Enhancing the Acute Ward's Care Quality through a Safer Staffing Approach

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Abstract
The lack of staff in the healthcare system has been a problem in recent years. This has been linked to disastrous consequences like challenges resulting in patient safety events and unfavourable outcomes, inadequate patient experiences because patients' needs aren't met, errors in medication administration, collapses in surgical wards, discontent, and burnout from working overtime, among others. An acute ward serves as the main location for patients who have shown up in medical emergencies and need immediate attention. An overview of the utilization of a safe staffing approach as a technique to improve the quality of care provided in the acute ward is provided in this report. The report considers the safe staffing policy and assesses the impact of staff scarcity on patient care quality by employing a fishbone cause and effect analysis. Plans for intervention (empowerment, technological use, and stakeholder participation) were facilitated by SWOT analysis, and quality improvement was assessed using the Plan-Do-Study-Act (PDSA) cycle.
    Keywords: acute ward, care quality, safer staffing

Introduction
Over the decades, patient safety in healthcare has been an urgent and significant global public health priority. Researchers have reported the link between nurse staffing and the results of high-quality medical care as interrelated entities to promote safety incidents (WHO, 2020). As a factor affecting patient safety, Francis (2013) emphasized on the significance of health practitioner staffing. The devastating influence of health workforce shortage linked to complications and leading to patient safety events and negative outcomes, poor patient experiences due to the inadequacy of meeting patients' needs, medication administration errors, fall in surgical wards, dissatisfaction, and burnout due to nursing overtime (Keogh 2013; Umoren et al. 2024).

Further studies emphasize the roles of inadequately trained health employees (NMC, 2018). According to National Health Service (NHS), the Registered Nursing staff group had a vacancy rate of 11.8%, an estimated 46,828 vacancies. The vacancy rate was 10.3% in 2021, which shows an increase from 2022 (38, 814 vacancies). Although the report does not include positions filled by temporary employees (NHS, 2022).

Finding strategies for providing safe and effective patient care in acute mental health care settings is a top priority as health practitioners form the largest group of healthcare workers and are accountable for the majority of patient care needs. Patient care need is a concrete criterion for the evaluation of healthcare and the quality of nursing care (Shinde & Kapurkar, 2014; Audet et al., 2018). In addressing this, Janice (2022) emphasizes on the right

amount of staffing in hospitals, including the acute mental health which is crucial for safe and effective patient care as well as a positive work environment for health service providers. Therefore, this report will focus on the safe staffing levels in specialist secondary care (Acute mental health) discussing the impact of health practitioner staffing levels and the quality of care to the patient and the outcomes. It is imperative to critically examine and analyse without bias, the factors contributing to, and the root cause of poor staffing levels using the fish-bone cause and effect diagram and therefore come up with an intervention plan and which will be designed to present an improvement report using the PDSA cycle-based method and finally a conclusion.

Rationale
A safe staffing level requires that there should be sufficient and adequate health practitioners available to meet the patient's needs, more so, the health practitioners should be qualified, organized, managed, and have the required skills to enable them to deliver the highest level of care possible (Clarke and Donaldson, 2008). Healthcare workers are faced with significant burdens, stressors, and health challenges due to burnout from their work, especially for the front liners in cases of public health emergencies (Lene et al., 2021). The rationale for developing this improvement report on the safer staffing levels in the acute ward is to further justify the importance of safe staffing levels across all healthcare sectors, in other to have the right staff and the right skills in place as a key requirement described by the National Quality Board issued guidance in 2016 (NHS, 2022).

Background
Nursing care in recent studies has proven the most important predictor of overall satisfaction with hospital care and an important goal of any healthcare organization (Karaca & Durna 2019). Lack of adequate staff is crucial to enhancing healthcare performance (Godlee et al. 2018). This means that to raise the standard of patient care, wards should be safely and adequately staffed to reduce staff burnout. In acute hospitals, health practitioners' safety attitudes affect patient outcomes (Alanazi et al., 2021). According to a recent study, safety cultures on nursing units and in hospitals lead to less unfavourable patient outcomes (Alanazi et al., 2021). The implications of a staff shortage extend beyond the health practitioners themselves to include their families and social networks. These have a substantial impact on health practitioners, which has an impact on patients since there is a lack of early patient problem detection, inadequate patient care, and patient safety (Tamata & Mohammadnezhad, 2022).

