



The Dangerous Impact of the National Nursing Shortage:

As Health Care's Most Critical Workforce Shrinks, Dire Threats to Quality Patient Care Will Grow

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SUMMARY

The same nursing shortage that has been a concern for decades is now wreaking havoc on the U.S. health care system. The research findings are undeniable: Our country's urgent shortage of nurses has reached catastrophic proportions. While dire, the problem has solutions that we can begin to implement now.

Nurses make up the majority of the health care industry and spend more time with patients than any other care team member—including doctors who make diagnoses and prescribe treatments.

Having enough nurses to care for a given patient population is strongly linked to effective patient care and safety. Research indicates that an increased number of patients per nurse increases the risk of adverse patient safety incidents, morbidity, and death. Patients, particularly in communities of color, suffer in terms of access to treatment, health outcomes, and health equality due to a lack of diversity in the health care professions.

Yet, the nursing shortage is already so acute that by the start of 2022, one in every six hospitals in the United States reported critical nursing shortages, with many curtailing services or even closing whole sections. If shortages continue to worsen, it is easy to envision how this will play out. It is easy to imagine how it will feel to need health care for ourselves and our families and not be able to get it because there just aren't enough nurses to help provide this care.

The severity of the shortage is determined by several interconnected factors, including the aging of the baby boomer population, the stress and burnout experienced by bedside nurses as their workloads increase, the dearth of nursing school educators and new graduate nursing programs, and the resulting competition for nursing school admission and financial aid among a new generation of students. All of these problems existed before COVID-19 and have only been exacerbated by the pandemic.

The range of imaginative solutions to these problems—many proposed and championed by nurses themselves—include steering the pipeline of new nurses toward new educational opportunities and keeping veteran nurses at the bedside by addressing workload issues, burnout, and pay disparities. These solutions will require communities, government, and academia all working together in the interests of community health and well-being.

Nursing is the most-trusted profession. Nurses are there to solve problems, and they don't walk away from patients. Here we are now—with a major opportunity to assess the evidence with clear-eyed rationality and propose practical, creative, and compassionate solutions.

INTRODUCTION

The nursing shortage, which has been looming on the horizon for decades, is now rippling across the nation, with disastrous consequences for our health care system. The research is clear: Our lack of nurses has reached a crisis point and will only get worse from here.

Nursing — the health care system’s largest workforce by far — is also our most crucial workforce: Patients spend more time with their nurses than any other care team member, including the doctors who diagnose and direct treatment. Numerous studies link quality nursing with healthier outcomes.

Yet, at the beginning of 2022, more than one in six hospitals in America reported critical nursing shortages, with many rationing care and closing units.¹ The severity of the shortage hinges on these key factors: the increasing numbers and acuity of patients and the rising nurse turnover rates driven by retiring baby boomers, departures of younger nurses stressed and burned out by burgeoning

workloads, and a new generation of aspiring nurses fighting for limited nursing school slots and limited help paying for school even if they get in.

As we adapt to the long-term effects of the COVID-19 pandemic, the constant and immense stress, pressure, and exhaustion felt by registered nurses (RNs) and the impacts on their mental health and well-being cannot be ignored nor forgotten. The mental and physical strain on nurses was at a breaking point even prior to the pandemic and is likely to persist for years to come — causing thousands to leave the profession or take retirement earlier than planned. Patients will lose access to key caregivers; hospitals will struggle to keep up with the cost of keeping seasoned, dedicated nurses at the bedside.

Researchers agree that without decisive action, the result of the mass exodus threatens quality care and puts patients’ lives at risk, and would further destabilize an already fragile American health care system.

“We’ve been able to show that safe staffing makes a difference for patients and for the people who are delivering the care. If we don’t have schools and educators and can’t hire—we’ll never have enough nurses to meet ratios.”

—DENISE DUNCAN, RN, UNAC/UHCP PRESIDENT

34% of nurses say it’s very likely that they will leave their jobs by the end of 2022.

¹ American Hospital Association, “[Fast Facts on U.S. Hospitals](#),” January 2022.

THE CURRENT EXODUS

Approximately 3 million registered nurses work in the United States – making them the nation’s single largest category of health care professionals and the fifth-largest profession overall.² Approximately 1 million registered nurses are over 50 years old – meaning one-third of the workforce will be near or at retirement age in the next 10 to 15 years.³

These nurse retirements are not being offset by new graduates. Nursing schools were forced to turn away 80,000 applicants because they didn’t have enough educators.⁴ Pre-pandemic, the number of new nursing licenses steadily grew around 4% each year, infusing additional talent into the workforce to replace retirees. In 2020, new licensures ticked up only 1%.⁵ In 2022, employers will post 1.7 million positions for fulltime RNs. Researchers estimate we will need to more than double the number of new graduates entering and staying in the nursing workforce every year for the next three years straight.

The pandemic pummeled the health care industry but none harder than the nurse workforce. An almost insurmountable workload left most nurses exhausted and burned out. Analysis of data specific to the nurse workforce reveals that the strain of the pandemic led to a precipitous increase in nurses leaving their current positions, the profession, or the health care field:

- An estimated 30% of nurses left the health care field since the beginning of the pandemic as part of the nation’s Great Resignation.⁶
- The nation’s nursing workforce dipped nearly 90,000 since March 2020, the U.S. Bureau of Labor Statistics (BLS) reported in November 2021.⁷
- By the end of 2022, 34% of nurses say they will very likely leave their jobs.⁸

“Many bedside nurses are trying to get out. They’re burned out. They’re done. They’re not willing to put up with it anymore: risking their license, risking patients’ lives. People are just done.”

–DEBORAH HANLYN, RN, RIVERSIDE, CA

² Bureau of Labor Statistics, U.S. Department of Labor. [Occupational Employment and Wage Statistics – Charts of the Largest Occupations in Each Area](#). May 2022.

³ Haddad LM, P Annamaraju, TJ Toney-Butler. [“Nursing Shortage.” StatPearls Publishing](#), January 2022.

⁴ Graebe, Jennifer and Lisa McIntyre-Hite. [“Higher Education Can Help Solve America’s Nursing Shortage.” Healthcare Dive](#), April 11, 2022.

⁵ Nurse licensure and exam statistics. [National Council Licensure Examination \(NCLES\)](#), 2016-2020.

⁶ Gordon, Deb, [“Amid Healthcare’s Great Resignation, Burned Out Workers Are Pursuing Flexibility And Passion.” Forbes](#), May 17, 2022.

