



### A Survey of Massachusetts Registered Nurses

March 2023





Mode	Respondents were contacted through text message, asking them to use the included link to participate in the survey online, through phone or computer.
	531 interviews were completed with RNs currently working in healthcare in Massachusetts.
Sample	This was drawn from a file of the 150,000 nurses registered with the Massachusetts Board of Registration in Nursing as of February 2023, for whom cell phone numbers were available.
Dates	February 28-March 5, 2023
Weights	Slight age and care setting (teaching hospital, community hospital, non-hospital care) weights were applied to ensure the data accurately matched demographic information available on the statewide list of nurses and the actual breakdown of healthcare facilities across the state.
Margin of Error	±4% at the 95% confidence level for the entire sample; the margin of error for subgroups is higher
Note	Some data may not add up to 100% due to rounding

### **Profile of the Sample**



Category	Group	% of Sample
	Direct care at teaching hospital	36%
Current role	Direct care at community hospital	19
Current role	Direct care outside hospital setting	31
	Healthcare worker, not direct care	12
MNA Member	Yes	39
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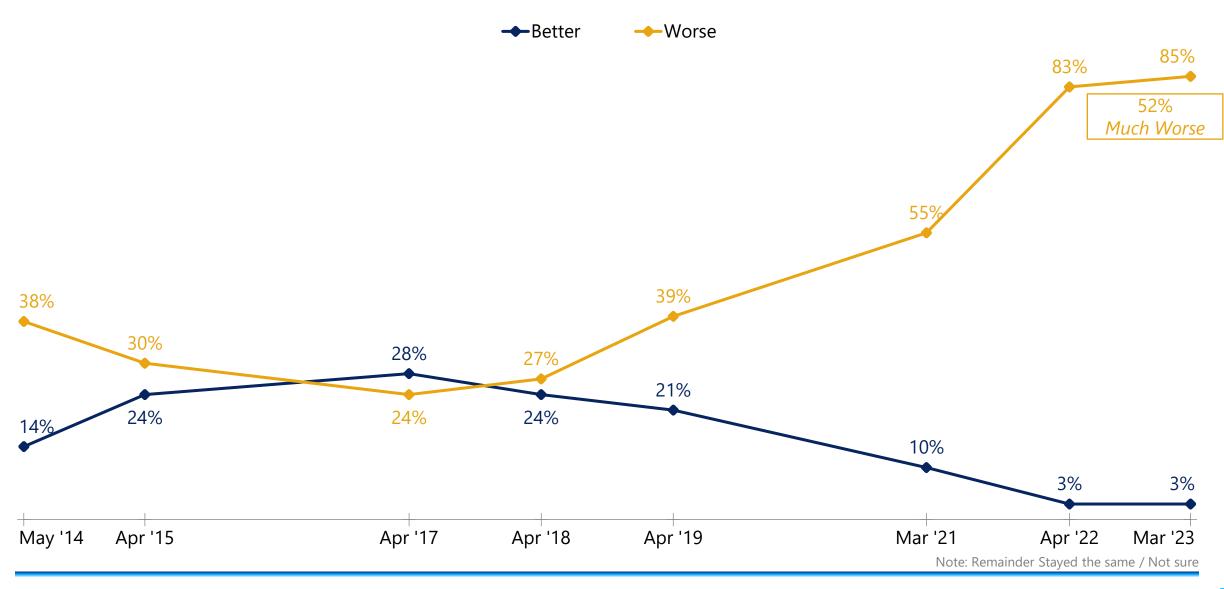
Category	Group	% of Sample
	0 – 5 years	13%
Years in nursing	6 – 15 years	30
	16+ years	58
	40 or younger	31
Ago	41 – 50	23
Age	51 – 64	30
	65+	16
Condor	Female	89
Gender	Male	8

### **State of Care**



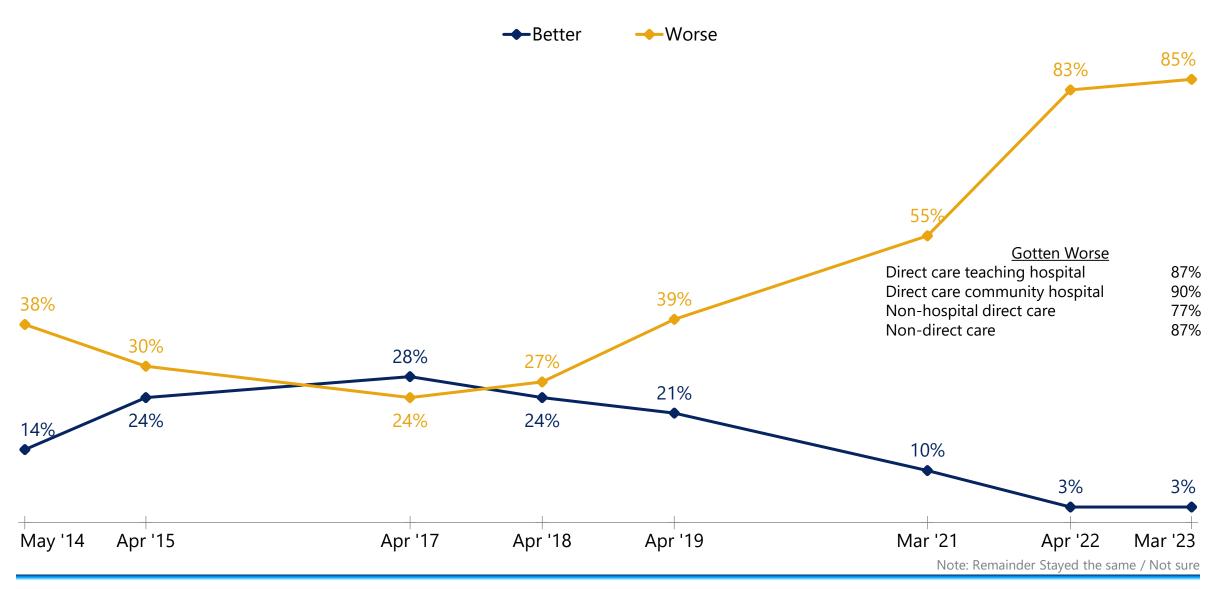
### RNs saying the quality of care has gotten worse remains at an all-time high.





