



The Keeping Nurses at the Bedside Act Solving Minnesota's Nursing Workforce Challenges

The Keeping Nurses at the Bedside Act is a comprehensive approach to retaining a skilled nursing workforce in Minnesota hospitals, to protect patient care for the future.

The bill provides a flexible, local solution for management and nurses to work together to improve staffing levels in our hospitals.

If staffing levels are improved, nurses will remain at the bedside and return to hospital roles.

Minnesota's Nursing Workforce

over
122,000 nurses
in Minnesota

The highest in state history

over
4,000 new
nurse graduates
last year alone

WHY WE LEFT: Fast Facts

2,400 MNA nurses left bedside jobs in 2022

RNs are leaving to work in clinics, research, home care and other positions

Inadequate staffing was the **#1** reason nurses left

Over **80%** of nurses indicated a willingness to return if conditions improve

The **#1** issue nurses say needs to improve for them to return is better staffing

Safe Staffing Laws: BRINGING NURSES BACK

When California passed its safe staffing law, **nurses who had left returned to the bedside**

In that state, even **nurse managers** agreed the new law improved nurse retention

California's safe staffing laws **attracted nurses from other states** to move and work there

Since California's law was passed in 1999, **RN employment there grew at twice the rate** it did in Minnesota



BRINGING TRAVEL NURSES BACK

A 2022 report from Becker's Hospital Review identified **safe staffing levels** as one of the three key improvements needed to **bring travel nurses back** to hospital jobs, along with flexible scheduling and better compensation.





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WHY WE LEFT: What Nurses are Saying

Below is a sampling of responses submitted by nurses who left bedside positions in Minnesota last year.

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

WHAT THEY’RE DOING NOW: Telephone Triage Nursing

WHY THEY LEFT: “There’s not enough time and resources to care for patients the way they deserve to be cared for... 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.”

WHAT THEY’RE DOING NOW: Clinical Research Nursing

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

WHAT THEY’RE DOING NOW: Not currently working

WHY THEY LEFT: “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... 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.”

WHAT THEY’RE DOING NOW: Clinical Nursing

WHY THEY LEFT: “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.”

WHAT THEY’RE DOING NOW: Clinical Nursing

WHY THEY LEFT: “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.”

WHAT THEY’RE DOING NOW: Research Nursing

WHY THEY LEFT: “I left bedside nursing because I was sick and tired of being understaffed all the time and management/CEOs did not care... 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.”

WHAT THEY’RE DOING NOW: Clinical Nursing

