To	David Schildmeier, MNA
From	Chris Anderson and Sarah Tower-Richardi
Date	March 22, 2023
Subject	Survey of the State of Nursing in Massachusetts

This document reports the findings from a survey of 531 Massachusetts registered nurses conducted February 28 - March 5, 2023. Respondents were drawn from the BORN list of all licensed RNs in Massachusetts and were invited to participate in the survey via text message. As has historically been the case, most responding nurses are <u>not</u> members of the Massachusetts Nurses Association.

This survey of RNs has been conducted 11 times since 2003 and provides a rich portrait of how hospital care and the state of nursing in Massachusetts has evolved over the past two decades.

EXECUTIVE SUMMARY

Registered nurses in Massachusetts have a bleak outlook on the state of hospital care in the Commonwealth. Nearly nine-in-ten (85%) think the overall quality of health care in Massachusetts hospitals has gotten worse over the past two years. This is a major change from recent years. Five years ago, just 24% of RNs thought hospital care was getting worse.

Inadequate staffing continues to be the biggest challenge RNs face in doing their job, and they are seeing many negative consequences as a result:

- 72% of direct care nurses say *having to care for too many patients at one time* and *not having time to provide each patient with the care and attention they need* are major challenges.
- RN's report serious negative patient outcomes because of understaffing, including *re-admission for a patient* (71%), *complications or other problems for a patient* (70%), *medical errors* (59%), and even *death* (23%).
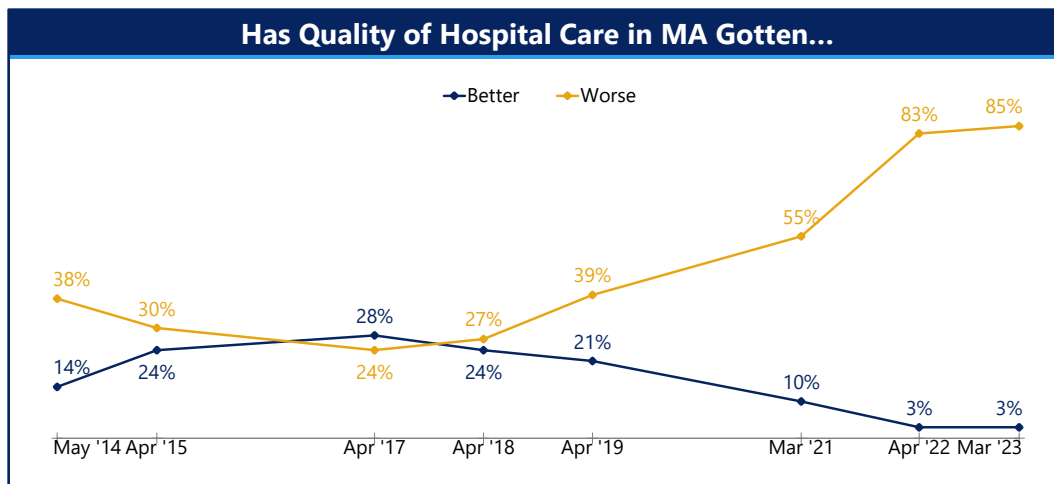
Workplace violence and abuse has emerged as a major issue in recent years. Over six-in-ten (63%) RNs say that workplace violence is a serious problem for them, a 21-point increase from two years ago. Fully seven-in-ten (70%) RNs have personally encountered at least one instance of violence in the past two years, a 13-point jump from 2021. One-quarter (24%) of RNs do not feel safe in their workplace.

