

August 2021 Report:

Nurse Leaders' Top Challenges, Emotional Health, and Areas of Needed Support, July 2020 to August 2021

Over one year, 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. The study was launched in three series: July 2020, February 2021, and August 2021. The recent findings reveal new changes to nurse leaders' primary challenges and critical data concerning staffing shortages and nurse leader well-being.

September 8, 2021

The August 2021 Longitudinal Study focuses on new data and major shifts that have occurred in health care going back to the first survey conducted in July 2020. The new data from this survey indicates access to PPE and the ability to communicate and implement changing policies have improved, while staffing shortages and the emotional health and well-being of nurse leaders have worsened. The August report also offers new insights into nurse leaders' needs and tactics being used to address the growing staffing shortage. The report continues to identify a gap between roles, with focus on chief nursing officers, directors, and managers.

SURVEYS: JULY 2020, FEBRUARY 2021

After leading dozens of interviews, AONL, AONL Foundation, and Joslin Marketing launched an online survey to nurse leaders. The most recent survey was the third part of a year-long longitudinal study designed to track several areas over time. The first survey was completed July 16-26, 2020, with 1,824 leaders completing or partially completing that survey. The second survey was completed at the midway point by 2,741 nurse leaders between February 8-18, 2021. The third survey was launched August 10-20, 2021. This survey, completed or partially completed by 1,781 nurse leaders, has a +/- 2.9% margin of error at a 99% confidence level.

RESPONDENT PROFILE

AONL fielded the survey to nurse leaders at all levels across the care continuum. The majority of respondents identified as white/caucasian, over the age of 45, and from urban acute care hospitals. 80% were either chief nursing officers, chief nursing executives (CNO/CNE), vice presidents, directors, or managers. By role, 29% were directors, 25% managers, and 20% CNO/CNEs. 52% of respondents came from acute care hospitals and 16% from health system facilities. Only 4% came from long-term acute care (LTAC) or post-acute care facilities (e.g. skilled nursing, inpatient rehabilitation, etc.). 50% of respondents said they are urban, 33% suburban, and 17% rural.

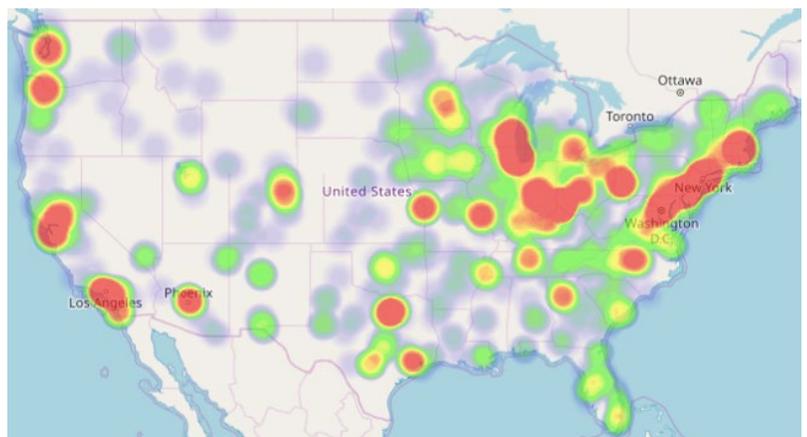


Figure 1 – Respondents' primary work setting zip code, August 2021

TOP CHALLENGES DURING THE PANDEMIC: THEN AND NOW

In July 2020, 54% of respondents said communicating and implementing changing policies was a top challenge. Over the course of one year this has improved steadily. Today, only 34% of respondents selected it as a top challenge, a 37% decrease. Similarly, the challenge of personal protective equipment (PPE) and other supplies dropped from 46% to 14%, a 70% decrease. Conversely, the emotional health and well-being of staff has become an ever greater problem. In July 2020, 50% of nurse leaders selected it as a top challenge. In just the past year, that number has increased with 75% of respondents selecting it as a top challenge, a 50% increase. Also alarming is staff retention, furloughs, and layoffs. In July 2020, 24% of nurse leaders identified it as a challenge. Today, that number has increased by 96%, with 47% of nurse leaders now selecting it as a top challenge.

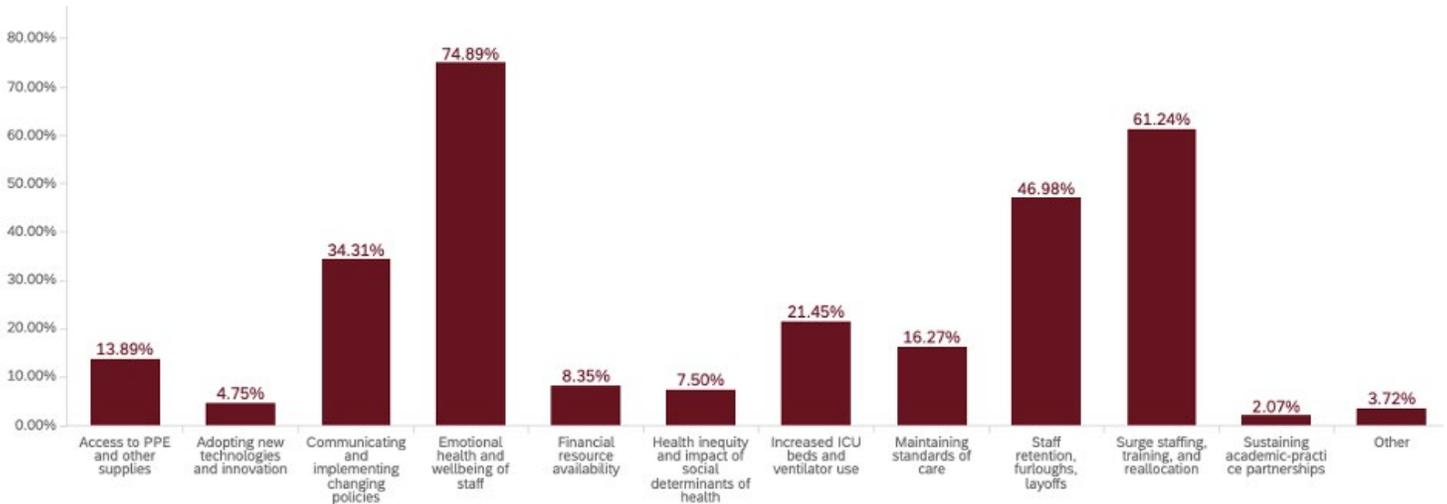


Figure 2 - Nurse leaders select top three challenges due to the COVID-19 pandemic, August 2021

