

Fall 11-13-2017

Healthcare and Its Impact on Nurses: The United States vs. the United Kingdom

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HEALTHCARE AND ITS IMPACT ON NURSES:
THE UNITED STATES VS. THE UNITED KINGDOM

A Capstone Project Presented in Partial Fulfillment of the
Requirements for the Degree of Bachelor in the Science of Nursing with
Honors College Graduate Distinction at
Western Kentucky University

By

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December 2017

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I dedicate this thesis to my parents, Vanessa and Kelly Colovos, who have supported and pushed me to reach my goals. Their love and support has also provided me with experiences, such as studying abroad that have shaped the basis for this thesis. I also dedicate this thesis to my sister, Catherine, who also supports me in my goals.

ACKNOWLEDGMENTS

I would like to thank Dr. M. Susan Jones for the guidance and help she provided me on this thesis and the opportunities that she provided for me in London for the research on this thesis with the help of the Cooperative Center for Study Abroad (CCSA).

I would like to thank my second reader, Dr. Lorraine Bormann, for also providing support and advice during the process of writing and editing this thesis.

I would also like to thank Western Kentucky University (WKU) Study Abroad and Mahurin Honors College for the opportunities that they provide for me and my fellow students to explore and discover the world.

I want to thank Harlaxton College and the life-changing experience they provide for me and thousands of other students. It truly was a stepping stone to the rest of the world.

Also, the WKU library and their extensive collection of scholarly journals aided the writing of this thesis.

I want to thank Geok-Liew ONG, RN and Nurse Education Practitioner at Royal London Hospital for the knowledge she provided on the topics of nursing and healthcare in the United Kingdom.

Lastly, I would like to thank the Royal London Hospital and Barts Health UK for a tour and information about nursing and healthcare in the United Kingdom.

ABSTRACT

Currently, in the United States, the topic of healthcare reform is in the back of everyone's mind. What will come of our healthcare system? Will the cost of healthcare decrease? Will patients have better access to care? With this Capstone Experience/Thesis, I wanted to explore the differences between the current healthcare system that we have in the United States, to the nearly seventy-year-old National Health Service (NHS) in the United Kingdom, which provides healthcare to all. The NHS is free at the point of care and is funded by taxation. To understand if such a system would work in the United States, this paper will explore the history of nursing and healthcare along with the similarities and differences in the education and the practice of professional nursing in both countries. With the knowledge gained, I found that if the United States were to adopt a universal healthcare system like the NHS in the United Kingdom, many aspects of the profession of nursing, including education and salary, would change. However, this adoption might mean that all United States citizens have equal access to the best healthcare to help improve health outcomes in our country.

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INTRODUCTION

The United Kingdom (UK) has fascinated me throughout my life, and I was so excited when I had the opportunity to study abroad at Harlaxton College in the Fall of 2014. Touching down in London for the first time was exhilarating and a childhood dream come true. At Harlaxton College, every student is required to enroll in the British Studies course, which gave me the opportunity to learn more about the country that I was living in and its vast history. Being a nursing student from the United States (U.S.), I was intrigued to learn about the creation of modern nursing by England's own Florence Nightingale and to gain insight into the UK's universal healthcare system, the National Health Service (NHS), which is available to all citizens since World War II. For my project that semester, I focused on Florence Nightingale and how her *Notes on Nursing* influences me in more ways than I had realized.

Last year, I was fortunate to get to return to London, but this time with a specific focus on nursing and the healthcare system. To see nursing in action and to tour a hospital that operates under the NHS sparked even more curiosity about the similarities and differences between the nursing and healthcare systems in the U.S. and those in the UK. I wanted to know how different the systems were and identify the positive aspects of both systems. Could a mixture of the two systems be the formula for a flawless nursing and healthcare system? How can the healthcare system in a country affect nurses and

their career satisfaction? These are some of the questions that I wanted to answer after my second trip to the UK. Hopefully, my experiences and studies have provided me with a basis to move forward during my career and have a voice in improving the healthcare system in the U.S

SECTION ONE

A BRIEF HISTORY OF NURSING AND HEALTHCARE

To understand what the U.S. could gain from looking at the universal healthcare system in the UK, it is important to briefly review the history of nursing and healthcare in each of the two countries. From the beginning of the modern career that nursing has become, the UK and the U.S. have looked to each other to shape the profession and its values.

