The shortage of nurses is an unquestioned occurrence, and with an increasing need for health care due to the aging baby boomer generation, this issue seems to be increasing in severity. According to the World Health Organization (WHO), the shortage of nurses is not new and has been ongoing in many countries for at least the past decade.

Accentuating the issue of the nursing shortage is the high rate of nursing turnover. The tendency of nurses to leave their jobs are often correlated to unsurmountable workload and stress. Such outcomes are a result of the nurse shortage and are direct causes of the phenomenon known as nurse burnout.

Burnout is defined by the dimensions of emotional exhaustion, depersonalization, and reduced personal accomplishment in response to chronic stress on the job. In a recent cross-sectional study by Wang et al. (2015), responses to a Nurse Job Stressor Scale indicated above average
burnout scores, as well as depersonalization and emotional exhaustion scores that were indicative of moderate levels of burnout.

Feelings of burnout have displayed negative correlations with quality of work, physical and mental functioning, and patient care. Furthermore, the feeling of burnout can become unbearable for numerous nurses leading to increased intentions to leave, precipitating in an even further shortage in nurses.

The culminating effect of nursing shortage and nurse burnout has been demonstrated as adverse effects on the quality and cost of patient care. Disturbingly, nurse shortage has also been correlated with increasing rates of patient mortality (Needleman et al., 2002).

Because this has become such a wide-spread issue, the nursing shortage has been explored for its effects on a wide variety of patient outcomes. Needleman et al. (2002) found that a lower number of nursing hours supplied to patients was associated with a variety of patient outcomes in hospitals. Adverse outcomes ranged from longer lengths of hospital stay to greater rates of urinary tract infections, all the way to extreme events such as increases in rates of cardiac arrests.

In concordance with these findings, reductions in nursing staffs are associated with an increased risk of infection in intensive care units (ICU) (West et al., 2009). Health outcomes of patients in ICUs have taken a hit as a result of this increased pathogenic spread, thus highlighting the potential adverse effects of nurse shortage in the hospital setting.

Lamentably, such findings are not restricted to patient care in hospitals. The nursing shortage has extended into outpatient care in nursing homes, affecting the efficacy with which they can offer care to their residents. In a survey of nurses that work in nursing homes, only 45% believed that they were providing care that adequately met the needs of their residents (Gooding, 2004).

Importantly, recent data from the Department of Labor have indicated that nurse staffing is expected to raise between 20 and 40% in 2016 and
beyond. This boost in nurse staffing, although still not viewed as adequate to remedy the current nurse shortage epidemic, represents a large step forward regarding patient safety.

Not only would this attenuate the detrimental effects that have been observed with nurse shortage, but it could help with the removal of deleterious effects attributed to inadequate patient care by physicians as well. In 2013, nearly 73% of physicians reported that nurses can handle the cases in which they tend to (Donelan et al., 2013). Such a finding indicates that not only increasing the number of nurses, but also increasing the magnitude of their role in various healthcare settings could positively influence patient care across all healthcare domains. Furthermore, increases in the roles of nurses could help remedy another frequent issue in healthcare settings, patient wait time.

Given the increasing healthcare demands that we face in the future, it might be unrealistic to attain adequate numbers of nurses across health-care settings. To avoid the detrimental health-care outcomes that can precipitate, it is important that we look at other potential avenues to decrease risk. Such avenues might include changes in healthcare settings, such as increased numbers of physicians, or even extend into the social determinants of health, and perhaps examine how geographic location can influence patient-nurse interaction.

Future directions in diminishing adverse patient outcomes regarding the avenues that nursing can affect may have to look improving aspects of the nursing community (Buerhaus et al., 2007). Improvements in interdisciplinary teamwork, mitigation of possible stressors, and managerial support could all aid in the realization of a brighter future for nurses and their patient’s safeties.

References


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