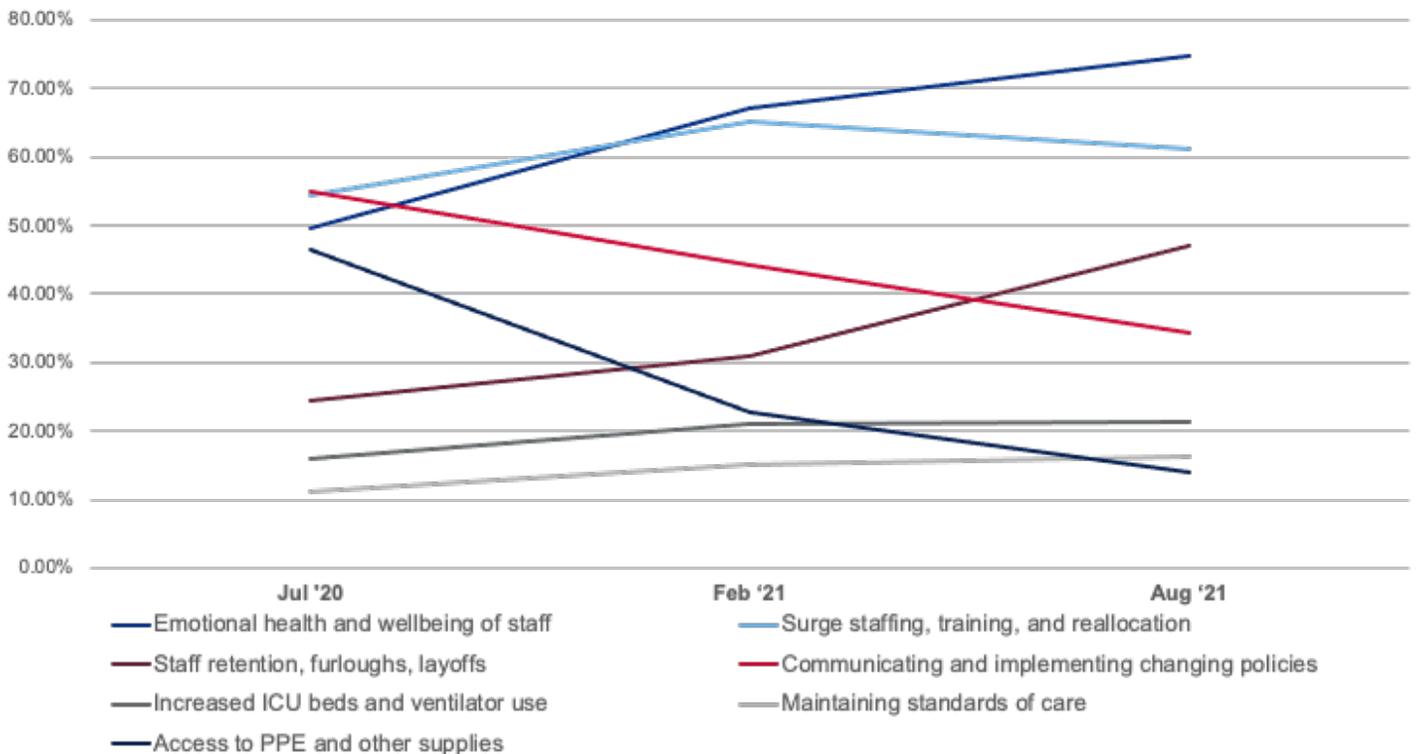


Figure 3 – Nurse leaders indicate top three challenges due to the COVID-19 pandemic, July 2020 to August 2021

NURSE LEADERS' RESPONSE TO CHALLENGES: THEN AND NOW

For all of our surveys, respondents were asked to rate how effectively they have been able to address their respective top challenges. They were asked to rate on a 1-5 scale, with 5 being *very well*. In August 2021, the mean score for all challenges was 3.28, compared to 3.51 in July 2021. When analyzing the top challenges, we can see where nurse leaders are struggling to respond and where they are improving. In communicating and implementing changing policies, nurse leaders are making headway. Staff retention, furloughs, and layoffs; emotional health and well-being of staff; and surge staffing, training, and reallocation, however, have continued to provide nurse leaders with pains as their ability to respond to these challenges worsens. Since July 2020, the ability to respond to staff retention, furloughs, and layoffs has declined most significantly, with nurse leader's ability to respond to this challenge dropping by 24% over the course of one year.

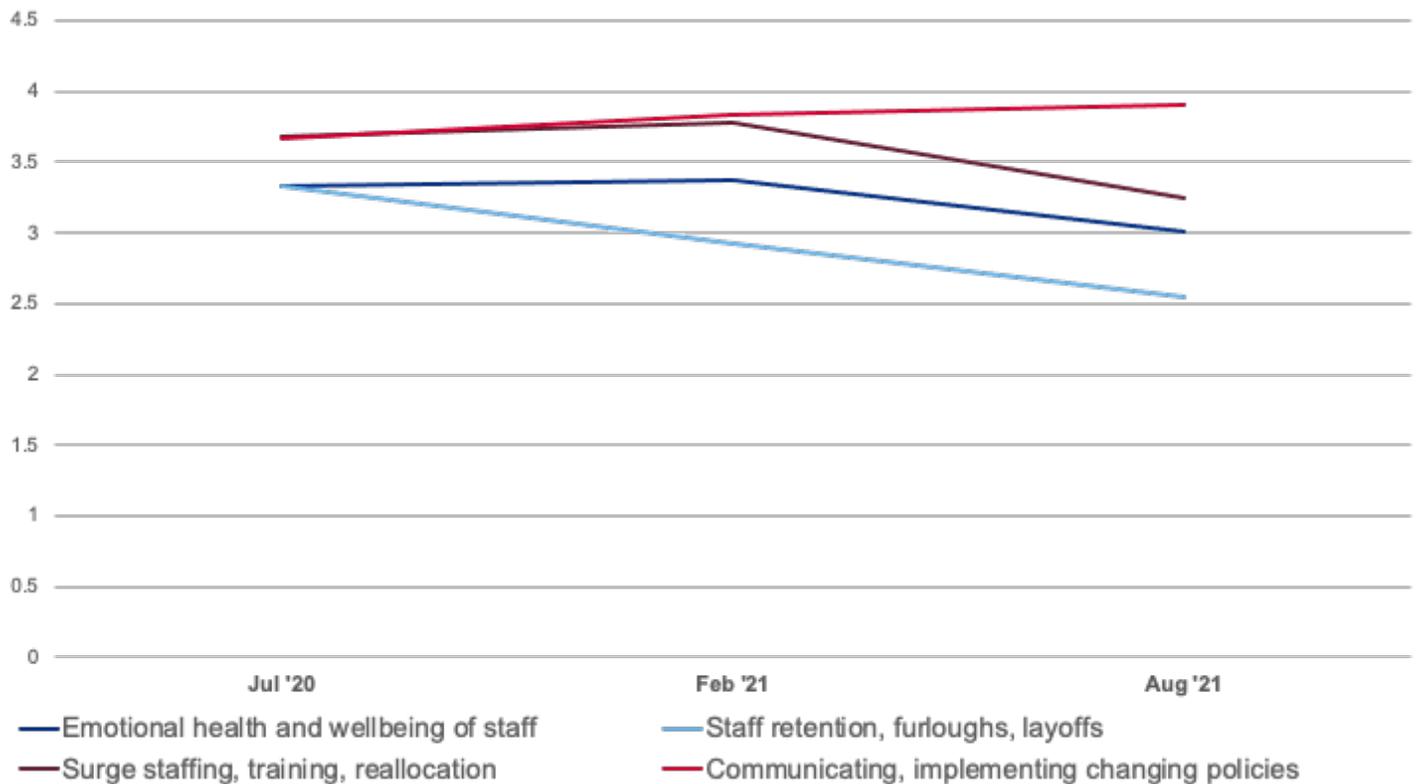


Figure 4 - Nurse leaders' ability to respond to their respective challenges over time, July 2020 to August 2021

STAFFING SHORTAGES SKY-ROCKETS AS A NEW CHALLENGE IN AUGUST 2021

For the February and August 2021 surveys, we asked respondents to identify the biggest new challenge they face today that they did not face 6-8 months ago. The goal was to determine emerging challenges. As of August, 38% of respondents named staffing shortages as the biggest new challenge – a staggering 137% increase since February. The growing staffing shortage does not come as a surprise. A global staffing shortage is being felt across a range of industries as organizations struggle to fill vacant roles and adapt to the changing economy—one that is being driven increasingly by the employee's needs.

Following staffing shortages was low morale and burnout, which was the top new challenge in February. Concerning health care roles, a gap between CNO/CNEs and managers is evident. A higher percentage of managers (37%) selected low morale and burnout, compared to CNO/CNEs (22%). Conversely, 45% of CNO/CNEs selected staffing shortages as the biggest new challenge, compared to 37% of managers. Notably, vaccine concerns—vaccine administration and vaccine hesitancy—account for 10% of selection.

