the working environment, and health economics. These studies document the impact of staffing levels on absenteeism, recruitment and retention, organizational issues, or adverse outcomes, patient and nurse satisfaction, sickness and mortality in a variety of healthcare settings, including Thailand, Singapore, Israel, and Kuwait (Flynn & McKeown, 2009). Research carried out in the United Kingdom, Europe, Australia, Canada, and the United States. Research on this topic has been conducted from 1998-2008 that focused on staffing levels associated with specific patient groups, patient and nurse safety, mortality or adverse outcomes, patient and nurse satisfaction, sickness and absenteeism, recruitment and retention, organizational issues, the working environment, and health economics. These studies suggest that instead of focusing on the results of “poor” staffing levels, the nursing profession should develop and evaluate different ways of conducting nurse work (Flynn & McKeown, 2009).

Staffing decisions are complex and influenced by at least 36 items (Douglas, 2010). Douglas (2010) identified the typical budget considerations, legislative and regulatory requirements, number of patients and nurses, and performance measures as making up part of the staffing decision process. Other factors impacting staffing decisions that are not so easily quantifiable include the physical plant, team dynamics, individual staff dynamics, physician preferences, fatigue considerations, education and competency level of staff, intervention requirements, the decision-making ability of professional expert nurses, etc. Douglas (2010) suggested that the complexity of the staffing issue makes it difficult to develop a model that could address all the aspects that influence staffing decisions in an environment that can change from minute to minute or hour by hour.

Central to the current debate on staffing issues is the question: Is government involvement the right answer to staffing problems? Many say the government should mandate staffing ratios, others say the problem is too complex and varied for one solution to work for all. Those opposed to government intervention are seeking alternatives to legislated staffing ratios, such as staffing committees, acuity systems, and disclosure of staffing plans to the public (Douglas, 2009; Tevington, 2011). California has led the way in passing legislation that mandates nurse-patient ratios; however, there is not enough research in the years after the implementation of the California law to draw conclusions about the effectiveness of these mandates (Douglas, 2010).

AMSN would like to help you understand the various aspects surrounding the topic of staffing issues. As such, AMSN has recently launched an area on the Web site (www.amsn.org/hwe) titled Healthy Work Environment (HWE). This online toolkit has resources for topics of concern to the medical-surgical nurse. One area is devoted to staffing issues, which has been a hot topic in nursing for as long as I can remember in my career as a medical-surgical nurse. In the HWE Advocacy Guide on Staffing Issues and Strategies, you will find references to current literature on staffing issues. The Advocacy Guide addresses three areas:

1. Brief reviews of studies (Aiken et al., 2010; Buerhaus et al., 2009; Sochalski, Konetzka, Zhu, & Volpp, 2008; Weissman et al., 2007) that indicate research does not support any single staff nurse or skill mix model.

2. Potential solutions to the staffing problem (American Nurses Association, 2012; Buerhaus, 2009; Cummings et al., 2010; Hatcher et al. 2006; Minnich, Mion, Johnson, & Catrambome, 2007; Weston, 2010).

3. Reference links to sources such as Excellence and Evidence in Staffing (Douglas, 2009), Evidence-Based Staffing: The Next Step (Birmingham, 2010), and Wisdom at Work (Hatcher et al., 2006).

Take time to visit www.amsn.org/hwe and read the latest literature to help you understand the staffing issue and why there is no “perfect” solution for a medical-surgical nursing unit. Nursing leadership and staff nurses must work together to review potential solutions to find what will “fit” with a particular healthcare environment, as there is no “quick fix” that will work on every nursing unit across the United States or in other countries.

References


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


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