**Nurse Staffing Ratios**

**Nurse Staffing Ratios: Impact on Quality Patient Care in a Healthcare Setting**

Nurse staffing ratios have implications for the quality of care together with the outcome that patients experience whenever they are served in a healthcare organization. The trends in the healthcare industry indicate that there is a growing demand for nurses yet the nursing schools are still struggling to expand their capacities. The problem is worsened since a significant number of the currently serving registered nurses are nearing their retirement age and the nursing schools are releasing fewer RN nurse graduates and also APRN to take up the positions that are becoming vacant (Rosseter, 2014). In this manner, it is appropriate to mention that the group is focused on discussing nursing staff ratios and its subsequent impacts on patients’ safety. Arguably, it is stated that at any moment that the when the number of nurses that are ready and willing to get employed is fewer, and their demand in the industry is higher, nurse shortages occur. Nurse staffing ratio is significant in the healthcare industry. In this context, it is identified that the quality of the care environment is influenced by the nurse staffing that exists in any hospital. Nurse staffing is found to impact on the nurse workload. Increased nurse workload is found to lead to nurse burnout that ultimately influences on nurse retention in their workplaces. Such occurrences lead to missed episodes of care that in turn limits the quality of care provided to the patients seeking services (Shekelle, 2013).

**Clinical Question**

Accordingly, conflicting views are existent concerning mandatory nurse-patient ratios in the different units for care provision. Unit level staffing primarily influences day-to-day care and also shift-to-shift variations. Accuracy and consistency of quality and enhanced care are essential in ensuring improved outcome among patients that are served (Sherenian et al., 2013). For instance, a nurse reports to Medical-Surgical unit (Nurse A) and is assigned the duty to care for six patients for her 12-hour shift. A 68-year-old male patient (patient A) with COPD that was admitted with pneumonia that is considered to be at high risk of falling is among the patients she cares for during the shift. A more significant percentage of the Nurse’s time is spent conducting assessments, communicating with doctors, answering calls, administering medications, marking hourly rounds, and thoroughly documenting on her patients. Since she has to divide her time equal to the patients assigned and also perform the mentioned tasks, she is left with limited time to spend in the patient rooms.

In the meantime, Patient A has been in need to use the restroom, and it has taken a while before the nurse attends to him because she was busy. The patient decides to go to the restroom without the assistance of the nurse and on his attempt and halfway to the bathroom the patient accidentally falls and breaks his left hip. If the nurse was assigned fewer patients, say four, to care for during her shift she would have allocated more time to her patients and Patient would have received quality care that would not have prompted him to decide to go to the restroom without the assistance of the nurse. If it happened so, Patient A would not have broken his left hip safety, and quality of outcome would have characterized the care offered to the patient that also translates to quality patient care in the entire healthcare organization. Therefore, the PICOT question to guide the study is: “In acute care setting, how do high nurse-to-patient ratios compared to low nurse-to-patient ratios affect the quality of patient care within the first six months of implementation.”

**Level of Evidence**

The question asked in the PICOT form is an intervention question designed to aid in the research the topic of concern for the study. The question is designed to compare the outcomes of engagement with patients in the hospital in two periods. The comparison is made between a time when more patients were assigned to nurses to care for during their shifts and the outcome in the time when right staffing strategies are implemented making it possible to have fewer patients in nurses’ care list during their shifts. In the pyramid showing levels of evidence attainable from research studies, it is found that meta-analyses provide the highest evidence possible for the topic researched. However, there were no meta-analyses found focusing on the topical question, but the second best level of evidence in the hierarchy, systematic reviews, were found and included for analysis. The systematic reviews selected for evaluation and consideration for the current study offered the best insight for the topic for research.

**Search Strategy**

The search performed was primarily focused on determining the impact of nurse staffing ratios on the quality of patients care and outcome while receiving care in a healthcare facility. The search conducted was refined through the search terms that were used to source for the published articles concerning the topic of the research. The terms used for the included “nurse-to-patient ratios”; “nurse staffing ratios”; “patient quality care”; and also “patient outcome.” The combination of search words led to a substantial number of articles, and a criterion had to be designed to ensure that the best published are selected for the assessment. The articles that dwelt on nurses’ staffing ratios, workload, burnout, and work environment and their impact on quality of care were found to be the majority and were chosen as potential articles to inform on the topic. Additionally, the list was reduced further by considering the year of publication and articles published within five years were believed to provide the most current information on the topic. The two best articles chosen for review included the work by Shekelle (2013) and the one by Sherenian et al. (2013). The articles were selected for analysis since all are systematic reviews and offer the best available level of evidence concerning the topic for the research and since all were directly related with the impact of nurse staffing ratios on the patient outcome, they offered the best insight on the subject.

**Conclusion**

In conclusion, nurse-to-patient ratios is a consequence of the staffing strategy employed in a healthcare organization. When fewer patients are assigned to a nurse to care for in any given shift, it is found that the care provided is improved while when the numbers of patients on the care list of the nurse are higher, minimal time is allocated to each and quality of care reduces. The latter scenario is found to have adverse impacts on the care environment where low-quality care is offered to the patients leading to reduced safety and outcome and in the worst case scenario is associated with increased mortality in the hospitals. Therefore, determining the best nurse-to-patient ratio will eliminate increased nurses’ workload and its subsequent impairment on the quality of care offered to patients.

**References**

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