

The Cost of Cutting Care

How MedStar Is Failing Franklin Square Nurses and Patients.

OCTOBER 2026



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Executive Summary

Every shift of every day, MedStar Franklin Square Medical Center register nurses strive to provide compassionate, high-quality care to all patients, but instead witness the substandard care and conditions driven by the cost-cutting priorities of the MedStar Health system. Because of their dedication to patients and best efforts to provide high-quality care, RNs are sounding the alarm on conditions at the hospital. In an attempt to force the executive leadership of MedStar Health and hospital management to put patient care and safety first, RNs are organizing a union with National Nurses Organizing Committee/National Nurses United to demand that the hospital live up to its stated values, including that **“We strive to deliver the best to every patient, every day. The patient is the first priority in everything we do.”**



This report outlines the daily workplace conditions and practices RNs at Franklin Square face that put patients' and nurses' safety at risk. Key findings include: Every day, across hospital units, management appears to prioritize cost-cutting over patient safety and care primarily through dangerous understaffing levels.

- » Previous research has shown that short staffing contributes to worse patient outcomes and longer wait times. Franklin Square patients have some of the longest wait times in the country.
- » Franklin Square's record on patient outcomes is troubling with only 29 percent of patients receiving appropriate care for sepsis and septic shock – significantly below Maryland and national averages.
- » Patients at Franklin Square are experiencing serious complications during their hospital stays or after surgical procedures at a rate that is 41 percent greater than the national average, and 48 percent greater than that of other MedStar hospitals.
- » Franklin Square's rate of bed sores per discharge is more than three times the national average and is one of the highest rates among Maryland hospitals.
- » RNs are forced to work excessively long hours with overwhelming workloads and little ability to take breaks due to MedStar Health executives' decisions to insufficiently staff units.

RNs are faced with dangerous working conditions that management does little to address. Nurses suffer higher levels of work-related injuries and illnesses at Franklin Square than nationally. Workplace violence is putting nurses' and patients' safety at risk.

Inadequate resources at the bedside make providing high-quality care to every patient difficult on the best of days. RNs report missing equipment and supplies, exacerbating delays in care.

Management's cost-cutting on staffing, safety, and supplies makes nurses' jobs increasingly hazardous, leading many to quit employment at Franklin Square. When experienced nurses leave, patient care suffers. RNs from all units at MedStar Franklin Square Medical Center are demanding that hospital management and the leadership of MedStar Health:

- » Staff every unit safely at all times, based on the best standards and research;
- » Dramatically step up their commitment to a safe workplace through a robust workplace violence prevention program; and
- » Provide the resources necessary to provide high-quality care to every patient.

Nurses have urged management to prioritize patient care for years, but their concerns have been ignored and minimized. Registered nurses are organizing a union to ensure that their patients get the quality care they deserve.

INTRODUCTION

MedStar Franklin Square Medical Center's Failure to Provide Safe Staffing

This report examines serious concerns consistently raised by registered nurses at Franklin Square over the past several years. In particular, the hospital is failing to provide safe levels of nurse-to-patient staffing to properly care for patients. These low staffing levels are posing a serious threat to patient safety as well as putting nurses at risk of workplace injuries and violence.

No registered nurse should be faced with providing care to patients in an understaffed work environment. Safe staffing is essential to ensure that registered nurses have the time and resources necessary to assess patients, recognize changes in condition, provide timely interventions, and deliver the quality care every patient deserves. Research has consistently demonstrated that inadequate staffing levels force nurses to prioritize competing patient needs, increasing the risk of missed or delayed care, preventable errors, and adverse patient outcomes.¹ Understaffing also places an unreasonable burden on individual nurses, requiring them to work beyond what can be safely and effectively accomplished during a shift.² RNs should never be in situations where they are unable to give their patients adequate care simply because there are not enough staff available – this puts nurses and patients at risk.

Yet this is exactly what is happening at MedStar Franklin Square Medical Center. Registered nurses working in the facility have reported that unsafe staffing is common in the hospital.

“Every nurse that you talk to, regardless of unit, says staffing is their No. 1 issue,”

according to a Franklin Square nurse, who spoke on the condition of anonymity due to fear of retribution by MedStar executives. “And it’s no different in the emergency room. We are basically being intentionally short-staffed on night shift on the weekends. And there doesn’t really seem to be any care or concern from management about that.”³

Nurses have a moral, ethical, and legal duty to advocate for their patients and profession. The duty to speak up for patient care is at the heart of their effort to win a stronger voice on the job through their union so that their concerns are no longer ignored by management. At the heart of this effort is a desire to improve the conditions at Franklin Square Medical Center.

