

# Unsafe staffing events and their effect on nursing fatigue and stress levels: A qualitative perspective

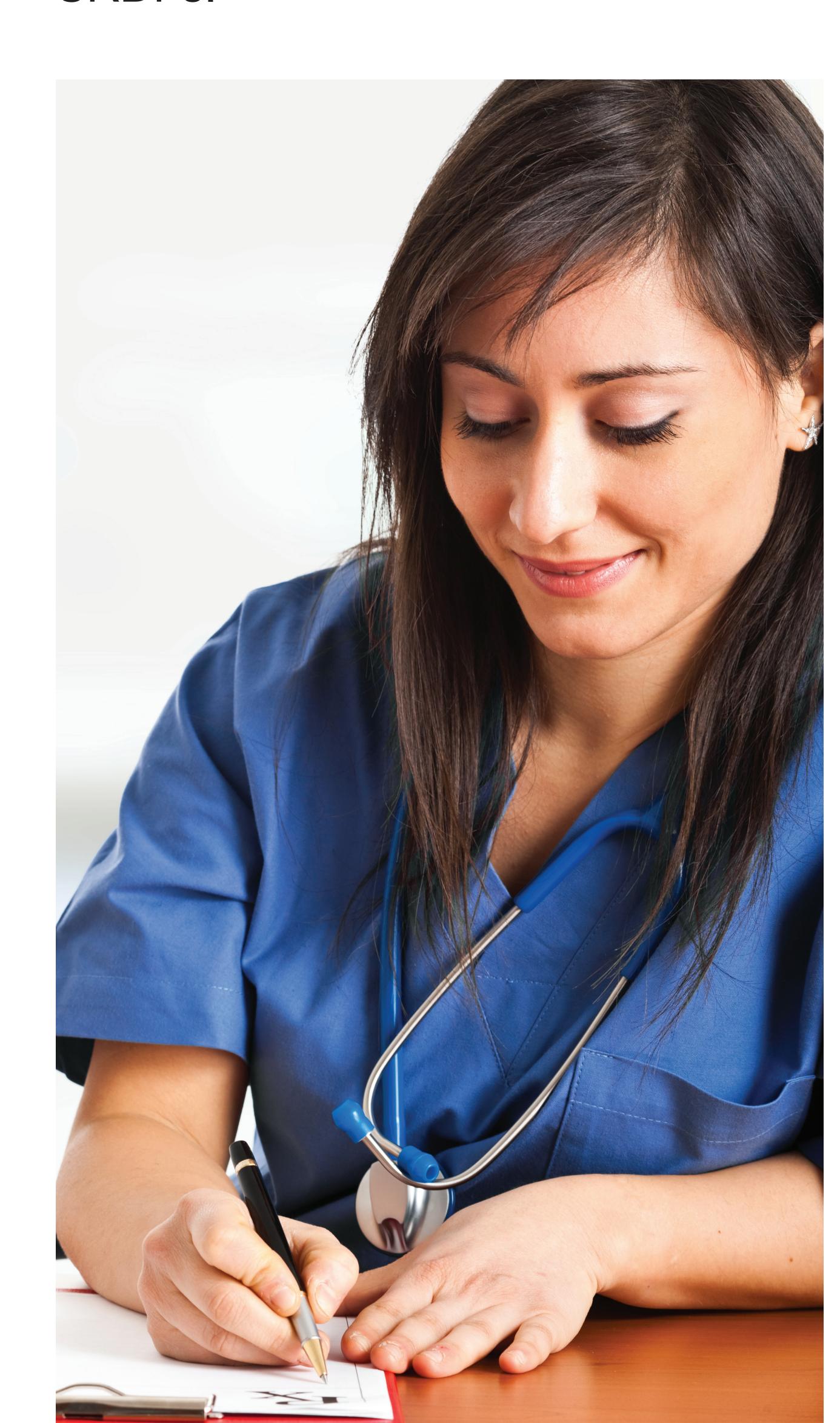
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# Background

- Aiken and colleagues' 2002 study concluded that in "hospitals with high patient-to-nurse ratios, surgical patients experience higher risk-adjusted 30-day mortality and failure-to-rescue rates, and nurses are more likely to experience burnout and job dissatisfaction."
- Cimiotti, et al (2012) provided
  "a plausible explanation for the
  association between nurse staffing
  and health care-associated
  infections.
- Data shows that increased numbers of registered nurses improves patient outcomes.
- The Oregon Nurses Association (ONA) employs the Staffing Request and Documentation Form (SRDF) as a way to track qualitative and quantitative staffing data among its 34 hospitals and 14,000 RNs.
- In the past year alone, 937 SRDFs have been submitted and logged at ONA.
- While the quantitative analysis of this information gives us numbers and percentages, the qualitative data tells the story of tired, burnt out, fearful nurses.

