

**RNs/HEALTHCARE WORKERS AND HEALTHCARE ACCESS/QUALITY  
COMMITTEE**

Committee Co-Chairs: Anne Goldman, United Federation of Teachers,  
Local 2; Lisa Ochs, Ohio Nurses Association, Local 5903

Committee Secretary: Katie Shull, Alaska Nurses Association, Local 1953

**46. ADDRESSING STAFFING SHORTAGES IN THE  
HEALTHCARE WORKFORCE**

**Committee recommends concurrence.**

- 1       WHEREAS, nursing staff includes an entire care team comprising  
2 multiple disciplines and ancillary staff; and  
3       WHEREAS, non-nurse disciplines, including physicians, physician  
4 assistants, pharmacists, physical therapists, respiratory therapists, and  
5 all other non-nurse specialties are crucial to delivery of high-quality  
6 care; and  
7       WHEREAS, workers in transport, environmental services and other  
8 healthcare titles are crucial to ensuring safe, high-quality care for  
9 patients; and unprecedented vacancies in these positions have been  
10 created due to safety concerns, inequitable compensation, and other  
11 poor working conditions, which are felt at the bedside; and  
12       WHEREAS, working conditions in clinical settings have  
13 deteriorated to the point where experienced professionals are leaving  
14 the bedside, new professionals are taking jobs outside of healthcare,  
15 and vacancies in ancillary jobs are critically unfilled; and  
16       WHEREAS, this situation is not only placing unconscionable strain  
17 on healthcare workers, it also has created a crisis that threatens the  
18 safety of patients and the overall stability of the American healthcare  
19 system; and  
20       WHEREAS, nurses, professional associations, and unions have  
21 been advocating for safe staffing laws for decades. The lack of  
22 consensus among nursing groups and employers has stalled the  
23 discussion for too long, resulting in continued application of dangerous  
24 staffing approaches; and  
25       WHEREAS, mandatory overtime, misuse of on-call for staffing,  
26 overreliance on travelers and contract nurses, and unmanageable  
27 patient care assignments have become normalized. Staffing  
28 committees and other venues for nurses to vocalize staffing needs,  
29 while valuable, have not produced positive movement toward a  
30 standard that is safe; and  
31       WHEREAS, being responsible for unreasonable patient loads;  
32 relying on inexperienced and agency staff to supplement and care for  
33 these patients; and being expected to work more hours with fewer  
34 resources—putting their own health, the health of their patients and the  
35 health of their families at risk—have resulted in an adverse work  
36 environment wrought with ethical challenges that have left healthcare

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37 professionals feeling completely unsupported and morally injured,  
38 particularly during the pandemic;<sup>1</sup> and

39 WHEREAS, two states have safe staffing limits (ratios) built into  
40 state law for all or some patient care units, with California having a  
41 comprehensive ratios law and Massachusetts mandating ratios in  
42 some patient-care areas. Research shows that minimum nurse-to-  
43 patient ratios improve patient outcomes, such as improvements in  
44 mortality, readmissions and length of stay;<sup>2</sup> and

45 WHEREAS, while the lack of enforceable standards has rendered  
46 staffing untenable for decades, the current situation is creating an  
47 existential crisis for the nursing profession. The consequence of unsafe  
48 staffing has a cumulative severe impact on the physical, mental,  
49 emotional and spiritual health of the nursing workforce; and

50 WHEREAS, nurses and other health professionals are leaving the  
51 bedside because of unmanageable patient loads and the deplorable  
52 working conditions across the healthcare system. One survey reported  
53 that over one-third of nurses plan to leave their jobs by the end of 2022,  
54 and nearly a third plan to leave the profession altogether;<sup>3</sup> and

55 WHEREAS, pandemic-related pressures on healthcare accelerated  
56 this trend—the rate of violence in hospitals increased by 25 percent in  
57 one year alone from 2019 to 2020.<sup>4</sup> And the correlation between  
58 inadequate staffing and higher incidence of violence in healthcare was  
59 well known even before the pandemic; and

60 WHEREAS, violence against healthcare workers is a serious and  
61 growing problem exacerbated by inadequate staffing. Healthcare and  
62 social services workers experience 76 percent of all reported  
63 workplace violence injuries in the American labor force, and the  
64 number of actual incidents of workplace violence is likely to be much  
65 higher;<sup>5</sup> and