Impacts of Understaffing on Patient Care: What nurses are seeing

Across MedStar Franklin Square Medical Center, registered nurses report that unsafe staffing is common, directly impacting their ability to provide care to patients. Franklin Square nurses have specifically called out the following units for poor staffing levels: medical-surgical, telemetry, intensive care unit (ICU), and the emergency department.

In medical-surgical and telemetry units, nurses have disclosed that patients often receive less than 10 minutes of direct care per patient per hour, and nurses are often forced to deprioritize less-acute patients for those in the worst condition because of insufficient staffing. Nurses report being overwhelmed by low staffing levels which also places high-acuity patients at high risk of avoidable complications.

ICU registered nurses report that insufficient staffing often results in patients not getting turned enough, which can lead to painful pressure sores. Moreover, ICU nurses are not able to check monitors in the manner in which they should; central line dressings are not being changed with enough frequency to prevent infections; and patients are often left dangerously unattended, leading to falls and other injuries.

In the emergency department, when faced with unsafe staffing levels, nurses report that critical health issues are frequently missed, leading to avoidable complications and even death. ER RNs report that basic patient care equipment and supplies are recurrently missing, broken, or in short supply across the hospital.

Furthermore, poor staffing is one cause of Franklin Square’s extremely long wait times; indeed, it is one of the worst in the country. Most egregiously, ER nurses report patients sometimes waiting for care in what is called the “triage hallway.” The hallway serves as an extension of the waiting room, where patients who are bedbound, such as nursing home residents, lay on stretchers waiting to be treated. Nurses note that in periods of understaffing, these patients, who sometimes cannot walk, eat, or use the bathrooms on their own, frequently receive insufficient attention or care for prolonged periods. Unfortunately, MedStar Franklin Square Medical Center’s failure to provide safe staffing levels has resulted in a high level of likely preventable complications and suffering of patients. Data from the U.S. Centers for Medicare and Medicaid Services (CMS) indicates that Franklin Square is wildly out of step with hospitals on the national and state level, as well as other hospitals owned by the MedStar system.

MedStar Franklin Square Medical Center: Patient Outcomes and Wait Times⁴
Sepsis Care

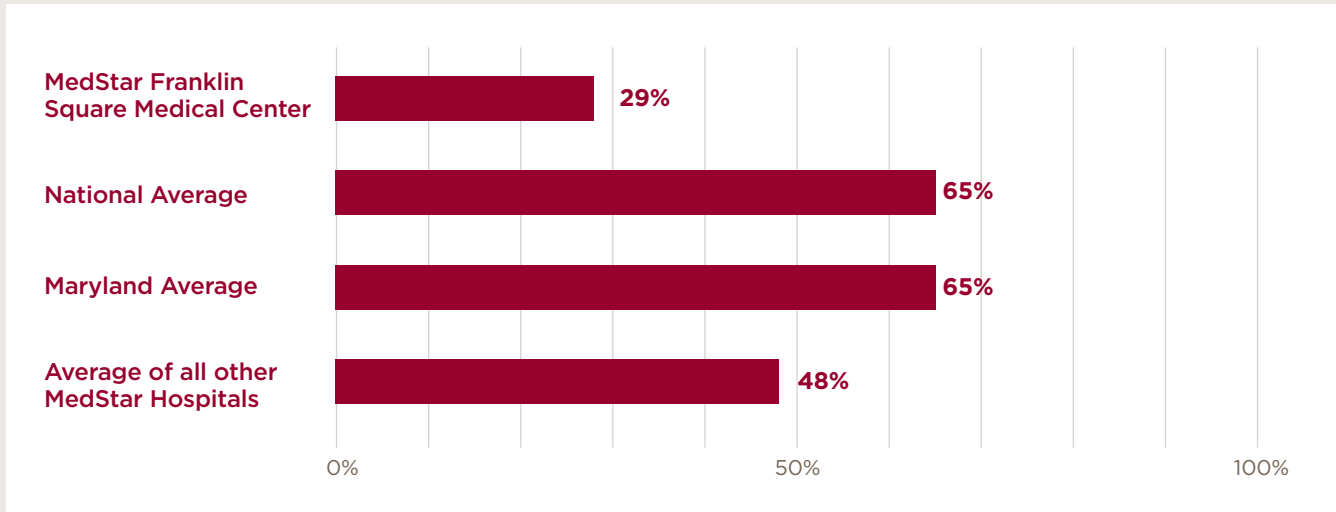
Sepsis is a complication that occurs when a patient has an extreme response to an infection. It causes damage to organs in the body and can be life threatening if not treated. If sepsis becomes severe enough or develops into septic shock, the chances of dying increase significantly.

