

2026 ONA Workforce Safety Report: Ohio's Healthcare System in Crisis



 A Union of Nurses &
Health Professionals

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SECTION 1: Overview

ABOUT OHIO NURSES ASSOCIATION

Formed in 1904, the Ohio Nurses Association is a powerful network of nurses and health professionals. Our mission is to unite and empower nurses and health professionals, championing their rights, promoting professional practice, and advocating for quality care for all patients in Ohio, while fostering a strong and cohesive professional union community.

ABOUT THE REPORT

ONA's 2026 report is based on a statewide survey of all Ohio nurses and health professionals who hold a license or certificate issued by one of the following Ohio regulatory boards.

- Ohio Board of Nursing
- State Medical Board of Ohio
- Ohio Counselor, Social Worker, and Marriage and Family Therapist Board
- Ohio State Chiropractic Board
- Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
- Ohio Board of Pharmacy
- Ohio Board of Psychology
- Ohio Speech and Hearing Professionals Board
- Ohio State Dental Board

This survey work demonstrates ONA's commitment to safeguarding healthcare and addressing the most urgent challenges facing those working across health professions. Survey results reveal alarming conditions across healthcare sectors, demonstrating how chronic and deliberate understaffing endangers patient safety while highlighting a clear, unified call from nurses and health professionals across the state for legislative action, including enhanced patient safety requirements, enforceable staffing standards, and stronger workplace violence protections.

METHODOLOGY

This study was conducted using an online survey tool. The survey was sent to every Ohio licensee and certificate holder to the email address on file with their regulatory board for all boards listed on page two. The survey was open from January 12, 2026, to February 18, 2026 resulting in 2,484 usable survey submissions.

The report was authored and peer-reviewed by the Ohio Nurses Association's Council on Practice members and staff, and a third-party statistician:

- Nicole Baltich, MS, APRN-CNS, AGCNS-BC, ACCNS-AG, CCRN
- Catharyne Henderson, BSN, RN, RN-BC
- Jacinta Tucker, MSN, RN
- Sherri Funk, RN
- Erica Bell, MBA, BSN, RN
- Brittany Turner, MSN, RN
- Kristina Hood, PhD

The survey was completed at the direction of the Ohio Nurses Association Board of Directors and Rick Lucas, BSN, RN, President & Executive Director.

LIMITATIONS

Efforts were made to minimize potential limitations in the administration of this survey. The survey was distributed via email to all licensees and certificate holders of participating Ohio regulatory boards using the email addresses maintained on file with each board. Licensees and certificate holders are required to maintain current contact information, including an email address, with their respective regulatory entity. However, some health professionals were not able to access the survey due to distribution restrictions or limitations imposed by certain regulatory boards.

SURVEY INSIGHTS

- **68.72%** of direct care nurses and health professionals experienced workplace violence in the last 12 months.
- **59.85%** of direct care respondents report that adequate safety measures are not consistently in place.
- **93.44%** of all respondents reported they strongly support or support legislation in Ohio that includes statewide standards to ensure consistent protection from workplace violence for both patients and healthcare workers.
- **Only 8.24%** of direct care respondents report their unit is always appropriately staffed.
- **More than 91%** of direct care health professionals are working in conditions where staffing is not consistently safe.
- **Nearly 70%** direct care respondents report that financial targets outweigh clinical judgement in patient care staffing.
- **Over 90%** of nurses and health professionals would strongly support or support a bill that included safe staffing standards.
- **53.5%** of direct care RNs and LPNs are considering leaving direct care roles due to patient safety, staffing and/or workplace violence risk.
- **58.14%** of direct care respondents report that their organization does not demonstrate just culture principles consistently.

SURVEY DEMOGRAPHICS

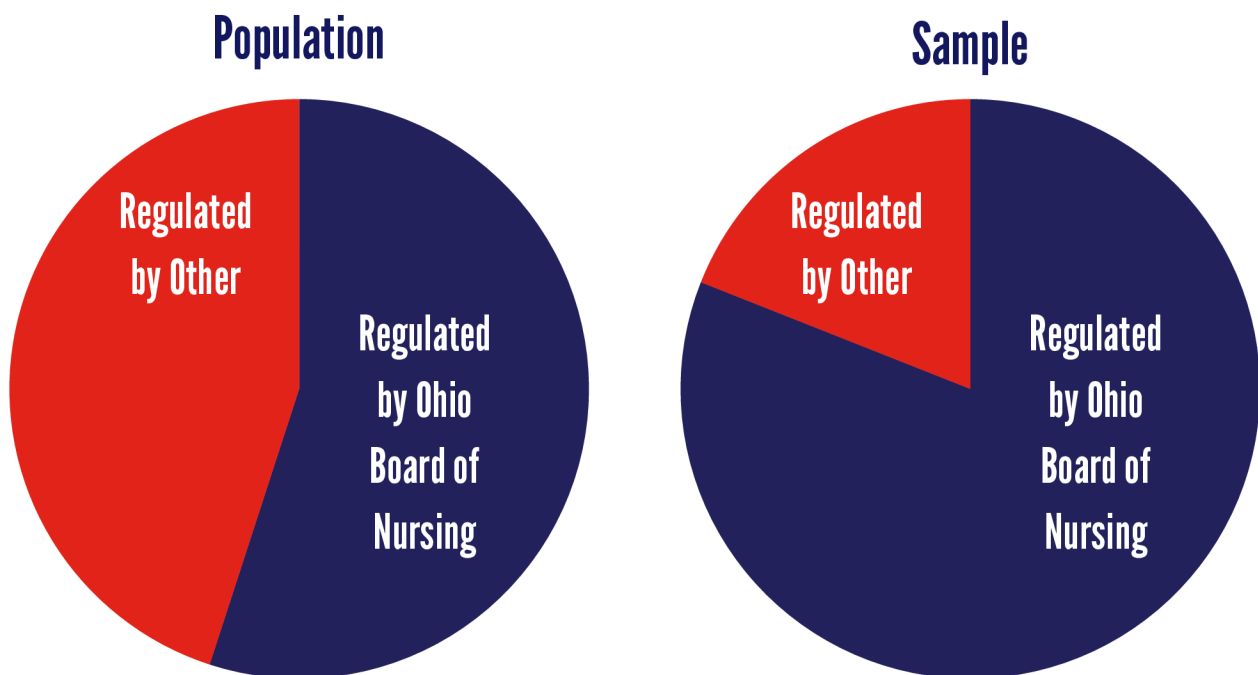
Based on the sample size and demographics represented, the results in this report are highly likely to accurately mirror the healthcare landscape and experiences of Ohio health professionals.*

