



**BC NURSES'  
UNION**

*Standing up for health care*

## POSITION STATEMENT



# NURSING WORKLOAD AND PATIENT SAFETY

[www.bcnu.org](http://www.bcnu.org)

# BC NURSES' UNION BELIEVES THAT:

*Nurses play a significant role in ensuring patient safety; reasonable workloads for nurses are associated with higher levels of patient safety.*

- > Patient safety is one of the most important indicators of quality in health care; sustainable nursing workloads improve the quality of health care institutions. Regularly carrying out **root cause analyses** – finding the sources of problems that lead to patient safety concerns, followed by recommending and applying solutions – would improve quality of care.
- > Governments and health care professional bodies ought to act upon sound recommendations to make patients safer; one step in this direction is to **re-orient health care culture to make patient safety a priority**. This requires systemic transformation so that reporting errors as well as near-misses becomes routine. This new safety-oriented culture will require openness, honesty and have no punitive consequences for those who report errors.
- > Every health authority in BC signed onto a healthy workplace action agenda that referred to the importance of targeting unit productivity/utilization levels of about 85 percent, acknowledging that levels higher than this lead to inferior patient care, higher costs and poor nurse worklife. **Swift measures to implement balanced nurse workload levels are urgently required.**
- > **Empowering nurses** – giving them a voice and the means to examine and take action on issues that affect their workload – will improve patient health outcomes. Nursing leaders require authority to implement changes. When the entire health care team works collegially with nurses, British Columbians under the care of nurses – in hospitals, residential care facilities and in the community – benefit.

## BACKGROUND

Regulated nurses are the largest group of health care providers in BC, making up one-third of the health care workforce. They also provide the greatest amount of hands-on care. The family of regulated nurses includes RNs (Registered Nurses), RPNs (Registered Psychiatric Nurses) and LPNs (Licensed Practical Nurses).

Patient safety is about applying best practices, to achieve positive health outcomes, and avoiding unsafe acts so as to reduce mortality and morbidity. For nurses, patient safety is a fundamental part of the job. When patient care is unsafe, nurses experience moral distress.<sup>2</sup>

1. "Within our Grasp": <http://www.qwqhc.ca/docs/2007QWQHCCWithinOurGrasp.pdf>.

2. Rodney, P (2009). Moral Distress in Practice. VIHA Regional Ethics Program.



Nurses' work is a major factor in producing positive patient health outcomes.<sup>3,4</sup> The association between compromised patient safety and nurse fatigue, partly related to excess working hours, has been rigorously demonstrated over many years in a multitude of scientific studies,<sup>5</sup> for instance, when RN's shifts are longer than 12.5 hours the odds of an adverse event are three times higher.<sup>6</sup> Additionally, communication barriers, particularly at transfer and shift change, create significant hurdles to effective patient care. Most importantly, overburdened nurses are less able to perform the complex tasks of clinically monitoring and coordinating patient care.

## NURSES LEAD THE WAY TO SAFER PATIENT CARE

Nurses are the “backbone” of our health care system; as nursing goes, so goes the rest of the system. Their workload is multifaceted and complex. A significant factor in workload stress for hospital and community nurses is work intensity, which has increased due to shorter hospital stays and more

complex health problems per patient. Work intensity escalates when hospitals are filled beyond capacity. For example, on February 3, 2011, Vernon Jubilee Hospital – with a bed capacity of 148 – housed 192 patients. Nurses shouldered the bulk of this unsafe situation.<sup>7</sup>

One of the most useful indicators of excessive nursing workload and its impact on patient safety is Failure to Rescue (FTR). Nurses play a key role in monitoring patient progress since they are usually the first to encounter early signs of patient deterioration. Overworked nurses are less able to provide the close monitoring required for safe care. FTR thus measures the health care system's ability to respond to complications that have arisen while patients are admitted to hospital.<sup>8,9</sup> Researchers from different nations have identified the consequences for patients when nurses are overtaxed: each patient added to nurses' workloads (beyond four patients) is associated with a seven percent increase in mortality following common surgeries.<sup>10,11</sup>

High FTR rates are a call for nurses to provide more direct-care nursing, as well as teaching people about their illnesses and how to manage them.

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6. Rogers, A, Hwang, W, Scott, L et al (2004). The working hours of hospital staff nurses and patient safety. *Health Affairs*, 23 (4),202-12.
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8. Schoenly, L. <http://lorryschoenly.wordpress.com/2010/09/03/failure-to-rescue>. Accessed Feb 9, 2011.
9. McKee, M; Coles, J; James, P (1999). 'Failure to rescue' as a measure of quality of hospital care. *J Public Health*, vol 21, No 4, pp453-58.
10. Aiken, L, Clarke, S, Sloane, D (2002). Hospital staffing, organization, and quality of care: cross national findings. *Intl J Quality in Health Care*, Vol 14, No 1, pp 5-13.
11. Hunter, K. Giardino, I (2007). A Question of Patient Safety. *Health Canada Health Policy Research Bulletin*; Issue 13.

## PREVENTION IS COST EFFICIENT

Doctors, pharmacists, nurses and other team members are responsible for medical errors. Medical errors affect approximately 158,000 Canadians annually; it is estimated that 60,000 of these problems can be prevented. A 2004 Canadian study found that about 23,750 deaths per year, 1.1 million added days in hospital and \$750 million in extra costs are due to medical errors.<sup>12</sup> Every year, some 700 Canadians die from preventable adverse drug events.<sup>13</sup> Enhancing staffing levels so that nurses have balanced workloads lowers rates of FTR and medical errors.<sup>14,15</sup>

## FOR MORE INFORMATION

Please contact your BCNU Regional Chair to discuss these issues. Go to [www.bcnu.org](http://www.bcnu.org) or look in your **Update** magazine for a list of representatives.

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In addition to saving lives, richer regulated nurse staffing levels saves money through decreased patient length of stay and fewer re-admissions. Furthermore, when nurses' workloads are balanced they have higher rates of job satisfaction, mental/physical well being and continuous employment. This reduces costs related to nurse burnout, absenteeism, recruitment and retention.

In conclusion, the effective management of nursing workload produces:

- > safer patients
- > higher quality of (work) life for nurses
- > cost savings.

12. Kondro, W (2004). Canadian report quantifies cost of medical errors. *Lancet*; Vol. 363 Issue 9426, p2059.

13. David, U (2002). Medication Error and Patient Safety. *Law & Governance*, Vol 2, No 1.

14. Baernholdt, M; Cox, K; Scully, K (2010). Using Clinical Data to Capture Nurse Workload. *CIN*: July/Aug, Vol 28, no4; pp229-34.

15. CARNA (2008). Evidence-Informed Staffing for the Delivery of Nursing Care. College and Association of Registered Nurses of Alberta.