

## **NURSING SHORTAGE IN TIME OF ADVERSITIES ITS IMPACT TO SAFE AND QUALITY HEALTH CARE SERVICES**

**Dr. Rosie S. de Leon**

Dean, College of Nursing

Philippine College of Health and Sciences, Inc.

1813 C.M. Recto, Sampaloc, Manila, Philippines

### **ABSTRACT**

**Aim** This study aimed to determine the impact of nurses' shortage to the delivery of quality health care services during this time of pandemic.

**Background** In this pandemic, many were affected by the virus including health care workers especially nurses who are in direct contact to patients with Covid 19. Some nurses taking care of Covid 19 patients were either contracted by the disease or considered as person under investigation or person under monitoring and were isolated. The isolation or quarantine to the affected nurses resulted to the shortage of nurses in the workplace. Nurses having fear of being inflicted by the virus, bringing home the virus that will endanger their family, lack of personal protective equipment, lack of facilities and supplies, worked on extended period of time and being humiliated and discriminated by people that they may be the carrier of the virus claimed they prefer to stay home, depleting further the number of nurses in the hospital. This pandemic remind us how nurses provided care to people confronted the country and the whole world creating economic meltdown due to fiscal shocks business closures and long term negative impacts to economic growth. The pandemic inflicted fear and anxiety in many workplaces especially in hospitals that caters to patient afflicted by Covid 19. We have witnessed how healthcare professionals esp nurses labored tremendously to deliver quality and

timely care to patients diagnosed with Covid 19 infection while at the same time protecting themselves and their family to avoid contracting the disease.

Providing quality care and making things safe for patients and to the frontliners caring to these patients were challenging during this time of pandemic. The carers while caring for the patients affected by the virus have inherent danger of widespread infections and burdens on healthcare systems.

Covid 19 came on suddenly in the country around January of 2020, and despite many health institution have workable pre-pandemic plans, took it by surprise. The Department of Health worked closely with the World Health Organization (WHO), government and non-government organizations to help people inflicted by the virus and how to prevent spread of infection. Philippines then was placed on national lockdown as one strategy to prevent the spread of infection.

**Data sources.** 100 nurses from different hospitals were chosen as respondents. These nurses have been working in the hospital for more than two (2) years and have taken care of Covid 19 patients.

## **Discussion**

Given that nurses spend more one-on-one time with patients than any other healthcare workers make nurses to perform at the highest level essential to providing safe and quality patient care. As such, when the number of nurses are reduced to answer the needs of the patient, patient safety and delivery of quality health services are compromised. The

relationship between nursing shortage and patient safety and quality care has been linked in various studies and nursing leaders plan and strategize measures to minimize the effects of short staffing in nursing on patient care.

The reasons enumerated by nurses why there were shortage were the following; Fear of being inflicted by the virus when exposed to patients with Covid 19 infection, inadequate supply of personal protective equipment (PPE), no hazard pay given, nurses were offered overseas employment with higher salary, the work environment not conducive to discharge the duties effectively and efficiently especially when they wore the complete PPE, additional workload and overtime rendered, the patient and nurse ratio set by the Department of Health was not followed because of surge of patients, lack of support from the superior and management, salaries and benefits not commensurate to the services rendered during Covid 19, fear of bringing home the virus to their family members, not given priority to be hospitalized when they contracted the disease, not given priority to be tested with covid virus, fear because of information that many healthcare workers died and the humiliation and discrimination experienced by nurses while discharging their duties.

The impact of the shortage of nurses to the delivery of patient care were the following:

Medication error. Medication administration is among the dependent functions of a nurse. Medication is administered as an intervention to the illness and problems experienced by patients. Nurses were trained how to prepare and administer the drug to the patients. Inadequate number of nurses to prepare and administer the ordered medications to the patient lead to errors. Such events were related to knowledge and skills, drug products, process and

systems, order communication, monitoring and increase workload of nurses who were in charge of medication administration. Type of errors encountered were either wrong medication, wrong dose, wrong frequency, and different administration route or patient. The errors were classified according to their level of severity. Undesirable outcomes include drug reactions, drug-drug interactions but immediately acted because of prompt reports. The errors have health and economic consequences to include increased use of health services, and additional medication and treatment.

