



Irish Nurses and Midwives Organisation

Working Together

# 2018 NURSING AND MIDWIFERY INTERNSHIP SURVEY

Undergraduate Nursing and Midwifery 4th Year  
Students Plans for When they Graduate

May 2018 INMO



Irish Nurses and Midwives Organisation  
Working Together

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## **Section 1**

### **Executive Summary**

The purpose of the survey was to gather statistics and identify trends amongst the 2018 nursing and midwifery internship students with a focus on their future plans for working in the Irish Public Health Sector. These interns are due to qualify in 2018.

**71% are considering leaving Ireland.**

**60% are considering leaving the public health services** to work in the private sector.

**57% have already been approached by overseas nursing companies.**

**18% have been offered permanent contracts** by the Health Service Executive (HSE).

**76% say staffing levels are not adequate to support learning and training** of student nurses and midwives in the clinical setting.

**79% identify increases in pay and improvements in staffing and working conditions** as the required incentives to retain nurses and midwives in the public services.

The HSE must not neglect their responsibility in recruiting and supporting new graduates. The Irish public health sector must compete to retain nursing and midwifery staff; therefore, these incentives are required. This must be an essential component for any strategy that wishes to address the current hospital overcrowding crisis, expand services and support any future development of the health service.

## Section 2

### 2.1 Background

The recruitment and retention of nursing and midwifery new graduates in Ireland is a serious concern. In December 2007 the nursing and midwifery WTE was 39,006. In December 2017 this figure was 36,777. That is a deficit of -2,229 nursing and midwifery WTE in the Irish public health sector.

\*On average there are approximately 800 Student WTE included in these yearly figures.

#### Annual Nursing and Midwifery Whole Time Equivalent (WTE) Census 2007-2017

December of Year	Total WTE	Change
2007	39,006	N/A
2008	38,108	-898
2009	37,466	-1,540
2010	36,503	-2,503
2011	35,902	-3,104
2012	34,637	-4,369
2013	33,768	-5,238
2014	34,504	-4,502
2015	35,353	-3,653
2016	35,835	-3,171
2017	36,777	-2,229

Health Service Executive 2007-2017

The February 2017 agreed Nursing and Midwifery Workforce Plan provides for a total increase of 1,224 qualified WTE, however, by December 2017 a net increase of 847 WTE was achieved (additional vacancies due to maternity leave continue to exist). It is acknowledged that there was an effort by the HSE to fill these posts but the retention problem negated the recruitment drive.

The Government's 'Bring Them Home' campaign, launched in July 2015, targeted 500 nurses and midwives employed in the UK. Modest incentivised payments were offered to nurses and midwives working abroad to come to Ireland. **Only 91 nurses were enticed to return to work in the Irish public health service, 40 of these left prior to fulfilling a year's service.**

In 2017 the INMO completed a survey to examine the attitudes of nursing and

midwifery interns in relation to their plans post qualification. These statistics provided information, highlighting the main issues pertaining to the recruitment and retention of nurses and midwives in the Irish public health services:

- 78.1% of respondents were considering emigrating from Ireland upon qualifying.
- 70.2% of the respondents had been approached by overseas recruitment companies.
- Of the 29.8% offered employment, only 16.25% had been offered permanent contracts in Ireland at the time of the survey. 58.92% of the respondents are considering moving to the private sector in Ireland but would stay if incentives were available.
- 78.78% of the respondents stated that they would consider staying in the public service for at least a year upon qualifying if offered guaranteed permanent contracts.

This evidence highlighted the failings of the Health Service Executive (HSE) in their fundamental obligation to proactively recruit all new graduates. It also substantiates the claim that offers of incentives are essential to entice these graduates to stay within the public health service in Ireland.

The INMO Nursing and Midwifery Internship Survey 2017 showed that the top three ranking incentives to entice the graduates to stay within the public health service are:

- Increase in pay
- Improved Staffing Levels and Working Conditions
- Access to Funded Postgraduate Education

## Pay

The International Council of Nursing (ICN) has collected data on the purchasing Power Parity of nurses working in the public-sector hospitals in 8 countries including Ireland. These figures show that Irish nurses and midwives are better off financially if they move overseas.

Canada	54,536
USA	46,834
Australia	42,446
Japan	40,951
Denmark	37,537
Sweden	34,025
New Zealand	33,502
Ireland	32,718

Source: International Council of Nurses (ICN)

Nursing and Midwifery employment in Ireland is largely within the public sector. The major retention issue in this sector for nursing and midwifery grades is that the private domestic and international competitors are offering enhanced terms and conditions and better pay. As evidenced below, Ireland pays nurses and midwives at a lower rate than other graduate professions requiring the same entry qualifications in the health service. Internationally, nurses are on a par or exceed the pay rate for Allied Health Professionals. [Staff Nurse Salary Minimum Point of Scale in Main Destination Countries for Irish Nurses \(All Figures Presented as Purchasing Power Parity1 Ratio 2017 Rates\):](#)

Country	Hours P.W.	Min-point	Hourly Rate (HR)
USA	37	55,200	28.59
Canada	37.5	53,078	27.13
Australia	38	41,844	21.10
United Kingdom	37.5	32,404*	16.56
+ High Cost Area Suppl. max 20%		38,885	19.67
Ireland	39	33,908	16.66

Sources: UK: NHS; Australia: Industrial Relations Commission of New South Wales; Canada: Health Science Association of British Columbia; USA: US Bureau of Labor Statistics

The previous table shows that nurses in Ireland are paid an annual salary substantially less than nurses in the USA, Canada, Australia and the UK.

## Nursing and Midwifery salaries v Health Care Assistant (HCA) salaries.

Registered nurses/midwives are responsible for patient care and have a statutory obligation to maintain the safety and welfare of patients through evidence-based practice. They may delegate appropriate aspects of that care to a Health Care Assistant. However, in many instances the registered nurse/midwife is paid less than the HCA to whom care is delegated. The registered nurse/midwife remains accountable to the NMBI in respect of care standards. The table below illustrates that a staff nurse/midwife must reach point 5 of the salary scale before she/he exceeds the maximum point of the Health Care Assistant salary scale.

