

2023 NCSBN Symposium: Solutions Addressing Nursing Workforce Crisis | Report



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Executive Summary

In April 2023, the National Council of State Boards of Nursing (NCSBN) published “[The 2022 National Nursing Workforce Survey](#)” to provide an update on demographic, employment, education, licensure and salary trends in the nursing workforce, and to highlight the impact of the COVID-19 pandemic on nurses’ experiences of burnout and stress (Smiley et al., 2023).

The results of the survey were dramatic, projecting that by 2027, nearly 1 million nurses may leave the profession (*Nursing at the Crossroads*, 2023). The surveyed nurses indicated their reasons for leaving included burnout, understaffing, concern for patient safety, a lack of preparedness for entering the workforce and violence in the workplace. The repercussions of this loss would be profound. Because of this, it is necessary to examine the factors contributing to this potential shift in the nursing workforce.

If the issues nurses are experiencing are not addressed, the U.S. could experience a national health care crisis in the coming years.

To begin discourse on solutions, NCSBN hosted the *2023 NCSBN Symposium: Solutions Addressing Nursing Workforce Crisis*, a panel discussion focused on bringing together nursing leaders to discuss the future of the nursing workforce. To focus the symposium, three actionable areas were identified:

1. **Staffing and entry to practice** – preparing new nurses for the workforce and promoting retention of the skilled nurses already in the workforce.
2. **Violence in the workplace** – enhancing security funding, protocols and training to better protect nurses inside and outside the hospital.
3. **Mental health and well-being** – increasing support for nurses at work and at home through wellness resources and encouraging time for breaks.

Based on these categories, three panels were convened with subject matter experts in their respective fields. These panels looked to not only comment on the current state of the nursing workforce, but to begin discussion on possible solutions to the issues that emerged from nurses’ responses to the 2022 National Nursing Workforce Survey.

- To discuss **staffing and entry to practice**, NCSBN invited the following individuals:
 - Eileen K. Fry-Bowers, PhD, JD, APRN, FAAN, Dean and Professor, University of San Francisco School of Nursing and Health Professionals
 - Karen C. Lyon, PhD, ANCC, MBA, APRN-CNS, NEA, Chief Executive Officer, Louisiana State Board of Nursing
 - Beverly Malone, PhD, RN, FAAN, President and CEO, National League for Nursing
 - Lavonia Thomas, DNP, RN, NEA-BC, Nursing Informatics Officer, MD Anderson

- To discuss **violence in the workplace**, NCSBN invited the following individuals:
 - Kristin Benton, DNP, RN, Executive Director, Texas Board of Nursing
 - Bogdan Catalin, Workplace Violence Coordinator, OSHA
 - Rep. Joe Courtney, Connecticut 2nd District
 - Gary Lescallett, Assistant Regional Administrator for Enforcement, OSHA
 - Kathleen Poindexter, PhD, RN, CNE, ANEF, Interim Associate Dean of Academic Affairs Nursing, Michigan State University, College of Nursing
 - Timothy Tull, Vice President, System Chief Safety, Security, and Emergency Preparedness, Rochester Regional Health
- To discuss the **mental health and well-being** of nurses, NCSBN invited the following individuals:
 - Kim Esquibel, PhD, MSN, RN, Executive Director, Maine State Board of Nursing
 - Debbie Dawson Hatmaker, PhD, RN, FAAN, Chief Nursing Officer, American Nurses Association (ANA)
 - Evelyn Poczatek, MBA, Director, Strategic Initiatives, RUSH, Rush Wellness
 - Victoria J. Priola, PsyD, Psychologist/Practitioner, Powers Wellness & Consulting Group

