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In 2017, the government will end NHS bursaries/grants for student nurses starting their nursing degree. In a similar way, to students who enrol on to a non-NHS degree course; student nurses will be able to apply for a maintenance and tuition fee loan (Council of Deans, 2015). This has resulted in an emotional response from prospective student nurses and existing professionals working within the health sector. The Department of Health believes this change will create additional nursing roles by 2020, as approximately £8,000,000 will be saved each year (Johnston, 2016). This essay will analyse the impact of cutting down nursing student bursary in the future of nursing practice in the UK. The areas that this essay will explore are; existing salary issues, living costs, recruitment of students, patient safety, staff shortage, the wellbeing of nurses, the changing role of a nurse, multi-disciplinary working and the impact on educational institutes.

Prior to the plans of ending student bursaries, another professional issue identified by nurses was that they felt their salaries needed to be increased, as they believed being a nurse was a difficult job (Merrifield, 2014). This raised concern still can influence the views of unpaid trainee student nurses, by possibly making them believe that they may not feel financially satisfied with the pay of their future role as a qualified nurse. Furthermore, anecdotes in response to the ending of bursaries suggest that nurses feel a combination of issues will impact them. An example of this is would be of a student who intends to use their nursing bursary to pay for childcare costs whilst they will be attending university and doing long placement hours, but now cannot due to the ending of the bursary. Some students also feel it is extremely difficult to find employment whilst studying because trainee nurses have shorter holidays (Royal College of Nursing, 2016). Students with additional financial responsibilities such as being a parent, carer or paying their mortgage may feel more concerned and stressful towards their future. The factors contributing to this stress will be students knowing that the loans will have to be repaid with interest added annually and that repayments will be directly deducted from their wages, hence directly impacting their income (Royal College of Nursing, 2016).

On the other hand, repayment of the loans will only occur if the graduate nurse has a job paying the salary equivalent of a band 5 worker within the NHS which is £21,700. The repayments on this salary for a graduate nurse will be £5.25 (Council of Deans of Health, 2015). Therefore, the monthly repayment of the loans is dependent on the nurse's income and this repayment would not be a large amount immediately. An independent study commissioned by UNISON suggests that despite the careful planning from the government of these changes, the increased cost to student nurses will deter people from applying to become a nurse. Hence, instead of creating more nurses by 2020 as claimed by the government, there will be fewer nurses (UNISON and London School of Economics, 2016). A reduction in nurses will further impact the existing demand for nurses. This demand has tried to be met by using agencies to supply nursing staff (NHS Improvement, 2016). However, for future graduates an agency job may not be as appealing as being directly employed by an NHS trust. Agencies do not always offer their candidates permanent or full time roles, they sometimes offer temporary contracts and jobs with less working hours (Cooper and Antoniou, 2013). Hence, graduate nurses may feel by working for an agency they will be financially unstable. Furthermore, a shortage in nurses will directly impact patient care and safety (UNISON and London School of Economics, 2016).

Fewer newly qualified nurses in the future will most likely result in existing health professionals working longer hours and attending to more patients (NHS England Patient Safety Domain, 2016). Despite nurses already working unsocial hours and weekends (Cooper and McSmith, 2015). The overworking of existing professionals is likely to increase serious incidents which are preventable. More serious incidents will result in more legal claims made against the NHS for clinical negligence (Mendick et al, 2015). Compensation costs are then likely to impact NHS budgets negatively instead of saving costs for the service. Also, the combination of fewer nurses, overworked health professionals and increased costs will go against the positive outcomes that the government predicted by ending the student NHS bursary.

Furthermore, health and social care services may not have the capacity to meet demand due to a reduction of nursing staff. Beds maybe closed on hospital wards. This was seen in 2014, when a shortage in nursing staff at Pinderfields Hospital led to the Care Quality Commission closing six beds on an acute respiratory care ward (Ford, 2016). Similarly, the number of mental health nurses has been falling in the last five years within hospitals, mental health units and community services (Campbell, 2016). If the number of mental health nurses further decreases due to a lack of nursing students completing mental health nursing training, this specialist service may struggle to tackle the increasing number of mental health sufferers. Statistics show one in four adults suffering from a diagnosable mental health problem each year (The Mental Health Taskforce, 2016). On the other hand, nursing is a popular choice for young people due to the course leading to a career, in comparison to degrees which do not lead to a specific career (Hemingway, 2016). Hence, nursing may still be a popular career choice for young individuals in the future despite the ending of the NHS bursary, due to the greater possibility of securing a job upon graduation, especially if the government does manage to increase nursing jobs.

The mental and physical demand put on overworked mental health nurses can affect their overall health and wellbeing and even impact their ability or choice to carry on working within a mental health nursing role. A negative impact on their wellbeing can result in the nurse requiring mental health support themselves; hence in severe cases the mental health team could lose a staff member and gain another patient (Donovan, 2016). Mental health problems are also increasing amongst other health professionals, with one in six workers dealing with mental health problems (Gloucestershire Hospital NHS Foundation Trust, 2015). This has led to staff absences doubling in the past four years within hospital trusts (BBC, 2015). Hence, increased absences and a shortage of staff generally may impact the structure of

multi-disciplinary teams and there is a likelihood that staff members will informally undertake duties that usually others would have done.

