

ONA Survey of all Ohio Nurses: 2024 Staffing Findings

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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

Ohio Nurses Association continues to sound the alarm that understaffing and violence in Ohio hospitals is a patient care crisis that must be addressed.

ONA's 2024 report, based on a statewide survey of all Ohio nurses, reflects our commitment to safeguarding healthcare and addressing critical issues within the profession. The survey results provide alarming insights into the current state of nursing, exposing the severe impact of chronic and deliberate understaffing on patient safety. They also reveal a strong, unified call among nurses for essential legislative changes, including minimum staffing standards and enhanced protections against workplace violence.

The findings highlight a growing patient care crisis in our healthcare facilities, underscoring that this is a **CODE RED** situation. Immediate action is imperative. We call on policymakers and healthcare executives to take decisive steps now to address these critical issues. Swift action is necessary to protect patient care and ensure the well-being of nurses and health professionals.

Together, we must relentlessly advocate for the changes and improvements needed to secure the future of safe, effective, and compassionate care in Ohio. The time to act is now—to save our care and uphold the standards that every Ohioan deserves.

METHODOLOGY

This study was conducted using an online survey tool. The survey was sent to every nurse licensed in the state of Ohio. The survey was open from June 7, 2024, to July 1, 2024 resulting in 7,844 usable survey submissions.

The report was peer-reviewed by the Ohio Nurses Association's Council on Practice members:

- Nicole Baltich, MS, APRN-CNS, AGCNS-BC, ACCNS-AG, CCRN
- Catharyne Henderson, BSN, RN, RN-BC
- Anita Kendrick, BSN, RN, CMCN

The study was conducted and report created by the Ohio Nurses Association, under the direction of Rick Lucas, BSN, RN, CCRN, ONA President & Executive Director.

LIMITATIONS

Every effort was made to resolve limitations for this survey project. The survey was sent via email to every licensed nurse (RN & LPN) in Ohio using the address on file with the Ohio Board of Nursing. The survey link was also included in an ONA members-only communication to allow collective bargaining nurse workers currently employed in Ohio via a multistate license to participate, as they also have valuable insight into the current working conditions in Ohio. Every nurse in Ohio is required to provide the board with their most up-to-date email address.

SURVEY INSIGHTS

- 91.02% of nurses would support a bill that included minimum staffing standards.
- 89.34% of nurses would consider staying at the bedside if Ohio had legally enforceable minimum staffing standards.
- 63.42% of direct care nurses are currently considering leaving the bedside because of patient care load.
- 63.37% of nurses who left the bedside did so because of patient care load.
- 48.23% of nurses said they would consider returning to or pursuing bedside nursing if enforceable minimum staffing standards were passed.
- 94.89% of nurses support increasing criminal penalties, including potential felony charges, for individuals who knowingly cause harm to healthcare workers, including using bodily fluids as a weapon.
- 65.22% of direct care nurses experienced workplace violence in the last 12 months.

Legislation resulting in legally enforceable minimum staffing standards and adequate penalties for violence in healthcare is essential to retain nurses in direct care roles and ensure safe healthcare for Ohioans.

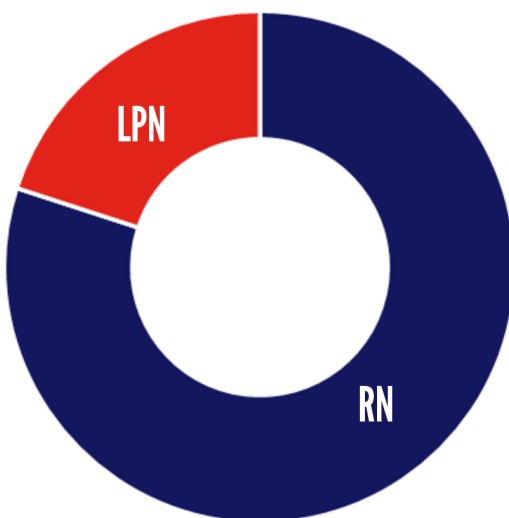
SURVEY DEMOGRAPHICS

Based on the sample size and demographics represented, the results in this report are highly likely to accurately mirror the general nursing population in Ohio.*

- Survey Sample Size: 7,844 validated surveys from nurses in the State of Ohio
- Population Size: 271,281
 - 270,936 nurses licensed in Ohio⁴
 - 345 Multistate License RNs working in ONA Collective Bargaining Facilities

*Given the sample size results are reliable within +/- 1.1 percent.

