

# Understaffing persists in New York's hospitals despite safe staffing law

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Three years after a safe staffing law took effect in New York, understaffing persists in the state's hospitals. Most hospitals fail to maintain the required ratio of one nurse-to-two patients in critical care units and intensive care units (ICUs). Most hospitals are not publicly posting staffing plans for all their units as the law requires.

Numerous studies have confirmed that understaffing harms nurses and undermines patient outcomes. A study by researchers at the University of Pennsylvania found that each additional patient assigned to a nurse is associated with a higher risk of in-hospital mortality, longer hospital stays and higher risks of 30-day hospital readmission. Understaffing also increases nurses' workloads, heightens the risk of medical error and augments the risk of burnout.

The New York State Legislature passed the Clinical Staffing Committees and Disclosure of Nursing Quality Indicators law in May 2021. The law, which took effect in January 2022, mandated a universal 1:2 nurse-to-patient ratio for critical care units and ICUs. Instead of setting minimum safe staffing standards for all other units, the law required hospitals to establish staffing committees, comprising equal numbers of nurses and administrators, to perform this task.

Ostensibly to provide oversight, the law created an independent advisory commission responsible for reporting on the law's effect and making recommendations to the state legislature. But the commission has not released its report, which was due in October 2024, because it has inadequate data to evaluate compliance with the law.

The New York State Nurses Association (NYSNA) had long campaigned for a safe staffing law at the state level, claiming that such a reform would reduce the burden on its members and improve patient care.

Because the independent advisory commission did not release a report on the law's effects, the union conducted staffing surveys at more than 60 facilities across the state. NYSNA members in ICUs and critical care units submitted staffing reports for 532 shifts from 32 critical care units at 20 hospitals across the state.

The union's own data reveal the ineffectual character of the safe staffing law. As of November 2024, only 33 percent of hospitals are publicly disclosing their staffing plans for all hospital units as required. Sixty-two percent of hospitals are posting staffing plans for only some units.

In addition, although 90 percent of hospitals convene their staffing committees regularly, most of these committees develop solutions for staffing complaints, but only 50 percent have implemented the solutions that they developed. This highlights the fact that these committees are just a fig leaf. The committees are invariably dominated by the interests of hospital administrators, which are to maximize profits and cut costs.

Moreover, in 52 percent of the reports that NYSNA gathered from New York's critical care units and ICUs, the number of patients exceeded the 1:2 ratio mandated by law. Hospitals are not hiring and scheduling enough nurses to meet safe staffing standards. As the independent advisory commission's failure to produce a report shows, many hospitals do not comply with procedural aspects of the law aimed at improving collaboration and transparency.

The NYSNA's response to these dismal findings has been to demand better enforcement of New York's safe staffing law. But the union's own report demonstrates the futility of this approach. It notes that it took months of staffing complaints for the New York Department of Health to inspect New York-Presbyterian. When the

Department issued a staffing deficiency report, hospital administrators refused to share it with the staffing committee. The Department of Health soon considered the complaints resolved, but neither it nor the hospital administrators provided any information about what corrective actions, if any, were taken.

The union also argues that nurses can achieve safe staffing by enforcing their contracts, which provide for the arbitration of staffing complaints. But these enforcement efforts, even when ostensibly successful, have not produced the needed improvements.

The Mount Sinai Health System (MSHS), where many NYSNA members work, is a case in point. This hospital system has been fined repeatedly for understaffing. Mount Sinai Morningside was cited for understaffing in its emergency department in June 2023 and February 2024. Mount Sinai Hospital, too, has been fined multiple times for understaffing in various units. For MSHS and other multibillion-dollar health systems, these fines are merely the cost of doing business.

Rather than ensuring safe staffing, collective bargaining agreements have institutionalized understaffing. Before the previous contracts for more than 17,000 nurses at 12 New York City hospitals expired on December 31, 2022, the nurses voted almost unanimously to strike, showing their determination to fight against understaffing and overwork. But NYSNA exerted all its efforts toward preventing a united fight.

The union bureaucrats kept nurses divided by negotiating behind closed doors with individual hospitals. They called off strikes one by one and presented their members with the current agreements, which they called “historic.”

Though NYSNA could not prevent strikes at Mount Sinai Hospital and Montefiore Medical Center, it ended them after three days and sent nurses back to work without ratification votes. NYSNA thus played a crucial role in imposing the current contracts, which have failed to end the crisis of understaffing. It has operated in the same way throughout the state, not just in New York City.

Like officials in the other trade unions, NYSNA bureaucrats function as a police force for management. They uphold the system of for-profit medicine by preventing or betraying strikes and ensuring the passage of pro-corporate contracts. Moreover, NYSNA seeks to keep nurses tied to the Democratic Party,

which is no less a party of Wall Street than the Republican Party.

The overriding priorities of the Biden administration have not been to promote public health and protect nurses but to escalate the NATO proxy war against Russia in Ukraine and to aid Israel’s genocide against the Palestinians.

New York’s nurses cannot win the fight for safe staffing if they leave the initiative in NYSNA’s hands. To wage a genuine struggle, nurses must form rank-and-file committees that are independent of the union and of both capitalist parties.

These committees will provide a democratic means by which the nurses can formulate their demands and develop a strategy to fight for them. The struggle for safe staffing and the best patient care is inseparable from the fight to remove the profit motive from medicine and establish a socialist healthcare system.



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