CODE RED

Understaffed. Overworked. Unsafe for everyone.

Voices from direct patient care staff calling for mandated staffing ratios in New Jersey's hospitals.

HPAE

aft CODE RED

HPAE

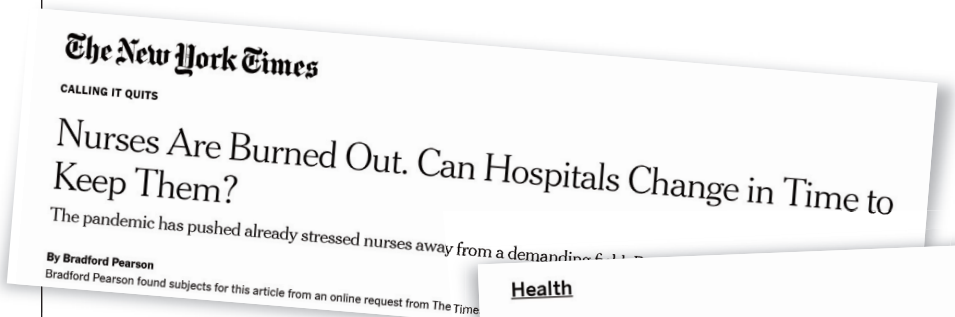
NEW JERSEY NEEDS SAFE STAFFING NOW

Message from HPAE's President

On August 4, 2023 the union nurses of USW Local 4-200 of Robert Wood Johnson University Hospital in New Brunswick went on strike. The sticking point was the refusal of the hospital to agree to include safe staffing ratios as they bargained for their new contract. Nurses showed up for the next five months willing to walk a picket line every day in the stifling heat of summer, all the way into the cold dark days of winter until the hospital finally agreed to include language that would mandate nurse to patient ratios in the contract. The issue of safe staffing was indeed that important to them. All of this could have been avoided if New Jersey had legislation mandating safe nurse to patient ratios. We need NJ Legislators to pass ***"The Patient Protection and Safe Staffing Act"*** (S.2700/A.3683.)

Safe staffing legislation is the only solution to the crisis of retention of healthcare workers in hospitals. Nurses and other front-line staff have left the profession in large numbers. Even as we graduate new nurses every year, they continue to leave our hospitals. Some of the staggering findings in a 2022 statewide survey on the staffing crisis include:[1]

- Nearly a third of nurses have left the bedside (hospitals) in the past three years.
- Of those nurses that remain at the bedside, 72% have considered leaving recently.
- Newer nurses are the most likely to consider leaving the bedside (95% of those with five years of experience or less).



The New York Times

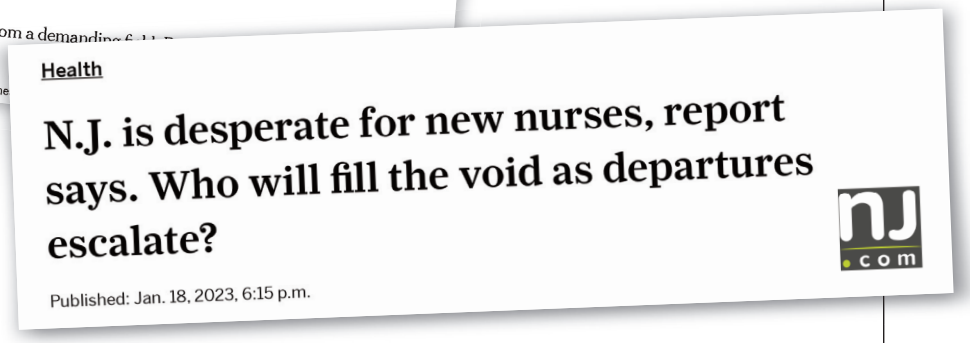
CALLING IT QUITS

Nurses Are Burned Out. Can Hospitals Change in Time to Keep Them?

The pandemic has pushed already stressed nurses away from a demanding

By Bradford Pearson

Bradford Pearson found subjects for this article from an online request from The Time



Health

N.J. is desperate for new nurses, report says. Who will fill the void as departures escalate?

Published: Jan. 18, 2023, 6:15 p.m.

nj.com

This highlights the fact that, in our hospitals, we have a crisis of retention.[2] Overwhelmingly nurses have reported that the number one reason they are leaving hospitals is poor staffing. The second reason nurses are leaving is closely related to the first: stress *due to poor staffing.* This is a long-standing problem that existed for decades before the pandemic. Simply put, we need legislation to mandate that hospitals staff at safe levels to "stop the bleed" of nursing professionals leaving our healthcare facilities.

Staffing ratios in hospitals is not a new concept. California passed a law with mandatory staffing ratios nearly twenty years ago, giving us ample time to study the benefits. As recently as 2021, researchers like Dr. Linda Aiken, Dr. Matthew McHugh, Dr. Karen Lasater, and others have highlighted the tremendous advantages to mandating nurse to patient ratios. Multiple studies, some posted on the National Institute of Health (NIH) website, show that in addition to increased nurse retention, the ratios in California also improved patient survival rates and recovery, shortened patient stays and increased overall patient satisfaction.[3] So, safe staffing has been clearly shown to address staff retention and dramatically improve patient care quality.

So, safe staffing has been clearly shown to address staff retention and dramatically improve patient care quality.

