

# JOINT POSITION STATEMENT

---

## Staff mix decision-making framework for quality nursing care

### Position

The *Staff Mix Decision-making Framework for Quality Nursing Care*<sup>1</sup> is a comprehensive and evidence-informed resource that presents a systematic approach to staff mix decision-making. It can be used in all clinical practice settings.

The Canadian Nurses Association (CNA), the Canadian Council for Practical Nurse Regulators (CCPNR) and the Registered Psychiatric Nurses of Canada (RPNC) believe that safe staffing will maximize outcomes for clients, staff, organizations and the health-care system.

CNA, CCPNR and RPNC believe that staff mix decision-making is both informed by and integral to nursing care delivery models.

CNA, CCPNR and RPNC believe that staff mix decision-making is a complex, systematic and ongoing process.

CNA, CCPNR and RPNC believe that decisions concerning staff mix must reflect the category of nurses' scope of practice, individual nurses' education and experience, and unregulated care providers' (UCPs) scope of employment, and must conform to legislation, professional standards and organizational policies.

CNA, CCPNR and RPNC believe that staff mix decision-making, in all clinical practice settings across the continuum of care, must be based on the following five guiding principles which incorporate the main elements of the 10 guiding principles<sup>2</sup> of nursing care delivery models:<sup>3</sup>

- “Decisions concerning staff mix respond to clients’ health-care needs and enable the delivery of safe, competent, ethical, quality, evidence-informed care in the context of professional standards and staff competencies.
- Decision-making regarding staff mix is guided by nursing care delivery models based on the best evidence related to (1) client, staff and organizational factors influencing quality care and work environments, and (2) client, staff and organizational outcomes.
- Staff mix decision-making is supported by the organizational structure, mission and vision and by all levels of leadership in the organization.

---

<sup>1</sup> (CNA, CCPNR, RPNC, 2012)

<sup>2</sup> (CNA, 2012)

<sup>3</sup> (CNA, CCPNR, RPNC, 2012)

- Direct care nursing staff and nursing management are engaged in decision-making about the staff mix.
- Information and knowledge management systems support effective staff mix decision-making.”<sup>4</sup>

CNA, CCPNR and RPNC believe that staff mix decisions should be made according to guiding principles and carried out after careful assessment of client, staff and organizational factors and outcomes.

## Background

Registered nurses, licensed/registered practical nurses, registered psychiatric nurses and unregulated care providers “strive to deliver safe, competent, ethical, quality, evidence-informed care, to meet their clients’ needs across the continuum of care. . . . Determining a suitable mix of staff education, competencies and experience, in order to optimize client, staff and organizational outcomes, continues to be . . . complex and challenging.”<sup>5</sup> “Staff mix decision-making is an ongoing process, and the evaluation of outcomes will continually provide new insights and, possibly, the need for adjustments.”<sup>6</sup>

“Staff mix is a component of nursing care delivery models that currently includes a greater emphasis on teamwork and collaboration. . . . Nurses and UCPs work together to optimize their clients’ health outcomes. Collegiality, trust and mutual respect are vital components of staff mix configurations and help to foster healthy work environments, which influence client, staff and organizational outcomes.”<sup>7</sup>

Current research “provides evidence of the need to capture data on other aspects of care, such as the extent to which coordination of care, communication and continuity exist, in studies linking nurse staffing to client outcomes.”<sup>8</sup> Evidence includes “information acquired through research and the scientific evaluation of practice [and] expert opinion in the form of consensus documents, commission reports, regulations and historical or experiential information.”<sup>9</sup> It supports the idea that “a variety of elements — including client, staff and organizational factors — should guide staff mix decision-making.”<sup>10</sup>

“Administrators and researchers are encouraged to use outcome measurement data in a rigorous manner to inform decision-making regarding safe and effective staffing practices.”<sup>11</sup>

---

<sup>4</sup> Ibid., p. 6.

<sup>5</sup> Ibid., p. 5.

<sup>6</sup> Ibid., p. 7.

<sup>7</sup> Ibid., p. 5.

<sup>8</sup> Ibid., p. 5.

<sup>9</sup> (CNA, 2010, p. 1)

<sup>10</sup> (CNA, CCPNR, RPNC, 2012, p. 5). For summaries and discussions of research on the topic of staff mix decision-making, see Harris & McGillis Hall (2012) and the Registered Nurses’ Association of Ontario [RNAO] (2002; 2006; 2007).

<sup>11</sup> Ibid., p. 5.

The *Staff Mix Decision-making Framework for Quality Nursing Care* is a collaboration between CNA, CCPNR and RPNC. This collaboration reflects real-world clinical settings where the framework will be used, which in turn have enhanced both its comprehensiveness and credibility.

The framework, developed with funding from the government of Canada's Foreign Credential Recognition Program, is based on a focused literature review and a broad consultation that included surveys and focus groups. It contains a model that illustrates the complexity of the decision-making process and guides staff mix decision-making with questions related to each phase of the nursing process (assessment, planning, implementation and evaluation).

## References

- CNA. (2010). *Evidence-informed decision-making and nursing practice* [Position statement]. Ottawa: Author.
- CNA (2012). *Nursing care delivery models: Canadian consensus on guiding principles*. Ottawa: Author.
- CNA, CCPNR, RPNC. (2012). *Staff mix decision-making framework for quality nursing care*. Ottawa: Authors.
- CNA, CPNA, CCPNR, RPNC. (2005). *Evaluation framework to determine the impact of nursing staff mix decisions*. Ottawa: Authors.
- Harris, A., & McGillis Hall, L. (2012). *Evidence to inform staff mix decision-making: A focused literature review*. Ottawa: CNA.
- RNAO. (2002). *Client centred care* [Nursing best practice guideline]. Toronto: Author.
- RNAO. (2006). *Collaborative practice among nursing teams* [Guideline]. Toronto: Author.
- RNAO. (2007). *Developing and sustaining effective staffing and workload practices*. Toronto: Author.

## More resources

[CNA website](#) — for related learning resources including

- NurseONE's Knowledge Feature: [Staffing: Getting the right mix](#)
- YouTube Podcast: [Staffing: Getting the right mix](#)

CNA report (2010): [Invitational round table. Nursing care delivery models and staff mix: Using evidence in decision-making.](#)

International Council of Nurses information and action tool kit (2006): [Safe staffing saves lives.](#)

## Replaces:

CNA. (2003). *Staffing decisions for the delivery of safe nursing care* [Position statement]. Ottawa: Author.