

About Nurse Staffing

The information below is intended to give greater insight into some of the issues related to nurse staffing of hospital inpatient units. Note that this area is currently the subject of considerable research. The National Quality Forum has endorsed several nurse staffing measures to examine quality of care, including nursing skill mix, nursing hours per patient day and nursing turnover.

Nursing Workforce: The nursing workforce consists of licensed nurses - registered nurses (RNs) and licensed practical nurses (LPNs) - and Unlicensed Assistive Personnel (UAPs, such as nursing assistants, patient care attendants, etc.). RNs assess and monitor patient needs, provide patient education and develop patient care plans, administer medications and treatments, and provide care coordination; LPNs carry out specified nursing duties under the direction of RNs. Unlicensed assistive personnel like nursing assistants typically carry out non-specialized duties and personal care activities. RNs, LPNs, and UAPs all provide direct patient care. The term “nursing skill mix” is used to describe the mixture of different types of nursing staff, i.e. RN, LPN or UAP.

Nursing Hours per Patient Day: This is one way to measure nurse staffing. This measure examines the supply of nursing staff relative to the patient work load. (It is calculated by the sum of relevant nursing work hours divided by the sum of each daily patient census or daily number of patients. The sum of each daily patient census is called “total inpatient days”.) Several studies have linked higher total nursing care hours and/or a greater percentage of RNs with improved patient outcomes in certain areas.

Acuity Level: Staffing will vary based on the acuity level (urgency of patient health status) of a particular hospital inpatient unit and the complexity of patient care required. Units with critically ill patients, for example, require more intensive staffing. There are usually three major levels of acuity for inpatient hospital units: 1. critical care, which is the highest level of care and includes intensive care units; 2. intermediate care, which is less intensive than critical care but requires a higher level of care than that provided on medical or surgical units; and 3. general inpatient care, typically provided on medical or surgical units. Some hospitals now have “mixed acuity” level inpatient units that combine 2 or more acuity levels together. Some differences in reported staffing hours may be related to differences in the way hospitals define the structure and acuity level of each nursing unit.

Nursing Turnover: Nursing turnover reflects the rate at which nurses leave a hospital staff position. High turnover can represent nurse job dissatisfaction. A high turnover rate may impact a hospital’s productivity, delivery and quality of care if skilled and experienced nursing staff is lost.