Michigan House Bill 5426 and Nurse-to-Patient Staffing Ratios: Implications and Advocacy

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The field of nursing requires a tremendous commitment to both patients and the profession itself. In order for the nursing profession to continue to provide the best care possible, it must evolve to meet the changing needs of patients. Guidelines must be updated when they no longer serve the interests of the patients and the nurses who care for them. However, these updates have to be made within the framework of the current system.

Ideally, healthcare organizations would remain flexible to nursing demands. Unfortunately, this is not always the case. While the suggestions made by nurses may be in the best interests of the patients, some institutions may view these requests as affecting their financial bottom line. For this reason, legislative change is a necessary and powerful tool to ensure all public healthcare facilities meet certain nursing guidelines to guarantee at least the minimum quality of care for patients. This paper will explore one such piece of proposed legislation, its current status, implications for nursing as a whole, and the importance of this legislation to the nursing community. It will also provide an analysis and discussion of the accessibility of the legislative process. In addition, I will explore my own strengths and weaknesses with regards to political advocacy.

Political Advocacy and Nursing

In order to understand the process of legislative change, it is important to comprehend what Hahn (2009) calls the "3 Ps": politics, power, and policy. Hahn describes politics in the traditional sense of members in a group, acting in unison, to make a difference. Power, on the other hand, is a representation of the ability of a person or group to effect change through individual action or the influencing of others to act. Hahn goes on to define policy: "As an entity, policy is the formal documented directives, including regulations, rules and laws of government administrations. . . . Policy as a process involves agenda setting, and is where the most impact can be made by special-interest groups" (Hahn, 2009, pp. 197-198). Using these three elements, Hahn is illustrating a path to reform. Changes to healthcare legislation will be made only if nurses become part of the political process. Nurses must embrace policy setting to increase the power base of nursing, in order to make critical political changes. While nurses are familiar with their responsibility to be advocates for patients, many forget the importance of advocating for the nursing profession.

Marquis and Huston (2012) suggest that individual advocacy can take such forms as political lobbying in person, correspondence, media appearances, and running for political office. Hahn (2009) also suggests that nurses can volunteer to act in an advisory, or expert, capacity to politicians. There is also a need for political advocacy on the group level: "In addition to nurse-leaders and individual nurses, there is a need for collective influence to impact healthcare policy. The need for organized group efforts by nurses to influence legislative policy has long been recognized in this country" (Marquis & Huston, 2012, p. 126). While individual nurses do have an impact, acting collectively gives them greater power. Working together, nurses would wield significant power as a voting constituency, especially considering the Marquis and Huston (2012) estimate that there are approximately 2.9 million RNs in the United States. With that in mind, organizations have been formed to promote legislative change and reforms to current healthcare guidelines. However, in order for these organizations to continue, nurses have to be willing to get involved; the more involved nurses become with these organizations, the greater power these organizations will wield. Marquis and Huston also point out that building community within the nursing profession is critical. As coalitions are formed and organizations build bridges with non-nursing organizations that have similar goals, the nursing profession gains greater political prominence. Consequently, cooperation and organization promise the best results in achieving the goals of the nursing profession in a legislative setting (Marquis & Huston, 2012).

One particular piece of legislation being debated in Michigan deals with issues affecting nurses nationwide: nurse-to-patient staffing ratios and mandatory overtime. Nurse-to-patient staffing ratios refer specifically to the number of patients assigned to a specific nurse. As the number of patients increases per nurse, the quality of care for individual patients can be impacted. In addition, forcing nurses to work overtime can cause job dissatisfaction and exhaustion, creating a potentially dangerous situation. This bill illustrates the impact politics can have on nursing and highlights the need for nurses to become politically involved so that the profession can be improved.

Michigan House Bill No. 5426

Michigan House Bill No. 5426 was introduced to the Michigan House of Representatives on February 21, 2012, where it was read for the first time. The bill was then referred to the Committee on Health Policy. The primary sponsor was Representative Jon Switalski, with co-sponsors Representatives Rashida H. Tlaib, Lisa Brown, Marcia Hovey-Wright, and Mark Meadows. This bill acts as an amendment to the Public Health Code known as Act 368 of 1979, which outlines the various healthcare policies in Michigan.

