**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 registered nurse graduates and also advanced practice registered nurses to take up the positions that are becoming vacant (American Association of College of Nursing, 2017). 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.

**Clinical Question**

**Description of the Problem**

The American Nurses Association (ANA) argues that nurses play critical roles in care coordination from the admission of a patient to the hospital to the time of discharge. Therefore, through adopting appropriate staffing levels; patients’ length of stay together with mortality rates and occurrences of infections and falls are reduced in a hospital (American Nurses Association, 2015). However, the current nurse shortages that are experienced are determined to have ripple effects in the delivery of care in the healthcare organizations and the serving nurses become over-burdened due to increased workload that also lead to reduced quality of patient care. 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 chronic obstructive pulmonary disease that was admitted with pneumonia, a patient considered to be at a high risk of falling, is among the patients she cares for during the shift. The nurse spends a more significant percentage of the time doing other important task during the shift leaving her with limited time to spend in the patient rooms. Patient A makes an attempt to go to the restroom without the assistance of the nurse and this leads to a fall causing him to break his left hip. Therefore, if the nurse was assigned fewer patients she would have cared for and assisted the patients adequately and Patient A would not have broken his left hip, and safety as well as quality of outcome would have characterized the care offered.

**Significance of the Problem**

Nurse staffing ratio is significant in the healthcare industry since it influence the quality of the care environment. For example, increased nurse workload is found to lead to nurse burnout and missed episodes of care that in turn limits the quality of care provided to the patients (Shekelle, 2013). 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).

**Purpose of the Paper**

The purpose of the current paper is to determine how nurse staffing rations impacts on the safety of the patients that are served in a 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 researching 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. 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. However, to determine the effectiveness of the evidence found in the research studies, the guidelines by Houser (2018) was consulted. Houser provides an elaborate way of developing, appraising, and using evidence in guiding practice. In this manner, the evidence obtained from the selected research studies will be translated into nursing practice after appraising the evidence recorded in the articles since the problem requiring knowledge translation has been identified and researched (Houser, 2018).

**Search Strategy**

**Search Terms**

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 was conducted 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 research are selected for the assessment.

**Refinement Decisions Made**

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. 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 ratio 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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