# Last Shift Survey 2022 - Qualitative Report

## Prepared for the Royal College of Nursing

**January 2023**

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# Section 1: Executive summary

## 1.1 Responses given in relation to compromised patient care

- In nursing staff's own words, compromised patient care is strongly linked to staff shortages. When asked to provide more information around patient care being compromised, the most frequent sentiment is around staff shortages. This is particularly prevalent amongst younger nursing staff.
    - When talking in general terms about staff shortages, the consistent themes emerging are around higher demand and the feeling that the system – and those working within it – is at breaking point.
    - Some nursing staff mention the length of time the low staffing situation has been going on. The consistency of the situation means, for some, it is now the norm.
    - Staff sickness is also mentioned by some nursing staff; any unexpected absences increase the pressure on an already depleted team.
- Further comments around compromised patient care mention three core areas; treatment of patients; routing of patients; and the allotted time given to each patient. 'Basic care' is referenced a lot within responses, either in reference to this being all that is given to patients, or that not even basic care is achieved.
- At a lower level, nursing staff mention employer or workplace issues; limited beds is the key sentiment here, followed by lack of support from management.

## 1.2 The impact of staffing levels, in nursing staff's own words

- Once more, the link between low staffing levels and patient care is evident in nursing staff's qualitative responses.
- When asked the impact that staffing levels have, almost half who left a response mention the impact it has on care provision. Younger nursing staff (those under 35) cite this most frequently.
    - Again, in these responses nursing staff highlight that patients are not receiving the basic level of care. Nursing staff cite that care settings are often left with dangerously low staff numbers, putting patients at risk. They also mention their inability to ensure adequate handovers.
    - As well as poor care, nursing staff mention delays in care.
- After impact on patient care, the majority of other responses focus on the specific impact on nursing staff. The second most mentioned theme is the impact that staffing levels have on nursing staff's mental health and wellbeing.
    - Younger nursing staff, those from an ethnic minority background and those working in the community mention this most frequently. Students/trainees/apprentices are less likely to mention mental health and wellbeing, however.
    - The main comments focus on the stress that nursing staff are feeling. Second to this, nursing staff cite feelings of overwhelm, being demoralised, and burnt out. Nursing staff use particularly emotive language to describe the impact.
- Mentions of the impact on nursing staff's work/life balance are also evident. These fall into two general areas; at work (the relentless nature of the job) and outside of work (the ability to have a fulfilling life outside of work).

- At work, nursing staff typically mention that nursing staff's basic needs are not being met; they are not getting toilet breaks, drink breaks, food breaks, etc. They also cite working beyond their contracted hours (coming in early/leaving late).
- Second to this, there is a focus on overall work/life balance. Here again, nursing staff tend to use emotive language. They are feeling depressed, burnt out, guilty, tired, etc. Some cite it is impossible for them to carry on in this way.

- There are some positive stories given in response to this question. The majority of these focus on how teams work well together and come together to support one another when working with low staffing numbers.

## 1.3 Summary and conclusions

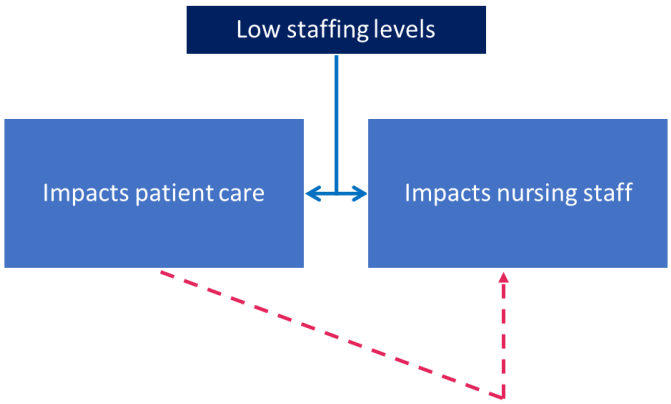
Answers to the research objectives are summarised below.

1. **In what way do staffing levels affect nursing staff and patient care? And what is the impact of this on nursing staff and patient care?**
    a. **Are there any large variations in views around staffing levels and associated outcomes based on the background of respondents (and if so, what are these)?**

The qualitative responses from nursing staff show that insufficient staffing levels and compromised patient care are inextricably linked. It is cited that some patients are not even receiving basic levels of care, due primarily to staff shortages.

The negative impact of this on nursing staff is starkly evident. Nursing staff talk in particularly emotive language, with almost resignation rather than anger, about how they are feeling. The link between low staffing levels and poor patient care means that the impact on nursing staff is two-fold; they are tasked with doing an (at times) impossible job, and they are also not fulfilling what they see as their core role: to provide the best care possible for patients.

In their own words, the impact on nursing staff is predominantly on their mental health and wellbeing.




Looking across the responses in relation to patient care being compromised, younger nursing staff (those under 35) speak most frequently about staff shortages. Women and those working in hospitals are more likely to mention patient demands and behaviour. Nursing staff from a white background mention the increased workload more frequently than those from ethnic minority backgrounds. This latter group however are more likely to cite the impact on individual nursing staff.

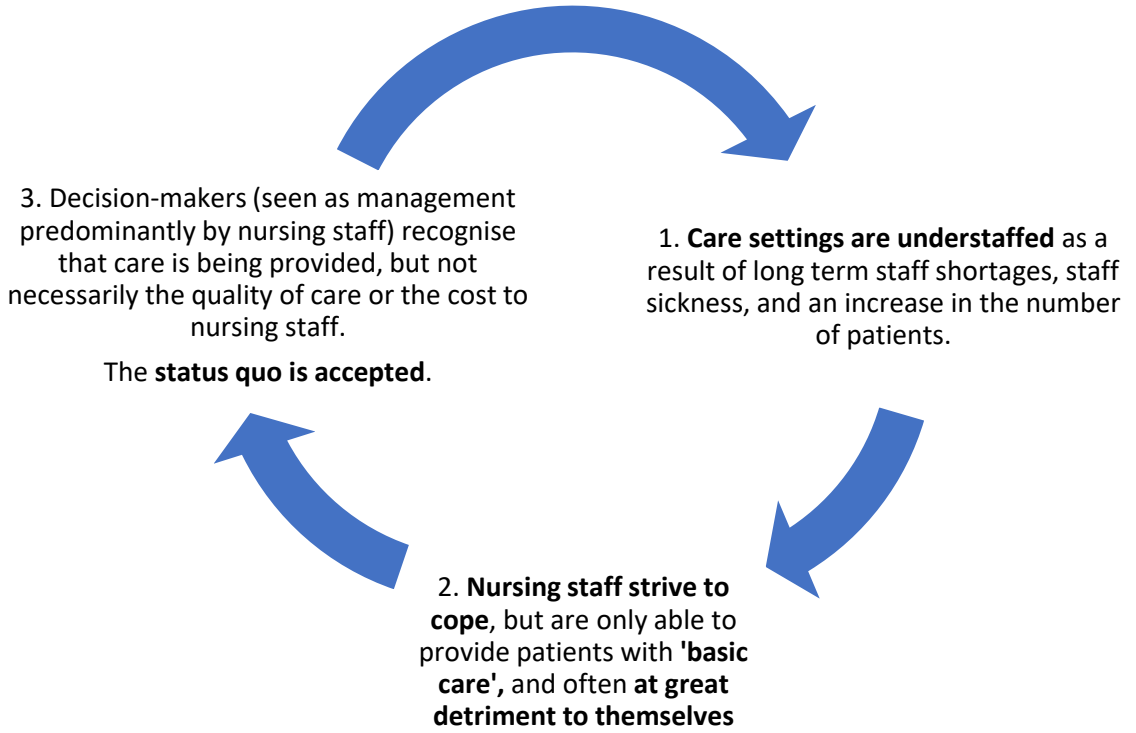
2. **What enables the ability of nursing staff to deliver high quality patient care? And what are the barriers?**
    a. **Are there any large variations in views around these enablers or barriers based on the background of respondents (and if so, what are these)?**

As mentioned, many of the free text responses highlight that nursing staff are now unable to deliver high quality patient care. Consistent understaffing is the barrier to this; it has directly impacted on provision of care; 'basic care' is now the norm for many nursing staff. In some cases, even this is not being achieved. Other barriers, as cited in nursing staff's responses, are infrastructure issues (e.g. lack of beds) and employers/management.

If nursing staff are delivering high quality patient care, this is often because they are working at a level that is of great cost to themselves individually. Nursing staff talk freely in the responses about the impact on their mental health and wellbeing and their physical health, their work/life balance, and their feelings of frustration at being undervalued.

High quality patient care is also achieved by nursing staff working effectively as a team and supporting one another. This however is not a consistent picture.