Bill Summary

House Bill 5426 (2012) specifically deals with the subject of nurse-to-patient staffing ratios and mandatory overtime rules in hospitals, state-owned hospitals, or state-owned facilities. Staffing ratios are designed to ensure that there is a nurse present for a given number of patients. The specific minimum ratios mandated by the bill are as follows:
(A) Critical Care – Adult or Pediatric: 1 to 1.
(B) Operating Room: 1 to 1.
(C) Labor and Delivery:
(i) During Second and Third Stages of Labor: 1 to 1.
(ii) During First Stage of Labor: 1 to 2.
(iii) Intermediate Care Newborn Nursery: 1 to 3.
(iv) Noncritical Antepartum Patients: 1 to 4.
(v) Postpartum Mother Baby Couplet: 1 to 3.
(vi) Postpartum or Well-Baby Care: 1 to 6.

(D) Postanesthesia Care Unit: 1 to 2.
(E) Emergency Department:
(i) Nontrauma or Noncritical Care: 1 to 3.
(ii) Trauma or Critical Care Patient: 1 to 1.
(iii) One R.N. for Triage.
(F) Stepdown: 1 to 3.
(G) Telemetry: 1 to 3.
(H) Medical/Surgical: 1 to 4.
(I) Pediatrics: 1 to 4.
(J) Behavioral Health: 1 to 5.
(K) Rehabilitation Care: 1 to 5. (H. 5426, 2012)

These are only mandatory minimums listed in the bill and are only basic guidelines to meet patient needs. However, if patient needs are greater than anticipated, the hospital should adjust the ratios accordingly. If this bill passes, the hospital can decrease the number of patients per nurse or increase the number of nurses per patient but it cannot increase the number of allotted patients per nurse beyond the required guidelines. Hospitals may not include certain nurses when determining if the ratios are met; these include nurses who are not assigned to provide direct patient care in a specific unit, or who are "not oriented, qualified, and competent to provide safe patient care in that unit" (H. 5426, 2012). Circulating RNs and first assistant RNs are also excluded from ratio computation for operating rooms. The only exception to these rules is emergency situations. The bill states that an RN who performs primarily administrative duties during the emergency situation can be counted towards the ratio for the emergency only (H. 5426, 2012).

House Bill 5426 (2012) also outlines a specific timeline to be followed. Within one year of the bill passing, hospitals have to submit a written staffing plan that ensures a sufficient number of qualified staff in each unit. In addition, each facility has to create an assessment tool "that evaluates the actual patient acuity levels and nursing care requirements for each unit during each shift" (H. 5426, 2012). The hospital would then use these assessments to adjust staffing plans when necessary. It is important to note that the bill makes it very clear that mandatory overtime is not an acceptable staffing strategy, except during emergencies.

Facilities must also form staffing committees for each unit. Half of the members are required to be RNs who provide direct care in that specific unit. While hospitals would normally designate their own representatives, the bill makes a provision for when a collective-bargaining agreement is in place. In such a case, a collective-bargaining representative will determine which nurses will serve on the committee. Meeting with the committee would be considered part of nurses' regular schedule and would not require extra hours. If patients' needs require more staff than is mandated by the ratios, the staffing committee would need to develop a new staffing strategy to compensate. Within two years of the bill passing, hospitals must have an acuity system in place:

> [An acuity system addresses] fluctuations in actual patient acuity levels and nursing care requirements requiring increased staffing levels above the minimums. . . .
> "Acuity system" means a system established to measure patient needs and nursing care requirements for each unit to ensure safe patient care based upon the severity of each patient's illness and need for specialized equipment and technology, the intensity of nursing interventions required for each patient, and the complexity of the clinical nursing judgment needed to design, implement, and evaluate each patient's care plan. (H. 5426, 2012)

From this point on, the assessment tool would be used annually to make sure the acuity systems comply. The bill goes on to state that in the third year, all ratios would need to be in place and met without exception (H. 5426, 2012).

This bill also details certain administrative requirements. For example, facilities must post the staffing plan where it can be easily viewed for each unit. Each unit's specific

staffing plan must also be given to every member of the nursing staff on that unit. The bill states these unit-specific plans must include the number of RNs needed for every shift, as well as documentation of the names and attendance of assigned nurses. Copies must also be distributed to the public when requested (H. 5426, 2012).