Furthermore, safe staffing legislation is cost effective. The benefit of shorter patient stays, and improved patient outcomes will increase Medicare reimbursement. Moreover, if hospitals are able to retain the nurses they hire, orientation costs and the cost of agency staff will be lower. These statistics should motivate hospitals to want to staff according to the California ratios because the research clearly shows that safe staffing will also save hospitals money. But as we can see by the employer's response to the USW strike, rather than accepting what is clearly best for nurses and patients, they were willing to pay a hundred million dollars for replacement staff.[4]

Many unionized healthcare workers, including six HPAE locals, have contracts that are expiring this year. Do we really want to see this scenario repeated across the state? Our legislators must pass ***"The Patient Protection and Safe Staffing Act"*** (S.2700 and A.3683) to address the failure of hospitals to retain staff.

The failure to address retention is akin to filling a bucket full of holes with water. In New Jersey, and across the country, new nurses are licensed every year and are hired into hospitals. Unfortunately, we can see them entering our hospitals and leaving just as quickly. Therefore, we must address the issue causing staff to leave and thereby plug "the holes in the bucket." The enormous benefits found in the research show that it is the right thing to do and the right time to do it.

Debbie White

Debbie White, RN
President, HPAE

Current Patient Loads are Unsustainable

"The current patient loads are unsustainable for anyone, and we are hemorrhaging nurses due to the crushing workload we must endure every shift. Understaffing is a public health safety issue – it is eroding patient safety every minute of every day. We must find a way to force our employers to acknowledge our humanity and the humanity of the patients their hospitals are supposed to serve. Nurses are not machines, patients are not dollar signs."

– Alice Barden, HPAE Local 5004 President, Englewood Hospital & Medical Center
Rally for Safe Staffing, Trenton, NJ May 11, 2023

"Nurses are motivated to give the very best care possible and the safest care to their patients and the only way to do that is to have a controlled number of patients at a given time."

– ICU Nurse
HPAE member

"Patients are anxious and afraid, afraid of the unknown, whats going to happen. Having a law that sets the standards on how many patients a nurse should handle at one time will make it possible for a nurse to start every day knowing exactly what they're going to be dealing with. It would give you the time to be able to sit with the patient and alleviate some of that fear. You can't know if you don't have time to sit with them, talk to them about their health, and what's going on in their lives. If by having fewer patients we're able to spend more time with the patients, we can communicate better with them and their families, ease some of their anxiety. That would lessen some of their anger and aggression, people cursing us out. There's a lot of violence at work, so you're constantly on guard waiting to see what's going to happen."

– Doris Bell, HPAE Local 5118 President, Cooper University Health Care

Defining the Impact of Understaffing on Healthcare Workers

Moral injury: The persisting distress which may occur following exposure to potentially morally injurious events (PMIEs). [Nurses] experience significantly more PMIEs in their day-to-day work than a soldier who is only periodically deployed to higher threat locations.[5]

Nurses and other direct care staff say they're quitting the bedside in record numbers because chronic hospital understaffing is putting our healthcare system in crisis. The healthcare workers interviewed have been granted anonymity to candidly discuss the workplace. In often harrowing testimony, these workers tell HPAE they worry they're imperiling their license to care for patients under conditions that they consider to be, at best, unethical.

Safe Staffing Saves Lives

> *"If we have six to seven patients, that's not bad. You can function. But when you have 12, 13, 14, 15 patients, you're worn out. We're already overworked and understaffed. If they hire the staff that we need and the people they hire stay, things could be a little better. Why are the people they hire not staying? They should be trying to find out why. Management needs to figure this out."*
>
> *– Nursing Assistant, HPAE member*

Two decades of empirical evidence shows that understaffing in hospitals leads to increases in negative patient outcomes such as readmissions, hospital acquired infections, and death.[6] The health and safety of direct care staff is at risk as well, with increases in workplace violence (patient/visitor on staff) and injuries.[7] The impacts of understaffing in hospitals hurt everyone: patients, healthcare workers[8], families, and the wider community. Understaffing and chronic moral injury lead to burnout, high turnover, lower patient satisfaction scores, and increased costs to hospital management.[9]

NJ Bedside Healthcare Workers Speak Out: Staffing Ratios are Imperative to Health, Safety and Well-being of All New Jerseyans.

> *"When a waitress is slammed, too busy, they're not likely to kill anyone. It's not the same with a nurse. There are real life consequences, a toll to working short handed, not just for the nurse but especially for their patients."*
>
> *– Long-term ER Nurse, HPAE member*

This is the second in a series of position papers urging the NJ Legislature to act to mandate staffing ratios in healthcare. In 2023, HPAE released a paper highlighting the studies which have shown that safe staffing does save lives and improves patient care. That alone was not enough to convince the Governor and State Legislators, so now we urge them to listen to healthcare workers. Their stories should be alarming to all. This paper documents the costs and consequences of understaffing, not from an analytic perspective, but from the descriptive views of the people that are immersed in the situation – nurses and others working at the bedside.[10] Working understaffed is not sustainable – the backs of our healthcare workers are breaking. It is time to listen.