Brief History of Nursing

Modern nursing starts with Florence Nightingale, who penned her famous *Notes on Nursing* in 1859 (Stevenson, 2017). *Notes on Nursing* compiles Nightingale's statistical research that was completed during and after the Crimean War, where she discovered that bad sanitation was to blame for the deaths of many of the soldiers from infection and communicable diseases (Stevenson, 2017). The best-selling book provided Nightingale's view on what nursing as a profession should be, and inspired many to start nursing movements of their own (Stevenson, 2017). After the success of *Notes on Nursing*, Florence Nightingale opened the first professional school of nursing in London, changing the way nurses were trained and educated (Stevenson, 2017).

Florence Nightingale not only changed the education and career of nursing in the UK, but her work influenced several women across the pond to implement her ideas in

the U.S. In New York City, the Bellevue Training School was the first nursing education program to follow Nightingale's model and was established in the 1870s (American Association for the History of Nursing, 2007). Linda Richards was a newly trained, American nurse at the time and was directly mentored and supported by Florence Nightingale (American Association for the History of Nursing, 2007). Richards was the first nurse to be trained professionally in the U.S. and her relationship with Florence Nightingale led her to become a cornerstone of nursing education in the U.S. (National Women's Hall of Fame, 2017). Linda Richards pioneered and established many nursing schools in the U.S. wherever they were needed (National Women's Hall of Fame, 2017). She is truly a direct representation of the influence that Florence Nightingale had on the profession and education of nursing in the UK as well as the U.S. Without these two women, the profession and education of nurses would be completely different today.

Brief History of Healthcare

To understand the current healthcare systems in both countries, it is important to understand the history that led to the current practice. The history of healthcare in the UK is somewhat less complicated than that of the U.S. Before the Second World War, the UK's healthcare system was like the present U.S. system. The UK healthcare system was insurance-based and those who could afford the insurance were able to have it, and those that could not, also could not afford their medical bills (The National Archives, n.d.). On 5 July 1948, the National Health Service (NHS) was launched in the UK (NHS, 2015). The NHS provided healthcare for all people in the UK, and it was financed by taxation. The amount of tax that citizens paid into the NHS was based on their yearly earnings (NHS, 2015). Under the NHS, healthcare is free to everyone in the country at the point

of care (NHS, 2015). Throughout the span of the NHS being a part of the UK healthcare system, many technological advances have been made. Health prevention and education has been funded through the NHS since the 1960s (The National Archives, n.d.). More information on the system and structure of the NHS will be provided in section four.

In the U.S., Theodore Roosevelt was the first leader to credit health insurance as something that would make our country stronger, however, a change in healthcare did not actively occur during his presidency (Griffin, 2017). Health insurance began to be formulated in the 1920s when doctors and hospitals began to raise the costs of their care higher than the average citizen could afford (Griffin, 2017). During this time, at Baylor University Hospital, the inspiration for what is now Blue Cross was born when some teachers created a program where consumers could “pre-pay” for their medical expenses up to twenty-one days in advance (Griffin, 2017). This was the start of the modern health insurance that we know today in the U.S.

Arguably, the Great Depression in the 1930s was an opportune time for the U.S. to create a universal healthcare system; however, the topics of unemployment and the aging members in the population took precedence (Griffin, 2017). In 1935, the Social Security Act was passed by President Franklin D. Roosevelt, which had originally included a health insurance portion that was dropped due to opposition for a national healthcare system by the American Medical Association (Griffin, 2017). In between the Great Depression and the start of the Vietnam War in the 1960s, many solutions for a national healthcare system were introduced but were either opposed by groups like the American Medical Association or their popularity was not high within the government (Griffin, 2017). During this extended time period, the American public could purchase

private insurance plans or could sign up for them as part of their job benefits starting during World War II (Griffin, 2017).

In the 1960s, John F. Kennedy and then Lyndon B. Johnson, worked to eventually pass the Social Security Act of 1965, which introduced modern Medicare and Medicaid for the aging population and those that could not afford private insurance, respectively (Griffin, 2017). Between the 1960s and the Affordable Care Act in 2010, the healthcare system in the United States was debated about if we should go to a single-payer system, and during that time, the National Health Expenditure of our Gross Domestic Products kept rising (Griffin, 2017).

