



SOCIETY OF  
PEDIATRIC NURSES

## SPN Position Statement Safe Staffing for Pediatric Patients

**All SPN Position statements are valid for two years after approval date.**

Approved by SPN Board of Directors on 1/22/2024.

**Original Author:** SPN Board of Directors

### **Endorsed by:**

Association of Pediatric Gastroenterology and Nutrition Nurses  
Pediatric Endocrinology Nursing Society

Pediatric nurses are essential to the successful delivery of safe and effective care to hospitalized children. The healthcare needs of pediatric patients present unique challenges, and particular attention must be given to differing developmental stages, limited communication abilities, differences in epidemiology of disease, and the patient and family-centered approach to provision of nursing care.

The [American Nurses Association \(ANA\) Principles for Nurse Staffing](#) (2020) defines appropriate staffing as a “match of registered nurse expertise with the needs of the recipient of nursing services in the context of the practice setting and situation” (p. 6). The ANA framework includes five principles to help nurses, leaders and healthcare administrators in the development, implementation, and ongoing administration of appropriate staffing:

- *Characteristics and considerations of the healthcare consumer or patient*
- *Characteristics and considerations of registered nurses and other interprofessional team members and staff*
- *The context of the organization and workplace culture in which nursing services are provided.*
- *The overall practice environment that influences delivery of care.*
- *Evaluation of staffing plans, overall costs, effectiveness, and resources expended for nursing care (p. 5).*

Furthermore, ANA outlines the core components of appropriate nurse staffing to include RNs as full partners in the delivery of care, staffing guidelines with measurable outcomes specific to the setting, RNs having an active role in staffing decisions, staffing needs determined by patient acuity and nurse competency, balancing cost effectiveness with care needs and nursing resources.

A robust body of literature has demonstrated the connection between nurse staffing levels and patient outcomes in adult settings; hospitals with higher staffing levels have better clinical outcomes for patients, including decreased length of stay, lower incidence of hospital-acquired conditions, and lower mortality rates (Dall’Ora et al., 2022; McHugh et al., 2021; Needleman et al., 2020). These findings are driving renewed interest on both the federal and state levels to establish legislation supportive of minimum staffing ratios. Despite limited evidence specific to pediatric nursing, it is reasonable to assume that the same relationship between nurse staffing and patient outcomes exists, particularly given the complexities of care in the pediatric environment.

### **Position:**

SPN believes that all children should receive safe, high quality, culturally humble, patient and family-centered care in an environment that supports their emotional safety, health, and development. Building upon the ANA Principles for Nurse Staffing (2020) and in alignment with the recommendations from the American Association of Critical Care Nurses and ANA Nurse Staffing Task Force (2023), SPN recommends the following considerations to provide appropriate staffing for the nursing care of hospitalized children:

- Pediatrics nurses should be active participants in the development of dynamic staffing plans that determine the type and level of nursing care required for pediatric patients, informed by nursing clinical judgment of the varying needs of patients and families.
- Staffing plans must be flexible and re-evaluated frequently to align staff competency and available resources with patient needs.
- An evidence-based pediatric acuity assessment tool should be used to objectively measure patient acuity, which in turn should guide staffing decisions and ensure assignment of fair and manageable workloads.
- Developmental, physiological, psychosocial, and learning needs, as well as the level of family involvement and the child and family’s ability to meet the needs of the child, must be factored into staffing plans.
- Appropriate staffing should be based on the intensity of care needed to meet the needs of the child. Exceeding the minimum staffing recommendation is allowable and may be required based on intensity of care, skill of the nurse, availability of specialized equipment, supplies, and support services from interprofessional team members such as respiratory care, child life, social services, and spiritual care.
- SPN recommends the following minimum staffing guidelines:

- Pediatric medical/surgical patients
  - At least one RN for every four patients.
- Pediatric intensive care patients:
  - At least one RN for every two patients.
- While these minimum ratios may not be immediately obtainable, hospitals should work toward the development of staffing models that align with these recommendations in order to optimally support high-quality nursing care.
- Organizations must evaluate pediatric nurse sensitive outcomes such as hospital acquired infections, pressure injuries, central venous line infections, unplanned endotracheal extubations, falls, peripheral IV infiltrations, failure to rescue, and medication errors (Amatt, et al., 2023) to determine the adequacy of nurse staffing.
- Staffing plans must incorporate unit professional responsibilities such as precepting new employees, supporting students, and performing clinical leadership functions (i.e., quality improvement data collection, professional governance, professional development projects) (Bradley, 2023).
- Staffing plans should include patient throughput and capacity for admission readiness (Bradley, 2023).

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