

Campaign PHS 2013 Testimonials

“ I work in a busy high-dependency ward. We work to an acuity system. It seems every shift we are fighting to get an extra staff member to match the acuity. If we had a mandatory nurse ratio it would stop the continuous fight to have our ward properly staffed. Nursing is a highly stressful job with little recognition and support from management. ” **J Nicholes, RN**

“ Partly I left Emergency because we'd step into the resuscitation room at 1.30 and walk out at 7.30, 8. ”

**Sharm, RN, worked in
Emergency Department 2008-12**

“ I would welcome ratios so much, as would our patients who constantly complain about things taking too long to happen, like giving pain relief. ” **Evelyn Tolley, RN**

“ I believe this will maintain patient safety and retain experienced nurses in the wards. What we've got should never be taken away from us... [With ratios] we would be effective with our work and make our patients safe; they will really feel much better served by us when they're in hospital. It will diminish falls and accidents by elderly patients, who are the majority in general medical wards. ” **Alma Fivers, RN**

“ I work in an acute admission ward in a large public mental health hospital. The ward has 24 beds but with patients returning from leave and 'sleep out' patients, i.e. patients we move to another ward overnight and who return each morning, there may be 10 patients above the bed number. The risks to patients and staff are obvious! ” **R. Menadue, RN**

“ NSW nurses are currently overworked and understaffed – patients are being put at risk each day. As a Nursing Unit Manager I see adverse events and near misses on a daily basis – and patients with increasing acuity on standard wards – more nurses are needed to keep our patients safe. ” **Clare Loveday, RN**

“ I am working night shift, we have 28 patients on the ward and are regularly left with an unendorsed Enrolled Nurse and an Assistant in Nursing. It is an acute setting and puts lots of pressure on the two Registered Nurses ... When one of us goes on our break the Registered Nurse left has to attend to the 28 patients regarding analgesia, IV pumps and assisting with pressure care. ” **Chris, RN**

“ I am a nurse working in acute mental health care. We often work shifts short-staffed. This is unsafe and unreasonable. The more pressure on nurses, the more nurses leave. The mentally ill deserve a better service and care than this. Nurses deserve better than this. I have been a nurse for 35 years, I have never seen the system as poor. We are going backwards not forwards. ” **A Wurth, RN**

“ Today I am nurse manager, the only Registered Nurse on duty. Receptionist, telephonist and entire staff for the Emergency Department. I have one Enrolled Nurse and 10 hours of Assistant in Nursing on duty with me ... in a 22 bed rural facility. Anything would be better than what I am doing today. ”

Gail Card, RN

“ I think the crucial issue of this claim is that we're not just about wanting more money – we're not greedy, we're prepared to go with the basic inflation rate. It's more about conditions and safe patient care. Those are the real issues. We can't do our job properly unless we have those resources. So it's not just about the pay claim. Our conditions are hard fought, we fought a long time to get those conditions and we're not going to let go of them. ”

Mary Louise White, Clinical Nurse Consultant

“ We want to have 1:3; we don't like having 1:4 as we cannot support our babies and the mothers that we care for (eg. helping with breastfeeding that we want to support.)

Now, it's difficult, we go without our lunch break or morning tea, so we have nothing from when we start till 2.30 in the afternoon. If we had 1:3 we'd be able to have our breaks and deliver better care for our babies and the mothers too.

Some mothers need education and it's very hard to provide that if we're 1:4.

With one nurse to 4 babies, when a sick baby comes in, you have to leave your other four babies and attend to that one – who's looking after your four? The other nurse, so she's now doing one to eight, while one of us is attending to that sick baby on that trolley. And there are the parents too, we have to comfort the parents as well as looking after the baby. ”

Melissa, RN, Special Care Nursery

“ I've been supporting improvements in nursing – I've been a nurse – for 46 years.

I know the importance of working with unions, you don't get anything just by asking, you've got to fight for it.

[Ratios] always means safer patient care and it means you're going to hang on to nurses as well, as nurses get burnt out easily and leave and we don't want that to happen – we want to keep the nurse and keep the patients safe. ”

Marilyn Lamberty, RN, Emergency Department

“ Nurses were somewhat disappointed here at Blacktown that we were made a Category B hospital with a ratio of 1:5. So now we are very supportive of the idea [of extending ratios] for further patient safety. ”

Maureen Buckley, RN

“ It's important that patient care is maximised and optimised where possible.

This claim represents some principles that nurses would all acknowledge and recognise and that's promoting safety throughout and consistency of care at all times within the context of reasonable workloads.

Emergency Departments have to withstand a fair brunt of work, we know our patient presentations are increasing. Being able to put extra nurses in the department, putting knowledgeable nurses by the bedside, to increase patient care, monitoring and consistency of therapy and treatment ... After all, nurses are the first and continuing point of contact for all patients that come into Emergency, we're the first to be there should patients need anything. ”

Wayne, Acting Clinical Nurse Consultant, Emergency Department