

Chapter 1

The nature of nursing

Aim

The aim of this chapter is to introduce the reader to the nature of nursing and offer an overview of how care is offered.

Learning outcomes

By the end of the chapter the reader will be able to:

1. Provide a timeline outlining key points in the development of contemporary nursing practice
2. Identify how care provision over the years has impacted on contemporary practice
3. Discuss how the NHS was formed and its current role in the provision of health and social care
4. Consider local, national, and international care perspectives

Introduction

The past is where lessons have been learnt and the future is where those lessons learnt are applied. However, living in the past can hinder progress. In an unidentified source, 'you cannot tell where you are going unless you know where you have been' is the key theme of this chapter. Much is to be learnt from the past in order to help us in the future, to learn from our mistakes and to help us and the services we provide to develop in an appropriate and patient-centred manner.

Before the mid-nineteenth century, nurses, whether employed in hospitals or in private homes, were very often uneducated and usually had no formal training. In Britain in the 1840s nursing sisterhoods were founded to improve standards of nursing, these mimicked the Catholic nursing orders in other European countries. St John's House, an Anglican Nursing Sisterhood founded in 1848, was one example of these. As a thank-you to Florence Nightingale for her accomplishments during the 1854–1856 Crimean War, a fund was raised by public donations to allow her to establish a training school for nurses in London, the Nightingale School set up at St Thomas' Hospital in 1860. Other hospitals, both voluntary hospitals and workhouse infirmaries, formed their own training schools, and many of these were run by superintendents who had trained at the Nightingale School. Nightingale based her curriculum on the following beliefs:

- Nutrition is an important part of nursing care.
- Fresh, clean air is beneficial to the sick.
- Sick people require occupational and recreational therapy.
- Nurses should help identify and meet patients' personal needs and these include the provision of emotional support.

- Nursing should be directed towards two conditions: health and illness.
- Nursing is separate and distinct from the practice of medicine and as such should be taught by nurses.
- Nurses need continuing education.

Review

Think about the list of Nightingale's beliefs (those that were a part of her nursing curriculum) and reflect on the course or programme of study you are enlisted on and determine if these beliefs are still the foundation of nursing education today.

Provision was also provided to train district nurses to care for the sick and poor in their own homes, and in 1887 the Queen's Institute of District Nursing was founded.

The 1919 Nurses Registration Act set up the General Nursing Council, which was charged with maintaining a register of nurses to ensure that in future all nurses were appropriately trained. As a result of a shortage of nurses, the Nurses Act established in 1943 provided a roll of assistant nurses.

In 1930 county councils took over the workhouse infirmaries from the Boards of Guardians and the London County Council also acquired all the hospitals that had been previously managed by the Metropolitan Asylums Board. Most hospitals and mental institutions in 1948 passed to the National Health Service (NHS), with the majority of them becoming the responsibility of the regional hospital boards. Four boards assumed responsibility in London and the South East, as well as the North East, North West, South East, and South West Metropolitan Hospital Boards. In each hospital region an Area Nurse Training Committee was established, with the aims of financing, advising and improving all nurse training institutions in the region.

County councils became responsible for district nursing as well as for other personal health services in 1948. All health services were transferred to the newly formed regional and area health authorities in 1974, replacing the regional hospital boards, and in 1982 area health authorities were abolished. There have been numerous other reorganisations that have followed.

The National Health Service

The NHS is over 70 years old, and the NHS and those people it offers a service to today are very different now than in 1948 when it was born. This difference between then and now must be taken into account in any discussion that includes contemporary service provision. Today Britain has become a wealthier society, it is more socially and morally liberal and as a result of this, public expectations have changed considerably. However, the impact that social and economic changes have had on society have been uneven, and there are inequalities.

The NHS was created out of the notion that good healthcare should be available to all, irrespective of wealth. When the NHS was launched on 5 July 1948, it was based on three core principles, that it:

1. Meets the needs of everyone
2. Be free at the point of delivery
3. Be based on clinical need, not ability to pay

(the National Health Service Act – see figure 1.1).