### Differential between Staff Nurse/Midwife and Health Care Assistant (HCA) Salary Scales.

Point of Scale	Staff Nurse/Midwife €	HCA €
Intern	14,150	
Pre-Reg.	24,604	
1	28,768	27,102
2	30,802	28,728
3	31,852	30,001
4	33,037	30,678
5	34,531	31,418
6	36,023	32,178
7	37,508	32,642
8	38,792	33,433
9	40,080	34,245

Source: Department of Health Consolidated Salary Scales 2018

## Conditions

### Hours of Work

Nurses/ midwives in Ireland work 39 hours per week. This is 1.5 hours more than nurses in Canada and the UK and 1 hour longer than nurses in Australia. It is 2 hours longer than Allied Health professionals who work a 37hour week in Ireland.

## **Burnout**

The RN4CAST Study (Scott et al. 2013) identified burnout as a serious issue within the Irish health system. The majority of nurses working in medical and surgical units across the acute hospital sector reported moderate to high levels of burnout and low levels of job satisfaction.

The RN4CAST Study was a cross sectional observational study in 10 European countries and found that Ireland ranked among the highest in relation to burnout. Nurses described burnout as the primary reason for their intention to leave the profession.

## **Health and Safety**

Nursing and midwifery are now high-risk occupations in terms of aggression and physical assault. Between 1st January 2011 and 27th July 2016, the numbers of physical assaults on staff in statutory acute hospitals increased from 673 to 3,462. Of these 65% (2,261) of the injured parties are recorded as nursing and midwifery staff, not including psychiatric nurses. (Casey, 2016) This equates to an average figure of 34 physical assaults on nurses and midwives a month. Nursing and midwifery make up 33% of the total public health service workforce, they are in the frontline, and carry the burden of trying to maintain a safe level of care within the reality of increasing demands on services and decreasing staff. Unfortunately, these statistics show that they personally now suffer the consequences.

Acute hospitals are working above the recommended 85% safe capacity rate which is leading to stress and burnout. The highest occupancy rate is evident in model 4 hospitals with an average of 104%. (Department of Health, 2018 Framework for Safe Staffing and skill Mix)

## **2.2 Rationale**

In 2017 the Central Applications Office AO recorded a fall in applications for undergraduate nursing of 5.47% (CAO 2017).

However available places were still oversubscribed. It is imperative that greater efforts are made to retain new graduates in Ireland. The INMO 2017 Nursing and Midwifery Internship Survey highlighted the need for incentives for new graduates to remain in the Irish public health sector.

The INMO 2018 Nursing and Midwifery Internship Survey was designed to examine the attitudes and plans of this year's graduates regarding working in the public health sector.

## **2.3 Methodology**

The 2018 Nursing and Midwifery Internship Survey questionnaire was adapted from the survey carried out by the INMO in 2017. One change was made to the survey design. A question was introduced to assess nursing and midwifery intern's attitudes towards the staffing levels in the working environments and how they affect the students learning.

The survey was designed using online software (SurveyMonkey) and distributed through a link sent to 800 students in total via e-mail and text message.

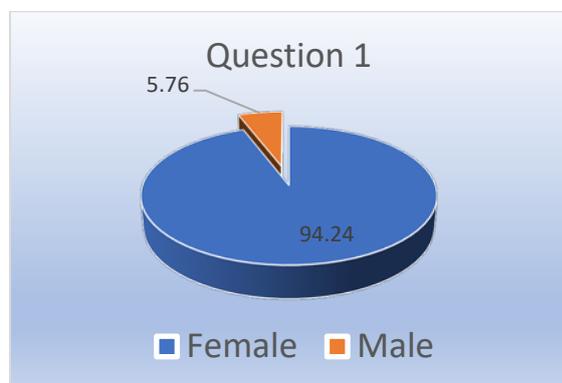
The survey was opened on 21.02.18 and closed on 07.03.18.

The population size was 800 with a sample size of 417. The response rate was 52.13%

### Section 3

#### Individual Question Summaries

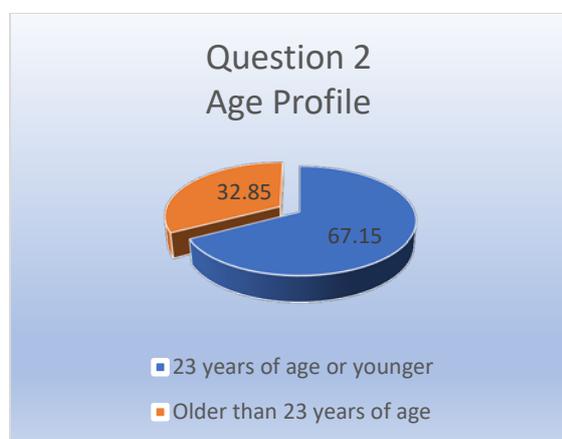
##### Question 1: Are you male or female?



Answer Choices	Responses	%
Female	94.24	
Male	5.76	

This question also has a purpose of allowing a comparison and contrast in responses from male and female respondents.

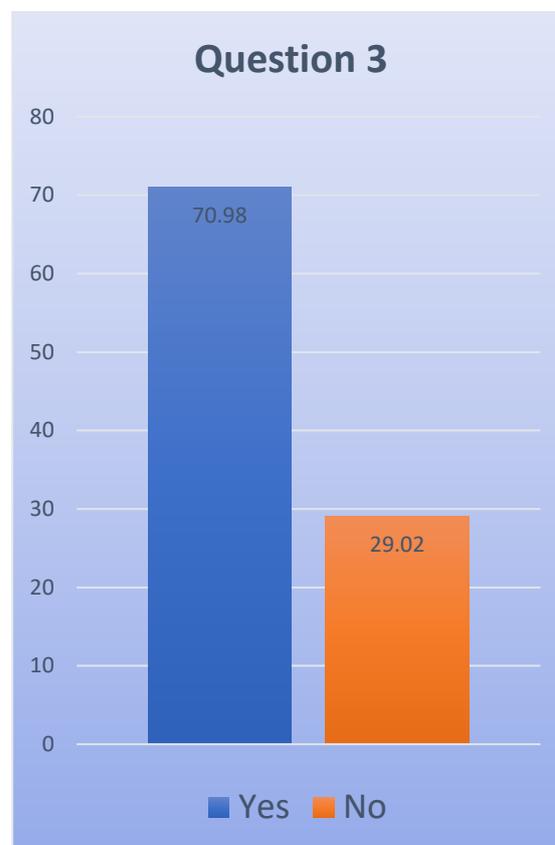
##### Question 2: Are you under the age of 23?