The responses highlight that the longer the situation continues, the more entrenched it becomes as the status quo. This feeds into a 'vicious circle'.




Again, it is younger nursing staff (those under 35) who most frequently make the connection between poor patient care being driven by low staffing levels (although this sentiment is consistent across all ages).

Younger nursing staff are also most likely to cite the impact that staffing levels have on nursing staff's mental health and wellbeing, as are those from ethnic minority backgrounds, whose working in the

NHS, those working in the community, and registered nurses (when compared to NSWs and students/trainees/apprentices).

Compared to other care settings, those working in hospitals are most likely to express how nursing staff pull together as a team and their ability to support and look out for each other. Students/trainees/apprentices are also significantly more likely to mention positive stories like this.

3. **What are the additional themes from the qualitative data which have not been picked up in the quantitative findings/report? And what do these tell us about the experiences of, and impact on, nursing staff and patients?**
    a. **Are there any large variations in views around these based on the background of respondents (and if so, what are these)?**

The qualitative insights align closely with the quantitative reporting; low staffing levels are significantly compromising patient care. Further, the provision of care within this context is having an increasingly greater toll on nursing staff. The qualitative data however adds more context and detail to the quantitative findings; it is clear that the levels of staff, and care that nursing staff are able to provide, are becoming more the accepted norm as time goes on. The feeling that this is 'normal' is becoming entrenched.

The qualitative responses also include frequent responses of 'basic care'. The data indicates that nursing staff are certainly cognisant that the care they are giving patients is not of sufficient quality.

The richness of the qualitative data and the emotive language used by nursing staff also adds an additional layer of understanding as to how the nursing profession is feeling. When describing their last shift, feelings of helplessness, isolation, fear, overwhelm and stress are apparent throughout. However what is clear is the constancy of these feelings; they are not just specific to one shift. In their own words, many nursing staff are unsure how they will carry on.

# Section 2: Introduction to the report

## 2.1 Background to the research

In March 2022, the Royal College of Nursing (RCN) invited nursing and midwifery staff to share their experiences of the last time they were at work in the RCN's 'last shift survey'.

The survey was open to all nursing and midwifery staff working in different settings across the UK and received 20,325 responses[1]. The questions address several issues, including adherence to the RCN Nursing Workforce Standards, planned and actual staffing levels and how these staffing levels affected patient care and the wellbeing of nursing staff.

The survey also provided respondents with the opportunity to describe, in their own words, the impact that staffing levels have had on them and those they care for.

RCN has already published a report, predominantly detailing the quantitative findings (punctuated with some quotes from free text questions). This is a separate report on the qualitative (free text) responses.

## 2.2 Research objectives

Analysis of the qualitative responses had the following research objectives:

1. In what way do staffing levels affect nursing staff and patient care? And what is the impact of this on nursing staff and patient care?
    a. Are there any large variations in views around staffing levels and associated outcomes based on the background of respondents (and if so, what are these)?
2. What enables the ability of nursing staff to deliver high quality patient care? And what are the barriers?
    a. Are there any large variations in views around these enablers or barriers based on the background of respondents (and if so, what are these)?
3. What are the additional themes from the qualitative data which have not been picked up in the quantitative findings/report? And what do these tell us about the experiences of, and impact on, nursing staff and patients?
    a. Are there any large variations in views around these based on the background of respondents (and if so, what are these)?

## 2.3 Research approach and methodology

The 'last shift survey' includes 2 open-ended questions which recorded a response from 1,850 (average 38 words/respondent) and 8,450 (average 42 words/respondent) respondents, respectively.

Research by Design (RbD) quantified the overall themes by using a codeframe for each question comprising all the themes mentioned. Each theme was given a numerical code, which was appended to each response (some responses yielded multiple codes) and produced a quantification of the themes coming out. All responses were analysed in this way.

The codeframes were hierarchical. **Hierarchical framing** allows for a level of granularity in coding, for example:

- Level 1 code ('overcode'): Impact on patient care

[1] The sample largely comprises RCN members, however a small proportion of non-members are also included.

- Level 2 codes (Individual codes that relate to this): Treatment of patients; routing of patients; allotted time given to each patient

All the codes at level 2 have been grouped under the level 1 overcode, meaning that we can express this in the report as "when nursing staff cite impact on patient care, x% mention treatment of patients, followed by x% citing the routing of patients", for example.

## 2.4 Analysis and reporting

Analysis of the qualitative data has looked at statistically significant differences between:

- employer (NHS versus non-NHS)
- care settings
- location (four UK nations)
- role (registered nurses versus nursing support workers)
- different types of members (e.g. protected characteristics, etc.)

Where appropriate, statistically significant differences have been included within this report.

Throughout the written report, health care assistants (HCAs), health care support workers (HCSWs), assistant practitioners (AP) and nursing assistants are referred to as 'Nursing Support Workers' (NSWs).

The sample largely comprises RCN members, however a small proportion of non-members are also included. Therefore throughout the report we refer to survey respondents as 'nursing staff'.

The 'base' figure referred to in each chart is the total number of respondents providing a free text response. The population group (e.g., all those mentioning 'impact on patient care') is defined alongside the base.

# Section 3: Responses given in relation to compromised patient care

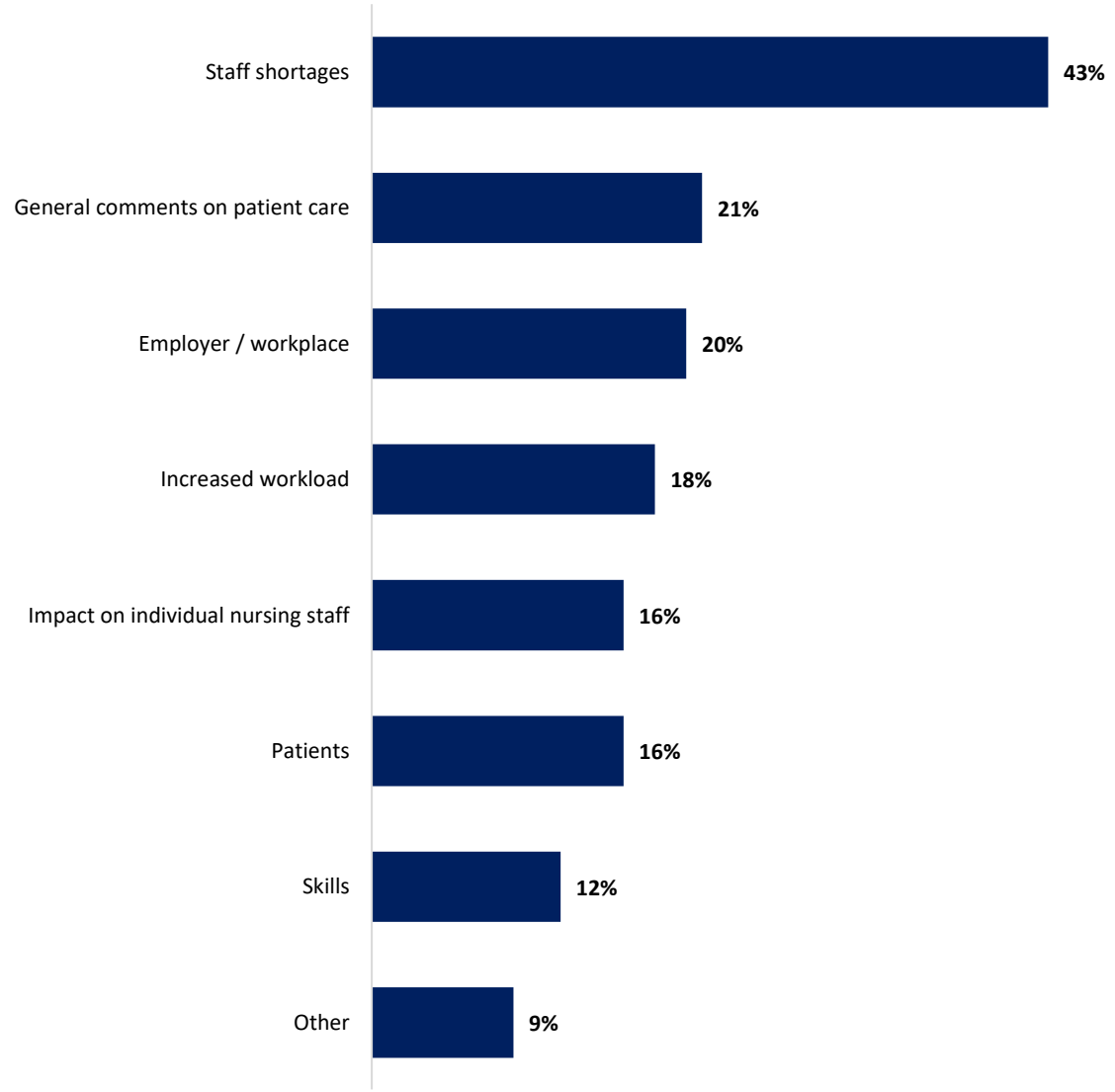
## 3.1 Compromised patient care – overall themes emerging (level 1 codes)

Nursing staff were asked if 'they felt patient care was compromised during their last shift/day at work'. Those who selected 'yes' (62%) were asked to provide more information about their answer. In total, 1,857 free text responses were given and during analysis the responses were coded into eight overall themes, shown in the chart below.

