



# Why We Left

## 2023 Nursing Workforce Report



## EXECUTIVE SUMMARY

There is a staffing and retention crisis in Minnesota hospitals which leaves nurses stretched thin trying to do more with less. Executives have created unsafe and unsustainable conditions for nurses and patients in our hospitals. By focusing on the bottom line, hospital executives are driving nurses away from the bedside, putting patient care at risk.

Studies conducted by the Minnesota Nurses Association of its current members, former members, and of the general public make this point clear:

- Minnesotans understand the nature of the staffing and retention crisis, as **85 percent believe it will not be solved without direct action**, and **two-thirds understand that hospital executives created the problem before the pandemic**.
- There is **no shortage of registered nurses in Minnesota**, with **more than 122,000 nurses** here, the **highest ever** in state history
- Over **50 percent** of nurses nationally are **considering leaving the bedside**, citing **under staffing by hospital executives** as their top concern
- In **nearly 90 percent of cases** where MNA nurses filed a concern over the impact of short staffing on patient care, the nurses reported **no response** or **inadequate action** from **hospital management**.
- In this new survey of 2,403 MNA nurses who left their bedside nursing positions, the **top-cited reasons for their departure** by respondents were **stress and “burnout” (75 percent)**, **chronic under-staffing (71 percent)**, **working conditions (63 percent)** and **management issues (49 percent)**.
- **Improved staffing** was the number one condition needed **for nurses to return to the bedside**, cited by **63 percent** of nurse respondents.
- **Nearly 40 percent of nurses who left** the bedside in 2022 had only been in their **nursing careers for less than five years**.
- **Over 75 percent of MNA members have indicated their desire to stay at the bedside** for the near future.

These findings are supported and reinforced by independent studies and research. One recent survey, conducted in November 2022 by OnePoll and connectRN, found that:

- **50 percent of nurses** are considering **leaving the profession** altogether.
- **61 percent cited insufficient staffing** as the biggest contributing factor
- **58 percent** of nurses feel hospital executives are **not doing enough** to solve the staffing crisis

Additionally, recent scholarly research from the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing found that:

- High levels of nurse burnout, job dissatisfaction, and intent to leave their employer predated the pandemic
- Prior to the pandemic, 57 percent of hospital staff nurses said there were too few nurses to care for patients
- Over 69 percent of hospital staff nurses in the pre-pandemic period reported a lack of confidence in hospital management to resolve clinical care problems reported by nurses

## BACKGROUND

Minnesota nurses are overworked and overwhelmed, hospitals are understaffed, and patients are overcharged by hospital executives trying to boost their bottom lines. Years of short-staffing and cost-cutting by hospital CEOs leave nurses trying to do more with less.

These conditions that hospital CEOs created are driving nurses away from the profession and putting patient care at risk. There is no shortage of nurses who want to care for patients, there is a shortage of nurses willing to work under these unsafe and unsustainable conditions.

- In 2014, the **Minnesota Hospital Association (MHA)** [issued a study](#) which found “**the state-level supply of RNs will more than meet the demand**” through 2024, assuming that RN graduate numbers continue to climb; this conclusion is echoed by the [U.S. Department of Health and Human Services](#) which projects a **surplus of registered nurses in Minnesota** through 2030
- A [2022 report from the MN Board of Nursing](#) shows that **new RN graduates continue to climb** in Minnesota **every year**
- The **number of registered nurses in Minnesota has increased by over 12,000 in the past four years** to a total of **122,247** last year, the **highest ever** recorded in the state

### IN THE LAST FOUR YEARS



Over 122,000 total RNs in MN  
highest-ever total nurses

Now, Minnesota nurses are advocating for changes that will retain nurses and prioritize quality patient care by ensuring adequate nurse staffing levels and fair compensation and benefits, putting nurses and patients at the bedside ahead of hospital CEOs and corporate profits in the boardroom.

Our healthcare workforce is in critical condition. The future of our healthcare system in Minnesota depends on the choices we make now.



## EXISTING SURVEYS

In the last three years, the Minnesota Nurses Association conducted extensive studies of both its membership and of the Minnesota public to better understand the scope and severity of the staffing and retention crisis in our hospitals.

Before exploring the details of the Workforce Report below, several highlights from these previous MNA surveys are worth revisiting.