Answer Choices	Responses %
I am 23 years of age or younger	67.15
I am older than 23 years of age	32.85

Question 2 examined the age profile of the respondents. An individual that pursues 3<sup>rd</sup> level education after the age of 23 in Ireland is classed as a mature student. The age profile will be used to assess responses for the age demographics throughout the questionnaire.

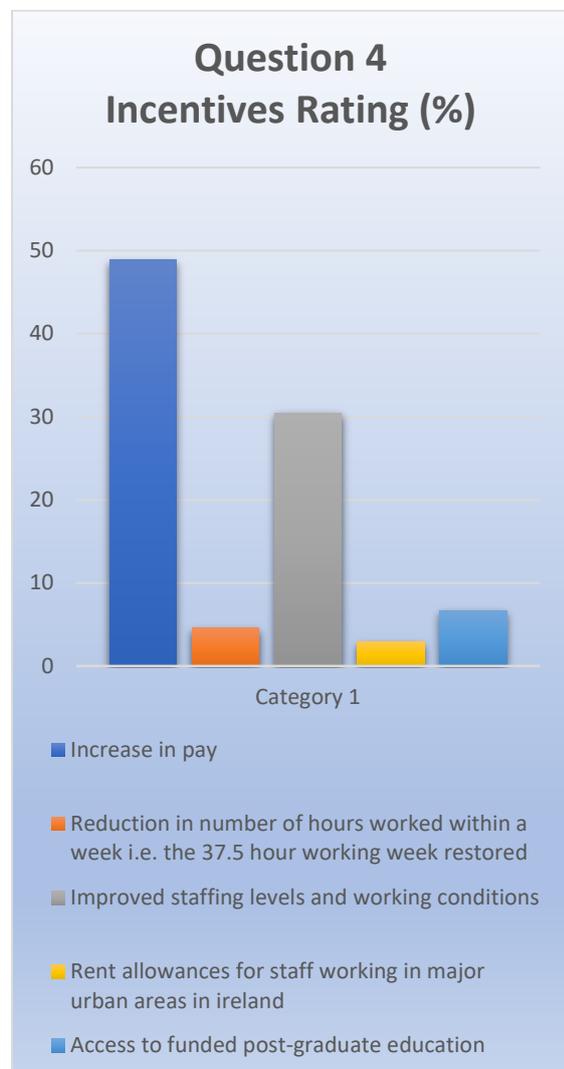
##### Question 3: Are you thinking about emigrating when you qualify as a nurse or midwife?



Answer	Responses	%
Yes	296	70.98
No	121	29.02

Question 3 examined the if student interns are considering emigrating upon qualifying as a nurse or midwife. As shown above **70.98%** of the respondents are considering emigrating when they qualify.

**Question 4: What incentives/changes would prompt you to stay in the public health service? (Chose in order of priority to you 1-6, 1 being the most & 6 less important to you)**

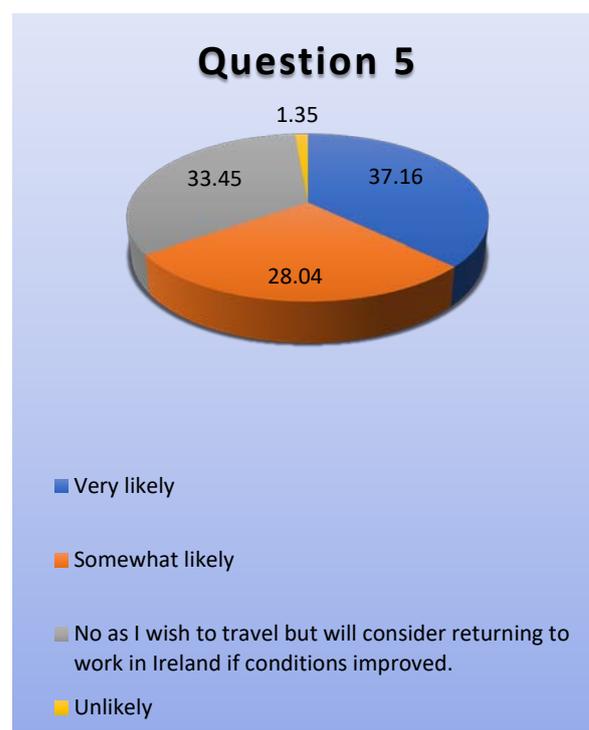


Incentive	%
Increase in pay	48.92
Reduction in number of hours worked within a week i.e 37.5 hour working week.	4.56
Improved staffing levels and working conditions.	30.46
Rent allowances for staff working in major urban areas in Ireland	2.88
Access to funded Post-Graduate education	6.71
Other	6.47

**48.92% of the respondents rank increases in pay as the most important incentive to keep them working in the public health service.**

The next most important incentive was improved staffing levels and working conditions (30.46%)

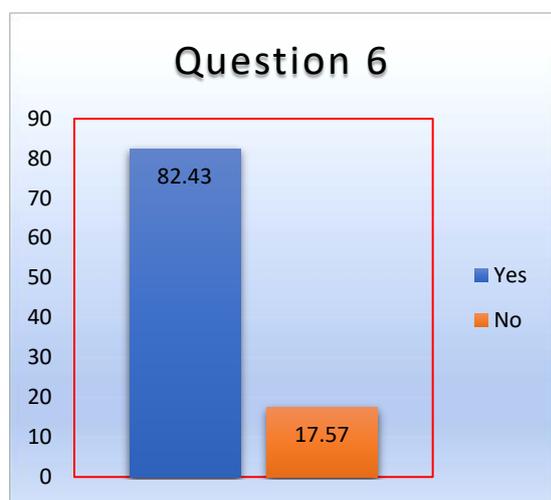
**Question 5: If an incentive(s) was given by the employer, would you stay in Ireland as a result?**



Answer Choices	Responses
Very Likely	37.16%
Somewhat Likely	28.04%
No, as I wish to travel but will consider returning to work in Ireland if conditions improve	34.45%
Unlikely	1.35%

Of the respondents that are considering emigrating 65.2% would consider staying in Ireland if incentives were given. 34.45% wish to travel but would consider returning to Ireland if conditions Improved.