These three principles are still very apparent today, they continue to guide the development of the NHS and remain at its centre. The NHS is the largest employer in the UK, there are roughly 1.5 million people employed by the NHS across the UK. By country:

- In England 1.2 million
- In Scotland 162 000
- In Wales 89 000
- In Northern Ireland (NI) 64 000

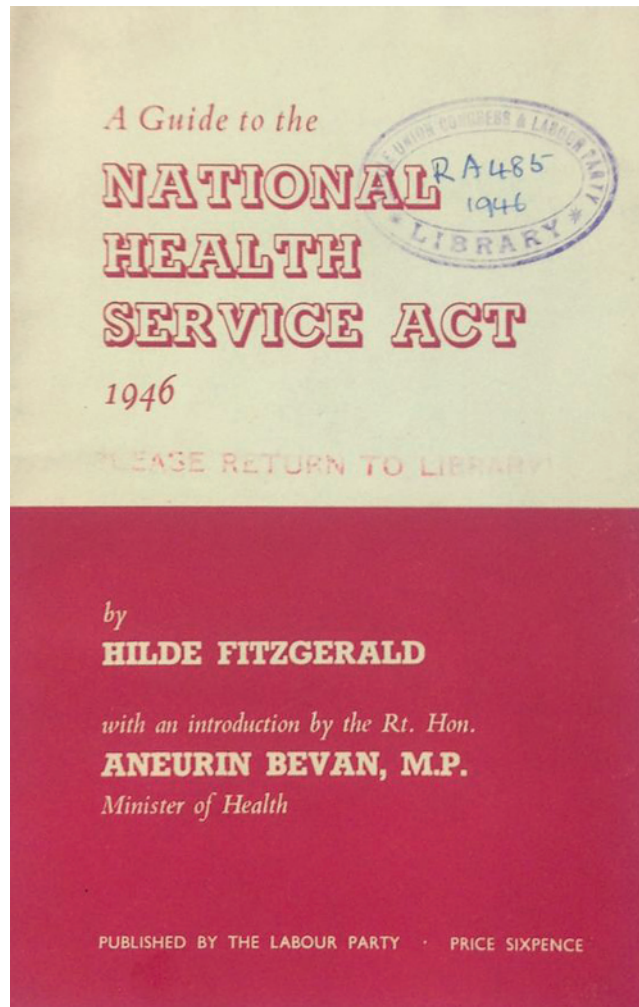


Figure 1.1 The National Health Service (NHS) Act 1946.

This data does not include everyone working in the health sector. They leave out some people, for example temporary staff, GPs, dentists, optometrists, and other staff in the independent sector or private hospitals (Full Fact 2017).

In England, around 824 000 clinical staff (those directly involved in patient care) work in the NHS, including 141 000 doctors and 329 000 nurses, midwives and health visitors (National Audit Office 2016).

So far

The NHS was launched in 1948. It was born out of a long-held ideal that good healthcare should be available to all, regardless of wealth. The NHS provides healthcare for all UK citizens based on their need for healthcare as opposed to their ability to pay for it. It is funded by taxes.

The NHS is the largest employer in the UK – there are around 1.5 million people employed by the NHS across the UK.

Department of Health and Social Care

The purpose of the Department of Health (DH) is to help people live better for longer, the DH shapes and funds health and care in England, ensuring that people have the support, care and treatment they require, with the compassion, respect and dignity that they deserve. The dynamic and changing health and care organisations work together with the DH to achieve this common purpose. In 2018 the Department of Health became the Department of Health and Social Care (DHSC).

The DH facilitates health and social care bodies to deliver services according to national priorities, working with other parts of government to achieve this and setting objectives and budgets and holding the system to account on behalf of the Secretary of State for Health. Ultimate responsibility for ensuring that the whole system works together to meet the needs of patients and the public sits with the Secretary of State for Health. Figure 1.2 provides a visual overview of the DH.

NHS England

NHS England assists NHS services nationally ensuring that money spent on NHS services provides the best possible care for patients. It funds local clinical commissioning groups (CCGs) to commission services for their communities and ensures that they do this effectively. NHS England brings together expertise to ensure that national standards are consistently in place across the country. Throughout its work it promotes the NHS Constitution and the Constitution's values and commitments.

Clinical commissioning groups

These are clinically led statutory NHS bodies responsible for the planning and commissioning of healthcare services for their local area. Membership of CCGs includes nurses and other clinicians, such as GPs and consultants. They are responsible for approximately 60% of the NHS budget and commission the majority of secondary care services as well as playing a part in the commissioning of GP services.

Health and wellbeing boards

Health and wellbeing boards (HWBs) were established by local authorities to act as a forum for local commissioners across the NHS, social care, public health, and other services. The aims of the HWBs are to increase democratic input into strategic decisions about health and wellbeing services and strengthen working relationships between health and social care.

Public Health England

Public Health England (PHE) provides national leadership and expert services to support public health and works with local government and the NHS to respond to emergencies.