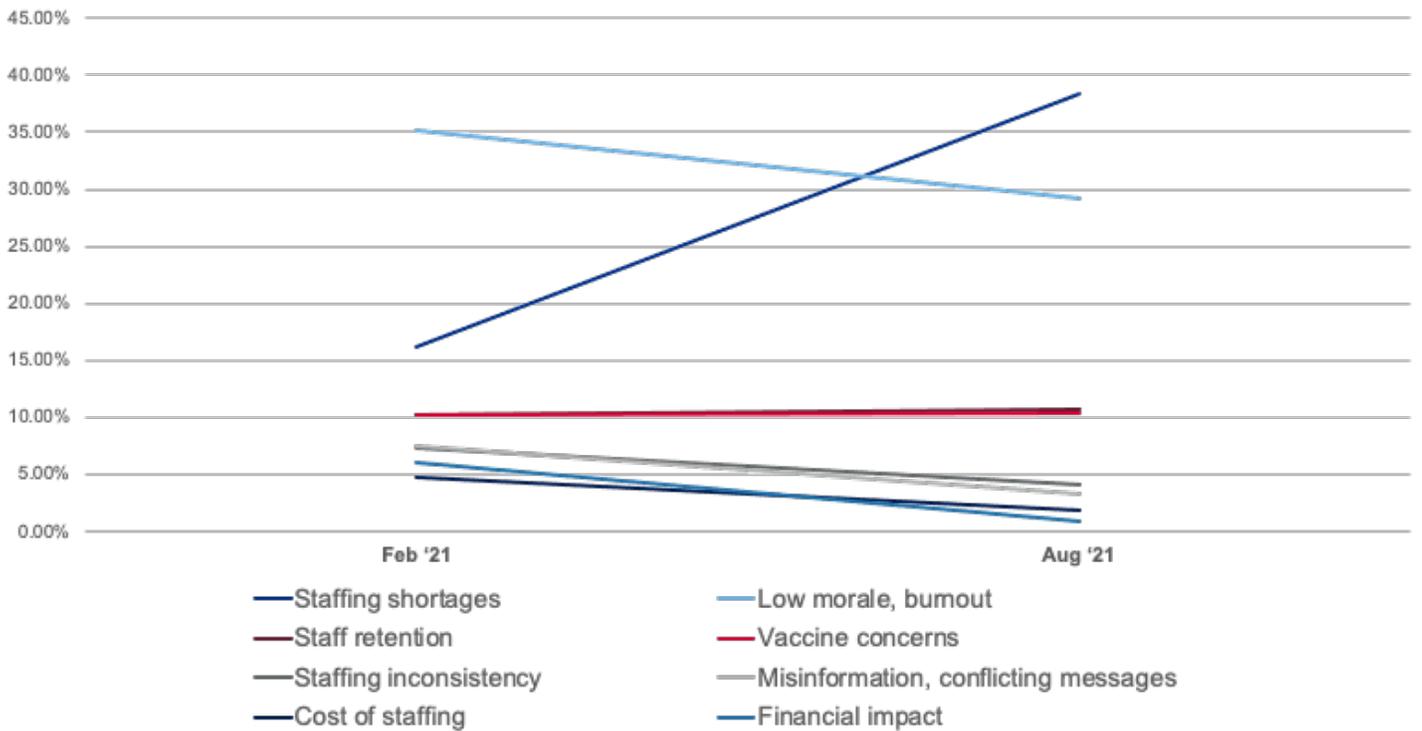


Figure 5 - Nurse leaders indicate their biggest new challenge, February 2021 to August 2021

NEW STAFFING MODELS AND RECOGNITION OF NURSES INCREASE IN IMPORTANCE

Since the initial survey, we have asked nurse leaders to identify the top two temporary advancements that should be maintained beyond COVID-19. In July 2020 at the onset of the pandemic, 45% of respondents selected increased utilization of telehealth. Since then, telehealth’s significance has declined by 51%. Today, it accounts for 23% of respondents’ selection. Similarly, increased interdisciplinary collaboration has declined since July 2020. Previously, it accounted for 26% of the selection, compared to 17% today.

But while these drop, new innovations emerge as frontrunners. Adoption of new staffing models and wider recognition of nurses’ contributions have both increased significantly since last summer. Previously, adoption of new staffing models received 28% of the selection. This has increased by 38% over one year. More significantly, the need for wider recognition of nurses’ contributions has increased by 48% over the same time period. Previously, recognition received 24% of the selection; now it accounts for the second most at 36%.

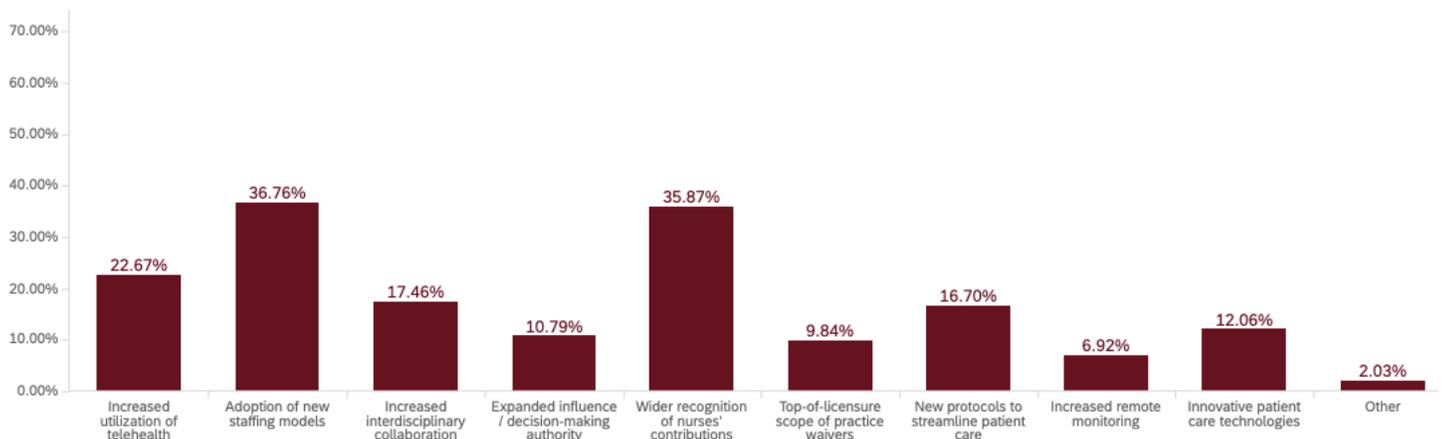


Figure 6 - Nurse leaders select temporary advancements that will be most important to maintain beyond COVID-19, August 2021

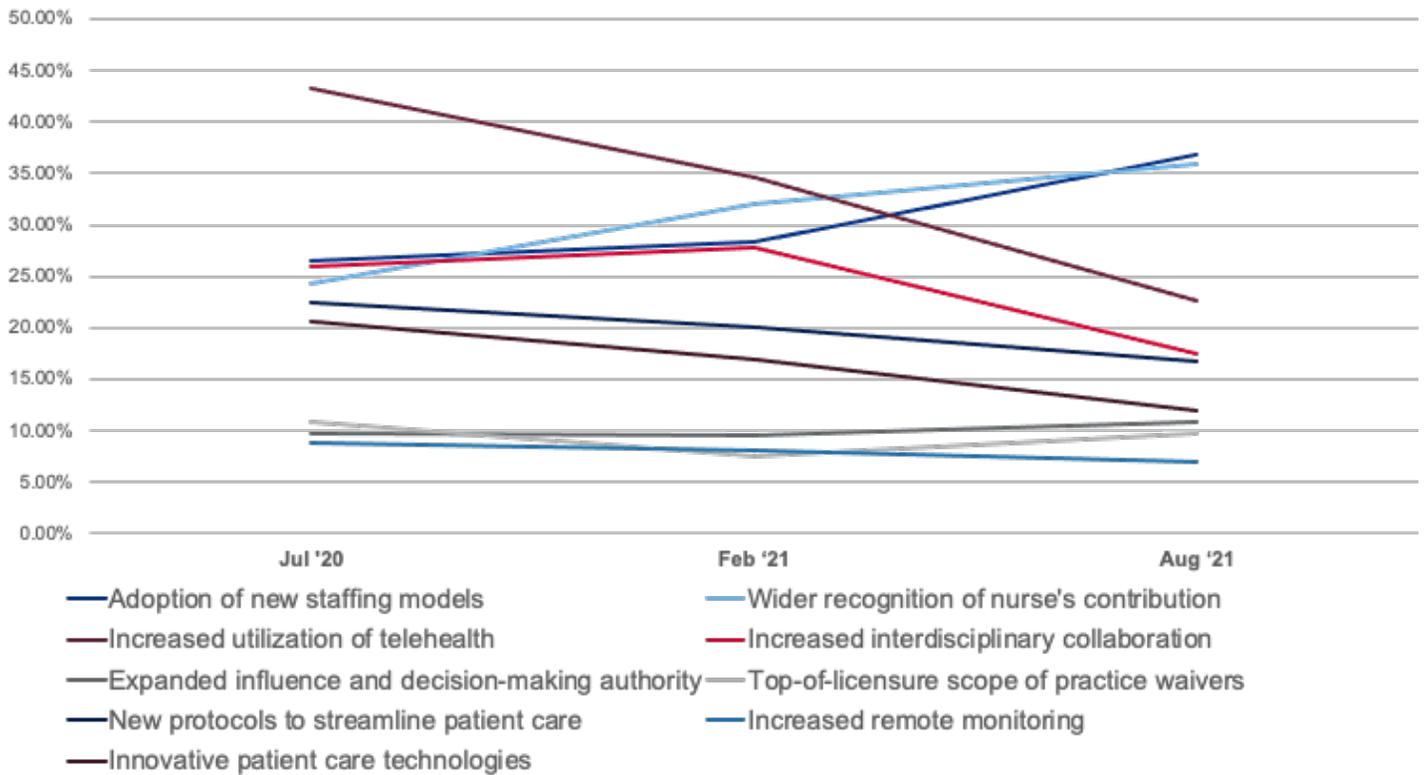


Figure 7 - Nurse leaders select temporary advancements that will be important to maintain beyond COVID-19, July 2020 to August 2021

PERCEIVED SUPPORT FROM LOCAL COMMUNITY AND STATE GOVERNMENT DECLINES

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 2020, scores have dropped for all entities, except for the federal government, which has shown slight improvement. While team and organizational support have declined, the support scores have remained high compared to other entities. Overall, perceived support from local community and from state government have declined the most over one year. The percentage of respondents who selected *short or far short of expectations* for state government increased by 6 percentage points since July 2020. For local community, this percentage increased by 12 percentage points, a 95% increase in negative sentiment scores in six months.

