

# [Nurse to patient ratio in emergency rooms](https://assignbuster.com/nurse-to-patient-ratio-in-emergency-rooms/)

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The presence of emergency rooms in hospital provides the people with additional service especially in time of need. Emergency situations are given the attention they deserve and the people affected are extended prompt care and treatment in emergency rooms. “ When you need help right away, the best place to go is the nearest hospital emergency room. Also called the ER, this place is open 24 hours a day. Nurses and doctors are there day and night to care for medical problems that need quick attention” (“ What Happens In The Emergency Room”). The presence of doctors, nurses, and equipment are important factors in making the emergency room serve its purpose. Due to the number of emergency situations that occur on a daily basis however, said factors must be assessed in order to determine whether or not emergency rooms still provide ample assistance to people in a given community.

One such factor of great importance is the number of nurses assigned to a shift in an emergency room. It is important to review how the number of nurses in an emergency room can affect the rendition of service to patients, and ultimately, how it affects mortality of patients in the hospital. Nurses are of value and importance inside the hospital. As correctly stated by Underwood,

Nurses in the community are well prepared and well positioned to improve thehealthand well-being of people living in the community. The available evidence is convincing that nurses in the community have a positive impact on the health of individuals, families, and populations (2003).

Admittedly, it is thedoctorwho orders what type of treatment and prescribes the necessary medication to a certain patient. However, it must be noted that without the nurse, the orders of the doctor will be put to naught since no one will be in charge in the execution of said orders. So also, the basic things preliminary to the treatment of the patient are usually done by the nurse. Thus, it necessary to analyze how understaffing of nurses in the emergency room could affect the services these nurses render to the patients who are urgently in need of help. Ultimately, it can be seen that the safety of the patients are dependent on the number of the nurses that are assigned to the emergency room in a given shift.

The quality of the services provided and delivered by the nurses depends on the tasks assigned to them and to the number of patients they attend to. Based on studies conducted, increase in the ratio between patients and nurses are advantageous as regards the delivery of health care services to the patients. The opposite is not only disadvantageous to the interests of the patients, but rather, it could lead to deterioration of health or even death on the part of the patients. The staffing of nurses in emergency rooms is an important issue must be addressed. The patient and nurse ratio affects the work load of the nurse, medication errors, waiting time of patients, delivery of care and mortality. Said issues must be address in order to ensure that emergency rooms are still effective venues for rendering treatment to emergency situations.

Increase in the patient to nurse ratio would ensure better rendition of services to patients. Firstly, delays will be prevented by higher ratio between patents and nurses inside the emergency room. Clearly, there are instances where more patients need care and there are only a handful of nurses available at a given shift. In these cases, not all the patients will be attended to promptly. Some would have to wait because the nurses would have to focus on the other patients who are in need of more urgent care or treatment.

The other patient, also needing emergency treatment, will necessarily have to wait. As aptly stated, excessive delays are akin to possible adverse events from the supply side (pressure experienced by the nurses) and from the demand side (waiting patients), both of which factor into the overall quality of care. Accordingly, we pose the nurse staffing problem in terms of finding staffing levels that guarantee a bound on a specified probability of excessive delay […] staffing levels are set to prevent the assistance of patients in need from being delayed longer than a specified time constraint [...] (Vericourt and Jennings).

It must not be forgotten that emergency rooms are assigned in a hospital in order to provide attention to emergency cases. If patients are made to wait for a long period of time before their ailment can be attended to, then the purpose for which emergency room exists is not being served. The adverse effect of the delay caused by a decrease in patient to nurse ratio is not limited to having the patient wait for treatment that he or she needs.

Ultimately, the health of the patient is adversely affected. delaying certain procedures can endanger patient health. For instance, the medical guidelines for certain myocardial infarctions recommend the immediate administration of aspirin. Delays also give rise to unfinished tasks, either because nurses fail to remember them later or because they abandon them in order to take care of more urgent procedures.

In emergency rooms situations, time is always of the essence. Hence, the waiting time of the patient must be lessened, if not absolutely eliminated. The mere fact that the patient sought help from the emergency room means that care and treatment must be urgently administered to him. Having the patient wait due to the limited number of nurses that are available in a given shift means that the patient has to bear with his ailment before he can be attended to. This is contrary to the purpose of emergency rooms.

Secondly, the increase in the patient to nurse ratio will clearly eliminate medication errors inadvertently done by nurses. It must be admitted that the number of patients assigned to a nurse at one given time largely affects the performance of the nurse concerned. If patients, more than those which one nurse can handle, are assigned to a nurse, there will be difficulty in attending to all of said patients. This could lead to error in administering the proper treatment to be given to a certain patient. Regardless of the competence of the nurses in the hospital, the weight of their work load can actually influence the quality of service that they deliver to the patients.

