

ANA-Illinois Expert Panel Workplace Safety Survey 5: Staffing

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First, I want to thank all of you who responded to Survey 5: Staffing. The response was very gratifying and made the results more powerful. The Expert Panel on Workplace Safety will convey this report with proposed recommendations to the ANA-Illinois Board of Directors at their next meeting. The panel also invites you to send your staffing related stories to the ANA-Illinois Expert Panel on Workplace Safety, as personal accounts often deliver a greater impact than numbers.

Over 700 nurses responded to Survey 5, with 75% of respondents indicating they provide direct patient care, and 80% indicating they have access to continuing education offerings, specific to patient care, provided by their employer. This group is predominantly female (91%), between 26-39 years of age (49%). Most live (54%) and work (46%) in urban and suburban areas, earn over \$50,000 (83%) annually, and have a BSN or higher degree (77%). The majority work 12-hour shifts (66%) on days (55%). Most (56%) work on Medical-Surgical and higher acuity specialty units.

Only 27% of respondents reported working in a facility that has a Staffing Committee, and only 18% report that the staffing plan is being used on their unit. Most (73%) report that they are not sure (37%) or they do not have (36%) a Staffing Committee, and predominantly (81%) report that the staffing plan is not used (36%) or they are not sure (45%) if their unit uses the staffing plan.

Respondents reported being responsible for an average of 10 patients per shift, with an average of 4 additional admissions, transfers, and/or discharges. Other added responsibilities included: being charge nurse or team leader (25%), preceptor/teacher (16%), part of the code or rapid response team (10%) and providing consults or procedures (5%) for other nurses. Most (75%) work through their break time and most (63%) work overtime. The majority (55%) report their workload as higher than they are comfortable with.

Respondents predominantly (79%) report having discussions about staffing at least weekly (78%) with 25% having discussions daily. Over the past month this group reported experiencing "dangerous" staffing levels 33% of the time. When asked if it was safe to report staffing concerns, almost 70% reported feeling safe (69%) to report concerns and 31% feeling unsafe. The majority (57%) reports they have enough qualified staff to handle the number of assigned patients, with 40% indicating they do not have enough qualified staff. Over 60% of nurses feel they rarely (46%) or never (18%) feel unqualified to care for patients with specialized equipment or certain conditions. Solutions during short staffing include nurses taking a heavier load (85%), use of float nurses (55%), nurses volunteering for overtime (51%), managers/supervisors fill in (25%), pulling in agency nurses (20%), and altering routine (19%) of care.

Conclusions

1. It is time to listen carefully to bedside nurses about staffing issues and include them in developing solutions.
2. Illinois has legislation in place that requires staffing committees to create staffing plans based on patient acuity. These committees are mandated to include bedside nurses. According to over 70% of bedside nurses, the plans are not in existence or are not being used.
3. Bedside nurses report working with "dangerous" staffing levels over 30% of the time.
4. Bedside nurses consistently work overtime (63%) and work through their break times (75%).
5. Bedside nurses (55%) report that their workload is consistently higher than they are comfortable with.