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'The State We're In' (with apologies to Will Hutton):

Nursing¹ in the 21st Century: the view from Scotland

Abstract

I present a discursive paper to provide a view from Scotland on the current state of nursing and the uniqueness of the Scottish context. After setting the historical and philosophical context I begin in 2010 to 'capture a moment in time' during my first year in Scotland. I comment on my involvement in a conference on the nursing narratives from speakers and delegates. I go on to describe the impact of Francis, policy and practice developments, NHS Scotland's core values and the role of the Scottish Ombudsman in oversight and governance. I then address the role of research and development and the emergence of alternative narratives associated with medical science, public health and medical research and the 'Living Lab' alongside the narratives of care and compassion and systems to support and develop the workforce to deliver high standards of safe, effective person centred care. This alternative narrative addresses the Scottish Government's top priority to ensure 'the people of Scotland lead longer, healthier lives' given Scotland's position as 'The Sick Man (and woman) of Europe'. I draw on these narratives to set the future direction for nursing and midwifery. I conclude with the emerging issues within the context of a devolved and independent Scotland.

Keywords: Scotland, policy, nursing, practice, education, research

Introduction

When asked to provide a view from Scotland on the current state of nursing my first thoughts turned to identifying the uniqueness of the Scottish context. This is a consideration not far from the daily debates on the forthcoming referendum on Scottish Independence (Freeman, 2007, Scottish Government, 2014a).

I am a relative new comer to Scotland. I arrived in 2009 with no preconceptions and an open mind. So what struck me as different in those early days? I was drawn by the strong sense of history. The University of Edinburgh founded in 1583, was Scotland's fourth 'ancient' university and a major intellectual centre of European Enlightenment during the late 17th century promoting citizens' rights and the public good through health and education. I have daily reminders of these connections as I walk past statues of Adam Smith and David Hume on my way to work at the University of Edinburgh.

During the nineteenth century the University was at the forefront of the study of anatomy, the practice of surgery and the use of chloroform anaesthesia by James Simpson in 1847 to assist women during childbirth. Simpson's Memorial Pavilion and the Edinburgh Royal Infirmary gained the reputation of being great training grounds for doctors, midwives and nurses. In 1956, the University of Edinburgh was the first in Europe to establish an academic department of nursing followed in the 1960s by an undergraduate degree and establishment of a nursing research unit (Allan, 1990).

¹ In this paper Nursing is used generically to cover nursing, midwifery and health visiting

Over the decades Scotland has produced and attracted many nursing and midwifery pioneers and it is within this context of history, tradition and innovation in education, research and practice that has inspired the current vision for *Setting the Direction* in the second decade of the 21st Century (Scottish Government, 2014b). This vision puts Scotland's priorities at the forefront of excellence and quality to promote safe, effective and person centred education and care. As a small country the connection between government and daily institutions is strong and increases the potential for active interaction between policy, research, education and practice. This is evident in the opportunities for regular meetings between the Executive Directors of Nursing, the Heads of Nursing, Midwifery and Allied Health Professionals in Higher Education and the Chief Nursing Officer and her team.

I present a discursive paper which covers the following areas. I begin in 2010 to 'capture a moment in time' during my first year in Scotland. I go on to describe the impact of Francis, policy and practice developments and the role of the Scottish Ombudsman in oversight and governance. I then address the role of research and development and the emergence of alternative narratives to set the future direction for nursing and midwifery. I conclude with the emerging issues within the context of a devolved and independent Scotland.

'A moment in time'

During my first year in Scotland I organized a conference hosted by Nursing Studies at the University of Edinburgh. The title of the conference *Nursing Narratives: Voicing the Future for Nursing and Nurse Education* reflected its aim which was to take a critical look at the past (University of Edinburgh, 2010). The conference report captures a moment in time just prior to the 2010 general election and the formation of the coalition government. Labour was still in power in Westminster and the Scottish National Party had still to gain its 2012 landslide victory which set the Independence Referendum in motion (Scottish Government, 2014a). Ros Moore was newly appointed as Chief Nurse for Scotland and the findings of the Mid Staffordshire Inquiry were only just beginning to hit the headlines (Healthcare Commission, 2009). The integration of the health and social care agenda (Scottish Government, 2014c), an all-graduate entry to nursing by 2013 (Beasley et al. 2009) and reviews of nursing research and education were yet to come (Glasgow Caledonian University, 2011, Scottish Government 2014b)

Conference narratives

In order to create the nursing narratives distinguished speakers were invited to consider both the past and the future of Nursing in the 21st Century in order to stimulate dialogue with delegates. A major theme of the conference was to consider how the nursing 'Greats' such as mental health pioneer Annie Altschul and research mentor Lisbeth Hockey had inspired and empowered past and future generations of nurses to influence the future.

