



**The Pennsylvania Organization of Nurse Leaders  
Position on Best Nurse Staffing Practices and Staffing Legislation**

PONL is the state-wide organization for nurse leaders. As such, PONL is the voice of nursing leadership in Pennsylvania and represents nurse leaders at all levels – chief nursing officers, directors, managers, and others responsible for the delivery of safe, effective patient care. PONL functions as a networking and information vehicle for Pennsylvania nursing leaders and is the state affiliate of the American Organization of Nurse Executives (AONE).

- In the summer of 2009, PONL created and disseminated their position statement Opposing Nursing Staffing Ratios. PONL continues to be adamantly opposed to any legislative mandate on nurse to patient ratios.
- PONL applauds the efforts of health care facilities who achieve Magnet recognition®, Pathway to Excellence® status, and organizations that incorporate Magnet-like practices into the workplace. Magnet facilities contain shared leadership councils that serve as forums for staff to actively participate in their work environment. Patient safety outcomes and high staff satisfaction rates are elements incorporated into Magnet expectations.
- PONL promotes the use of benchmark staffing standards available from professional specialty organizations and a multitude of other sources.
- Staffing plans should be constructed on a firm evidence based platform, be proactive, flexible, fiscally responsible, and continually evaluated and adjusted to achieve desired results.
- We believe one of the most effective ways to attain superior patient outcomes and enhance nurse satisfaction is for nurse leaders and nursing staff to openly and continually communicate, assess, plan, execute and evaluate strategies used in the provision of patient care. Use of benchmark standards, evidence based decisions, transparency, open dialogue, honesty and mutual trust fosters best patient care outcomes and mitigates the need for unnecessary and intrusive legislative intervention.
- Patient care delivery is affected by a multitude of complex patient, nurse and organizational variables many of which are unique to the specific facility and/or unit.
- Some of the factors to consider when formulating a staffing plan may include: education and competency level of staff, professional benchmarking standards, availability of support staff, skill mix, the number of patients, acuity of patients, admission/discharge/transfer activity, patient educational needs, the geographical set up of the unit, supporting technology, and discharge planning (American Nurses Association, 2012).

- We recognize that the accountability for safe and effective nurse staffing is the ultimate responsibility of the chief nursing officer. The chief nursing officer is invested with both the authority and accountability for the provision of safe nursing care within his/her jurisdiction.

In conclusion, PONL strongly endorses the autonomy of each organization to establish strategies needed to guarantee safe, effective, and collaborative staffing practices and deliver high caliber patient care.

The nursing care needs of patients are varied and complex. Arbitrary staffing ratios do not consider unique differences in patients, nurses or within and between health care settings. Staffing decisions need to be based on evidence, including patient need, the education and skill level of staff, the geography of units, the availability of technology and support staff, and multiple other factors. Staffing is a complex issue that requires flexibility, skilled decision making, and must not be a legislative dictate.

#### References:

American Nurses Association, ANA's Principles for Nurse Staffing, 2<sup>nd</sup> edition, 2012, Washington, DC.

Approved: PONL Board, March 10, 2014

Reviewed: PONL Legislation Committee, March 23, 2017