Violations of the guidelines outlined in House Bill 5426 (2012) would result in penalties for hospitals. If the hospital fails to submit an annual staffing plan, it is a violation. In addition, staffing plans outlined for individual units, and every shift in those units, have to be adjusted using the hospital's acuity system and assessment tool in order to ensure safe patient care. According to the bill, every time any shift in any unit fails to meet the updated requirements, or fails to submit a daily staffing plan, it is considered a separate violation. Violations would be reported by a designated representative of the facility and are cumulative. Unfortunately, repeat violations can potentially impact the facility as a whole: "The department shall take into account each violation of this section when making licensure decisions" (H. 5426, 2012). Fines up to $10,000 for the facility for each violation would also be assessed. However, the bill has provisions in place for the usage of the fines; fines are to be given to the Nurse Professional Fund and the Michigan Nursing Scholarship Program to be used to benefit the nursing profession.

Nursing and Patient Implications

The issues addressed in House Bill 5426 affect more than just currently working RNs. As a student nurse preparing to become an RN, this issue is going to be extremely important to me and my peers. Nurse-to-patient staffing ratios help to prevent nurses from becoming overworked and ensure that nurses can meet their patients' needs. Nurses have a professional and ethical obligation to their patients. If too many patients are assigned to a particular nurse, the amount of time the nurse is able to spend with each patient is significantly reduced. This decreases the quality of care that can be reasonably given to each patient. This means nurses' abilities to meet the medical, educational, and support requirements of patients become compromised: "Higher staffing levels have been shown to result in better patient outcomes compared with lower nurse staffing levels" (Garrett, 2008, p. 1191). In addition to nurse-to-patient staffing ratios, the bill addresses the issue of mandatory overtime; with mandatory overtime, nurses can be required to work additional hours on an already long shift. This can lead to lack of adequate rest, which can result in severe consequences for nurses and patients.

Both understaffing and mandatory overtime can compromise nurses' health and their ability to deliver appropriate care: "Researchers have found that hospital staff nurses work long hours without sufficient rest between shifts. Long work hours have been associated with increased adverse nurse outcomes (such as musculoskeletal problems and needlestick injuries) and with adversely affected patient outcomes" (Bae, Brewer & Kovner, 2012, p. 1). These are serious threats to nurse and patient safety. A "needlestick" injury is a penetration of a nurse's skin by a syringe used on a patient. These injuries carry the risk of transmitting blood-borne pathogens such as HIV, hepatitis B, and hepatitis C. Musculoskeletal problems are also a major concern, as they can hinder the nurse's ability to effectively move and treat patients, in addition to potentially reducing the nurse's overall quality of life.

The fatigue that results from the issues of understaffing and mandatory overtime can lead to adverse effects outside of the hospital as well: "Rotating shifts and extended work hours of 12.5 hours or more have been shown to increase injuries and automobile accidents among nurses, and chronic fatigue has been found to result in depression and poor global sleep quality" (Garrett, 2008, p. 1192). Fatigue and exhaustion can only lead to worse quality of care for patients and is likely a contributing factor in the high turnover of nurses:

> A study published in the *Journal of the American Medical Association* in October 2002 linked higher patient-to-nurse ratios in hospitals with increased patient mortality and increased nurse dissatisfaction with their jobs . . . each additional patient per nurse was associated with a 7% increase in the likelihood of patient mortality, and a 15% increase in job dissatisfaction for the nurses. (Rajecki, 2009, p. 22)

The issues of understaffing and mandatory overtime can disastrously affect patients' medical outcome. Therefore, these issues are as critically important to patients as they are to nurses.

House Bill 5426 aims to address these issues by eliminating mandatory overtime except during emergencies and by creating minimum nurse-to-patient staffing ratios that ensure nurses are not overworked and can deliver the appropriate level of care to their patients. There is currently a precedent that supports the probable success of this bill. Potera (2010) states that "California's 2004 law setting nurse-patient staffing levels reduces mortality rates, allows nurses to spend more time with patients, prevents nurse burnout, and promotes the retention of trained nurses" (p. 15). According to the Michigan Nurses Association, MNA (2012), nurses in states other than California can have anywhere from 10 to 16 patients. This is far too many to provide acceptable quality of care for patients. The MNA (2012) reports that "cutting nurse-to-patient ratios to 1:4 could save as many as 72,000 lives annually" (p. 1).

