



Perspectives on Nurse Staffing

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The Challenges of Hospital Staffing in the 21st Century

- Assignment of appropriate staffing in hospitals by unit given varied patient acuity needs ranging from ICUs to ambulatory units
- Assignment of sufficient experienced, highly educated professional nurses throughout the hospital over all shifts in the face of a nursing shortage
- Provision of adequate skill mix of licensed and unlicensed personnel and ancillary staff to ensure safe patient care
- Availability of resources for staff nurses: nurse managers, assistant nurse managers, clinical APNs, teaching APNs, research APNs, case managers
- Completion of ongoing education and competencies in a fast moving highly technical hospital environment

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Critical Global Nursing Shortage

- Hospitals must staff their hospitals in the midst of a critical national and global nursing shortage
- US Federal government predicts more than 1 million new and replacement nurses will be needed by 2012
- Aging of RN force: as RNs retire, the working number of RNs is projected to be 20%-40% below requirements by 2020.

US Bureau of Labor Statistics.
Monthly Labor Review, February 2004

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Recruitment of Registered Nurses

- Hospitals must use multiple resources for the continual recruitment of nurses
- Smaller pool of experienced registered nurses available
- Costly advertising necessary to recruit
- Must continually increase and add sometimes costly programs to attract nurses in a competitive recruiting environments

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Retention of Registered Nurses

- Hospitals need to pursue “Workplace of Choice” strategies in order to retain the experienced nurses already working
- Need to survey nursing satisfaction at a minimum of every two years to be aware of changing nursing culture
- Use of evidence-based practice methods to pursue retention programs
- Recognize and reward experienced nurses
- Keep a pool of engaged nurses such as the UIHC “Champions of Excellence” to help with morale at unit level and monitor nursing satisfaction needs

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Aging Nurse Workforce

- Within 10 years, 40% of working RNs will be >50 years of age
- Bureau of Labor statistics estimates 331,000 RNs (15% of current workforce) will retire between 1998 and 2008.
- Average age of working RNs increased by 4.5 years to 41.9 years between 1983 and 1998

Buerhaars(2000) Implications of an Aging Nurse Workforce. JAMA 283(22)2948

Nursing Workforce:Emerging Nurse Shortages due to Multiple Factors: GAO-01-944)

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Recognition of the Older Nurse

- Average age of our experienced RNs is getting older (45 years at UTHC)
- Utilize evidence on how to retain older nurses, how to avoid ageism and how to utilize them past early retirement age
- Flexible use of phased retirement plans to keep interested nurses who want to work past retirement age without compromising their retirement benefits
- Innovative use of older RNs as admission or discharge nurses on busy units for short hours
- Recognition of older nurses as knowledge-workers and valued mentors

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Innovative Programs to Recruit and Retain RNs

- Must create a culture of safety for all frontline healthcare providers
 - Needle stick safety programs
 - Safe staffing levels based on acuity, shift to shift assessments with staff nurse input
 - Capital investment in ergonomic equipment.
- Coordinated approach to violence
 - Crisis Prevention Institute (CPI) training for nurses in high risk units
 - Zero tolerance for any type of abusive behavior

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Salaries and Benefits

- Competitive Iowa salaries
- Need to incorporate charge nurse and preceptor pay into budgets in order to ensure high quality, experienced nurses continue in these roles
- Innovative programs to attract and retain RNs including immediate pay for overtime shifts, clinical ladders and certification pay
- Increased hourly "bonus" wages for hard to staff units



Educational Assistance

- College loan forgiveness
- Tuition reimbursement
- Availability of ADN to BSN programs, Masters and Doctoral Programs, Nurse Practitioner and CRNA Programs
- Adjunct Faculty from UIHC to the College of Nursing and vice versa
- Collaborative programs with the College of Nursing
- Provision of CEUs, in-services and web-based competencies to all registered nurses



Innovative Staffing Opportunities

- Weekend option shifts: costly but effective alternative
- Must offer variety of shift options
 - 4-hour, 8-hour, 10-hour and 12-hour
- Flexible schedules
 - Self scheduling, job sharing, preferred lines for tenured staff
- Sculpted staffing
 - Staffing numbers varying from shift to shift depending on acuity and number of patients. Meeting patient needs based on assessment
 - Flexible Resource pools of nurses
 - “STAT” nurse programs



Improve Nursing Practice

- Use Evidence-based practice to change workflow
- Evidence-based practice requires resources and trained researchers to analyze and translate best practices into reality
- More quality improvement efforts to improve nursing practice and enhance patient and staff safety
- Utilization of business concepts such as “Lean Sigma,” root cause analysis and “Failure Modes and Effects Analysis” (FMEA) to improve nursing practice is needed in departments of nursing



Departments of Nursing must Measure Nursing Sensitive Outcomes

- New requirements to measure and assess nursing sensitive indicators: falls, pressure ulcers, patient satisfaction with nursing, pain monitors, etc.
- Hospitals must belong to and benchmark with large national databases such as KCI and National Database of Nursing Quality Indicators (NDNQI)
 - Requires financial assistance to do this
 - Requires ancillary staff to help with data
 - Requires nursing research department to analyze data

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Magnet Hospital Recognition Program

- Restructuring departments of nursing along the Magnet “Blueprint” of 14 Forces
 - Rigorous and timely project
 - For some hospitals requires major changes in structure of the organization
 - Proven benefit of Magnet is increased recruitment and retention of nurses due to increased satisfaction with work environment created by adherence to Magnet Principles

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Staffing Validation

- Must have valid staffing effectiveness tools
 - Staffing variance
 - Staffing plan
 - Safe staffing reports by bedside nurses
- Must use benchmarking with similar units in similar environments such as University HealthSystem Consortium (UHC) and Magnet to validate staffing; Nursing Hours Per Patient Days (NHPPD)
- Continual surveillance of staffing levels

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Collaboration with Staffing Concerns

- Staff generated ideas on staffing from Shared Governance committees and councils and the Nurse Staff Advisory Council
- Open Forums with Chief Nursing Officer (CNO) to discuss nurse and staffing concerns
- Routine rounds by nurse administrators to observe staffing at the unit levels
- Continual analysis of benchmarking numbers: NHPPD and Care Giver Patient Ratio (CGPR) to coordinate staffing numbers

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Staffing a Department of Nursing in the 21st Century

- More than just “number of nurses per patient”
- Continual process of assessing patient needs and acuity and placing available nursing resources where and when necessary
- Involves multidimensional recruitment and retention strategies
- Requires innovative practice-education partnerships
- Involves constant analysis of how to increase nursing satisfaction, maintain expert resources and provide nurses with what they need with limited resources in the face of a global nursing shortage
- Requires creative solutions that are effective and realistic