



Oklahoma Nurses Association Position Statement on Staffing

One of the nation's greatest challenges for healthcare is nurse staffing. It is the responsibility of the employing agency to provide for adequate and competent staff to safely care for patients. Upon communication of the inability to fulfill an assignment, it becomes the responsibility of the employer to establish alternative staffing arrangements. It is the responsibility of the professional nurse to provide for the safety and well being of the patients assigned and to work collaboratively within the team to make the most of available resources. Staff concerns regarding staffing need to be communicated to management with the expectation of resolving issues.

Staffing Variability

Appropriate nurse staffing is a dynamic process affected by unpredictable changes impacting care including census, acuity and number of available skilled and experienced nursing staff.

Nurse staffing varies from practice setting to practice setting, unit to unit. Factors affecting staffing decisions include, but are not limited to:

- Patient Factors:
 - Population— age, functional status, communication skills, disease processes
 - Acuity
 - Social support
 - Psychosocial/spiritual needs and resources
 - Cultural diversity
- Organizational Factors:
 - Architecture – unit layout
 - Technology – computers, pagers, phones, monitoring, etc
 - Support – support personnel, interdisciplinary team, manager availability
 - Number of patients
 - Medical decision support
 - Unit/department governance
- Staff Nurse Factors:
 - Experience
 - Expertise
 - Team Dynamics
 - Fatigue/special needs
 - Physical/psychosocial demands of the role
 - Maturity

Macro and Micro System Planning

The staffing process is dynamic, requiring planning and vigilance in terms of short-term day-to-day fluctuations as well as accurate budgeted staffing plans.

- Staffing models and plans are developed using forecasting techniques based on historical statistics, which are only roughly predictive of staffing needs in the here and now.
- Flexibility in the staffing process is required to respond to the demands of day-to-day fluctuations in patient census and acuity in order to promote patient safety. Flexibility can be addressed through a variety of processes including:
 - Skillful adjustment of the unit staff schedule on a day to day basis
 - Effective use of temporary staffing services – internal or external
- Effective human resource and human capital planning to meet projected long range needs including:
 - Recruitment programs – to ensure adequate availability of staff
 - Retention programs – to maintain engagement of established staff, protect human capital investments
 - Staff education programs – to prepare staff for the changing demands of the health care environment
 - Career development programs – to address the emerging shortage of health care professional
 - Preserving the expertise of the mature nurse workforce
 - Creating work environments that support staff with special needs
 - Staff facilitated decision making about patient care

Characteristics of effective staffing processes includes:

- Staff involvement in planning on a day to day as well as long range basis
- Collaborative relationship among staff, front line managers and organizational leaders
- Center on the needs of the patient population served
- Address the geographic and technologic challenges of the environment
- Leverage technology to enhance communication and information management
- Flexibility to address fluctuations in census, acuity and seasonal variation
- Effective use of temporary staff
- Use unlicensed assistive staff to augment the care delivered by licensed nurses, not attempt to substitute for licensed staff
- Promote collaborative interdisciplinary support and planning

The position of the Oklahoma Nurses Association related to staffing effectiveness is:

1. There is no substitution for registered nurses.
2. Registered nurses have a positive impact on nurse sensitive patient outcomes and measures, including:
 - Failure to rescue
 - Mortality
 - Complications
 - Infection
 - DVT
 - Pneumonia
 - Pressure ulcer incidence
 - Fall rate
 - Patient Satisfaction
3. Nurse leaders are actively involved in planning operational and long range goals for effective staffing to address:
 - Impact of fatigue is associated with increased errors and nurse satisfaction
 - Maturity of the nurse, and physical demand of the role.
 - Working Hours and roles are adjusted to retain the mature workforce
4. Health care organizations facilitate collaborative relationships among staff, front line managers and organizational leaders
5. Staffing decisions are based on:
 - Needs of the patient/patient population
 - Geographic and technologic complexities are addressed in the work environment
 - Flexibility to address fluctuations related to census, acuity and seasonal variation
6. Use temporary staff and unlicensed assistive staff augment the care delivered by licensed nurses and must be supervised by a registered nurse.
7. During a disaster that the mode of operation related to staffing is based on survival and strategies adopted by the federal and local authorities.

References:

- American Nurses Association. (2005). Utilization Guide for the ANA Principles for Nurse Staffing.
- Nurse Executive Center. (2006). Towards Evidence Based Staffing: Toolkit for Optimizing Workforce Tradeoffs, Health Care Advisory Board.