### **2021 MNA Member Survey**

In 2021, MNA conducted a survey of members, asking a variety of questions about their experiences in the nursing profession.

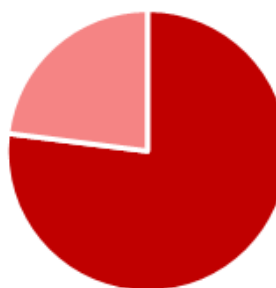
Among the highlights of this survey:

- **55 percent** of nurses reported that they had experienced a situation where they were **not able to provide the care the patient required due to short staffing**
- **44 percent** reported **patient safety had gotten worse** in their hospital over the **last five years, while only 6 percent** felt it had improved
- **63 percent** reported that they had **considered leaving their job** or the profession altogether, or that they **knew someone who had**, due to being **overworked and understaffed**
- Over **75 percent** of nurses reported that they **wanted to stay on the job and in the profession** for at least four more years

Considering leaving the bedside, or know someone who has



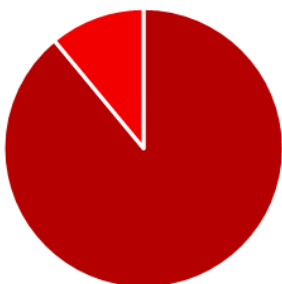
Want to stay at the bedside for the near future



### **Concern for Safe Staffing Forms**

In Minnesota, nurses voluntarily file Concern for Safe Staffing (CFSS) Forms when they encounter situations where short staffing is negatively impacting patient care.

No response or insufficient action from hospital management



A survey of CFSS forms from 2022 reveals:

- Minnesota nurses filed **8,437 CFSS forms** in 2022, more than a 7 percent increase from 2021.
- In **over 89 percent of those cases**, nurses reported **no response or inadequate action from hospital management** when they brought up concerns for patient safety, which is an increase of almost 8% since last year.
- Nearly **80 percent of cases reported delays in patient care**, a 9.2 percent increase compared to 2021.

## 2022 MNA Workplace Violence Survey

In 2022, MNA conducted a survey of 950 nurse members about the challenges of violence against nurses and patients in Minnesota hospitals. Nurses in the survey reported that:

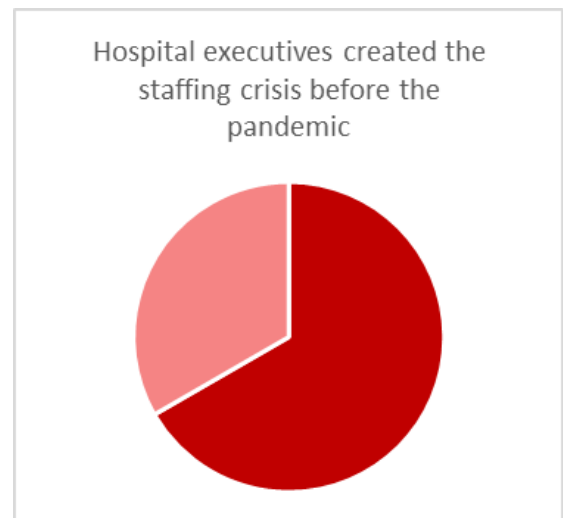
- **97 percent** of nurses **observed workplace violence** in the last two years, including verbal abuse, intimidation, harassment, and physical violence.
- **Only 47 percent reported** these incidents to their employer, citing a **lack of time, inadequate staffing, and lack of management action** as the top barriers to reporting.
- **75 percent of nurses cited chronic understaffing** as a top risk factor for an unsafe work environment, second only to the risks that specific patients might present.
- **62 percent of nurses** believe **patient safety is at risk** due to violence in Minnesota hospitals.
- **65 percent of nurses** believe **hospital executives** have **not adequately prepared** them to prevent or respond to violence.
- **Over half** of all nurse respondents – 53 percent – **have considered leaving** their job or nursing entirely due to violence



## 2022 MNA Public Polling

In 2022, MNA conducted public polling of registered voters in Minnesota. In this poll, Minnesotans shared the following:

- As patients and family members who see the effects of under staffing, long wait times, and other corporate healthcare policies firsthand, Minnesotans understand the nature of the staffing and retention crisis, and **85 percent understand it will not be solved without corrective action.**
- **Two-thirds of Minnesotans understand that hospital executives** created the problem and that it **pre-dates the pandemic.**
- Minnesotans believe **hospital CEOs can afford to make the changes necessary** to fix the problems they created.
- Minnesotans are especially concerned with the **high salaries and compensation of hospital executives** in Minnesota, who take home **multi-million-dollar salaries while nurses are understaffed and patients are overcharged.**



**“Nominally nonprofit community-spirited institutions have actually come to operate as profit-maximizing monopolies,’ with the excess going to executive compensation instead of dividends”**

Phil Longman, Policy Director, Open Markets Institute  
*The Intercept*, December 20, 2020

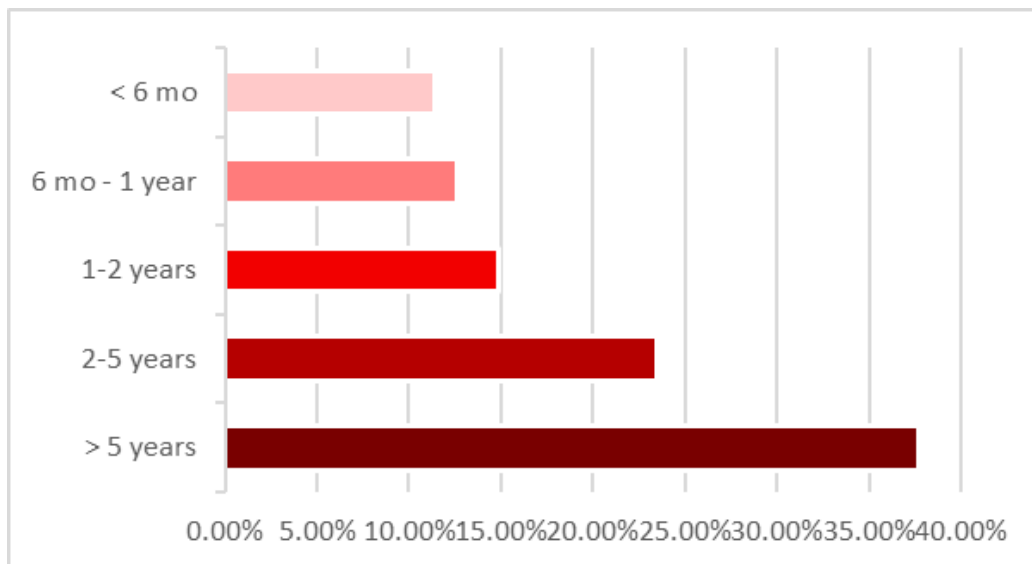
## WHY WE LEFT: 2023 MNA WORKFORCE REPORT

Between December 20, 2022 and February 8, 2023, MNA surveyed 2,403 nurse members who left a bedside nursing position within the past year and did not take a new position in an MNA-represented hospital. MNA received responses from 499 nurses who fit this criteria.

The survey focused on determining why nurses left these bedside positions, and asked questions including:

- How long the nurse had been at the bedside
- When the nurse left the bedside
- Whether they had another job when they left
- If they are currently working elsewhere as an RN
- Why they left bedside nursing
- What they would need to return to the bedside

