NURSE LEADER PERCEPTIONS OF APPROPRIATE NURSE STAFFING: AN OMANI PERSPECTIVE

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CONFLICT DISCLOSURE

• The presenters have no conflicts to disclose.

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RESEARCH TEAM MEMBERS

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BACKGROUND

• Oman is a Muslim country on the southeast coast of the Arabian Peninsula bordered by Saudi Arabia, the United Arab Emirates, and Yemen.

• Since 1970, Oman has undergone a rapid period of modernization.

• Today Oman has a modern healthcare system, and virtually universal access to health care due to a strong government commitment to health.

Al-Lamky, 2007; Al-Riyami et al., 2015; Goveas & Aslam, 2011; WHO, 2017
The Ministry of Health (MoH) has responsibility for coordination of the healthcare sector through the development of health policies and strategies, health programs, and plans to improve healthcare in Oman. Due to the rapid expansion of services since 1970, to have an adequate, qualified nursing workforce, Oman has been dependent on skilled migrant nurses. Because of this, the Omani government regulations need to be upheld and the leaders must take a more central and directive role. 

Al-Lamky, 2007; Al-Riyami et al., 2015; Goveas & Aslam, 2011; WHO, 2017
BACKGROUND

• To increase the number of qualified Omani nursing professionals, in 1990 the MoH began expanding education and training for nurses in an attempt to decrease dependence on migrant nurses.

• A policy of Omanization to replace migrant healthcare workers in Oman with equally qualified Omani nationals started in the 1990’s in order to develop a sustainable workforce.

Al-Lamky, 2007; Al-Riyami et al., 2015; Goveas & Aslam, 2011; WHO, 2017
PURPOSE

- The purpose of this study was to understand how nurse leaders in Oman define appropriate nurse staffing in today's healthcare environment.

- Additionally, this study explored what metrics nursing leaders in Oman use, as a practical matter, to plan for staffing needs as well as assess effectiveness of staffing models.
What factors influence decisions of Head Nurses in Oman to achieve excellence in nurse staffing?
REVIEW OF LITERATURE

• Nurse leaders have a responsibility to ensure adequate numbers of competent staff.

• Nurse leaders carry out this responsibility as they develop, provide oversight, and evaluate staffing schedules and delivery care models.

• Nurse leaders need to measure and evaluate the impact that the care delivery model has on patient outcomes.

Baggett et al., 2014
REVIEW OF LITERATURE

- Culture/belief, family support, and education must be considered when providing care.

- Organizational culture:
  - sets the expectations, experiences, philosophy, and values that affect productivity and performance;
  - affects policies and procedures that govern staffing and scheduling.

- Priority on work-life balance, focusing on physical and emotional well-being, and workplace safety must be considered to achieve excellence in staffing.

Baggett et al., 2014
REVIEW OF LITERATURE

- Staffing is a foundational factor affecting employee satisfaction and patient outcomes.

- Link between inadequate staffing and negative patient outcomes.

Kalish et al., 2011; Kalish & Lee, 2011; Kerfoot, 2012; Needleman et al., 2001
• Some studies have found associations between lower levels of staffing and higher rates of pneumonia, upper gastrointestinal bleeding, shock/cardiac arrest, urinary tract infections and failure to rescue.

Needleman et al., 2001
Nurse manager leadership style:

- Is a determinant of nurse job satisfaction and retention;
- Was found to positively influence nurse engagement.

Assamani et al., 2016; Manning, 2016
• Staffing is described as reactive.
  Johnson et al., 2017

• Traditional approaches are still being used and they are ineffective.
  Gavigan et al., 2016
REVIEW OF LITERATURE

• In some countries, practice settings can be comprised of nurses who were educated and lived outside of their country of practice.

• Successful transition of international nurses requires supportive leadership and a comprehensive orientation plan.

Alexis, 2005; Gerrish & Griffin, 2004; Smith et al., 2006
KEY POINTS

• Nurse leaders have a responsibility to ensure adequate numbers of competent staff.

• A multitude of variables must be considered when planning for the nursing workforce.

• Head nurses in Oman contend with internal and external forces the impact nurse staffing.
THEORETICAL FRAMEWORK

• Data-Driven Model for Excellence in Staffing

• 5 Core Concepts in the Model
  • a) Users and Patients of Health Care
  • b) Providers of Health Care
  • c) Environment of Care
  • d) Delivery of Care
  • e) Quality, Safety, and Outcomes of Care

Baggett et al., 2014
THEORETICAL FRAMEWORK

• Concepts included in this model were utilized to inform the research team and specifically the interview guide.

• Goal was to understand how Head Nurses in Oman, at a large academic medical center, make staffing and scheduling decisions.
THEORETICAL FRAMEWORK

Baggett et al., 2014
RESEARCH DESIGN

• Qualitative Descriptive Design

• Data were collected through fourteen semi-structured interviews utilizing a sixteen-item demographic questionnaire and fifteen-item interview guide.

• Inductive content analysis
PARTICIPANT RECRUITMENT

• Head nurses in Oman were recruited for this study using a purposive sampling technique.

