



W O R K F O R C E TRENDING NOW

From the office of William J. Grubbs, President & CEO of Cross Country Healthcare

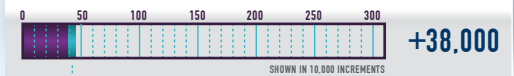
June 3, 2016

JOB CREATION DROPS SHARPLY WITH 38,000 JOBS ADDED IN MAY; UNEMPLOYMENT RATE FALLS EVEN FURTHER TO 4.7%

Job growth stalled in May, with the U.S. Bureau of Labor Statistics Employment Report indicating that just 38,000 jobs were added for the month, down sharply from the 160,000 analysts had predicted. A bright spot in the report was the announcement that unemployment has declined from 5% to 4.7%, a fact that analysts pointed out was partially responsible for the decline in jobs added. Employment numbers from March were revised down from 208,000 to 186,000 jobs added, while the numbers for April were revised down from 160,000 to 123,000 jobs added. These revisions reduce previous gains reported for those months by a combined total of 59,000 jobs. Healthcare remained a top performer in terms of job growth, adding an astounding 46,000 in May. Ambulatory health care services added 24,000 jobs, hospitals added 17,000 jobs and nursing care facilities added 5,000 jobs. Healthcare has contributed a total of 487,000 jobs in the past 12 months.

MAY JOBS ADDED BY SEGMENT

ALL U.S. JOBS



HEALTHCARE JOBS +46,000

HOSPITALS +17,000

AMBULATORY CARE +24,000

NURSING & RESIDENTIAL CARE +5,000

(Source: <http://bls.gov>)

NURSE STRESS LEVELS, SHORTAGES INSPIRE TREND OF SAFE-STAFFING LEGISLATION

REGISTERED NURSES: ARE THEY WAY TOO STRESSED OUT?

A Vickie Milazzo Institute asked nurses and this is how many said, "yes."

I FIND IT
DIFFICULT TO
STRIKE A WORK/
LIFE BALANCE:

82%

I ALWAYS
HAVE WORK
ON MY MIND:

28%

I AM ALWAYS ABLE
TO PUT MY FAMILY
AND PERSONAL
LIFE FIRST:

18%

I'M TOO TIRED
OR STRESSED
TO ENJOY
DAYS OFF:

30%

I FEEL I AM
ALWAYS
COMPENSATED
FAIRLY FOR
MY WORK:

16%

Many surveys in recent years have indicated that low nurse-to-patient ratios cause nurses to report feeling overworked and highly stressed, which has caused some nurses to leave the profession altogether and is partially responsible for current nursing shortages. This also leads to a high turnover rate during nursing shifts, which has been associated with increased risk of patient mortality.

A study in the New England Journal of Medicine report claims patients exposed to high-turnover shifts experience a 4% increase in risk of mortality. Additionally, patients' risk of mortality increased by 2% for each below-target RN-staffed shift to which they were exposed. On average, patients included in this study were exposed to three understaffed shifts, giving them a 6% higher risk of mortality during their hospitalization.

Source: <http://www.nejm.org/doi/full/10.1056/NEJMsa1001025#t=article>



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Reach William J. Grubbs on Twitter: @CEOCrossCountry