Before the unprecedented impact of the coronavirus pandemic, there was already a shortage of around 50,000 nurses and a more recent survey by Graham (2022) indicates that there will be a shortfall of almost 40,000 nurses in England by 2023/2024. Intriguingly, the nursing care crises revealed significant mortality rates. However, following a forensic investigation to determine the contributing factors, the reduction in staffing levels of nurses in order to save money was one of the causes (Francis, 2010).

In another investigation by Francis (2013) indicates the possibility that a National Health Service hospital and the national system regulation fall so far below expected standards, causing a wider system failure. However, some of the recommendations given to improve the situation were related to increase in nursing staffing. Various policies to address the issue were adopted in response to this investigation and subsequent media uproar.

A response from the government such as the National Institute for Health Care Excellence (NICE) to produce evidence-based guidelines on safe health practitioner staffing level for each setting, starting with the acute wards in general hospitals. The government and

other health regulators need to work towards a workable model that meets the required challenges to help ease the burden on the National Health Service (NHS) and protect both patients and communities at large (Graham, 2022).

According to National Health Service (NHS 2022), Increasing evidence shows appropriate health practitioner staffing contributes to improved patient outcomes and greater satisfaction for both patients and health practitioners, therefore health practitioners need to take into account ways in which a patient's family and broader life affect their health care needs, as individual patient's beliefs and circumstances all influence their health condition (or conditions). Additionally, ensuring that healthcare organisations have the right staff and the right skills in place has been a key requirement since the National Quality Board issued guidance in 2016 (NHS 2022).

A recent study by Falchenberg et al. (2021) showed that failure to assess patients according to their individual care needs may lead to undesired consequences such as incomplete nursing care and adverse health events. Therefore, the adequacy of meeting patient nursing care needs is one of the many yet vital ways to provide better health care and a threat to patient safety (World Health Organization, 2019).

Fundamentally, healthcare providers must have adequate nursing staff available on duty to provide safe and effective care. National Health Service (NHS) in 2009 explicitly states that patients have the right to be treated with a professional standard of care by appropriately qualified and experienced staff, in a properly approved or registered organization that meets required levels of safety and quality (DHSC, 2019). NHS bodies are vicariously liable for the acts and omissions of employees and others acting under their direction and control. As a legal duty of the NHS, they are expected to ensure adequate staffing to fulfil this patient right, encouraging and supporting all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice, or wrongdoings where necessary (Ball & Griffiths, 2022).

The Mental Health Optimal Staffing Tool (MHOST) was commissioned and funded by Health Education England (HEE) in recognition that there was no published, evidenced-based mental health workforce tool that could be used in mental health hospitals. The MHOST has been developed alongside clinical leaders and workforce staff in mental health trusts and rigorously tested and validated. To ensure safe, sustainable, and productive staffing. The National Quality Board (NQB) Guidance on Safe Staffing helps NHS boards in making local decisions that will deliver high-quality care for patients within the available staffing resources (NQB, 2016). Interestingly the MHOST helps to improve care for vulnerable patients and helps improve the working environment of staff in the mental health sector.

Measurement
To develop a clearer understanding of the situation, an investigation of the potential causes of staff shortage and their impacts on patient and quality of care was analyzed using the fishbone cause and effects as described in Figure 1. Root cause analysis (RCA) is an organized group procedure used to identify causes or underlying factors of an adverse problem (Raftopoulos et al., 2012).

