Precision Nurse Staffing and Scheduling Starts with Empirical Data

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When it comes to defining nurse staffing and staffing standards, nurse executives and nurse managers all agree that heightening workloads and burdens for nursing caring for increasingly complex patients may cause harm, reduce quality, and lead to poor patient care outcomes. Fundamental to the safety and excellence in providing patient care is the staffing and scheduling that “start with the patient and synergize patient needs with the skills and numbers of staff required within the context of the ecosystem to create excellence in outcomes” (Kerfoot, 2018, p. 190).

Using data-driven technology has aided in the reduction in nurse overtime hours, decreased patient errors, nurse injuries, and turnover. The growing scientific evidence and research reveals nurse staffing has a significant effect on patient outcomes. Almost 40% of operating costs, nurse are often targeted as a way to reduce costs through decreased work hours or other cost-saving measures. Nursing Economic$’ annual Special Issue on Staffing Excellence continues to draw attention to the multiple factors affecting nurse staffing and scheduling. The research continues to identify the following factors: patient care environment (acute care, outpatient and clinic care, community-based care, and long-term care); nurse’s experience and expertise; health system’s policies and practices; local governance committees; and need for ongoing evaluation and feedback to secure sufficient staffing.

The Business Case for Optimal Nurse Staffing Levels

The business case for optimal nursing staff levels is irrefutable. Nurses are an integral partner for patients and their families from hospital admission to discharge; care coordination to ongoing patient education. Optimal staffing reduces mortality rates, length of patient stay, and some preventable events such as falls and infections, all of which reduce costs and improve patient satisfaction and safety. Our continued focus on the importance of optimal staffing benefits not only patients but nurses too. With improved nurse staffing, the workload provides ample opportunity for nurses to utilize their full expertise, without the pressure of fatigue and error. Using data to drive optimal nurse staffing levels is smart business. Nurse executives and nurse managers have a moral and ethical imperative to become financial stewards of their healthcare institutions by becoming informants about how to build a business case for optimal staffing and practice that demonstrates improved patient quality and safety.

Nursing Staffing Principles Revisited

In this special issue, we recognize the contribution of the American Nurses Association (ANA) task force that revised the ANA Principles of Nurse Staffing. These new Principles emphasize that appropriate nurse staffing is centered on value, quality healthcare delivery linked to personalized care to achieve patient outcomes, and cost of nursing care. These current Principles continue to “empower clinical nurses to work with leadership; use the vehicle of a hospital-wide staffing committee to create a unique staffing plan for each unit; and consider nurse experience, patient intensity of need, staff skill mix, and other resource availability…” (Pearce et al., 2018, p. 172).

Forging Solutions for Nurse Staffing Solutions

We are stronger together if we apply the principles, data, and technology to nurse staffing and scheduling solutions. Every nurse can make a difference, from the frontline to the executive suite, boardroom, and beyond. Nurses are best suited to make judgments on staffing levels and scheduling, including recognizing patient care complexity, and knowledge of their team members’ skill and competency level.

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Forging solutions in nurse staffing will require a full court press, using all the data and technology available to adjust flexible staffing to meet the daily demands of the healthcare system. Each healthcare system must be responsive and responsible for its clinical operations and public reporting of nurse staffing and patient outcomes. It is only through public reporting and full transparency that patients know that the nurses caring for them are the very best – the right nurse at the right time for the right patient.

REFERENCE