



# Improving the Quality of Care For Millions of Americans

*Because nurses play a critical role in patient safety and quality of care, safe nurse staffing is at the top of the American Nurses Association's (ANA) agenda. The ANA is the only organization that represents the interests of America's 2.9 million registered nurses and is committed to ensuring nursing quality and public safety.*



*"We all want to see the best possible care for patients and staffing practices that promote a safe and healthy work environment. This legislation encourages nurses and hospitals to work together to make sure the right number of nurses are there to provide the excellent care that each and every patient deserves."*

*— Rep. Lois Capps, D-CA*



*"This legislation is all about patient safety and hospital accountability. Americans are demanding action on health and safety issues related to their medical care. Ensuring a proper number of nurses are on staff will help improve patient safety, health and satisfaction. H.R. 4138 is a great step in the right direction."*

*— Rep. Ginny Brown-Waite, R-FL*



# The Essential Link: Safe Staffing Saves Lives

## Quality Nursing Care Improves Patient Outcomes

Massive reductions in nursing budgets, combined with the challenges presented by a growing nursing shortage results in fewer nurses working longer hours and caring for sicker patients. This situation compromises care and contributes to the nursing shortage by creating an environment that drives nurses from the bedside.

Recent studies demonstrate what most health care consumers already know: nursing care and patient safety are inextricably linked. Insufficient nurse staffing is among the top concerns for nurses today. In fact, consumers and physicians rank nurse understaffing as one of the greatest threats to patient safety in hospitals throughout the United States.

### Research Shows Safe Staffing Can:

#### ✓ Keep Patients Safe

- Studies consistently find an association between higher levels of staffing by experienced RNs and lower rates of adverse outcomes for patients
- The most important issues affecting quality health care and medical error rates are:
  - Workload, stress or fatigue among health care professionals (74%)
  - Too little time spent with patients (70%)
  - Too few nurses (69%)
- In 2007, researchers concluded that adding one full time RN per patient day eliminated 16% of hospital-related deaths



- The Institute of Medicine (IOM) cited “Nursing is a critical factor in determining the quality of care in hospitals and the nature of patient outcomes”

#### ✓ Retain Experienced Nurses

- There is a statistically significant relationship between lower nurse-to-patient ratios and higher levels of reported dissatisfaction and burnout among RNs
- Due to high levels of dissatisfaction and burnout, almost 23% of surveyed nurses plan to quit their current jobs within the next year; for nurses under 30 years of age, that figure rose to 33%
- Evidence has shown a link between mandatory staffing plan legislation and nurses’ perception of a more positive nurse work environment when compared with mandatory ratios or no staffing plans

#### ✓ Cut Costs

- Retaining nurses reduces the amount hospitals spend on recruiting and training new staff
- Increasing the number of registered nurses can yield a cost savings of almost \$3 billion — the result of more than 4 million avoided extra stay days for adverse patient event such as infection and bleeding occurring in the hospital

## ANA Poll of Over 10,000 Nurses Reveals Concerns

An American Nurses Association poll of registered nurses nationwide reveals their significant concerns over how nurse staffing affects the quality of care, and contributes to the growing nursing shortage. The results highlight the need for adequate nurse staffing critical to the delivery of quality patient care.

The poll of more than 10,000 nurses nationwide shows the nurses’ perspective on how staffing levels impact their work environment:

- 73% of nurses asked don’t believe the staffing on their unit or shift is sufficient

- 59.8% of those asked said they knew of someone who left direct care nursing due to concerns about safe staffing
- Of the 51.9% of respondents who are considering leaving their current position, 46% cite inadequate staffing as the reason
- 51.7% of respondents said they thought the quality of nursing care on their unit has declined in the last year
- 48.2% would not feel confident having someone close to them receiving care in the facility where they work

**Source:** ANA’s *Safe Staffing Poll* on [SafeStaffingSavesLives.org](http://SafeStaffingSavesLives.org) with over 10,000 nurse respondents.



# ANA's Safe Staffing Solution

For more than a decade, studies have pointed to a number of positive outcomes for patients and nurses when safe staffing plans are established in hospitals and other health care settings. ANA and its state associations are promoting legislation to address the serious and growing problem unsafe staffing poses for patient safety and nurse retention by holding hospitals accountable for the development and implementation of valid, reliable nurse staffing plans. These staffing plans, based upon *ANA's Principles for Nurse Staffing*, are not mandated ratios, rather, they are created in coordination with nurses based on unit-by-unit circumstances and patient needs.

