

Paediatric Nurse Staffing Levels in Europe

A Position Statement by the Paediatric Nursing Associations of Europe (PNAE)

Introduction

The PNAE network carried out a survey of European countries¹ in 2007. The aim was to agree a statement about minimum staffing levels required to ensure safe nursing care for infants, children and young people. The findings demonstrate wide variations but also many similarities which form the basis of this position statement²

This document represents a consensus position of the organisations representing paediatric nurses across many European countries with regard to minimum staffing levels required to ensure safe nursing care for infants, children and young people. The primary objective for those making this statement are to protect the rights of children and young people and to safeguard nurses who could also be at risk due to poor paediatric nurse staffing levels.

Defining minimum staffing levels for safe nursing care

The Royal College of Nursing of the United Kingdom has defined nursing as:

*'The use of clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death'*³

PNAE has clearly identified that children and young people have the right to be cared for by appropriately qualified and educated nursing staff⁴ and that paediatric nurses⁵ have attained the specific knowledge, skills and values (usually expressed as competencies) specified in the PNAE position statement *Paediatric Nurse Education in Europe* competency framework⁶.

¹ Those countries who responded included Belgium, Croatia, Denmark, Estonia, Greece, Hungary, Iceland, Italy, Malta, Netherlands, Norway, Poland, Slovenia, Switzerland, and the United Kingdom.

² See summary of findings –

http://www.rcn.org.uk/development/communities/specialisms/children_and_young_people/forums/other_forums_and_groups/paediatric_nursing_associations_of_europe

³ Royal College of Nursing (2003) Definition of Nursing, London: RCN see

<http://www.rcn.org.uk/development/publications/publicationsA-Z#D>

⁴ PNAE (2005) Position statement on the Regulation of Paediatric Nurses in Europe [See

http://www.rcn.org.uk/development/communities/specialisms/children_and_young_people/forums/other_forums_and_groups/paediatric_nursing_associations_of_europe/positionsagreements

⁵ PNAE (2005) Definition of a Paediatric Nurse [See

http://www.rcn.org.uk/development/communities/specialisms/children_and_young_people/forums/other_forums_and_groups/paediatric_nursing_associations_of_europe/positionsagreements

⁶ PNAE (2007) Paediatric Nurse Education in Europe: A position statement by the Paediatric Nursing Associations of Europe (PNAE) [see

http://www.rcn.org.uk/development/communities/specialisms/children_and_young_people/forums/other_forums_and_groups/paediatric_nursing_associations_of_europe/positionsagreements

Evidence clearly highlights that a higher number and proportion of registered nurses has a positive impact on patient mortality, the incidence of respiratory, wound and urinary tract infections, pressure sores and medication errors⁷.

While it is recognised that many countries have some way to go to achieve the required numbers of Paediatric Nurses, PNAE have agreed the following as the absolute minimum staffing levels to ensure safe care for infants, children and young people across Europe:

Neonatal Services

Staffing levels should be based on the level of care each baby requires. The ratio of registered paediatric nurse to infants should be:

- 1 registered neonatal or paediatric nurse to 4 babies requiring *Special care*
- 1 registered neonatal or paediatric nurse to 2 babies requiring *High dependency care*
- 1 registered neonatal or paediatric nurse to 1 baby requiring *Intensive care*

Paediatric intensive care and high dependency care

Staffing levels should be based on the level of care each child requires. The ratio of registered Paediatric nurse to children should be:

- 1 registered paediatric nurse to 2 children requiring *Level 1 care*⁸
- 1 registered paediatric nurse to 1 child requiring *Level 2 care*⁹
- 2 registered paediatric nurses to 1 child requiring *Level 3 care*¹⁰

Designated paediatric wards and departments

Staffing levels should be based on the level of care each child requires. There should be a minimum of 2 registered paediatric nurses on duty at all times throughout the 24 hour period. The ratio of registered paediatric nurses to unregistered nursing support staff in general paediatric nursing wards must be above the absolute minimum of: 70 percent registered paediatric nurses¹¹ to 30 percent unregistered nursing support staff

Action required:

PNAE recommends that each country

- establishes nationally agreed¹² minimum staffing levels encompassing the levels identified above by PNAE

⁷ Aitken et al 2002, McKenna 1995, Hewitt et al 2003, Buchan & Dal Poz 2002, Carr Hill et al 2003

⁸ Level 1: This describes care provided to a child who may require closer observation and monitoring than is usually available on an ordinary paediatric ward, although much of this care is already provided, with higher staffing levels than usual, in such locations. For example the child may need continuous monitoring of the heart rate, non-invasive blood-pressure monitoring, or single organ support (but not respiratory support). The child may, for example, be suffering from moderately severe croup, suspected intestinal obstruction or suspected poisoning

⁹ Level 2: These children will always need continuous nursing supervision. They may need ventilatory support, or support for two or more organ systems. Sometimes the child will have one organ system needing support and one other suffering from chronic failure. Usually children receiving level 2 care are intubated to assist breathing.

¹⁰ Level 3: Children with two or more organ systems needing technological support, including advanced respiratory support, will need intensive nursing supervision at all times and will be undergoing complex monitoring and/or therapeutic procedures. They would, for example, include ventilated children undergoing advanced renal support, those who have suffered multiple trauma in major road accidents, or those who have undergone very complex major surgery.

¹¹ The requirement should ideally be at least 90% registered paediatric nurses in many paediatric clinical areas.

¹² The study by PNAE found that only 5 member states had nationally agreed minimum nursing staffing levels which encompassed paediatric nursing.

- considers the development of specific guidance for service providers which encompasses information about patient care dependency and age based criteria

Key stakeholders:

- Professional nursing association/organisation in each member state
- EU and individual governments of member states

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