TIME TO STAND UP

FOR NURSES AND MIDWIVES

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Introduction

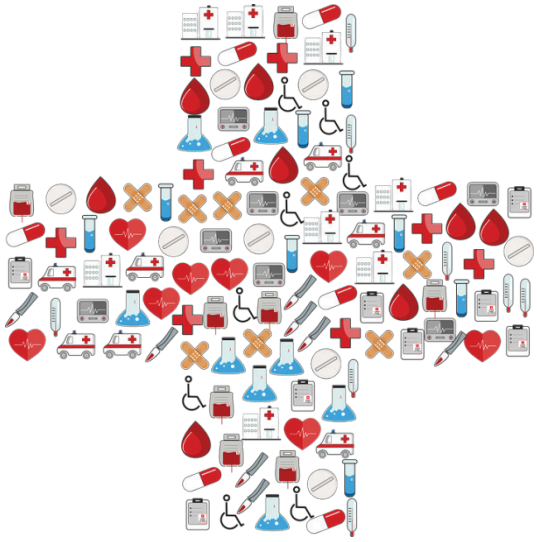
The current recruitment and retention crisis in the health service is having a demoralising and damaging impact on patients, nurses, midwives, doctors, healthcare professionals, and wider society.

Nowhere is the recruitment and retention crisis more acute than in the area of nursing and midwifery.

If something is not done to increase nursing and midwifery numbers and address the issues which they have outlined as being a barrier to entry to the professions and a cause for exit, then the crisis in the health service will only escalate.

This document contextualises the crisis outlining the current difficulties facing nurses and midwives and offers proposals on how to address the problems causing the recruitment and retention crisis.

The implementation of these solution orientated proposals will provide a framework to stem the exit of nurses and midwives from the health service for the long term moving away from perpetual crisis in staffing of the health service to a stable and positive workforce, recruit new nurses into the service, and attract back those who have left, but wish to return.[1]



[1] The solutions outlined in this policy formed the basis of a Sinn Féin Private Members Business Motion on Nurses' and Midwives' Pay and Recruitment which was unanimously supported and passed by Dáil Eireann on 25/04/2018.

Nurses & midwives and the health service

Nurses and midwives educated in this state are among the highest educated and best trained healthcare/medical professionals in the world with an esteemed national and international reputation.

Nurses and midwives are the backbone of our health service and have made a huge contribution to Irish society. In recent years successive governments from Fine Gael to Fianna Fáil have taken their contribution to our health service for granted, have ignored the requests of their unions, and demanded they work harder and longer with less resources and pay.

Nursing and midwifery make up approximately 33% of the total public health service workforce.[2] It is a predominantly female dominated profession with greater than 91% of nurses being female.[3]

Nurses and midwives "are at the frontline and they carry the burden of trying to maintain a safe level of care within a reality of decreased services, decreasing staff, and increased demand".[4]

Nevertheless, Irish nurses are among the hardest working nurses in the world. They work longer hours per week compared with nurses in many other countries. For instance, Irish nurses work on average 6.5 hours longer than nurses in Canada and the UK and 5 hour longer than nurses in Australia each month.

