PositionStatement

CANADIAN NURSES ASSOCIATION

ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

STAFFING DECISIONS FOR THE DELIVERY OF SAFE NURSING CARE

CNA POSITION

CNA believes decision-making related to the delivery of safe nursing care, across the continuum of health care settings, must be based on the following key principles and criteria.

Principles for Decision-making

Decision-making is based on having the appropriate number of positions and the competencies[1] required to ensure safe, competent and ethical care. Safety and client[2] outcomes are primary concerns. While cost-efficiency is an essential element, the need to achieve good client outcomes, through an evidence-based approach, is central in making staffing decisions.[3]

Nurse administrators and managers (including supervisors, middle and senior managers) are responsible for ensuring the appropriate staff mix.[4] In doing so, they recognize the learning needs of their staff and provide relevant educational opportunities for their staff. These nurse administrators and managers seek "input and participation in decision-making…from all those impacted by the decision."[5]

Legislative, professional and organizational parameters are respected. Regulated care providers[6] are accountable to the public through legislation. They adhere to their provincial/territorial standards of practice, codes of ethics and specialty practice standards. Decision-making tools and best practice guidelines direct them, when available. Organizational policies provide direction for all care providers.

The safety of clients must never "be compromised by substituting less qualified workers when the competencies of a registered nurse [RN] are required."[7] "The more complex the client situation and the more dynamic the environment, the greater the need for the RN to provide the full range of care requirements."[8] RNs determine how and when unregulated care providers can safely assist in the provision of tasks associated with nursing care. This includes being involved in decisions regarding the initial and ongoing use of unregulated care providers in an organization.

1 Competencies refer to the specific knowledge, skills, judgment and personal attributes required for regulated health professionals to practise safely and ethically in a designated role and setting.

2 Clients refer to individuals, families, groups, populations or entire communities.

3 (Canadian Nurses Association, 2001).

4 Staff mix refers to the combination and number of regulated and unregulated persons providing direct and indirect nursing care to clients in settings where registered nurses practise.

5 (Association of Registered Nurses of Newfoundland and Labrador, 2000, p. 5).

6 Regulated care providers, for the purposes of this document, include registered nurses, licensed practical nurses and registered psychiatric nurses. Depending on where they are located in Canada, licensed practical nurses are also known as registered nursing assistants and registered practical nurses. Registered psychiatric nurses are registered to practise only in the following four provinces in Canada: Alberta, British Columbia, Manitoba and Saskatchewan.

7 (Registered Nurses Association of British Columbia, 2001, p. 1).

8 (College of Nurses of Ontario, 2002, p. 4).

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The staffing decision-making process recognizes the unique and shared competencies of each care provider group. Each category of nursing care provider is a valued member of the health care team. The staffing process promotes optimal use of each provider's competencies in the interest of providing safe, competent and ethical care.

Responsibility and accountability of care providers are clear. "RNs are familiar with the job description/scope of practice of any [care provider] to whom they are assigning or delegating."[9] Regulated care provider groups are held accountable to identify their competencies. Care providers must "identify when assignment of care exceeds their individual competency level, and…seek support and direction appropriately."[10]

RNs at all levels in the organization are involved in decision-making that affects nursing practice, client care and the work environment. RNs in direct care roles are invited to provide input through a discipline-specific structure, such as a nursing council. RNs "determine standards of client care in collaboration with other health care professionals."[11] The *Code of Ethics for Registered Nurses* states that RNs "must advocate…for sufficient human and material resources to provide safe and competent care."[12]

Staffing decisions are evidence-based. Organizations use a research-based approach to determine, implement and evaluate staff/skill mix, staffing patterns and models for delivery of care, based on achieving good client outcomes.[13] This is done in consultation with RNs and other health care providers.

