

## SAFE-STAFFING RATIOS: BENEFITING NURSES AND PATIENTS

Nurses have an integral role in the health care system. State-mandated safe-staffing ratios are necessary to ensure the safety of patients and nurses. Adequate nurse staffing is key to patient care and nurse retention, while inadequate staffing endangers patients and drives nurses from their profession. Staffing problems will only intensify as baby boomers age and the demand for health care services grows, making safe-staffing ratios an ever-pressing concern.

This fact sheet outlines: the workplace and patient treatment improvements associated with safe-staffing ratios, the dangers of understaffing for nurses and patients, the high costs of frequent nurse turnover in hospitals, the potential benefits of safe staffing for addressing nurse retention, the savings associated with safe-staffing ratios, and the growing popularity of safe-staffing legislation.

### **Safe-Staffing Ratios Improve the Workplace and Patient Care**

In 2004, California became the first state to implement minimum nurse-to-patient staffing ratios, designed to improve patient care and nurse retention. Subsequent studies show that California's program measurably improved patient care and nurse retention.

- According to a 2010 study by researchers at the University of Pennsylvania, 29 percent of nurses in California experienced high burnout, compared with 34 percent of nurses in New Jersey and 36 percent of nurses in Pennsylvania, states without minimum staffing ratios during the period of research. The study also found that 20 percent of nurses in California reported dissatisfaction with their jobs, compared with 26 percent and 29 percent in New Jersey and Pennsylvania.<sup>1</sup>
- California nurse staffing ratios accompanied a lower likelihood of in-patient death within 30 days of hospital admission than in New Jersey or Pennsylvania. In California, there was also a lower likelihood of death from failing to properly respond to symptoms.
- California reported 13.9 percent fewer surgical deaths than New Jersey and 10 percent fewer surgical deaths than Pennsylvania.<sup>2</sup>
- According to a 2007 study on safe staffing in *Medical Care*, an increase of one registered nurse (RN) per patient was associated with a 24 percent reduction in time spent in the intensive care unit and a 31 percent reduction in time spent in surgical units.<sup>3</sup>
- In long-term care facilities, patients with more direct RN time (30 to 40 minutes daily per patient) reported fewer pressure ulcers, acute care hospitalizations, urinary tract infections, urinary catheters, and less deterioration in their ability to perform daily living activities.<sup>4</sup>

- Minimum staffing legislation has a direct impact on poor and uninsured patients. A *Journal of Hospital Medicine* study found that hospitals with a high proportion of Medicaid and uninsured patients were significantly more likely to be above minimum nurse-to-patient ratios than hospitals with low proportions of Medicaid patients.<sup>5</sup> As discussed below, understaffed facilities pose a much greater risk to patients' health.

### **Understaffing Endangers Nurses and Patients**

According to the American Nurses Association (ANA), “Massive reductions in nursing budgets, combined with the challenges presented by a growing nursing shortage have resulted in fewer nurses working longer hours and caring for sicker patients. This situation compromises care and contributes to the nursing shorting by creating an environment that drives nurses from the bedside.”<sup>6</sup>

- Working long hours and with inadequate staffing affects nurses' health, increasing their risk of musculoskeletal disorders (MSDs—back, neck, and shoulder injuries), hypertension, cardiovascular disease, and depression. In 2012, registered nurses had 11,610 incidents of MSDs, resulting in a median rate of eight days away from work. Among all healthcare practitioner and technical occupations, there were 65,050 nonfatal occupational injuries and illnesses that required a median of seven days away from work.<sup>7</sup>
- Nurses' cardiovascular health suffers as a result of working long shifts and overtime. In a 2010 study, researchers showed a clear trend between frequent overtime work and incidents of heart disease, with workers reporting three to four hours of overtime per day being 1.6 times more likely to have cardiovascular health disorders.<sup>8</sup>
- Many RNs also complain that current workloads are causing burnout. Burnout can be described by a number of symptoms, including chronic fatigue, irritability, insomnia, headaches, back pain, weight gain, depression, and high blood pressure.<sup>9</sup> According to a study in the *Journal of the American Medical Association*, each additional patient over four per nurse carries a 23 percent risk of increased burnout and a 15 percent decrease in job satisfaction.<sup>10</sup>
- In August 2012, approximately one-third of nurses reported an emotional exhaustion score of 27 or greater, considered by medical standards to be “high burnout.”<sup>11</sup>