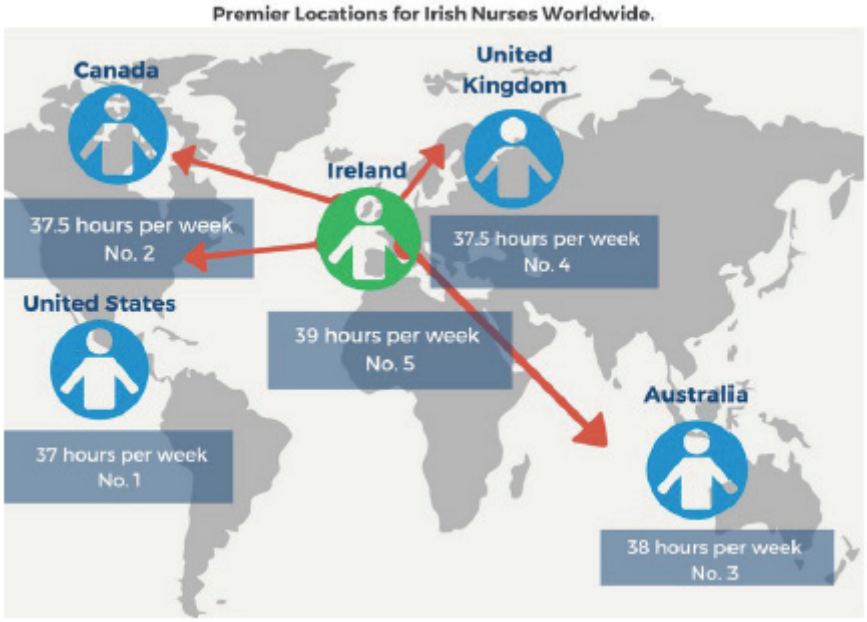


Figure 1, Premier Location for Irish Nurses Worldwide, Source: UK: NHS; Australia: Industrial Relations Commission of New South Wales; Canada: Health Science Association of British Columbia; USA: US Bureau of Labor Statistics

Unfortunately, in recent years the work and dedication of Irish nurses has been taken for granted with successive Ministers of Health failing to understand or address their situation or the reasonable requests they have made for better working conditions, better facilities, more supports, increased training opportunities, and for the issue of pay to be addressed.

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[2] Department of Public Expenditure and Reform (DPER), *Official Side Submission to Public Service Pay Commission (Final) 21st February 2017*, http://paycommission.gov.ie/wp-content/uploads/DPER-health-data.pdf
[3] DPER, *Official Side Submission to Public Service Pay Commission (Final) 21st February 2017*
[4] INMO, *Submission to the Public Service Pay Commission,* https://www.inmo.ie/tempDocs/INMO%20submission%20PayCommission%2001.02.17.pdf

The current situation for nurses

The situation at the frontline for nurses and midwives has significantly deteriorated over the past number of years. Conditions have worsened, hours have become longer, the environment has become characterised by high stress levels, and a particularly acute aspect is that nursing and midwifery has become an extremely high risk occupation in terms of aggression and physical assault.

Between 01/01/11 and 27/07/16 the number of physical assaults on staff in statutory Acute Hospitals increased from 673 to 3,462 – of these 65% (2,261) of the injured parties are recorded as nursing and midwifery staff - this equates to an average figure of 34 physical assaults on nurses and midwives a month.[5]

On average there are 34 physical assaults on nurses and midwives every month

As a former President of the INMO said, "nurses of Ireland are "frightened" going to work every day because they are "under unbearable pressure "on their wards".[6] This pressure and fear contributes to problems in recruiting and retaining nurses, and this is borne out in the numbers - the 2016 turnover rate recorded in the Health Sector Staff Turnover Estimate for Staff Nurses and Midwives was 7.9%.[7]

[5] INMO, *Submission to the Public Service Pay Commission,* https://www.inmo.ie/tempDocs/INMO%20submission%20PayCommission%2001.02.17.pdf
[6] INMO, https://www.inmo.ie/Home/Index/7669/10411
[7] HSE, *Health Sector Staff Turnover 2016,* https://www.hse.ie/eng/staff/resources/our-workforce/turnover-report-2016.pdf

The RN4CAST nurse forecasting in Europe study identified burnout as a serious issue within the Irish health system with the majority of nurses working in medical and surgical units across the acute hospital sector reporting moderate to high levels of burnout and low levels of job satisfaction.[8]

A 2016 survey released by the Irish Nurses and Midwives Organisation showed that a staggering 78.1% of student nurses considered emigrating when they qualified.[9] Indeed, 81.49% of the total respondents placed pay, staffing levels, and working conditions as the major reason for considering leaving the health service.[10]

Country	High Burnout %
Britain	42
Ireland	41
Poland	40
Germany	30
Spain	29
Belgium	25
Norway	24
Finland	22
Switzerland	15
Netherlands	10

Source: Heinen et al, *'Nurses' intention to leave their profession: A cross sectional observational study in 10 European countries'*, Journal of Nursing Studies

These are extremely serious issues and to date the Fine Gael government and successive Minister's for Health have washed their hands of the plight of nurses and midwives.

Furthermore, the current age profile of nurses and midwives in the HSE poses a serious challenge in terms of workforce planning and recruitment and retention with 65% of the HSE nursing and midwifery population over 40 years of age.[11]

There are almost 9,000 nurses and midwives over the age of 50 and many of these have an entitlement to retire at age 60

The Issues

The recruitment moratorium and associated issues have created a recruitment and retention crisis within the nursing and midwifery professions.

