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Full Length Article

Nurses experiences regarding staffing patterns in the surgical wards of a private hospital in Gauteng South Africa

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ABSTRACT

Background: Staffing patterns refers to the number and types or categories of staff assigned to the particular wards in a hospital. Staffing patterns that accommodate imbalanced patient to nurse ratios can affect nursing staff negatively. The negative experiences increased emotional stress, physical exhaustion, high nurse turnover and consequences of poor patient outcomes. The high patient to nurse ratios and the profitability factor of private hospitals virtually dictates the type of staffing patterns that are used in these wards. As such, the current staffing patterns appear to require nursing staff to work longer shifts as well as overtime work without a choice, the consequences of which are the effects highlighted above.

Purpose: The purpose of this study was to explore and describe nurses' experiences regarding staffing patterns in the surgical wards of a private hospital in Gauteng in order to develop recommendations for staffing patterns in these wards.

Methodology: A qualitative, exploratory, descriptive and contextual research design was used. Data was collected by means of in-depth semi structured individual interviews from a purposive sample of professional nurses working in the surgical wards of this hospital. Data was analysed using Tesch's method of qualitative thematic analysis. Principles of trustworthiness and ethical principles to ensure the protection of human rights were applied throughout the study.

Results: The findings of the study revealed one central theme which reflected that participants experienced the staffing patterns of the surgical wards negatively. Two main themes emerged as, nurses had negative experiences in the surgical wards as well as negative emotional experiences related to the staffing patterns.

Conclusion: It is evident from the findings of the study that nurses are experiencing staffing patterns negatively.

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1. Introduction

Staffing in the context of staffing patterns is a function of providing a team of nursing staff who can fulfil the nursing needs and demands of patients in a nursing unit (Meyer, Nuade, Shangase, & Van Niekerk, 2009: 216). Staffing patterns are the numbers and types or categories of staff assigned to the (Mosby Medical Dictionary, 2009). The American Nurses Association [ANA] (2014: 1) stated that adequate and efficient staffing patterns are not only essential for providing quality care, but are also important for health care providers' job satisfaction, prevention of burnout syndrome and work related stress.

However, findings of a study conducted by Duffield, Roche, Dries, Catling-Paull, and Blay (2010: 2224–2251) suggest that it is probably not possible to identify ideal staffing patterns or patient to nurse ratios if the quality of the working environment and workload are not considered, as these also appear to affect nurses in different ways. In their study Gaudine's and Thorne's (2012: 727–737) reports that staffing patterns currently used, have contributed to work stress, emotions and physical burnout resulting in increased absenteeism and resignation which are indicators of staff dissatisfaction.

For several decades staffing patterns have been a major concern for health care organizations, amongst other reasons is the relocation of nurses to other countries leading to staff shortages (Kelly, 2011: 356). Roussel, Russell, Swansburg, and Swansburg (2006: 264) concurs that current literature confirms that staffing patterns that accommodate higher patient to nurse ratios affect nursing staff negatively. This is demonstrated by increased emotional stress, physical exhaustion and high nurse turnover. The high patient to nurse ratios and the profitability factor of private hospitals virtually dictates the type of staffing patterns that are used in these wards. As such, the current staffing patterns appear to require nursing staff to work longer shifts and more overtime work without choice (Stimpel, Douglas, & Aiken, 2012: 2501).

Garrett (2008: 1191–1204) reviewed various studies that compared nurse staffing patterns with patient outcomes and explored the relationship between fatigue and nursing staff errors. Garrett (2008: 1191–1204) reported that inadequate staffing patterns and unrealistic workloads placed an unnecessary burden on nursing staff, reduced the quality of care, led to excessive fatigue, unachievable expectations and incomplete tasks. Ball and Pike (2009: 7), concur with Garret that more than 55% of nurses surveyed reported that they were too busy to provide the level of care required of them and their workload was directly related to patient-to-nurse ratios. In their report, Kalish and Lee (2011: 82–88) support Garret and Ball and Pike's findings that when nurses are stressed and overwhelmed by staffing workloads, nursing quality deteriorates, leading to an increase in turnover rates.

Nurse staffing decisions that are based on patient acuity have the potential to balance the nursing workload among the available nurses (Numataya et al., 2006: 435–448). Patient acuity is based using on resources to validate proper staffing plans which include current national nursing standards and evidenced based practice. The American sentinel watch (2014: n. p.) stated that patient acuity is an estimation used for nurse

staffing allocations and budget, or the measurement of the intensity of nursing care required by a patient. An acuity based staffing system regulates the number of nurses on shift according to raw patient numbers (Habasevich, 2012: n. p.).

The workload and staffing pattern imbalances worsen the negative experiences of nurses and needs to be addressed and analysed in order to adjust staffing patterns (Lerman et al., 2012: 237). According to Numataya et al. (2006: 435–448) among other factors affecting the quality of nursing care, staffing levels are believed to be the most basic component with a direct bearing on nurses' experiences and patient care. The authors add that understaffing does not only impede the provision of the planned care but also may introduce human error that jeopardizes patient safety and negative staffing experiences.

An examination of staffing patterns on scheduled unit staff nurses versus float pool nurses illuminated the fact that nursing staff experienced staff shortages, dissatisfaction within the work environment and challenging job assignments (Larson, Sendelbach, Missal, Fliss, & Gaillard, 2012: 27–32). Dhurup, Van Zyl, and Mokhathi (2014: 79) assert that staffing patterns and the loss of nursing staff, coupled with the distribution of those remaining has negatively affected nurses and the health care delivery system in South Africa.

The International Council of Nurses (ICN, 2009: n. p.) released the results of a survey conducted in collaboration with Pfizer which revealed that 46% of nurses indicated their workload was worse due to staff shortages as compared to five years ago. The researcher observed that staffing patterns in the surgical wards of the hospital did not accommodate high patient acuities of 1:6 with the current staffing patterns used and staff shortages. Minimum staff ratios are determined by the type of patient care unit, patient care needs and patient acuity (Reiter, Harles, Pink, & Mark, 2012: n. p.).

As a private hospital, revenue generation is an important factor and as such nursing staffing costs are always under scrutiny. This results in nurses working long hours with no breaks as the staffing patterns are designed with a high-patient-to-nurse ratio from 6 patients to one nurse during the week to 1:4 over weekends. According to the American Nurses Association's [ANA] (2014: 2) study of 232,342 surgical patients done in Pennsylvania revealed that 4535 died within 30 days of discharge. The study also suggest that the differences in nurse-to-patient ratios (4:1–8:1) may have been a factor in these patients deaths [ANA] (2014: 2).

Some nurses complain on a continuous basis about staffing patterns and verbalise their dissatisfaction with the issue of staffing patterns and state that it should be addressed by management and policy makers as this is a problem not only for the nurses but also affect the quality of patient's care. It was, therefore, imperative to conduct this study as a need exists to develop recommendations for staffing patterns in the surgical wards of this private hospital.

The researcher has identified a gap in this type of research, as nurses continuously complain of the staffing patterns and staff shortages. The researcher observed that nurses are challenged to maintain high quality care in the face of the present staffing patterns and staff shortages. The aim of this research is to explore and describe nurses' experiences regarding staffing patterns in the surgical wards of a private

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