

# Evidence Brief: Respiratory Nursing Workforce

## Contents

Key Publications – the big picture .....	2
Journal Articles .....	2
Competency Frameworks .....	6
Other Resources .....	6
*Help accessing articles or papers.....	7

Produced by the HEE Knowledge Management team Evidence Briefs offer a quick overview of the published reports, research and evidence on a workforce-related topic. A starter for 10 on the evidence if you will.

**Please acknowledge this work in any resulting paper or presentation as:**

Evidence Brief: Respiratory nursing workforce. Liz Jordan. (23/10/2020). UK: Health Education England Knowledge Management Team

### Key Publications – the big picture

#### [NHS Long Term Plan](#)

NHS, 2019

Lung conditions, including lung cancer, are estimated to cost wider society around £9.9 billion each year. Respiratory disease affects one in five people in England, and is the third biggest cause of death. Hospital admissions for lung disease have risen over the past seven years at three times the rate of all admissions generally and remain a major factor in the winter pressures faced by the NHS. Over the next ten years we will be targeting investment in improved treatment and support for those with respiratory disease, with an ambition to transform our outcomes to equal, or better, our international counterparts.

#### [A National Five Year Plan for Lung Health Taskforce for Lung Health, December 2018](#)

We have a dedicated and committed NHS workforce. But they are unevenly represented around the country and not always given the support they need. Too many posts in GP practices, hospitals and the community remain empty. There is no comprehensive plan for the respiratory workforce, which ranges from physiotherapists and GPs to nurses and radiologists. The report makes several recommendations for the future respiratory workforce.

#### [Respiratory Medicine Workforce Review](#)

The British Thoracic Society, 2018

The British Thoracic Society (BTS) exists to improve the standards of care for people living with respiratory disease and to support and develop those individuals who provide that care. The Society's members are drawn from a variety of healthcare professions, and a key strand of the Society's work is concerned with monitoring the state of the respiratory workforce so that effective support can be provided to safeguard and improve standards of care.

#### [Winter Pressures Survey Jan/Feb 2020: results summary](#)

The British Thoracic Society, 2020

This survey was sent to all BTS Respiratory Leads (n=247). The survey was open between 16<sup>th</sup> January and 10<sup>th</sup> February. Responses were received from 70 leads (28% response rate). The survey does not offer a hospital or regional breakdown of the figures and responses are anonymised.

### Journal Articles

#### [Implications for COVID-19: A systematic review of nurses' experiences of working in acute care hospital settings during a respiratory pandemic](#)

International journal of nursing studies, November 2020

Nurses are pivotal to the health care response to infectious disease pandemics and epidemics. This systematic review

emphasises that nurses' require Governments, policy makers and nursing groups to actively engage in supporting nurses, both during and following a pandemic or epidemic. Without this, nurses are likely to experience substantial psychological issues that can lead to burnout and loss from the nursing workforce.

### [Do we need tailored training and development plans for European Union respiratory nurses?](#)

[Breathe, June 2020](#)

In 2017, the European Respiratory Society (ERS) documented that allied respiratory professionals (ARPs) “are involved in the prevention, diagnosis, evaluation, treatment and management of respiratory diseases”; however, the role of respiratory nurses within the ARPs was not clearly delineated. In the European Union (EU) only Denmark, Finland, Iceland, Norway, Portugal, Spain, Sweden and the UK have a formal respiratory specialisation for nurses, and the competences and education levels of respiratory nurses vary from one European country to another. Currently, there is a lack of consensus on the definition, role and activities of respiratory nurses. Thus, it is challenging to understand which specialist care would be best provided by respiratory nurses, and respiratory nursing roles in joint research projects and educational programmes remain unclear. It is imperative that respiratory nurses themselves define the scope of respiratory nursing and replace a general description such as “nurses taking care of people with

pulmonary diseases”, with the clarity needed for harmonised, tailored training and development plans.