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Biggest Obstacle in Delivering Quality Care to Patients	2023	2022
Understaffing	56%	55%
Nurse to patient ratios / Too many patients	15	14
Lack of support / Resources	9	12
Lack of trained staff / Lack of experienced staff	7	9
Poor management	7	NA
Sicker patients / Acuity of patients	6	4
Increasing responsibilities / Expected to do more	5	6
Time management	5	4
Low pay / Less pay than travelers	5	4
Lack of access to care	4	3
Insurance issues	4	2
Lack of coordinated care / Premature discharge / Rushed care	4	4

Note: Responses under 4% are not shown. Multiple responses accepted, so equals more than 100%.





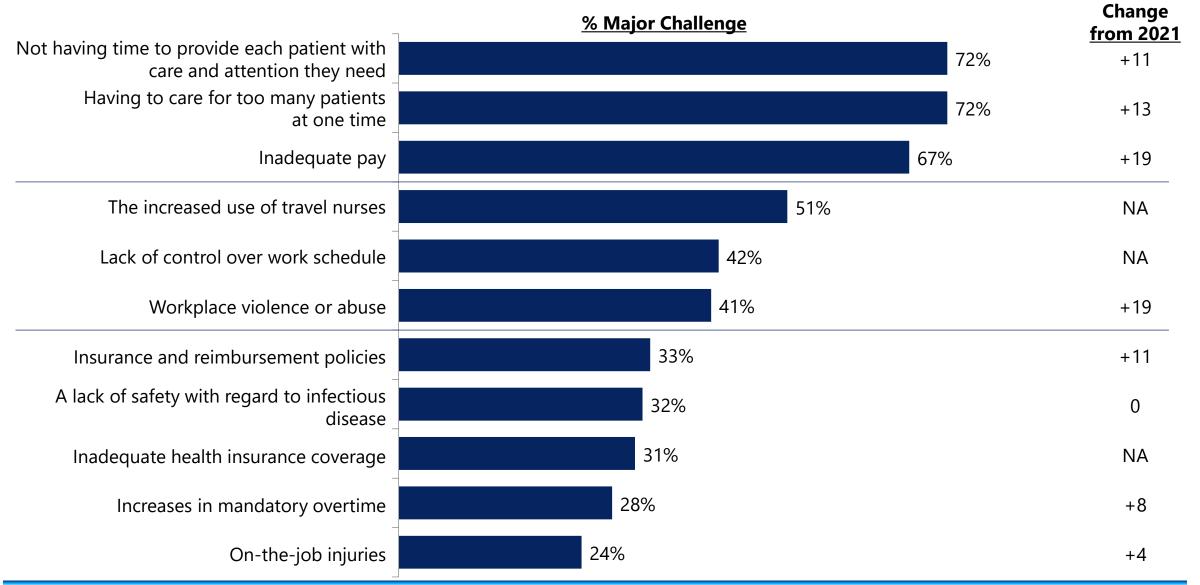
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Direct care teaching hospital 64%
Direct care community hospital 67%

