One in four senior nurses claim that staffing levels are unsafe on a daily basis, according to findings from a Nursing Management survey.

The survey questionnaire was published in the September issue of NM to canvas opinion among a small group of nurse managers. It sought to gain a detailed picture of skill mix in the areas they run and their opinions about how nurse numbers affect patient care.

All 12 respondents hold management posts such as ‘clinical leader’, ‘ward manager’ and ‘matron’, and they manage teams of between 17 and 200 staff members across a range of clinical areas, from surgical units and theatres to palliative care and older people’s services.

The survey was linked to the Nursing Standard Count on Nurses campaign.

When asked how often they thought their staffing levels were unsafe, three said this was a daily occurrence, two said it happened up to eight times a year and three said it happened once or twice a year.

The respondents said they used a range of mechanisms to decide appropriate skill mixes in their clinical areas, including formalised dependency scoring systems and the well established Telford tool, which relies on professional judgement to dictate standard staffing establishments.

Some responses were particularly worrying. One nurse commented that staffing levels and skill mix had been decided ‘over 10 years ago’ and were ‘never reviewed, despite requests’. Another admitted: ‘I am excluded from the process. I have no power.’

By far the most common approach was found to be a combination of clinical judgement and common sense.

Ursula O’Leary, a senior nurse in palliative care at Mount Vernon Hospital, Middlesex, said that she has tried to use skill mix tools in the past but now relies on her own common sense when deciding safe staffing levels for her ward.

She said: ‘The dependency scores I’ve used do not seem to be as effective as common sense. Of course, managers want to see a methodology but I don’t want to waste my time using them.’

While managers tend to rely on their own judgements, most admitted that this does not deliver appropriate results consistently. Half said their approach works between only a quarter and three quarters of the time, and two managers said that the systems used by their trusts to calculate skill mix do not deliver at all.

Most respondents supported the use of a standardised method to decide staffing levels, with eight saying they would like to see minimum registered nurse-to-patient ratios introduced in all areas of care. Only two said they would not support this, while two declined to comment.

A ward manager of a mental health unit said: ‘I would definitely back staffing-to-patient ratios because I think they would give nurses a bargaining tool with managers, who would then have to listen when you said you were short of staff.’

He said recent cutbacks had hugely increased pressure on staff and led to a local sickness rate of 70 per cent.

He added: ‘On top of that, we have seen more accidents on the ward and higher numbers of complaints from patients and their relatives.

‘Nurses also feel the environment is less safe. It’s difficult to quantify or put your finger on how, but it just feels less safe.’

Seven out of the 12 respondents also wanted access to more research based evidence to help them convince board members or other senior staff of the value of registered nurses.

National day of action

The RCN is taking part in the NHS Together alliance ‘national day of action’ on March 3, when events are due to take place across England to protest at government actions over NHS deficits and the pace of reform.

Peter Carter, who took up post as college general secretary last month, said: ‘This will be local action with a national impact. It is a great opportunity for nurses to speak out about what is happening in the NHS, and to make their voices heard in their regions. We urge nurses to support the event and join their NHS colleagues to show that NHS workers are united and a force that cannot be ignored.’