

A Conversation about the Ethics of Staffing



Case Study...

1. Shirley Keck went to the hospital with what she thought was a bad cold, but she actually was suffering from Congestive Heart Failure.
2. Following admission, she became increasingly feverish and short of breath, but her family's calls for help went unanswered. She coded, but was resuscitated.
3. Plaintiff's attorneys contended that lack of monitoring by nurses—caused by short staffing—led directly to the permanent brain damage Keck suffered. When unit records were subpoenaed, they indicated that the hospital failed to meet its own staffing standards for 51 out of 59 days before this incident.*
4. During depositions, a staffing supervisor said that administration warned about the costs of scheduling extra nurses, and a staff nurse submitted copies of documents in which the staff expressed their concern about the impact short staffing was having on patient care safety.

* settled out of court for \$2.7 million



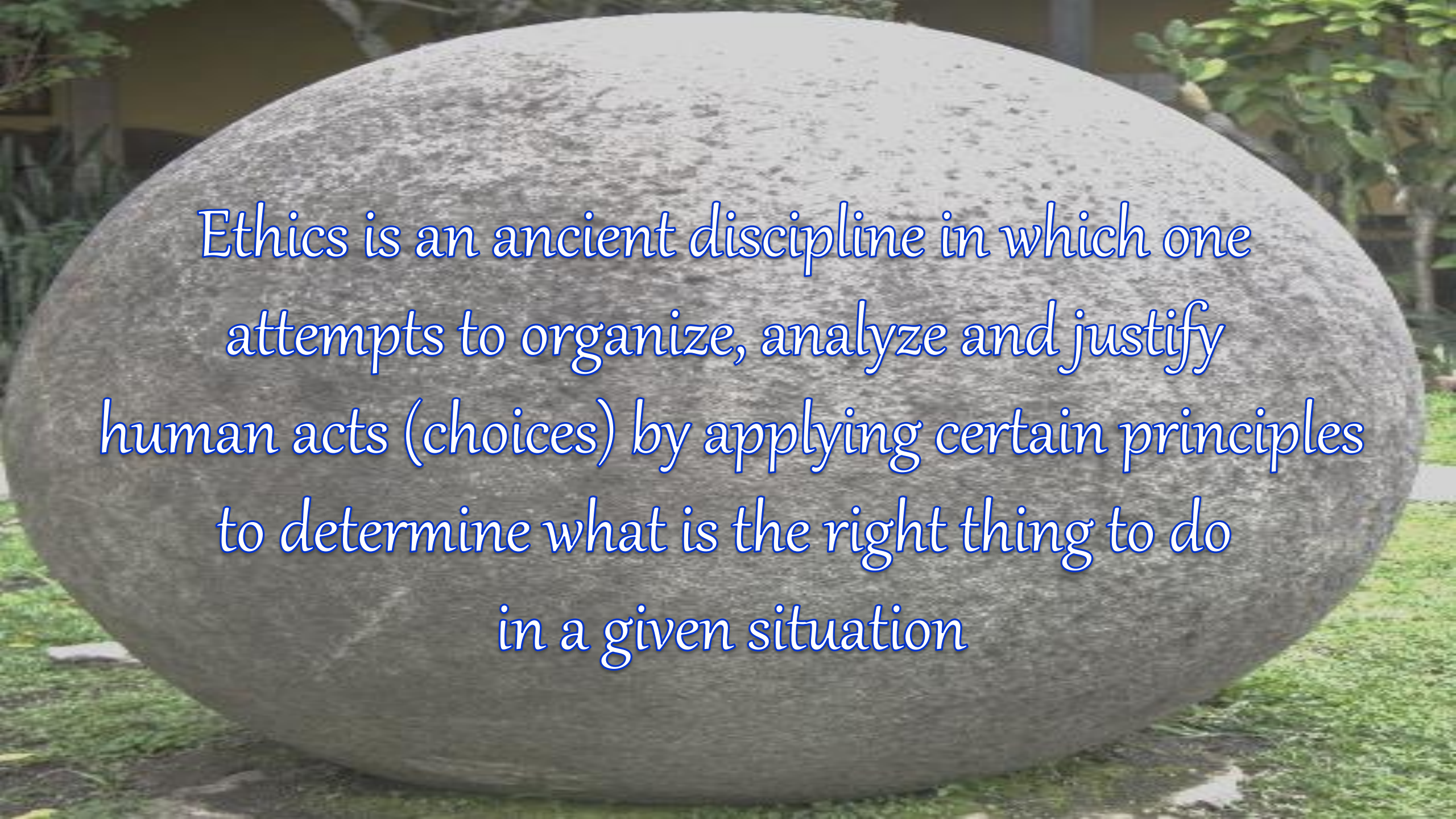
In analyzing this situation, we find...

