Safe Staffing Literature Review
(August 2019)

Please note – These references are arranged alphabetically by author in each section. URLs are listed for those articles available online as of August 6, 2019.

Safety & Outcomes

Falls

- The authors examined the relationship between registered nurse (RN) workgroup job satisfaction and patient falls on 4 types of acute care hospital units. Using regression analyses of 2009 National Database of Nursing Quality Indicators (NDNQI) hospital, unit-level data, RN workgroup job satisfaction was found to be significantly and inversely associated with patient falls.


- In this longitudinal study of unit-level fall data collected during 2004–2009 by NDNQI, the authors sought to examine trends in the rate of total inpatient falls. Although the fall rate in United States hospitals has decreased over time, the large variation in fall rate at both the hospital and unit level indicates much room for improvement remains.


- Patient falls in hospitals continue to be a significant, costly problem. The aim of this study was to determine whether staffing and missed nursing care led to an increase in patient falls. The authors found that although nurse staffing levels affect patient fall rates, that impact is reduced when critical nursing care is completed.

**Measures Validity**

- While improved work environments, better hospital nurse staffing, and more educated nurses have been associated with lower hospital mortality, little exists about what each element plays on improving mortality. Outcomes of 665 hospitals in four large states were analyzed to determine stated nurse variables on hospital mortality.
  

- Nursing care hours (NCH) are commonly used to examine factors related to adverse events among inpatients, even though NCH have no standardized definition, nor does much literature exist validating the NCH measure. Using the NDNQI definition for NCH, findings indicate that NCH data of the national database were substantially reliable for use in national comparable benchmarking reports.
  

- Nurse staffing measures are frequently used to examine hospital quality of care. In this cross-sectional correlational study, the authors investigated specific measures as related to staffing and quality of care.
  

- A variety of operational definitions of nursing hours of care in measuring nurse staffing for health services research exist. In this study the authors examined whether various nursing hours measures yield different model estimations when predicting patient outcomes.
  

- The author summarizes the current body of published staffing research while exploring gaps in literature, barriers to application within clinical practice, and recommendations for nurse managers and administrators to apply staffing research at the unit-level.
Appropriate nurse staffing is a long-standing complex issue affecting both financial and patient outcomes. The authors of this article discuss factors influencing RN supply and demand, special staffing challenges including rural communities, workplace violence, technology, and long-term care, along with implications of insufficient RN staffing for health systems and hospitals.


**Patient Safety and Quality of Care**

The Registered Nurse Forecasting (RN4CAST) study was a worldwide effort to not only quantify the number of professional nurses but to determine the quality of nursing staff on patient outcomes. In this seminal research, the authors assessed whether “differences in patient to nurse ratios and nurse educational qualifications in nine of the 12 RN4CAST countries with similar patient discharge data were associated with variation in hospital mortality after common surgical procedures.”


Positive associations exist between the levels of nurse engagement, nurse staffing, and assessments of patient safety. Using secondary analysis of linked cross-sectional data and logistic regression models, the authors examined the relationship between hospital nursing structure (represented by nurse staffing levels and level of nurse engagement in hospital affairs) and outcomes (indicators of patient safety).

• Previous research has shown 12 h shifts are a common shift pattern for nurses and long work hours result in adverse nurse outcomes. In this systematic review, the authors explored shift length with patient outcomes.


• Higher numbers of nurses are associated with improved survival rates among patients the very seriously ill. A study determined that seven additional lives would be saved for every 100 patients if nurse numbers increased from four to six per bed. Researchers discovered that the reason survival rates improved with higher numbers of nurses was that nurses spend more time with critically ill patients than other healthcare professionals do, and are more likely to detect early signs of deterioration. Another reason is that fewer permanent staff might mean greater reliance on agency staff who may have less expertise or be unfamiliar with some aspects of a unit’s way of working.


• A study of 11 hospitals over a two-year period demonstrated a significant relationship between RNs in the skill mix and medication errors and falls. As the proportion of RNs increased, the medication errors decreased. The study found that for every 20% decrease in staffing below the staffing minimum, medication errors increased by 18%.


• A quality appraisal of studies reporting correlations and associations between missed care and nurse staffing was conducted to determine evidence for the association of missed care with nurse staffing.

• Nurse staffing is a complex issue with no easy quick solution. A literature review concluded that support, not regulation, is needed for safe nurse–patient ratios. There are many variables that affect staffing decisions and the RN needs to be informed and take an active role in determining the best staffing ratio that promotes patient safety.


• In this cross-sectional study, the authors describe the complexities of missed nursing care and investigate the perception of missed care to the patient care experience.


• Nursing surveillance is an important aspect of monitoring quality improvement projects and for the evaluation of effective nursing care. A significant relationship was reported between staffing and length of stay, suggesting that early recognition and treatment of potential adverse events led to earlier discharges.


• This report presents findings from a study by the Minnesota Department of Health (MDH) about the relationship between hospital nurse staffing and patient outcomes.

• Efforts to contain hospital costs often involve cutting nursing care, reducing the number of nurses or replacing nurses with unlicensed assistive personnel (UAP). This thought piece reviewed the role of skill mix to patient outcomes.


• A 2014 House Resolution directed the Joint State Government Commission (JSGC) to conduct a study on the staffing levels of professional bedside nurses in Pennsylvania hospitals. In particular, the resolution directed the JSGC to study nurse staffing and its connection to adverse events.


• High patient turnover contributes to increased demands and stresses resources for care. In this study, the authors evaluated how nurse staffing and failure-to-rescue (FTR) varied with patient turnover.


