Nursing has changed considerably over the last decade, with further radical transformation in the pipeline. These changes will affect how nurses are educated and how their careers are structured, but also provide openings for entrepreneurial skills and business acumen to be utilised. The result of these expanding opportunities will be greater influence over patient care and disease management. Historically, the pharmaceutical industry as a whole has watched nurses out of the corner of its eye, whilst largely gearing its marketing towards doctors. But that’s all changing.

As nurses’ roles grow in influence and authority, the time is right to begin to engage with this important group of healthcare professionals. We see more and more companies looking for innovative ways to communicate effectively, as they watch this receptive and proactive market evolve.

As you would expect the changes are complex and will result in a different type of nurse emerging through the fog. Precisely how effective your efforts are depends on both your understanding of the profession as a whole and the individual forces at play.
1. UNDERSTAND THE FIGURES
There are 686,886 nurses and midwives on the Nursing and Midwifery Council’s (NMC) register. Of these, 28 per cent are aged between 30 and 39, 35 per cent are between 40 and 49 years old, and 89 per cent are female. More than 390,000 are members of the Royal College of Nursing (RCN), which is a trade union and professional body. Figure 1 (right) provides a breakdown by country.

While this information provides a good starting point, to be able to engage effectively with such a sizeable and influential group several more factors should be understood. These include:

- National and local variations in nurses’ specific roles and responsibilities
- Their employment structure
- The educational pathways that they may choose.

2. THE FUTURE POLICY DIRECTION FOR NURSING
Currently, nursing is organised by first choosing a ‘branch’ – for example, adult, child or mental health – and then developing a specialty – for instance, stoma care. This structure has been in place for many years, and now some argue it is no longer fit to meet the future demands of nursing and healthcare. In a policy document published in 2007, the RCN believes that “radical change must be embraced”.

Modernising Nursing Careers is the UK umbrella initiative that encapsulates a new direction for nursing. It includes proposals to reshape the profession into five defined, career pathways, namely:

- Children, families and public health
- First contact, access and urgent care
- Long-term conditions
- Acute and critical care
- Mental health and psychosocial care.

In addition, the Government have announced changes in the ‘Darzi review of the NHS that will be a shift towards an all-graduate nursing profession in England. Wales have already set all their pre-registration education programmes at graduate level, while in Northern Ireland and Scotland a substantial proportion of newly qualified nurses emerge as graduates.

3. WHAT ARE THE DRIVERS FOR CHANGE?
Several factors are driving change. These include demographics, shifting healthcare needs and the redistribution of the roles, responsibilities and skills of the whole healthcare team, in the light of workforce trends and the European Union Working Time Directive. With its limit on the working hours of junior doctors, increasingly nurses are stepping in to take on some tasks that have been more traditionally associated with junior members of the medical team.

The underlying premise is that nurses will take on greater responsibilities for patient care. For example, those nurses following the ‘first contact, access and urgent care’ career pathway will undertake the assessment, diagnosis and treatment of many patients in primary care, walk-in centres and emergency departments. Meanwhile those following the ‘long-term conditions’ career pathway are expected to lead and manage the care of growing numbers of patients with long-term conditions and chronic illnesses.

In addition to role changes, the plan is for many more nurses to work at advanced levels of practice. Currently, the NMC is preparing to standardise and recognise this level of practice in regulation, as set out in the 2007 Government White Paper.

Furthermore, as we saw in the first section, the UK’s nursing workforce is ageing. Rising retirements may trigger alterations in the way that nurses’ work is structured. For example, there may be an increase in working hours; efforts to improve retention or encourage a return to nursing; an increase in home-based working, and more international recruitment. In the longer term, both career pathways and the way nurses’ work is structured will be important.

These are all major changes that will alter the nursing profession for good. The influence of the modern nurse should not be underestimated and keeping abreast of these changes will put you in a position to understand and target them effectively.