Vanguards

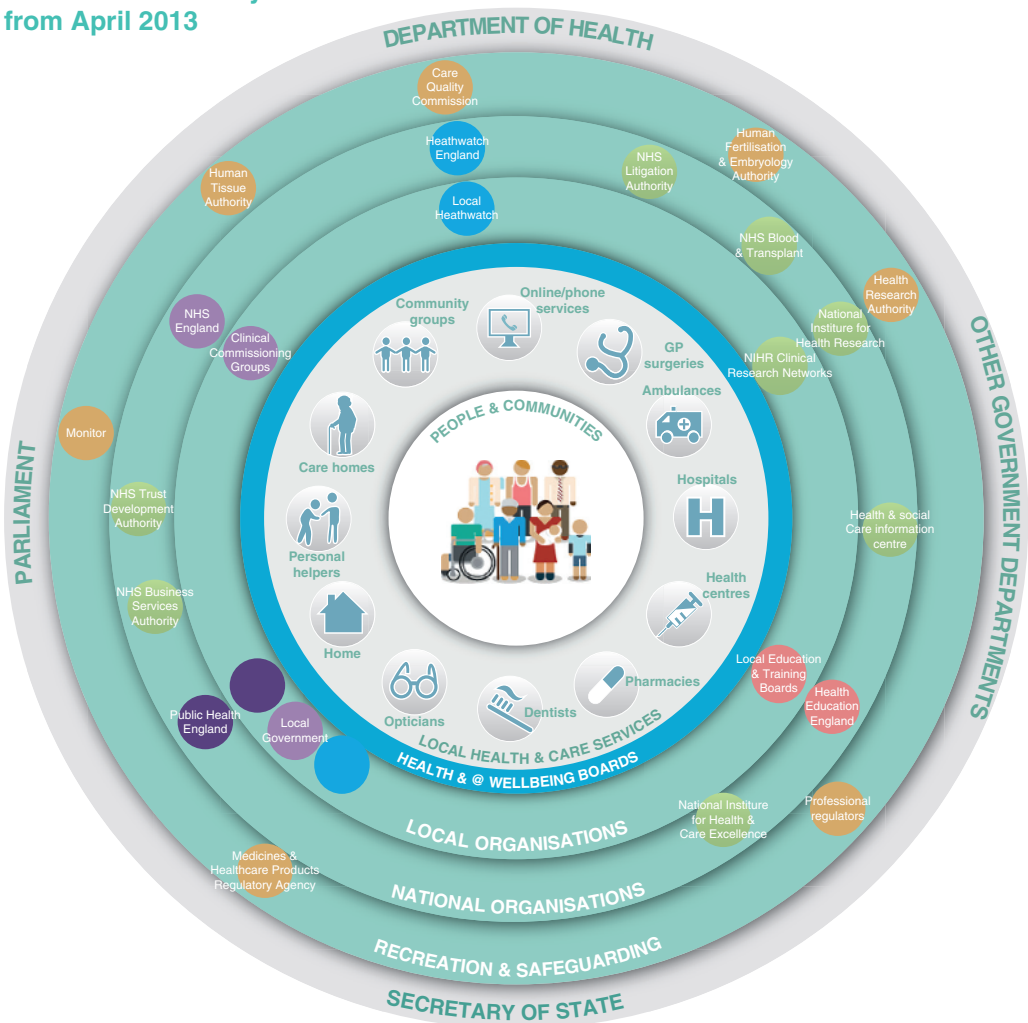
These were introduced in 2015. Fifty chosen vanguards are required to develop new care models and potentially redesign the health and care system. It is intended that this could lead to better patient care and service access, and a more simplified system.

Regulation and safeguarding people's interests

Responsibility for regulating particular aspects of care is shared across a number of different bodies, for example:

- The Care Quality Commission (CQC)
- NHS Improvement is an umbrella organisation bringing together a number of other organisations
- Individual professional regulatory bodies, that include the Nursing and Midwifery Council (NMC), the General Medical Council, the General Dental Council and the Health Care Professions Council

The health & care system from April 2013



KEY		
● Providing care	● Empowering people and local communities	● Safeguarding patients interests
● Commissioning care	● Supporting the health and care system	
● Improving public health	● Education and training	

Figure 1.2 The Department of Health (DH) explained. Source: DH (2013) (permission open government licence: www.nationalarchives.gov.uk/doc/open-government-licence/version/3/).

The health care system in Scotland

Scotland's NHS operates under separate management, administration and political authority since devolution in 1999. Budgets for each branch of government spending, including the NHS, are determined not by Westminster but by the Scottish government, which decides how to split its block grant between public services.

The responsibility for delivering health services is mainly devolved to the health boards. There are 14 territorial health boards, which arrange services for their local population, and there are seven special health boards which provide a specific service for the whole of Scotland. Since the 1st April

2016, territorial health boards and local authorities have integrated certain health and social care services with the creation of 31 integration authorities.

Health boards are accountable to Scottish Ministers and ultimately to the Scottish Parliament. They are held to account through a number of measures such as Local Delivery Plan standards and annual accountability reviews.

The health care system in Wales

NHS Wales is the publicly funded national healthcare service of Wales, providing healthcare to around three million people who live in the country.