Aside from the occupational hazards caused by understaffing, numerous studies show a correlation between inadequate nurse staffing and poor patient outcomes. High nurse-to-patient ratios are associated with an increase in medical errors, as well as patient infections, bedsores, pneumonia, MRSA, cardiac arrest, and accidental death.<sup>12</sup>

- Every one additional patient added to a hospital staff nurse's workload is associated with a seven percent increase in hospital mortality.<sup>13</sup>
- A 2008 study by the Centers for Medicare and Medicaid Services found that facilities with staffing levels in the bottom 30 percent were more likely to be among the worst 10 percent of facilities for heart failure, electrolyte imbalances, sepsis, respiratory infection, and urinary tract infections.<sup>14</sup> Research has also found that “high-performing hospitals were characterized by an organization culture that supported efforts to improve [acute myocardial infarction] AMI care across the hospital.”<sup>15</sup>

- Long-term patients in understaffed facilities, measured by staffing below 2.78 hours of daily aide time and 0.75 hours of daily RN time per patient, had a greater probability of poor outcomes such as pressure ulcers, skin trauma, and weight loss.<sup>16</sup>
- Large patient loads and high levels of exhaustion among nurses were associated with greater rates of urinary-tract and surgical-site infections among patients in a study published in the August 2012 issue of the *American Journal for Infection Control*.<sup>17</sup>
- Another recent study, this one published in *The New England Journal of Medicine*, examined the relationship between mortality and day-to-day, shift-to-shift variations in unit level staffing. The study found that the risk of death increased two percent each time a patient was exposed to shifts with below target RN staffing. The average patient in the study was exposed to three nursing shifts with below target staffing resulting in a six percent higher risk of mortality than patients; the risk of mortality was four percent higher when a patient was exposed to a high turnover shift.<sup>18</sup>
- Researchers at the Center for Health Outcomes and Policy Research at the University of Pennsylvania's School of Nursing have concluded that lowering the patient-to-nurse ratios "markedly" improves patient outcomes in hospitals with otherwise good work environments.<sup>19</sup>

### **Understaffing Leads to Expensive Human Resources Problems**

The demands of the nursing profession are forcing many nurses to consider part-time nursing, or alternative careers. In a 2011 survey, close to 45 percent of the surveyed nurses said they planned to make career changes in the next one to three years, with over one-third of those surveyed considering careers outside of nursing altogether.<sup>20</sup>

- According to the American Association of Colleges of Nursing, the average RN cost-per-hire is around \$2,820.<sup>21</sup> Other studies estimate the overall turnover cost per RN at \$65,000.<sup>22</sup> Another study showed that the average hospital is estimated to lose about \$300,000 per year for each percentage point increase in annual nurse turnover.<sup>23</sup>

In addition to enforcing mandatory overtime, employers often use supplemental nurses to temporarily fill gaps in nurse staffing. These temporary nurses are more likely to be concentrated in hospitals with poor staffing rates and inadequate resources. Temporary nurses make up between five and 15 percent of hospital nursing staffs in 55 percent of hospitals.<sup>24</sup>

- Supplemental nursing staffs are expensive, especially when they are brought in from outside agencies. Hospitals generally pay between \$250,000 and \$400,000 for staffing agency services for every one million dollars spent on temporary-nurse staffing.<sup>25</sup>
- Temporary nurses are often compensated at rates 25 percent to 40 percent above the average RN's wages, further adding to cost and contributing to resentment among permanent nurses.<sup>26</sup>
- As the percentage of temporary nurses employed goes up, the quality of patient care tends to go down. Hospitals with temporary nurse staffing under five percent reported fewer hospital-acquired infections and fewer patient falls than hospitals with temporary nurse staffing at five to 15 percent. The percentage of nurse work-related injuries was also significantly higher in hospitals where temporary nurses made up more than 15 percent of the total nursing staff.<sup>27</sup>

## **Safe-Staffing Ratios May Keep Nurses in the Profession**

Safe-staffing ratios may be an effective way to retain experienced nurses, lure those who left the field back, and attract students to the profession.