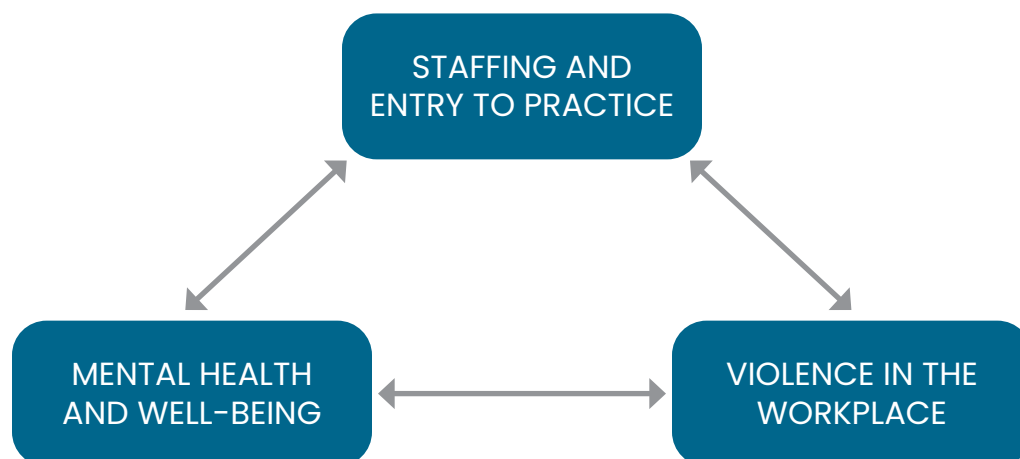
To address these issues, we as a community of nursing administrators, policymakers, regulators and academic leaders, need to enhance our models of care to ensure the nursing profession is safer, more resilient, and healthier for generations to come. These problems cannot be solved in isolation. We need to collaborate with the community, educational partners and health care organizations to foster a more sustainable nursing workforce.

Current State of the U.S. Nursing Workforce

NCSBN published “[The 2022 National Nursing Workforce Survey](#)” in April 2023 to assess the current and future states of the nursing workforce. While the pandemic increased pressure on everyone, it resulted in an exponential increase in workload and stress for nurses. The survey found that 62% of nurses reported an increase in their workload during the COVID-19 pandemic (Smiley et al., 2023). Along with the increase in workload, a quarter to half of nurses reported feeling emotionally drained (50.8%), used up (56.4%), fatigued (49.7%), burned out (45.1%), or at the end of the rope (29.4%) “a few times a week” or “every day” (Martin et al., 2023b).

Accounting for cyclical retirement and career change, NCSBN can estimate with a high degree of accuracy the number of nurses anticipated to leave the profession in any given year. In turn, the influx of incoming nurses balances and often exceeds this outflow; however, in the wake of the pandemic, an extra 100,000 nurses left the workforce due to the increased pressures from COVID-19 alone. While health care is already feeling the burden of this loss, projections indicate that by 2027, nearly 1 million additional nurses, including 800,000 RNs, may also leave the profession (Smiley et al., 2023). Furthermore, 24% of this RN total would have fewer than 10 years of nursing experience (*Nursing at the Crossroads*, 2023). These results are unprecedented and could result in the U.S. experiencing a national health care staffing crisis.

The multitude of factors contributing to this potential exodus of nurses can be consolidated into three primary areas: staffing and entry to practice, violence in the workplace and mental health and well-being.



These areas are not isolated; they are inextricably linked as part of a dynamic relationship. A negative effect on one negatively impacts all others. Because of this, each area needs to be addressed and improved to avert a potential health care crisis.

Moving Towards a Safer and Healthier Nursing Profession

Mental health and well-being

As 45% of nurses surveyed reported that they feel “burned out” at least once per week, it is critical to examine just what burnout is and how to mitigate it. Burnout is the result of the unmanaged accumulation of stressors, that can have dire consequences (Smith, 2023). Stressors are experienced over time and are a consequence of the environment. To properly assess an environment, health care facilities need to be mindful of diversity and remember there are hardships unique to diverse individuals. With the recent passage of the Dr. Lorna Breen Health Care Provider Protection Act, which provides grants to hospitals, medical professional associations, and other health care entities to fund different mental and behavioral health training programs, it is crucial to focus on using these resources as soon as possible. Employers and policymakers cannot solve this issue by being reactive and instead need to focus time and energy on being proactive and allotting resources accordingly. Prevention is key to fighting this pervasive feeling and prevention begins with recognizing issues.