66 WHEREAS, healthcare workers have endured unfathomable strain  
67 at work during the pandemic, including inadequate personal protective  
68 equipment; ever changing care protocols; and administrators who were  
69 unprepared, not supportive and, often, not present; and

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<sup>1</sup> Blanchard, J., Li, Y., Bentley, S. K., Lall, M. D., Messman, A. M., Liu, Y. T., Diercks, D. B., Merritt-Recchia, R., Sorge, R., Warchol, J. M., Greene, C., Griffith, J., Manfredi, R. A., & McCarthy, M. (2022). The perceived work environment and well-being—a survey of emergency healthcare workers during the COVID-19 pandemic. *Academic Emergency Medicine*. <https://doi.org/10.1111/acem.14519>

<sup>2</sup> Rosenberg K. Minimum nurse-to-patient Ratios Improve Staffing, Patient Outcomes. *Am J Nurs*. 2021 Sep 1;121(9):57. doi: 10.1097/01.NAJ.0000790644.96356.96. PMID: 34438432.

<sup>3</sup> Incredible Health. (2022, January). *Nursing in the Time of COVID-19*. <https://www.incrediblehealth.com/wp-content/uploads/2022/03/IH-COVID-19-2022-Summary-1.pdf>

<sup>4</sup> “Death on the Job: The Toll of Neglect,” 2022. <https://aflicio.org/reports/death-job-toll-neglect-2022>

<sup>5</sup> BLS, SOII, 2020, Table R8.

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70 WHEREAS, our healthcare workforce has increasingly experienced  
71 moral distress caused by ethically challenging situations, such as the  
72 perception of not always being able to provide the normal standard of  
73 care and emotional support to patients and their families;<sup>6</sup> and  
74 WHEREAS, the compounding impact of experiences of moral  
75 distress, burnout, and impossible working conditions is exacerbated by  
76 environments with inadequate organizational support by employers  
77 and government;<sup>7</sup> and  
78 WHEREAS, the fatigue and overwork (resulting from poor staffing  
79 and other failures of employers to prioritize a positive work environment  
80 for those delivering patient care) serve to deteriorate the resilience and  
81 ability to cope with stress across our healthcare workforce, impacting  
82 workers' health, personal relationships and families; and  
83 WHEREAS, increased incidence of depression, anxiety and suicide  
84 among healthcare workers signify an immediate need to act;<sup>8</sup> and  
85 WHEREAS, a survey of emergency health workers reinforces our  
86 members' experience and found a strong association between a  
87 perceived adverse working environment and poor mental health,  
88 particularly when organizational support was deemed inadequate; and  
89 WHEREAS, unfair and inadequate pay practices exist, such as the  
90 refusal to increase wages for experienced nurses, low starting wages  
91 for hard-to-fill positions, and failure to pay ancillary staff a living wage;  
92 these are contributing factors to both new and experienced health  
93 professionals leaving their jobs—a dynamic that is exacerbating  
94 shortages; and  
95 WHEREAS, the use of travel agencies to fill staffing holes has  
96 skyrocketed, forcing stark and unjust disparities in pay among  
97 clinicians; this is a development that exposes a deeply broken labor  
98 market in the healthcare industry; and  
99 WHEREAS, consolidation in the healthcare industry has resulted in  
100 a reduced number of corporations competing for workers, which has  
101 resulted in practices like wage suppression, normalization of  
102 diminished working conditions, increased healthcare costs, and few

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<sup>6</sup> Blanchard, J., Li, Y., Bentley, S. K., Lall, M. D., Messman, A. M., Liu, Y. T., Diercks, D. B., Merritt-Recchia, R., Sorge, R., Warchol, J. M., Greene, C., Griffith, J., Manfredi, R. A., & McCarthy, M. (2022). The perceived work environment and well-being—a survey of emergency healthcare workers during the COVID-19 pandemic. *Academic Emergency Medicine*. <https://doi.org/10.1111/acem.14519>

