
Benchmark - Effective Approaches in Leadership and Management

The world health organization reports that one in every ten patients is hurt while in treatment (WHO, 2019). The problem is severe in developed countries where the same statistics apply to people undergoing critical condition care. The same report asserts that up to 50% of these cases are preventable (WHO, 2019). For this reason, effective leadership is considered to be among the mitigation measures for the problem. The nurse staffing ratios are among the issues that may contribute to the problem.

Problem Description

The ratio of nurses to the patient must be kept within the required levels to improve patient outcomes and safety. According to the World Health Organization, the nurse-patient ratio in critical care segment must be at most one nurse for two patients (WHO, 2019). The same report holds that emergency departments' requirements should be at most one nurse for every four patients. Patients are always at risk when these limits are exceeded. These claims are validated in the study by Livanos (2018), which holds that the strain of the nurses taking care of more than the required number of patients can lead to errors that put patients at a risk. The fatigue also reduces the level of concentration by the affected nurses, further escalating the situation (Livanos, 2018). The same problem also exposes the patients to potential misdiagnosis or wrong medication, resulting in severe problems. The study by Livanos (2018), asserts that the patient-nurse ratio is a researched and tested model aimed at ensuring patient safety; therefore, any infringement of the standard required can be detrimental. As such, these assertions are an affirmation that the patient-nurse ratio is among the tools that determine patient safety.

The abuse of the nurse-patient ratio also reduces the chances of patient survival. The report by Patient Engagement (2020) asserts that patients have a 95% survival chance if nurses follow the hospital mandated

ratio. The same study has also explicitly established that there is a direct relationship between nurse-patient-ratio and patient safety (Patient Engagement, 2020). It is also due to this reason that the Patient Safety Act was enacted in 2017. Whereas these ratios differ depending on the department, the Act proposes forced enforcement of the nurse-patient ratio (Patient Engagement, 2020). For example, the Act recommends a one to one nurse-patient ratio in the leading intensive care units. The same Act proposes a one to three ratio. Regarding this, the Act is an indication that patient safety forms the core of the medical profession.

A survey conducted by the Patient Engagement (2020) discovered that 95% of the nurses who care for more than the required number of patients complain about communication challenges with their patients. It is important to note that the response time is among the most vital elements contributing to the patient outcome (Livanos, 2018). Therefore, the failure to achieve this objective can lead to delayed medication and response to other medical issues that may endanger patients' lives.

The study by Patient Engagement (2020) corroborates the argument by stating that the nurse-patient ratio and related standards were set after extensive experiments and must be enforced without alteration. The cases are further supported by Livanos (2018), who argues that hospitals with overstretched patient-nurse ratios have reported low outcomes and high mortality rates. It can, therefore, be confirmed that the nurse-patient ratio contributes to the levels of effectiveness of communication between nurses and their patients.

There are also some critics of the nurse-patient ratio as currently constituted. According to Patient Engagement (2020), the model improves healthcare quality. The critics complain that the same may inhibit patient care access. Moreover, the same report holds that the same ratio can limit hospital volumes. The research by Wise (2016) refutes these claims by asserting that the hospital volumes play a lesser role than patient safety in healthcare. The critics also seem to be unaware of the provisions of the Patient Safety Act and its implications. They are mostly from healthcare stakeholders such as business people in the sector who have little knowledge about patient safety. It is also due to this reason that the research by Wise (2016) recommends forced enforcement of the nurse-patient ratio as a means of ensuring patient safety. Overall, the critics' arguments have no backing of either the nursing code of conduct and ethics or professional standards, thus making them inapplicable.

Therefore, the management of the challenges of the problem requires a specific set of leadership skills.

According to Wise (2016), the process of effectively managing the issue begins from nurse-patient allocation.

The process is also characterized by assessing the available number of nurses against the number of patients in a facility (Wise, 2016). It is also at this point that the leaders assess skills possessed by available nurses against the patient conditions. The latter helps ensure that nurses with the right skills are allocated to patients whose outcomes depend on such abilities (Wise, 2016). The leaders would then assist the nurses with the relevant assistance they require to attend to their assigned patients as per the nurse-patient ratio. The leaders would also help in enforcing the ratio irrespective of the hospital volume at all times. Therefore, leadership is required for nurse-patient care allocation and the enforcement of the standard ratio.

Nurse leaders are equally required to adhere to the nurse-patient ratio as an ethical requirement and a professional obligation. According to Wise (2016), nurse leaders must guarantee patient safety. The same claims are confirmed in the study by Johnson and Rulo (2019), which holds that the nursing profession's leaders must conform to all the professional and ethical standards while directing their teams. The standards also require to define the competency levels, which are critical to nurse leadership. The need to apply these standards relative to nurse-patient ratio and patient safety is equally essential because they emphasize the ethical and legal aspects of nurse leadership (Wise, 2016). The issues that arise from the failure by a leader to enforce the nurse-patient ratio requirement can result in legal problems that may tarnish the image of a hospital and a leader (Wise, 2016). The same may also lead to the loss of a practicing license. These facts justify the argument that leaders have a legal, ethical, and professional obligation to enforce the nurse-patient ratio.

Autocratic leadership is the most effective leadership style that applies to the enforcement of the nurse-patient ratio. The research by Huda (2014) claims that nurse leaders who have autocratic leadership styles are more hands-on and make prompt and tough decisions during critical times. The argument is considered credible because it helps solve the impasse between the proponents of high hospital volumes irrespective of ratio and their patient safety counterparts. The quick decisions that are characterized by this style can help make decisions such as referral of patients to other hospitals to maintain the nurse-patient ratio. The autocratic leaders are equally able to make independent decisions (Huda, 2014). The need to enforce the nurse-patient ratio in an

environment concerned with the number of patients requires independent leadership decisions (Huda, 2014). In an ideal situation, some of the decisions that take long equally put the lives of the patients in danger—is due to the reason that the quick decision, which is characteristic of autocratic leadership, is required.

Conclusion

In conclusion, the nurse staffing problem is among the leading contributors to patient safety—the WHO has equally reported that the issue is directly linked to patient recovery. The WHO recommends one nurse for two patients in the critical care departments and one for four in the emergency departments. Exceeding these limits will always put patients at risk in various ways, such as reduced contact with nurses, wrong medication, as well as misdiagnosis. Nurses also complain that the level of communication they have with their patients is drastically reduced in such instances. The maintenance of the ratio conforms to the Patient Safety Act requirements, which offer the guidelines on how patients and nurses interact during treatment. The most appropriate leadership style for the enforcement of the nurse-patient ratio is autocratic because of the quick and individual decision-making requirements. Overall, the staffing problem is among the most critical determinants of patient safety.

References

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