ANA's approach to staffing is not "one size fits all." Instead, these plans tailor nurse staffing to the specific needs of various patient populations and different patient care units, and are based on factors including patient acuity, the experience of the nursing staff, the skill mix of the staff, available technology, and the support services available to nurses. Most importantly, this approach treats nurses as professionals and empowers them to have a decision-making role in the care they provide to consumers in a variety of patient care settings.

## ANA Supports The RN Safe Staffing Act — ( S. 73/H.R. 4138)

The RN Safe Staffing Act, S. 73/ H.R. 4138 holds hospitals accountable for the development and implementation of a staffing system that "ensures a number of registered nurses on each shift and in each unit of the hospital to ensure appropriate staffing levels for patient care."

Under The RN Safe Staffing Act, this staffing system must:

- Be created with input from Registered Nurses
- Be based on patient acuity, patient numbers, and the resources available on individual units, including ancillary support services
- Reflect the level of experience and training of the caregivers
- Reflect the guidelines on staffing levels stipulated by nursing specialty organizations
- Not force RNs to work in areas where they are not trained or competent

S. 73/ H.R. 4138 ensures compliance by:

- Holding hospitals accountable and establishing procedures for receiving and investigating complaints
- Allowing the Secretary of Health and Human Services to impose civil monetary penalties for each knowing violation
- Including whistle-blower protections for RNs and others who may file a complaint regarding staffing
- Requiring public reporting of staffing information. Under S. 73/ H.R. 4138 Hospitals must post daily for each shift the number of licensed and unlicensed staff providing direct patient care, specifically noting the number of RNs
- Requiring the collection, maintenance and submission of data by participating hospitals sufficient to establish a link between the staffing system and patient acuity. Such data includes nursing-sensitive patient outcomes, operational outcomes such as work-related injury or illness, as well as vacancy and turnover rates, and nursing care hours per patient day

## Why Not Legislate Specific Nurse-to-Patient Ratios?

While ANA respects all attempts to address the staffing issue, we have real concerns about the establishment of fixed nurse-to-patient ratio numbers in federal or state legislation. While such legislated numerical ratios seem to offer a concrete solution and may appear to be a good fit for some workplaces many variables — factors including acuity of patients, level of experience of nursing staff, layout of the unit, and level of ancillary support — are key to establishing the right nurse-patient ratio for any one unit.

Furthermore, ANA believes that a legislated ratio approach treats nurses as "numbers" rather than recognizing them as professionals and partners in providing quality patient care to all.

Additional concerns regarding legislated ratios include:

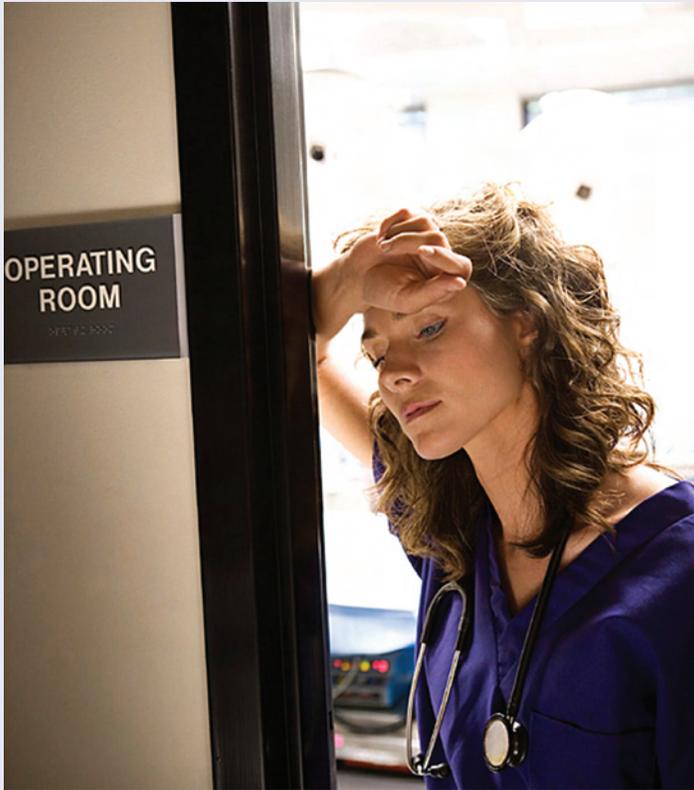
- The possibility that the "minimum" ratio will become an average, or worse, a maximum level of care as time progresses
- The lack of flexibility to adjust ratios to meet staffing needs and concerns over the years, not just in the moment
- The potential for facilities to reduce the numbers of ancillary staffing in order to finance increased RN staff, still resulting in inadequate nursing time to provide quality care as nurses cover their own responsibilities as well as duties of support staff.



