

Summary of Recommendations for Developing and Sustaining Effective Staffing and Workload Practices

The following recommendations were organized using the key concepts of the Healthy Work Environments Framework, and therefore identify:

- operational recommendations;
- organizational recommendations; and
- external (health) systems recommendations.

RECOMMENDATION	
Organizational Level	<p>1. Organizations plan, implement, and evaluate staffing and workload practices at the three levels of decision-making – strategic, logistical, and tactical – that result in staffing that facilitates the delivery of safe, competent, culturally sensitive and ethical care.</p> <p>Decisions about staffing to facilitate safe and quality care incorporate the following principles:</p>
	<p>1.1 Strategic nursing staffing processes support the delivery of safe, competent, culturally sensitive and ethical care by:</p> <ul style="list-style-type: none"> ■ Ensuring that the budget is aligned with the required staffing levels to meet patient/client needs and accommodate replacement, orientation and professional development. ■ Maximizing continuity of care⁶ and continuity of care givers. ■ Providing delivery methods to meet fluctuating patient/client and staff requirements. ■ Responding to staff work life considerations and work preferences. ■ Being fair and equitable. ■ Ensuring a full-time/part-time ratio of 70% / 30% to enable continuity of care and to ensure patient/client safety, a quality work environment and stability in the workplace. ■ Ensuring that nurse staffing, inclusive of staff mix, is planned on a unit/program basis and reflects individual and collective patient/client, nurse and system characteristics. ■ Ensuring that the category of nurse used reflects the best evidence available, recognizing the strong association between category of nurse and health outcomes for patients/clients. ■ Ensuring that nursing utilization⁶ rates are kept at a level necessary to achieve a balance between patient/client needs, the nursing effort⁶, the experience, educational preparation and scope of practice of nursing staff, and the organizational demands. ■ Ensuring that education and opportunities for reflection are provided that foster a climate of diversity and inclusively as it relates to the staffing objective.
	<p>1.2 Logistical nursing staffing processes are conducted by unit/operational nurse leader(s) who have the requisite knowledge, professional judgment, skills and authority, in collaboration⁶ with nursing staff, at the point of care by ensuring that:</p> <ul style="list-style-type: none"> ■ Nurse leaders can make decisions about the impact of changes to the patient/client care delivery systems on nursing staffing and workload. ■ Decision-making responsibilities encompass the required financial and human resources and appropriate utilization of nursing personnel. ■ A process is in place that results in a schedule that reflects an optimal trade-off between nurses' preferences and the required coverage to meet patient/client care needs, while recognizing contractual obligations and human resources policies

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	<p>1.3 Tactical nursing staffing processes result in balancing the required and actual nursing staff on each nursing unit⁶ or team at each shift or time-frame of care and are carried out by nurses at point of care who have the requisite knowledge and skills.</p> <p>Tactical staffing decision-making includes:</p> <ul style="list-style-type: none"> ■ adjusting staff supply (using contingency staff); ■ adjusting staff required (transferring patient/client or canceling scheduled admissions, scheduled programs or nurse visits); or ■ adjusting both staff supply and staffing required. <p>Tactical staff decision-making is facilitated by:</p> <ul style="list-style-type: none"> ■ mechanisms in place to adjust to changes in patient/client acuity and staff replacement needs such as an internal resource team and pre-scheduling of replacement staff; and ■ nurses in all roles empowered to make appropriate staffing decisions that result in safe, competent, ethical care.
	<p>2. The board, administrative leadership⁶ and human resources planning department work collaboratively to ensure that processes, infrastructure and staff are in place to provide adequate nurse staffing to meet patients'/clients' needs.</p>
	<p>2.1 The senior management team⁶ includes a senior nurse executive who is involved in all phases of the organizations' strategic planning, policy, evaluation and reporting processes.</p>
	<p>2.2 Nursing fiscal planning provides for effective base staffing, and replacement of staff, and has the flexibility to accommodate changes in patient/client acuity⁶ affecting nursing intensity.</p>
	<p>2.3 Nursing budgets include financial resources for professional⁶ development, education, orientation, mentoring and other support systems needed to augment the skills and competencies in the face of changing technologies and influx of new staff.</p>
	<p>3. Organizations engage nurses in all roles, in all phases of the strategic planning process, including development, implementation and evaluation.</p>
	<p>3.1 Strategic plans reflecting planned change are aimed at achieving and maintaining a healthy work environment through appropriate staffing and workload management practices throughout planned change processes.</p>
	<p>3.2 Organizations make every effort to mitigate the impact of major disasters and other unplanned change on staffing and workload by having disaster and crisis plans in place (i.e. plans for pandemic; influenza; natural disasters; significant staffing or governing/leadership change on all levels of governments, health care providers, and the system by aiming to maintain stable structures and processes, adequate supports (i.e. sufficient staff, information and involvement in decision-making), and open communication.</p>
	<p>4. Strategic planning and policy making that affects nursing workload and nurse staffing strategies are informed by measures that capture the impact of inputs, throughputs and outputs, as reflected in the Patient Care Delivery Systems Model (PCDSM).</p>