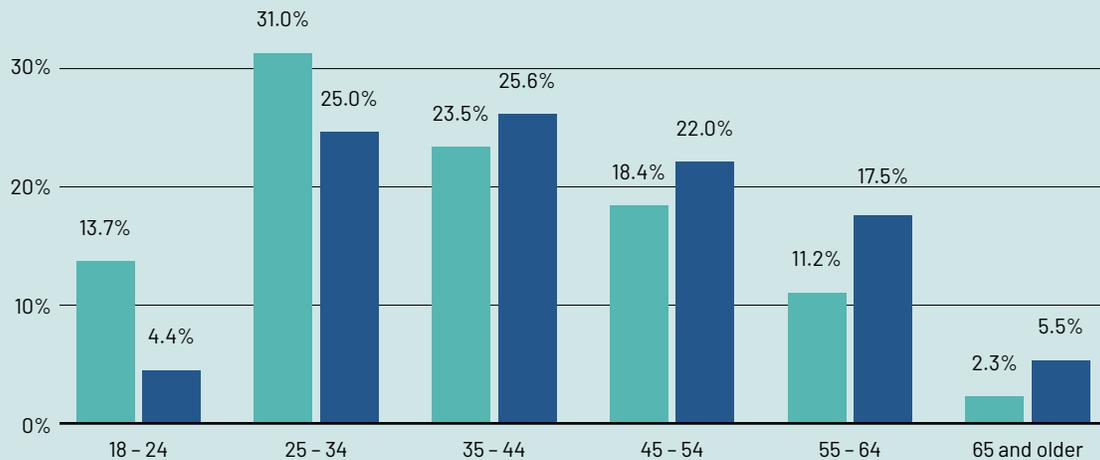
⁷ Landi, Heather. [“Third Of Nurses Plan To Leave Their Jobs In 2022, Survey Finds.” Fierce Healthcare](#), March 22, 2022.

⁸ Davis, Carol. [“One Third Of Nurses Plan To Quit Their Jobs In 2022, Thanks To High Stress And Burnout.” HealthLeaders](#), March 18, 2022.

The Share Of U.S. Nurses Nearing Retirement Age Has Increased Significantly

Share of employed registered nurses in the United States by age group, 1978 and 2021

■ 1978 ■ 2021



Source: [How To Ease the Nursing Shortage in America](#). Center for American Progress, May 23, 2022.

DIRE PREDICTIONS

The simple fact is that the nationwide nursing shortage isn't a new issue, and the pandemic isn't the main cause – it simply added gasoline to a raging fire. The aging U.S. population, burnout, insufficient pay and opportunities, soaring costs of higher education, and an impending surge of nurse retirements are all underlying factors.⁹

Furthermore, even if enough graduates make it to the bedside, recent statistics show younger nurses are reluctant to stay in the workforce. New graduates are leaving the profession or considering a new career in unprecedented numbers. According to a recent American Nurses Foundation survey, **nurses under 35 were twice as likely to report burnout as those over 55, and more likely to quit.**¹⁰ Younger nurses are more likely to consider a move, with 23% of millennial nurses actively looking to change professions.¹¹ The overwhelming majority (73%) of Generation Z nurses – those 24 years old or younger – are open to new opportunities.

⁹ Galvin, Gabby. "[Nearly 1 in 5 Healthcare Workers Have Quit Their Jobs During the Pandemic.](#)" *Morning Consult*, October 4, 2021.

¹⁰ [Pulse of the Nation's Nurses Survey Series: Mental Health and Wellness](#). American Nurses Foundation, October 2021.

¹¹ [2022 Nurse Salary Research Report: Trends and Insights for Leaders and Recruiters](#). Relias and Nursing.com, May 23, 2022.

Research shows that the overall percentage of nurses leaving the bedside has modestly ticked up year after year for decades. Even before the pandemic, academics and experts were issuing catastrophic warnings about an impending RN shortage across the country. As each year passes, the predictions grow more dire – for the profession and for patients:

- A 2015 health care workforce report projected that 37 states would experience significant nursing shortages by 2030, with deficiencies in California and two other states higher than any other.¹²
- A similar 2015 study projected a nationwide shortage of 128,000 RNs by 2025, noting that there was a dire crisis on the horizon.¹³
- In 2017, California was projected to face a shortfall of about 4,700 primary care nurse clinicians by 2025 and a projected need of more than 4,100 additional specialty providers by 2027 to meet the expected demand to manage cancer treatments and other serious cases.¹⁴
- In April 2022, the U.S. Bureau of Labor Statistics (BLS) predicted that our nation’s health care system will need approximately 1.1 million new nurses nationwide by 2025 to accommodate the rising demand of an aging patient population and health concerns related to the care and treatments postponed during the pandemic.¹⁵

With the rapid exodus of nurses due to burnout and the aging workforce, experts now estimate that in a few short years our nation will fall short of the BLS’ projections. About 194,500 openings for registered nurses are projected each year, on average, over the current decade. Many of those openings are expected to result from the need to replace workers who transfer to different occupations, retire, or otherwise leave the labor force.¹⁶

These projections show little evidence of improvement on any measure in the near future: Based on trends over the past two years, it is estimated that for every 1% of nurses who leave direct patient care, the overall shortage worsens by about 30,000 nurses.¹⁷ The problem is not limited to the United States: The world could be short 13 million nurses by 2030.¹⁸

¹² Zhang X, Tai D, Pforsich H, Lin VW. [United States Registered Nurse Workforce Report Card and Shortage Forecast: A Revisit](#). *Am J Med Qual*. 2018 May/Jun; 33(3):229-236. doi: 10.1177/1062860617738328. Epub 2017 Nov 28. PMID: 29183169.

¹³ Auerbach DI, Buerhaus PI, Staiger DO. [Will the RN Workforce Weather the Retirement of the Baby Boomers?](#) *Medical Care*. 2015 Oct;53(10):850-856. DOI: 10.1097/mlr.0000000000000415. PMID: 26366517.

¹⁴ Health Resources and Services Administration Bureau of Health Workforce, U.S. Department of Health and Human Services. [Supply and Demand Projections of the Nursing Workforce: 2014-2030](#). National Center for Health Workforce Analysis, July 2017.

¹⁵ Bureau of Labor Statistics, U.S. Department of Labor. [Occupational Outlook Handbook, Registered Nurses](#), updated April 18, 2022.

¹⁶ Bureau of Labor Statistics, U.S. Department of Labor. [Employment Projections](#) program.

¹⁷ Berlin, Gretchen, Meredith Lapointe, Mhoire Murphy, and Joanna Wexler. [“Assessing the Lingering Impact of COVID-19 on the Nursing Workforce.”](#) McKinsey & Company, May 11, 2022. [Survey: US hospital patient volumes move back towards 2019 levels](#). McKinsey & Company. March 17, 2022.

¹⁸ Almendral, Aurora. [“The World Could be Short of 13 Million Nurses in 2030 – Here’s Why,”](#) World Economic Forum, January 28, 2022.

WHY NURSING MATTERS

Nurses are consistently recognized as the most trusted profession in America year after year.¹⁹

Nurses also play a critical role in ensuring patient wellness and safety as the primary professionals providing constant and direct care. Doctors and physicians make diagnostic and treatment decisions but typically spend just 30 to 45 minutes a day with a critically ill hospitalized patient, limiting their ability to see changes in a patient's condition over time.²⁰

Meanwhile, nurses are a constant presence at the bedside and regularly interact with physicians, pharmacists, families, and all other health care team members, which is crucial to timely coordination and communication of the patient's condition.²¹ Nurses monitor patients for clinical deterioration, detect errors and near misses, understand care processes and weaknesses inherent in some systems, identify and communicate changes in patient condition, and perform countless other tasks to ensure patients receive high-quality and safe care.²² Vigilance at the bedside is essential to positive health outcomes.

“I make it a point to turn my patients. I will gather vital signs every two hours. If they go to the bathroom, I clean them. And I must dedicate time to finding out the information we need to get the patient well again.”