For nurses, House Bill 5426 will lead to improved workplace conditions, reduced psychological and physical injury, as well as higher job satisfaction. However, the most important aspect of this bill is how it will affect patients. This legislation will give nurses more time to attend to their patients, allowing them to be better able to meet the medical, educational, personal, social, and emotional demands of patients and their families. It will also lead to safer conditions, improved quality of care, and decreased mortality rates.

Financial Implications

For a student, this legislation is significant beyond the obvious positive effects on working conditions for nurses and quality of care for patients. House Bill 5426 will lead to job openings, as hospitals that are understaffed will be required to hire more nurses. Hospitals will have to become invested in the training and retention of newly hired staff in order to ensure that ratios are met in the future. More job openings and better conditions can lead to a greater interest in the profession, which can lead to an increase in money for colleges and universities as students pursue degrees in nursing. This could lead to a greater pool of nurses and prevention of future nursing shortages. In addition, the Michigan economy would improve as more jobs are filled and more money is circulated. Michigan legislators should find this appealing, as should nursing students entering the workforce.

According to the MNA (2012), the California Nurses' Association (CNA) found that $1.6 billion could be saved in costs for patient care long-term by simply adding as few as 133,000 new nurses to hospitals nationwide. The CNA also determined $242 million could be saved in the short-term by "raising the proportion of nurses by increasing nurse staffing to match the top 25 percent best-staffed hospitals" (MNA, 2012, p. 2). These are significant reductions in the cost of providing healthcare. With reduced patient care costs, hospitals would save money. This would translate into reduced insurance premiums, benefiting insurance companies and consumers alike.

However, mandated ratios would require an initial investment of money by hospitals to hire more nurses. This immediate cost is likely to deter hospitals from supporting this legislation. Yet, hospitals must be encouraged to look towards long-term savings from this legislation:

> It may seem counterintuitive to suggest hiring more nurses when a health care provider already is struggling with tight budgets and a bad economy, but some

> experts say increased nursing staff can yield significant patient safety improvements that will more than pay for the personnel costs. The key, they say, is to look beyond the initial expenditure to the savings that accrue downstream. ("Hiring," 2009, pp. 128-129)

Since staffing committees are comprised of existing staff members, no additional staff would be needed to handle the administrative aspects of this legislation. It must again be noted, however, that failure to meet guidelines can cost a hospital up to $10,000 per violation. Outside of punitive costs, the primary financial impact from this legislation would be hiring to meet the ratios. However, as the research shows, the benefits of this legislation are cost-effective in the long-term. Unfortunately, these benefits will only be seen if the bill passes the legislative process.

The Legislative Process and the Status of House Bill 5426

To understand where House Bill 5426 is in the legislative process, it is important to understand how a bill becomes a state law. According to *A Citizen's Guide to State Government: 2011-2012 Michigan Legislature*, a bill is introduced to the House for a first reading. Following the first reading, the bill then follows the next step in its progression:

> The Speaker of the House refers the bill to an appropriate standing committee (Education, Commerce, Health and Human Services, etc.). If the bill is a budget bill or has fiscal implications, it will be referred directly to the Appropriations Committee or an appropriate standing committee and then to the Appropriations Committee. (Michigan Legislature, 2012, p. 60)

Once forwarded to the committee, the bill's merits are debated either through a private or public hearing. Once debated, several things can happen. The bill may never make it past the committee if the committee decides to take no action or refuses to report the bill out of the committee. Those bills that do make it past the committee can be reported with a favorable or adverse recommendation, amended and reported, reported with a recommendation for a substitute, or referred to another committee. Those bills that are reported favorably, or reported with a suggested substitute, are returned to the House (Michigan Legislature, 2012). The guide indicates these returned bills then receive a second reading. Recommendations made by the committee are considered at this time, and amendments may be put forth. After this point, the bill goes on to a third reading. The bill is then debated and amended again if necessary (Michigan Legislature, 2012).

The Michigan Legislature's guide (2012) goes on to explain that a vote is then held; the bill can either be passed or defeated, unless it is delayed. Delays can take several forms: referral back to committee where it will be reviewed again, indefinite postponement, rescheduling to be read on a specified date, or being tabled. If the bill is passed or defeated, any legislator can introduce a motion to reconsider the bill, but this motion must be made by the following day. If the bill passes, it will then move to the Senate, where it will go through a similar procedure. If passed by the Senate, it is designated as "enrolled" in the House and is then forwarded to the governor for signature (Michigan Legislature, 2012). If the bill is amended and passed by the Senate, it is returned to the House in its new form. If the House passes the amended bill, it is forwarded to the Governor. If the bill's new changes are rejected, it is referred to a conference committee that will debate the changes and attempt to resolve any issues. This first committee will then submit a report with their recommendations. If those recommendations are not approved, another committee may be assembled (Michigan Legislature, 2012).