The NHS Wales provides services through seven Health Boards and three NHS Trusts in Wales. Primary care services are provided by GPs, nurses, and other health care professionals in health centres and surgeries across Wales. Secondary care is delivered through hospital and ambulance services and tertiary care is provided by hospitals, treating people with particular types of illness such as cancer. Community care services are usually provided in partnership with local social services and delivered to patients in their own homes.

The health care system in Northern Ireland

The DH sets the policy and legislative context for health and social care in NI. An annual Commissioning Plan Direction sets out ministerial priorities, key outcomes and objectives, and related performance indicators.

The Health and Social Care Board (HSCB), in conjunction with the Public Health Agency (PHA), then produces a Commissioning Plan.

Commissioning is about securing and monitoring health and social care services for the population of NI. The variety and complexity of the services provided is huge, with some local services being designed and secured for a population of a few thousand and for rare disorders, services need to be considered regionally or even nationally. NI's approach to integrated governance for health and social care sets it apart from other UK jurisdictions.

So far

Since devolution in 1998, the UK has had four increasingly distinct health systems, in England, Northern Ireland, Scotland, and Wales. The key tenets of the NHS, free at the point of need, still feature in all four countries.

Review

Consider health and social care provision in the country where you are working. Analyse the pros and cons of a devolved health and social care provision for the people you offer care and support to and yourself.

The NHS Constitution

The NHS Constitution (DH 2015) establishes the principles and values of the NHS in England, setting out rights to which patients, public, and staff are entitled and pledges which the NHS is committed to achieve, along with responsibilities, which the public, patients, and staff owe to one another, ensuring that the NHS operates fairly and effectively. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying the NHS with services, and local authorities in the exercise of their public health functions have to by law take account of the Constitution in their decisions and actions.

Box 1.1 The seven key principles

1. The NHS provides a comprehensive service, available to all.
2. Access to NHS services is based on clinical need, not an individual's ability to pay.
3. The NHS aspires to the highest standards of excellence and professionalism.
4. The patient will be at the heart of everything the NHS does.
5. The NHS works across organisational boundaries.
6. The NHS is committed to providing best value for taxpayers' money.
7. The NHS is accountable to the public, communities and patients that it serves.

Source: DH (2015).

Box 1.2 The six values

1. Working together for patients
2. Respect and dignity
3. Commitment to quality of care
4. Compassion
5. Improving lives
6. Everyone counts

Source: DH (2015).

The seven key principles guide the NHS in all it does. They are underpinned by core NHS values, derived from extensive discussions with staff, patients, and the public (see Box 1.1).

The key principles are underpinned by six values (see Box 1.2). The NHS values provide common ground for cooperation to achieve shared aspirations, at all levels of the NHS.

For the first time in the history of the NHS, the NHS Constitution brings together details of what staff, patients and the public can expect from our NHS. The Constitution also explains what patients can do to help support the NHS, help it work effectively and help in ensuring that resources are used responsibly.

Review

The Code (NMC 2018) requires you to keep to the laws of the country in which you are practising. What does this mean and how can you ensure that you adhere to this clause?

Nursing

What is nursing? This is a complex question. It is also difficult to answer because nursing is dynamic, it is evolving and is a comparatively new profession. It is not easy to define nursing because the concept is as complex as its numerous activities. According to Nightingale (1859):

Nature alone cures... And what nursing has to do...is to put the patient in the best condition for nature to act upon him.

This is a classic definition of nursing with an emphasis on the promotion of health and healing as opposed to a cure of illness, the definition has a focus on the interconnected triumvirate (see Figure 1.3).

All three of Nightingale's features are still central to modern definitions of nursing.

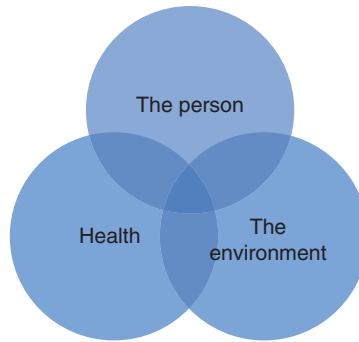


Figure 1.3 The triad.

Review

How would you define nursing? Write down your definition. Ask some others about their definition of nursing: do their definitions match yours? What are the similarities, if any?

There are a number of definitions of nursing available. Virginia Henderson (1960), for example, stated that the purpose of nursing is:

To assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will, or knowledge and to do this in such a way as to help him gain independence as rapidly as possible.

The Royal College of Nursing (RCN 2014) defines 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.

The RCN's definition is supported by six defining characteristics (see Table 1.1 and Figure 1.4).

