The Naked Truth: Staffing in Health Care Needs an Overhaul

The world of staffing is a mess. Ok, there may be exceptions, but if ever there was an area that could benefit from an overhaul, staffing is high on the list. To move staffing from its current state to one of optimal efficiency and effectiveness will not be easy. Staffing is extremely complex and the impact of our effectiveness in staffing, or lack thereof, touches almost every aspect of a care delivery system, making this a critical topic for nurse leaders. To address the challenges that staffing presents requires new levels of innovation and creativity. Nursing Economics, recognizing that staffing is at a critical point, is breaking new ground in launching this column and continuing to demonstrate a commitment to keeping nurse leaders informed by providing a place where new ideas can be explored, movement tracked, and innovation supported.

Whether you’re looking at staffing from the angle of efficiency, quality, safety, financial performance (popular these days), workforce issues, or technology solutions, the bottom line is that opportunity abounds. To make the most of this opportunity will require letting go of the familiar and unleashing new levels of understanding, creativity, and innovation. If we can push the edges, shake things up, inspire new ideas, control fear, step into the unknown, and embrace breakthroughs, we can reinvent staffing to produce optimized effectiveness and efficiency. It is my hope that this column can play a role in enabling this shift.

The idea of staffing can conger up all kinds of images from legislated ratios to begging on the phone trying to get a shift filled, from sign-up sheets to frustrations with complicated staffing software, from debates on the value of hours per patient per day as a measure to overtime budget variances to fatigue issues, from float pools to contract labor. But to promote breakthrough thinking about staffing requires that we look at all of the interrelated forces at play and then let go of what we know to make room for the new.

Delivering Care

It can be helpful to think of the very essence of staffing, staffing without all of the practices, policies, procedures, attitudes, and beliefs that have over time been attached to staffing. Staffing at its most basic level is the mechanism by which the purpose of care delivery is carried out. It is the matching of patient care needs with qualified care providers. It results in creating the point of intersection between the patient and the caregiver (see Figure 1).

The bringing together of someone with a specific set of needs and someone who has the skills, experience, and credentials to assist with those needs is staffing. Because this is the foundation of health care, it is perhaps the most important thing that we do. Add to this the recognition of the breadth and depth of the impact of staffing on a health care organization; staffing becomes central to overall success. The importance of staffing is compounded by unprecedented transparency into patient satisfaction, labor shortages, hospital quality measures, never events, changes to reimbursement, an extremely challenging economy, and the unknowns of health care reform. With such broad implications it is hard to imagine why staffing is not a top priority of every health care leader.

While understanding the importance of staffing is growing, it is also not uncommon to find staffing absent from the strategic initiatives that guide priorities and focus leadership’s attention. To highlight the importance of staffing and its far-reaching implications, the illustration in Figure 2 can be helpful.

This picture is backed up by science. Evidence exists and continues to accumulate linking staffing to quality, safety, patient and nurse satisfaction, costs,
and work environment, all of which impact patient outcomes, business results, and employee commitment. In 2008, Lynn Unruh published an extensive review of the research related to staffing and stated that “...the evidence clearly shows that adequate staffing and balanced workloads are central to achieving good patient, nurse and enhanced financial outcomes” (Unruh, 2008, p. 70). This position was also supported in the work out of Columbia University by Hyun, Bakken, Douglas, and Stone (2008) which suggests that “over the last 15 years, evidence has been accumulating relating higher levels of nurse staffing in both quantity and experience to lower rates of adverse patient outcomes. Consequently, to promote quality patient outcomes efficiently, making staffing decisions based in evidence is of increasing importance” (p. 151). Addressing the call for an evidence-based approach to staffing, the 2008 white paper “Excellence and Evidence in Staffing: Essential Links to Staffing Strategies, Design and Solutions for Healthcare” maps the literature to 10 recommended best practices for an evidence-based approach to staffing (Douglas, 2008). Over 50 nursing and health care leaders contributed to the thinking presented in this paper; the group also offered a definition for staffing excellence.

