credible voice. This is one of the reasons organisations such as [BAUN](#) are so important. Professional associations offer a collective voice, a way of articulating the contribution that nurses make to patient care and organisational success. They can also help “set the bar” when it comes to the levels of practice in a specialism like urology. How does the nurse working in urology inpatient care progress? Professional associations lay that groundwork and help nurses see a future in a specialism.

One of the issues we have faced in terms of articulating the value of specialist nursing is the variability of what it is. I have found that employers have a very variable understanding of what employees actually do and each set of competencies seems to bring everything from confusion to indifference. BAUN and other professional associations can cut through that ambiguity. They can also provide a national voice. The NMC currently are undertaking a review of [post registration qualifications/standards](#) and should this progress to a more encompassing view of all advanced practice, a voice will be essential.

Having looked at many areas of specialist practice there are some common areas of expertise that most people practicing at this level have. They deliver and manage care, they alleviate symptoms, they provide psychological care at times of distress and enable people to make choices (it goes way beyond “advice and support”). It's this kind of messaging nursing, and specialist nursing, needs to articulate to move towards. Failing to articulate what specialist nursing is and why it's important means that the roles are seen as disposable or replaceable with less skilled workers. Few employers understand how their front line staff help them manage risk in everyday life-its another invisible facet of the work. Making that work visible is essential to the survival of expert nursing practice.

A few years ago we established a [website](#) to help specialist nurses talk about the roles and their worth. The demand for the content hasn't diminished-there is still a constant need for this work but we must now all work together across specialisms to amplify the voice of nursing.

Organisations like BAUN help articulate not only what specialist nurses do but also why it's important in that specialism. These more generic messages are important if we want to convey the complex and valuable work of specialist nursing and the difference it makes to patients' lives.