Wild (2018) notes that the RCN's definition draws on what are seen as the purposes of nursing, they are:

- To promote and sustain health
- To care for those whose health has been compromised
- To aid in the recovery process
- To facilitate independence
- To meet needs
- To improve/maintain wellbeing/quality of life.

Review

Compare your earlier definition of nursing with Henderson's 1960 definition and the RCN's 2014 definition. In your own description of nursing, can you identify what Wild (2018) refers to as the purposes of nursing?

So far

The ability to define nursing and what nurses do is elusive, and this may be a good thing as what it is nurses do will (or should) be determined by the unique needs of the person receiving care. There are a number of definitions of nursing available; some may be of use and others may not.

The 6Cs of nursing

The 6Cs of nursing represent the professional commitment to always deliver exceptional care. Each value is equal, no one is more important than the other. Each of them focuses on putting the person who is being cared for at the heart of the care that they are given. See Table 1.2 for an overview of the 6Cs.

The code

Nurses are required to adhere to the principles of a Code of Conduct. The Code (NMC 2018) presents the professional standards that all nurses, midwives and nursing associates have to uphold if they wish to be registered to practise in the UK.

Table 1.1 The RCN's six defining characteristics.

Defining characteristic	Definition
One	A particular purpose: the purpose of nursing is to promote health, healing, growth and development and to prevent disease, illness, injury, and disability. The purpose of nursing when people become ill or disabled is to minimise distress and suffering and to enable people to understand and cope with their disease or disability, its treatment, and its consequences. In death, the purpose of nursing is to maintain the best possible quality of life until its end.
Two	A particular mode of intervention: nursing interventions are concerned with empowering people, helping them to achieve, maintain, or recover their independence. Nursing is an intellectual, physical, emotional, and moral process which includes the identification of nursing needs; therapeutic interventions and personal care; information, education, advice, and advocacy; and physical, emotional, and spiritual support. In addition to direct patient care, nursing practice includes management, teaching, and the development of knowledge and policy.
Three	A particular domain: the specific domain of nursing is people's unique responses to and experience of health, illness, frailty, disability, and health-related life events in whatever environment or circumstances they find themselves. Responses may be physiological, psychological, social, cultural, or spiritual, and often they are a combination of all of these. This includes people of all ages, families, and communities, throughout the life span.
Four	A particular focus: the emphasis of nursing is the whole person and the human response as opposed to a particular aspect of the person or a particular pathological condition.
Five	A particular value base: nursing is based on ethical values; these respect the dignity, autonomy and uniqueness of human beings, the privileged nurse–patient relationship and the acceptance of personal accountability for any actions and omissions.
Six	A commitment to partnership: nurses work in partnership with patients, their relatives, and other carers, and in collaboration with others as members of a multidisciplinary team. Where appropriate they will lead the team, prescribing, delegating, and supervising the work of others; at other times they will participate under the leadership of others. At all times, however, they remain personally and professionally accountable for their own decisions and actions.

Source: Adapted RCN (2014).

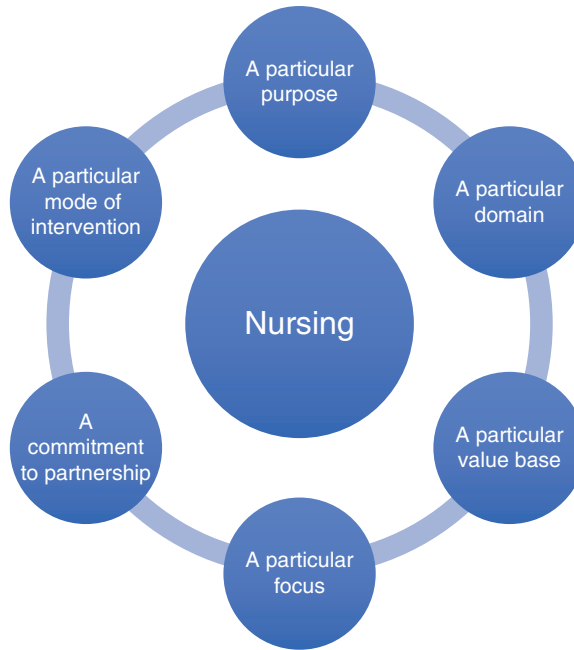


Figure 1.4 The six defining characteristics and the how they inform and support the definition of nursing. Source: RCN (2014).

Table 1.2 The 6 Cs.

