Leadership Project: Part Two

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We decided on the topic of nurse staffing and nursing to patient ratios. This has been an ongoing issue within nursing for management staff and nursing leadership for a long time. Staffing and ratios affect patient safety, nurse satisfaction, workload, stress levels, and patient satisfaction. There are many factors included in staffing nurses that include things like availability of nurses, patient census, level of acuity, and finances. All of these place stress on nursing management and leadership as well as staff nurses and patients. There is a need to make staff, patients, hospital boards, and accrediting bodies happy. This makes it difficult for management to staff nurses when there are so many restrictions. We believe this is a relevant issue not only on the units we work on, but in hospitals all over the nation.

Managers have yet to properly staff their units appropriately to reduce the stress of nurse to patient ratio inflicted by higher patient census versus available nurses. Weston, Brewer, and Peterson note that “staffing is a structure and process that affects safety of patients, as well as nurses themselves, and others in the environment”. High stress levels within the nursing population and high turn around rate are closely related. Those are two adverse effects of the management problem that staffing faces today. In one study it states, “It has been reported that the turnover cost to replace an RN ranges from $12 000 to $67 000. As nurse managers continually struggle to maintain adequate staffing levels, the burden of stress among nurses who provide direct patient care cannot be understated. An imperative step in addressing this well-documented issue is to identify the sources of nursing stress related to staffing” (Purcell, Kutash, and Cobb 2011).

Nurse managers can use some strategies to evaluate their unit’s needs and staffing situation by assessing the causes of stressors and turnaround rate in the workplace, as well as ways to reduce them because “…a greater understanding of those stressors will lead to appropriate strategies for nursing stress reduction and coping which may result in a healthier, more satisfied and effective nursing workforce” (Purcell, Kutash, and Cobb 2011). Also, “the researchers also surveyed the nurses’ intentions to leave, patient satisfaction and nurse/patient characteristics. Vahey et al. (2004) found that nurses reporting good working environments (e.g. adequate staffing, administrative support and better relationships between nurses and physicians) were less likely to experience burnout, emotional exhaustion, depersonalization and intent to leave within the year”(Purcell, Kutash, and Cobb 2011).

As “positive local leadership establishes guides and responds appropriately to the organization of nursing staff in the local context and can, therefore, have a direct impact on factors such as teamwork, workload and organization of care delivery” (Henderson et al 2013), it is important that nurse managers have set scheduling standards and are always willing to employ additional staff members as needed. In a study published by Purcell et al (2011), “Aiken et al. (2010) found that staff ratios mandated in California did impact patient care and predictors of nursing outcomes, such as turnover and burnout. It was noted that lower nursing–patient ratios decreased mortality”. Nurse to patient ratio is determined by patient census, work environment, and population served. Yet, it remains to be seen in the long run if mandatory staffing is beneficial. More studies need to be conducted in order for the rest of the states to adopt this same policy. Here are some more strategies determined by the American Nurses Association,

- Organizations must have RN staffing plans that demonstrate a logical method for determining staffing levels and skill mix, and are conducive to change based on analysis of evaluation data.

-          Staffing plans must be conducive to adjustment to reflect changes in evidence and outcomes, care scenarios, and the needs of the population served, all of which can vary from hour to hour, day to day, and shift to shift.

-          Nurse administrators have the responsibility over nurse staffing decisions and allocation as part of their professional scope and standards of practice.

 Also, “in some cases, nurse administrators do not have sole control over staffing decisions. However, as nurses, nurse administrators must advocate through evidence for a robust staffing plan – a critical factor in delivering safe, quality care (Weston, Brewer, and Peterson 2012). In a longitudinal study by Wells, Manuel, and Cunning (2011), showed that “the Index of Work Satisfaction (IWS) scale by Stamps (1997) is a valid and reliable two-part tool that was used to assess the importance and satisfaction of six job variables: pay, interaction, status, tasks, policies, and autonomy”. Many methods managers can utilize to assess their staff’s needs as not all of them can be met at once; however, “the responsibility to determine what is ‘sufficient’ ultimately rests on the shoulders of directors of nursing, not an easy responsibility in the present climate. The consequences of not assessing the impact of staffing changes on quality of care and patient safety are evident from a number of recent health service failures” (Ball, J. 2011).

Basically, by using assessment skills, nurse managers and leadership can solve some of the fundamental issues caused by being understaffed. Nurse Managers can learn a lot by talking with staff nurses and seeing what works and what doesn’t work. For example, the floor that I work on is a step-down ICU unit with 25 beds. We have 1:3-4 ratios for nurses and patients and 1-3 nursing assistants dependent on the number of patients and what time of night it is. Most nights we are short staffed and the charge nurse is forced to take patients as well as 4 patients per nurse and it is chaos. It was also the topic of conversation at a recent unit meeting. We were able to voice our frustrations and figure out the best solution, which was to hire more nurses and aids as soon as possible. It was revealed that between us and the other 30 bed unit on the floor; we are 27 people short between aids and nurses. Our unit as a whole is collectively hopeful that things will improve and new staff will be hired.

In a recent study done on reasons nurses want to stay or leave a position in an acute care setting, ratios and workload were in the top reasons noted. Specifically, “Nurse workload issues are not new and have frequently remained unresolved. Ignoring issues of excessive or unmanageable workload for hospital nurses has the potential to undermine the impact of other strategies aimed at promoting nurse retention.” (Tourangeau et al 2012) Leaders have a responsibility to staff to listen to their needs and recognize when things get out of hand. Staffing is not any new issue but one that can be managed by good leadership skills. Like I mentioned previously, using staff input on what is happening on the unit from day to day will help achieve better outcomes for all. This same study also states, “Leaders play an important role in promoting nurse retention. Leaders with supportive and empathetic characteristics promote higher nurse intention to remain employed. “ (Tourangeau et al 2012) I believe nurses that work in unfavorable conditions and ratios will stay for a leader who is empathetic and cares about fixing the situation. Through speaking with staff and finding out what ratios work best, leaders are able to create a satisfactory and safe environment for both nurse and patient.