<sup>7</sup> Blanchard, J., Li, Y., Bentley, S. K., Lall, M.D., Messman, A.M., Liu, Y.T., Diercks, D.B., Merritt-Recchia, R., Sorge, R., Warchol, J.M., Greene, C., Griffith, J., Manfredi, R.A., & McCarthy, M. (2022). The perceived work environment and well-being—a survey of emergency healthcare workers during the COVID-19 pandemic. *Academic Emergency Medicine*. <https://doi.org/10.1111/acem.14519>

<sup>8</sup> WebMD, February 1, 2021, Kathleen Doheny, Moral Injury: Pandemic's Fallout for Health Care Workers, <https://www.webmd.com/lung/news/20210201/moral-injury-pandemics-fallout-for-health-care-workers#:~:text=Moral%20injury%20occurs%20when%20health,to%20healing%2C%E2%80%9D%20Dean%20say>

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103 resources spent to ensure health professionals have the tools needed  
104 to deliver safe, high-quality care; and

105 WHEREAS, elimination of services by hospitals not only deprives  
106 communities of care in rural and underserved areas, it also leaves  
107 specially qualified healthcare professionals unemployed, a dynamic  
108 that creates economic harm to families and those communities; and

109 WHEREAS, moving work out of acute care settings, outsourcing  
110 through contract work and telemedicine, and the use of artificial  
111 intelligence are strategies driven by cost savings, not patient needs;  
112 and

113 WHEREAS, employers and industry stakeholder groups are  
114 actively working to maximize profits—by cheapening care delivery  
115 through efforts to deskill our professions and seeking out cheaper labor  
116 forces—which complicates delivery of care, erodes scope of practice  
117 for a multitude of health disciplines, and threatens our jobs; and

118 WHEREAS, the COVID-19 pandemic has exacerbated pre-existing  
119 pressures and strain on the healthcare system and its workforce to a  
120 critical breaking point; and

121 WHEREAS, healthcare is a high-stakes environment with highly  
122 complex systems on the clinical and the business sides, and where  
123 factors like the evolution of different models of nursing care,  
124 reimbursement-driven documentation systems, and advances in  
125 research and treatment mean incessant change for direct care  
126 clinicians; and

127 WHEREAS, too often, nurses and other health professionals are  
128 scapegoated for lapses in systems and structures. Threats to just  
129 culture and other frameworks that ensure a culture of safety and  
130 accountability in healthcare have corroded to the point that health  
131 professionals are no longer willing to assume a disproportionate level  
132 of responsibility for this situation or heightened level of personal risk  
133 and liability; and

134 WHEREAS, the healthcare industry is in the midst of a workforce  
135 crisis, with unprecedented numbers of people leaving the bedside and  
136 many more preparing to leave the professions altogether; and the AFT  
137 is in a unique position to provide crucial input on strategies for  
138 addressing this situation because we represent clinicians, career and  
139 technical education teachers, faculty for nursing and other professional  
140 programs; and

141 WHEREAS, equity in the healthcare workforce is a requirement for  
142 broader health equity and the time for authentic, meaningful efforts at  
143 addressing racism, diversity, equity and inclusion in our healthcare  
144 workforce; and

145 WHEREAS, it is well settled that outcomes improve when the  
146 healthcare workforce reflects the population it serves. However,  
147 minority healthcare workers are currently underrepresented, and as the

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148 complexity of the positions and the salaries increase, the diversity of  
149 the workforce decreases; and

150 WHEREAS, the role of nurses is not only crucial to the stability of  
151 today's patient care environment but is also critical to teaching the next  
152 generation of nurses. At the same time, nursing education programs  
153 do not have the funding, facilities or faculty needed to address the  
154 workforce shortage. And in nursing programs, where the problem is  
155 particularly acute, low salaries for faculty make choosing teaching  
156 unaffordable for many nurses:

157 **RESOLVED**, that the American Federation of Teachers will  
158 develop and implement a strategy with its national and state  
159 leaders for obtaining state law that mandates staffing ratios, or  
160 safe patient limits, in at least five states by 2025; and

161 **RESOLVED**, at the federal level, that the AFT will continue its  
162 work to secure staffing ratios in federal law by advocating for the  
163 Nurse Staffing Standards for Hospital Patient Safety and Quality  
164 Care Act and through all available regulatory means; and

