

# Don't Regulate the Problem, Fix It! Alternatives to Hospital Nurse Staffing Regulations

Massachusetts Health Policy Forum  
Nurse-to-Patient Ratios

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# Agenda

1. Context
2. Problems regulating hospital nurse staffing and alternative course of actions
3. Evidence on alternatives

# 1. Context: Current hospital nursing shortage is not over

- Current shortage began in 1998, starting its 8<sup>th</sup> year in 2005
- The shortage has already lasted 4 times longer than most nursing shortages
- If not careful, current shortage could slide into a far more severe shortage projected for next decade

## 2. Problems regulating hospital nurse staffing and alternative courses of action

### What is the Harm in Imposing Mandatory Hospital Nurse Staffing Regulations?

Peter I. Buerhaus, *Nursing Economic\$,* March/April 1997,  
Vol. 15, No. 2, pp 66-71

A perfect prediction of California a few years later

A perfect prediction for Massachusetts?

# Among the many problems of regulating hospital nurse staffing

1. No scientific basis
2. Political decision
3. Divisive and conflict laden
4. Huge opportunity costs
5. Will result in economic inefficiency
6. There aren't going to be enough RNs

# Problems

## 1. No scientific basis

- No study on what kind of nurse (education, years experience), number of nurses, combination of nurses (RN, LPN, etc) needed per shift, for what outcomes, on each different unit, in each kind of hospital, over what time period
- Can't even measure nurses, let alone outcomes

# Alternatives

- Fund a mechanism to conduct objective, peer reviewed studies to build evidence and generate data to inform on what is working and what isn't
- Develop useful measures
- Report and disseminate results broadly
- Get clear on the goal; give up idea there is definitive evidence to be found

# Problems

## 2. Political decision

- No unity in positions, prolonged action resulting in compromise decision
- Cycle of regulations needed to fix unanticipated problems generated by prior regulations
- Endless legislative, regulatory agency, and legal quagmire

# Alternatives

- Focus legislators and regulatory bodies on positive, constructive actions to support hospitals and nurses (see #1)
- Create incentives that reward hospitals for constructive actions (e.g., tie payments to performance on measuring, reporting, improving workplace)

# Problems

## 3. Divisive and conflict laden

- Regulating is the flash that pulls people apart (nurse vs nurse, hosp vs unions, etc.
- It gets personal -- battle of wills, caught up in the conflict
- Lose sight of the big picture

# Alternatives

- Find ways for legislature to bring the parties together, reduce conflict, build on areas of agreement
- Martial law, mediation
- Define and agree on the problems
- Involve business, insurers



# Problems

## 4. Huge opportunity costs

- Value of the time devoted to fighting over regulations are the benefits that could have been accomplished fixing the problem
- Time is of the essence

# Alternatives

- Give Senator Moore's and MHA proposals a chance
- Find ways for legislature and others to increase proposals' chance of being successful
- Penalize time wasters and blockers
- Set goals and hold people and organizations accountable

# Problems

## 5. Economic inefficiency

- There is no “optimal ratio” nor should there be
- Ratios create and lock-in inefficiency in producing nursing services, lose flexibility, “486 chip” vs pentium
- Inevitably and predictably, regs increase costs, negative consequences to access and quality

# Alternatives

- Let hospitals staff to changing conditions
- Create incentives that reward hospitals for higher quality, building teams, innovating, and evaluating change
- Place hospitals at risk for short staffing, failure to measure and report – publish list of low performers
- Help nurses adapt

