

# Consequences of Inadequate Staffing Include Missed Care, Potential Failure to Rescue, and Job Stress and Dissatisfaction

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## ABSTRACT

**Objective:** To evaluate responses of registered nurse members of the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) to a survey that sought their recommendations for staffing guidelines and their perceptions of the consequences of inadequate nurse staffing. The goal was to use these member data to inform the work of the AWHONN nurse staffing research team.

**Design:** Secondary analysis of responses to the 2010 AWHONN nurse staffing survey.

**Setting:** Online.

**Participants:** AWHONN members ( $N = 884$ ).

**Methods:** Review of data from an online survey of AWHONN members through the use of thematic analysis for descriptions of the consequences of inadequate nurse staffing during the childbirth process.

**Results:** Three main themes emerged as consequences of inadequate staffing or being short-staffed: *Missed Care*, *Potential for Failure to Rescue*, and *Job-Related Stress and Dissatisfaction*. These themes are consistent with those previously identified in the literature related to inadequate nurse staffing.

**Conclusion:** Based on the responses from participants in the 2010 AWHONN nurse staffing survey, consequences of inadequate staffing can be quite serious and may put patients at risk for preventable harm.

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AWHONN

In 2009, the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) began a multiyear project on perinatal nurse staffing with three major goals: (a) to evaluate extant standards and guidelines applicable to perinatal nurse staffing from professional organizations and regulatory agencies; (b) to summarize, update as needed, and publish these staffing guidelines within the domain of nursing; and (c) to develop a research plan to rigorously study potential links between perinatal nurse staffing and various outcomes. In 2010, the first two goals were met with the publication of the *Guidelines for Professional Registered Nurse Staffing for Perinatal Units* (AWHONN, 2010). In 2012, the new edition of *Guidelines for Perinatal Care* did not include recommendations about nurse staffing from the American Academy of Pediatrics and the American College of

Obstetricians and Gynecologists; these recommendations had been included since 1983. Our professional nursing organization, AWHONN, was now the leader on providing recommendations for perinatal nurse staffing. The third goal is underway. Here we describe the rationale for the choice of methods and specific aspects of perinatal nursing care to be studied by the AWHONN nurse staffing research team.

As part of the preparation of the guidelines in 2010, AWHONN asked members for their advice about what should be considered in the development of nurse staffing guidelines. This feedback greatly influenced the staffing guidelines that were eventually published later that year. Initial analysis of their responses focused on member recommendations for safe staffing for mothers and newborns. However,

## Participants mentioned care that was often delayed, unfinished, or missed in the context of short staffing.

nurse respondents contributed substantial data on the consequences of inadequate staffing. Further analysis of this rich data set served as the foundation for the development of the perinatal nurse staffing research project. This information is especially important because there are many studies about nurse staffing on medical, surgical, and intensive care units, but there are few data on nurse staffing relative to perinatal units. The purpose of this article is to describe perinatal nurses' perceptions of the consequences of inadequate nurse staffing for the safe care of mothers and newborns during childbirth.

## Methods

### Design

This study is a secondary analysis of data from the AWHONN staffing survey. Methods were previously published (Simpson, Lyndon, Wilson, & Ruhl, 2012), but a brief description follows. Association members were invited by e-mail to participate in an online survey over a 2-week period in June 2010. A link to the survey was embedded in the e-mail. The survey consisted of one open-ended question: "Please give the staffing task force your input on what they should consider in the development of recommendations for staffing of perinatal units." There was no limit to the number of words that could be entered by the participants. Responses were automatically sent to a database where they were coded by numbers without any identifying information in the order received. Participants were advised before submission that their responses were confidential and would not include identifying information. Response to the survey implied consent to participate.

### Setting and Participants

An online survey of AWHONN members was conducted. In June 2010, there were 23,698 AWHONN members, 19,440 of whom provided their e-mail address to AWHONN. The e-mail invitation to participate in the survey was successfully delivered to 18,843 members. Of this group, 4,386 opened the e-mail, 1,147 clicked on the staffing survey link, and 897 submitted responses. There were 13 duplicates, which resulted in a final sample size of 884.

### Data Analysis

All participant responses were reviewed by the research team verbatim in the order originally received at the time of the survey. Data were analyzed through the use of inductive coding methods (Hesse-Biber & Leavy, 2004) and thematic analysis of the open-ended text responses across the data set (Braun & Clarke, 2006) to gain understanding from the perspective of those directly involved in perinatal nursing about what they believed were the consequences of inadequate nurse staffing. Because of the way that the initial question was posed to respondents, nurses typically framed their responses as recommendations for staffing rather than as explicit descriptions of care that could be missed. Thus, for the purposes of this analysis, we reflected on the semantic (literal) and the latent (underlying or implied) content of the nurses' words to determine implications for inadequate nurse staffing. Key ideas and quotations generated by the research team were pooled. Themes were identified, reviewed, and refined in an iterative process until consensus was reached on the analysis. Credibility of findings was supported by consistency of themes identified independently by the researchers based on participant responses.

## Results

Three main themes emerged as consequences of inadequate staffing or being short-staffed: (a) *care that could not be done in a timely manner, could not be done as completely as needed, or could not be done at all (delayed, unfinished, or missed care) when there were not enough nurses*; (b) *potential for adverse outcomes because nurses could not carefully assess, monitor, or identify changes or deterioration in patients' conditions in a timely manner*; and (c) *negative professional implications for nurses*. These themes are consistent with those previously identified in the literature related to inadequate nurse staffing. Thus, we chose to name the themes as per extant staffing research: *Missed Care* (Kalisch, Landstrom, & Williams, 2009), *Failure to Rescue* (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Clarke, 2004), and *Job-Related Stress and Dissatisfaction* (Aiken et al., 2002; Purcell, Kutash, & Cobb, 2011). The data were generated from a large sample of perinatal nurses and reflect repeated mentions of the consequences of not having enough nurses. The first approximately one third of the data yielded the initial results; no new themes were identified during further analysis of the entire

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