0-5 years as nurse 63%





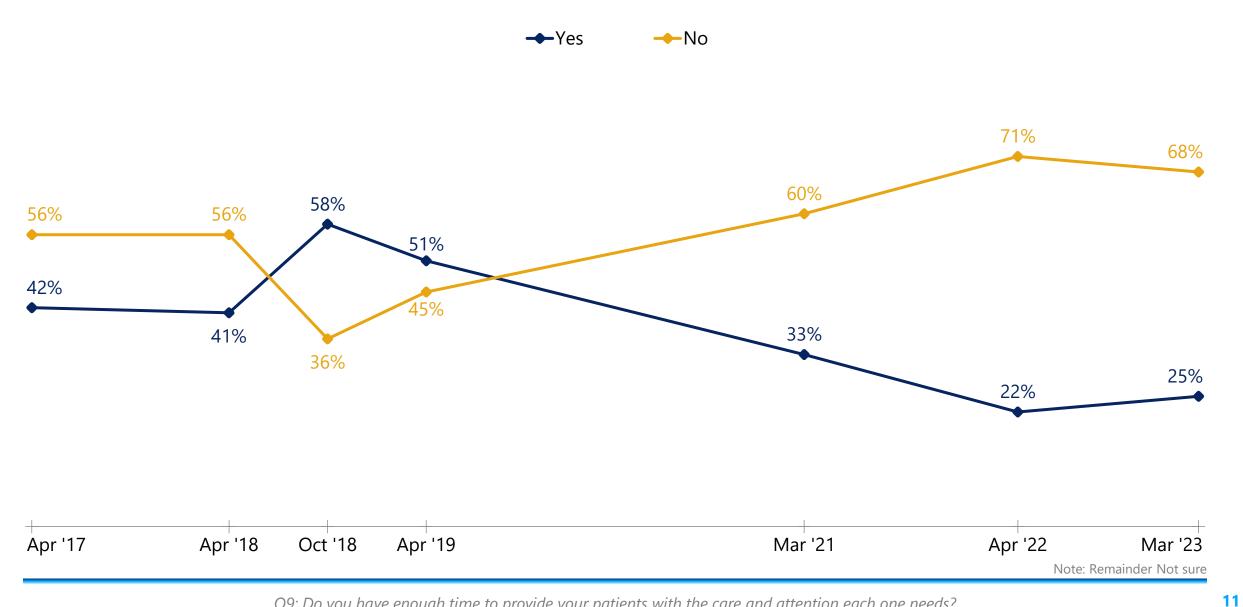


### **Staffing and Patient Care**



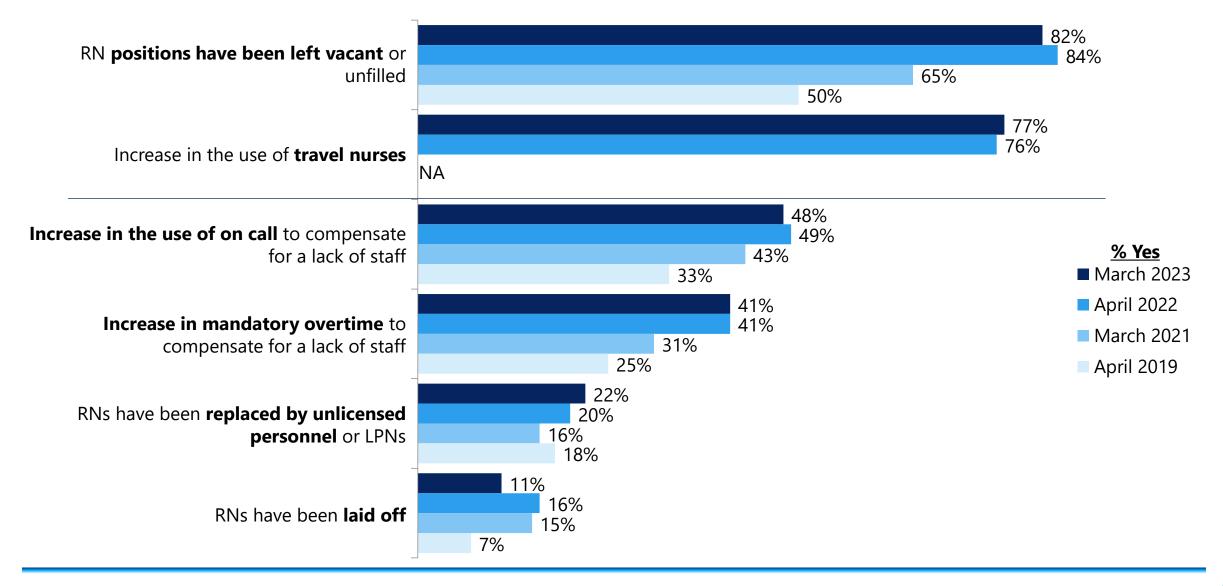
#### RNs continue to report inadequate time with patients.





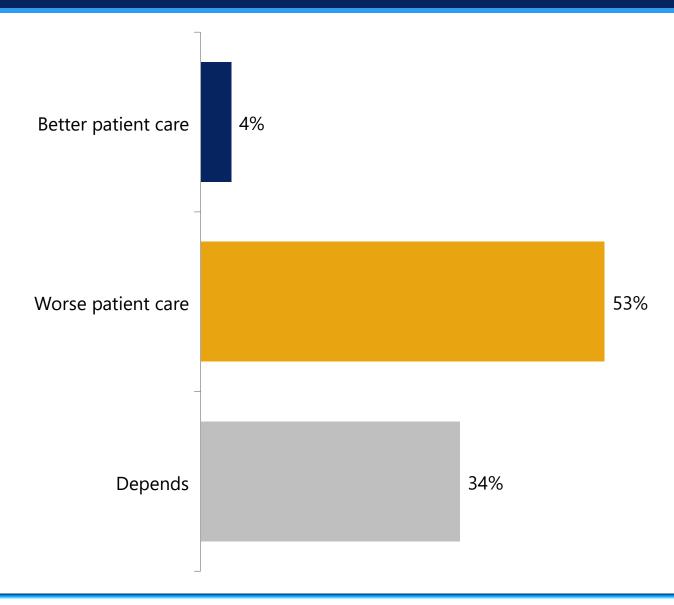
# By a wide margin, vacant positions and increase in travel nurses remain most prevalent changes.







