



NATIONAL CONSUMERS LEAGUE

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Consumer Perspectives: The Effect of Current Nurse Staffing Levels on Patient Care

A Report of the National Consumers League

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A series of papers and reports have found that inadequate nurse staffing in hospitals across the country is compromising patient care. Most recently, the Institute of Medicine of the National Academies of Science found that low nurse staffing levels are one of the key causes contributing to 98,000 preventable deaths each year.¹

As an organization representing the consumer interest, the National Consumers League (NCL) is alarmed by reports that link adverse patient outcomes to insufficient nurse staffing. It is clear from this research that hospitals have too few nurses caring for too many patients, leading to thousands of preventable injuries and deaths.

Certainly hospitalized patients should be able to expect timely and appropriate delivery of health care services. To get this patient perspective, NCL commissioned a survey to find out how health care consumers feel about nurse availability and the effect it may have had on the quality of care they — or an immediate family member — received during a recent hospitalization. The results are compelling and provide further support for immediate action.

§ **Almost half the people (45 percent) who have had direct hospital experience believe that their safety or the safety of their immediate family member(s) was — to some extent — compromised by a lack of available nurses².**

- One in eight respondents (12 percent) believed that their safety or the safety of their family member was extremely or very compromised. Only 50 percent felt that safety was not compromised at all.

§ **More than one third of people with direct hospital experience reported not receiving important elements of care in a timely fashion.**

- o At least one third said that nurses did not always provide medication in a timely fashion (35 percent), arrive promptly to monitor the situation if a complication occurred (33 percent) or arrive promptly when called to provide assistance (45 percent).
 - o More than one in ten people report that nurses *sometimes, rarely or never* provided medication in a timely fashion (13 percent), arrived promptly to monitor the situation if a complication occurred (12 percent), or arrived promptly when called to provide assistance (18 percent).
- § **Forty one percent of people with direct hospital experience reported not receiving answers to their questions about the illness. One third reported not receiving adequate information about care prior to being released from the hospital.**
- o At least one in ten people reported that nurses *sometimes, rarely or never* answered questions about the illness (17 percent) or provided adequate information about care upon release from the hospital (18 percent).
- § **More than three quarters (78%) of respondents indicated their support for legislative action to ensure an adequate supply of nurses to safely care for hospitalized patients.**
- § **Income level had no significant effect on patient perceptions of safety or care, but it did affect willingness to support legislation.**
- o People who earn over \$35,000 were just as likely as people who earn less than \$35,000 to believe that their safety or the safety of their family member(s) was compromised.
 - o Income had no significant effect on whether people felt that nurses did not always provide the key elements of care tested, such as providing medication on time, promptly monitoring complications, responding to calls for assistance, answering questions about the illness, and counseling patients prior to release.
 - o People who earned under \$35,000 were somewhat more likely to support legislation (88%) than those who earned more than \$35,000 (81%).
- § **Men and women were equally likely to feel that 1) they or their family member(s) were not provided with key elements of care during their hospital experience, and 2) that safety had been compromised. However, women were somewhat more likely than men to be supportive of legislation.**
- o Both men and women with direct hospital experience felt that their safety or the safety of their family member(s) was compromised during their hospital experience (45 percent of men, 45 percent of women).
 - o Men and women with direct hospital experience were equally likely to report that they or their family member(s) were not provided with key elements of care during their hospital experience.
 - o Eighty two percent of women, as opposed to seventy three percent of men, were

supportive of legislation to ensure that there are enough nurses in hospitals to safely care for patients.

§ **People with direct hospital experience in any region of the United States, whether from cities or from small towns, were equally likely to report problems. They also were equally likely to be supportive of legislation.**

- o People in all regions and in small towns and big cities were equally likely to believe that safety or the safety of their family member(s) was compromised during their hospital experience.
- o People in all regions and in small towns and big cities were equally likely to report that they or their family members were not always provided with key elements of care.
- o People from all parts of the country were similarly inclined to support legislation that would ensure enough nurses in hospitals to safely care for patients.