Staff shortages are mentioned most frequently; 43% of those who left a free text comment cite this issue.

**If you would like to provide us with more information about your answer, please describe this here...**

*[In response to those who selected 'Yes' at a previous question 'Do you feel patient care was compromised during your last shift/day at work?']*



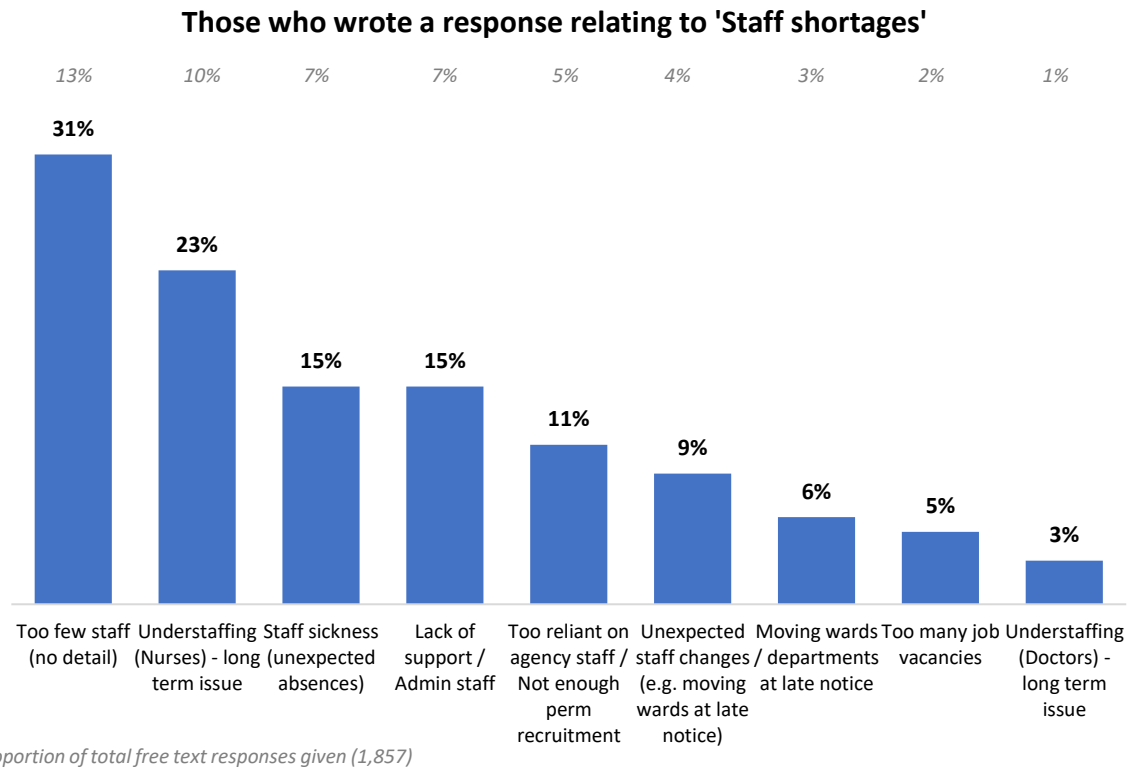

*Base: 1,857*

- A significantly higher proportion of **younger nursing staff** (those aged 17-34) mention '**staff shortages**' compared to older nursing staff (those aged 55 or older) (47% versus 40%)

- A significantly higher proportion of **women** (17%) than men (10%) cite '**patient demands and behaviour**'.
- A significantly higher proportion of nursing staff **working in hospitals** (18%) mention '**patient demands and behaviour**', compared to those working in other care settings.
- A significantly higher proportion of **nursing staff who are white** mention '**increased workload'**, compared to those from ethnic minority backgrounds (18% versus 11%).
- A significantly higher proportion of **nursing staff from ethnic minority backgrounds** cite '**impact on individual nursing staff**', compared to nursing staff who are white (25% versus 15%)

## 3.2 Drilling down into mentions of staff shortages (level 2 codes)

Amongst those who mention staff shortages in any way, the most frequent comments are general observations of there being too few staff (with no further specifics); almost a third of this group express this. Around a quarter cite the fact that understaffing is a long-term issue, and 15% mention staff sicknesses or lack of support.




*Proportion of total free text responses given (1,857)*

*Q34. If you would like to provide us with more information about your answer, please describe this here… [in response to those who selected 'yes' at a previous question 'do you feel patient care was compromised during your last shift/day at work?*
*Base: 804 (all those who mentioned staff shortages)*

- A significantly higher proportion of the following groups mention '**too reliant on agency staff/not enough permanent recruitment'**, compared to the rest of the sample:
  - **nursing staff in Wales** (24%)
  - those **working in care homes** (38%)
  - those whose last shift was **outside the NHS** (27%, compared to 9% of those whose last shift was for the NHS)

- A significantly higher proportion of **nursing staff in England** (17%) mention '**lack of support/admin staff**', compared to those in other nations.
- A significantly higher proportion of **nursing staff in Scotland** (11%) mention '**moving wards/departments at late notice**', compared to those in other nations.
- A significantly higher proportion of those **working in the community** (22%) mention '**staff sickness (unexpected absences)**', compared to those working in other care settings.
- A significantly higher proportion of those **working in the community** (16%) mention '**too many job vacancies**', compared to those working in other care settings.

The key sentiments are explored in more detail below.

### 3.2.1. Too few staff (general comments)

When talking in general terms about lack of staff, the consistent themes emerging are around higher demand and the feeling that the system – and those working within it – is at breaking point.

> *"Higher demand than planned for by management team, but not higher than expected as it's been consistently high with no change in staffing. Also, [there are] high waiting lists for other services e.g. CAMHS[2] and high thresholds for social care increase demand. There are no recognised safe staffing levels in school nursing which is a real problem as there's no 'stop' button, no waiting lists etc., which means the pressure is on clinical staff to hold much too high caseloads." [Registered Nurse, NHS, in the Community, England]*

> *"We had a lot of patients who needed 1 to 1 care, but there was no appropriate staffing for it." [Registered Nurse, NHS, Hospital, England]*

> *"Most of the shift I work with little additional staffing. For a few nights, I was left alone. So, I am worried. How can I manage if there is a cardiac arrest?" [Registered Nurse, NHS, Hospital, England]*

> *"We have a ratio of 1 nurse to 15 patients, it's impossible to provide a good standard of care when [you're] responsible for so many patients…Such poor staffing levels mean providing basic care is difficult…The impact of this on nurses' mental health is huge." [Registered Nurse, NHS, Hospital, Wales]*

### 3.2.2. Long-term understaffing

Some nursing staff mention the length of time the staffing situation has been going on. The consistency of the situation means, for some, it is now the norm.

> *"Patient to nurse ratio is 1:15 and has been since about Oct 2021. This has gone on far too long. At times it is so unsafe, staff are at burnout stage!!!" [Registered Nurse, NHS, Hospital, Scotland]*

> *"Managers acknowledge we are short of staff, but the more we cope, the less staff we get. Every shift, I feel that I am having to cut corners in patient care due to the sheer volume of work. It is much worse on the wards." [Registered Nurse, NHS, Hospital, England]*

[2] Child and Adolescent Mental Health Services

*"I am always working on my own. I run 2 dementia units with patients who have high dependency and complex needs. There is supposedly 2 nurses working for each of the respective units but sadly I am on my own since last year. Most of the times I work with unsafe number of support staff which is very detrimental to my overall health. I already requested to have someone working alongside with me but it was just resolved temporarily for less than 3 weeks and now I am back to the old routine. There is just too much demand and pressure happening for a single person. This put me at high risk as a registered nurse committing errors and not being able to deliver safe, quality care to the residents. I don't know how long I can keep myself together." [Registered Nurse, Outside the NHS, Care Home, Norther Ireland]*

### 3.2.3. Staff sickness

Staff sickness is also mentioned by some nursing staff; any unexpected absences increase the pressure on an already depleted team. There is a sense in the responses that staff sickness is high throughout care settings, and this has become more prevalent recently due to both Covid and the underlying pressures at work.