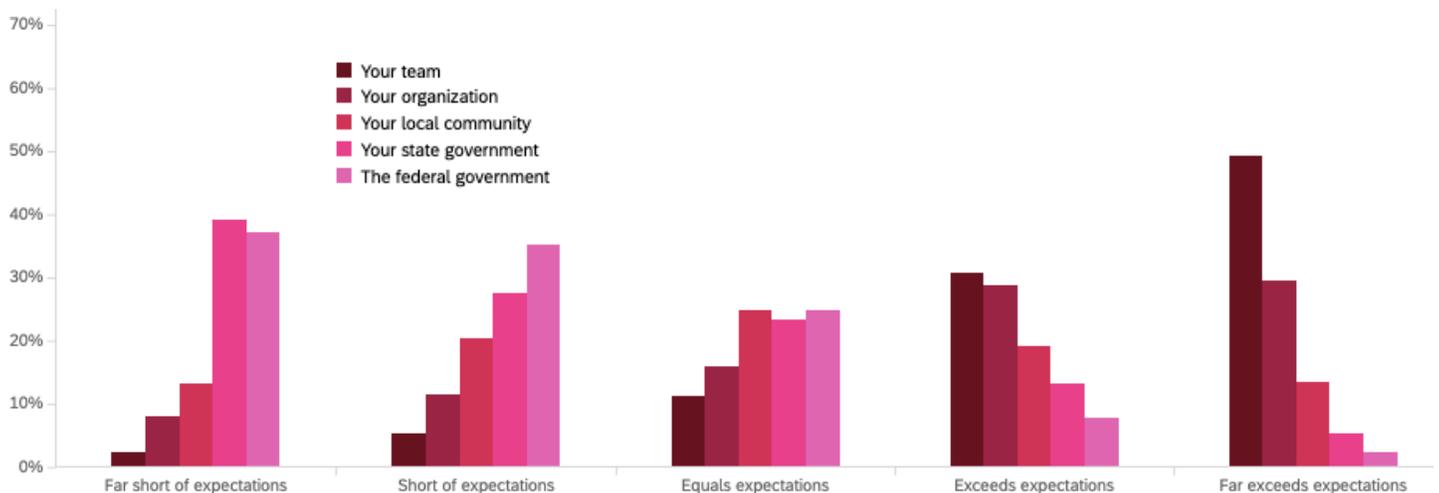


Figure 8 - Nurse leaders rate the support they have received from various entities, August 2021

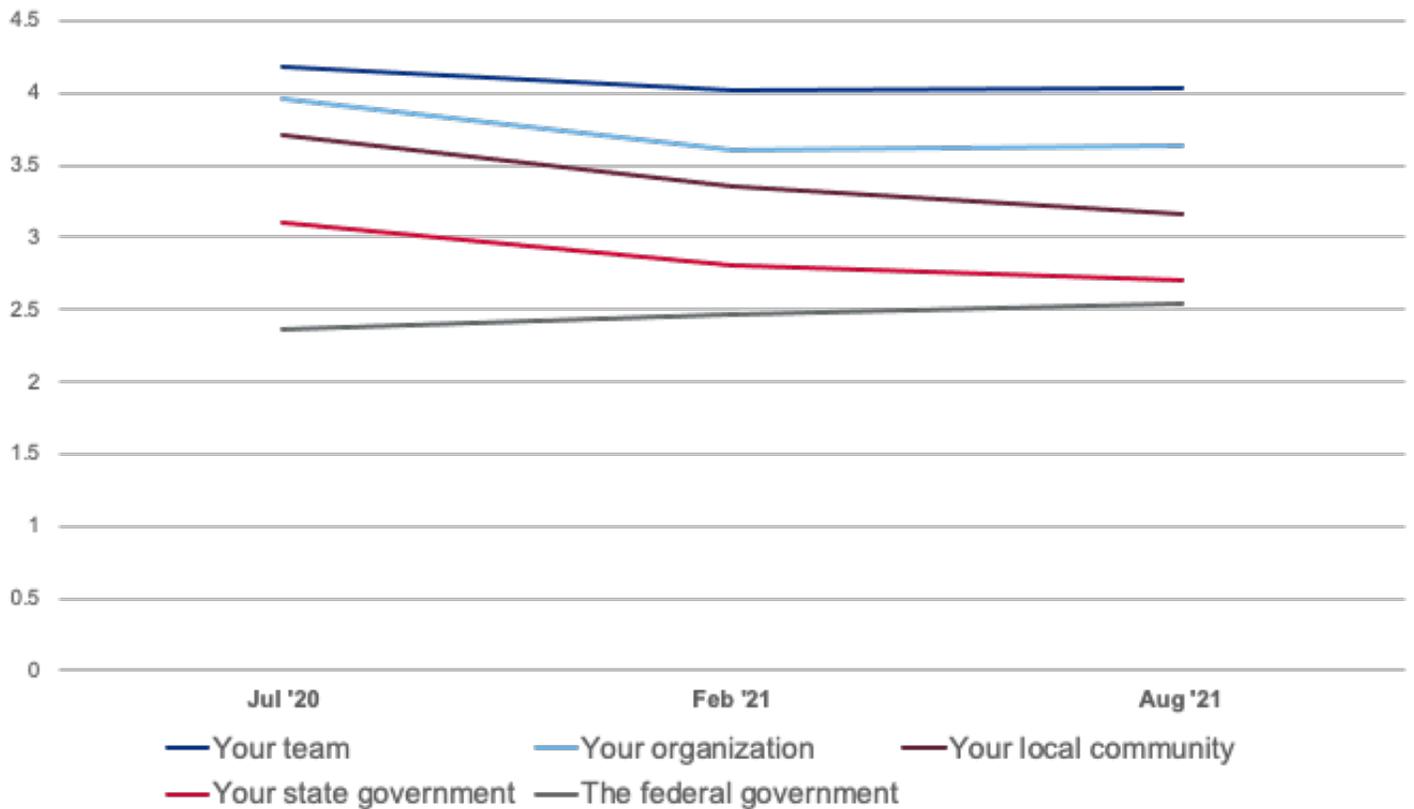


Figure 9 - Nurse leaders rate the support they have received from various entities, July 2020 to August 2021

EMOTIONAL HEALTH & WELL-BEING WORSENS FOR ALL ROLES

The most alarming statistic concerns the emotional health of nurse leaders, which is dropping at a critical rate. As of August 2021, 25% of nurse leaders say they are *not emotionally healthy*. Managers, specifically, tend towards emotional distress. In February, 24% indicated they were *not* or *not at all emotionally healthy*. That number has risen by 50% with 36% now reporting being *not* or *not at all emotionally healthy*. While scores for emotional health are better among CNOs, CNEs, and directors, these groups are also trend towards lower levels of emotional health. In February, 7% of CNOs and CNEs selected *not* or *not at all emotionally healthy*. That number has increased by 143% in just six months, to 17%. Similarly, 26% of directors now report not being *emotionally healthy*, a 73% increase over the same time period.

