

Longitudinal Study Report:

Nurse Leaders' Top Challenges and Areas for Needed Support, July 2020 to February 2021

The American Organization for Nursing Leadership (AONL) and Joslin Marketing partnered to conduct a longitudinal study on the impact of COVID-19 on nursing leadership in July 2020 and February 2021. The recent findings indicate changes to primary challenges and levels of support, with new findings on mental health and advocacy concerns.

March 10, 2021

The February 2021 Longitudinal Study identifies critical changes that have occurred in health care since July 2020. Since the initial survey, evidence has emerged indicating access to PPE has improved while the challenge of mental health and staffing have worsened. As stated by one nurse leader: “We have seen nurses leaving the profession due to moral distress, burnout, and fatigue. I believe if we can address the root cause of this problem, we will retain more nurses and begin to stabilize the numbers in the workforce.” The report identifies nurse leaders' top challenges, changes since July, support ratings of various entities, and top policy issues. The report also identifies an emerging gap between roles, with focus on chief nursing officers, directors, and managers.

SURVEYS: JULY 2020, FEBRUARY 2021

After conducting over a dozen interviews with nurse leaders, AONL and Joslin Marketing launched a non-incentivized online survey to nurse leaders. The recent February 2021 survey is part of an ongoing longitudinal study designed to track several areas over time. The initial survey was completed in July 16-26, 2020. 1,824 leaders completed or partially completed that survey. The second survey was conducted over the course of 10 days, February 8-18, 2021. Nearly one-out-of-three respondents in the second survey recalled completing the initial survey. **The second survey was sent to 23,515 nurse leaders and completed or partially completely by 2,471.** The margin of error for the second survey was +/- 2.45% with a 99% confidence level.

RESPONDENT PROFILE

Of the respondents from the February 2021 survey, 87% were either chief nursing officers (CNO), chief nursing executives (CNE), vice presidents, directors, or managers. Overall, 34% of the respondents were directors, 32% managers, and 17% CNOs or CNEs.

The majority of respondents came from acute care hospitals (52%) or health system facilities (14%). Only 4% came from long-term acute care (LTAC) or post-acute care facilities. Of all the respondents, 51% were urban, 29% suburban, and 20% rural.

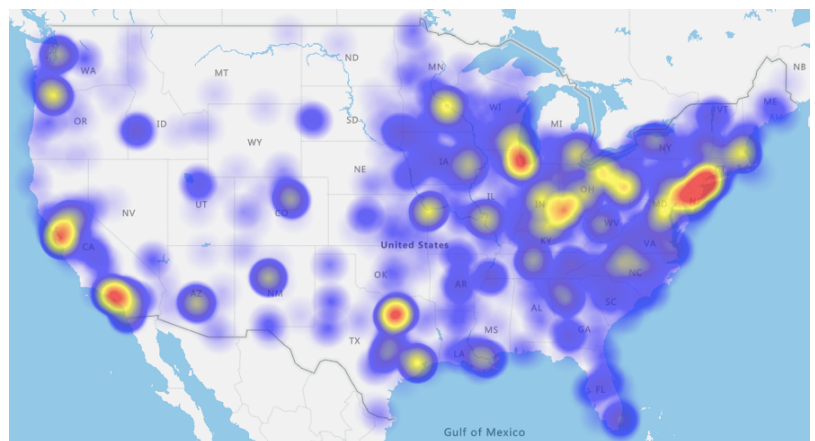


Figure 1 - Heat map distribution of respondents' primary work zip codes

PROFESSIONAL DEVELOPMENT AND UTILIZATION OF NURSES FOR COVID-19

Respondents indicated the percentage of nurses that received professional development to perform additional or new competencies to expand capacity to treat COVID-19 patients. 50% of all respondents said 81-100% of their nurses were trained, a 2% increase from July 2020. A gap emerged between responses from CNOs and managers, with 54% of managers indicating that 81-100% of their nurses were trained, opposed to 44% of CNOs.

In addition to how many nurses received professional training, nurse leaders were asked to identify the percentage of nurses that were actually utilized to treat COVID-19 patients. 33% indicated 81-100% were needed, which was a significant 10% increase from the results in July 2020. Again, a similar discrepancy emerged between managers and CNOs. 29% of CNOs selected 81-100% of nurses were needed, opposed to 37% of managers.