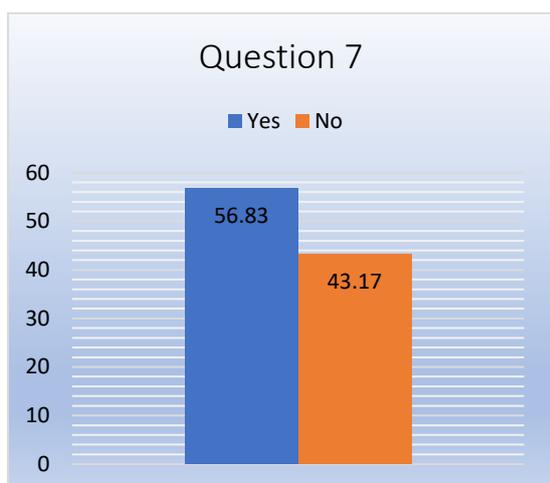
**Question 6: Would you delay your departure for a year if your employers guaranteed employment for at least your first year after qualifying?**



Answer Choices	Responses
Yes	82.43%
No	17.57%

Of the respondents that are considering traveling (as per question 3) 82.43% would delay their departure if their employer guarantees employment for at least the first year.

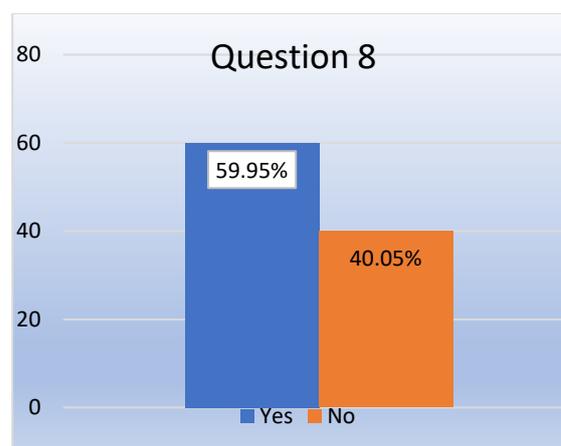
**Question 7: Have you been approached by overseas nursing companies to recruit you to their service?**



Answer Choices	Responses
Yes	56.83%
No	43.17%

The survey commenced on February 21<sup>st</sup> 2018, and was closed on March 7<sup>th</sup> 2018. At the time of the survey 56.83% of respondents had already been approached by overseas nursing companies for recruitment.

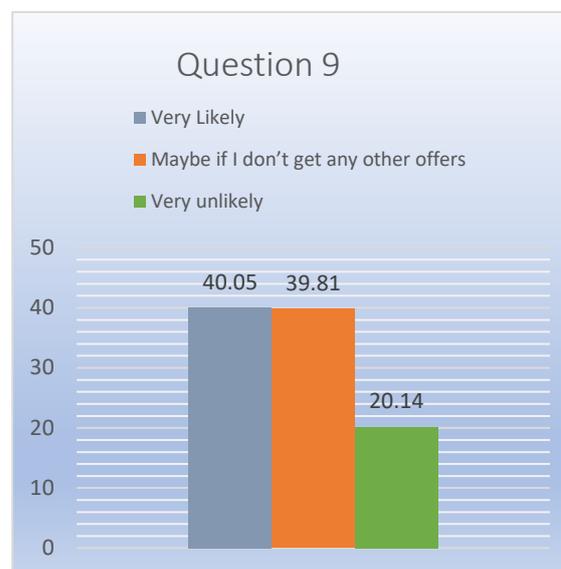
**Question 8: Have you considered moving to the private sector within Ireland after qualifying? (If you have not been on clinical placement in a private hospital)**



Answer Choices	Responses
Yes	59.95%
No	40.05%

59.95% of the respondents confirmed that they would consider moving to the private sector in the Republic of Ireland.

**Question 9: How likely are you to stay in your teaching hospital after qualifying?**

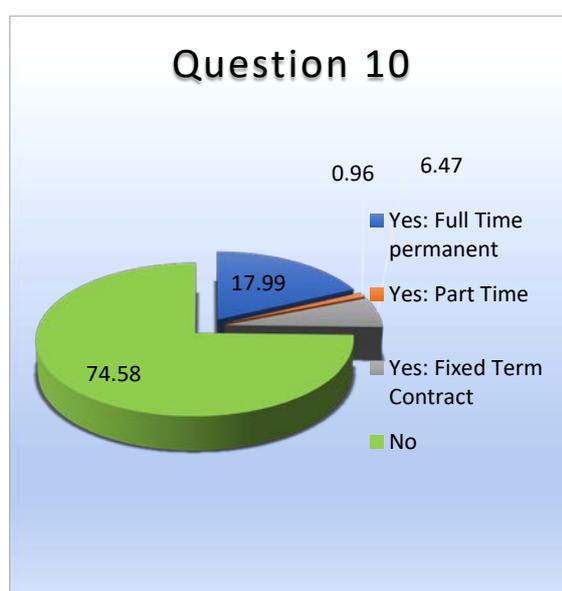


Answer Choices	Responses
Very Likely	40.05%
Maybe, if I don't get any other offers	39.81%
Very Unlikely	20.14%

59.95% of respondents are either very unlikely to remain in their teaching hospital after qualifying or are considering other offers.

### Question 10:

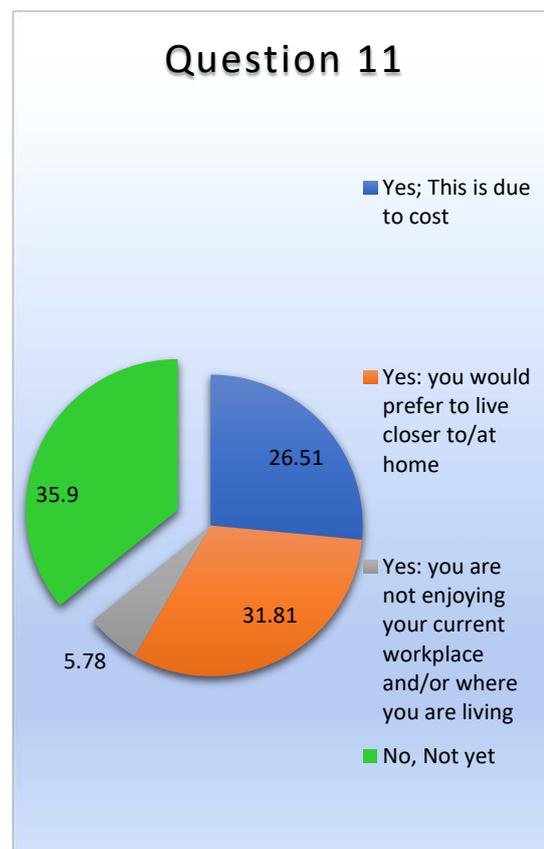
Has your current employer offered you a job on qualifying?