—LISA GUTIERREZ, RN, RIVERSIDE, CA

PUTTING QUALITY CARE AND PATIENTS' LIVES AT RISK

In addition to the predicted aging U.S. population strains that prompted experts to raise warning flags a decade ago, the long-term effects of COVID-19 are on the horizon. Chronic respiratory and breathing problems, kidney damage, and impacts of delayed preventive care will add pressure to what was an already strained system. Because of the buildup and added severity of health issues facing Americans, inpatient hospitalization days are expected to rise up to 12% in 2025 compared to 2019 rates.²³

¹⁹ [“Gallup: Nurses are Most Trusted Profession for 20th Straight Year.”](#) Yale School of Nursing, February 7, 2022.

²⁰ Jessamyn Phillips, DNP, FNP-C, Alex Peck Malliaris, MSN, MSHCA, FNP-C, and Debra Bakerjian PhD, APRN. [“PSNet Primer: Nursing and Patient Safety.”](#) PSNet, April 21, 2021.

²¹ See Phillips et al. PSNet, April 21, 2021.

²² See Phillips et al. PSNet, April 21, 2021.

²³ Nurse licensure and exam statistics. [National Council Licensure Examination \(NCLES\)](#), 2016-2020.

Numerous studies and research have proven the relationship between nurse staffing ratios (especially RN staffing ratios²⁴) and patient safety,²⁵ which indicates an increased risk of patient safety events,²⁶ morbidity, and even fatality²⁷ as the number of patients per nurse increases. The National Institutes of Health discovered that **adding one patient to a nurse's caseload raises the probability of patient death by seven percent.**²⁸ According to a poll conducted by the American Association of International Healthcare Recruitment, more than 90% of registered nurses said the pandemic caused dangerous levels of staffing in their unit.²⁹ A similar proportion of respondents said that the endless elevated ratios of patients to nurses led to prolonged substandard care for patients.³⁰

Tenure is a significant determinant of the cost and quality of hospital care. For example, a one-year increase in the average tenure of registered nurses on a hospital unit was associated with a 1.3% decrease in length of stay, a 2014 study from researchers at Columbia University School of Nursing and Columbia Business School found.³¹

Burnout has been associated with a poor level of patient care, patient dissatisfaction, an increased number of medical errors, higher infection rates, and higher mortality rates.³² Nurses who reported having poor mental health were 62% more likely to have made medical errors.³³ In 2021, roughly 25% of nurses reported they could not provide adequate care to their patients in current circumstances.³⁴

More than **90%** of registered nurses said the pandemic caused dangerous levels of staffing on their unit.

- ²⁴ Needleman J, Buerhaus P, Mattke S, et al. [Nurse-Staffing Levels and the Quality of Care in Hospitals](#). *N Engl J Med*. 2002;346(22):1715-22.
- ²⁵ Aiken LH, Clarke SP, Sloane DM, Sochalski J, Silber JH. [Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction](#). *JAMA*. 2002 Oct 23-30;288(16):1987-93. doi: 10.1001/jama.288.16.1987. PMID: 12387650.
- ²⁶ Griffiths P, Maruotti A, Recio Saucedo A, et al. [Nurse Staffing, Nursing Assistants and Hospital Mortality: Retrospective Longitudinal Cohort Study](#). *BMJ Qual Saf*. 2019;28(8):609-617. doi:10.1136/bmjqs-2018-008043.
- ²⁷ Needleman J, Buerhaus P, Pankratz VS, Leibson CL, Stevens SR, Harris M. [Nurse Staffing and Inpatient Hospital Mortality](#). *N Engl J Med*. 2011;364(11):1037-1045. doi:10.1056/NEJMsa1001025.
- ²⁸ Carayon P, Gurses AP. [Nursing Workload and Patient Safety—A Human Factors Engineering Perspective](#). In: Hughes RG, editor. *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 30.
- ²⁹ ["One Year Into COVID-19, One-Third of Nurses are Considering Leaving the Bedside."](#) American Association of International Healthcare Recruitment, April 2021.
- ³⁰ Galvin, Gabby. ["Nearly 1 in 5 Healthcare Workers Have Quit Their Jobs During the Pandemic."](#) *Morning Consult*, October 4, 2021.
- ³¹ Gamble, Molly. ["Hospitals feel the brain drain."](#) *Becker's Hospital Review*, May 18, 2022.
- ³² Loera B, Converso D, Viotti S. [Evaluating the Psychometric Properties of the Maslach Burnout Inventory – Human Services Survey \(Mbi-Hss\) Among Italian Nurses: How Many Factors Must a Researcher Consider?](#) *PLoS One*. 2014;9(12):e114987.
- ³³ ["Critical Care Nurses' Physical and Mental Health, Worksite Wellness Support, and Medical Errors."](#) *Am J Crit Care* (2021) 30(3): 176-184.
- ³⁴ See ["One Year Into COVID-19, One-Third of Nurses are Considering Leaving the Bedside."](#) April 2021.



Without a doubt, overworked nurses suffering from exhaustion or burnout and increases in the patient-to-nurse ratio harm the capacity to deliver safe treatment in the long run. Experts once again are warning that the current RN shortage is now the number one challenge to effectively meeting patient care needs, and will continue to be so.³⁵

Eroding access also places patients' lives at risk. Across the nation, hospitals have had to shut down departments and scale back care due to staffing shortages: A small hospital in Wyoming ended labor and delivery services in June after losing five nurses and spending more than \$100,000 a week on travelers. A hospital in Massachusetts shuttered its free-standing birth center last September because of an insufficient number of skilled nurses. And an adolescent mental health unit paused services because a shortage of psychiatric RNs limited the local hospital's ability to safely staff the unit on a 24/7 basis.³⁶

The lack of diversity of candidates among the health professions also has significant consequences for access to health care services, health outcomes, and health equity for patients and communities of color. Despite being the largest group of health care providers and working in virtually all health care and community settings, few nurses of color are represented:³⁷

- 6.2% Black/African American
- 7.5% Asian
- 5.3% Hispanic
- 0.4% American Indian/Alaskan Native
- 0.5% Native Hawaiian/Pacific Islander

³⁵ Berlin, Gretchen, Meredith Lapointe, Mhoire Murphy, and Joanna Wexler. "[Assessing the Lingering Impact of COVID-19 on the Nursing Workforce](#)." McKinsey & Company, May 11, 2022.

³⁶ Ellison, Ayla. "[Hospitals Cutting Services Over Staffing Shortages](#)." *Becker's Hospital Review*, May 16, 2022.

³⁷ [2017 survey](#) conducted by the National Council of State Boards of Nursing (NCSBN) and The Forum of State Nursing Workforce Centers.

THE COST OF NURSING SHORTAGES: IMPACTS ON HEALTH CARE FINANCE AND HOSPITAL OPERATIONS

Nursing shortages are fueling an average 8% increase in daily clinical labor costs for hospitals and an additional \$24 billion in nationwide annual spending on clinical labor.³⁸ That translates to a \$17 million increase in the annual labor budget of an average 500-bed health care facility.³⁹

The underlying contributors to these costs are a 52% increase in overtime hours as well as a roughly 130% increase in the use of agency and temporary labor.⁴⁰ Experts note that contracted labor, such as travelers, typically costs hospitals 50% or more than a typical, permanent, and fully-benefit eligible employee.⁴¹

Health care systems pay an additional price for trying to replace experienced staff nurses:

The average turnover costs result in hospitals losing \$4.4 million to \$6.9 million each year.⁴²

According to the 2019 National Healthcare Retention & RN Staffing Report, each percentage increase in staff nurse turnover will cost the average hospital an additional \$328,400.⁴³ The report also found that the average time it takes to fill a staff nursing position is 85 days, costing about \$82,000. Costs are higher for the three months or more it takes to replace a specialized nursing position, and additional costs associated with turnover include overtime work by other nurses to cover the loss, and the time needed to onboard and train the new nurse.