*"We have currently got 5 clinicians off sick, so therefore [that is] leaving the team short staffed, putting more pressure on the remaining staff." [Registered Nurse, NHS, in the Community, England]*

*"[We're] unable to redeploy staff from other areas to cover sickness as the rest of unit is very depleted with staff also. The whole unit is working with minimum staff and we're unable to generate more staff if an emergency scenario develops." [Midwife, NHS, Hospital]*

*"Chronic shortage of staff, staff sickness, leading to no managers in place for over 2 weeks. Generally low morale, high turnover." [Registered Nurse, NHS, In the Community, England]*

*"Working as a band 6, constantly pulled from the floor for manger duties...Nurses on floor already short due to high absence/sickness. I'm trying to support them whilst cover band 6/7 duties." [Registered Nurse, NHS, Hospital, Northern Ireland]*

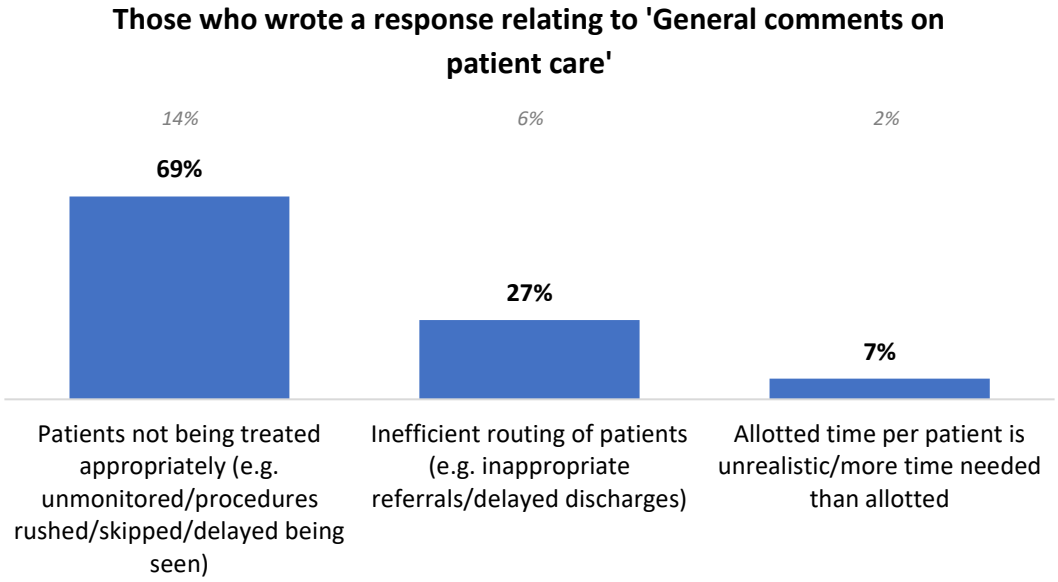
*"Recently sickness and stress levels have depleted our nursing workforce and we have lost our skilled band 6 body to CNS jobs. We are incredibly bottom heavy with untrained ICU nurses resulting in inadequate standards of care." [Registered Nurse, NHS, Hospital, England]*

*"Sickness rates are increasing too, mostly among staff who have had at least two Covid vaccinations." [Registered Nurse, NHS, Hospital, England]*

*"At the beginning of the shift we were understaffed by at least 3 staff, no senior nurse on duty. One staff member called in sick due to stress of the workload at the beginning of the shift. During the shift another staff member became unwell, finished her allocated patients (while very unwell) and had to leave and seek medical attention with another staff member driving them, this meant we were another three staff members down before the end of shift. One staff member worked an hour past her shift ending attempting to finish the afternoon work but was unable to. Patients had to be handed over to the night staff who work across a very large area with minimal staff." [Registered Nurse, NHS, in the Community, England]*

## 3.3 Drilling down into general mentions of patient care (level 2 codes)

Amongst those mentioning patient care in general, the responses can be broken down into three core areas; treatment of patients; routing of patients; and the allotted time given to each patient. Most responses focus on the specific treatment given to patients.




*Proportion of total free text responses given (1,857)*

*Q34. If you would like to provide us with more information about your answer, please describe this here… [in response to those who selected 'yes' at a previous question 'do you feel patient care was compromised during your last shift/day at work?*
*Base: 384 (all those who mentioned impact on patient care)*

- A significantly higher proportion of **those working in hospitals** (74%) mention '**patients not being treated properly**', compared to those working in other care settings.
- A significantly higher proportion of **those working in the community** (27%) mention '**allotted time per patient is unrealistic/more time is needed**', compared to those working in other care settings.

The key sentiments are explored in more detail below.

### 3.3.1. Patients are not being treated appropriately

Nursing staff mention procedures being rushed, skipped and delayed. 'Basic care' is referenced a lot within responses. Further, it is cited that not all clinical staff have adequate training or deemed to be competent, so it is left to others to help out.

> *"Due to high clinical activity for one patient, the other 20 inpatients did not receive the care and treatment that they required." [Registered Nurse, NHS, Hospital]*

> *"Visits had to be cancelled/rescheduled due to workload/staffing." [Registered Nurse, NHS, in the Community, England]*

> *"Because we were so short staffed, we could only offer very basic care, everything was rushed." [Registered Nurse, Outside the NHS, Care Home, England]*

> *"With so many patients, all with high acuity/needs, 90% were double-handed care needs, we struggled to provide even basic care. There is no time for extras and food sits on tables going*

*cold because there's not enough hands to help feed people. This is becoming a daily occurrence." [Nursing Support Worker, NHS Hospital, Wales]*

*"Junior doctor lacked competence meaning that full workload fell onto myself and nursing team - admitting preterm twins whilst trying to supervise junior doctor and attend high risk births led to increased stress levels and reduced the quality of patient care." [Registered Nurse, NHS, Hospital, England]*

*"Patient care delayed and not receiving specialist review due to lack of staff." [Registered Nurse, NHS, Hospital, England]*

*"A waiting list that is 2 years long is absolutely poor care and continued discharged to our area of complex patients means that those on the waiting list must wait longer and longer." [Registered Nurse, NHS, in the Community, Scotland]*

*"Although we had enough staff on our area, the ward was unable to collect patients from theatre as they were short staffed. This meant our patient care was compromised as we had to keep leaving theatre to return patients to the wards." [Registered Nurse, NHS, Hospital, England]*

*'Not able to turn and clean patients in a timely manner. Had to attempt it by myself or let my patient sit there uncomfortable for hours." [Registered Nurse, NHS, Hospital, England]*

### 3.3.2. Inefficient routing of patients

Nursing staff mention the general disorganisation of referrals and discharging. Some feel that they cannot discharge patients when needed and that there is overall poor discharge coordination. There are also mentions of GPs giving an excessive number of referrals.

*"Most bays had one-to-one patients taking up a staff member's time. Meaning other patients were left without help. Not enough staff for the amount of bay tags and then the whole system is so underfunded patients who should be in a care home or at home with care are in a hospital bed just left waiting, forgotten! The system is broken, and the government don't care!" [Nursing Support Worker, NHS, Hospital, England]*

*"Too much pressure from above to discharge patients (that were not ready for discharge) in order to bed patients that had been in theatre. Constantly threatened with 'we'll have to cancel theatre lists'." [Registered Nurse, NHS, Hospital, England]*

*"Excess inappropriate referrals from GPs." [Registered Nurse, NHS, in the Community, Scotland]*

*"Taking patients from Critical Care to a surgical ward when matrons knew the staff/patient ratio was too high. Both patients were confused and required 1:1 supervision according to delirium assessment. One patient fell. More emphasis on critical care and theatres than on wards." [Registered Nurse, NHS, Hospital, England]*

*"A big increase in school aged children requiring more mental health support. Increase in referrals to CAMHS." [Registered Nurse, NHS, in the Community, England]*

