

































## **Limitations**

While there is minimal research directly about and focusing on safe staffing among nurses, concomitant related literature was predominantly used for this analysis. Consequently, it has led to a sample of diverse case studies to conclude. While studies were rigorously validated and conducted, the results are limited by study sample size. As a result, the fundamentals of safe staffing identified in the research are based on descriptive studies that are currently available. It is possible that additional safe staffing may develop in the future as the healthcare industry becomes more comfortable with alternative health care delivery methods and that is more comfortable with patients and the health care team for providing quality of Care. The development of additional safe staffing fundamentals indicates that the healthcare industry is embracing not only alternative safe staffing, quality methods, and management but also developing trusting relationships with other allied healthcare professionals and a willingness to delegate time and consideration to understand the complexity of staffing as a concept on its own, and how it can be applied to promoted health and safety among nurses and their patients.

While there is historical data on safe staffing, there is a lack of data and consistent quality assurance standards connected to staffing in health care. It is possible that the healthcare business is focusing on "how to adopt alternative quality systems" rather than examining the effectiveness of providing quality, safe staffing at this time. Future research will focus on the establishment of safe staffing measures among nurses.

## **Implication for Nursing Practice**

To function correctly and give Care securely and efficiently, healthcare institutions require an adequate workforce, hence, improving the quality of Care given to healthcare customers while declining nurse fatigue.

In this field, there are still a lot of questions that haven't been answered. As a result, there is an immediate need to investigate nursing-specific care processes linked to safer patient care and more effective interdisciplinary teamwork. Data challenges (the deficiency of metrics and data sources) are a paramount roadblock to effective care delivery. Research hereafter must acknowledge the complexity of the entirety of nurses' roles and responsibilities such as assessment, planning, intervention, evaluation, and advocacy to name a few – all of which influence the elaborateness of staffing and making it a safe practice for both nurses and their patients. Addressing diversity in the quality of patient care provided by nurses is at the center of attempts to improve patient care outcomes and may be at the heart of interpreting conflicts in the nurse staffing literature.

In this contemporary era, intense cost-cutting, adequate staffing levels are necessary to ensure the safety of patients and nurses. Inadequate nurse staffing puts patients at danger and drives nurses away from the field, whereas proper nurse staffing improves nurse retention and patient care. Unfortunately, as the world's population ages and the demand for healthcare services grows, staffing shortages will only worsen, with the need for work escalating, posing a growing threat to nurses and patients alike.



Safe staffing may be an effective strategy to keep experienced nurses on the job, entice those who have left the field back, and recruit new nurses. Nurse performance and patient death rates improve due to safe staffing regulations, which also minimize turnover, staffing costs, and liability.

## Conclusion

Safe staffing in nursing is a critical issue in health policymaking, such that there is a broad agreement on an abstract level (that in a healthcare delivery system, nurses hold an integral part that influences patient outcomes) but little agreement as to what research data has already been established as well as those that have not been laid out and explored.

Focusing on the other paradigms aside from research, in which safe staffing parameters were a minor variable, the study of safe staffing and healthcare customer outcomes has evolved as a valid and pivotal topic of investigation. The results have been uneven, despite a significant rise in research in response to the demand of the data from policymakers and healthcare providers. Staffing levels can be computed or reported for a whole health care organization or for a specific operational level within one (a specific unit, department, or division). To establish shared meaning among data collectors, analysts, and those attempting to comprehend the findings of analyses, certain time frames (at the shift level and as a daily, weekly, or monthly average) must be identified.

In the face of various pressures to take a position for or against mandatory nurse-to-patient ratios, the state of the developing research does not allow precision in prescribing safe ratios. Indeed, further research may be needed to unravel the complexities of the staffing outcomes equation. Future studies must replicate, extend, and refine the current body of knowledge, demonstrating how, in addition to the nurse's capabilities and expertise, and other workforce characteristics (i.e., years of experience or professional certification) that are linked to processes of Care that ultimately result in clinical outcomes (both desirable and adverse). Until then, improved practices have been identified that can contribute to practical efforts in transforming and improving the quality of patient care, and the safety of the ones that initiate the provision of Care.

