In a report issued today, the District of Columbia Nurses Association (DCNA) released results of its Nurse Staffing Survey, with findings that nearly 80% of nurses working in hospitals and facilities in the District of Columbia said that they are experiencing staffing shortages more than once per week. There was almost unanimous consensus that staffing shortages are a major issue at the nurses' workplaces (95.3%).
Here are some comments that were made repeatedly by nurses in the survey:

“Well, when my hospital chooses to pay travel nurses $100+ hr rather than increase pay for staff nurses, that is a huge problem!”

“Nurse to patient ratio needs to decrease, hospitals are burning out committed staff. Young nurses will continue to work prn, agencies and travel for the pay and no commitment.”

“Advocate to pass a Law in the District of Columbia for Nurse to Patient Ratio like California.”

“Demand ratios”

“Provide safer work environment”

“Demand that DC hospitals abide by published safety standards (AWHONN for labor and delivery, etc) and pay nurses appropriate compensation in line with experience, personal risk, and work demands”

“Improve working conditions - nurses are burning out because of poor working conditions due to inadequate staffing. It is an endless cycle and it is frustrating to feel like our administration is not addressing it.”

“Unionize! (All hospitals)”

DCNA’s Executive Director, Edward J. Smith, remarked that “these results do not surprise us; we have seen similar reports from nurses across the United States and we recently were forced to conduct a strike in DC with nurse staffing as a major issue in that contract fight. Employers are not going to make the necessary changes to address the nurse staffing crisis. We need the community and our elected leaders to stand up and support DCNA in our fight to increase staffing so we can save lives and provide the proper care our patients deserve.”
DCNA ran the survey for just over two months, closing out responses on August 31, 2022. DCNA received 351 responses, covering numerous hospitals in DC, one in Maryland and one in Virginia.

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