COMMENT

“Put nurses at the bedside, then work out how many are needed”

We have become obsessed with nursing numbers and ratios. Tweets and blogs regularly call for more nurses. The debate regarding the right nursing numbers and skill mix to properly care for the UK population in acute settings has been going on for years.

A number of nationally accredited tools are available that look at clinical acuity and functional dependency. These tools are being used to undertake skill-mix reviews in hospitals up and down the country. However, it is rare that the findings from these tools are fully implemented or perceived to be viable.

Findings are often contested either by finance teams or experienced staff who question the validity of the results. Skill-mix reviews are then repeated using another tool and the original results are discredited, and the whole process of change and improvement stalls because there is such a significant difference in the findings available.

In the meantime, staff who have been promised change become frustrated and disillusioned, which affects morale.

So the debate and frustration goes on. After this year’s report by Robert Francis QC on Mid Staffordshire Foundation Trust, we are still no further forward with standardising nursing levels and skill mix to suit our patients’ needs than we were five or 10 years ago.

I believe we are looking at this from completely the wrong perspective. We need the right number of staff to meet the needs of patients and staff. We claim we don’t have enough nurses yet we are happy to sit back and allow nurses to be distanced from the bedside. Nurses are now undertaking additional activities that add no value to true nursing care and, in turn, its role in patient safety.

It is time to take a step back and re-evaluate the situation. We need to unpick the mess the “system” has created. However, we are the “system”. We have taken our eyes off the real role of nurses and we have allowed ward nurses to become everything to everybody and, in so doing, robbed them of their true professional status and their relationship with patients.

Nurses are not the only staff group that contributes to the wellbeing and safety of patients, and enable patients to have a positive care experience. Support staff, working alongside nurses, are the backbone of the ward. Without them, the team is weakened and becomes ever more dysfunctional. Historically, when cuts have been made, it has been this group that has suffered the most. This is a false economy.

We then have our nurses becoming cleaners, receptionists, administrators, progress chasers, “mini doctors” and so on. Is it then any wonder we find ourselves with an empty space at the patient’s bedside and confusion over how many nurses we need?

Let’s put nurses back at the bedside where they belong, then we can properly debate whether we have enough nurses.

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HIGHLIGHTS

Reducing risk when using central lines p18

Delivering IV therapy in the home p20

What impact does health visiting have? p22

SPOTLIGHT

Breaching core values goes beyond culture

Any reading of descriptions of the care at Mid Staffordshire raises the question of how nurses could behave in such a way towards patients.

How could they be so uncaring? How could they live with their behaviour? These questions are explored by our expert author on page 14 who considers how workplace culture affects individuals. He raises some challenging issues, including why people behave in a way they would ordinarily consider abhorrent – for example how some nurses acted in Nazi Germany.

As the Francis report makes clear, it is not the case that all the “bad” nurses went to work at one hospital. Workplace culture has a part. But Steve Mee does not shy away from looking at individual responsibility and how to ensure nurses adhere to their code of conduct.

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www.nursingtimes.net / Vol 109 No 14 / Nursing Times 09.04.13 11