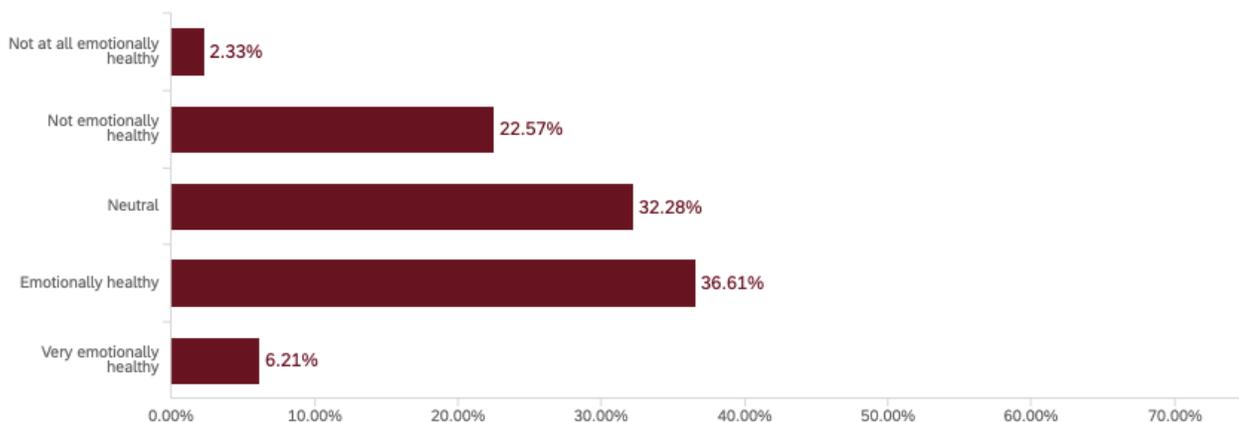


Figure 10 - Nurse leaders rate their current emotional health, August 2021

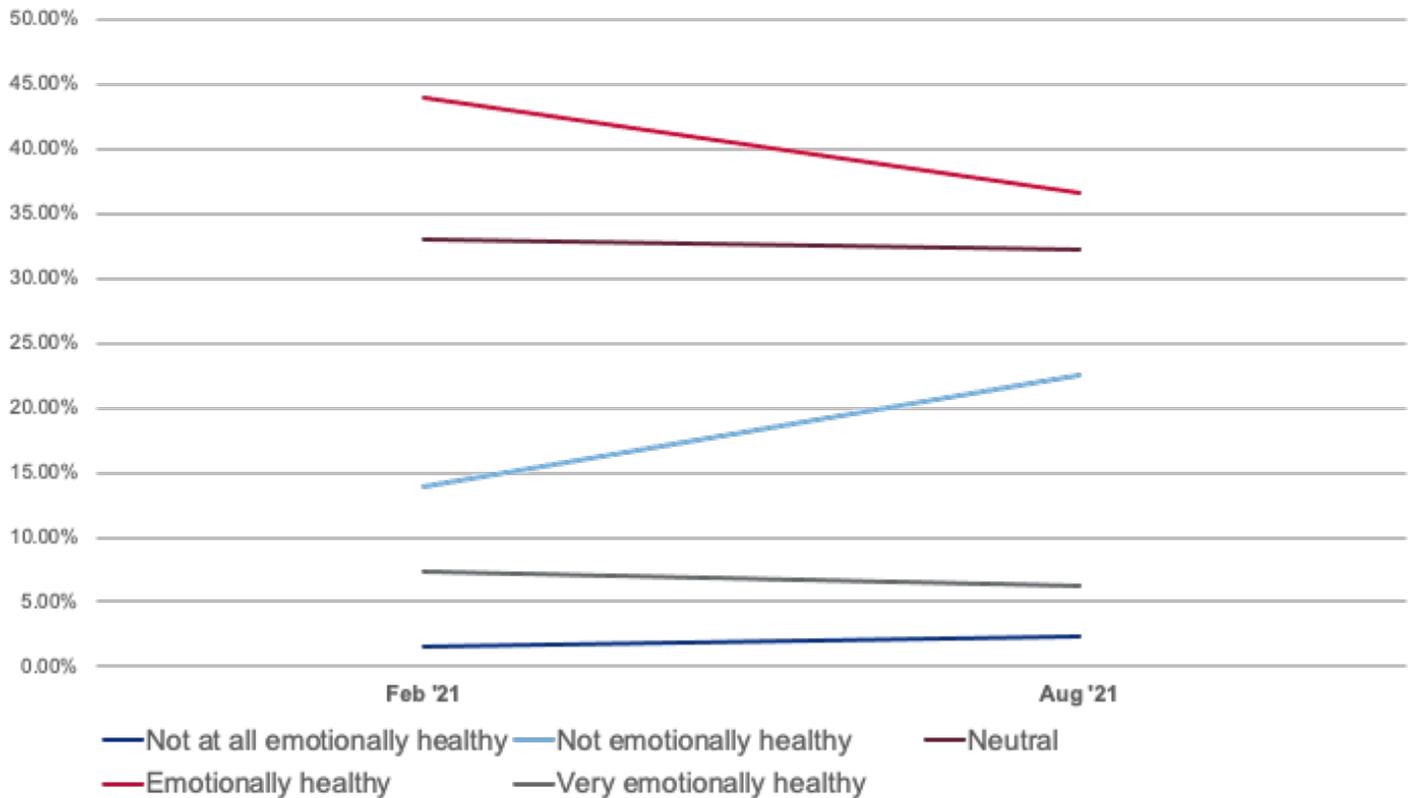


Figure 11 - Nurse leaders rate their current emotional health, February 2021 to August 2021

INTENT TO LEAVE NURSING AS RESULT OF THE PANDEMIC GROWS

The February 2021 survey findings provided room for hope as 90% of nurse leaders said they would not leave nursing due to COVID-19. However, while nurses have demonstrated a superhuman ability to cope in the face of crisis, they are humans. Faced with new challenges, growing staffing shortages, and declining emotional health, data now shows that intent to leave is beginning to grow.

The August 2021 data reveals a negative trend. As of today, 80% of nurse leaders say they intend to stay in nursing, down 10 percentage points over only six months. Nearly 17% of nurse leaders now say they are considering leaving, a 116% increase since February; and 3% of nurse leaders say they plan to leave, a 90% increase over the same period of time.

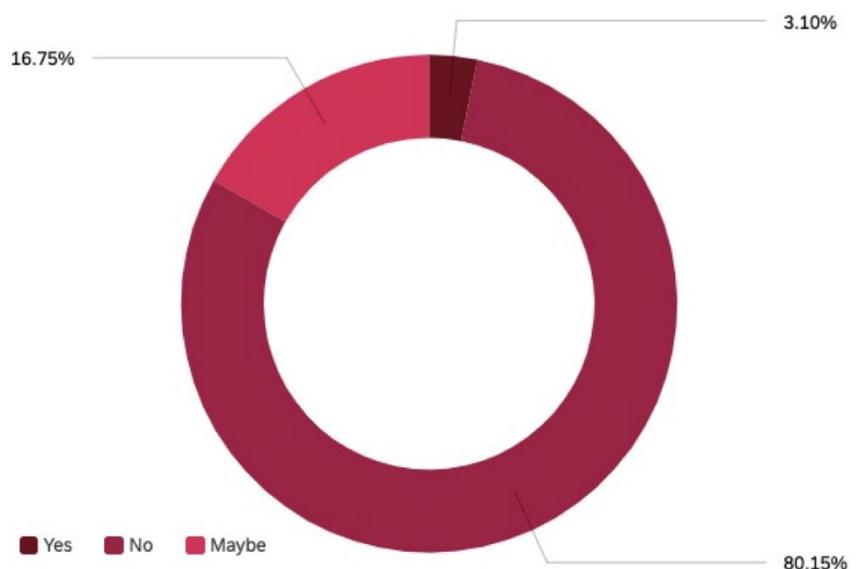


Figure 12 - Nurse leader's intent to leave nursing as result of the pandemic, August 2021

Of those who said they intend to leave, 53% said they were not sure when, 22% said within one year, 14% within the next six months, and 5% within one month. 6% said when the pandemic is over.

