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**Evidence-Based Practice: Nurse-to-Patient Ratios
in the Hospital**

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Background

This project is important because it focuses on addressing a key, long-term problem that has plagued the nursing field. That problem is high nurse-to-patient ratios, also referred to as nurse staffing. Addressing high nurse-to-patient ratios is of dual significance because it affects the health and well-being of both the nursing staff and patients. High nurse-patient ratios can also lead to serious implications for the health organization as a whole, so there is a ripple effect that must be considered. The purpose of this project is to determine the measurable benefits of lowering the nurse-patient ratios. The effects will be measured based upon the subjective and objective improvements that are noted among the nurse staff and the patients.

Brief literature review

McHugh et. al. (2021) published a prospective, peer-reviewed article in the *Lancet*, which was partially funded by the National Institute of Health (NIH). This study evaluated the effects of the legal implementation of “limits” to nurse-patient ratios and the effects on patient outcomes, as well as a cost comparison. An observational panel study conducted by Sloane et. al. (2018) evaluated patients' data in 737 hospitals from 2006 to 2016 to determine the effects of changing nursing levels on patient outcomes. The remaining literature will include peer-reviewed articles that quantify the differences in patient outcomes and nurse job satisfaction associated with lower nurse-patient ratios.

Methods

The proposed project method is to determine the mean nurse-patient ratio on a selected med-Surg ward and utilize this award for the study. On one section of the ward, the nurse-patient

ratio will remain unchanged and will act as the control group. An equal number of nurse staff will have their nurse-patient ratio lowered for a four-week period.

Evaluation

To evaluate the project results, there will be a comparative analysis done that evaluates various data pre- and post-project implementation on the control population and the study population. This objective data will include patient outcomes such as length of stay, morbidity, mortality, readmissions, hospital-acquired infections, and medication errors. The objective data for nurse staff will include nurse turnover and retention. Subjective data comparisons will include surveys given to patients and nurses to compare their satisfaction and opinions of their experiences on both wards as well.

REFERENCES

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