

Pulse of the Nation's Nurses Survey Series: Mental Health and Wellness

Taking the Pulse on Emotional Health, Post-Traumatic Stress, Resiliency, and Activities for Strengthening Wellbeing

October 13, 2021

To date, over 710,000 Americans have died due to COVID-19. Nurses report increased levels of stress, exhaustion, and burnout, while healthcare organizations struggle with new surges and growing staffing shortages. As a continuation of the Pulse on the Nation's Nurses Survey Series, and a follow-up to the first and second Mental Health and Wellness surveys conducted in Spring and Winter of 2020 and the COVID Impact survey conducted in Winter 2021, the American Nurses Foundation has fielded another non-incentivized survey. The goal was to determine any changes and further impact of the pandemic on the mental health and wellness of nurses, with additional enquiries concerning emotional health, post-traumatic stress, resiliency, and stigma around seeking professional mental health support. Between August 20 - September 2, 2021, 9,572 nurses completed or partially completed this survey.

SURVEY BACKGROUND

The American Nurses Foundation and Joslin Marketing launched a non-incentivized online survey to nurses across the United States. The August 2021 survey was the fourth in the Pulse on the Nation's Survey Series on Mental Health and Wellness. The first survey was completed, or partially completed, by 10,997 between June 5 - July 6, 2020. The second survey was completed, or partially completed, by 12,881 between December 4-30, 2020. The COVID-Impact survey was completed, or partially completed, by 22,316 between January and February 2021. The most recent survey was launched between August 20 - September 2, 2021. The survey was completed or partially completed by 9,572 nurses, with a $\pm 1.0\%$ margin of error at a 99% confidence level. At least 88% surveyed responded to all mental health related questions.

RESPONDENT PROFILE

The Foundation fielded this survey to nurses across the entire continuum of care. Seventy-seven percent of respondents identified as White, 10% Black or African American, 5% Hispanic or Latino, and 4% Asian. Thirty-six percent of respondents indicated being 55 or older. Nine-out-of-ten said they are currently employed, with 80% indicating being employed full-time. Four percent of respondents said they are now retired. Over half of respondents indicated their primary work location is an acute care hospital from small to large; 11% primary, ambulatory, or outpatient care facilities; and 7% schools of nursing. Seventy-six percent of respondents indicated they provide direct care to patients, and 80% said they have had or may have had direct exposure to a COVID-19 positive patient.

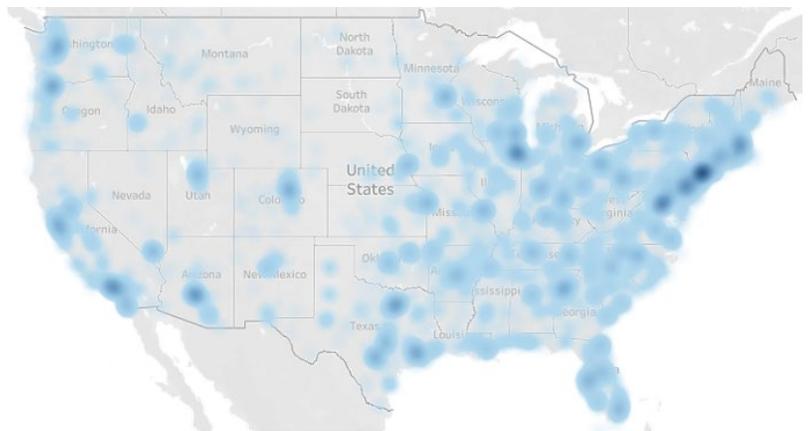


Figure 1 – Heat map of respondent's most recent place of employment, August 2021

34% OF NURSES SAY THEY ARE NOT EMOTIONALLY HEALTHY

In the August 2021 survey, a new question was added to determine the current emotional health of nurses. The findings reveal 34% of nurses are either not or not at all emotionally healthy. By comparison, in the recent American Organization for Nursing Leadership (AONL) COVID-19 Longitudinal Study, 25% of nurse leaders indicated they are not or not at all emotionally healthy.ⁱ When analyzing the data by roles, the studies are consistent concerning nurse managers, a segment tracked in both studies. In the AONL study, 34% of nurse managers indicated they are not or not at all emotionally healthy, compared to 36% of nurse managers in the Foundation's survey, within the accepted variance.