The Patient Protection and Affordable Care Act of 2010 was passed during President Barack Obama's administration. Implementation of the law had a rough start, but it did lead to millions more Americans become insured, and it also provided protection for citizens with pre-existing conditions to not be denied the right to have health insurance (Griffin, 2017). However, the cost of insurance continues to increase, and now, in Donald Trump's presidency, the future of our nation's healthcare is in at a standstill (Griffin, 2017). Currently, there is a movement under President Trump administration to repeal the Affordable Care Act, but no one is really sure on the direction of healthcare in this country (Griffin, 2017). Many citizens are wondering if a single-payer universal healthcare system would work in the U.S., after all, the U.S. is the only developed country without such a system (Nies & McEwen, 2015).

When understanding the brief history of nursing and healthcare in both the U.S. and the UK, one can make better sense of the current system. Hopefully, through this discussion of our current healthcare and nursing practices, we can better understand how

a blend of the two healthcare systems could benefit the U.S. and its healthcare consumers. Would a universal healthcare system work in the U.S.? What lessons learned can we take from the UK? How will this impact the nurses in the U.S.?

SECTION TWO

EDUCATION AND THE PROFESSION OF NURSING

“Nursing is an art, and if it is to be made an art, it requires an exclusive devotion as hard a preparation as any painter's or sculptor's work...” says Florence Nightingale, the mother of modern nursing, of this rewarding career that many enter each and every day (Nursingschools.net , 2010). To understand how healthcare directly effects nurses, one must understand the training and professional lives of registered nurses in each country. As a student of nursing myself, I find that the nursing profession is difficult to prepare for, but the challenges are the most rewarding. There is nothing better than having a patient express their gratitude to you for the care you provided. Throughout the trip to London, it became apparent that nursing is just as rewarding in other countries, and the nurse is one of the kindest professionals. Meeting nurses and touring hospitals in the UK sparked an interest for me to explore the educational preparation of nurses in the UK as compared to those in the U.S. Nursing education must be different considering the differences in the healthcare systems, but it may also be equal to, if not more challenging. As a Bachelor’s in Science of Nursing (BSN) student in an American institution, I will be comparing my university’s model to the model of a nursing program in the UK. Because the nursing career requires vast amounts of knowledge and skills competency, the

education systems in UK and the U.S. must challenge the students, but also have differences that are needed to meet the needs of the respective countries' patients.

The United Kingdom

The education of nurses in the UK is quite different than the education of nurses in the U.S. The differences between school curriculum and requirements are interesting in a world where a nursing shortage is a huge problem. The nursing shortage is such a problem in the UK that they bring in nurses from the Philippines to work in the hospitals, which is something that I learned on a tour of the Royal London Hospital. Differing from the U.S., UK nursing programs focus on one area and expand on that, making the nurses that graduate from these programs only qualified for the specific course that they studied in university (Royal College of Nursing, 2017a). For example, the four areas to choose from are Adult, Children's, Mental Health, and Learning Disability nursing, making a nurse who graduates from a Children's nursing program only able to get a job in a Children's nursing setting (Royal College of Nursing, 2017a). It makes one think about this model contributing to the nursing shortage when comparing this to the U.S. where pediatrics is an area that is regarded as a difficult area to get a job.

Also, another difference from the U.S., is the fact that nursing programs in the UK are currently fully funded by the NHS (Royal College of Nursing, 2017a). Later in the year, however, nursing students in the UK will have to pay for their own nursing program, which will still be significantly less than the cost of universities in the U.S. (Royal College of Nursing, 2017a). In the U.S., students are required to pass the NCLEX-RN to obtain their license to practice nursing; however, in the UK, nursing students

submit an application to the Nursing and Midwifery Council to receive their license to practice nursing (Nursing and Midwifery Council, 2017).

