Part 1: Staffing patters

1. **ADC (Average daily census)**

July patient days: 372

July day numbers: 31

ADC = Total days of patient/ Total number of days present in a month

ADC = 372/31 = 12/ day

2. **Daily staffing pattern**

RNs: 3:1

UAPs: 6:1

1 secretary/ shift

The RN Staffing

RNs/shift = 12/3 = 4

UAP staffing

UAP/shift = 12/6 = 2

As mentioned before, there are 1 secretary in the shift

Therefore, each shift has 4 RNs, 2 UAPs, and 1 secretary

Downfalls of the nurse-to-patient ratio staffing model

Nurse-to-patient ratio can be challenging if one nurses is responsible to handle more than seven patients in healthcare. It can result in burnout of nurses and increase the nurse shortages in the facilities. Poor monitoring of the management procedures can enhance unsafe workloads among nurses. In addition, it can avoid the experiences of the RNs and follow equal division, which can impact patient safety and increase issues (Roussel, Thomas & Harris, 2023). This staffing model enhances the issues of stressful working events in healthcare, which can result in nursing shortages, unsafe care to patients, and others.

Acuity-based staffing model

In this staffing model, nurses are assigned based on the experiences, knowledge, and position to maintain the workload properly. Ofei et al. (2021) mentions that the nurses need to focus on the delegation based on the acuity such as patient's complexities, nurses' capabilities, and others. Hence, this staffing model focuses on real-time changes according to the situation to resolve challenges.

Part 2: Adjustment of staffing

One of the major roles of a charge nurse is to deliver patient care that is safe and fair and effective in cases of staffing disruptions that might arise unforeseen. Other situations like a nurse falling sick during a shift may result in some supernumerary gaps in work assignments and the charge nurse has to immediately reposition the workloads to maintain continuity of care. In the study of Buchan, Catton, and Shaffer (2022) mentioned that the nurses need to provide responses properly and offer high-quality care to the patients. It justifies that registered nurses should maintain interaction with the patients, manage clinical judgment, and balance the patient's needs. There are some factors such as a patient's complex conditions, staff experiences. Workload, and others. The charge nurses should factor in regulatory laws, organizational policies, and patient safety standards when determining fast decisions. The allocation process can enhance complications by interpersonal dynamics, different attitudes, and team behaviour. Adaptability, prioritization, and team cohesion are the elements of their work that directly involve patient outcomes and a safe and collaborative clinical environment.

Factors to reassign the work

1. Focusing on acuity needs and patient complexities

Through this tool, we have identified patient complexity and acuity needs. The first factor that ought to be considered during redistribution of a leaving nurse is his patient load based on the acuity level and complexity of the clients served by the nurse. Patients that are at high risk and need close observation, specialized care, regular medication and wound care interventions with complex care to be considered demands utmost planning before they are reassigned. Ansah Ofei et al., (2021) support this idea stating that the ability to align the needs of high-acuity

patients with the nurses that have the capacity and stability in their work with clients is crucial to ensuring their safety.

A charge nurse should not assign a high needs patient to a nurse who already has a high need patient so that these patients may suffer in terms of patient outcome. Rather one of the nurses, who has relatively steady/low-acuity patients, is more likely to eat a more complex patient. Another benefit of this practice is continuity of care and reduction of errors one would make in case of being overwhelmed by the workload of a nurse. Considerate positioning of the patient status will guarantee all the nurses can deliver high-quality care and, at the same time, avoid harm to the patients.

2. Competencies, Specialization and Experience of nurses

The other critical factor that must be a part of the redistribution of the assignment of nurses is that the nurses that will be provided with an extra burden must have the relevant competencies, clinical judgment and experience to navigate the new load without any harm. Renning et al., (2022) keep stressing that nurses that have advanced training, including those specializing in critical care, pediatrics, or other high-acuity fields, are in a unique position to deal with patients with complicated needs. Placing patients in a different area that a nurse does not specialize in actually not only endangers the quality of the care given, but often poses ethical issues and a potential legal implication especially when the job is above the defined scope of practice of the nurse. It is because of this reason that the charge nurse should ensure that every patient is matched with the provider who is most appropriate to provide quality safe care.

The competency-based approach will help to ensure nurses feel self-confident that they can handle the assigned patients, hence, patient safety and professional integrity. When a nurse

operates in their area of expertise or competency, chances are higher of making correct judgement, proper intervention and sound clinical judgement in a timely fashion. This is also associated with good patient outcomes as people are treated by skilled nurses who are aware of the complexity of their conditions. In addition, an appropriate balance of roles to experience is beneficial in terms of staff motivation, satisfaction, and prospective professional growth since nurses can use their education effectively instead of being overwhelmed or undermotivated.

An appropriate and competency-based approach to the redistribution of workloads also contributes to consistency with the regulatory requirements and company norms. It aids in the development of a safe and high-reliability clinical environment where all the team members perform maximally within their competence. Furthermore, the given method will help to cultivate a culture of mutual trust and professional respect since the staff members will know that they are assigned according to fairness, competencies, and the overall health condition of patients. Simply put, the competency-driven redistribution system can be described as a means of not only protecting patients, but also empowering the rest of the nursing team since the sharing of any responsibilities is properly balanced and according to the stipulated practice standards.

3. Recent Workload, Fairness and Staffing Ratios

A charge nurse has to evaluate the present load of each nurse before he/she can modify the assignments. Most nurses might be already dealing with much, including precepting new employees, helping with more complicated operations, or working with patients who need to devote a lot of time. According to Vareta, Oliveira, and Ventura (2025), an overwhelming workload is a cause of fatigue, burnout, poor performance, and possibly impaired care of patients. To achieve the effective redistribution, both quantitative and qualitative factors have to

be taken into consideration. Quantitative factors to be considered are the number of the patients assigned and the qualitative factors are the extent of care a certain patient need, the number of interventions he or she needs and such demands which can be emotional or cognitive. The charge nurse should make sure the distribution is fair to avoid resentment or burnouts amongst employees. The moderate solution fulfills the employee-employer unity and safeguards patient and nurse welfare.

4. Accessibility and Availability of Support Personnel

The support staff (the number and ability of nursing assistants, orderlies, or patient care technicians) are significantly a determining factor to whether a nurse may safely accept additional patients. As Alrowili et al., (2024) note, the availability of support personnel can considerably promote the efficiency of a working process since nurses can transfer less complex assignments, such as mobility support, nourishment, or periodic monitoring of vital signs. In case, where a nurse is given an additional patient under staffing shortage, the charge nurse may offset this situation by redistributing the support staff to reduce the total burden on the nurse. Thus, the charge nurse has to evaluate the ability of the registered nurses as well as the unregulated care providers to ensure an acceptable workload among the total number of staff. A beneficial impact on the overall system and holistic patient care is making sure that the support staff is properly assigned.

Behaviors of nurses in complicating staffing situation

Even though the charge nurse can be structurally-oriented, some behaviors of the staff may be challenges to successful reassignment. Not only do these behaviors slacken the decision-making process but they might also affect both morale and teamwork adversely.

1. Aversion to Accepting more patients

Another obstacle is the unwillingness of the staff to take up additional patient responsibilities. According to Teresa-Morales et al., (2022) this resistance is commonly a result of the members of staff feeling over-worked, under-valued or worried about the nature of patients they could be sent to. Nursing shortages and demotivation of nurses can enhance due to burnout and unfair experiences. Hence, the nurses should have flexible opportunities to prevent the challenges of staffing shortages and ensuring patient safety. In addition, a nurse needs to have the skill of handling complicated situations and making faster decisions to resolve the challenges. In addition, the nurses can focus on the negative and positive experiences to enhance the skills, and maintain the growth in healthcare and patient growth. Hence, a nurse can focus on building trust with co-nurses and patients for managing safe care, gaining achievements, and reducing challenging situations.