81% of survey respondents were Registered Nurses (RN), and 19% were Licensed Practical Nurses (LPN). This is the specific proportion of RN to LPN nurses licensed in Ohio.⁴



■ RN ■ LPN

This report utilizes the term nurse to describe both RNs and LPNs.

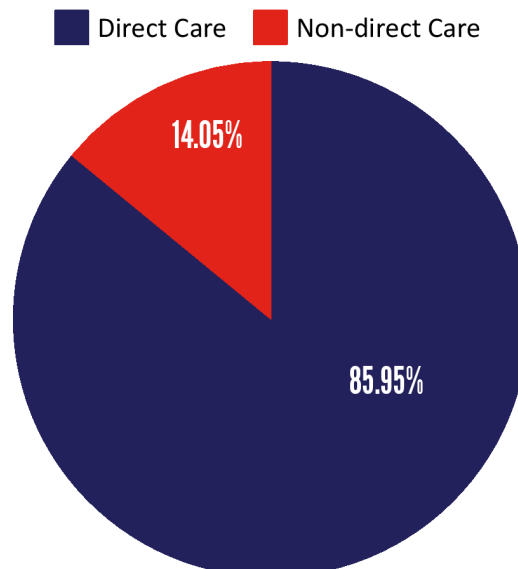
SURVEY DEMOGRAPHICS

The issues revealed by the survey data and represented in this report are problematic across the state.

88 Counties in Ohio are represented in the data results.



85.95% of respondents were nurses working in direct care roles currently.