- **Create local and state-level programs.** Widespread mandatory training, accessible programs, and protocols for when a nurse may be at risk for self-harm are essential for a healthy workforce. Then, when concerning behaviors arise, there is a plan on how to respond and move forward. These programs should be open for self-referral along with recommendations from colleagues, peers and supervisors. There is an opportunity for both local and state-level programs. Through multidisciplinary collaboration, the Maine Medical Association has been able to provide the Medical Professionals Health Program, which provides “monitoring, advocacy, resources, referrals for treatment, education and outreach services” to medical professionals (*About MPHP*, n.d.). This is an important springboard for making resources accessible, but it is also necessary to remember that attention to nurses’ well-being must also go beyond work hours. Burnout does not go away when nurses remove their scrubs, and for this reason, it is necessary to provide support for nurses 24/7. For this reason, Rush Wellness implemented its Wellness Triage Pager, where an on-call social



We need to start thinking about our future. We can't just be reactive. We need to respond to what's going on and take constructive steps forward, [and] ownership of what's next. ”

— Evelyn Poczatek, MBA

worker can respond to a nurse no matter the time (*Solutions Addressing Nursing Workforce Crisis: Wellness Panel, 2023*). Whether it be through a messaging system or a call center, it is necessary to be able to support nurses whenever and wherever they become overwhelmed.

- **Stop expecting nurses to be superheroes.** While the idea that nurses are superheroes may come from a place of good intentions, it places a heavy burden on nurses. This creates a precedent that nurses must constantly perform at a superhuman level. Superheroes do not get overwhelmed, they do not need help and they do not need a break. This is an unsustainable expectation and is harmful to the workforce. With almost half the workforce burned out and overwhelmed, we need to prioritize nurses as

individuals and encourage them to take breaks and take care of themselves. It is important to normalize the difficulty of the profession and that it is okay to need help.

- **Change the culture.** When talking about mental health, specifically in the nursing profession, a culture of silence surrounds the issue. There is a stigma around admitting that one is not doing okay mentally, emotionally or physically. For this reason, it is necessary to bring stories of this nature into the daily nursing vernacular. That means that leaders need to proactively share vulnerability and acknowledge the difficulties of the job. Nurse leaders and health care facilities must emphasize that the treatment programs they provide are in no way disciplinary and that recommending participation is for helping and supporting not reprimanding. Facilities can implement wellness resources but unless facilities address the stigma, the programs will only be fractionally as beneficial as they could be. Nurses need leaders promoting the use of the resources, recognizing it is okay to need help, and reinforcing that issues are confidential and do not diminish a nurse's ability or career.

Staffing and entry to practice

Critical contributors to nurse burnout are the issues of safe staffing and entry to practice for new nurses. Staffing units need to use a dynamic, needs-based approach, that assesses what works best for a given unit, instead of using a one-size-fits-all model that is currently stretching acute care nurses too thin. With these unsafe staffing levels decreasing patient safety and increasing nurse turnover (Aiken et al., 2023), there can be a downstream effect on mentoring and teaching. New nurses, particularly those educated and trained during the height of the pandemic using non-evidence-based methods, are feeling unprepared and thus quickly overwhelmed while entering the workforce (Martin et al., 2023a). In turn, this contributes to increased attrition among inexperienced nurses (Martin et al., 2023b), offering little respite to the experienced nurses who remain and themselves report increased workloads and elevated burnout – thereby establishing a self-perpetuating cycle. Implementing transition-to-practice programs filled with burned-out and overwhelmed nurse mentors will not change the current state. Unless nurses are continually supported throughout their careers, they cannot offer necessary counsel to new nurses. Health care systems need to foster a sustainable environment in which new nurses can establish themselves and grow in their careers, while more experienced nurses are adequately supported to fill in critical mentoring gaps inevitably created by recent generational shifts in the workforce (Smiley et al., 2023).

