



**ANA's**

# **Principles for Nurse Staffing**

**Third Edition**



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**Principles for**  
**Nurse Staffing**

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# Overview



## Overview

The 2019 *ANA's Principles for Nurse Staffing*, Third Edition, identifies major elements needed to achieve appropriate nurse staffing, which enhances the delivery of safe, quality health care. These principles are grounded in the substantive and growing body of evidence that demonstrates the link between appropriate nurse staffing and better patient outcomes and apply to all types of nurse staffing at every practice level in any healthcare delivery setting. Focused on addressing the complexities of appropriate nurse staffing decisions, the principles and supporting material in this publication will guide nurses and other decision-makers in identifying and developing processes and policies needed to improve nurse staffing.





# ANA's Principles for Nurse Staffing

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## ANA's Principles for Nurse Staffing

Today's contemporary healthcare environment is a very complex system comprised of a multitude of evolving healthcare settings; many diverse organizations, enterprises, and networks with their associated missions, policies, and procedures; and many stakeholders. These stakeholders include healthcare consumers, patients, interprofessional teams, and over 4 million registered nurses. Such an environmental architecture can be prone to errors, waste, delays, and unsustainable costs. The Institute for Healthcare Improvement's (IHI) Triple Aim addresses the targets through efforts to optimize health system performance. The Triple Aim initiative focuses on:

- Improving patients' experience of care (including quality and satisfaction)
- Improving health of populations
- Reducing per capita cost of health care (Berwick, Nolan & Whittington, 2008)

Bodenheimer & Sinsky (2014) recommend that the Triple Aim be updated to include a fourth aim: addressing clinician and staff satisfaction and work-life balance. Staff satisfaction is an underpinning for the ANCC Magnet Recognition Program® addressing the variables that institutions and nursing services create—the magnetism—that attract and retain quality nursing staff.

Appropriate nurse staffing is a critical requisite for the delivery of safe, quality health care at every practice level and in every setting. Evidence demonstrates that nursing care has a direct impact on the overall quality of services received, and that when nurse staffing is appropriate, adverse events decline and overall outcomes improve (Aiken et al., 2017; McHugh et al., 2016).

Because the delivery of nursing care is a multifaceted process, the determination of appropriate nurse staffing is not as simple as merely increasing the number of nurses beyond what is minimally necessary. Pappas and Welton (2015) affirm that:

*Nursing is a practice discipline and occurs as one nurse and one patient, family, or community at a time. The encounter between a nurse and patient forms a fundamental bond that defines not only nursing as a profession, but each individual nurse as a provider of care. Nursing practice drives value, and nurses have a direct and intimate influence on the quality, safety, and costs of patient-centered care. If we define nursing value as the function of outcomes divided by costs, there is a need to better define those measures and analytics for patient-level costs and outcomes of nursing care. This fundamental shift to capture the patient or*

*consumer impact of nursing care is an important expansion of how nursing value is quantified. This will require rethinking how we view nursing care delivery beyond solely measuring nursing in terms of tasks or ratios and staffing levels, to one that recognizes the individual and collective accomplishments and results provided by each nurse across the broad spectrum of care. True nursing value can only be described by measurement of the clinical and financial impact of nursing care.*

Appropriate nurse staffing can be characterized as an ever-present challenge of managing the delicate balance of the polarities of mission (improving population health and the quality and satisfaction for patients, clinicians, and staff) and margin (operations and per capita cost of health care). The *ANA Principles for Nurse Staffing* delineated in this document support that effort, reflect the intricate nature of how decisions are made to help ensure appropriate nurse staffing, and apply to any level or setting of nursing practice. This work builds on ANA's 1999 *Principles for Nurse Staffing* and the 2012 *Principles for Nurse Staffing, Second Edition*.

A polarity is "an interdependent pair of values or alternative points of view that appear different and unrelated, competitive, or even opposite but in reality need each other over time to reach outcomes neither can reach alone" (Wesorick, 2016, p.6).

