

Nurse staffing essay

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Part 1: Optimal Nurse Staffing in the Post Anaesthesia Care Unit at the University of Toledo Medical Centre, West Toledo, OH.

The issue of staffing among registered nurses has been acknowledged to be one of the perennial problems that affect the nursing sector. Many evidence-based studies in nursing have found that there is a very strong relationship between nurse-to-patient ratio and safe patient outcome (American Nurses Association, 2014; Welton, Unruh, & Halloran, 2006). Just like many other nursing units, the nursing section at the University of Toledo Medical Centre has established staffing policies and guidelines that ensure that patients in Post Anaesthesia Care Unit (PACU) receive holistic nursing care. In this regard, the management has divided the level of care into two phases: Phase 1 and Phase 2. In the phase I, nurses will be focused on providing their services to patients with immediate post anaesthesia settings in transitions to Phase II. A one-nurse-to-two-patient ratio will be optimal to two patients who are conscious, stable and without complications, but not meeting discharge criteria. The same will be applicable to two patients who are conscious, stable and eight years old with family support, but not yet meeting discharge criteria. A One-nurse-to-one-patient ratio is applicable to those patients whose conditions are very critical. In this regard, they may be unconscious and in unstable conditions. In some cases, if the patient's conditions become worse, the second nurse must be available to assist. The management has also issued a guideline of a two-nurse- to-one patient ratio to be applicable to patients that are critically ill and in very unstable conditions (The University of Toledo, 2014).

Phase II involves the patient's level of care after being transferred from Phase I. Its optimal ratio is one-nurse-to-three-patients for patients that are stable and older than eight years of age. If they are in stable conditions, but younger than eight years, they should have family support. A one-nurse-to-two-patient ratio will be applicable to patients who come immediately from post-operative sessions. However, a one-nurse-to-one-patient ratio is applicable to any patient requiring a transfer to an advanced level of care (The University of Toledo, 2014).

Part 2: Nurse Self Scheduling and Staffing Problems

Nurse self-scheduling can cause staffing challenges that result from nurse shortage to human resource managers due to the mandated staff-to-patient ratios, ageing nurse population and restrictive union contracts. Nurse shortage can lead to medication errors, increased mortality rates, nurse burnouts, nurse fatigues and reduced job satisfaction and nurse retention. To ensure proper and safe staffing, the management should make sure that nurse staffs fill their self-scheduling forms putting in minds the needs of the organisation. Moreover, each nurse will be required to work at least every third week of his schedule at the organisation. Nonetheless, the organisation can also try to be more creative by introducing motivating bonuses for them to work extra hours (Sabet, 2005).

Recruitment, staffing, and scheduling alternatives

The first recruitment and staffing alternative to the nurse staffing shortage are the visiting staffs. They should be incorporated in the organisation's schedule with their convenient time (Welton, Unruh, & Halloran, 2006).

Another alternative of recruitment and staffing is the returning staffs, which only come back after a certain season has peaked to relieve permanent staffs when the schedule becomes tight. Some hospital organisations can organise staff sharing arrangements. In this regard, nurse staffs from the hospital that is not busy can resort to be visiting the other organisation during certain periods of time when schedules are tight. However, since some of the nurse graduate could have registered with some employment agencies, the hospital organisation can contact them for immediate recruitments, if it experiences immediate shortage of nursing staffs or the when the schedule is very tight (Reynolds, 2014).

References

American Nurses Association. (2014). Nurse staffing. Retrieved on 30 November 2014 from

<http://www.nursingworld.org/nursestaffing>

Reynolds, P. (2014). A Practical Guide to Seasonal Staffing Alternatives. The Call Centre

Sabet, L. (2005). Adopting Online Nurse Scheduling and Staffing System. California

Healthcare Foundation. Retrieved on 30 November 2014 from <http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/A/PDF>

[%20AdoptingOnlineNurseSchedulingAndStaffing.pdf](#)

The University of Toledo. (2014). Patient-Staff Ratio in the Post Anesthesia Care Unit.

Retrieved on 30 November 2014 from https://www.utoledo.edu/policies/utmc/nursing/unit/PACU_OPS/pdfs/3364-125-19.pdf

https://www.utoledo.edu/policies/utmc/nursing/unit/PACU_OPS/pdfs/3364-125-19.pdf

<https://assignbuster.com/nurse-staffing-essay/>

Welton, J. W., Unruh, L. and Halloran, E. J. (2006). Nurse staffing, nursing intensity, staff mix, and direct nursing care costs across Massachusetts Hospitals. *Journal of Nursing Administration*, pp. 416-425.