165 **RESOLVED**, that the AFT will continue its efforts at securing  
166 legislation banning mandatory overtime by advocating for  
167 legislation at the federal level and through support of affiliates  
168 advocating for mandatory overtime prohibitions in state law; and

169 **RESOLVED**, that the AFT will support affiliate efforts to secure  
170 staffing ratios in collective bargaining agreements through  
171 supporting campaigns, developing model contract language, and  
172 providing training and resources; and

173 **RESOLVED**, that the AFT will continue its efforts to secure  
174 federal workplace violence protections through passage of the  
175 Workplace Violence Prevention for Health Care and Social Service  
176 Workers Act and Occupational Safety and Health Administration  
177 promulgation of the interim standard within one year; and

178 **RESOLVED**, that the AFT will support the work of its affiliates  
179 to address workplace violence in legislation, through collective  
180 bargaining, and other state and local work of healthcare affiliates;  
181 and

182 **RESOLVED**, that the AFT recommits to its advocacy to secure  
183 adequate pandemic preparedness protections in the law through  
184 means, like an OSHA infectious disease standard and updates to  
185 the Centers for Medicare & Medicaid Services emergency  
186 preparedness rule; and

187 **RESOLVED**, that the AFT will continue its work to educate and  
188 support affiliates and members about research, initiatives, and  
189 developments in pandemic preparedness at the employer and  
190 governmental levels; and

191 **RESOLVED**, that the AFT will prioritize its work to secure  
192 funding, programming, and other legal protections at the federal

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193 level to support health professionals in the areas of mental health,  
194 burnout and stress management, including addressing shortages  
195 in the mental health professions; and

196 RESOLVED, that the AFT will expand its work in partnering  
197 with other organizations and mental health experts devoting  
198 resources and work aimed at developing clear demands for  
199 improving healthcare workplaces, ensuring mental health needs  
200 of the workforce are addressed, and to development of resources  
201 and education programming that provide meaningful support to  
202 health professionals; and

203 RESOLVED, that the AFT will develop resources to support  
204 affiliate work addressing inadequate compensation in the  
205 healthcare industry through market and employer research,  
206 comparative analysis, and other needed means for use in  
207 collective bargaining and other affiliate efforts; and

208 RESOLVED, that the AFT will utilize opportunities to educate  
209 and advocate with government and other stakeholders on  
210 inadequate pay and compensation inequities; and

211 RESOLVED, that the AFT will deploy resources to secure more  
212 oversight of merger and acquisition practices in the healthcare  
213 industry through the Federal Trade Commission, Department of  
214 Justice, and the Centers for Medicare & Medicaid Services and to  
215 support affiliates pursuing state-level oversight; and

216 RESOLVED, that the AFT will work at the federal level to secure  
217 legal protections to protect scope of practice and our jobs with  
218 government and every other forum, and the AFT will support  
219 affiliates in similar state and local endeavors; and

220 RESOLVED, that the AFT will work to increase oversight for  
221 telehealth, hospitals at home, and other business practices so  
222 that our work, our jobs and our patients are protected; and

223 RESOLVED, that the AFT will make education, resources and  
224 direct support available to affiliates to address system problems  
225 that have been shifted too heavily on the backs of the healthcare  
226 workforce. This includes exploration of new member benefits to  
227 help shield health professionals from personal liability for  
228 systemic problems; and

229 RESOLVED, that the AFT will advocate for accountability in  
230 federal law and regulations that protects the licenses, jobs and  
231 livelihood of health professionals from unfair civil, administrative  
232 and criminal penalties that are the responsibility of an employer.  
233 The AFT will support affiliates in similar state and local efforts;  
234 and

235 RESOLVED, that the AFT will call on the federal government to  
236 develop a national healthcare workforce strategy, with  
237 participation and input by the AFT and its members, including  
238 those working in direct care, career and technical education

239 program teachers, nursing programs and other healthcare  
240 professional program faculty; and

241 RESOLVED, that the AFT will work to advance efforts at  
242 meeting the needs of the healthcare workforce through CTE,  
243 apprenticeship programs, and residency and fellowship  
244 programs. We will also support affiliates in this work, as well as  
245 work to develop and expand language in collective bargaining  
246 agreements related to orientation, precepting, and other critical  
247 support for workers new to health professions; and