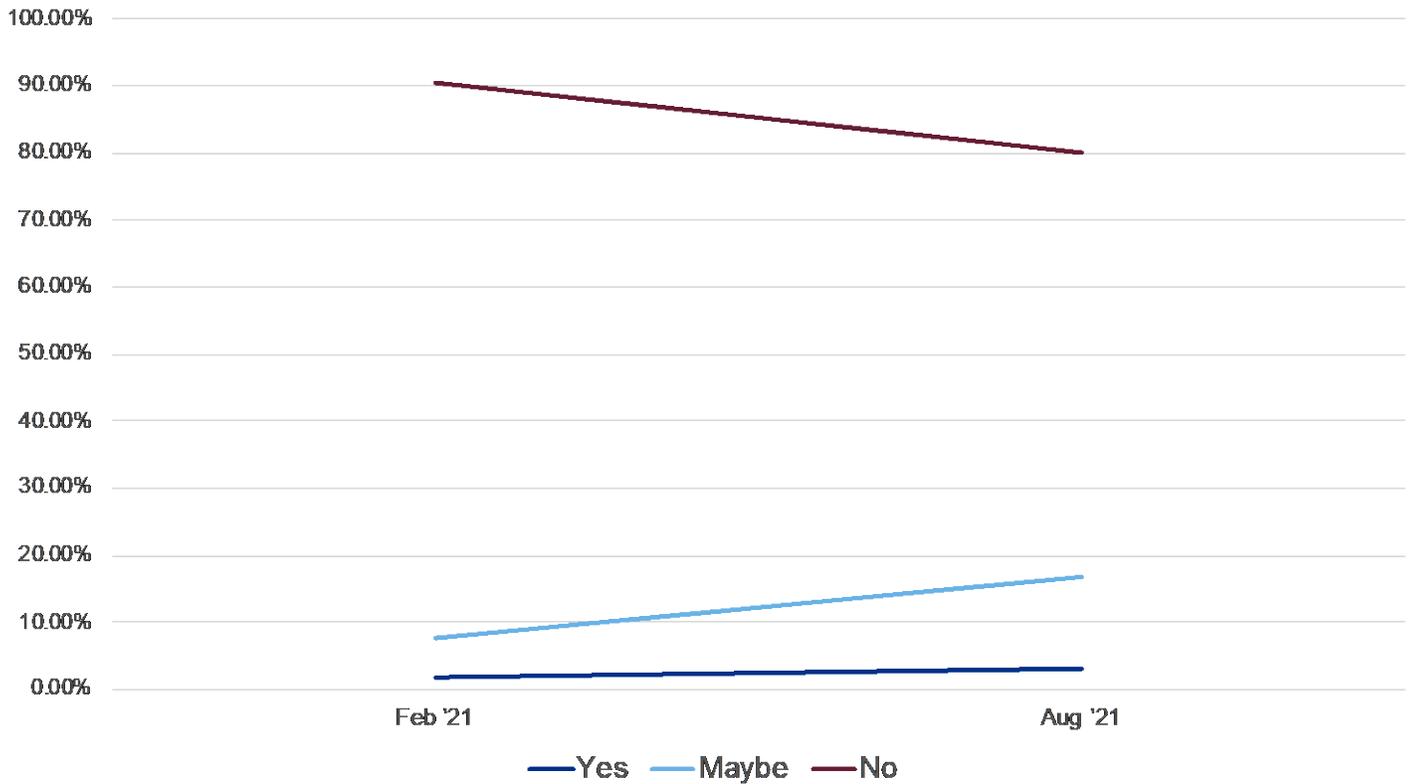


Figure 13 - Nurse Leader's intent to leave nursing as result of the pandemic, February 2021 to August 2021

NURSE LEADERS INDICATE WHAT WILL IMPROVE THEIR WORK SATISFACTION

Anticipating a decline in emotional health and an increase in intent to leave, we asked nurse leaders what solutions their organization could implement to improve their work satisfaction. The predominant response was support of work-life balance, with 43% of the response. This was followed by requests for organizations to offer flex scheduling, which received 13% of the response.

Additionally, 8% of respondents, 90% of which were nurse managers, say they would like their organization to decrease their number of direct reports. Another 8% would like to be able to take a day off when needed, which adds to the broader story of changes in workforce and the need to rethink staffing models. As noted previously, 37% of nurse leaders indicated that adoption of new staffing models is a temporary advancement that will be important to maintain beyond the pandemic.

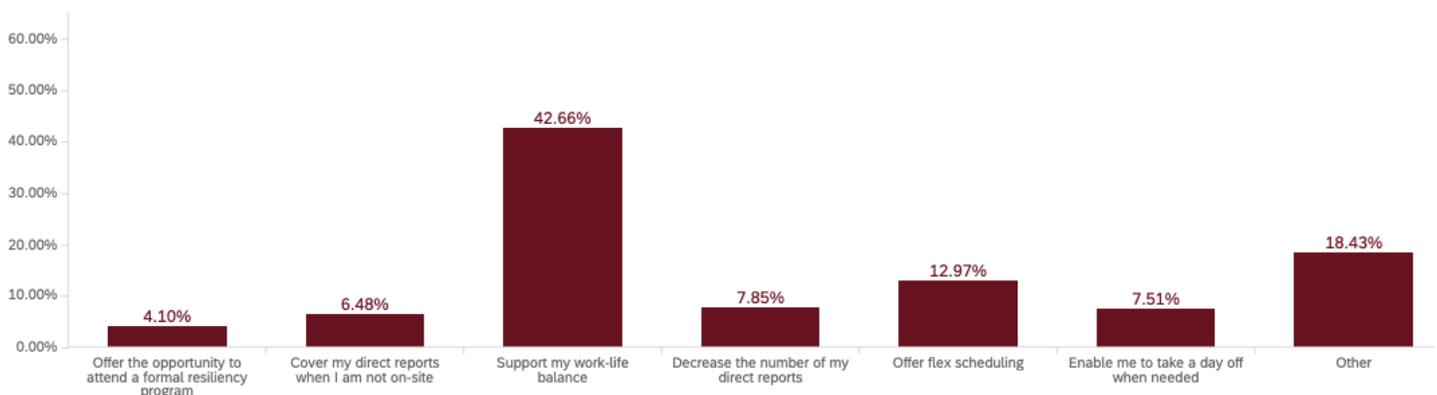


Figure 14 - Nurse leaders indicate what their organizations could offer to improve their work satisfaction, August 2021

90% OF NURSE LEADERS ANTICIPATE A STAFFING SHORTAGE POST PANDEMIC

To understand the full extent of the staffing shortage problem and future projections, we asked nurse leaders to indicate how likely their organization is to experience a staffing shortage following the pandemic. Respondents were asked to rate between *not at all likely* and *very likely*. The findings were some of the most dramatic in terms of trends since February 2021. The mean score previously was 3.52, between *neutral* and *likely*. As of August 2021, the mean score jumped 26% to 4.44, between *likely* and *very likely*. Most significant, however, was the increase in respondents who said a staffing shortage is *very likely*. This number increased by 165%, jumping from 23% to 60% over six months. Overall, 90% of nurse leaders expect a staffing shortage post pandemic.

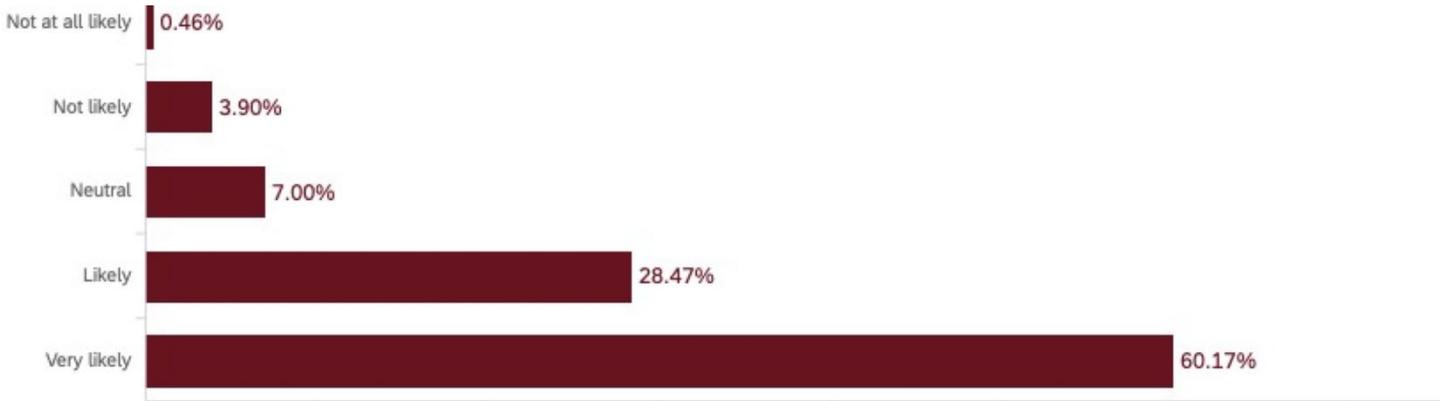


Figure 15 - Nurse leaders indicate how likely their organization is to experience a staffing shortage after the pandemic, August 2021