INCREASED ICU BEDS TO ACCOMMODATE COVID-19 PATIENTS

Increasing ICU beds is a direct indicator of surge. Similar to the percentage of nurses needed to treat COVID-19 patients, the percentage of ICU beds needed to expand capacity to treat patients increased by 12%, with a total of 66% of leaders reporting an increase in ICU beds. There was a continued variance between CNOs and managers' responses. 57% of CNOs reported an increase in ICU beds to accommodate patients, compared to 70% of managers. Of all respondents who reported having to increase ICU beds to expand capacity, 44% said they increased beds cumulatively over 6 months since the start of the pandemic.

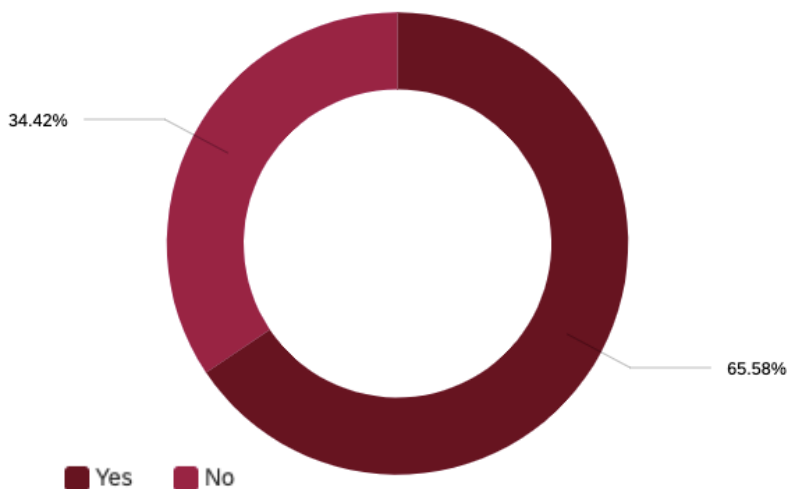


Figure 2 - Percentage of nurse leaders who indicated having to increase ICU beds to expand capacity to treat COVID-19 patients

TOP CHALLENGES DURING THE PANDEMIC: THEN AND NOW

In the **July 2020 survey** we asked nurse leaders to identify their top three challenges:

- 54% selected communicating and implementing changing policies
- 53% selected surge staffing, training, and reallocation
- 49% selected mental health and wellbeing of staff
- 46% selected access to PPE

In the **February 2021 survey** the attention narrowed to two major challenges.

- **67% selected mental health and wellbeing of staff**
- **65% selected surge staffing, training, and reallocation**
- 44% selected communicating and implementing changing policies
- 31% selected staff retention, furloughs, layoffs

Significantly, the percentage of nurse leaders who selected access to PPE dropped by 24% since July 2020.