Other statistically significant data points are evident. Notably, 18% of Black or African American respondents said they are not or not emotionally healthy, compared to 36% of respondents who did not select Black or African American. Relevant gaps are also clear among roles and age brackets. Younger nurses and nurses closer to the point-of-care have more emotional distress than their peers. Notably, 51% of nurses age 25-34 say they are not or not at all emotionally healthy, compared to 21% of nurses 55 or older. When asked to identify feelings experienced in the past 14 days, a critical 51% of nurses under 25-years old indicated feeling depressed, compared to 24% of nurses 55 or older.

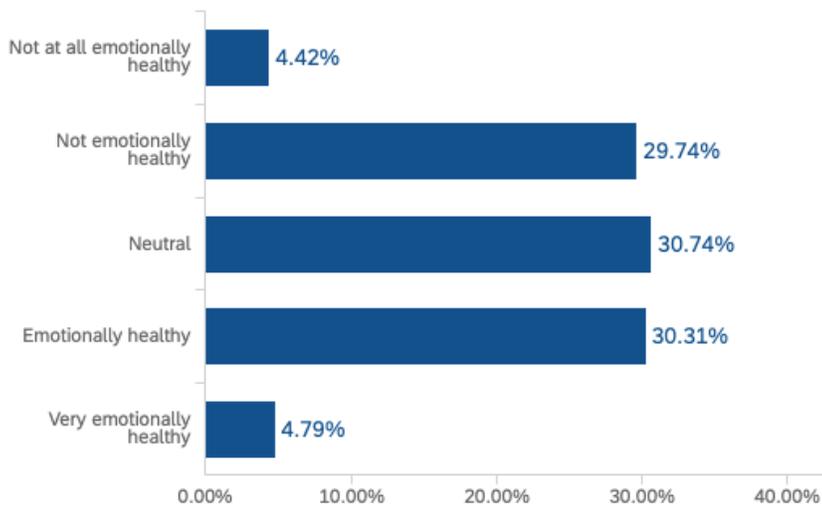


Figure 2 – Nurses indicate their current emotional health, August 2021

By role, the following are not or not at all emotionally healthy:

- 52% of intensive or critical care nurses
- 46% of emergency department nurses
- 44% of medical-surgical nurses
- 40% of acute care (hospital) nurses
- 36% of nurse managers

By age, the following are not or not at all emotionally healthy:

- 51% of 25-34
- 47% of under 25
- 42% of 35-44
- 35% of 45-54
- 21% of 55 or older

42% OF NURSES HAVE EXPERIENCED TRAUMA AS RESULT OF COVID-19

Nurses were asked whether they experienced an extremely stressful, disturbing, or traumatic event as result of COVID-19. According to data, 42% indicated they have experienced some form of trauma, with 6% indicating they prefer not to answer and 52% indicating they have not had a traumatic event. When looking at race and ethnicity, a significant 49% of Latino and Hispanic respondents indicated experiencing a traumatic event. In line with emotional health, gaps are also evident among roles and age, with intensive or critical care and emergency department nurses affected most.