According to data collected by CMS, only 29 percent of patients at MedStar Franklin Square Medical Center are receiving appropriate care for sepsis and septic shock, meaning the vast majority of patients with those conditions are being put at risk while not receiving needed care. Franklin Square’s poor performance on sepsis care is grossly substandard compared with the national and state averages. Other hospitals in Maryland and around the country are providing appropriate sepsis care to 65 percent of patients on average, more than double the level of Franklin Square.

While the other hospitals in the MedStar Health system also rank below national and state benchmarks, Franklin Square’s rate is significantly worse than its sister MedStar facilities. On average, the other MedStar hospitals provide appropriate care for sepsis patients at a rate of 48 percent, exceeding Franklin Square’s rate by nearly two-thirds.

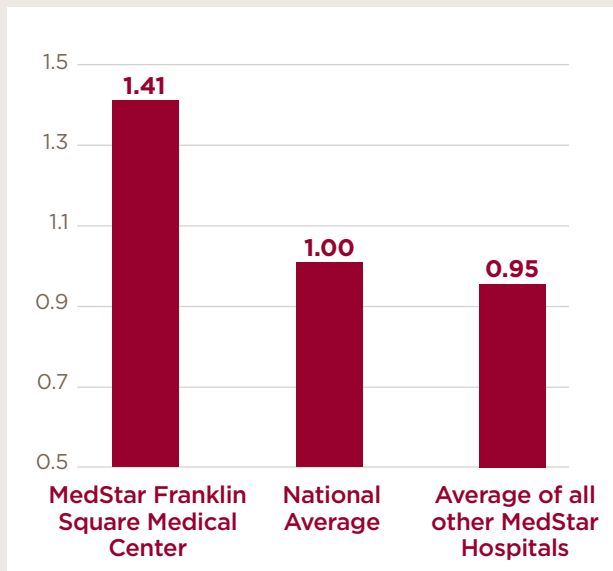
Appropriate care for sepsis patients has been closely linked to nurse staffing levels. Research has shown that hospitals with lower registered nurse-to-patient ratios, or more staff per patient, tend to have better sepsis outcomes, while those with poorer staffing levels were associated with worse outcomes.⁵ Franklin Square’s abysmal score on this measure indicates that it is not providing necessary nurse staffing levels to effectively care for its patients.

Percentage of patients who received appropriate care for severe sepsis and/or septic shock



CMS Hospital Quality & Patient-Outcome Metrics (Care Compare). <https://data.cms.gov/provider-data/> accessed 9/22/2026

Serious complications during hospital stay



CMS Hospital Quality & Patient-Outcome Metrics (Care Compare).
<https://data.cms.gov/provider-data/> accessed 9/22/2026

Serious Complications

Serious complications are measured through the CMS metric called the Patient Safety and Adverse Events Composite, which shows how often Medicare patients experience serious complications during a hospital stay or after having certain inpatient surgical procedures. The metric includes falls in the hospital, bloodstream infection after surgery, collapsed lung resulting from medical treatment, among other complications.

Patients at Franklin Square are experiencing serious complications during their hospital stay or after surgical procedures at a rate that is 41 percent greater than the national average, and 48 percent greater than other MedStar hospitals.

Higher rates of these serious, but potentially preventable, complications are an indication of inadequate nurse staffing levels at Franklin Square. To reduce the high levels of serious complications among its patients, hospital management and system leadership must take steps to ensure it is operating with safe registered nurse-to-patient ratios.