*"No patient flow." [Registered Nurse, NHS, Hospital, Scotland]*

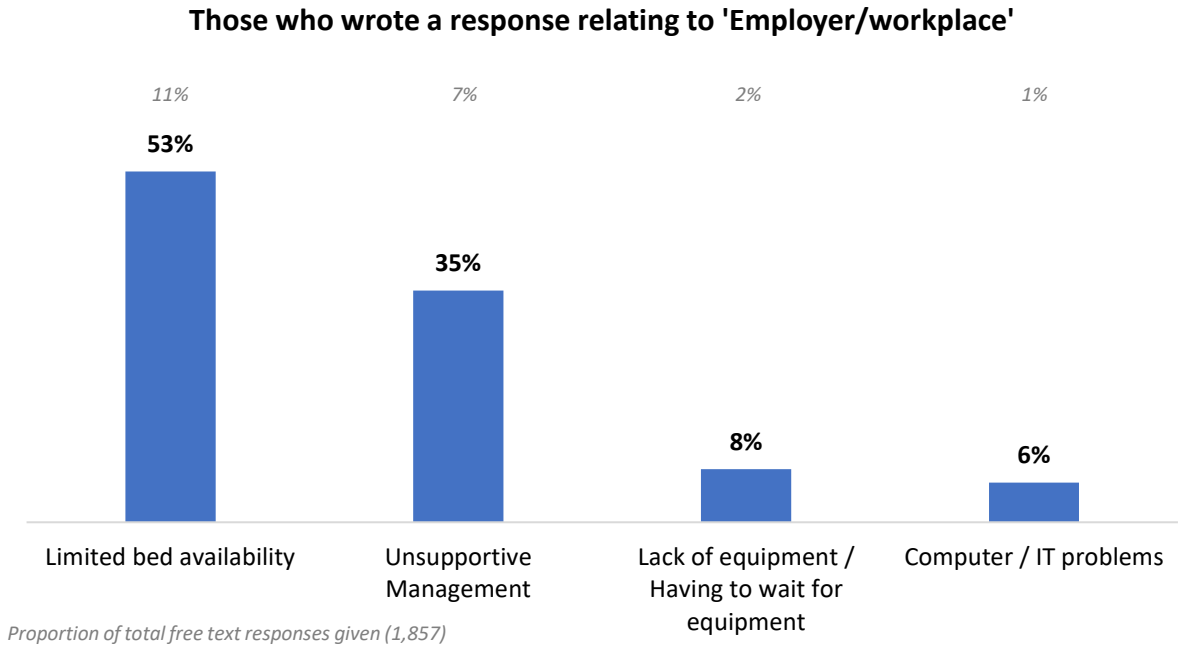
*"Unable to discharge patients out of High Dependency Unit, no CSW[3] on shift so nursing staff are having to carry out roles such as stocking up, fridge temperature checks… as well as caring for a greater load of patients." [Registered Nurse, NHS, Hospital, England]*

*"I work in an integrated urgent care service which has combined the role of the 111 clinical supervisor and the Out of Hours clinical staff but without the same clinical staff. During the pandemic more people are using the urgent care service as they cannot get to see their own GPs even though the Urgent Care GPs and Advanced Nurse Practitioners have continued to see patients face-to-face. The number of clinicians is insufficient for the number of patients on the clinical queue. When I left my shift this evening at 22:00 there were still 260 patients waiting for a call back and only 4 clinicians on duty." [Registered Nurse, NHS, Other]*

*"Poor discharge coordination." [Registered Nurse, NHS, in the Community, Scotland]*

## 3.4 Drilling down into mentions of employer or workplace issues (level 2 codes)

Over half who mentioned workplace issues referenced a lack of beds. Lack of equipment and IT problems are also mentioned by a minority. A third mention unsupportive management.




*Q34. If you would like to provide us with more information about your answer, please describe this here… [in response to those who selected 'yes' at a previous question 'do you feel patient care was compromised during your last shift/day at work?*
*Base: 376 (all those who mentioned employer/workplace)*

- A significantly higher proportion of **those working in hospitals** (61%) mention '**limited bed availability**', compared to those working in other care settings.
- A significantly higher proportion of **those working in the community** (67%) mention '**unsupportive management**' and **computer/IT problems** (16%), compared to those working in other care settings.

[3] Clinical Support Worker

The key sentiments are explored in more detail below.

### 3.4.1. Limited bed availability

Nursing staff cite that there are limited beds, meaning some patients cannot be discharged for homecare. Other patients are left in the corridors or other less comfortable places, due to the lack of ward bed availability.

> *"Having to nurse patients on the corridor in A&E is dangerous, undignified and puts too much pressure on the nurse looking after too many patients. It is scary and unsafe." [Registered Nurse, NHS, in the Community, England]*

> *"Lack of community beds or community services to discharge people to their own homes. Lack of care providers to deliver care in people's homes." [Registered Nurse, NHS, Hospital, England]*

> *"The hospital had no capacity for the patients coming in as emergency admissions. There were delays for more than 20 hours to get patients from the emergency department into beds which led to blocked access to the emergency department." [Registered Nurse, NHS, Hospital, Scotland]*

> *"Patients were being looked after in non-patient settings and cupboards." [Registered Nurse, NHS, Hospital, Scotland]*

> *"No flow out of A&E." [Registered Nurse, NHS, Hospital, Scotland]*

> *"Hospital bursting at the scenes, no ward beds available causing backlog, patients waiting on trolleys in corridors for hours on end, no dignity, no pillows, no drip stands, examinations and continence care behind screens." [Registered Nurse, NHS Hospital, England]*

### 3.4.2. Unsupportive management

Nursing staff mention that managers are not picking up patient-facing roles when needed, and also allotting time to paperwork and desk jobs. Further, some feel that senior management has accepted the working situations and is doing little to change and help.

> *"Management team moving staff…understand the need for this however it leaves care and safety at risk. They are using bullying and making staff intimidated when trying to raise the issues." [Registered Nurse, NHS, Hospital, Scotland]*

> *"Working in an intensive care unit, staff are as a number. If this number exceeds that of the 'dependency' of the unit then staff are redeployed to the wards if there is deemed to be staffing issues elsewhere. When counting staff and patients as numbers, it doesn't account for the acuity of ICU[4] patients. Last night 3 staff were sent despite already being below target staffing. This not only meant that there were insufficient staffing levels on ICU (unable to roll patients on time, leaving patients soiled for longer than planned, staff unable to go for breaks) but it also means specialist ICU staff are taken outside of their comfort zone and put to look after 10+ patients on a ward despite having not done so for 10+ years or even in their career. Staff are forced to work outside of their competence with no recognition or support from senior staff/management when concerns are raised." [Registered Nurse, NHS, Hospital]*

> *"Poor managerial support and focus only on Emergency Department targets not patient safety." [Registered Nurse, NHS, Hospital, England]*

[4] Intensive Care Unit

*"Team has never had sufficient nurses. Senior managers appear to have accepted status quo of long waiting lists and high caseloads." [Registered Nurse, NHS, in the Community, England]*

*"Our manager and the deputy ward manager in charge of the shift did not leave the office to help the other nurse or support workers even though they voiced concerns they were struggling and were blamed for this when it wasn't their fault due to short staffing." [Registered Nurse, NHS, Hospital, England]*

*"Management seem to have an obsession with delegating nurses with non-direct patient tasks - primarily excessive documentation and audit forms: damp dusting records, convoluted pressure damage risk assessment booklets, patient property/valuable lists." [Registered Nurse, NHS, Hospital, England]*