[8] Scott, A., Kirwan, M., Matthews, A., Lehwaldt, D., Morris, R., Staines, A. *Report of the Irish RN4CAST Study 2009-2011: A nursing workforce under strain*
http://doras.dcu.ie/19344/1/RN4CAST_FINAL_report_18_April_2013_DORAS.pdf
[9] INMO, *Nursing and Midwifery Internship Student Survey 2017*,
https://www.inmo.ie/tempDocs/Nursing%20and%20Midwifery%20Internship%20Student%20Survey%202017%20AG.pdf
[10] INMO, *Nursing and Midwifery Internship Student Survey 2017*
[11] DPER, *Official Side Submission to Public Service Pay Commission (Final) 21st February 2017*

The recruitment moratorium in the public sector was introduced in the health service two years before all other areas of the public sector. The blanket moratorium on recruitment, which was introduced by the Fianna Fáil government in 2007, had a higher impact on nursing and midwifery than on most other grades and professions in the public health service, thus being a driving factor of the current crisis in the health service.

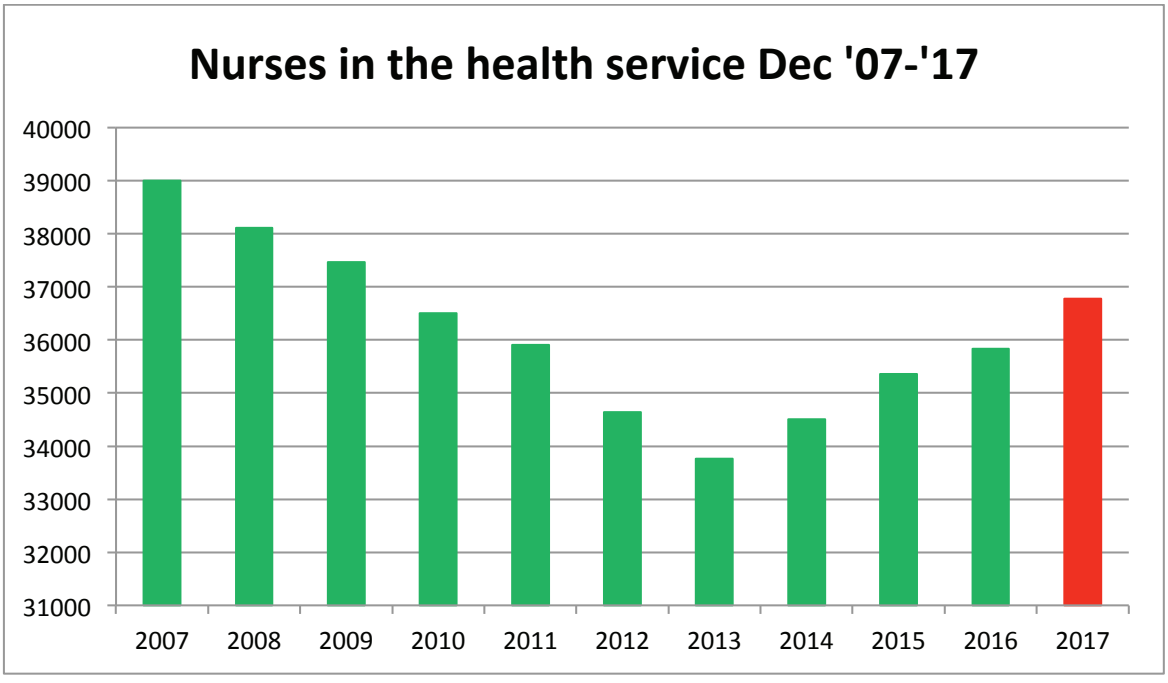
In recent years the situation has worsened due to deterioration in working conditions and pay issues, amongst others. The situation for nurses and midwives has dramatically changed and their jobs have become characterised by an extremely high stress working environment, poor staffing levels associated with unsatisfactory working conditions, and a poorly controlled working environment.

These issues did not arise in the short term; they have been festering for a number of years.

Nurses, midwives, and their unions have consistently reported working conditions, facilities, supports, training opportunities and pay as the causative factors for the decisions of nurses and midwives to leave the health service.