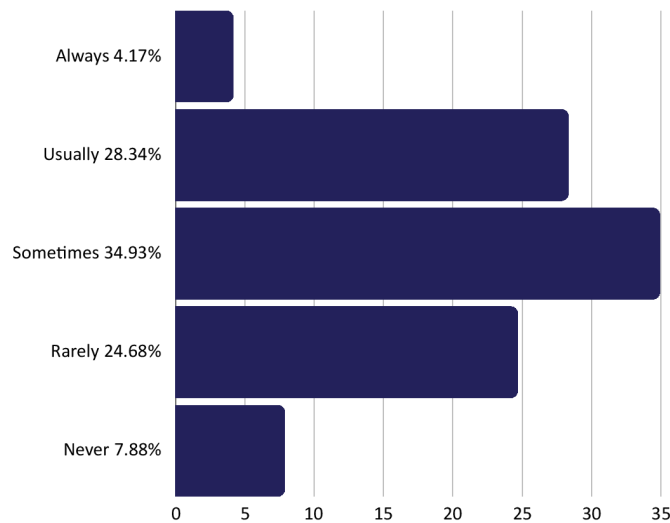




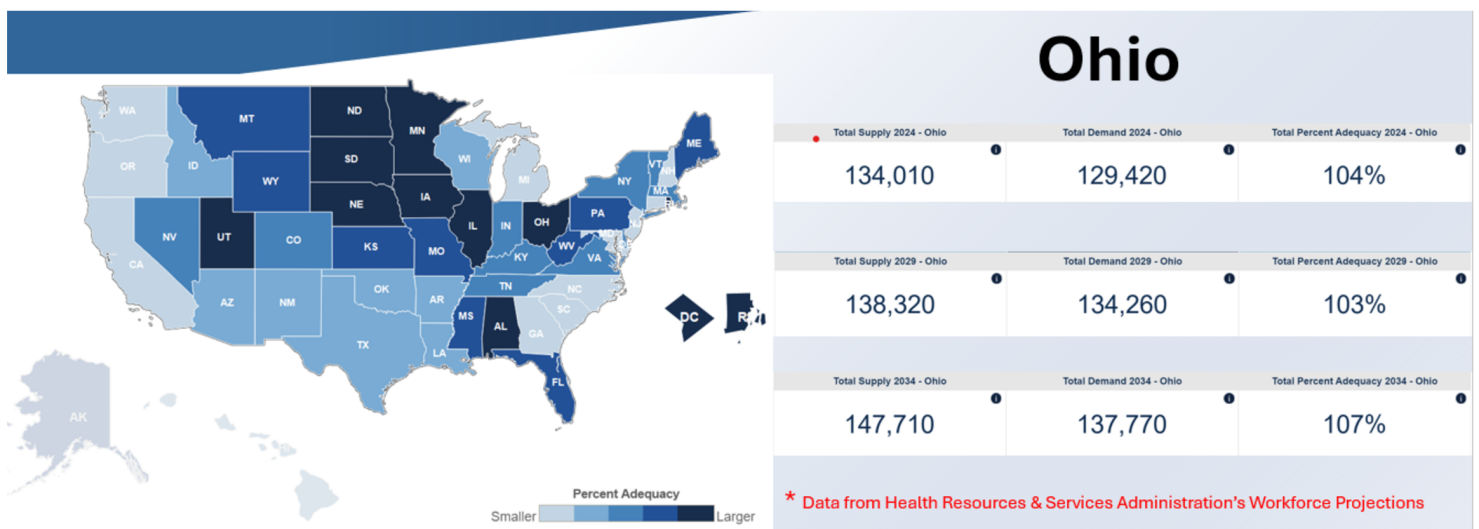
SECTION 2: NURSE STAFFING IN OHIO

INADEQUATE STAFFING PERSISTS DESPITE RN SURPLUS

32.56% of nurses report their patient care unit is rarely to never adequately staffed.



While hospital units are regularly understaffed, a nursing shortage isn't the problem in Ohio. In fact, in 2024 Ohio has 104% of the necessary RN workforce and the oversupply is projected to continue.¹



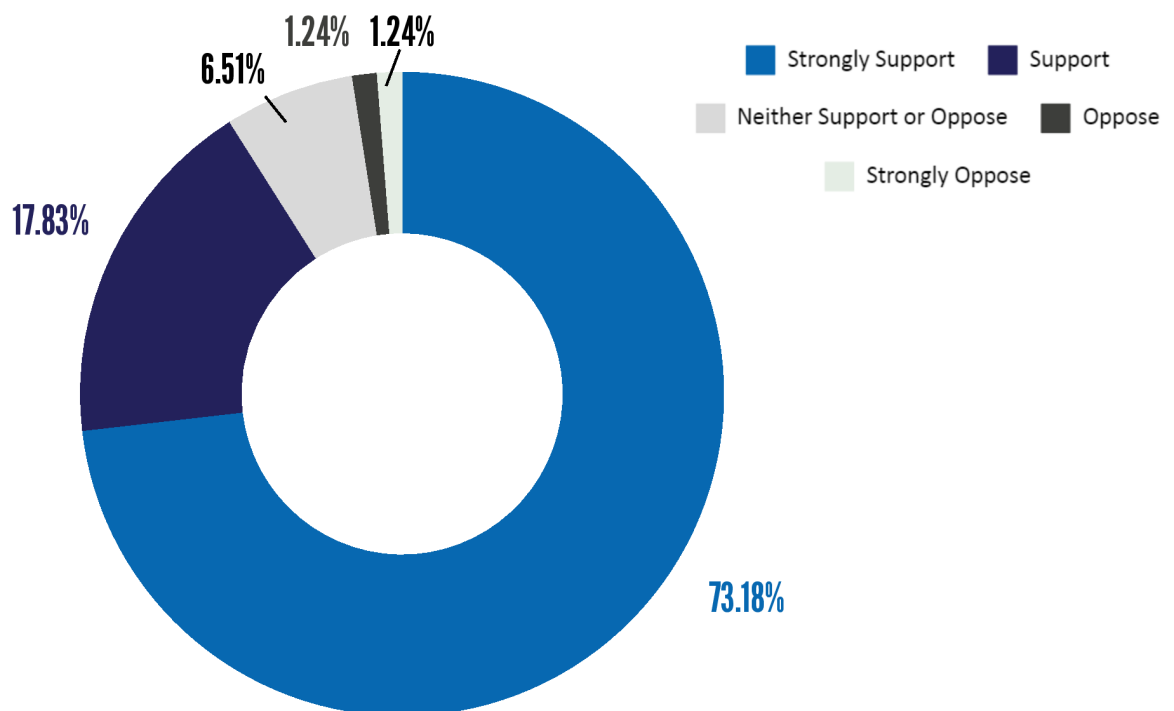
There isn't a shortage of nurses in Ohio. There is a shortage of nurses willing to work in current hospital conditions.

NURSES SUPPORT LEGISLATION WITH MINIMUM STAFFING STANDARDS

Short staffing in Ohio's hospitals places Ohioans at risk. Hospitals have had years to fix this issue on their own, yet they continue to choose profits over patients. Nurses in Ohio support legislation that would compel hospitals to prioritize patient safety via minimum staffing standards.