Pressure Ulcers (bed sores)

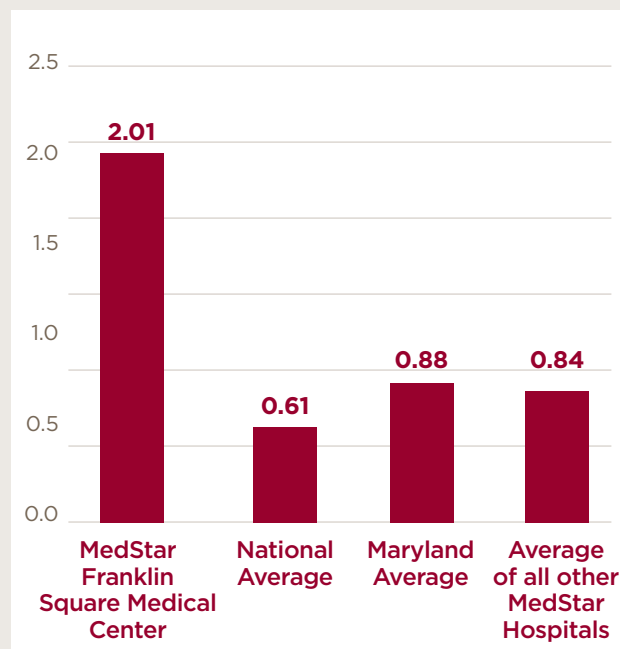
Pressure ulcers, or bed sores, are injuries to the skin and underlying tissue caused by prolonged pressure, usually occurring in patients with limited mobility. These skin lesions cause severe pain, and are an associated risk for serious infection, lengthened hospital stays, and even death.

According to CMS data, MedStar Franklin Square Medical Center's rates of bed sores per discharge is more than three times the national average and is one of the highest rates among Maryland hospitals.

Compared with other MedStar hospitals, Franklin Square has by far the worst rate and is well more than double the average rate of other hospitals in the system.

Inadequate staffing by MedStar Health executives puts patients at risk of developing or worsening pressure ulcers by limiting the time and attention nurses have available to perform essential preventive care. Nurses at Franklin Square report such severe understaffing that it is impossible for patients to receive the timely interventions that help heal or even prevent pressure ulcers. Pressure ulcers are also a recognized measure of hospital quality and patient safety: CMS considers pressure ulcers developed by a patient during a hospital stay as a harmful hospital-acquired condition. CMS does not consider such injuries an unfortunate consequence of hospitalization; rather it serves as an important indicator of whether patients are receiving safe, therapeutic care. Franklin Square and MedStar Health must do better and protect vulnerable patients from injury.

Pressure ulcers per 1,000 hospital discharges for surgical or medical patients aged 18 and older



CMS Hospital Quality & Patient-Outcome Metrics (Care Compare).
<https://data.cms.gov/provider-data/> accessed 9/22/2026

Emergency Department Wait Times

Timely and effective care in hospital emergency departments is essential for good patient outcomes. Delays before getting care in the emergency department can reduce the quality of care and increase risks and discomfort for patients with serious illnesses or injuries.

CMS data shows that the average amount of time that patients spent in MedStar Franklin Square greatly exceeded national and state averages, as well as the average of other MedStar hospitals. Indeed, Franklin Square was reported to have the fifth longest ER visits in the country for 2025.⁶

Franklin Square’s emergency patients are waiting 83 percent longer than the national average, 47 percent longer than the Maryland average, and 28 percent longer than the average of other MedStar hospitals. Franklin Square needs to properly staff its emergency department so that its patients can get timely and efficient care at the level provided by other hospitals.

Inadequate Staffing Leads to Higher Rates of Work-Related Injuries and Increased Workplace Violence

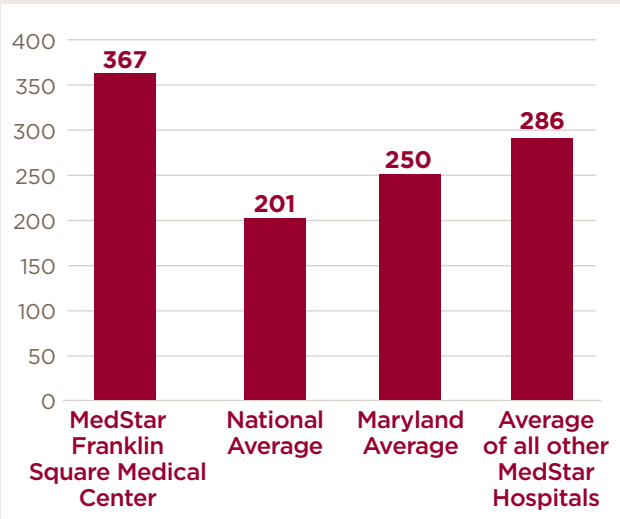
MedStar Franklin Square Medical Center registered nurses report a high incidence of workplace violence and pervasive sexual harassment, a lack of support from management, and a prioritization of employer profit over safe staffing and patient care. **Franklin Square’s failure to provide safe staffing and support for nurses is driving increased rates of work-related injuries and illnesses, including stress and burnout, and workplace violence.**

Reports from Franklin Square’s RNs: Unsafe Work

Franklin Square nurses state that inadequate staffing forces them to work in an unsafe manner.

