Loughborough University

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The Questionnaire and Coding Frame used in the publication

The Assessment of the Risks Associated with Reactionary Financial Restraint on Nursing Budgets in an Acute Hospital Setting.

Jones HP Hancock CP and Evans SP

The Questionnaire

1. Ward Number/Department & Site

2. Job Title and Banding

Part 2: Current Nurse/Midwife Staffing Arrangements

In relation to staffing, a savings target of £7 million has been identified to ease the financial crisis among PCT's, with the main cost saving measures being: (a) restrictions on the use of temporary staff – agency and 'bank' staff; (b) a 'vacancy freeze' until March 2007; (c) a significant number of staff being put 'at risk' and; (d) suspension of all training, except for some risk assessed mandatory training.

3. What is your opinion on the recent cost saving measures with regard to nurse/midwife staffing:

4. Have you been personally affected by these measures?
   Yes/No/Don't Know

5. If yes, please describe how:

6. Have you generally experienced a change in your workload as a result of the current staffing arrangements? **Yes/No/Don't Know**

7. Since 1 November 2006, have the numbers of registered nurses/midwives on your ward:

    a) Increased? **Yes/No/Don't Know**
    b) Decreased? **Yes/No/Don't Know**
    c) Stayed the same? **Yes/No/Don't Know**

8. Have any managers, Heads of Nursing, Specialist Nurses or Matrons been working clinically in your area? **Yes/No/Don't Know**

9. If yes, please describe the impact (positive and/or negative) on:
    a) patient care
    b) other staff

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10. How would you currently rate the quality of nursing/midwifery care provided on your Ward?

Excellent ☐   Good ☐   Acceptable ☐   Fair ☐   Poor ☐

11. To what extent do you feel that the ward is safe for patients?

Excellent   **Poor**

      1   2   3   4   5

12. Has this been affected by the current staffing arrangements? **Yes/No/Don't Know**

13. If yes, please describe how:

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14. Have you witnessed or been involved in any treatment delays for patients since the staffing restrictions have been implemented? **Yes/No/Don't Know**

15. If yes, please describe what happened:

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16. Some studies have demonstrated a link between nurse staffing levels and patient outcomes. What is your opinion about this please?

Part 3: Personal Information

This section of the survey aims to examine the effect of the cost savings on the nurse/midwife staffing workforce themselves.

17. What is your opinion of staff morale since the introduction of nurse staffing restrictions:

18. Some studies have demonstrated a link between better nurse-to-patient ratios and staff retention. What is your opinion on this please?

19. Please indicate any risk assessed mandatory training sessions that you have attended since 1 November 2006:

20. Please indicate any of these training sessions that you were booked on to that have subsequently been cancelled:

21. Can you give an approximate date of your last appraisal: [   ]

22. Have you had an appraisal cancelled since 1 November 2006?
    Yes/No/Don't Know

23. If yes, can you please outline the reason why:

[   ]

24. Has a new date been set for your appraisal? **Yes/No/Don't Know**

25. How long have you worked in your current hospital Ward/Department?

A) Less than 1 year [   ]   D) 11 to 15 years [   ]

B) 1 to 5 years [   ]   E) 16 to 20 years [   ]

C) 6 to 10 years [   ]   F) 21 years or more [   ]

GENERAL CODING FRAME (used for questionnaire responses 3, 5, 9, 13 & 15)

0. MISCELLANEOUS, OTHER

1. NEGATIVE IMPACT ON PATIENT CARE: patient care compromised due to low staffing; patients vulnerable; patient care standards dropping; patients being put at risk; concerns about the safety of patients; errors made; only basic care given; less time to spend with patients; cuts in the quality of products, so affecting patient care; dangerous situations; unable to provide optimum standard of care

2. WORKLOAD: staff workload increased; staff overworked, missing breaks, working in excess of contracted hours; jobs getting done late or not at all, unsafe conditions; no redress of time owed; no incentive to help out (no overtime)

3. STAFFING LEVELS: insufficient; short of staff; fewer staff on ward; vacancy freeze caused gaps in workforce; if area manages without staff, will not fill posts long term; gaps in workforce filled by existing staff; loss of jobs; poor staffing numbers, skill mix poor, staffing seriously affected

4. INAPPROPRIATE TO TARGET NURSE/MIDWIFERY STAFFING: managers jobs should be targeted; streamlining non-performing managers; cuts made in wrong area

5. EFFECTS OF RESTRICTIONS ON USE OF TEMPORARY STAFF: few shifts put out for Bank; well staffed wards have to send staff elsewhere to cover; very difficult to get extra staff; have to go through a number of managers before extra bank staff allowed; far more reluctant to bring extra/bank staff in to cover illness, time consuming process to get additional staff so not cost effective; shifts changed at short notice to cover

6. SICKNESS/ABSENCE: Sickness used to be covered by Bank staff; effects sickness cover; sickness causes shortages; no-one to cover shift when sickness; work when unwell; fear of having time off sick; sickness increased

7. WORK RELATED STRESS: increased stress on staff; anxiety; staff under pressure; intimidated; stress and strain on staff reflects on care for patients; staff being put at risk of injury, i.e. with manual handling

8. **MORALE:** morale and team spirit badly affected; reduced morale; low morale; loss of confidence; lack of appreciation; job dissatisfaction; undervalued; don't like job; looking for jobs elsewhere; staff unsupported; not looking forward to going to work; de-motivating, staff 'burnt out'; experienced staff leaving; newly qualified staff – no employment, low morale of students; concerned re loss of job.

9. **TRAINING:** suspension of training unfair; detrimental on staff; junior staff not achieving extended skills putting additional pressure on other staff; impact on professional development; no training courses; can't do training due to funding; lack of training has serious consequences.

10. **MANAGERS CLINICAL INPUT:** negative impact; managers only work a few hours, not a full shift; sitting in an office is not making the best use of their skills; only have help one early a week; only work as an N/A; not up to date clinically so don't feel confident looking after patients; only work Monday to Friday; commenced their shifts at a time suitable to them; selective hours; out of depth; other staff forced to work more weekend and night shifts; minimal input; haven't got knowledge or clinical skills; never get help when our numbers are short on the ward; lasted a very short time; not seen for some time now; not consistent and was soon non-existent; only worked for a few days when it was supposed to be a few weeks; struggled to provide care and refused to do some jobs; not been very regular; more senior staff rarely seen; only educational staff seen now; always take low risk care; get caught up with management issues;

11. **MANAGERS SUPPORT/LEADERSHIP:** positive impact; have been an "extra pair of hands"; less experienced staff can learn from them; improves expertise and skill mix on Ward; can provide essential patient care; decreases the workload for other staff; improved morale; improves patient care; when managers around it enables us to spend more time with patients;

99. NOT ASCERTAINED, NO ANSWER, DON'T KNOW