- Survey Sample Size: 2,484 validated surveys from nurses and health professionals in the State of Ohio
- Population Size: 526,091

*Given the sample size and a 95% confidence interval, results are reliable within +/- 2 percent.

81.06% of the sample were nurses and certificate holders regulated by the Ohio Board of Nursing.

55.1% of the population are nurses and certificate holders regulated by the Ohio Board of Nursing.



SURVEY DEMOGRAPHICS

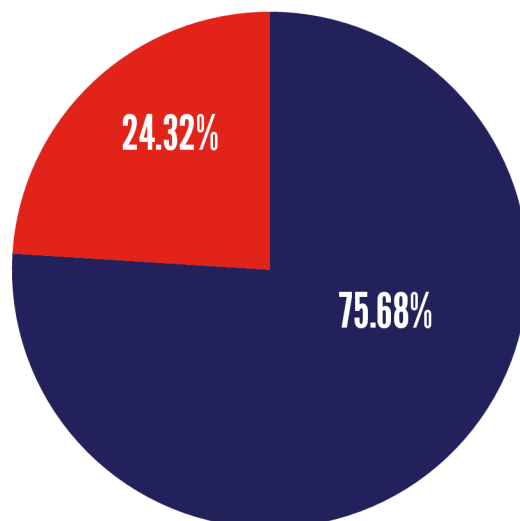
The survey findings in this report reveal challenges affecting nurses and healthcare professionals statewide.

88 Counties in Ohio are represented in the data results.



75.68% of respondents were nurses and health professionals working in direct care roles currently.

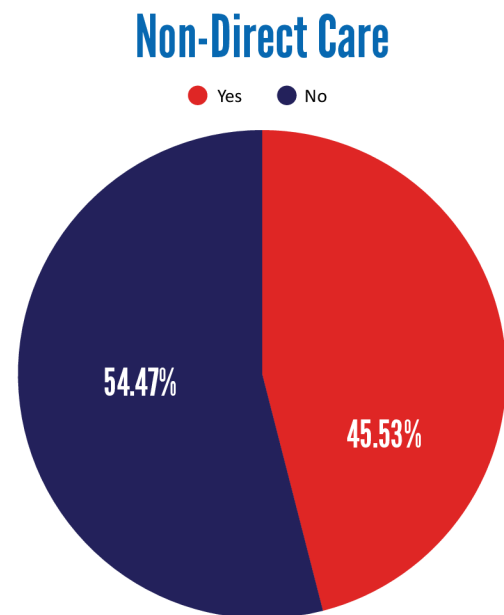
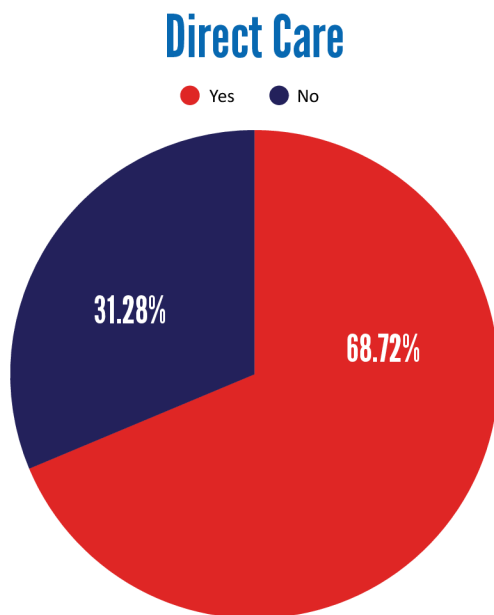
● Direct Care ● Non-direct Care



SECTION 2: Workplace Violence & Safety

WORKPLACE VIOLENCE IS A HEALTHCARE CRISIS

Have you experienced workplace violence in the last 12 months? (Workplace violence includes, but is not limited to, being a victim of verbal threats, verbal abuse, harassment, intimidation, disruptive behavior, unwanted sexual advances, verbal or physical conduct of a sexual nature, attempted physical assault, actual physical assault with or without a weapon.)