248 RESOLVED, that the AFT will continue promoting resources  
249 and support to healthcare affiliates and members for student loan  
250 forgiveness programs and also workforce development funding,  
251 particularly in communities of color and in rural and other  
252 underserved areas; and

253 RESOLVED, that the AFT will employ new strategies for  
254 affiliates to increase diversity in the local healthcare workforce,  
255 such as: addressing racism in healthcare workplaces; developing  
256 program models that help affiliates expand career outreach  
257 programs in communities of color to reach those who are  
258 underrepresented in healthcare jobs; and expanding targeted  
259 financial aid and loan repayment programs, including National  
260 Health Service Corps and the Nurse Faculty Loan Repayment  
261 program; and

262 RESOLVED, that the AFT’s healthcare and higher education  
263 program and policy councils will collaborate on development of a  
264 comprehensive strategy to address faculty shortages; and

265 RESOLVED, that the AFT adopts the report and  
266 recommendations made by its Healthcare Staffing Shortage  
267 Taskforce.

- Adopted                       Adopted as Amended                       Defeated                       Tabled
- Precluded by \_\_\_\_\_                       Referred to \_\_\_\_\_

## 47. AFT HEALTHCARE PROFESSIONALS MENTAL HEALTH

**Committee recommends concurrence.**

1 WHEREAS, after two years of record hospitalization rates and as  
2 the nation has surpassed 1 million deaths from COVID-19, our nation’s  
3 healthcare workforce has been stretched beyond the breaking point  
4 and is in a mental health crisis—fatigued from unsafe patient levels and  
5 workloads that worsened during the pandemic, scarred from all they  
6 have witnessed over the last two years, and dealing with severe  
7 burnout and with moral injury from repeatedly being forced to make

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8 choices that transgress their long-standing, deeply held commitment to  
9 healing;<sup>1</sup> and  
10 WHEREAS, the worry and emotional trauma related to COVID-19  
11 have had a negative impact on the mental health of a majority of our  
12 healthcare workforce.<sup>2</sup> Around one-third of healthcare workers either  
13 received or thought they needed mental health services because of the  
14 pandemic. And nearly all reported negative impacts to physical health  
15 and to relationships with family and co-workers. Many reported  
16 problems with sleeping, frequent headaches, increased use of alcohol  
17 or drug use, all attributed to pandemic stress and worry; and  
18 WHEREAS, another recent study showed that more than 70  
19 percent of healthcare workers have symptoms of anxiety and  
20 depression, 38 percent have symptoms of post-traumatic stress  
21 disorder, and 15 percent have had recent thoughts of suicide;<sup>3</sup> and  
22 WHEREAS, emotional trauma, burnout and mental health needs of  
23 frontline healthcare professionals were at high levels even before the  
24 pandemic with, for example, between 17 and 38 percent of nurses  
25 reporting some depression,<sup>4</sup> and most alarming of all, healthcare  
26 professionals dying by suicide, with risk of suicide in health  
27 professionals, particularly nurses, being higher than the general  
28 population even before the pandemic<sup>5</sup> and female nurses dying by  
29 suicide at twice the rate of women who aren't nurses;<sup>6</sup> and  
30 WHEREAS, stigma associated with seeking mental health supports  
31 and months long waiting lists due to provider shortages are barriers to  
32 treatment and support that place perilous strain on health  
33 professionals;<sup>7</sup> and

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<sup>1</sup> WebMD, Feb. 1, 2021, Kathleen Doheny, Moral Injury: Pandemic's Fallout for Health Care Workers, <https://www.webmd.com/lung/news/20210201/moral-injury-pandemics-fallout-for-health-care-workers#:~:text=Moral%20injury%20occurs%20when%20health,to%20healing%2C%E2%80%9D%20Dean%20says>

<sup>2</sup> KFF/The Washington Post Frontline Healthcare Worker Survey (Apr. 2021) <https://www.kff.org/reportsection/kff-the-washington-post-frontline-health-care-workers-survey-toll-of-the-pandemic/>