The United States

In the U.S., there are three different ways to become a registered nurse. There are diploma programs, which are in the process of being phased out completely, Associate's degree programs, and Bachelor's degree programs (American Association of Colleges of Nursing, 2015). The focus of this comparison will be on nurses prepared for the Bachelor Science in Nursing (BSN), which is anticipated to make up nearly 80% of the nursing workforce in the U.S. by the year 2020 (American Association of Colleges of Nursing, 2015). A difference in education that was noted through talking to nurses in the UK was the broader approach that U.S. takes in their university's program. At Western Kentucky University (WKU), and most nursing programs in the US, student nurses learn in-depth details and competencies in Medical-Surgical Nursing, Mental Health, High Acuity, and Obstetrics and Pediatrics (Western Kentucky University School of Nursing, 2017). BSN prepared nurses also must take additional courses than those required of Associate's degree nurses, which include Health Assessment, Health Promotion, Evidence-Based Practice, Community Health, and Leadership (Western Kentucky University School of Nursing, 2017). According to the American Association of Colleges of Nursing (2015), BSN prepared nurses help lower hospital mortality rates by nearly 11%. However, regardless of the program, all students take the NCLEX-RN, a standardized test, at the end of their program to demonstrate minimum competencies before receiving their registered nurse license (American Association of Colleges of Nursing, 2015).

Comparison

The road to the rewarding and challenging field of nursing differs in the U.S. and UK. The differences can be understood by how the healthcare in those countries are set up. The U.S. prepares registered nurses that are trained in all divisions of the nursing occupation. The UK prepares nurses that are trained in just one division of nursing, making them proficient in that area of nursing. The cost of nursing education in the UK was paid in full by the NHS, but now is at a discounted price. The cost of nursing education is paid for entirely out-of-pocket unless the student qualifies for academic scholarships or federal or private loans. Also, the U.S. requires all students, on the completion of their nursing program, to take a standardized test to earn a registered nurse license. Whereas, in the UK, nursing students just need to register with nursing accreditors to practice nursing in that country. Both countries prepare successful nurses and follow in the footsteps of the mother of modern nursing, Florence Nightingale, in educating competent and kind nurses.

Registered Nursing as a Career

In the back of the minds of nursing students, including myself, are the topics of job security, pay, and continuing education. Besides the rewarding nature of the career, the current global nursing shortage is a topic that is often brought up when talking about nursing as a profession. According to Grant (2016), although nurses are said to make up the largest workforce in the U.S. between 2014 and 2022, there are still as many as 1.2 million nursing job vacancies and the number of vacancies is expected to double after 2022. In addition, to the vacancies that will be available, there are an expected 700,000 American nurses that will retire in the next five years due to the aging baby boomer

population (Grant, 2016). Less than 200,000 nursing students graduated in 2015 in the U.S., which is a number that is nowhere close to solving this country's nursing shortage (Grant, 2016).

Across the Atlantic in the UK, the nursing shortage is just as much of a problem. Hospitals, such as the Royal London Hospital, are bringing in nurses from lower income countries like the Philippines, which gets the UK closer to solving the nursing shortage but creates a shortage in the international nurse's home countries (personal communication with Geok-Liew ONG, October 11, 2016). Because of the geographical size of the UK, the numbers may be smaller, but the nursing shortage is just as impactful. Currently, 24,000 nursing job vacancies exist in the UK. If the plan to leave the European Union, known as Brexit, is successful, the UK will lose an additional 42,000 nurses (Forster, 2017a). The Royal College of Nursing warns that this will mean that there will be an "unsafe" level of staffing of nurses in the UK (Forster, 2017a).

With the nursing shortage a prevalent issue in both countries, hospitals in the U.S. and the UK are offering more job incentives to applicants. The nursing shortage in both countries also leads to the conclusion that there is job security for this profession as well. In the U.S., hospitals pay nurses based on the location and number of staff there are at that hospital. The average salary for a registered nurse in the U.S. is \$72,180 a year as of May 2016 according to the Bureau of Labor Statistics (2017). The mean hourly wage for nurses in the United States is about \$35.00 (Bureau of Labor Statistics, 2017). However, these wages completely depend on the geographic location of the nurse; wages can range from just \$20.00 an hour to \$65.00 an hour in different cities and locations (Bureau of Labor Statistics, 2017). In the U.S., most employers of registered nurses offer paid time

off (PTO), paid holidays, sick leave, tuition reimbursement, payment for continuing education, and tax saving plans (Registered Nurse, 2017). Most, if not all, employers offer health, dental, vision, and life insurance and the costs are deducted from the nurses' paycheck (Registered Nurse, 2017). Many other incentives are being offered to registered nurses as well. A quick Google search for nursing jobs will reveal that many facilities are offering hefty sign-on bonuses to solve nursing shortage problems at their facility. Unlike the U.S., the UK has a universal healthcare system, which influences the way that registered nurses that work for the NHS are paid.