Once the bill has been forwarded for gubernatorial approval, the governor has 14 days to consider the bill; he or she then has the option to sign, veto, or do nothing with the bill. If the governor signs the bill, it is immediately scheduled to become law. However, the date when the law is enacted can vary. For example, a bill can specify a date for enactment. In addition, the Legislature can vote for a bill to become a law upon gubernatorial signature,

in which case it will be enacted as soon as the bill has been signed; this requires a 2/3 majority vote by members of both houses. Otherwise, the bill automatically becomes a law after 90 days of a *sine die* ("without day") adjournment (Michigan Legislature, 2012), which indicates the Legislature has adjourned without setting a specific date to meet again. In the state of Michigan, the Legislature is required to adjourn *sine die* at the end of each year (Legislative Internet Technology Team, 2013a).

The Michigan Legislature's guide (2012) also states that if the Legislature is not adjourned, and a bill receives a gubernatorial veto, it will receive another vote. The Legislature can vote in an attempt to override the veto, succeeding with a 2/3 majority vote. However, a delay in the veto override can be made by tabling the bill for a later vote or by re-referral of the bill to a committee. In the event that the Governor neither signs nor vetoes the bill, it will become a law within 14 days of reaching the Governor, "unless the legislature adjourns *sine die* within the 14 days. In that case the bill does not become law" (Michigan Legislature, 2012, p. 61).

Considering all these steps, it is surprising that proposed bills ever become laws. This is an incredibly complicated procedure, and it would be easy for a bill to disappear during the legislative process. This is why it is important to the nursing profession that nurses become politically active. The bill's last status update was made on February 21, 2012, when it was referred to the Committee on Health Policy after its first reading. No further information has been made available. This may mean that the committee has decided not to take action on the bill, rendering it indefinitely stalled. This makes it a crucial time for nurses to become involved. Nurses need to contact legislators on the committee and see where they stand on the bill.

Finding information about this piece of legislation was easy for me, since the MNA had made the bill number and topic available. However, for individuals who are not seeking out specific legislation, finding this information can be difficult. It requires a willingness to navigate through a large number of bills in order to find the information needed. In addition, while the language of this bill was easy to read, not all bills are clearly written. This may discourage citizens from reading through the bills to discover all the legislative implications. Another issue is the lack of information on the status of the bill. The Michigan Legislative Website, provided by the Legislative Internet Technology Team (2013b), is the official source of information on proposed and enacted legislation in Michigan. However, the website lists only four general steps for House Bill 5426: "House Introduced Bill"; "As Passed by the House"; "As Passed by the Senate"; "House Enrolled Bill." The website ignores the multiple steps that exist between those categories. While a brief history is displayed at the bottom of the page, showing its last activity as a referral to the Committee on Health Policy, it is difficult to determine what exactly happened to the bill after this point. This makes information discovery more difficult, rendering political action the only possible response.

Political Action in Support of House Bill 5426

This bill has the potential to be transformative to the healthcare system in Michigan. The passing of this legislation will improve workplace conditions for nurses and increase the quality of care for patients. With House Bill 5426 currently stalled, it becomes an important example of why nurses need to be politically involved. Nurses and students on both a group and individual level should be encouraged to take action to help promote the passage of the bill.

Marquis and Huston (2012) suggest individual strategies, including lobbying legislators personally or by mail. Contacting legislators may be the only way to find out if the bill is still being considered. However, since the bill has not moved past the Committee on Health Policy since it was referred on February 22, 2012, it is reasonable to contact the members of this committee first, followed by General Representatives. If the bill is ever

returned to the House, nurses should reach out to those same General Representatives to secure support for the bill. Should the bill need to be reintroduced, nurses can encourage the original sponsors to resubmit it to the House.

If a nurse chooses to write a legislator, Marquis and Huston (2012) recommend personal letters that are professionally worded and end with contact information. Attaching research articles can also help to support your position. The authors also advise nurses to be persistent if the legislator seems undecided. In addition, e-mails and phone calls can be used to initiate contact (Hahn, 2009, p. 198). E-mail and phone calls are especially useful for gathering more immediate information, such as the legislator's position on the bill. According to Marquis and Huston (2012), nurses can also volunteer to act in an advisory capacity and can offer expertise that legislators may lack.

