

Stories for SAFETY

Sharing the evidence about nursing and patient safety

THE NURSING RESOURCE TEAM — A BALANCING ACT INSTEAD OF A BAND-AID

If nurses planned their lives perfectly – the education, the babies, the changing career aspirations, the family emergencies – and patients and hospitals were all the same, nurse staffing would be a whole lot easier.

“There is no-one-size-fits-all,” says Andrea Baumann, co-director of the Nursing Health Services Research Unit, a joint centre of the University of Toronto and McMaster University. “It would be helpful to have a predictive model [for nurse staffing], but there are unique services, cultures, and unit personalities.”

That’s why nurse-patient ratios don’t work as a staffing tool, says Anita Fisher, another member of the unit’s research team. “A mandated ratio may work one day, but another it could be too many or not enough. It’s particularly a problem in a unit where the workload is episodic.”

McMaster’s nursing research unit has done a great deal of work on nursing human resources, and the researchers know creating staffing plans takes strategy, because planning staffing is heavily influenced by the policies of each institution. Nurse managers who would like a stable workforce often find themselves in conflict with finance departments who shy away from too many full-time hires because they want “flexibility” to cut back to fewer staff if times get tough.

Administrators often cling to that desire for flexibility even though it comes at considerable cost. Paying overtime and using agency nurses, the two most common ways of staffing without permanently increasing the workforce, are more expensive than hiring full-time employees.

More important, patients don’t do as well when staffing levels are too low, which also leads to extra costs as they suffer adverse events and stay in hospital longer. There is more turnover of nurses as well.

Creating nursing resource teams is one way to help ensure the right number of nurses is available for proper care of patients at all times. Nursing resource teams are centrally managed groups of nurses who are permanent staff specially chosen to act as backup across many units of a hospital.

Resource teams are created according to many of the same values as nurse staffing plans. Creating them involves balancing the different needs of the units they will support, the constantly changing needs of patients, the experience levels of the nurses and other staff, and which other professionals and support services the organization can provide.

Nurse staffing plans – and by extension nursing resource teams to support them – are recommended in *Staffing for Safety*, an overview of research on nurse staffing and patient safety published by the Canadian Health Services Research Foundation. Resource teams are key to making staffing plans work, particularly in a time of nursing shortages.



Canadian Health Services Research **Foundation**
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Hamilton Health Sciences is one of several hospitals in the country that has nursing resource teams. Resource teams are an evolved version of floater pools (groups of staff nurses who can be assigned anywhere in the organization to fill in for other staff or provide extra support during peak demand times, sort of in-house agency nurses).

Nurses on resource teams are more specialized and usually work only in selected units of the hospital; in Hamilton they are grouped into care clusters (children's hospital, operating rooms, women's health, etc.). Hamilton Health Sciences is made up of what was five hospitals and has decentralized program management, but the resource team is centrally managed to serve all sites and units.

Dr. Baumann was principal co-investigator on a recent study of the Hamilton Health Sciences nursing resource team; it found the creation of full-time jobs for the team

and the potential for people on it to move into positions in specific units made the organization a more attractive employer in a market where competition for nurses is fierce. Once hired, nurses on a resource team get good orientation and are well-integrated into the workplace through their different placements.

When workloads are heavy and staffing shortages come into play, nursing resource teams provide both the flexibility administrators want and the core group of experienced nurses that nurse managers want – a winning situation for patients, staff, and management.