**Monarch General Staffing Crisis**

Tina D. Leatherbury

School of Nursing, Old Dominion University

NUR 490W: Nursing Leadership

Ms. Forbus

Mrs. Gustafson

July 4, 2021

**Monarch General Staffing Crisis**

Safe nurse staffing is essential to both the nursing profession and to the overall healthcare system (American Nurse Association, n.d.). Monarch General Hospital continues to suffer the consequences of maintaining an 8-hour work day due to the reluctance of employees in the past wanting to transition over to 12-hour shifts. This has put a lot of strain on the staff members and the hospital itself. Due to this, the hospital must hire more permanent and temporary staff, constantly pull staff from other units, and pay overtime and bonuses through contracts offered. Other facilities have adopted the 12-hour shift schedule to assist in the staffing shortages. Monarch General Hospital has not transitioned to this schedule as past staff members have been against the change. This causes a budgeting problem. Not switching over to the longer shifts contributes to the staffing shortages. It cost more to hire staff to maintain an 8-hour workday schedule versus the 12-hour schedule. What Monarch General Hospital is experiencing is a staffing crisis to meet the needs of 8-hour shifts. The full-time equivalence or FTE is the same for employers to fill positions regardless of 8 hours or 12 hours. What matters is the cost to train and retain new staff members.   
 In an article by authors Caraballo and Vickery, they discovered that the turnover cost of bedside nursing was roughly $52,100 and ranges from $40,300 to $64,000 resulting in the average hospital losing $4.4 million to $6.9 million a year. This includes an annual turnover rate of 15%. A study featured in the article suggests that 75% of the reason’s employees leave could be prevented. The top three common reasons include work-life balance, management behavior and issues with career development (2019).

Administration should reassess the general attitude towards moving to 12 hour shifts for the nursing staff and not base the decision to remain at 8 hour shifts on past responses. The field of nursing is constantly changing; therefore, we need to evolve and adapt to those changes in order to remain current with knowledge and skill set as well as the workflow. It is important to constantly survey nursing staff in order to find out what is important to them and what would make a difference in job satisfaction. Retention is another issue that administrators need to address. Money is not always enough to keep staff from leaving or being unhappy. Being up to date with changes and building morale are ways to improve the nursing work environment.

The nursing profession continues to face shortages due to a lack of potential educators, high turnover, and inequitable workforce distribution. The causes that relate to the nursing shortage are numerous and issues of concern. This includes an aging population, aging workforce, nurse burnout, careers and family, regions, growth, violence in the healthcare setting (Haddad et al, 2020). With the population aging, health services needs are increasing. Older people do not only have one morbidity to treat but several. This factor along with the increase in life expectancy causes an increase in health care services. Treating long term illnesses can strain the workforce. This eventually leads to higher nurse patient ratios and staff burnout. (Haddad et al, 2020). Something needs to be done to prevent the strain on the healthcare system.

The nursing workforce is aging. In Nursing Shortages by Haddad et al, it was founded that one million registered nurses were older than 50. This means that one-third of the nursing population could beat the retirement age within the next 10 to 15 years. This number includes nurse faculty which in turn means training more nurses with fewer resources. Staff shortages does not just affect the hospitals, but also the communities. Enrollment in nursing schools will decrease which would cause fewer nurses to enter the workforce upon graduation (2020).

Staffing crises reflect on the entire unit. It is noticeable when the hospital is not properly staffed. A unit that meets their expected staffing matrix will have staff float to another unit to assist with their staffing matrix. This leaves both units minimal staffing and nurses frustrated and unsatisfied. When dealing with hospitals hiring temporary staff, Senek et al., proposed a relationship between understaffing and high levels of agency nurses with care left undone. Given that care left undone has been associated with a variety of poor patient outcomes, including increased mortality (Senek et al., 2020). This implies that it reflects poorly to patient care, safety, and satisfaction. A way to remedy this is to invest in management and policy approaches that can improve nursing recruitment, retention, and reduction of turnover. This will likely improve the possibility of meeting staffing matrix on a given shift and reduced the need for agency nurses (Senek et al., 2020).

Transitioning to the 12-hour shift schedule has shown to have a positive effect on nursing. A study with rehabilitation nurses was done to measure satisfaction. In the article by Parkinson et al., it was found that the 12-hour shifts left a positive effect on job satisfaction because it allowed more flexibility in continuing education, improves staff morale, lessened breaks in care and assignment changes, and gave more time away from work making room for better work-life balance. It results in better communication among staff to result in better patient care, satisfaction, and outcomes (2018).

Unfortunately for Monarch General Hospital there is no quick solution to the staffing crisis. If the facility were to adopt the 12-hour shift schedule it would only temporarily fix the current issue. There would still be a global nursing shortage that needs to be addressed. More staff would need to be hired leading to additional training and paid benefits for all new staff. This is what make the nursing agencies look more appealing as they do not require a lot of training nor benefits. Nurses from agencies do not have anything invested in the company and therefore patient experience is sometimes compromised. Working the 12-hour shift benefits the patients as well. This allows more continuity of care and less handoffs which has proven to be safer for the patient and nurse (Parkinson et al., 2018). This in turn increases patient satisfaction scores and results in less safety issues. Each of these mentioned easily contributes to higher retention rates. I believe Monarch General Hospital would benefit tremendously by adapting to the current workflows in nursing.

