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The British Journal of Nursing is published by  
MA Healthcare Ltd, St Jude's Church,  
Dulwich Road, London SE24 0PB  
Tel: 020 7738 5454  
Editorial: 020 7501 6702  
Sales: 020 7501 6732  
Email: [bjn@markallengroup.com](mailto:bjn@markallengroup.com)  
Websites: [www.britishjournalofnursing.com](http://www.britishjournalofnursing.com)

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The British Journal of Nursing is a double-blind, peer-  
reviewed journal. It is indexed on the main databases,  
including the International Nursing Index, Medline and  
the Cumulative Index of Nursing and Allied Health  
Literature (CINAHL).

The views expressed do not necessarily represent  
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ISSN 0966 - 0461

Print: Pensord Press Ltd, Blackwood, NP12 2YA

Distribution: Comag Distribution, West Drayton, UB7 7QE

Cover picture: Adobe Stock



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# Overstretched and struggling

**Ian Peate FRCN OBE**, Editor in Chief, *British Journal of Nursing*



In too many areas and specialties, the nursing workforce is overstretched and struggling to cope with demand. The House of Commons Health Committee (2018) heard this during the inquiry into the nursing workforce and the concerns about the impact these pressures have on morale, retention and standards of care for patients. The Royal College of Nursing (RCN) (2017), estimated that in England, as of 1 December 2016, there were 40 000 vacant nursing positions. These vacant posts were not just in the NHS, but there are also serious staffing gaps in care homes and in independent hospitals. There is a nursing workforce crisis.

In England there is no agreed measure of the shortfall in the nursing workforce. The RCN surveyed every NHS trust in England (except ambulance trusts) seeking information on how many full-time equivalent nursing places they had been funded for and how many vacancies they had; 76% responded, with around 30 200 vacancies, and statistical modelling was used to account for the non-responders. NHS England does not publish concrete data on the number of vacancies, what is published is described as 'experimental' and based on the number of job advertisements put out. NHS Digital (2019) noted that in June 2019 using its 'provisional experimental statistics' there were 29 005 full-time equivalent vacancies advertised in England compared with 31 198 in 2018, 30 493 in 2017 and 29 855 in 2016. In June 2019 the highest share of advertised vacancies was taken by the nursing and midwifery group, which accounted for 41% (11 775/29 005).

The RCN's Safe Staffing campaign urges patients and the public to petition the government to fix the nursing workforce crisis in England. An advertising campaign was launched in September 2019 to raise awareness regarding nurse shortages

and the impact on patient safety—appropriately enough, on the first World Patient Safety Day (an initiative from the World Health Organization).

How can nurses promote and engage with safety when serious staff shortages mean we cannot even look after ourselves? When a service is overstretched essential care can be left undone and vital treatments delayed. The danger that nurse shortages pose for patients' safety, health and wellbeing is totally unacceptable in any civilised society, but so too is the damage that this unrelenting shortage is having on nurses.

The nurse-patient ratio is a direct determinant of the effects of psychological, mental, emotional health and wellbeing as well as nurse productivity in the workplace, which will also determine the patients' overall health. The relentless pressures that nurses are facing can make them feel that their professional registrations are at risk because they are struggling to cope with demand and struggling to deliver high-quality nursing care. Nurses bear personal and professional responsibility for the delivery of care. Working in teams that are short staffed will create negative outcomes for nurses, affecting their own safety and wellbeing, as well as eroding their pride in their role. Conversely, appropriate staffing levels result in decreased errors, improved patient satisfaction, improved staff morale and even enhanced nurse retention rates.

Complacency is not an option; the pressure nurses are under as result of staff shortages is unsustainable. What is needed in England is investment now, at scale and pace, to recruit more nurses into the profession—now, not later—along with the introduction of legislation that ensures accountability for safe nurse staffing in England. Scotland has secured new legislation on safe staffing levels, and a similar law was introduced in Wales. Although I applauded the World Health Organization's declaration of World Patient Safety Day, I would very much welcome a World Nurse Safety Day. **BJN**

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