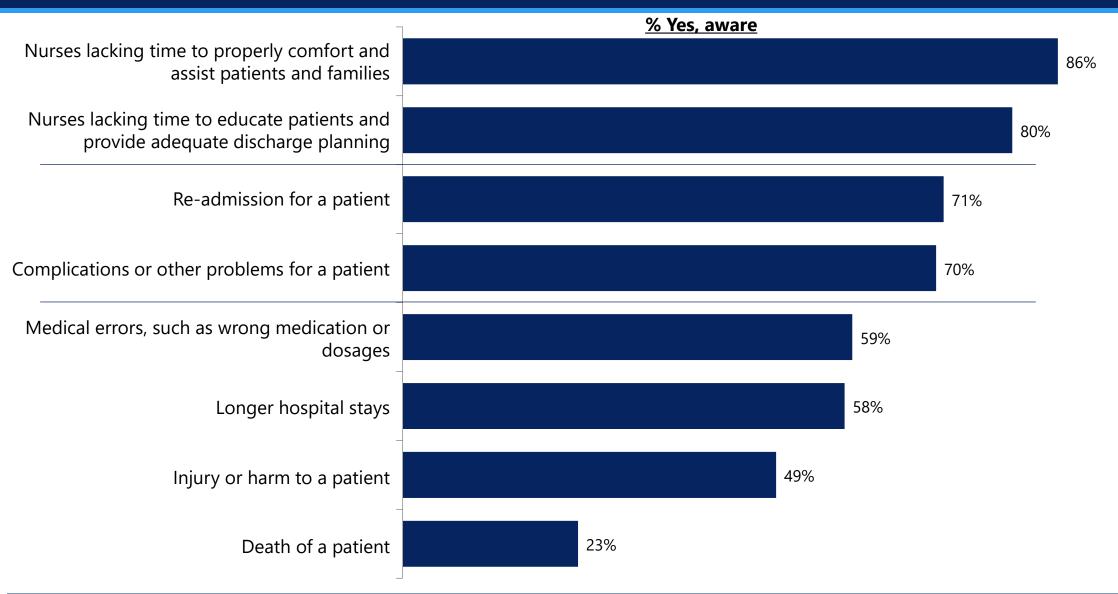




Note: Remainder Not sure

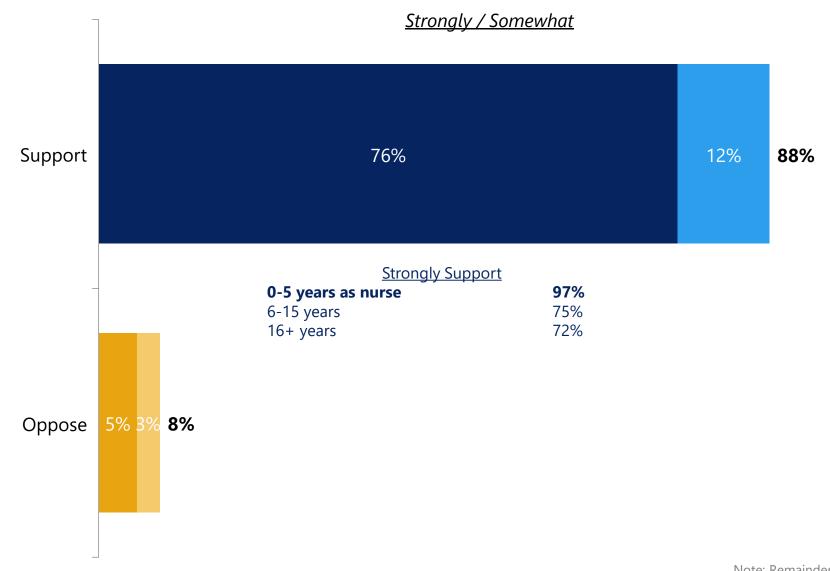






#### Overwhelming support for passing new safe staffing bill.





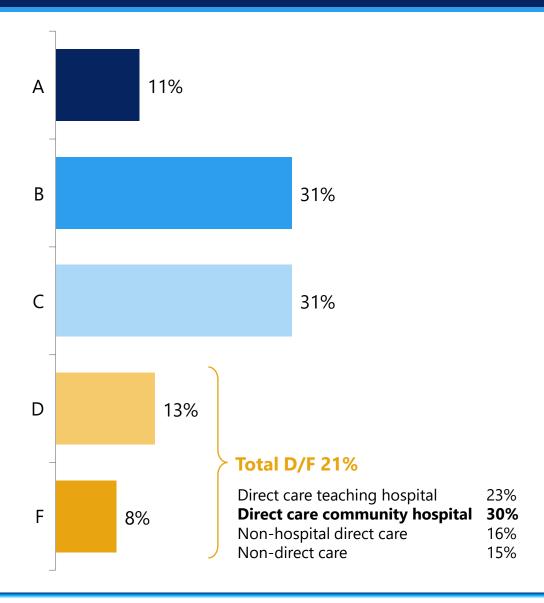
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### COVID





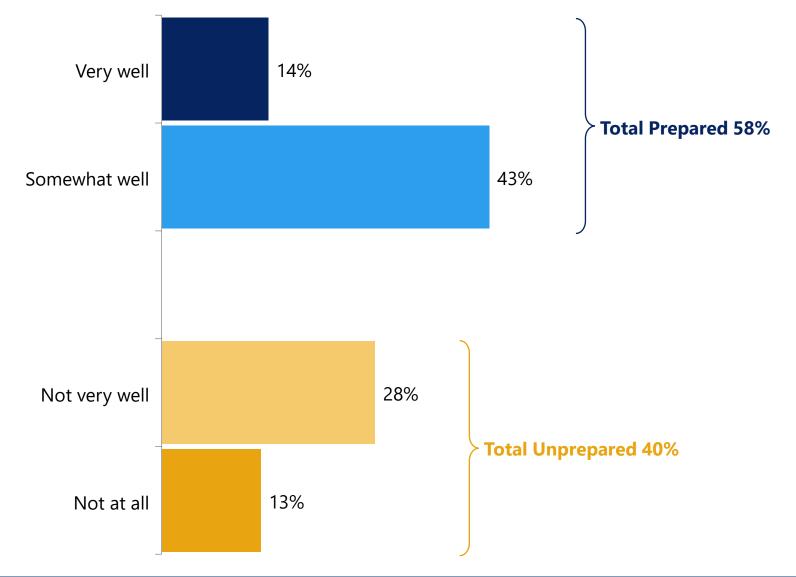




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# Most RNs think their workplace is at least somewhat prepared for another outbreak.





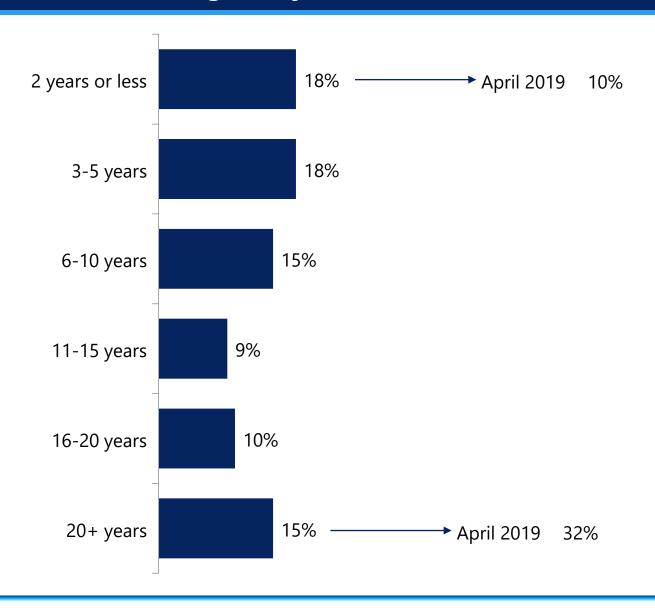
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### **Retention**





