



TEXAS HOSPITAL ASSOCIATION

## Nurse-to-Patient Staffing Ratios

### April 2010 Study: “*Implications of the California Nurse Staffing Mandate for Other States*”

## The Texas Hospital Association’s Perspective

May 24, 2010

California remains the only state in the nation where state-mandated minimum nurse-to-patient ratios are in effect.

In a newly published study in the journal *Health Services Research*, a team of researchers led by University of Pennsylvania professor Linda Aiken for the first time concludes that California’s hospital staffing ratios “are associated with lower mortality and nurse outcomes predictive of better nurse retention.”

However, this is contrary to a previous March 2009 article in *Nursing Outlook* by noted nurse researcher Peter Buerhaus of Vanderbilt University. Buerhaus looked at nurse staffing ratios and determined that maintaining and strengthening a **flexible approach to nurse staffing**, not imposing mandatory nurse staffing ratios, is the key to long-term survival, advancement and prosperity of the nursing profession. Rather than focus on ratios, efforts should be directed at **fixing the current problems facing the nursing workforce** and **addressing the longer-term problems associated with the age and supply of RNs**.

For years, Texas hospitals have worked to establish a flexible, thoughtful approach to nurse staffing in hospitals that builds on these principles outlined by Buerhaus:

- Texas hospitals have long supported the general belief that more nurses typically lead to better patient outcomes and have worked diligently to alleviate the critical nursing shortage in Texas. That is why the Texas Hospital Association created the Texas Nursing Workforce Shortage Coalition, a broad-based coalition of more than 100 entities. The coalition worked with the Texas Legislature to ensure that \$49.7 million was appropriated for nursing education in 2009. Those funds go to every nursing school in Texas that pledges to increase its number of applicants, and in turn, increase the number of nursing graduates available to work in Texas hospitals.
- Texas hospitals believe that a progressive and flexible staffing system is necessary, and that is why the Texas Hospital Association and the Texas Nurses Association worked together to create the first nurse staffing guidelines in the country in 2002. During the last state legislative session, THA and TNA came together to strengthen those guidelines and put them into statute. Texas’ current hospital staffing statute requires every hospital in Texas to have a nurse staffing

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committee made up of 60 percent of bedside nurses. This process mandates the involvement of staff nurses and hospital leadership, but allows for a staffing plan to take into consideration the many factors specific to individual hospitals, individual patients and individual staff nurses. One-size-fits-all staffing formulas fail to recognize that staffing needs vary – sometimes from shift-to-shift – as patients and their health conditions change.

- Texas also took the step of creating strong whistleblower protections for nurses and banning mandatory overtime. These reforms are designed to improve the workplace for nurses and ensure that adequate protections are in place to protect the ability of the nurse to advocate on behalf of patients.
- In his research, Buerhaus also concluded that inflexible nurse staffing ratios are at odds with the nimbleness and flexibility that will be required of nurses as they adapt to the many changes which will occur as a result of health care reform. According to Buerhaus, nurses will need to take on many new care delivery and management roles as today's health care delivery system evolves. Inflexible staffing arrangements, such as prescribed nurse ratios, may only serve to make this transition more difficult.

#### **Problems with the research validity of the Aiken study:**

- Although the Aiken study "*Implications of the California Nurse Staffing Mandate for Other States*" appears to document that nurse ratios are associated with improved patient outcomes, it does not take into account what other patient safety/quality of care initiatives may have been occurring in the hospitals at the same time the survey of nurses for this study was conducted. The study also is limited by the fact that researchers did not compare quality in California hospitals before and after the implementation of staffing ratios. Rather, they used other states' quality measures to draw their conclusions.
- California hospitals have been engaged in a host of quality of care initiatives for the past several years. These include regional patient safety collaboratives; several quality of care initiatives sponsored by the Institute for Healthcare Improvement (IHI); statewide public reporting efforts such as the California Hospital Assessment and Reporting Taskforce (CHART); and patient safety and outcomes studies led by the Collaborative Alliance for Nursing Outcomes (CalNOC). To assert that mandatory nurse ratios are the reason for improved patient outcomes without taking into account these other patient safety efforts draws a false conclusion.
- Two other recent studies on nurse ratios ("*Assessing the Impact of California's Nurse Staffing Ratios on Hospitals and Patient Care, CHCF, February 2009*;" and "*California's Minimum-Nurse-Staffing Legislation and Nurses' Wages*," *Health Affairs*, 10 February 2009) were inconclusive on the impact of nurse ratios on improved patient care. Both studies, however, documented that minimum nurse ratios are associated with higher wages and, ultimately, higher health care costs. At a time when both policymakers and consumers are focused on ways to lower health care costs, rigid nurse staffing ratios seem at odds with this goal.

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