During periods of low staffing levels, nurses sometimes must physically move patients between beds, stretchers, and chairs on their own. This increases the likelihood of patient falls and puts nurses’ health at risk. Frequent manual patient handling, especially when nurses must do so alone, can cause microinjuries, which accumulate into chronic and sometimes severe musculoskeletal disorders and back injuries. RNs need safe staffing, adequate tools, and protection from this ergonomic hazard.

Average number of minutes patients spent in the emergency department before leaving from the visit



CMS Hospital Quality & Patient-Outcome Metrics (Care Compare). <https://data.cms.gov/provider-data/> accessed 9/22/2026

Registered nurses at Franklin Square report hospital conditions that demand alarmingly long hours, high workload intensity, and limited ability to take breaks. Understaffing and cost-cutting forces nurses to work well beyond even a 12-hour shift, often in high-pressure situations and without opportunities to eat or even take toilet breaks. The lack of rest, caused by what is frequently not voluntary overtime, and understaffing, increases the risk of mistakes that have the potential to cause patients harm and can contribute to long-term consequences for nurses’ health.

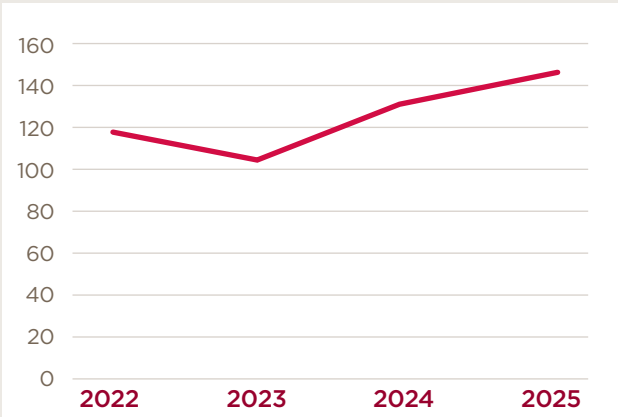
Work-related injuries at MedStar Franklin Square

In 2025, the rate of total work-related injuries and illnesses at Franklin Square was 15 percent higher than the Maryland private-sector hospital rate. **In 2025, the rate of RN work-related injuries and illnesses at Franklin Square was 30 percent higher than the national rate.**

Work-Related Injuries and Illnesses Resulting in Days Away from Work (DAFW)

TOTAL INJURIES per 10,000 employees	RN INJURIES per 10,000 employees
Maryland private-sector hospital rate 146.1	National rate 119.1
MedStar Franklin Square Medical Center 167.4	MedStar Franklin Square Medical Center 154.9

Total Work-Related Injuries at MedStar Franklin Square



Summary data provided in the OSHA 300 logs, which were downloaded from OSHA's Injury Tracking Application Data webpage on Sept. 14, 2026

Similarly, in 2025, **the rate of work-related RN injuries at Franklin Square was higher than the average across other MedStar facilities (5.16 percent vs. 4.75 percent).⁷ Furthermore, the total number of occupational injuries and illnesses at the hospital has increased significantly—by 41 percent—just since 2023.**

Prior research has determined a strong link between low nurse staffing and increased occupational injuries. Increased patient loads are associated with a significantly higher likelihood for neck, shoulder, and back musculoskeletal disorders.⁸ Unsafe staffing practices, such as reliance on temporary nurses versus permanent staff RNs, are also associated with significantly more back injuries: Odds for a back injury were 73 percent higher for units where the employer utilized high levels of temporary RN hours when compared to units with no temporary RNs.⁹ Improving RN staffing prevents work-related injuries; the California nurse-to-patient ratio law resulted in 31.6 percent fewer nurse injuries.¹⁰

Reports from Franklin Square's RNs: Workplace Violence

Nurses, along with other health care workers, report experiencing regular incidents of violence and pervasive sexual harassment that would probably astonish hardened police officers. In the ICU, one nurse reported turning away from a patient only to have a family member hit her. In the ER, a nurse was caring for a disoriented male patient who became agitated and punched her in the chest with a closed fist, then “gouged a chunk” out of her arm. These are just two examples, but there are many others, as most nurses report that violence is regular and significant.