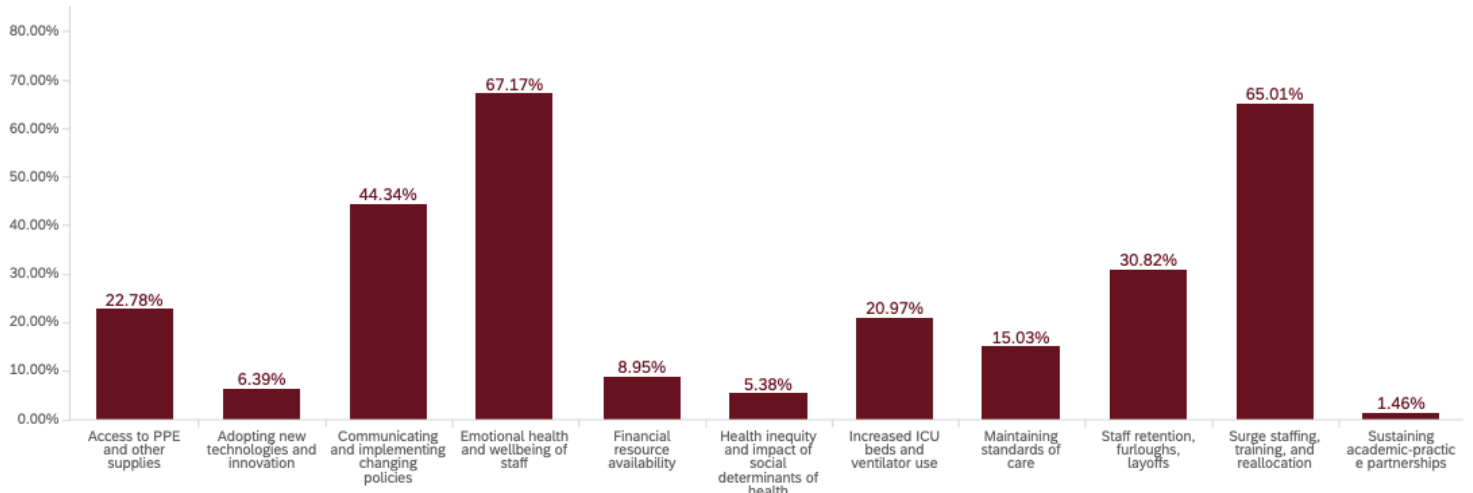


Figure 3 - Nurse leaders select top three challenges due to the COVID-19 pandemic in February 2021

Nurse Leaders Top Challenges

Feb 2021 %

Change since July 2020

Nurse Leaders Top Challenges	Feb 2021 %	Change since July 2020
Emotional health and wellbeing of staff	67.17%	+ 17%
Surge staffing, training, and reallocation	65.01%	+ 11%
Communicating and implementing changing policies	44.34%	- 11%
Staff retention, furloughs, layoffs	30.82%	+ 6%
Access to PPE and other supplies	22.78%	- 24%
Increased ICU beds and ventilator use	20.97%	+ 5%
Maintaining standards of care	15.03%	+ 4%

NURSE LEADERS' RESPONSE TO CHALLENGES

After respondents indicated their top three challenges, they were asked to rate how effectively they have been able to address those specific challenges. They were asked to rate on a 1-5 scale, with 5 being very well. The mean score for all challenges was 3.51, or between neutral and well. The lowest overall mean scores were 1) financial resource availability (2.84); 2) staff retention, furloughs, and layoffs (2.92); and 3) health inequity and the impact of social determinants of health (2.97). For CNOs, the lowest score was staff retention, furloughs, and layoffs. For directors and managers, the lowest score was financial resource availability.

NURSE LEADERS' RESPONSE TO CHALLENGES

For the February 2021 survey, respondents were asked to identify the biggest challenge they face today that they did not face six months ago. For this question, respondents selected only one challenge, opposed to the previous question where they selected the top three overall challenges. **Today, 35% of respondents named low morale and burnout as their number one challenge.** This is followed by staffing shortages and vaccine administration at 16% and 10%, respectively. Again, the gap between CNOs and managers is evident. Only 28% of CNOs selected low morale and burnout as a new challenge, compared to 43% of managers, for a 15% gap between the roles. This statistic is linked directly to managers' overall emotional health and wellbeing, which is covered in a following section of the report. Similar to other questions, directors were in the middle at 34%.

For CNO's, staffing shortages is as critical as low morale and burnout. 21% of CNOs selected it as their top challenge. This was consistent with our interviews, where nurse leaders expressed concern with staffing shortages due to various causes, from nurses leaving to care for their children, to seeking higher pay, to early retirement. Together staffing inconsistency and cost of staffing accounted for 12% of respondents' selections.

