Nurse-patient ratio

Health & Medicine, Hospital

Nurse-patient Ratio laws are state mandates requiring hospitals to keep to a maximum sealing limit of the ratio of nurses to patients. At the moment, states that have yet to apply any nurse-patient ratio limits typically charge each of their nurses the care of at least 6 nurses and even as high as 8 to 10 (Churchouse, 2002). Barnes-Jewish hospital for example has a ratio of 1 nurse to 10 patients (St. Louis, 2004). California's Assembly Bill 394 is one of the forerunning legislations that mandated the regulation of nurse-patient ratios across hospitals.

This bill had been largely contested by hospital lobbyists who are now bartering with state officials on the most flexible regulations that could be imposed. Whilenursingassociations and nursing labor unions all over the country are proposing the ideal 1: 2 ratio, hospital management firmly claim this to be impossible. In some other states such as Illinois, staging progression procedures have been introduced as a viable means to improve nurse-patient ratios over a period of 5-10 years (Bartolomeo, 2001).

Since after the Second World War, the problem of increasing nurse-patient ratios have begun to accrue. By the mid-80s the pressing need for more nurses became even more drastic when the academe saw a decline in the local demand for the profession. This eventually led hospitals to searching for nurses abroad which continued to persist to the present day.

However, outsourcing the nurse supply was also coupled by hospital management cutbacks on staffing which still resulted to poor nurse-patient ratios. Hospitals also allegedly implemented management regulations preventing nursing staff from discussing and objecting to nurse-patient

hospital policies. However by the late 90s, nursing unions have begun to seek help from media institutions, local communities, and contract negotiators to help them bargain less congested working conditions with hospital management. This led the nursing unions to asking help from their respective state governments.

Finally in January of 2002, California's AB 394 mandated the issue of staffing ratios in hospitals throughout the state, but this victory of the nursing unions was short-lived as hospital management immediately bargained with legislators for staffing ratios that were most advantageous for them. While nursing organizations persisted with a 1: 2 to a 1: 4 ratio, hospital lobbyists led by the California Healthcare Association, a consortium of 500 hospitals insisted that the acceptable nurse-patient ratio could be no less than 1: 6. Currently, one of the country's largestHealthManagement Organizations, Kaiser Permanente broke away from the bulk of institutions opposed to lower nurse-patient ratios and advocated a 1: 4 ratio that it currently implements in its facilities.

Kaiser discussed further ways of lowering the ratio with nursing unions and agreed to have the approved recommendations of such discussions implemented on all Kaiser owned establishments (Bartolomeo, 2001). Current working conditions lead nurses into compromising situations wherein their work suffers because of the immense number of tasks that they have to do all at once.

While some hospitals implement " fair" policies that allow nurses enough room to breathe in their work, a lot more hospitals and health care

organizations are run by profit oriented groups whose main concern includes minimizing costs. What’s worse is that since health care in various parts of the country has been transformed into a corporate affair between gigantic businesses who buy health care plans from HMOs who sell them, competition has become a matter of who can provide the better corporate deal over who can provide better hospital service.

Since the patients don’t have much choice withrespectto which health care deals their employer will take, this rules out quality by competition from ushering hospitals to make nurse-patient ratio improvements on their own. Thus, a state mandated regulation is the only way to force these hospitals to provide an appropriate workingenvironmentfor their nurses.

There are several controversial aspects to the legislation of nurse-patient ratio regulation. One popular controversy is the actual capability of today’s supply of nurses to fill in the vacancies that would be created by such legislation. The Illinois Hospital Association contends that current nursing programs of the state are not viable to handle the demand for the number of nurses required to maintain the ratios mandated by laws like California’s AB394. Another criticism is insensitivity of a rigid nurse-patient ratio to patient’s individual medical differences.

Critics also point out differences between hospitals, resources and even nursing units which could be blurred out in the implementation of a state mandate indiscriminately throughout all hospitals.
I believethat hospital policies at the moment are more profit-oriented than health oriented. It is this slippery slope that leads to understaffing and overly

high nurse-patient ratios. However, I also think that an inflexible legislation on nurse-patient ratios would do little to solve the problem. Nurses from different units are very different and there needs to be more extensive needs analysis studies conducted before a proper legislative action could be taken.

Therefore while I am in favor of state legislation in order to curb inherent profit-oriented biases of hospital management, I am not in favor of haphazardly implementing one at the moment without considering factors forwarded by institutions like the Illinois Hospital Association.

Like I said, I believe that while the California legislation is a victory for the labor rights of nurses in the state, it does not ensure an increase in nursing quality. I would consider the act positive with respect to labor rights but neutral with respect to patient care. Extensive scrutiny should be placed on the issues that arose after the legislation such as the differences among hospitals, resources, and nursing units.

References:

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