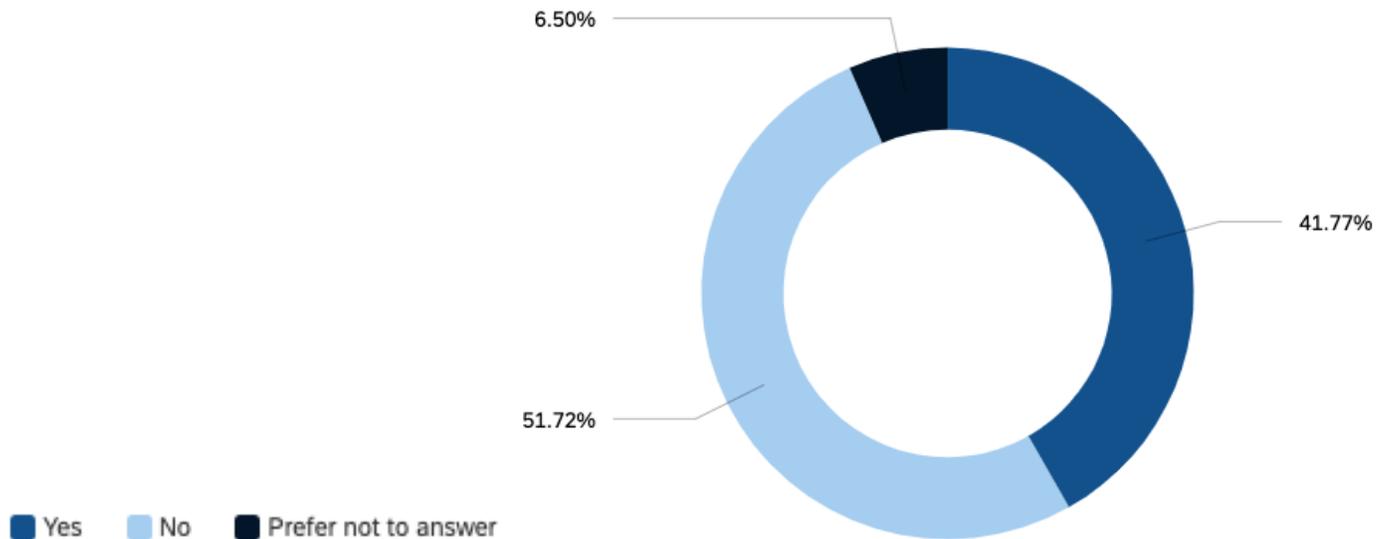


Figure 3 - Nurses indicate whether they have experienced an extremely stressful, disturbing, or traumatic event as result of COVID-19, August 2021

By role, the following have experienced an extremely stressful, disturbing, or traumatic event:

- 68% of intensive or critical care nurses
- 62% of emergency department nurses
- 45% of acute care (hospital) nurses
- 44% of medical-surgical nurses
- 42% of nurse managers

By age, the following have experienced an extremely stressful, disturbing, or traumatic event:

- 52% of 25-34
- 48% of 35-44
- 45% of under 25
- 43% of 45-54
- 33% of 55 or older

Respondents who experienced a traumatic event were provided the abbreviated PCL-C 6-Item Checklist.ⁱⁱ Using the panel, respondents are asked to indicate how much they have been bothered by post-traumatic stress in the past month. The scale from “Not At All” to “Extremely” is given numerical values from 1-5. A combined score of 14 or more suggests difficulties with post-traumatic stress, and further assessment and possibly referral for treatment is indicated. In this study, the average score for nurses who have experienced a traumatic event is 16.55. The findings are an alarming indicator of the extent of trauma among nurses, and the extent of post-traumatic stress as result, particularly with difficulty concentrating (2.94) and with feeling distanced or cut off from other people (2.97).