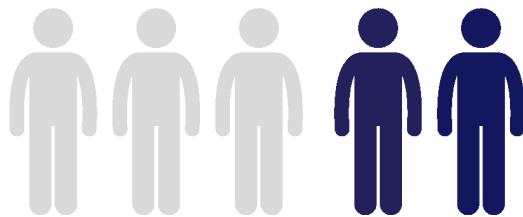
91.02% of nurses would strongly support or support a bill that included minimum staffing standards for hospitals, while only 1.24% would strongly oppose.

If a staffing bill included minimum staffing standards (nurse-to-Patient ratios) for hospitals I would...



MINIMUM STAFFING STANDARDS WILL RETAIN BEDSIDE NURSES

63.42% of direct-care nurses are considering leaving bedside nursing due to current conditions.



Ohio cannot afford to lose
3 of every 5 bedside nurses

89.34% of direct-care
nurses said minimum
staffing standards in Ohio
would increase their
likelihood of remaining in a
direct care role.

If legally enforceable nurse-to-patient ratios were in place in Ohio, would this increase your likelihood of remaining in a direct care role?

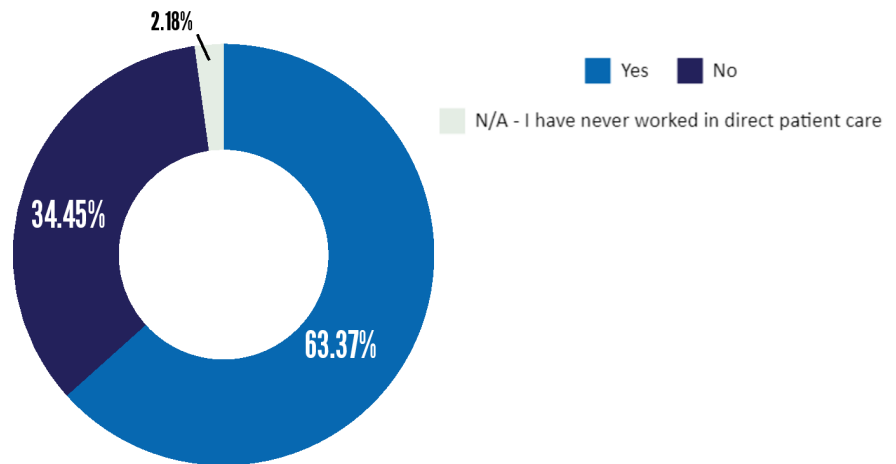


OHIO CANNOT AFFORD TO CONTINUE LOSING BEDSIDE NURSES

MINIMUM STAFFING STANDARDS WILL INCREASE BEDSIDE NURSING WORKFORCE

Was patient care load a consideration in your decision to leave bedside nursing?

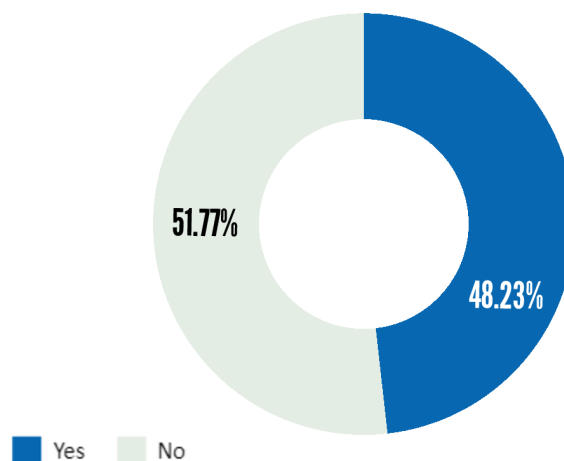
63.37% of nurses who have already left direct care nursing jobs cited patient care load as a factor.



*Factors affecting patient care load include, but are not limited to, number of patients, stability of patients, required monitoring and treatments.

I would consider returning to or pursuing bedside nursing if legally enforceable minimum staffing standards were implemented.

But, 48.23% said they would consider returning to or pursuing bedside nursing if enforceable minimum staffing standards were passed.