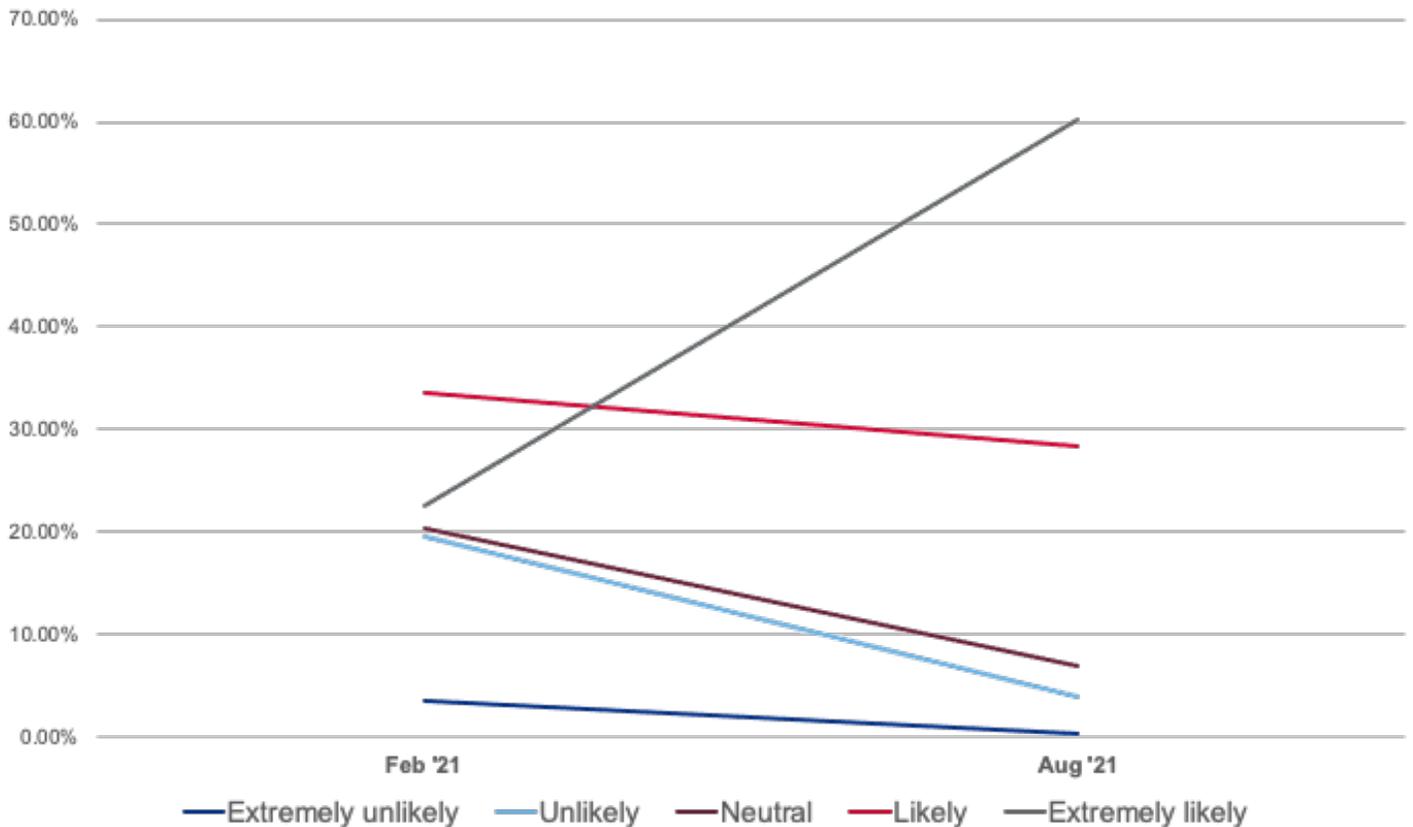


Figure 16 - Nurse leaders indicate how likely their organization is to experience a staffing shortage, February 2021 to August 2021

HOW NURSE LEADERS ARE ADDRESSING THE STAFFING SHORTAGE

We asked nurse leaders to indicate what options their organization has considered or implemented to address the staffing shortage. 76% of respondents selected increased wages, bonuses, or incentives. This was followed by 56% adding or increasing float pools, 43% partnering with nursing schools, and 42% offering flex scheduling. Another, 34% said they have considered or implemented adding licensed practical nurse, certified nursing assistant, or patient care assistant staff. Notably, 17% also said their organization has considered or implemented increasing support services such as housekeeping, dietician, or transport.

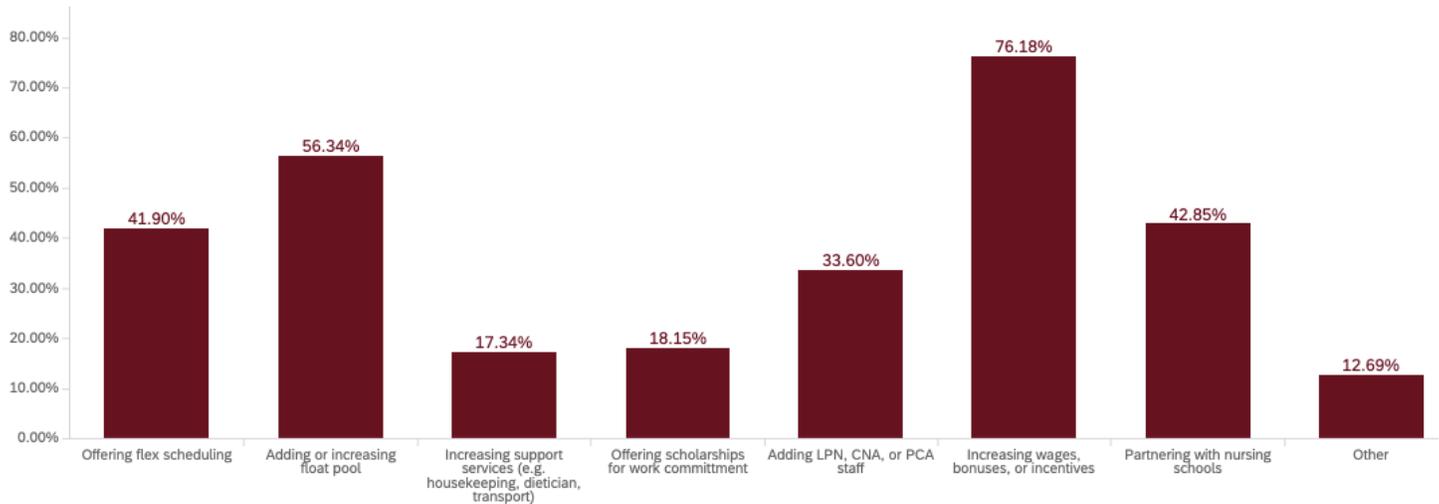


Figure 17 - Nurse leaders indicate what options their organizations have considered or implemented to address the staffing shortage

PERCEIVED ORGANIZATIONAL SUPPORT

A new addition to the the August 2021 survey was an abbreviated version of the Survey of Perceived Organizational Support. Respondents were asked to indicate whether they *agree* or *disagree* with five statements. Strongly disagree was valued at 1; strongly agree was valued at 5. The mean score for all roles across all statements was 3.65, or between *neutral* and *agree*. The mean score for managers, however, was 23% lower than the overall mean with a score of 2.81, or between *neutral* and *disagree*. Looking at the statements, “*my organization cares about my well-being*” scored the highest.