With the continually escalating stresses of understaffing and safety concerns, more RNs in Massachusetts are planning to leave nursing—18% say they'll leaving nursing within two years, an increase from the 10% who said so in 2019.
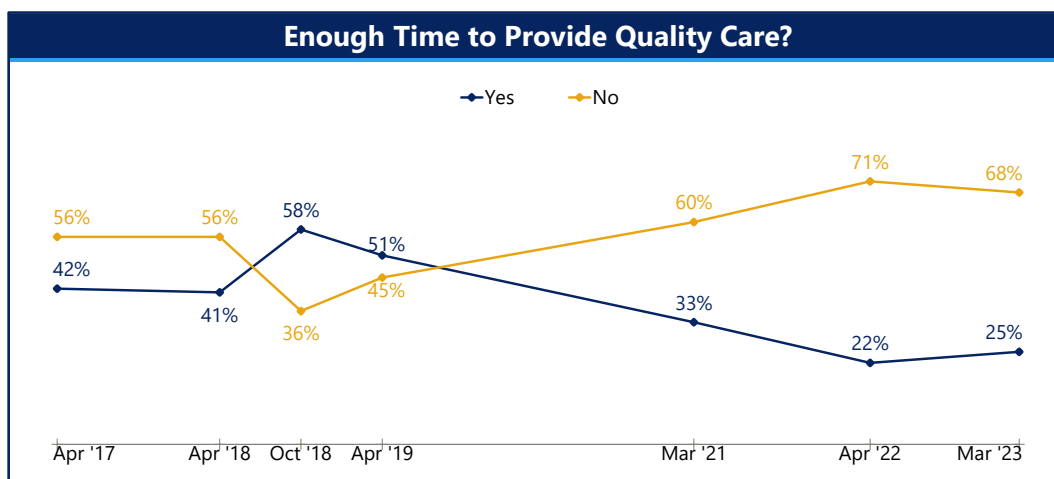
QUALITY OF HOSPITAL CARE

Nurses working in Massachusetts report that the quality of health care over the past two years has continue to worsen, with almost nine-in-ten (85%) reporting worse quality of care. This includes over half (52%) who say the quality of care has gotten *much* worse, and represents a dramatic 46-point increase from before the pandemic.

Has Quality of Hospital Care in MA Gotten...

Better — Worse

Worse: 38% (May '14), 30% (Apr '15), 24% (Apr '17), 27% (Apr '18), 39% (Apr '19), 55% (Mar '21), 83% (Apr '22), 85% (Mar '23)

Better: 14% (May '14), 24% (Apr '15), 28% (Apr '17), 24% (Apr '18), 21% (Apr '19), 10% (Mar '21), 3% (Apr '22), 3% (Mar '23)
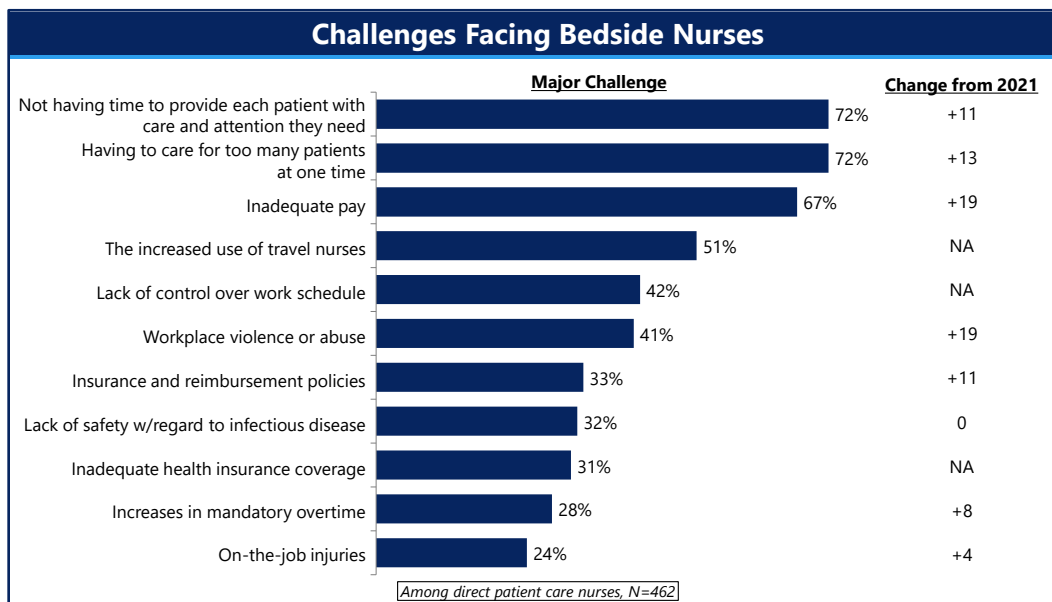
STAFFING AND PATIENT CARE

Massachusetts nurses continue to report that they do not have enough time to provide their patients with the care and attention each one needs. Similar to last year, over two-thirds (68%) of nurses report inadequate time with patients—a 23-point jump from prior to the pandemic.

