

*Editorial***NATIONAL NURSES WEEK (MAY 5-12)**

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An article appeared in the Tuscaloosa News (May 26, 2008) this morning discussing how hospitals in California are now safer places because California has legislated that a nurse patient ratio of 1 to 5 must be maintained on busy medical/surgical wards. Not only did the report imply that patients were safer, it also indicated that staff satisfaction was higher leading to less burnout.

Apparently nurses in 13 other states-Arizona, Florida, Illinois, Maine, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New York, Ohio, Pennsylvania and Texas are lobbying for California-style safe staffing bills. Unfortunately, the hospital industry according to this article is strongly opposed to much needed health care reform.

Certainly, the improved nurse patient ratios enhance the safety and well being of the patients especially in acute care settings. A series of reports published by the Institute of Medicine (IOM) on quality and health care has certainly highlighted the need for enhancing patient safety.

California's ratios are a spectacular success story. Under the ratio law, lives are being saved, nurses perceived ability to be effective advocates for patients is stronger, and more RNs are entering the work force and staying at the bedside longer mitigating the nursing shortage. Since the law was signed, 80,000 more licensed RNs have come into the state's workforce. In contrast to the years before the law was signed in 1999, more RNs are entering the state than leaving, and more are staying at the bedside.

Because of their achievements, the ratios have sparked a brush fire around the country by nurses demanding similar laws in other states.

What was apparent from this article was that in California institutions that had fully complied with the 1:5 patient patients were safer. As a consequence, nursing job satisfaction has increased and job turnover has been reduced. We need to investigate what the staffing ratios are in rural facilities.

On the other hand, some groups such as the Illinois Hospital Association oppose the staff to patient ratios. They say California's experience has yielded:

- Delays in emergency departments, surgery, and other critical services;
- Reduced access to care because 11 hospitals have closed;
- Compliance costs estimated at over \$1Million per hospital, with 23% attributable to increase in nurse wages.

Establishing "minimum, specific and numerical" ratios implies that there is a scientific basis for determining the number of nurses to patients above which good outcomes for patients are guaranteed. The reality is no study has provided conclusive evidence of what the "right" threshold should be.

As I read both sides of this issue, I couldn't help but wonder how this kind of legislation would affect rural hospitals. Their case mix would probably be different than a large urban

hospital and their access to an adequate supply of registered nurses to meet the standards might be difficult. What about the expense too? How does it affect care in other countries? It certainly provides food for thought and it might be interesting to note how our rural providers react to this potential change in nursing staffing. If you have questions do not hesitate to contact me at mstanton@bama.ua.edu.