<sup>3</sup> Chatterjee, R. (2022, March 31) A Nurse's Death Raises Alarm about the Profession's Mental Health Crisis. Retrieved from <https://www.npr.org/sections/health-shots/2022/03/31/1088672446/a-nurses-death-raises-the-alarm-about-the-professions-mental-health-crisis?fbclid=IwAR0BQRhx5I7KVsmexX7URgDhpperRpJ6XJh7eHIQErGRTtYU46pVLF5bNZMzY>

<sup>4</sup> <https://www.grid.news/story/science/2022/05/02/nurses-are-not-ok-why-theyre-quitting-their-jobs-and-what-it-means-for-the-future-of-healthcare/>

<sup>5</sup> Davis MA, Cher BAY, Friese CR, Bynum JPW. Association of US Nurse and Physician Occupation with Risk of Suicide. *JAMA Psychiatry*. 2021;78(6):651–658. doi:10.1001/jamapsychiatry.2021.0154

<sup>6</sup> <https://www.grid.news/story/science/2022/05/02/nurses-are-not-ok-why-theyre-quitting-their-jobs-and-what-it-means-for-the-future-of-healthcare/>

<sup>7</sup> KFF. (Sept. 30, 2021). *Mental Health Care Professionals Shortage Areas (HPSAs)* Retrieved from <https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas->



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34 WHEREAS, the mental health crisis of healthcare professionals is  
35 the result of a broken healthcare system and not individual deficits, as  
36 is often suggested by employer resistance training; and

37 WHEREAS, according to the U.S. Department of Health and  
38 Human Services' Health Resources and Services Administration and  
39 the Kaiser Family Foundation, there are over 5,800 designated mental  
40 health professional shortage areas in the country, and more than 6,300  
41 mental health practitioners would be needed to meet the needs in the  
42 shortage areas;<sup>8</sup> and

43 WHEREAS, the risk of violent assault by patients or visitors is an  
44 ongoing source of emotional trauma for healthcare professionals—and  
45 with good reason. The rate of injuries from workplace assaults climbed  
46 by 173 percent in hospitals and by 95 percent in psychiatric and  
47 substance use facilities over the last 15 years. The rate of injuries from  
48 workplace violence in hospitals jumped by 25 percent in 2020 alone;<sup>9</sup>  
49 and

50 WHEREAS, the systematic failure of healthcare employers in  
51 providing psychological and physical safety in the work environment  
52 has a cumulative impact on the mental health of the workforce, but also  
53 results in consequences like lower employee engagement, more  
54 absenteeism and poor retention. These failures have been definitively  
55 shown to result in negative patient outcomes:<sup>10</sup>

- 56 **RESOLVED, that the American Federation of Teachers will:**  
57 • **Enact the Workplace Violence Prevention for Health Care**  
58 **and Social Service Workers Act; and**  
59 • **Hold the Department of Labor and Occupational Safety and**  
60 **Health Administration accountable to promulgate the**  
61 **standard in a timely manner; and**

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<sup>8</sup> HRSA. (March 31, 2021) Designated Health Professional Shortage Area Statistics. Retrieved from

[file:///H:/Public\\_Mental%20Health%20mapping/BCD\\_HPSA\\_SCR50\\_Qtr\\_Smry.pdf](file:///H:/Public_Mental%20Health%20mapping/BCD_HPSA_SCR50_Qtr_Smry.pdf);  
KFF. (Sept. 30, 2021) Mental Health Care Professionals Shortage Areas (HPSAs)  
Retrieved from [https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-](https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas)

[hpsas/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D](https://hpsas/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D)

<sup>9</sup> U.S. Bureau of Labor Statistics, Survey of Occupational Illness and Injury Data, Table R8

<sup>10</sup> Roche, M. , Diers, D. , Duffield, C. & Catling-Paull, C. (2010). *Journal of Nursing Scholarship*, 42 (1), 13-22. doi: 10.1111/j.1547-5069.2009.01321.x. See also Vessey J.A., Demarco R., DiFazio R. Bullying, harassment, and horizontal violence in the nursing workforce: the state of the science. *Annu Rev Nurs Res*. 2010;28:133-57. doi: 10.1891/0739-6686.28.133. PMID: 21639026; and Rodwell J., Brunetto Y., Demir D., Shacklock K., Farr-Wharton R. Abusive supervision and links to nurse intentions to quit. *J Nurs Scholarsh*. 2014 Sep;46(5):357-65. doi: 10.1111/jnu.12089. Epub Aug. 15,2014. PMID: 25132621.