According to Franklin Square nurses, management has failed to institute proper safety protocols or prevention measures to minimize violence in the hospital. Understaffing often leaves nurses isolated and without the support necessary to ensure safety. One nurse revealed that management and security do not appear to have a clear unit-by-unit violence prevention or intervention plan, leaving many nurses feeling scared and disrespected. Such plans are required by law in some states, like California, and collective bargaining contracts, precisely because they are so important to the safety of health care professionals and because violence also harms patients.

Franklin Square further fails nurses even when they do report a workplace violence incident. One registered nurse who was assaulted completed an incident report and reported it to security only to receive a sympathetic email from senior management, but no follow up from ER managers. No apparent changes were made in response to this or other incidents reported by nurses, and management seemed to go on with business as usual. While appalling, this response is not surprising. Nurses report that Franklin Square only received metal detectors this year because MedStar Washington Hospital Center won them in their union contract, but some entrances continue to lack metal detectors and proper security to ensure safety.

Franklin Square nurses know that violence in their hospital is a serious problem; indeed, many indicated this to be a key issue for them. Unfortunately, hospital management does little to prevent or otherwise deal with the problems. Registered nurses at Franklin Square report that reasonable prevention and remediation measures are seldom taken, whether that is adequately staffing nurses to keep wait times down (a source of patient and family frustration that can raise tensions and lead to violence), providing a robust weapons detection system, or following up on violent incidents substantively to prevent future abuse.

Previous Research on Workplace Violence and Unsafe Staffing

Workplace violence is significantly more likely to happen when units are short-staffed and when nurses have heavy workloads. Researchers found that the odds of violence were more than twice as high on units with worse staffing levels compared to units with higher staffing levels.¹¹ The likelihood of workplace violence was 1.5 times higher for nurses reporting high levels of time pressure.¹²

Heavy workloads, compromised standards, and interruptions—all of which are directly related to short staffing—are associated with increased rates of workplace violence.¹³

Similarly, a study examining working conditions, including staffing, nurse autonomy, and other elements of the patient care environment, concluded that, “as ward environments become less stable (fewer registered nurses, increased workload and unanticipated changes in patient needs, decreased perception of nurse leadership, lower nurse autonomy, poorer relations with doctors, more patients awaiting placement), perceived violence increases.”¹⁴ Another study determined that the relationship between work-related distress and workplace violence is bidirectional.¹⁵ When nurses are stressed and suffer moral distress, which occurs when employers fail to provide a safe and healthy working environment, workplace violence is more likely to occur. Conversely, when employers neglect workplace violence prevention and ignore incidents, nurses are more likely to be stressed and suffer moral distress and injury.

Safe staffing is imperative to reduce rates of injury and illness in nursing staff.

MedStar Franklin Square Medical Center must take the following steps to prevent workplace violence by developing a comprehensive workplace violence prevention plan that includes the following:

- » Evaluate and address risk factors and hazards in each unit and other areas of the facility (e.g. parking lot).
- » Implement prevention measures, specifically improving staffing as well as including engineering controls, security staffing and response systems, alarm systems, etc.
- » Develop effective reporting systems so that RNs can report workplace violence without fear of reprisal and with assurance that the employer will remedy any issues.
- » Provide unit-specific, in-person training.
- » Engage the active involvement of RNs and other health care workers regarding risk factors and hazards in their units, what prevention measures would be effective, training content and provision, and reporting systems.

Impact of Unsafe Staffing on Nurse Retention

Registered nurses at Franklin Square report that experienced nurses are leaving the bedside due to unsafe staffing, violence in the hospital, unsustainable working conditions, and management’s unwillingness to take real measures to retain them. While new nurses bring strong skills, energy, and other attributes to the hospital, veteran nurses provide deep experience, well-honed skills, and an understanding of patient care developed over years on the job that more recent nursing school graduates may still be learning.

One nurse at Franklin Square reported that in her unit, RNs with less than two years of bedside experience precept or train/mentor new nurses. Management’s choice to rely on recent graduates with limited experience, rather than retaining skilled and experienced veteran nurses, puts patients at unnecessary risk.

Another nurse related that a recent class of newly graduated nurses were given responsibilities beyond their experience during their first week working independently. One recent graduate was expected to care for seven patients, when five would have been the maximum for even an experienced, skilled nurse — given typical acuity levels.