### [NHS staff shortages threaten the future of respiratory health](#)

[The Lancet, January 2019](#)

As 2018 draws to a close and the start of a new year beckons, it is time to think of resolutions and optimistic plans for the future. For people living with respiratory diseases in England, and those clinicians treating them, winter brings increased worry, with rising numbers of patients with influenza and exacerbations of their disease, and many hospitals and primary care clinics overloaded. Respiratory diseases remain the leading cause of excess winter deaths and the number of emergency hospital attendances in England for respiratory diagnoses in 2017–18 was nearly double that in 2010–11. A recent study published in the British Medical Journal also showed that between 1985 and 2015, the UK had higher mortality from respiratory diseases than other countries with similar health system performance. So, what are the challenges for respiratory health and provision of care in England in 2019 and beyond?

### [Irish Respiratory Clinical Nurse Specialists' Experiences of Their Role: A Qualitative Exploration](#)

Clinical Nurse Specialist, September/October 2018  
(Abstract only)

The aim of this study was to explore respiratory clinical nurse specialists' (CNSs') experiences of their role. Overall the study highlights that respiratory CNSs are active in the role as clinical experts, advocates, educators, collaborators, consultants, and health promoters. These findings recognize the importance of evaluating and building on the current CNS workforce in respiratory care and evaluating future development of the CNS role in specialized aspects of respiratory care in line with population and service needs.

### [Respiratory nurses highlight staffing concerns in COPD care](#)

Nursing Times, April 2018 (Abstract only)

Nurses and others working for pulmonary rehabilitation services have seen staffing levels drop and their workload increase amid fears they are struggling to offer timely support to those who desperately need it.

### [Welsh respiratory plan to shift focus to community nurses](#)

Nursing Times, 2018 (Abstract only)

Funding for the delivery of respiratory care is set to be “rebalanced” in Wales away from hospitals and towards specialist nurses working in the community, according to a plan to reduce variation.

### [Evaluation of the current landscape of respiratory nurse specialists in the UK: planning for the future needs of patients](#)

BMJ Open Respiratory Research, 2017

The National Health Service currently faces significant challenges and must optimise effective workforce planning and management. There are increasing concerns regarding poor workforce planning for respiratory medicine; a greater understanding of the role of respiratory nurse specialists will inform better workforce planning and management. This survey report provides a current snapshot of the respiratory nurse specialist workforce in the UK. This workforce is an ageing population; the results from this survey can be used to inform succession planning and to ensure a viable respiratory nurse specialist workforce in future.

### [An international survey: the role of specialist nurses in adult respiratory extracorporeal membrane oxygenation](#)

Nursing in Critical Care, September 2017 (Abstract only)

The last decade has seen an increase in the number of centres able to provide venovenous extracorporeal membrane oxygenation (VV-ECMO) internationally across different health care systems. To support this growth, a variety of staffing arrangements have been adopted depending on local need and availability of resources, both in terms of manpower and finances to safely meet the complex needs of the patient and circuit management. Staffing for adult respiratory extracorporeal support has

## Evidence Brief: Respiratory Nursing Workforce

important implications for the planning of workforce, training and education, quality of service and the number of ECMO beds available.

### [Respiratory nurses not spending enough time with patients – and half planning to retire in next decade](#)

Nursing Standard, August 2017 (Abstract only)

One in four NHS respiratory nursing teams say they are unable to spend enough time with patients, with a majority reporting working extra unpaid hours, a new study reveals.

The British Thoracic Society (BTS) study also found more than half of the current respiratory nurse workforce are planning to retire, or are eligible to do so, within the next decade.

The findings have prompted calls from the society to future-proof the respiratory nurse role through effective recruitment, retention and succession planning.

### [Research reveals workforce pressures facing respiratory nurses](#)

Nursing Times, August 2017

Many respiratory nursing teams across the NHS are short-staffed with around half of nurses reporting they are unable to spend as much time with patients as needed, according to a new study.

### [Outcomes of a nurse-led respiratory hotline for patients with chronic obstructive pulmonary disease \(COPD\)](#)

Respirology, April 2014

Respiratory Ambulatory Care established a nurse-led respiratory telephone service (Hotline) in 2002 to provide individualized advice and support to patients experiencing an acute exacerbation. A nurse-led Hotline providing individualized advice for patients with COPD is safe and prevents emergency ambulance calls, which may prevent hospital admissions. A 24/7 Hotline service is more effective at averting emergency calls than a 13/5 service.

