

What is the association between nursing staffing levels and adult patient falls i...

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Nurse Staffing and Adult Falls Wards for adult patients have been associated with high number of patient falls due to inadequate nurse staffing. Nurses are usually given the responsibility to keep watch on patients. Staffing of nurses is, therefore, a critical factor in hospitals and other organizations that provide healthcare services. Though falls for adult is a complex challenge since some are unavoidable, increased nurse staffing can reduce this and hence improve patient outcomes (“ Safe Staffing” 2014, p. 32).

From the research, the following recommendations are made to improve health care for older people. At hospital level, number of registered nurses should be increased to monitor patients in the wards and provide the required services. From records, increased number of nurses decreases falls among adult patients (Griffiths et al., 2014). The nursing staffs should be given education so as to understand their roles and associated problems. On the other hand, nurses’ needs should be well catered to motivate them and have enabling environment to offer their services. It can be achieved by considering them as financial assets that have a critical role in the hospital. However, in various unit-levels, experienced nurses should be retained at whichever cost. Evidence has shown that inexperience and lack of the necessary skill have contributed significantly to the falls among adult patients (Griffiths, et al., 2014). During hiring, nurse skill mix should be considered. It involves taking care of skill level and experience in order to improve services.

From the records, it is not clear about the component of a nurse that contributes most to the reduction of fall. It is, therefore, crucial to establish this through research and make recommendations. The future studies should

as well focus on evaluating the role of non-registered nurse staffs to the increased falls in the hospitals. Their relationship should be validated through replication of studies.

References

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