Title: Mandatory Minimum Staffing Ratios

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**Introduction**

As a staff nurse in a medical surgical unit, I have experienced the difference in the quality of care when I have five patients versus when I have eight patients. No matter how many times we address the staffing issue with our manager, the issue always remains the same. Therefore, I believe laws and regulations regarding safe staffing are needed to implement when our employer is reluctant to recognize the dangers of unsafe staffing levels. Safe staffing is one of the most important issues in the profession of nursing today. With an increasing aging population, increasing patient acuity, and limited length of stay, that unsafe staffing will cause significant negative impacts on both nurses and patients. The dangers of understaffing include but not limited to poor patient outcome, high nurse turnover rate and financial costs. The solution to minimize the dangers of understaffing is through mandatory minimal staffing ratio.

# **Background**

In the early 1990s, hospitals strategically reduced the numbers of licensed personal and replaced them by unlicensed personal due to various reasons, such as cost containment, hospital restructuring, and limited length of stay by managed care plans (Tevington, 2011). Numerous studies were done to show the correlation between high nurse work load and poor patient outcomes. This has promoted the public, legislator, and nursing organization to call for adequate staffing ratios in hospital setting (Huston, 2017). California became the first state to pass the California Assembly Bill 394 in 1999, and implemented in 2004, which mandate minimal staffing ratio in all hospitals across the state (Huston, 2017). In addition to California, Massachusetts passed a law requiring 1:1 or 1:2 ratio for ICU, and 14 other states are currently addressed nursing staffing in hospital in laws or regulations (ANA, 2015). What have led to all these states to address staffing issues in laws or regulations? Let us look at the studies.

# **Consequences of inadequate staffing**

A study published by The New England Journal of Medicine (2002), examined the nurse staffing levels and the patient outcome. The study found consistent evidences that poor patient outcome, such as, medical error, infection, pneumonia, and cardiac arrest, are associated with higher nurse ratios. The risk of death increased two percent each shift when patient exposed to under level staffing (Needleman, 2002).

Another study found that there is seven percent of increasing in patient mortality rate with one additional patient added to nurse’s work load. Staff taking care 6 patient will have 14 percent increase in mortality rate than the staff taking care 4 patient, and 31 percent increase of mortality rate if taking care 8 patients compared to 4 patient. A nurse taking care of 6 patient will result in 2.3 additional death per 1000 patient and 8.7 additional deaths per 1000 patients with complication compared to nurse patient ratios of 4. If the nurse patient ratio goes up to 8, will resulted in 5 additional death and 18.2 additional death with complications, respectively (Aiken et al., 2002).

Also, according to Aiken (2002), that “higher emotional exhaustion and greater job dissatisfaction in nurses were strongly and significantly associated with higher patient to nurse ratios.” The study found that emotional exhaustions are 2.29 times higher, and job dissatisfaction are 1.75 times higher for nurse with ratio of 1:8 to ratios of 1:4. Also, 43 percent of nurses plan to leave their current job within next 12 months due to high burnout and dissatisfied with their job (Aiken, 2002).

# **When staffing is adequate**

A study was done on 2010, to compared California to Pennsylvania, and New Jersey regarding patient outcome and nurse burnout (Aiken, 2010). The funding are “ California hospital nurses cared for one less patient on average than nurses in the other states and two fewer patients on medical and surgical units. Lower ratios are associated with significantly lower mortality. When nurses’ workloads were in line with California-mandated ratios in all three states, nurses’ burnout and job dissatisfaction were lower…….hospital nurse staffing ratios mandated in California are associated with lower mortality and nurse outcomes predictive of better nurse retention in California and in other states where they occur” (Aiken, 2010).

Another study was done to examine the impact of minimal ratios on the patient care quality and safety, and financial cost to the hospital (Donaldson&Shapiro, 2010). The study found that the overall of direct care provided by RN and percentage of care provided by RN increase significantly after the minimal ratio implemented (Donaldson&Shapiro, 2010). Even though, there are no findings of significant improvement in patient care and safety with minimal ratio, but despite of increase patient acuity that adverse events did not increase (Donaldson&Shapiro, 2010).

In addition, a study done by Robert L. Kane, et al (2007), on staff level and patient outcome in acute hospital setting shows increase in registered nurse staffing was associated with lower morality rete in ICU. An increase of one registered nurse per patient day resulted in reduction of length of stay by 24 percent in ICUs and 31 percent in surgical patients (Robert L, Kane, et al, 2007).

**Critics**

Critics have suggested that implementing of minimal staff ratios will bring a tremendous financial cost to hospitals. However, researches have shown that minimal staff ratios does not cause financial burden to hospital. Instead, minimal staff ratios is cost effective.

A study was done in 2003 to examine the relation between nursing staffing to hospital financial performance (Mccue 2003). The study has showed no decrease in hospital profits when adding more licensed nursing staffs, in other words, the hospital will not generate more profits by cutting nursing staffs (Mccue 2003). Adding more licensed nursing staff resulted in decreased mortality rates, decrease in nosocomial infections, decrease in lengths of stay, which all led to cost saving and profitability for the hospital in the long term despite the increased of the cost initially by adding nursing staffs (Dall et al, 2009).

Also, adding more nursing staffs relieve nurses burnout and decrease the turnover rate. It is costly for the hospital if the nursing turnover rates are high. As per Mccue (2003), that “it costs $46.000 on average to replace on medical/surgical nurse and about $64.000 to replace a critical care nurse.” Therefore, adding more staffing has decreased the RN turnover rate and decreased the use of overtimes, which resulted in reduce of cost overall(Mccue 2003).

# **In Summary**

Safe staffing is one of the most important issues in the profession of nursing today. Safe staffing is ensured through mandatory minimal staffing ratio. As literature has shown that adequate staffing is cost effective, and play an important key in patient care and nurse retention.

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