### [Nursing in a respiratory high-dependency unit: Professional rewards](#)

Respirology, April 2013 (Abstract only)

Although relatively common in Europe, there are very few Respiratory High Dependency Units (RHDU) in Australia. The Princess Alexandra Hospital RHDU consists of four allocated beds within the Respiratory Ward. The model of RHDU management of high acuity respiratory patients is successful. The RHDU offers nursing staff a dynamic and challenging work environment, contributing to high staff satisfaction and retention. Staff have the opportunity to work in a supportive environment and utilize specialty nursing skills, thus contributing to good patient outcomes in this patient group.

### [Nursing model to deliver respiratory research](#)

Nursing Management, March 2013

Lindsay Welch and colleagues describe how a system that involves rotating nurses between a respiratory centre and a research unit has delivered research data while improving the care of patients with chronic obstructive pulmonary disease. Southampton Research and Development Department has managed several chronic obstructive pulmonary disease research studies, leading to the development of a unique nurse management model. This model has ensured that research recruitment targets are met, skilled respiratory nursing care is delivered, and evidence-based practice is translated into the clinical environment.

## Competency Frameworks

### [A professional development framework for respiratory nursing](#)

British Thoracic Society, May 2020

This is the new BTS Professional Development Framework for Respiratory Nursing. This important document has been developed by the BTS Respiratory Nurse Workforce Group to support the necessary training and development needs of the respiratory nurse workforce of the future.

## Other Resources

### [Respiratory Futures](#)

British Thoracic Society

Respiratory Futures is the platform to visit for resources to support integrated respiratory care, commissioning, innovation and networking. It works to join the dots between the many points, people and places that make up the diverse UK respiratory sector. This is with the aim of fostering the sharing of best practice, the reduction of duplication and the development of new models of care which best meet the needs of patients and help to reduce healthcare inequalities. Respiratory Futures works in partnership with the British Thoracic Society and NHS England to support the NHSE Long Term Plan's ambitions for respiratory services.

### [Workforce and Service Development Committee](#)

British Thoracic Society

The BTS Workforce and Service Delivery Committee is drawn from all professions working in respiratory care across all delivery settings throughout the United Kingdom. It exists to:

- collate and interpret information about the medical consultant workforce and Specialist Training vacancies and appointments. This will involve close liaison and collaboration with the SAC in Respiratory Medicine, Regional Training Programme Directors

## Evidence Brief: Respiratory Nursing Workforce

- and BTS Specialty Trainee and Nurse Advisory Groups and other stakeholders;
- pay attention to issues relating to the respiratory nurse workforce, respiratory physiotherapy, respiratory physiology and other professional groups, including liaison with and working directly on data collection with these groups where appropriate;
- participate in annual discussions with NHSE & NHSI/ HEE/Royal Colleges/ national Departments of Health and other national bodies as appropriate about training numbers and related policy matters;
- disseminate and publish data and opinions/advice widely, so that rapid action can be taken in response to national developments;
- promote opportunities for both flexible working and training;
- produce information and resources to support the development of the whole specialist workforce;
- promote integrated care models and help to disseminate good practice;
- participate in national discussions about the NHSE Long Term Plan and similar initiatives in the rest of the UK;
- provide the tools by which those who plan, deliver and evaluate respiratory services can develop /become competent in the new landscape
- reinforce the need for training in integrated care for all health care professionals;

- lead transformation within respiratory medicine / healthcare and influence NHSE by engaging in national initiatives and debate
- promote thinking and learning

### \*Help accessing articles or papers

Where a report/ journal article or resource is freely available the link has been provided. If an NHS OpenAthens account is required this has been indicated. It has also been highlighted if only the abstract is available. If you do not have an OpenAthens account you can [self-register here](#).

If you need help accessing an article, or have any other questions, contact the Knowledge Management team for support [KnowledgeManagement@hee.nhs.uk](mailto:KnowledgeManagement@hee.nhs.uk)