Policy Brief: Nurse Staffing Regulations

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Nurs 6205: Health Policy, Quality, and Political Processes

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In the ever-evolving healthcare system, patient safety remains a top priority. With the significant advancements medicine makes each day, adverse patient outcomes should not be a pressing issue in today's society. However, when nurses are forced to work in unsafe conditions, such as having an inappropriate patient load, patient safety is compromised. The link between adverse patient outcomes and inadequate nurse-to-patient ratios is well-documented. Adverse events including medication errors, fall incidents, and low patient satisfaction with care are only a few of the consequences that arise from high nurse-to-patient staffing ratios (Nantsupawat, Nantsupawat, Kulnaviktikul, & McHugh, 2015). Unfortunately, patients are not the only victims of poor staffing. Nurses working in understaffed conditions have a higher incidence of needle injuries, emotional exhaustion, and job dissatisfaction (Nantsupawat et al., 2015). Furthermore, the cyclic nature of job dissatisfaction leading to understaffing only worsens this issue. Appropriate staffing ratios need to be established in all healthcare facilities, including hospitals, long term care facilities, and rehabilitation centers to protect patients and nurses alike.

Audience and Aim

This policy brief calls on the federal lawmakers of the country to address and resolve unsafe staffing ratios for patients and nurses. A limit to the maximum number of patients one licensed nurse can be assigned is imperative to improve safety and satisfaction in health care. A mandatory staffing policy should be established at the federal level to provide consistently safer care to vulnerable populations, no matter where a patient seeks medical care. In addition, the aim of this policy is to require hospitals, long-term care facilities, and rehabilitation centers across the United States to establish and maintain nurse-driven staffing committees to provide

safe nurse-to-patient ratios, which would improve patient and nurse outcomes. Any healthcare facility that provides direct patient care should be expected to comply with this ruling. Federal lawmakers need to create a law to address staffing ratios.

Support for Change

According to the American Nurses Association [ANA] (2016), nursing budget changes in many health care systems and a national nurse shortage are contributing to dangerous staffing issues around the country. These conditions are forcing nurses to work longer hours due to lack of appropriate staffing and to care for more critically ill patients than potentially considered safe (ANA, 2016). Extensive research on patient outcomes has demonstrated that increased adverse patient outcomes are associated with increased nurse-to-patient ratios. Along with a rise in medication errors and fall incidences, Rogowski et al. (2013) found a link between increased cases of hospital-acquired infections and high nurse-to-patient ratios (as cited in ANA, 2014). Reducing adverse patient events would mean safer care for patients.

Furthermore, researchers have found nurses with high patient loads are unable to adequately prepare patients and their families for discharge (Zhu et al., 2012). Insufficient preparation for discharge leads to readmissions for preventable complications, which also translates to an increase in healthcare expenditures and possible patient mortality. A study by Tubbs-Cooley, Cimiotti, Silber, Sloane, and Aiken (2016) found that medical pediatric patients faced up to an 11% increase in the chance of readmission and surgical pediatric patients faced up to a 48% increase in the chance of readmission for each additional patient per nurse load during their hospitalizations. This increase could be due to insufficient discharge preparation or

avoidable complications from inadequate patient ratios. Many components of the health care system would benefit from established nurse staffing ratios.

Benefits of adequate staffing ratios have been identified as well. Research has established that surgical patients have fewer post-surgical complications and a decreased risk of mortality when nurse-to-patient-ratios are low (Arkin, Lee, McDonald, & Hernandez-Boussard, 2014; Nicely, Sloane, & Aiken, 2013). Studies have found an increase in nurse job satisfaction with lower nurse-to-patient ratios, which translates into reducing health care costs by increasing retention rates and reducing burnout (Van Allen, 2016). In addition, children who were patients of hospitals that implemented mandatory staffing regulations, such as the one implemented in California, had a significantly decreased chance of readmission by 63% (Tubbs-Cooley et al., 2016). Although the federal regulation, 42 Code of Federal Regulations, is in place to address staffing policy, its wording is vague and ambiguous, preventing any significant rules to be enforced for adequate staffing (ANA, 2015). As a result, numerous states have taken action to create policies pertaining to appropriate staffing for optimally safe patient care, but the regulations widely vary, translating to variations in quality of care. The research on this subject clearly illustrates the negative effects of unsafe patient ratios and also highlights the benefits of addressing health care facility staffing plans.

Policy Options for Implementation

The most optimal approach to addressing this policy is through the development of staffing committees rather than mandating specific nurse-to-patient ratios across the country. Specifically designated staffing ratios do not account for flexibility and individual unit needs. A nurse-driven staffing committee that allows internal staff to determine staffing needs in relation

to patient acuity and staff nursing experience would be ideal to address staffing policy in the most logical way (ANA, 2015). Implementing this type of staffing committee would better identify and address the needs of each unit by allowing input from direct care nurses, thus providing a more accurate depiction of the unit's most critical staffing issues (ANA, 2016). The committee can include other members of the health care staff, but direct care nurses should be the majority represented as recommended by the ANA (ANA, 2016). These staffing committees would then determine individual staffing ratios based on the current acuity of the unit and the expertise of the staff on the shift.

Another policy option would be mandated staffing ratios based on the acuity of the unit as implemented by California. Ratios would vary depending on the complexity of care and the acuity of the patients on the unit. A few examples of the staffing ratios according to the California RN Staffing Ratio Law include critical care units with a 1:2 nurse-to-patient ratio and emergency rooms with a 1:4 nurse-to-patient ratio (California Nurses Association, 2004). These ratios prevent nurses from having to care for an unsafe number of severely ill patients and support patient safety.

Policy Recommendations

Comprising the staffing committees of peer-elected members would be optimal. As recommended by the Society of Pediatric Nurses and the ANA, the staffing committees proposed by this policy should be chosen by each unit to ensure the most adequately prepared staff are addressing the needs and issues of their unit (ANA, 2016; Van Allen, 2016). This method of selection would give bedside nurses a strong voice in how their specific unit is organized and how their patients are cared for. Patient needs and staffing expertise constantly fluctuate.

Having direct care nurses who are at the forefront of care would allow for the most accurate and current status of the unit to be considered when determining appropriate staffing ratios. In addition, ratios could be adjusted as needed based on unit demands. As recommended by the Association of PeriOperative Nurses, the staffing plans would be reexamined annually and redesigned as needed based on "past data, patient volume, acuity, regulatory standards, external and internal benchmarks, nursing skill mix and experience, and budget" (as cited in ANA, 2014, p. 5). Facility needs change and the staffing plans should be adjusted accordingly. At the very minimum, if staffing committees are not feasible, mandated staffing ratios should be drafted and enforced to address this critical issue.

Once the policy is in place, facilities affected by the change should comply within one year of its approval to allow for committee establishment and for additional staff to be hired and trained, if necessary. In addition, financial penalties should be implemented for policy violations and facilities should be required to publicly report their daily staffing information (ANA, 2016). It is also recommended to randomly audit these facilities to ensure compliance, possibly when accreditation checks are completed.

Conclusion

An important responsibility of serving as a nurse is to provide the most optimal and safest care possible. Nurses take an oath to protect their patients from harm and serve as a reassuring voice in the impersonal world of health care. Continuing to allow staffing ratios to go unregulated forces nurses to compromise patient safety to keep up with the demands of the fast-paced medical field. The urgency of this matter is critical as millions of lives are affected by each day by this vital issue.

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