This is felt even more acutely for direct care teaching (73% not enough time) and community (78%) hospital nurses and those who are newer to the profession (78%).

Enough Time to Provide Quality Care?

Yes — No

No: 56% (Apr '17), 56% (Apr '18), 36% (Oct '18), 45% (Apr '19), 60% (Mar '21), 71% (Apr '22), 68% (Mar '23)

Yes: 42% (Apr '17), 41% (Apr '18), 58% (Oct '18), 51% (Apr '19), 33% (Mar '21), 22% (Apr '22), 25% (Mar '23)
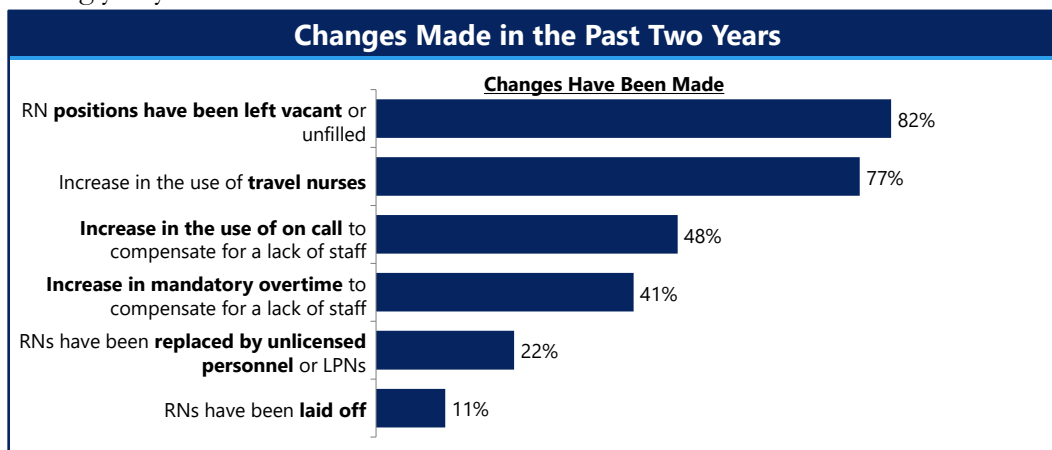
RNs also continue to report that *understaffing* is the biggest obstacle they face in doing their job and delivering quality care to patients. This is reported by over half (56%) of nurses, with over six-in-ten of those at direct care teaching (64%) and community (67%) hospitals reporting *understaffing* as the biggest problem they face.

Inadequate staffing continues to top the list of challenges facing bedside nurses, with over seven-in-ten experiencing staffing as a major challenge. Many of these challenges have also become more widespread over the past two years, including *inadequate pay* (+19), *workplace violence or abuse* (+19), *having to care for too many patients at one time* (+13), and *not having time to provide each patient with the care and attention they need* (+11).

Challenges Facing Bedside Nurses

	Major Challenge	Change from 2021
Not having time to provide each patient with care and attention they need	72%	+11
Having to care for too many patients at one time	72%	+13
Inadequate pay	67%	+19
The increased use of travel nurses	51%	NA
Lack of control over work schedule	42%	NA
Workplace violence or abuse	41%	+19
Insurance and reimbursement policies	33%	+11
Lack of safety w/regard to infectious disease	32%	0
Inadequate health insurance coverage	31%	NA
Increases in mandatory overtime	28%	+8
On-the-job injuries	24%	+4

Among direct patient care nurses, N=462

In the past two years, nurses have seen many changes where they work. *RN positions have been left vacant or unfilled* (82%) and *increase in the use of travel nurses* (77%) remain the most prevalent changes. When it comes to the use of travel nurses, a majority (53%) think that the quality of care is *worse* at hospitals that increasingly rely on their use.

Changes Made in the Past Two Years

|	Changes Have Been Made
RN **positions have been left vacant** or unfilled	82%
Increase in the use of **travel nurses**	77%
Increase in the use of on call to compensate for a lack of staff	48%
Increase in mandatory overtime to compensate for a lack of staff	41%
RNs have been **replaced by unlicensed personnel** or LPNs	22%
RNs have been **laid off**	11%

Nurses are widely aware of negative patient outcomes resulting from RNs having to care for too many patients at once. Over eight-in-ten nurses are aware of *nurses lacking time to properly comfort and assist patients and families* (86%) and *nurses lacking time to educate patients and provide adequate discharge planning* (80%), while seven-in-ten are aware of *re-admission for a patient* (71%) and *complications or other problems for a patient* (70%). A quarter of nurses (23%) are even aware of *death of a patient* as a result of a RNs patient load.