> *"They're just dictating through data sheets. A law that mandates nurse-to-patient ratios is, no doubt, the absolute only way that we can continue to work in this profession. You can't work under these circumstances right now, although we do it every day. The state regulates everything else and you're talking about hospitals where people are sick and could die and there are no safeguards? Hospitals insist they would prefer to control [staffing] but a good 80 to 90% of people tasked with making these decisions have no clinical expertise. Patients should have this as a right, so that their nurses are able to complete their jobs safely."*
>
> *– Long term ER Nurse, HPAE member*

Opinion

Doctor: New Jersey's healthcare workforce shortage is getting worse | Opinion

Published: Jan. 14, 2023, 11:15 a.m.

nj.com

USW nurses fought back in 2023 with an historic strike at a New Jersey hospital that lasted almost five months.[11] The striking nurses were adamant that the employer agree to enforceable staffing ratios in their contract that was under negotiation. The employer spent upwards of $120 million dollars bringing in contract nurse[12] replacements, while the staff nurses stood firm.[13] Their reward was getting ratios into their union contract like those mandated in California.[14] But all hospitals in New Jersey need the protections of staffing ratios. Otherwise, the strike of 2023 could be a foreshadowing of future healthcare labor unrest due to the continuing degradation of working conditions and infliction of moral injury.

> ***"I think [the strike] brought to light in [the hospital's] eyes the fact that that is possible; they are, to a degree, fearful of that happening at [the hospital]."***
>
> ***– Med-Surg Trauma Nurse, HPAE member***

In August 2023, the state of Oregon passed a comprehensive staffing law, covering nurse staffing ratios as well as Certified Nursing Assistant (CNA) ratios. Oregon recognized that CNAs are integral to nursing care and that a shortage of CNAs means nurses then must absorb those duties into her/his work.[15] New Jersey must be next in line for passage of safe staffing ratios for the sake of patients, nurses, and all direct care assistive personnel.

> ***"There's just not enough staff in the hospital to give the care. From ancillary staff to nursing assistants and the people nurses rely on to help them, and, I mean, all the way down from environmental services, cleaning the room, to dietary who are going to be delivering the tray to respiratory therapists who deliver respiratory care to the patients. The training that he or she's given to do their job relies on having ancillary staff. If there's no ancillary staff she is now doing all that work herself. So, I've even had to clean rooms before I can take care of a patient. So, now, I've got to clean a room to get another patient in."***
>
> ***– Med-Surge Nurse, HPAE member***

> ***"We have 13, 14, 16 patients. We are busy. We are really busy. It is hard to give the care you want to give."***
>
> ***– Nursing Assistant HPAE member***

> ***"I hold a high standard for how I should be practicing nursing and what I should do to care for my patients. It's just rare when I feel I'm able to be the type of nurse that I want to be because of the situations that I'm placed in."***
>
> ***– Long term ER Nurse, HPAE member***

Healthcare workers struggle with moral injury while doing their jobs and New Jersey direct care staff are impacted daily. Potential sources of moral injury abound due to a continuous lack of support from management, a growing exposure to workplace violence, a chronic lack of personal protective equipment (PPE), and for licensed staff, a risk of losing their nursing license because they must involuntarily compromise the integrity of their care to patients.[16]

> ***"You know, not having the tools and the resources you need, whether that's ancillary staff, nurses, or actual supplies, you can only go so long. Working in that heightened state of 'Let's get this done' and 'Make it happen,' and go, go, go, go, go – it's just a matter of time before you're like , 'You know what, I can't take this anymore!' and I believe that that's where we are now."***
>
> ***– Maternity Nurse, HPAE member***

Understaffing is the greatest contributor to moral injury for healthcare workers today. The constant barrage of distressing situations leads nurses especially to live with post-traumatic stress aggravated by moral injury. As healthcare workers responsible for patient safety, nurses witness the failure of patient care that is out of their control.

Moral injury takes a deeply personal toll on all those responsible for patient care. Many healthcare workers experience disturbed sleep because they fear the conditions they will walk into on their next shift: too many patients to care for without enough time. Some find themselves seeking therapists for the first time in a long career. When asked how the workload is affecting his personal life, one newer nurse said, "I'll tell you, I was not in therapy before I started working [at the hospital] a year and a half ago but I am now. It is just too much."[17]

> ***"It just leaves you feeling exhausted all the time. This is my absolute dream job. I've always wanted to do this. It's exciting, challenging, and fun. But this work environment, the way that it's been these last couple of years, just takes away your love for the profession."***
>
> ***– Trauma Nurse, HPAE member***

Nurses hold the highest ethics rating from Americans according to an annual Gallup poll, ever since nurses were first added to the list of professions in 1999.[18] The most recent poll showed that 79% of U.S. adults surveyed said that nurses have "very high" or "high" honesty and ethical standards.[19] Given the trust that Americans place in nurses, hospital employers should be embarrassed to ignore the warnings of their nurse workforce when these nurses express concerns about unsafe staffing levels.

> ***"There's always been an issue with staffing and having the proper staff on units to take care of patients. The problem has certainly blossomed over the last five years. It's turned into an absolute crisis."***
>
> ***– Med-Surg Nurse HPAE member***

Understaffing and Moral Injury

Most of the research on understaffing is focused on how it is damaging to patient care; a smaller amount of attention is given to how it is damaging to staff at work. But very little is noted about how damaging these brutal work conditions are for direct care staff in their personal lives.