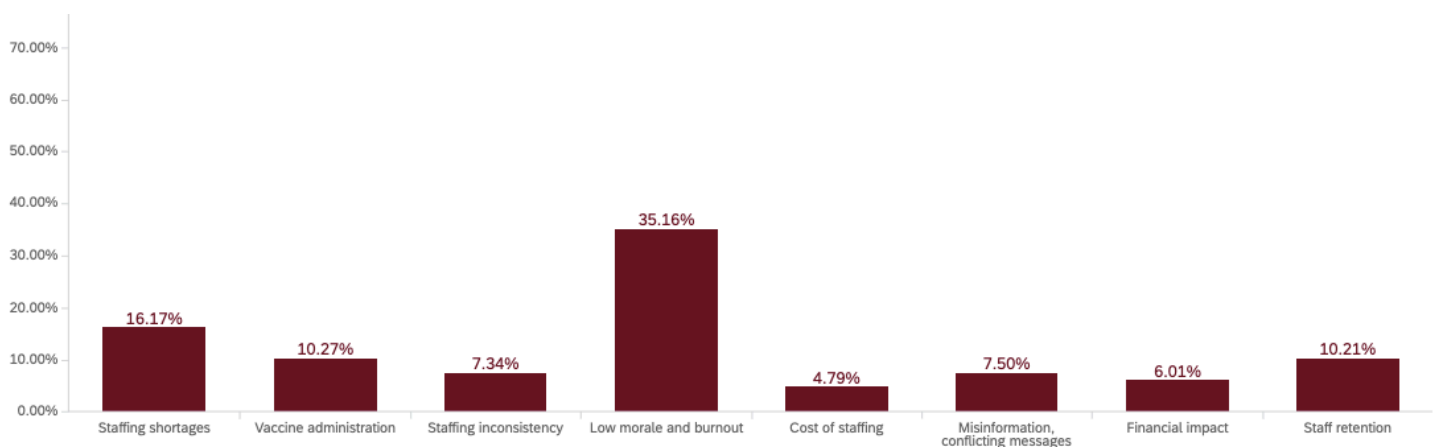


Figure 4 – The biggest challenges nurse leaders face today that they did not face six months prior

ACTIONS USED TO RESPOND TO CHALLENGES

Respondents were asked to provide open ended details as to how they have adapted to the challenges, naming adaptations, behaviors, structures, or innovations that have been beneficial.

Morale and burnout

Many tactics are being used to address burnout and low morale. Focus on engagement of staff, being present, creating a safe space for honest communication, and listening to concerns were the most frequent responses.

Staffing shortages

Over 25% of nurse leaders reported that their primary tool for addressing their staffing shortage was the use of travel and temp nurses. Another 25% used monetary incentives and bonus pay to ensure staff availability.

Staffing retention

Unlike other responses, nurse leaders provided a description of the problem versus the solution. They focused on turnover issues due to travelers, higher pay positions, low acuity environments, and family safety concerns.

ADVANCEMENTS FOR THE FUTURE

In the initial survey, nurse leaders were asked to identify temporary advancements that would be the most needed to maintain beyond the COVID-19 crisis. At that time, 45% of respondents selected increased utilization of telehealth. While this remained the leading choice for the February 2021 survey, its significance decreased by 9%, with wider recognition of nurses' contributions closing the gap. Together, these are the top advancements nurse leaders would like to maintain, with nearly two-out-of-three nurse leaders selecting one or the other. After these were adoption of new staffing models and increased interdisciplinary collaboration. For CNOs, there was relatively equal emphasis for telehealth (33%), interdisciplinary collaboration (33%), and staffing models (31%).

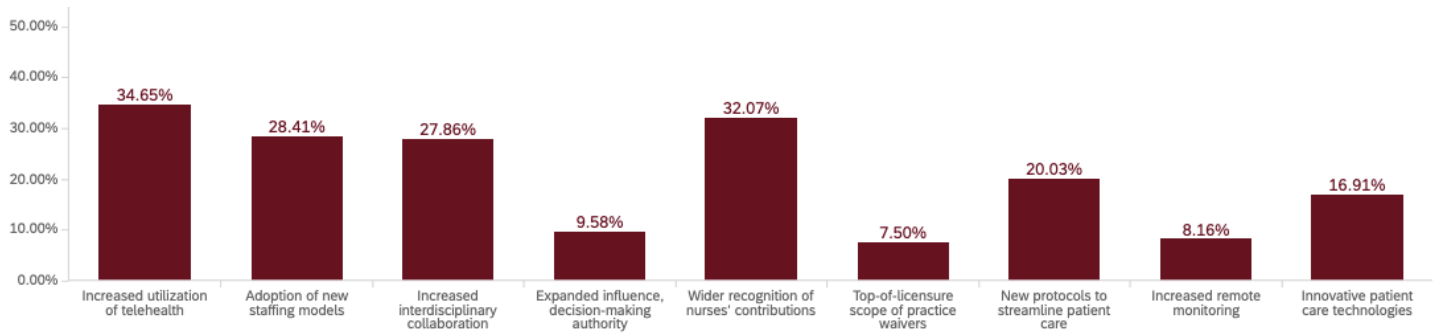


Figure 5 - Nurse leaders select temporary advancements that will be most important to maintain beyond COVID-19

SUPPORT RECEIVED FROM VARIOUS ENTITIES DURING THE PANDEMIC

Respondents were asked to rate the support received from the federal government, their state government, their local community, their organization, and team. They rated on a 1-5 scale, with 5 being far exceeds expectations. Since July, scores for exceeding and far exceeding expectations have dropped for all entities. For below and far below expectations, there was improvement for the federal government. State government received a significant decline in scores since July 2020, with a 12% drop for selections of exceeds and far exceeds expectations.