Care	Care is our core business and that of our organisations, and the care we deliver helps the individual person and improves the health of the whole community. Caring defines us and our work. People receiving care expect it to be right for them, consistently, throughout every stage of their life.
Compassion	Compassion is how care is given through relationships based on empathy, respect and dignity – it can also be described as intelligent kindness, and is central to how people perceive their care.
Competence	Competence means all those in caring roles must have the ability to understand an individual's health and social needs and the expertise, clinical, and technical knowledge to deliver effective care and treatments based on research and evidence.
Communication	Communication is central to successful caring relationships and to effective team working. Listening is as important as what we say and do and essential for 'no decision about me without me'. Communication is the key to a good workplace with benefits for those in our care and staff alike.
Courage	Courage enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working.
Commitment	A commitment to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients, to take action to make this vision and strategy a reality for all and meet the health, care and support challenges ahead.

Source: DH (2012).

If a nurse fails to comply with the Code, this could bring their fitness to practise into question. Within the Code are the professional standards that nurses must uphold. Whether the nurse is providing direct care to individuals, groups, or communities or bringing their professional knowledge to bear on nursing and midwifery practice in other roles, such as leadership, education, or research,

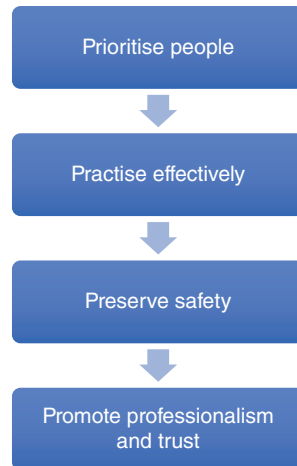


Figure 1.5 The four themes underpinning good nursing practice. Source: NMC (2018).

they must, at all times, act in line with the Code. The values and principles set out in the Code can be interpreted in a number of ways and in a range of practice settings. Regardless of this, the principles are not negotiable or discretionary.

There are four themes within the Code. When used together they signify good nursing practice (see Figure 1.5).

The Code provides a focuses on:

- Compassionate care – kindness, respect, and compassion
- Teamwork – working in cooperative way
- Record keeping – keep clear and accurate records
- Delegation and accountability – delegate responsibly, be accountable
- Raising concerns – reporting concerns immediately
- Cooperating with investigations and audits – includes those against individuals or organisations and acting as a witness at hearings

Take note

Delegation

- Only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions.
- Make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care.
- Confirm that the outcome of any task you have delegated to someone else meets the required standard.

Source: NMC (2018).

The term 'registered nurse' is a protected title. To become a registered nurse entails three years of education, as well as registration with the NMC, the regulatory body that can call to account and ultimately strike off those not adhering to the Code.

So far

12

The Code (NMC 2018) details the professional, ethical and moral standards nurses are required to uphold. Whilst the Code is not law, much of it derived from legislation. Nurses may be called to account for their actions or omissions and will be judged against the standards detailed in the Code. The nurse is first and foremost accountable to the patient, they must act in the patient's best interests at all times.

The role of the nurse

The role of the nurse has been expanded and extended in many ways over the years. As health care becomes more complex, so too must the ways in which care is delivered in order to meet the multifaceted needs of those we offer care and support to. The contribution of nurses is key in ensuring that we meet twenty-first-century health care challenges. Regardless of the many advances that have been made in disease prevention and health promotion, there is still a need to offer people education and advice about healthy lifestyles and provide care for and assist people if and when they do become ill, disabled, or unable to care for themselves.

As health care systems become more complex, the economic, technical, and social factors that shape the nature of any health care experience will shape the nurses' role and function. Nurses are required to collaborate on the organisation of care with other members of the health care team (the multidisciplinary team) across systems and contexts of care and across the life span. They are seen as the pivot, the conductor conducting the orchestra, or the glue that holds an organisation together. See Figure 1.6 for some of the partnerships associated with the role of the nurse.

The fundamental role of the nurse is to provide services that promote health and wellbeing, encourage self-care and deliver personalised health outcomes which can be in a hospital, in the person's own home, in a local general practice, or in the community. These services have to be appropriately combined with social care and properly signposted so that, whether for urgent or more planned treatments, a full range of coordinated, high-quality, accessible, and well-understood services are in place for people to use and to use effectively.

As the role of the nurse expands (beyond the realms of the hospital and the NHS), there is an even greater need for a thorough knowledge of the nursing process and problem solving. The nursing process is a multi-step tool and process that uses assessment, diagnosis, planning, implementation, and evaluation to teach, learn, think, and reason about nursing care wherever this occurs. The nurse takes on the role of caregiver, educator, collaborator, advocate, leader, and manager.



Figure 1.6 Partnerships.

Review

13

Write notes about the role of the nurse in relation to:

1. Caregiver
2. Educator
3. Collaborator
4. Advocate
5. Leader
6. Manager

Professionalism

The provision of safe and effective health care is very complex. Nurses make up the largest group of health care professionals, playing an especially important role within health and care delivery. Health care delivery represents a number of elements that when gathered together offer a description of the spirit of professional nursing practice.

