

**QSEN Inadequate Staffing;
Quality Improvement**

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Within these studies, this nurse will explain healthcare's difficulties regarding staffing an adequate number of nurses. Nurse-to-patient ratios become impacted within the healthcare systems. These two intertwined problems provide an issue to quality improvement. It is essential to understand that staffing shortages and nurse to patient ratios suffer, jeopardizing client care with quality improvement. It is essential to research the concerns of the topics because they can have a significant impact on nursing skills, attitudes, and behaviors. Within the literature reviews, there will be an apparent reason why using the information to monitor outcomes of the care processes and improve the safety and quality of care to clients. Within this nurse's education at Lakeview College of Nursing, she has known how to implement root cause analysis and help in healthcare leadership. Root cause analysis needs considering because it helps provide reasons for what, why, and how it happened and ways to prevent it from recurring. This literature will describe all aspects needed to improve the quality of care by understanding nursing implications to improve staffing and nurse-client ratios.

Within several clinical experiences, this student encountered many nurses explaining their dissatisfaction with the inadequate staffing in their department. The nursing manager on the unit tried their best to accommodate. However, it is a fluctuating profession, and there is only so much a department manager can accomplish regarding staffing. During clinical, the ICU nurses had more than two clients to care for on their shifts due to inadequate staffing. When open-heart surgery clients arrive at the department, only one nurse has training on caring for them. If this specialized nurse cannot work at the time needed, they are at risk for malpractice. It is essential to provide training to all staff regarding client care to provide the most quality and safe care possible because it is unknown when a client will come in to need specialized care.

Inadequate staffing is a topic in nursing that requires education and information allocation to staff. Researchers from the article *Testing for Quality and Safety Education for Nurses (QSEN)* (2017) studied the most efficient ways to provide education to nursing staff (James et al., 2017). In this study, it was hypothesized and proven true that education about inadequate staffing in various methods. Putting a focus on safety in nursing while being short-staffed is imperative (James et al., 2017). Providing safe care during medication administration, fall risk safety, and infection control are impaired when staffing is inadequate due to the increased patient load and increased risk is poor judgment (James et al., 2017). Nurses need to be educated about the possible safety risks while being short-staffed to prevent these risks better. Management should be aware of these specific safety concerns and do what is needed to hire or schedule adequate staff.

The *Nurse Staffing Improvement Act of 2020-SB3636* created by the American Nurses Association of Illinois and the Illinois Health and Hospital Association has promoted the voices of nurses to propose higher staffing levels (Nurse Staffing Improvement Act of 2020- Sb3636, 2020). This bill demands the incentive for nurse educators to stay in higher education by supporting a new 2.5% income tax credit (Nurse Staffing Improvement Act of 2020- Sb3636, 2020). A nursing care committee is mandatory to create a sense of leadership and advocacy for the nursing staff. Within this Act mandates this and requires the nursing care committee to provide a hospital comprehensive staffing plan for quality care, safety, and nurse satisfaction (Nurse Staffing Improvement Act of 2020- Sb3636, 2020). The Act mandates to “Consider issues such as patient outcomes; complaints related to staffing; the number of nursing hours provided compared to the number of patients on the unit; aggregate overtime nursing hours worked; the degree to which actual shifts worked varied from what is provided for in the staffing

plan”, (Nurse Staffing Improvement Act of 2020- Sb3636, 2020, p. 3). The committee also “Designed a mechanism for nurses to report variations from the staffing plan with respect to the assignment of nursing personnel and a process for such reports to be reviewed and addressed.”, (Nurse Staffing Improvement Act of 2020- Sb3636, 2020, p. 2).

It is essential to withhold a higher percentage of nurses to the patient ratio. Otherwise, staff will have poor thoughts about the company they work for, start to burn out, have a higher risk of errors, and have low-quality client outcomes. Hospital administration needs to survey information from employees to gauge their experience and satisfaction. Patient and occupational safety can be in jeopardy because of the growing workload and demands on the job (Sturm et al., 2019). Therefore in a study, they surveyed their employees to conclude the perceptions of working conditions, safety culture, stress, performance, and the resources needed to improve these areas (Sturm et al., 2019). Not only does the majority include nurses but also physicians who are having the perceptions surveyed. In the study, they oversee many rating scales positive to low interpretations of employees' perceptions, such as psychosocial working conditions and patient safety dimensions (Sturm et al., 2019). Some of the items seen on the survey include the emotional demands, job satisfaction, role clarity, employee perception of patient safety, work-privacy-conflict, freedom at work, social support, quality of leadership, teamwork, event reporting, patient safety, staffing, and burnout (Sturm et al., 2019). It is crucial to monitor nurses' workload and stress management to detect teamwork and leadership dynamics problems, which could provide an unwrinkled work process (Sturm et al., 2019). Having open communication and collaboration with staff is essential for a progressing company to maintain better rationales and better quality outcomes. Having the evidence in hand can improve the well-being of staff and

improve the health and quality of care for clients and staff. Having the outcomes of the surveys may even induce a new policy structure.