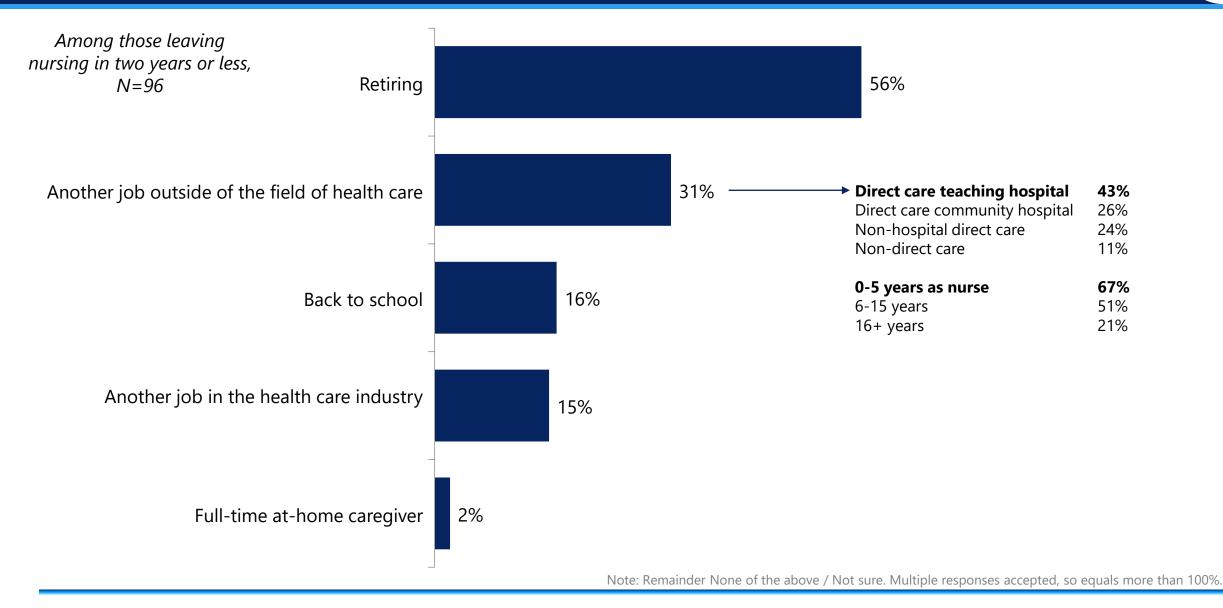




Note: Remainder Not sure

# Half of nurses planning to leave in 2 years or less are retiring; another third plan to find a job outside of health care.





# 4-in-10 RNs say they're leaving field due to retirement, and just as many are leaving because of staffing and burnout.



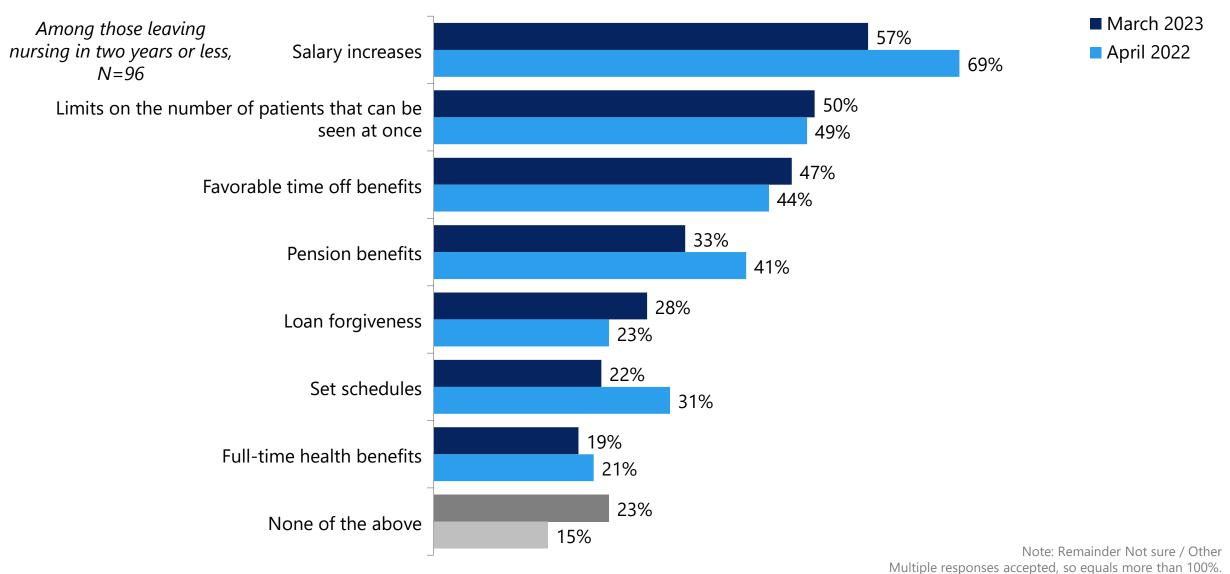
Among those leaving nursing in two years or less, N=96

Main Reason Leaving Nursing	
Age / Retiring	40%
Overworked / Understaffed	20
Burnout / Exhaustion / Stress	19
Lack of pay	15
Prevented from providing quality care	13
Poor working conditions	11
Healthcare has changed	10
Lack of respect	8
Lack of support from employer	7
Lack of appreciation	4
Rude patients / Mistreated by patients	4

Note: Responses under 4% are not shown. Multiple responses accepted, so equals more than 100%.

#### Patient limits and raises could persuade nurses to keep working.

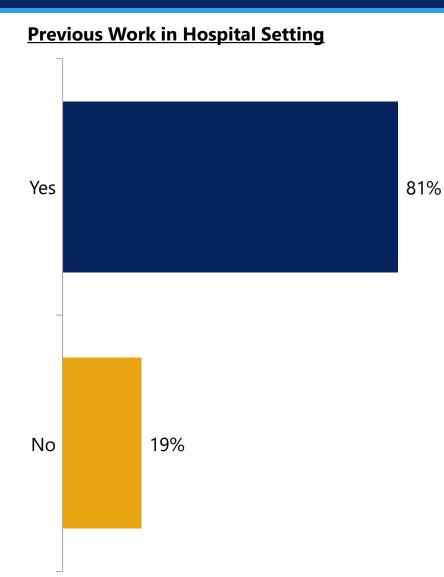




### Most RNs who left the hospital did so because of understaffing and scheduling.



Among those not working in a hospital, N=199



Reason for No Longer Working in Hospital [N=160]	
Understaffing / Unsafe staffing / Nurse to patient ratios / Too many patients	18%
Work hours / Overtime / Schedule	15
Burnout / Exhaustion / Stress	8
Poor management	7
Shift to other personal care setting (home care, school nurse)	6
Shift to non-personal care setting (consulting, education)	5
Lack of pay / Benefits	5
Family obligations	4
Medical leave / Personal health reasons	4
Workplace culture / Toxic culture	4

Note: Remainder Not sure / Refused. Responses under 4% are not shown.