• Study was discussed at a Nursing Leadership Meeting where Research Team Members presented on Leadership Topics and the Role of Advanced Practice Nurses (CNS) in the United States.
DATA ANALYSIS PROCESS

- Researchers utilized the data analysis process outlined by Graneheim and Lundman (2004) including the following steps:
  - Looked for statements that revealed a central meaning;
  - Defined and identified meaning units (Graneheim & Lundman, 2004);
  - Established a code for that segment of data (Creswell, 2009);
  - Created categories;
  - Evaluated the relationship between the codes and categories to determine themes;
  - Data analysis process and findings were discussed iteratively with research team.
RESULTS

• Four Themes and Twelve Subthemes
RESULTS

• Theme 1: Decision-making for nursing resource management is centralized
  ❖ “But starting level wise, honestly speaking, I don’t exactly know how many seniors I am supposed to have in my ward, how many like the middle and how many are the most senior. It is because we only rely on what staff they give us. They are the ones deciding.”

• Subtheme 1.1: Senior nursing leaders determine staffing resources
  ❖ “the selection of the nurses themselves to be like shifted to my units unfortunately it’s not the leaders so its always the higher authority.”
RESULTS

• Subtheme 1.2: Senior nursing leaders procure staffing resources
  ❖ “It’s done by the nursing directorate depending on the number of grades available and what our requirements are…”

• Subtheme 1.3: Decision making influenced by governmental guidelines and cultural norms
  ❖ “when there is a patient in the VIP ward then that nurse goes and works there…So what I do, I don’t usually include it in my schedule.”
RESULTS

• Theme 2: Operationalization of scheduling and staffing is decentralized
  
  “the system here is patient allocation is done by the previous team leader so we come in in the morning, the nurses are already allocated some patients. But we have the say, like you have to assess how is the distribution, the acuity of the patient. And, if you think that you need to change it then we need to change it.”

• Subtheme 2.1: No standardized process for the development of unit-based schedules
  
  “They do an Excel sheet they use in ICU and ED. They have quite a number of staff. For us only 30 so Microsoft Word only 2 pages is enough.”
RESULTS

• Subtheme 2.2: Prescriptive policies and procedures exist regarding utilization of human resources
  
  “sometimes we cannot make the schedule exactly 140 hours so sometimes they will be given 146, 145, or sometimes less, 137 for example. So if 137 they owing the hospital three hours for that roster so we accumulate all these things. And if they work more it means hospital owing them hours so we will need to give them the hours back”

• Subtheme 2.3: Head nurses have autonomy for unit-level staffing decisions

  “starting last month… I actually scheduled a shift just to cover that busy period from 3 [pm] to 5 [pm]. So I have either one or two nurses, depending on how busy the nurse is. They come in at 10 [am] and finish at 6 [pm] instead of starting at 7:30 [am] and finishing at 3:30 [pm]”
RESULTS

• Theme 3: The concept of “team” was an important consideration for head nurses
  
  ❖ “I mean they are quite flexible, they will change with their colleagues or whatever but my primary responsibility is to ensure the department is covered.”

• Subtheme 3.1: Many elements are important for scheduling and staffing
  
  ❖ “On a daily basis once I get my bookings I then look at the cases that are coming into theater and okay this theater will need a runner so I need to put an extra nurse there. So it’s things like that. It’s very diverse, it’s very – it changes every day.”
• Subtheme 3.2: Barriers to effective teamwork are evident
  
  ❖ “Because one hour or one half hour it’s very difficult especially in most of the nurses they don’t have transport. They have to come with the hospital transport and that will take another one hour, one hour and a half for them to come here and … will be late. It will be difficult for the other staff who are already on duty.”

• Subtheme 3.3: Team dynamics impact unit operations
  
  ❖ “In each block it’s a mix of skill and since we are also mixed nationality so we mix nationality as well. We don’t like everybody will be Omani in this group; we don’t do that. Mix the skill and in that group there should be like a team leader and then the team support person. And there will be…six nurses in each group”
RESULTS

• Theme 4: Head nurses know staffing relates to quality however lack data to support

  ❖ “To me it’s like you know total patient care, that leaves the patient satisfied and you on your own should be satisfied. You attend to all a patient’s needs, whatever the patient needs you attend to it. You give them education. Its everything.”

• Subtheme 4.1: Skill mix makes a difference

  ❖ “So we divide the nurses in the ward into different groups so that we can rotate. So in this group, I make sure that it’s a senior nurse who is going to be the team leader that back her up if she calls for sick for example, so there is a second person who can take over her team leader duties and also there is a high D nurse in the group which can take over if there is something if any patient suddenly gets sick. And also there is junior nurses in the group so it will just balance and they can learn from each other.”
RESULTS

• Subtheme 4.2: Quantity of staff impacts quality
  
  “If we have enough staffing everyone will have for example four to five nurses. One is to five or four so they can finish their work comfortably and the patient will be also happy; they have time to communicate with patients because previously before the student nurses they came to me, it was very hard work. Even doctors, some patients also coming to me and complaining – your nurses are not smiling. They only come and do the things and go as robots, like machines, they don’t talk to us. We don’t feel that we are human here in the hospital in the ward. When I explained to them because of shortage of staff that they have and a lot of tasks that they have to finish in a specific given time they calm down eventually.”

• Subtheme 4.3: Experience and capabilities matters

  “My staffing schedule usually I’ll have two team leaders and if here’s the juniors I will get two. So two team leaders because if one team leader is sick the other can take over and then we’ll call somebody else to assist in that group.”
CONCLUSIONS/IMPLICATIONS

- Multiple practical and research implications are suggested as a result of this study.

- Additional research is needed with greater numbers of nursing leaders using multiple methods.

- Comparison studies in countries with varying healthcare systems and cultural norms are needed to expand knowledge about nurse staffing.
QUESTIONS/CONTACT

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