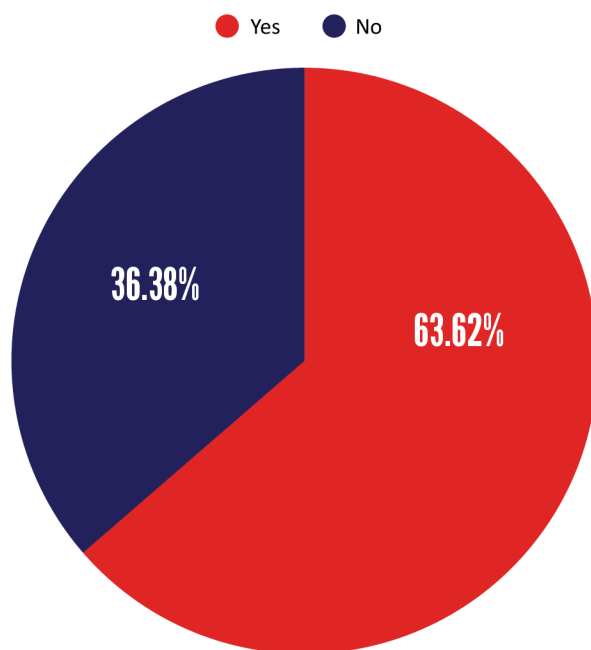


- **68.72% of direct care nurses and health professionals experienced workplace violence in the last 12 months.**
- **45.53% of non-direct care nurses and health professionals experienced workplace violence in the last 12 months.**

WORKPLACE VIOLENCE IS AN ONGOING CONCERN

63.62% of direct care nurses and health professionals consider workplace violence an on-going and serious concern in their workplace.

Do you consider workplace violence an on-going and serious concern for you in your workplace?



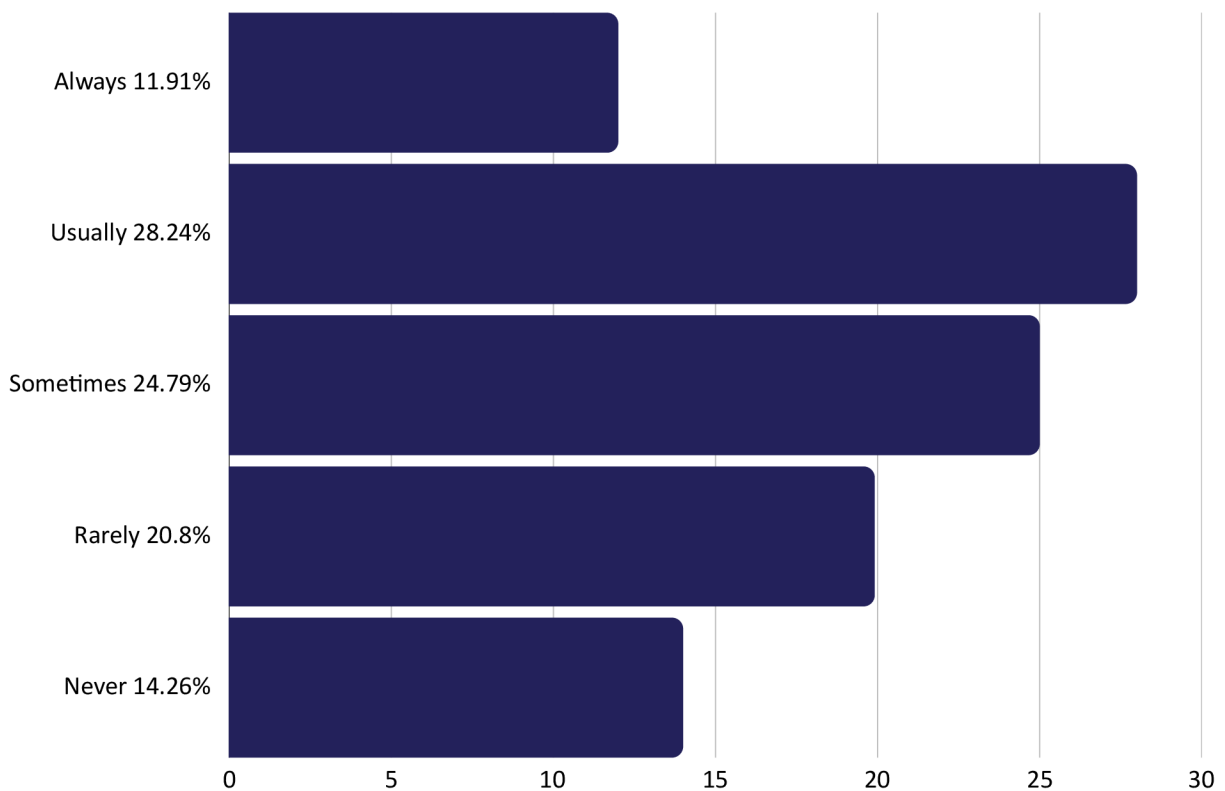
25.59% of direct care respondents reported they face retaliation or are discouraged from reporting violent incidents.



SAFETY MEASURES DO NOT ADEQUATELY ADDRESS RISK

59.85% of direct care respondents report that adequate safety measures are never, rarely, or only sometimes in place.

Are there enough safety measures in place at your workplace to keep you and your patients safe? (Examples of safety measures include, but are not limited to, adequate security personnel, weapons detection systems / metal detectors, posted zero tolerance policies that are absolutely enforced, safe patient restraint devices, PPE.)



