

Study of nurses finds modest improvements in working conditions, but big problems persist

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Nurses in Michigan reported improved conditions in the 2023 Michigan Nurses' Study compared to 2022, but burnout and understaffing remain

high, and nearly half reported abuse in the workplace in the last year.

Last year, about a third of surveyed nurses planned to leave their jobs (32%) compared to 39% in 2022. New questions in 2023 explored reasons for leaving jobs and future plans, and found that 13% of those leaving planned to exit the [nursing profession](#) entirely, excluding retirements. After adding retirements, the number leaving the profession rose to 36%.

The paper is [published](#) in the journal *JAMA Network Open*.

Christopher Friese, the Elizabeth Tone Hosmer Professor of Nursing and the study's principal investigator, said the 13% group is especially concerning because these are younger nurses in the workforce.

"This group potentially has years left in their nursing careers, yet they are choosing to pursue other opportunities," Friese said. "That should be concerning for health care executives and health policy leaders.

"These nurses are leaving the profession Americans have trusted the most for two decades. This is the group we should be listening to very carefully. And they are leaving because health care leaders are not addressing their valid concerns about their workplaces and chronic understaffing."

In 2023, 18% of nurses surveyed planned to reduce their hours and 7% planned to pursue travel nursing, compared to 28% and 18%, respectively, in 2022.

Other findings include:

- Of the 32% who planned to leave their jobs within a year, 42% planned to leave their current employer but stay in the field, 22%

planned to retire or stop working, 13% planned to change jobs within their company, and 6% planned to return to school.

- Primary reasons for leaving their current position were workload, management and leadership, and pay and benefits.
- Fewer nurses reported exhaustion, an unfavorable work environment, workplace abuse, mandatory overtime and understaffing.
- Those who planned to leave nursing were more likely to report abuse and emotional exhaustion.
- COVID-19 wasn't a frequent reason for leaving.

Friese said an underappreciated but concerning number is that so many nurses plan to reduce clinical hours.

"Health care institutions rely on a mix of full- and part-time clinicians to meet daily staffing needs. If nurses plan to reduce their clinical hours, that means facilities will need to recruit more personnel to meet basic needs," he said.

Friese said there could be several reasons for the lower dissatisfaction rates last year compared to 2022. There were fewer cases and less severity of COVID, improved access to health care, and more attention from health care leaders to retain staff.

"The one key policy change we observed was fewer hospitals using mandatory overtime to maintain staffing levels in 2023," Friese said. "So that was seen as a welcome sign from many registered [nurses](#)."

County and statewide, enough individuals have RN licenses to fill nursing vacancies—if health care systems focused on [nurse](#) retention, Friese said. One problem is that unlike physicians, who can bill insurers directly for services, nursing care is lumped into room and board expenses. This model incentivizes [health care](#) systems to cut nursing

positions to save on expenses.

U-M health economist Olga Yakusheva, professor of nursing and [public health](#), recently published an article in the journal *Health Affairs* that [proposes a new funding model](#), which she believes would incentivize hospitals to fill nursing vacancies.

More information: Christopher R. Friese et al, Changes in Registered Nurse Employment Plans and Workplace Assessments, *JAMA Network Open* (2024). [DOI: 10.1001/jamanetworkopen.2024.21680](https://doi.org/10.1001/jamanetworkopen.2024.21680)

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