

# At the point of less for less

A LEADING Irish economist recently blogged that, while the exit from the bailout programme was positive news, as was the low interest set against Irish bonds that were recently launched on the market, Ireland's pride over the efficacy of our bailout exit may be delusional. The impact of austerity and the original problems still need to be contended with.

The cliché of the recession and austerity years has been 'we must do more with less', but surely this adage is now over used and, in many cases, its application in healthcare settings has reached the absolute limit.

The Trinity College Resilience Programme featured in this month's *WIN* (see page 19) clearly demonstrates the contrast between the growth in population, especially those over 65 years of age, and the decline in the health budget and nurse and midwife staffing levels, in the same period. These figures, which are compiled from publicly available information (including the HSE's Service Plan for 2014) raise a stark warning for policy makers. If the current trend continues, demand will head in the opposite direction to both budget and staffing.

The HSE Service Plan for the year has already acknowledged that it can only operate within budget by limiting or curtailing some services. For the first time since the establishment of the HSE, the

projected figures for 2014 show a decline in day cases. These figures, in fact, predict that the only increase in hospital care will be through emergency admissions. If this is to continue the consequences for waiting lists and patient welfare are stark.

The recent INMO survey on midwifery staffing demonstrates a shortage of more than 620 midwives across Ireland's 19 services. The ratio of midwives to births in this country ranges from 1:32 up to 1:55. Meanwhile, the standard ratio adopted by the authorities and expert groups in the UK is 1:29.

Irish health services in hospitals and in the community are equally short-staffed at this point, and in the coming weeks the INMO is to publish details of a study of those shortages.

All of this matters to patient care and INMO has welcomed a recent publication in *The Lancet* that confirmed the importance of adequate nurse-patient ratios and the link between the presence of registered nurses to improved outcomes for patients. The Irish health service has lost over 5,200 nurse and midwife positions (or 13.5% of the nursing and midwifery workforce) throughout the recessionary years. These figures clearly defy the suggestion that frontline services have been protected.

*The Lancet* article, which was based on information gleaned in the RN4CAST



Study, covered 433,730 patients aged 50 years or over who underwent common surgeries in 300 hospitals in nine European countries. Starkly, among its findings is the statement "an increase in nurses' workload by one patient increased the likelihood of an inpatient dying within 30 days of admission by 7%".

The INMO Safe Staffing Campaign will continue and is set to intensify this year. The growing body of academic research now supports the campaign's message about the need for safe care. The evidence makes a compelling case for the government to act on. It needs to get on board with the INMO's safe staffing campaign and stop promoting the myth of "do more with less".

Minimum staffing ratios are now necessary in the public interest.

**Liam Doran,**  
General Secretary, INMO



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#### EDITORIAL & ADVERTISING ENQUIRIES:

**WIN,**  
MedMedia Publications,  
25 Adelaide Street,  
Dun Laoghaire,  
Co Dublin.  
Tel: 01-280 3967  
Fax: 01-280 7076  
Email: [nursing@medmedia.ie](mailto:nursing@medmedia.ie)  
Website: [www.medmedia.ie](http://www.medmedia.ie)

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**INMO Journal Co-ordinator:** Ann Keating,  
Email: [annkeating@inmo.ie](mailto:annkeating@inmo.ie)

**INMO correspondence to:**  
Irish Nurses and Midwives Organisation,  
Whitworth Building,  
North Brunswick Street, Dublin 7.  
Tel: 01-664 0600  
Fax: 01-661 0466

Email: [inmo@inmo.ie](mailto:inmo@inmo.ie) Website: [www.inmo.ie](http://www.inmo.ie)