SYSTEM BARRIERS TO IMPROVING SAFETY MEASURES

Over two-thirds of direct care respondents reported their ability to advocate for patient safety is limited in their workplace, citing the following multifactorial influences:

The ability to advocate for patient safety is limited in my workplace by: (select all that apply)

50.85%

Lack of confidence that reporting safety concerns will lead to fair or just outcomes

50.53%

Lack of confidence that addressing patient safety concerns will be prioritized over the organization's pursuit of financial gain

42.34%

Lack of just culture; raising safety concerns is framed as an individual problem rather than recognition of the system issue that causes the safety concern

31.23%

Lack of safe or reliable processes to escalate concerns

26.54%

Lack of protection for whistleblowers who raise safety or ethical concerns

21.97%

Fear of retaliation

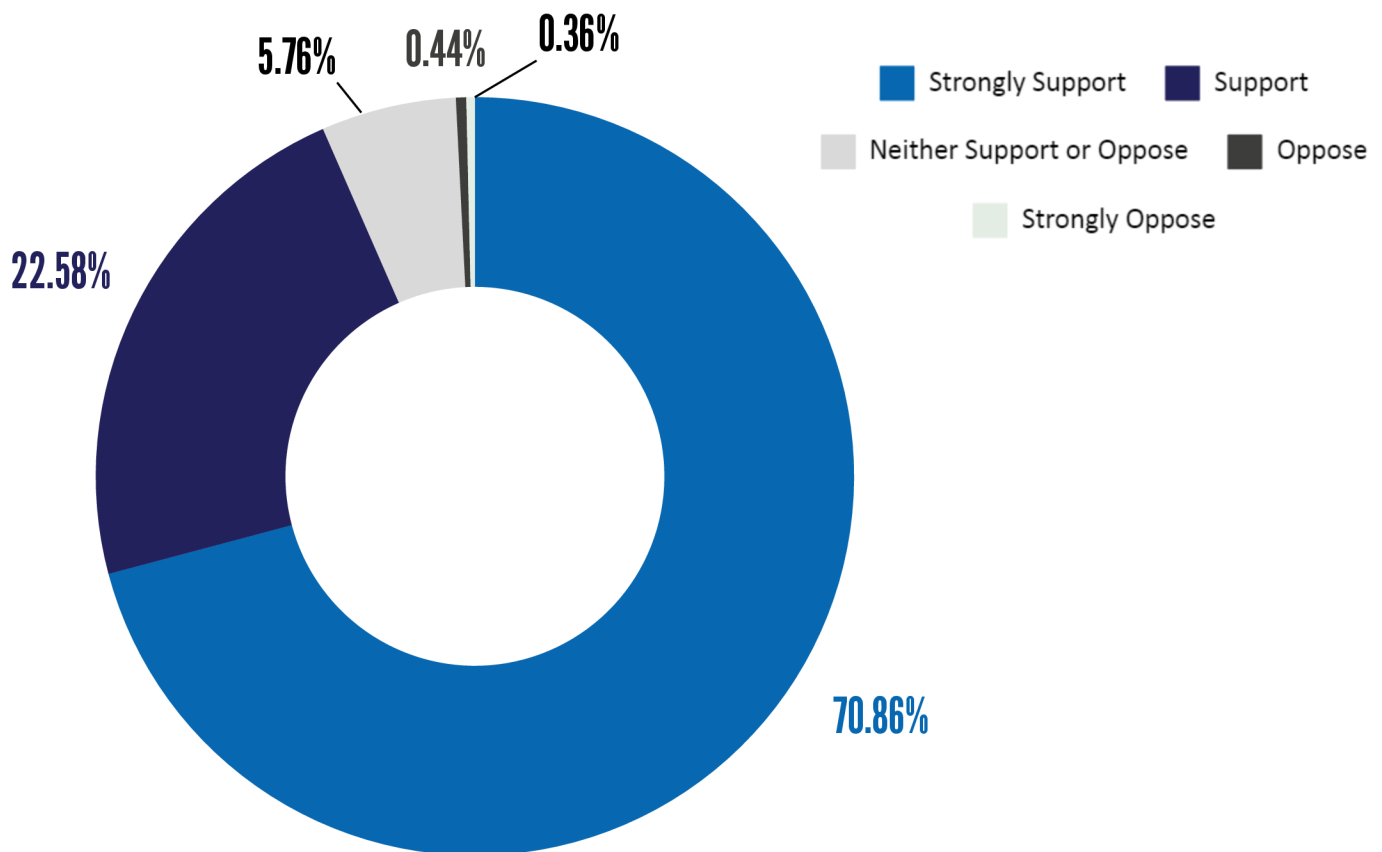
17.29%

Fear of discipline

OVERWHELMING SUPPORT FOR WORKPLACE VIOLENCE LEGISLATION

93.44% of all respondents reported they strongly support or support legislation in Ohio that includes statewide standards to ensure consistent protection from workplace violence for both patients and healthcare workers.

Do you support legislation in Ohio that includes statewide standards to ensure consistent protection from workplace violence for both patients and healthcare workers?



WORKPLACE VIOLENCE: A SYMPTOM OF A FAILED SYSTEM

When 68.72% of direct care nurses report experiencing workplace violence (WPV) – and even 45.53% of non-direct care nurses report the same – this is not an isolated problem.

This is a system-wide failure.

When nearly 7 in 10 direct care nurses and health professionals are harmed, and almost half of those not even in direct patient care are also impacted, it shows that violence is embedded in the healthcare environment itself.

It reflects:²

- Chronic understaffing
- Delayed care and overwhelmed systems
- Lack of meaningful prevention policies
- Inadequate security and response protocols
- A culture that normalizes abuse as “part of the job”

Workplace violence is not random. It is the predictable outcome of systemic strain.

If both direct and non-direct care nurses are experiencing violence, that tells us this issue is structural; rooted in how healthcare is staffed, funded, and managed.

This is not about individual resilience. It is about institutional responsibility.

Healthcare systems must address the root causes such as safe staffing standards, prevention programs, accessible reporting mechanisms, and enforceable protections.

When violence touches nearly everyone, it is no longer an incident.

It is a system problem.