Organizations and other stakeholders, including RNs, ensure that the elements necessary for a quality professional practice environment are in place. CNA's position statement *Quality Professional Practice Environments for Registered Nurses*, outlines the elements and states that "developing and supporting quality professional practice environments is a responsibility shared by practitioners, employers, governments, regulatory bodies, professional associations, educational institutions, unions and the public."[14]

RNs are leaders in implementing collaborative practice and promoting effective communication among all members of the health care team. Collaborative working relationships among nursing care providers and within the multidisciplinary team of health professionals (e.g., nutritionists, pharmacists and physicians) facilitates all providers to work at their full scope of practice and within their level of competence. This is not only cost effective for employers but is in the best interests of clients.

Framework for Decision-making

Achieving optimal client outcomes is the central criterion for evaluation of staffing mix. Further criteria include preventing errors and achieving a quality professional practice environment that attracts and retains excellent staff. These criteria comprise three categories that provide a framework for decision-making related to staffing[15] across the continuum of health care settings in Canada.

[9] (RNABC, 2001, p. 1).

[10] (ARNNL, 2000, p. 6).

[11] (CNA, 2001, p. 2).

[12] (CNA, 2002, p. 17)

[13] (Alberta Association of Registered Nurses, 2002).

[14] (CNA, 2001, p. 1).

[15] (CNO, 2002).

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Client

- Health care needs of the client are of primary concern when making decisions related to staff mix.
- Care assignments are influenced by the complexity of the health care needs of the client and by the predictability of outcomes in response to care provided. The more complex, acute and unpredictable, the more necessary it is to have care provided by RNs. "Reassignment of care may be necessary when a patient's health status changes and the assigned practitioner is no longer able to meet the client's needs."[16]

Care Provider Competencies

- Care providers must have the competencies required to assess the client care situation, to understand the underlying contributing factors, to problem solve and intervene appropriately, to anticipate client needs, "to predict the outcome of an intervention, and to…respond with alternate interventions in the event of a lack of response or an untoward response to the intervention."[17]
- Care providers whose competencies match the needs for care are the appropriate care providers. For example, when client conditions are stable and non-acute, the skills of a licensed practical nurse may be appropriate. When the client condition becomes more complex or acute, the skills of a RN are more appropriate. When the client is a family with complex issues, a community or a population, the competencies of a RN are required.
- Care providers are accountable to assess their own competencies, to recognize client health needs and to consult with someone more knowledgeable when a client situation demands expertise beyond their competency level or scope of practice. The right staff mix ensures there is someone available to provide the consultation.
- RNs have an in-depth and extensive knowledge base that is reflected in a broad scope of practice. They are the most comprehensive, productive, versatile, flexible and diversified of all nursing care providers[18] and can meet client needs at both basic and complex levels of care, whether in remote or populous settings.
- Competencies of care providers are affected by many factors. These include education, experience, professional development opportunities and familiarity with the setting.
- A clear understanding of the characteristics and competencies of the RN role is essential to ensure an appropriate staff mix in all health care settings.

The Practice Environment

- Practice environments affect client outcomes.[19] Staffing decisions made on the basis of client needs and care provider competencies need to be addressed within the context of the professional practice environment.
- In a quality practice environment, staff will have the supports – including a sufficient number of experienced RNs to provide mentoring, supervision and consultation – as well as sufficient staff to provide indirect care services, in order to allow for flexibility of staffing models.

[16] (ARNNL, 2000, p. 6).

[17] (College of Registered Nurses of Manitoba, 2001, p. 2).

[18] (Shamian, 1998).

[19] (CNA, 2001).

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- RNs who are asked to work in unfamiliar settings must identify the match between their own competencies and the health needs of the clients, as well as the environmental supports available to them, in order to determine if they are able to provide safe nursing care. This occurs, for example, when RNs (whether with advanced or minimal experience) are reassigned to meet a temporary staffing need.
- In a complex setting, where there is a high rate of client turnover, high client acuity and a high frequency of unpredictable events, there is a greater need for RNs.
- There is a need for all nursing providers to understand and communicate the policy related to their scope of practice within their work environment.

