**Nurse to Patient Ratio and Recognized Strategies That Will Facilitate Improvement**

Organization

In the improvement of diagnosis, the health care organization plays a vital role in influencing the work system by developing and implementing quality indicator proposals. The key characteristics for continuous learning from improvements to diagnostic processes include a committee organizational culture and organizational leadership and management. The culture of the organization should promote a safe place for health care professionals. To improve patient safety, health organizations have implement changes in their cultural values (Felipe et al., 2017). These include celebrating success, lack of complacency, learning opportunities through mistake recognition, belief in human potential, tactic knowledge recognition, openness, trust, and outward-looking. Health care organizations require leaders to set priorities and expectations to determine the rules and policies necessary to achieve their goals. For a successful change of initiatives, organizational leaders' and managers' involvement is crucial. In the past, no focus was put on the nurse to patient ratio in many organizations. Leaders' support is required in facilitating these changes. Senior managers supporting the health care governing boards can implement policies and practices (Lennox et al .,2018). Focusing on enhancing nurse to patient ratio improves patient quality and safety as well as minimizing organization costs. To ensure feasible and sustainable patient diagnosis, leaders should be aware of the nurse to patient ratio and take necessary precautions to ensure satisfactory service delivery.

Improvement opportunity

In ensuring patients’ delivery of high quality care through patient monitoring-quality clinical deterioration, detection of errors, care process, and weaknesses in the inherent system under, standing, nurses of all health professionals plays vital role. Compromises in nurses play a role in providing safe health care by assigning patients to increase patient safety events, morbidity, or even mortality. Observing an organization's structure, processes, and outcomes help in the measurement of quality healthcare. The delivery of health care services by clinicians and providers indicates the process measures while the accessibility, availability of quality resources entail the structure. Various strategies can be employed in the improvement of the nurse to patient ratio. These include, first, the plan-do-study-act (PDSA) model that helps make positive changes in healthcare to effect favorable outcomes (Liu et al., 2018). It has cylindrical nature of influencing change through small and frequent PDSAs. Its goal is the establishment of a functional relationship between behaviors and capabilities with outcomes.

Secondly, the six sigma involves minimizing or eliminating waste while optimizing satisfaction and increasing financial stability through process designing, monitoring, and improvement. Here improvement is monitored by comparing potential solutions for improvement to baseline processes before improvement. Third, the lean methodology aims to improve the process by removing non-value-added activities through customer needs identification. Physicians, nurses apply principals used in the Toyota systems, and other health officials to enhance patient care effectiveness. Fourth, the root cause analysis(RCA) focuses on identifying and understanding the cause of an event and the interception of others (Boamah et al.,2018). It is efficient in identifying risks where human error is a factor rather than individual factors. Error occurrence is usually unpredictable, and therefore the failure modes and effects analysis(FMEA) helps identify and eliminate such potential errors, problems, and failures. Apart from evaluating alternative processes, it can also monitor change-over-time providing information on a process's effectiveness—lastly, the health failure modes and effects analysis help assess possible risk.

In comparison with those under high financial pressure, well-resourced hospitals maintain quality and patient safety, hence satisfactory outcomes. Improved patient reports of care are associated with strong financial performance, hence distinguishing quality and safety. Highly reliable systems are maintained by financially stable hospitals hence the provision of resources for quality improvement. The decline in hospital financial condition compromises aspects of hospital patient care. Less resourced hospitals experience high mortality rates and readmission mostly for pneumonia, heart failure, and myocardial infarction. Strong cash flows in profitable hospitals help them pay debts easily and invest at slightly lower costs; hence can invest in clinical and administrative information technology.

Well-financed hospitals also hire better-qualified personnel, sustain their programs, and initiate evidence-based procedures, and their outcome always attracts a larger market, hence increasing profits. Internal and efficiency issues may result from poor management and inferior services due to financial distress from other exogenous factors (Harnett., 2020). Raise in costs in poorly financed hospitals will lead to more borrowing, therefore hindering the facility from external financial sources and a later increase in the services' prices. High mortality and morbidity rates also result from a lack of resources through a lack of care improvement initiatives. Financial health is represented by various measures, including profitability, liquidity, and solvency.

Purpose and proposal initiative

The overall purpose of improving nurse to patient ratios include;

1. Safety of patients.

The enhancement should always have helpful intentions rather than harm.

1. Effectiveness.

All health care professionals should refrain from providing services to those who cannot benefit but rather to those who are likely to benefit based on scientific knowledge.

1. Patient-centered.

The patients' value guide and provision of respectful and responsive care considering patients' preferences should guide all clinical decisions.

1. Time cautious

Health professionals should provide immediate care required and avoid delays.

1. Efficiency

Hospital resources utilization with minimal or no wastages possible.

1. Equitable services

Personal differences, such as gender, should not be a factor in the production of quality services.

Better care for patients, patient satisfaction, and reduced nurse fatigue, is achieved through safe nurse-patient staffing ratios. The importance of this relationship include

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1. Many nurses on staff will reduce these cases through monitoring of high risk hence acting as safety companion.
2. Reduced medical and medication errors, mortality rate, patient readmission, and patient's length of stay improve output quality. Improved nursing ratios ensure medication administration is followed, reducing hospitalization risk (Dekker ., 2018). It allows for documentation of patient details and low readmission cases due to proper patient discharge determination.
3. Patient satisfaction and hospital consumer assessment of healthcare providers score improvement. Increased teamwork and coordination help promote a high quality of care for all patients. Patients are also provided with resources to manage their conditions.
4. Fatigue, job dissatisfaction, and nurses’ burnout improved. Extreme exhaustion by nurses on duty results due to long working hours under highly stressful conditions leads to the nurses making medical errors or mistakes. Sometimes dealing with patient loss may be overwhelming to them.
5. They are avoiding unplanned readmission that reduces the cost of patients. Follow-up calls with discharged patients that help patients access educational services, allowing them to adhere to follow up activities only occur if patient-nurse ratios are high.

Nurse-patient ratios guarantee high-quality care for patients. Reducing the number of nurses working hours reduces costs since nurses are many hospital staff. A safe nurse to patient ratio can be achieved by;

1. Creation of a formal staffing plan

entails the standardization of departmental care. A nurse with the most appropriate skills cares for the appropriate patient through a unit and shift the specific strategy. Ensures that most common factors, such as the number of discharges, are addressed in the staff decisions.

1. Address of underlying causes to reduce turnover

Staff shortage may result from short timeframe staff loss. Poor working conditions and insufficient wages may lead to turnover(Gao .,2018). Reduction of mandatory overtime, the delegation of paper to qualified staff, improvement of workflow through technology, among other methods adoption reduce turnover.

1. Establishment of a staffing committee

Despite ensuring that the standards are consistent across a specific unit or the entire hospital, it also provides input on scheduling procedures and staffing policies.

1. Consultation with the nursing staff

Patient care delivery and patient flow are best given by direct nurse care through note-taking of scheduling issues and suggestions for improved processes.

Leadership

In the strengthening of quality and integration, effective core leadership is vital. Leadership is the relationship between individuals undertaking and targeting a common goal (Harkiolakis.,2016). The degree of achieving the expected healthcare outcome is vital in achieving high productivity levels. In the achievement of optimal care quality and patient outcomes, effective nurse leaders ensure appropriate work force and resource allocation. Leadership is associated with patient satisfaction, patient mortality, patient safety outcomes, and health. Lower patient mortality was associated with high patient-nurse ratios.

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