legal...

professional...

and ethical components...



A large, smooth, grey stone is the central focus of the image. It is positioned outdoors on a grassy area with some trees and foliage in the background. The stone has a slightly textured surface and is oriented horizontally. Overlaid on the stone is a paragraph of text in a blue, cursive font with a white outline. The text is centered and reads: "Ethics is an ancient discipline in which one attempts to organize, analyze and justify human acts (choices) by applying certain principles to determine what is the right thing to do in a given situation".

Ethics is an ancient discipline in which one attempts to organize, analyze and justify human acts (choices) by applying certain principles to determine what is the right thing to do in a given situation

In ancient times, those who would earn their livings by dealing with other peoples' most basic needs were required to stand in the public market and promise

1. To act in the best interests of their patients or clients

(ANA Code, Provision 2: the patient as nursing's foundational commitment)

2. To be masters of their craft throughout their lifetime .

(ANA Code, Provision 4: The expectations of Expertise)

3. To cherish their colleagues and to live their lives in partnership with them.

(ANA Code, Provision 5: The nurse as a person of dignity and worth)

TODAY

We translate these promises as:

1. Patient safety / patient advocacy (ANA Code, Provision 3)
2. Lifelong learning (ANA Code, Provision 5.6)
3. Collegiality (ANA Code, Provision 5)

...all of which encompass a lot more!

So Ethical practice integrates:

Code of ethics

Standards of practice

Nursing's Social Contract

Collegial sharing and support



*It has to do with how people treat one another
..and, more recently, how we treat animals and the environment*



*At its most basic,
The concept of Ethics was designed to protect
The vulnerable from the powerful*



Code for Nurses 1.2 pp 1 and 2

One might think professional codes would be based on outcomes...

Teleology

Aristotle (rights based)

Perfect mind in the perfect body

That which is right or good ensures or promotes it that which is wrong diminishes or destroys its wrong or bad diminishes or destroys it