Answer Choices	Responses
If yes: Full time Permanent	17.99%
If yes: Part Time	0.96%
If yes: Fixed term contract	6.47%
No	74.58%

The closing date of the survey was March 7th 2018. 74.58% of respondents had not received any offers of employment from their employer upon graduation.

**Question 11: Would you consider moving to a work place closer to home?**



Answer Choices	Responses
Yes: This is due to cost	26.51%
Yes: You would prefer to live closer to/at home	31.81%
Yes: You are not enjoying your current work place and/or where you are living	5.78%
No not yet	35.90%

64.1% of the respondents would like to move to a workplace closer to home. 26.51% say that this is due to cost.

35.9% would not like to move closer to home.

**Question 12:** Have you been provided with information regarding portfolios or interviews by your employer?



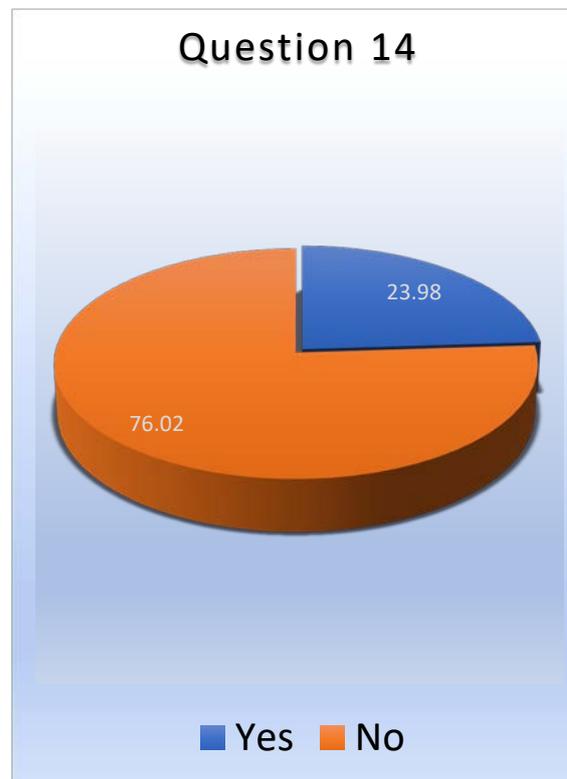
Answer Choices	Responses
Yes	12.26%
No	87.74%

87.74% of respondents have not been provided with information regarding portfolios or interviews by the employer.

**Question 13:** Would you be interested in an INMO led seminar in C.V., interview and portfolio preparation?

Answer Choices	Responses
Yes	89.69%
No	10.31%

**Question 14:** Have you found adequate staffing levels in your workplace to support a positive learning environment?



Answer Choices	Responses
Yes	23.98%
No	76.02%

When asked if interns have found adequate staffing levels in the workplace to support a positive learning environment **76.02%** replied no.

## Summary of Findings

From the survey results in Question 3 it is clear that nursing and midwifery interns are considering emigration upon qualifying in 2018. (70.98%)

59.95% of respondents are considering moving to the private sector where working conditions and incentives are more favourable.

Incentives are urgently required to persuade graduating nurses and midwives to remain working within the public health service. (See Question 5)

Increases in pay ranked the most favourable incentive that would entice graduates to remain in the public health services. (See Question 4)

Improved staffing levels and working conditions ranked the second highest incentive amongst respondents (Question 4.) From the respondent's comments in Section 4 it is clear that interns are considering alternative places of work to escape the conditions they experienced in their training hospitals.

At the time of the Survey (21<sup>st</sup> February-7<sup>th</sup> March 2018) 56.83% of respondents had been approached by overseas nursing companies to recruit them as seen in Question 7. Only 17.99% of respondents had been offered contracts by the HSE as per Question 10.

In Question 14 we see that 76.02% of respondents found staffing levels in the workplace where they are training did not support a positive learning environment. This is further supported by the comments in **Section 5.5.**

## Section 4

### Recommendations

#### Pay

The respondents comments in Section 5 highlight the reality of the issue of nurses pay in relation to other Allied Health-Care Professionals (AHP) and in relation to Health Care Assistants (HCA's).

Nurses and midwives should be paid on par with other Allied Health Care Professionals with comparable grades of education and responsibility.

Profession with QQI Level 8 qualification	Starting Salary
Occupational Therapist	€35,319
Physiotherapist	€35,319
Speech and Language Therapist	€35,319
Staff Nurse/Midwife	€28,768

The nurse/midwife is responsible for patient care and has a statutory obligation to maintain the safety and welfare of patients. They may delegate aspects of care to a Health Care Assistant (HCA) whose education level is QQI Level 5. However, a staff nurse/midwife must reach point 5 of the salary scale before she/he exceeds the maximum point of the Health Care Assistant salary scale. Nurses and midwives believe it is unjust that they have a higher level of education, with greater responsibility, and statutory responsibility and accountability yet they are paid less than their HCA colleagues.

Addressing these issues with pay will have a cascading effect whereby this significant incentive will influence increases in staffing levels, increase staff morale and consequently improve some aspects of the working conditions.

It is extremely difficult for nurses and midwives to pay current rates of rent or to consider purchasing a home. House prices rose by 14% in 2017 with a further 11% increase expected in 2018 (Irish Examiner). In 2017 average rent rose nationally by 10.4% to €1227 per month (Daft.ie). This equates to approximately

€14,724 p.a. which is practically all of a newly qualified nurse or midwife's salary.

### Recruitment and Retention

The supply of nurses and midwives into the Irish health service predominantly comes from undergraduate education programmes and international recruitment. To address the shortages in nursing and midwifery staffing the HSE must be more proactive in recruiting new graduates in Ireland.

Question 12 and 13 also highlight concerns in relation to portfolios and interviews. Currently interns must go through an interview process to access employment in their teaching hospitals. Contracts are offered '*subject to the usual satisfactory recruitment processes*', as outlined in HSE HR Circular 10/2017. The usual satisfactory recruitment process is not sufficient given the current circumstances. The interviews are arranged prior to the intern qualifying as a nurse or midwife, therefore they cannot be expected to achieve the necessary standard for recruitment. The teaching hospitals do not provide meaningful support or education to prepare the interns for the interview process.