In the UK, registered nurses working under the NHS are paid according to the NHS pay bands called the Agenda for Change (personal communication with Geok-Liew ONG, October 11, 2016). Ms. ONG informed me that most novice or entry-level registered nurses are paid on Band 5, then can progress up to Band 6 with more experience; ward managers are paid on Band 7 and senior nurses are paid on Band 8 (personal communication on October 11, 2016). This means that most registered nurses in a bedside nursing role are paid on Band 5 or 6, and according to the Agenda of Change, this yearly salary ranges from £22,128 to £35,577 a year based on experience (2017). In the different pay bands of the NHS, there are different points, and registered nurses typically move up a point each year they are employed (Agenda for Change, 2017). The Agenda for Change (2017) also states that, in addition to the fixed salary, nurses living in London receive a bonus to offset the cost of living in the city. At the Royal London Hospital, an NHS hospital, benefits such as childcare vouchers, health service discounts, UK mini breaks, local gym discounts, and printable discount vouchers are offered to staff as well as a Pension Scheme for retirement (Barts Health, 2016).

In addition to the NHS, there is also private insurance in the UK with access to private sector hospitals. The nurses at these private sectors make an average of about £6,000 more a year (Epstein, n.d.). When compared the salaries of U.S. nurses, it is less, however, in the NHS, wages are only being taxed and insurance fees are not being taken out because healthcare in the UK is free at the point of service. Both countries have pros and cons to the profession of nursing regarding pay and benefit, but both countries can offer a sense of job security in the field of nursing.

SECTION THREE

HEALTHCARE AND NURSES

The current healthcare practiced in both the U.S. and the UK influences the way nurses practice and are rewarded for their job in ways like pay and benefits. A universal healthcare system in the United States would probably mean less pay for nurses, doctors, and other health professionals, but the career of nursing is so much more rewarding than the salary you receive every year. The NHS has had almost 70 years to perfect its system for the consumer and the professional; whereas, the system in the United States is constantly “up-in-the-air” so to speak, especially with the new presidential administration. In comparison, the UK also has a private sector, which offers access to different hospitals, nurses, and providers. The private sector in the UK is a lot like the insurance system in the U.S.; if you can afford it, you pay for your own insurance. These healthcare systems have direct impact on nurses and the patients we care for.

The United States

It is hard to say what will come of the healthcare system in the U.S., but many citizens are rallying for a change to the current system. Currently, the U.S. is spending more money on healthcare and has a lower life expectancy than most other developed countries (Chalabi, 2017). The average American is paying five times the amount of citizens in other developed countries in a single year (Chalabit, 2017).

Even though attempts have been made to move the U.S. toward a universal healthcare system like other developed countries in the world, the attempts have not worked as well as the government had hoped, and as 26 million Americans are still without healthcare (Holder, Torpey, & Cage, 2017). Americans are now, more than ever, wanting to move from the somewhat confusing system we have now to a single-payer universal system. Up 5% from January 2017, the amount of Americans who are in favor of a single-payer system is now 33% (Galea, 2017). Under the current insurance system, costs for medicine and treatment have increased significantly and will continue to increase (Galea, 2017). For nurses, this means that patients may not get the treatment they need for certain disease processes because they are either uninsured or underinsured and cannot afford the treatments that are necessary to manage or cure a disease processes.

Federally funded systems such as Medicare and Medicaid, introduced in the 1960s, provides health insurance to the aging population and the low-income population (Dickman, Himmelstein, & Woolhandler, 2017). However, in the coming months and years, states are turning down more and more low-income citizens that were previously eligible for Medicaid because funding is being cut (Dickman et al., 2017). For Americans that are not eligible for Medicaid and Medicare, there is a private insurance market. However, the private insurance market has substantially increased in cost in the last ten years, and many Americans cannot afford to pay for it (Dickman et al., 2017).

