Reducing RN Burnout with Nursing Workload Based Staffing

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Background

Until October 2017 the Medical Telemetry Unit used a traditional Staffing Grid (i.e. X number of patients calls for Y number of RNs).

The amount of work it takes to provide care (Nursing Workload) varies widely from patient to patient and as patient condition changes regardless of ordered level of care.[3] Staffing grids cannot account for these variances in workload.

Staffing that does not match the Nursing Workload of the patients on the unit can contribute to staff burnout and turnover.[2]

Acuity based staffing, or Nursing Workload Based Staffing, is increasingly being recognized as a superior alternative to a staffing grid for quality patient outcomes and staff satisfaction.[1,2,3]

Research Question

IF Medical Telemetry Unit RNs have a system for scoring the Nursing Workload of their patients…

AND Charge RNs use that Nursing Workload Score to request staff and make RN assignments…

THEN RN's will report decreased burnout caused by perceived inadequate staffing.

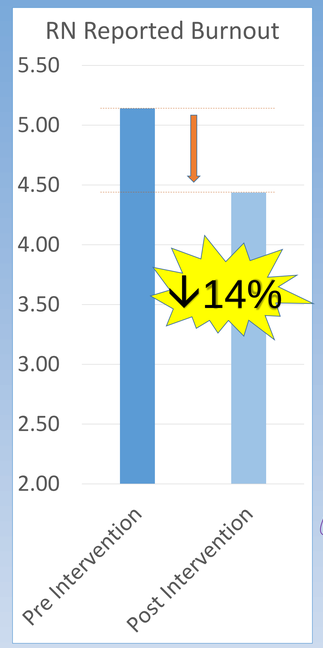
Methods

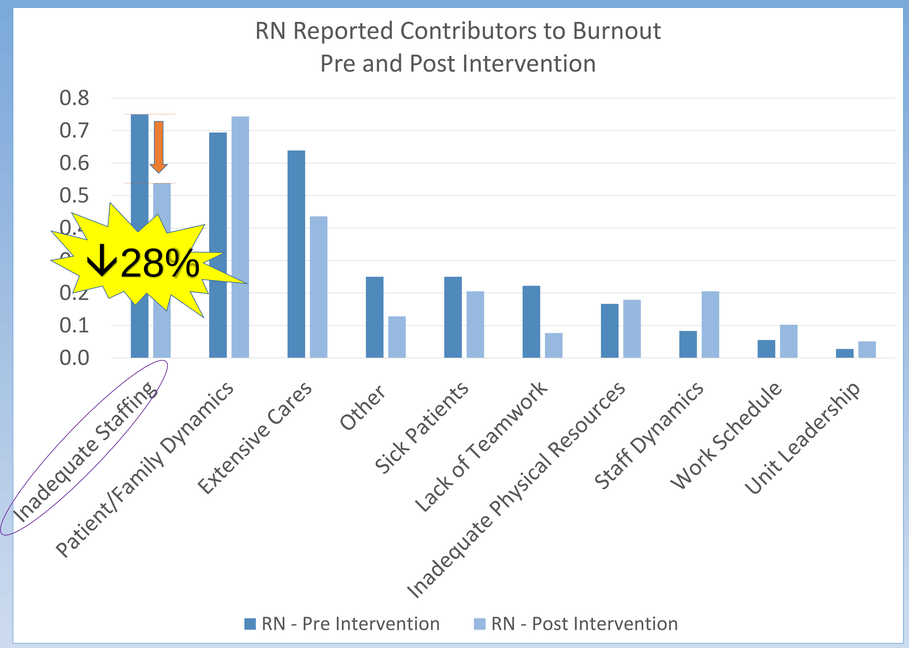
Step 1: Pre-intervention survey to measure staff burnout and contributors to burnout.

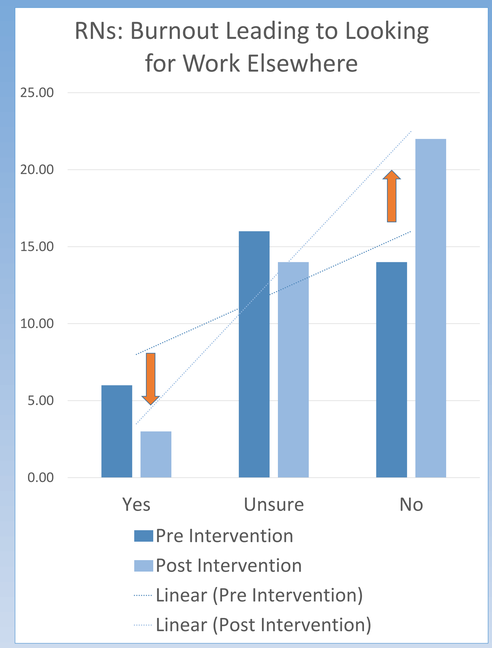
Step 2: Implement an Acuity Tool to measure RN Workload for each patient, and request RN staff based on assessed workload of patients.

Step 3: Post-intervention survey to measure changes to burnout and RN staffing as a contributor to burnout.

Results



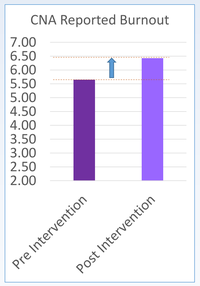




- More than half of all staff participated in both surveys.
- RN Reported Burnout decreased 14% after implementation of Nursing Workload Based Staffing
- Inadequate Staffing was the highest ranked contributor to burnout among RNs prior to implementation, but decreased 28% among RNs as a contributor to burnout post intervention.
- When asked if burnout was leading them to look for work, the number of RNs responding "Yes" or "Unsure" decreased and the number responding "No" increased post intervention.

Further Considerations

CNAs, who continue to be staffed based on a grid, reported a 14% increase in burnout and 20% increase in Inadequate Staffing as a contributor to burnout.



References

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Conclusion

Implementation of a Nursing Workload based staffing model strongly correlated with a decreased reported burnout related to inadequate staffing among RNs. A similar CNA workload staffing model may be effective in decreasing CNA burnout as well.