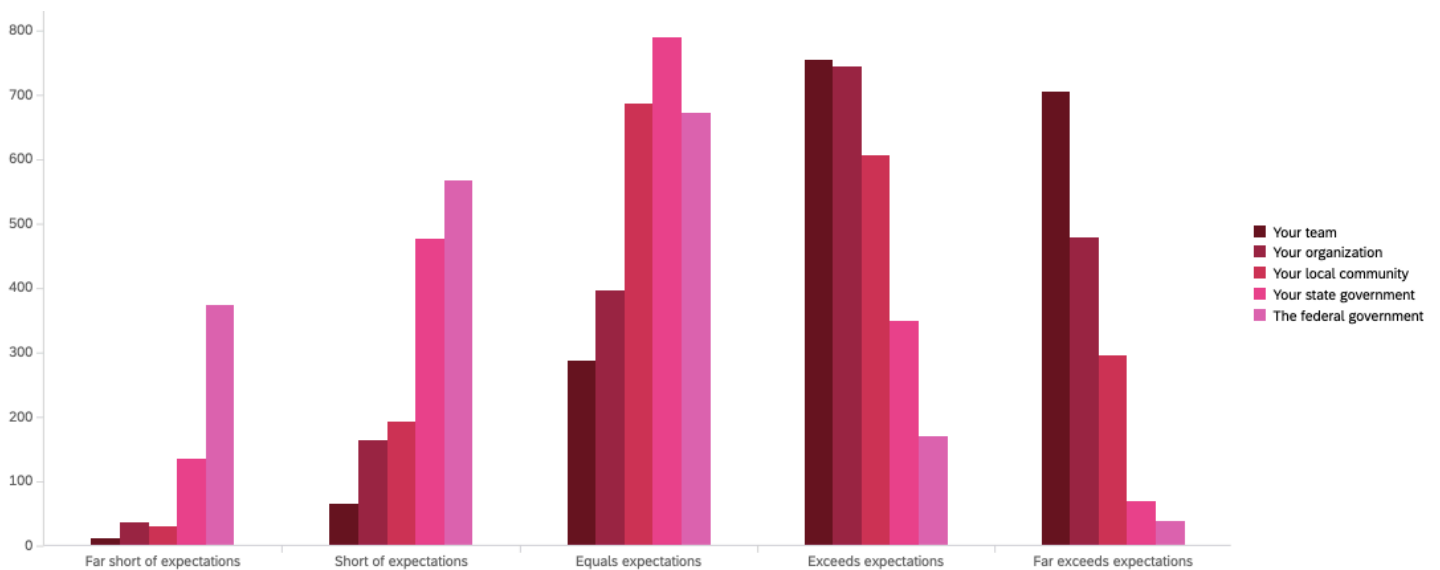


Figure 6 - Nurse leaders rate the support they have received from the following entities in February 2021

MENTAL HEALTH & WELLBEING

For the February 2021 survey, nurse leaders were asked to score their current emotional health on a 1-5 scale, with 1 being not at all emotionally healthy and 5 being very emotionally healthy.

- 16% selected not or not at all emotionally healthy
- 33% selected neutral
- 51% selected emotionally or very emotionally healthy

The most alarming statistic concerns managers. Managers tend towards emotional distress compared to their peers. **24% of managers indicated they are not or not at all emotionally healthy.** 41% selected emotionally or very emotionally healthy, compared to 51% across all roles. In comparison, 65% of CNOs selected emotionally healthy or very emotionally healthy. Only 7% of CNOs reported being not or not at all emotionally healthy, 17% less than managers. From the longitudinal study, this is the most singularly critical data point.

