Healthy Work Environment Advocacy Guide

Staffing Issues and Strategies

Overview

Strategies to address staffing issues within medical-surgical nursing are not “quick fixes.” Instead, it requires thoughtful and innovative solution finding on the part of both the staff nurse and nursing leadership. A selection of current articles and websites were reviewed to identify recommended strategies. The findings of the review are listed below.

Nurse Staffing Levels

Available research does not provide evidence to support any single nurse staffing or skill mix model (Flynn & McKeown, 2009).

Buerhaus, et al., (2009) reported that 62% of nurses surveyed by the 2008 National Survey of RNs believe that nurse staffing ratios should be mandated by public policy/legislation. Nurses with low satisfaction were much more likely to believe that ratios should be mandated.

Expert opinion on the effectiveness of mandated staffing ratios are mixed. Some believe that mandated ratios have led to improved staffing levels, staff satisfaction, and patient outcomes (Aiken, et al., 2010). On the other hand, others report that although wages increased with mandated ratios, job satisfaction increased at the same rate as in states without mandated ratios, patient outcomes have not improved significantly, and the increases were achieved with an increase in the use of temporary or traveling nurses (Buerhaus, et al., 2009).

Research on workload and adverse events indicates that while outcomes may improve with a lower nurse to patient ratio, there are rapidly diminishing returns (Sochalski, et al., 2008; Weismann, et al., 2007).

Weissmann and colleagues (2007) found that adverse events seem to be strongly correlated with a hospital’s occupancy rate.

Sochalski and colleagues (2008) argue that hospitals with better staffing have other characteristics of a healthy work environment that may account for the positive outcomes.

Potential Solutions

1. Buerhaus (2009) advocate for hospitals to look closer at the flow of patients. In units where wide swings in occupancy may not be matched by increased staffing, the spikes in nurse-to-patient ratios may be the cause of poor outcomes and staff dissatisfaction. The implementation of strategies to control patient flow such as giving supervisors more autonomy in staffing decisions or allowing units to stop admissions until they are “caught up” may reduce the incidence of adverse events.

2. Minik and colleagues (2007) evaluated how nursing responsibilities are structured in hospitals. Their findings serve as a reminder of basic strategies that may have been lost in the midst of other strategies. For example, supporting continuity of assignment of nurses to patients increases satisfaction for both nurses and patients as well as reduce the risk of failure to rescue.

3. The Robert Wood Johnson Foundation’s work published in Wisdom at Work (2006) identifies best practices for retaining experienced nurses in the workforce and maximizing their contribution. The suggested strategies include:
   a. Non-traditional shifts to allow older nurses to continue to work but with shorter hours
   b. Using expert nurses to oversee several novice staff and mentor them while providing a safety net for patient safety
   c. Redesigning nursing units using ergonomic principles designed to minimize the impact of age-related physical changes

4. Weston (2010) suggests that by improving nurse autonomy and control over practice, nursing staff remain in the work setting and thrive as they provide safe, quality patient care. Weston’s strategies for creating such an environment include:
a. Organizing patient care rounds so the bedside nurse is present and contributes to decision making about the patient’s plan of care

b. Defining expectations related to autonomous practice and recognizing and modeling it

c. Encouraging self-reflection of staff about their practice

d. Creating an environment that supports both formal and informal continuing education

e. Establishing a structure for participative decision making

f. Creating processes so that staff can make program and resource decisions without having to navigate multiple levels of bureaucracy

5. The American Nurses Association (2010) advocates for more transparency in staffing plans and having staff involved in the creation of such plans rather than calling for mandated ratios.

6. Cummings and colleagues (2010) conducted a systematic review of the literature describing the impact of leadership styles on nurses and the work environment. Relationally focused leadership styles that rely on inspiration, coaching, and shared decision making are much more likely to create environments where nurses feel empowered, demonstrate organizational commitment, embrace collaborative relationships with physicians, and value teamwork.

Additional Resources:

1. Institute for Staffing Excellence and Innovation
   a. 501-C3 not-for-profit
   b. Purpose is to provide access to information and education to assist organizations in achieving excellence in staffing and in realizing the quality, safety, financial, operational and cultural outcomes that result.

2. Evidence Based Staffing: The Next Step available at http://www.nurseleader.com/article/S1541-4612%2810%2900081-9/fulltext

   a. Report of an initiative to identify how to best retain and utilize expert nurses in the current environment.
   b. Conducted literature review, interviews of older nurses, and identified best practices already in place in some hospitals.

References:


