Competing needs such as the needs of the workforce, resources, and patients may impact the development of policy. These needs should go hand in hand with the policy. There is an increasing body of evidence that shows appropriate **nurse staffing**contributes to improved patient outcomes and greater satisfaction for both patients and staff. The policy that addresses adequate staffing should be able to meet the needs of the patient while decreasing the financial cost. There must be a fair distribution of Nurses in every unit that will result in equal distribution of workload that is manageable by the nursing staff.

There are times when the census on my unit is less than normal, and we don’t need all that many nurses during this time. If we are scheduled more staff during these times, it will result in financial loss with the misallocation of resources under the guise of adequate staffing. There must be a good balance between the number of staff and the patient size. For instance, In my organization we have a policy, if the census is low on one unit and they don’t need all the scheduled Nurses on that Particular day/night then they will get floated to another unit depending upon the need If there is no need in the entire hospital then either their time will be adjusted or they will be called at home few hours before the shift starts to be off that day/night. Staff who were scheduled to work overtime or critical staffing will be called first. Doing so will prevent additional costs for overstaffing a unit and prevents a decrease in staff engagement by understaffing a unit.

The national healthcare issue of interest for me is the Nursing shortage. ANA believes that every single person that includes nurses, should have access to the highest quality and safest care. The need remains for appropriate staffing in all healthcare settings. Safe nurse staffing is essential to both the nursing profession and the overall healthcare system. Staffing affects the ability of all nurses to deliver safe, quality care in all practice settings. By eliminating unsafe nurse staffing practices and policies, we can provide better health care for all.

Nurses might not like to float to another unit more frequently, therefore policies should include opening critical staffing or overtime only on that unit where there are not enough nurses to run that shift. unlike my organization, there should be a policy to adjust the time from 12 to 7 instead of 7 to 7 (regular working hours) or call the staff at home a few hours prior to shift if there is no need on the unit and hospital and staff them in days when there are few nurses.

Nurses are always challenged to provide quality nursing care, without resources,

Increasing awareness about what is happening within healthcare organizations might help RNs understand how they may be subconsciously contributing to the subordination of their knowledge. (Kelly & Porr.,2018). I completely agree with Cecelia K Wooden from the Walden video that if the leader can explain why the circumstance exists, that can often help someone willing to stretch themselves a little longer, hold a little bit longer, and deliver their best a little bit longer. Leaders and the management team can buy some time to come up with alternatives such as hiring more nurses, expanding the in-house contract, hiring travel nurses and providing bonuses, and more.

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