

# Caring nurses hit by a quality storm

Low investment and excessive workloads, not uncaring attitudes, are damaging the image of NHS trusts, argue the authors of groundbreaking research into Europe's nurse workforce

**Nurses are getting a bad press in England for being 'uncaring' at a time when nursing in the United States is benefiting from favourable public perceptions, supportive policy initiatives and the largest and most talented pool of applicants to nursing schools in history.**

Interestingly, both countries had nursing commissions that released reports in 2010 heralding the future of nursing; the responses could not have been more different.

The US Institute of Medicine's report called for nurses' scope of practice to be broader, for nurses to lead innovative care models, for at least 80 per cent of the nurse workforce to have bachelor's degrees, and the number with doctoral degrees to be doubled by 2020. Media coverage was positive and initiatives to implement recommendations came swiftly.

In contrast, much of the media response to the Prime Minister's Commission on the Future

of Nursing and Midwifery accused nurses of having uncaring attitudes and scoffed at recommendations for them to receive bachelor's education.

The annual Gallup public opinion poll in the US shows nurses leading all other occupations when it comes to trust. What is different about nurses in England? They are the public face of the NHS, as exemplified by the tribute in the opening ceremony of the London Olympics. As such, they may be revered in good times and blamed when the NHS disappoints.

## The context of caring

Instead of blaming nurses and expecting care to improve, it may be more productive to consider complaints about nurses as early warning signs that the quality of health care is being eroded, and then consider how to avert the 'quality storm'.

As a result of an EU-funded study

of the nurse workforce in 12 European countries, RN4CAST, we know much about the challenges faced by nurses working in NHS hospitals in England. We are also able to compare nurses' reports on conditions of practice in NHS hospitals with nurses' experiences in 11 other European countries and the US (Aiken *et al* 2012). RN4CAST's findings about 488 European hospitals through the eyes of 33,659 nurses, including 2,918 nurses practising in 46 NHS hospitals in England, are revealing and informative.

In Box 1 (see page 24) we show England's rank compared with the best-ranking

## SUMMARY

Research by the authors, some of it unpublished, indicates that nurses in England are not 'uncaring'. On the contrary, they score highly on measures of caring. Negative perceptions of nurses in England can be explained by their excessive workload and inadequate skill mix. Put simply, nurses in England do not have the time to show how much they care.

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European country, based on five hospital nurse workforce dimensions: job-related burnout; staffing and resource adequacy; skill mix; proportion of nurses with a bachelor's degree; and work environment quality.

Countries were ranked based on averages across all hospitals in each country. While we use nurses as informants about their hospitals, our ranking is related to resources and nurse workforce outcomes at the hospital level because policies to address quality concerns will likely be directed to hospitals rather than to nurses. This approach also takes into account that some hospitals are better than others on these dimensions, but public perceptions of hospital care are likely to be a result of the experiences of patients and their families.

Nurse burnout, measured with a well-validated instrument, revealed that, on average, 44 per cent of bedside care nurses in the representative

sample of NHS hospitals studied scored in the 'high burnout' range. Indeed, only one other country has hospitals with a higher percentage of 'burned out' nurses than England.

England ranks unfavourably compared to many other countries in Europe on dimensions that suggest why nurses in NHS hospitals may suffer from high burnout. Nurses in each study hospital in the 12 countries rated the

## COMPLAINTS ABOUT 'UNCARING' NURSES CAN BE EXPLAINED BY THE UNDER-RESOURCING OF SERVICES

overall adequacy of staffing and resources. Only four of the 12 countries ranked worse than England on nurses' assessments of staffing adequacy. Nurses also rated their hospitals on the quality of their work environments, and England again ranked near the bottom.

On another measure of staffing, known as nursing skill mix, which is

the proportion of all hospital care staff who are professional nurses, England scored worse than all but two other countries. A significant proportion of caregivers in NHS hospitals are not professional nurses, although the public may not be aware of this.

A growing research literature shows that hospitals with a higher proportion of nurses qualified at bachelor's degree level have lower risk-adjusted mortality and fewer adverse patient outcomes (Aiken *et al* 2014). However, hospitals in England averaged only 28 per cent of bedside care nurses with a bachelor's degree, compared with 45 per cent across Europe. Only four countries had lower proportions than England. All hospital nurses in Norway and Spain held at least a bachelor's degree.

Despite high rates of burnout in England and resources that are less generous than elsewhere in Europe, we found no evidence that the attitudes of nurses in England towards their ▶



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### Box 1: England's rank among 12 European countries

	England's rank	Best-ranking country
Nurse burnout	11	Netherlands
Staffing and resource adequacy	7	Switzerland
Skill mix (% of registered nurses)	10	Germany
Nurses with bachelor's degree	8	Norway and Spain
Work environment quality	10	Norway

Source: unpublished results from RN4CAST. The countries included are Belgium, England, Finland, Germany, Greece, Ireland, Netherlands, Norway, Poland, Spain, Sweden and Switzerland.

Note: Rankings are based on hospital averages for each characteristic (for example, the percentage of nurses with high burnout, and the percentage reporting adequate staffing and resources, was calculated for each hospital, and then the average across all hospitals in each country was calculated). On the four favourable characteristics, countries were ranked from high (rank 1) to low; on nurse burnout, countries were ranked from low (rank 1) to high.

