News

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Job insecurity and staff anxiety putting standards of care at risk

By Nursing Standard reporters

Patient care is being compromised because nurses are struggling to cope with increased workloads and the ongoing threat of losing their job, the RCN warned this week.

Evidence of the pressure nurses face was published on Sunday by the college. It identified the impact of cost cutting, including the downgrading of posts, reduced staffing numbers and diluted skill mix.

The RCN report shows that since the college started collecting figures 12 months ago, the number of jobs at risk has more than trebled.

Head of policy Howard Catton said the surveys, part of the college’s Frontline First campaign, demonstrate that the profession is facing its toughest time for a generation.

‘These results suggest widespread job insecurity and anxiety among staff, plus workload pressures on existing nursing teams – neither of which lead to the delivery of high-quality patient care,’ he said.

The findings reinforce one of the core messages of the Care campaign launched by Nursing Standard and the Patients Association. A ten-point action plan drawn up by professional leaders stresses that inadequate staffing levels are an indicator of poor care.

Patients Association chief executive Katherine Murphy said: ‘A shortage of the right staff at the right time has a direct impact on outcome and experience of care for patients. We are deeply concerned about the constant reduction of front line nurses and the introduction of unqualified, unregulated healthcare assistants to make up the numbers.’

‘PRACTITIONERS ARE CONCERNED ABOUT THEIR ABILITY TO SUSTAIN HIGH-QUALITY SERVICES AND CARE’ – Rosemary Cook

The RCN’s report highlights that services in the community, and those for long-term health conditions and mental health, are being badly affected by cost cutting.

It echoes findings published this week by the Queen’s Nursing Institute (QNI) in its Nursing People at Home report. The QNI says there has been an ‘alarming’ fall in the number of skilled nurses and refers to NHS data showing that the number of district nurses has been falling for more than a decade.

QNI director Rosemary Cook said: ‘We receive regular reports from community nurses about reductions in staff numbers, downgrading of posts, ending of innovative projects and a rush to retirement among nurses who are eligible. Practitioners are concerned about their ability to sustain high-quality services and care.’

Meanwhile, health secretary Andrew Lansley spoke of his concerns about patient care at last week’s NHS Employers annual conference in Liverpool. He said there are an ‘immense number’ of excellent nurses, but standards are not maintained everywhere.

He said investigations into poor care by organisations such as the Patients Association show that ‘too many hospitals, or wards within hospitals, are letting their patients down, even when it comes to the most basic standards of care’.

Go to www.thecarecampaign.co.uk

INTEGRATED WORKING KEY TO SUPPORTING OLDER PEOPLE

Nursing and social care staff who operate in isolation must develop a better understanding of each other’s roles if they are to deliver more integrated care to older people living in care homes.

This is the view of Julienne Meyer, a professor of nursing care for older people, and executive director of the My Home Life programme, aimed at improving the quality of life for people who are living in, visiting or working in care homes for older people.

Professor Meyer gave evidence last week to a dignity commission run by the NHS Confederation, Local Government Association and Age UK. She explained that some social care providers accuse nurses of being too ‘clinical’ in their outlook, while nurses sometimes argue that social care workers neglect the importance of health care.

Meanwhile, the RCN is warning that differences in the way health and social care are funded are the ‘root cause’ of disjointed care.

In its response to a Department of Health consultation on integrated services, the college says disputes over who pays for care often result in delayed transfers and discharge, with patients receiving care in the wrong setting.

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