There is overwhelming support from RNs for passing a safe staffing bill. Nine-in-ten (88%) support passage, with three-quarters (76%) *strongly* supporting. Almost all newer nurses (97%) *strongly* support the new bill.

WORKPLACE VIOLENCE

Workplace violence and abuse has become a much more serious problem for Massachusetts' nurses in the past two years. Over six-in-ten (63%) RNs say workplace violence has been a serious problem for them, a 21-point increase from two years ago. Additionally, a quarter (24%) of nurses say that they do *not* feel safe in their workplace, a 7-point increase from 2021. Nurses working in direct care teaching (76% serious problem) and community (79%) hospitals are even more likely to say violence and abuse is a serious problem.
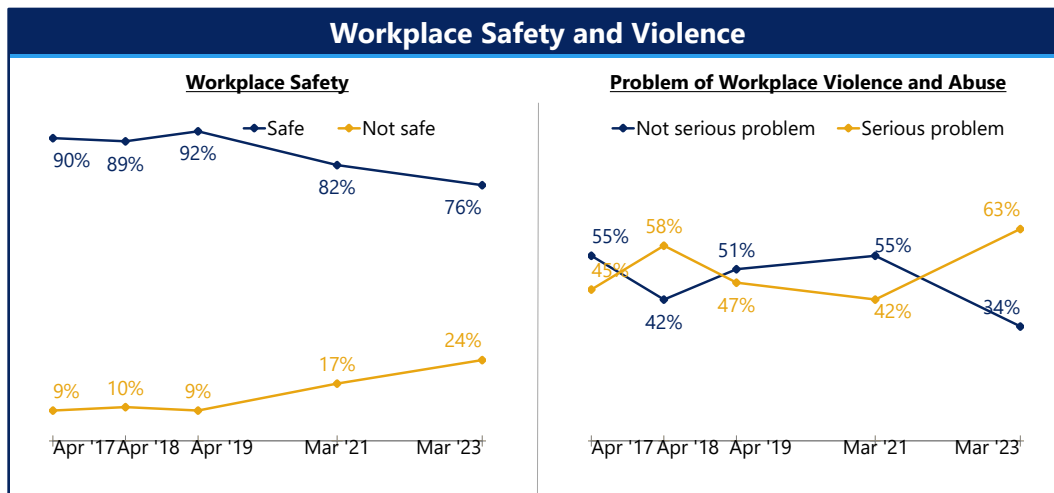
Seven-in-ten (70%) RNs personally encountered at least one instance of violence in the past two years, up from 57% in 2021. Among those who experienced violence, six-in-ten (59%) say that their employer did not provide any emotional support services, paid time off to recuperate, or any other supportive intervention.

Workplace Violence and Abuse

Instances of Workplace Violence and Abuse

■ None at all   ■ More than one

	None at all	More than one
March 2023	27%	70%
March 2021	36%	57%
April 2019	42%	57%
April 2018	30%	69%
April 2017	35%	65%

Actions Taken By Employer
(Among those encountering at least one instance of violence, N=366)

Provide emotional support services	20%
Other supportive intervention	7%
Provide paid time off to recuperate	4%
None of the above	59%

RETENTION

Two-in-ten (18%) RNs are planning to leave nursing in two years or less, an increase from the 10% who said the same in 2019. Among those who are planning on leaving nursing in two years or less, four-in-ten (40%) cite their age as the main reason for leaving the field. However, overall, more cite workplace conditions, including being *overworked / understaffed* (20%), *burnout / stressed* (19%), *lack of pay* (15%), and *poor working conditions* (11%) as their main reason for leaving.