> ***"There's a guilt that comes along with nursing because you know that if you say no, your co-workers are going to be working in even worse situations where they're even more unsafe. It's definitely a really big struggle balancing your responsibility to yourself and not wanting to let your colleagues down."***
>
> ***– Emergency Department Nurse, HPAE member***

Due to the complex situations contributing to moral injury among healthcare workers, the overall capability and productivity of direct care staff is diminished because of moral wounds that are not easily healed.[20] Healthcare workers experiencing moral injury internalize feelings of guilt, shame, and anger, that lead to depression, post-traumatic stress disorder, and suicidality.[21] The risk of suicide among nurses in the U.S. is significantly greater than it is for the general population.[22] Healthcare workers, especially nurses, may find themselves in a cycle of self-flagellation for not being able to meet their own standard of patient care due to the employer's unwillingness to maintain adequate staffing.

> ***"I went part time to deal with the burden of work after I ended up in the Emergency Room for a rapid heart rate, elevated blood pressure, and a raging headache while at work trying to reason with a manager about an unsafe assignment."***
>
> ***– ICU Nurse, HPAE member***

Patient Safety and Staff Safety

"Patient-to-Nursing ratios would help nurses take care of a safe load of patients. Most patients who come into the hospital go into the MedSurg unit or the Emergency Room. There's no cap on the number of patients our MedSurg nurses can be assigned to care for at any one time. So, at any one time, they could be taking care of seven to eight patients that are pretty sick and gotten sicker over time. Patient-to-Nursing ratios would help nurses take care of a safe load of patients. An experienced nurse should take care of no more than five patients at the same time and five patients, depending on how sick they are, is really pushing it."

– Med-Surg Nurse, HPAE member

Another consequence of understaffing places nurses and other staff in harm's way through attacks by patients or visitors. Many healthcare workers say the frustration and anger patients/visitors feel is a direct result of understaffing.[23] Working understaffed creates the conditions for the chronic incidence of workplace violence perpetrated against healthcare workers. A recent survey of nurses found that 82% of nurses had experienced at least one kind of workplace violence during 2023 and 46% said there was an increase in violence from the previous year.[24] Understaffing places patients and staff in danger unnecessarily.

"The staff do not feel safe and constantly worry if their license is on the line of being revoked due to short staffing issues and not having the resources needed. How can the patient feel or even be safe in this person's care? We are not asking for more money, we are asking for appropriate laws to be in place for us to one day care for you when you become our patient."

– Registered Nurse, HPAE member

"We've had two nurses aides who were injured. One was trying to prevent a patient from [leaving]. That patient in turn pushed that nurse's aide down the steps. He was trying to prevent the patient from escaping through a fire exit and in turn he was injured and wound up in the hospital."

– ICU Nurse
HPAE member

"In a perfect world, we should be getting at least seven nurses per shift. I've been on shifts where there are only five of us and we start with seven or eight patients each. That's a really unsafe staffing setup because you'll be expected to get two or three more rounds of admissions. And, if a patient has to go out for a CT-scan, a lab or something like that, a nurse needs to accompany them and, in that case, all of that nurse's other patients would then have to be absorbed by nurses left on the unit."

– Med-Surg Nurse, HPAE member

Effects of Understaffing on New Nurses

As they start their new careers, recent graduates of nursing school find themselves walking into an untenable situation due to understaffing. Many younger nurses are placed in situations of caring for patients beyond their experience. More experienced nurses see how the lack of training and support is scaring new nurses out the door at a rapid pace.

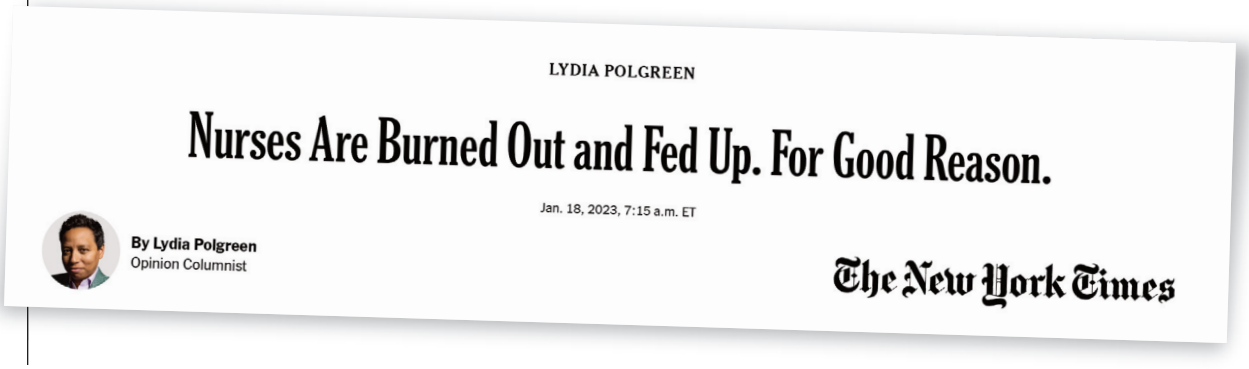
> *"Our new grads are shocked by how heavy the workload is and how understaffed we are. It makes them not want to stay on the job because they feel it's unsafe."*
>
> *– Emergency Department Nurse, HPAE member*

Recent studies show there has been a precipitous drop in younger nurses, contrary to popular thought that nurse shortages were due to retiring older nurses.[25] A reduction in younger nurses, a career many stay with for life, could have catastrophic ramifications on health care with so many older nurses preparing for retirement over the next few years. New Jersey is on the verge of losing a whole generation of nurses, at a time when baby boomers are increasingly an aging population that will need more health care.