In instances which involved the decrease of the ratio between patient and nurse, medication errors have been made by nurses. The commission of said errors eventually led to complaints from patients due to faulty and low quality of service that has been provided to them. One article recounted that a report from the Department of Health of Massachusetts revealed that “ medical errors and complaints at hospitals have increased by 76 percent in seven years” (Why The Staffing Ratio Law Is Needed”) due to understaffing of nurses in emergency rooms.

Thus, it appears that decrease in the ratio between nurse and patient could actually lead to endangering the health of patients. This could also blemish the character and reputation of hospitals in the community because instead of ensuring the health of the patients, they accomplish the opposite.

Lastly, and more importantly, the ratio between patient and nurse affects the quality of service given to, and the mortality of patients seeking help from the emergency room. As mentioned earlier, the delay in receiving proper care and the great possibility of errors in medication could adversely affect the health of patients. This is the same reason why a lot of States have resorted to the promulgation of laws involving the fixing of the ratio between patients and clients in the hospital. This is to ensure quality of the care provided to the patients. As correctly pointed out by Vericourt and Jennings,

The rationale for implementing these ratios stems from the association between nurse staffing level and patient safety. Research studies suggest a significant connection between nurse workload and clinical outcomes. For instance, Aiken et al. (2002) conclude that the addition of one surgical patient to nurse assignments results in a 7% increase in mortality rates. The purpose of the mandated nurse-to-patient ratios is to provide a consistently high level of patient safety throughout the state. Ostensibly, safety is partially attained through manageable workloads among those who actually provide health care services.

If decrease in the ratio between nurses and patients is countenanced, then a lot of patients would suffer because they will not receive the urgent treatment that they need. There is a possibility that their injury or ailment could actually worsen due to errors in treatment or medication. So also, there is a chance that due to lack of timely and proper treatment, death could ensue.

The Institute of Medicine of the National Academies ofSciencereports that " nurse staffing levels affect patient outcomes and safety." Insufficient monitoring of patients, caused by poor working conditions and the assignment of too few RNs, increases the likelihood of patient deaths and injuries at a time when avoidable medical errors kill up to 98, 000 people in U. S. hospitals every year (“ Why The Staffing Ratio Law Is Needed”).

This is, unquestionably, a serious issue that must be addressed. As mentioned above, the emergency room is a place where quick attention could be given to patients who are in need. There is a promise that ailments and injuries will be treated right away in order to save the patient. However, due to understaffing of nurses in emergency rooms, it appears that chances of death are even heightened.

All the materials related to the issue at hand are in agreement that the fixing of the ratio between patients and nurses is an important issue that deserves attention. Not only does it affect the workload of the nurses, but ultimately, it affects the health and safety of the patients seeking help from the hospital. In a survey conducted, even the nurses themselves agree that understaffing is a serious problem encountered in most hospitals. “ The survey data demonstrate that nurses view understaffing as a serious problem when it comes both to the quality of care that patients receive and to nurse burnout. For example, three in five (59%) hospital nurses say that the staffing level at their hospital is having a negative impact on the quality of care patients receive” (Hart, 2003).

In conclusion, emergency rooms and nurses play an important role in the society when it comes to giving urgent care and treatment to patients seeking help. Mere assignment of nurses to emergency rooms is not sufficient. A sufficient number of nurses must be assigned to a certain shift in the emergency room in order to meet the demands of the people in need. Undeniably, nurses play different roles while they are at work.

Its goal is to promote and preserve the health of populations and is directed to communities, groups, families and individuals across their life p in a continuous rather than episodic process. The role and activities include: care/service provider; educator; consultant; community developer; leader; enabler; advocate; communicator; resource manager/planner; coordinator; team member/collaborator; researcher/evaluator; social marketer; and policy formulator (Underwood, 2003).

If said duties are expected of nurses, then it appears that said duties cannot be accomplished if only a few nurses are assigned in a certain shift.  Research proves that decrease in the ratio between nurses and patients affect adversely the performance of nurses. They commit errors in medication and are not able to provide proper care and treatment to all the patients assigned to them. On the other hand, increase in the ratio between nurses and patients ensure that only the best quality service and care will be given to the patient. Proper attention and adequate attention is ensured because the nurse is able to focus on the patient. Ultimately, in increasing the ratio between nurses and patients, nurses are able to perform their duties efficiently, and the patients receive the care and attention that they deserve.

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REFERENCE

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“ What Happens In the Emergency Room?”. 2007.