### **Workplace Violence**



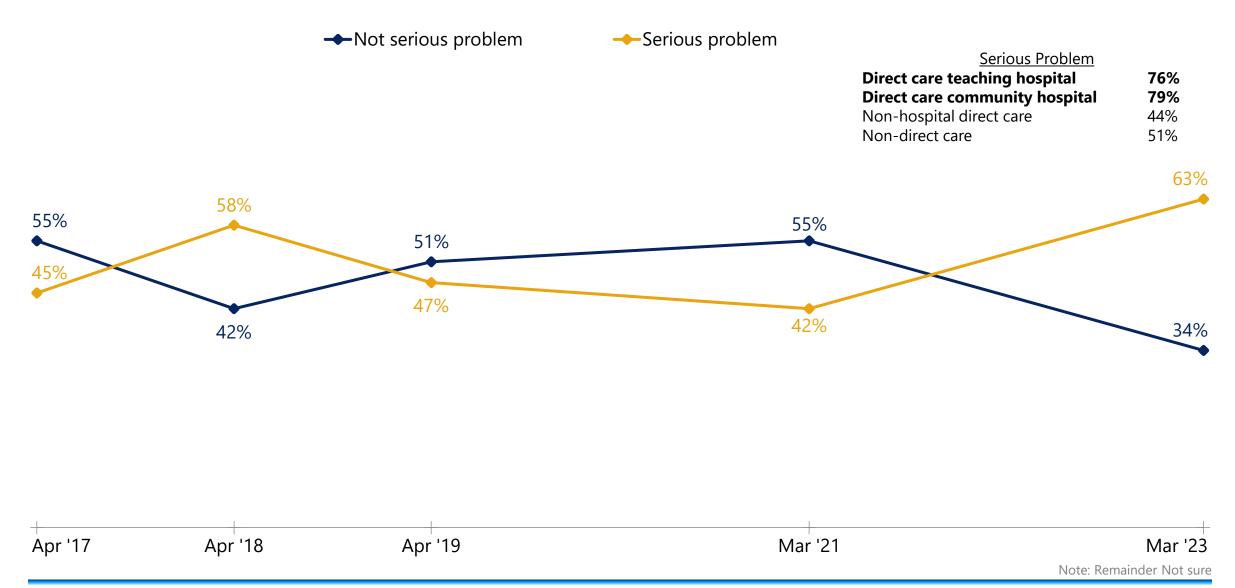
#### A quarter of nurses do not feel safe in their workplace.





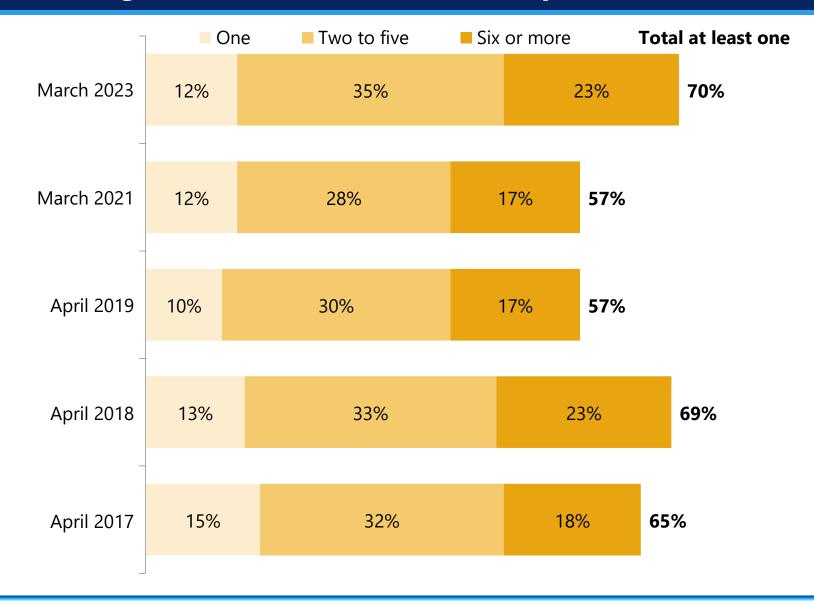
# Large increase in nurses saying that workplace violence and abuse is a serious problem.





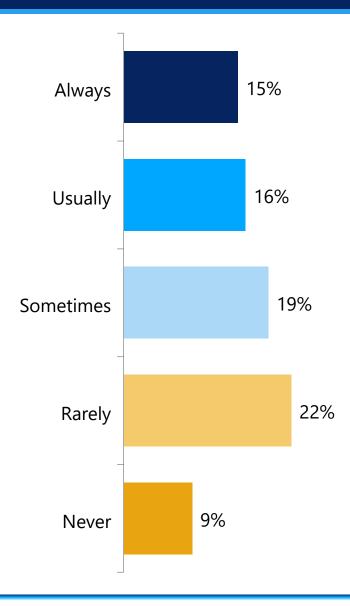
#### 7-in-10 report encountering at least one instance of workplace violence or abuse.