There are numerous reasons why the shortage of nursing staff occurs in the mental health ward, examples include overwhelming staff burnout, frequent patient influx, early retirement, lack of health practitioner educators, and poor workplace culture among others.
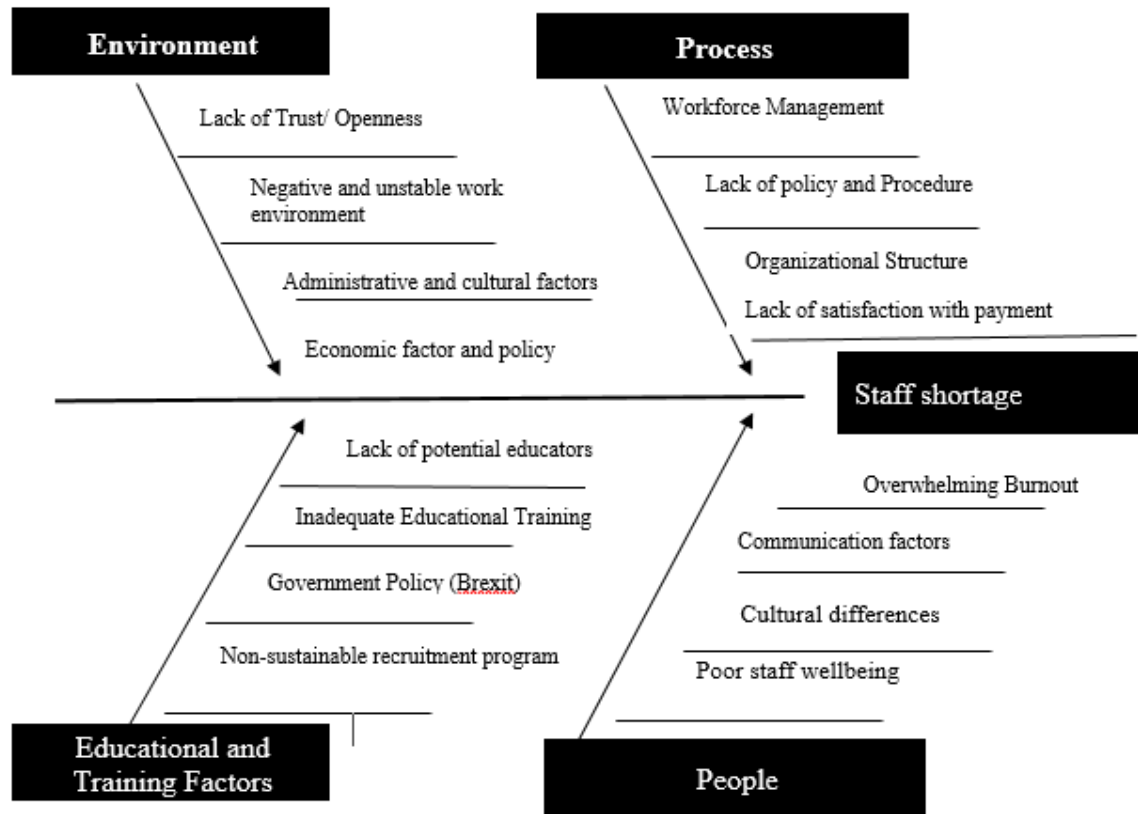
Figure 1: Fishbone diagram showing the root causes

Staff Well-being and Overwhelming Burnout

According to Wood and Johnson (2016), well-being can be thought of as a spectrum, with thriving, happiness, and high well-being at one end and elevated depression, anxiety, and low well-being at the other. Additionally, burnout, which is conceptually distinct from well-being, has an impact on patient safety. The term "burnout" refers to a state of vital depletion that was first developed among healthcare professionals (Hall et al., 2016).

Gandi et al. (2011) and Haddad et al. (2022) claim that after graduating and beginning their careers, several health practitioners realize that their chosen field is not what they had anticipated. Others could enter the workforce for a period before becoming burned out and quitting. After years of steadily rising rates, the nursing turnover rate appears to be levelling out. Currently, nursing specialization and geographic area determine the range of the national average turnover rate, which ranges from 8.8% to 37.0% (Haddad et al., 2022).

