Getting Real on Evidence-Based Staffing

Executive Summary

- Getting your arms around the topic of evidence-based staffing is not simple.
- There is no central place where one can turn to understand what evidence-based staffing is, what is necessary to adopt it, and how to measure its effectiveness.
- Organizing the evidence into usable resources and tools that can provide the guidance and experience needed to successfully operationalize evidence-based staffing is perhaps our biggest barrier.
- It was against this backdrop that a model for evidence-based staffing was developed through a national collaborative effort.
- While change is never easy, it is feasible that letting go of the gross inefficiencies, habits, traditions, policies, and practices that will be replaced by evidence-based staffing will not be so hard.
- With the movement grounded in science and guided by experience and wisdom, it seems safe to assume that we can get there quickly.

Do we need another article on evidence-based staffing? The answer is a resounding yes and here is why. The message is not getting through. If it were, many of the most common staffing practices, seen throughout our nations health care systems would be revised. These were the thoughts running through my mind while prioritizing the many important topics on staffing and assessing the urgency of what we need to tackle. Taking into consideration that one of the goals of this column is to inspire conversation and to spotlight hard topics, I combined this with my belief that if evidence-based staffing was the prevailing staffing approach, there would be a very different picture of patient outcomes, financial performance, operational efficiency, workforce stability, and engagement. All of this puts evidence-based staffing at the top of the list.

Kathy Douglas

Getting your arms around the topic of evidence-based staffing is not simple. This is difficult for a number of reasons, not the least of which is the lack of an accepted definition of evidence-based staffing; what exactly does it mean? Even if we set politics and the lobbying of different interest groups aside, gaining agreement on something that has such far-reaching implications and which impacts so many stakeholders would not be easy. Another part of the challenge lies in the fact that the body of work that is necessary to give evidence-based staffing a solid foundation spans many years and sits in many places. There is no central place where one can turn to understand what evidence-based staffing is, what is necessary to adopt it, and how to measure its effectiveness.

Where to Start?

So where does an organization interested in adopting an evidence-based approach to staffing start? A search of Pubmed (www.pubmed.gov) revealed only two articles on evidence-based staffing. There were however 4,185 on nurse staffing, 340 on nurse staffing and patient outcomes, 512 on nurse staffing levels, and 1,078 on nurse staffing and quality. A search on evidence-based staffing in Google produced 940,000 results! I will admit I did not make it through all of them but I did spend a fair amount of time trying to understand what was there. Some results related to staffing for physicians, respiratory therapists, pharmacists, and even aviation; however, the majority was related to nurse staffing. With close to a million references in just these two sources alone, where does one begin?

There has been excellent work calling for an evidence-based approach to staffing providing some direction but not fully addressing the gap between theory and practice or the full continuum of staffing that needs to be evidence based. Our professional organizations are helping with such publications as The ANA Principles of Nurse Staffing (American Nurses Association, 2004), AACN Standards for Establishing and Sustaining Healthy Work Environments (American Association of Critical-Care Nurses, 2005), and AONE Policy Statement on Mandated Staffing Ratios (The American Organization of Nurse Executives, 2003). Other examples are The Joint Commission on Accreditation of Healthcare Organizations (2009) Health Care Staffing Services Certification and, at the state level, efforts like the remarkable work, Nursing 2015, Transforming the Future of Nursing in Ohio, Safe Staffing Law Tool Kit, a collaboration between the Ohio Nurses Association, the Ohio Hospital Association, and the Ohio Organization for Nurse Executives (2008). Another example is the national collaboration that pro-

KATHY DOUGLAS, MHA, RN, is Founder and President, Institute for Staffing Excellence and Innovation; and CNO, Concorro, Inc., Sedona, AZ. For comments and suggestions regarding this column, contact kathy@staffingexcellence.org

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When it comes to availability of research needed to inform an evidence-based approach to staffing, researchers are doing their job. While there is certainly more needed, there is an abundance of evidence to get started. Like anything grounded in evidence, as new findings are surfaced, we will need to make adjustments, but lacking access to the evidence cannot be the excuse for the low adoption of an evidence-based approach to staffing. Organizing the evidence into usable resources and tools that can provide the guidance and experience needed to successfully operationalize evidence-based staffing is perhaps our biggest barrier.

Surprisingly few vendors showed up in the Google search given the recent pervasiveness of promoting evidence-based staffing solutions. While likely well intentioned, their promotion of evidence-based staffing, lacking clear definition, can add further confusion about what it is. When vendors use evidence-based staffing in promoting products, we should be able to quickly determine if what they are representing falls within a true definition of evidence-based staffing. When staffing committees adopt the concept, others who come to work there should know what it means. Sadly, when there is overuse of a term like evidence-based staffing, it can create muddiness and confusion.

It is really important that, as a profession, we know what we mean when we say evidence-based staffing. We cannot afford for this to become another buzzword; it is too important! Our patients, workforce, economic survival, in fact our very ability to deliver high-quality and cost-effective care depends on it. There should be no confusion. We need to define evidence-based staffing and recognize when we are talking about it and when we are not.