## A third of RNs say their employer does not take appropriate actions to prevent further violence or abuse.

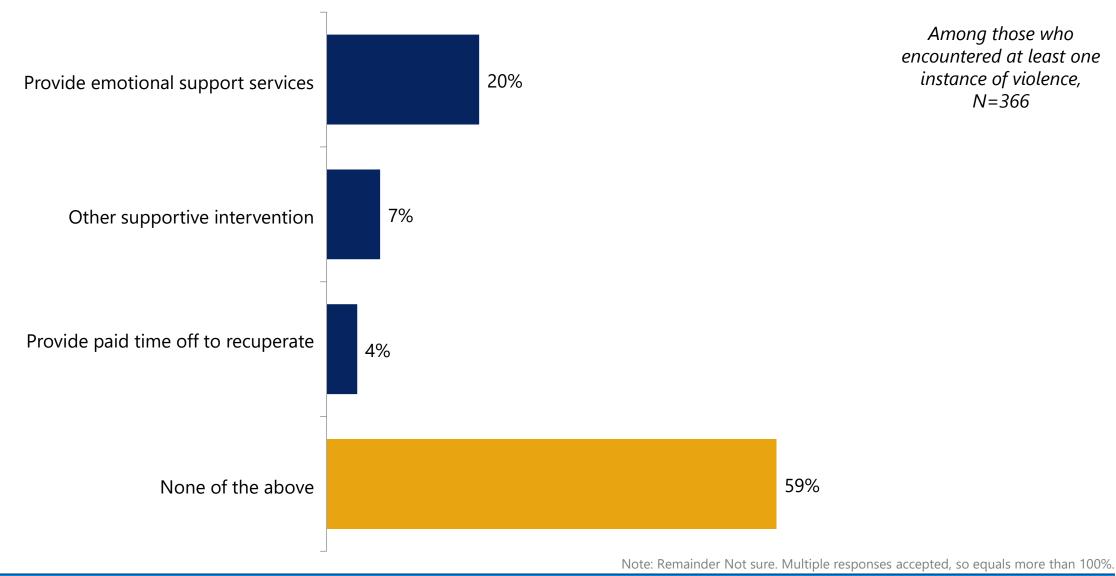




Note: Remainder Not applicable / Not sure

## Majority say their employer did not take any supportive intervention actions after violence or abuse occurred.



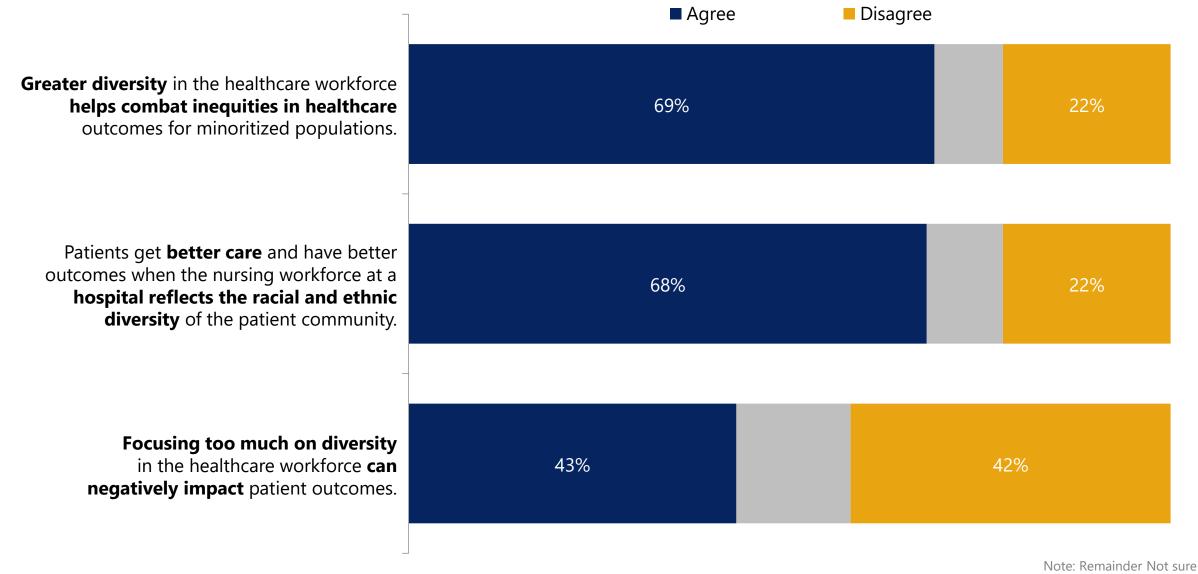


### **Racial Disparities**



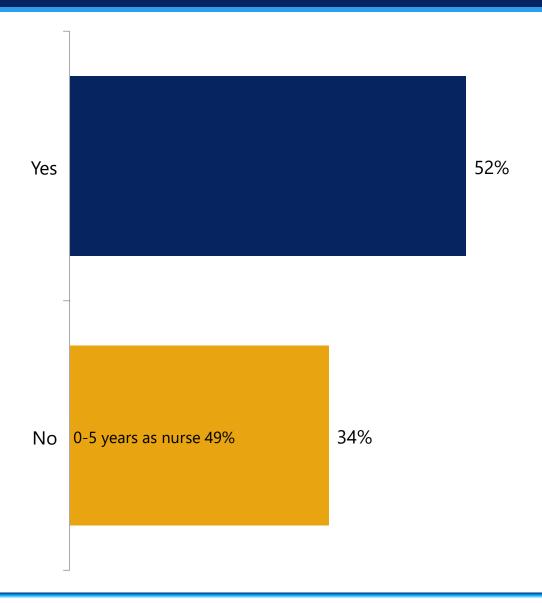
## RNs think greater diversity in healthcare workforce has positive impact on patient care.





# A third of RNs do not feel they receive enough training to combat healthcare outcome inequities.





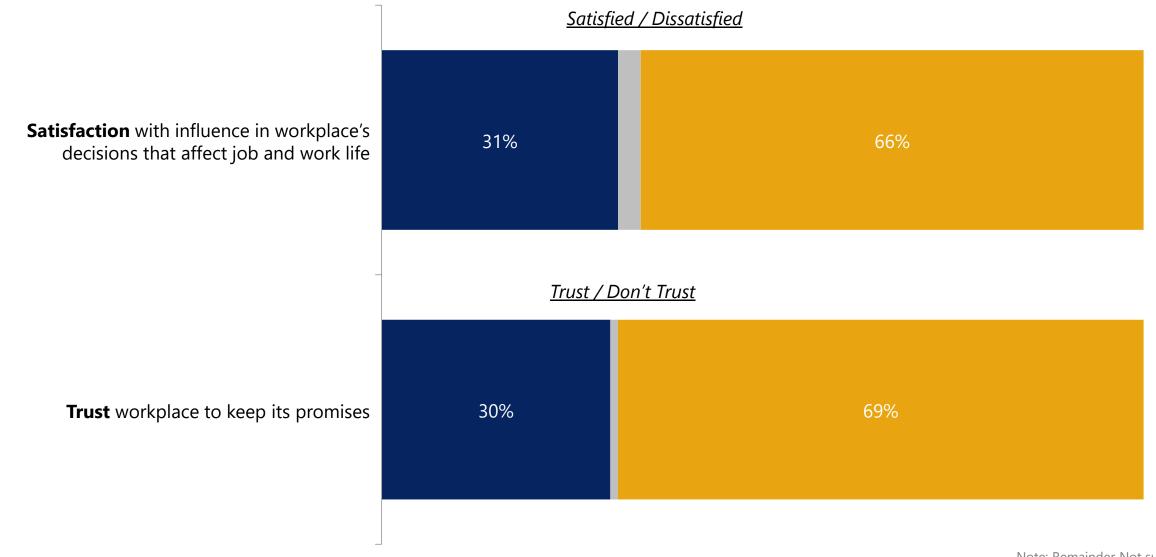
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### Union