• A study of 232,342 surgical patients in Pennsylvania revealed that 4,535 (2%) died within 30 days of discharge. The significantly significant study suggests that the differences in nurse-to-patient staffing ratios (4:1 vs. 8:1) may have been a factor in these patient deaths.


• Are changes in nursing resources within hospitals overtime related to changes in quality of care and patient safety? The authors of this study utilized data from a panel of 737 hospitals to estimate associations between nursing resources, care quality, and patient safety and improvements in hospital work environments, nurse staffing, and educational composition of nurses.

- A multivariate analysis of nurse staffing and patient outcomes reported that when RN staffing is increased, there were significant improvements in patient mortality following a medical or surgical complication. Additional data showed a decrease in pulmonary embolism, deep vein thrombosis, and sepsis. Further data revealed that higher staffing was linked to shorter lengths of stay.


- Evidence exists that nursing staff composition affects patient outcomes. In this longitudinal study of unit-level data from NDNQI and hospital-level data from the American Hospital Association (AHA) annual survey, the authors reviewed trends and impact on patient outcomes.


- The availability of medical and nursing staff is associated with the survival of critically ill patients and suggests that future studies should focus on the resources of the health care team. The results emphasize the urgent need for a prospective study of staffing levels and the organization of care in ICUs.


**Value Based Purchasing**

- The Hospital Value-Based Purchasing (VBP) Program is a Centers for Medicare & Medicaid Services (CMS) initiative that provides incentive payments for the quality of care hospitals provide to Medicare beneficiaries, rather than payments based on quantity of services.
The literature supporting nursing-sensitive value-based purchasing (NSVBP) is reviewed to promote optimal staffing, cut costs and maximize quality of care.

- Quality deficits have important implications for the health and well-being of patients; many quality deficits are particularly sensitive to nursing care. In this longitudinal, hospital-fixed effect model, the effect of nurse staffing levels and skill mix on patient care costs, length of stay, and adverse events was assessed.

- Hospitals that support a positive work place environment with manageable patient workloads have significantly better patient outcomes. When nurses have a patient-to-nurse ratio of 4.95 or less, they had more time for patient teaching and to prepare the patient to transition home. Lower nurse-to-patient ratios reduced heart failure readmissions by 7%, acute myocardial infarction readmissions by 6%, and pneumonia readmissions by 10%.

- The purpose of this study was to determine the cost effectiveness of increasing nurse staffing or changing the nursing skill mix in adult medical and/or surgical patients.

- Nurses differ in their value-added to patient outcomes. The ability to measure this relative value-added creates opportunities to develop performance metrics, performance-based rankings, and merit-based salary schemes to improve patient outcomes and reduce costs.
In this systematic review, the authors analyzed research data related to the effect of nurses' work environments on outcomes for both patients and nurses. They found the work environment was a determining factor for improved healthcare quality and was related to improved outcomes for nurses.


The authors exhaustively reviewed empirical research from 1990 through 2013 focused on work engagement in nursing. Clear evidence exists the quality of care by nurses improves through engagement.


A number of studies have not supported mandatory nurse–patient ratios. A report by the California Nursing Outcomes Coalition (2005) documented no statistically significant change in patient safety and quality outcomes such as decreased falls or the prevalence of pressure ulcers.


Previous research has indicated teamwork improves productivity. In this study, the authors examined the relationship between unit call light response time as a measure of productivity and the level of teamwork on the unit.

- The Institute of Medicine’s (IOM’s) report *To Err is Human* (IOM, 2000) underscores that lack of teamwork leads to patient errors. The aim of this cross-sectional study was to examine the relationship among hospital units, staff characteristics, and nursing teamwork.


- The aim of this study was to detail the relationship between the team and unit size and level of nursing teamwork.


- Worker fatigue has long been recognized as a source of adverse patient events as well as negative impacts on nurse safety. In this project, shift lengths were evaluated to determine fatigue levels associated with 12-hour and 8-hour shifts.


- California is the only state to mandate a patient-to nurse ratio for hospitals. In this study, the authors explored the differential effect of California’s staffing mandate on safety-net and non-safety-net hospitals.


- Good health is essential to the performance of all workers. In this literature review, the authors sought to determine nurses' health-related quality of life indicators and to clarify the implications for nursing management.

- Abundant research has shown that effective nursing practice is essential to the delivery of high-value care in inpatient acute-care settings. In this Press Ganey Special report, analyses suggest that the work environment of nurses can have as much or greater impact than staffing.


- Nurses with a longer tenure in the workforce are more experienced and more prepared to provide care to critically ill patients. Encouraging nurses to stay within the profession by mandating ratios improves job satisfaction, staff morale, and has been proven to save patient lives by decreased patient mortality. After California’s AB394 was put into effect, studies have reported that nurses were more satisfied with their work environment. Adequate staffing has given RNs the time for patient education.


- Nurse-sensitive outcomes can be defined as adverse patient outcomes that are used as indicators of the quality of nursing care. As a secondary analysis of administrative data from a large acute care hospital in Western Australia, the authors explored the relationship between understaffed shifts and nurse-sensitive outcomes.


- Staff mix which takes into account educational preparation, experience, and professional needs to be a factor when addressing nurse staffing. Managers must evaluate competency levels and critical thinking skills and use this information as a basis for creating a safe patient care environment. An effective staffing model should take into account resources such as support personnel, equipment and supplies as having adequate resources on hand improves the nurse’s workflow.