> *"I always loved encouraging new nurses and precepting new nurses and teaching new nurses. Over the last few years, especially during COVID and post COVID, I've found it hard to encourage people to go into the field because of the stress and the moral injury that I've suffered. It's hard to encourage someone to go into a field that right now is struggling. Would you encourage someone to come into a burning building?"*
>
> *– Med-Surg Nurse, HPAE member*

> *"If staffing and patient loads were balanced to a better ratio, where nurses, myself included, were not carrying the heavy burdens that we are carrying now, I could definitely see myself staying."*
>
> *– Emergency Department New Nurse, HPAE member*

> *"I'm not really sure entirely where I'm headed, but after one and half years I do know that where I'm at right now is not something that I can sustain for too much longer. I'm already, I don't want to say burnt out, but close."*
>
> *– Telemetry New Nurse, HPAE member*



LYDIA POLGREEN

Nurses Are Burned Out and Fed Up. For Good Reason.

Jan. 18, 2023, 7:15 a.m. ET

By Lydia Polgreen
Opinion Columnist

The New York Times

Hospital Management Refuses to Listen

> ***"Guilt will work at getting us to stay longer when there is a staffing shortage. Staffing was bad before the pandemic and then the pandemic hit and exacerbated it. So even though management can't mandate you to stay overtime,[26] they try to guilt you into staying. Management just feels that, because we are nurses, we're problem solvers and we make things happen for our patients, and we always have our patients' best interests at heart."***
>
> ***– Maternity Nurse, HPAE member***

A common refrain among New Jersey healthcare workers is that no one in management listens to them when they speak of the unbearable conditions of understaffing. Bedside staff are constantly told to just make do. Hospital management abdicates its responsibility for safe nursing care and for the safety of its staff. Healthcare workers feel devalued, disrespected, and demoralized. But they still go in every day to provide the best care possible for their patients.

Healthcare workers say when they complain about the workload, employers take a "blame the victim" stance. Employers cite call-outs (calling out sick) as the greatest reason for understaffing; one manager said to nurses, "You can thank each other for all the short staffing, for not working more overtime."[27] As the employer, they should have a failproof plan in place to make up for call-outs – it's a basic, necessary support policy for running a business.[28] But it is easier to blame the direct care staff for having health care needs, using their earned sick time, or for not "succumbing to the constant pressure to work excessive amounts of overtime."[29]

> ***"We don't even get a break after the death of a patient, just to go collect your thoughts. We move on to the next patient and, I think, that is breaking people. We are not moving boxes. We're not UPS, or FedEx."***
>
> ***– ICU Nurse, HPAE member***

> ***"I have the training, I have the will, I have the desire, and I have to figure out how to get it done. But the reality is that you know you can't."***
>
> ***– Maternity Nurse, HPAE member***

No Support from Hospital Administration

Nurses make hundreds of split-second decisions every day when caring for their patients, and many will be life or death decisions. When there is little to no support or respect from management, nurses feel like they are working in a vacuum: unseen, unheard, unappreciated, expendable. No matter how hard they try, nurses feel their efforts will never be enough. As one said, **"We are set up to fail by our own employers, who are risking the safety and comfort of patients by understaffing."**[30] Hospital management has placed them on the conveyor belt of health care at a rate of speed that is not sustainable. One nurse stated emphatically that **"…when the supports are not there, that is the moral injury."**

> ***"You do the important stuff first.** When you're severely understaffed and really lacking in resources, all you can do is just the basic stuff, like change their sheets, keep them soil free, make sure that they're dry. You're not able to provide comfort and the caring part. You're able to provide medications and a clean bed. That's all that you can possibly do and making that choice, especially with people's lives at stake, that's what takes the biggest toll."*
>
> *– Trauma Nurse, HPAE member*

When, due to understaffing, nurses and other direct care staff must make decisions that prioritize the most basic medical care, every decision becomes a moral injury.

> ***"One night a couple of weeks ago, there were two of us on duty and we had over 20 patients each. On a weekend, I was by myself and I had 52 patients. How can one person do that and do all the extras that they also want you to do?"***
>
> ***– Nurse Assistant HPAE member***

Is There Really a Staffing Shortage in NJ Hospitals?

Hospital employers frequently say there is a nursing shortage and that is why they are so understaffed. And yet, the National Council of State Boards of Nursing data shows that New Jersey has 146,840 licensed nurses[32] and the U.S. Bureau of Labor Statistics data says that New Jersey only employs 78,340.[33] This means there **are approximately 68,000 licensed nurses in New Jersey who are not working in the field,** a huge untapped labor pool that makes it impossible to conclude that there is an actual nurse shortage in the state.

Hospital corporations fail to acknowledge that if there were better staffing, there would be better working conditions, which in turn would help to retain nurses as well as other direct care staff at the bedside. Staffing ratios would provide an incentive for already licensed nurses who are not working to return to the bedside and help in recruiting other direct care staff.

The Hospital Cost

Many early hospitals existed almost as philanthropic entities, largely true to their non-profit status. Hospitals and healthcare systems today still claim non-profit status but do so in name only. Rather, they are profit-driven corporations that seemingly emphasize the bottom line over human care.[34] Healthcare workers have absorbed patient care workloads that do not allow them to provide the attention that patients need and deserve. This results in direct care staff internalizing feelings of guilt and inadequacy despite being highly skilled and supremely qualified.

