The Effects of Nurse Staffing on Quality of Care

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Objectives

The purpose of this continuing nursing education article is to increase nurses' and other health care professionals' awareness of the effects of nurse staffing ratios on quality of patient care. After studying the information presented in this article, you will be able to:

1. Define *beneficence* and *nonmaleficence.*
2. Discuss the effects of nurse-to-patient ratios and who is affected by understaffing.
3. Explain strategies for improvement and how positive changes can be accomplished

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Nurse staffing levels have an effect on a variety of areas within nursing. One of the most profound is the effect on patient quality of care, which refers to the values and expectations of the consumer, i.e. the patient (Stanton, 2004). According to Stanton (2004), hospitals with low staffing tend to have higher incidence of poor patient outcomes. Poor nurse staffing affects not only the patient, but the employee as well. Insufficient staffing increases nurse workload and job dissatisfaction, and it decreases total patient care overall (Stanton, 2004). "Job dissatisfaction is four times higher for nurses than the average rate for all U.S. workers, and one in five nurses report they intend to quit their job within a year. Inadequate nurse staffing leads not only to adverse patient outcomes, but increased nurse burnout" (Garnett, 2008, p. 1196).

When nurse staffing is inadequate, the ability to practice ethically is questionable. The ethical principle in discussion is *nonmaleficence,* which requires nurses to act in such a manner to avoid causing harm to patients and is closely related to the principle of beneficence. Beneficence means that a nurse is required to act in a way that benefits the patient (Burkhardt & Nathaniel, 2002). When combined, these principles serve as the backbone for the way a nurse practices. These acts are not only morally demanded of nurses, but also legally demanded by the profession. Without laws and legislation to support these ethical principles in every way, especially in matters such as inadequate nurse staffing, patient safety and quality of care are at risk.

Nurse Understaffing: Who It Affects

Inadequate nurse staffing affects patients, their loved ones, future and current nursing staff, and the hospitals in which they are employed. Time worked, overtime, and the total hours worked per week have significant effects on errors. The longer the work hours, the more likely errors will be made (Garnett, 2008). "A high nurse-to-patient ratio is directly responsible for nurses' job-related burnout and job dissatisfaction. Health care facilities can avoid preventable patient mortality and low nurse retention rates by investing in RN staffing" (Garnett, 2008, p. 1196).

Hospital Nursing Staff

Adequate nurse staffing saves lives. "Lower registered nurse-to-patient ratios are shown to reduce mortality rate by more than 50%" (Sofer, 2005, p. 20). Poor nurse staffing and higher rates of adverse patient outcomes are directly related (Garnett, 2008). Although this has been proven in various studies, little has changed in regard to nurse staffing. Not only have higher nurse-to-patient ratios been shown to increase nurse burnout, it can have serious effects on the health and well being of the nurse. An unrealistic workload may result in chronic fatigue, poor sleep patterns, absenteeism, and job dissatisfaction (Garnett, 2008). Mandating nurse ratios could help alleviate these issues and many others. "Supporters of mandated ratios believe it will help to maintain a stable workforce by not overtaxing RNs with unsafe patient assignments, thereby increasing the

longevity of nursing careers" (Upenieks, Akhavan, Kottlerman, Esser, & Ngo, 2007, p. 244).

Patients and Their Loved Ones

Patient satisfaction is a key indicator of quality patient care (Stanton, 2004). According to Stanton (2004), poor patient outcomes such as pneumonia, shock, cardiac arrest, and urinary tract infections are directly related to low nurse staffing. In hospitals with higher RN staffing, there are lower rates of adverse outcomes, thereby improving quality of care and in turn increasing patient satisfaction (Stanton, 2004).

Hospitals

"Hospital nurse staffing is of major concern because of the effects it can have on patient safety and quality of care" (Stanton, 2004, p. 3). During a 20-year period from 1980 to 2000, inpatient length of stay decreased from 7.5 days to 4.9 days (Stanton, 2004). With this came another change – the change in the number of nurses necessary to care for the acutely and critically ill. Poor staffing places undue burdens on nursing staff and can put patients in harm's way. For hospitals, this is a substantial financial cost that needs consideration. Adverse outcomes are associated with higher costs. According to Stanton (2004), pneumonia and pressure ulcers alone cost hospitals more than $9 billion a year. While hospitals believe short staffing is making the bottom line better, it is possibly creating a much greater budgetary problem.

Nonmaleficence

Nonmaleficence involves avoiding harm to a patient (Burkhardt & Nathaniel, 2002). In order to adhere to this principle, nurses need a solid foundation. Short staffing and the nursing shortage both affect the way in which this principle can be carried out. In line with the Hippocratic tradition, the principle of nonmaleficence is first do no harm, and it is placed above all others (Burkhardt & Nathaniel, 2002). "It is obvious that we must not commit acts that cause deliberate harm and we must avoid doing harm as a consequence of doing good" (Burkhardt & Nathaniel, 2002, p. 50). Unfortunately, an unmanageable workload, more acutely ill patients, and nurse fatigue can cause abandonment of this principle. As staffing becomes more and more inadequate, the principle of nonmaleficence becomes harder to cling to. For a nurse to believe all ethical principles are important and vital, the hospital has to prove both the patient and the nurse are of utmost importance and can do so by supporting safer staffing policies throughout the organization.

