



COLLEGE & ASSOCIATION  
OF REGISTERED NURSES  
OF ALBERTA

# Evidence-Informed Staffing for the Delivery of Nursing Care: Guidelines for Registered Nurses

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# Evidence-Informed Staffing for the Delivery of Nursing Care: Guidelines for Registered Nurses

The current health care environment is characterized by a need for cost effective strategies that result in positive outcomes for clients<sup>1</sup>, registered nurses and other health professionals and health care organizations. The purpose of these guidelines is to provide evidence-informed principles that support the use of best practices to determine implement and evaluate nursing staff skill mix<sup>2</sup>, staffing patterns and models for delivery of care.

## WHAT DOES CURRENT EVIDENCE TELL US ABOUT NURSE STAFFING AND THE OUTCOMES OF CARE?

Researchers have investigated nurse staffing from the perspective of scheduling and productivity as well as the relationship between nurse staffing and client outcomes. Over time, evolving definitions of nurse staffing have identified additional key elements that support models for determining optimal staffing. These elements include the appropriateness of the number of staff, the type or level of client care required, skill level and mix of staff, number of clients cared for on the assignment, cost efficiency and effectiveness, and their links to client and nurse outcomes (RNAO, 2007).

There is a well established correlation between client outcomes and the practice environment of nurses. Research has shown that appropriate nurse staffing practices result in positive client outcomes (McGillis Hall, Doran, & Pink, 2004; Needleman et. al., 2002; Aiken, Clarke, & Sloane, 2002).

Evidence-informed staffing and workload best practices in the delivery of safe, competent and ethical care require the engagement of registered nurses in all roles from direct care providers, to managers, administrators, policy makers, professional associations and unions. As coordinators of nursing care, registered nurses possess the knowledge, skills and judgment to prudently assign client care to other regulated or non-regulated care providers. This allows them to fully utilize all personnel and implement the primary health care principle of providing the most appropriate level of care by the most appropriate provider. The registered nurse administrator/manager has a primary responsibility to manage health care delivery services and to also represent nursing services. The registered nurse administrator/manager focuses on implementing and supporting appropriate care delivery processes and workload management practices and ensures that organizational supports such as access to appropriate technologies, education and research are in place along with communication systems that foster positive working relationships and interdisciplinary practice (CARNA, 2005).

The Registered Nurses Association of Ontario (RNAO) best practice guideline *Developing and Sustaining Effective Staffing and Workload Practices (2007)* describes the staffing process as being comprised of two types of decision-making - nurse staffing decisions and client-flow decisions. These types of decisions are made on an ongoing basis by registered nurses in all roles. The guideline also identifies that nurse staffing

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<sup>1</sup> The term 'client' can refer to patients, residents, families, groups, communities and populations.

<sup>2</sup> Refers to actual staff skill categories and skill levels (e.g. RN, LPN) (RNAO, 2007)

decisions and client-flow decisions occur at the following three levels within organizations: 1) a strategic planning level, 2) a logistical level and 3) a tactical level.

**Nursing Management  
Strategic Decision-Making**

- **Strategic Nursing Staffing Decision-Making:**  
Refers to those decisions and judgments that result in *overall approaches to nursing care delivery*, such as staff skill mix (RN, LPN, etc), staffing levels and model of care delivery.

- **Strategic Client-Flow Decision-Making:**  
Refers to those decisions and judgments that result in *directions regarding client type, severity and volumes* to be cared for by nursing teams or on nursing units, and relevant policies to support these decisions.

**Nursing Management  
Logistical Decision-Making**

- **Logistical Nursing Staffing Decision Making:**  
Refers to those decisions and judgments that result in *overall staffing directions at the unit and team level related to baseline staffing levels, replacement staffing method (e.g. float pool) and scheduling approaches and methods (e.g. self scheduling, master scheduling, 12-hour shift, 8-hour shift, etc.)* to meet nursing care and management objectives

- **Logistical Client-Flow Decision Making:**  
Refers to those decisions and judgments that result in *overall approaches to the intake or admissions of clients* in order to meet patient care and management objectives.

**Nursing Management  
Tactical Decision-Making**

- **Tactical Nursing Staffing Decision-Making:**  
Refers to those decisions and judgments made on a *day to day and/or shift to shift basis that result in necessary staffing adjustments to safely meet the needs of clients on a consistent basis, in light of changes in staff availability and or client needs.*

- **Tactical Client-Flow Decision-Making:**  
Refers to those decisions and judgments made on a *day to day and/or shift to shift basis that result in changes in requirements for nursing care due to rescheduling of admissions, programs or visits, and/or transferring of clients.*

## AN EVIDENCE-INFORMED FRAMEWORK FOR STAFFING DECISIONS

Based on current best evidence, a framework of key questions supports staffing decisions for your own specific practice environment. Questions for best staffing practices include:

- Who are your clients and what are their needs for care? What are the relative acuity, risks and vulnerabilities of your care recipients, and what health outcomes are you trying to achieve?
- What indicators are you using to track health outcomes, and what is your progress towards your target outcomes to date?
- What are your available resources, including the preparation, competencies, supervisory requirements, *Health Professions Act* (2000) practice statements of nursing staff and other health professionals and the environmental supports and systems that affect the delivery of care?
- What are the legislated and organizational parameters for the safety, well-being and fitness to practise of your staff, and how can you monitor these staffing parameters on a regular and consistent basis?
- What clinical research specific to your client population is available to help you design the delivery model that works best for your clients, staff, setting and resources?
- What checks and balances (consultation and involvement, education and training, monitoring and reporting mechanisms) can you put in place to identify, report and manage the risks for clients and staff?
- What clinical indicators will you monitor on an ongoing basis to assess the outcomes of care, so that you can evaluate the effectiveness of your staffing choices and make adjustments as needed?

The overall quality of team interactions, communication and care coordination determine each individual team member's ability to influence improvements in the quality of care and to achieve positive client outcomes (RNAO, 2007). Communication and trust are crucial factors in the implementation of any staffing model. Staff should be included in the decision-making, giving them opportunities to discuss the various points of the framework as it applies to their client population.

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## RESOURCES

The College and Association of Registered Nurses of Alberta (CARNA) Policy and Practice consultants work with individual nurses, groups, facilities and regions to address their specific questions about staffing for optimum client care. Contact the CARNA Nursing Consultants – Policy and Practice for assistance at 780-451-0043 or toll-free at 1-800-252-9392. Additional resource documents and clinical research may be accessed on the CARNA website at [www.nurses.ab.ca](http://www.nurses.ab.ca).

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