Nurse Staffing: Key Points

Every bedside nurse knows what it feels like when staffing isn't right. When you cannot provide the level of care you know your patients need, they suffer—and so do you.

- Evidence shows that heavy patient workloads cause nurses **stress**, job **dissatisfaction**, and **burnout.** This leads some nurses to **leave their jobs** and some to **leave the profession**.
- When nurses are overworked, patients are more likely to contract a **hospital-acquired condition**, stay in the hospital **longer**, be **readmitted**, and **die**.

The American Nurses Association (ANA) continues to work on multiple fronts to tackle the long-standing, complex issue of safe nurse staffing. Registered nurse staffing makes a critical difference for patients and the quality of their care. We know that **direct-care nurses, working with nurse and financial managers, are the best judge of what patients need day to day and even hour by hour.**

Our solution

- ANA and ANA Massachusetts worked with members of Congress on federal legislation: The bipartisan Safe Staffing for Nurse and Patient Safety Act. **NOTE: This federal legislation should not be confused with the nurse staffing ratios proposal in Massachusetts.**
- This federal legislation would require Medicare-participating hospitals to establish a committee, composed of at least 55 percent direct-care nurses, to create nurse staffing plans that are specific to each unit.
- We support this approach because it recognizes that nurse staffing must be driven by evidence rather than by traditional formulas and grids.
- You can support federal legislation by taking action at RNaction.org.

How do I explain this to friends and family who don't work in health care?

- The Safe Staffing for Nurse and Patient Safety Act protects nurses and patients and lowers costs.
- This legislation makes clear that arbitrarily cutting nursing staff in an attempt to save money doesn't make sense.
- In fact, ANA continues to advance the argument that the right number of RNs with the right skill mix makes clinical *and* economic sense.

How do I talk to my colleagues who support the Massachusetts proposal on nurse-to-patient ratios?

Here's why ANA and ANA Massachusetts do not support legislated nurse-to-patient ratios:

- ***One size does not fit all.*** No one staffing model is appropriate for all settings of care or situations. After all, patient needs change continually, so quality care requires nurse-driven, flexible ratios.
- ***Nurses cannot be reduced to numbers.*** The number of patients a nurse cares for is not a true measure of the '"work" of the nurse. Further, fixed numeric ratios don't take into account human factors such as a nurse's years of experience, knowledge, education, or skillset. For example, a group of first-year nurses likely would not have the same impact on patient outcomes as would a group of experienced RNs.
- ***Legislated ratios don't improve patient outcomes.*** We need to embrace evidence-based staffing—and the evidence does not support legislated ratios. As one study concludes, "No empirical evidence supports the specific numbers assigned through mandatory ratios with better patient outcomes." (Blakeman Hodge et al., 2004)