The many roles that nurses play within health care delivery as well as the features required of professional nurses include the behaviours that nurses integrate into all patient care encounters, making every contact count. These include:

- Professionalism
- Clinical judgement
- Leadership
- Ethics
- Patient education
- Health promotion

Competence is another important consideration that is associated with professionalism, this refers to being competent or well-qualified to undertake and complete a skill or task. In order for the nurse to perform in a competent manner they must possess the appropriate knowledge, skills, and attributes that are essential for the provision of safe and effective care.

Nurses deliver health care in a variety of contexts using various approaches and models. The chosen model has to reflect the context of care, the client group, the healthcare infrastructure, and various philosophies.

So far

The role and function of the nurse is diverse and changes as the needs of the people they offer care to change. Nursing encompasses autonomous and collaborative care of people of all ages, families, groups, and communities, be they sick or well and in all settings. Nurses promote health, aim to prevent illness, and provide care and support to those who are ill and those who are dying. Nurses work in a number of large specialties, sometimes working independently and as part of a team to assess, diagnose, plan, implement, and evaluate care. At all times the patient is at the centre of all that the nurse does.

Technology and nursing

In our own lives we have become more and more digitally literate, using smart phones, utilising TV and news media, booking our holidays online or using home delivery supermarket services. When motivated to learn, we do. Many of the skills we use in our personal life can be easily transferred to our work lives, where we can use them in supporting the best outcomes for those people we offer care to.

Take note

Social media

If used correctly and appropriately, social networking sites may provide a number of benefits for nurses, midwives, and students. However, registration with the NMC may be jeopardised if a nurse acts in any way that is unprofessional or unlawful on social media, including (but not limited to):

- Sharing confidential information inappropriately
- Posting pictures of patients and people receiving care without their consent
- Posting inappropriate comments about patients
- Bullying, intimidating or exploiting people
- Building or pursuing relationships with patients or service users
- Stealing personal information or using someone else's identity
- Encouraging violence or self-harm
- Inciting hatred or discrimination

Source: NMC (2017).

The Royal College of Nursing (2017) defines eHealth (sometimes known as digital health) as concerned with promoting, empowering, and facilitating health and wellbeing with individuals, families, and communities and the enhancement of professional practice through the use of information management and information and communication technology (ICT). There is more to eHealth than just technology. It is about finding, using, recording, managing, and communicating information to support health care provision, in particular when decisions need to be made about patient care. Computers (and other ICT devices) are only the technology that enables this to occur.

The technological revolution and digitalisation are developing at tremendous speed. It will continue to impact on a number of aspects of people's lives, it also has the potential to change how nursing care is delivered creating opportunities for the population as well as those who provide. It can stimulate innovation and enable the nurse to work in different ways.

Review

Analyse the characteristics of the organisation where you work with respect to the technology used there.

Strengths	Weaknesses
Opportunities	Threats

In order for the nurse to get the most out of current and future digital and technological advances, they must be prepared to lead and to deliver this change, working together with patients and with other members of the multi-professional team. With the rapid pace of change in technologies that have been developed to support and improve individual care and outcomes, this means that everyone has to be ready to support and lead on change and innovation (Health Education England [HEE] n.d.).

Digitally-enabled, individual-centric care already occurs through the digital recording of high-quality data, improved information management, communication, and collaboration on care plans and real-time monitoring of a patient's journey. These digital innovations have led to less duplication of activity, a reduction in miscommunication, and enhanced patient safety.