The rates of RN turnover in the United States already ticked up over the past five years, growing from 17% in 2017 to 26% by 2021.⁴⁴ Meanwhile, employment levels for RNs experienced the largest decline in at least 20 years: three percent between 2020 and 2021.⁴⁵

The average nurse turnover rate will cost a hospital anywhere from **\$4.4 million to \$6.9 million** each year.

³⁸ Muoio, Dave, "[Pandemic-Era Overtime, Agency Staffing Costs U.S. Hospitals an Extra \\$24b Per Year.](#)" *Fierce Healthcare*, October 8, 2021.

³⁹ See Muoio, *Fierce Healthcare*, October 8, 2021.

⁴⁰ See Muoio, *Fierce Healthcare*, October 8, 2021.

⁴¹ See Muoio, *Fierce Healthcare*, October 8, 2021.

⁴² Franklin A. Shaffer, EdD, RN, FAAN, FFMRCIS, and Leah Curtin, ScD(h), RN, FAAN. "[Nurse Turnover: Understand It, Reduce It.](#)" *MyAmericanNurse.com*, August 10, 2020.

⁴³ [National Health Care Retention & RN Staffing Report](#), 2019.

⁴⁴ Bureau of Labor Statistics, U.S. Department of Labor. "[Effects of Covid-19 Pandemic on Employment and Unemployment Statistics.](#)" March 2022.

⁴⁵ Bureau of Labor Statistics, U.S. Department of Labor. "[Weekly And Hourly Earnings Data From The Current Population Survey: Person Counts \(Number In Thousands\); All Industries; Registered Nurses; Both Sexes.](#)"

The American College of Healthcare Executives' annual poll of hospital CEOs released in 2022 indicated that **staffing shortages outweighed financial performance as the top concern for the first time in 17 years.**⁴⁶ The most-pressing need facing hospital operations, according to 94% of poll respondents, is a shortage of registered nurses. Back in 2019, 80% of CEOs ranked RN shortages among their top three concerns. Now, 92% of these executives expect the nurse labor shortage to intensify in the coming 18 months.⁴⁷

With people as the health care sector's greatest resource, pay and benefits are normally a significant portion of operational costs. The severe labor crunch is increasing costs like never before. The Fitch credit rating firm recently reported that nonprofit hospitals reported some of the largest net losses due to personnel costs than any other time during the entire pandemic.⁴⁸ Providence CFO Greg Hoffman said: "The past two years have been challenging, but 2022 may be the biggest challenge yet."⁴⁹

From the perspective of nurses, those financial problems look at least partly self-inflicted: "many workers left because they were poorly treated or compensated, forcing hospitals to hire travel nurses at a greater cost. Those nurses then stoke resentment among full-time staff who are paid substantially less but are often asked to care for the sickest patients."⁵⁰ Patricia Pittman, a professor of health policy and management at the School of Public Health at George Washington University, notes that this financial strain on the bottom line is the doing of corporate executives who see nurses as a cost and not a benefit. She called out "short-sighted policies" and expressed hope that hospitals would be forced to reconsider how they pay and retain staff nurses instead:

"So now, when staffing agencies raised their prices and began paying [travel] nurses so much more than they earn in their regular jobs, it has been a shock to hospitals."⁵¹

"It's a chronic issue. We need to address it head-on, at the local, state, and national levels. If you want to create an environment that people want to stay in and work in, you're going to have to change staffing. If we don't make changes, I'm afraid that we'll definitely see worse patient outcomes."

—LISA TZE-POLO, RN, BSN WOODLAND HILLS, CA

⁴⁶ American College of Healthcare Executives. [Top Issues Confronting Hospitals in 2021](#). February 4, 2022.

⁴⁷ Kreimer, Susan. ["Nursing Shortage Looms Large and Projected To Intensify In Next 18 Months: Report."](#) *Fierce Healthcare*, April 5, 2022.

⁴⁸ Liss, Samantha, ["Nonprofit Hospitals Squeezed By Pricier Labor, Investment Losses In Q1."](#) *Healthcare Dive*, May 16, 2022.

⁴⁹ See Liss, *Healthcare Dive*, May 16, 2022.

⁵⁰ Yong, Ed. ["Why Health care Workers are Quitting in Droves,"](#) *The Atlantic*, November 16, 2021.

⁵¹ Neisloss, Liz. ["Travel Nurse Salaries Driven Up In The Pandemic, Creating 'Unsustainable' Hospital Costs,"](#) *GBH News*, February 3, 2022.

The dire nurse staffing crisis is likely to deepen, and hospitals are likely to continue to demand more of nurses. Most nurses and health care workers believe that this isn't their problem anymore; the executives and administrators need to figure it out.⁵²

For too long, the U.S. health care industry and its corporate executives have relied on the individual grit of its workforce — a grit most nurses have worn as a badge of honor. **The industry's challenge now is to create a health care system that's as resilient as the individuals who work in it.**⁵³

TRAVELER NURSING CORPS: TEMPORARY AND COSTLY

The pandemic ushered in an explosive use of travel nurses,⁵⁴ registered nurses who are contracted to work short stints at understaffed hospitals across the country for double, triple, or quadruple pay rates compared to permanent staff.⁵⁵

Yet history shows that travel nursing is a notion that has been around for decades. History's most well-known nurses went to places where there was an urgent need for treatment: At the request of the British war secretary, Florence Nightingale, the inventor of modern nursing, led a party of 38 women from London to Istanbul to treat wounded troops during the Crimean War. Clara Barton, the founder of the American Red Cross, provided help to troops on the front lines of Civil War battles from Harpers Ferry to Charleston. Travel nursing as it is today started in 1978 in New Orleans, when hospitals hired short-term staff to meet the increased demand of sick and injured during Mardi Gras.⁵⁶

“Staffing is the topic of conversation each and every day: The complaints and outcry from nurses at the bedside have everything to do with the conditions under which they're working, the lack of power to speak up, and the lack of autonomy to make more meaningful decisions.”

—CHARMAINE MORALES, RN, UNAC/UHCP EXECUTIVE VICE PRESIDENT

⁵² Yong, Ed. “[What COVID Hospitalization Numbers Are Missing.](#)” *The Atlantic*, May 18, 2022.

⁵³ See Yong, *The Atlantic*, May 18, 2022.

⁵⁴ Kirkman, Rebecca. “[Nursing Where Needed: As Travel Nurses Fill Critical Shortages, High Pay Creates Unsustainable Challenges For Health Care Systems.](#)” *Baltimore Magazine*, May 2022.