By using our plan to improve staffing and nurse to patient ratios, my manager is able to find out what the stressors are on my unit and what she can do to improve ratios. It is a common occurrence for nurses to want to leave based on staffing alone. It increases the stress of the job and the responsibility of each person to care for the patients while keeping them safe. She can advocate to higher leadership within the hospital as well to promote the cause. Since funding is based on patient satisfaction many times, this would be beneficial for the hospital. If a nurse feels like her leadership and management adequately support her and have a positive attitude, the outcome is much more favorable. As it states in an article in Nursing Economics, “Any solution must strengthen our ability to adjust to the many variables that make up health care staffing and strengthen the use of professional nurses: their knowledge, expertise, and wisdom are essential ingredients in staffing excellence.” (Douglas, K. 2010) When it comes down to it, neither nurse nor patient will be 100% satisfied, but the effort needs to be made toward improving ratios and adequate staff for a safe, effective environment.

Evaluating this plan is made difficult by the fact that staffing is different in every situation, including my own. Nurses are always going to be rotating jobs and patient acuity can change as well. I think the point here is that we need to change with the times and find out what works for each individual unit. This may be extra investigative work for leadership and managers within the nursing world, but worth its weight in gold in the long run. By finding a better balance between staff and patients, we are able to work toward achieving a safer environment for all and a more satisfactory work place. Not only would both patient and nurse be more satisfied, but fewer errors would be made, less mortality, falls, and a more satisfactory work environment not fueled by stress which in turn would decrease nurse sick leave. In my own unit, I look forward to the hiring of more nurses and watching the improvements that follow. Every hospital in the world could benefit by asking what stressors the nurses have and how they feel about staffing and ratios. By approaching the issue of staffing head on, nursing leadership has an opportunity to improve the environment around them.

References

Ball, J. (2011). Data collection and review in the delivery of safe care. *Nursing Management - UK*, *17*(9), 20-22.

Bray, K., Wren, I., Baldwin, A., St. Ledger, U., Gibson, V., Goodman, S., & Walsh, D. (2010). Standards for nurse staffing in critical care units determined by: The British Association of Critical Care Nurses, The Critical Care Networks National Nurse Leads, Royal College of Nursing Critical Care and In-flight Forum. *Nursing In Critical Care*,*15*(3), 109-111. doi:10.1111/j.1478-5153.2010.00392.x

Buerhaus, P., Donelan, K., DesRoches, C., & Hess, R. (2009). Registered nurses' perceptions of nurse staffing ratios and new hospital payment regulations. *Nursing Economic$*, *27*(6), 372-376.

Douglas, K. (2010). Ratios -- if it were only that easy. *Nursing Economic$*, *28*(2), 119-125.

Henderson, A., Paterson, K., Burmeister, L., Thomson, B., & Young, L. (2013). Staff perceptions of leadership during implementation of task-shifting in three surgical units. *Journal Of Nursing Management*, *21*(2), 368-376. doi:10.1111/j.1365-2834.2012.01401.x

Hinno, S., Partanen, P., & Vehviläinen-Julkunen, K. (2012). Nursing activities, nurse staffing and adverse patient outcomes as perceived by hospital nurses. *Journal Of Clinical Nursing*, *21*(11/12), 1584-1593. doi:10.1111/j.1365-2702.2011.03956.x

McKenna, E., Clement, K., Thompson, E., Haas, K., Weber, W., Wallace, M., & ... Roda, P. (2011). Management/Administration. Using a Nursing Productivity Committee to Achieve Cost Savings and Improve Staffing Levels and Staff Satisfaction. *Critical Care Nurse*, *31*(6), 55-65. doi:10.4037/ccn2011826

Purcell, S. R., Kutash, M., & Cobb, S. (2011). The relationship between nurses' stress and nurse staffing factors in a hospital setting. *Journal Of Nursing Management*, *19*(6), 714-720. doi:10.1111/j.1365-2834.2011.01262.x

Shekelle, P. (2013). Nurse-patient ratios as a patient safety strategy: a systematic review. *Annals Of Internal Medicine*, *158*(5 Pt 2), 404-409. doi:10.7326/0003-4819-158-5-201303051-00007

Tellez, M. (2012). Work Satisfaction Among California Registered Nurses: A Longitudinal Comparative Analysis. *Nursing Economic$*, *30*(2), 73-81.

Tourangeau, A. E., Thomson, H., Cummings, G., & Cranley, L. A. (2013). Generation-specific incentives and disincentives for nurses to remain employed in acute care hospitals. *Journal Of Nursing Management*, *21*(3), 473-482. doi:10.1111/j.1365-2834.2012.01424.x

WELLS, J., MANUEL, M., & CUNNING, G. (2011). Changing the model of care delivery: nurses' perceptions of job satisfaction and care effectiveness. *Journal Of Nursing Management*, *19*(6), 777-785. doi:10.1111/j.1365-2834.2011.01292.x

Weston, M. J., Brewer, K. C., & Peterson, C. A. (2012). ANA Principles: The Framework For Nurse Staffing to Positively Impact Outcomes. *Nursing Economic$*, *30*(5), 247-252.