Finally, future research should focus on elucidating the connections between structure, a process, and an outcome in nursing practice and patient care. As the complexities of the nursing process perplex the process of staffing, we remain hopeful that evidence-based studies may be further developed and utilized in revolutionizing safe and quality healthcare for all.

## References:

Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction. *JAMA*, 288(16), 1987. <https://doi.org/10.1001/jama.288.16.1987>

- Alghamdi M. G. (2016). Nursing workload: a concept analysis. *Journal of nursing management*, 24(4), 449–457. <https://doi.org/10.1111/jonm.12354>
- Andel, S. A., Tedone, A. M., Shen, W., & Arvan, M. L. (2021). Safety implications of different forms of understaffing among nurses during the COVID-19 pandemic. *Journal of Advanced Nursing*. Published. <https://doi.org/10.1111/jan.14952>
- American Nurses Association. (n.d.-a). *Nurse Staffing*. Retrieved September 5, 2021, from <https://www.nursingworld.org/practice-policy/nurse-staffing/>
- American Nurses Association. (n.d.-b). *Nurses, Ethics, and the Response to the Covid-19 pandemic*. Retrieved November 7, 2021, from <https://www.nursingworld.org/~495c6c/globalassets/practiceandpolicy/work-environment/health--safety/coronavirus/nurses-ethics-and-the-response-to-the-covid-19-pandemic.pdf>
- American Nurses Association. (1996). *Nursing Quality Indicators: Definition and Implications*. Washington DC: American Nurses Publishing.  
[www.nursingworld.org/books/pdescr.cfm?cnum=11#NP-108](http://www.nursingworld.org/books/pdescr.cfm?cnum=11#NP-108)
- American Nurses Association. (2012). *ANA's Principles for Nurse Staffing*. Nursesbooks.org. (2<sup>nd</sup> ed.). <https://www.nursingworld.org/~4af4f2/globalassets/docs/ana/ethics/principles-of-nurse--staffing--2nd-edition.pdf>
- American Nurses Association. (2019). *American Nurses Association Releases Updated Principles for Nurse Staffing*. Retrieved November 6, 2021, from <https://www.nursingworld.org/news/news-releases/2019-news-releases/staffing/>
- Audet, L. A., Bourgault, P., & Rochefort, C. M. (2018). Associations between nurse education and experience and the risk of mortality and adverse events in acute care hospitals: A systematic review of observational studies. *International Journal of Nursing Studies*, 80, 128–146. <https://doi.org/10.1016/j.ijnurstu.2018.01.007>
- Barrows, K. (2020). *Safe Staffing: Critical for Patients and Nurses*. Department for Professional Employees, AFL-CIO. Retrieved September 21, 2021, from <https://www.dpeaflcio.org/factsheets/safe-staffing-critical-for-patients-and-nurses>
- Brooks Carthon, J. M., Hatfield, L., Plover, C., Dierkes, A., Davis, L., Hedgeland, T., Sanders, A. M., Visco, F., Holland, S., Ballinghoff, J., del Guidice, M., & Aiken, L. H. (2019). Association of Nurse Engagement and Nurse Staffing on Patient Safety. *Journal of Nursing Care Quality*, 34(1), 40–46. <https://doi.org/10.1097/ncq.0000000000000334>

Bullo, M.H., Ronis, K.A. (2016). Assessment of Workload Pressure and Optimal Staffing Need of Nursing Staff for Inpatient Services at FGH Islamabad. *Pakistan Journal Public Health*. 6(3), ISSN: 2225-0891; E-ISSN: 2226-7018.  
<https://www.researchgate.net/publication/312089429>

Campbell, G., Foley, M. (Presenter). (n.d.). *Nurse Sensitive Outcome Indicators: What They Are and How They Are Measured and Benchmarked*. [Webcast]. Washington State Nurses Association.  
<https://cdn.wsna.org/assets/entry-assets/2763/2009-NSQI-Webcast-Part-1.pdf>