4. MEDICINES’ MANAGEMENT AND NURSE PRESCRIBING
Nurse prescribing is pivotal to understanding the changing role of nurses. Currently it is a postgraduate qualification provided by higher education institutes and registered with the NMC.

To clarify their different roles, nurse independent prescribers can prescribe any licensed medicine, over-the-counter medicines and some controlled drugs, but can do so only in relation to their competence. Nurse supplementary prescribers can prescribe in accordance with a patient-specific clinical management plan.

Figure 2 (right) details the number of nurses and midwives whose prescribing qualification is registered with the NMC. In 2006/7, 5,158 new prescribers registered. Note the consistent year-on-year growth and think about how this may impact on long-term marketing strategies.

Factors driving change in nursing include the redistribution of the roles, responsibilities and skills of the whole healthcare team

Nurse prescribing is pivotal to understanding the changing role of nurses and should not be underestimated
In 2005, the University of Southampton studied the quality and safety of nurses’ prescribing consultations in England. Their evidence clearly demonstrates that nurses are competent, successful and, above all, safe prescribers. The finding showed that, “Nurse independent prescribers used a range of assessment and diagnosis competencies in prescribing consultations, but some were employed more consistently than others and nurses almost universally wrote full and accurate prescription scripts for their patients.”

5. DON’T UNDERESTIMATE THE NURSE OF THE FUTURE

The Department of Health’s ‘world class commissioning’ programme aims to transform the way health and care services are commissioned. Its intention is to improve the nation’s health by ensuring that:
- Local health needs are known
- We become better at preventing disease
- People with long-term conditions are given the tools to enhance their self-reliance and independence.

Primary care trusts (PCTs) are a particular focus. Amongst their top priorities is demonstrating tangible progress in diminishing local health inequalities. By April 2009, a significant number of PCTs will have separated their commissioning and provider functions. In the future, providers may be an entirely different organisation. What does this mean for nursing? Already nurses – particularly those with experience of working in the community – have many of the attributes required for successful commissioning. For instance, nurses have in-depth knowledge of their local community – including identifying pockets of deprivation – and they are used to working with their patients, clients and the wider public to manage, maintain and improve health.

Through commissioning, many services will be redesigned to become community-centric. Clearly some will need improving, particularly in those areas that are currently under-served and under-resourced. Nurses can play a significant part in ensuring that the potential for progress becomes a reality, improving public health, reducing health inequalities and ultimately creating better health care.

6. RECOGNISING THE OPPORTUNITIES CHANGE GENERATES

To make the most of the opportunities this changing environment offers, firstly it’s important to identify the range of nurses who work with different groups of patients. It’s also useful to understand what local structures are in place, recognising how this may impact on issues that are important for you, such as a patient’s compliance with their prescribed medication.

Often there will be several nurses with varying roles involved in an individual patient’s journey. These nurses may be based in the community or a hospital, and there are likely to be local variations in how care is delivered. Understanding these different structures, and the role of each nurse, can help to boost the success of specific health initiatives, such as improving patient compliance.

For example, many nurses are better able to gain the confidence of patients due to the nature of their role. Often this means that nurses understand the reasons for a particular patient’s non-compliance with their drugs regime, working with them to make a positive change.

7. WHO’S THE BOSS?

Who employs nurses differs locally, ranging from primary care trusts and general practices to hospital trusts and charities, such as Marie Curie Cancer Care. GPs are independent contractors within the NHS, employing their own staff, including practice nurses, nurse practitioners and, occasionally, specialist nurses. In everyday terms, for example, a palliative care specialist nurse may be employed by any of these organisations.

8. NURSES AND INFORMATION TECHNOLOGY

As with every profession, new developments in information technology (IT) are having a major impact on nurses and nursing.

In June 2007, an RCN survey showed that 91 per cent of respondents have access to a computer at home or work, rating their skill level as “quite high”. While just 30 per cent have sole access to a computer, respondents say they use the hospital intranet and internet on a daily basis to research information or read emails. However only 20 per cent said that they didn’t need extra training.