- Many researchers have found that factors such as mandatory overtime are inversely associated with nurses' intention to stay in their jobs.<sup>28</sup> Recent reports also indicate that many new nurses leave their hospital positions within one year of starting work.<sup>29</sup>
- Soon after nurse-to-patient ratio regulations went into effect in January 2004, the California Board of Nursing reported being inundated with RN applicants from other states. That year, applications for nursing licenses increased by more than 60 percent. By 2008, vacancies for registered nurses at California hospitals plummeted by 69 percent.<sup>30</sup>
- In Aiken's 2010 study, both nurses and nurse managers agreed that the ratio legislation achieved its goals of improving recruitment and retention of nurses, reducing nurse workloads, and improving the quality of care.<sup>31</sup>

## **Safe-Staffing Ratios Do Not Financially Burden Hospitals**

While some critics of safe staffing claim that mandatory nurse-to-patient ratios burden hospitals with high operational costs, the majority of research shows that safe-staffing ratios are cost-effective. High turnover rates and high levels of temporary nurse staffing increase the average costs per discharge (cost of inpatient care, including administration) and overall operating costs. Safe staffing improves nurse performance and patient-mortality rates, reduces turnover rates, staffing costs, and liability.

- One study in the *Journal of Health Care Finance* reported that increased nurse staffing did, indeed, increase operational costs for hospitals; however, it did not decrease the hospitals' overall profitability.<sup>32</sup>
- A 2009 study found that adding an additional 133,000 RNs to the hospital workforce across the U.S. would produce medical savings estimated at \$6.1 billion in reduced patient care costs. This does not include the additional value of increased productivity when nurses help patients recover more quickly, an estimated \$231 million savings per year.<sup>33</sup>
- Safe-staffing ratios also reduce the additional costs of supplemental nurses and staffing agencies, as nurse retention tends to go up with safe-staffing.<sup>34</sup>
- If hospitals could reduce their proportion of burned-out nurses to 10 percent from the 30 percent that is typical, according to the 2010 University of Pennsylvania study, hospitals could prevent 4,160 cases a year of the two most common hospital-acquired infections and save over \$41 million. "It is costing hospitals more money not to spend money on nursing," said Linda Aiken, author of the study and director of the Penn nursing school's Center for Health Outcomes and Policy Research.<sup>35</sup>

## **A Growing Trend: More States are Pursuing Safe-Staffing Legislation**

Since 2004, several states have pursued legislation addressing safe-staffing concerns in nursing.

- As of December 2015, 14 states (CA, CT, IL, MA, MN, NV, NJ, NY, OH, OR, RI, TX, VT, WA) have enacted legislation or adopted regulations addressing nurse staffing. Seven states (CT, IL, NV, OH, OR, TX, WA) require hospitals to have committees responsible for staffing policy. Five states (IL, NJ, NY, RI, VT) require disclosure or public reporting of staffing.<sup>36</sup>
- By September 2015, sixteen states (AK, CA, CT, IL, MD, MN, MO, NJ, NH, NY, OR, PA, RI, TX, WA, WV) enacted laws or regulations on mandatory overtime for nurses, most prohibiting hospitals from requiring overtime except in the event of a public health emergency.<sup>37</sup>

On the national level, legislative action was put forth to give nurses more influence in shaping staffing levels. Unfortunately, passing safe-staffing legislation under the 113<sup>th</sup> Congress proved difficult in 2014-15.

