Nurse Staffing Crisis in the United States

Lauren Little

Concordia University, St Paul, Minnesota

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Dr. Laura Norton

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There is a significant crisis in the United States' healthcare system when it comes to adequate staffing of nurses in healthcare facilities (ANA, n.d.). Nurses have been subjected to reduced hours and other associated cutbacks as they make up the largest staffing groups at nearly 40% operating costs (ANA, n.d.). Though these reductions not only have a direct impact on the livelihood of nurses, but also on the wellbeing, safety, and quality of care that is provided to patients (ANA, n.d.). Because nurses play a major role in facilitating the health care journeys of patients and promoting positive health outcomes, appropriate nurse staffing levels have been associated with reduced mortality rates, reduced length of inpatient stays, and a reduction in preventable events such as falls or infections (ANA, n.d.). In order to promote the best outcomes for patients, adequate nurse staffing should be based on patient acuity, the number of admissions, discharges and transfers, the level of nurse skill and expertise, and the physical space of the unit to ensure a value-based healthcare system, rather than relying on fixed values due to the ever evolving and fluctuating needs of the healthcare industry (ANA, n.d.).

Impact on Nursing Practice

Adequate nurse staffing is of great importance and has a significant impact on the nurse profession as it is linked to safety, quality, and experience outcomes (Dempsey & Batten, 2022). While many institutions mandate time set aside for breaks and time away from patient care during 12 hour shifts, many do not, resulting in the potential for burnout and compassion fatigue (Dempsey & Batten, 2022). A study featured in the *Journal of Clinical Nursing* in 2020 found that working shifts of 12 hours or more, was correlated with a reduction in educational activities and fewer opportunities to collaborate on and discuss patient care, resulting in the potential for negative consequences for safe and effective patient care (Dempsey & Batten, 2022).

Furthermore, wider gaps in patient-to-nurse ratios have led to the requirement of fewer nurses taking on more tasks, resulting in safety workarounds due to increased workloads and the pressure of time constraints (Andel et al., 2022). These safety workarounds have essentially deemed these policies and procedures as ineffective and have been correlated with increased accidents, medical errors, and injuries for both nurses and patients (Andel et al., 2022).

Additionally, studies have shown that when nurses feel safer in their work environment including adequate staffing numbers, they are more likely to remain at their job, find joy in their work, and feel that they are making a meaningful difference (Dempsey & Batten, 2022). Therefore, the ability and commitment of healthcare facilities to provide levels of staffing that protect both the patients and nurses, offering flexible schedules, and promoting a positive work culture, has the potential to result in greater retention and reduce the burden of the nurse staffing crisis (Dempsey & Batten, 2022).

Legislation

While most states allow the individual healthcare institutions to create and maintain their own staffing standards, currently 14 states have passed some form of safe staffing laws to address the nurse staffing crisis (Dempsey & Batten, 2022). However, 13 of those states passed legislation that only required a general plan to maintain patient-to-nurse ratios to be in place, rather than taking steps towards regulating it (Dempsey & Batten, 2022). California became the first state to pass a law that mandated one nurse for every five patients on medical surgical units which resulted in higher employment of nurses in hospitals and higher registered nursing hours per patient per day (Dempsey & Batten, 2022). Because of increases in accidents, injuries, and medical errors associated with the understaffing of nurses, policymakers at both the state and healthcare facility levels should consider these safety implications when formulating

patient-to-nurse ratio mandates in order to protect nurses and patients alike (Andel et al. 2022). Furthermore, because nurses know the patient complexity and demands of their unit, there is a great need for nurse advocacy and leadership in order to influence policy change, protect and promote the health of patients, and enhance nursing practice (ANA, n.d.).

Background

The COVID-19 pandemic placed a significant burden on healthcare systems to provide adequate nurse staffing levels to meet the demands of patients and continues to pose significant challenges in meeting those demands even five years later (Gilbert, 2023). However, even prior to the pandemic that arose in March 2020, healthcare systems were already at odds of meeting these demands due to the amount of nurses retiring outweighing those entering the field of nursing (Gilbert, 2023). Additionally, there is a growing need for services for medically complex, aging, and chronic disease populations that healthcare systems are unable to adequately support without proper nurse staffing levels (Gilbert, 2023). Challenging workplace environments with inadequate support as well as increasing nurse workloads and nurse overtime, has led to higher numbers of turnover in healthcare facilities with some leaving the profession altogether, further impacting the already prevalent nursing shortage (Gilbert, 2023). Despite the increased enrollment numbers for nursing schools over the past decade, there is also a critical shortage of nursing educators, forcing schools to turn away over 80,000 qualified applicants a year (Gilbert, 2023). In order to sufficiently meet the growing demand for healthcare services, the US Bureau of Labor statistics predicts that an additional 203,200 new nurses entering the field will be needed annually to replace those retiring or leaving the workforce (Gilbert, 2023).