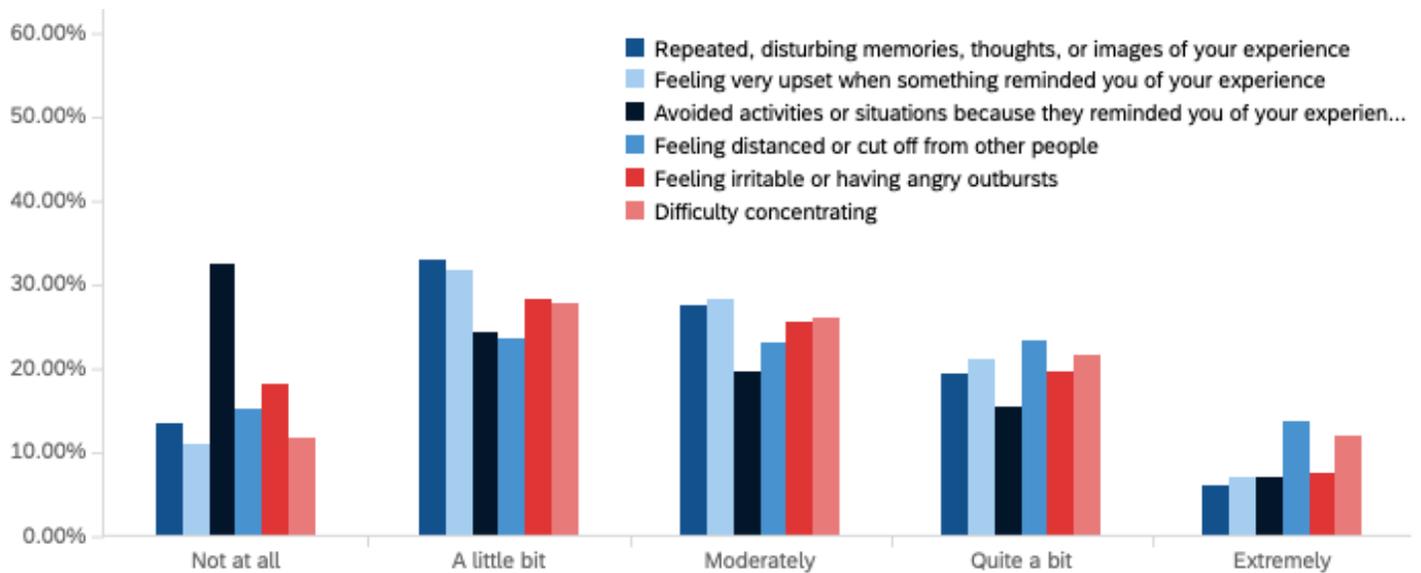


Figure 4 - Nurses indicate how much they have been bothered by post-traumatic stress, August 2021

50% OF NURSES CONSIDER LEAVING THEIR POSITION

In the August 2021 survey, 50% of nurses indicated they intend to stay in their position in the next six months, with 21% saying they intend to leave and 29% saying they may leave. When looking at segments by age, the problem becomes even more concerning, with 31% of those under 35 indicating intent to leave. The data is consistent with Press Ganey’s recent Flight Risk Analysis that reported 30% of nurses born after 1986 were more likely to quit than older nurses.ⁱⁱⁱ

For all ages, intent to leave is being driven by mental health, staffing, and organizational issues. When asked why nurses intend to leave, 47% of respondents said because work is negatively affecting their health and well-being, 41% because of staffing shortages, and 31% because of a lack of support from their employer during the pandemic. Twenty-five percent also said they intend to leave because they are unable to provide quality care consistently, and 13% for retirement. Also of note, self-reported burnout has increased by an alarming 350% since the first survey in June-July of 2020.