## RN Safe Staffing: States Prove Solutions Possible

More than 20 states have introduced legislation mirroring ANA's staffing approach, with several of the states having forged collaborations with stakeholders that resulted in enactment of safe staffing laws. Collaborative efforts between state hospital associations, nurse executives and state nurses associations have resulted in balanced staffing legislation that benefits hospitals, nurses, and patients.

In 2008, Washington passed "Safe Nurse Staffing", and Illinois enacted the "Patient Acuity Staffing Plan" in 2007. Other examples in which states have addressed safe staffing in a similar fashion include Texas (through regulation in 2002) and Oregon (legislated in 2001). These states are proving that the solution to the staffing problem is possible, and are overcoming barriers to promote the delivery of improved patient care.



## Nurses Report: Unsafe Staffing is Widespread

Registered nurses across the nation are reporting that inadequate staffing is creating unsafe conditions for their patients. Close to 220,000 RNs from 13,000 nursing units in over 550 hospitals participated in the survey, which had an overall response rate of 70%. The survey found that:

- In adult medical units and emergency units 54% of nurse's report they do not have sufficient time with patients
- Overtime has increased during the past year, 43% of all RNs working extra hours report they are working them because the unit is short staffed or the unit is busy
- Inadequate staffing affected unit admissions, transfers, and discharges over 20% of the time

**Source:** American Nurses Association, *National Database of Nursing Quality Indicators® (NDNQI®) 2007 RN Survey Report*

## Nursing Job Satisfaction and Nurse Retention

Nurses, physicians and consumers nationwide cite inappropriate nurse staffing as a major impediment to nurse and patient satisfaction.

Increased workloads and unreasonable demands have a negative impact on patient care and drive many nurses to leave the profession.

Hospitals are having difficulty keeping experienced nurses on staff, as well as retaining new graduates in their institutions. The number of new graduate nurses who leave within the first year is as high as 50% of new hires.

With the nation's nursing shortage continuing to rise, and research demonstrating the relationship between the exodus of experienced registered nurses and workplace conditions, we can no longer afford to ignore the importance of nurse retention. What we know about Staffing, RN satisfaction and Retention:

- 40% of U.S. hospital nurses report job dissatisfaction, and more than 43% demonstrated high levels of burnout
- There is a statistically significant relationship between lower nurse-to-patient ratios and higher levels of reported dissatisfaction and burnout among RNs
- Workplace autonomy is associated with higher RN job satisfaction and lower hospital mortality rates
- Short staffing can lead to longer shifts and nurse fatigue. The odds of making an error during a shift of 12.5 hours or longer are over three times as great as during a shift of 8.5 hours or less
- Frequent short rest breaks are usually recommended for the prevention of fatigue. Research studies suggest that nurses are regularly sacrificing their breaks and meal periods to provide patient care



# Experienced Nurses Tell Their Stories

*ANA received hundreds of safe staffing “stories” from RNs through its website — [safestaffingsaveslives.org](http://safestaffingsaveslives.org) — documenting the enormity of this problem*

“I have been a RN for thirteen years. I find myself struggling day to day with the increase in patient acuity and the nurse to patient ratios. You stand on your feet for more than thirteen hours without lunch breaks most days! There needs to be change in the whole country, and law makers need to enforce this safe staffing act or hospitals will continually subject nurses to unsafe working conditions. The majority of skin breakdown and falls could be prevented if ratios were lower, and nurse burnout would be another area that would decrease! I hope someone listens, I hope positive results will happen, because I will probably be joining that group of RNs that decided to leave the profession for good!”

— A Registered Nurse who practices in Connecticut



“Short staffing is a major issue at my place of employment. I work on a general medical/surgical floor which means that I have telemetry patients, pulmonary patients, elderly, orthopedic, oncology, hospice and comfort care patients to name a few. I have seen nurses pass 9 pm meds at 11 pm, and I have to admit that it has happened to me. This may cause issues where antibiotics are concerned. I love being a nurse, however, the joy of coming to work has disappeared because I am already preparing myself for the bad night that I know I will have. The best way I can describe it is organized chaos. Orders are being missed, medications are being missed and the overall level of care has declined. I am looking forward to the day that I come to work knowing that I will not be asked to care for more patients than what is possible.”