The *ANA's Principles for Nurse Staffing* provides a framework to help nurses at all levels, nurse leaders, and healthcare administrators in the development, implementation, and evaluation of appropriate nurse staffing plans and activities. The framework includes principles related to:

- Characteristics and considerations of the healthcare consumer or patient
- Characteristics and considerations of registered nurses and other interprofessional team members and staff
- The context of the organization and workplace culture in which nursing services are delivered
- The overall practice environment that influences delivery of care
- Evaluation of staffing plans, overall costs, effectiveness, and resources expended for nursing care

Such a framework helps detail a 21st-century context for nurse staffing that recognizes the individual contribution and added value of each individual nurse as a provider of care.

## Core Components of Appropriate Nurse Staffing

*Appropriate nurse staffing* is defined as a match of registered nurse expertise with the needs of the recipient of nursing care services in the context of the practice setting and situation. The provision of appropriate nurse staffing is necessary to reach safe, quality outcomes and is achieved by multifaceted decision-making processes that must consider a wide range of variables (ANA, 2012).

The core components of appropriate nurse staffing are:

- Registered nurses are full partners working with other healthcare professionals in the collaborative, interprofessional delivery of safe, quality health care.
- All settings should have well-developed staffing guidelines with measurable nurse-sensitive outcomes specific to that setting and healthcare consumer population that are used as evidence to guide daily staffing.
- Registered nurses at all levels within a healthcare system must have a substantive and active role in staffing decisions to assure availability of the necessary time with patients to meet care needs and overall nursing responsibilities.
- Staffing needs must be determined based on an analysis of consumer healthcare status (e.g., degree of stability, intensity, and acuity) and the environment in which the care is provided. Other considerations include professional characteristics; competencies, experience, and skill set; staff mix; and previous staffing patterns that have been shown to improve care outcomes.
- Appropriate nurse staffing should be based on allocating the appropriate number of competent practitioners to a care situation, meeting consumer-centered and organizational outcomes, pursuing quality of care indices, meeting federal and state laws and regulations, and assuring a safe, high-quality work environment.
- Cost effectiveness is an important consideration in the delivery of safe, quality care. Nurse leaders must evaluate and balance patient care needs and the overall nursing care resources and costs expended for care.
- Reimbursement structures should not influence nurse staffing patterns or the level of care provided.

# Principle 1—Healthcare Consumer

## Principles Related to the Healthcare Consumer



*The Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015a) and *Nursing: Scope and Standards of Practice, Third Edition* (ANA, 2015b) identify the following foremost concerns of nurses: concern for the patient or healthcare consumer and concern about delivering the nursing care needed for “the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations” (ANA, 2015b).

1. Nurse staffing decisions should be based on the number and needs of the individual healthcare consumer, families, groups, communities, and populations served. Such factors include but are not limited to:
  - Age and functional ability
  - Communication skills
  - Cultural and linguistic diversities
  - Complexity of care needs, based on severity, intensity, acuity, and stability of conditions

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- Existence and severity of multiple comorbid conditions
  - Scheduled procedure(s) or treatment(s)
  - Availability of family and social supports
  - Transitional care within or beyond the healthcare setting
  - Development and implementation of comprehensive plans of care that support continuity of care
  - Other specific needs identified by the patient/healthcare consumer, the family, and the registered nurse
2. In any approach to determining appropriate nurse staffing levels, consideration must be given to the elements affecting care at the level of the individual practice setting.

No single method, model, or assessment tool [e.g., nursing hours per patient day (NHPPD), case mix index (CMI), nursing intensity weights, mandatory nurse-to-patient ratios] has provided sufficient evidence to be considered optimal in all settings and all situations.

3. Each setting should have staffing guidelines based on patient safety indicators, as well as clinical and administrative/operational outcomes specific to that area.
4. Sufficient resources and pathways for care coordination and health education for the patient/healthcare consumer and/or family should be readily available.

## Principle 2—Interprofessional Teams

### Principles Related to Registered Nurses and Other Staff



All nurses are providers of care. Given that, the individual characteristics of each nurse—experience, knowledge, specific competencies and skill set, overall abilities, and professional judgment—directly affect the outcomes of care. Each nurse is responsible and accountable for providing optimal care to each patient at an optimum price (cost) to achieve the best value. Optimal care is achieved through individual actions and collaboration with other healthcare team members.