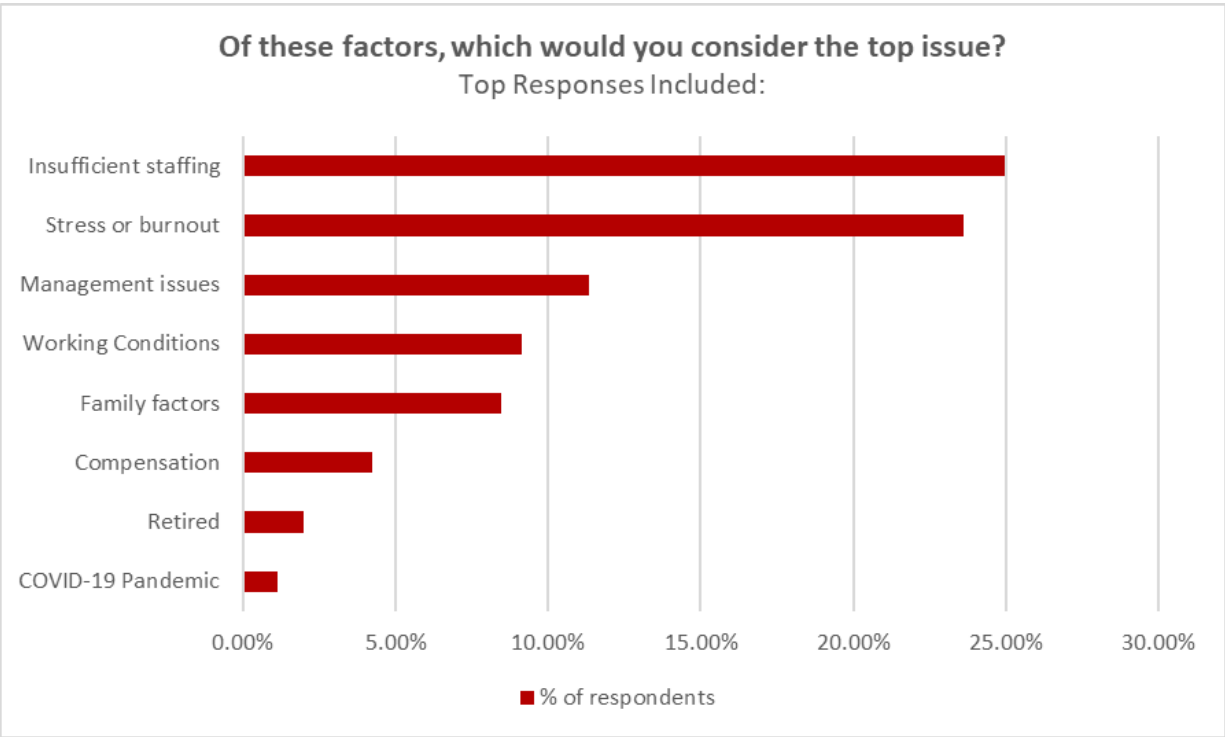
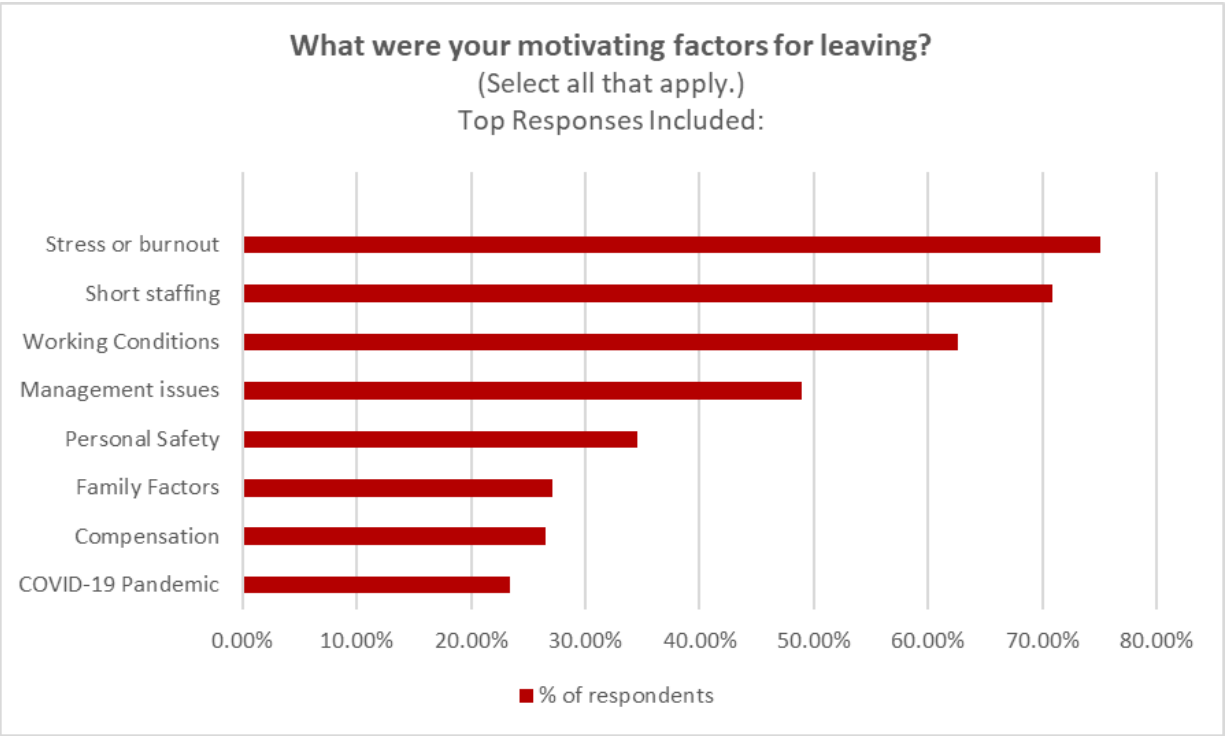
### How long had you been in this position before you left?