Making the most of new technologies to communicate with nurses has a host of clear benefits, but it’s as well to bear several factors in mind. For example, nurses may not have immediate or sole access to a computer; their IT skills may not be as advanced as they would like; and there are many demands on their time, so messages must be concise and relevant.

The RCN recognised these needs and developed the ‘Learning Zone’ – an

By April 2009 a significant number of PCTs will have separated their commissioning and provider functions

<table>
<thead>
<tr>
<th>Total on the register</th>
<th>2003/04</th>
<th>2004/05</th>
<th>2005/06</th>
<th>2006/07</th>
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<tr>
<td>Community practitioner nurse prescribers</td>
<td>30,599</td>
<td>31,914</td>
<td>33,069</td>
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<tr>
<td>Nurse independent prescribers</td>
<td>1,497</td>
<td>1,618</td>
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<td>Nurse independent/supplementary prescribers</td>
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<td>4,151</td>
<td>7,181</td>
<td>10,750</td>
</tr>
<tr>
<td>Total</td>
<td>33,553</td>
<td>37,683</td>
<td>41,903</td>
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</table>
online educational resource that provides bite-sized chunks of learning, which nurses can dip in and out of, on a wide variety of subjects, of which some are in collaboration with the industry.

The learning is interactive, practical and provides time for reflection. Abbott Diabetes Care has developed something similar, providing nurses with a series of educational modules on specific, diabetes-related topics which can be accessed online. By providing assessment certificates which can be added to CPD portfolios and having the modules accredited by the RCN, this resources has meaning and credibility.

Ward managers are asking for educational resources which can be used in short 20-minute sessions on the ward to train their teams, indicating once again the need to provide solutions to meet this need and technology is likely to be the answer.

9. DECIPHERING THE CODE
The NMC Code of Conduct is explicit about nurses’ responsibilities when working with the pharmaceutical industry. Unfortunately, the Association of British Pharmaceutical Industry’s (ABPI) Code of Practice appears to be little known or understood by the majority of nurses, except those working at a senior level. Indeed there is anecdotal evidence to show that nurses find the ABPI Code confusing, increasing their reticence to engage with the industry, for fear of being seen to behave unethically. Some even view the Code as an obstacle to working in partnership, rather than a positive bridge to promote good practice.

By offering simple, unambiguous information about the Code, how your company works to it, and what this means in practice, can help clear the fog and begin to break down the barriers. As a company, you can pave the way to more fruitful joint working by providing practical, clear information and solutions, helping nurses to influence decision-makers and feel more knowledgeable about working ethically.

10. INVOLVING NURSES VIA A THIRD PARTY
Nurses are involved in every aspect of patient care and increasingly they are exerting their influence on prescribing decisions and on patient care pathways. Encouraging nurses to become engaged in your activities can pay real dividends. For example, try to ensure that they are invited to participate in any roundtable debates and seek their active involvement in educational initiatives, drug regime compliance programmes and clinical audit.

However, there are some pitfalls to be avoided. The first is not to assume that nurses will respond to the same language or messages that you employ for the medical profession. It’s important to recognise nurses as a separate audience, with their own particular interests, motivations and needs.

One way to manage the complexity is to work with a third-party, professional body or charity that already has strong communication channels with nurses. They can reach the wider nursing population, or specific clinical and regional groups. In addition, they may be able to accredit programmes, events and resources, enhancing the value of the overall message.

Simple, unambiguous information about the ABPI Code can help nurses view it as a positive bridge to promote good practice.

Engage, Relate and Communicate with Nursing Professionals

Telephone: 020 7647 3989
Email: sponsorshipteam@rcn.org.uk
Web: www.rcn.org.uk/sponsorship

A practical guide by Jane Naish

10 ways to engage with nursing professionals

Author

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