

Better Staffing Leads to Better Patient Outcomes

Registered Nurses represent the largest occupational group in hospitals and deliver the largest amount of direct bedside patient care. They are the group that spends the most time with patients and are more likely to see early warning signs that a patient's condition might be deteriorating.

Minimum staffing standards allow nurses more time with their patients so they can more closely observe them and more quickly respond with lifesaving interventions when needed.

The research is unequivocal: better nurse staffing is associated with better patient outcomes, increased patient satisfaction, decreased hospital acquired conditions, decreased length of stay for patients, decreased chances for patient readmission, decreased patient mortality, and helps diminish racial disparities.

Andrea Driscoll and colleagues (2018) completed a systematic review of nursing literature examining the association between nurse staffing levels and nurse sensitive patient outcomes in acute care units.

Higher staffing levels were associated with a reduction in medication errors, and also reduced patient mortality, pressure ulcers, need for restraints, infection, and pneumonia.

The most marked association was that between staffing levels and mortality. There was a 14% decrease in risk for in-hospital mortality for every additional one decrease in patient load over 24 hours.

Kai Svane Blume and colleagues (2021) conducted an umbrella review of 15 published literature reviews looking at the association between nurse staffing levels and nurse sensitive patient outcomes (NSPOs) in adult acute care, which ranked 22 unique NSPOs according to the strength of evidence existing for their association with nurse staffing. Their research was clear.

Fewer nurses on a unit is directly associated with longer lengths of stay, more patient dissatisfaction, poor quality of nursing care delivered, and re-admission.

They also identified evidence that fewer nurses were associated with failure to rescue, medication errors, mortality, pneumonia, and respiratory failure.

A literature review of 4 systematic reviews done by Minnesota Department of Health (2015) found evidence of an inverse relationship between lower nurse staffing levels and patient outcomes like patient mortality, failure to rescue from surgical complications, and falls in the hospital.

Drug administration errors, missed nursing care, and patient length of stay are all linked to lower nurse staffing levels.

A study done by Margo Brooks Cathon, PhD, APRN, FAAN (2021) discovered that the odds of survival to discharge after in-hospital cardiac arrest was lower for black patients than white patients, and a significant interaction was found between race and nurse staffing for survival to discharge.

Each additional patient being cared for by a nurse lowers the odds of survival for black patients more than white patients.



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