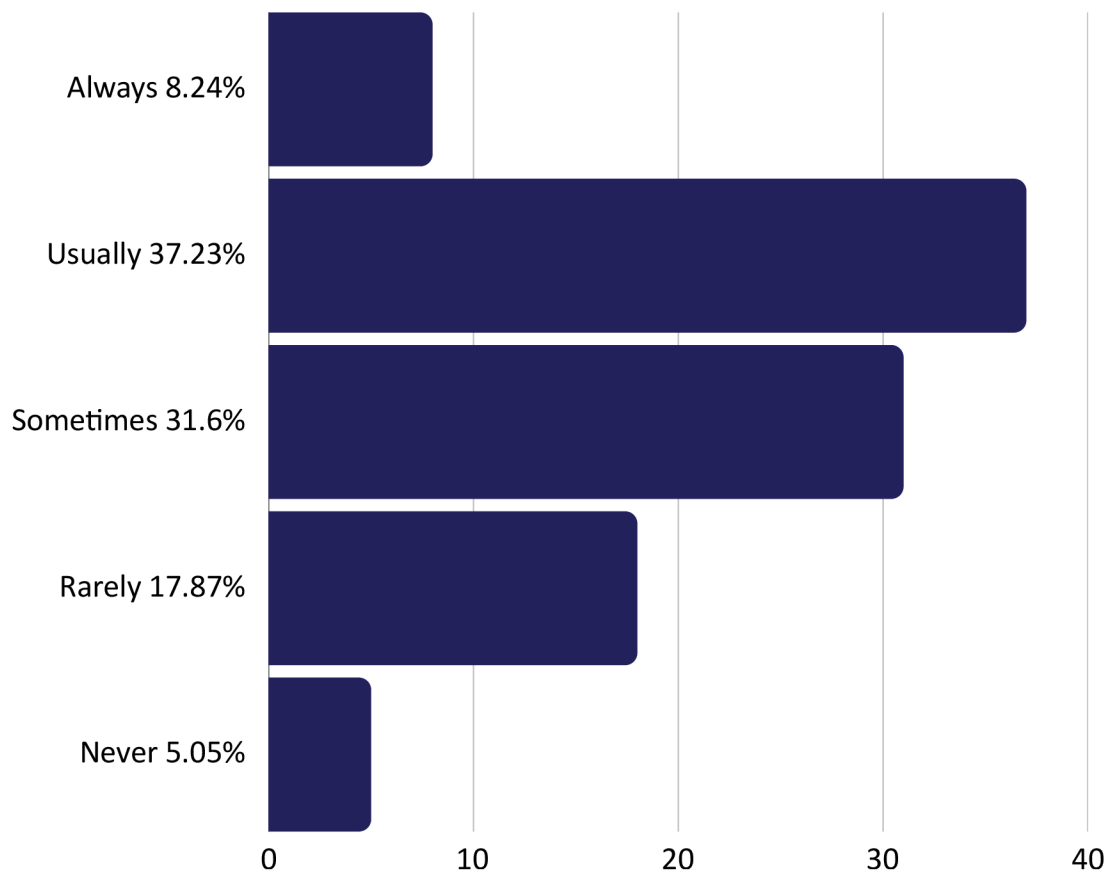
SECTION 3: Staffing

INADEQUATE STAFFING PERSISTS ACROSS HEALTH PROFESSIONS

Only 8.24% of direct care respondents report their unit is always appropriately staffed.

More than 91% of direct care health professionals are working in conditions where staffing is not consistently safe.

My unit or care setting is adequately staffed...



PROFITS OVER PATIENTS DRIVES UNDERSTAFFING

Nearly 7 of 10 direct care respondents report that financial targets outweigh clinical judgement in patient care staffing.

More than half report a system that fails to act in a timely manner to address serious safety concerns.

I have observed the following contributing factors to understaffing in my workplace:

68.46%

Staffing levels are determined by budgetary goals or limits rather than patient care needs

58.19%

Frontline healthcare workers do not have a voice in the staffing decisions

57.23%

When staffing concerns are raised, they do not result in meaningful or timely change

40.48%

My organization's lack of enforceable minimum staffing standards to protect patient safety and to require safe staffing allows for decisions that are not best for patients

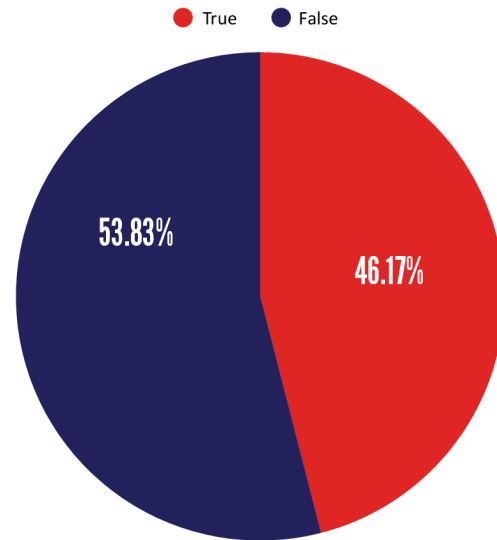
19.26%

When staffing concerns are raised, individuals who raise the concern face retaliation

POLICY FAILURES ARE EMPTYING DIRECT CARE ROLES

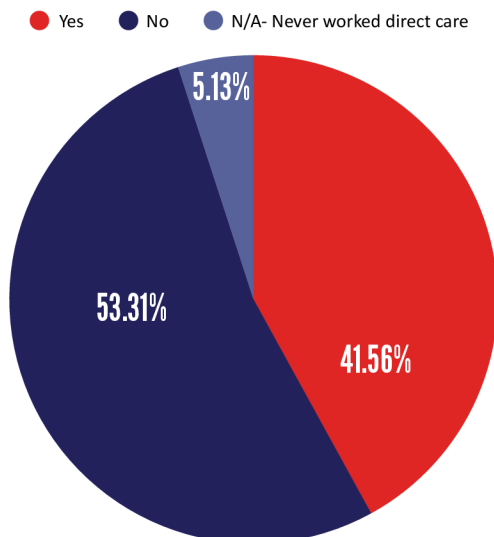
46.17%* of direct care nurses and health professionals are considering leaving direct care roles due to patient safety, staffing and/or workplace violence risk.