► patients are negative and no support for media reports that nurses are uncaring. We asked nurses in each country how frequently they felt that they 'don't really care what happens to some patients'. Nurses in England ranked best on this dimension, with 89 per cent responding 'never'.

Some media stories suggest that recent requirements for nurses in England to obtain a bachelor's degree are responsible for less caring behaviour. We explored our data to see whether nurses in England with a bachelor's education had more negative perceptions of patients than other nurses. The answer was no; they showed high regard for patients regardless of their educational qualifications.

#### Rationing of comfort

We did find a possible explanation for why some patients might perceive nurses in England to be uncaring – and it relates to workload.

Box 2 examines the types of care nurses say they cannot complete because of their heavy workloads. Norway was selected as a comparison country because of its well-resourced healthcare system, and because most of its hospitals were ranked by nurses as having good work environments.

A significant share of nurses in hospitals in both countries report that not all of their patients have all of their care needs met because of nurses' demanding workloads. But, overall, nurses in England are significantly more likely than nurses in Norway to report omitted care.

These findings suggest that nurses may be implicitly rationing some kinds of care because of their high workloads. Critical needs such as pain control and medication and treatment administration are less likely to be omitted than

educating patients and families about self-care after discharge and spending time talking with patients and families about their concerns (Ball *et al* 2013).

Two-thirds of nurses in hospitals in England report that they do not have time to comfort and talk with patients. This is consistent with higher nurse workloads in NHS hospitals, fewer professional nurses among care staff at the bedside, and poorer nurse work environments than is the case in Norway and many other European countries.

Box 3 provides additional insight into unmet care needs, particularly the comforting functions of nurses that may be important to patients' positive perceptions of care. Nurses who assess their work environments as poor are twice as likely as those who assess them as excellent to report a lack of time to comfort and communicate with patients.

Our findings suggest that increasing nurse resources and improving work environments in NHS hospitals are more likely than blaming nurses for uncaring attitudes to result in patient-centred care (Aiken *et al* 2012).

### Box 2: tasks for which nurses (%) say they lack time

	England	Norway
Pain management	7	4
Treatments and procedures	11	7
Prepare patients for discharge	20	14
Skin care	21	30
Administer medications on time	22	15
Oral hygiene	28	30
Adequately document nursing care	33	21
Patient surveillance	34	25
Educate patients and family	52	24
Comfort and/or talk with patients	66	38

Source: unpublished data from RN4CAST provided by authors.

The difficult economic context in Europe and elsewhere is contributing to the gathering 'quality storm'. Cost containment, especially as applied to hospitals, results in higher intensity of services delivered in less time and more rapid patient throughput from admission to discharge. These changes require more nurses, not fewer, to prevent deterioration in care quality and safety that can harm patients and lead to higher costs if expensive complications such as infections result (Cimiotti *et al* 2012).

Increasing the intensity of services and patient throughput in inpatient care, while maintaining quality and safety, is not possible if nursing resources are reduced, as documented in the Francis report on failures of care at Mid Staffordshire NHS Foundation Trust. Also, having too few nurses can cost more if complications increase.

### Early warning signs

We make a case here for thinking more broadly about the meaning of negative perceptions of nursing care in the NHS and elsewhere.

Policy solutions rely on an accurate diagnosis of problems. Getting nurse resource levels and hospital culture correct are crucial. We found no evidence that public concerns about a lack of caring by nurses in England is associated with less professionalism, commitment or hard work.

On the contrary, the high rate of burnout in England

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suggests that nurses are trying their best under difficult circumstances. It is likely that complaints about 'uncaring' nurses can be explained by the fact that nursing services are comparatively under-resourced in hospitals in England.

Investments in evidence-based strategies to improve nurse work environments, as exemplified in the Magnet Recognition Program (McHugh *et al* 2013); applying evidence to achieve safe nurse staffing and nursing skill mix; and moving to a bachelor's qualified nurse workforce (Aiken *et al* 2014), hold promise for stabilising quality and safety gains and staving off the gathering quality storm in health care in England.



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In the US, close to 10 per cent of hospitals have qualified for Magnet status by demonstrating excellence in nursing care, a distinction that is recognised by national quality benchmarking organisations as the mark of a high-performing healthcare organisation. There is no equivalent form of recognition of nursing excellence in England or elsewhere in Europe.

Hospitals in the US are preferentially hiring bedside care nurses with bachelor's degrees, a market indicator of their higher value to their employing organisations.

The Institute of Medicine of the US National Academy of Sciences has elected nurse members, creating a forum for high-level interprofessional discourse on healthcare challenges, an organisational model that again does not have an equivalent in Europe.

Nurses' concerns about quality of care, patients' reports of negative care experiences, and press reports about uncaring nurses are harbingers of declining quality and safety, and should be considered warning signs that austerity measures may be risking harm to patients **NS**

### Box 3: care linked to environment

Nurse rating of work environment	% of nurses lacking time to comfort and/or talk with patients
Poor	83
Fair	72
Good	56
Excellent	41

Source: unpublished data from RN4CAST provided by authors

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