Hospital staffing: Ethical dilemmas and political decisions in a period of recession

If you are a nurse leader in a hospital setting and you look at the topics that the above title contains, it probably evokes different reactions depending on how it is presented. Let us look at just two choices:

Hospital staffing: Ethical dilemmas and political decisions in a period of recession

or

Ethical dilemmas and political decisions related to hospital staffing in a period of recession

The first choice is likely to trigger thoughts of "here we go again", "where, what and how can we change/cut staffing" and similar anxiety provoking reactions. However, if the second title choice is taken, a different thought process might be initiated.It opens the path to weighing up consequences of decision-taking and examining what is right and what is wrong. Whichever way we look at the titleit can be de-constructed into the following components which I will reassemble and address:

Hospital staffing

Recession and politics

Ethical decision-taking

Eminent speakers today have addressed research findings on nurse staffing and their impact on quality of care. As the Hon President of the European Nurse Directors Association[1](ENDA) I have been fortunate to be its stakeholder representative at RN4CAST events. The evidence of key factors that have a bearing on the quality of care is compelling and available to all but their application into practice remains at timespatchy. Let us examine (broad brush approach) some of the factors:

Hospital staffing: The *financial pressures* on healthcare are not new, however they do vary across the EU. Looking at a local economy in Cumbria, UK which is the second largest county in the UK, a target of 9% reduction of the budget for the Foundation NHS Trust that covers hospital as well as community staffing has been set for the coming financial year this is additional to previous annual targets that have been achieved through developing new pathways of care, investing in new roles and reviewing outcomes. Wherever we are in Europe, tough budget constraints require innovative solutions that look at new technologies and organisational changes. The approaches taken in achieving the required savings vary

[1]www.enda-europe.com

from implementing planned strategies to hastily implemented cuts. At such times, the hospital board's eyes have a tendency to swivel to the Director of Nursing to come up with most of the solutions.

Demographic changes in the population as well as in the hospital workforce requires planning and impacts not only on budgets but on the capacity to plan for the future, meet new demands in caring for the elderly population and emerging new roles for health professionals. Dialogues between higher education providers and employers have to be an on-going process so that the impact on the academic development of the future healthcare professionals canbe planned in partnership.

Issues relating to Nursing are manifold but I will restrict myself to two issues as they have an European wide resonance: Kingma (2006)[2]describes in her book *Nurses on the Move: Migration & the Global Health Care Economy* that the terminology of nurse has no standard international meaning. Educational preparation for practice, working conditions and governance of the professions remain varied. Self-regulation and autonomous practice is not yet the norm in every EU country. Similarly, there remain significant variations in the type and level of competences related to the newly qualified nurse. This despite the work of TUNING[3] which has achieved overarching agreements on what the competencies ought to be at various stages of the educational development and in accordance with the Bologna process. If a *rapprochement* could be achieved on those two key themes, the migration of staff could more easily be embraced and shortfalls addressed.

Recession and politics:Definitions of *recession* abound but can be summarised as it being a period of temporary economic decline during which trade and industrial activity are reduced. What is striking are the synonyms for the word recession: retreat, slump, depression etc. The public sectoris not exempt from the political reactions that aim to address resulting shortfalls in income. In fact it is often seen as an easy target. In the UK the National Health Service (NHS) is dealing with a £20 billion efficiency drive. Undeniably, there are many examples where unnecessary expenditures need to be tackled, ways of working re-engineered and, with good leadership, it can lead to changes that improve patient care and lead to an efficient and well-motivated workforce with nursing often being at the forefront. But ruthless efficiency drives can have dramatic consequences which lead to headlines in the press. Judd T (2012)[4] reports in his article that surgery rates (joint replacements, breast cancer operations, prostate cancer treatments and hernias) for older people decline sharply after the age of 70. An example of political decision to tackle high expenditure is reported by Catton H (2012)[5], Head of Policy and International Department at the Royal College of Nursing (RCN). A cartel of NHS employers aims to cut staff pay, terms and conditions of nursing staff. Staff

[2]Review of *Nurses on the Move: Migration and the Global Health Care Economy,* Mireille Kingma (2006)*Industrial &Labour Relations Review,* Vol. 60, No 2. Available at: http://digitalcommons.ilr.cornell.edu/ilrreview/vol60/iss2/89
[3]http://tuning.unideusto.org/tuningeu&www.rug.nl/let/tuningeu
[4]Judd T (2012) Elderly denied treatment just for being old, The Independent 15 October 2012,4
[5]www.rcn.org.uk/sites/…/my-view-howard-catton-blogs-on-the-compelling-evidence-that-the-cartels-cut/

