

Nurse–patient ratio in california



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Nurse-Patient Ratio

Nurse-Patient ratio is the relationship of the number of patients that should be served by one nurse at particular moment of time.

It was a working formula that was proposal in 1992 by the California Nurses Association (CAN), which was to cater for quality service to patients by their nurses in the hospitals.

After varied controversial arguments about the proposal regarding the overall implication to the economic costs of the ratio, different proposal from the concerned parties were arrived at where; the state government proposed ratio was 1: 6 for all the medical or surgical units in the hospital. However this ratio was to lower to 1: 5 in a period of one and one-half year.

The California Nurse Union (CNU) had a proposal of 1: 3 for the medical units and 1: 4 for the surgical units.

The California Hospital Association (CHA) had proposed a ratio of 1: 10 for both medical and surgical units.

The nurse-patient ratio was enacted in October 1999. However, the results of the actual proposed ratios were released on 2002. The CNU and CHA ratio requirement were thought to be stable all through and each of them parties sought for its own ratio implementation. However, the state proposal consisted a series of development where, they were to be implement at 1: 6 and later reduced to 1: 5 after 1 - 1 ½ year. (Slack, Slack, 2001, p. 107)

History

The nurse-patient ratio was firstly proposed by nurses in California in 1992 (Russell, 2004) However it was enacted as a law in 1999 but its enactment was to be followed by a period of its implement, which was to be until January 2002. This implementation gave the California Hospital Association upto a deadline of January 2003 to hire the right number of nurses for their hospital as required by the government proposal of 1: 5 ratio which the government had stated would lower from the ratio of 1: 6 in a period of 1 - 1 ½ years.

However, due to the complains, from the CHA, the proposal was only enacted into a law in January 2004, requiring the hospitals to implement on the 1: 5 ratio by June 2004. But following an emergency proposal by the director of department of Health Services - Sandra Sherry, the 1: 5 ratio laws would only be instituted in January 2008. (Russell 2004)

Proposal

Ideally, this proposal would highly support a positive nursing work environment. Although the Californian Hospital Association argues that this would be too costly, but this would on be argumentable for the short run. However, the cost would be reduced in the short run period of their business cycle. Since higher ratios would ultimately help to improve the existing state of patient care. Either, Lower ratios would consequently call for more nurse to join the career, whose turn over was very low.

Through lowering the ratios, then the profession would be more interesting to the young learners who will be able to join it. Also, it was made to call back those nurses who had left the profession due to unappealing ratio. To defend, their argument, they argued that, lower nurse-patient ratio was to lower the possible costs by hospitals to hire other nurses. This is because of the possible economies that would be arrived at through the savings in greater patient care and faster service delivery. Either, hospitals would reduce the hire of the nurses who were temporary registered, and whose cost was higher than that of permanently employed nurses. (Coombs, 2004, p. 83)

Controversies

However, different controversies were between different parties aligned to this proposal. Firstly, the California Nurse Association felt that, this was a good move, as it enhanced better patient care and ultimately economies to the owners of the medical centers in the long run. They believed that, by using lower ratios, the result would be an attraction of more number of young and others who had left to the nursing profession. Either, this worked to reduce cost by the hire of temporary registered persons.

However, the California Hospital Association argued that this was impractical in terms of cost of implementation. They argued that these would only work to favour the nurses at the expense of their business. The state government thought that, the proposals of the nurses were viable but could only work under stages of implementation.

It believed this proposal worked for the good of the people. Also, the union for Service Employees International was also in the view that, this proposal worked to improve the amount of care given to patient hence it was important for its implementation. (Ponton, Carrion, 2001, p. 48)

Final Word

The proposal would be highly recommendable for the general service delivery to the patients. Either, it was important since it worked to improve the conditions of both the patients, nurses and hospital owners.

(I) Yes, they work to ensure that, there were a lesser number of patients for service by one nurse. This helped to reduce the amount of service by the nurses hence they could give a better attention to the patients. However this did not keep the attention of any possible risk cases where the number of patients may increase indefinitely.

The government enacted that the ratio that would remain as 1: 6 in January 2004, and reduce to 1: 5 by June the same year. However, in a petition that was passed to the court, by the direction of California Hospital Association this would only to be active in January 2008. However, the ratio of 1: 6 has not been followed in some health centers where nurse are made to serve a bigger number than this ratio. Else where, there has been a positive adherence to this law in most of the hospitals. (David, Baustica, p. 66)

References

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