...but because outcomes are so uncertain

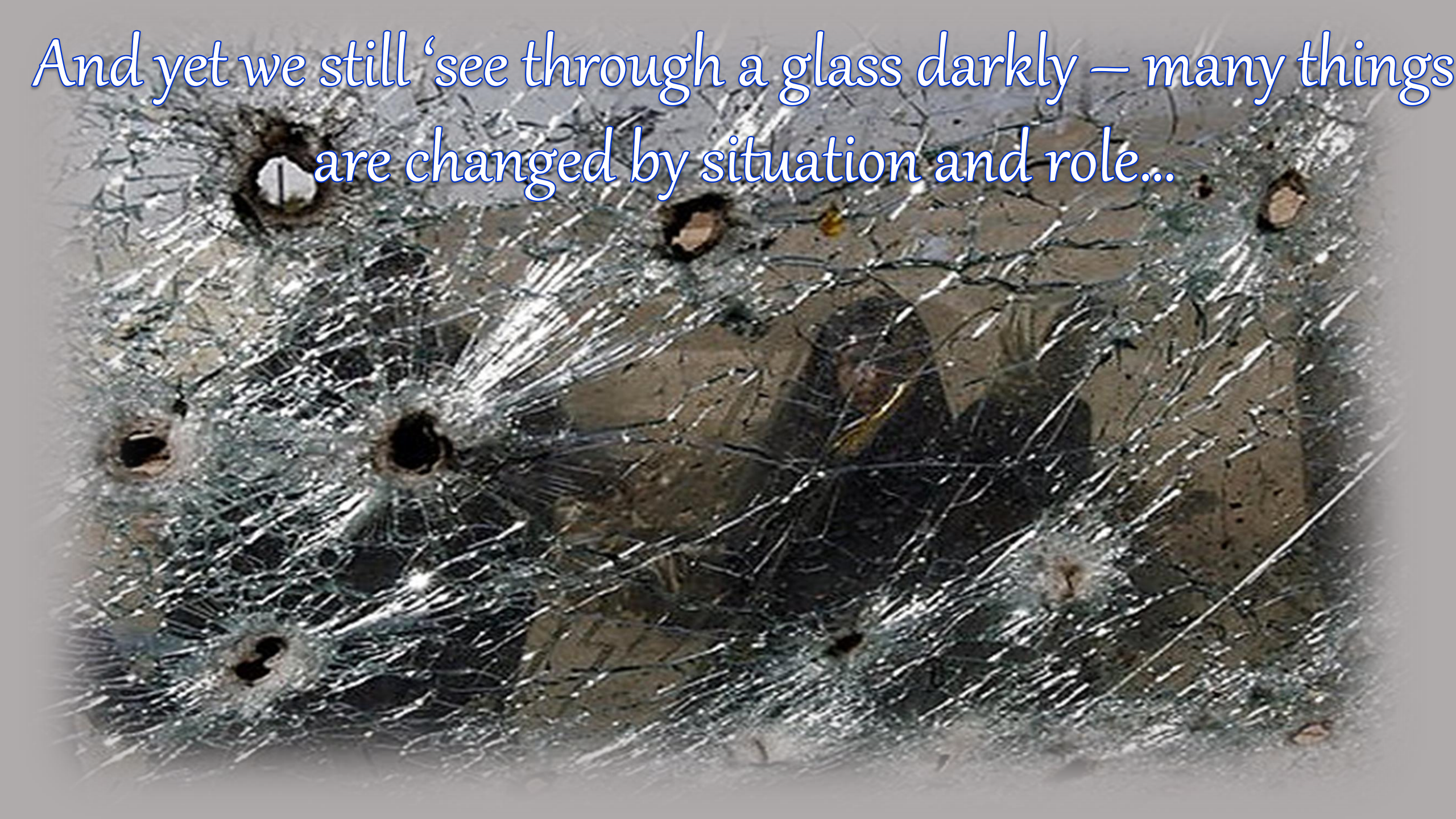


*Professional Codes are based primarily on duty
Rather than outcome...*



Despite heroic efforts, many ebola patients died...

*And yet we still 'see through a glass darkly – many things
are changed by situation and role...*



That is, the Nature of all professions involve what
The professional does to and for and with other human
beings...but that obligation is modified by role and circumstances.



For example, a nurse is obligated to 'distribute personal resources'
According to her judgment of the needs of patient
assigned to her care.



*...while the nursing administrator is obligated to 'distribute nursing resources' according to informed judgment of the needs of all patients
In the unit/division/institution.*



*So, while clear guidelines (maps) are necessary and helpful
There is nothing routine about them...and there may be more ways
than one to reach the same place.*