I am considering leaving direct patient care due to patient safety concerns, staffing, and/or workplace violence risk:



*46.17% Includes all direct care respondents; RN/LPN intent to leave is higher at 53.5%.

41.56% of non-direct care nurses and health professionals reported patient safety, staffing, and/or workplace violence risk was a factor in choosing to leave direct care.



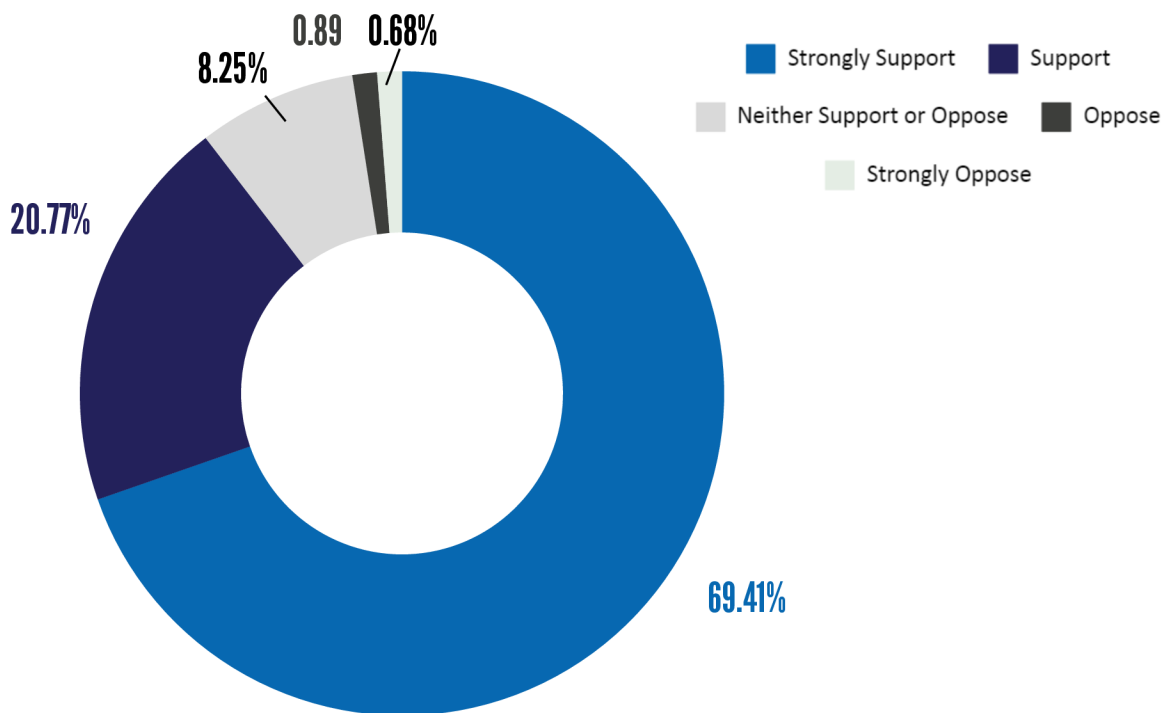
Were patient safety concerns, staffing, or risk of workplace violence factors considered in your decision to leave a direct patient care role?

OHIOANS SUPPORT LEGISLATIVE SOLUTIONS TO ENFORCE SAFE STAFFING

Unsafe staffing is a growing crisis across Ohio's healthcare system, endangering patients and driving nurses and health professionals from direct care roles. Across the state, healthcare workers overwhelmingly support legislative action to hold healthcare organizations accountable for safe staffing.

90.18% of nurses and health professionals would strongly support or support a bill that included safe staffing standards, while only 0.68% would strongly oppose.

Do you support legislation in Ohio that includes accountability and regulatory oversight to ensure healthcare entities comply with safe staffing standards designed to protect patients and healthcare workers?