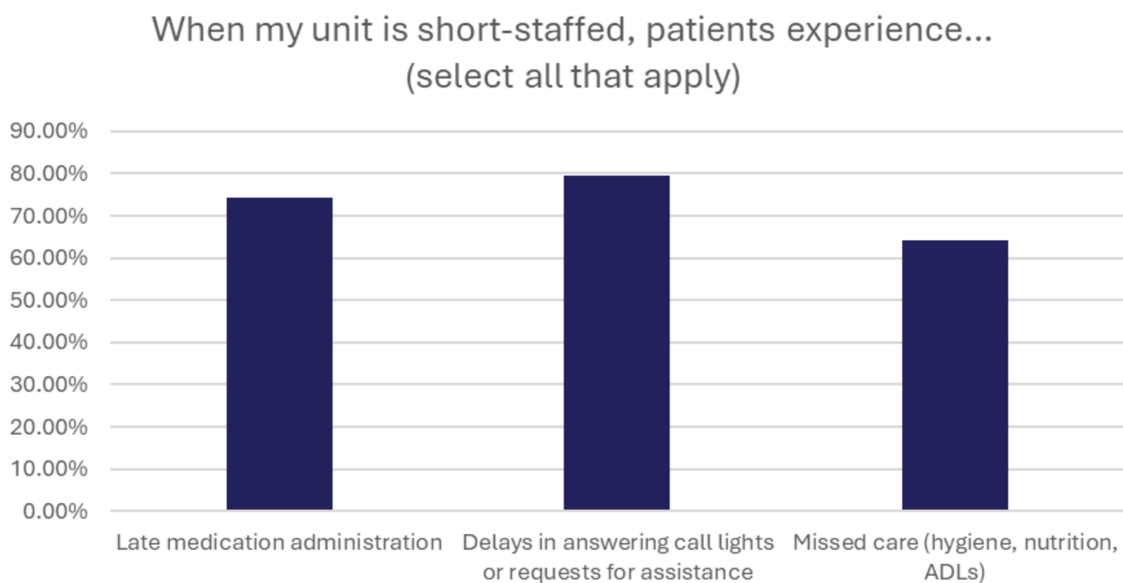
RATIOS WILL BRING NURSES BACK TO BEDSIDE ROLES IN OHIO

SHORT STAFFING PUTS OHIOANS AT RISK

Nurses are essential in maintaining patient safety, monitoring health conditions, administering medications, and responding promptly to emergent needs. Insufficient staffing of bedside nurses can result in compromised patient care, increased medical errors, longer response times, and increased risk of negative outcomes.

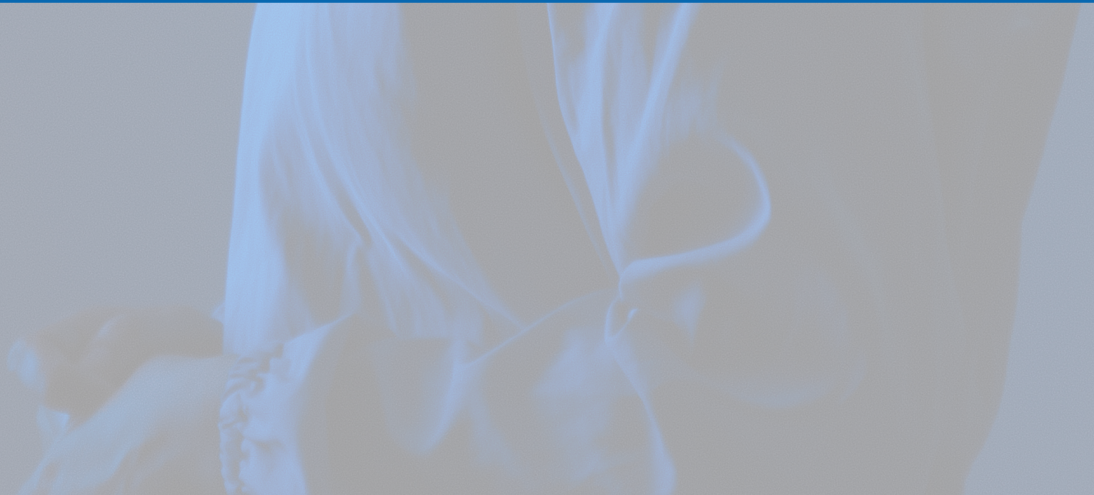
According to The Joint Commission's Sentinel Event Data 2023 Annual Review, 56% of 'delay in treatment' sentinel events were due to a delay in care and/or response to a decompensating patient condition.⁶ Nurses in Ohio confirmed delays in patient care due to short staffing, with the most frequent type of delay being a delay in answering call lights or requests for assistance. This demonstrates how staffing can directly compromise patient care.