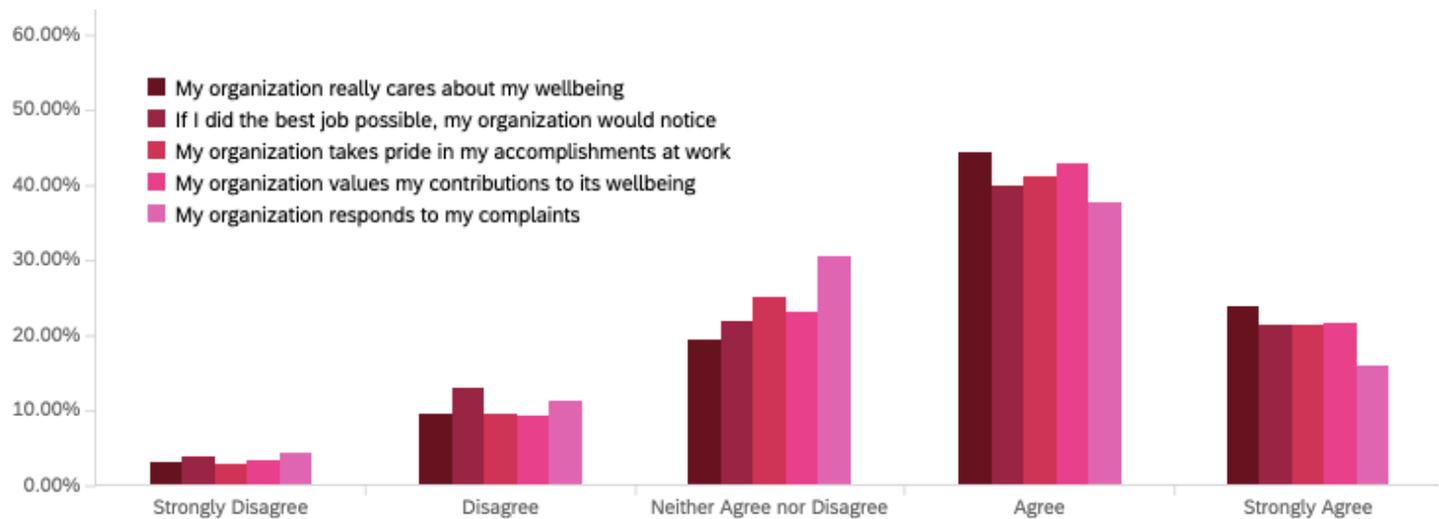


Figure 18 - Nurse leaders indicate whether they agree or disagree with statements around perceived organizational support, August 2021

CONFIDENCE IS DECLINING RAPIDLY

Throughout the longitudinal study, we asked nurse leaders if they feel their team is better prepared for a future surge, variant, or pandemic. The first survey from summer 2020 indicated the highest level of confidence in future pandemic response as 87% of nurse leaders said they felt their team was better prepared. This score has dropped by 34% within the last year to a 57% confidence level. Overall, 26% of nurse leaders now say *maybe* their team is better prepared, and 17% indicated they are not better prepared.

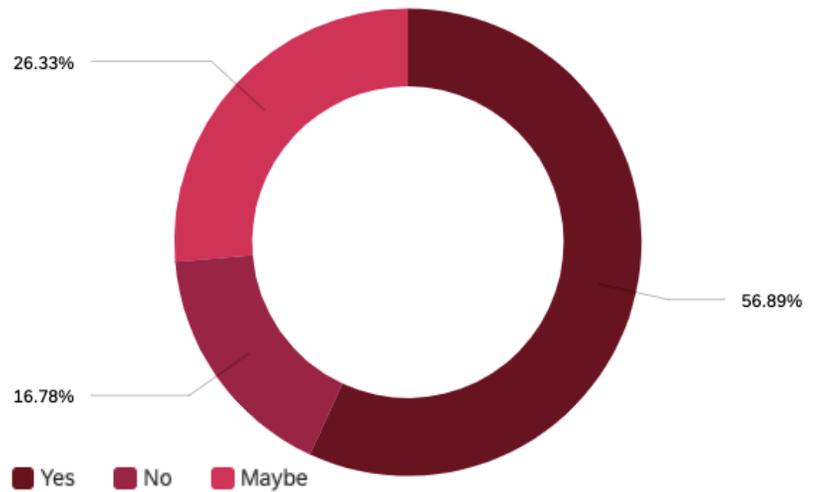


Figure 19 – Whether nurse leaders feel their team is better prepared for a future pandemic, variant, or surge, August 2021

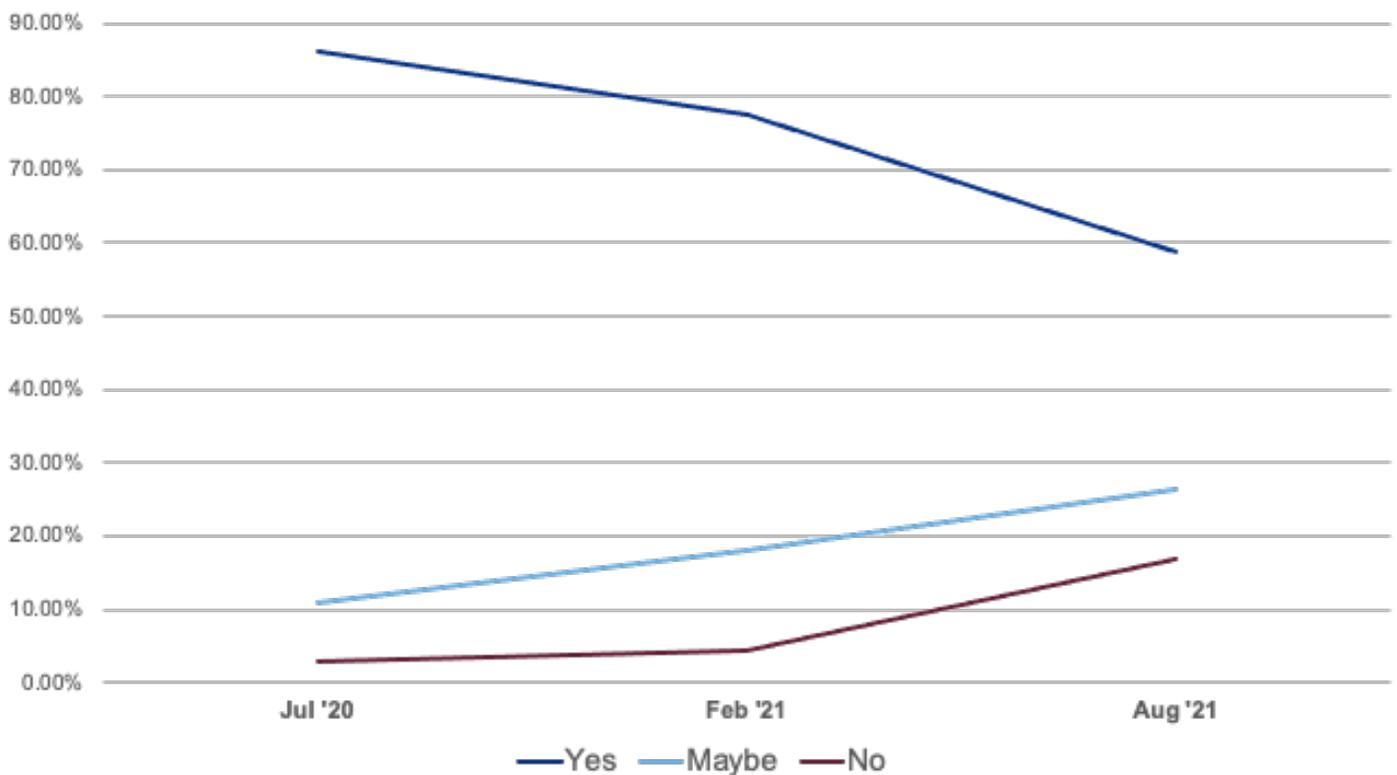


Figure 20 - Whether nurse leaders feel their team is prepared for a future pandemic or surge, July 2020 to August 2021

CONCLUSION

The year-long longitudinal study has highlighted various trends in health care. Staffing shortages and retention are a growing concern with 90% of nurse leaders anticipating a shortage post pandemic. Hospitals and health systems join a global staffing shortage as they struggle to fill vacancies and adapt to a new economy. Emotional health is declining, with 25% of nurse leaders reporting being not emotionally healthy. Nurse leaders' intent to leave has increased by 123% in six months, while confidence in preparedness for a future surge, variant, or pandemic has declined by 34% in one year.

Hospitals, health systems, and organizations have implemented a number of strategies to address these challenges, such as increased pay and bonuses. Following the mass vaccine roll-out and drop in new COVID-infections during spring 2021, health care began to see a glimmer of hope. We hoped many of the alarming AONL COVID-19 Longitudinal Study August 2021 Report | AONL & Joslin Marketing © 2021

workforce trends would have plateaued by the time AONL and the AONL Foundation launched its summer survey, but in the midst of yet another surge, it is clear health care workers are struggling and the challenges facing the workforce are increasing. From increasing support services for health care workers, to recruiting and retention, addressing these issues requires an investment in the health care workforce.