**“Everybody wants the nurse with 10 years of ICU experience when they come in the door... successful organizations develop their own work forces and invest in young people and help them to become experts over time and then create policies to retain them.”**

Linda Aiken, PhD, RN  
Founding Director, Center for Health Outcomes and Policy Research, University of Pennsylvania School of Nursing  
*MedPage Today*, December 30, 2022





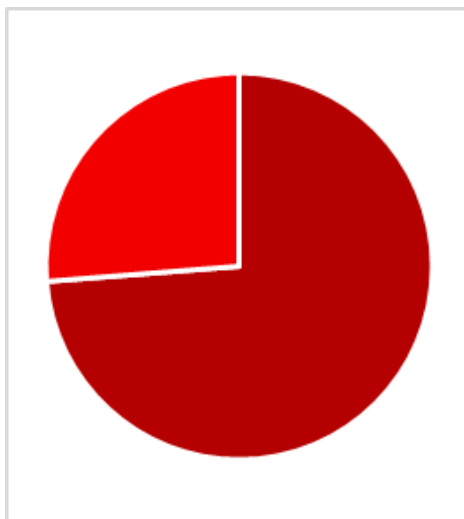
Highlights of this data show:

- **Stress and “burnout” (75 percent), chronic under-staffing (71 percent), working conditions (63 percent) and management issues (49 percent) were the top drivers of nurse departures.**
- In particular, **insufficient staffing was the singular top issue cited** by nurses as the reason they left their bedside care position.
- Of those who identified **stress or so-called “burnout”** as a driving factor in their departure, nearly **82 percent also cited short staffing** concerns, **71 percent cited working conditions**, and **52 percent cited management concerns.**
- **Compensation and the COVID-19 pandemic** were among the lowest-cited reasons to leave the bedside; of those who cited the pandemic, over **90 percent also cited stress or “burnout”** and over **84 percent cited short staffing** as contributing to their decision to leave bedside nursing.
- Of the **31 nurses who reported retiring**, **100 percent cited stress or “burnout,” 77 percent cited short staffing**, and **64 percent cited working conditions** as contributing factors.

### “Burnout” and Moral Injury

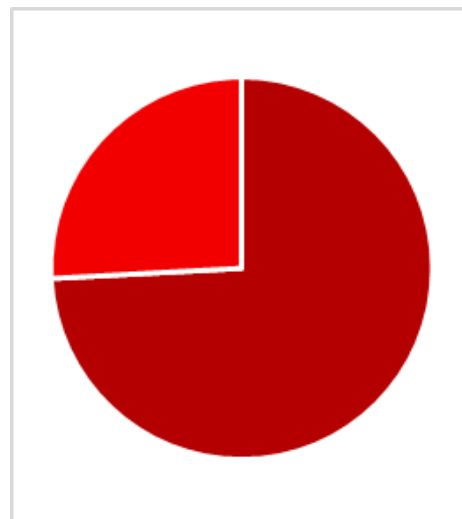
As described in the 2020 “Deadly Shame” report from National Nurses United, the term “burnout” refers to the issues of moral distress and moral injury which nurses experience from working under the conditions CEOs have created in our hospitals including insufficient nurse staffing, rationing and crisis standards of care, and limited resources including support staff, beds, medications, or supplies.

