

# NURSE STAFFING

## DECREASING RN STAFFING LEVELS MAY NOT RESULT IN EXPECTED COST SAVINGS

### Source

Sovie, M. D., & Jawad, A. F. (2001). Hospital restructuring and its impact on outcomes: Nursing staff regulations are premature. *JONA*, 31(12), 588-600.

### Objective

To describe restructuring in the organization and delivery of patient care, and the effects of nursing structure and processes on selected patient outcomes.

### Background

In the 1990s, many cost-cutting measures were undertaken in acute care hospitals. Modifications were made in both the structure and processes of care. Changing the staff mix was one way the structure of patient care was altered. On many patient care units, the number of registered nurses (RNs) was reduced and the number of unlicensed assistive personnel<sup>1</sup> increased. As a result, RNs have been required to undertake greater supervisory responsibilities. This additional function contributes to the workload of RNs, which has already been affected by factors such as the increasing complexity of patients' needs. There has been little systematic study of the impact of cost reductions on the quality of patient care.

### Methods

- This descriptive correlational study took place in 29 university teaching hospitals in the United States that had more than 300 acute operating beds.
- Uniform structure, process and outcome data were collected from each hospital as well as from an inpatient acute adult medical unit and a surgical unit designated by each hospital as the study units.
- Structural data included elements such as skill mix and hours worked per patient day for all staff and for selected categories of staff (e.g., RNs, unlicensed assistive personnel, and other staff<sup>2</sup>) and labour costs per patient discharge.

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<sup>1</sup> In this study, the term 'unlicensed assistive personnel' refers to all assistive personnel, which includes patient care technicians, support attendants and nurse assistants. In Canada, assistive personnel such as nurse aides are often referred to as unregulated health care workers.

<sup>2</sup> Other staff includes managers, clerks, a small number of licensed practical nurses and unit staff not included elsewhere. The title for a practical nurse in Canada, with the exception of Ontario, is licensed practical nurse. In Ontario, the title for a practical nurse is registered practical nurse (RPN).

- Process data included a variety of management practices and organizational processes.
- Outcome data included rate of patient falls, pressure ulcers developing during hospitalization and urinary tract infections as well as scores from patient satisfaction surveys.

## Principal Findings

This three-year study of restructuring provided a large amount of information about interventions in the structural processes of patient care, assessments by RNs of the processes of care and the impact of structure and process interactions on outcomes of care.

This research summary sheet focuses on principal findings related to nursing staff mix and hours worked by RNs and unlicensed assistive personnel.

- As the number of hours worked by RNs per patient day increased:
  - the rate of patient falls decreased; and
  - patients' reports of satisfaction with their pain management increased.
- As the number of hours worked by RNs per patient day increased and as inter-unit working relationships were judged to be better, patient satisfaction with hospitalization increased.
- The percentage of RNs on the medical and surgical units had no significant effect on the regionally adjusted labour costs per discharge.

## What do the Study Findings Mean?

- Increasing the number of hours worked by RNs on medical and surgical units can be expected to decrease negative patient outcomes and increase patient safety and patient satisfaction with care.
- RNs need to be aware that the quality of their communication and collaboration with other nurses and physicians may influence how satisfied patients are with their hospital experience.
- Having a higher proportion of RNs in the nursing staff mix may not increase costs.

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