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- 62 • Press the National Institute for Occupational Safety and  
63 Health (NIOSH) to research and identify additional  
64 mitigations; and
- 65 • Provide training and support to AFT Nurses and Health  
66 Professionals locals to foster their capacity to bargain with  
67 employers for comprehensive workplace violence  
68 prevention programs and effective training; and
- 69 **RESOLVED**, that the AFT will advocate for:
- 70 • Full enforcement of federal mental health services parity  
71 laws that require that health insurance plans provide the  
72 same level of coverage for mental health benefits as they do  
73 for medical benefits; and
- 74 • Permanent federal funding for the Dr. Lorna Breen Health  
75 Care Provider Protection Act that supports healthcare  
76 workers through training grants in strategies to reduce and  
77 prevent burnout, mental health conditions, and substance  
78 use disorders; education and awareness campaigns to  
79 encourage healthcare providers to use available mental and  
80 behavioral health services to address their own concerns;  
81 grants awarded to employers to establish or expand  
82 programs to promote mental and behavioral health for their  
83 employees; and a study on mental and behavioral health and  
84 burnout among healthcare workers; and
- 85 • Increased funding for financial aid programs that support  
86 those seeking training to become mental health  
87 professionals and programs to recruit students into mental  
88 health careers; and
- 89 • Support state level actions that expand access to mental  
90 health services by allowing healthcare professionals to  
91 practice to the full extent of their education and license; and
- 92 **RESOLVED**, that the AFT will support affiliates in efforts to  
93 ensure employers provide paid time off for employer-sponsored  
94 mental health training and peer-to-peer support, expand the  
95 mental health benefits of employer health insurance, and that  
96 labor-management committees within healthcare facilities will  
97 address creating a supportive environment for nurses and health  
98 professionals and to develop metrics and strategies that track  
99 progress; and
- 100 **RESOLVED**, that the AFT will partner with other organizations  
101 and mental health experts to develop new frameworks for  
102 ensuring psychological safety in the healthcare workplace and to  
103 address mental health needs of the workforce.

Adopted             Adopted as Amended         Defeated             Tabled  
 Precluded by \_\_\_\_\_  Referred to \_\_\_\_\_

## 48. IN-SERVICE NURSING ORIENTATION, MENTORING AND ONGOING EDUCATIONAL SUPPORT FOR PROFESSIONAL NURSING PRACTICE

**Committee recommends concurrence.**

1 WHEREAS, overwhelming and relentless patient-care demands  
2 are causing a massive disruption in the nursing workforce caused by  
3 the ongoing COVID-19 pandemic; and

4 WHEREAS, nurse burnout, early retirement, mounting  
5 resignations, insufficient staffing, workload, emotional tolls, and lack of  
6 ongoing support are exacerbating the nursing shortage; and

7 WHEREAS, generational changes in the nursing workforce have  
8 been ongoing as baby boomers retire out of the nursing workforce and  
9 are replaced by Generation X and Y; and

10 WHEREAS, the effects of the pandemic on readiness of new nurses  
11 to practice in highly complex environments are challenging as  
12 evidenced by nursing deficiencies in clinical competencies; and

13 WHEREAS, the pandemic will continue to have a profound impact  
14 on the nursing workforce for some time requiring the need for  
15 thoughtful strategic planning to address the complexity of issues,  
16 including proper orientation, mentoring and ongoing support; and

17 WHEREAS, the changing nursing workforce seeks continuous  
18 education, expects strong mentorship with support and strong  
19 intellectual stimulation:

20 **RESOLVED, that the American Federation of Teachers will help**  
21 **locals develop and support strong contractual language that**  
22 **supports robust ongoing professional development programs,**  
23 **appropriate orientation, mentoring programs; and**

24 **RESOLVED, that the AFT will continue to plan and offer**  
25 **support for the ongoing mental and emotional health of nurses**  
26 **who have suffered through the pandemic.**

Adopted       Adopted as Amended       Defeated       Tabled  
 Precluded by \_\_\_\_\_       Referred to \_\_\_\_\_