

Staffing needs & scheduling policies

Staffing

In staffing the leader-manager recruits, select, & promote personnel development for accomplish the goals of organization.

- also ascertain that adequate numbers & an appropriate mix of personnel are available to meet daily units needs

staffing

The success of staffing decisions greatly depends on previous decision made in planning & organizing phase.

Consideration must be given to the:

type of patient care management

Education & knowledge level of staff ,

budget constraints

staffing needs

Definitions

Staffing: its human resources planning to fill position in an organization with qualified personnel.

-Scheduling: It's on going implementation off staffing pattern by assigning individual personal to work specific hours & days in a specific unit or area

Definitions

-Recruitment: Is the process of actively seeking out or attracting applicants for exciting positions.

-Retention: its only occurs when the organization is able to create work environment that makes staff want to stay.

Definitions

Staff mix: It's the skill level of individuals delivering the required care.

-Nursing resources: refers to the no. & types of employees designed to provide nursing services to clients.

-Nursing workload: Its measurement of the nursing work activities & the dependence of clients on nursing care.

Definitions

Acuity: Is defined as severity of illness or client condition.

-Nursing intensity: It refer to both the amount of care & the complexity of care needed by patient in hospitals, it called (PINI) patient intensity for nursing index.

Unit manager responsibility in meeting staffing needs

- Inflexibility scheduling** is major contributor to job dissatisfaction to nurses.
- Many organization use computers** to assist with staffing.
- Its major function of first & middle level manager.**

Some organization has

***Decentralize staffing:**

The unit manager is often responsible for covering all scheduled staff absences.

***Advantages of decentralized staffing**

- 1. Unit managers understand the needs of unit & staff , staffing decisions will be made.**
- 2. Staff feels more in control of their work environment .**
- 3. Leads to increased autonomy & flexibility, it decreases nurse attrition.**

Disadvantages

- 1. risk that employee will be treated unequally.**
- 2. Unit manager may views as rewards or punishments through staffing.**
- 3. Its time consuming for manager & often promote more pleading than centralized staffing.**

Centralize staffing

- staffing is made by personnel in central office or staffing center.

Advantages of centralized:-

1. It's fairer to all employees **impartially.**
2. It frees middle-level manager
3. It allows for the most efficient (**cost effective....why?**)

**use of resources since the more units
that can be considered together**

Disadvantages

- 1. Does not provide much flexibility for workers.**
- 2. Manager have limited responsibility in scheduling.**

Staffing & scheduling options

1. 10-12 hour shift:

It require **overtime pay**

increased shift time may result **increased judgment errors as .**

2. Use the supplemental nursing staff .

These nurses are directly employed by on **external nursing broker** & work for premium pay (often 2-3 times that of a regularly employed staff nurse) ,

poor continuity of nursing care.

3. Internal supplemental staff:

Some hospitals have created their own by hiring per-diem employees & creating float pools. It has flexibility to choose if & when they want to work.

Float pools are generally composed of employees who agree to across train on multiple unit so they can work additional hours during period of census or workers shortage.

4. Flextime & self-scheduling:-

It's allows employees to select the time schedules that meet their personal needs while still meeting work responsibilities.

The time is no longer or shorter **than 8hr. It has greater choices for employee but it may be difficult for the manager to coordinate & could cause over or under staffing.**

Advantages

It offer nurses greater control over their work environment,

it provides greater worker participation in decision making,

it save time, improve morale & professionalism & reduces personnel turnover

Workload measurement tools

1. NCH/PPD:

its simplest use, use widely, all nursing & ancillary staff are treated equally for determining hours of nursing care & no differentiation is made for differing acuity levels of patient .

2. PCS

According to specific characteristics that measure acuity of illness to determine number & mix of staff needed to adequately care for that patient.

It can classify as either:

A. Critical indicator

It used broad **indicator such as bathing, diet, I.V fluids & medication.**

B. criterion type or summative type:-

The summative task requires the nurse to note **frequency of occurrence of specific activities, treatment & procedures for each patient.**

Generational Consideration for Staffing:

1. **Veteran generatationl:** (Those nurses between 1925-1942, have lived in several military conflict) they respect authority, work in more structured, support hierarchy.
2. **Boom generatationl:**
(Those between 1943-1960) have more traditional work values, willing to work long hours, flexible, independent and creativity.
3. **Yers generatationl:**
(1961-1981) more flexible part time and 12 hours shift
4. **y- generatationl:**
(1978-1981) seek roles that will push their limits; they are optimistic, self –conflict.

The impact of shortage nursing staff upon staffing

-it's always occurred (nationally, locally)

-long term problem solving:

A. advanced planning and recruitment

b. cross-training

short planning:

*** Closed unit- staffing:**

Draw additional staff, requesting volunteers to work additional duty and mandatory over time in which employees are forced to work additional shift

It occur when staff –members on unit make a commitment to cover all absence and needed extra help themselves

Reference

***Bessie L. Marquis and Carol J. Huston (2006). "Leadership roles and management functions in nursing: theory and application". Fifth edition. lippincott Williams&Wilkins, 416-435**