> ***"We had a survey of our nurses. We asked them, what's more important to you, getting a raise in your salary or having staffing ratios? The overwhelming response was staffing ratios. Money is not the priority for them. They want to come to work, not get burned out, not be exhausted at the end of the shift, not go home at the end of the shift feeling bad that they could have done better if they had just a little bit more time or an extra nurse working."***
>
> ***– ICU Nurse, HPAE member***

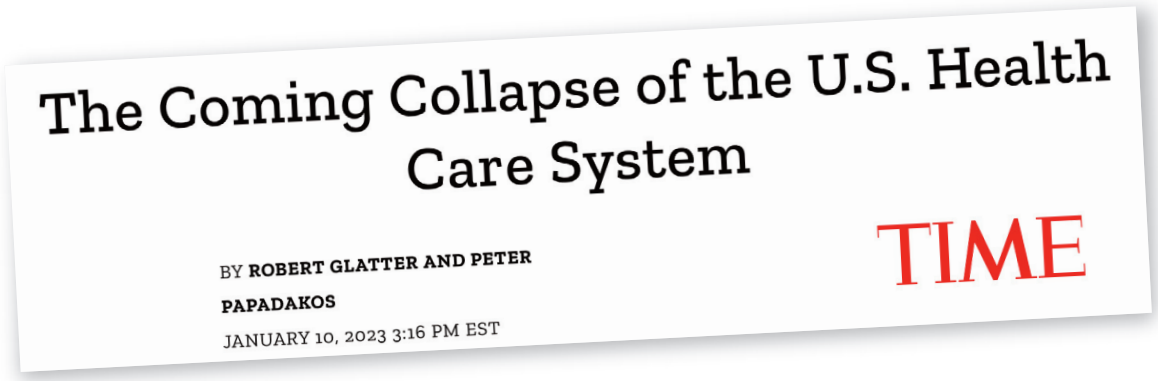
New Jersey hospitals plead poverty when it comes to adequate staffing, but in reality most of the so-called non-profit hospitals are making profits in the tens of millions of dollars each year.[35] Large multi-hospital systems in New Jersey can reap profits of over half a billion dollars a year.[36] While hospital employers complain about the financial burden staffing ratios will create, costs for all direct care staff in New Jersey only increased by 20% over a ten year period (2011-2020) with 4.2% of that increase happening in 2020, the first year of the pandemic.[37]

Spending on direct patient care labor as a percentage of hospital expenses decreased in New Jersey from 31% in 2011 to 28% in 2020; this is in keeping with each state in the Northeast Region.[38] During that time, spending on hospital services for New Jerseyans increased by 64%, an increase more than two-thirds greater than the cost increase of direct care staff.[39]

The Cost to Direct Care Staff

The cost to healthcare workers is not financial; direct care staff pay an emotional, mental, and physical price for understaffing. Their words say it best.

> ***"You are always on high anxiety, especially the night before a shift when you know you're going to be shorthanded. Most of us, I can honestly say, do not sleep well because you don't know if you're going to have enough nurses or enough ancillary staff."***
>
> ***– Med-Surg Nurse, HPAE member***



The Coming Collapse of the U.S. Health Care System

BY ROBERT GLATTER AND PETER PAPADAKOS

JANUARY 10, 2023 3:16 PM EST

TIME

Conclusion

New Jersey is in a public health crisis created by hospital corporations forcing direct care staff to do more with less while increasing profits. Healthcare workers have absorbed as much extra work as they possibly can; current conditions are pushing them to retire early or just quit bedside patient care.

"Passing safe staffing ratio legislation is a moral imperative."

Direct care staff are leaving the bedside in unprecedented numbers because the working conditions are so horrific due to chronic understaffing. If management increased staffing of all direct patient care staff, morale would improve, patient care would improve, and retention would improve. As one nurse noted, "…you can do all the recruitment in the world but if you don't solve the retention problem, recruitment is meaningless."[40]

With only half of all licensed nurses in the state employed, there is a vast reservoir of nurses choosing not to work in hospitals that could be tapped if staffing ratio legislation was enacted. From the voices of direct patient care workers, we are hearing they are drowning in patient loads that are unsafe, unreasonable, and unsustainable. These are the real-life experiences of healthcare staff working in hospitals in New Jersey.

"...you can do all the recruitment in the world but if you don't solve the retention problem, recruitment is meaningless."

Most hospitals in New Jersey have the financial means to provide increased staffing. This is especially true if it means eliminating a reliance on contract nurses that cost hospitals three to four times more per hour than a staff nurse. Additionally, the elimination of the lost financial investment in new staff training, who end up leaving quickly due to an intolerable workload, will provide even more savings.[41] Hospital staffing ratios are proven cost effective as seen in California for twenty years.[42]

Patients, nurses, and other direct care staff deserve to have safe staffing ratios; having ratios will eradicate a growing public health crisis that New Jersey cannot ignore any longer. Passing safe staffing ratio legislation is a moral imperative.