**The Model: Evidence and Science**

It was against this backdrop that a model for evidence-based staffing was developed through a national collaborative effort (see Figure 1). The contributors to this model brought this forward as a starting point, to inspire the dialogue that needs to occur if we are to move towards a definition of evidence-based staffing that can be adopted by health care professionals (Douglas, 2008).

The model’s foundation is evidence and science. This speaks to the fact that in an evidence-based approach to staffing, the organization’s policies and practices are shaped by research. It implies that evidence is at the core of staffing decisions. To accomplish this requires that data to support evidence-based decisions is available along the staffing continuum where decisions are made, be they decisions on staffing strategies, staffing policies, labor budgets, work environments, organizational culture, or informing daily staffing activities and patient care assignments. After living with the model for some time, a modification that may better represent the foundation of evidence-based staffing would include a reference to the combination of evidence and science with the judgment of experience and wisdom. This seems an important addition in that evidence and science alone, without the experience and wisdom to know what to do with it, is not what evidence-based staffing is about. If it were, we could translate the research into mathematical models and automated scripts that run hospital staffing. While these may have some role in evidence-based staffing, they are not the whole story as can be seen clearly by looking at the model as a whole.

Cradled in evidence is the care environment within which patient care is delivered. This includes not just the physical location but also speaks to the organization’s culture, beliefs, values, and the resulting work environment that is created. An evidence-based staffing environment would integrate and embrace research findings that improve outcomes for patients, staff, and the organization around such topics as staff participation, autonomy, distributed decision making, shared accountability, professional practice, role and skill-based competencies, fatigue, staffing levels, education levels...the list goes on.

Within the care environment and just above the foundation of evidence and science is represented the concept of continual improvement of quality, clinical, and economic outcomes. This occurs when there are processes in place for the ongoing monitoring of staffing effectiveness and the literature and ongoing processes for the integration of findings into operations as new evidence or information surfaces. It implies a culture within which continual learning is embraced, where innovation is encouraged, and there are formal processes for moving ideas through evaluation and, when appropriate implementation.

At the center of the model is the intersection between the patient and the care team. It acknowledges that both the individuals who receive care and the individuals who provide care have lives outside the care environment. When they meet in a care environment, they bring with them not only their physical condition but also their own beliefs, values, needs, experiences, attitudes, and expectations. This is true for the care team as well as the patient. It recognizes the beauty and complexity of human beings needing each other and helping each other. An evidence-based approach to staffing calls for a clear understanding of both sides of the staffing intersection. The needs of each patient and his/her family must be well understood to effectively match those needs with the most qualified caregiver; conversely, understanding the roles, qualifications, skills, experience, and fatigue level of the care team will allow for effective matching of patient needs with caregivers.
Sitting outside the care environment are many influencing elements that must be taken into account in evidence-based staffing. The items in the model are meant to represent rather than be a comprehensive list of these influencers. Guidance and requirements from professional organizations, adherence to laws and oversight bodies, reimbursement and payer requirements all must be considered. It is important to note that as the understanding and adoption of evidence-based staffing expands, the likelihood of being out of step with some of these influencers is high. This highlights the need, as some are already experiencing, to get involved with and change the outside influences to bring them into alignment with the evidence on staffing.

**A Broad View**

When approaching evidence-based staffing, it is important to remember our view of evidence-based staffing must be broad and encompass all the different aspects of staffing and the interrelated areas impacted by staffing. Evidence on effective numbers of staff, while important, is only a piece of the puzzle. If staffing were only a question of numbers, this would be much easier to address. But staffing is extremely complex and there are many things at play that make up the entire picture of staffing. There is evidence on the type of cultures that inspire staff satisfaction, participation, and engagement, all of which link to

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staffing effectiveness. Evidence on the value of a stable and experienced workforce is associated with quality of care, length of stay, and financial performance. There is evidence on the implications of levels of educational preparation on quality, efficiency, and performance. There is evidence on the dangers of fatigue, the value of a health work environment, the importance of nurse autonomy, the impact of poorly designed incentives, the value of continuity of both teams and patient assignments, and much more.

With all of this information available, the leap from where we are today to having the definitions, resources, and tools necessary to move our industry to an evidenced-based model of staffing seems within reach. While change is never easy, it is feasible that letting go of the gross inefficiencies, habits, traditions, policies, and practices that will be replaced by evidence-based staffing will ultimately not be so hard. With the movement grounded in science and guided by experience and wisdom, it seems safe to assume that we can get there quickly.

What Do You Think?

What is your opinion? Are there other evidenced-based staffing models available? What path do you think we should take to move staffing into an evidence-based model? What are the barriers? Who is doing cutting-edge work around this topic? Join the dialogue and contribute to making this a reality at www.staffingexcellence.org

REFERENCES