

Necessity of nursing

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The Necessity of Nursing Assistants to Improve the Quality of Patient Care

Introduction The quality of care received by patients is of fundamental importance to healthcare organizations. A well-documented happening that has impacted healthcare settings across the world is the nursing shortage (Tasks, 2003). Due to the current nursing shortage, it is often difficult for nurses to provide all the care patients need. According to Quality (2005), by reason of this shortage of Registered Nurse (RN) staff, there are many less-complex tasks that RNs can delegate to Nursing Assistants (NAs).

This allows RNs to concentrate on more complex nursing tasks. Improving the patients' overall quality of care. Nursing Assistants fulfill an important role in today's health care industry. **Problem Analysis** The Nurse Executive of a 125-bed health care facility believes that the facility needs more NAs to improve patient care. This belief was brought on by Physical Therapists noting that many patients are not ambulating or sitting up as often as they should. Nursing Assistants are fundamental to the daily routine in all healthcare facilities, and therefore an increase in their numbers would lead to solving this dilemma (Quality, 2005).

According to the American Nurses Association, delegation of tasks must be based on the state's nurse practice act, as well as the individual skills of the person that the task is being delegated. The current situation of needing additional caregivers to lead to patients ambulating and sitting up would be an optimal opportunity to employ NAs to assist with this less complex task (Quality, 2005). Additionally, because Medicare and Medicaid payments are declining, employing NAs to assist patients is a cost-effective way to provide quality care.

There is a significant cost savings in employing NAs, rather than hiring additional Urns, or Physical Therapists. The average Nurse Assistant salary ranges from \$21,620 to \$24,260, while Urns and Physical Therapists salary ranges from \$49,600 to \$59,521 (Quality, 2005). Higher acuity and rehabilitative needs of patients, along with increased life expectancy and the amount of people older than 65, establishes an obvious demand for NAs. This demand will only increase as the baby boomers reach the age of 65 (Pennington, Congo. ; Magical, 2007).

According to Whittle, Robinson, Henderson, ; Anderson (2005), elders are prone to experience an overall national decline in activities of daily living. The current problem being a need for additional staff to assist with patients requiring ambulation and sitting up must be addressed. Inability to provide quality care results in increased length of stay. As well as increased discharges to nursing homes (Whittle, et al. , 2005) When adequately trained, educated, and appropriately supervised, lower paid, non-professional staff can greatly relieve the burden on Physical Therapists and Urns.

This allows Urns and Physical Therapists to adequately provide patient care requiring their professional level of skill and education (Tasks, 2003). As a consequence of this current situation an efficient and effective plan must be brought into action. Strategies A possible strategy to immediately manage this current patient care situation on an interim basis until a permanent plan can be implemented would be to redistribute the workload of the NAs

currently working. Currently the average AN spends most of their time changing linens and bathing.

Giving approximately eight to ten baths and changing linens each day leaves little time for assisting patient with activities of daily living, specifically sitting up and ambulating. This writer suggests giving patients a bath and changing linens every other day, unless soiled. Partial baths are to be given on the off days. All patients will receive daily face, hand, and perinea care; male patients will be shaved daily (Whittle, et al. , 2005). The hospital patient advocate can develop a patient information flyer to be provided to all patients describing the new practices and purpose for them.

The NAs would assist patients with sitting three times daily, preferable at meal times. Not only does this simulate a routine, it facilitates the digestive process and decreases the risk of aspiration. Additionally, NAs will ambulate patients according to the recommendations of the Physical Therapist and document the distance of ambulation; working with patients daily to increase this distance over the course of their hospital stay. Whittle et al. (2005), performed research on elders similar to the suggestion of the writer.

Their research found that the presence of having NAs available to assist with sitting up and ambulating patients would be highly supported by Physical Therapists and Urns. Additionally, they received no complaints from patients about the decreased frequency of bathing. Possible positive patient outcomes are decreased length of stay and fewer discharges to nursing homes. Moreover, their research revealed that AN turnover decreased from 175% in 2000 to in 2004 (Whittle, et al. , 2005).

A potential strategy of increasing the amount of NAs on a long-term scale is to implement measures to develop the skills of the non-professional staff. Investing the time and cost to educate and develop the internal resources of the facility will increase the capabilities of the AN. Additionally, employees are likely to experience higher levels of Job satisfaction. Healthcare organizations often have untapped sources of non-professional employees that would appreciate the opportunity to invest in their personal growth and education by enrolling in a facility provided training program.

Increasing the level of NAs staffed and providing the quality of care all patients deserve will improve the overall morale of the facility. Further, patients will have a perception of increased quality of their hospital experience (Tasks, 2003). Budget Proposal Increasing the AN staffing is necessary for this facility. By increasing AN staff rather than Urns or Physical Therapists, it offers a dramatic savings to the facility. The alarm of a AN ranges from \$21, 620 to \$24, 260. The salary of Urns and Physical Therapists ranges from \$49, 600 to \$59, 521. This offers the facility a savings of \$27, 980 to \$35, 261.

Basically this facility could hire two, possible three, NAs for the amount of one RAN, or Physical Therapists (Pennington, Congo, ; Magical, 2007). Due to the decrease of Medicare and Medicaid payments and allotted days of OSP tall stay; employing NAs could assist in more efficient recovery to patients Shortening the length of patient stays will decrease the usage of resources, therefore offering additional cost savings (Whittle, et al. 2005). For example,

if a Medicare patient stays longer than the allotted time of the DRAG code, the facility is responsible for those costs (H.

Mills, personal communication, November 10, 2008). For this reason, it is important to ensure that patients are discharged within their recommended hospital stay allowance, while still providing optimal care. Implementation of a facility training program would require a great amount of planning and effort. The hospital education department could use their resources to train the staff interested in assisting with the program. Additionally, once the AN students received this training they could be mentored by skilled and educated NAs during a four week proprietorship.

Allowing nurse assistant students to train offers additional help to the patients as well as cost savings to the facility. If the starting salary of a AN is \$21 , 620, over the course of a four week proprietorship, one student, training 20 hours each week, offers the facility cost savings of approximately \$831. 54. By using the resources already within the facility, there is no additional cost. The only cost to the facility would be that of books for the students and supplies for the training. The cost of 15 Nursing Assistant books at \$41. 95 would be \$629. 25 (M.

Richards, personal communication, November 5, 2008). These books could be signed out to the students and returned at the end of their class. The average cost of supplies used for training is \$125. 00 (P. Step, personal communication, November 5, 2008). This cost could be a fee required for students to pay to be in the training program. Other than the cost of books this training program would not cost the facility an extreme amount

of money and would greatly benefit the overall care received by patients, which should be the focus of all health care organizations.