The conference was opened by Helen Mackinnon the then Director of Nursing, Midwifery and Allied Health Professionals at NHS Education for Scotland (NES). Helen highlighted the need to hear practitioners' stories to shape the future nursing and midwifery workforce to be able to take on new roles in response to the changing demands of the population and

fulfil the Scottish Government's 2020 workforce vision (Scottish Government, 2009). This vision emphasised multidisciplinary working, health improvement and partnership working with higher education to ensure as Helen suggested a critical mass of nurses, midwives and clinical academics at the front line of care.

Dorothy Armstrong, NES programme director and Nursing Adviser to the Scottish Public Services Ombudsman (SPSO) gave a similar message when she said:

'We have to use our head, our hearts and our hands to bring caring together and look to the future. Our challenge is to bring the leadership of caring to the fore to ensure that we are accountable for the quality of every encounter that we have with patients, relatives or students'.

She too commented on the power of nursing narratives to *'remind us of inspirational nurses that we've all been in contact with either through education, research or indeed clinical practice'.*

For Helen it was role models such as Annie Altschul who:

'Made us proud to be nurses. They highlighted the importance of compassion and the need to showcase the value of nursing. We need to climb on their shoulders to see further'.

Helen and Dorothy's messages were strong: nurses' and midwives' voices are important and their stories must be heard. Stories and narratives are part of the evidence base of nursing and make an important contribution to the evaluation of caring practices. Role models from both academe and practice are essential to inspire future generations of nurses and midwives and to pass on their knowledge and craft.

Frontline views

The views of delegates, including educators, practitioners, policy makers, researchers and students were sought both during the conference and in written feedback. There were many dynamic interventions from the floor and during workshops. Delegates welcomed the day and its potential to shape the future of nursing, patient care and education which also included clinicians' and users' views.

Many agreed that it was:

'Good to hear about and be inspired by the "Greats" but who will be the next "Greats" but who will be the inspiration for the next generation and those who are coming through to take the baton forward?'

They were also aware that front line educators and practitioners needed the support of policy-makers to *'take things forward and make a change'.*

'True nursing narratives' were called for to include *'the voices of the clinicians and frontline staff and their views and ideas for the future'.*

A presentation that had described participatory action research to encourage user involvement, in finding solutions to problems and making their contributions count, was particularly welcome. The importance of educators keeping in touch with the reality of clinical practice was emphasised especially given the move towards an all graduate profession by 2013 and the need to know more about how new graduate programmes would impact on service and education delivery in the future.

The views of speakers and delegates are interesting because both pose questions about the theory-practice gap; the divide between academe and service; and the valuing of clinical experience alongside formal knowledge and evidence. They also highlighted the need to prepare the next generation 'to take the baton forward' and to think how to influence the public-image of nursing and nurses' self-belief. While these views were generated from a Scottish context they present questions and preoccupations that are relevant for the whole of UK nursing and midwifery.

Francis: a defining moment for nursing

In the years since the conference the Francis Inquiry (Healthcare Commission, 2009, Department of Health, 2010, 2013) has put nursing, the NHS and healthcare under public scrutiny. Nursing in particular has been scapegoated for the failures in care and barraged by negative media. On the eve of the report of the public inquiry (Department of Health, 2013) I wrote a piece for *Nursing Times* in which I reflected:

'This inquiry is a defining moment in the history of the new NHS and reveals the pressure on management to meet targets and financial imperatives and how these impact on the quality of care. In Mid Staffordshire the quality of nursing care came under intense scrutiny, where for a variety of reasons nurses appeared to be unable to provide nursing care that responded to patients' physical and emotional needs. Staff, relatives and patients lived in an atmosphere of fear to speak out about the failures in care' (Smith, 2013).