Designing Strategies and Practices

While these are just examples of the research at hand and the many efforts going on across the country to address staffing, they demonstrate evidence is available to inform the design of staffing strategies and practices. More often than not, however, staffing practices are based in tradition and opinion instead of evidence. Frequently managers are not aware of the latest research findings that could influence their approach to staffing. They may be working within staffing policies and procedures that are out of date and not synchronized with current research. Additionally, it is not uncommon for staffing practices to be out of alignment with the values and influences of a multi-generational and aging workforce. Adding to the problem, staffing practices can vary from unit to unit within a single facility, from manager to manager and from facility to facility. These variations, while in some cases may be justified, often isolate communication and limit opportunities to optimize staffing across an organization. The thinking on staffing needs is frequently unit-centric, further fragmenting opportunity. Compounding the challenges of effective staffing is the availability of data and information that managers need at their fingertips to make informed and effective staffing decisions. This, coupled with inconsistent consequences for poor staffing decisions and practices, puts managers in a very difficult spot.

Even when we have access to the data, it can be hard to connect all the dots. Unless we have a holistic view of staffing, all of the interrelated pieces and an understanding of what it all means, we may miss important information that can inform a well-designed approach to staffing. Needleman and Hassmiller (2009) point out one of our challenges is “the disconnect that occurs when discussions around quality, efficiency and nursing care take place independent of one another.” “Activities to assure the adequacy and performance of hospital nursing, improve quality, and achieve effective control of hospital costs need to be harmonized” (p. 625). This is sage advice and essential to solving the puzzle of staffing.

There seems to be growing alignment around the importance of staffing. The opportunity we face is to uncover what in staffing needs to change to achieve the best possible outcomes for patients, our workforce, and the organizations in which care is delivered. The consideration of all three of these areas must be a part of the formula for an approach to staffing that can achieve maximum results. To serve one at the cost of the other will only break the system down stream. There needs to be harmony between patients and their needs and outcomes, the caregivers and their needs and outcomes, and the needs and outcomes of the organization.

A Call for Understanding

This brings us back to the call for understanding the different aspects of staffing, the different people and situations involved in staffing combined with
innovation, and breakthrough thinking. In describing the discipline of innovation, Drucker (1999) suggests that while there are innovations that spring from “a flash of genius,” most successful innovations result from a conscious, purposeful search for innovation opportunities. Business as usual, defending closely held positions and resisting change, is energy poorly spent on staffing’s future. “Innovate or fall behind. The competitive imperative for virtually all business today is that simple. Achieving it is hard, however, because innovation takes place when different ideas, perceptions and ways of processing and judging information collide” (Leonard & Straus, 1999, p. 58). Another favorite quote that applies in this case is by Albert Einstein who defined insanity as “doing the same thing over and over and expecting different results” (Einstein, n.d.).

Perhaps even more challenging than innovating is finding the time necessary to devote to the kind of changes that are called for in moving staffing to new levels of definition and performance. When every-where you look from the staff delivering care, to managers overseeing nursing units, to the executive leadership teams dealing with the challenges of running a health care organization in today’s world, people are working at maximum capacity, in some cases, even beyond that. And yet, if one believes the research, and therefore the potential downside of poor staffing practices, finding time to tackle the issue of staffing may be the most important initiative an organization can undertake.

Once we uncover new approaches to staffing that are well understood and grounded in evidence, then our challenge moves from innovation to implementation. This can be even harder than discovering the best possible approach to staffing. Peter Senge said “New insights fail to get put into practice because they conflict with deeply held internal images of how the world works...images that limit us to familiar ways of thinking and acting. That is why the discipline of managing mental models – surfacing, testing, and improving our internal pictures of how the world works...promises to be a major breakthrough for learning organizations” (Senge, 2001). The idea of a learning organization is one that facilitates the learning of its members and constantly transforms itself, organizations where people continually expand their capacity to create the results they desire (Senge, 2001).

aspect of health care. If we open our minds, leverage experience and ideas from across disciplines, facilities, and geographies, we can uncover new approaches to staffing that can better serve our future. Let’s not let the barrier to uncovering the potential of excellent staffing practices be our own thinking. Approaching the topic of staffing with a sense of inquiry, letting go of mental models and constructs that are familiar and comfortable, combined with a strong understanding of the data, experience, and wisdom available to us will uncover new possibilities.

If every leader, in each health care organization, supported a purposeful search for innovation opportunities, if we engage resources from different areas and perspectives and collect and share what is uncovered, imagine what could happen. It is the intention of this column to use this thinking as the foundation of the topics covered. With a deep belief in the power of collective intelligence, we will explore together ideas, experiences, successes, and failures and contribute to the reinvention of health care staffing. $ 

REFERENCES