**Did you secure new employment before leaving?**



Yes 74% | No 26%

**Are you currently working as an RN?**



Yes 75% | No 25%

**“All this business of people throwing up their arms and saying ‘There are not nurses to hire because they’ve all left’ [is] not really true... leaving your employer is not the same as leaving the field of patient care or even leaving hospitals.”**

Linda Aiken, PhD, RN

Founding Director, Center for Health Outcomes and Policy Research, University of Pennsylvania School of Nursing

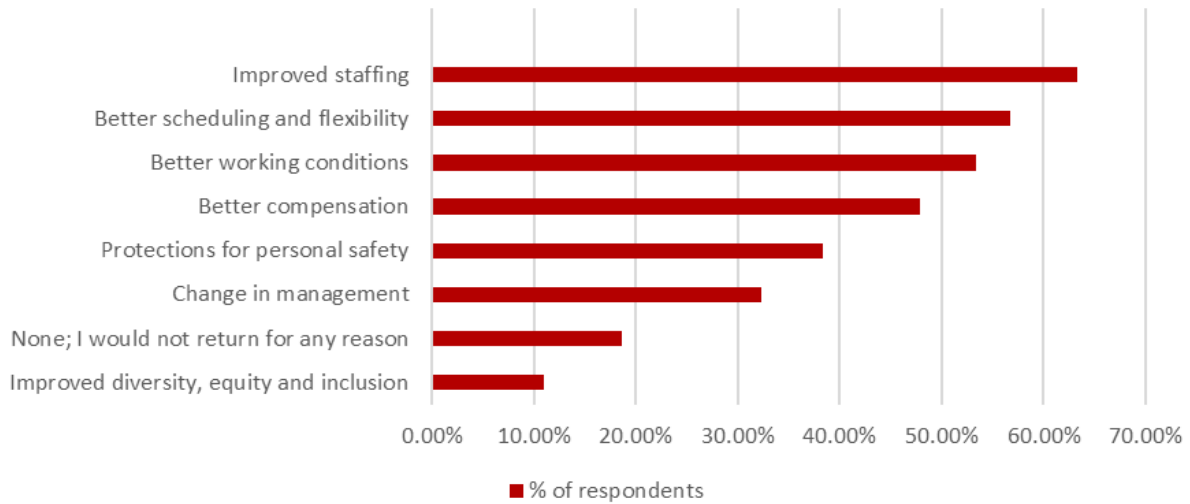
*MedPage Today*, December 30, 2022



**What changes would you need to see to get you to return to hospital bedside nursing?**

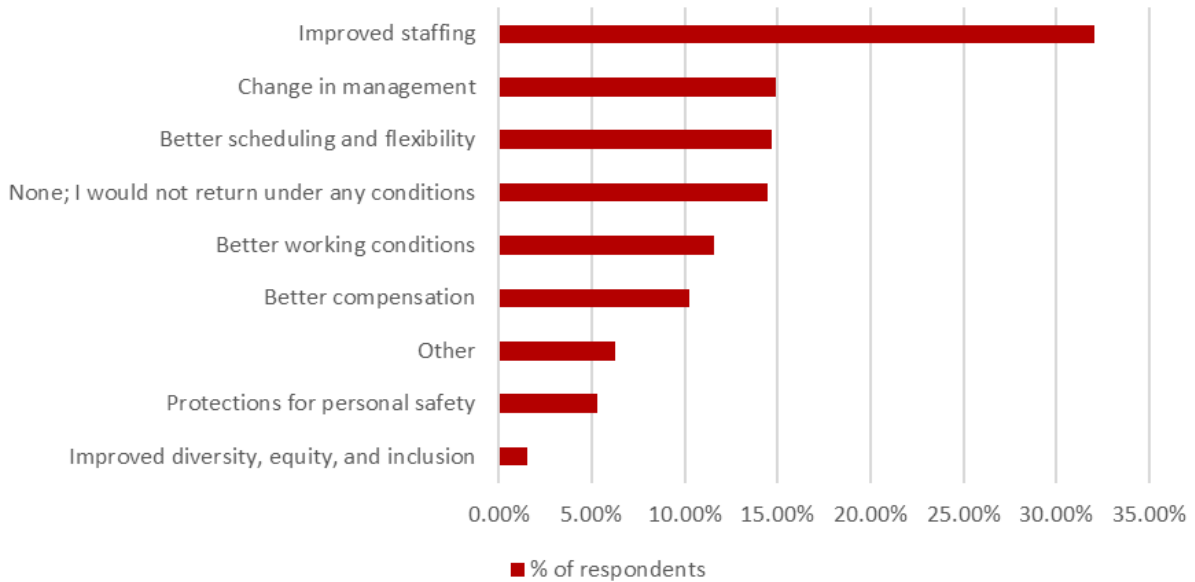
(Select all that apply.)