There have been tons of research done that addresses the nursing shortages and possible solutions to remedy the problem, but there is still a shortage. This problem needs to be addressed at the source. Where are the nurse educators? Educators are more important than ever because they are responsible for educating, training, and mentoring new nurses. Without an adequate amount of nurse educators, it is extremely difficult to enroll more nursing students and find the funding for nursing programs. In an article by Gabrielle Masson, U.S. universities rejected 80,407 qualified applicants for bachelor’s and graduate degrees in nursing, citing a lack of faculty, classroom space and clinical opportunities in hospitals. That number does not include those turned down by community colleges (2020). There needs to be a motive in place to incentivize nursing educators and improve the work environments to retain staff. When we find new ways to educate new nurses, there will be an influx in available nurses to keep the workplace safe.

Incentivizing nurse educators is also a good way to attract nurses to the job. Healthcare leaders can make the career path more visible, encourage more nurses to purse it, and make the process as accessible as possible, but ultimately this shortage will be solved one nurse at a time; one nurse deciding to fill the shoes of someone they once learned from. We cannot manufacture nurse educators, but we can give them a reason to pursue a change. Some reasons to include are a more “standard” schedule for those who dislike the 12-hour shifts, less time on feet, opportunities for specialization and research, scholarships and loan forgiveness, high demand, and making strong impacts on nursing students (Meinke, 2020). Implementing change comes with effective communication and understanding.

Implementing change comes with effective communication and understanding the chain of command. Many hospitals implement change based on evidence-based practices. As a staff nurse, communicating to colleagues and the charge nurse may be a great start to gather thoughts and opinions on the matter of change. Nurses want to be heard. They figured since they are the ones working on the unit and responsible for the patient then it is only right that what they want, and feel should be taken into consideration. Administrators need to listen to their staff members whey they are voicing complaints or dissatisfaction. It is apparent that everything can not be fixed overnight, but at least it would be a start and the nurses may be content with their concerns being acknowledged.

The nursing shortage is a growing problem that all healthcare facilities are facing. This needs to be addressed as aging nurses are retiring and the demands of the aging population continue to grow. Incentivizing nurse educators is one major way that can help fix the shortage. With more nurse educators, the limitations put on nursing programs may decrease and allow more students opportunities to become future nurses instead of being turned away. This will cause a ripple effect as more space and opportunities would be needed. There is ample evidence-based research related to the growing nursing shortage and how the nursing work environment affects retention. With the changes to improve the work environment and grow nursing education programs, there is hope that the nursing shortages rates can be restored.

**References**

American Nurses Association. (n.d.). Nursing staffing. <https://www.nursingworld.org/practice-policy/nurse-staffing/>.

Caraballo, H., & Vickery, B. (2019, October 23). *Healthcare Employee Training: What’s It Really Costing Us?* MedCognition. <https://www.medcognition.com/blog/healthcare-employee-training-whats-it-really-costing-us>.

Haddad, L., Annamaraju, P., & Toney-Butler, T. (2020, December 14). Nursing Shortage. *Stat Pearls.* <https://www.ncbi.nlm.nih.gov/books/NBK493175/>

Masson, G. (2020, December 21). *US colleges aren’t accepting enough nurses to offset shortage.* Becker’s Hospital Review. <https://www.beckershospitalreview.com/nursing/us-colleges-aren-t-accepting-enough-nurses-to-offset-shortage.html>.

Meinke, H. (2020, February 24). *Understanding the Nurse Educator Shortage and Its*

*Implications.* Rasmussen University. <https://www.rasmussen.edu/degrees/nursing/blog/nurse-educator-shortage/>.

Parkinson, J., Arcamone, A., & Mariani, B. (2018). A pilot study exploring rehabilitation nurses’ perceptions of 12-hour shifts. *Nursing.* *48*(2), 60–65. <https://doi.org/10.1097/01.nurse.0000529817.74772.9e>

Senek, M., Robertson, S., Ryan, T., King, R., Wood, E., & Tod, A. (2020). The Association

between Care Left Undone and Temporary Nursing Staff ratios in Acute Settings: A cross-sectional survey of registered nurses. <https://doi.org/10.21203/rs.2.22471/v1>

“I pledge to support the Honor System of Old Dominion University. I will refrain from any form of academic dishonesty or deception, such as cheating or plagiarism. I am aware that as a member of the academic community, it is my responsibility to turn in all suspected violators of the Honor Code. I will report to a hearing if summoned.”

Name: Tina D. Leatherbury

Business Case Analysis Written Assignment

Assignment Grading Sheet

|  |  |  |  |
| --- | --- | --- | --- |
| **Grading Criteria** | **%** | **Comments** | **Points** |
| Scenario and paper introduced | 10 |  |  |
| Background provided | 10 |  |  |
| Business and Operational Impacts provided | 15 |  |  |
| Options and Cost/Benefit Analysis provided | 15 |  |  |
| Recommendation for a solution | 10 |  |  |
| Implementation Strategy and Review and Approval Process provided | 15 |  |  |
| Conclusion | 5 |  |  |
| Correct grammar, essay writing, spelling and punctuation, APA format | 10 |  |  |
| Four references from nursing or business journals included with honor code, submit through SafeAssign | 10 |  |  |
| Final Grade: | 100 |  |  |