A sentinel event is a patient safety event that results in death, permanent harm, or severe temporary harm.⁶ Such events signal the need for immediate investigation and response. Furthermore, one study has shown that the odds of 30-day mortality for each patient increased by 16% for each additional patient in the average nurse's workload.³ **This indicates that Ohioans are more likely to die in a hospital if the current staffing policies are allowed to continue without intervention.**





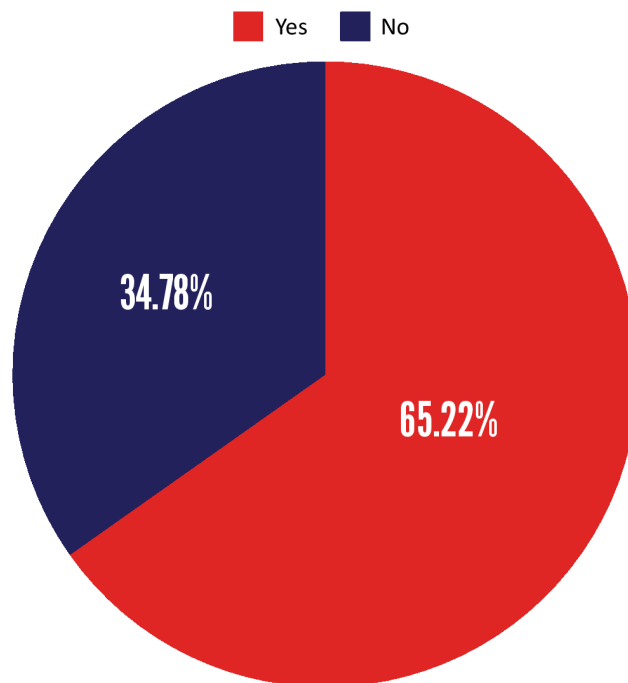
SECTION 3: WORK ENVIRONMENT AND SAFETY



WORKPLACE VIOLENCE INCREASING IN HEALTHCARE ENVIRONMENT

65.22% of direct care nurses experienced workplace violence in the last 12 months.

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.



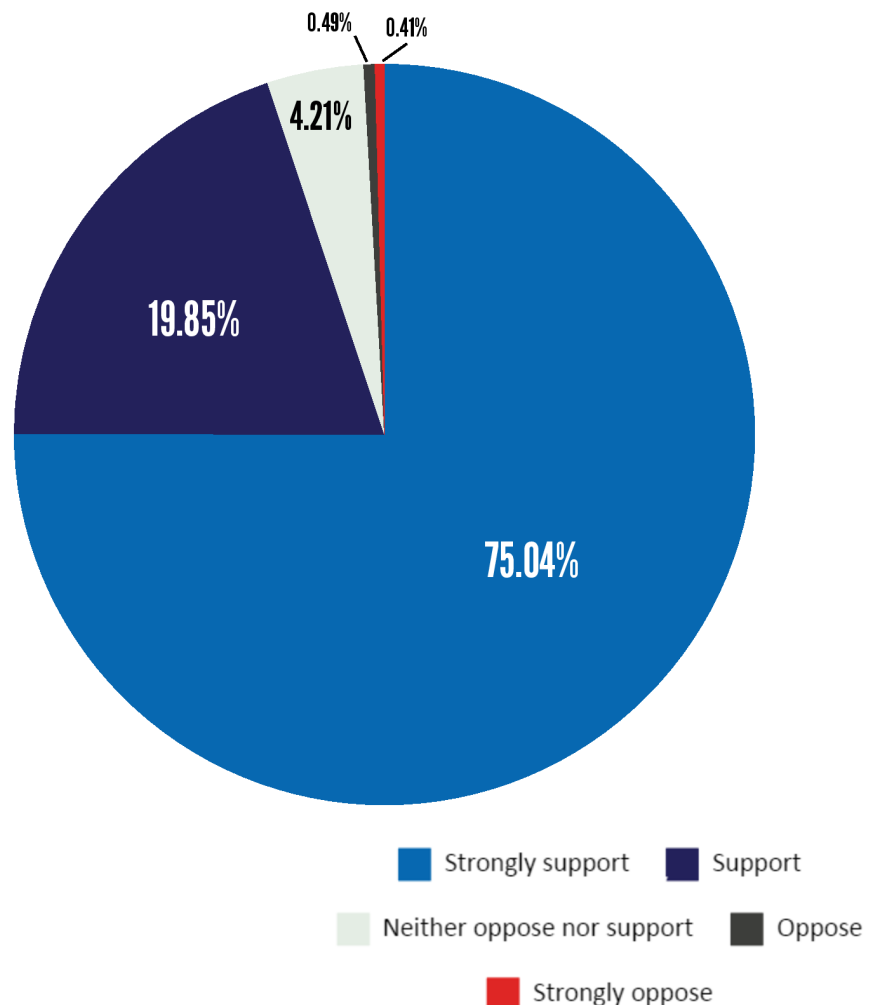
Hospitals and clinics are now among the most dangerous workplaces, wherein approximately 3 of every 4 nonfatal workplace violence injuries involved workers in health care and social work from the most recently available Bureau of Labor Statistics data.⁵