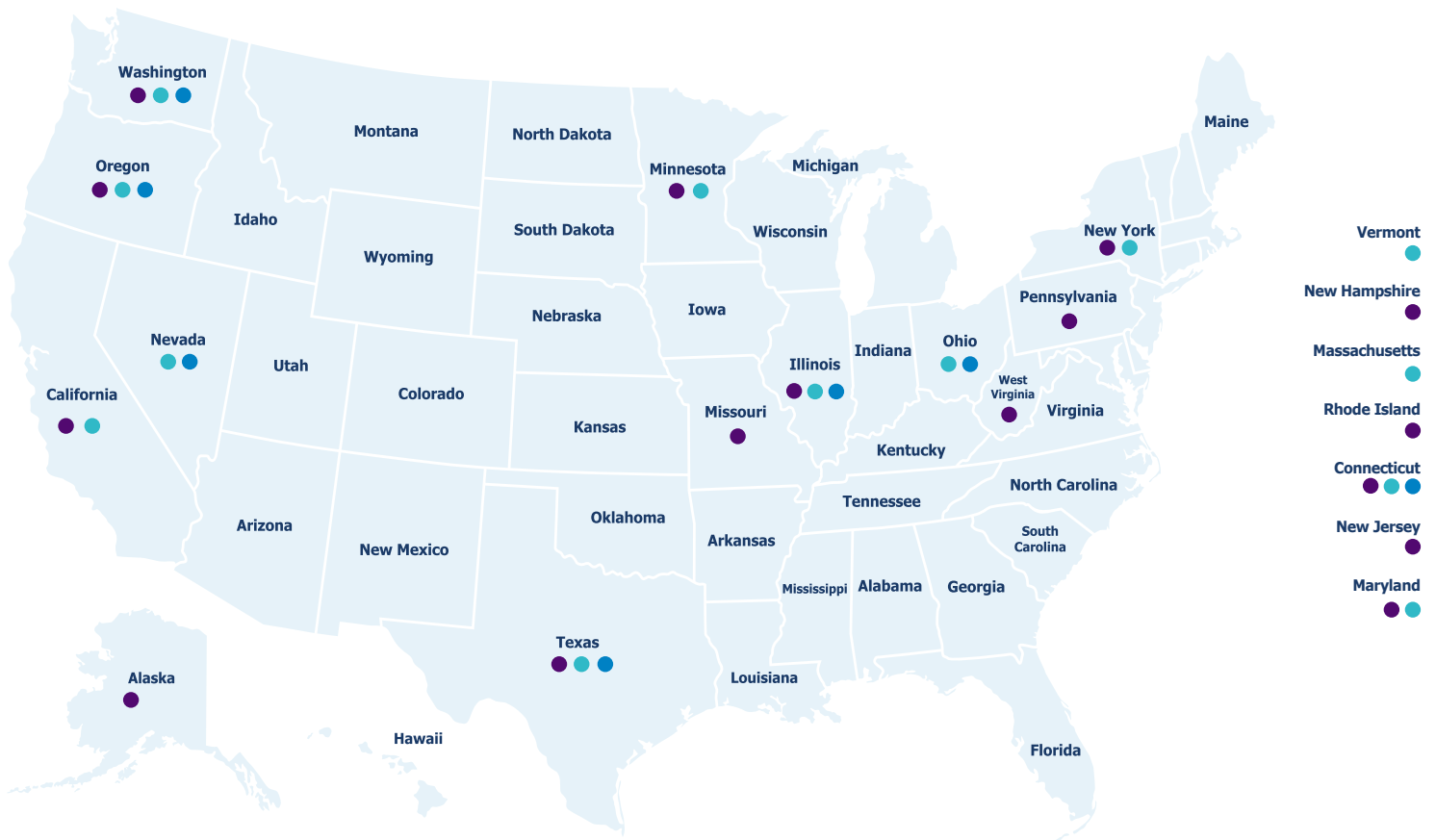
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A STATE-BY-STATE LOOK AT CURRENT LEGISLATION

A growing number of states have enacted or are in the process of pursuing legislation that addresses safe-staffing levels of nurses, which will undoubtedly have a positive effect on patient safety and reduce medical errors which lead to death. Several states currently require hospitals to elect committees responsible to create staffing policy, while others require disclosure or public reporting of staffing. Additionally, sixteen states have now created laws addressing mandatory overtime for nursing staff, with many of them prohibiting hospitals from requiring mandatory overtime except in cases of public health emergencies.



- Enacted laws or regulations on mandatory nurse overtime (AK, CA, CT, IL, MD, MN, MO, NJ, NH, NY, OR, PA, RI, TX, WA, WV)
- Enacted legislation or adopted regulations to address nurse staffing (CA, CT, IL, MA, MN, NV, NJ, NY, OH, OR, RI, TX, VT, WA)
- Require hospitals to appoint committees responsible for staffing policy (CT, IL, NV, OH, OR, TX, WA)