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	<p>4.1 Processes are in place for the ongoing evaluation, monitoring and refinement of measures that reflect the variables/elements of the PCDSM to ensure they are valid and reliable (i.e. used properly and measure what was intended), and reflect professional practice standards and evidence-based practices.</p> <p>4.2 Decisions affecting nursing human resources (i.e. reorganization, service cuts, delivery models, etc.) consider evidence about healthy work environments to ensure safe, competent, ethical care</p>
	<p>5. Financial and human resources are dedicated to support an infrastructure of integrated electronic systems to effectively design, manage and evaluate the scheduling, staffing, workload measurement⁶ and patient/client flow processes to meet the needs of patients/clients, nurses, other providers and the health care system.</p> <p>5.1 Nursing management is involved in and supports the development and integration of problem-solving tools, feedback processes, and monitoring systems (including indicators and data elements) linked to a comprehensive information management and decision support system</p>
Health System Level <i>Accreditation Bodies</i>	<p>6. Accreditation and approval bodies incorporate indicators that are comprehensive and reflect best practices in nursing staffing and workload management in approval and accreditation programs. The overall process of accreditation and approval is guided by an evidence-based model.</p>
	<p>6.1 Health service organizations are accredited based on criteria that reflect recommendations in this HWE BPG, including the range of variables that affect the delivery of high quality, safe and ethical care to patients/clients and provision of a safe work environment for nurses.</p>
	<p>6.2 Nursing educational programs are approved and accredited based on criteria that reflect recommendations in this HWE BPG, including the range of variables that affect the clinical and classroom work environments for students and faculty</p>
Health System Level <i>Governments</i>	<p>7. Federal, provincial, regional and local governments commit both financial and human resources to develop, implement and evaluate care delivery models, policies and programs that support appropriate staffing and workloads⁶.</p>
	<p>7.1 Governments commit to providing financial resources that facilitate the development of sustainable effective nursing staffing⁶ practices within all health care organizations that foster healthy work environments⁶ for nurses⁶.</p>
	<p>7.2 The Principal Nurse Advisor⁶ (PNA) is an integral part of the health system⁶ decision-making authority at the federal/provincial/territorial ministry levels and has the requisite knowledge, authority and accountability related to nursing human resources.</p>
	<p>7.3 The PNA has a sustainable budget to develop, support and evaluate a nursing human resources strategy that is integrated within a broad health human resources strategy.</p>
	<p>7.4 The PNA is involved in health system planning and decision making related to nursing strategic planning and policy making, nursing staffing and workload matters.</p>

RECOMMENDATION	
Health System Level <i>Research</i>	8. Nurses in all roles, nursing and health services researchers, policy makers, decision makers, professional associations, unions, and the public work together to build the necessary evidence to inform staffing and workload best practices in the delivery of safe, competent, and equitable care to patients/clients ⁶ . Research that focuses on building evidence in next generation workload measurement systems ⁶ in nurse staffing ⁶ can be accomplished by:
	8.1 Allocating research funding to investigate the impact of length of shift, hours of work and environment on patient/client ⁶ safety, nurse safety, quality of work life and continuity of patient/client care.
	8.2 Working in partnerships to better understand the impact of changing health delivery models and innovative nurse staffing policies and workload management ⁶ systems on patient/client, nurse and other health care provider, and system outcomes.
	8.3 Focusing on better understanding the evolving and new roles for nurses and other health care providers (i.e. nurse endoscopists, physician assistants, nurse anesthetists) as well as the roles of RNs, RPNs/LPNs and RPsychNs and their impact on health, provider, and system outcomes