### Working Conditions

The respondents highlighted concerns regarding working conditions in the comments section. The main concerns related to long hours, demanding workloads, not getting breaks, not getting to finish on time, lack of respect for the nursing profession and high levels of stress.

From the comments in Section 5, there is evidence to show that stress is a recurring and widespread experience for student nurses and midwives. Many aspects of the professions of nursing and midwifery may be stressful and according to Suresh et al. (2012) this requires urgent attention in view of widespread retention difficulties.

The emotional toll of caring has the potential to cause physical and psychological harm to nurses (Figley, 1999) and therefore on entry to nursing and midwifery degree programmes students must be supported and educated on the occupational risks.

The HSE and Higher Education Institutions (HEI) must address this issue with a proactive, solution focused, and supportive strategy for students. According to Dwyer and Hunter Revell (2015) '*nurse educators are responsible for preparing students to meet the challenges of today's complex practice environment*'.

Undergraduate nursing and midwifery degree programmes must incorporate self-care, resilience training, and enhanced mental health supports into the curriculums as a measure to enhance students coping skills and prepare them for working in this challenging and complex environment.

### Supportive learning Environment

Question 14 demonstrates that 76.02% of respondents found that the staffing levels and skill mix were not supportive of a learning environment. This is strongly reflected in the comments section. (Section 5.5)

The Nurses and Midwives Board of Ireland (NMBI) are responsible for the regulation of the standards of education and training of nurses and midwives in Ireland. There are concerns going forward in relation to the ability of Irish hospitals to support the education and training of nursing and midwifery students to the required standards set out by NMBI. This will have a knock-on effect creating further difficulties in recruiting and retaining nurses and midwives in Ireland and needs to be addressed.

This issue has been raised by the INMO Student Section as a matter of concern. Since the results of this survey were collected, the INMO has checked the ratio of Clinical Placement Coordinators (CPC) to Students within 9 areas that support the training and education of student nurses and midwives. According to

NMBI Standards the **minimum ratio** for CPC's of **1:30** nurses and **1:15** midwives must be maintained. The average CPC to Student ratio seen across the 9 areas that support student nurse/midwife training is **1:38.27**. It is a serious concern that the minimum NMBI standards designed to protect the public are not being achieved. The only area that achieved better than the minimum ratio was in the private sector, with a ratio of 1:26.2. The area with the poorest ratio is at 1:53. Concerns also exist where the CPC to student ratio does not make allowances for the geographical area to be covered as specified by NMBI.

National figures suggest there are currently 127.39 CPC WTE's and approximately 6600 student nurses and midwives. This suggests that the ratio of CPCs to Students is 1:51.8 which falls desperately short of the minimum NMBI Standard.

This is another example of the knock-on effect of the retention and recruitment difficulties across nursing and midwifery grades on student learning.

Since 2015 HEIs have increased the number of undergraduate nursing and midwifery places from 1570 to 1830 in 2017 (an increase of 260). These additional students require increases in supports within the HEIs and in the facilities that support the learning of student nurses and midwives.

At all times there must be sufficient registered practitioners to facilitate the supervision and support of student nurses and midwives to achieve the expected learning outcomes of the programmes. An immediate national review of compliance with NMBI standards is urgently required with a focus on availability of Clinical Placement Coordinators, Student Allocation Liaison Officers and Preceptors. This issue must be resolved through recruitment and training of appropriate nursing and midwifery personnel.

#### Summary of Recommendations for recruiting new graduates:

1. Pay competitive rates for nurses and midwives of all grades to retain them within the public services.
2. Recruit all graduates that have passed the final exams and assignments and have appropriate levels of competency as outlined by the Nursing and Midwifery Board of Ireland (NMBI) standards.
3. Offer permanent contracts as an incentive to remain within the public health services with opportunities for a career break after 1 year.
4. Provide a structured professional development plan for each new graduate including opportunities for funded post-graduate education and accommodating the individual's preferences in specialities/areas.
5. Ensure adequate support and supervision **from** appropriately qualified and experienced mentors in the workplace.

## **Section 5**

### **Respondents Comments**

In this survey **Question 15** gave respondents the opportunity to leave an open comment. This option was taken up by 101 respondents out of a total of 417.

Due to the large number of responses, the comments were selected and categorised into the following headings based on the trends that emerged:

#### **5.1 Need for Increases in Pay**

#### **5.2 Staffing Levels and Working Conditions**

#### **5.3 Further education and career prospects**

#### **5.4 Emigration**

#### **5.5 Supported Learning Environment**

##### **5.1 Need for Increases in Pay**

*'It's very dis-heartening to get paid more for the job I was doing (which was a healthcare assistant) than a job I spent four years in college to do!'* (3/7/2018 5:38 PM)

*'Why are the HSE care assistants getting paid more than the newly qualified nurses? Who have a lot more responsibility on their shoulders?'* (3/7/2018 4:07 PM)

*'...I have given 4.5 years to complete my BNSc degree, only to be paid less, with more responsibility and worse hours than I had as a healthcare assistant. Ireland does not value nurses, I can't imagine why anyone unattached would stay.'* (3/5/2018 11:46 PM)

*'After 12 yrs as a catering assistant for HSE. I found it a disgrace that after a 4yr degree I will be worse off financially. !!'*  
(2/27/2018 1:28 PM)

*'The staffing levels and the rate of pay are the biggest obstacles to wanting to work in a HSE hospital.... I would love to stay and work, but the incentives aren't there and the responsibility of looking after 14 patients by myself as a 4th student is too great. What will it be like when I'm a nurse?'* (2/26/2018 5:38 PM)

*'Throughout my training I worked for an agency getting €18 per hour as a care assistant. I am now nearing registration as an RNID, after 4 hard years, travelling a long distance. My greatest unease is that my pay as an RNID will not reflect the hard work I put in over the last 4 years. It is unfair that as the RNID you are in charge of the unit but get paid a great deal less than the care assistants. There's no incentive to remain in Ireland, I would be better of going back to the agency working as a care assistant. In essence, 4 years of hard work and extreme stress should be reflected in my pay scale.'* (2/22/2018 6:32 PM)

*'Better pay, better staffing levels, ward clerks and cleaners earn more than those with bachelors'* (2/22/2018 6:29 PM)

