Patient Acuity, Nurse-To-Patient Ratios, and Its ANNIE TAYLOR DEE _____ SCHOOL OF Impact on Job Satisfaction and Nurse Burnout NURSING



BACKGROUND

Nurse-to-patient ratios and patient acuity directly affect nurse workload and job satisfaction. This project aims to provide the latest evidence-based research to show the positive and negative outcomes correlated with varying patient acuity levels and nurse-to-patient ratios. Nurses currently provide care for patients at varying ratios and with minimal or no assistive personnel, which can increase job dissatisfaction within the workplace¹. The main objectives are to determine whether having a patient acuity tool to appropriately determine patient acuity levels and a consistent maximum number of six patients per nurse would improve the nurse's job satisfaction and decrease workload.

METHODS

The John Hopkins Nursing Model was used for this MSN project's evidence-based practice change model. This model has a three-part approach: formulating a practice question, accumulating evidence, and translating research into practice.

- 1. This project's question focuses on adjusting patient acuity assignments and nurse-to-patient ratios at Alliance Health Durant's Medical-Surgical department to examine its effect on nursing workload and job satisfaction
- 2. The accumulation of the latest research evidence ranging in multiple higher-tiered levels of strength and quality regarding these topics
- 3. Translating all the evidence gathered to be used in day-to-day practice

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EVALUATION

A patient acuity tool checklist tailored explicitly to the Medical-Surgical department will be given to nursing staff within the unit to determine patient acuity levels for each shift. Research within the literature noted a recurrent theme shows that nurses' additional input and active participation added value in assessing their workloads and participating in decision-making². Additionally, an evaluation concerning the general understanding and implementation of the patient acuity tool and an assessment of how the nurses feel regarding its use will be gathered via a monthly seven-question questionnaire to monitor any changes, suggestions, or further teaching interventions are required.

✓ DISCUSSION

- nurse burnout³.
- ratios and increased job dissatisfaction⁵.

Patient Acuity Tool for AllianceHealth Durant's Medical/Surgical Department The following chart is a specialized acuity tool designated for the patient's needs seen within this department. Rating options are ranked 1 through 3, from lowest to highest patient acuity. Ratings are based on the scores from the categories listed below. These show how much nursing time is required to care for a patient. Total scores range from 1 to 64.				
Acuity Category	1	2	3	Total
Oral Medications	1-5	6-10	11-15+	
Complicated IV Medications	Insulin coverage	 2-5 IV medications Bumex drip 	 >5 IV medications Heparin TPN Blood products Tube feedings/meds 	
Patient Care Requirements	 Foley Telemetry Central line /PICC Fall Risk Continuous pulse ox HFNC 	 Assist with ADLS x1 NG tube Incontinent PCA maintenance Fall Risk (not alert and oriented) Neuro checks 	 BiPAP Wound Care Assist with ADLS x2+ PCA initiation CBI Chest Tube New Admission 	
Total Acuity Category Scores: Patient Rating of 1: 1-15 Patient Rating of 2: 16-30 Patient Rating of 3: 31+				

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• The latest research reflected that increased nurse-to-patient ratios and high patient acuity levels increase the nursing workload and become detrimental to a nurse's job satisfaction and subsequent

Higher patient acuity levels can add stress and increase nurse errors, leading to job dissatisfaction and nurse burnout⁴.

• There is a statistical significance between higher nurse-to-patient

CONCLUSIONS

A consistent patient acuity level assists nurses in determining how to appropriately assign patients to nurses, making the workloads more evenly distributed.

Consistent nurse-to-patient ratio versus high ratios decreases job dissatisfaction and nurse burnout. The more patients the nurse has, the risk of job dissatisfaction and nurse burnout increases.

Possible inhibiting factors would be from staff participation in continuously using a patient acuity tool, education reinforcement from nurse leaders, and willingness by the administration to keep nurse-topatient ratios at a maximum number of six patients per nurse.