Top Responses Included:



**Of these factors, which would you consider the most important?**

Top Responses Included:



## **SAMPLE RESPONSES**

Below is a sampling of responses from the survey to the question: Please elaborate on why you left your previous position. These responses are being presented anonymously, and with minimal editing for content and clarity, to protect the confidentiality of survey respondents.

*“Burn out, unmanageable nurse to patient ratios. Constant understaffing, not enough CNA’s resulting in impossible conditions for RNs.”*

*“There’s not enough time and resources to care for patients the way they deserve to be cared for. Not enough time for walks, safe med administration, even toileting. A patient asked me, ‘If you don’t come to help me to the bathroom when I push my call button, should I just pee in the bed?’ That’s the kind of care we’re forced to give. This causes severe moral injury. I’m not burnt out, I’m morally injured. I loved caring for patients. I would come back to the bedside if the conditions and compensation were safe for all.”*

*“No support. Greedy management kept adding patients when they knew there was not enough staff to safely take care of patients.”*

*“My previous hospital that I loved was closed due to corporate greed... I tried out [another hospital] – this was the most miserable nursing position I’ve ever held. Always short staffed, managers tried to make us feel guilty like we weren’t team players when we wouldn’t pick up double shifts to fix the lack of staff problem. There was a severe & poor low staffing ratios as far as support staff... I never felt so unsupported and short staffed... while taking care of struggling COVID patients on bipap. I just couldn’t do it anymore. It wasn’t safe. I witnessed turnover like I’ve never seen in my whole career as a nurse. In one year’s time I was at the halfway point on the seniority list. I gave [the hospital] one year, a year I will never get back.”*

*“Multiple events of taking care of patients who needed ICU management on a med-surg floor with 5-6 other patients. Multiple violent experiences with patients resulting in ‘paid leave’ without support from physicians or management.”*

*“Staffing was horrible and getting worse. It was not realistic in a level 4 NICU and I was afraid that I would miss something big on a patient and they would come to harm because I had to focus on more patients than was safe. I saw this happen to other nurses and patients and it was 100% because of staffing. Management was not supportive of nurses from the top down.”*

*“I left bedside nursing because I was sick and tired of being understaffed all the time and management/CEOs did not care. We are keeping sick people alive a lot longer now and the acuity is much higher than ever before. We constantly were out of supplies or equipment did not work. I was constantly told to do more with less resources. I don’t mind hard work, actually love it but when you don’t have the support and are forced to do more than you can handle it wears on you. We continuously had to take patients unsafely but because our ‘grid’ said we can, we couldn’t say no. I was also sick of working on Holidays, weekends and night shift. No matter what management/CEOs say, they don’t really care about the actual person in that bed. They care about the money. And what they won’t earn if the numbers don’t align with their narrative.”*

## CONCLUSION

Minnesota nurses want to be at the bedside doing what they love, providing exceptional care to their patients. But the corporate healthcare policies of hospital CEOs are driving nurses away from the bedside.

There are more than enough nurses in Minnesota to meet the needs in our hospitals. These nurses want to stay at the bedside for the near future, despite the often unsafe and unsupportive work environments they have faced.

However, without changes that will solve the crisis of under-staffing and retention which hospital CEOs created, nurses will continue to be pushed away from the bedside and from the careers and patients they love.

Minnesota nurses are ready to fight and win legislation and contract language to put patients before profits, retain nurses at the bedside, and prioritize quality patient care throughout Minnesota.



## APPENDIX: Methodology

### MNA Public Poll

On behalf of the Minnesota Nurses Association, Change Research surveyed 1,025 registered voters in Minnesota between January 8-10, 2022. Respondents were recruited into an online survey instrument via Dynamic Online Sampling which continuously rebalances online advertisements to obtain a representative sample. Post-stratification was done on gender, region, age, ethnicity, education, and 2020 vote.

### MNA Workforce Survey

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