My name is Karen Leigh. I am an RN with 27 years of bedside nursing experience. I am also a person who is willing to speak out on issues that many of my colleagues and co-workers come to me with, but would not broach in public or to administration for fear of reprisals or loss of job change opportunities. I have ordered my understanding of this world, and my various roles and functions within it on a few fundamental premises. One of these is that there isn't more than 100% of anything. So, for instance, for a coach to ask a player to give I 10% is meaningless. The most the player can give is 100%. Another is that at any given moment, all resources are finite, even air, even sunlight.

With that being said...

Most, if not all Iowa hospitals, have utilized one of several available acuity scales to determine their staffing needs. I agree that this is a good thing. It certainly beats a shot in the dark. My institution uses GRASP. That's an acronym for Grace Reynolds Application and Study of Peto. (But you could have figured that out.) The formulas used to place a time value on everything from nursing minutia to complicated procedures involves an unfathomable complexity worthy of any federal government program. The bottom line is that my time is accounted for, in spite of the reality that it is accounted for more rigidly than interaction with human patients makes possible. I don't have a problem with this either. I prefer to be busy.

The problem begins with the budget crunch that ultimately resulted in the mandate that I and my co-workers be minimally 110% utilized. What does that mean? I can't do more than 100% of what I can do!!! And it's not uncommon to be assigned at 120% utilization, or even on nightmare shifts at up to 140 or 150% utilization! Interestingly, my compensation is not correspondingly 110, 120 or 150%. And my degree of accountability and liability remains constant at 100%. You understand that means 100% accountability and liability for 150% utilization. I also want you to understand that at, for instance, 150% utilization, no one develops superhuman abilities. This just means that approximately 1/3 of the work doesn't get done. While you are keeping patients fed, toiletted, pain controlled, IV's running and medications on schedule, post-op patients are not being walked, outdated IV sites are not being changed, and patients teaching needs are not being met. Your hope is that the next shift can pick up your slack. But more often than not, if your shift was that understaffed, the next one isn't likely to fair much better. We spent 10's of thousands of dollars on GRASP, this research based staffing determination tool. Why don't we adhere to it?

Why are staffing levels allowed to be that unreasonable? I and my co-workers are certainly interested enough to ask. And we have heard time and time again from out assistant directors of nursing, who are in charge of staffing, that we just don't have the nurses, that "there's just no fat" in our nursing pool.

Where are the nurses? I personally know many nurses who saw the job, did the job, and quit the job. They found something else to do. Bedside nursing was too high stress. And how many young nurses have I seen in recent years go back to school after very short tenures as bedside nurses? I understand that according to the Iowa Board of Nursing if every licensed nurse in Iowa was working as a nurse, there wouldn't be an office, clinic or hospital nursing position open in

the state. I also frequently hear the theory that it's all a conspiracy to have more nursing staff at entry level salaries. I argue that can't possibly be the case. Orientations are very expensive. And

with technologies and procedures becoming increasingly complex, we need more and more experienced nurses.

I'm not here today to point an accusing finger or to offer the ultimate solution, and I am extremely grateful to have the opportunity to air my concerns before this respected body. These unrealistic staffing expectations are driving nurses away from the bedside and keeping potential nurses from entering the profession. I and many nurses who talk with me are extremely frustrated in our apparent inability to attract and retain good nurses with reasonable wages and tolerable working conditions. We look around the health care industry in general and see incredible expenditures on amenities and services that aren't as crucial as bedside nurses. We're told these come from other budgets. This brings us back to my fundamentals. In the big picture, the really big one, there is only one budget. This is what we've got. This is what we need. We prioritize. We need nurses. Please give staffing levels for Iowa nurses you thoughtful consideration, in whatever form that may take. And as long as I've started a wish list, please protect the nurses who have the courage to point out the shortcomings of the system, and the optimism to believe that there is room for improvement. Thank you for not more than 100% of your time and attention.