# Section 4: The impact of staffing levels in nursing staff's own words

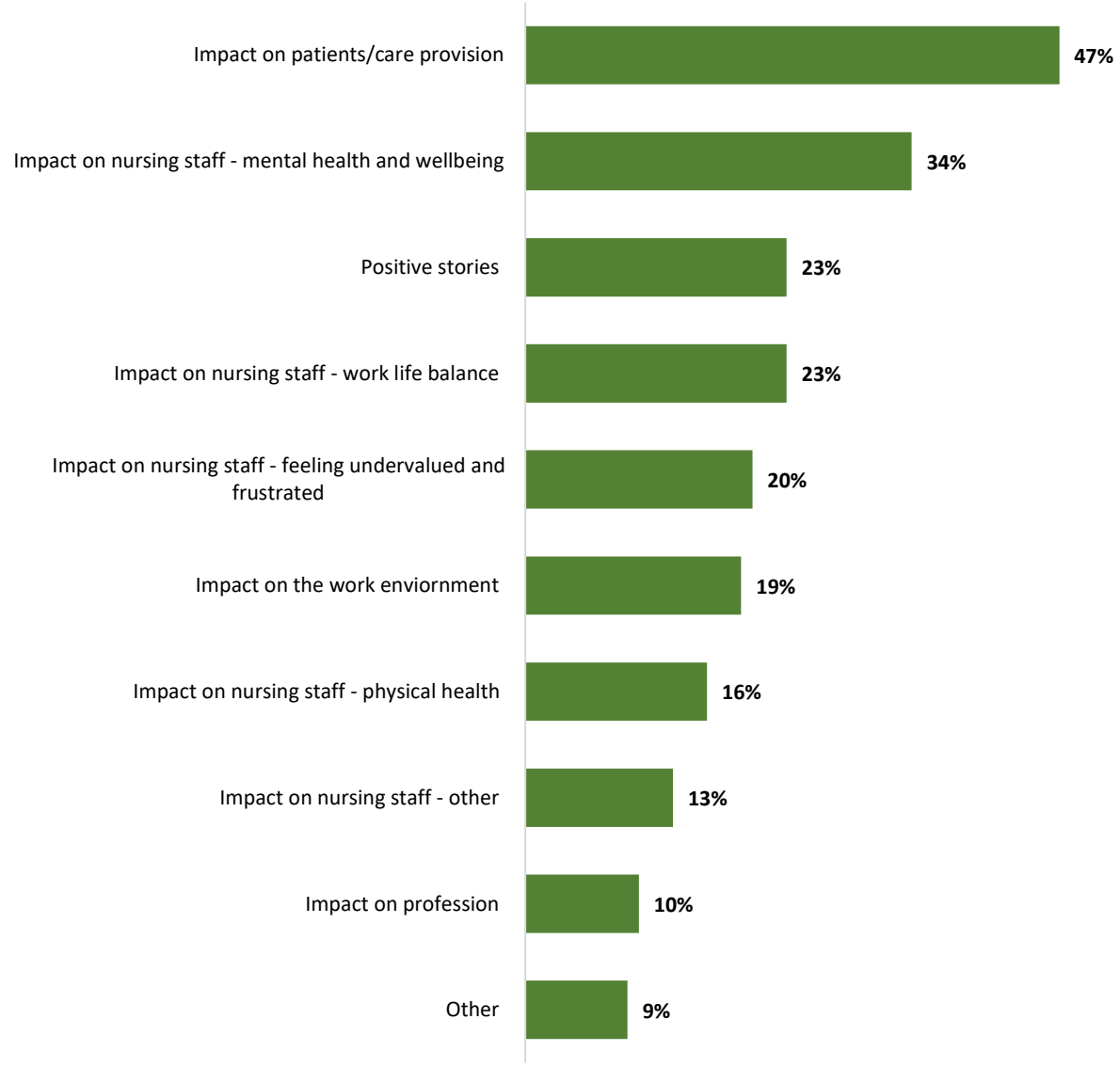
## 4.1 Impact of staffing levels – overall themes emerging (level 1 codes)

Nursing staff were asked to share examples of both positive and negative stories about the impact that staffing levels have had on them and those they care for.

In total, 8,741 free text responses were given and during analysis were coded into ten overall themes, shown in the chart below.

Almost half of those who left a response mention the impact on patients and care provision. Just over a third cite the impact on the mental health and wellbeing of nursing staff, and around a quarter mention the impact on nursing staff's work/life balance. While the majority of the responses are negative, around a quarter respond with positive stories.

**Q45 Please share examples about the impact that staffing levels have had on you and those you care for we are keen to hear both positive and negative stories**




*Base: 8,741*

- **Younger nursing staff** are significantly more likely to mention the '**impact on patients and care provision'**, compared to older nursing staff. (54% of those aged 17-34 mention this, compared to 39% of those aged 55+).
- **Nursing staff in Northern Ireland** (40%) are significantly **less likely to mention** the '**impact on patients and care provision'**, compared to those in other nations.

- A significantly higher proportion of the following groups mention '**impact on nursing staff's mental health and wellbeing**', compared to the rest of the sample:
    - **younger nursing staff** (38% of those aged 17-34 mention this, compared to 30% of those aged 55+)
    - those in **Northern Ireland and Scotland** (40% and 39% respectively)
    - those **from ethnic minority backgrounds** (38%)

    - **those whose last shift was for the NHS** (35%)
    - **those working in the community** (37%)
    - **registered nurses** (35%, compared to NSWs (29%) and students/trainees/apprentices (21%)

- A significantly higher proportion of the following groups mention **positive stories**, compared to the rest of the sample:
    - those in **Scotland** (27%, compared to 23% in England)
    - those **working in hospitals** (25%)
    - **students/trainees/apprentices** (32%)

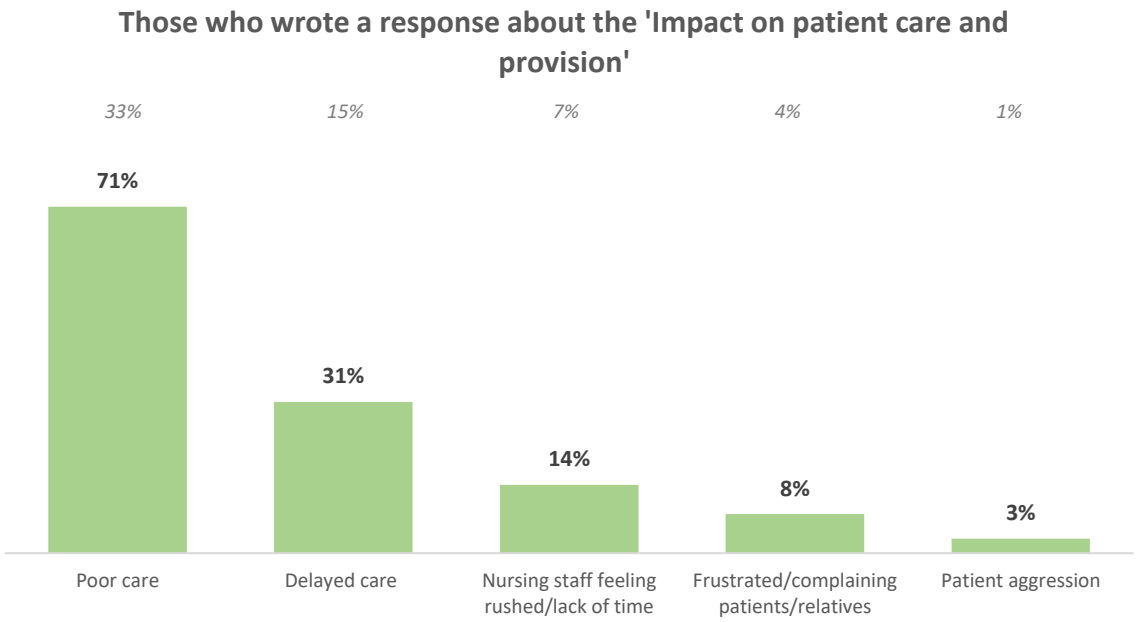
- A significantly higher proportion of the following groups mention **'impact on nursing staff – work/life balance**, compared to the rest of the sample:
    - women (24%, compared to 19% of men)
    - **younger nursing staff** (27% of those aged 17-34 mention this, compared to 21% of those aged 55+)
    - those **working in hospitals** (24%), compared to those working in care homes (15%)
    - **registered nurses** (24%, compared to students/trainees/apprentices (13%)

- A significantly higher proportion of the following groups mention **'impact on work environment'**, compared to the rest of the sample:
    - **women** (20%, compared to 15% of men)
    - **white nursing staff** (20%, compared to 15% of those from ethnic minority backgrounds)
    - **those working in the community** (22%)
    - **students/trainees/apprentices** (31%)

- A significantly higher proportion of the following groups mention **'impact on nursing staff – physical health'**, compared to the rest of the sample:
    - **women** (17%, compared to 12% of men)
    - **nursing staff from ethnic minority backgrounds** (20%, compared to 16% of those from white backgrounds)
    - **those working in hospitals** (17%)

## 4.2 Drilling down into mentions of patient/care provision (level 2 codes)

The majority of mentions received are general observations that patient care is poor; some are barely receiving even basic care. Just under a third of those who mention impact on patient care reference delayed care.




*Proportion of total free text responses given (8,741)*

*Q45. Please share examples about the impact that staffing levels have had on you and those you care for, we are keen to hear both positive and negative stories*
*Base: 4,082 (all those who mentioned impact on patient care/provision)*

The key sentiments are explored in more detail below.

### 4.2.1. Poor patient care

Nursing staff highlight that patients are not receiving the basic level of care. Nursing staff are not able to ensure handovers to the next shift and care settings are often left with dangerously low staff numbers, putting patients at risk.

> *"Patients look unkempt and not receiving basic care." [Registered Nurse, NHS, Hospital, Wales]*

> *"People had to go without full care, observations couldn't be regularly checked which puts patients at risk of further deterioration……. Patient-centred care couldn't be prioritised." [Student/Trainee/Apprentice, NHS, Hospital, England]*

> *"If a member of my family were to go into hospital at this moment in time. I would be petrified for their wellbeing; there's not enough staff, things are getting missed, patients aren't receiving the care they should be. It is truly heart-breaking." [Nursing Support Staff, NHS, Hospital, Wales]*

> *"Feel unable to care for patients safely and effectively. When patients have to go off the ward for scans and transfer etc. it then leaves the ward even more unsafe. I am starting to feel like the NHS is failing the patients that have paid into the NHS pot all their lives and it is not sustainable." [Registered Nurse, NHS, Hospital, England]*

> *"Across the hospital patients are being harmed due to poor staffing levels. I work in an additional ward where there is inadequate staff." [Registered Nurse, NHS, Hospital, Scotland]*

### 4.2.2. Significant and unnecessary delays

Nursing staff also express concerns about the delays in care. As well as having impact on individual patients, they cite that it also affects the 'patient flow' (particularly in hospital settings) and how quickly patients can be discharged.