Collegiality

ANA Code, Provision 1.5

Mentoring

ANA Code, Provision 5.5

Assisting

ANA Code, Provision 2.3

Teaching

ANA Code, Provision 3.4



Supporting

ANA Code, Provision 5.1

Sharing

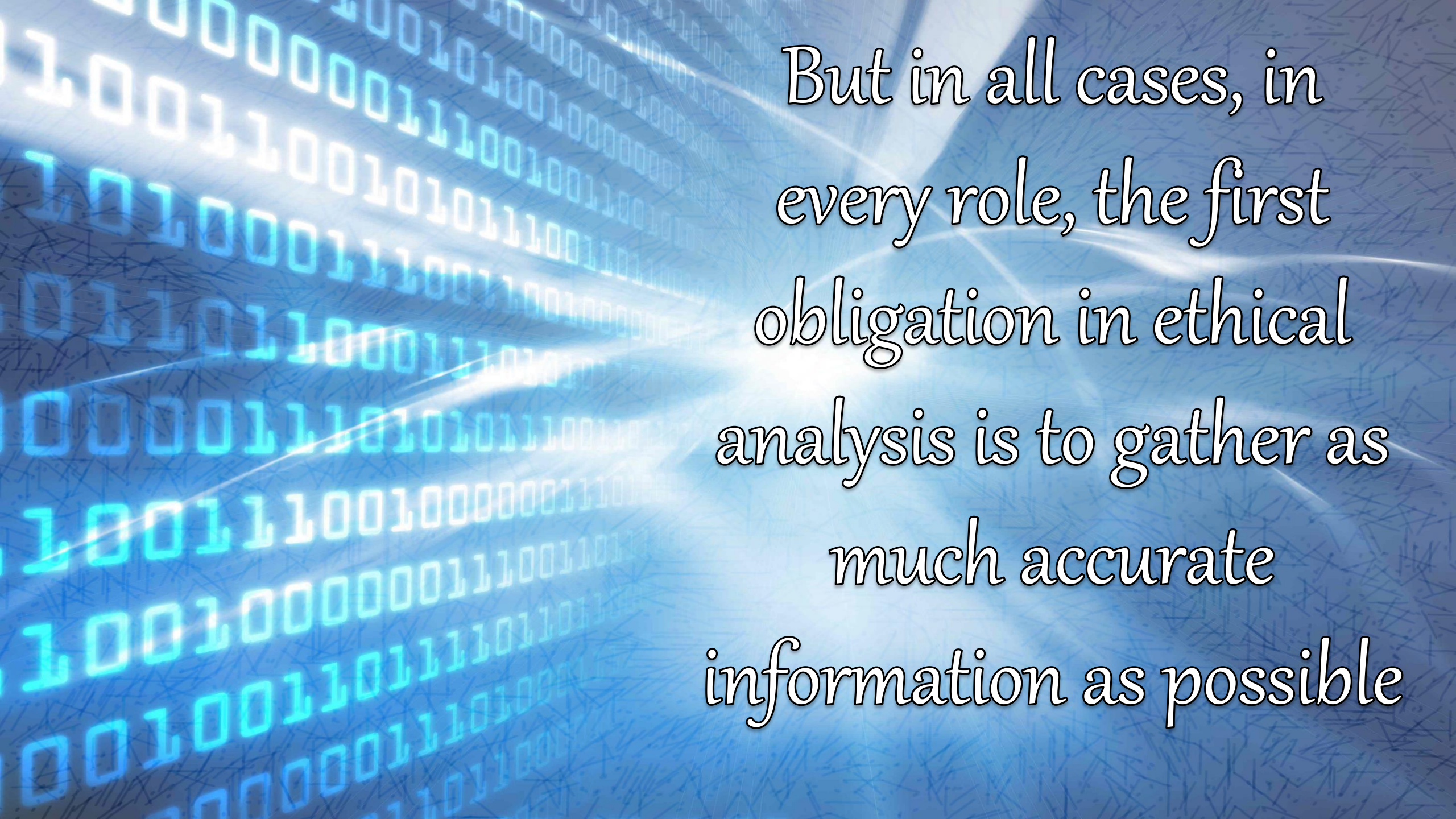
ANA Code, Provision 7.1

Respecting

ANA Code, Provision 5.1

...and there are slight but significant
interpretations of
collegiality according to role





But in all cases, in every role, the first obligation in ethical analysis is to gather as much accurate information as possible

And when it comes to staffing,
We have more data available than ever
Before in our history