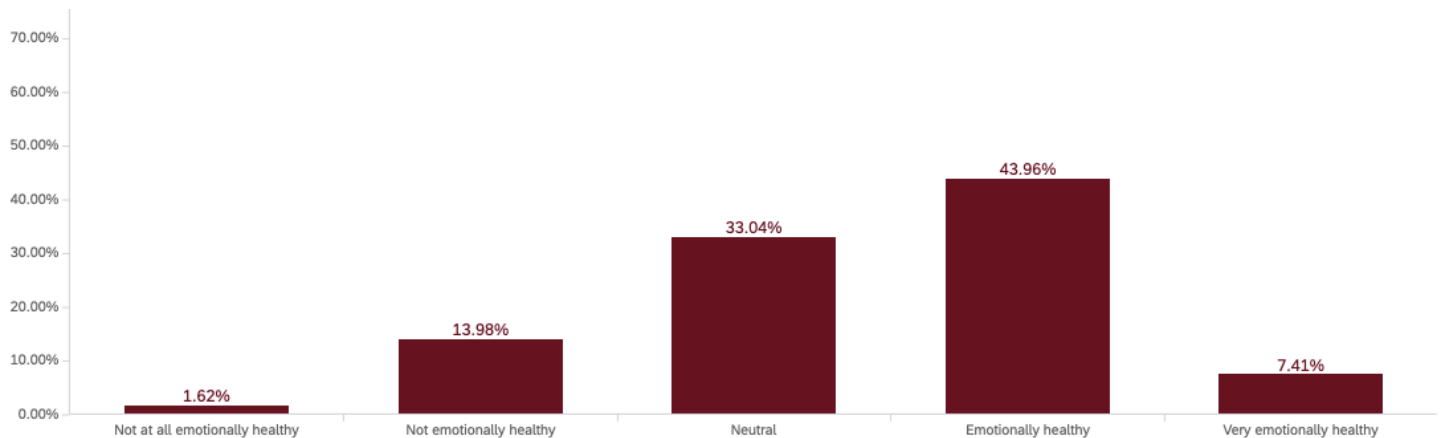


Figure 7 - Nurse leaders rate their emotional health in February 2021

INTENT TO LEAVE NURSING AS RESULT OF THE PANDEMIC

Based on the second survey, 90% of nurse leaders intend to stay in nursing. Roughly 8% are considering leaving and roughly 2% have indicated they plan to leave. CNOs are the least likely to leave, with 92.5% having selected no. Managers are more likely to leave, with 88.5% having selected no and 10% selecting maybe.

Of those who said they intended to leave, 58% said they were not sure when, 20% said within one year, 9% within the next six months, and 5% within one month. 7% said when the pandemic is over.

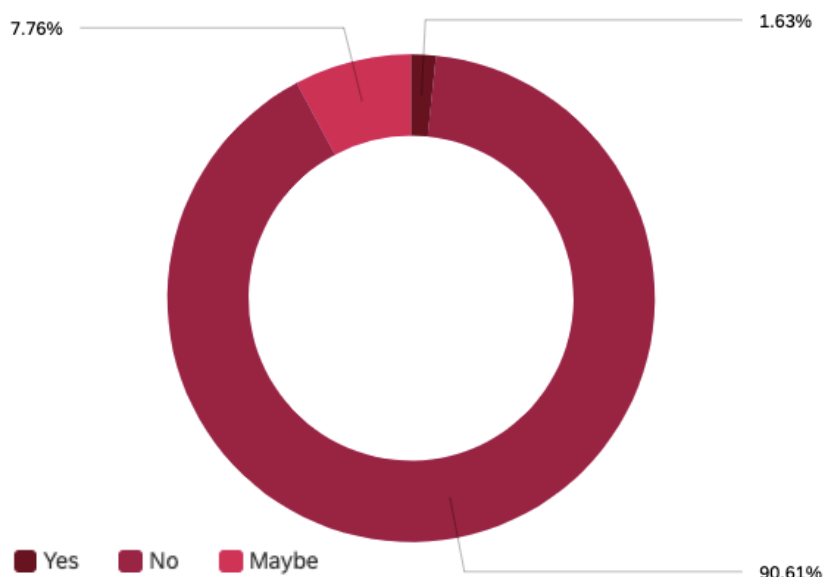


Figure 8 - Nurse leaders who intend to leave nursing as result of the pandemic

STAFFING SHORTAGE POST PANDEMIC

Staffing shortage is one of the top challenges faced by nurse leaders at the time of the February survey. Staffing shortages, travel nurses, and temporary staffing were expressed in interviews with CNOs, directors, and managers as a constant concern. To provide quantitative data on an ongoing debate, nurse leaders were asked to indicate how likely their organization is to experience a shortage following the pandemic, rating between not at all likely and very likely. The mean score was 3.52, between neutral and likely. 56% of respondents selected likely or very likely, with 23% of all leaders selecting very likely. Notably, directors were most likely to expect a shortage; 25% selected very likely and 37% selected likely. Overall, only 4% said they are not at all likely to experience a staffing shortage.