Strategies for Improvement

What Needs to Change and Why

Although many organizations within the health care system are aware of the nursing shortage and hospital registered nurse understaffing, little is being done to improve the current system. The fact that there is a shortage of qualified nurses in the United States is not a new problem. There have been laws and legislation passed to encourage nursing growth, including the Nurse Reinvestment Act in 2002, the Registered Nurse Safe Staffing Act of 2007 and 2010, and mandated nurse ratios at the state level (Stanton, 2004). The change needs to be made on a national level to increase both the number of nurses able to practice and the nurse-to-patient ratio. Greater numbers of nurses at the bedside help increase patient satisfaction, improve quality of care, and increase nurse morale, satisfaction, and retention (Stanton, 2004).

Some organizations claim to have already made changes to increase nurse staffing, but when the staffing of RNs increased, the unlicensed staff dropped dramatically (Upenieks et al., 2007). This was done to balance the budget without acknowledging the necessity of ancillary staff (Upenieks et al., 2007). For a change of this magnitude to be successful, all organizations must be held accountable and understand exactly what needs to be accomplished. For example, increasing nurse staffing does not mean changing RN duties to include housekeeping and transport. It does not mean eliminating ancillary staff; it simply means increasing the number of nurses caring for patients is adequate for the patient acuity (Stanton, 2004). Increasing nurse staffing will increase satisfaction for patients, nurses, and the organization overall.

How Nurse Staffing May be Accomplished

"Hospitals that increase their nurse staffing ratios either across all units or within individual units have reason to be concerned about the impact of such steps on their finances" (Stanton, 2004, p. 6). Although this is a valid concern, hospitals need not worry. Several studies have shown that increasing the number of RNs does not significantly decrease a hospital's profit (Sofer, 2005). While increasing the number of nurses caring for patients does cause a slight change in operating expenses, it has the benefit of decreasing the amount spent on adverse patient outcomes (Stanton, 2004).

The State of California has been the leader in the revolution of nurse staffing ratio mandates. In 1999, California passed the first legislation, Assembly Bill 394 (AB 394), in the United States to establish mandated nurse staffing ratios for RNs and LPNs working in hospitals (Seago, 2002). It is the responsibility of the California Department of Human Services to "establish minimum, specific, and numerical licensed nurse-to-patient ratios by licensed nurse classification and by hospital unit. It also directs hospitals to continue using a patient classification system (PCS) and to staff above the minimums recommended by the PCS" (Seago, 2002, p. 51). This bill has a direct impact on the demand for nurses, adequacy of the nursing supply, and the quality of care provided to patients, but it is also seen as a way to protect the nurse and patient. One drawback of the bill is that it may worsen the already difficult issues that recruiters have recruiting and retaining nursing personnel (Seago, 2002).

To be successful nationwide depends on the accountability provided by the state or federal government. New legislation may be passed, but without holding organizations responsible for their actions, it's only a piece of paper. In June 2010, the Senate and House of Representatives passed the Registered Nurse Safe Staffing Act of

2010 to hold hospitals accountable for the "development of valid, reliable, unit-by-unit nurse staffing plans (driven by direct care nurses)" (The American Nurses Association, 2010, p. 2). The introduction of this bill allowed nurses to voice their concerns to their legislators about unsafe staffing and the risks it imposes on their career (The American Nurses Association, 2010).

The Registered Nurse Safe Staffing Act contains implications believed to be vital in the sustainability of accountability. The Act asserts that safe staffing plans must be in place and they must:

> "be based on patient numbers and the intensity of care they need, take into account the level of education, training, and experience of the RNs providing care, ensure that RNs are not forced to work in units in which they are not trained and must consider other factors affecting the delivery of care, including unit geography and available technology. The bill would also protect RNs and others who may file a complaint about staffing, allows for the refusal of an assignment, and established procedures for receiving and investigating complaints." (The American Nurses Association, 2010, p. 2)

These safeguards and regulations are needed for mandated nurse-to-patient ratios.

Conclusion

Safe nurse staffing improves outcomes for nurses, patients, and organizations. The effect of increased nurses to patients has shown to have a marked change in patient outcomes in California (Seago, 2002). If changes similar to those outlined in the new Registered Nurse Safe Staffing Act are followed, positive outcomes may become a national norm, and the ethical principle of nonmaleficence would no longer be left out of the American nurse's skillset. Ethical principles are vital to the practice of health care professionals. Safe staffing acts and the principle of nonmaleficence will only complement each other and allow the nurse to practice in the way that is best for the patient.

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Note: AMSN has a Position Statement on this topic, entitled "Staffing Standards for Patient Care." Position Statements are available online at www.amsn.org under the *Practice Resources* tab.

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