

Nurse-to-Patient Ratios Change Paper

Peyton Luesse and Marranda Steffen

Lakeview College of Nursing

Introduction

Appropriate nurse-to-patient ratios are an issue that many healthcare facilities face due to the greater need for more nurses. This issue is not only experienced by patients and nurses in America, but those in many other countries. The nurse-to-patient ratio can vary from hospital to hospital and even from one hospital unit to another. To ensure that patients are taken care of appropriately, it is essential to set appropriate nurse-to-patient ratios. Limiting the number of patients each nurse cares for limits preventable mistakes, injuries, or readmissions. Patients can experience effective patient-centered care, treatment, and education from nurses who have more time to spend individually with each of their patients. The nurse-to-patient ratio is a determining factor in the patient's outcome. Nurse-to-patient ratios can also benefit hospitals financially and should be evaluated when determining the appropriate, the fair, and ethical ratio in each unit. Nurse-to-patient ratios need to be assessed frequently to ensure that nurses, patients, and hospitals continue to serve the community well and everyone is treated ethically.

Literature review

Nurse-to-patient ratios should vary from one unit to another, depending on the type of nursing care needed on that unit (Sharma & Rani, 2020). The intensity of the nursing care being performed should be considered when deciding how many patients one nurse should take (Sharma & Rani, 2020). For example, a patient on a ventilator needs more attention from a nurse than a patient who has an infection on their finger. Medication errors, hospital morbidity, prolonged hospital stays, readmission, and compromise of patient safety are common issues in a hospital that can be decreased by adjusting the nurse-to-patient ratio (Sharma & Rani, 2020). By increasing the ratio, nurses can spend more time focusing on patient-centered care for each patient they care for instead of only focusing on task-oriented care (Sharma & Rani, 2020).

To consistently provide effective patient care, nurse-to-patient ratios should be flexible considering the situation in or outside the hospital (Hill, 2020). Suppose there is a significant

change in critical hospitalized patients overflowing from the intensive care unit to a regular medical-surgical unit. In that case, it is essential to recognize that those patients still need to be considered in the intensive care unit ratio (Hill, 2020). Charge nurses should recognize that more critical patients are present in their unit, and the nurse taking care of those patients should have fewer patients than the other nurses on the unit (Hill, 2020). COVID-19 has helped hospitals recognize the importance of focusing on appropriate staffing for many critical patients present in the hospital (Hill, 2020). Nurses who are stretched thin are unable to provide the appropriate care for their patients. Therefore their patient's condition worsens when it could have improved had the nurse been able to spend the correct amount of time with them (Hill, 2020).

Nurse-to-patient ratios are an essential factor when providing holistic care. Holistic care is when nurses provide care for someone's entire being, including mind, body, and spirit. People hospitalized are likely to experience mental health issues and acute problems (Hodgson et al., 2021). It is common for hospitalized patients to have anxiety or depression because of their illnesses. If nurse-to-patient ratios were decreased, then a nurse could give better holistic care and notice if a patient is struggling mentally and physically (Hodgson et al., 2021). Monitoring the mind, body, and spirit of multiple patients can be very difficult, significantly depending on how severe the patients' conditions are. Nurses must notice when their patients are struggling mentally, physically, or spiritually. If nurses can acknowledge and understand why patients feel how they do, it is an opportunity to improve their care. It will also decrease the likelihood that they will return to the hospital (Hodgson et al., 2021). It is much easier for a nurse to monitor three moderately stable patients than to monitor 5.

Nurses in this article are taking care of patients who are hospitalized with pneumonia. They begin to struggle mentally with anxiety or depression secondary to their pneumonia diagnosis. It was determined that hospitals that had a decrease in the number of patients under each nurse's care had a more remarkable improvement in detecting anxiety and depression in

their clients (Hodgson et al., 2021). Nurses can only be pulled in so many directions. If nurses have fewer patients to look after, they can spend more time with their clients and complete holistic care, which includes taking care of their mental health. Nurses were able to identify secondary issues with their clients when they did not have an increased number of patients (Hodgson et al., 2021). When ratios are kept low, nurses give better holistic care and can monitor their patients fully.

