



Pennsylvania State Nurses Association

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**Testimony of David Scher, MPH, MSN, RN, CEN
Chair, PSNA Government Relations Committee
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Thank you, Chairman Dawkins, Chairman Mackenzie, and members of the Labor and Industry Committee.

My name is Davey Scher. I am here today representing the Pennsylvania State Nurses Association, where I am chair of the Government Relations Committee.

I am a registered nurse with nearly 13 years of clinical experience in both emergency and critical care nursing. I am deeply passionate about the critical issue of nurse staffing, specifically the utilization of ratios. I am a non-union nurse, and I believe that nurse staffing ratios are needed in both union and non-union hospitals for the well-being of patients and nurses alike.

The current situation for many direct care nurses is all too familiar for many of us still working at the bedside. Picture a bustling hospital emergency department filled with patients requiring varying degrees of care. The nurses are stretched thin, navigating the demands of multiple patients concurrently. Time is an amenity that most of us do not have, and the pressure is immense to provide the optimal care while adhering to the necessary standards of care.

In this setting, nurse staffing ratios become more than mere numbers on spreadsheets. They connect patient safety and quality of care. When nurses are assigned too many patients to handle, that situation not only endangers the well-being of those under our care, but it also places an unbearable burden on the shoulders of nurses themselves. We become susceptible to intense fatigue and stress. Under these prolonged conditions, it is impossible to provide the level of care that our patients require and that we want to give.

I've had firsthand experience navigating through shifts where the patient-to-nurse ratio was not ideal. It's a constant battle to prioritize tasks, administer medications on time, respond to emergencies promptly, and still find those needed moments to offer comforting words or supportive smiles to patients and their families. It's emotionally and physically draining, and it takes a toll not only on individual nurses but also on the entire healthcare system.

Some may argue that implementing strict nurse staffing ratios could strain hospital budgets, including non-unionized settings where negotiations may be more challenging. But investing in adequate staffing levels is not just a matter of fiscal responsibility. It is an ethical obligation that must be upheld.

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The data from University of Pennsylvania's Dr. Linda Aiken, the leading researcher on this subject matter, has consistently shown the benefits of nurse staffing ratios. The implementation and success of staffing ratios in California and the push for ratios elsewhere are building momentum across the nation, including our own commonwealth. This research, backed by years of peer-reviewed studies, should be a catalyst for health systems to bring ratios into utilization nationwide. Unfortunately, seeds of doubt have been spread amid suggestions that ratios will hinder the solvency and well-being of hospitals. These suggestions fly in the face of data showing otherwise.

When hospitals fail to recognize patient safety and staff well-being, everyone suffers. Studies have repeatedly shown that higher nurse-to-patient ratios are associated with lower rates of adverse events, including medication errors, patient falls, and even mortality rates. Also, when nurses are not overburdened with undue workloads, they can provide the compassionate, data-driven, and holistic care that defines our profession and for which we are known.

The issue at hand is not just about numbers on balance sheets; rather, it's about the lives we touch and the trust that our patients place in us during the most vulnerable moments in their lives. As nurses, we are advocates for our patients. We are their voices when they cannot speak for themselves. We owe it to our patients, to ourselves, to this commonwealth, and to this nation to ensure that nurse staffing ratios reflect the level of care and compassion we strive to deliver every day.

I'll end with this. For several years we have heard about a nursing shortage. That is a misnomer. Rather, there is a **workforce crisis**. Specifically, thousands of highly qualified and experienced clinical nurses are leaving the bedside. They leave instead of subjecting themselves to the continued overexertion and the stressful and unrealistic situations that make up today's bedside nursing experience.

If hospitals want more bedside nurses, which is what the data shows they do indeed want, then the onus is on those hospitals to ensure a safe clinical work environment to attract and recruit nurses, and to bring them back to the bedside. It truly is that simple.

Thank you for allowing me to testify before you today. I look forward to your questions.

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