Notes and Sources

1. See HPAE survey report by Change Research, https://www.hpae.org/wp-content/uploads/2022/09/Memo-Change-Research-NJ-Nursing.pdf
2. Neeltje De Vries, et al. *The Race to Retain Healthcare Workers: A systematic Review on Factors that Impact Retention of Nurses and Physicians in Hospitals.* The Journal of Health Care, Vol. 60: 1-21, 2023.
3. See Featured Research on National Institute of Nursing Research, Evidence that Reducing Patient-to-Nurse Staffing Ratios Can Save Lives and Money | National Institute of Nursing Research (nih.gov).
4. For example, see this letter to the community posted by RWJBarnabas Health during the 2023 strike of USW nurses at the New Brunswick RWJ University Hospital, https://www.rwjbh.org/landing-pages/rwjuh-community-letter/.
5. Sarah Rabin, et al. *Moral injuries in healthcare workers: What causes them and what to do about them?* Journal of Healthcare Leadership 2023:15 153-160, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10440078/.
6. See HPAE's Position Paper I, *Code Red: Understaffed. Overworked. Unsafe for Everyone.* HPAE, March 2023, https://www.hpae.org/resources/code-red-understaffed-overworked-unsafe-for-everyone/ .
7. *Supra.*
8. Including nurses, CNAs, and all other unlicensed assistive personnel involved in direct patient care.
9. See HPAE's Position Paper I, *Code Red: Understaffed. Overworked. Unsafe for Everyone.* HPAE, March 2023, https://www.hpae.org/resources/code-red-understaffed-overworked-unsafe-for-everyone/.
10. See HPAE's Position Paper I, *Code Red: Understaffed. Overworked. Unsafe for Everyone.* HPAE, March 2023, for more data-driven detail https://www.hpae.org/resources/code-red-understaffed-overworked-unsafe-for-everyone/.
11. Sophie Nieto-Munoz. *New Brunswick hospital, nurses union reach tentative deal to end four-month strike.* New Jersey Monitor, 1 December 2023, https://newjerseymonitor.com/2023/12/01/new-brunswick-nurses-union-reach-tentative-deal-to-end-four-month-strike/ ..
12. Contract or agency nurses are hired by hospitals through travel nurse agencies in times of staffing shortages.
13. RWJBarnabas Health. Online letter to the community, 9 January 2024, https://www.rwjbh.org/landing-pages/rwjuh-community-letter/ .
14. The state of California enacted safe staffing nurse ratios in 2004.
15. Nurse.org. *Nurse Staffing Ratio Law to Take Effect in Oregon.* Nurse.org, 21 August 2023, https://nurse.org/articles/oregon-nurse-staffing-ratios-law/ .
16. Martyn Griffin, et al. *'Running towards the bullets": Moral injury in critical care nursing in the Covid-19 pandemic.* Journal of Management Inquiry, Jun 26 : 10564926231182566. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10293865/.
17. Interview with a nurse on 7 December 2023.
18. Megan Brenan. *Nurses Retain Top Ethics Rating in U.S., but Below 2020 High.* Gallup, 10 January 2023, https://news.gallup.com/poll/467804/nurses-retain-top-ethics-rating-below-2020-high.aspx . The only year nurses lost the top spot was in 2001 when firefighters came in first in response to the 9/11 terrorist attacks that claimed the lives of 343 NYC firefighters.
19. *Supra.* Physicians placed second with 62%.
20. Katie E. Nelson, et al. *Organizational Impact on Healthcare Workers' Moral Injury During Covid-19.* J Nurse Adm. 2022 January 01; 57-66. https://pubmed.ncbi.nlm.nih.gov/34910709/ .

21. Martha Hostetter and Sarah Klein. *Responding to Burnout and Moral Injury Among Clinicians.* The Commonwealth Fund, 17 August 2023, https://www.commonwealthfund.org/publications/2023/aug/responding-burnout-and-moral-injury-among-clinicians#:~:text=Moral%20injury%20among%20health%20care,traumatic%20stress%20disorder%2C%20and%20suicidality

22. Matthew A. Davis, et al. *Association of US Nurse and Physician Occupation with Risk of Suicide.* JAMA Psychiatry, 2021;78(6):651-658. Published online 14 April 2021. https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2778209.

23. Interviews with HPAE healthcare worker members conducted between December 2023 and February 2024.

24. Paige Minemyer. *NNU survey: Healthcare orgs can do more to protect nurses from workplace violence*. Fierce Healthcare, 6 February 2024, https://www.fiercehealthcare.com/providers/nnu-survey-healthcare-orgs-can-do-more-protect-nurses-workplace-violence ; full report: https://www.nationalnursesunited.org/sites/default/files/nnu/documents/0224_Workplace_Violence_Report.pdf .25. Anonymous HPAE member quote. All nurse statements remain anonymous to protect workers.

25. David I. Auerbach, et al. *A Worrisome Drop in the Number of Young Nurses.* Health Affairs, 13 April 2022, https://www.healthaffairs.org/content/forefront/worrisome-drop-number-young-nurses .

26. In 2002 New Jersey enacted mandatory overtime restrictions for health care facilities, N.J. S.A 34:11-56a31 et seq. and N.J.A.C. 8:43E-8.1 et seq. Both state that overtime cannot be "used to fill vacancies resulting from chronic short staffing."

27. Interview with an anonymous HPAE nurse member on 13 December 2023.

28. Employers placing blame on their own nurses for understaffing was mentioned by many nurses interviewed for this paper.

29. AFT Nurses and Health Professionals. *Healthcare Staffing Shortage Task Force Report*. 18 November 2022, p.11, https://www.aft.org/sites/default/files/media/documents/2022/hc_StaffingTaskforceReport_Nov2022.pdf .

30. Interview with an anonymous HPAE nurse member, 8 January 2024.

31. Interview with an anonymous HPAE nurse member, 12 January 2024.

32. National Council of State Boards of Nursing, https://www.ncsbn.org/nursing-regulation/national-nursing-database/licensure-statistics/active-rn-licenses.page.