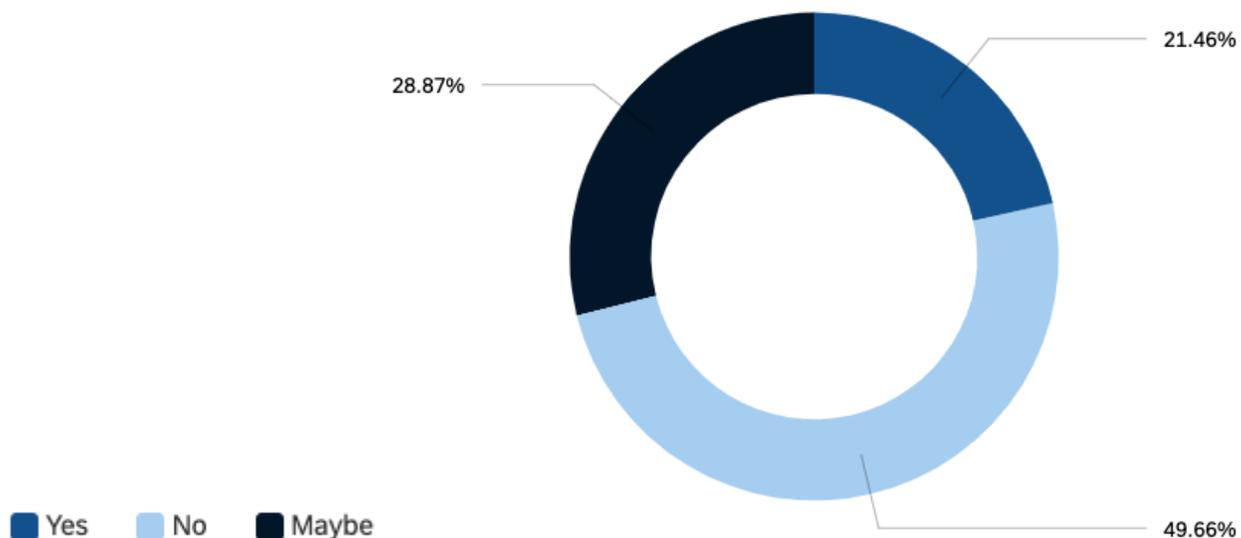


Figure 5 - Nurses indicate whether they intend to leave their position in the next six months, August 2021

By role, the following intend to leave their position within the next 6 months:

- 35% of emergency department nurses
- 32% of long-term care nurses
- 30% of intensive or critical care nurses
- 27% of acute care (hospital) nurses
- 26% of case management nurses
- 25% of psychiatric, mental health nurses
- 22% of primary, ambulatory, outpatient nurses
- 21% of cardiovascular nurses
- 21% of nurse practitioners
- 19% of nurse managers
- 14% of certified nurse specialists
- 11% of nurse educators, academia
- 9% of school nurses

By age, the following intend to leave their position within the next 6 months:

- 31% of under 25
- 31% of 25-34
- 22% of 35-44
- 20% of 45-54
- 17% of 55 or older

HEALTHY DIET, ACCURATE COVID-19 INFORMATION LINKED TO EMOTIONAL HEALTH

When looking for solutions to the problem, 71% of respondents indicated spending time with friends and family was an activity that has been helpful in strengthening well-being. This was followed by 57% who selected leisure or entertainment (e.g. reading, movies, art, music) and 55% who selected spending time in nature or with animals. These numbers, however, are not entirely conclusive. To better understand the efficacy of activities for strengthening well-being, the scores were analyzed against weighted emotional health scores to understand what activities had higher correlations to those who said they were emotionally or very emotionally healthy, over not or not at all emotionally healthy.

The analysis identified the top five activities for strengthening well-being with the highest multiplier:

1. Maintaining a healthy diet (2.1x)
2. Receiving accurate COVID-19 information (1.9x)
3. Religious community, spiritual direction (1.8x)
4. Practicing or receiving expressions of gratitude (1.5x)
5. Regular exercise (1.5x)

Notably, the third most selected activity (spending time in nature or with animals) does not appear in the top five, or top ten, once the data is correlated to emotional health. In fact, a higher percentage of those who are not emotionally healthy selected spending time in nature or with animals, compared to those who are emotionally healthy. It is important to note, however, that correlation does not necessarily suggest cause. For instance, maintaining a healthy diet is directly correlated to higher emotional health scores. This could mean that respondents who maintain a healthy diet are more likely to be emotionally healthy, or vice versa. Further analysis on this topic could provide more insights into causality.