2. Gossip, Blame and Negative Attitudes

The other unprolific behavior that makes the process of adjusting staffing difficult is the gossiping, blame, and negative remarks against the absentee colleague or the situation in general. Madolo and Hloba (2023) state that these practices undermine the unity of a team and promote antagonism and discourage professional culture. Gossip does not only cause stress in the team but also makes the team lose focus hence patient care at the time of most need is lost. To reduce this, the charge nurse should establish professional behavior expectations and remind employees that any disease may strike anybody at any moment. The focus on teamwork and respect will assist in shifting energy in solutions instead of criticism. Strengthening of a supportive culture will promote resilience, emotional struggle, and morale in difficult staffing periods.

Conclusion

The necessity of staffing changes to keep patients safe and promote staff morale and facilitate the flow of the unit activities in case one of the members of the team is suddenly not available is undeniable. Charge nurses as leaders are important in reevaluating the patient assignment based on factors like patient acuity, competency of the staff, equal distribution of workload and availability of other support staff members. Such choices contribute to continuity of care and avoid excessive workload of single nurses. Nevertheless, it may make the process to be even more difficult when colleagues exhibit resistance, frustration or negative attitude that will interfere with team cohesion and their ability to redistribute tasks efficiently. The charge nurse will have to create a conducive and cooperative working environment in order to deal with these issues. This involves promotion of open communication, show of empathy and affirmation of professionalism and mutual respect in every interaction. The charge nurse can do this by establishing a conducive environment in order to make the staff feel better equipped to handle the abrupt change, organize to work more efficiently, and maintain the delivery of high quality and patient-centered care.

References

Alrowili, A. J., Alkhaial, T. M. F., Alsharari, K. S. M., Alsharari, Y. M. B., Alshreya, H. M. H., Alshareya, M. M. H., ... & Almushyif, J. M. J. (2024). Critical Review of Workload Distribution between Nurses and Health Assistants in Healthcare Settings. *Journal of Ecohumanism*, *3*(8), 10151-10163. https://doi.org/10.62754/joe.v3i8.5626

Ansah Ofei, A. M., Paarima, Y., Barnes, T., & Kwashie, A. A. (2021). Staffing the unit with nurses: the role of nurse managers. *Journal of Health Organization and Management*, *35*(5), 614-627. https://doi.org/10.1108/JHOM-04-2020-0134

Buchan, J., Catton, H., & Shaffer, F. (2022). Sustain and retain in 2022 and beyond. *Int. Counc. Nurses*, *71*, 1-71. https://www.intlnursemigration.org/wp-content/uploads/2022/01/Sustain-and-Retain-in-2022-and-Beyond-The-global-nursing-workforce-and-the-COVID-19-pandemic.pdf

Madolo, A. N., & Hloba, S. P. (2023). Bullying, shortage of staff and resources in workplace: Qualitative experience of newly qualified nurses. *Curationis*, *46*(1), 2407. https://journals.co.za/doi/full/10.4102/curationis.v46i1.2407

Renning, K., van de Water, B., Brandstetter, S., Kasitomu, C., Gowero, N., Simbota, M., & Majamanda, M. (2022). Training needs assessment for practicing pediatric critical care nurses in Malawi to inform the development of a specialized master's education pathway: a cohort study. *BMC nursing*, *21*(1), 6. https://doi.org/10.1186/s12912-021-00772-3

Roussel, L., Thomas, P. L., & Harris, J. L. (2023). *Management and leadership for nurse administrators*. Jones & Bartlett Learning.

Teresa-Morales, C., Rodríguez-Pérez, M., Araujo-Hernández, M., & Feria-Ramírez, C. (2022). Current stereotypes associated with nursing and nursing professionals: An integrative review. *International journal of environmental research and public health*, *19*(13), 7640. https://doi.org/10.3390/ijerph19137640

Vareta, D., Oliveira, C., & Ventura, F. (2025). Person-centered workplace culture: insights from an inpatient department for older adults with chronic illnesses. *Frontiers in Medicine*, *12*, 1532419. https://doi.org/10.3389/fmed.2025.1532419