Environment: The health system faces a growing burden of uncontrollable conditions from hazardous materials, risk of serious harm, and several other climatic changes (Berberoglu, 2018) thus creating an imbalanced atmosphere for work. Furthermore, the World Health Organization pointed out that the healthcare system needs not to be only medically stable, but socially and environmentally sustainable (WHO, 2021). An instance of such is medication error, which can further result in mortality and even greater morbidity, harming the hospital's image for providing high-quality care, according to the Care Quality Commission's involvement (Francis, 2013).

Process: Organizational factors pose a significant value to the staff levels in the acute ward, and hospital staff shortages, measured by vacancies, and turnover (Hoernke, 2021).

Investigative analysis shows work-related stress, reduced job satisfaction leading to poor workforce management, lack of procedural training for health staff, communicational structure, lack of a feasible health program, or non-implementation of mental health program results shortage of staff within the health system (Hui et al. 2020; Poon et al. 2022).

Educational and training factors: According to the National Health Service, lack of adequate knowledge for staff increases, and low staffing levels are widespread all across the healthcare sector as there are too few health practitioners (NHS 2022). Furthermore, more recent research conducted by the Nuffield Trust evaluating the impact of Brexit on the UK workforce previously focused on decreases in the numbers of EU workers in nursing and society (Martha and Mark 2022).

People: According to Sovold (2021), burnout and poor well-being in healthcare staff are a growing problem, and contributor to poor staffing levels. Investigative analysis of the literature shows high staff turnover and burnout, or low staff morale, Failure to address disparities (e.g., by ethnic, and economic groups), and Poor quality of care/concern about staff skills (Sovold et al., 2021).

Hospital health practitioners frequently experience health practitioner burnout, and research into the causes of health practitioner burnout is now more important than ever given the global nursing shortage and the need to keep trained health practitioners in clinical care professions (Aiken et al., 2004). These variables include things like sex, age, education, workload, social support, personality traits, and coping mechanisms (Wu et al., 2014). Tired healthcare professionals make mistakes more frequently when shifts are changing, which is one of the main causes of long shift schedules. Fatigue is the term for a distressing sense of exhaustion, loss of energy, or tiredness (Raftopoulos et al., 2012).

The degree to which people like or loathe their occupations is known as their level of job satisfaction (Zhou et al., 2015). According to Wanget al. (2020) survey, hospital health practitioners expressed more discontent than satisfaction. Sources of job unhappiness include the nature of the work itself, the working environment, relationships with patients, co-workers, managers, and leadership (Zhou et al., 2015).

Design

According to NMC (2018), keeping a safe staffing level plays a pivotal role in administering quality care, keeping them up to date with current policies and making sure, they perform with the highest skill necessary. A prediction of factors that can affect health practitioner retention is one of the top initiatives that could help address the health practitioner shortage (Sawatzky et al., 2015). These variables can include organizational flexibility, a focus on ongoing education, the excitement of implementing health IT, and careful scheduling, according to the SWOT analysis. These elements can boost retention rates, which will reduce the shortage of health practitioners while also raising job satisfaction among health practitioners. This report aims to provide an intervention plan that tackles low staff shortages in the acute mental healthcare ward. One of the main strategies for addressing short staffing is leadership, which has been extensively studied and frequently explained as the level of support or feedback received from the supervisor, communication with the leader, and leadership style. More specifically, the term "autonomy" was used frequently in literature to describe how empowered or independent health practitioners felt in their work (Schalk et al., 2010). The integration of workforce planning for the healthcare industry, improved recruitment, retention-boosting incentives, improved staff deployment, and improved utilization/skill mix are the five key interventions for staff shortage (Buchan, 2002).

The targeted intervention plan will use a mixed intervention plan, which will be broken down into the following:

- **Stakeholder Participation**

In the acute ward, and critical care units, the approach is intended to lessen the health practitioner shortage. Health practitioner managers and the personnel of these units will be involved. Therefore, individuals who work as health practitioner professionals in these facilities will be invited. They can assess the offered project because they have firsthand experience working under demanding and stressful circumstances. Additionally, health practitioner supervisors must be included since they should be able to organize their efforts to maximize retention and lessen the health practitioner shortage. The initiative will be overseen by a health practitioner manager. Additionally, a union representative for health practitioners will be present (NursingBird, 2021).

