

Unintended Consequence from Passing Question 1 in Massachusetts Could Mean Educating Fewer Nursing Students

Mandated staffing ratios in ballot initiative may force hospitals to close units, jeopardizing student clinical placements.

BOSTON, MA, USA, October 25, 2018 /EINPresswire.com/ -- By Paula Milone-Nuzzo and Inez Tuck
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Massachusetts already faces a nursing shortage that's been going on for more than a decade. An unintended consequence if Question 1 passes may force the state's 25 bachelor's- and master's-degree nursing programs to slash the number of students it admits.

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[Clinical] placements would be jeopardized if hospitals are forced close units or limit the number of patients admitted for failing to meet the new staffing mandate.”

*President Paula Milone-Nuzzo
and Dean Inez Tuck*

A critical element to educating nursing students properly is clinical placements. It's in the hospitals, neighborhood health clinics, and other care facilities where they implement their classroom knowledge at the bedside and gain hands-on patient care experience.

Those placements would be jeopardized if hospitals are forced close units or limit the number of patients admitted to avoid daily fines of \$25,000 per violation for failing to meet the new staffing mandate. That, in turn, would force nursing schools in Massachusetts to reduce the 2,000

nursing students admitted each year because unlike non-health degrees that don't have clinical requirements, nursing students cannot be prepared properly without clinical experiences.

It is estimated that Massachusetts would need about 3,000 additional nurses to meet the law's minimum staffing ratio when the law is enacted – less than two months after election day on November 6 – with another 1,500 nurses needed shortly thereafter due to retirements. A quick look at the numbers show it would take years to meet the workforce demands that these ratios would require. And while enrollments in entry-level baccalaureate programs increase approximately 4.3% annually, that number falls far short of meeting the immediate demands of the new law.

In 2011, The Future of Nursing report by the Institutes of Medicine called to increase the number of bachelor's-prepared nurses to 80 percent by 2020. Hospitals, looking to meet those standards, could then be compelled to hire them away from nursing homes and assisted living facilities, thus reducing patient care to this already vulnerable population.

While studies report a link between nurse staff ratios and quality and patient safety metrics, a one-size-fits-all model with rigid requirements does not take into consideration factors such as

the level of care a patient needs, the education and experience of each nurse, the number of nurses needed for day, evening, and overnight shifts, or the size and type of hospital. For example, the proposed staffing ratio for a medical surgical unit is one nurse to four patients, yet we know caring for patients in a community hospital in central Massachusetts is far different than at a teaching hospital in Boston.

Nurse directors are responsible for assessing their unit's clinical situation to determine the right number of nurses required to meet patient needs. Mandated staffing ratios would prevent them using their professional judgment.

In addition, by focusing solely on nursing staffing, Question 1 fails to recognize that care increasingly is being provided by interprofessional teams of health professionals that also include occupational, physical, and speech therapists. Studies have shown this approach produces better patient outcomes.

Creating a health care delivery system bound by new regulations and mandated staffing ratios will add another layer of external regulation, strain the ability of nursing schools to produce bachelor-prepared nurses, and jeopardize care at non-acute facilities. It's just not the right way to treat patients.

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