

MNA Resolution 1: Safe Staffing Standards

Safe Staffing Standards

Whereas nurses, professional nurse associations, and professional nurse unions have been advocating for safe staffing standards to include staffing committees, task forces, and potential nurse staffing laws for decades; the lack of enforcement and accountability among nursing groups and employers has hampered meaningful and safe staffing standards resulting in continued dangerous staffing practices;

Whereas mandatory overtime, misuse of on-call for staffing, over-reliance on travelers and agency nurses, and unmanageable patient care assignments have become normalized, staffing committees and other collaborative venues for nurses to vocalize, provide meaningful input, and implement staffing needs have not produced positive movement toward a standard that is safe for patients;

Whereas being responsible for unreasonable patient loads, relying on inexperienced and agency staff to supplement and care for these patients, and being expected to work more hours with fewer resources, putting their own health, the health of their patients, and the health of their families at risk, have resulted in an adverse work environment wrought with ethical challenges that have left healthcare professionals feeling completely unsupported and morally injured, particularly during the pandemic¹;

Whereas key factors influence nurse staffing such as patient complexity, acuity and/or stability; number of admissions, discharges, and transfers; professional nursing staff skill level and expertise; physical space and layout of the nursing unit; and availability of technical support and other resources;

Whereas research has shown that higher staffing levels by experienced RNs are linked to lower rates of patient falls, infections medication errors, and even death;

Whereas two states, California and Massachusetts, have safe staffing limits (ratios) built into state law for all or some patient care units, moreover, research shows that minimum nurse to patient ratios improve patient outcomes, like improvements in mortality, readmissions, and length of stay²;

Whereas while the lack of enforceable standards has rendered staffing standard untenable for decades the current situation is creating an existential crisis for the nursing profession, and the consequence of unsafe staffing has the cumulative severe impact on the physical, mental, emotional, and spiritual health of the nursing workforce; and

¹ Blanchard, J., Li, Y., Bentley, S. K., Lall, M. D., Messman, A. M., Liu, Y. T., Diercks, D. B., Merritt-Recchia, R., Sorge, R., Warchol, J. M., Greene, C., Griffith, J., Manfredi, R. A., & McCarthy, M. (2022). The perceived work environment and well-being—a survey of emergency healthcare workers during the COVID-19 pandemic. *Academic Emergency Medicine*. <https://doi.org/10.1111/acem.14519>

² Rosenberg K. Minimum nurse-to-patient Ratios Improve Staffing, Patient Outcomes. *Am J Nurs*. 2021 Sep 1;121(9):57. doi: 10.1097/01.NAJ.0000790644.96356.96. PMID: 34438432.

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Whereas nurses and other health professionals are leaving the bedside because of unmanageable patient loads, stress, burnout, moral injury, and the deplorable working conditions across the healthcare system; furthermore, one survey reported over one-third of nurses' plan to leave their jobs by the end of 2022, and nearly a third plan to leave the profession altogether¹; now, therefore, be it

Resolved, MNA will develop and implement a strategy with local, state, and national leaders for obtaining state law which mandates safe staffing standards to include but not limited to: staffing ratios or safe patient limits; acuity to address staff, patient, and environment, staffing committees with 50% acute care/staff RN composition with power to implement, evaluate, and follow-up to hold facilities accountable for unsafe staffing conditions;

Resolved, at the federal level MNA will continue its work with national affiliates to secure safe staffing ratios, plans, and standards which are enforceable into federal law through regulatory means;

Resolved, MNA will advocate for safe staffing standards by exploring legislation which would ban mandatory overtime at the federal level and through support of affiliates and other stakeholders advocating for mandatory overtime prohibitions in state law; and

Resolved, MNA will support nurses' efforts to secure enforceable safe staffing standards through the professional association by way of legislation and through collective bargaining agreements by utilizing safe staffing campaigns, development of model language, providing training, and utilizing local, state, and national resources which promotes improvements in nurse satisfaction, recruitment, and retention, furthermore, patient outcomes, patient satisfaction, health-related quality of life and reduction in catastrophic sequela.