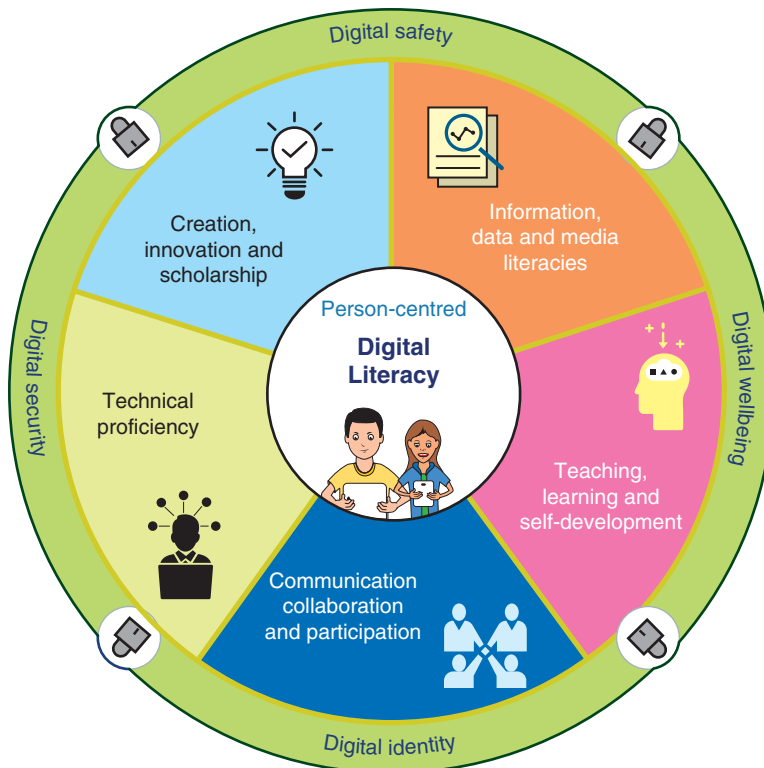


Figure 1.7 Digital literacy. Source: Health Education England (n.d.).

Becoming or developing further as a digitally literate nurse involves developing a range of skills, as well as attitudes, values, and behaviours that can be categorised under the following domains (HEE n.d.) (see Figure 1.7):

- Digital identity, wellbeing, safety, and security
- Communication, collaboration, and participation
- Teaching, learning, and personal/professional development
- Technical proficiency
- Information, data, and media literacies
- Creation, innovation, and scholarship

Nurses will be coordinating care and supporting people navigating complex care environments. They ensure that services are patient-centred through collaboration with people about their preferences, alerting people to new options such as accessing social networks within their community.

Improving digital literacy throughout health and social care needs to be entrenched in organisations as well as individual nurses. The use of technology is not intended to be an additional responsibility or burden for the nurse, it should be seen as an enabler and supporter to providing improved individual care, reducing the administrative burden, helping people to have more control over their own health and wellbeing, and using the potential of technologies to close gaps in funding and efficiency as well as care provision, care quality, and safety.

Conclusion

The health and organisational challenges that the NHS is facing are not unlike those that are being faced by many national healthcare systems globally. Life expectancy has been increasing across the world and this has brought with it increases in chronic diseases and long-term conditions such as

cancer and neurological disorders. Negative environment and lifestyle influences have generated a pandemic in obesity and associated conditions, for example diabetes and cardiovascular disease. Health inequalities still exist across the UK and are disturbingly increasing, with minority and ethnic groups experiencing most serious illnesses, premature death, and disability.

The focus, practice, and provision of healthcare services are being and will continue to be transformed from having traditionally offered treatment and supportive or palliative care to increasingly dealing with the management of long-term and chronic disease and rehabilitation regimens and providing disease prevention and health promotion interventions.

The use of technology is growing and will continue to grow. Nurses are the largest users and generators of information in clinical practice. Safe and effective patient care and nursing practice have always relied on the effective management of information. Nurses are increasingly relying on appropriate health information technology systems in order to ensure that communication is effective for meaningful collaboration, for monitoring and making decisions where the patient is at the centre of all that is done.

References

- Department of Health (DH) (2012). Compassion in practice: Nursing, midwifery and care staff. Our vision and strategy. www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf (accessed December 2017)
- Department of Health (DH) (2013). The health and care system explained. www.gov.uk/government/publications/the-health-and-care-system-explained/the-health-and-care-system-explained
- Department of Health (DH) (2015). The NHS Constitution. The NHS belongs to us all. www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england (accessed December 2017)
- Full Fact (2017). How many NHS employees are there <https://fullfact.org/health/how-many-nhs-employees-are-there> (accessed December 2017)
- Health Education England (HEE) (n.d.) Improving digital literacy. www.hee.nhs.uk/sites/default/files/documents/3146%20-HEE%20RCN%20Report%2016%20pages%20FINAL.pdf (accessed December 2017)
- Henderson, V. (1960). *Basic Principles of Nursing Care*. London: International Council of Nurses.
- National Audit Office (2016). Managing the supply of NHS clinical staff in England. www.nao.org.uk/wp-content/uploads/2016/02/Managing-the-supply-of-NHS-clinical-staff-in-England.pdf (accessed December 2017)
- Nightingale, F. (1859). *Notes on Nursing: What it is and What it is Not*. London: Harrison.
- Nursing and Midwifery Council (2018). The Code. Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates. <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf> last accessed 8 May 2019
- Nursing and Midwifery Council (NMC) (2017). Guide on using social media responsibility. www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/social-media-guidance.pdf (accessed December 2017)
- Royal College of Nursing (RCN) (2014). Defining nursing. www.rcn.org.uk/professional-development/publications/pub-004768 (accessed December 2017)
- Royal College of Nursing (RCN) (2017). What is eHealth. www.rcn.org.uk/clinical-topics/ehealth (accessed December 2017)
- Wild, K. (2018). The professional nurse and contemporary health care. In: *Nursing Theory and Practice*, 2e (ed. I. Peate and K. Wild), 24–49. Oxford: Wiley.