33. U.S. Bureau of Labor Statistics, https://www.bls.gov/oes/current/oes291141.htm.

34. See HPAE policy paper *Fulfilling the Historic Charge of University Hospital in Newark,* for a detailed look at the financial status of several New Jersey hospital systems. https://www.hpae.org/campaigns/njs-only-public-hospital-needs-a-state-of-the-art-medical-campus/

35. Using financial analysis of unaudited financial statements for NJ hospitals for 3rd quarter in 2023, stand-alone single hospital corporations, Cooper and Englewood showed profits of $122.7 million with a profit margin of 7.43% (Cooper) and $27.3 million with a profit margin of 3.40% (Englewood). These figures are for the entire corporation. History has shown that these profits will only increase by the end of the 4th quarter.

36. Using financial analysis of unaudited financial statements for NJ hospitals for 3rd quarter in 2023, larger multi-hospital corporations, Hackensack Meridian showed $421.9 million in profit with a profit margin of 7.04%; Inspira, showed $41.5 million in profit and a profit margin of 4.99%; and Virtua showed $252.6 million in profit and a profit margin of 16.92%. History has shown that these profits will only increase by the end of the 4th quarter.

37. NASHP Hospital Cost Tool data set, comparing 2011 to 2020 (keeping the same range as CMS data, see footnote 34 below). Costs for direct staff labor also include all benefits provided to employee; excluded are all personnel that do not provide direct patient care, as well as physician direct patient services, anesthetists, hospital based rural health clinics and FQHC services. https://tool.nashp.org/.

38. *Supra* NASHP Hospital Cost Tool data set, comparing 2011 to 2020; in 2022 there was a slight increase from 28% in 2020 to 29% by 2022. In 2011 other states in the Northeast ranged from 28% to 32% with decreases in 2020 of 26% to 29%. https://tool.nashp.org/. Northeast Region comprised of: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, Pennsylvania, New Jersey, Delaware, Maryland, and the District of Columbia.
39. CMS National Health Expenditure Data, comparing 2011 to 2020 (the most recent year available) for hospital expenditures by all payers for the state of New Jersey. Of the twelve states (DC included) that make up the Northeast Region, only two surpassed New Jersey's spending increase: New York (68%) and Delaware (65%). All other states had increases that ranged from 27% to 45% between 2011 and 2020. https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data .
40. Interview with anonymous HPAE member 26 February 2024.
41. Supplemental Health Care. *The Real Cost of Turnover in Healthcare Staffing. 9 February 2022*, https://shccares.com/blog/workforce-solutions/the-real-cost-of-turnover-in-healthcare-staffing/.
42. See HPAE's position paper *Code Red: Understaffed. Overworked. Unsafe for Everyone*. HPAE, March 2023, https://www.hpae.org/resources/code-red-understaffed-overworked-unsafe-for-everyone/.

POLITICOPRO

New bill proposes tighter nurse-to-patient ratios

By Daniel Han

02/15/2024 11:17 AM EST

A new bill would have tighter minimum staffing ratios between nurses and patients than past versions.

HPAE

HPAE Officers

L-R: Alexis Rean-Walker, Secretary/Treasurer; Debbie White, President; and Barbara Rosen, First Vice President

Office Locations

HPAE Emerson:
110 Kinderkamack Road
Emerson, NJ 07630
201-262-5005
201-262-4335 FAX

HPAE Haddon Heights:
208 White Horse Pike
Haddon Heights, NJ 08035
856-663-0300
856-663-0440 FAX

HPAE Member Healthcare Facilities/Locals

WHERE WE ARE:

#5004	Englewood Hospital & Medical Center
#5030	HMH Palisades Medical Center Quest Diagnostics
#5058	HMH Jersey Shore University Medical Center
#5089	University Hospital/Rutgers University
#5091	Bergen New Bridge Medical Center
#5094	University Hospital/Rutgers University/ Rowan University
#5097	Complete Care at the Harborage
#5103	American Red Cross – Penn-Jersey Region
#5105	Virtua Memorial Health (MHBC/CNS & CFW)
#5106	Temple University Hospital, Episcopal Campus
#5107	Llanfair House/Phoenix Center/VNA Health Group of NJ/VNA of Englewood/United Methodist Communities
#5112	Cornerstone Behavioral Health Hospital of Union County
#5118	Cooper University Health Care
#5131	Inspira Medical Centers (Elmer, Vineland, Bridgeton)
#5138	HMH Southern Ocean Medical Center
#5142	Inspira Medical Center at Mannington
#5147	Hudson Regional Hospital
#5185	CarePoint Health Bayonne Medical Center
#5186	CarePoint Health Christ Hospital
#5621	Inspira Medical Center (Mullica Hill and Woodbury)
#8071-R	Council of Retirees

WHO WE REPRESENT:

HPAE represents registered nurses, licensed practical nurses, professionals, medical researchers, technical staff, phlebotomists, social workers, IT staff, dietary staff, housekeepers, nursing assistants, retirees, clerical, service and skilled maintenance workers throughout New Jersey and in the Philadelphia area.

Safe Staffing Saves Lives

HPAE

Health Professionals and Allied Employees
HPAE/AFT/AFL-CIO

110 Kinderkamack Road
Emerson, NJ 07630

www.hpae.org
www.facebook.com/hpae.aft
@hpae_aft
@hpaeaft