Despite the overwhelming evidence supporting change, hospitals have taken remarkably little voluntary action to adequately staff units. A survey commissioned by the American Federation of Teachers Healthcare (AFT Healthcare) found that medical/surgical nurses are, on average, responsible for delivering care to eight patients at a time, a patient load that research has concluded increases significantly the likelihood of patient deaths.³ Most nurses believe understaffing endangers patient lives, and the results of this survey suggest that health care consumers also realize that their medical care is being negatively affected.⁴ However, most states still have no mandatory staffing provisions to improve hospital safety, and only a few hospitals have implemented union contracts with safe staffing provisions.

The state of California is an exception, and an example worth noting. In 1999 California passed the nation's first nurse ratio legislation. When fully implemented in 2008, the regulation will require that patient load remain within a specified range. Specifically, ratios will range from one nurse per patient in trauma units to one for every five patients in medical/surgery units. Already this action has prompted a massive re-entry of nurses to the California hospital system.

Both consumers and nurses support legislation that would afford enough nurses in hospitals to safely care for patients. Our survey found that more than three quarters (78%) of people who have had direct hospital experience support legislative action to ensure an adequate supply of nurses to safely care for hospitalized patients. A survey of nurses done in 2003 found that 82 percent of hospital nurses advocate legislation to establish a maximum number of patients that nurses can be required to care for at one time as a solution to low staffing levels.⁵

Considering the urgency of the situation from both the patient and the nurse perspectives, and recognizing the broad impact staffing legislation could have on patient safety, NCL is supporting

a national campaign launched by ten major nurse unions in the AFL-CIO, representing more than half a million nurses, to push for safe staffing in hospitals around the country. The League also supports the Nurse Staffing Standards for Patient Safety and Quality Care Act, introduced by Representative Jan Schakowsky (D-IL) on May 6, 2004. This legislation would help solve this serious problem by establishing safe, direct-care registered, nurse-to-patient staffing ratios.

SURVEY METHODS

NCL commissioned Opinion Research Corporation to conduct a randomized telephone survey of health care consumers between March 18 and March 22 of 2004. The survey polled 2026 adults 18 and over living in private households in the United States. Fifty seven percent of those surveyed (1139 people - weighted total) reported that either they personally or one of their immediate family members had been hospitalized in the last two years. Reported data are subject to a confidence interval of ± 3 percentage points.

These findings are based upon the responses of 1139 people who had recent direct hospital experience. For the purposes of this research, “direct hospital experience” was defined as 1) being personally admitted for an outpatient, overnight, or multiple night hospitalization, within the past two years or 2) having an immediate family member admitted for an outpatient, overnight, or multiple night hospitalization within the past two years. Please note that percents may not sum to 100 in some cases.

For more information about this study, please contact Alison Rein at the National Consumers League: Email alisonr@nclnet.org or Phone 202.835.3323 x112.

ENDNOTES

¹ Institute of Medicine, “Keeping Patients Safe: Transforming the Work Environment of Nurses.” Report by Committee on the Work Environment for Nurses and Patient Safety of the IOM. November 2003.

² Direct hospital experience was defined as 1) being personally admitted for a hospitalization within the past two years or 2) having an immediate family member admitted within the past two years.

³“Patient-to-Nurse Staffing Ratios: Perspectives From Hospital Nurses”, survey by Peter Hart and Associates for the American Federation of Teachers, April 2003.

⁴“Patient-to-Nurse Staffing Ratios: Perspectives From Hospital Nurses”, survey by Peter Hart and Associates for the American Federation of Teachers, April 2003.

⁵“Patient-to-Nurse Staffing Ratios: Perspectives From Hospital Nurses”, survey by Peter Hart and Associates for the American Federation of Teachers, April 2003.