— A Registered Nurse from a Hospital Oncology Unit in Wisconsin

“I am a registered nurse and currently work in an emergency room in Florida. The nurse to patient ratio has been 1:4 for over a year now; however, there are days when this seems too much depending on the acuity of the patient. For example, a patient was assigned to me for evaluation of shortness of breath. As I placed her on the cardiac monitor, I noticed that her heart rate was 165 beats per minute. It was determined by the doctor to give this patient a cardiac drug. After giving the first intravenous push dosage I was paged, there was a patient having a cardiac arrest in another of my assigned rooms. I could not leave my current patient so I called my manager and told her I was with a critical patient that needed my attention. Later, when the patient was stabilized, I learned that the other patient had succumbed to her cardiac arrest and died. Nurse to patient ratio is important for quality care and being there when the patient needs you most. The acuity of the patient is also important and will impact that ratio, especially patients in critical conditions.”

— A Registered Nurse currently employed in an Emergency Department in Florida

“My first year as a nurse was at a community hospital. I was so discouraged most of that first year due to patient overload. I think I didn’t eat or drink for the 12 hours I was on duty. I may have been over vigilant, but I felt personally responsible for those in my care. My second year as a nurse I took a position in a Magnet hospital in Virginia. I felt like I was able to connect with my patients, follow labs and early warning signs more closely. I really felt like I was moving my patients toward their goal of wellness and discharge. I can’t tell you how much I grew as person and as a nurse with regular feedback and greater patient interaction. I am sure a great part of this was my experience but a large part was the lower nurse to patient ratio and the culture of caring. This is my third year as a nurse and I absolutely love my job. Lower ratios make me feel less afraid of making a critical mistake. At my first hospital, with so many patients and their families to deal with, I might not have seen or spoken to another nurse my entire shift. I can’t see going back to nightmares over near misses. I almost left nursing after four years of education. Moving to a hospital with lower ratios saved this country one more nurse in the fight to fill the shortage.”

— A Registered Nurse who is presently employed at a Magnet Hospital on a Post Partum Unit in Virginia

“Recently, I worked in a small, 25 bed, rural hospital on the night shift. There were only two nurses on staff at night from 7 pm to 7 am. Many nights, we had 25 patients with three of them Intermediate Care (not ICU but not stable enough to be on the floor). I loved my job as it was close to home and in my hometown. I knew most of the patients and their family members, but I was putting my license on the line every time I went to work. I no longer work there, but I know the staffing issues have not changed and the patients are not getting quality care.”

— A Registered Nurse who worked in a Medical-Surgical Unit in a small rural hospital in Louisiana



# About The American Nurses Association

The American Nurses Association (ANA) is the only full-professional organization representing the interests of the nation's 2.9 million registered nurses (RNs) through its 54 constituent member associations. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

ANA's Congress of Nursing Practice and Economics (CNPE), a sixty-member body that represents the varied interests

of the larger nursing community, including that of specialty nursing organizations, has pioneered safe staffing policy. The CNPE produces position statements such as *The Principles of Safe Staffing*, *The Principles of Documentation*, and *The Utilization Guide to the Principles of Safe Staffing*. Each of these documents is available to all nurses and contain many sound recommendations for ensuring the safe and effective care of patients.

**ANA's Safe Staffing Saves Lives** is a national campaign to help fight for safe staffing legislation. More information on the campaign can be viewed at [www.safestaffingsaveslives.org](http://www.safestaffingsaveslives.org).

## ANA Related Work Environment Activities

The **National Database of Nursing Quality Indicators™** (NDNQI®) mission is to aid the nursing provider in patient safety and quality improvement efforts by providing research-based national comparative data on nursing care and the relationship to patient outcomes. Currently, NDNQI has over 1,300 participating U.S. hospitals that are actively aided in improving patient safety and quality of patient care by using NDNQI comparative data. ([www.nursingworld.org/ndnqi](http://www.nursingworld.org/ndnqi))

**The Magnet Recognition Program®** was developed by the American Nurses Credentialing Center (ANCC) to recognize

health care organizations that provide nursing excellence. Recognizing quality patient care, nursing excellence, and innovations in professional nursing practice, the Magnet Recognition Program provides consumers with the ultimate benchmark to measure the quality of care that they can expect to receive. ([www.nursecredentialing.org/magnet](http://www.nursecredentialing.org/magnet))

**The ANA Handle With Care Campaign** seeks to build a health care industry-wide effort to prevent back and other musculoskeletal injuries. ([www.nursingworld.org/handlewithcare](http://www.nursingworld.org/handlewithcare))

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