Using survey data from registered nurses who participated in the Michigan Nurses’ Study, Friese and colleagues\(^1\) evaluated patterns in the employment plans of nurses in 2022 and 2023, providing good news for employers and nurses. Declines were documented in the number of nurses intending to leave their current position and reducing their clinical hours. Nurses reported faring better in 2023 relative to 2022, experiencing less burnout, less job dissatisfaction, fewer experiences of workplace violence, fewer instances of understaffing during a recent shift, and less frequent mandatory overtime.

These findings signal a welcome shift after several consecutive years of mounting and unprecedented rates of nurse burnout, hospital turnover, and staffing vacancies—yet serious problems persist. Friese and colleagues\(^1\) found that in 2023, 41.0% of nurses still worked understaffed during their most recent work week; 43.4% experienced workplace violence in the past year; and nearly one-third (32.0%) of nurses still planned to leave their employer within the year. The findings are alarming, and the problems are not unique to a single state. For example, among registered nurses working in New York and Illinois in 2021, 1 in 4 nurses planned to leave their hospital employer within a year.\(^2\)

Friese and colleagues\(^1\) found that the risk factors for nurses’ intention to leave their employer were heavy workloads and concerns with management and leadership; and the most important factor in leaving the profession was burnout. These findings align with another recent study\(^3\) on the top reasons nurses cited for leaving their employer: insufficient staffing and burnout. These 2 independently conducted studies provide corroborating evidence that a major factor influencing nurses’ intentions to depart and their actual decision to do so is understaffing.

Understaffing, burnout, turnover, vacancies, are part of a vicious cycle. Nurses do not want to work in chronically understaffed settings since the decades of rigorous empirical evidence builds an irrefutable case that patients fare worse when nurses care for too many patients at a time;\(^4\) but also, because nurses and their physician colleagues are more likely to experience burnout and turnover when they work in understaffed settings.\(^5\) Other research found that hospitals with understaffing in 2020 (just prior to the first US outbreak of COVID-19), had greater proportions of nurses with high burnout and intentions to leave their employers by 2021, relative to hospitals that were better staffed going into the pandemic.\(^2\)

The prevailing strategy to disrupt this vicious cycle (ie, understaffing, burnout, turnover, vacancies) has been to train and recruit more nurses. For example, the Health Resources and Services Administration allocated over $100 million to train more nurses and grow the workforce.\(^6\)

Efforts to train and recruit more nurses are akin to fueling a car with a leaking gas tank. Turnover rates in hospitals are averaging over 20%.\(^7\) Recruiting and training more nurses will not retain them at the bedside if staffing conditions are poor. Instead, hospitals should implement evidence-based approaches to resolve their retention issues, including listening to their own nurses who say they are experiencing burnout and leaving because of chronic understaffing;\(^3,5\) Absent hospitals’ responsiveness to nurses, legislators need to step in to ensure hospitals are sufficiently staffed with enough nurses to care for the public.

Policymakers should allocate funding and regulatory efforts to evidence-based strategies that address the retention crisis at the source. Policymakers need not solve for a low workforce supply issue; the US has a robust and growing supply of registered nurses with enough new nurses to more...
than replace retiring nurses through 2035. Instead, policies are needed to address the low retention caused by employers' chronic understaffing, rigid scheduling options, and lack of responsiveness to clinicians' recommendations to improve care, which drives nurses to burnout and depart for better working conditions.

Here is the good news: in the US and abroad, there are excellent examples and evidence that policy action requiring hospitals to sufficiently staff enough registered nurses to safely care for patients is associated with better outcomes for patients, improved nurse retention, and is potentially cost saving when accounting for averted readmissions and shorter lengths of stay associated with better staffing. For 2 decades, California has been the only state to require hospitals meet registered nurse staffing standards, and today, on average, patients in California hospitals receive 2-3 hours more registered nursing care a day than patients in hospitals in other states. The passage of minimum safe nurse staffing requirements in some states (California, Oregon) signals an uptake in nurse staffing regulation, with a number of other states considering staffing legislation, including New York, New Jersey, Pennsylvania, Illinois, Massachusetts, Maine, and Georgia. The American Nurses Association has endorsed federal and state policies for enforceable safe nurse staffing, including minimum safe nurse staffing ratios.

The problem to be solved is retention not a national shortage of nurses. Nurses say that improving nurse staffing levels is the highest priority solution to reducing clinician burnout. Nurses' voices too often fall on the deaf ears of their hospital administrators who have been nonresponsive to nurses' appeals for better staffing conditions. It is no surprise that Friese and colleagues identified concerns with management and leadership as the second most common reason for nurses leaving, followed by understaffing. The majority of hospital nurses say their administration does not listen or respond to their concerns; and most nurses say that the actions of management show patient safety is not a top priority.

That is why serious policy action that targets the retention problem at the source is needed—now. The latest evidence from Friese and colleagues adds further confirmation to what others have found, which is that nurses are not fleeing their profession, they are fleeing their employer. If policymakers do their jobs to ensure the public gets safe, high-quality care in every hospital across the country, they should start listening to nurses and acting on the evidence: safe nurse staffing policies will save lives and keep nurses at the bedside.

ARTICLE INFORMATION
Published: July 18, 2024. doi:10.1001/jamanetworkopen.2024.21635
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Conflict of Interest Disclosures: Dr Lasater reported receiving funding from the Agency for Healthcare Research and Quality (R01 HS028978).

REFERENCES


