

Kathleen B. Scoble: Question 1 is costly, handcuffs nurses

Berkshire Eagle – September 13, 2018 – OpEd Column

By Kathleen B. Scoble

CHICOPEE — This November, voters will make one of the most critical decisions regarding the future of patient care in the commonwealth of Massachusetts when they vote on Question 1, which would institute government-mandated nurse staffing levels at all hospitals statewide. On the surface, it might appear that using legislation to set registered-nurse-to-patient ratios would benefit patients, nurses, and hospitals, but that is not the case.

If approved, the law would require every hospital to adopt rigid registered nurse-to-patient ratios at all times — without consideration of a hospital's size or location, and regardless of individual patients' specific care needs. If this legislation is enacted, the impact will be devastating to hospitals, to the quality and safety of patient care, and to the much-respected role of the professional nurse.

Legislating nurse staffing ratios is an illogical, unproven approach to providing nursing care to hospitalized patients. In essence, this practice broadly assumes that professional nurses and their nursing leadership are incapable of determining and providing the levels of nursing care required by the patients in their care at any given day or time. It also assumes that lawmakers know better how to care for patients than the professionals to whom these patients entrust their lives.

A far deeper concern is that, if nurse staffing ratios are enacted, nurses will be rendered powerless to step in and do what they know is right — what they know is needed — in caring for patients. A nurse will not be permitted to exceed the legislated nurse staffing level by assuming the care of another patient arriving on unit, even if the nurse determines that it is feasible and necessary to do so. How can that be considered safe or high-quality care?

Professional nurses are prepared and committed to coordinating and providing the care of seriously ill patients. I hope to give voters the assurance that nurses do not need a government-regulated staffing ratio to provide excellent care. As the dean of a long-standing and well-respected nursing program, I can confidently report that nurses are educated to be flexible, quick, and competent thinkers, and are capable of independent decision-making based on the immediate situation and the circumstances presented.

Finally, it is projected that legislating staffing ratios will drive up costs, which would force hospitals to make deep cuts to critical programs, close patient care units, and in some cases close down. This legislation could be especially devastating for communities with small hospitals, especially in rural locations where resources are less accessible. Patients in these areas might be forced to travel farther and wait longer for medical care. Again, how can that be considered safe or high-quality care for the citizens of the commonwealth?

Your vote on this is critically important. I ask you to join Massachusetts nurses, hospitals, and leading healthcare organizations in opposing this costly and unproven proposal. Please vote No on Question 1.

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