Inadequate registered nurse staffing has significant consequences not just for patient care, but for nurses’ ability to remain in the profession. Research has consistently linked safe staffing with lower levels of stress and job dissatisfaction,¹⁶ while excessive workloads and high physical demands are associated with increased turnover and nurses leaving the profession entirely.¹⁷ Nurses working in environments with adequate staffing and resources report greater job satisfaction and lower levels of moral distress.¹⁸ These concerns remain particularly urgent in the post-pandemic hospital environment, where nurses continue to report high levels of job dissatisfaction, intentions to leave their employers, and insufficient staffing to complete the work required.¹⁹ Ensuring safe registered nurse staffing is essential not only to protecting patients, but to creating sustainable working conditions which allow nurses to provide the care they are professionally and ethically obligated to deliver.

Moral injury is the deleterious long-term, emotional, psychological, behavioral, spiritual, and/or social effects that result from being placed in situations where one is unable to do what one knows to be right because of situational or institutional constraints.²⁰ Nurses working at Franklin Square are at significant risk for moral injury due to the situations they, their patients, and their colleagues face. But we know it does not have to be this way.

Acting Collectively Through a Union Will Give Nurses a Voice at Franklin Square

Registered nurses working at MedStar Franklin Square Medical Center struggle daily in working conditions that place their own health and safety, and their patients, at risk. Short staffing, lack of functioning equipment, workplace violence, inadequate support from management, and other conditions discussed in this report foster a workplace that threatens nurses' bodies and minds, and lowers the quality of care that patients receive at Franklin Square. All of these are preventable problems that should raise red flags to executive leadership at MedStar Health and Franklin Square, but they instead seem to prioritize cutting corners.

Registered nurses are organizing a union at Franklin Square because they believe strongly that their patients and the community they serve across the Baltimore region deserve better. RNs want to provide quality care and they want the hospital to live up to its mission, to truly be "the leader in providing safe and innovative patient-centered care, exceptional service, and education to improve the health of the diverse communities we serve." Nurses will not stop insisting that hospital management and executives at MedStar Health live up to their proclaimed values, to truly "strive to deliver the best to every patient every day. The patient is the first priority in everything we do."

RNs from units across MedStar Franklin Square Medical Center are calling for safe staffing ratios, including maximum RN patient assignments of two patients in the ICU, three patients in stepdown units, and four patients in medical-surgical units. Safe staffing levels have been shown time and again to improve patient outcomes and are fundamental to patient safety. Management must be held accountable when their staffing decisions leave nurses without the resources necessary to provide the safe, effective, therapeutic, and compassionate care their patients deserve.

Union RNs at MedStar Washington Hospital Center in the District of Columbia have done just that: achieving staffing grids with maximum patient assignments, depending on patient acuity, of 1:1 and 1:2 in the ICU, 1:3 and 1:4 in stepdown units, and 1:4 and 1:5 in medical-surgical units. In addition, most units have a resource RN with no patient assignment. Union nurses around the country have also won similar registered nurse-to-patient ratios.

By acting collectively, through a union of registered nurses at MedStar Franklin Square Medical Center, nurses will finally have a voice on staffing levels, working conditions, and workplace safety. Nurses will not stop until their patients are finally able to receive the care they deserve.

- 1 Griffiths, P., Recio-Saucedo, A., Dall'Orta, C., Briggs, J., Maruotti, A., Meredith, P., Smith, G.B., & Ball, J. (2018). The association between nurse staffing and omissions in nursing care: A systematic review. *Journal of Advanced Nursing*, 74(7), 1474-1487. <https://doi.org/10.1111/jan.13564>.