Scotland has acknowledged the lessons to be learned from Francis while awaiting the findings of a lengthy inquiry in the Vale of Leven (2009). This is a large district hospital in the greater Glasgow and Clyde area where an outbreak of *Clostridium Difficile* led to an unacceptable level of deaths, between December 2007 and June 2008. The inquiry website bears testimony to a similar situation to that highlighted by the poor staffing levels and lack of clinical leadership exposed in the Maidstone and Tunbridge Wells Inquiry (Healthcare Commission, 2007) in England.

Policy and practice developments

The 2020 healthcare workforce and NHS Scotland's core values

The recent 2020 workforce vision reaffirms the core values of NHS Scotland. These are drawn from a 'Scotland wide conversation' with over 10,000 respondents (Scottish Government, 2013). The vision aspires to a health service that is safe, effective and person

centred (Scottish Government, 2010) based on a set of shared values which embrace care and compassion; dignity and respect; openness, honesty and responsibility; quality and teamwork.

This values-based philosophy underpins all health and social care policy emanating from the Scottish Government and NHS Education for Scotland to inspire and support health care professionals to give high quality care while meeting the health needs of the population across the life span and changing disease profiles.

The emphasis on these core values could be interpreted as being influenced by the tradition of citizens' rights which I observed to be strong in Scotland and rooted in the Enlightenment. I tested out this hypothesis with a research colleague who agreed that she would like to believe that this was the case but did not have any supporting evidence. However scrutiny of health and social policy documents revealed a consistency in the centrality of these core values.

Ensuring quality at the frontline of care

There are a number of initiatives which demonstrate a commitment to and operationalise these core values to promote quality of care through education, research and management. I have selected three illustrative examples.

Leading better care. The Leading Better Care (LBC) and Releasing Time to Care (RTC) initiatives were introduced in 2009 and were specifically designed to enable senior charges nurses and midwives to demonstrate their contribution to providing quality patient care and experience based on the core values of safety, effectiveness and person centredness (Scottish Government, 2011). In other words the LBC and RTC are practical examples of how a values-based health service can be operationalised in practice.

One senior charge nurse reported the before and after impact of the programme:

'The ward at times represented organised chaos. This has changed to a well organised ward, which is more conducive to providing quality care'. (NHS Scotland, 2011: p.7)

Compassionate Care Leadership Programme. The second example is the Compassionate Care Leadership Programme (CCLP), delivered in partnership between service and education to implement and operationalize NHS Scotland's core values with a particular emphasis on compassion and care. This unique partnership programme between the NHS and higher education began in 2008 until 2011. The aim of the programme was to embed compassionate care into all aspect of nursing practice and education (Adamson et al. 2009). Four strands were identified to achieve the programme's overall aim. The first strand concerned embedding the principles of compassionate care within the undergraduate curricula; the second strand identified ways to support newly qualified nurses during their first year in practice; the third strand aspired to identify compassionate care criteria to establish NHS centres of excellence; and the fourth strand promoted the development of leadership skills in Compassionate Care. The programme has a growing evidence base that has been generated through evaluation and research (Dewar et al. 2010, MacArthur, 2014).

Dewar and colleagues (2010) demonstrated the use of the 'emotional touch points' tool (Bate and Robert, 2007) to contribute knowledge and understanding of staff, patients' and carers' emotional experiences of compassionate care. Macarthur's realistic evaluation (2014) undertaken on eight wards with a range of clinical contexts and stakeholders developed a conceptual model of compassionate care which indicated four essential and dynamic elements i.e. strategy, relationships, practice development and leadership were required for its success.

Caring Behaviours Assurance System (CBAS). The third example is the Caring Behaviours Assurance System (CBAS) which is a quality initiative led by the CNO and recently introduced in a number of health boards. CBAS is a holistic management system which encompasses a variety of approaches to support, assure and capture value based high quality care and caring experiences involving staff, users and their families using a mixture of qualitative and quantitative tools and taking account of culture and context. CBAS is underpinned by person-centredness and the seven C's (caring, compassion, collaboration, clear communication, clean environment, continuity of care and clinical excellence) integral to the NHS Scotland Quality Strategy (Scottish Government, 2010). CBAS also recognises the importance of managing stress in order to promote staff wellbeing, satisfaction and retention using leadership and coaching techniques and recognising the importance of feedback.

