**STATISTICS ON ISSUES FACING NURSES**

**Workplace Violence**

* Serious workplace violence was four times more common in health care than private industry – OSHA
* Nearly 75% of workplace assaults occur in the health care industry – New England Journal of Medicine
* Experiencing workplace violence leads to psychological and physical trauma. This trauma often creates long-term effects. Examples include:
  + Post-traumatic stress disorder
  + Physical disabilities
  + Anxiety
  + Insomnia
  + Symptoms of burnout
  + Workplace absence
  + Decreased work satisfaction
    - * Wax et al., 2016, Bernardes, et al., 2021
* One out of every eight US adult emergency department visits are related to mental illness and/or substance use disorders – National Alliance on Mental Illness (2021)

**Safe Staffing**

* Lower ratios are associated with significantly lower mortality
* When nurses' workloads were in line with California-mandated ratios in all three states, nurses' burnout and job dissatisfaction were lower, and nurses reported consistently better quality of care
* During the study period between 1993 and 2001, when RN levels rose by roughly 1.2 percent per year, they found that more RN hours per patient day were associated with lower mortality for patients with acute myocardial infarction. They also found, as would be expected, that mortality reductions associated with increased nurse staffing were greatest for hospitals that began with the worst staffing ratios.
  + - * Aiken, L. H., Sloane, D. M., Cimiotti, J. P., Clarke, S. P., Flynn, L., Seago, J. A., Spetz, J., & Smith, H. L. (2010). Implications of the California nurse staffing mandate for other states. *Health services research*, *45*(4), 904–921.
* An increase in a nurses’ workload by one patient increased the likelihood of an inpatient dying within 30 days of admission by 7%
* In the USA, each US$1 spent on improvements to nurse staffing was estimated to return a minimum of $0·75 economic benefit to the investing hospital, not counting intangible benefits.
* Improved nurse staffing in US hospitals is associated with significantly reduced readmission rates, which is compelling in view of financial penalties in 2013 to 2225 hospitals for excessive readmissions.
  + - * Aiken LH, Sloane DM, Bruyneel L, et al. Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *Lancet*. 2014;383(9931):1824-1830.

**Nursing Shortage**

* Only 12% of the nurses surveyed are happy where they are and interestingly, 36% would like to stay in their current positions but changes would need to be made for that to happen.
* Nurses didn’t hold back when discussing their feelings regarding the current state of nursing:
  + 87% feel burnt out
  + 84% are frustrated with administrators
  + 84% feel they are underpaid
  + 83% feel their mental health has suffered
  + 77% feel unsupported at work
  + 61% feel unappreciated
  + 60% have felt uncomfortable having to work outside of their comfort zone in the past year
  + 58% of nurses have felt frustrated with their patients
  + 58% of nurses have felt unsafe at work in the past year
* Overwhelmingly, the number one reason nurses want to leave the bedside is because of unsafe staffing ratios. 80% of nurses say their units are inadequately understaffed.
* Nurses are leaving the bedside because of issues like:
  + Inadequate staffing ratios
  + Not getting equal pay for equal experience
  + Not receiving hazard pay during a pandemic
  + Not having adequate back up
  + An inability to take breaks, sick days, or even turn down extra shifts
* The truth is nurses need a lot more to be incentivized to stay practicing clinically at the bedside. Nurses reported needing:
  + Higher pay
  + Safe nurse-to-patient ratios
  + Hazard pay
  + REAL mental health resources
  + Adequate staff support
  + Support programs for new nurses
    - * Gaines, Kathleen. What’s really behind the nursing shortage? 1,500 Nurses share their stories. Nurse.org. 26 January 2022.

**Nursing Faculty Shortage**

* According to an American Association of Colleges of Nursing (AACN) report on 2019-2020 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, U.S. nursing schools turned away 80,407 qualified applications from baccalaureate and graduate nursing programs in 2019 due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints. Most nursing schools responding to the survey pointed to faculty shortages as a top reason for not accepting all qualified applicants into their programs.
* According to a *Special* *Survey* *on Vacant Faculty Positions* released by AACN in October 2019, a total of 1,637 faculty vacancies were identified in a survey of 892 nursing schools with baccalaureate and/or graduate programs across the country (87.5% response rate). Besides the vacancies, schools cited the need to create an additional 134 faculty positions to accommodate student demand. The data show a national nurse faculty vacancy rate of 7.2%. Most of the vacancies (89.7%) were faculty positions requiring or preferring a doctoral degree.
* **Higher compensation in clinical and private-sector settings is luring current and potential nurse educators away from teaching.** According to the [American Association of Nurse Practitioners](https://www.aanp.org/about/all-about-nps/np-fact-sheet), the average salary of a nurse practitioner, across settings and specialties, is $110,000. By contrast, AACN reported in March 2020 that the average salary for a master’s-prepared Assistant Professor in schools of nursing was $79,444.
* **Master’s and doctoral programs in nursing are not producing a large enough pool of potential nurse educators to meet the demand.** Efforts to expand the nurse educator population are frustrated by the fact that thousands of qualified applicants to graduate nursing programs are turned away each year. In 2019, AACN found that 8,471 qualified applicants were turned away from master's programs, and 3,157 qualified applicants were turned away from doctoral programs. The primary reasons for not accepting all qualified students were a shortage of faculty and clinical education sites.