

It's the Law

Being a nurse is interesting these days, but nowhere is that more true than in California. Just since the first of the year, there have been some headline-grabbing reports of nurses gone wrong. Two were just arrested in southern California because a patient in their care died after they administered an unprescribed sedative. A county facility in the Los Angeles area has been under siege from government regulators for months now. The most recent publicity involves reports that patients went days without ever being seen, checked, or examined by nurses. Of course, deaths occurred there as well. Nursing administrators at this same hospital were suspended when staff nurses told tales of being forced to downgrade patients' acuity because the hospital would be unable to provide the additional care required if the acuity was rated accurately.

Another development is getting less sensational press coverage but has affected the entire state. As of January 1, mandatory nurse-patient ratios were instituted. The law that governs these ratios was fiercely fought. Hospital administrators said it would set impossible-to-meet standards, especially given the current shortage of nurses. Nursing groups and patient advocates lobbied successfully based on principles of good patient care. This has been interesting, to say the least. Consider the following.

- Whether by coincidence or design, or because of the ratio law, units and, in some cases, whole hospitals are closing their doors.
- I found myself spending an extended day in a county emergency room a few weeks ago. In California, the county health system is in terrible financial shape. Neverthe-

less, I never saw so many staff members. Doctors, nurses, temporary workers, orderlies—they were everywhere.

- Consistent with the “letter of the law” but surely not the spirit, nurse managers and administrators now find that they need to work the wards when staff nurses go to lunch because when a nurse leaves the floor, the ratio changes and the hospital technically is out of compliance.

Clearly, implementation has been hard on all sectors. When we hear about the downsides of this law, second-guessing the decision is easy. Can we continue to take a proactive stance in terms of sane and safe nurse-patient ratios in the face of some of the extreme consequences? Should we take a step back and ask instead for a more moderate or delayed implementation of the law? Should we just turn back the clock to the days before the mandated ratios and wait for the nursing shortage to catch up with demand?

Well, I really do not know the answers, but I can tell you what I believe. Research studies, many of them conducted by nurses, have gathered good evidence that nurses make a significant difference. Professional nursing staffs get patients out of the hospital quicker, in better shape, and better prepared to do what they need to do to prevent a return to the hospital. In today's healthcare environment, which too often is driven by bottom lines, I almost can guarantee you that unless hospital administrators are forced to staff hospitals according to a mandated formula, corners will be cut where they always have been cut—in the nursing sector. Yes, implementation of lower nurse-to-patient ratios has been diffi-

cult and is causing a new set of problems for hospitals, but appropriate ratios are what we need to provide optimal nursing care. If they are not forced on the healthcare industry, they simply will not happen—ever.

We need to bite this bullet! It will not always be this hard. The problems will level off, and ways to cope will be fashioned. Hospitals will learn to rebalance their resources to meet patient care goals. My hope is that we will leave behind the days when a nurse is asked to assign a lower acuity to a critically ill patient so that the paperwork will look good. We will not have to hear more horror stories of patients going hours without being seen. Nurses will begin to look forward to going to work because they will have the luxury of knowing that their assignments will not be impossible to execute and that they will have the time to do the job they were educated to do. Best of all, patients will get the care and attention that they deserve.

Although we wish it were otherwise, legal pressure is often a necessary component if certain goals are to be met. It is a sad fact of life that, if left to our own devices, we will not always do what is right and good. We, meaning individuals and groups large and small, may not be able to make some of the necessary big changes happen on our own. We need the force of law to guide the way. We need the force of law to substantiate what nurses have known all along: If we are given a reasonable workload, we can accomplish just about anything. 

Digital Object Identifier: 10.1188/04.ONF.167