The crisis in numbers

In December, 2007, there were 39,006 whole-time equivalent (WTE) nurses and midwives in the Health Service Executive (HSE) and at the end of December, 2017, that stood at just 36,777 WTE nurses and midwives.[12] Compounding the drop in the number of nurses is the fact that during those ten years the population of State grew by a staggering 416,700.[13]



Source: INMO

[12] INMO
[13] CSO, http://www.cso.ie/px/pxeirestat/Statire/SelectVarVal/saveselections.asp

Despite this decrease over the same period with less nurses and midwives, hospital activity has dramatically increased, despite a reduction in acute beds and an increase in attendances at Emergency Departments. These increases in activity and productivity against a backdrop of a deterioration in working conditions and decrease in staff numbers and the general sacrifices nurses and midwives have made has been ignored by Minister Harris and this Fine Gael Government.

Their failure has been evidenced by an inability to deliver on their modest proposals. For instance, the February 2017 Nursing and Midwifery Workforce Plan agreed to grow the total number of nurses and midwives to 37,043 WTE qualified nursing and midwifery staff by December 2017.[14]

Rather than the nursing and midwifery workforce increasing, it is struggling to retain staff. Therefore despite recruitment the workforce growth has not met the set target, and this has implications for the 2018 Nursing/Midwifery Funded Workforce Plan and the delivery of health services throughout 2018.

To deal with the shortage of nurses and midwives, the health service has an over-reliance on costly agency staff, with the bill for agency nursing running at €1.1million per week. [15] These agency nurses are more expensive than directly employed HSE staff which constitutes a significant loss to the taxpayer daily.

The HSE are spending an estimated €1.1 million per week on agency staff to deal with the shortage of nurses and midwives

Unions representing nurses and midwives, including the INMO and SIPTU, have been highlighting the issue of the recruitment and retention crisis amongst nurses and midwives for many years and have consistently identified a number of key issues for existing and prospective staff; these include pay, progression opportunities and professional development, working conditions, facilities, supports, and training opportunities.

The issue of pay inequality has contributed significantly to a nursing and midwifery recruitment and retention crisis that will continue to have severe repercussions for the health service unless it is urgently and adequately tackled.

For the state to attract recruit and retain nurses and midwives to the health service the government and the HSE need to address the key issues – pay and pay equality, working conditions, facilities, supports, training opportunities.

[14] HSE, *HR Circular 010/2017 –Nurse/Midwifery Recruitment and Retention initiatives,* https://www.hse.ie/eng/staff/resources/hr-circulars/hrcir0102017.pdf
[15] Parliamentary Question PQ 27761 17

The way forward - Solutions

1. Pay

The most pressing issue, no doubt, is that of pay. The Report of the Public Service Pay Commission identified such pay related problems in recruitment and retention, particularly in the health sector.

In order to address the issue of pay we believe the government need to introduce recruitment and retention measures based on realistic proposals which must prioritise pay

Similarly, the issue of pay equality also needs to be immediately addressed for a number of reasons, to attract sufficient students to the profession, to ensure equality for those nurses in the health service, to attract back nurses who left because of the issue of pay inequality, and because there should be equal pay for equal work.

It is imperative that the government agree a roadmap with unions on how full pay equality will be achieved for nurses and midwives with an implementation plan to deliver pay equality within a short timeframe across the nursing pay scales.

2. Training opportunities and professional development

In its 2008 report - *Building a Culture of Patient Safety* - the Department of Health recommended the need for "improved research, education, and training on patient safety" for medical professionals, including nurses and midwives.

Continuing professional development and lifelong learning have become cornerstones of nursing and midwifery professional practice, and nurses and midwives should have the opportunity to avail of continuing professional development, as well as maintaining and enhancing their competence, and also the opportunity to develop their professional career.

Unfortunately, the current situation for nurses and midwives is not conducive for continuing professional development or accessing training opportunities. The reasons for this range from increased working hours and a more stressful working environment due to overcrowding and understaffing, a lack of funding, availability of courses, and a lack of protected time for undertaking upskilling courses.

In order to ensure nurses and midwives have access to training opportunities to further develop and upskill then there needs to be greater access to courses, greater provision of funding, and protected time for nurses and midwives to undertake training so they do not have to use their own annual leave in order to attend courses

3. Creating a better working environment

Nurses and midwives, like any medical professional, can only deliver quality services if their work environment provides the conditions that support them in doing so.