⁵⁵ Chief nursing officers consistently reported staffing as their greatest challenge throughout the pandemic, with vacancy rates of permanent nurse staff as high as 30%. [Fact Sheet: Easing the American Nursing Shortage](#). Center for American Progress, May 23, 2022. Citing Erica Carbajal and Gabrielle Masson, “[When a nursing shortage and COVID-19 collide: How 4 CNOs are responding.](#)” *Becker's Hospital Review*, August 18, 2021.

⁵⁶ See Kirkman, *Baltimore Magazine*, May 2022; Dixon-Luinenburg, Miranda. “[How The Era of Travel Nursing Has Changed Health Care.](#)” *Vox.com*, March 2, 2022.

The COVID era further depleted an exhausted workforce, taking out waves of staff nurses. At the height of the pandemic, use of sick time rose more than 50% for full- and part-time staff working in intensive care units. Turnover across ICUs, nursing units and emergency departments rose from 18% to 30% in one year.⁵⁷ Hospitals relied heavily on travelers with a nationwide increased use of 35% in 2020 and an estimated additional 40% by the end of 2021.⁵⁸ As demand grew and persisted, labor prices for temporary staff skyrocketed. In January 2022, nearly 200 lawmakers asked the White House to investigate the nurse staffing industry, contending that some temporary staffing firms were charging more than three times pre-pandemic rates while pocketing 40% or more of the rate that hospitals were paying for a nurse.⁵⁹

Although the traveler trend doesn't appear close to returning to pre-pandemic rates, the fallout continues over high pay rates, the transparency of traveler contracts, and how nurses who are always meant to be temporary should integrate with an existing care team.

Contract nurses are earning an average of \$132 an hour in 2022, more than double the \$64 hourly rate in 2019. Wages for permanently employed nurses for the same period have increased by only 11%.⁶⁰ The lucrative pay travelers can earn often creates a vicious cycle by luring tenured nurses away from their permanent hospitals — leaving former colleagues to bear the burden of yet another hole in the permanent roster for months to come.

Contract and travel nurses account for approximately 2% of registered nurses in the labor market. Therefore, the health care sector relies on the 2% cohort of travel nurses to make up for the 9% nurse shortage in hospitals. This sets the stage for an extreme supply and demand imbalance.⁶¹ Pittman, professor of health policy and management at the School of Public Health at George Washington University, has called travel nursing a *double-edged sword* — helpful in times of high need but an excuse for hospitals not to focus on staffing issues.⁶²

Hospitals will post an estimated **1.7 million** open full-time permanent RN positions in 2022.

⁵⁷ Muoio, Dave, "[Pandemic-Era Overtime, Agency Staffing Costs U.S. Hospitals An Extra \\$24b Per Year.](#)" *Fierce Healthcare*, October 8, 2021.

⁵⁸ Bernstein, Lenny, "[As Covid Persists, Nurses Are Leaving Staff Jobs — And Tripling Their Salaries As Travelers.](#)" *The Washington Post*, December 6, 2021.

⁵⁹ Muoio, Dave, "[Lawmakers, Aha Urge White House To Investigate Nurse Staffing Agencies' Price Hikes.](#)" *Fierce Healthcare*, January 26, 2022.

⁶⁰ Kauffman Hall, "[National Hospital Flash Report: Special Workforce Edition](#)," May 2022.

⁶¹ Mensik, Hailey, "[Pandemic keeps exacerbating burnout among nurses, including travelers.](#)" *Healthcare Dive*, September 7, 2021.

⁶² Neisloss, Liz, "[Travel nurse salaries driven up in the pandemic, creating 'unsustainable' hospital costs.](#)" *GBH News*, February 3, 2022.

Animosity is also growing between core nurse staff and traveling nurses for many reasons that exacerbate stress and shortages. Travel nurses are often contracted to do the same work for a much higher paycheck. Fierce Healthcare recently reported that a third of nurses in permanent roles said that the massive increase in the use of travelers made them feel dissatisfied or extremely dissatisfied at work.⁶³ Travel nurses are not mandated to work beyond the hours designated in their contracts, while core staff nurses are often subject to mandatory overtime. And because team tenure is a significant determinant of the quality of care, permanent nursing staff members are often assigned the highest acuity patients. Travel nurses aren't versed in department layouts nor have developed a team-based relationship that nurses often rely on to provide constant and consistent care for the sickest patients.

"Even when missing people can be replaced, missing knowledge cannot," notes journalist Ed Yong. This brain drain reverberates from the schools back to the bedside, and more importantly, to the patients:

"When inexperienced recruits are trained by inexperienced staff, the knowledge deficit deepens, and not just in terms of medical procedures... The system has also lost indispensable social savvy – how to question an inappropriate decision or recognize when you're out of your depth – that acts as a safeguard against medical mistakes. And with established teams now ruptured by resignations, many health care workers no longer know – or trust – the people at their side."⁶⁴

"Our state's nursing shortage has reached crisis proportions. If we are to increase the number of nurses needed at the bedside, we must address burnout and stress, enforce current staffing ratios, invest in training and career development, and create clear education pathways for a new generation of aspiring nurses."

– SENATOR CONNIE M. LEYVA, CALIFORNIA SENATE

37 states will experience significant nursing shortages by 2030, with deficiencies in California and two other states higher than any other.

⁶³ Landi, Heather. "[Third Of Nurses Plan To Leave Their Jobs In 2022, Survey Finds.](#)" *Fierce Healthcare*, March 22, 2022.

⁶⁴ Yong, Ed, "[What COVID Hospitalization Numbers Are Missing.](#)" *The Atlantic*, May 18, 2022.

HELP IS NOT ON THE WAY: ASPIRING NURSES BLOCKED BY LACK OF EDUCATORS, ACCESS, AND PROGRAMS

Building a strong nursing workforce depends on higher education institutions with the capacity to produce enough graduates to meet the needs of our health care system.⁶⁵ The authors of a 2015 report on the health care workforce warned that the number of RNs trained each year nationwide is *grossly inadequate* to meet the clearly expected rise in demand.⁶⁶

Even though public colleges and universities lost overall enrollments from 2015 to 2019,⁶⁷ student applications and admissions surged in 2020.⁶⁸ Student enthusiasm gave way to unfortunate *program constraints* that forced higher education nursing programs to turn away more than 80,000 qualified applicants across the spectrum, ADN, BSN, MSN, and post-graduate candidates.⁶⁹ and specifically prevented universities from enrolling more than 66,000 qualified applicants to BSN programs.⁷⁰ Using pre-pandemic data, **graduation rates will still not be sufficient to replace the nurses who are leaving** and grow the nursing workforce at a pace with rising demand.

Estimates for California are even worse: Based on pre-pandemic graduation numbers, assuming an average of 11,500 per year, graduating classes through 2030 will add 138,000 nurses to California's workforce.⁷¹ Such estimates predict a shortfall of 82,000 graduates. To meet the anticipated demand, the number of nursing graduates in California needs to immediately increase by 60%.⁷²

Several barriers to entering college and completing programs need to be addressed, research shows. Financial support is critical to every college student's short-term and lifelong success, particularly in the form of tuition reimbursement, grants, and generous loan forgiveness. Financial obstacles are a particular barrier to traditionally underrepresented student groups, with many reporting they had to risk their grades suffering because they needed to bring in a paycheck for both education expenses and living expenses.

Across the country, community colleges in addition to universities are seeking partnerships and investments to grow their nursing programs.⁷³

⁶⁵ [Fact Sheet: Easing the American Nursing Shortage](#). Center for American Progress, May 23, 2022.