In the private insurance market, the copays that U.S. citizens are paying for general provider visits are now as much as thirty dollars to forty-five dollars for visits to specialists (Dickman et al., 2017). In 2016, deductibles for mid-level insurance plans from employers for their employees' average about 3100 dollars (Dickman et al., 2017).

Also, the current private insurance and federal insurance systems in the U.S. have a narrow network, meaning that patients are limited on the physicians, other providers, and facilities that will be covered with their healthcare plan (Dickman et al., 2017). If you are an uninsured American, and you require any kind of healthcare, you will be charged the highest rates for that healthcare because you are not associated with a health insurance company (Dickman et al., 2017). Unfortunately, current healthcare practices in the United States means that millions of patients are falling into debt because of their rising and daunting medical bills (Dickman et al., 2017). Registered Nurses, like other healthcare workers under the current system, make more money annually because patients are paying high costs for healthcare (Rampell, 2009). However, because of the nurse's average salary in the U.S., a lot of potential patients are not getting access to treatments that could prolong their life or save it. With healthcare reform possibly in the future in this new presidential administration, this could mean that patients could gain access to the care they deserve and not go bankrupt because of it.

The United Kingdom

The NHS in the UK is “one of the world’s most cost-effective health systems” (NHS, 2017). However, the citizens of the UK may be more satisfied with the NHS as they have been in thirty years. However, they are concerned for the future of the program, meaning the public is not sure how much longer the NHS can be sufficiently funded. A lot of British citizens are also wondering if the potential Brexit will have an effect on the NHS (NHS, 2017).

In the UK, the NHS is funded by taxing its citizens to provide free healthcare at the point of care. In addition, most prescription drugs are free, and if they are not, the

most a consumer will pay for it would be twelve dollars (Harrell, 2009). In comparison to our system in the U.S., many things about healthcare under the NHS is different. For example, when scheduling appointments with a healthcare provider at their office, or general practitioner (GP) as they are called in the UK, the office will select the date and time of your appointment, unless it is urgent of course, instead of letting the patient suggest what is most convenient to them (Edwards, 2015). However, when it is time for your scheduled appointment, the patient will be seen at that exact time and will not have to wait hours to meet with a GP like one might have to do in the U.S. (Edwards, 2015). Consumers of the NHS like to complain about waiting for emergency services or a certain treatment or specialist; however, in the U.S., we sometimes have about the same wait times for the same services (Edwards, 2015).

As stated in Section Two, nurses and other healthcare providers working under the NHS are paid in pay bands based on their jobs and years of experience (Agenda for Change, 2017). The NHS nurses usually work 37.5 hours a week if employed on a full-time basis and receive a certain number of days leave each year based on the number of years they have been a nurse (Royal College of Nursing, 2017b). Currently, however, nursing conditions are being protested by registered nurses themselves and the Royal College of Nursing for the exhausting conditions fueled by the nursing shortage (Forster, 2017b).

There is also a private sector of health insurance available to people in the UK. This private system is a lot like the insurance in the U.S. and allows patients in the UK to opt out of NHS benefits to pay for their own insurance (Harrell, 2009). The perks of this system are that patients get to choose their own specialists and avoid long wait times that

they may experience within the NHS system (Harrell, 2009). The growth of the private sector in the UK has actually helped the NHS because many immigrants and citizens alike are choosing to pay for private insurance that is resulting in reducing wait times and nurse-patient ratios in the NHS hospitals (Bradshaw, 2016).

A comparison of the healthcare systems in both the UK and U.S. allows the nurse and patient to be better informed and to advocate for reform or a change in the current system in the U.S. The healthcare systems in both countries have pros and cons to their respective healthcare systems, but at the end of the day, what is most important as nurses, is the security of knowing that the patients are receiving the best care that they can. Access to care is most important in the grand scheme of the issue. If our patients cannot afford to come to the hospital to be treated, then we will have no patients to care for and their quality of life will be diminished. Nurses can be advocates and promote change for the betterment of our patients.