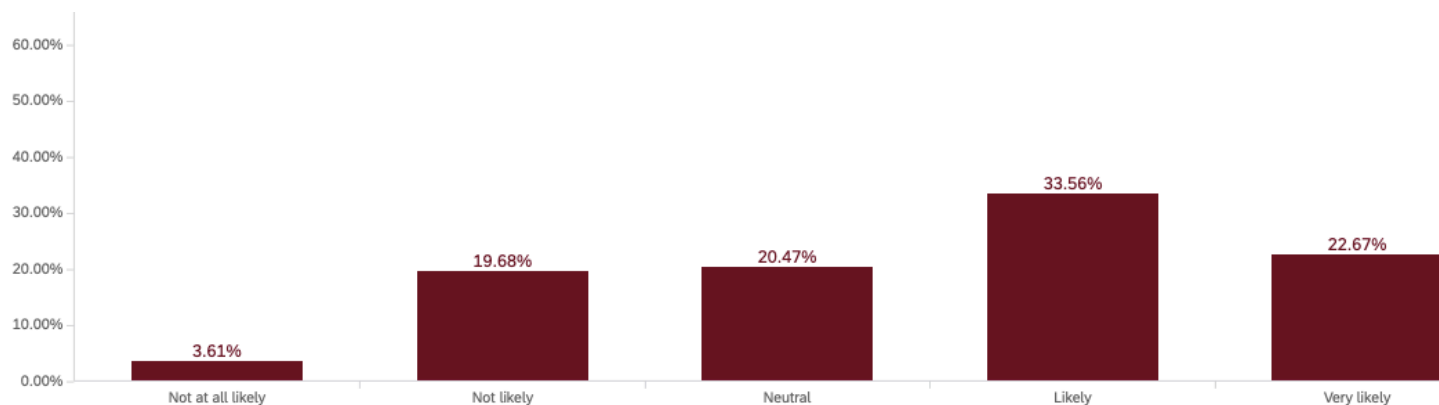


Figure 9 - Nurse leaders identify how likely their organization is to experience a staffing shortage after the pandemic

Leaders were asked to provide an open-ended response to the primary cause of their staffing shortage. Nearly 25% of respondents named burnout and fatigue as the primary cause. Others said early retirements, travel nursing, and nurses leaving the profession. In some cases, poor leadership was said to be the primary cause.

“Burn out, extremely low morale.”

“Resignations and retirements of FT and PD.”

“Staff leaving the industry or taking on more lucrative travel positions.”

“Staffing was an issue prior to the pandemic. The pandemic has exacerbated the issue.”

“The organization not providing correct resources and staff now leaving due to short staffing issues.”

POLICY CONCERNS

Another addition to the February 2021 survey was an advocacy question to determine the key areas for desired policy change. Validating the top challenge, burnout and behavioral health received 45% of the response. Following was grants and loan repayments for nurses and faculty, followed by cost of travel and temp nurses. These received 18% and 16%, respectively. Clinician childcare, transportation, and housing support received 9% of selections. Visa recapture, which is not shown in the chart, was selected by less than 1% of nurse leaders.

