Healthy Practice 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

1. Frith, Anderson, Tseng, and Fong (2012) discuss the fact that the changing reimbursement system of today’s healthcare industry puts an emphasis on quality outcomes that are tied to reimbursement. These researchers found that by increasing the number of staff nurses from an average of 5.34 to 8.21 there was a reduction of medication errors at 0.5% (Frith, et al., 2012). Medications errors and the subsequent treatment of those errors is typically not reimbursed, so prevention of these errors is essential.

2. Hockenberry and Becker (2016) analyzed three years of data from 311 California hospitals and found that an increased number of RNs and LVNs per bed increases overall patient satisfaction, at a statistically marginal level. However, hospitals with more hours provided by contract nurses had significantly lower patient satisfaction levels (Hockenberry & Becker, 2016).

3. A meta-analysis by Shang and colleagues (2015) found that out of 45 included articles investigating nurse staffing ratios and nosocomial infections, there was a lack of precise or specific data collection procedures that might provide a temporal link between staffing ratios and health care-associated infections. An overall lack of staffing data was highlighted as a critical need for future studies (Shang et al., 2015).

Potential Solutions

1. One methodology that has worked in the perioperative setting is on-call staffing strategies. The creation of on-call schedules ensures and promotes patient safety by determining and predicting workload intensities based on surgical schedule and patient acuity levels (Olmstead et al., 2014). These researchers provide recommendations and clinical guidelines for staffing to ensure safe and effective care. Please see reference below for details.

2. Nurse staffing issues involve nurse work characteristics, work flow issues, patient comorbidity statuses, among other topics (O’Keeffe, 2016). Acuity adjusted staffing can be utilized by pulling patient acuity scores from electronic health records. This can often be integrated without any additional work on the part of the nurse or manager aside from confirming that the acuity needs seem to fit the patient needs which can change in a moment (O’Keeffe, 2016). Acuity adjusted staffing can provide a potential solution to the staffing issue.
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 (2016) 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. 2015 Avalere White Paper on Staffing
   a. In this, the first in a series of papers that makes the case for nursing value, American Nurses Association (ANA) collaborated with Avalere to explore the clinical case for using optimal nurse staffing models to achieve improvements in patient outcomes. Avalere conducted a targeted review of recent published literature, government reports, and other publicly available evaluations of nurse staffing and patient outcomes.
b. Avalere also convened a panel of leading nurse researchers, thought leaders, managers, and those in practice from across the country to provide additional context and to help identify best practices in nurse staffing. While this analysis focused on nurse staffing in acute care hospitals, the principles can be applied to other settings such as post-acute care.

c. Download the Executive Summary and White Paper from the ANA Website.

2. Evidence Based Staffing: The Next Step


b. Available at http://dx.doi.org/10.1016/j.mnl.2010.03.003

References


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