Main Reason for Leaving Nursing

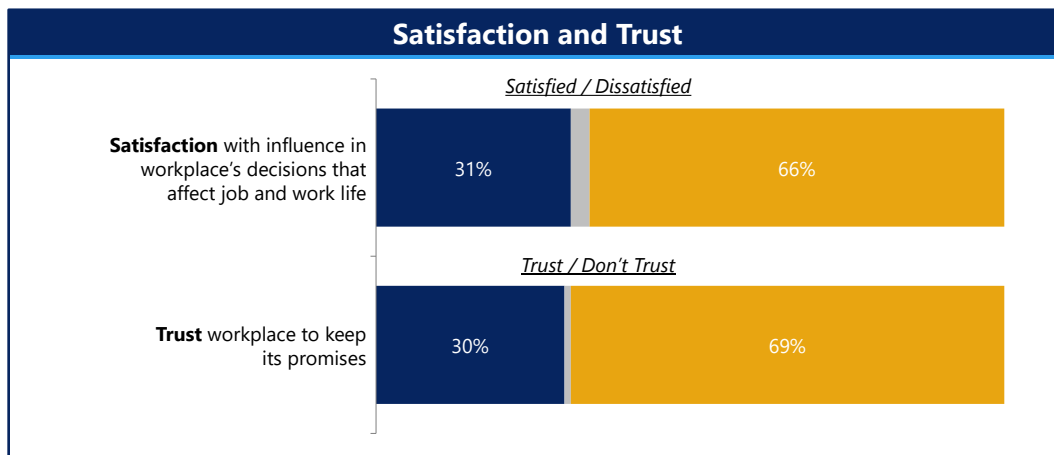|		
Age	40%	*Among those leaving nursing in two years or less, N=96*
Overworked / Understaffed	20	
Burnout / Exhaustion / Stress	19	
Lack of pay	15	
Prevented from providing quality care	13	
Poor working conditions	11	
Healthcare has changed	10	
Lack of respect	8	
Lack of support from employer	7	
Lack of appreciation	4	
Rude patients / Mistreated by patients	4	

Among RNs planning on leaving the field in two years or less, half (56%) say that they will be retiring, and a third (31%) plan to find another job outside the field of health care. Nurses working in direct care at teaching hospitals (43%) and newer nurses (67%) are more likely to leave for work in another field.

Among those planning on leaving the field, half or more could be enticed to stay if they had *salary increases* (57%) or *limits on the number of patients that can be seen at once* (50%).

UNIONS

A majority of RNs are dissatisfied with the *influence they have in their workplace's decisions that affect their job and work life* (66% dissatisfied) and they do not trust their *workplace to keep its promises* (69% don't trust). Newer nurses (81% dissatisfied, 82% don't trust), nurses in direct care teaching (76% dissatisfied, 79% don't trust) and community (75% dissatisfied, 81% don't trust) hospitals, and those who are not currently in a union but would vote for one (71% dissatisfied, 76% don't trust) are more likely to feel they do not have influence in workplace decisions and do not trust their workplace to keep its promises.

Satisfaction and Trust

Satisfied / Dissatisfied

Satisfaction with influence in workplace's decisions that affect job and work life: 31% | 66%

Trust / Don't Trust

Trust workplace to keep its promises: 30% | 69%

There is strong agreement with positive statements about unions. Eight-in-ten (79%) nurses agree that *it would be more effective to approach management as a united group* and six-in-ten (62%) agree that they would *feel more comfortable raising workplace problems with management through a union rather than on their own*.

If given a chance to vote, a majority (52%) of RNs not currently in a union would vote for union representation, less than a quarter would vote against a union (22%), and the remainder are not sure how they would vote (26%).

COVID

RNs in Massachusetts give their employer middling grades for their handling of the pandemic. Two-in-ten (21%) give a D or F grade, including 30% of direct care community hospital nurses.

When asked about their workplace's preparedness in the event of another infectious disease outbreak, six-in-ten (58%) nurses think their workplace is at least somewhat well prepared.