have been told that it is a choice between a cut to pay or losing their job. To make matters worse, Cattonexposes the fact that there is a surplus of nearly £30 million in that Region (South West England). Of course the Trusts (hospitals & community services) have to keep reserves for contingencies but now is the time to develop new models that deliver care closer to home. Such political decisions are not isolated and it is no wonder that they impact on staff morale and will affect patient care. This comes at a time when a Senior British Member of the European Parliament (MEP) openly backs an EU initiative to combat depression and states that "depression in the workplace is an employment and societal challenge" (Banks 2012)[6]. A survey by the European depression association who polled 7000 people in Europe states that 20% of the respondents had received a diagnosis of depression at some point. The highest rate (26%) was in the UK and the lowest in Italy (12%). The cost to the economy is great (estimated at €92bn in 2010 in the EU) but the impact on individuals and patient care is equally, if not more, significant. This brings us back to the fact that efficiency savings must be planned in combination with reviewing new working practices, staff development and involvement. The potential for greater efficiency, productivity and staff satisfaction is achievable and would lead to better patient outcomes.

This emphasis on staff cuts appears in contrast to Europe's 2020 Strategy for smart, sustainable growth in employment by 2020[7]. The EU commission recognises that the recession will greatly undermine the achievability of the set target of 75% of 20-64 year olds to be in employment by 2020[8]. It has therefore published a communication to the European parliament setting out key actions that need to be embraced in order to speed up recovery. Particular attention is given to the health sector in the accompanying detailed and relevant Action Plan for the EU Health Workforce. The difficulties of recruiting and retaining staff make reference to the findings of the workforce study *Nurse Forecasting in Europe (RN4Cast)*[9]and highlights that many nurses face burnout and dissatisfaction due to working conditions. The attention that is given to nursing skill mix and numbers does affect healthcare assistants too. From this author's close involvement in the on-going pilot review of healthcare assistants[10] which examines the skills, competences, regulatory frameworks and training across the EU it can be stated that many good examples emerge but that there is much scope to harmonize their status through education and regulation.

Ethical dilemmas:From the above it can be seen that Nurse Directors are faced with dilemmas that require thoughtful consideration in decision-making that will affect patient care, workforce, budgets, colleagues and last, but not least, their own positions. Whilst this is not new, it certainly has become more acute in recent times. One of the purposes of ENDA is to have an active network and share best practices. It is not surprising that over the years it has become apparent that leading effectively is a key demand on the nurse leaderhowever, no

[6] Banks M(2012) Recognition of work related depression;www.theparliament.com 01.10.2012
[7] Communication from the Commission Europe 2020 – A strategy for smart, sustainable and inclusive growth, COM (2010) 2020 of 3 March 2010; European Council Conclusions of 17 June 2010
[8] Communication from the Commission to the European Parliament 2012- Towards a job-rich recovery, COM(2012) of 18 April 2012
[9] www.rn4cast.eu
[10] http://www.hca-network.eu

overt discussion on leading ethically is made – it is implied. We shared similar problems but whilst support networks existed, there were times when one felt isolated "at the top table". It was agreed that a Code of Ethics specifically for European Nurse Directors would be a useful tool. Consultation commenced in 2009 in Helsinki at the 9th ENDA congress and was launched in 2011 in Rome. It was an arduous process but which could not have been achieved without the guidance and wisdom of Dr Verena Tschudin, ethicist and past editor of the *Nursing Ethics* journal. The end product is referred to as a Proto-Code of Ethics and its application in different countries meant that it is written in English and is intended to support ethical problem-solving. It does not replace country specific codes of ethics. One of the biggest difficulties we encountered related to language as there were some misunderstandings of definitions. During the consultation period we found that some did not think that a code of ethics was needed as they had access to a code of conduct for nurses.

When reviewing the literature we became aware of a Finnish article by Aitamaa E (2010)[11] which encouraged us to continue: it highlighted that a code of ethics is not frequently referred to by nurse leaders when dealing with organisational challenges unless they have studied the subject of ethics after their initial nurse education. This is in contrast to applying ethical decision making in clinical settings. One year on we are beginning to see the first shoots of the Proto Code being used by groups in different countries who analyse it and match it against their own sphere of responsibilities. The evidence of their work will be collected and presented next year at the ENDA congress in Zurich. The comments will inform the planned review of the Proto Code.

In conclusion: Healthcare is not immune to the effects of the recession. Healthcare staff consist of many professions but this paper has addressed mainly nursing and healthcare assistants as this is the group that often bears the brunt of the pressure to achieve economies of scale. Responding to requests for quick fix solutions misses opportunities to introduce new working patterns that benefit the patients and can bring greater job satisfaction to staff. It also causes dilemmas in the decision-making process and increases stress. One of the principles contained in the code appears particularly relevant to the present time reads as follows:

> *Nurse Directors are accountable both to the staff and general public for the initiative and resources they manage, acting with respect and according to the principles of distributive justice, equity, efficacy and efficiency.*

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[11] Aitamaa E, Leino-Kilpi H et al (2010) Ethical problems in nursing management: The role of codes of ethics. Nursing Ethics 2010;17:469