All three examples demonstrate an emerging evidence base which identifies the importance of leadership, education and organisational support to create a caring culture in order to deliver compassionate and person centred care.

Oversight and Governance

The power of apology

The Scottish Public Services Ombudsman (SPSO) recognises that 'things can go wrong' despite aspirations to deliver safe, effective and person centred care. The role of feedback when 'things go wrong' is reflected in the SPSO's open approach to responding to complaints. Dorothy Armstrong, the SPSO's Nursing Adviser describes the 'power of apology' as an important element of this approach (Armstrong, 2009). She says:

'In my work at the Ombudsman's I often hear people say they have not been listened to and they feel humiliated and powerless: that if only staff involved in a mistake or wrongdoing had been honest and open and provided an apology, they would not have pursued their complaint'.

'A meaningful apology is a powerful tool that we can all use to enhance our practice. Part of my work involves looking at the kind of apologies staff give to patients and their relatives. Unfortunately, we have collected some poor examples such as: 'I'm forced to apologize, so I will.'

'However, we have also seen exemplar statements such as: "Your complaint has made me reflect on what I did and here is what I have learnt from it. Here is what I'm going to do and I apologize unreservedly" ' (Armstrong, 2009).

The SPSO's open and supportive approach suggests that the 'power of apology' may go some way to bringing concerns and complaints into the open by dealing with the difficulties when they first became apparent rather than pushing them underground. Such an approach may not only help alleviate the complainants' distress but respond to their concerns to prevent them escalating into a full blown scandal such as occurred in Mid Staffordshire.

Alternative narratives

Alongside the narratives of care and compassion and systems to support and develop the workforce to deliver high standards of safe, effective person centred care, supported by an emerging evidence base of research and evaluation, there is an alternative narrative associated with medical science, public health and medical research. This alternative narrative addresses the Scottish Government's top priority to ensure 'the people of Scotland lead longer, healthier lives' (Scottish Government, 2014d). This is particularly challenging given Scotland's position as 'The Sick Man (and woman) of Europe' borne out by the high incidence of cardiovascular and respiratory diseases and cancer, lower life expectancy and 'the highest mortality in Western Europe among working men and women since the late 1970s' (Whyte and Ajetunmobi, 2012). Lung cancer and heart disease are particularly high in men and liver disease in women (Whyte and Ajetunmobi, 2012). These are the patients and their families who nurses will encounter in their everyday work. Five years on I forget how in my first days walking through Edinburgh or travelling on the bus I was surprised to see the small stature and gaunt faces of some of the passers-by and on more than one occasion I was shocked to notice older women with rickets. The poverty and deprivation are easy to miss in the streets of central Edinburgh but immediately apparent in the surrounding areas and cities such as Paisley. What does this mean for nurses?

The high incidence of long term conditions, in particular dementia, cardiovascular and respiratory disease requires the workforce to be educated in health promotion and disease prevention, able to support people in their own homes and the community and provide a seamless interface with hospital care (Scottish Government, 2013: 4). A number of approaches to public health have been implemented and nurses need to re-vision their roles to incorporate new ways of working. Some examples are presented below.

Public health initiatives

If the Scottish Government Health and Social Care Directorate's top priority is to ensure 'the people of Scotland lead longer, healthier lives,' given the morbidity and mortality figures, this must go beyond nursing and midwifery practice to tackle alcohol misuse, reduce smoking and chronic conditions such as diabetes and dementia.

Scotland was the first country in the UK to introduce the smoking ban in public places in March 2006. Statistics show there have been positive effects in lowering the incidence of hospital admissions of children with asthma (Mackay et al. 2010) and emergency admissions of adults with heart attacks (Sims et al. 2010).

One example of how nurses can gain knowledge and confidence to apply public health in practice is illustrated by a research based tool to advise parents on creating ‘smoke free homes’ to protect their children from passive smoking (Shaw et al. 2013). Nurses’ involvement is also key to influence policy and implement interventions to assist people to reduce their alcohol intake (Puttick, 2012).

