Introduction
The rise in patient numbers and increase in patient acuity in recent decades have stressed the ability of nurses to provide optimal care. The number of patients each nurse is assigned per shift can be referred to as the “staffing ratio.” Do improvements in the nurse staffing ratio have a positive effect on nurses and patient outcomes?

Literature synthesis included a majority of quantitative research articles from medical and nursing journals within the past 5 years.

Current Legislation
CA and MA are the only states that currently mandate specific minimum ratios. CT, IL, NV, OH, OR, TX, and WA require hospitals to have a committee to address nurse staffing issues and develop policies. Other states require public reporting of staffing ratios or nurse staffing plans. However, only 20% of OH nurses reported that committee recommendations were being followed.

Improvements in nurse staffing led to decreases in:
- Failure to Rescue
- Missed Status Changes
- Weight Loss
- Hospital-Acquired Pneumonia

Risk of patient mortality was reduced by increasing nurse staffing by one more RN. Patients recovering from in-patient cardiac arrest had a 5% decrease in the likeliness of survival to discharge if their nurse was caring for one extra patient.

Reducing Harm to Nurses
Increased job demands for nurses are associated with health disorders and increased burnout. Nurses who experience job burnout and feel they lack control of their work environment are more likely to leave their job and the profession.

One-third of nurses would not recommend the profession of nursing to students.

Reducing Patient Complications
Improvements in nurse staffing led to decreases in:
- Urinary Tract Infections
- Surgical Site Infections
- Pressure Ulcers
- Medication Errors

Unfinished Patient Care
When nurses are given increased patient loads, important nursing tasks are often not completed due to lack of time.

Treatments/procedures and managing pain were tasks least likely to be skipped. Only 7% of nurses missed pain management tasks and 11% missed treatments or procedures.

References
5. Frith, Anderson, Tseng, & Fong (2012). Nursing Economics. 30(5).