A decrease in nurse/patient ratios from 1:3.3 To 1:1.6 Reduces the Odds of...

nosocomial sepsis by 43%

cardiac arrest by 34%

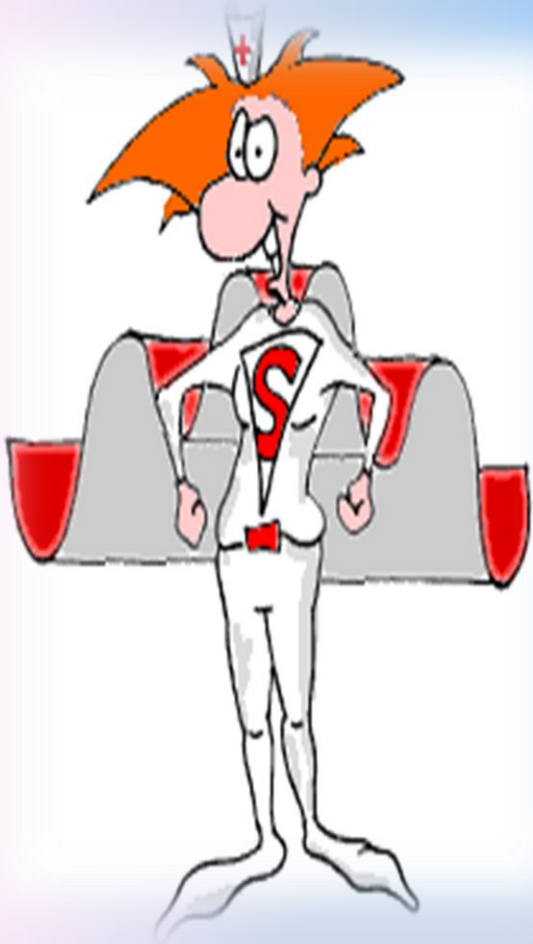
medical complications by 41%

respiratory failure by 60%

unplanned extubation by 45%

Kane,RL;Shamliyan,TA;Mueller,C;Duvall,S; and Wilt, TJ, “The association of registered nurse staffing levels and patient outcomes,” *Medical Care*, Vol 45, number 12, December 2007

In summary, mounting evidence indicates:



1. Ratios of RNs to patients ARE important... consensus seems to be emerging supporting a staffing ratio range between 4 and 6 patients per nurse in most hospital inpatient settings; and a range between 1 and 2 patients per nurse in critical care settings.
2. BUT ratios should be modified by the nurses level of experience, the patients' characteristics, and the practice environment.
3. High quality and frequent Clinical Interaction among RNs and MDs is important.
4. There is increasing evidence that turnover and fatigue as well as high patient load contribute to errors, recidivism, LOS and costs.
5. Especially since the advent of mandatory staffing ratios, there has been increasing evidence of the importance of maintaining adequate support staff for nurses.

FYI: A Short History of Nurses' Day:



The first celebration of national Nurses Week occurred the following year in October 1954, coinciding with the 100th anniversary of Florence Nightingale's mission to Crimea. A bill to declare a National Nurse Week was introduced into Congress in 1955 but no action was taken. It would be 18 years before another resolution would be presented attempting to declare a National Nurse Day, this occurring in 1972. As before, no action was taken. Two years later in 1974 the International Council of Nurses (ICN) proclaimed Florence Nightingale's birthday, May 12th, to be International Nurse Day. Here in the United States, the American Nurse Association (ANA) along with other organizations continued their efforts to have a day designated to honor the profession. Finally, in 1982, a joint resolution of Congress declared May 6, 1982 as National Recognition Day of Nurses. The ANA Board of Directors formally acknowledged the date, thus affirming that resolution. On May 25, 1982, President Ronald Regan signed the proclamation and National RN Recognition Day was born. In 1993 the ANA Board of Directors designated the week of May 6th through May 12th as National Nurses Week starting the following year. The week now starts with National RN Recognition day on May 6th and ends with International Nurse Day on May 12th.