Dementia is a top priority both for medical research and strategies for health and social care. It was noted in Scotland’s National Dementia Strategy 2013-2016 that in March 2012 64% of people with dementia had received a confirmed diagnosis compared with 44% in England (Scottish Government, 2014d). People who are newly diagnosed are entitled to at least a year of post diagnosis support. Dementia care is a clear example of where the health service is working with the third sector, Alzheimer’s Scotland to provide care for people with dementia, such as the provision of nurse consultants.

A global approach to public health

A ‘Living Lab’ for medical research. Scotland is a small country with a population of just over 5 million with low geographic mobility and a constellation of unique health problems that can be turned to an advantage for clinical research. Devolution and the subsequent move towards independence has been seen to offer opportunities to use this epidemiological profile of a ‘sick population’ to transform Scotland into a ‘Living Lab’ where focused clinical research can be undertaken (Haddow et al. 2014). This is greatly assisted by a number of factors outlined below.

Identification of the main interlinked discourses used to justify Scotland as a unique selling point and attraction for medical research:

- a. A unique population insofar as its purported lack of geographic mobility – ‘stay put’ allows the possibility to exploit genetic and historic pedigree of individuals and groups.
- b. ‘Stay-put’ also means the potential to identify medical research or clinical trial participants through the ability to link health information to medical records as well as registries of disease via the Community Health Index.
- c. As having a population willing to participate in clinical trials (partly due to knowing or having experiences of the diseases that have led to the label of ‘Sick Man of Europe’ and leaving a health legacy for others) can be exploited through the establishment of clinical networks as well as databases.

Table 1: Scotland’s Story as a Unique Selling Point for Medical Research
(Source: Haddow et al (2014), Reproduced with permission)

Table 1 indicates the existence and availability of a range of electronic health records and databases in the Scottish health system that offer huge opportunities for research and evidence to improve people’s health and care delivery. Examples include The Scottish Informatics Programme (SHIP), The Community Health Index (CHI) and the Scottish Health Research Register (SHARE).

The Scottish Informatics Programme (SHIP, 2014) is an organisation which facilitates ethical access to anonymised data bases for research purposes through the Community Health Index (CHI) (Scottish Government, 2012). The CHI is a key innovation introduced by the

Scottish Government (Scottish Government, 2012) to link up an individual's health data at the point of entry in to the health care system when they register with a general practitioner. The CHI can then be linked to a range of disease related and other databases e.g. Diabetes, education and other records. The Scottish Government also argues that the CHI is a key strategy to ensure safe, effective and person centred care.

The Scottish Health Research Register (SHARE) was established in 2012 to encourage individuals to register their willingness to take part in clinical trials (NHS Scotland, 2012).

The establishment of clinical networks (including diabetes, stroke, children, mental health and dementia) that are research orientated improve opportunities for research and development in medical research, care delivery and application to practice (Scottish Diabetes Research Network, 2012).

Research and evidence for care

Good quality care requires a robust evidence base and is supported by the education of clinical academics at the forefront of care. The response of NHS Education for Scotland has been to establish the Clinical Academic Research Career (CARC) scheme to provide masters, doctoral and postdoctoral opportunities for practitioners wishing to remain at the forefront of care and lead service development, research and innovation (NHS Education for Scotland, 2011, Department of Health, 2012). A number of schemes are in place to support the aspiration: 'For Scotland to be known as a country where nursing and midwifery research and research leadership flourishes and impacts on health and wellbeing' (Glasgow Caledonian University, 2011:17). One innovation has been to establish a Masters in Nursing by clinical research which is funded by the CNO's office. The programme has been designed to recruit new honours graduates into a clinical research career and create a pool of research ready practitioners able to follow doctoral and postdoctoral career pathways.

Over recent years, the eleven universities in Scotland have been working in a variety of ways to build up the academic research base. The establishment of consortia, clinical academic research pathways and other collaborative arrangements have assisted this process. The NHS Lothian, NES and the three universities in Edinburgh have built on the experience of the Centre for Integrated Health Research (CIHR), one of three consortia funded by the Scottish Government between 2008-2011 to build up a programme of NMAHP research and training opportunities and capacity. The Alliance for Self Care based at the University of Stirling linked to Dundee and Aberdeen Universities while HealthQWest based at Glasgow Caledonian University with links to Strathclyde and Glasgow Universities. One of the key outcomes of these arrangements has been to build partnerships with the NHS.

