

Does shortage of nursing staff negatively influence nursing essay

[Health & Medicine](#), [Nursing](#)



Globally, Magnetic status is becoming one of the targeted goals in many hospitals and to achieve this mission; quality assurance is gaining importance day by day. In that regard, administrators are ensuring quality care service by paramedical staffs. Among paramedical staffs, nurses are front-line caregiver, comprise larger professional group within health care setting and have been recognized by the public as the most trusted profession (Gallup & Jones, 2010 as cited in Tomajan, 2012). Furthermore, administrators also believe that nursing employees are the valuable source to sustain high quality of hospital. Nevertheless, few opponents believe; quality assurance can be maintained in short nursing staff. I totally disagree, to retain hospital quality and to prevent detrimental effects on patient, staff and hospital; ample nursing staff is a crucial factor. In addition, from several decades, health researchers have reported association between adequate nurse staffing and positive hospital outcome (Clarke & Donaldson, 2008). Therefore, I strongly believe that shortage of nursing staff negatively impact quality assurance of a hospital on three major areas which are endanger of patient's life, dissatisfaction of nursing staff and ineffective control of hospital cost. The first negative impact is to put patient's life in danger. With short-staff, best nursing practices and high quality care seems unrealistic because workload is too much on staff. Hence, nurses unable to give proper attention towards their patients which increase the risk of medical errors such as: medication errors, falls, pressure sores, and hospital acquire diseases and infections. Annually at nursing division of Aga Khan Hospital; 72 to 78 medication errors report due to workload and short staffing (Khowaja et al., 2008). Ultimately, these careless fatal errors result in patients' death;

Houle & Fleece (2012) report shows that nearly 100, 000 people die annually in U. S hospitals from medical errors. Besides that, to carry out multiple tasks; nurses force to cut their attention across their patients, omit essential tasks and do short cuts, which is ethically unacceptable also worsening patient's life. The reasons behind emerging poor practice environment by nursing staff are insufficient timing and staffing (Schubert et al., 2008). In short, elevation of errors and short cuts of staff increase the risk of patient's death, impede hospital quality and dissatisfy the patients. Second negative impact is staff dissatisfaction. Staff wellbeing and job gratification are needed aspects to maintain hospital quality. Mostly in short-staff units, head nurse are using double duty strategy in-order to complete tasks. Such units overburden the employees with work and long hours that eventually create exhaustion, frustration, tension, and reduced staff wellbeing (Ball, 2010). In my nursing career, most of the time I force by team leaders for recurrent doubles duties, which create huge stress in my life. Moreover, inadequate staffing with long hours duty destructs the healthy working environment and provokes occupational illnesses and injuries such as needle prick, fatigue, physical and mental strain (Bae, 2012). Simultaneously, employee unfitness contributes in low attendance, poor performance and increase absenteeism which negatively affect hospital performance graph. Current evidences also indicate physical and mental wellness of nursing staff is essential to provide best patient care (Bae, 2012). In brief, work exhaustion and risk of occupational injuries and illnesses ascend in short-staff which eventually aggravate poor hospital quality. Third negative impact is ineffective hospital cost containment. Short nursing staffs have following detrimental impacts on

organization cost. Firstly, medical errors increase the patient length of stay that burden on patient as well as hospital cost. Therefore, to develop adequate staffing and improve working condition are the effective interventions to reduced patient length of stay (McHug & Ma, 2013). Secondly, job dissatisfaction and unfitness of employees increase resignation, turnover and temporary supplemental staff that result in gaining the staff hiring cost of hospital. Thus, short staffing is costly to the health service in terms of: turnover cost, back cover of absent staff and unfilled vacancies (Schubert et al., 2008). Thirdly, patient dissatisfaction with care delivery decreases the hospital fame and market value which lead to decline in admission rate. U. S reports show that one third hospitals will be close by 2020 because of its poor quality service and cost control they cannot compete in a globally competent market (Houle & Fleece, 2012). Hence, due to these three impacts, organization unable to assure its quality and productivity. However, some people belief that quality assurance doesn't negatively impact by inadequate staffing. In that regard, few opponents believe are as follows: first, patient's safety can be achieved in short-staff as quality care has association with staff competence and knowledge not its level. Therefore, competent nurse manager can handle short-staff unit by utilizing different strategies such as apply functional health nursing care delivery model to provide quick, efficient and less economical care to patient with minimum registered nurses(RNs). In functional nursing, tasks are assigned to nursing staff according to their respective qualifications, for instance; RNs do medications and nursing assistants do hygiene care (Dubois, 2012). Furthermore, ongoing audit and monitoring of staff by

managerial personnel prevents from all short cuts and ensure quality work as; audit helps in improving staff performance and persuades quality care (Ball, 2010). Second claim is that employees are more satisfying in short staffing as they can easily avail development opportunities such as training and education sessions. Along with, pooling and mixing of staff strategies helpful in developing staff by exposure to other unit and reduce the workload. Several observational studies support the view that staff pooling and rich mixing of qualified personnel are associated with better clinical outcomes and improved hospital quality (Dubois & Singh, 2009). Moreover, earned leaves strategy also beneficial to relief the staff from workload and give ease. Third claim is that low-staff hospitals are advantageous for cost containment such as: the rate of salary increment among staff is comparatively higher than surplus staff unit, which also leads to increase in job satisfaction and retention. Furthermore, ongoing performance appraisal motivate the staffs to improve their work performance which results in enhancing quality care and patient satisfaction with health care services which ultimately increase the hospital market value and admission rate. Undoubtedly, there are people who believe quality assurance is depending on staff competence however, studies prove that only competence can't be successfully work for quality assurance in under-staff unit because short staffing with long hours duty is a considerable challenge for competent nurse to perform safe care (Staffing and Patient Safety, 2013). Additionally, functional nursing model involves fragmented care deliver by untrained staffs and less RNs which negatively impact quality care (Dubois, 2012). Furthermore, in short staff, its overburden and barely difficult decision for

manager to send staffs in training session and for earned leaves. Besides that, staff pooling has negative consequences on hospital quality because nurses generally do not like to float to other units and hesitate to work proficiently in unfamiliar environment which eventually arise patient safety issues (Ferlise & Baggot, 2009 as cited in Wang & Gupta, n. d.). Lastly, due to hospital acquired injury and illness many attendants accuse the hospital and refuse to pay treatment costs which eventually decrease the hospital reputation, admissions and cost control. Hence; evidences show investment in nursing force help to reduce patient stay and improve health outcomes (Ball, 2010). In conclusion, the success of quality assurance is entirely depending on adequate nursing staffing because it helps to prevent from harmful effects on patient life, staff well-being and hospital cost containment. Moreover, quality assurance increases the market value of hospital and helps to get magnet recognition for that reasons various hospitals are improving the adequacy of front-line staffing i. e. nurse. " Worldwide, hospitals are operating optimum nursing staff to overcome negative patient outcome and enhance hospital quality" (Schubert et al., 2008). Therefore, it is one of the nursing management responsibilities to make sure adequate nursing staff in order to uphold hospital excellence and quality.