The diversity in candidates applying for nursing courses may also change in the future due to no bursary being available. Able applicants from poorer backgrounds may not be able to afford to study nursing, hence creating social inequalities. Qualitative data suggests nine out of ten students would not have undertaken a nurse degree without a bursary (Beckford-Ball, 2015). Also, mature students with other commitments may no longer see the benefit of applying for a difficult course such as nursing if there is no financial benefit such as the NHS Bursary (Hemingway, 2016). University admission staff/lecturers seek candidates who have the correct attitude, motivation and emotional resilience to enrol on to a nursing course (Hemingway, 2016). Hence, these personal qualities may be impacted throughout the student's journey as a trainee nurse because of the financial impact and the stress of having no bursary as financial support.

The role of nurse has changed over time. In the past, the role of a nurse was simple with little variation in their responsibilities (Cherry and Jacob, 2015). Presently, there are alternate ways of accessing support from a nurse and nurses undertake a range of responsibilities which traditionally a General Practitioner would have undertaken (Kings Fund, 2011). Also, nurses play an important role in specialist services such as public health services. These services aim to improve the health and wellbeing of the public through health and wellbeing interventions and programmes. The role of a public health nurse has expanded from primarily visiting patients at home and identifying communicable disease to improving health of individuals and families through delivering services/programmes which promote, prevent and protect health (Stanhope and Lancaster, 2015). Hence, nurses care for their patients and service users in a variety of settings for examples schools, hospices and occupational environments. Research from other countries suggests that despite high levels of funding being put into public health programmes, a shortage of nurses can lessen the impact of these programmes on the public (Cowen and Moorhead, 2014). This possibly could be a dilemma that the UK faces in the future if there is a further decrease in nursing staff. The government may have to decide whether it is more important for nurses to facilitate public health programmes or if more nurses need to be encouraged to return to clinical roles to meet the demand within hospitals.

An increase in long-term conditions has also contributed to an increased demand of nursing staff to support patients to manage their conditions and promote self-care (NHS, 2009). Recent policy such as 'The Five Year Forward View' and 'New Care Models Programme' aims to deliver care closer to home for patients and less care within hospital environments (Monitor, 2015 and NHS, 2014). This requires nurses to support individuals outside of clinical settings and to be part of multi-disciplinary meetings with both local authorities and NHS teams/professionals. Hence, the government needs to ensure there is a sustainable funding system for universities as promised in their manifesto, to ensure that enough nursing students are graduating to match the workforce numbers needed to transform the NHS (UNISON and London School of Economics, 2016). A lack of unsustainable funding may result in some universities not running healthcare courses.

Traditionally, individuals who felt they needed emergency medical support would call 999 and call handlers would determine whether the individual required an ambulance by conducting a basic assessment, if possible. Furthermore, call handlers operating on the in-out-of-hours services phone lines, collect information from the caller. Call handlers then put the patient in a queue to receive a call from a nurse or a doctor who conducts a detailed assessment. Due to the NHS initiative of improving these patient pathway management systems, the NHS Pathways Nurse does not only conduct assessments anymore but they are also required to be at hand as clinical supervisors for call handlers. They also support non clinical colleagues to reflect upon their practice and coach them where needed in regards to knowledge gaps and handling difficult situations (NHS, 2012). Hence, a reduction in nurses may impact the quality of triaging and the response time of nurses to return calls to patients. In addition to this, there may be fewer nurses within call rooms to support non clinical staff and also doctors may be put under pressure to return more calls to patients.

To conclude, the ending of the Nursing Student Bursary has been taken unfavourably throughout the health sector as nursing staff and prospective students believe that instead of this change increasing numbers of nurses in the UK it will create a further shortage of nurses. The bursary has acted as an incentive for many students to train to become a nurse, as it supports them with their living costs and it also supports parents, carers and mature students who may financially have additional responsibilities. As the wages of nurses has recently been an issue and from 2017/2018 nurses will need to accept that they will be repaying loans in the future from their salary, the nursing degree which is already perceived as a demanding degree may not be as popular for some students due to the reduction in financial benefits. Furthermore, students from poorer backgrounds may not be able to afford to study a nursing degree, hence creating social inequalities in the recruitment of nurses. However, as nursing leads to a specific career, students may still pursue a career in nursing due to the more likelihood of finding a job in comparison to undertaking a degree which does not lead to a career. Other implications of the ending of the nursing student bursary include a possible impact on the existing nursing staff, who may be required to work longer hours. This may lead to serious incidents happening, which will increase legal claims, hence leading to cost implications for the NHS. A reduction of nurses, may also impact the wellbeing of existing nurses due to them being overworked. Also, health and social care services may be unable to meet demand, hence resulting in the closure of beds within hospitals and it may also impact the delivery of community services such as public health programmes. Furthermore, the transformation of patient pathway management systems may slow down due to the lack of nurses. As the ending of the Nursing Student Bursary is recent, more research is needed on the impacts on universities and the recruitment and retention of student nurses to assess whether there will be a further reduction of nurses in the future. Also, more research is needed on the impacts on allied health professionals to measure if multi-disciplinary working and patient care is affected.

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What is the impact of Cutting down Nursing Student Bursary in the Future of Nursing Practice in the UK? (Word Count - 2197