ZERO TOLERANCE FOR WORKPLACE VIOLENCE IN HEALTHCARE

Currently, Ohio law does not offer nurses adequate protection nor reasonable penalties for their attackers. Therefore many nurses feel reporting won't matter.

When asked about reporting workplace violence, only 18.6% of the respondents reported all of their workplace violence incidents, citing "I did not feel reporting would make a difference" as the most common reason for not reporting.

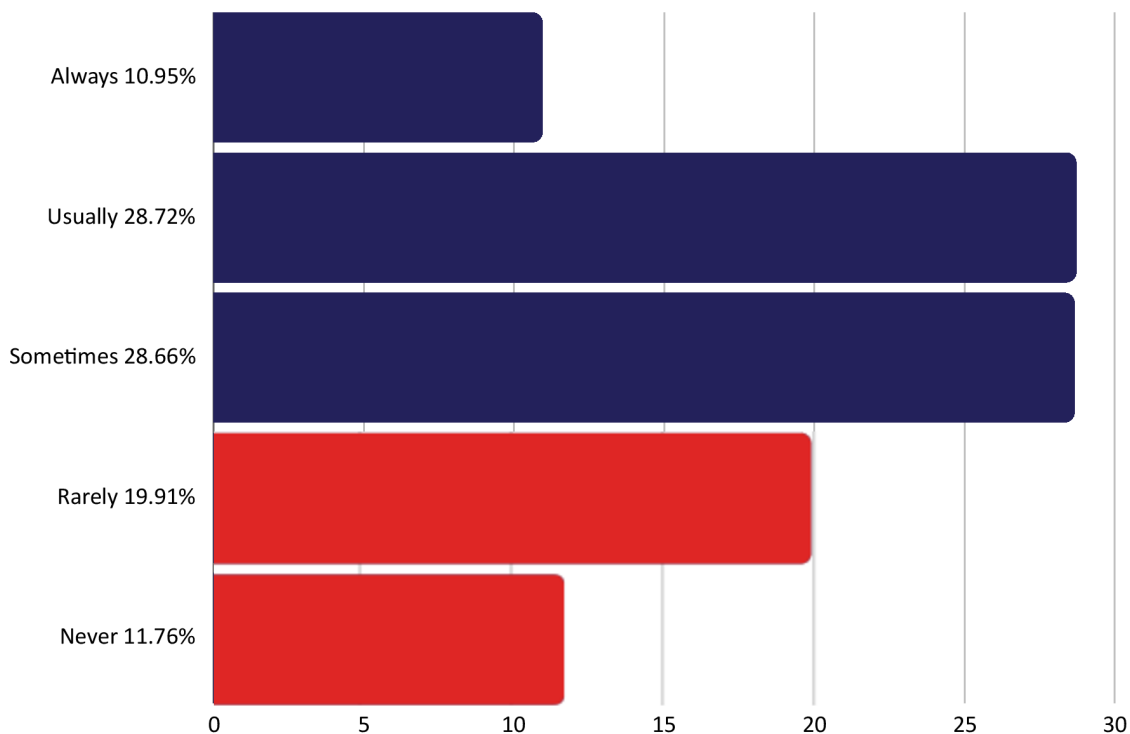
94.89% of nurses strongly support or support increasing criminal penalties, including potential felony charges, for individuals who knowingly cause harm to healthcare workers, including using bodily fluids as a weapon.



HEALTHCARE EXECUTIVES' FAILURES JEOPARDIZE PATIENT AND STAFF SAFETY

Patients, nurses, and health professionals deserve care environments that always have adequate safety measures, however **31.67% of nurse respondents reported adequate safety measures are rarely or never available.**

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, metal detectors, posted zero tolerance policies that are absolutely enforced, safe patient restraint devices, PPE.