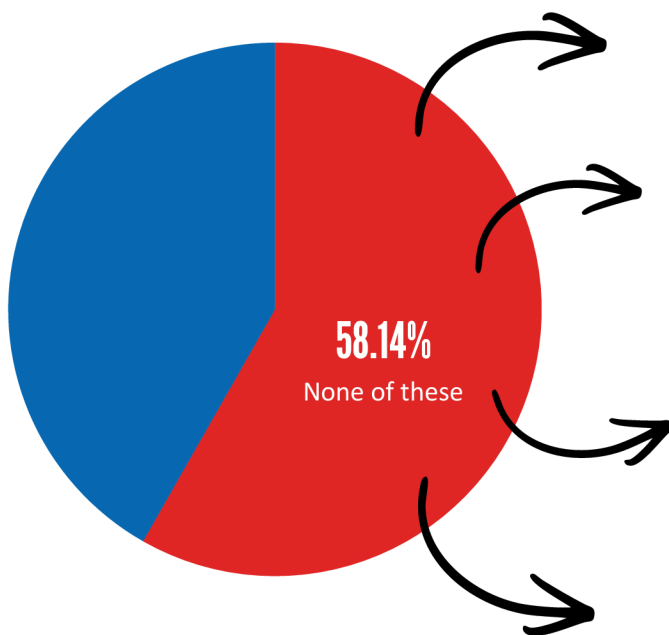


SECTION 4: System Failures

LACK OF JUST CULTURE CREATES UNSAFE CONDITIONS

A just culture requires transparency, accountability, and meaningful involvement of frontline healthcare workers in decisions that affect patient care.^{1,3,4} Organizations without just culture experience higher rates of medical errors and patient harm. Yet respondents report that core just culture elements are missing—whether it is a lack of transparency around safety incidents, limited voice for frontline staff, or systems that still allow individuals to be scapegoated when broader organizational failures occur. Most alarming, however, is that 58.14% of respondents selected “none of these,” indicating they do not experience any of these foundational just culture principles in their workplace. This overwhelming response underscores the urgent need for systemic change to create environments where safety concerns are openly addressed to keep Ohio patients safe.

58.14% of direct care respondents report that their organization does not demonstrate just culture principles consistently.



- Frontline healthcare workers have a strong voice in decisions that affect patient care and safety
- The employer is transparent about safety incidents or outcomes
- When medical errors occur, frontline staff are never scapegoated instead of addressing the system-level causes that made the error possible
- Healthcare workers are protected from criminalization or punishment for system-level errors, with accountability placed on leadership and organizational design rather than individuals acting in good faith

SUPPORT STAFF OR RISK THE WORKFORCE

A healthcare system that fails to support workers after trauma fuels staffing shortages, weakens emergency preparedness, reduces access to care in rural and underserved communities, and increases taxpayer-funded spending. Investing in post-incident support and psychological safety is therefore not only ethically sound—it is economically and structurally necessary for a stable healthcare system.

Almost one-third of direct care respondents report their organization provides inadequate to no meaningful support or resources or offers support that is not confidential and carries a risk of affecting the individual's professional well-being

29.63%

The organization provides **inadequate to no meaningful support or resources** or offers support that is **not confidential and carries a risk** of affecting the individual's professional well-being (**Most Harmful to Staff**)

34.79%

The organization provides **some support, but greater support is needed** including access that is without stigma or potential for professional harm (**Moderately Harmful to Staff**)

16.81%

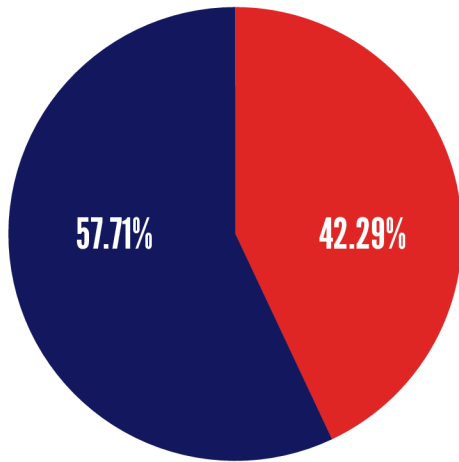
The organization provides access without stigma or potential for professional harm, but it is not adequate (**Moderately Helpful to Staff**)

18.78%

The organization provides robust confidential and stigma-free support and resources (**Most Helpful to Staff**)

OUTDATED LICENSING QUESTIONS DISCOURAGE MENTAL HEALTH CARE

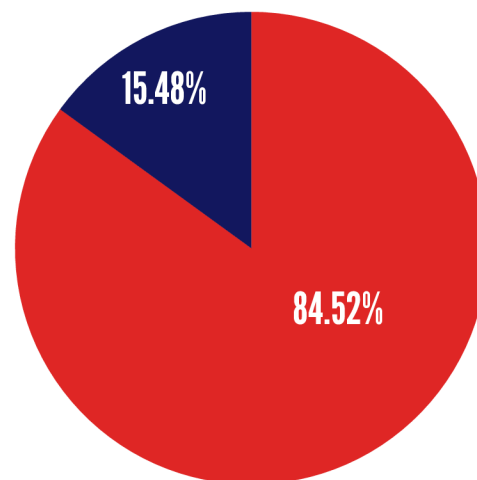
Many health professional licensing boards require applicants and licensees to disclose information about their mental health. While patient safety is paramount, these practices can unintentionally discourage clinicians from seeking care. This fear creates a chilling effect that keeps health professionals from accessing the support they need.



42.29% of respondents reported that they worry seeking mental health treatment could negatively affect their professional license or employment.

There is strong consensus about what is appropriate oversight. Ohio has the opportunity to modernize licensing standards by focusing only on on-going impairment that impacts patient care. Doing so protects patient safety while also removing unnecessary barriers that prevent clinicians from seeking timely mental health care.

84.52% of respondents believe licensing boards should not inquire about a health professional's private health information unless the condition directly affects their ability to practice safely.



SECTION 5: Recommendations

LEGISLATIVE RECOMMENDATION NO. 1

Recommendation: Enact Safe Staffing Standards in Ohio Hospitals (HB 521)

Legislative intervention is necessary to ensure hospitals maintain safe staffing levels that protect both patients and healthcare professionals. Persistent understaffing has contributed to burnout, moral injury, and reduced quality of care. Establishing enforceable standards will improve patient outcomes, strengthen the healthcare workforce, and ensure accountability across Ohio's healthcare system.

Supporting and enacting minimum safe staffing standards will prioritize the well-being of patients and health professionals while improving retention of experienced nurses. Legislative action will protect the health and safety of Ohio communities.