⁶⁶ Zhang X, Tai D, Pforsich H, Lin VW. [United States Registered Nurse Workforce Report Card and Shortage Forecast: A Revisit](#). *Am J Med Qual*. 2018 May/Jun;33(3):229-236. doi: 10.1177/1062860617738328. Epub 2017 Nov 28. PMID: 29183169.

⁶⁷ ["California Board of Registered Nursing 2019-2020 Annual School Report, Data Summary and Historical Trend Analysis, Presentation of Posts Licensure Nursing Education Program in California."](#) UCSF, June 2021.

⁶⁸ American Association of Colleges of Nursing. ["Student Enrollment Surged in U.S. Schools of Nursing in 2020 Despite Challenges Presented by the Pandemic."](#) Press release, April 1, 2021.

⁶⁹ Graebe, Jennifer and Lisa McIntyre-Hite. ["Higher education can help solve America's nursing shortage."](#) *Healthcare Dive*, April 11, 2022.

⁷⁰ American Association of Colleges of Nursing. ["Student Enrollment Surged in U.S. Schools of Nursing in 2020 Despite Challenges Presented by the Pandemic,"](#) Press release, April 1, 2021.

⁷¹ Joanne Spetz. ["Forecasts of the Registered Nurse Workforce in California."](#) Prepared for the California Bureau of Registered Nursing, June 2017.

⁷² Ring, Edward. ["California's Nursing Schools Need to Up Enrollment by 60 percent to Avoid Shortage."](#) California Policy Center. February 2019.

⁷³ <https://www.insidehighered.com/news/2021/11/04/colleges-and-universities-strive-graduate-more-nurses>.

THE SHORTAGE OF NURSE EDUCATORS

A major constraint that prevents higher education institutions from graduating more nurses is a shortage of nurse educators. Like the clinical nurse workforce, nurse educators and faculty have been leaving the classroom at a steady rate, an issue that has been the subject of extensive research and warnings since the 1960s.⁷⁴ The lack of certified and qualified staff leads to limited openings for new students, curtailing the number of nurses that a nursing school can generate. Decreased and limited faculty not only reduces the number of enrollments and potential new nurses, the overall quality of the program and classes can decline, severely impacting future patient care.

The American Association of Colleges of Nursing surveyed 935 university nursing programs in 2021, finding that:⁷⁵

- 62% (576 programs) had at least one unfilled vacancy for a full-time faculty member.⁷⁶
- full-time university nursing faculty vacancy rate rose to 8% from 6.5% in 2020.
- half of all vacant positions require a doctorate, and 72% require a time-consuming combination of classroom and clinical teaching responsibilities.

Nurse educators retired at similar rates as their colleagues at the bedside, but the number one reason educators leave their positions is due to low pay.⁷⁷ Nurses with advanced degrees earn wages one and a half times or more as clinicians than as educators.^{78 79} Considering the costs of advanced study and education, efforts to retain and increase the number of faculty have largely failed.⁸⁰

“In a perfect world, hospitals would have some involvement and maybe even some accountability. It’s not only the learning institutions. Hospitals don’t have enough flexibility in scheduling and leave policies or pay practices. Nurses can’t afford to be instructors and still have bedside experience.”

—ANDRÉA MUIR, RN, MSN-ED, SAN DIEGO

⁷⁴ Surgeon General’s Consultant Group on Nursing, [“Toward Quality in Nursing: Needs and Goals”](#) (Washington: U.S. Department of Health, Education, and Welfare, 1963).

⁷⁵ McFadden, Taylor, Jenny Keyt, and Di Fang, [“Special Survey on Vacant Faculty Positions for Academic Year 2021-2022.”](#) Washington: American Association of Colleges of Nursing, 2021.

⁷⁶ American Association of Colleges of Nursing, [“Faculty Vacancy Survey Reports.”](#)

⁷⁷ McFadden, Taylor, Jenny Keyt, and Di Fang, [“Special Survey on Vacant Faculty Positions for Academic Year 2021-2022.”](#) Washington: American Association of Colleges of Nursing, 2021.

⁷⁸ Nurse practitioner average pay: \$113,000. Midwife average pay: \$121,000. College nursing instructor with similar credentials/qualifications: \$77,000. [How To Ease the Nursing Shortage in America](#). Center for American Progress, May 23, 2022.

⁷⁹ U.S. Bureau of Labor Statistics, [“Occupational Employment and Wages](#), May 2021: 25-1072 Nursing Instructors and Teachers, Postsecondary.”

⁸⁰ National Advisory Council on Nurse Education and Practice. [“Preparing Nurse Faculty and Addressing the Shortage of Nurse Faculty and Clinical Preceptors,”](#) 2020.

SOLUTIONS AND RECOMMENDATIONS

In 2021, the United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP), along with The Alliance of Health Care Unions, narrowly averted a strike of 24,000 health care employees. A majority were bedside RNs who emerged from the worst of the pandemic determined to fight for policies that recruit and retain more nurses and health care professionals. As part of the collective bargaining agreement, union members are joining managers on jointly led staffing committees meant to address staffing emergencies, review the use of registry and travelers, improve staffing models, and develop better strategies for handling vacancies and internal career ladders.

Broader solutions, which must involve academics, elected officials, and community partners, also must center on three key areas: retention, the education pipeline, and the state of burnout and stress in the nursing profession.

RETENTION

Make the work worth the pay

Nurses' top concerns are pay, workload, benefits, and flexibility, all of which need serious improvements. Respondents to a March 2022 study who had left direct patient care stated the most significant elements they would consider when assessing a return would be a more manageable workload, increased total compensation, the flexibility to take time off, and being more valued by the employer.⁸¹

Increase the pay and wage structures of permanent, tenured employees rather than spending twice or three times as much on travelers and contract nurses. This year alone, 57% of hospitals have enhanced compensation for current employees.⁸² If hospitals can afford to pay three times as much for travelers, they should enhance salaries for permanent employees to prevent the loss of tenured nurses.

Provide sign-on bonuses. Nurses are quitting because the pay is insufficient when balanced with stress and mental strain, as well as cost of keeping up with certifications, pursuing specialties and taking on added care responsibilities. Some systems are getting the message:

- In early 2022, proprietary salary data showed a 162% increase in total offers with signing bonuses offered by health systems.⁸³
- 67% of hospital leaders reported offering sign-on bonuses.⁸⁴

⁸¹ "Survey: Us Hospital Patient Volumes Move Back Towards 2019 Levels," McKinsey & Company, March 17, 2022.

⁸² Davis, Carol. "Hospitals More Inclined to Offer \$\$\$ Incentives to Fill RN Openings," *HealthLeaders*, May 17, 2022.

⁸³ Landi, Heather. "Third of nurses plan to leave their jobs in 2022." *Fierce Healthcare*, March 22, 2022.

⁸⁴ See Davis, *HealthLeaders*, May 17, 2022.

Provide supportive and mentally healthy environments

Support and provide situations conducive to mental wellness. Violence on the job at hospitals and other threats predate the epidemic. Steps to improve nurses' mental health and well-being must be at the center of the conversation.

Establish limits on mandatory overtime for nurses. Mandatory overtime hours have been linked to negative health outcomes.⁸⁵ Eighteen states have enacted legislation limiting or eliminating mandatory overtime, and Michigan is considering similar regulations through the Safe Patient Care Act.