In 2009 Professor Alison Tierney analysed the results of the 2008 Research Assessment Exercise (RAE) submissions from Scotland's Schools and Departments of Nursing and Midwifery. She reported a significant improvement from the previous submission in 2004. The benefits of the various collaborative arrangements are expected to become apparent in the 2014 Research Excellence Framework (REF) outcomes (Glasgow Caledonian University, 2011).

The NMAHP Research Unit (NMAHP RU) based at the University of Stirling and Glasgow Caledonian University is a national research unit and funded by the Scottish Government Health Directorate Chief Scientist Office (CSO) with a commitment to 'conduct high quality research to make a difference to the lives of the people of Scotland and beyond'. The unit is developing a Scottish Collaboration of NMAHP Trialists – ASCeNT to bring together cross-disciplinary NMAHP researchers involved in randomised controlled trials to develop methodologies required to support and evaluate complex interventions. This initiative is in line with the notion of the 'Living Lab'. The links between academe and practice are being further strengthened by the establishment of four re-engagement fellowships funded by the Chief Nursing Officer which have been established at the unit in August 2014. The aim of the fellowships is to assist post holders to work between academe and practice to develop a programme of research on an important clinical problem.

These examples demonstrate how the NMAHP research vision for Scotland supports the delivery of high quality frontline care while at the same time building up the research capacity and evidence base.

Setting the Direction 2014 for Nursing and Midwifery Education in Scotland

High quality frontline care requires robust education underpinned by research and capacity building to prepare the workforce to deliver it. The Chief Nursing Officer's review of nursing and midwifery education in Scotland was set up in 2012 to address this and after extensive consultation with stakeholders reported in February 2014. The report: *Setting the Direction*, has six strategic aims inspired and underpinned by Scottish Government policy and builds on innovations such as Leading Better Care, Releasing Time for Care, Clinical Academic Research Careers and the high quality provision of undergraduate and postgraduate education. The document is also framed by the Willis Commission (2012), Francis Inquiry (2013) and the 2020 Workforce Vision (2013).

One of the ways that the active participation of stakeholders is ensured is through the Scottish Executive Nurse Directors and Scottish Heads of Academic Nursing and Allied Health Professions groups. These groups form a strong partnership between senior clinical leaders and academics with the potential to effect change and are in direct dialogue with the Chief Nurse and the Scottish Government.

Setting the Direction has six clear foci for the formation of working groups to take them forward:

- Develop a sustainable national approach to post-registration and postgraduate education and continuing professional development;
- Embed NHS Scotland values and professionalism in nursing and midwifery education, research and practice;
- Deliver dynamic pre-registration nursing and midwifery education;
- Enhance the quality of the practice learning environment for staff and students;

- Strengthen clinical academic collaboration to ensure that research and evidence underpins and drives improvements in quality;
- Infrastructure will be in place to deliver efficient responsive and sustainable education.
(Scottish Government, 2014: 5)

Setting the Direction places post registration, post graduate and continuing professional development as a top priority for the preparation of the 2020 workforce the majority of whom 'already work here or are in training' (Scottish Government, 2013: 1).

The review of pre-registration and undergraduate education is also seen as important to prepare the graduate nurse to take on new roles and counter the critiques that a university education is not compatible with a compassionate and caring nurse able to care proactively in response to the changing health needs and disease profile of the population. The narrative of the 'Living Lab' is missing in this discourse. It is important that the nursing and midwifery professions take into account the wider policy context and public health discourse to explore and inform their future practice, educational and research roles.

Future Issues

In *Setting the Direction* for the 21st Century the realities of a 'Better together' or post-independent Scotland need to be considered. Such issues include funding for health, education and research. Over the last year there have been changes in direct commissioning by the Scottish Government of the four year undergraduate honours nursing programmes to bring them in line with the three year ordinary degree programmes. The implications of these changes remain unclear. There is as yet no explicit privatisation agenda in health as is happening in England. The integration of health and social care is the next major priority on the horizon and a consultation is underway to inform future innovation and implementation. The future direction will depend to some extent on how the people of Scotland vote on the 18th September but whatever the outcome there is a firm foundation for nursing and midwifery to move forward whether 'Better together' or as an independent Scotland. However, the message of this paper is inspire the next generation 'to take the baton forward'.

(5820 words including table and references)

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