

Using Individual Patients' Needs for Nursing Human Resources Planning

Executive Summary
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MAIN MESSAGES

- Effective human resource (HR) planning using a patient needs approach requires input from stakeholder groups including patients and their families.
- The key needs to be considered in HR planning for patients with End Stage Renal Disease are symptoms, disease effects on daily life activities, and the number of other health problems.
- It is not possible to implement a patient needs-based model for HR planning in Atlantic Canada because patient and HR information systems are inadequate, and there is insufficient evidence regarding the impact of nursing on patient need.
- HR planning based on patient needs requires information systems that encompass the full health care continuum (acute, ambulatory, long-term, home care).
- There is need to build linkable information systems across the Atlantic region.
- To facilitate inter-provincial, multi-site studies, there is a need for new approaches to the ethics approval processes (e.g., reciprocal agreements that recognize approval from other sites and provinces).
- Multi-sector research partnerships require (a) financial support dedicated to building and maintaining collaborative relationships, and (b) flexible time lines to accommodate unexpected contextual changes in the health care system or government.

Executive Summary

Traditional Human Resource Planning (HR planning) strategies have provided less than satisfactory and only temporary relief to the nursing resource pressures within the health care system. The crisis-management approach has done little to promote an effective, efficient and stable workforce. This study, involving 24 investigators and 23 sites, examined ways to develop a patient needs-based approach to HR planning and used End Stage Renal Disease (ESRD) as the example.

Patient Needs-Based HR Planning Is Not Possible

No matter how we looked at the findings, it was clear that patient needs-based HR planning is not feasible in Atlantic Canada. Further, there was no evidence that a patient needs-based approach is a priority within the HR planning sector. The evidence was irrefutable: patient and HR information systems are inadequate, and there is no evidence from nursing intervention trials that nursing can have a significant impact on the identified unmet patient needs.

The Range of ESRD Patient Needs is Extensive

Our focus group findings showed that, over the course of their illness, people living with End Stage Renal Disease experience a very broad range of unmet personal health and health system needs. However, stakeholder groups in different sectors (patients, care providers, policy makers) failed to agree on which needs should be included in HR planning. It became clear that effective human resource (HR) planning using a patient needs approach requires input from stakeholder groups including patients and their families.

Individual Patient and Family Unmet Needs at One Point in Time are Relatively Low

Our findings showed that when we assessed 134 patients, approximately 7% of the ESRD population in Atlantic Canada, the level of unmet need at that time was quite low (ranging from 0% to 30%). However, some individuals had a high level of need in specific areas. The most important ESRD patient needs to consider in needs-based HR planning are the number and severity of symptoms, the disease-effects on daily living, and the number of other health problems. The questions of whether, and in what ways nursing could have an impact on these needs could not be answered. Other than our consultations with ESRD experts, we had no firm evidence to indicate that nursing can reduce, delay or prevent any or all of these patient problems. We also have no evidence about the level of nursing skill or skill-mix, or the time commitment needed to effectively influence these patient needs.

Related Information Systems are Inadequate

The patient database inventory revealed that only the acute care sector in each of the Atlantic Provinces has centralized information systems. However, these information systems vary across sites and are not linked. Further, standardized information is limited to that dictated by the Canadian Institutes of Health Information and includes only in-patient and day surgery data despite the change in health care delivery from acute care to other sectors (ambulatory, long-term, home care).

Likewise, the HR database inventory indicated that all sectors (acute, ambulatory, long-term, home care) maintain separate HR databases regarding nursing staff. HR information is not standardized or linked to patient databases.

Multi-Sector Research Requires Attention

The multi-sectoral nature of the investigative team and the large number of sites for data collection raised many issues that require attention. Our experience suggested that in order to facilitate inter-provincial, multi-site studies, reciprocal agreements must recognize ethics approval across sites (service provider agencies, universities, governments) and among provinces. Furthermore, our experience suggested that multi-sector partnerships require (a) financial support dedicated to building and maintaining collaborative relationships, and (b) flexible time lines to accommodate unexpected contextual changes in the health care system or government.