## Purpose

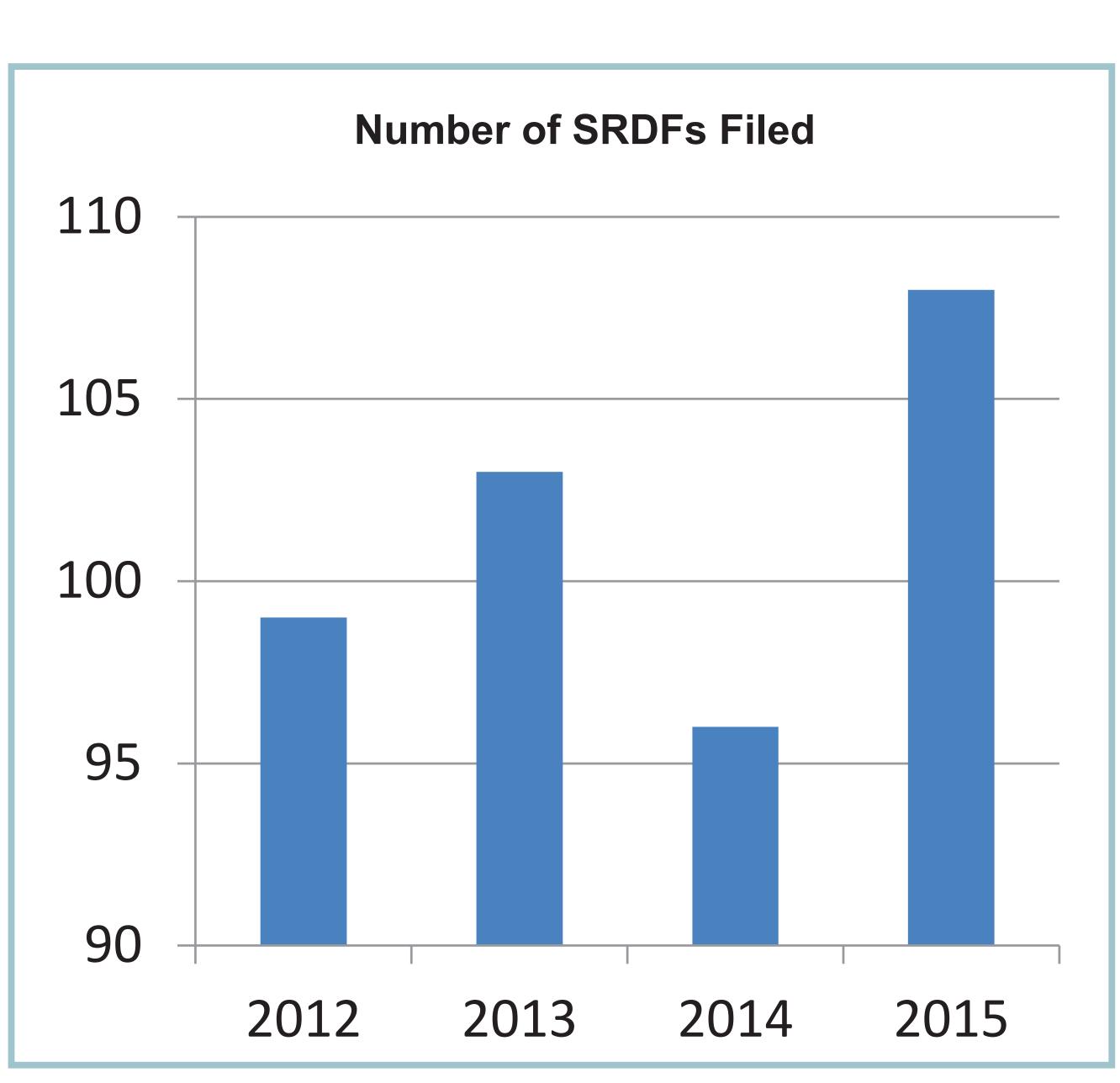
The purpose of this presentation is to show and describe the relationship between unsafe staffing events, nurses ability to take meal breaks and rest breaks, practice selfcare and their fatigue levels from a qualitative level using actual text from SRDFs.



### Methods

Unsafe staffing reports (n=34) were reviewed between 2010-2014 in one large university hospital to encourage homogeneity in policies and procedures surrounding meals, rest breaks and the process of filing unsafe staffing reports.

These reports were then categorized into 4 subsets to be further analyzed which included: 1) events where the nurse was unable to take a meal or a rest break, 2) events where the nurse was able to take a meal break, 3) events where the nurse was able to take a rest break and 4) events where the nurse was able to take their meal and rest breaks. The language in the staffing reports was also reviewed for thematic analysis.



### Results



- Out of the 34 total reports 85.2% (n=29) of the reports indicate that either a meal break or a rest break was missed due to unsafe staffing.
- Further, a full 52.9% (n=18) of the reports have the reporting nurse missing both a meal break and rest breaks. Out of the 29 reports that have a missed meal break or rest break, 27 have qualitative data and the language used indicated a much higher level of stress than the reports that did have a meal break and a rest break.
- Three contextual factors emerged from the data: 1) high patient acuity needing additional staffing above the grid (n=9, 33.3%), 2) insufficient staffing of registered nurses (n=12, 44.4%) and 3) insufficient staffing of support staff (n=6, 22.2%).

# SRDF Examples

- "It is impossible to provide quality care."
- "Management coerced us into dropping sitter."
- "I was pressured by 3 management representatives to get rid of the sitter and try alternatives. Because subsequent night shift float RN was overwhelmed, she was unable to provide appropriate care for the patient. She reported him covered in blood and urine."
- "The budget drives nursing decisions."
- "I fear getting fired for my shortcomings on days like these or losing my license. My employer does not have my back or best interest in mind."
- "I felt like my practice did not meet ANA standards."
- "I am worried about the effect of accruing incremental OT on my job security since this is monitored by my employer."
- "At the end of the shift one nurse was so exhausted she had an injury which resulted in a body fluid exposure for which she had to go to the ED."

### Conclusions

- The rate of RN turnover in medsurg specialty areas is at 20.7%.
- Managing retention should be a strategic imperative, particularly as turnover continues to creep up. Without intervention, this area will turn over their RN staff every 2 to 5.4 years conservatively.
- We need to begin to not only understand why but also to listen to the nurses on the front line.
- This presentation humanizes those experiences that are contributing to turnover and gives us a starting place for change.