Background

Practice settings of RNs in Canada are staffed by a number of nursing care provider groups representing a wide range of educational preparation, competencies and scopes of practice.

The scope of practice, which is the "range of roles, functions, responsibilities, and activities which members of a discipline are educated and authorized to perform,"[20] of RNs encompasses that of all other regulated and unregulated care providers. RNs are the most comprehensive, productive, versatile, flexible and diversified of these providers. Care from a RN is most linked to holistic and non-fragmented client care,[21] ensuring continuity of care. The competencies of RNs support holistic, responsive, client-centred care that meet practice standards in today's dynamic health environment characterized by rapid change.

Regulated nursing care provider groups include RNs, licensed or registered practical nurses, registered psychiatric nurses and RNs with advanced nursing practice competencies.[22] They are all accountable to their own regulatory bodies, within legislated scopes of practice, to adhere to standards of practice and codes of ethics.

Unregulated care providers have been introduced in various roles across the country. Accountability and job descriptions for unregulated care providers are determined at the organizational level and vary greatly from agency to agency and from one province or territory to another.

The mix of nursing staff on a unit has been linked to client outcomes. Research indicates that hospitals with more nurses per client or a higher RN skill mix are shown to have decreased mortality rates, lower rates of hospital readmission in the 30 days after discharge, shorter lengths of stay and fewer incidents of pressure ulcers, pneumonia, urinary tract infections and postoperative infections.[23] In the area of home care, research demonstrated that care by baccalaureate prepared RNs "was associated with fewer visits"[24] and "improved client outcomes."[25]

[20] (ARNNL, 2001, p. 1).

[21] (Shamian, 1998).

[22] Advanced nursing practice is an umbrella term. It describes an advanced level of nursing practice that maximizes the use of in-depth nursing knowledge and skill in meeting the health needs of clients (CNA, 2002).

[23] (Aiken, Sloane, Lake, Sochalski & Weber, 1999; American Nurses Association, 1997, 2000; Hunt & Hagen, 1998; Needleman, Buerhaus, Mattke, Stewart & Zelevinsky, 2002; O'Brien-Pallas, Thomson, Alksnis & Bruce, 2001; Tourangeau, Giovannetti, Tu & Wood, 2002.)

[24] (O'Brien-Pallas, Doran, Murray, Cockerill, Sidani, Laurie-Shaw, et al., 2001, p. 275).

[25] (O'Brien-Pallas, Doran, Murray, Cockerill, Sidani, Laurie-Shaw, et al., 2002, p. 17).

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Research indicates that RNs' comprehensive knowledge base prepares them to take leadership roles, make decisions with ease and apply research.[26] These nurses play a leadership role within the collaborative model.

Making decisions concerning nursing staff mix is complex. RNs across Canada are finding themselves in challenging situations. Bound by professional and ethical responsibilities, "they are expected to maintain client safety in spite of lay-offs and the delegation of nursing duties to other health care workers,"[27] as well as substitution of RNs with other regulated nursing personnel.

Over the past decade, changes in the mix of nursing staff have led to overlapping scopes of practice with governments, employers and nursing providers needing to articulate responsibilities in specific work environments.

Provincial/territorial registered nursing regulatory bodies have developed decision-making resources for nurses with respect to staff mix. Related resources are also available regarding delegation and assignment of care, scope of practice and shared competencies.

The responsibility for the implementation of appropriate staff mix is shared among individual RNs, RN administrators and managers, employers, researchers, nursing associations and regulatory bodies, educational institutions and governments.

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[26] (Boblin-Cummings, Baumann and Deber, 1999; CNO, 2002; Estabrooks, 1998; Royle, DiCenso, Baumann, Boblin-Cummings, Blythe and Mallette, 2000).

[27] (CNA, 1998, p. 1).

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Also see:

International Council of Nurses *Position Statement: Scope of Nursing Practice* (1998)

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