

RESEARCH TO ACTION

Staffing Tool Projects

Introduction

Nurses from across the country, and from all health settings, are often overwhelmed by the number and acuity of their patients. In a recent survey of emergency department directors, for example, 82% of 158 directors reported a perception that overcrowding was a major source of stress for nurses (Bond et al. 2007). Not surprisingly, then, Canadian nurses have exceptionally high rates of overtime, sick time and absenteeism (CFNU 2011).

A wealth of studies document the effects of poor work environments on nurses (Lasota 2009; Greco et al. 2006; Laschinger 2004). Nurses in Canada and abroad report alarming rates of burnout (Lavoie-Tremblay et al. 2008; Poghosyan et al. 2010; McHugh et al. 2011), and nurses will leave their jobs if they are not satisfied with working conditions (O'Brien-Pallas et al. 2001; Aiken et al. 2002). A large Canadian study covering 181 nursing units in 10 provinces found a mean turnover rate of 19.9%, with an average cost of \$25,000 per nurse turnover (O'Brien-Pallas et al. 2008). Conversely, improved job satisfaction and a positive work environment correlate with improved retention and recruitment (McGillis Hall 2003; Tourangeau et al. 2006; O'Brien-Pallas et al. 2008; De Gieter et al. 2011).

Appropriate staffing levels play a large role in ensuring healthy work environments. Studies show that staffing below recommended standards is associated with increased risk of mortality (Needleman et al. 2011), whereas increased RN staffing is associated with lower mortality, decreased odds of pneumonia, unplanned extubation, respiratory failure, cardiac arrest, shorter length of stay and a lower risk of failure to rescue (Kane et al. 2007). Increasing staffing levels based on demand has also been linked to nurses reporting a significant increase in overall job satisfaction, particularly with adequacy of RN staff and time for patient education (Spetz 2008). Nurse autonomy has also been linked with job satisfaction. Nurses desire opportunities to provide further input on assessing patient acuity, changes in patient needs and staffing requirements (Kramer and Schmalenberg 2003; Laschinger et al. 2003).

Two of the *Research to Action* (RTA) pilot projects implemented staffing tools that aimed to help ensure appropriate staffing levels and enhance the role of nurses in staffing decisions. Their overall goal was to improve work environments, thereby reducing turnover and improving patient care.

- The Saskatchewan project implemented the Synergy Model staffing tool, which seeks to find the best fit between patient and nurse characteristics. The model allowed the bedside nurse, in consultation with management, to adjust nurse–patient ratios to reflect changes in the number or acuity of patients.
- The Ontario project studied the indicators that are required to assess the most effective level of staffing on an individual unit. The project allowed nurse leaders within practice settings to measure nursing work and make informed decisions about the appropriateness of staffing levels.

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