RESILIENCY MIXED AMONG NURSES

A new question was added to the Foundation’s August 2021 survey to establish a benchmark resiliency score for all nurses. On a 0-10 scale, nurses were asked to rate their ability to recover or adjust to the impact COVID-19 has had on their well-being, with 10 being extremely well. The average score for all nurses was 6.64. When analyzing based on emotional health, the weighted average was 7.96 for emotionally and very emotionally healthy nurses; the weighted average was 5.12 for not and not at all emotionally healthy nurses.



Figure 6 – On a scale of 0-10, nurses rate their ability to recover / adapt to the pandemic, August 2021

Again, when analyzing the data based on segments, gaps appear among roles and age, with younger nurses being hit hardest, and nurses in intensive or critical care. The score for 55 or older, for instance, is 31% higher than nurses under 25. Similarly, nurse educators or academia score 28% higher than intensive or critical care nurses.

By age, average resiliency score:

- Under 25 5.61
- 25-34 5.69
- 35-44 6.21
- 45-54 6.64
- 55 or older 7.34

By role, average resiliency score:

- Intensive or critical care nurses 5.76
- Emergency department nurses 6.04
- Medical-surgical nurses 6.08
- Acute care (hospital) nurses 6.22
- Cardiovascular nurses 6.36

YOUNG NURSES REPORT STIGMA AROUND SEEKING MENTAL HEALTH SUPPORT

While many organizations have advocated for nurses to seek professional mental health support, the reality of stigma must be considered. In the August 2021 survey, respondents were asked to identify, if anywhere, where they experience stigma around mental health support. The data shows that over a third of nurses experience some sort of stigma with seeking mental health support, including 17% stigma with themselves, 10% with family, and 8% with colleagues. When analyzing the data by race, a statistically significant 75% of Black or African American respondents indicated they do not experience stigma, compared to 63% of White respondents, 58% of Hispanic or Latino respondents, and 53% of Asian respondents. Among White respondents, 18% indicated they experience stigma with themselves. Among Asian respondents, a statistically significant 17% indicated they experience stigma with family, and 4% with friends.

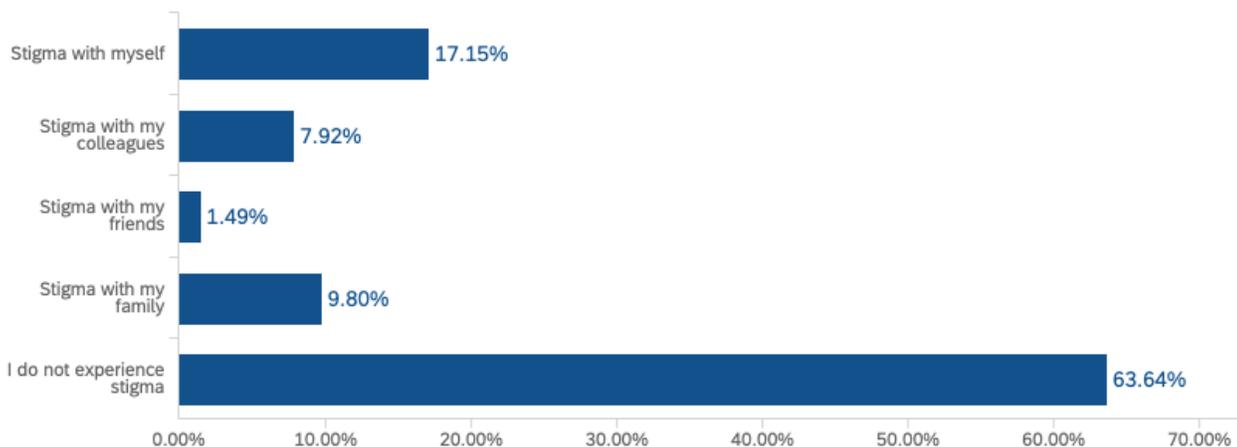


Figure 7 - Nurses indicate, if anywhere, where they experience stigma around seeking mental health support, August 2021

When analyzing the data by role, there is moderate significance. A higher percentage of nurse educators and academia respondents said they do not experience stigma, while critical or intensive care, emergency department, and medical-surgical nurses indicated higher levels of stigma with themselves. Markedly, a higher percentage of psychiatric and mental health nurses indicated experiencing stigma around seeking mental health support with their colleagues. More critically is the widening gap among age brackets. A statistically significant number of younger respondents indicated stigma with themselves and their family, with a significant number under 25-years old indicating stigma with their friends.

