The Missouri Nurses Association (MONA) believes that every person deserves access to quality health care and that our members have the responsibility to ensure safe practice conditions for all nurses, focused on high quality, family-centered care. MONA supports nurse staffing based on the needs of the patient, the composition of the care team, and the supporting environment. Healthcare facilities should embrace the principles of a healthy work environment in which collaboration and respect are key attributes, and staffing plans are developed using a collaborative process. Staffing based on a defined nurse-patient ratio does not consider the complexities of the patient or the care environment or the dynamic nature of nursing practice.

OVERVIEW

Effective staffing models must consider: changing patient needs and expectations, the specific skills and experience of the nurses, the physical layout of the care area, the disruptive activities of admission, discharge and transfers (ADT), the available technology for clinical and information systems, and the level and type of care and specialties provided by the hospital. Mandated fixed nursing ratios are one dimensional, set on a simple count of the patients at a given point in time and do not factor in these critical variables.

Several states, as well as the U.S. Congress, have introduced legislation to mandate nurse to patient staffing ratios. Although model legislation has been filed, these bills create a very narrow strategy to address perceived issues with nursing care quality and safety by requiring healthcare facilities to assign nurses based solely on specific assignment ratios of nurse to patients without consideration of patient acuity, nurse expertise, or other unit or hospital level factors that influence outcomes of care. These bills produce a regulatory burden to hospitals by mandating an unsupported ratio without any remedies to pay for the added nursing care hours or protect staffing levels of other healthcare professionals who have important and intermingled roles in patient care.

KEY POINTS:

1. No research or compelling science supports mandatory specific nurse to patient ratio.
2. Several recent research findings show other factors such as higher percent of nurses with bachelor’s degree, nursing work environment, and achieving Magnet Hospital credentials are also associated with improved outcomes of care and lower mortality.
3. Little discussion has occurred about the potential economic impact on health care facilities or the link between payment for services/care and nursing care.
4. Mandatory nurse staffing ratio laws do not consider the effects of individual nurses or provide guidance on equable staff assignments. Each patient is unique depending on their admission diagnosis, age, chronic conditions, etc. Nor do staff ratios take into consideration the number of floating nurses used or how the ratio staffing effects nurse retention (ANA Press Release on Safe Staffing Bill in the Senate, May 16, 2014).
5. Pending legislation does not include other potentially valuable measures such as public reporting by hospitals of staffing patterns or the expertise of the nurses caring for patients such as education e.g. BSN, advanced practice, certification (nursing and specialty), nursing skill mix, experience, or percent per diem or the use of supplemental staffing nurses.
RATIONALE
Mandated nursing ratios are an imprecise approach to the shifting care needs of patients. Staffing decisions require ongoing assessment of patients’ needs, clinical judgment, critical thinking and flexibility of nurse administrators, nurse managers and professional nursing staff who best understand the patients and their health care needs. Hospitals provide 24/7 health care and the number and acuity of patients can change from shift to shift, and hour to hour. Shortened lengths-of-stay and observation patients add to the complexity of staffing decisions, as do unpredictable workloads that are part of daily nursing care. The increasingly dynamic patient care environment requires flexibility to provide staffing based on patient needs and unit activity (ADT), clinical judgment, not by fixed numbers or mandated ratios.

Nurse leaders must have the flexibility to manage the changing patient care needs, while ensuring that competent nursing staff delivers quality nursing care. Based on their education and experience nurses bring different skills to each patient encounter. Mandated fixed nursing ratios do not consider the impact of these differences on staffing decisions.

CALL TO ACTION
MONA endorses the following recommendations regarding nurse staffing:

• Patient care intensity (the need for nursing care) should be determined at the point of care not through legislation.
• Staffing plans should be constructed on a firm evidence based platform, be proactive, flexible, fiscally responsible, and continually evaluated and adjusted to achieve desired quality outcomes (IOM, 2001).
• Nurse leaders and nursing staff should openly and continually communicate, assess, plan, execute and evaluate strategies used in the provision of effective and safe patient care.
• Use of benchmark standards, evidence based decisions, transparency, open dialogue, honesty and mutual trust fosters quality patient care outcomes and mitigates the need for unnecessary and intrusive legislative intervention (IOM, 2001).
• The Missouri Nurses Association will disseminate this position paper:
  o Through educational opportunities with the nurses who practice in the state of Missouri
  o Posting the position statement on the MONA website
  o Engage with Missouri legislation leaders on the importance of these recommendations

Simply stated, mandatory nurse to patient staffing ratios do little to improve the quality and safety of care and likely will increase costs. Alternative public policy strategies should be evaluated and pursued focusing on the value of nursing care as an important component of the overall healthcare system. Nurse staffing based on these principles ensures patient protection, improvement in the quality with error reduction and promotion of a safe environment for the patient and the nurse.

Draft prepared by Dr Ellen Harper, MONA Practice Committee member
Endorsed by the MONA Practice Committee members

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REFERENCES


Buerhaus PI. What is the harm in imposing mandatory hospital nurse staffing regulations? Nurs Econ. 2010;28(2):87-93.