Second was increased absenteeism. Nurses felt overworked and tired. These nurses worked more than 48 hours a week that lead to fatigue and exhaustion. *Nurses claimed we have fear that we might commit errors in the performance of duties because of fatigue. We need rest to restore our strength.*

Third, patient needs were not acted on time because nurses are caring more than the capacity they can handle. *We have many patients admitted but we were only few nurses to take good care of them because of the reasons previously enumerated. Actions were prioritized.*

Another impact was burn out. It is the result of prolonged work-related stress. *We felt exhausted, although motivated to help but we also have stress and pressures and felt ineffective.* Nurses felt emotionally drained, overwhelmed, and helpless. According to Michael Leiter, Researcher and Professor of Organizational Psychology at Deakin University, burnout nurses get emotionally and physically exhausted and they tend to stop caring. Their performance takes a dive, they experienced being tired. These people often just need a break.

Nurses also claimed that laboratory and diagnostic tests were not done as scheduled. Due to patients surge, the proportion of healthcare personnel versus patients was not followed resulting

to delayed laboratory and diagnostic tests. The delay in the different orders on laboratory and diagnostic tests, caused the delay in reporting of results to the physician, causing a delay in diagnosis and eventually delay in intervention.

The nurse's sacrifice of working as the frontlines of COVID-19 designated units, has resulted in the reward of helping patients and families, but also emotionally distressed. As frontline providers, nurses spend sustained periods of time at the bedside with increased workload as they try to stay abreast of the current evidence while working long hours. Oftentimes, they are also working with inadequate personal protective equipment (PPE). These conditions are leading to mental and physical exhaustion, anxiety and depression. The Covid 19 pandemic has generated unprecedented outcomes. Nations have witnessed new breeds of leaders to emerge, new breakthroughs, innovations and policies to arise and new perspective in viewing things to put into play. Nurses become aware of their rights as they clamor for better and dignified work environments.

The nursing leadership of every health institution and facilities remind every nurse to maintain and elevate the standard of nursing profession and to safeguard the well-being of Filipino nurses as they care for citizenry. They collaborate and coordinate with government agencies to look and safeguard the plight and welfare of nurses. Nursing leaders likewise have emphasized to the nurses to take care of themselves as they care other people. It is important for nurses to stay healthy and have the strength as they discharge their duties. The Filipino nurses are empowered to continuously care for the nation and remain steadfast in their calling, to stay

strong in this era of the new normal. The situation worsened, businesses were closed and planning often did not keep up. In response to pandemic-induced pressures, policymakers became reactive, different Senate Bills were proposed. Without effective action in every country, COVID-19 will affect many of its people

**Action plan recommended:**

1. Provision of protective equipment for nurses

The carers should be taken care of. Nurses as they continue to work as frontliners during this outbreak should have the necessary protective equipment needed for their safety.

2. Give a time break

Giving time break will give rest and relaxation ready to be of service again. Rest and off days will be properly scheduled.

3. Salary, benefits and hazard pay

The nurses and other health care personnel should be paid commensurate to all the services rendered.

4. Testing for Covid 19

Nurses and other frontliners serving the people should be given priority by their institution they served test for Covid 19. This will also prevent spread of infection as they are responsible in caring for patients.

5. Provision of proper Nutrition

Nurses and other frontliners should always be in good shape and health in order to serve the

needy. Proper nutrition should be provided 24/7 to maintain the nurses good health and strength.

#### 6. Ensure provision of health facilities and treatment

Nurses and other frontliners should be given complete services when they are inflicted by the virus after caring for Covid 19 patients.

#### 7. Practice infection control standards

Nurses and other frontliners should practice proper infection control when caring for patients at all times. Face mask should always be worn, face shield must be used when going out to buy important necessities. If on off days or rest days, they are encouraged to stay home.

They are adviced to always practice social distancing and perform frequent hand washing.

#### 8. Administrative and emotional support

Nurses and other frontliners need to be given the necessary support in this time of pandemic.

Concerns , problems and issues faced by nurses should be given attention and will be acted as soon as possible by the management

9. Any health care institutions should establish safe and effective patient flow at all levels, optimize health workforce capacity. The availability of essential medications, equipment, and supplies should be given importance. Institutions should schedule their employees to annual physical examination.

10. Continuous training should be gvien to nurses and other frontliners to be knowledgeable and skillful on caring patients in time of any adversities.

## **BIBLIOGRAPHY**

Alvar, K. D. P. (2009). Job Satisfaction and Interpersonal Values as Factors in Job Performance among Staff Nurse: Masteral Degree Thesis. Baguio Colleges Foundation, Gov. Pack Road, Baguio City.