Expand access to collective bargaining. Higher rates of unionization would provide registered nurses more influence over their working conditions, salary, and patient care strategies. During the pandemic, unionized nursing facilities employing RNs and several other health care employees were linked to reduced resident COVID-19 mortality rates and reduced staff infection rates.⁸⁶

Remain vigilant on the issue of nurse shortages

There needs to be constant monitoring of nurse shortages, and clinician input and participation are very important. Nurses' ideas, suggestions, and plans as absolutely necessary for reaching solutions. The data, regardless of how alarming, should be continually documented, reported, analyzed and addressed through mandated changes in federal law and enforceable regulations.

Congress should fund the National Health Care Workforce Commission, initially authorized by the Patient Protection and Affordable Care Act (ACA) in 2010.⁸⁷ Despite the fact that panel members were selected in 2010, Congress has never provided funds to make the commission effective.⁸⁸ Support for the commission remains: \$3 million was set aside as part of the fiscal year 2022 House Appropriations Bill for Labor, Health and Human Services, Education, and Related Agencies,⁸⁹ this amount was and passed by the House of Representatives but did not make it into the final language signed into law.⁹⁰ At the state level, similar commissions should be set up and funded so that there is more local, direct oversight, swift response, and the ability for states and health care systems to share best practices for meeting the needs of the health care workforce.

“I’m afraid that we’re going to cause trauma to these new nurses because they’re going to be thrown into an environment that’s not safe. Nurses don’t always feel empowered to speak up.”

—LISA TZE-POLO, RN, BSN WOODLAND HILLS, CA

⁸⁵ Bae, Sung-Heui and Donna Fabry. “[Assessing the Relationships Between Nurse Work Hours/Overtime and Nurse and Patient Outcomes: Systematic Literature Review](#),” *Nursing Outlook*, 2014.

⁸⁶ [The True Cost of Being A Hero: Mental Health Strains in Nursing and Health Care](#). UNACUHCP, October 2021.

⁸⁷ Buerhaus, Peter I. and Sheldon M. Retchin. “[The Dormant National Health care Workforce Commission Needs Congressional Funding To Fulfill Its Promise](#).” *Health Affairs*, 32 (11)(2013).

⁸⁸ [How To Ease the Nursing Shortage in America](#). Center for American Progress, May 23, 2022.

⁸⁹ House Committee on Appropriations, “[House Passes Seven-Bill Appropriations Package](#),” Press release, July 21, 2021.

⁹⁰ [How To Ease the Nursing Shortage in America](#). Center for American Progress, May 23, 2022.

EDUCATION PIPELINE

Promote targeted investment in nursing education

Chronic nursing shortages simply cannot be solved unless higher education institutions train more nurses. The dual challenges of aging nurses and the vulnerability of young nurses raise red flags that can no longer be ignored. Programs and higher education incentives would go a long way in recruiting applicants and sustaining students through graduation.

- **Congress should pass the Future Advancement of Academic Nursing (FAAN) Act (H.R. 851/S. 246).**⁹¹ This bill would award competitive grants to nursing schools to enhance nursing education programs and expand their capacity to respond to public health emergencies.

Enhance competency-based education

Competency-based education is an effective learning method that puts more emphasis on what students learn than on how much time they spend in a classroom. Nursing programs would be designed to help students learn specific skills that are directly related to nursing practice, and learning goals would be made clear to students before they enroll and reinforced throughout their course of study.⁹² Making those opportunities accessible requires partnerships between clinical and classroom settings to create innovative models of education and learning that capture on-the-job learning, can be translated into academic credit, and support the creation of individualized academic plans with competency mapping for employees as prospective students.⁹³

“We have people coming in, and they’re immediately saddled with this entrapping debt for an education that is really just designed to get them to pass the certification test. There’s no teaching of wellness or self-care, or any other concept of mindfulness to give them any longevity in the profession.”

—ANDRÉA MUIR, RN, MSN-ED, SAN DIEGO

In 2021, program constraints forced nursing schools to turn away **80,000** qualified applicants.

⁹¹ [FAAN Act of 2021](#), H.R. 851/S. 246, 117th Cong., 1st sess. February 4, 2021.

⁹² Graebe, Jennifer and Lisa McIntyre-Hite. [“Higher Education Can Help Solve America’s Nursing Shortage.”](#) *Healthcare Dive*, April 11, 2022.

⁹³ See Graebe, *Healthcare Dive*, April 11, 2022.

Expand and fund the progression from ADN to BSN

- **Expand the capacity of community colleges to increase programs and student admissions.**
- **Expand the Graduate Nurse Education (GNE) pilot, authorized and funded through the Patient Protection and Affordable Care Act (ACA) in 2010.**⁹⁴ During this pilot project, from 2012 to 2018, the Centers for Medicare and Medicaid Services (CMS) rewarded hospitals that increased their clinical education slots and hired more advanced practice registered nurses (APRNs) than they would otherwise.
 - According to research findings, each nursing program saw an average increase of 89 students and an average increase of 35 APRN graduates as a result of this investment.⁹⁵

Increase tuition reimbursement and loan forgiveness

This could include enhanced financial support, tuition reimbursement, student loan forgiveness for nurses or dependents of nurses, or other strategies to promote nursing education.

- **Congress should increase funding for programs authorized under Title VIII of the Public Health Service Act.** Nursing advocates across the board have supported \$530 million in funding for nursing workforce development included in this proposal.⁹⁶ This proposal is a crucial source of loan repayment and scholarships for nurses; loans for nursing faculty development; and grants for advanced education, increasing diversity, and improving outcomes for nurse education.⁹⁷

About **194,500** openings for registered nurses are projected each year, on average, over the current decade.

⁹⁴ Hesgrove, Brandon. "[The Graduate Nurse Education Demonstration Project: Final Report](#)." (Washington: Centers for Medicare and Medicaid Services, 2019).

⁹⁵ [How To Ease the Nursing Shortage in America](#). Center for American Progress, May 23, 2022.

⁹⁶ Nursing Community Coalition, "[Senate Appropriations Request](#)," American Association of Critical Care Nurses, March 16, 2021.

⁹⁷ [How To Ease the Nursing Shortage in America](#). Center for American Progress, May 23, 2022.

BURNOUT

Burnout is the number one factor contributing to the relentless nurse shortage. Dramatic and swift action is necessary to better support the nation's nurses amid the current staffing crisis. Both long and short-term solutions are needed to ensure hospitals have skilled and trained nurse professionals. Policies will have limited success without the information we need to know the causes and full extent of the problem.

In California, the state has collected health workforce data, to shed light on educational and employment trends for health care occupations in the state. UNAC/UHCP is advocating for legislation that would capture data on burnout. This information would inform discussions on the supply and demand of the health workforce, and the health and well-being of care providers.

Nationally, the U.S. Surgeon General Dr. Vivek Murthy recently stated that the responsibility of eliminating the factors that contribute to burnout falls primarily on health care employers.⁹⁸ Hospitals and health care systems need to address burnout and recruitment by listening to nurses.

National minimum nurse-to-patient ratios not only protect the licenses of nurses, but such mandates also increased quality care and lower mortality rates.