Preparedness in the Event of Another Infectious Disease Outbreak

Very well	14%
Somewhat well	43%
Not very well	28%
Not at all	13%
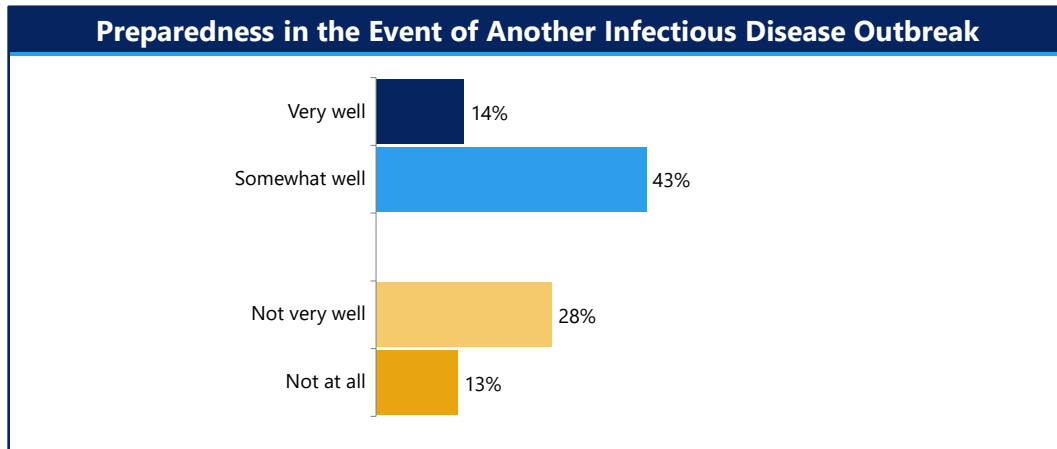
RACIAL DISPARITIES

Nurses in Massachusetts largely agree that greater diversity in the health care workforce would have a positive impact on patient care. Seven-in-ten nurses agree with the two statements: *greater diversity in the healthcare workforce helps combat inequities in healthcare outcomes for minoritized populations* (69%) and *patients get better care and have better outcomes when the nursing workforce at a hospital reflects the racial and ethnic diversity of the patient community* (68%).

Agreement with Diversity Statements

■ Agree   ■ Disagree

	Agree	Disagree
Greater diversity in the healthcare workforce **helps combat inequities in healthcare** outcomes for minoritized populations.	69%	22%
Patients get **better care** and have better outcomes when the nursing workforce at a **hospital reflects the racial and ethnic diversity** of the patient community.	68%	22%
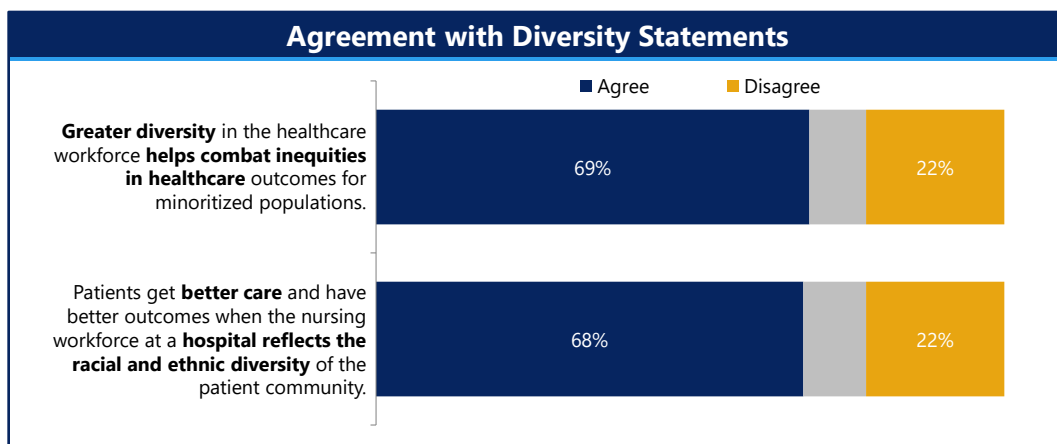
METHODOLOGY

"The State of Nursing in Massachusetts" was commissioned by the Massachusetts Nurses Association and conducted February 28 - March 5, 2023.

Respondents were randomly selected from a complete file of the 150,000 nurses registered with the Massachusetts Board of Registration in Nursing, and geographic quotas were used to ensure accurate representation across all regions of the state. Nurses were contacted through text and the survey was completed online on their phone or computer.

Screening questions were used to verify that respondents were registered nurses working in Massachusetts. 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 health care facilities across the state.

A majority (59%) of RNs interviewed were not MNA members.

A total of 531 interviews with Massachusetts nurses were completed as part of this survey. Questions have a margin of error of ±4 (at the 95% confidence level).