1. The specific needs of the population served should determine the appropriate clinical competencies required of the registered nurses practicing in the area.
2. The organization must specify the appropriate credentials and qualifications of registered nurse staff while ensuring registered nurses are permitted to practice to the full extent of their education, training, scope of practice, and licensure.
3. The following nurse characteristics should be considered when determining appropriate nurse staffing:

- Licensure
  - Experience with the population being served
  - Level of overall nursing experience (i.e., novice to expert)
  - Competence with technologies and clinical interventions
  - Professional certification(s)
  - Educational preparation
  - Language capabilities
  - Organizational experience
4. Staffing should be adjusted to incorporate dedicated time and resources for mentoring, precepting, and addressing skill development needs of nurses, including novice nurses and those newly assigned to the specific work setting.
  5. Staffing plans should embrace and leverage the skills of experienced nurses who can offer clinical and organizational support to other staff.
  6. Regular monitoring of specified indicators can help ensure that staffing outcomes are evaluated and adjusted. Such indicators may include but are not limited to:
    - Nurse satisfaction
    - Burnout
    - Turnover and retention
    - Workplace injuries
    - Time spent mentoring new staff or students
    - Care coordination
    - Technological skills
    - Use of agency or contractual staff
    - Competence requirements and staff development

**Nursing students and precepted students are  
not staff and cannot be treated as such.**

7. Registered nurses must have the decision-making authority to alter staffing and nurse-to-patient assignment patterns to accommodate changing and anticipated healthcare consumer needs as well as registered nurse competence, experience, and skill levels, especially in rapidly changing situations.



## Principle 3—Workplace Culture

### Principles Related to Organization and Workplace Culture



Each healthcare setting must reflect a balance of quality and safety (mission polarity) with the overall expenditure of nursing resources and costs associated with those resources (margin polarity) to achieve best practices and an optimal outcome of care (Li et al., 2011; Welton & Harper, 2015). Healthcare leaders and organizations must create a workplace environment that values registered nurses and other employees as critical members of the healthcare team.

1. Policies should support the ability of registered nurses to practice to the full extent of their license, education, scope of practice, and documented competence.
2. To maximize safe patient care and quality outcomes, health system leaders and organizations should recognize that in addition to appropriate nurse staffing, they must provide sufficient interprofessional support and ancillary services. These efforts include, at a minimum:
  - Access to timely, accurate, and relevant information provided by technologies that link clinical, administrative, and outcome data to aid in care planning and implementation

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- Timely coordination, supervision, and delegation to appropriately prepared assistive personnel as needed to maximize safety and quality
  - Effective, efficient, and timely support services (e.g., transport, clerical, communications, housekeeping, dietary, and others) to minimize service turn-around time
3. Sufficient orientation and preparation of nursing staff (such as oversight and supervision by nurse preceptors, nurse experts, nurse educators, and mentors) are necessary to ensure registered nurse competence in patient care delivery and utilization of clinical technologies, including:
- Preparation and ongoing training for competence in using technologies or other tools, such as electronic health record systems
  - Provision of unique opportunities and resources for the registered nurse to meet continuing education requirements and the professional responsibility of engagement in lifelong learning
4. Organizational attention to continuous quality improvement activities and innovation can help mitigate staffing inefficiencies. Changes can create and support:
- Improved workflow processes and reduction of barriers to care delivery
  - Sufficient time for accurate, concurrent patient care documentation
  - Processes to facilitate transitions during work redesign, information system changes and upgrades, mergers, and other major changes in work life from the unit level to the organization system level
5. Creation of a culture of values that supports respect, trust, collaboration, and interprofessional healthcare team building that helps cultivate loyalty and ultimately retention.
6. The increased complexity of today's healthcare environment requires availability of enhanced support in ethical decision-making for all aspects of care planning and care delivery.

## Principle 4—Practice Environment

### Principles Related to the Practice Environment



Any nursing care delivery system must provide the necessary nursing resources to meet each patient's individual needs and the unit's collective needs.

