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Creating a Healthy Workplace

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Staffing Challenges Today

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At the American Association of Critical-Care Nurses (AACN) National Teaching Institute in May 2017, AACN President Clareen Wiencek, with help from President-Elect Christine Schulman, facilitated a session in which participants shared their concerns about staffing in their units.¹ Two work environment staffing topics became the focus of the session: (1) nursing shortages and difficulty recruiting in certain areas of the country, and (2) methods that organizations use to determine staffing numbers.

Nursing Shortage

What is driving this staffing shortage? What did members express about their organizations' staffing? Do they have enough nurses to care for patients in their units when patient census and patient acuity increase? Many nurses at the session stated that they had experienced a staffing issue at least once in the last working week at their jobs. Others shared that their organizations have the right staffing numbers based on staffing grids, but the competencies of the nurses were not appropriately matched to the needs of the patients.¹ Many nurses expressed concern about staffing and the caseloads nurses were carrying.

Literature Review

Similar areas of concern related to the nursing shortage are noted in recent literature.^{2,3} Buerhaus and colleagues² found that although enrollment in nursing schools has increased, the increase is not sufficient for the rising number of aging adults who will need care by 2020. The authors further note that by 2025 the supply of nurses will fall short of demand by 128 000 nurses as projected by the US Health Resources and Services Administration (HRSA).²

Generational needs may be driving nursing shortages. Andrews³ studied a small cohort of millennial nurses and identified 3 themes: (1) millennial nurses find the work stressful, (2) they want strong institutional support, and (3) they expect to be treated as valued professionals.³ The millennial generation of nurses also expects employers to establish workplace processes focusing on employees' wants and needs. To retain millennial nurses, health care institutions must engage nurses at an early point in unit projects and provide nurses with professional development.

Generating Interest in Nursing

Buerhaus and colleagues² reported, based on the HRSA estimated retirement numbers, that nurses need to be proactive in generating interest in the

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nursing profession. Many people, especially youth, are unaware of what nurses really do unless they or their family members have been hospitalized. Therefore, nurses should try to engage young people by attending career days at local high schools to accurately describe what nurses do.

To address the shortage of nurses, academic efforts have been made to attract young people to nursing. For example, Children's Hospital Los Angeles (CHLA) holds a 1-week intensive program twice a year for high school juniors and seniors called Camp CHLA.⁴ Campers spend mornings engaged in didactic workshops focused on occupational topics pertaining to health care, including nursing, medicine, social work, child life therapy, physical therapy, occupational therapy, and pharmacy. They also learn CPR in a creative and fun way. In the afternoons, each camper gets to shadow a professional to learn more about a health care area and job of interest. Children's Hospital Los Angeles has offered this program for more than a decade⁵ and has successfully recruited former campers as nurses (N.B., unpublished data, 2017).

Ensuring preparation of adequate numbers of future nurses requires enough faculty. Nurses should be supported to advance their education to ensure nursing schools have more doctoral-level faculty who can teach the next generation of nurses. Currently, achieving such faculty levels is difficult for a variety of reasons, including the cost of education, faculty salaries, and location and access to PhD programs. However, health care organizations can collaborate with schools of nursing to support their staff in furthering their education.

Staffing Variables

Numerous variables should be considered when addressing staffing and alignment of nurse competencies with patients' needs. Three of the most important are (1) nursing orientation, (2) staffing schedules, and (3) methods of staffing. Sound staffing methods, structures, and processes must be in place for a healthy work environment.

Orientation

Nurses must receive a thorough orientation and be competent to care for their units' patient populations. Competencies include clinical skills and psychosocial or end-of-life skills. Different patient situations require different

sets of competencies. For example, supporting a patient and family through end-of-life processes requires a different set of competencies than does caring for a critically ill patient who has significant physiological and technology needs.

Staffing Schedules

Staffing schedules must be balanced and should match the demand for a typical number of patients (ie, census) and acuity for the unit. Supplemental staffing involving the use of "float" nurses or agency nurses is needed when acuity and census increase. In some cases, overtime provisions for nursing staff could be considered.

Methods of Staffing

The methods health care organizations use to determine staffing affect nursing competencies and staffing numbers. Some units use grids that list the number of patients on the unit and the corresponding number of allotted staff. This type of grid system does not consider the individual needs of the patients, nor does a staffing method based on set ratios. Staffing based simply on the number of patients in each unit is not the evidence-based staffing that we need. Ratios and grids, for example, do not identify acutely ill patients with multisystem organ failure who require 2 nurses for their care. Hospitals must adopt staffing methods that consider the personalized needs of patients and their families.

An acuity-based staffing system that considers the needs of the patients must be used to staff appropriately. An example of this type of staffing system is Cerner Clairvia,⁶ which is based on the Nursing Outcomes Classification (NOC) System.⁷ Cerner Clairvia works with numerous electronic medical records systems, pulling information to determine the patient's acuity. A patient with multisystem organ failure will have a high level of acuity, as would patients experiencing cardiac, respiratory, or renal failure. By contrast, a patient with mild respiratory distress would have a low level of acuity. The acuity system for each unit estimates the required number of hours of nursing care per shift based on individual patient acuity.

The Clairvia system does not require additional paperwork or charting to determine recommended staffing levels. However, with this type of staffing system, nurses must keep

their charting up-to-date in real time; the system gathers data when nurses chart information, typically every 4 hours. If a nurse is unable to document data for several hours because of the acuity level of the patient, the system uses the last recorded documentation.

Any staffing method must take break relief into consideration and accommodate the need for a resource nurse or a break relief nurse. Break relief is an important component of a healthy work environment. Working for 12 unbroken hours with a critically ill patient can be taxing on the nurse; a nurse needs time away from patient care to become reenergized and healthy.

Summary

With the future of health care in turmoil, we must keep nursing staff numbers stable by recruiting, supporting, and retaining nurses. The goal is providing optimal care to patients. The largest cohort of nurses will be retiring in the next 5 to 10 years,⁸ and nurses need to support each other as we move forward. By giving young people earlier opportunities to learn about nursing, supporting faculty development, and ensuring educational opportunities for all who are interested in nursing, we are taking steps to advance the profession.

Sound methods must be developed that consider the intensity of nursing care needed for patients to determine staffing levels. However, the use of acuity-based staffing systems is just

a start; staffing systems must be validated to ensure they are considering all patients' needs. Nursing leaders should educate hospital administrators on the impact of staffing shortages on outcomes. Patients receiving the right care at the right time will improve patient outcomes, and appropriate staffing will allow nurses to give patients this care. Supporting a healthy work environment and engaging nurses early in their professional development will improve retention, thereby improving staffing issues.

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