Age	Stigma with myself	Stigma with colleagues	Stigma with friends	Stigma with family	No stigma
Under 25	30.4%	4.8%	5.4%	20.8%	38.7%
25-34	25.9%	7.2%	1.8%	15.1%	50.1%
35-44	20.0%	9.0%	1.3%	11.6%	58.1%
45-54	15.3%	9.3%	1.7%	9.5%	64.3%
55 or older	12.1%	6.8%	1.2%	6.1%	73.9%

Figure 8 - Nurses indicate experience of stigma around seeking mental health support with analysis by age segments, August 2021

CONCLUSION

As society adapts to the long-term effects of COVID-19, the mental health and well-being of nurses cannot be ignored. Today, 34% of nurses are not emotionally healthy, with substantially high numbers among emergency department, critical care, and young nurses. Critically, 42% of nurses have experienced trauma as result of COVID-19. The experience cannot be undone, but post-traumatic stress can be relieved with proactive organization support and government aid.

Since the first mental health and wellness survey in June-July 2020, self-reported burnout has increased by 350%. Writing today, only half of nurses indicate they intend to stay in their position, a 16% drop since the February COVID-Impact survey. Significantly, 31% of nurses under 35, and 35% of emergency department nurses, indicate they intend to leave. When asked why, nurses named the negative affect work has on their health and well-being, staffing shortages, and lack of support from their employer. Nurses exiting because of staffing shortages creates a conundrum that calls on creative solutions to reverse, especially as aging nurses near retirement and younger nurses show signs of distress.

Over one-third of nurses are now 55 or older, and young nurses meant to fill their shoes struggle disproportionately with mental health. This cannot be overstated if organizations are to avoid crises. Among those under 35, data reveals elevated stress, depression, and anxiety; increased suicidal thoughts; increased reports of trauma; lower emotional health and resiliency scores; and higher intent to leave. This duality of aging nurses and vulnerable young nurses is a red flag for organizations, policymakers, and the broader community. Work-life balance must be reinforced and all nurses in need of help must be encouraged, and given time, to seek professional mental health support.

As society returns to a relative “new normal,” greater awareness and recognition of nurses’ contributions must be raised at the organization, government, and community level. In the near future and looking further ahead, proactive initiatives must be implemented to solve the staffing shortage. A long road of relief, recovery, and rebuilding awaits those willing to meet the challenge, but the problems point to actionable solutions. Based on data from this study, both qualitative and quantitative, organizations can begin first by rebuilding broken trust. They can then turn their focus to providing proper support to their nurses, while building new staffing models that underline nurse well-being. Most of all, organizations can make mental health, and addressing stigma around seeking mental health support, a priority.

ⁱ COVID-19 Impact Longitudinal Study, American Organization for Nursing Leadership and Joslin Marketing, February 2021.

ⁱⁱ Abbreviated PCL-C, Blue Cross Blue Shield Tennessee, 2021. <https://www.bcbst.com/docs/providers/Behavioral-health-toolkit/pcl-c-shortened.pdf>.

ⁱⁱⁱ Gleeson, Cailey. "Analysis Shows Nearly 30% of Nurses at Risk of Leaving Their Organization." *Becker's Hospital Review*, 30 Sep. 2021. <https://www.beckershospitalreview.com/nursing/analysis-shows-nearly-30-of-nurses-at-risk-of-leaving-profession.html>.