SECTION FOUR

CONCLUSION: NURSES MAKING A CHANGE

After my research on the topic of the NHS in England, I wondered if a universal healthcare system would work in the U.S. Through my conversation with Geok-Liew ONG, I enhanced my understanding of what nursing would be like under such a system. Being in a nursing school in U.S. and working for a hospital here as well, I can navigate through our system and understand how it is set up. I am not sure what the future will hold for our nation's healthcare, but I can only hope that it improves our patient outcomes, prolongs their lives, and provides access to quality healthcare for all.

When I visited the Royal London Hospital in December of 2016, I saw first-hand what the NHS does for their hospitals. I saw the effects of the recent renovation of the hospital that was visited by Queen Elizabeth II shortly after the completion of the renovation. I witnessed that many of their practices are like the U.S. For example, hand washing signs were posted next to hand sanitizer dispensers on the wall, just like what we have in U.S. hospitals. To my surprise, their hospitals do not look much different than our own, but the system they operate under is entirely different.

When I pass my NCLEX-RN exam, I will be a registered nurse and my professional priority will be to provide the best care that I can for my patients. Part of that

care, for me, will be to advocate for all potential patients to have affordable access to quality healthcare. Under the American Nurses Association's Code of Ethics, it is expected of all nurses to participate in voicing their expertise to legislatures and other political figures to advocate for patients and nurses alike in politics (2017). The American Nurses Association (ANA) also has taken a stand on the current healthcare situation in our country.

In the ANA's 2016 "Principles for Health System Transformation," it calls on politicians to provide assurance to the public that they will have a universal healthcare plan that consists of them gaining access to services, provide preventative services under the healthcare system, economically help support those who do not have the means to pay their share to healthcare, and making sure that there are highly skilled and trained healthcare workers (2017). In the ANA's vision for healthcare reform, is ways to implement these suggested services.

As a nursing student who has seen our system and was able to compare it to that of the UK, I believe that the healthcare system that the ANA is proposing sounds a lot like the NHS. The citizens in the UK that regularly use the NHS do have complaints, but we could work together with the NHS to implement that system here and help work out any kinks that the UK is facing. Working together, the two countries could create a healthcare system that potentially solves any issues that consumers of universal healthcare are facing while simultaneously providing healthcare to every U.S. citizen that is free at the point of care.

With the help of the findings of my research and experiences with the NHS in the UK, I can hypothesize what it might be like for nurses and patients under a universal

healthcare system in the U.S. If the U.S. were to adopt a system like that of the NHS, besides more patients having access to the services we provide as nurses, our education system might experience changes as well as the staffing of nurses. The salary of registered nurses would change, and the way that the services are delivered to the consumer would also change. It was my intention from the beginning of the research being done on this Capstone Project to have insight into what our country might be like if we were to implement a universal healthcare system.

According to my research, I can speculate about what the world of nursing in the U.S. would become under this system. Our nursing educational system might change. Previously, in the UK, the NHS paid for nurses to be educated at the various nursing schools that are operating in the UK. Although, the NHS is not paying for nursing school in full anymore, the cost of attending nursing school in the UK is significantly less. This decreased cost of nursing school, under a universal healthcare system in the U.S., could allow more students to afford a nursing education. This opportunity for could provide some relief, not a solution, to the ever-growing nursing shortage in this country. This could also help provide safer staffing in the nursing profession.

With our country converting to a single-payer system, it could mean that nurses and other healthcare workers would be paid a little less than they are under the current system. However, this pay cut would not be too drastic considering that health insurance costs and other benefits are being taken out of paychecks now. This pay cut would also mean that many more citizens, all of them, would be gaining access to care that they previously did not have access to. Our country could become healthier and move closer to reaching the health goals that the government sets for its citizens.

As a nurse, it is important to advocate for our patients, and that includes ensuring that all of them have access to quality healthcare. So many aspects of nursing could change under a universal healthcare delivery system, but better patient outcomes could come of the change. Making sure that all potential patients get the care they deserve should be at the top of our priorities. To me, this research and the experiences I have had in a different healthcare system will make me a better nurse. It provides me with the education to go forward and advocate for a change. After all, the number one role of the nurse is to advocate for their patients

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