Significance and Scope

As the largest segment of the healthcare workforce and making up nearly 30% of hospital employment in the United States, nurses are a critical part of ensuring positive patient outcomes through their diverse skill set that includes health promotion, disease prevention, and direct treatment (Shah et al., 2021). Studies have shown that in hospitals in which nurses care for fewer patients per shift, they have lower probability of negative patient health outcomes, such as mortality, hospital acquired infections, medication errors, and falls (Lasater, 2021). A study conducted amongst hospitals in New York found that had the hospitals staffed medical surgical units with four patients to one nurse versus the average ratio of 6.3 patients to one nurse, thousands of deaths could have been avoided and hundreds of millions of dollars could have been saved through avoided readmissions and shorter lengths of stay (Lasater et al., 2021). Additionally, nurses that work in hospitals with adequate staffing and smaller nurse to patient ratios are less likely to experience burnout, intend to leave their jobs, or experience a needlestick injury (Lasater, 2021). Furthermore, underserved and rural areas are disproportionately affected by nurse understaffing, exacerbating inequities in healthcare delivery (Ayala, 2025). While adequate nurse staffing is universally associated with better nurse and patient outcomes, patients with the highest clinical risk and certain subgroups of vulnerable patients experience the greatest benefit from better nursing resources, including adequate staffing (Lasater, 2021).

Stakeholders

Patients

Patients are important stakeholders when it comes to adequate nurse staffing levels, as their health and wellbeing is directly affected by it. The size of the nursing workforce is correlated with several patient health outcomes such as length of stay, complications, falls, pressure ulcers, quality of care, and mortality (Van et al., 2020). Inadequate nurse staffing

undermines the principle of beneficence, which requires nurses to act in the best interest of the patients as they are unable to provide the necessary attention and care that the patients require (Ayala, 2025) Not only does research show that patients are more likely to experience poor health outcomes when treated in facilities with inadequate nurse staffing levels, it also reflects that patient satisfaction with their care is decreased when they perceive there are not enough nurses available (Aiken et al., 20218). Healthcare providers have a legal and ethical obligation to provide patients with safe, competent, and timely care (Ayala, 2025). However, inadequate nurse staffing undermines the ability to meet these obligations resulting in failure to meet the standard of care and violation of patient rights (Ayala, 2025).

Nurses

As the largest segment of the healthcare workforce, nurses are also greatly impacted by the nurse staffing deficit that exists in United States healthcare facilities (Shah et al., 2021). Nurse staffing levels have a direct association with their job satisfaction, financial stability, mental health, risk for error, and safety (Ayala, 2025). With insufficient staffing, nurses face increased workloads, leading to stress, fatigue, burnout, and reducing their ability to provide optimal and safe care, increasing the likelihood for medical errors (Ayala, 2025). This violates the principle of nonmaleficence as it puts the mental and physical wellbeing of nurses at risk (Ayala, 2025). Additionally, the growing reliance of hiring temporary or contract nurses by healthcare facilities has challenged ethics in relation to fairness and equity, as these nurses often receive significantly higher pay than full time staff that perform the same roles (Ayala, 2025). Research has shown that when nurses feel safe in their environment, including having appropriate staffing levels, they are more likely to stay, enjoy their job, and feel like they are making a meaningful difference (Dempsey & Batten, 2022).

Healthcare Associations

Healthcare associations are greatly impacted by the nurse staffing shortage as it has led to serious safety, legal, and financial implications. In the surge of the COVID-19 pandemic, facilities scrambled to obtain sufficient staffing, leading them to rely on offering financial incentives and hiring contract workers to fulfill their staffing needs (Gilbert, 2023). As a result of these labor strategies, costs per patient-day have increased by an estimated 8% or $24 billion annually, since the pandemic (Gilbert, 2022). Additionally, inadequate staffing levels have led to an increase in workloads and overtime, resulting in a decay in the workplace environment and high nurse turnover (Gilbert, 2020). High turnover rates cause hospitals to recruit, hire, and train new nurses, with the average cost of turnover ranging from $38,900 to $59,700 (Blouin & Podjasek, 2019). Low nurse staffing levels have also been associated with higher readmission rates due to lack of nursing interventions that reduce these rates, such as discharge teaching, patient education, and care coordination (Boulin & Podjasek, 2019). Higher readmission rates cost hospitals millions of dollars each year and pose the threat of being penalized and fined by the Affordable Care Act's Hospital Readmission Reduction Program (Boulin & Podjasek, 2019). Furthermore, patient care and safety is compromised with nurse staffing shortages, increasing the incidence of medication errors, hospital acquired infections, poor glycemic control, and mortality (Lasater, 2021). Medical errors have been recognized as the third leading cause of death in the US and are estimated to cost the annual health system an estimated $20 billion (Ayala, 2025). Healthcare facilities are legally responsible to provide staffing that sufficiently meets the needs of their patients, though the chronic shortage of nurses in the workforce increases the risk of noncompliance, which in turn violates the facilities' ethical duty to prioritize patient safety and quality of care (Ayala, 2025).

