Safe staffing levels: statement of principles

Nursing is an essential part of providing health care that is safe and effective. Safe staffing means that an appropriate number of nurses and other staff is available at all times across the continuum of care, with a suitable mix of education, skills and experience to ensure that patient care needs are met and that hazard-free working conditions are maintained. Safe staffing levels are associated with:

- better patient outcomes and patient satisfaction
- better supervision and mentoring for nurses, support workers and the wider healthcare team
- improved retention, recruitment and workforce sustainability
- better cost efficiency for the health care system.

In an international context, it is important to recognise that health care is delivered in a different ways. Worldwide, nurses work alongside various types of health providers and within diverse models of staffing and service delivery. However, while health care environments vary, the need for safe staffing is shared.

Recognising that maintaining safe staffing is crucial to maintaining the quality and sustainability of care, the International Council of Nurses affirms the following key principles that underpin safe staffing levels.

- Ensuring the safe delivery of patient care must remain the primary consideration of staffing decisions in health care.
- ‘Safe staffing’ implies that care is provided without putting either patients/clients or nursing staff at risk of harm.
- Safe staffing levels must reflect the skills, experience and knowledge required to meet patient care needs, taking acuity levels into account.
- Safe staffing involves a range of factors including (but not limited to) a sufficient number of staff available; an appropriate level and mix of skills; a manageable workload of both teams and individuals; a responsive and supportive workplace culture which promotes occupational health and safety; adequate supervision; appropriate training; and a high quality physical workplace including a range of facilities and equipment.
- Efforts to achieve safe staffing levels should be driven and informed by up-to-date evidence on the relationship between staffing, patient outcomes, and service efficiency and effectiveness including, but not limited to, evidence on:
  - patient outcomes
- the level adverse events
- patient satisfaction
- effective supervision and mentoring
- nurse workforce retention, recruitment and sustainability
- the impact of using non-permanent staff to deliver care.

- Constraints in funding and other resources can directly impact on safety and on the quality of patient care. The impact of proposed changes on staffing costs should not be assessed in isolation from other short and long term outcomes.
- Both the assessment of current staffing levels to ensure they are safe and the development of strategies and mechanisms to achieve and maintain safe staffing levels should be undertaken with the full involvement and participation of health service staff and their representatives.
- Nurses should have the authority to stop admissions when unsafe staffing situations arise.
- Staffing changes should not be undertaken unless they will deliver equal or better outcomes in terms of patient care, cost effectiveness and productivity.
- Any changes in staffing must be implemented in conjunction with a monitoring and evaluation framework that enables the impact of those changes to be assessed. While assessing the impact on patient outcomes is critical, the impact on staff and the workplace as a whole must also be considered.
- Assessment of safe staffing levels must take into account time spent on duties other than direct patient care (e.g. management and supervision, other administrative responsibilities, transport, cleaning).
- Delivering staffing safety depends on the contributions of a range of professional and non-professional staff. Therefore, the assessment of staffing safety should take into consideration the individual roles and responsibilities of all staff and professional groups, as well as the way those staff and professional groups work together.
- The strategies and mechanisms employed in order to achieve safe staffing should be context-specific and take into account local service delivery needs, the health care needs of the population and other factors such as the current configuration of health services and available resources, human resources training and production capacity.
- Direct wage costs are an inadequate measure of the financial impact of staffing decisions. The financial impact of changes in clinical outcomes (e.g. mortality, changes in length of stay and readmission rates), and personnel costs (e.g. recruitment costs, turnover, absenteeism, changes to use of short-term ‘agency’ staff) and
productivity should also be taken into account in any cost/benefit analysis.

- Safe staffing should take into consideration locally applicable legislation, regulations, standards, guidelines and tools.

A number of published studies have shown the positive correlation between a higher level of nursing care and better patient outcomes. Nurses can also play a critical role in achieving safe staffing in their role as managers and clinical leaders, by contributing to workplace discussions on related issues such as occupational health and safety, quality improvement and organisational management, and through strong representation and advocacy both within the workplace and civic society.


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