Nurses can also seek to use education as a means to promote legislative healthcare reform. This can be accomplished in several ways. Marquis and Huston (2012) suggest interacting with the media to help inform the public; taking classes to improve media relations can also be helpful for nurses who are new to making media appearances. The authors state that a nursing presence in the media is greatly needed and is an important area of focus for nurses interested in political advocacy: "Nurses should take every opportunity to appear in the media—in newspapers, radio, and television" (Marquis & Huston, 2012, p. 128). Media appearances can help to educate the public on the need for legislation like House Bill 5426 and the positive impact it will have on them as healthcare consumers.

In addition, the importance of the Internet should not be ignored. The Internet can help to mobilize others to support House Bill 5426, as well as create networks that can be used to disseminate information. Blogs, as well as social networking sites like Facebook and Twitter, can be used to help educate the public on the issues of understaffing and mandatory overtime. While some may consider the Internet more informal than other types of media, links to reputable sources can add legitimacy to the information. Nurses can also contact major online media outlets, offering their services in the form of writing articles or granting interviews.

Nurses can make the greatest impact by joining groups that promote nursing best practices and healthcare legislation reform. Hahn (2009) suggests joining Political Action Committees, or PACs, to help learn about issues and network with peers. Likewise, nurses who are a part of a group are more likely to be able to effect change in legislation (Marquis & Huston, 2012). Since House Bill 5426 has been permanently stalled, nurses may need to collaborate with legislators to get the bill reintroduced; this may be more efficiently accomplished through the collective action of a group.

One particular PAC of interest to nurses working in Michigan is the nonpartisan Michigan Nurses Association-Political Action Committee, or MNA-PAC. The MNA-PAC supports those candidates who seek to improve the Michigan healthcare system. In addition, the MNA-PAC pushes for legislation that improves conditions for RNs and patients. By becoming involved in an organization such as this, nurses and students can build networks and push for positive changes in healthcare.

Conclusion

While conducting research for this paper, I realized that I lack strength both in political advocacy and in awareness of the importance politics has on the nursing profession. While inventorying my strengths and deficiencies as a nursing student, I have identified numerous areas that need improvement. Now that I understand the need for political action, I can see the benefits of actively engaging in the political process with regards to nursing. I also understand the need to build networks and join political groups; together, nurses can effect changes that may be difficult to accomplish as individuals. Participating in politically-oriented communities and groups can increase my ability to understand and promote beneficial legislation.

Marquis and Huston (2012) state that power is critical for nurse-leaders to function in clinical settings: "For leadership to be effective, some measure of power must often support it" (p. 284). Hahn (2009) reaches a similar conclusion that cultivating power increases the effectiveness of a nurse's leadership abilities in political settings. By exploring the advocacy options discussed by these authors, nurses can increase their power. For example, joining political advocacy organizations generates three types of power: expert power, referent power, and personal power. Expert power is gained by increasing knowledge and expertise; referent power is gained when associating with other people who are powerful (Marquis & Huston, 2012). Both lead to increased personal power for nurse-leaders, power "inherent to the leader's credibility, reputation, experience, or control of resources and information" (Hahn, 2009, p. 198). Consequently, political involvement in the future can beneficially increase my professional power as a nurse-leader.

All student and professional nurses can benefit by examining their own weaknesses in political advocacy and knowledge. By identifying specific areas of improvement, nurses can look for opportunities that fill these gaps. This is critical, because it is more important than ever for nurses to become politically active. House Bill 5426 can have a tremendous impact on the nursing profession in Michigan. It will pave the way for improved working conditions for nurses, as well as increased quality of care for patients, by implementing nurse-to-patient ratios and eliminating mandatory overtime. Initially, it may be unappealing for hospitals to spend the money needed to meet the staffing ratios. However, in the long-term these ratios will become cost-effective by reducing unsafe conditions and patient mortality, as well as lowering nurse turnover by increasing job satisfaction. The benefits for all involved outweigh the costs. However, it is going to require political pressure to either move the bill past its current state or encourage legislators to reintroduce it. Regardless, through political action, nurses have the opportunity to advocate for the improvement of their profession. In doing so, nurses can create a better situation for themselves as well as their patients.

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