Personal View

Though my time in the field of nursing has been brief and I have not yet entered the field as a professional nurse, I have already experienced many negative instances of inadequate nurse staffing in my clinical experiences. I have found this issue to be extremely prevalent in the skilled nursing facilities I have worked in where there is often one nurse and one to two assistive personnel assigned to a floor of 20 plus patients. As a result of these staffing issues, I have witnessed consequential incidences of harm and neglect to patients, patients not receiving the timely care they require, medication errors, and compassion fatigue amongst staff. This flaw in the United States' healthcare system violates several human rights as every human has a right to the highest attainable standard of physical and mental health (WHO, 2023). Additionally, countries have a legal obligation to develop and implement policies and legislation that guarantee universal access to quality healthcare services and address the root causes of health disparities (WHO, 2023). Though 13 states have already enacted nurse staffing laws, it is the responsibility of the United States legislators to develop and present federal legislation for nursing ratio mandates in order to protect the health and safety of patients, nurses, and reduce the health disparities that exist within healthcare organizations. It is important to have a personal view when taking political stances and actions such as these, as it is our experiences that shape our beliefs, and voicing these beliefs provide others with a different perspective they may have not considered or encountered. Because nurses are present through the patient's entire healthcare journey from admission to discharge, they provide a unique perspective and hold the power to drive positive patient outcomes, advocate for their patients, offer first hand experience to shape policy development and legislation, and influence widespread systematic changes (ANA, n.d.).

Conclusion

The nurse staffing crisis is a widespread issue that affects us all as it threatens the security, stability, and safety of patients, nurses, and healthcare institutions in the United States. Every human has the right to the highest attainable standard of physical and mental health (WHO, 2023). However, issues such as lack of patient-to-nurse ratios, mandatory overtime, and inadequate time and resources, has further compounded the already existing nurse staffing crisis by increasing nurse burnout and putting the livelihood of nurses and safety of patients at severe risk (Hundreds of Nurses, 2023). When it comes to considering nurse staffing regulation or legislation, nurses should serve as the primary drivers and advocates of the approach to ensure that implementation is realistic, specific to the patient needs of their setting, and balances the nurse workload (Hundreds of Nurses, 2023). Ultimately, the implementation of patient-to-nurse ratios will not solve the crisis alone (Hundreds of Nurses, 2023). Improving this crisis will require the consideration of several factors, a shift in the national dialogue, and the ongoing collaboration between nurses, congressional leaders, and other key stakeholders, in order to support nurses and promote positive health outcomes for patients and the entire nation (Hundred of Nurses, 2023).

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April 17, 2025

Khanh Pham
900 Court St NE, S-407
Salem, OR, 97301

RE: Senate Bill HB 2697

Dear Senator Pham,
My name is Lauren Little and I am a community member and student nurse who resides in your district. I am writing to express my concern in regards to the current nurse staffing crisis in the United States and Oregon. This is an issue that affects the safety and security of patients, nurses, and the entire healthcare system.

Research on nurse staffing levels in the U.S. has shown that:

- Hospitals in which nurses care for fewer patients per shift have lower probability of negative patient health outcomes.
- Wider gaps in patient-to-nurse ratios have been correlated with increased accidents, medical errors, and injuries.
- The reliance on contract workers has increased the costs per patient-day by an estimated 8% or $24 billion annually, since the pandemic.

Though my time in the healthcare industry has been brief, I have already witnessed the direct impact that inadequate nurse staffing has had on the healthcare system. I have seen this presented in the form of medication errors, patients not receiving timely care, and compassion fatigue amongst the nursing staff. This issue affects us all as there will likely be a time when either ourselves or a loved one will need to seek medical care.

As the largest segment of the healthcare workforce, nurses need the support of Oregon and the United States more than ever in order to promote positive health outcomes for its citizens. Therefore, I humbly ask for your support by voting for HB 2697 to require hospitals to provide adequate nurse staffing ratios and protect the health and safety of the entire nation. Thank you for your time and support.

Sincerely,

Lauren Little

Lauren Little
2325 NE Flanders Street
Portland, OR 97232