Comment on Peters, MDJ, Marnie, C., Butler, A., 2021. Delivering, funding, and rating safe staffing levels and skills mix in aged care

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Short communication

Comment on Peters, M.D.J., Marnie, C., Butler, A., 2021. Delivering, funding, and rating safe staffing levels and skills mix in aged care

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Dear Editor,

We would like to reflect on the article of [Peters et al. \(2021\)](#) in which they present a conceptual model “for delivering safe, quality care [...] based on the fundamental importance of ensuring at least the right number of the right kinds of staff are present to deliver care to nursing home residents.” They argue that mandating minimum staffing levels and skills mix ensures safe, quality care in nursing homes. However, we believe that this is a poor theoretical simplification of nursing home practice, not justified based on recent scientific evidence, leading to false expectations.

The purpose of this letter is to critically reflect on Peters and colleagues' suggestion of implementing mandated minimum staffing levels and to present alternative, scientifically rooted research directions for examining the relationships between staffing and quality in nursing homes.

While assuming “more staff leads to better quality” is intuitively appealing, research suggests a more nuanced, non-linear relationship. Up until now, there is no evidence-based, adequate tool to “calculate” what is “enough” (quantity) or “the right kind of staff” (educational levels). As a consequence, the evidence-base for implementing (generic) minimum staffing standards in nursing homes is lacking. Although determining a dose-response relationship between staffing and quality appears attractive, it is impossible to establish clear-cut minimum or optimal staffing levels. Therefore, implementing generic staffing standards in nursing homes is not desirable. After decades of research on the relationship between staffing and quality in nursing homes, the evidence is inconclusive. Syntheses of quantitative research on the relationship between staffing and quality in nursing homes demonstrate that more staff (at any educational level) might lead to better outcomes and quality in some measures, while for other measures, negative outcomes or no significant relationships were found ([Haunch et al., 2021](#)).

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Available evidence for an adequate skills mix for staff in nursing homes is also lacking. Most prior studies examining the educational background of nursing home staff focus on the total amount of care provided by one type of staff, for example, registered nurses or certified nurse assistants, and do not consider the skills mix (e.g., the percentage of the total number of hours of care provided by registered nurses). The inconclusive findings of a recent systematic review ([Tuinman et al., 2021](#)) on the association between type of nursing staff and nursing-sensitive outcomes in institutional long-term care do not allow one to make recommendations on “who should best perform which care.” In most of these studies, no distinction is made between vocationally trained or baccalaureate-educated registered nurses, while their educational backgrounds differ substantially ([Tuinman et al., 2021](#)).

Moreover, very little research is conducted on the relationship between non-nursing staff (e.g., social workers) and quality in nursing homes ([Backhaus et al., 2018](#)). In 2016, [Tuinman et al. \(2016\)](#) demonstrated that the roles different nursing home staff members fulfill have become blurred, as there was an overlap of the tasks of registered nurses and of certified nurse assistants. Without paying attention to role differentiation and considering the (unique) tasks of different team members, their specific influence on nursing home quality cannot be studied adequately.

Another problem is that the implementation of generic (minimum) staffing levels or generic skills mixes is a one-size-fits-all approach that does not take into account the variety in nursing homes and the specific characteristics of the residents that live in these homes. Lower staffing levels might, for example, be compensated through labor-saving technologies (e.g., camera supervision) or a smart physical environment of the nursing home (e.g., small hallways). The “stratification” of residents in groups, based on their care dependency or health status, has its own difficulties. Linking these groups of residents to staffing levels is even more problematic.

As we have already recommended earlier ([Backhaus et al., 2018](#)), in the (inter)national debate on staffing and quality in nursing homes, we should start thinking beyond numbers. Governments worldwide should encourage local initiatives in which nursing homes can experiment with new mixes of staff members, more

differentiated staff roles, and staffing levels. The focus on quantity of staff should be replaced by a focus on team quality. By examining the relationships with quality of care, more attention should be paid to what staff members are actually doing. To the extent possible, contextual characteristics (e.g., the physical environment of the nursing home or the use of labor-saving technologies) should be considered, too. As, up until now, clinical quality outcomes (e.g., pressure ulcers, falls) have predominantly been considered, more attention should be paid to quality of life outcomes and interpersonal processes of care (i.e., the psychosocial interaction between residents and staff members) (Backhaus et al., 2018).

Recently, this journal published a review of international literature from Haunch et al. (2021) in which theory-based explanations were offered of why, how and in what circumstances staff behaviors promote quality in long-term care facilities. This review shifts the debate from numbers of staff and their relationships with quality indicators toward the recognition of how staff influence experiences of care and care quality. Instead of focusing on the number of staff, this review focuses on the actual behavior of staff. The review demonstrates that a simple increase in numbers of staff is unlikely to improve quality in nursing homes. Instead, effective leadership (at all levels of the organization) is needed to support positive, quality-promoting staff behaviors. Obtaining insight into desirable staff behavior enables us to modify current care delivery without adding extra manpower.

In the international scientific debate on staffing and quality in nursing homes, more research beyond the “traditional focus” on quantitative aspects (how much staff) is desirable. Focusing on “determining adequate staffing levels for nursing homes” is unlikely to help us reach our main goal of achieving better-quality care for nursing home residents.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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