Legislation Must:

- Establish minimum safe staffing standards in Ohio hospitals that are based on patient acuity and the specific needs of each care setting.
- Require that charge nurses be free of patient assignments so they can perform critical coordination and patient safety responsibilities.
- Ensure staffing plans reflect real-time patient needs and evidence-based standards of care.
- Allow for temporary deviations from staffing standards only in extraordinary circumstances when necessary for patient care.
- Create clear enforcement mechanisms and reporting processes so violations of safe staffing standards can be addressed.
- Provide whistleblower protections for healthcare workers who report unsafe staffing conditions.
- Promote workforce stability and retention by ensuring nurses can practice in safe environments that support high-quality patient care.

LEGISLATIVE RECOMMENDATION NO. 2

Recommendation: Strengthen Nurse Staffing Committees and Shared Governance (HB 535/SB 373)

Effective nurse staffing committees are a critical mechanism for ensuring frontline healthcare professionals have a meaningful role in determining staffing practices that impact patient safety. However, current law does not provide sufficient authority or accountability for these committees to function as intended.

Strengthening staffing committee requirements will ensure hospitals engage in genuine shared governance with frontline healthcare workers. When nurses and health professionals are empowered to participate in staffing decisions, hospitals are better able to identify risks, prevent unsafe conditions, and improve care outcomes.

Legislation Must:

- Require staffing committees in every Ohio hospital with majority representation of frontline nurses and healthcare professionals.
- Ensure committees have meaningful authority to develop, review, and evaluate staffing plans based on patient care needs.
- Require hospitals to publicly report staffing plans and compliance information to increase transparency and accountability.
- Require regular review of staffing outcomes, including patient safety indicators, workforce retention, and workplace safety concerns.
- Empower staffing committees to collect and analyze staffing data, identify risks, and recommend corrective actions.
- Provide enforcement mechanisms to ensure hospitals follow the staffing plans developed through the committee process.
- Include protections for healthcare workers who raise concerns about unsafe staffing practices.

EMPLOYER RECOMMENDATION NO. 1

Recommendation: Employer Implemented Staffing Policies

Employers can stop the flood of staff leaving the bedside through implementing internal policies that prioritize safety. Most importantly, employers can adopt staffing standards that demonstrate their commitment to quality patient care and staff retention. Additionally, they can engage in good faith negotiations with collective bargaining units to ensure fair and effective solutions, demonstrating commitment to healthcare workers. Immediate action is necessary to restore a safe, supportive environment for both patients and staff.

Staffing Policies Must:

- Establish minimum staffing standards for each area within the healthcare setting, along with ensuring charge nurses are free from any patient assignment.
- Ensure consistent enforcement of minimum staffing standards.
- Be responsive to the needs and issues raised from staffing committees comprised of a majority frontline healthcare staff and with regard to feedback from formal reports such as staff filed Assignment Despite Objection (ADO) forms.
- Be based on best available evidence.
- Include banning of mandatory overtime.
- Implement flexible and supportive attendance policies that eliminate punitive measures, fostering a healthier and more productive work environment.

Ohio cannot sustain the current trend of losing nurses. There is no level of recruitment into the nursing profession that will overcome the escalating trend of poor retention.

EMPLOYER RECOMMENDATION NO. 2

Recommendation: Employer Implemented Workplace Violence Policies

Implementing policies that include the following evidence-based recommendations will assist healthcare organizations in creating the safe workplaces that patients and staff deserve. By adopting comprehensive safety measures, healthcare organizations can protect both patients and staff.

Workplace Violence Policies Must:

- Require first name only identification badges.
- Create or modify workspaces to enhance safety, such as metal detectors, secure access points, increased security, panic buttons, security cameras, etc.
- Allow readily available personal protective equipment across care settings.
- Establish a zero-tolerance policy for any form of workplace violence, clearly communicate it to all employees, patients, and visitors, and enforce it consistently.
- Ensure adequate staffing levels and develop staffing policies that minimize isolated working conditions that increase employee risk.
- Implement an easy-to-use, confidential reporting system.
- Create an incident review committee, composed of at least 50% frontline staff, to analyze reported incidents, identify trends, and recommend improvements.
- Ensure consistent enforcement of workplace violence policies and consequences for violations.
- Create and utilize identification systems for patients and visitors with a known history of violence in the healthcare setting.
- Include prevention strategies that focus on a system of shared accountability where organizations are accountable for the systems they create.

EMPLOYER RECOMMENDATION NO. 3

Recommendation: Establish and Sustain a Just Culture in Healthcare Workplaces

Healthcare employers must adopt and actively sustain a just culture that prioritizes transparency, accountability, and system-level improvement over individual blame. A just culture is essential to creating an environment where healthcare workers can speak up without fear of retaliation, where errors are used as opportunities for system improvement, and where leadership is accountable for the conditions that shape care delivery.

Just Culture Policies Must:

- Establish non-punitive reporting systems that encourage staff to report errors, near misses, and safety concerns without fear of discipline or retaliation.
- Create a standardized, transparent process for reviewing incidents that focuses on identifying system failures rather than assigning individual blame.
- Protect healthcare workers from retaliation when raising patient safety, staffing, or workplace concerns.
- Require transparency from leadership regarding safety events, outcomes, and corrective actions.
- Include frontline healthcare workers in decision-making processes related to safety, staffing, and workflow design.
- Provide ongoing education and training on just culture principles for all staff, including leadership.
- Implement accountability structures that hold organizations and leadership responsible for unsafe conditions and systemic failures.
- Ensure consistency in application of just culture policies across all departments and levels of leadership.

Without a just culture, healthcare systems will continue to suppress reporting, perpetuate unsafe conditions, and drive experienced professionals away from the bedside. Establishing a just culture is a foundational requirement for safe patient care, workforce stability, and public trust in Ohio's healthcare system.

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