- The ANA-supported safe staffing legislation introduced in the House in 2015, the Registered Nurse Safe Staffing Act (H.R. 2083), has not been moved out of committee as of May 2016. The Act would require Medicare participating hospitals to implement staffing plans for nursing services provided by the hospital. These plans would be developed in coordination with nurses and based on each unit's needs.<sup>38</sup>
- In March 2015, Senator Barbara Boxer (D-CA) introduced the National Nursing Shortage Reform and Patient Advocacy Act (S. 864). The bill, which is still in committee, would amend the Public Health Service Act to establish direct care registered nurse-to-patient staffing ratio requirements in hospitals, and for other purposes.<sup>39</sup>
- In March 2015, Representative Jan Schakowsky (D-IL) reintroduced the Nurse Staffing Standards for Patient Safety and Quality Care Act of 2015 (H.R. 1602), which would establish federal nurse-to-patient staffing ratios in all hospitals. Additionally, it would restrict mandatory RN overtime to times of emergency. Previously introduced legislation has been endorsed by the AFL-CIO, the American Federation of Government Employees, the American Federation of Teachers, National Nurses United, and the United Steelworkers.<sup>40</sup>

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<sup>1</sup> Linda Aiken, et. al. "Implications of the California Nurse Staffing Mandate for Other States," *Health Services Research*, 45.4 (August 2010).

<sup>2</sup> *Ibid.*

<sup>3</sup> Robert L. Kane, et al., "The Association of Registered Nurse Staffing Levels and Patient Outcomes: Systematic Review and Meta-Analysis," *Medical Care*, 45.12 (December 2007), 1195-1204.

<sup>4</sup> Ronda G. Hughes, "Patient Safety and Quality: An Evidence-Based Handbook for Nurses," Robert Wood Johnson Foundation, AHRQ, 08-0043, (Rockville, MD: Agency for Healthcare Research and Quality, March 2008).

<sup>5</sup> P.H. Conway, et al., "Nurse staffing ratios: trends and policy implications for hospitalists and the safety net," *Journal of Hospital Medicine*, 3.3 (June 2008).

<sup>6</sup> American Nurses Association, "Safe Staffing: The Registered Nurse Safe Staffing Act," 2012. <http://www.nursingworld.org/SafeStaffingFactsheet.aspx>.

<sup>7</sup> U.S. Department of Labor, Bureau of Labor Statistics, "Nonfatal Occupational Injuries and Illnesses Requiring Days Away From Work, 2012," 2013. <http://www.bls.gov/news.release/pdf/osh2.pdf>.

<sup>8</sup> Marianna Virtanen, et al., "Overtime work and incident coronary heart disease: the Whitehall II prospective cohort study," *European Heart Journal*, 31.4 (March 2010). <http://eurheartj.oxfordjournals.org/content/31/14/1737.short>.

<sup>9</sup> Megan Malugani, "Battling Burnout in Nursing," *Nursing Link*, 2009.

<http://nursinglink.monster.com/benefits/articles/6239-battling-burnout-in-nursing>.

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- <sup>13</sup> Linda Aiken, et al., “Supplemental Nurse Staffing in Hospitals and Quality of Care,” *JONA*, July/August 2007. [http://www.amnhealthcare.com/PDF/Use\\_of\\_Supplemental\\_Nurses\\_AMN\\_Webcast.pdf](http://www.amnhealthcare.com/PDF/Use_of_Supplemental_Nurses_AMN_Webcast.pdf).
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- <sup>26</sup> *Ibid.*
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<sup>40</sup>U.S. House of Representatives, 114<sup>th</sup> Congress. “H.R. 1602 Nurse Staffing Standards for Patient Safety and Quality Care Act of 2013.” Congress.gov. <https://www.congress.gov/bill/114th-congress/house-bill/1602?q=%7B%22search%22%3A%5B%22%5C%22hr1602%5C%22%22%5D%7D&resultIndex=1>

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