

**Author's declarative title:** Mental Health Nurses' attribute compromised inpatient care quality chiefly to understaffing.

**Commentary on:** Thompson E, Senek M, Ryan T Analysis of a nursing survey: Reasons for compromised quality of care in inpatient mental health wards. *Int J Ment Health Nurs* 2023;00:1-10.

### ***Implications for practice and research***

- Some mental health nurses believe that suboptimal nursing care is being provided in inpatient settings due to understaffing. This contradicts the best available current evidence and should not be a major policy determinant.
- There is a significant research gap in relation to nurse staffing and diverse indicators of care quality in mental health.

### ***Context***

Research literature from non-mental health settings suggests that improved safety, mortality and length of stay outcomes are associated with higher staffing levels [1,2]. In mental health settings, the best evidence has reliably linked higher staffing levels with subsequent increases in patient aggression [3].

### ***Methods***

The study [4] aimed to determine the proportion of mental health nurses reporting compromised care quality on their most recent shift, and to explore why they said this happened. A cross-sectional mixed methods design was conducted involving secondary analysis of data from a Royal College of Nursing survey of 1,126 UK inpatient mental health nurses. Findings purported to relate only to their most recent shift. Quantitative data were limited-response items asking whether patient care was compromised, and what "impacted your/the team's ability to deliver high quality care?". Qualitative data was from a free-text response to "Please share examples about the impact that staffing levels have had on you and those you care for". Limited-response items were analysed descriptively; free text responses were subject to a thematic analysis. The authors explicitly considered and integrated prior research findings into their analysis.

### ***Findings***

One third (34%) of nurses reported understaffing on their last shift while 199 said care had been compromised (17.7%). Respondents' top reason for compromised care was 'not enough RNs' (30.7%). Qualitative analysis resulted in four themes. 'Understaffing': limited staff numbers were perceived to impact on care. 'Professional code expectations and moral distress': nurses' expressed work dissatisfaction due to exhaustion and failure to meet their own high standards. 'Management': managers were mostly perceived as unsupportive, thus compounding staffing problems. 'Outcomes for patients': respondents' perceived that poor staffing directly contributed to patient aggression, delayed recovery, and lack of supervised leave. The authors highlight that the themes do not replicate the more nuanced relationships between staffing and outcomes revealed in previous research.

### ***Commentary***

This study examined nurses' views on care quality and staffing in inpatient mental health settings. At least one previous study [5] has reported similar findings but failed to acknowledge a high-quality time-series analysis showing that higher staffing reliably predicts increased patient aggression [3]. By incorporating existing research into their analysis, the authors conclude that nurses' accounts

provide an unwarranted over-simplistic causative explanation of the relationship between staffing and adverse patient outcomes. This is fortuitous, ensuring that the data are not simply accepted at face value. However, it is worth interrogating those data further to reinforce this. The authors' summary finding that "almost half of nurses reported compromised care on their last shift (n = 199, 47%)" is misleading. This is the proportion of respondents claiming compromised care who *previously stated* that there was understaffing on their most recent shift. The true proportion reporting compromised care was 17.7% of respondents; undoubtedly too high but not 'almost half'. This suggests problems with the quantitative analysis. That 346 nurses attributed compromised care on their last shift to understaffing when just 199 reported compromised care quality highlights that reports cannot, as claimed, pertain only to the respondents' last shift. Neither, in context, does the free-text response "Staff and patients have been injured on my ward, due to inappropriate staffing levels" seem to reflect a single-shift experience. Undoubtedly staffing levels are important, but policy decisions must be based on reliable data. It is breathtaking that, a decade after Bowers and Crowder's [3] study, there has been limited examination of relationships between staffing and a range of outcomes including therapeutic relationships, recovery, and safety.

### **References**

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3. Bowers L., Crowder M. Nursing staff numbers and their relationship to conflict and containment rates on psychiatric wards – a cross sectional time series Poisson regression study. *Int J Nurs Studies* 2012; **49**; 15-20.
4. Thompson E., Senek M., Ryan T. Analysis of a nursing survey: Reasons for compromised quality of care in inpatient mental health wards. *Int J Ment Health Nurs* 2023;00:1-10.
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