Canadian Nurses Association. (n.d.). *Staffing & Patient Outcomes*. Retrieved September 5, 2021, from <https://cna-aiic.ca/en/nursing-practice/evidence-based-practice/staffing-patient-outcomes>

Centers for Disease Control and Prevention. (2021). *Strategies to Mitigate Healthcare Personnel Staffing Shortages*. Retrieved November 6, 2021, from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

Choi, J., & Boyle, D. K. (2013). RN Workgroup Job Satisfaction and Patient Falls in Acute Care Hospital Units. *JONA: The Journal of Nursing Administration*, 43(11), 586–591.  
<https://doi.org/10.1097/01.nna.0000434509.66749.7c>

Clendon, J., & Gibbons, V. (2015). 12h shifts and rates of error among nurses: A systematic review. *International Journal of Nursing Studies*, 52(7), 1231–1242.  
<https://doi.org/10.1016/j.ijnurstu.2015.03.011>

Dantas, M.J., Figueiredo, M.H., Ferreira, A.P., Querido, A.I.F., Charepe, Z.B. (2018). *Safe Staffing: Conceptions of Primary Health Care Nurses*.  
<https://hdl.handle.net/10400.8/3916>

Duffin, C. (2014). Increase in nurse numbers linked to better patient survival rates in ICU. *Nursing Standard*, 28(33), 10. <https://doi.org/10.7748/ns2014.04.28.33.10.s8>

Eltringham, D. (2021). *Safe Staffing through Covid 19 Pandemic*. NHS Trust.  
<https://www.swbh.nhs.uk/wp-content/uploads/2021/03/015-Safe-staffing-paper-trust-Board.pdf>

Everhart, D., Neff, D., Al-Amin, M., Nogle, J., & Weech-Maldonado, R. (2013). *The effects of nurse staffing on hospital financial performance*. *Health Care Management Review*, 38(2), 146–155. <https://doi.org/10.1097/hmr.0b013e318257292b>

Furillo, J. (n.d.). *From the Executive Director: Myths and Facts About Safe Staffing*. New York State Nurses Association. Retrieved October 10, 2021, from <https://www.nysna.org/executive-director-myths-and-facts-about-safestaffing#.YXA7FhpBxZU>