Bakker, A.B., Demerouti, E. (2009). Using the Job Demands-Resources model to predict burnout and performance. *Human Resource Management*, 43, 83-104

Bakker, A.B., & Leiter, M.P. (Eds.) (2010). *Work engagement: A handbook of essential theory and research*. New York: Psychology Press.

Blizzard, Rick (Ed.) (2005). Nurse Engagement Key to Reducing Medical Errors. Retrieved from <http://www.gallup.com/poll/20629/nurse-engagement-key-reducing-medical-errors.aspx>

Center for Research and Innovation in Care, Nursing, and Midwifery Sciences (2004). Nurse work engagement impacts job outcome and nurse-assessed quality of care: model testing with nurse practice environment and nurse work characteristics as predictors. Retrieved from <http://www.ncbi.nlm.gov/pubmed/25431563>.

Goldberg, C. B., & Waldman, D. A. (2000). Modeling employee absenteeism: Testing alternative measures and mediated effects based on job satisfaction. *Journal of Organizational Behavior*, 21(6), 665-676. Retrieved from <http://york.ezproxy.cuny.edu:2048/loginurl=http://search.proquest.com/docview/224879009?accountid=15180>

Hackman, J. R., & Oldham, G. R. (2009). Motivation through the design of work: Test of a theory. *Organizational Behavior and Human Performance*, 16, 250-279.

Hakanen, J.J., Perhoniemi, R., and Toppinen-Tanner (2011). Positive gain spirals at work: From job resources to work engagement, personal initiative and work-unit innovativeness. *Journal of Vocational Behavior*, 73, 1, 78-91

Huseman, R., Hatfield, J., and Miles, E. (2010). A New Perspective on Equity Theory: The Equity Sensitivity Construct. *Academy of Management Review*. 1987. 12(2). pp. 232-234

Laschinger, H.K.S., Finegan, J., & Shamian, J., & Wilk, P. (2004). A longitudinal analysis of the impact of workplace empowerment on work satisfaction. *Journal of Organizational Behavior*, 25(1), 527-545.

Laschinger, H.K.S., & Havens, D.S. (2000). Staff nurse work empowerment and perceived control over nursing practice: Conditions for work effectiveness. *JONA*, 26(9), 27-35.

Locke, E.A. (1976). The nature and causes of job satisfaction. In M.D. Dunnette (Ed.), *Handbook of industrial and organizational psychology* (pp.1297-1349). Chicago: Rand McNally.

Maslach, C., & Leiter, M. P. (2009) *The truth about burnout*. San Francisco, CA: Josey-Bass.

Manojlovich, M. (2005). Promoting nurses' self-efficacy: A leadership strategy to improve practice. *JONA*, 35(5), 273-280.

Neuhauser, D. (2011). Impact of staff engagement on nurse satisfaction/retention and patient outcomes of patient satisfaction and NDNQI indicators. From: <http://libres.uncg.edu/ir/wcu/f/Neuhauser2011.pdf>

Peterson, U., Demerouti, E., Bergstro, M. G., Samuels-son, M., sberg, M., & Nygren, Å. (2008). Burnout and physical and mental health among Swedish healthcare workers. *Journal of Advanced Nursing*, 62, 84–95.

Polita, M. H. (2009). Teachers' Concepts of Empowerment in a Selected Philippine Public School: Masteral Degree Thesis. Asian Center University of the Philippines, Diliman Quezon City.

Rogel, C. (2014) Job Satisfaction vs. Employee Engagement. Retrieved from <https://www.decision-wise.com/job-satisfaction-vs-employee-engagement/>

The resilient health care simultaneously by the University of Southern Denmark, University of Florida, USA, and Macquarie University, Australia

Schaufeli, W. B., Baker, A.B. (2009 net: published) Job demands, job resources and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behavior*, 25, 293-315.

Schaufeli, W. B., & Salanova, M. (2009). Efficacy or inefficacy, that's the question: Burnout and work engagement, and their relationship with efficacy beliefs. *Anxiety, Stress, and Coping*, 20, 177-196.

Spreitzer, G.M. (2000). Psychological empowerment in the workplace. Dimension, Measurement, and Validation. *The Academy of Management Journal*,38(5), 1442-1465.

Timofeeva, A. A., (2010). *The Nursing Profession: Description and Issues*. Nova Science Publisher, Inc, 2, 67-81.

Dr. Michael Leiter, Researcher and Professor of Organizational Psychology at Deakin University,

Y. Tony Yang Diana J. Mason, COVID-19's Impact On Nursing Shortages, The Rise Of Travel Nurses, And Price Gouging