Professionals' labour interests are protected by unions, which can also, if necessary, offer legal counsel. Additionally, a member of the organization's administration will be invited. While critical and intensive care units operate with a fair extent of autonomy, they are still a part of the organization and adhere to its goals and standards. The administration is also anticipated to be interested in enhancing workplace conditions and so lowering the scarcity of health practitioners (Sawatzky et al., 2015).

- **Use of Technology**

The introduction of the Electronic Medical Record (EMR) and other technological advances can also affect health practitioners staying in the profession. While some specialities such as nursing informatics are booming, that adds to the shortage problem by removing ward health practitioners from direct patient care areas (Haddad et al., 2022).

- **Empowerment**

While giving the greatest and safest care possible to the patients, organizations must come up with innovative ways to suit the demands of health practitioners. To reenergize and sustain the nursing workforce, an environment that empowers and inspires health practitioners is required. Less burnout and a stronger motivation to quit the profession will result from giving employees more authority in staffing ratio decisions that take high volume and acuity levels into account. To ensure exceptional nursing practices and a high degree of safety, quality, and patient happiness, many organizations have embraced and pursued the Magnet Certification (Kutney-Lee et al., 2016).

Strategy

The four-step PDSA cycle ('Plan, Do, Study and Act'), regularly used in quality improvement due to its positive impact on patient outcomes (Christoff, 2018), has been adopted for the strategy component of this report, the process outlined below:

Plan: This report aims to improve staff shortage in the acute ward. An intervention to address the growing problem of poor safe staffing levels within the sector. There will be a quantitative and non-quantitative survey directed towards the mental health staff concerning the short staffing, due to burnout, fatigue, and other staff-related factors. The mental health staff will be duly involved in this process for good engagement and a better result, thus enabling them to put forward ideas that could be helpful in the implementation process creating an atmosphere for dialogue.

Do: Health practitioner supervisors will organize their efforts to maximize retention and lessen the incentive methods among others. The health organization will create an environment that empowers and inspires, sustains the nursing workforce by making policies that will accommodate health practitioners' autonomy in staffing ratio decisions that take high

volume and acuity levels into account. Introduction and training of health practitioners in technology use in other to reduce stress and burnout will be implemented.

Study: Feedback will be gotten from staff based on the survey conducted offering opportunities to identify improvement areas. The staff will be allowed to express themselves both through quantitative and qualitative means, which will assist the team in the improvement of safe staffing levels. A potential problem in this state is the medium of data collection from consenting staff to identify the areas of improvement to providing a safer staffing level in the acute ward, through questionnaires and individual interviews, as pointed out by (Saeedi et al. 2021), the validity of using such self-report techniques could be sometimes challenged. More importantly, the participation in the survey process, due to workload, shows no interest in the process and staff shortage could negatively affect this stage. All information will be gathered after the Do phase to measure the success of the intervention.

Act: The feedback sheets aid the intervention team in prioritizing improvement strategies and keeping track of the changes, after each session feedback will be retrieved and, the project team will be analyzing the responses to assess any changes made from the baseline measurement. This is the last and important phase of the intervention cycle as the inability to act on findings gathered in the study part could lead to a bad practice, which is unworkable despite the positive attributes (Reed, 2017). The team expects a 25% increase in the staffing levels, and an improvement of the staffing levels documentation care plan by 15%. If these numbers are not achieved by the end of the intervention period, further surveys will be implemented and, perhaps a more in-depth intervention be set up to address the non-sustainable recruitment program for mental health practitioner.

Conclusion

This report's purpose was to improve safe staffing levels in acute mental health, to do so, all areas affecting the poor staffing levels were looked into, and finding the root cause of the short staffing will be done. The intervention plan will be a mixture of interventions such as empowerment, technology and shareholder involvement in other to reduce the nursing staff shortage experienced in the healthcare acute ward. The collaborative work between healthcare workers and the health service regulatory body will make it a success and improve the staffing levels.

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