



## Nurse staffing issues are just the tip of the iceberg: A qualitative study about nurses' perceptions of nurse staffing



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### ABSTRACT

**Objective:** To obtain in-depth insight into the perceptions of nurses in the Netherlands regarding current nurse staffing levels and use of nurse-to-patient-ratios (NPR) and patient classification systems (PCS).

**Background:** In response to rising health care demands due to ageing of the patient population and increasing complexity of healthcare, hospital boards have been implementing NPRs and PCSs. However, many nurses at the unit level believe that staffing levels have become critically low, endangering the quality and safety of their patient care.

**Methods:** This descriptive phenomenological qualitative study was conducted in a 1000-bed Dutch university hospital among 24 wards of four specialties (surgery, internal medicine, neurology, gynaecology & obstetrics and paediatric care). Data were collected from September until December 2012. To collect data four focus groups ( $n = 44$  nurses) were organized. Additionally, a total of 27 interviews (20 head nurses, 4 nurse directors and 3 quality advisors) were conducted using purposive sampling. The focus groups and interviews were audiotaped, transcribed and subjected to thematic analysis.

**Results:** Nurse staffing issues appear to be merely the 'tip of the iceberg'. Below the surface three underlying main themes became clear – nursing behaviour, authority, and autonomy – which are linked by one overall theme: nurses' position. In general, nurses' behaviour, way of thinking, decision-making and communication of thoughts or information differs from other healthcare disciplines, e.g. physicians and quality advisors. This results in a perceived and actual lack of authority and autonomy. This in turn hinders them to plead for adequate nurse staffing in order to achieve the common goal of safe and high-quality patient care.

Nurses desired a valid nursing care intensity system as an interdisciplinary and objective communication tool that makes nursing care visible and creates possibilities for better positioning of nurses in hospitals and further professionalization in terms of enhanced authority and autonomy.

**Conclusions:** The perceived subservient position of nurses in the hospital appears to be the root cause of nurse staffing problems. It is yet unknown whether an objective PCS to measure nursing care intensity would help them communicate effectively and credibly, thereby improving their own position.

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## What is already known about the topic?

- Patients in hospitals with high workload, caused by low nurse-to-patient ratios, experience higher mortality rates.
- High workload has a significant impact on nurses' job satisfaction and ability to innovate.

## What this paper adds

- The position of nurses appears to be crucial for nurse staffing: lack of autonomy leads to nurse staffing problems.
- Nurses perceive a patient classification system to be an 'autonomous staffing aid', helping them to communicate across disciplines and have their work valued by others.
- Dutch nursing organizational model should move from a 'functional model' to a 'professional model' to support nurses' work and capacity for innovation.

## 1. Introduction

Nurses represent the single largest group of healthcare professionals in hospitals, and nursing care consumes a substantial proportion of hospital costs (Aiken et al., 2012; Hurst, 2010; Welton et al., 2010). Therefore, it is important that nurses' time is used efficiently and effectively (Hurst, 2010). Cost containment demands and budget restraints underscore the need for adequate nurse staffing to ensure high-quality care in the most economical way (Welton et al., 2010).

Ideally, the demand for care and personnel staffing match perfectly and influence patient outcomes positively (e.g. nurse-sensitive outcomes and adverse events) as well as personnel outcomes (e.g. job satisfaction and absenteeism). However, nurses have reported that their staffing levels are inadequate to provide high-quality care (Aiken et al., 2002; Sochalski, 2001). Indeed, nurse staffing levels and patient outcomes are positively correlated (Aiken et al., 2002, 2014; Kane et al., 2007), while in hospitals with high patient-to-nurse ratios (NPRs), higher mortality and failure-to-rescue rates (Aiken et al., 2002, 2014; Kane et al., 2007) are reported. Furthermore, nurses are more likely to suffer from burnout experiencing high workload (Aiken et al., 2002; Rafferty et al., 2007).

The economic formula to match the demand for care to nurse supply was found far from simple in clinical practice (Fasoli and Haddock, 2010). This explains the many staffing models used on the patient interaction, health care organization, and policy levels. The NPRs in California are an example of a nurse staffing model on the policy level. In 1999, California adopted legislation mandating minimum licensed NPRs, with specific ratios for different types of hospital wards. Since then NPRs have spread to other states in the USA and other countries, even without legislation or policy regulations (Donaldson et al., 2005; Spetz et al., 2009). In Australian hospitals nursing hours per patient day (NHPPD) are generally legislated on the policy level and used on the health care organization level for allocating nursing resources. Twigg and Duffield (2008) classified hospital wards based on their patient case-mix into NHPPD categories to allocate resources. Another attempt to match

nursing supplies with patient demand was the development of patient classification systems (PCSs). These instruments consist of objective and subjective critical indicators and nursing tasks regarding patients' health status. Based on this information patients can be categorized and the required nursing resources as well as the number of patients assigned to an individual nurse can be determined (Giovannetti, 1979). This usage indicates that PCSs are used as a management tool on the patient interaction level. In Finland, the use of a PCS is recommended at the policy level by the Finnish government to determine an optimum staffing ratio (Fagerström et al., 2000). These ratios are based on aggregated administrative data of nursing care intensity measures by a PCS, nursing resource assessment, and a professional assessment of optimal nursing care (Fasoli and Haddock, 2010).

In Dutch hospitals, NPRs and PCSs are both frequently used for nurse staffing. However, there is no uniformity in the nurse staffing models used, resulting in variability within and among hospitals (McGilles Hall et al., 2006). Policy and guidance for nurse staffing are lacking at the policy and health care organization levels. Due to the current spiralling healthcare costs and economic crisis, frontline nurse staffing in Dutch hospitals is under scrutiny (European Federation of Nurses Associations, 2012), resulting in what is perceived by whistle blowers as "critically low" nurse staffing levels.

Insufficient information exists about the perceptions of nursing directors, their policy advisors, head nurses and frontline nurses concerning the current nurse staffing levels and the use of NPRs and PCSs in (Dutch) hospitals. Thus, decisions at the health care organization and policy level could be made without taking the perceptions and preferences of nurses into account. Insight into these aspects would facilitate a consensus at the health care organization level and could fuel a national discussion on nurse staffing.

Therefore, the aim of this study is to obtain in-depth insight into the perceptions of nursing directors, their policy advisors, head nurses and frontline nurses on the current nurse staffing levels and the use of NPRs and PCSs.

## 2. Methods

### 2.1. Design

We used a descriptive phenomenological approach to reduce individual experiences by describing what participants have in common (Creswell, 2007; Polit and Beck, 2012). We organized focus groups of frontline nurses and interviews with nursing directors, their policy advisors and head nurses. Both methods are effective to get rich data from nurses and nurse managers and were held contemporaneously to enable 'cross-pollination' between the two methods. The design and execution of our study complied with the Consolidated criteria for REporting Qualitative studies (COREQ) checklist (Tong et al., 2007).

### 2.2. Setting, organizational structure and staffing model

The study was conducted in a 1000-bed university hospital in the Netherlands. The hospital board of directors

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