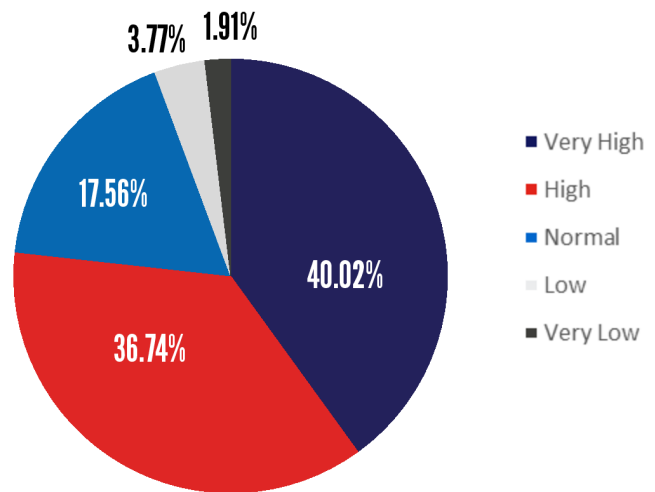


Workplace violence is a serious and growing problem in healthcare. Not only does it impact victims, but it can also adversely impact employee morale, increase staff turnover, reduce productivity, create a fearful organizational culture, and compromise patient care.⁷

NURSE TURNOVER IS PROBLEMATIC AND COSTLY

In the last two years, turnover in my unit has been...

In the survey, 76.76% of nurses reported high or very high turnover, impacting patient care continuity and team dynamics.



The average cost of turnover for an individual staff RN increased by 7.5% in the past year to \$56,300, with a range of \$45,100 to \$67,500. This is up from the average cost of turnover for an RN in 2022, which was \$52,350.²

Each percent change in RN turnover stands to cost or save the average hospital \$262,500 per year. Over the past five years, RNs in step down, emergency services, and telemetry were most mobile with a cumulative turnover rate between 112% and 119%.

Turnover is costing hospitals hundreds of thousands of dollars.²



LEGALLY ENFORCEABLE MINIMUM STAFFING STANDARDS CAN REDUCE TURNOVER



SECTION 4: RECOMMENDATIONS

LEGISLATIVE RECOMMENDATION NO. 1

Recommendation: Enact the Nurse Workforce and Safe Patient Care Act

Legislative intervention is necessary to hold healthcare executives accountable for intentional understaffing that compromises care. Supporting and enacting minimum staffing standards will prioritize the well-being of patients and health professionals, strengthening Ohio's healthcare system. Legislative action will protect the health and safety of our communities.

Legislation Must:

- Create a Loan-to-Grant program for nurses who complete nursing services in the state of Ohio for a specified period of time, either working at the bedside or in nurse education.
- Establish legally enforceable minimum staffing standards in every Ohio hospital that include requiring a charge nurse to be free of a patient assignment.
- Preserve nurse staffing committees in every Ohio hospital and require representation of greater than 50% of frontline staff.
- Allow for temporary deviations from minimum staffing standards only in extraordinary circumstances in the interest of patient care.
- Create a reporting system for anyone, employee or public, to file a complaint against a hospital for inadequate staffing and provide whistleblower protection.
- Codify a ban on the dangerous practice of mandatory overtime for healthcare workers

LEGISLATIVE RECOMMENDATION NO. 2

Recommendation: Accountability for Healthcare Corporations' Unsafe Workplaces due to Violence, including Penalties for Malicious Perpetrators

Healthcare executives have failed at their most basic responsibility: keeping patients and staff safe. Enacting legislation that holds healthcare entities accountable for the unsafe environments created by violence, and imposes adequate penalties for intentional perpetrators of violence, is crucial to ensure the safety and well-being of patients and healthcare workers. By holding employers accountable, Ohio lawmakers can demonstrate a firm commitment to protecting those who dedicate their lives to caring for others.

Legislation Must:

- Include mandatory reporting by healthcare organizations to a statewide system with aggregate data accessible to the public for all acts of workplace violence.
- Define workplace violence as, but 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, or actual physical assault with or without a weapon.
- Compel healthcare employers to develop and implement a prevention program through a labor-management committee.
- Require equal representation of greater than 50% of frontline staff on the committee to provide for shared governance.
- Empower the committee to collect and analyze data, conduct site inspections, root cause analysis, develop site-specific solutions, and regularly reevaluate the program.
- Include enforcement provisions and whistleblower protection.
- Increase criminal penalties, including potential felony charges, for individuals who knowingly cause harm to healthcare workers, including using bodily fluids as a weapon.

EMPLOYER RECOMMENDATION NO. 1

Recommendation: Employer Implemented Staffing Policies

Employers can stop the flood of staffing 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.

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