The RN4CAST study of 12 European countries recorded that the level of missed care reported by Irish nurses was higher than the average of the 11 other countries surveyed – this can be attributed to increased patient load due to understaffing, increased pressure, a lack of breaks, and a high stress environment. These are all associated with understaffing and overcrowding due to a lack of capacity in our acute hospital system.

However, the opposite is also true - the more positive a work environment the safer patients and staff are and this in turn leads to a higher standard of care and better outcomes for patients.

The understaffing of nurses because of the recruitment and retention crisis has overstretched those nurses currently in the health service and as nursing unions have pointed out it has negatively affected the ability to deliver quality, efficient, and appropriate patient care.

For the nurses themselves this has created an extremely difficult working environment which in turn negatively affects their ability to perform, negatively affects patient care outcomes and patient safety, and as we have seen causes nurses to become alienated and disillusioned from their profession.

Nurses can face many difficulties from a poor working environment, not least vulnerability to assault, exposure to illnesses and infections due to overcrowding, longer working periods, no breaks, irregular working hours, stress, and overwork.

In order to overcome these problems there first needs to be an increase in nursing numbers, as the majority of the problems contributing to a poor working environment are because of understaffing. A significant increase in the number of nurses in the health service would in enable issues to be addressed such as longer working periods, lack of breaks, irregular working hours, stress, and overwork and burnout.

In addition, there needs to be greater levels of security and protection for nurses and others in the health service. Adequate provision of security, especially during night shifts would go some way towards helping reduce the number of assaults against nurses.

4. Recruitment and retention

The issue of recruitment and retention has been analysed consistently and continuously, we now need to see action. The situation has been constantly reviewed, measured, and studied, but with zero follow. We need the introduction of recruitment and retention measures based on addressing the issues – working conditions, facilities, supports, training opportunities and pay which will allow the issue of supply and demand to be addressed.

The government needs to engage with unions and work with them to identify and implement innovative and progressive mechanisms/initiatives to secure and retain staff

5. Attracting prospective nursing students and retaining graduates

It is vitally important that the state continues to attract sufficient students to the professions of nursing and midwifery and develops the ability to attract nurses to the public health system upon their graduating from university.

Addressing issues such as pay equality and creating a better working environment will go a long way to again making nursing an attractive profession, but there are still other areas that need to be tackled with student nurses and graduates in mind.

The government needs to target new graduates and other nursing staff by offering permanent contracts, attractive career structures and opportunities for other learning, education, and skills development.

6. Independent Commission on Nursing

Following the implementation of 1-5 above to deal with the immediate issues and in order to sufficiently and transparently address these problems then we believe the best way forward is the establishment of an independent commission on nursing, similar to that of the late 1990s which produced the report *'A Blueprint for the Future'*, to look at all aspects of nursing including future pay adjustments, working conditions, upskilling, and career progression, amongst other areas.

The Commission should be tasked with working with unions to formulate a plan to address these issues as well as implementing that plan in order to meet the needs of SlainteCare, the maternity Strategy, the capacity Report and the development of Nursing led services.

Conclusion

It is well past time to address the recruitment and retention crisis in the nursing and midwifery professions. The professions are at a cross roads and not addressing the fundamental problems identified will have a calamitous impact on the health service for the long term.

To do this there needs to be a concerted effort to address the issues which nurses and midwives have stated themselves are problems to attracting staff to the health service and keeping those that are in the service.

First and foremost recruitment and retention measures need to be introduced which are based on realistic proposals and which prioritise pay. Similarly, the government needs to work with unions to draw up a roadmap on how full pay equality will be achieved for nurses and midwives with an implementation plan to deliver pay equality within a short timeframe across the nursing pay scales.

Thereafter, Sinn Féin is advocating the establishment of an Independent Nursing Commission. Operating within short and focused timeframes, this Commission would consider all aspects of nursing in the State and prepare a plan with unions for the professions into the future.

Similarly, the Commission needs to look at broadening training opportunities and opportunities for professional development so nurses can upskill and progress their careers.

Creating a better working environment is also essential to attracting and retaining nurses and midwives. We know this because they have said it themselves, they are tired of being overworked, they are stressed, and they are being assaulted at a rate never before seen.

Nurses and midwives dedicate their life to helping people, now it is time for the State to help them.

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