# Problems

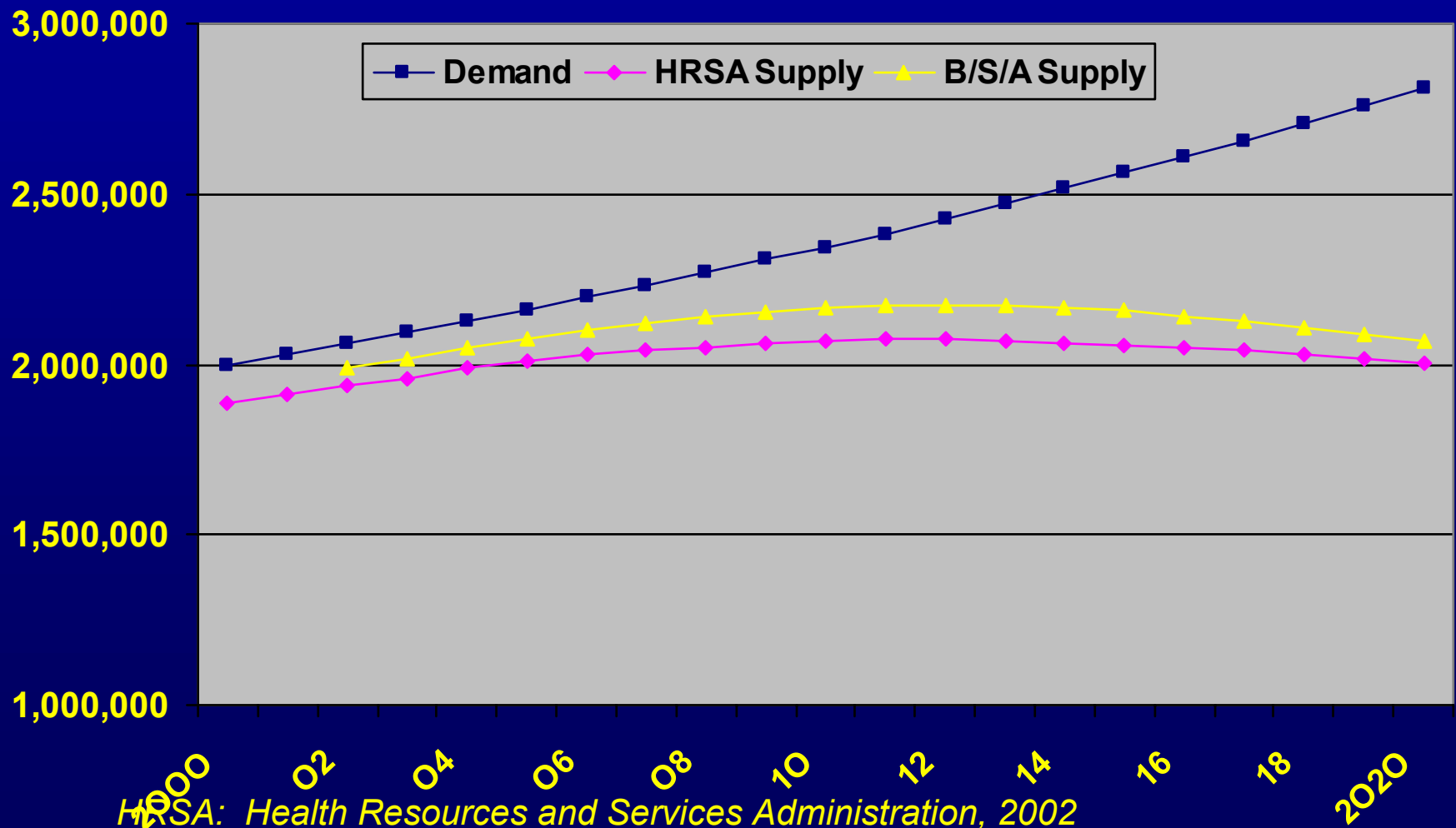
## 6. Not enough nurses

- Even if could regulate, must recognize that future RN workforce will be older and fewer; thus, unable to meet regulatory requirements
- Inadequate capacity in nursing education programs to replace large number of aging and soon to be retiring baby boom nurses

# Alternatives

- Legislature should focus on immediately and decisively expanding state and regional nursing education capacity
- Not one dime, however, to programs that don't have curriculums on theory, science and practice in quality improvement, systems, safe patient environments, team work

## National Supply and Demand Projections for FTE Registered Nurses: 2000 to 2020



HRSA: Health Resources and Services Administration, 2002

B/S/A: Buerhaus, Staiger, Auerbach, 2003, updated forecasts originally published in JAMA, June 2000

But, is there any evidence that a serious effort to address the problems in the hospital nursing workforce might have any positive effect on resolving the nursing shortage and improving the hospital workplace?

# Hospital RN Earnings and Employment Growth

Year	Earnings	Employment
2002	5.0 *	84,715
2003	1.8	98,764
<b>Total</b>		<b>183,479</b>

\* The first real wage increase since 1993

# 2004 National Survey of RNs

- Mail and web based survey
- Conducted by Harris Interactive, Inc., May 11 through July 26, 2004
- 3,500 surveyed, responses from 1783 RNs
- Response rate 55 percent

## 2004 Survey Themes

- Perceptions of extent and severity of nursing shortage, national and community views
- Impact of shortage on hospital processes and quality of care
- Assess hospitals' responses to shortage, effectiveness of recruitment and retention strategies, responsibility to solve shortage
- Quality of relationships among nurses, management, physicians, others
- Assess workplace environment, respect



# 2004 National Survey of RNs

Follow-up to earlier national surveys

- 2002 NurseWeek/AONE survey of 4,004 RNs
- 2000 Oncology Nursing Assoc/Vanderbilt survey of 494 RNs
- 1999 Kaiser/Harvard survey survey of 768 RNs

So yes, with focus, effort, and commitment, it is possible to bring about improvements in the hospital nursing workforce

So, in Massachusetts let's fix the problem, not regulate it

# Fixing the Problem

- Define the problem(s): the underlying barriers preventing safe, efficient, responsive staffing hospital by hospital
- It's a process, not an outcome
- Process of engagement, with success driven by commitment, good will, information, and incentives for good behavior
- You can make improvements if you want – OR, TX
  - Or if you don't – CA
- Or you can continue fighting and racking up huge opportunity costs – NJ, FL, MN, MI, NV

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