Insufficient staffing can lead nurses to experience fatigue, missed care, and moral distress (Cipriano & Nelson, 2021). Fatigue has also been described as burnout among nurses. Missed care can harm our patients, especially if nurses miss something critical to their care. Nurses must not miss a single thing while patients are under their care because it may be detrimental to the patient if they do it. Nurses are the prime caregivers regarding patient care while in a hospital or acute care setting. Nurses as primary caregivers need to be taken into account while figuring out nurse-to-patient ratios because they can burn out and leave a job. This burnout creates a fast turnover of employees, potentially leading to lower patient care and satisfaction scores. If more nurses are added to a floor and lower the patient load of fellow nurses, there are fewer chances employees leave a facility for something else.

Patient care requires the use of many resources that may include big pieces of equipment, rooms, and lots of small pieces of supplies that differentiate between each client. Hospitals and facilities have to afford the cost of taking care of their patients and keep the hospital and equipment or materials up to date. They, in turn, try to save money where they can because patient care and updates can be expensive. Nursing ratios are a way that they potentially can save money. They use the least number of people to serve their patients with quality care (Cipriano & Nelson, 2021). They have to find a balance between cost and quality of care (Cipriano & Nelson, 2021). This balance means that if a nurse can handle five patients in a medical-surgical unit, she will be stacked with five patients. This way, another nurse does not have to be called in or paid

to monitor only 2 or 3 patients, therefore saving the hospital the amount of money they would have to pay an additional nurse.

Today it is observed that lower nurse-to-patient ratios increase patient outcomes. This means that patients are healing faster and have a better experience while in the hospital setting when nurses have fewer patients to monitor. Nurses are also seen as assets instead of a cost (Cipriano & Nelson, 2021). Nurses are looked at as working people instead of just figures with money signs that hospitals calculate. Increased nurse staffing has improved patients' overall outcomes and decreased preventable hospital-acquired diseases, decreased mortality rates, and decreased hospital readmissions (Cipriano & Nelson, 2021). This helps our patients because it gets them out of the hospital faster with fewer complications and keeps them out with fewer follow-up issues. Low nurse-to-patient ratios also resulted in a positive fiscal impact for the hospitals based on their decreased length of stays and improved quality outcomes (Cipriano & Nelson, 2021). If hospitals implement lower nurse-to-patient ratios, then there is a possibility that they have better outcomes for patients, and they make more money while keeping their staff from experiencing fatigue or moral distress. The hospital is saving money on equipment and supplies because of the shorter stays of patients. Even if they have to pay another nurse to lower nurse-to-patient ratios, they still save money with decreased supplies. Having more nurses and lower ratios only helps the hospitals.

A typical nurse-to-patient ratio for a trained critical care nurse is 1:2 in a level 3 center and 1:4 in a level 2 unit (Foster, 2021). It is argued that these limits should not be surpassed unless options have been exhausted (Foster, 2021). Patient and staff well-being depends on maintaining these nurse-to-patient staffing ratios. These ratios allow the nurses to adequately care for their clients and ensure they are getting quality care. When ratios are exceeded, there is a chance that things can be missed, or errors can be made. During the COVID pandemic, resources and nurses have been spread thin. Nurses have to be vigilant and use professional judgment

frequently to assess the risk of situations (Foster, 2021). Nurses have had to exceed these limits during COVID and have had to ensure quality care to all their patients (Foster, 2021). When nurse-to-patient ratios exceed the set limit, it can become highly challenging for nurses to maintain quality care. When patients are getting the quality care that they need, outcomes will decline.