- Griffiths, P. (2021). Why Safe and Effective Nurse Staffing is More than Just a Number. *Nursing Times* [online], 117(3), 26–28. <https://www.nursingtimes.net/clinical-archive/wellbeing-for-nurses/why-safe-and-effective-nurse-staffing-is-more-than-just-a-number-08-02-2021/>
- Griffiths, P., Recio-Saucedo, A., Dall’Ora, C., Briggs, J., Maruotti, A., Meredith, P., Smith, G. B., & Ball, J. (2018). *The association between nurse staffing and omissions in nursing care: A systematic review. Journal of Advanced Nursing*, 74(7), 1474–1487. <https://doi.org/10.1111/jan.13564>
- Haegdorens, F., Van Bogaert, P., De Meester, K. et al. (2019). The impact of nurse staffing levels and nurse’s education on patient mortality in medical and surgical wards: an observational multicenter study. *BMC Health Serv Res* 19(864). <https://doi.org/10.1186/s12913-019-4688-7>
- International Council of Nurses. (2018). *Evidence-based safe nurse staffing*. Retrieved September 3, 2021, from [https://www.icn.ch/sites/default/files/inline-files/ICN%20PS%20Evidence%20based%20safe%20nurse%20staffing\\_0.pdf](https://www.icn.ch/sites/default/files/inline-files/ICN%20PS%20Evidence%20based%20safe%20nurse%20staffing_0.pdf)
- Juvé-Udina, M., González-Samartino, M., López-Jiménez, M. M., Planas-Canals, M., Rodríguez-Fernández, H., Batuecas Duelt, I. J., Tapia-Pérez, M., Pons Prats, M., Jiménez-Martínez, E., Barberà Llorca, M. N., Asensio-Flores, S., Berbis-Morelló, C., Zuriguel-Pérez, E., Delgado-Hito, P., Rey Luque, S., Zabalegui, A., Fabrellas, N., & Adamuz, J. (2020). Acuity, nurse staffing and workforce, missed care and patient outcomes: A cluster-unit-level descriptive comparison. *Journal of Nursing Management*, 28(8), 2216–2229. <https://doi.org/10.1111/jonm.13040>
- Kalisch, B. J., Tschannen, D., & Lee, K. H. (2012). Missed Nursing Care, Staffing, and Patient Falls. *Journal of Nursing Care Quality*, 27(1), 6–12. <https://doi.org/10.1097/ncq.0b013e318225aa23>
- Lasater, K. B., Aiken, L. H., Sloane, D. M., French, R., Matrin, B., Reneau, K., Alexander, M., & McHugh, M. D. (2021). Chronic hospital nurse understaffing meets COVID-19: an observational study. *BMJ Quality & Safety*, 30(8), 637–647. <https://qualitysafety.bmj.com/content/30/8/639>
- Merriam-Webster. (n.d.). Safe. In *Merriam-Webster.com* dictionary. Retrieved September 3, 2021, from <https://www.merriam-webster.com/dictionary/safe>
- Miller, R., Wetzel, J.E. (2012). *Final Draft: Jail Staffing Analysis*. (3rd ed.). <http://correction.org/wp-content/uploads/2014/05/Final-Draft-3rd-Edition-Jail-Staffing-Analysis-Feb-2012.pdf>
- Musua, P., Kiilu, K., Birech, E. (2008). Workload Indicators of Staffing Need Method in

- Determining Optimal Staffing Levels at Moi Teaching and Referral Hospital. *East African Medical Journal*. 85(5). <https://doi.org/10.4314/eamj.v85i5.9617>
- National Nurses United. (2021). *National Campaign for Safe RN-to-Patient Staffing Ratios*. <https://www.nationalnursesunited.org/ratios>
- National Quality Board. (2018). *Safe, Sustainable and Productive Staffing- An Improvement Resource for Urgent and Emergency Care*. (1<sup>st</sup> ed.), NHS Improvement.
- New York State Nurses Association. (2019). *Research Shows Safe Staffing Saves Lives*. <https://www.nysna.org/experience-and-research-show-safe-staffing-ratios-work-0#.YTXwV44zZZU>
- Paulsen, R. A. (2018). Taking nurse staffing research to the unit level. *Nursing Management*, 49(7), 42–48. <https://doi.org/10.1097/01.numa.0000538915.53159.b5>
- Spetz, J., Harless, D. W., Herrera, C. N., & Mark, B. A. (2013). Using Minimum Nurse Staffing Regulations to Measure the Relationship Between Nursing and Hospital Quality of Care. *Medical Care Research and Review*, 70(4), 380–399. <https://doi.org/10.1177/1077558713475715>
- The Nursing and Midwifery Council. (2016). *Safe staffing guidelines*. <https://www.nmc.org.uk/about-us/policy/position-statements/safe-staffing-guidelines/>
- Toppr. (n.d.). *Staffing: Definition, Meaning, and Functions*. Retrieved October 10, 2021, from <https://www.toppr.com/guides/business-studies/staffing/introduction-to-staffing-and-its-meaning/>
- Walker, L.O. & Avant, K.C. (2019). *Strategies for Theory Construction in Nursing* (6th ed.). New York City, NY: Pearson.
- West, E., Barron, D. N., Harrison, D., Rafferty, A. M., Rowan, K., & Sanderson, C. (2014). Nurse staffing, medical staffing and mortality in Intensive Care: An observational study. *International Journal of Nursing Studies*, 51(5), 781–794. <https://doi.org/10.1016/j.ijnurstu.2014.02.007>