- **Prepare practice-ready nurses.** The nursing profession is constantly evolving, so education programs need to make sure their course curriculum is evolving as well; to do this successfully, course materials need to reflect the issues in health care that nurses practicing in clinical settings experience day-to-day. However, for nursing education, the course curriculum is only one part of the experience. Just as important is clinical placement. This means thinking outside of the box looking for clinical placements and forming connections outside of hospitals. At the University of San Francisco, they are looking beyond hospitals and addressing community needs by placing nurses with agricultural workers in the Central Valley (*Solutions Addressing Nursing Workforce Crisis: Introduction & Staffing Panel, 2023*). By thinking creatively with clinical placements, institutions not only connect nurses with the community but also expose nurses to education in diverse health environments.
- **Maintain the safety net.** Throughout nursing school, students can always draw on support from professors, faculty, clinical preceptors, peers, etc. This safety net is necessary for the new nurses to learn and grow their confidence, but the loss of this when entering practice can be extremely jarring. Health care systems need to revisit the environment into which new nurses are being introduced and determine whether they are offering necessary support and continued learning opportunities. Focusing time and effort on transition-to-practice programs can help offer the support nurses new to the workforce need.
- **Maintain safe staffing levels.** One way to offer continuous support is to address the unsafe staffing that so many clinical nurses report. Nurses are consistently identifying the same issues (Aiken et al., 2018), and we need to listen to them. These same nurses need to be included in the conversation for staffing. People far removed from the clinical atmosphere are not able to understand the needs experienced in health care systems. Set ratios are just the beginning; support means providing nurse leaders with the flexibility to staff as needed. Allowing nurses to have a voice in staffing allows for staffing to ebb and flow as needs develop. This dynamic staffing model ensures that nurses who need support get support.
- **Staff virtual nurses.** There are opportunities to staff virtual nurses in addition to physical nurses. This allows experienced nurses to have the flexibility to work from home, while also enabling them to be an asset for new nurses to call on. Not only would this bolster the safety net new nurses already need, but it can promote an environment where questions are welcomed. Having roles developed specifically for mentorship removes the fear that you are taking a nurse away from their patients, and instead provides education and support whenever needed. MD Anderson has been utilizing virtual nurses and has received feedback that nurses now have more time to spend with their patients and thoroughly assess and care for them (*Solutions Addressing Nursing Workforce Crisis: Introduction & Staffing Panel, 2023*). Adding these virtual roles would in turn free up time and lessen the pressures for the already overworked nurses who are feeling too burned out to work with students properly.



It's not just our problem. It's not just a nursing problem. When you talk about that it's going to affect health care, it becomes a nationwide, global issue that will require all of us working together on this. ”

— Beverly Malone, PhD, RN, FAAN

Violence in the workplace

It is no surprise that workplace violence detrimentally affects the work and well-being of nurses. With registered nurses experiencing a three times greater number of violent offenses compared to all other occupations, it is extremely important to identify ways to address and mitigate this issue to make health care settings a safer place to work (Dressner, Kissinger, 2018). What is known is that workplace violence creates an unsafe environment that is dangerous to both nurses and patients. Unsafe environments lead to an increase in errors, and mental and physical injuries. There is an ethical and moral responsibility for addressing this and ensuring the only acceptable tolerance level is zero tolerance.

