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Reducing Nurse to Patient Ratio

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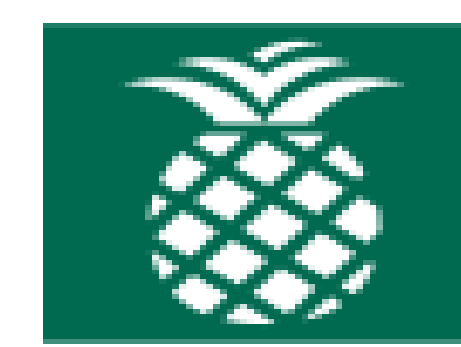
Reducing Nurse to Patient Ratio

Cristina Mastache, Christina Neal, Christy Espinosa, Gabriela Milanese, Ivan Mendieta, Mayori Rodriguez, Mikaela Rivera, Nadinne Arenas, Patricia Chauvet, Sinai Nieto, & Lasha Woodward



Clinical PICO Question:

In the Oncology Unit, will having a lower nurse to patient ratio, versus a higher ratio, improve nurse burnout during a 12 hour shift?



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Background/Significance:

- Nurse burnout is the state of mental, physical, and emotional exhaustion caused by sustained work-related stressors such as long hours, the pressure of quick decision-making, and the strain of caring for patients who may have poor outcomes.
- Oncology nurses are vulnerable to burnout due to high emotional exhaustion and low personal accomplishment have been reported. (Gomez et al., 2016)
- Risk factors that have been highlighted include workload, the need to cope with death, and the pain and suffering of patients and their families.(Gomez et al., 2016)
- According to the World Health Organization, burnout is an occupational phenomenon caused by unrealistic expectations, lack of sleep, and other work-related stressors. However, due to their high-stress work environment, nurses and other medical professionals face a greater risk of burnout.
- ANA supports a legislative model in which nurses are empowered to create staffing plans specific to each unit. (American Nurse Association, 2015)

Outcomes:

- Patient care is one of those fulfilling parts of nursing where you make connections with patients and feel a sense of satisfaction when helping them get better. However, this care can be affected by the number of patients a nurse's load contains. Nurses with greater than a 1:4 nurse-to-patient ratio have a higher risk of burnout, with each additional patient raising the risk by 23% (Gutsan et al., 2018).
- Nurse staffing ratios Nurses' vigilance at the bedside is essential to their ability to ensure patient safety. It is logical, therefore, that assigning increasing numbers of patients eventually compromises a nurse's ability to provide safe care (Douglas, 2010).
- Sufficient staffing helps lower medical and medication errors, reduce patient complications, decrease mortality, improve patient satisfaction and enhance nurse retention rates and job satisfaction (Douglas, 2010).

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Goal:

- Allow Nurses to have more input and control in their schedules to allow for better work-life balance and reduced fatigue.
- Improved Nurse-to-Patient ratios, which provides a safer work environment and reduces workload.
- Inclusion of Nurses in policy discussions.
- Train leaders to successfully recognize and address nurse burnout
- Implementation of support and coping programs
- Inclusion of mental health awareness programs
- Staffing appropriate personnel to allow for delegation

Methods:

- Reduce the amount of non-nursing tasks that nurses need to do such as, pass meal trays, do respiratory treatments when respiratory therapists are not available, and do tasks that are usually assigned to a CP.
- Create support programs and develop comfortable respite areas for nurses.
- At BHSF Nurses have a voice for policy change through the proper committees. Shared Governance is an example).
- On-site recreation for nurses such as gyms, relaxation rooms, and self-care treatments

Outcomes:

- Develop a workforce staffing plan which facilitates quality patient care, staffing decisions should be by nurses' leaders who possess the experience, and facilities need to implement a budget for safe staffing.

Recommendations:

Establishing lower patient ratio will allow nurses to care for patients more effectively, which evidence-based research has shown that proves to shorten hospital stays (King, 2019).

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