*'From a salary point of view all I can say is that it is a pity as I have worked as a Health Care Assistant for three years and by the time I qualify as a Registered Nurse it will be more convenient for me to work as a carer as I will be paid more money due to my experience and have less responsibilities and less stress but yet I love nursing too much And hope for this passion to last for a little longer and not burn me out.'* (2/22/2018 6:13 PM)

*'... if I was offered a post in a private organisation I would take this over the HSE position due to pay.'* (2/21/2018 5:18 PM)

*'A lot of the above questions do not apply to me as I have a young family and won't be traveling. I totally see why young graduates want to leave. Short staffing, stressful environment, no staff engagement or forums in decision making, poor facilities, poor*

*management interpersonal skills and poor reward having to work unpaid hours. Mary Harney once said of government pay rises that if you pay peanuts you get monkeys. That's how well nurses are respected and until nurses call the government/HSE bluff and go on strike we will continued to be walked over and taken for granted.'* (2/21/2018 3:59 PM)

*'Student nurses are overloaded with work and not supported due to very poor staffing levels. It's a disgrace. after spending 4 years in college to become a nurse and get treated like a piece of rubbish and payed so bad for the work we do. This state is a disgrace. There have been weeks I had no money or no diesel to get to placement'.* (Survey respondent on 2/21/2018 2:40 PM)

## **5.2 Staffing Levels and Working Conditions**

*'The staffing levels are shocking in most Dublin hospitals and I, along with many of the students I am training with feel that we are unable to enjoy our internship due to the immense amount of pressure put on us to perform as staff nurses/ in place of staff nurses. It is evident that the 2:1 student: staff nurse ratio is non-existent. I will strongly consider leaving the profession once I qualify. This is a real shame.'*(3/7/2018 5.40pm)

*'I find it highly unfair that due to the lack of staffing in most hospitals that its 4th year students are expected to take on all the work and responsibility of a fully qualified staff nurse without any of the same rewards. We are constantly being put down by doctors as we are 'only students' yet also expected to do things like take bloods and insert cannulas even though there is no way that we would even consider that at this level. We also don't even have proper changing rooms or lockers and due to that, are constantly having our property stolen. I myself have been physically and verbally attacked by numerous patients only to be told that if I take the complaint further then I won't be offered any work, and that*

*was told to be by a manager. We are treated so terribly.'* (3/6/2018 4:53 PM)

*'Staffing levels is the main issue, I can't imagine myself staying in Ireland under the current working conditions'.*

(2/26/2018 5:01 PM)

*'DEAL WITH INADEQUATE STAFFING LEVELS; DANGEROUS ENVIRONMENT TO BE IN FOR BOTH PATIENTS AND NURSES!!!! When is the HR department going to support staff at the frontline????'* (2/25/2018 6:30 PM)

*'It is very unfair as a student nurse. You are not supported enough by staff nurses as the do not have the time. It is very disheartening to see the bad management in hospital eg. Overcrowding, understaffing It is not a pleasure to go to work some days it feels like a constant battle of running around after your tail. It is not acceptable or fair on nurses or the patient. It has to change nobody can stick it if it continues. Why are nurses not treated like they would be in a company? I feel undervalued...This is so disheartening as if it was their family member on a trolley in the middle of a corridor they would want them to receive the best care possible. I feel the fact that the patient is a person is forgotten about!'*

(2/22/2018 5:09 PM)

*'The high work load with insufficient staffing levels to safely and thoroughly carry out duties is what puts me off most as well as not enough rest time between 13hour days. No increase in pay or promise of job security can make up for that for me. We need rolling rosters with predictable patterns to allow for knowing our days off in advance and regulations that protect us from doing our 39hr weeks back to back with no break in between. Quality of life and high pressure are the biggest problems in this work environment.'* (2/22/2018 5:50 PM)

*'As an intern practicing feels dangerous as staffing levels are so inadequate you are forced to do things you are not competent to do. There's little opportunity to progress in your career if you stay here and progression is not encouraged or supported. Nursing in Ireland on under staffed wards is horrific, scary, dangerous and so harmful to patients. Every day you feel like 90% of your patients did not receive adequate care. Its draining and is honestly pushing me away from the nursing career. The conditions for interns is so bad its breeding a generation of nurses that are ambivalent to delivering high quality patient care.'* (2/21/2018 2:33 PM)

*'No other jobs expect hours of free work a week plus very often no breaks. In any other job this would not be accepted. Or any other country.'* (2/21/2018 2:12 PM)

*'For me, working in the maternity services in the HSE has made me miserable. I am not working to my autonomy or as the midwife I believe I could be somewhere in Australia or in the UK or Scotland where I went on an elective. Until there are further choices for women in this country and for me to work I will not be working in any hospital in Ireland. I would be interested in doing community midwifery or working in a birth centre. I also do not think 12 hour shifts suit my lifestyle, having no time with my partner not having weekends or holidays off is not for me. I want to work to live not live to work and missing out on important relationships with family and loved ones is also a factor which deters me extremely. I have also considered work in private fertility clinics for this reason. There is an extremely negative atmosphere in my parent hospital probably due to understaffing or burnout. This is not the kind of environment I wish to work in. If there was more choice for my career as a midwife, better hours, and a positive work environment I would consider staying. There is a long way to go for maternity services in Ireland. If I could not do what I wanted here without moving away I would even give up*

*midwifery altogether. The Maternity services have taken so much from me and given nothing back. I have turned into a miserable person. I do not have any hopes for a positive midwifery career in Ireland. I don't believe the change is possible for the women or for us as midwives I don't expect change will come about within this decade which is a crying shame.'* (Survey respondent on 2/22/2018 6:36 PM)

### **5.3 Emigrating**

*'As a 22-year-old 4th year student nurse, I will definitely be emigrating in the following year as the working conditions, staffing and pay is horrendous in the HSE. If new graduates are offered better conditions, pay and contracts I would consider staying at home'.* (3/6/2018 7:46 PM)

*'I would like a job in Galway, as that is where my family and friends are. I would consider moving away if a place in Galway wasn't available'.* (3/5/2018 3:56 PM)

*'Will not be staying in Ireland to work unless pay increases and working conditions improve drastically.'* (2/27/2018 9:58 PM)

*'The ward I work on is the worst staff ward I have been on so far in my training, all the nurses under the age of 30 have recently moved abroad due to work incentives. None of this would encourage me to work there after I graduate'.* (2/26/2018 5:18 PM)

