Position Statement

Professional Nurse Staffing

Approved: August 2003

Summary of Position:
Nurse staffing levels affect patient safety. Adequate professional nurse staffing is critical to the delivery of quality patient care. Appropriate nurse-patient staffing is a complex process that involves matching the right number and type of caregivers with patients. However, nurse-patient ratios, while creating a simple solution, are inadequate. Consistent with the American Nurses Association’s position, the Arizona Nurses Association (AzNA) does not support arbitrary nurse-patient ratios. Rather, AzNA is committed to create work environments that allow professional registered nurses to meet the physical, emotional, and spiritual needs of the patients and families being cared for in any organization or setting. Shifting the nursing paradigm away from an industrial model to a professional model would move the health care industry and organizations away from the technical approach of measuring time and motion to one that understands the complexity of patient care delivery. Providing safe, quality nursing care is achieved not by standardized nurse-patient ratios, but rather by analysis of multiple factors that affect patient care. The following statements provide a framework for organizations making decisions about staffing in all settings where nursing care is administered:

- The input of direct care registered nurses is utilized to determine staffing
- Organizations must create measures of patient care intensity that take into consideration:
  - Number of patients
  - Number of patient admissions, discharges, and transfers
  - Level of intensity of all patients for whom care is being provided
  - Contextual issues including architecture and geography of the environment
  - Dynamism related to changes in the organization or environment
  - Available technology
  - Available ancillary and support systems
  - Level of competency of those providing care
- Organizations must gather data that examines the relationships between staffing and nurse-sensitive patient outcomes
- Both clinical and human resource indicators must be considered when making staffing decisions
- Staffing systems must use an evidenced-based approach
- Variations in patient outcomes must trigger organizational analysis (ANA, 1999).

Background/Rationale:
Recent studies have reported that registered nurse (RN) staffing levels have a significant effect on preventable hospital deaths and complications among patients (Needleman, et al., 2002). The odds of patient mortality rose 7 percent for every additional patient added to the average nurse's workload (Aiken, et al., 2002). The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO, 2002), an organization that accredits hospitals, reported that staffing levels were a factor in 24 % of 1,609 sentinel events—unanticipated events that result in death, injury or permanent loss of function.
Organizations that provide nursing care often find themselves balancing the realities of cost containment and the need to assure adequate competent staff to provide safe, quality care. The current nursing shortage in Arizona has created an immediate need for the nursing profession to assure the provision of quality patient care delivered by the appropriate professional nurse provider.

Staffing is most appropriate and meaningful when it is predicated on a measure of patient care intensity that takes into consideration the aggregate population of patients and the associated roles and responsibilities of nursing staff. Such a unit of measure must be operationalized to take into consideration the totality of the patients for whom care is being provided and the context in which that care is being provided. It must not be predicated on a simple quantification of the needs of the “average” patients but must also include the outliers.

The specific needs of various patient populations should determine the clinical competencies required of the nurse. Role responsibilities and competencies of each nursing staff member should be well articulated, well defined and documented at the operational level (Aiken et al., 1994). Registered nurses must have nursing management support and representation (first-line manager) at both the operational level and the executive level (nurse executive) (Aiken et al., 1994). Clinical support from experienced RNs should be readily available to those RNs with less proficiency (McHugh et al., 1996). The availability of ancillary and support services should be considered when planning staffing.

All institutions should have documented competencies for nursing staff, including agency or supplemental and traveling RNs, for those activities that they have been authorized to perform (JCAHO, 1998). When floating between units occurs, there should be a systematic plan in place for cross-training of staff to ensure competency (JCAHO, 1998). Adequate preparation, resources and information should be provided for those at all levels of decision-making. Opportunities must be provided for individuals to be involved to the maximum amount possible in making the decisions that affect them (Williams & Howe, 1994).

References: