Why Nurse Staffing Matters: A Moral Imperative

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EXCLUSIVE SUMMARY

Safe nurse staffing is undeniably linked to patient safety and satisfaction, workforce satisfaction and safety, and cost savings.

A nationwide mandate must be driven toward the use of electronic staffing and scheduling systems that take into consideration the patient’s real-time specific needs.

This system must be matched to the most appropriate nurse with the ability to provide care safely for all the patients in his or her total assignments.

These patient care assignments should be designed in partnership with managers and staff RNs.

Only then will we reverse the trend of staffing-related patient deaths and injury in U.S. hospitals.

A Clear Message

With all that we know, the research is clear. We are now at the point where it is unethical to under-staff or poorly staff or to not act. The American Nurses Association Code of Ethics is clear: “The nurse’s primary commitment is the patient, whether the individual or family, group or community” (ANA, 2010a, p. 9). Furthermore, the ANA social policy notes: “Nurses, as members of a knowledge-based health profession and as licensed health care professionals, must answer to patients, nursing employers, and the civil and criminal court system when the quality of the patient care provided is compromised…” (ANA, 2010b).

Today’s nurse executive is squarely in the middle. The role taken by nurse executives is not to just be a manager, but to also be a nursing leader; to understand the budget and the mission but also be the nurse executive, not just another executive. Yes, there are uncertainties in health care reform and care delivery models. But there are still very sick patients in the hospital, and their staffing needs have not changed. Yes, there are no randomized control trials for staffing. But there are sufficient correlational studies, such that we know better staffing saves lives. Could you imagine being the patient of a randomized control trial testing nurse staffing levels? Which group would you want to be assigned, the RN with a higher patient load or lower patient load?

The moral imperative to address nurse staffing goes beyond the financial viability of health care institutions and must include the safety issues patients face when their nurse cannot effectively manage the care related to his or her patient care assignments. A review of the literature reveals the untoward effects of inappropriate workloads that lead to medical error and patient harm (Aiken et al., 2014; Choi & Boyle, 2013; Jarrett, Holt, & LaBresh, 2013). Recent Medicare data reveal more than 200,000 patients per year die as a result of avoidable medical harm, and one in three patients admitted to U.S. hospitals suffers from an adverse event (James, 2013).

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What happened to the 100,000 Lives Campaign? Patient deaths have doubled since the landmark Institute of Medicine (2001) report, Crossing the Quality Chasm. Yet, nurse staffing is still an issue.

A Call for Action to Support Improved Staffing

There are a wide variety of approaches toward making staffing decisions in hospitals. They range from simple unit-based grids based on census to data-driven systems that assess individual patient nursing need using substantial patient-level data and matching the most appropriate nurse to the care of each patient (Needleman, 2015). The simple grid systems are insensitive to day-to-day variations in patient need or the training and experience of nurses on the unit on a given shift. A nationwide mandate must be driven toward the use of electronic staffing and scheduling systems that take into consideration the patient’s specific needs, real time, while matching the most appropriate nurse with the ability to safely provide care for all the patients in his or her total assignment designed in partnership with managers and staff RNs. Only then will we reverse the trend of staffing-related patient deaths and injury in U.S. hospitals. Will you take the pledge to support improved nursing staffing? (see Figure 1).

REFERENCES


I promise that I will make it my nurse executive priority to implement an electronic staffing and scheduling system within the next 3 years. Our organization will take into consideration the patient’s specific needs, always in real time, while matching the most appropriate nurse with the ability to safely provide care for all the patients in his or her total assignment and to design this system in partnership with managers and staff RNs. I understand appropriate nurse staffing is an ethical and moral responsibility and I am accountable to the nursing profession to uphold care delivery standards, and to our patients and families, to keep them safe from harm.