



National
Nurses
United

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TO: Interested Parties
FROM: National Nurses United
DATE: January 14, 2025
RE: NO nurse shortage: nurses urge accurate reporting of the staffing crisis

As the largest and fastest-growing union and professional association of registered nurses (RNs), National Nurses United (NNU) urges the media to be mindful of repeating harmful industry narratives that undermine nurses' efforts to improve conditions at our nation's hospitals.

Hospital executives claim there is a nurse shortage to justify introducing models of care, including A.I. technology, which reduce the amount and type of care patients receive from their RNs. The truth is there is no nurse shortage. There is only a shortage of nurses willing to care for patients under the working conditions set by the hospital industry.

Promoting the myth of the nurse shortage ignores both the lived experiences of nurses who take care of patients day in and day out and the industry's systematic failure to invest in safe, quality, human-to-human patient care.

THERE IS NO NURSE SHORTAGE

Recent data shows that the supply of US nurses is robust and growing.

In 2023, there were around 1.1 million registered nurses with active licenses who were not employed as RNs. According to the latest data, announced in April 2024, Bureau of Labor Statistics (BLS) data on RN employment, there were 3,510,300 employed registered nurses working in the U.S. in May 2023. In comparison, there were 4,602,462 actively licensed RNs according to the National Council of State Boards of Nursing (NCSBN) in May 2023.

The number of candidates who passed the nursing licensure exam, for the first time, has steadily grown. In 2014, 130,946 candidates passed the NCLEX-RN exam for the first time. In the years since, there have been steady increases in the number of licenses issued for the first time. Between January and September 2024, the period with the latest available data, 179,981 first-time candidates passed the NCLEX-RN exam.

The registered nurse workforce is growing – just not as quickly inside hospitals or other acute-care settings. The RN workforce is projected to increase by roughly 1.2 million by 2035. However, Bureau of Labor Statistics data shows that the rate of growth in RN employment from

2019 to 2023 in general acute-care hospitals increased about 3 percent, while RNs working outside general acute-care hospitals increased by 16 percent.

THE RETENTION GAP - THE CRISIS THE HOSPITAL INDUSTRY CREATED

For decades, the hospital industry has spread claims of a nurse shortage, through talking points designed to intentionally obscure the links between unsafe and unsustainable working conditions and the failure to retain nurses. Failing to make these connections harms nurses and patients.

Anecdotal and quantitative evidence shows there is only a shortage of nurses willing to work in environments that risk their licenses and the safety of their patients. In fact, [an April 2024 survey from the University of Pennsylvania](#) School of Nursing's Center for Health Outcomes and Policy Research (CHOPR) found that poor working conditions were the primary reason for nurses leaving the profession.

Although rampant employer mistreatment of nurses and health care professionals was on full display during the Covid-19 pandemic, nurses have long experienced [dangerous working conditions](#), fueled by a chronic lack of employer support for their profession and their well-being. Workplace conditions that are driving nurses away from the profession include:

- Intentional low RN staffing levels imposed by hospital managers;
- Inadequate occupational health and safety protections;
- Increasing levels of violence in the workplace; and
- Insufficient stock of critical medical supplies and personal protective equipment (PPE).

The same April 2024 [UPenn CHOPR survey](#) found that only 59 percent of retired nurses said their retirements were planned, “suggesting nearly half of nurse retirements are premature exits due to poor working conditions.”

To make matters worse, at many hospitals across the country, newly licensed nurses are caught in [employer-mandated debt contracts](#). These are promoted as enhanced education and training programs, new graduate contracts, or so-called residency programs. In reality, they are an opportunity for hospital employers to exploit newly licensed nurses to keep their labor costs low. These coercive agreements are tied to poor working conditions and unsafe patient care conditions. This is just one more example of the greedy tactics and onerous conditions that exacerbate, rather than diminish, high turnover rates.

NURSE-TO-PATIENT STAFFING RATIOS - THE SOLUTION WE NEED TO PRIORITIZE

The hospital industry is keen to focus on the “shortage” of nurses as a consequence of a faulty “pipeline” that is failing to produce enough nurses. NNU believes nursing education and training can and should be improved, particularly to increase equity and access to affordable programs. But the focus on the “pipeline” excuses hospital executives for their failure to retain their nursing staff by ensuring safe working conditions.

Safe nurse-to-patient staffing ratios lead to increased employment and better retention of nurses working in hospitals. As long as working conditions continue to decline at hospitals, investments in the nursing workforce alone are insufficient to stem the staffing crisis. A critical first step is passing federal minimum standards for nurse-to-patient staffing ratios. Right now, California is the only state to have such minimum standards hospital-wide.

Nurse employment grew significantly faster in California compared to other states after its nurse-to-patient staffing ratios were implemented in 2004.

- In the period from 2004-2005 to 2009-2010, new nurse graduates per academic year [grew 72 percent](#) and active licenses grew [17 percent](#). According to the American Hospital Association's annual survey from 2005 to 2009, the number of RNs working in community hospitals grew 18 percent.
- In 2015, more than a decade after implementation, [California had lower nurse vacancy and turnover rates than Florida, Texas, or New York](#). California had a median facility turnover rate of 3.2 percent, compared to 8.7 percent in New York, 16.2 percent in Florida, and 21.9 percent in Texas. California had a position vacancy rate of 6.9 percent, compared to 5.9 percent in New York, 8.5 percent in Florida, and 9.8 percent in Texas.

Safe patient assignments means California nurses are able to effectively monitor patients leading to higher quality patient care.

- It's no surprise that academic research has found that [California's ratios law has improved the quality of health care for patients](#), including most notably a decrease in patient mortality.
- A [2021 study](#) by Dr. Linda Aiken showed that if New York state had the same staffing mandate as California, at least 4,370 lives would have been saved that year alone.

THE BOTTOM LINE:

Durable solutions require a tough examination of the unsafe conditions the hospital industry has set for nurses and how these unsustainable working conditions drive nurses away from the bedside.

Focusing solely on nursing supply is insufficient and counterproductive without also implementing solutions to keep the nursing profession attractive, especially once nurses have passed their licensing exams and are working in hospitals and acute-care settings. Additionally, nurses do not need empty promises of technological efficiency; instead, they need safe staffing, more resources like personal protective equipment, and union representation to make nursing a sustainable profession.

The reality is that hospitals have the power, right now, to end the staffing crisis by providing the staffing levels and care conditions that protect both patients and nurses.