Nurse Staffing Legislation

Name

Affiliate Institution

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Nurse staffing legislation is regarded as critical to improving measures of patient outcomes and nurse retention. According to Allen (2016), increasing the number of registered nurses taking care of patients can lead to fewer complications, reduced medication errors, lower morbidity, and lesser costs. Subsequently, legislation seeking to improve staffing plans and ratios has been widely discussed at both state and federal level. Currently, only California has a comprehensive law, the Minimum Nurse Staffing Law, which requires hospitals to maintain a minimum nurse-patient ratio at all time. Some other states have initiated the process of enacting their own laws, and others have adopted regulations to address nurse staffing in acute care hospitals. While all these legislations use different language, the underlying theme is creating a fixed number of nurses per patient (Allen, 2016).

The root cause of the nurse staffing legislation is research indicating that low nurse-to-patient ratio compromises the quality of care delivered to patients. In 1996, IOM published a research which linked nurse ratios to patient outcomes. The research generated momentum in the policy arena, where American Nurses Associations (ANA) came up with the nursing quality report car and the Principles for Nurse Staffing in 1999. By 2003, IOM published another paper prioritizing nurse staffing as key to reducing medical errors. Since then, states starting conceptualizing a legal framework to address staffing plans (Rich, 2009). Nurse staffing legislation seek to empower nurses to create staffing plans that are appropriate to each unit, compel management to establish staffing plans that are flexible and specific to institutional and patient needs (Gross, 2017).

As a Labor and Delivery Unit Nurse, I have witnessed situations where patients do not get adequate care due to inadequate nurses. I experience work overload at least three days in a week, and in some days I have to work overtime since the existing nurses cannot cater for the patients. I believe that a specific policy establishing a fixed number of nurses per patient would go a long way in reducing workload and burnout among nurses.

References

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