- **Teach, prepare for, and understand workplace violence.** The first step to protecting nurses is making sure that they are prepared for the environment they are entering. This means educating nurses on a variety of topics that can help protect them in the workplace. Learning about microaggressions and how to avoid them, how to be aware of your environment, to notice unsafe changes, and, in the event of an incident, knowing how to de-escalate if possible. The sooner nurses learn these techniques and skills, the better. This means starting the conversation about workplace violence in academia. Even before they enter the workforce, student nurses are in clinical placements where violence could occur. It is important to train these future nurses so they are aware of their surroundings and cognizant of important information like exits, how close a patient or family member is getting to them, cues that a situation may become violent, or anything in the room that can be a potential weapon against them. But preparing nurses does not stop there. This type of knowledge needs to be ongoing. Introduce these concepts in academia and workplace orientation, but this process cannot stop there. Education needs to be continual so that when situations do arise, nurses do not waste time trying to remember outdated training but are instead prepared to respond in the moment.
- **Protect nurses working outside the hospital.** Most of the health care violence people hear about is within the hospital setting, while those who travel to home health and hospice sites are often overlooked. This travel places these nurses outside the scope of hospital security. For this reason, it is important to not only provide training and education to empower nurses, but also improve the security protocol outside the hospital. Whether that is sending more nurses to a site, so they are not alone, or having security personnel that can accompany nurses on these visits.
- **Encourage reporting.** We know that only a fraction of workplace violence incidents are reported, with even less reporting from students. For every incident reported, there are many more that are not. According to recent data, only 20% to 60% of nurses report violent incidents (ANA, 2019). To protect nurses, we need to promote an environment that encourages incident reporting. A major part of this is making sure nurses know that the health care system cares and that their safety is a priority. What is unknown cannot be fixed, and for this reason, nurses need to be encouraged to report incidents of violence and promote an environment that listens to them. That means bringing up the importance of reporting in training and reoccurring meetings and acting on the reports. If nurses see action taken to address violent scenarios and their concerns heard, there will be more confidence to bring up future issues.
- **Fund safety measures.** All health care settings need to prioritize allocating funds for safety measures. This means staffing more security personnel who can respond to incidents, installing panic buttons for nurses to alert security of issues, and assessing areas where incidents are occurring. This requires tracking and analyzing incidents to find patterns and trends to allocate resources properly. If, for example, violent incidents have happened in specific areas, cameras or security lighting may need to be increased. Health care facilities must prioritize time to form internal

response and risk mitigation plans. Nurses and other health care personnel need to observe an effort being made by the institution to increase safety and see improvements in real time.

- **Work together to create policies and legislation.** Creating policies to protect nurses and condemn violence in health care goes beyond individual health care facilities. Statewide legislation is necessary to ensure safety improvements are widespread. Recently, Texas and North Carolina passed bills that require health care facilities to adopt workplace violence prevention plans and training to ensure safety (NCSBN, 2024). North Carolina also mandates that one or more law enforcement officers need to be present in a facility's emergency department at all times (NCSBN, 2024). Using a different approach, New Jersey passed a bill that allows whether a violent act was committed while the victim was performing their health care duties to be taken into sentencing consideration and makes threatening a health care worker a criminal offense (NCSBN, 2024). These are just a few examples of changes that could improve the conditions of the nursing workforce. There is also room for new legislation to initiate grants to fund improvements in safety measures. When proposing and drafting new policies and legislation, it is important to include both security personnel and nurse leaders in the conversation. In this manner, new policies and legislation are more likely to target significant issues that the workforce is facing and ensure that the voices of nurses are heard.

“**Workplace violence is not an individual problem. It's a holistic, systemic problem. And it is our ethical and moral imperative to make a health care facility a safe place.**”

— Kristin Benton, DNP, RN

Moving Forward

Health care is at a crossroads (NCSBN, 2024). Nurses are voicing their concerns and fatigue; it is time for action. With pervasive understaffing in acute care, nurses are overworked and overwhelmed; this hinders mentorship, increases the chance for mistakes and neglect in care, reduces the time for breaks, and mentally damages the nurses. Burned-out nurses are less likely to be aware of signals that a situation is going to become dangerous. Constantly feeling unsafe and fatigued wears down nurses' mental health and has resulted in the large number of nurses leaving the workforce. Keeping these nurses healthy requires improving staffing levels, zero tolerance for workplace violence, and support programs for at-risk nurses. Safety protocols and training, along with mental health resources need to be accessible and encouraged. Supporting nurses to receive help and take breaks needs to become the new normal.

Nurses need to feel a safety net throughout their careers to develop their skills, maintain their well-being, and help the new workforce grow and learn. This is not just a health care problem; it is everyone's problem. Hospitals cannot fix these issues on their own. Organizations must work together to create policies and legislation that protect and support nurses. Together, we can make sure we are creating a nursing workforce that is healthy and prepared for the world's future health needs.

“**What this all comes down to is awareness. And we want every institution in this country to be aware of these problems, to assess what is going on in their own environment and take the necessary steps to help retain our nursing workforce and make it better for the future.**”

— Maryann Alexander, PhD, RN, FAAN

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