

Are we Missing an Opportunity in Nurse Education?

Mary Lynch*

Department of School of Healthcare Sciences, Cardiff University, United Kingdom

***Corresponding author:** Mary Lynch, Department of School of Healthcare Sciences, Cardiff University, United Kingdom, E-mail: lynchm2@cardiff.ac.uk

Editorial

Volume 1 Issue 2

Received Date: May 30, 2017

Published Date: June 05, 2017

Editorial

What do we know?

Globally population demographics are experiencing a significant shift in pattern with an aging population that are living longer with more complex illnesses placing greater demands on health care resources. The provision of healthcare will see a shift from traditional institutional healthcare provision to community lead healthcare delivery. In the United Kingdom (UK), the population is projected to increase by 15 % or 9.7 million to 74.3 million over the next 25 years. In addition, there is a changing age structure within the UK population with the number of people aged 75 and over projected to rise by 89.3%, to 9.9 million and more than 1 in 12 of the population is expected to be aged 80 or over by mid-2039 [1].

In recognition of this shift in population the World Health Organization (WHO) developed a strategy and action plan focused on healthy aging across the life course, adopting healthier lifestyles as well as limiting the development of non-communicable illnesses. Central to promoting health and provision of healthcare is the need to strengthen capacity and resources to meet the changing demographics in the population and addressing the variation required in formal and informal care in the future provision and capacity-building required among the health and social care workforce [2].

So what?

In recognition of this change in population dynamics healthcare governing and regulation bodies must adapt and address the changing needs in society to meet future healthcare supply and demand. The Nursing and Midwifery Council (NMC) are the governing body for nursing in the UK with the role of setting standards for education, training, conduct and competence in practice ensuring quality while protecting the public. To take

account of this change it is acknowledged that the education provision and skills and competencies required for future nursing provision has to adapt to meet this changing need [3]. To take account of these variances and to ensure maintenance of quality and standards it is imperative that pre-registration nurse education focuses on management of public and population health with an education shift towards health promotion activities influencing change as well as people management skills. Essential in the development of new nursing competencies which should reflect the changing nursing environment as well as skills and knowledge set to ensure that the nurses of the future are adequately prepared to meet demands.

The new standards in education for future nurses are currently in draft form with expectations that new guidance on setting of curriculum available early in 2018, with implementation from Autumn 2018. However, could educators be missing an opportunity to be dynamic in the provision of future educational needs of registered nurses and now actively build health economics in to pre-registration education to ensure future registered nurses are equipped with the understanding and rationale in decision making in the allocation of resources.

Now what?

Health economics has emerged as a distinct discipline of economics following the publication of the Noble prize winner Professor Kenneth Arrow's seminal work focused on the uncertainty of welfare in healthcare [4]. The discipline of health economics address, the value of health, what influences health, consumption and demand for healthcare as well as supply, exploration of health evaluation informing health policy as well as health interventions. Health economics investigates the choices that individuals make in order to understand behaviour.

The field of health economics allows exploration of past behaviour, prediction of future behaviour as well as identifying preferences and explores how incentives affect human behaviour. Health economics is increasingly used for policy analysis in the allocation of scarce resources both for predicting behaviour as well as assessing welfare impacts associated with policy change.

As there is increased demographic pressures placed on health care resources, increased demand for health care programmes as well as increased pressure for the availability and access to new technologies, treatment regimens and drugs. The transformation of the healthcare system to deliver the best quality service to the public has placed increased pressure on healthcare delivery agents. The greatest challenge is in the allocation of scarce health resources as well as the increase in service demand by better informed public with an increased appetite for health solutions. Governments must determine the best use of scarce resources in addition to which services should be provided. Health economics is now becoming essential in the development of health policy, in its ability to measure valuation benefits while assessing alternative health care interventions and strategies.

However, central to health promotion is advocating self-efficacy among the population is recognizing the value of health and non-communicable illnesses are lifestyle related and are a consequence of choice behaviors and preferences. The Grossman model suggests that individuals have some level of control over the expedience of its decline. Health is viewed as essential in the development of human capital and it requires investing time in health improving activities to limit the accelerated depreciation of health stock [5]. Individuals are born with their wealth of health stock which depreciates over time. The expedience of health stock is influenced by the level of inputs, health eating and physical activity along with socio-economic variables which impact of quantity of health stock over time influencing quality of life and longevity.

Limited discussion has taken place on the inclusion of health economics competencies into undergraduate nurse education programmes, the execution and delivery of the educational content as well as the deliberation by which professional would take the role of health economics educator [6]. Currently health economics is taught as a separate programme of education in post graduate education of nurse and allied health professionals. Now is the time to open the debate and to emphasise this could be a missed opportunity to shape and inform future nurse education in the UK and actively build health economics competencies into pre-registration nurse education. This would ensure that nurse educationalists are adequately addressing the future educational need of the nursing and healthcare work force.

References

1. Office National Statistics (2015) National Population Projections: 2014- based Statistical Bulletin.
2. WHO (2012) Strategy and action plan for healthy ageing in Europe. World Health Organisation, Europe.
3. Nursing & Midwifery Council (2016) New standards for the future nurse. Developing nursing standards that are fit for the future.
4. Arrow KJ (1963) Uncertainty and the Welfare Economics of Medical Care. *The American Economic Review* 53(5): 941-973.
5. Grossman M (1972) On the Concept of Health Capital and Demand for Health. *Journal of Political Economy* 80(2): 223-255.
6. Platt M, Kwasky A, Spetz J (2016) Filling the gap: Developing health economics competencies for baccalaureate nursing programmes. *Nursing Outlook* 64(1): 49-60.