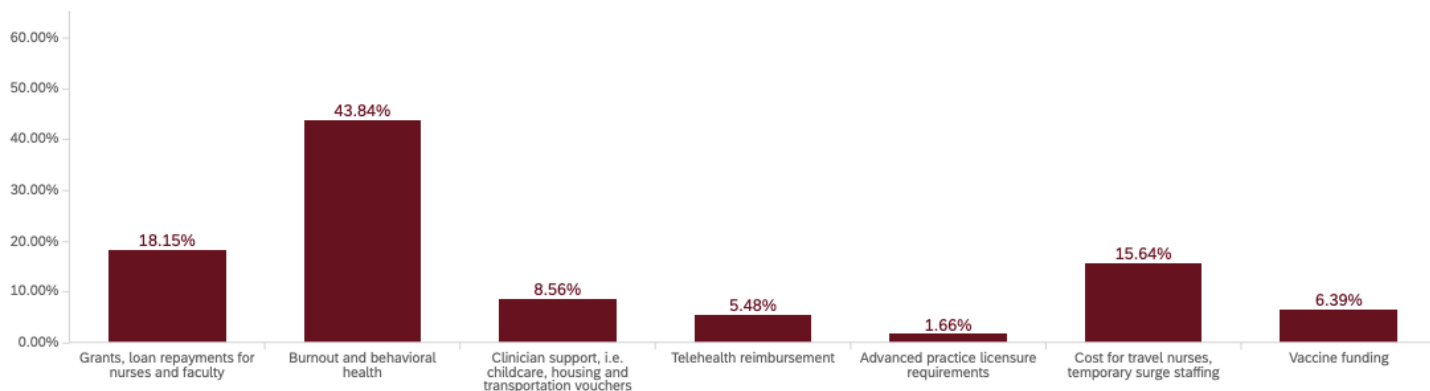


Figure 10 - Nurse leaders indicate the advocacy initiative that is most important to them as of February 2021

ARE NURSES PREPARED FOR THE FUTURE?

Since July 2020, confidence in preparedness has declined. In the initial survey, 87% of nurse leaders said their team was prepared for a future pandemic or surge. That number has dropped by 9% over six-seven months. After experiencing a rapid surge in the fall that continued through winter, 78% of nurse leaders now say they feel their team is prepared for a future pandemic or surge. Overall, 18% said maybe, with over 4% saying no. When analyzing roles, the gap remains. 84% of CNOs said they feel their team is prepared, while only 74% of managers indicated the same.

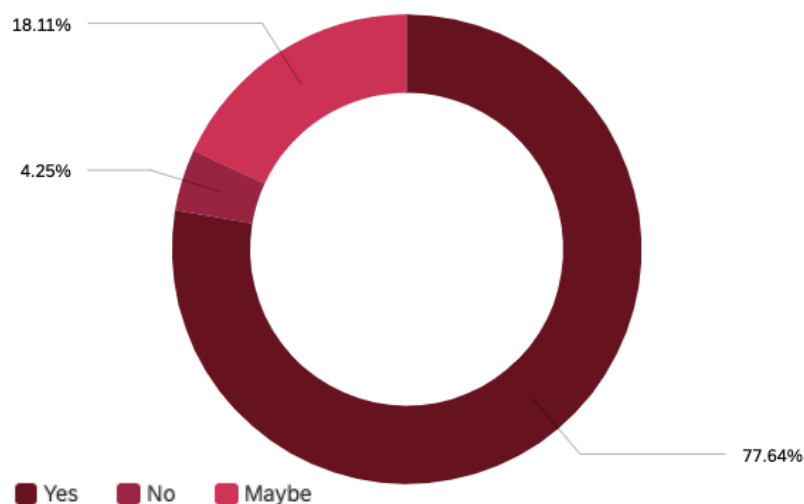


Figure 11 – Whether nurse leaders feel their team is prepared for a future pandemic or surge.

CONCLUSION

At the end of the first longitudinal survey in July 2020, the total death count in the U.S. was under 130,000 and new cases were declining in the Tri-state region (New York, New Jersey, and Connecticut), with the first wave just reaching Florida, Arizona, and California. At that time, communicating and implementing changing policies and surge staffing, training, and reallocation of staff were the top challenges nurse leaders faced, as well as access to PPE and other equipment. Fast forward six months and the story changed dramatically.

At the end of the second survey in February 2021, the death count in the U.S. exceeded 500,000. Access to PPE was far less of a concern, and emotional health and wellbeing skyrocketed as a problem, with over 67% of nurse leaders identifying it as a top challenge. Additionally, the gap between chief nursing officers and managers expanded. As of February 2021, one-out-of-four managers reported they were not or not at all emotionally healthy. Surge staffing, training, and reallocation remained a challenge, having also increased since July 2020.

The most acute problem facing healthcare is the emotional health and wellbeing of nurses. It is clear from this study that nurse managers are exposed to higher levels of stress and that the closer they are to the point of care the greater the effect the crisis has on emotional health. Going forward, health systems and health care leaders must address the gap that has emerged between ranks. Staffing shortages, as well as travel and temp nursing models, must also be considered from an operations perspective and for future policy initiatives.