> *"Inadequate staffing levels also leads to delay in fundamental aspects of care; medication delivery, patient repositioning, personal hygiene/care, patient rehabilitation." [Registered Nurse, NHS, Hospital]*

> *"A lack of staff resulted in palliative patients waiting too long to be seen for essential care - including end of life care and administration of pain relief. Patients are dying undignified deaths due to a lack of staff." [Registered Nurse, NHS, Hospital]*

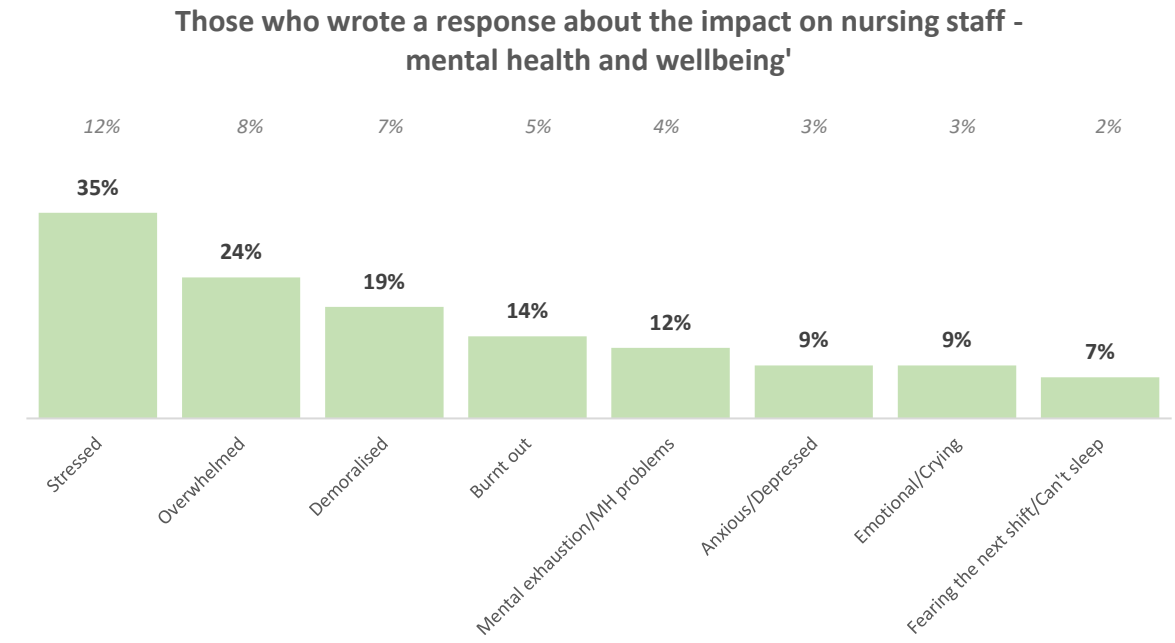
> *"Due to lack of staff the standard of care was very poor with patients waiting a long time for help and assistance, especially if they required 2 -3 people." [Nursing Support Worker, NHS, Hospital, England]*

> *"Delayed nursing treatment for patients, errors being made due to short staffing." [Registered Nurse, NHS, Hospital, England]*

> *"Parents waiting longer for buzzers to be answered, drugs given late, delay to discharges and slow patient flow. Unable to accept more patients because staffing levels for the night shift were even lower. Everyone is exhausted and tolerance levels are low." [Registered Nurse, NHS, Hospital, England]*

## 4.3 Impact on nursing staff - mental health and wellbeing (level 2 codes)

The main comments, from those who mention the impact of staffing shortages on nursing staff's mental health and wellbeing, focus on the stress that nursing staff are feeling. Second to this, nursing staff cite feelings of overwhelm, being demoralised, and burnt out.




*Proportion of total free text responses given (8,741)*

*Q45. Please share examples about the impact that staffing levels have had on you and those you care for, we are keen to hear both positive and negative stories*
*Base: 2,981 (all those who mentioned impact on nursing staff – mental health)*
The key sentiments are explored in more detail below.

### 4.3.1. Feelings of stress

Nursing staff cite general levels of stress they are feeling, the fact that many are leaving work stressed after a difficult shift, and that some are being signed off completely due to stress levels. In their own words, nursing staff are working above and beyond reasonable expectations, impacting on their health. A minority of the qualitative responses are particularly concerning, with some mentions of suicide or being 'in a dark place'.

> *"Increased stress, de- motivation, demoralising. Will be taking early retirement to protect my physical health." [Registered Nurse, NHS, Hospital, England]*

> *"I am currently off with work related stress; I have been very unwell and have considered suicide. I don't know if I can do this anymore. No one cares, we are just a number, I didn't want to move to the ward, I was given no choice, the ward is badly run and dangerous." [Registered Nurse, NHS, Hospital, Wales]*

> *"I have been off work for several months due to the impact of stress on my own quality of life. Staff in our service work above and beyond reasonable expectations, taking work home and trying to catch up on paperwork on weekends when they should be spending time with their children and families." [Registered Nurse, NHS, in the Community]*

> *"Didn't want to re-register last year but had to, tired of fighting wildfires out of control and being unwell through stress. In a dark place right now." [Registered Nurse, Outside the NHS, Care home, England]*

### 4.3.2. Nursing staff are feeling overwhelmed

Many nursing staff express their feelings in terms of being overwhelmed. Many shifts appear to be a case of firefighting and working under constant pressure.

> *"Usually very positive and mentally strong staff are often close to tears. Numerous staff leaving and/or looking for alternative employment. Every shift is the same, constant battle." [Registered Nurse, NHS, Hospital, England]*

> *"The last shift I worked I wanted to quit three hours into my shift. I felt overwhelmed and furious. I was totally unable to provide supervision to nursing staff due to the absence of porters and receptionist which meant I spent my time dealing with that to keep patient flow happening." [Registered Nurse, NHS, Hospital, England]*

> *"I felt completely overwhelmed. Staffing levels were at a dangerous level in my opinion. Patients were suffering, care was compromised and poor. Ward manager didn't seem to see the challenges staff were facing. My stress level was ridiculous. I could have cried. Myself and my colleagues were exhausted and at the end of our rope." [Registered Nurse, NHS, Hospital, Scotland]*

### 4.3.3. Nursing staff are feeling demoralised

Nursing staff are also feeling incredibly demoralised due to the challenges they face in each shift. Staff are not able to deliver good quality care with current staff levels and it is perceived that nothing is being done about it. Many nursing staff are feeling powerless.

> *"Increased falls and general complaints on ward. Staff are very demoralised. It's an effort to go to work. Sickness levels have increased." [Registered Nurse, NHS, Hospital, England]*

> *"High levels of stress and anxiety experienced by staff. Feeling of doom going into work expecting chaos and mayhem. Feeling demoralised, not listened to by management. Feeling powerless to watch a once great happy unit/team slowly disintegrate and disappear." [Registered Nurse, NHS, Hospital, Scotland]*

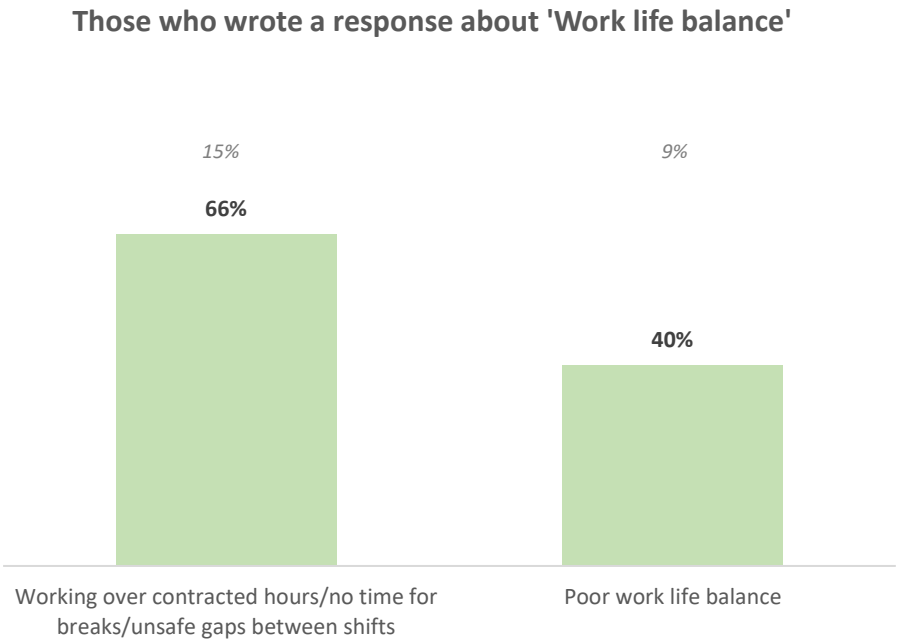
> *"The whole ward demoralised, more patients coming through to the Surgical Assessment Unit but no increase in staff to support this." [Registered Nurse, NHS, Hospital, England]*

> *"Increased sickness with stress, staff demoralised." [Registered Nurse, NHS, Hospital, England]*

> *"Feel demoralised - not enough staff to deliver safe and quality care." [Registered Nurse, NHS, Hospital, England]*

## 4.4. Impact on nursing staff – Work life balance (level 2 codes)

The main comments from those who cite staffing shortages affecting nursing staff's work/life balance focus mostly on them working over their contracted hours (starting early and leaving late), and a lack of breaks. Second to this are comments citing nursing staff's inability to function well and thrive when outside of work.




