

American Nurses Associations' "Living Legend" on Why Safe Patient Limits are Important

Leah Curtin, ScD (h), RN, FAAN served as editor-in-chief of Nursing Management for 20 years. Since 2008, Curtin has been the Executive Editor of American Nurse Today, the official journal of the American Nurses Association. She has been described by an ANA journal editor as a "living legend in nursing." In this 2016 article, Curtin describes in detail the nursing experience, research and morality behind safely limiting the number of patients assigned to each registered nurse.

American Nurse *Today* Official journal of ANA AMERICAN NURSES ASSOCIATION

Clinical. Peer-reviewed. Trusted.

A conversation about the ethics of staffing

April 2016 Vol. 11 No. 4 · Author: Leah L. Curtin, RN, MA, MS, ScD(h), FAAN



Editor's note: In March 2016, Leah Curtin RN, ScD, FAAN, a living legend in nursing for her work in ethics, was asked to address the American Nurses' Association meeting on the ethics of staffing. What follows is a summary of her remarks.

One of the things about having a graduate degree in linguistic analysis is that it makes one very particular

That being said, there has been so much research done in the last 20 years, it can honestly be noted that so much medical, nursing, and systems research has been published that we *know* that something as simple as ratios of patients to RNs improves care,

say that for which you lack evidence.

Another one of Grice's maxims involves quantity, which merely means that you make your contribution as informative as is required and do not go into such detail as

the American Nurses Association contends that ensuring adequate staffing levels has been shown to:

- reduce medical and medication errors
- decrease patient complications
- decrease mortality
- improve patient satisfaction
- reduce nurse fatigue
- decrease nurse burnout
- improve nurse retention and job satisfaction.

something as simple as ratios of patients to RNs improves care, and also that the experience of nurses improves care, and that the education of nurses improves care.

The
Beca
Super
expre
partie
What good are "services" that harm people anyway? This is clear, easy to understand, and it demands safe staffing. Are there exceptions? Yes, but the exceptions should be limited to times of natural disaster or war (both of which require a plan). Any other exceptions should be few and far between: There is no acceptable ethical reason that excuses unsafe staffing as anything other than a rare exception to the rule.

Those who follow the cooperative principles in this conversation further the purpose of staffing that is safe for the patient, safe for the nurses, and safe for the institution. For example, the American Nurses Association contends that e

Fortunately, a great deal of study and research has been done in the last two decades to help determine safe care. ... there really is no justification in saying, 'We just don't know.' Or 'The data are inconclusive.' Or 'It's just a judgment call.' These statements, every one of them, are at the very least, untrue.

The
hospitals certified to participate in Medicare to "have 'adequate' numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed," but the regulations do not say what is "adequate" nor who

We know we put patients at risk if we do not staff according to the data. The ethical conversation is over.