RCN Policy Unit

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Untapped Potential:
A survey of RCN members
working in mental health

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Introduction and Background

Untapped Potential: A Survey of RCN Nurses Working in Mental Health 2007 was commissioned by the RCN Policy Unit and Mental Health Nursing Forum from an independent research organisation, Employment Research Limited.

It is the first RCN survey that looks specifically at NHS mental health nurse staffing and the related issues of workload, work satisfaction and use of nursing skills.

The survey sample was drawn from across the UK from members of the RCN Mental Health Nursing and Mental Health Practice Forums, and further limited to those who indicated they were employed by the NHS. However low respondent numbers in Scotland, Wales and Northern Ireland mean that it is difficult to draw conclusions specific to these three countries.

The survey sample is also selective in that it stems from membership of two RCN Forums. However validity and reliability is strengthened because the findings on staffing levels have been cross – referenced to data the RCN holds from annual employment surveys which capture actual ward staffing figures over a specified 24 hours.

Survey Results

Three key headlines emerged in terms of findings:

Mental Health Nursing under Pressure

- 52% report they work excess hours at least several times a week.

- 42% report that staffing levels compromise patient care at least once a week (53% in hospitals).

- The skill mix ratio in mental health wards is more dilute than acute general hospital wards at a mean of 50% registered nurses: 50% health care assistants on day shifts (41%: 59% in elderly mental health wards).

- 70% report a recruitment freeze and/or unfilled vacant posts in their work area.

- Two thirds do not consider the nursing establishment sufficient to meet patient needs (74% in elderly mental health).

Untapped Potential

- One third of mental health nurses' time is spent on administration and clerical work.

- 73% of respondents in community settings and 59% of respondents in hospital settings report too much of their time is spent on administrative work.

- 43% report skills that they have acquired are not used – within this group, most commonly psychological therapy skills (64%), but also family - centred approaches (23%) and prescribing (10%).

- Insufficient time is the main reason given for skills lying dormant – this correlates to a relationship with reported insufficient staff within the nursing establishment.

- Respondents report an average of 9 days a year for continuing professional development which has fallen by 2 days when compared to a previous employment survey in 2005.

Profile and Morale of Mental Health Nurses

- Respondents have a mean age of 42 years and have worked in mental health for a mean of 17 years.

- 29% report they feel unable to balance their work and home lives because of the hours they work (amount or shift length).

- The three biggest frustrations reported are lack of resources and/or staff, too much time spent on administrative work, unsupportive management.

- Despite the above, 70% state nursing is a rewarding career with 48% reporting they would recommend nursing as a career.

- The particular area of most job satisfaction for nurses in mental health is direct work with service users and clients.

Discussion and Conclusion

The survey highlights some clear issues regarding the appropriateness of nurse staffing levels, skill mix ratios and the use of registered nurse time. Although there is on-going work in England and Scotland to review the provision of mental health care at a national level, the local context specific to a provider organisation is also an important dimension, particularly for staffing levels. The mental health nursing forum has particular concerns about the amount of time registered nurses spend on administration and

utilising specialist nursing skills such as psychological therapies to maximise the impact of registered mental health nurses on patient care.

Therefore the RCN has developed a set of RCN principles for undertaking mental health nurse staffing reviews. These were originally developed for the acute general hospital ward and have been adapted for mental health settings.

Principles for Undertaking Reviews of Nurse Staffing

1. Changes to the overall numbers, competence or specialist expertise of registered nurses must be based on nurse staffing reviews.

2. Executive nurse sponsors and nurse leaders should lead staffing reviews.

3. Ward and team[1] leaders and their staff must be directly involved in all stages of the staffing review.

4. Nurse staffing must be reviewed regularly and systematically - at least biennially, and more often if patient needs or other factors change significantly. It is good practice to undertake these in partnership with nursing organisations such as the RCN.

5. Two or more recognised methods to measure and model nurse staffing levels should be used to increase the validity of the results, and linked to available data on patient, staff and organisational outcome measures wherever possible. A consistent approach to nurse staffing reviews needs to be used within organisations.

6. Protected staff time for undertaking nurse staffing reviews should be built in wherever possible.

7. Nurse staffing review findings must be communicated effectively to inform executive and board decisions about risk management and investment

8. Patient safety is paramount and there must be a recognised process in each organisation for nursing staff to record and report risks to patient care if they believe nurse staffing is inadequate.

9. The ward or team manager must have authority and control over the delivery of nursing care including the human and budgetary resources they require.

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[1] Refers to community based and specialist teams

10. Registered nurses must be enabled to work effectively and maximise the impact of their skills and time on patient care. Nurse staffing reviews must consider the whole team and how all staff are deployed.

11. Ward and team establishments must have an allowance of at least 25% built in to the staffing budget for annual leave, sickness absence, other types of leave, and training and development.

12. The ward or team establishment should be the focus for nurse staffing reviews and staff time spent on services additional to the establishment such as ward based outpatient clinics and the work of specialist nurses employed out with that establishment excluded.