Dall'Orta, C., Saville, C., Rubbo, B., Runer, L., Jones, J., & Griffiths, P. (2022). Nurse staffing levels and patient outcomes: A systematic review of longitudinal studies. *International Journal of Nursing Studies*, 134, 104311. <https://doi.org/10.1016/j.ijnurstu.2022.104311>.
- 2 Chiappinotto, S., Papstavrou, E., Efstathiou, G., Andreou, P., Stemmer, R., Strohm, C., Schubert, M., de Wolf-Linder, S., Longhini, J., & Palese, A. (2022). Antecedents of unfinished nursing care: A systematic review of the literature. *BMC Nursing*, 21, 137. <https://doi.org/10.1186/s12912-022-00890-6>.
- 3 Where nurses are indicated as the source of information in this report, the names of the nurses have been withheld to protect them from potential whistleblower retaliation.
- 4 All data cited in this section comes from CMS Hospital Quality & Patient-Outcome Metrics (Care Compare). <https://data.cms.gov/provider-data/> accessed 9/22/2026.
- 5 Lasater K, Sloane D, Douglas M. Sloane, PhD · Matthew D. McHugh, PhD, RN, FAAN · Jeannie P. Cimiotti, PhD, RN, FAAN · Kathryn A. Riman, BSN, RN · Brendan Martin, PhD · Maryann Alexander, PhD, RN, FAAN · Linda H. Aiken, PhD, RN, FAAN, Evaluation of hospital nurse-to-patient staffing ratios and sepsis bundles on patient outcomes, *American Journal of Infection Control*, 2020; 49, 868-873. <https://www.ajicjournal.org/article/S0196-6553%2820%2931038-5/fulltext>.
- 6 Mackenzie Bean and Mariah Taylor. "10 hospitals with longest ED visit times, per CMS." *Beckers Hospital Review*. August 24th, 2026. <https://www.beckershospitalreview.com/rankings-and-ratings/10-hospitals-with-longest-ed-visit-times-per-cms/>.
- 7 The RN injury rate was calculated using the total number of RN injuries as provided in publicly available OSHA 300 logs, as well as the latest available number of employed RNs as reported in the American Hospital Association Annual Survey. OSHA 300 logs record injuries and illnesses that result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, loss of consciousness, or are defined as a significant injury or illness diagnosed by a physician or other licensed health care professional.
- 8 Lipscomb J., et al (2004). "Health Care System Changes and Reported Musculoskeletal Disorders Among Registered Nurses." *Am J Public Health*. 94(8):1431-36.
- 9 Bae, S.-H., B. A. Mark and B. Fried (2010). "Use of temporary nurses and nurse and patient safety outcomes in acute care hospital units." *Health Care Management Review* 35(3): 333-344.
- 10 Leigh, J. P., C. A. Markis, A.-M. Iosif and P. S. Romano (2014). "California's nurse-to-patient ratio law and occupational injury." *International Archives of Occupational and Environmental Health*.
- 11 Shields, M. and K. Wilkins, "Factors related to on-the-job abuse of nurses by patients," *Health Reports*, 2009, 20(2): 7
- 12 Estry-Behar, M., B. van der Heijden, et al., "Violence risks in nursing--results from the European 'NEXT' Study," *Occup Med*, 2008, 58(2): 107-14.
- 13 Havaei, F. and M. MacPhee, "The impact of heavy nurse workload and patient/family complaints on workplace violence: An application of human factors framework," *NursingOpen*, 2020, 7(3): 731-41
- 14 Roche, M., D. Diers, C. Duffield and C. Catling-Paull (2010). "Violence Toward Nurses, the Work Environment, and Patient Outcomes." *Journal of Nursing Scholarship* 42(1): 13-22.
- 15 Magnavita, N. (2014). "Workplace Violence and Occupational Stress in Healthcare Workers: A Chicken-and-Egg Situation--Results of a 6-Year Follow-up Study." *Journal of Nursing Scholarship* 46(5): 366-376.
- 16 Aiken, L. H., Sloane, D. M., Cimiotti, J. P., Clarke, S. P., Flynn, L., Seago, J. A., Spetz, J., & Smith, H. L. (2010). Implications of the California nurse staffing mandate for other states. *Health Services Research*, 45(4), 904-921. <https://doi.org/10.1111/j.1475-6773.2010.01114.x>.
- 17 Mazurenko, O., Gupte, G., & Shan, G. (2015). Analyzing U.S. nurse turnover: Are nurses leaving their jobs or the profession itself? *Journal of Hospital Administration*, 4(4), 48. <https://doi.org/10.5430/jha.v4n4p48>.
- 18 Hiler, C. A., Hickman, R. L., Jr, Reimer, A. P., & Wilson, K. (2018). Predictors of Moral Distress in a US Sample of Critical Care Nurses. *American journal of critical care : an official publication, American Association of Critical-Care Nurses*, 27(1), 59-66. <https://doi.org/10.4037/ajcc2018968>.
- 19 Lasater, K. B., McHugh, M. D., & Aiken, L. H. (2026). Hospital Nursing Has Not Returned to Pre-COVID Conditions. *Medical Care*, 64(5), 293-297. <https://doi.org/10.1097/mlr.0000000000002296>.
- 20 Rabin, S., Kika, N., Lamb, D., Murphy, D., Am Stevelink, S., Williamson, V., Wessely, S., & Greenberg, N. (2023, August 16). Moral injuries in healthcare workers: What causes them and what to do about them? *Journal of Healthcare Leadership*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10440078/>.

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