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Nursing

Registered nurses constitute the largest health care occupation in America with roughly 2.6 million jobs (Farr 236). Taking this data into consideration, keeping these jobs filled is paramount to keeping the healthcare system afloat. The federal government predicts the shortage of RN’s in the US will reach 29% but the year 2020 (Bergmann 93). Doing the math that comes out to be around 754,000 registered nurses short by the year 2020. With registered nurses being the largest component of the healthcare occupation, it seems that patient care by the year 2020 could be affected, nurses in the field will become overworked and burned out, and the fix will take a group effort by both registered nurses and the healthcare individuals involved in making staffing decisions.

In “Registered Nurse Staffing and Patient Outcomes in Acute Care: Looking Back, Pushing Forward” author Sean P. Clark believes that the connection between staffing levels and outcomes has now been identified often enough that it is difficult to not think patient care is being affected by shortages (1126). Sean P. Clarke goes on to say that if staffing levels affect the amount and quality of work that nurse can do, and if registered nurses work affects patient welfare, staffing levels should affect patient outcomes (Clarke 1126). It is hard not to believe what Sean is saying in this article. When staffing is already down, more patients are being assigned to nurses, which over works the nurse, and potentially affecting how the patient is taken care of while in the healthcare facility. This brings up a valid point, what is a proper amount of patients an RN can take care of at a time. In the United States, only 14 states have implemented some sort of legislative action on staffing ratios for RN’s (Gordon et al. 3). In California, the California Nurses Association (CNA), the most powerful nurses union, helped lobby the states legislature to pass a bill mandating the state’s Department of Health Services to determine appropriate minimum staffing ratios for all units in the state’s hospitals (Gordon et al. 3). The only problem with mandating a set ratio for nurse-to-patient, is with the ongoing issue of shortages, the patient is going to be directly affected. If a nurse can only take care of a set amount of patients, then other sick patients with go longer without getting the care needed. Yes, this helps the nurse not get overwhelmed, but it is a double-edged sword. This is an area where an employer would have to make the decision, overwork your employees and potentially cause an even bigger shortage, or delay care to the patients in need.

Will over worked RN’s quit and find new careers, many hospitals report turnover rates in the double digits. In a research conducted by *Health Affairs*, researchers surveyed forty-three thousand nurses across the United States, Canada, England, Scotland, and Germany. The research found that nurses reported being burned out and overworked. The number one complaint across the board was the number of patients assigned to them had risen (Gordon et al. 8). The research from *Health Affairs,* also found a declining numbers in quality of care and increase in patient harm. De Véricourt and Jennings through research have come up with a formula in which they can calculate using closed queuing models and probability to determine the number of nurses needed in a medical unit and help prevent burnout (*Nurse Staffing in Medical Units* 6*).* De Véricourt and Jennings also recommend through their formulation, that shifts should limit working hours, and allow for enough breaks. Both researches determined the same theory, when workload, and patient load are increased, the outcomes for nurses is causing more burnout and turnover rate, while the outcomes for the patient is causing more harm.

Being that RN’s account for the majority of jobs in the healthcare setting (Farr 236). What is the fix to keep nurses staffed, nurse-to-patient ratios low enough to keep burn out low, and patient outcomes better. Like stated previously by De Véricourt and Jennings, they believe their formula would help making the ratios better, while also combating burnout. In *Nursing Shortage: Looking to the Future*,Linda Roman writes about how recent nursing surveys have indicated improvements in the work force, Roman believes that fixes in the past were usually short term and never lasted, but when management is on board, better outcomes have been reported. Some might believe higher pay would make things better, In *What do nurses want?,* Jay Greene interviewed some nurses from Michigan who stated that higher pay was not at the top of the list for most nurses, most wanted safer workplace for themselves and their patients, 12 hour or less shifts and limited mandatory overtime. So, it comes down to healthcare management getting on the same page and working with their employees to fix the problem.

From the research provided it seems that shortages in the nursing field is a worldwide problem. By the year 2020 and every year after for that matter the problem is only going to get worse if the same mindset is continued. It is the responsibility of both healthcare management and healthcare providers to work together and come up with a plan. Both employees and patients depend on it. Being that nurses make up the majority of the healthcare field, there role is that much more important. Management should take that into consideration and work to a common medium to obtained optimal numbers in the nursing field. Making committee’s where management can connect with subordinates, and a place where subordinates and voice concerns to people in charge. This is a good way for both sides to see progress and that the other is at least attempting to work towards a common goal. That goal should be how to get the very best nurses to work, while cutting down the potential for burnout, feeling overworked, and a safe workplace for employees and environment for their patients. With the population growing steadily, the problem will only get worse if the same short-term fixes are applied. Simply putting forth the effort from both sides can only improve results.

Works Cited

Bergmann, Barbara. “ The Nurse Shortage Is a Crime.” *Challenge* v. 49, iss. 6, (2006): 93-102. *EconLit with full text.* Web. 27 Mar. 2018.

Clarke, Sean P. “Registered Nurse Staffing and Patient Outcomes in Acute Care: Looking Back, Pushing Forward.” *Medical Care*, vol. 45, no. 12, 2007, pp. 1126–1128. *JSTOR*, JSTOR, [www.jstor.org/stable/40221593](http://www.jstor.org/stable/40221593).

De Véricourt, Francis and Otis B. Jennings. "Nurse Staffing in Medical Units: A Queuing Perspective." *Operations Research*, vol. 59, no. 6, Nov. 2011, p. 1320. ebsco*host*, proxygsu-alb1.galileo.usg.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=aqh&AN=71920485&site=eds-live&scope=site.

Farr, J. Michael. *100 Fastest-growing Careers: Your Complete Guide to Major Jobs with the Most Growth and Openings.* Indianapolis: JIST Publishing, 2010. eBook.

Gordon, Suzanne, et al. *Safety in Numbers: Nurse-To-Patient Ratios and the Future of Health Care*. Cornell University Press, 2008. The Culture and Politics of Health Care Work. ebsco*host*, proxygsu-alb1.galileo.usg.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=671439&site=eds-live&scope=site.

Greene, Jay. "What Do Nurses Want?." *Crain's Detroit Business*, vol. 33, no. 47, 20 Nov. 2017, p. 0010. EBSCO*host*, proxygsu-alb1.galileo.usg.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=bwh&AN=126360240&site=eds-live&scope=site.

Roman, L. "Nursing Shortage: Looking to the Future." *RN*, vol. 71, no. 3, Mar. 2008, pp. 34-41. ebsco*host*, proxygsu-alb1.galileo.usg.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=105743708&site=eds-live&scope=site.