

# The Nursing Shortage: What is Happening and How to Help

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## BACKGROUND

One of the more noticeable effects of COVID-19 is the nursing shortage. Though many believe COVID is the sole cause of the shortage, it must be made clear that there has always been a "shortage" of healthcare workers, COVID just made it worse. The current nursing shortage has worsened staff to patient ratios, increased the mortality rate of patients, and driven many nurses from the field. The goal of this research project was to (1) identify the causes of the shortage, (2) highlight its effects on the safety of patients and nurses, and (3) find solutions to help reduce the shortage.

## METHOD

Search Databases: Google Scholar, PubMed [NCBI], ONESEARCH

Key Words: nursing shortage, patient safety, solving the shortage, nurse safety, nurse burnout



### The ageing population

The population is ageing  
% of population aged 50+



... and people are retiring later  
The average retirement age has been increasing for men and women, and this is likely to continue



... so older workers are a growing group  
% of workers aged 50+



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## RESULTS

### Factors Contributing to the Shortage

- The aging population/aging workforce.
- Difficulty maintaining work/life balance.
- Increased nurse burnout.
- Increased nurse to patient ratio.
- Lack of career advancement in certain regions.

### Effects of the Shortage on Patient and Nurse Safety

- Increased patient load result in fatigued nurses and inhibits the quality care patients receive.
- Increased fatigue result in preventable mistakes in workplace such as medication errors.
- Increased patient load contributes to stress nurses experience and a rise in chronic conditions such as heart disease, diabetes, depression, and anxiety.

## RECOMMENDATIONS

- Standardized staffing numbers.
- Standardized nurse to patient ratio.
- Increased number of trained support staff.
- Improved employees scheduling.
- Reevaluation of workplace culture.
- Countermeasures to protect nurses experiencing fatigue - shuttle service.
- Designated place for fatigued employees to nap.
- Improve technological assistance.
- Increased availability of psychological support.

### Proposed Federal RN-to-Patient Safe Staffing Ratios

Based on patient acuity, with the most critical receiving 1-to-1 care.

Intensive/Critical Care 1:2	Step Down 1:3
Neonatal Intensive Care 1:2	Telemetry 1:3
Operating Room 1:1	Medical/Surgical 1:4
Post-anesthesia 1:2	Coronary Care 1:2
Labor and Delivery 1:2	Acute Respiratory Care 1:2
Antepartum 1:3	Burn Unit 1:2
Combined L&D and Postpartum 1:3	Other Specialty Care Units 1:4
Well Baby Nursery 1:6	Psychiatric 1:4
Postpartum Couplets 1:3	Rehabilitation 1:5
Intermediate Care Nursery 1:4	Skilled Nursing Facility 1:5
Pediatrics 1:3	
Emergency Room 1:3	
Trauma Patient in ER 1:1	
ICU Patient in ER 1:2	

Safe Ratios Save Lives.



## REFERENCES

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