Safety in Numbers: How Unregulated Nurse-to-Patient **Ratios Affect Patient Outcomes**

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Background and Significance

Nurses are in high demand now more than ever due to the escalating trend of nurse burnout and diminishing nurse retention. These have created a critical need for more nurses and have led to challenges in providing optimal patient care. An identified clear relationship between inadequate staffing of registered nurses (RNs) and adverse patient outcomes noted in current literature is alarming. Mandating nurse-to-patient ratios is one way to alleviate the challenges associated with the current state of nurse staffing. California has demonstrated success in implementing state laws mandating nurse-to-patient ratios, illustrating the feasibility and beneficial outcomes associated with mandated

nurse-to-patient ratios. Yet challenges exist with mandates as experienced with the recent pandemic in mask use and guarantine mandates.

Review of the literature

A targeted literature review was conducted to determine the effects of patient outcomes related to mandated nurse staffing standards. Of the 22 articles selected, the research contained cross-sectional studies (Aiken et al., 2002; Brooks et al., 2019; McHugh et al., 2016), observational studies (Griffiths et al., 2018; Haegdorens et al., 2019; Lasater et al., 2021a; Lasater et al., 2021b), and regression analyses (Needleman et al., 2002). The research reviewed spans several years pri-

marily from 2002 to 2023, with much of the literature focused on for this article over the last five years (i.e., 2019-2023). Evidence strongly suggests that maintaining adequate nurse staffing per patient has a positive influence on patient outcomes. Specifically, for each additional patient a nurse has to care for is associated with a 16% greater chance of patient mortality and longer hospital stays (Lasater et al., 2021b). Furthermore, literature reveals that advocating for a limited number of patients assigned to each nurse to enhances patient outcomes and alleviates nurse burnout (McHugh et al., 2021).

Recommendation

Maintaining adequate nurse staffing by mandating staffing standards has limitations such as limiting admissions in order to be compliant with mandated nurse staffing ratios, creating bottlenecks. However, studies specific to California found that with adequate staffing and time to transition to mandated ratios, patient wait times and care time decreased. In addition, California is compliant with EM-TALA and they are successful in this because there are enough nurses available to meet the patients' needs. Subsequently, more nurses are needed in rural areas with low nurse-to-patient ratios. However, it's hard to offer mandates to other states that don't have the inherent draw to the state like California does. Furthermore, organizing Patient assignments by acuity should be taken into consideration for maximum efficiency of mandates.

Suggestions for further study

We recommend that additional research is conducted within the United States



to explore the comprehensive effects of mandated nurse-to-patient ratios beyond the state of California. Based on the literature reviewed, however, we support and recommend implementing mandated unit-specific nurse-to-patient ratios to improve patient outcomes, safety, and the working conditions for nurses.

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by the ANA Code of Ethics (2015), have a responsibility to safeguard the dignity and privacy of every patient, regardless of background. However, mandatory disclosure could discourage marginalized individuals from seeking medical attention, leading to untreated conditions and worsening health disparities. As these issues unfold, it is essential for Oklahoma's nursing community and healthcare leaders to take a proactive stance, advocating for policies that prioritize both ethical patient care and the well-being of the state's diverse population.

Author Note: We have no conflicts of interest to disclose. Co-authors' bio and headshots are available upon request.

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