- Minimum ratios were first implemented in California in 2004 and are based on patient acuity levels. In May 2021, Rep. Jan Schakowsky (D-IL) and Sen. Sherrod Brown (D-OH) introduced the **Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act** to standardize minimum staffing ratios nationwide.⁹⁹

“Most of the RNs who came in with me have retired or resigned, and they were not replaced. The work did not get replaced, either.”

—EILEEN ALCASID, RN,BSN, LAKEWOOD, CA

Pre-pandemic, the number of new nursing licenses steadily grew around **4%** each year, infusing additional talent into the workforce to replace retirees. In 2020, new licensures increased just **1%**.

⁹⁸ U.S. Health and Human Services, [Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce](#). May 23, 2022.

⁹⁹ [How To Ease the Nursing Shortage in America](#). Center for American Progress, May 23, 2022.

CONCLUSION

Our health care system has seen a 350% rise in self-reported burnout among nurses since the American Nurses Foundation began tracking mental health and well-being in 2020.¹⁰⁰ Now that the long-festering issues of nurse burnout and massive clinician shortfalls have been exposed, health care executives, regulators, elected officials, and policymakers have no choice but to act.

All nurses, from those who entered the field before COVID-19's start to those who are tenured and those who may join, need to have their distrust in health care executives re-established and their support amplified.¹⁰¹

If nothing is done to address the anticipated widening gap between the growing patient demand and the pool of available, trained, recruit, and retain nurses, there will be more patients in the United States who will require care than nurses available to offer it in a few short years.¹⁰²

COVID-19 has been a horrific experience for health care professionals and their families, driving them beyond their breaking point, said Dr. Vivek Murthy, the nation's Surgeon General. He leaves this warning: "Now, we owe them a debt of gratitude and action. And if we fail to act, **we will place our nation's health at risk.**"¹⁰³

"Feeble attempts to address the critical nurse staffing issue has resulted in the nation's largest health care workforce witnessing the implementation of failed policy that has not only been costly but has put patients' lives at risk."

—AFSCME RESOLUTION CALLING ON STATE LEGISLATURES TO IMPLEMENT MANDATORY RN- TO-PATIENT RATIOS SIMILAR TO CALIFORNIA STANDARDS; AND URGING CONGRESS TO PASS THE NURSE STAFFING STANDARDS FOR HOSPITAL PATIENT SAFETY AND QUALITY CARE ACT OF 2021 AFSCME12 S.1567

The nation's health care system will need approximately **1.1 million** new nurses by 2025.

¹⁰⁰ American Nurses Foundation, "[Pulse of the Nation's Nurses Survey Series: Mental Health and Wellness](#)." October 2021.

¹⁰¹ Berlin, Gretchen, Meredith Lapointe, Mhoire Murphy, and Joanna Wexler. "[Assessing the Lingering Impact of COVID-19 on the Nursing Workforce](#)." McKinsey & Company, May 11, 2022.

¹⁰² See Berlin, McKinsey & Company, May 11, 2022.

¹⁰³ U.S. Health and Human Services, "[Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce](#)." May 23, 2022.

Staffing Ratios: UNAC/UHCP's Advocacy for Enforcement and Transparency

UNAC/UHCP has worked consistently to improve staffing using the legislative process, helping to pass the landmark staffing ratio law in 1999 and providing the necessary input in the regulatory process to make staffing ratios permanent in 2004. However, ratios alone have not been able to resolve staffing challenges primarily due to nurse shortages, the disparity in nurse wages, and the hospitals' multimillion-dollar lobbying efforts to fight against policies that will help enforce staffing ratios.

Despite the challenges, UNAC/UHCP has pressed for more enforcement and transparency at the California Department of Public Health (CDPH).

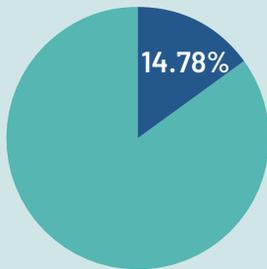
In 2012, UNAC/UHCP worked on SB 1246, legislation to enforce staffing ratios, and fine hospitals not in compliance with the staffing ratio law. While the bill was vetoed, Governor Jerry Brown instructed his administration to develop regulations and a fining mechanism when hospitals violate the ratio law. This was a clear sign that violations are a problem in hospitals.

In 2019, UNAC/UHCP followed up on efforts to strengthen the staffing ratio law by co-sponsoring and passing SB 227, which requires the CDPH to conduct unannounced visits to hospitals to inspect for compliance with nurse staffing ratio requirements. The proposal empowers CDPH to enforce the nurse staffing ratios by fining hospitals that repeatedly create unsafe conditions for patient care.

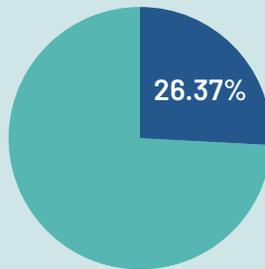
Most recently, in 2021, UNAC/UHCP co-sponsored and passed AB 1422, which offers nurses an opportunity for public input on proposed changes to hospital staffing flexibility requests. The new legislation requires that any health facility submitting critical care unit program flexibility requests must conspicuously post a copy of the request in a location accessible to patients and employees. The legislation also requires DPH to post all approved requests by a health facility for critical care unit program flexibility on its internet website and include specified information, including where to provide public comment. Implementation of the law is expected to be in 2023.

CHARTING NURSE TURNOVER: COSTLY RATES ARE BECOMING THE NORM

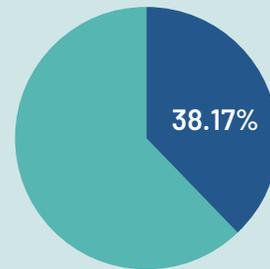
RN turnover reached a national average of 27.1%, according to the 2022 NSI National Health Care Retention & RN Staffing Report. Once staff turnover rates rise above 10%, a hospital is losing money. More and more hospitals are showing unprecedented turnover rates. Here are selected turnover rates at UNAC/UHCP member hospitals, 2022-2022:*



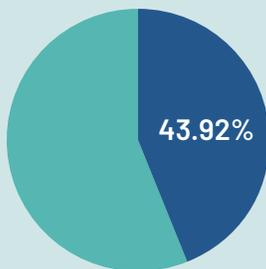
Kaiser Permanente



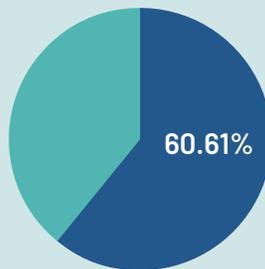
Sharp HealthCare
(Bargaining unit RNs)



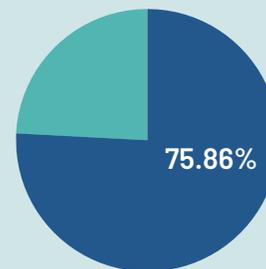
Parkview Community Hospital Medical Center
Operated by AHMC Healthcare



Lakewood Regional Medical Center
Operated by Tenet Health



Garden Grove Hospital Medical Center
Operated by Prime Healthcare



Chino Valley Medical Center
Operated by Prime Healthcare

*Source: Turnover data based on UNAC/UHCP internal reports.

Compiled and analyzed by Richard Leon, Strategic Research Specialist, UNAC/UHCP

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