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EDITORIAL

2018 - the year of (evidence-based) nurse workforce planning?

As the New Year comes round I'm adding my voice to those wishing nurses everywhere a happy, productive and prosperous New Year. May the nursing profession continue rising to the challenges of delivering person-centred, evidence-based, innovative care in every conceivable setting; may the nursing workforce prosper in health and wellbeing, and nurses be happy in their work.

And why should we not? The need for nursing has never been greater, with the ageing of populations, increasing chronic disease prevalence and escalating skills and technologies for successful management of ill-health at older ages. Nursing has much to offer; as the Australian College of Nursing (2016) stated, the workforce is, 'highly educated, flexible, fiscally accountable and responsive to patient and community needs'. Not only that, we are generally widely regarded and trusted by our communities: more so than many other professions. But less so, perhaps, by our politicians and policy makers, given how little attention is paid to our voice and our evidence.

If nursing was a cutting edge technology (developed in a research lab at a cost of millions) that reduced mortality rates at 30 days by 7% (Aiken et al., 2002, 2017), health authorities would entertain international delegations to hear about it and hospitals would compete to host test sites. But this is not the way it works on the floors of our wards and clinics. On one hand 'Advanced' nursing roles and titles multiply 'needs-based' (opportunistically), with little, or little regard to, evidence of their effectiveness. On the other, nursing care is designated 'basic' and increasingly relegated to lesser-trained staff. Where these roles were up-graded (like the Enrolled Nurse in the UK, decades ago), they are being recreated (as Nursing Associates; Health Education England, 2016). The nursing assistant role continues to grow, with accompanying changes to nursing skill mix (Health Workforce Australia 2014) despite strong local evidence linking lower registered nurse staffing to worse patient outcomes (Duffield et al 2011). This flies in the face of expert advice to industry: Deloitte (2016), for example, advocate workforces have, 'more skills... digital know-how, management capability, creativity, entrepreneurship and complex problem solving'. The essential nature of registered nursing skills has-repeatedly been flagged internationally (e.g. Aitken et al. 2002, 2017; Leary 2017, Wilson 2012): skills that take education and experience to develop (not brief on-the-job training) and time (adequate nursing hours per patient day) to deliver. More, these skills need to fit within a well-thought through model of care, in which all roles understand their own and others' contributions, for which their education and training prepares them.

Nothing stays the same and the range and variety of nursing (not just registered nurse) expertise that we need changes alongside our healthcare systems and services. It's a pity we take so little notice of our research in the process. Maybe this year.....

Professor Lin Perry

Editor-in-Chief, *International Journal of Nursing Practice*

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