*Proportion of total free text responses given (8,741)*

*Q45. Please share examples about the impact that staffing levels have had on you and those you care for, we are keen to hear both positive and negative stories*
*Base: 2,032 (all those who mentioned impact on nursing staff – work life balance)*

The key sentiments are explored in more detail below.

### 4.4.1. Nursing staff have no time for breaks

When talking about the lack of breaks nursing staff typically mention that their basic needs are not being met. Nursing staff are not getting toilet breaks, drink breaks, food breaks, etc. They also mention working beyond their contracted hours.

> *"Low levels of staffing mean sometimes treatment is delayed and patients are not reviewed in a timely manner. Doctors are also over worked and are unable to see emergency patients, sometimes patients leave without being seen. Staff do not have time for their basic needs, drinks, toilet breaks etc." [Registered Nurse, NHS, Hospital, England]*

> *"Too many patients to look after and not enough staff. [I was] told 'that's the way it is', I don't have the time for the paperwork around the care, and I often will work after work at home and through my lunch breaks, this is the norm where I work." [Registered Nurse, NHS, in the Community, Wales]*

> *"On a typical shift it is very rare for any staff to have breaks due to staff shortages. Often, I have concerns that there are too few staff to cover any emergency/attack alarms at times during day shifts." [Nursing Support Worker, NHS, Hospital, England]*

> *"Providing the bare minimum levels of care, patient care is rushed. Staff are working beyond their time or not taking breaks." [Registered Nurse, NHS, Hospital, Northern Ireland]*

> *"Staff having meal breaks very late on afternoon, patients having to wait for treatment, some over an hour." [Registered Nurse, NHS, Hospital, England]*

### 4.4.2. Poor work life balance

When talking generally about work life balance, nursing staff tend to use emotive language. Work – or residual feelings/worries about work - is creeping into their non-work time, and they are feeling depressed, burnt out, guilty, tired etc. Many cite that is impossible for them to continue in this way.

> *"I am burnt out. Homelife balance is greatly affected. I am constantly exhausted. Worried and overthinking. I will retire far earlier than I would want. Realised all is falling on deaf ears of managers and nothing will change. I feel very sad and demoralised." [Registered Nurse, NHS, in the Community, England]*

> *"Work / life balance has gone. Average weekly TOIL[5] is often in excess of 6-10 hours. Rushed decision making due to the pressure of work placing patients at risk. Reduced staffing levels has reduced feelings of a 'team,' we work in isolation now - I haven't seen my colleagues face to face for 5 months. Lack of preparation for known leavers to be replaced has placed stress on the team and lack of communication from management about how staffing challenges will be faced creates resentment and feeling of wanting to leave." [Registered Nurse, NHS, in the Community, England]*

> *"I didn't leave work on time to get to an evening physiotherapist appointment I had booked and waited 6 weeks for an evening slot. I didn't leave work in time and my family are sad and*

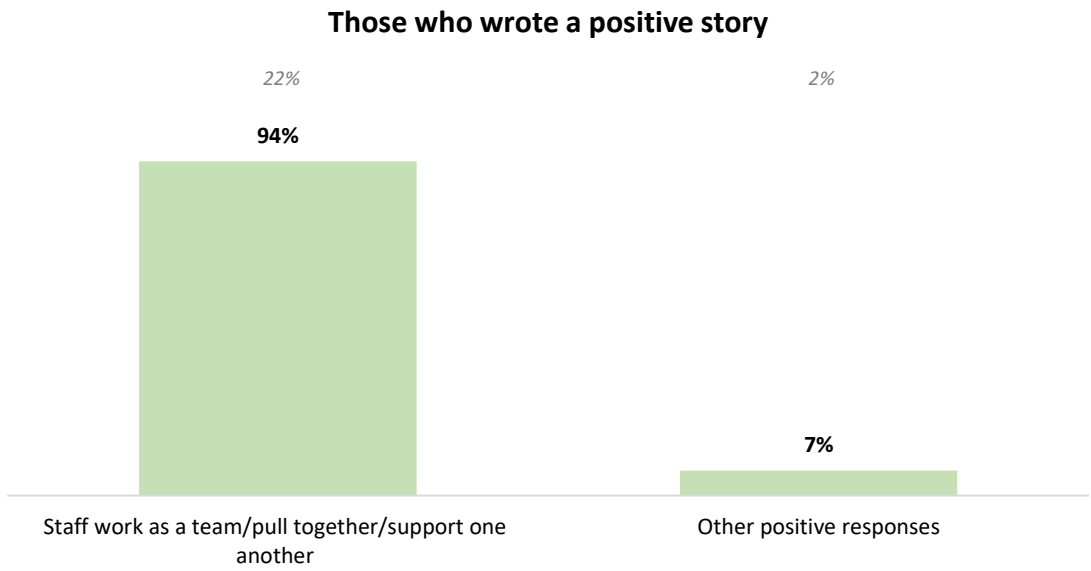
[5] Time off in lieu

*worried about me, this has impacted my caring role in the evening also." [Registered Nurse, NHS, Hospital, Scotland]*

*"Personally, I often go home completely drained and wracked with guilt that I haven't been able to provide the right care for my patients. It makes me question if I'm a good nurse or if I could have done more, even though I know I have done my absolute best in an impossible situation." [Registered Nurse, NHS, Hospital, England]*

## 4.5 Positive stories (level 2 codes)

Most positive comments cite how nursing teams work together and support one another.




*Proportion of total free text responses given (8,741)*

*Q45. Please share examples about the impact that staffing levels have had on you and those you care for, we are keen to hear both positive and negative stories*
*Base: 2,040 (all those who mentioned positive stories)*

The key sentiments are explored in more detail below.

### 4.5.1. Staff work as a team

Some nursing staff cite that they pull together as a team despite low staffing and the pressures this brings. They express that patient safety is the top priority, while acknowledging the cost of this to nursing staff.

*"I work as part of an incredible team which means even when short staffed, we pull together to ensure that the neonates in our care do not miss out on critical medical interventions. However, it can mean them / their parents missing out on things like skin to skin / cuddles, breastfeeding/expressing support, or just general emotional support - all things proven to improve babies' condition and reduce hospital stay and therefore cost to the NHS." [Registered Nurse, NHS, Hospital, England]*

*"Staff pull together to ensure the care for patients is still as best as possible considering the numbers of reduced staffing levels due to staff being moved to other areas to help or because the ever-recurring gaps haven't been filled by bank/agency/overtime." [Registered Nurse, NHS, in the Community, England]*

*"The team pull together because there is no other choice. Nursing staff are tired and fed up of having to cope especially with management not understanding why more staff are required and what is involved in caring for the neonates and their family." [Registered Nurse, NHS, Hospital, Scotland]*

### 4.5.2. Other positive stories

Positive stories are few and far between; some mention that their learning is accelerated due to filling in staff gaps. Others cite the support they receive from management. However, these comments of positivity are limited.

*"Very busy and stretched due to Covid, but well supported by management." [Registered, NHS, in the Community, England]*

*"As a newly qualified [nurse] I feel as though I have gained extra skills quicker from having to work with less staff. However, maintaining a safe level of care to patients is hard alongside documentation tasks." [Registered Nurse, NHS, Hospital, England]*

*"The team I work for is generally very well staffed. There appears to be flexibility with funding and so overtime is regularly used. Staff are capable of filling overtime shifts. Morale is generally quite good". [Registered Nurse, NHS, in the Community, England]*