Definition and Description of a Staffing Problem

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I. Definition

Unsafe staffing refers to the actual or potential likelihood that a negative patient/family and/or nurse staff outcome will occur.

Comment: included in this definition is the term “insufficient nurse staffing” or “unsafe nurse staffing”.

II. Causes

- Not enough staff are present;
- The right mix of staff are not present;
- The nurse workload intensity is too complex to be managed safely within the shift;
- Other factors such as remodeling, students, orientees, and presence of inoperable or broken equipment, or lack of equipment needed for patient care.
III. Description of staffing continuum

The Cabinet and others who have reviewed data from the Staffing Request and Documentation Forms have concluded that nurses who file such reports do so when staffing events occur at the end of a continuum. The continuum looks like this:

| 1 | 2 | 3 | 4 | 5 |

Legend:

1 = sufficient or very good nurse staffing with appropriate numbers, mix and match between staff, patient acuity and nursing workload intensity.

2 = staffing may be appropriate in terms of some but not all elements of safe staffing, e.g., number OR the mix OR the match but not all of these factors; the nurse has concern but does not take action unless the situation worsens.

3 = staffing is inappropriate in terms of 2 of the causes (II, above). The nurse has concern, alerts administrative staff and/or staffing office, and requests help. Whether help is received or not, there are no detectable untoward consequences. Nurses call this a “staffing near miss”.

4 = staffing is inappropriate in terms of all the causes (II, above). The nurse has concern, requests additional staff, and due to deterioration of patient, escalating nursing care needs and/or other factors, the shift becomes difficult, nursing staff are anxious, and serious lapses in patient care occur. There may be errors in care delivery.

5 = staffing is missing all of the critical elements (numbers, mix, match, AND, in addition, factors in the setting - missing/broken equipment, lack of supplies, lack of medications may exist. The staff nurse is worried, has requested additional help but not one is available. The shift concludes with a number of untoward consequences which delay, omit needed medical or nursing care, and errors have occurred. Nurses are clear that the situation is dangerous and unsafe. Some nurses call this staffing context as “chaotic” and are never able to get a grip on what is happening with their patients or each other through the shift.

IV. Nursing judgment and critical thinking in evaluating staffing situations.

A. Every nurse needs to be able to articulate why he/she has reached the conclusion that a staffing situation is unsafe. The information above should be helpful.
B. When a nurse’s judgment about nurse staffing is challenged, some potential responses to this situation might be:

* "Every day you count on my ability to make judgments about my patient’s status, his/her responses to therapies and nursing care. I think that my professional judgment in calling a staffing situation unsafe comes from that same base of knowledge. Even if we did not have bad outcomes, I call this a “near miss” and we should pay attention to it and plan more effectively to avoid it."

* In my professional judgment, we are not meeting the standards of nursing practice that are expected for our specialty unit and/or we are not meeting the standards that our third party/Medicare reimbursers expect. That is why I call the situation unsafe and why I think we need to work together to find better staffing solutions so it doesn’t happen again.

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