Problems Caused By Understaffed Nursing

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April 23, 2017

Healthcare in the United States has to face many problems nowadays. One of them is a chronic issue of understaffed hospitals and long term care facilities. Broads of directors very often prefer to invest in new equipment and computer systems than in human capital, forgetting how unsafe it can be for the patients. Shortage in nursing personnel can lead to: medication errors, falls, nosocomial infections, and complications. Also, it can affect the nurses and they can experience professional burnout. Only some states in the country have regulations on the nurse staffing in the hospitals but there are still cases when the law is not respected.

One of the results, of inadequate number of RNs on the site, are the medication errors. The nurses are the final barricades between the client and the mistakes that can be fatal. Such mistakes can cause deterioration  of the client's health status or even death. There were many studies done, in order to show how understaffed healthcare facilities. According to Frith and co-authors (2012), patient's safety and care are the higher level when there are adequate RN care hours (p. 293). Many healthcare institutions hire only a few nurses, and more LPNs, due to the economic issues. It can be very risky since because every mistake, that can cause harm to the patient, can cost the facility at least $8,000 and extra week of stay at the hospital. RNs are pharmacologically trained and they have knowledge about the side effects, indications, and adverse reactions of the medicine they administer to their client's. Registered nurses are trained for many years on how to follow the 5 Rights of safe medication administration but they can make mistakes, if there is time pressure or inadequate staffing. Hiring less RNs means more responsibilities for them because they have to be in charge of the LPNs, who do not have enough training to administer all the drugs to the clients. The RN has to do his/her work and observe the performance of the LPNs at the same time. It could be less stressful to the staff, and safer for patients, to have more RNs  on the ward. Picone el. al. (2008) estimated, in their retrospective, study that the possibility of the medication error increased by 18% for every 20% decline in staffing that was below the lowest RN average time spent with the client per hour. It shows how serious this problem is. It is significant to have enough RNs in order to decrease the number of medication errors that can be fatal in effect.
 Many institutions invest in technology in order to omit the medication errors. They invest millions of dollars in coding administration or computerized physician order entry but these strategies continue to fail (Ulenimo et. al., 2007). The other factor, that can contribute to the fatal mistakes with the prescribed drugs, are the long work hours for RNs. Many hospitals prefer the 12-hours shifts but there are studies proving that even 8- hours shifts can be too long for nurses. Patrician et. al. (2011) researched 13 military hospitals in order to see what is the relationship between nurse staffing and medication errors. The results of the study proved that there was a higher occurrence of medication adverse incidents induced by a higher number of total nursing care hours per shift. It may be a good solution to spend funds, not only into the technology, but also on the human factors in order to protect the clients. Investing in the safe administration systems may fail, if the exhausted nurse will not pay enough attention. Also, there are possibilities of overwriting the doctor's order and the RN can still harm the patient, if she does not pay enough attention to what she is doing.

 Understaffing of nurses brings another problem: risks to the patients during emergency situations. The high nurse-to-patient ratio can be dangerous (especially on the intensive care units and the emergency departments). Not an adequate number of nursing staff can be fatal even on the regular medical-surgical floors. The nurses are trained on how to prioritize but there may be a situation where more than one patient will need the same amount of care and attention. Understaffed wards are not able to provide proper care to all patients. In the article, written by Roni Jacobson, she mentions a nurse who works on the pediatric oncology unit in one of the hospitals in California. The woman had 34 years of nursing experience but she was feeling unsafe when she had to take care of five patients. She was unsure if she is able to manage the care for her all little clients (Jacobson, 2015). The nurses are forced to take the patients loads that exceed their capability. According to the study published in Journal of the American Medical Association, " a patient's risk of dying within thirty days of admission increased by seven percent for every patient added to a nurse's workload past a certain point" (Aiken, p.1987). These findings are shocking and the numbers should alarm the administrations of the healthcare institutions to hire enough nurses in order to provide sufficient number of nursing care to all their patients.
  Clients, from the understaffed units, may experience falls, nosocomial infections, and post surgical complications more often than those who are treated in places with a  satisfactory number of nursing personnel. Many studies were done on the topic and all of them clearly indicate the negative results it has on the quality of care. In the research done by Needleman, and colleagues, it has been proven, that patients who received a high number of hours of nursing care, had the lower incidence rate of the lower urinary tract infections (Needleman, 2002).

 Burnout is a very common phenomena in a healthcare setting. Stress, long working hours, being a witness of a dying process, and enormous responsibility are among the risk factors for burnout in nurses. According to Maslach (1993), who developed a measure tool called Maslach Burnout Inventory (MBI), burnout is a syndrome based on three main factors: emotional exhaustion, depersonalization, and decreased personal capability to achieve a goal. It can happen in any profession but because of the nature of being a nurse, the risk is much higher in this case. The study, done by Patrick, shows a strong correlation between long working hours or fear of a possible overtime and emotional exhaustion and cynical attitude toward the clients (Patrick, 2007). RNs are very often required to stay and work overtime, which can affect their personal life. Their families may feel neglected by the longer, and unexpected, working hours of their loved ones. The world of nursing is full of tension and continuous waiting for the next task. Forcing them to juggle their time between family life, stressful profession, and understaffed work environment can simply cause burnout or even more serious problems. Feeling to be burnout may cause conflicts among the employees and the risk for patients, which can make the situation even more complicated. Nurses, who do not enjoy their work or who feel overwhelmed by the high patient load, may become addicted to drugs and alcohol. The administrations should provide a safe work environment not only for their patients, but also for the personnel. A nurse who feels comfortable, secure, and appreciated is at the a lower risk to experience burnout than a nurse who feels the like the whole world has turned upside-down because she is unable to safely provide care to her patients because of personal shortage.

 The long term care facilities have a big problem of insufficient nurse staffing. It is well known that many RNs do not want to work at the nursing homes and rehabilitation centers because of their high nurse-to-patient ratio. Many institutions decide to hire new grads because more experienced nurses prefer to practice in other healthcare settings. Many of the new nurses are in charge, despite the fact that they have no experience and enough knowledge, to run the the whole floor with forty beds. There are two nurses (usually, only one of them is RN and the other one LPN) and four CNAs on each floor. Six people are not enough to provide proper care to all clients. It is one of the reasons why so many patients have pressure ulcers and history of falls. The increasing age of the society call for even more beds in LTC facilities and there are no signs of changes, in the guidelines, for the nurse-to-patient ratio. Some places have bad reputation because there are cases of negligence. The is no doubt, that some people have no calling and should never work in healthcare, but some incidents may be a result of understaffed nurses as well. Only few people would be able to administer the medications, change the dressings, and document all of it in a timely manner to so many patients in an 8- hour shift. I was a witness of a situation, when a nurse documented that she provided wound care to one of the client's, but the dressing was never changed. Working two months in a nursing home ensured me that it is an unsafe place for clients and the nurses. Working at the LTC facility, or rehabilitation center, is very risky in my opinion. It is extremely important and necessary to finally regulate the nurse-to-patient ratio in those places.