Healthcare has a great unknown that stretches far and few between unprecedented staffing challenges when unforeseen health issues. During the COVID-19 outbreak, staffing needs were escalating due to the influx of infected clients. Elective surgeries stopped; therefore, staff was laid off, such as ambulatory and surgical nurses, due to the pandemic (Molle & Allegra, 2021). Hospital leadership needed to attempt to implement other options to staffing models. A study implements a buddy system model to meet surge capacity during the pandemic. The "Buddy Staffing Model (BSM)" takes the furloughed nurses and redeploys them to critical care areas to help with the surge from COVID-19 (Molle & Allegra, 2021). The furloughed nurses pair up with a critical care nurse known as a buddy system to provide higher quality care and support (Molle & Allegra, 2021). The buddies work together to promote patient safety, teamwork, fundamental care, foster buddy support, and efficiency (Molle & Allegra, 2021). Of course, the roles of each nurse need to be performed at their competency level as they should be. It would be as such that this "buddy" would complete vital signs, assessments, administer blood products and non-critical medications, documentation, perform medical-surgical tasks such as catheter placement (Molle & Allegra, 2021). This nurse feels that the staffing model explained is a fantastic idea to redeploy these nurses to have purpose and provide teamwork and support to the primary nurse. While at an intensive care unit clinical rotation, this nurse witnessed multiple nurses taking care of covid clients. While these nurses were inside the room, they would tap on the window or use a dry erase board to communicate with the staff outside the room if they needed supplies so they would not have to keep donning and doffing personal protective equipment. Most of the time, the student nurses could fulfill this role while on the rotation to

help. When out of the client's room, the nurse would be grateful for the student's help and have a more open communicative approach. The study concluded that the efficiency, ability to provide fundamental nursing care, teamwork, safety, and feeling supported had resulted in positive outcomes. Having the buddy system to redeploy other nurses can increase the nurse-to-client ratio to influence higher quality care, client safety, and positive health outcomes to battle maleficence.

Improving safety in the healthcare setting is a cornerstone of nursing practice. In the article *Association Between Hospital Staffing Methods* (2019), researchers evaluated the success of safety methods between different hospital methods. Better safety measures increased and a better success of reviving patients in hospitals that had adequate staff. In hospitals with more inpatient support of hospitalists, nurses, and overnight staff have a better incidence of revival rates and a decreased incidence of failure to revive deaths (Ward et al., 2019). Hospitals with lower failure to revive methods also increased rapid response calls (Ward et al., 2019). The can be relayed back to preferred nursing practice while being short-staffed. Short-staffed hospitals can use these research findings and implement them into their protocol to increase safety and decrease failure to revive deaths. There is a correlation with an increased population of intensivist educated staff as well as adequate staffing. If hospitals are short-staffed, management can emphasize using a rapid response team when patients are crashing. Management can also increase the care of patients while short-staffed by ensuring their staff education appropriately to respond in an intensive setting. Short staffing powerfully puts patients and staff at risk for safety concerns, but some measures can decrease such risks.

Researchers have learned so much about short staffing due to the COVID-19 pandemic. Emergency nursing and critical care nursing developed shortages in care due to the influx of

patients. Researchers have found methods of success while dealing with increased patient rates and short staffing. The goal was to provide a safe and patient-centered environment (Wells et al., 2021). The methods of providing this efficient environment were made by capitalizing on skills by staff, targeted rapid assessments, and repurposing spaces that could serve patients (Wells et al., 2021). Communication methods ensure that the entire staff is informed. Closed-loop communication and shiftly staff huddles kept everyone informed on the status of the hospital and its patients. Implementing a tier-based model incorporates these keys to success and allows for more delegation and better communication (Wells et al., 2021). Short staffing is a significant safety risk, but there are methods to relieve some risks and ensure patient safety.

Overseeing these studies determines the issues and reasons to improve quality of care to ensure the proper amount of staff and improve nurse-to-patient ratios. Clinical experiences confirmed issues for inadequate staffing and training for providing care to clients. The decreased nurse-to-patient ratio and staffing shortage hinder healthcare quality, safety issues and have potential risk for maleficence for clients. Researchers determined that having a decreased nurse-to-patient ratio showed an increased risk for impaired nursing judgment during medication administration, fall risk safety, and infection control (James et al., 2017). The Nursing Staffing Improvement Act of 2020-SB3636 requires healthcare facilities to have a nursing care committee to indicate a comprehensive staffing plan for quality care, safety, and nurse satisfaction ("Nurse Staffing Improvement Act of 2020- Sb3636," 2020). Staffing shortages and decreased nurse-to-patient ratios, in turn, affect nurses' perception of their workplace. Negative perceptions indicate to management there is a lack of emotional demands, job satisfaction, role clarity, employee perception of patient safety, work-privacy-conflict, freedom at work, social support, quality of leadership, teamwork, event reporting, patient safety, staffing, and staff burnout (Sturm et al.,

2019). If not confronted and improved, an increased workload and a climb in job demands jeopardize patient and occupational safety (Sturm et al., 2019). Healthcare staff needs the support of management to improve the well-being of staff and improve the health and quality of care for people. Times during the COVID-19 pandemic have never been more challenging, and health facilities have serious staffing challenges. A study incorporating a "Buddy Staffing Model (BSM)" helps redeploy nurses from other non-critical areas in the hospital to buddy up with a critical care nurse helping with COVID-19 clients to support one another and make the job more beneficial (Molle & Allegra, 2021). This concept promotes patient safety, teamwork, fundamental care, foster buddy support, and the efficiency of the care provided (Molle & Allegra, 2021). Researchers during the COVID-19 pandemic have found methods of success when dealing with increased nurse-to-patient ratios and short staffing. Improving a safe environment for staff and clients includes better interprofessional communication. Researchers explain that implementing a tier-based model incorporates keys to success and allows for more delegation and better communication (Wells et al., 2021). Researchers over time have evaluated the success of safety methods between different hospitals to indicate the adequate impact staffing has for clients and healthcare workers (Ward et al., 2019). Short-staffed hospitals can use research findings and implement them into their protocols to increase safety and quality care for clients.

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