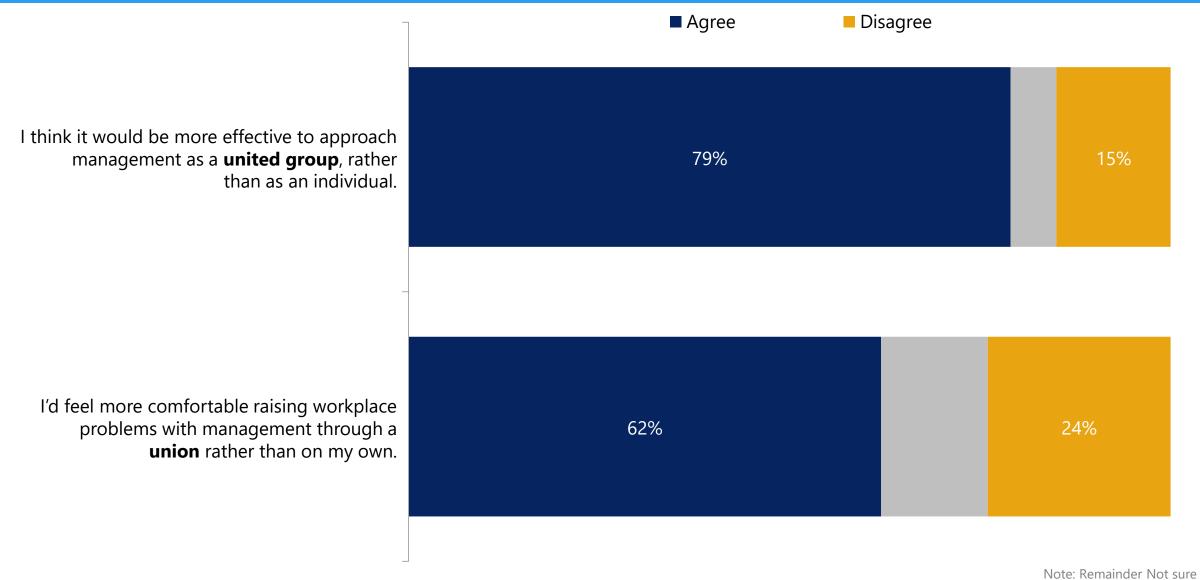
# Majority of RNs dissatisfied with influence in workplace decisions and don't trust their workplace to keep its promises.





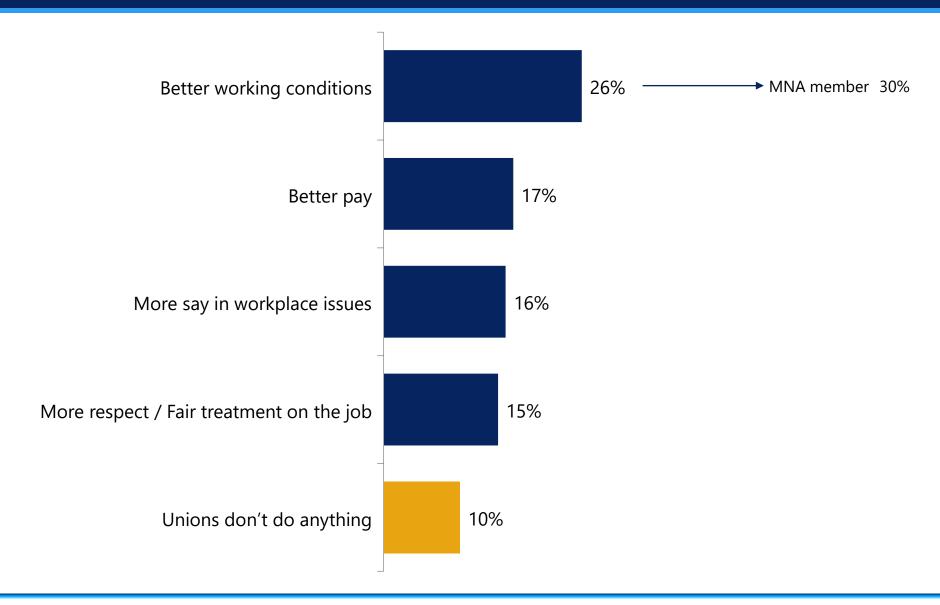
# Agreement that going through a union has benefits when approaching management.







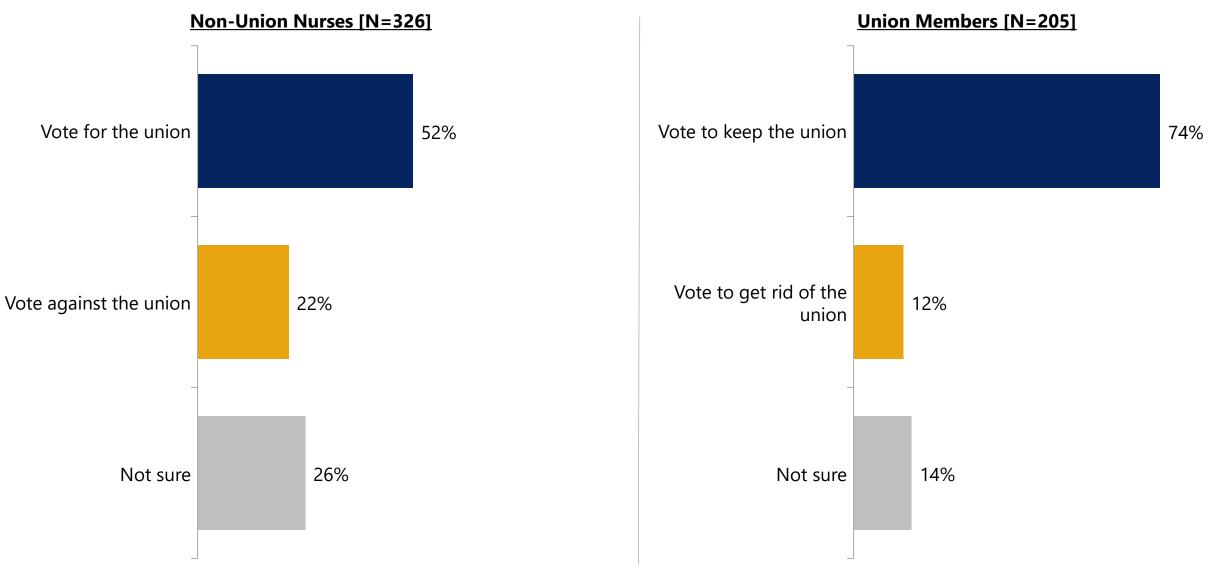




Note: Remainder Not sure

#### Majority would vote for the union.









#### **FOR MORE INFORMATION, CONTACT**

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