Case Study

A case study done by McHugh et al., 2020, showed a correlation between high nurse-to-patient ratios and patient mortality, worse quality of care, and nurse emotional exhaustion. Patient safety was another issue seen from this case study with correlation to high nurse-to-patient ratios (McHugh et al., 2020). Nurses who work in a high ratio environment have limited time to spend with each patient; therefore, patients do not receive the care they need and deserve from their primary healthcare provider (McHugh et al., 2020). By improving staffing, it can help improve the safety and quality of patient care (McHugh et al., 2020). The study concludes that there is a strong relationship between increased nurse staffing, decreased nurse-to-patient ratios, and good patient outcomes (McHugh et al., 2020).

Synthesis

To improve nursing practice, it would be essential to decrease nurse-to-patient ratios. On a medical-surgical floor, a 1:4 ratio would be impeccable. On a critical care floor, a 1:2 ratio would be appropriate. These ratios would ensure quality care for patients and keep nurses from being burnt out. Education that can be provided is time management and anxiety-reducing activities for the nurses with large ratios. Higher-ups' education to lower the ratios would be that the nurses get overworked, and their clients are getting a lower quality of care when they stack too much on to one nurse. With this education implemented, the nurses do not get burnt out, and the patients all still get quality care. To further the study, nurse turnover could be monitored

while being correlated with nurse-to-patient ratios. Also, patient health and length of stay could be monitored in correlation with nurse-to-patient ratios.

Conclusion

In conclusion, nurse-to-patient ratios are an important factor in patient and nurse care. Nurses are in charge of monitoring their patients and caring for them to the best of their ability. Ratios are set based on the amount of care certain patients need and what the nurse can potentially give. If certain patients are critical, then a nurse tends to have a lower nurse-to-patient ratio. If a nurse-to-patient ratio exceeds the acceptable determined limit, then there is a higher chance that quality of care will decrease and patient outcomes will decrease (Cipriano & Nelson, 2021). Decreased nurse-to-patient ratios have been shown to improve outcomes for patients and keep the staff from experiencing fatigue, burnout, or moral distress (Cipriano & Nelson, 2021). Nurse-to-patient ratios are essential to all hospitals and health care facilities and should be honored. Nurse-to-patient ratios also can benefit hospitals financially if balanced correctly. Nurse-to-patient ratios, if lowered, could result in happier staff and healthier clients. Lower nurse-to-patient ratios are essential for the sake of patients' health and staff well-being.

Reference Page

- Cipriano, P., & Nelson, T. (2021). LEADING THE WAY. CNO-CFO collaboration for safe nurse staffing. *American Nurse Today*, 16(2), 40–43.
- Foster, S. (2021). Acknowledging the current context. *British Journal of Nursing*, 30(2), 133.
<https://doi.org/10.12968/bjon.2021.30.2.133>
- Hill, B. (2020). Changes to nurse-to-patient ratios in intensive care during the pandemic. *British Journal of Nursing (Mark Allen Publishing)*, 29(21), 1238–1240.
<https://doi.org/10.12968/bjon.2020.29.21.1238>
- Hodgson, A., Morgan, D., & Peterson, R. (2016). Does better nurse staffing improve detection of depression and anxiety as secondary conditions in hospitalized patients with pneumonia? *Nursing Economic\$, 34(3)*, 134–143.
- McHugh, M. D., Aiken, L. H., Windsor, C., Douglas, C., & Yates, P. (2020). Case for hospital nurse-to-patient ratio legislation in Queensland, Australia, hospitals: an observational study. *BMJ Open*, 10(9), e036264. <https://doi.org/10.1136/bmjopen-2019-036264>

Sharma, S. K., & Rani, R. (2020). Nurse-to-patient ratio and nurse staffing norms for hospitals in India: A critical analysis of national benchmarks. *Journal of Family Medicine and Primary Care*, 9(6), 2631–2637. https://doi.org/10.4103/jfmpe.jfmpe_248_20