1. Staffing includes structures and processes that affect the safety of patients as well as nurses. Institutions employing a culture of safety must recognize appropriate nurse staffing as integral to achieving goals for patient safety and quality.
2. Registered nurses have a professional obligation to report unsafe conditions or inappropriate staffing that adversely impacts safe, quality care; and they have the right to do so without reprisal.
3. The following practice environment elements are to be considered when making the determination about appropriate nurse staffing:
  - Practice model
  - Professional/shared governance for nursing practice
  - Quality of the nursing work environment
  - Architectural geography of unit and institution

- Involvement in tracking quality measures of care delivery activities
  - Evaluation of practice outcomes that include quality, safety, and costs
  - Available technology and support services
  - Evolving evidence
4. Environmental turbulence (e.g., rapid admissions, turnovers and/or discharges, large-scale public health emergencies, mass casualties) merits continuous monitoring and appropriate staffing adjustments.
  5. Registered nurses should be provided with a professional nursing practice environment in which they have control over nursing practice and have autonomy in their workplace.
    - Appropriate preparation, information, and resources should be provided for those involved at all levels of decision-making.
    - Opportunities must be provided for individuals to be involved in decision-making related to nursing practice.
  6. Policies on length of shifts, management of meals and rest periods, and overtime should be in place to ensure the health, well-being, and stamina of nurses and prevent fatigue-related errors.

**Mandatory overtime is an unacceptable solution to achieve appropriate nurse staffing.**

## Principle 5—Evaluation

### Principles Related to Evaluation of Staffing



Organizations must have appropriate nurse staffing plans that demonstrate a logical method for determining staffing levels and skill mix and are conducive to changes based on analysis of the evaluation data.

1. Organizations should evaluate staffing plans based on factors including but not limited to:
  - Outcomes of nursing care, especially as measured by nurse-sensitive indicators
  - Time needed for patient care linked to a metric of patient acuity or need for nursing care for each individual patient
  - Nurse-to-patient assignment patterns, nurse workload, and potential missed care when nurse workload is too high
  - Work-related staff illness and injury rates
  - Turnover/vacancy/retention rates
  - Overtime rates

- Rate of use of supplemental staffing, including travel or itinerant nursing personnel
  - Flexibility of human resource policies and benefit packages
  - Evidence of compliance with applicable federal, state, and local regulations
  - Levels of healthcare consumer satisfaction and nurse satisfaction
  - Overall costs of nursing care delivery systems based on skill mix, wages, experience mix, and overall nursing resources expended for patient care
2. Staffing plans must be conducive to adjustment to reflect changes in evidence and outcomes, care scenarios, and the needs of the population served, all of which can vary from hour to hour, shift to shift, and day to day.
  3. Evaluation of any staffing system should include examination of environmental factors affecting healthcare consumer safety and outcomes.
  4. When evaluating nurse staffing costs, the organization should always take into account the cost of adverse outcomes when staffing is inappropriate, as well as the variability in costs related to nurse-to-patient staffing and assignment patterns, skill mix, and wages of nurses and nursing personnel related to experience.
  5. The costs of nursing care should be estimated for each individual patient based on the actual assigned nurses and hours of care delivered as well as on other nursing care delivery costs allocated across all patients in a particular setting. The allocation of identified costs of nursing care in patient billing records and reimbursement requests makes visible the value of nurses and nursing services.

# Conclusion

Despite concerted efforts at all levels of the nursing profession, heightened and more immediate attention continues to be needed to assure the provision of safe, quality nursing care. Appropriate nurse staffing must be considered an asset to ever-evolving healthcare systems rather than simply a cost factor. It is imperative that the healthcare paradigm shift toward better health at lower costs, including an increased emphasis on the importance of appropriate nurse staffing. With appropriate nurse staffing, sufficient numbers of competent nurses are properly positioned to help meet the goals of the Triple Aim to improve the patient experience of care, improve the health of populations, and reduce the per capita cost of health care while maximizing a satisfying professional experience.





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