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Nurses seek mandatory case ratios

By REBECCA WALSH health reporter

The nurses' union is calling for compulsory nurse-to-patient ratios in public hospitals to ensure patient safety and attract more nurses back to the profession.

It says an informal survey of 13 public hospitals last October found it was common for a nurse to be looking after six to nine patients.

It wants public and Government support for a nurse-to-patient ratio of 1:4 in general medical and surgical wards and a ratio of 1:2 to 1:3 in emergency wards.

But the Ministry of Health says better systems and structures, rather than numbers alone, are key to solving nurse staffing issues.

District health boards argue such ratios are too inflexible and costly.

In a booklet released today, titled "Nursing the system back to health: Nurse to patient ratios", the Nurses Organisation has outlined its blueprint for patient safety.

President Jane O'Malley said as well as nurse-to-patient ratios it wanted associate charge nurses appointed to provide "on the floor" leadership and support to nurses.

Nurses also needed designated time to plan patients' care and for their own professional development.

Too many nurses were leaving because they felt demoralised and stressed by work overload, Ms O'Malley said. Something needed to be done soon to stave off a staffing crisis and the organisation would take industrial action if necessary.

New Zealand's nursing shortage was conservatively estimated at 2000 nurses, she said. Nursing Council research in 2001 showed more than 5000 nurses held annual practising certificates but were not working.

Ms O'Malley said since legally binding ratios had been introduced in Victoria, Australia, in 2001, more than 4000 nurses had returned to its hospitals.

But Taima Campbell, director of nursing and midwifery for the Auckland District Health Board, said such ratios were too "black and white" and

insensitive to patient need.

Hospital staffing was built around the number of beds, the number of patients and their level of sickness. Since the move to the new hospital, charge nurses were able to say whether staff needed to be organised differently.

The hospital already worked to ratios of 1:1 or 1:2 in critical care and 1:3 to 1:6 in medical, surgical and cardiac wards, she said.

Asked if the hospital had enough nursing staff, Mrs Campbell said it did most of the time, although they were not always in the right place.

Waitemata District Health Board spokeswoman Caroline Mackersey said the ratios proposed had significant cost implications for district health boards.

”We believe a flexible formula rather than a rigid one is what is needed.”

The Ministry of Health’s chief nursing adviser Dr Frances Hughes said the ”jury was still out” on the effectiveness of staffing ratios. In America, cost pressures and restructuring in the 1990s meant it was impossible to maintain them.

Instead of ratios, the ministry supported the “magnet” hospital concept.

This meant hospitals could attract and retain staff by flexible measures such as providing for professional development and allowing nurses to make decisions on how they practise.

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Health system