

EDITORIAL

Caution on nurse staffing reforms

A grave labor shortage and dire hospital finances make this a dubious time to pass reforms that would likely require more hiring.

By Editorial Board (<https://www.startribune.com/editorial-board/6390869/>) Star Tribune |

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"Unachievable."

"Doomed to failure."

[Robert Hackey](https://health-sciences.providence.edu/faculty-members/robert-hackey/) (<https://health-sciences.providence.edu/faculty-members/robert-hackey/>), a health care policy and management professor at Rhode Island's Providence College, doesn't mince words asked about a high-profile nurse staffing bill now gaining momentum at the Minnesota Legislature.

The legislation is the latest effort by the Minnesota Nurses Association (MNA) to address its longstanding patient safety concerns by boosting the number of nurses at the bedside. MNA, a union, has clashed for years with the state's hospitals over minimum staffing requirements and has unsuccessfully pushed to implement them in state law.

[HF 1700](https://www.revisor.mn.gov/bills/bill.php?b=house&f=HF1700&ssn=0&y=2021) (<https://www.revisor.mn.gov/bills/bill.php?b=house&f=HF1700&ssn=0&y=2021>)/SF 1707, also known as the "Keeping Nurses at the Bedside Act of 2023," is the latest iteration of this effort. It sets forth a committee-driven process by which nurses and hospital administrators set a "core staffing plan for each inpatient care unit," with arbitration to resolve conflicts if management rejects the committee's decision.



AARON LAVINSKY, STAR TRIBUNE

Minnesota Nurses Association President Mary Turner in January, at an event related to the proposed Sanford-Fairview merger. Separately,

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Although it's a better option than California's rigid nurse-to-patient ratios, legislators should reject for now the bill's staffing components but pass other valuable parts of the legislation, such as workplace violence prevention initiatives and loan forgiveness, to entice more people into the nursing profession.

Hackey's assessment is harsh but reflects a grim reality. The nation is grappling with grave workforce shortages. This challenge is even more acute in the health care industry. How do you boost staffing, the likely impact of this legislation if enacted, when hospitals are struggling to hire and retain nurses?

"It's a supply issue. We don't have enough people," Hackey told an editorial writer.

He said the current focus should be attracting health care professionals as retirements and post-pandemic staff burnout continue to strain the workforce and care capacity.

Even in previous years in which the DFL has controlled state government as it does now — a political environment considered more amenable to this union-led initiative — legislators have been cautious about nurse staffing legislation. In 2013, the Star Tribune Editorial Board lauded (<https://www.startribune.com/minnesota-responds-sensibly-on-nurse-staffing-ratios/200523861/>) the DFL-controlled House and Senate for its incremental response to the MNA's push for staffing mandates.

The bill that did pass a decade ago sensibly stopped short of new requirements but called for more publicly available hospital staffing information. It also authorized the Minnesota Department of Health (MDH) to study "the correlation between nurse staffing and patient outcomes" in the state's health care system.

That information would have helped future lawmakers make an informed decision. So it was deeply frustrating to learn from a 2015 MDH report (<https://www.leg.mn.gov/docs/2015/mandated/150038.pdf>) that the study couldn't be completed because hospitals declined to provide the needed data.

This year, legislators should require the study to begin anew and require hospitals to cooperate. The findings would move the debate beyond hospitals' and nurses' talking points. This issue isn't going away, nor should it. The 2015 MDH report, which reviewed other research, concluded that a "positive association" exists between higher nurse staffing and certain patient outcomes.

But now is not the right time to implement this. In addition to the labor shortage, hospitals' dire financials are another reason to hold off. Earlier this month, the Star Tribune Editorial Board sounded the alarm (<https://www.startribune.com/vital-signs-poor-at-minnesota-hospitals/600256292/>), noting that more than half of state health care systems posted a negative operating margin in 2022. These headwinds afflict hospitals across the nation and will take time to abate.

Hiring additional nurses in response to staffing reforms is expensive and even more so during a labor shortage. The inability to afford or find additional nurses may, in turn, cause struggling hospitals to close units or otherwise reduce capacity. The state's

hospital association [has warned \(https://www.startribune.com/vital-signs-poor-at-minnesota-hospitals/600256292/\)](https://www.startribune.com/vital-signs-poor-at-minnesota-hospitals/600256292/) that the staffing bill, if passed, could threaten access to care for 70,000 Minnesotans.

In an interview this week, MNA officials countered that the legislation would help alleviate the workforce shortage. They said many nurses who have left the profession would return if staffing concerns were addressed.

The MNA cited a lower nursing jobs vacancy rate in California, which has strict nurse-patient ratios, as part of its rationale. But pay, not staffing, could explain this. California has the nation's highest annual [mean wages \(https://www.bls.gov/oes/current/oes291141.htm\)](https://www.bls.gov/oes/current/oes291141.htm) for registered nurses.

A [recent report \(https://healthworkforce.ucsf.edu/publication/impact-covid-19-pandemic-ca-registered-nurse-workforce-preliminary-data\)](https://healthworkforce.ucsf.edu/publication/impact-covid-19-pandemic-ca-registered-nurse-workforce-preliminary-data) also showed that California nurses are leaving the workforce for the same reasons cited by Minnesota nurses who have left bedside care. That raises further doubts about whether staffing reforms alone would bring enough nurses back.

Lawmakers should ensure the completion of the Minnesota study and use its conclusions to inform the debate. For now, though, caution is best.

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