*'We are aggressively recruited from abroad with choice of work areas, subsidized accommodation. And a clear plan for our career development and how they will support us in getting there. None of this was offered by Irish hospitals. I had previously thought I would stay and work in my training hospital in an area I love. However, it is disheartening when our training hospitals can't offer us any of the above. Nurses are fighting to get to CPR courses let alone thinking of further development. Majority of students on my course is staying for one year in their training hospital but already have jobs lined*

*up for leaving next year. Irish hospitals trained us but unfortunately past that further educational needs and career progression is severely limited. I regret that my decision is to move away but it's the best choice for my career'. (2/26/2018 9:10 AM)*

*'This country is a joke! There are 10 in my group of friends both general and mental health nurses and we all plan on immigrating due to the pay levels and understaffing within the hospitals! Something needs to be done.. Fast!' (2/22/2018 10:13 PM)*

*'As a 4th year intern student, I find the staff levels disgraceful. I find the level of pay we receive difficult, we work 39 hours a week and would need a second job just to support our expenses and daily living. Also, the working conditions make our job so harder, you come home from work stressed and dread going in the next day, nobody wants to be in a profession like that. Talking to my colleagues, we plan on travelling as we don't want to endure the working conditions here in Ireland. The conditions the patients have to endure, is a disgrace and it results in poor patient care due to the working environment. What has to be done for a change to happen?' (2/22/2018 8:38 PM)*

*'I feel that the staff are great and do their best but as the staffing levels are so low, the work environment can be difficult and this makes working abroad more appealing at the moment' (2/22/2018 6:08 PM)*

*'I would love to stay and nurse in Ireland, however the staffing levels and poor pay are just not endearing me to stay here for the rest of my life. I intend to leave the country and at the moment I am not anticipating returning home any time soon. Opportunities for experience and great pay are waiting for me and my colleagues abroad. Unfortunately, there is no appeal to staying in Ireland where we are under appreciated and over worked. I went into nursing because I love helping those in need, not for the money. However, being*

*treated like a slave after 4 hard years of training is demoralizing and deeply upsetting. Why would anyone want to stay here when we can be rewarded (with proper pay and adequate patient loads) whilst doing the job we love elsewhere'. (2/21/2018 3:53 PM)*

#### **5.4 Further Education and Career Prospects**

*'As a young person, one is supposed to be exciting and motivated as they enter their career of choice but since January I have lost what little faith I had left. I have cried almost every week and have counted far more bad days than good... I'm not a martyr and although I am made feel guilty for stating this, I value my capabilities and intelligence and want to work somewhere I feel I can apply my knowledge and reap the rewards of hard work. There are many newly qualified nurses working on the ward I'm currently placed and they're both physically and mentally burnt out at this early stage in their career. This is not just regarding the inconceivable staffing levels but the archaic healthcare system that sees nurses as second class human beings. Their work is not appreciated, and their intelligence and professional opinion disregarded.... I know I could be an excellent staff nurse and know I am valuable to the ward I work on. As of right now, I'm more competent than some of the staff who have had their spirit and humanity tarnished by their careers. With a heavy heart I have no intentions of pursuing a career in nursing. Until January I planned to emigrate but knowing I would want to return home eventually I've decided to invest in myself and undertake a business masters. The reality is I believe I could have more of an impact on this broken system if I'm not a nurse. I will miss a lot about nursing but I feel naive to believe I will have a successful and fulfilling career in nursing in this country.'* (2/23/2018 8:39 AM)

## **5.5 Supported Learning Environment**

*'Students rarely get a given a preceptor to work with, which makes it nearly impossible to get meetings done. Also, as staff levels are low, students are treated more likes HCA's and this makes it difficult to learn any nursing skills'. (3/5/2018 3:59 PM)*

*'Improvements needed desperately within disability services for students. We need extra strong CPC support and backup from the HSE within such services to stop these services using students as everyday staff to cover their sick staff days. We need structure in learning regardless of staffing issues.'* (2/27/2018 1:14 PM)

*'The stress of juggling clinical placement hours and academic workload is overwhelming and negatively impacts the students'. (2/27/2018 12:23 AM)*

*'The current rate of pay for fourth year interns makes it very difficult to live on as it is so poor and the current state of the HSE makes it very difficult to both work and learn in'.*

(2/23/2018 2:52 PM)

*'Too little staff makes learning outcomes poor and patient safety at risk which is a major concerns for us on being safe in our practise and guarding our pins once we qualify'* (2/22/2018 10:11 PM)

*'More staff is needed. As a student nurse the conditions can be dangerous to work in when there is not adequate amounts of staff. Students can be expected to care for up to 8 patients on their own when staffing is short. This is overwhelming for students and the patient centred care is reduced for each individual in hospital.'* (2/22/2018 7.13PM)

*As a 4th year student nurse, there is a lot of responsibility on us as the wards are extremely understaffed and more jobs are expected of nurses. Usually, I love being a nurse and have great satisfaction from the job. The nurses on the ward are mostly helpful and supportive. However, the working conditions and the staffing levels in hospitals has made it harder for me to like nursing. I often come home extremely stressed and exhausted from work. There is not enough support for us.....So far, my internship has been very stressful as the wards are so busy and also with my fee being due in the middle of it. I also think it's extremely unfair on us that we have 100% attendance, so we have to repeat every day we miss compare to other university courses when they are on co-op and do not have to repeat their missed days. However, I find that nursing is the right job for me and if I had it back I still would choose nursing. Hoping these suggestions will be acted upon as I feel very strongly about them. (2/22/2018 7:59 PM)*

*Due to low levels of staff I felt that my learning was severely affected and at times felt unsafe/under supported on clinical placement. (2/22/2018 5:52 PM)*

*Hospitals are unfortunately understaffed therefore due to no fault of their own nurses are unable to provide adequate training for student nurses. Sad to say.*

(2/22/2018 3:33 PM)

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## **ACKNOWLEDGEMENTS**

We thank the INMO President and the Executive Council of 2017/2018 for their ongoing support of this project.

We would also like to acknowledge the work of the INMO Library Staff and the INMO Information Department for their help and guidance.

We must also express profound gratitude to the 4<sup>th</sup> Year internship students of 2018 who participated in this study, to the INMO Student Section and Youth Forums, INMO Clinical Placement Coordinator Section, and the Student Allocations Liaison offers Section.

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