

Qualitative Market Research Study

The Effect of the COVID-19 Pandemic on Nurses' Career Choices

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INTRODUCTION

The primary objective of this study is to describe nurses' experience during the COVID-19 pandemic as it relates to:

- motivation to remain active in nursing.
- factors influencing happiness in their current roles.
- factors that influence professional choices in seeking new employment opportunities, including consideration of travel nursing and/or a new core staff position.

BACKGROUND

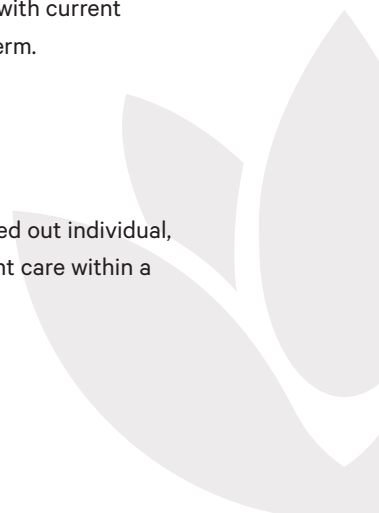
The US contingent labor market has expanded in response to the growing critical nursing shortage in the nation. The average vacancy rate for nurses, who are the primary patient caregivers in hospitals, is 9% — with one-third of hospitals reporting a greater than 10% vacancy¹. The shortage was evident before the pandemic when over 100,000 open permanent staff positions were advertised in January 2020. According to the US Bureau of Labor Statistics (BLS), the travel nurse market in 2019 comprised 43,000 travel RNs², representing only 2% of 3 million of the employed RNs in 2019.³ In essence, the healthcare industry relies on the 2% cohort of travel nurses to make up for the 9% nurse shortage in hospitals. This set the stage for an extreme supply and demand imbalance, which was exacerbated during the pandemic as demand for nurses skyrocketed.

Meanwhile, nearly 51% of nurses report symptoms of burnout, 18% intend to leave their position in the next six months, and 4% would like to leave the profession altogether.⁴ The case for effective nurse retention strategies has never been more important. Understanding nurses' motivation to remain employed in nursing, as well as the sources of nurse happiness with current employment and professional choice are critical factors to consider when gauging workforce stability long term.

METHODOLOGY

To accomplish these research objectives, we implemented a qualitative phenomenological analysis. We carried out individual, 30-minute structured interviews with 30 registered nurses, each who were actively employed in direct patient care within a hospital system during 2020. The interviews were completed between May 17, 2021, and June 14, 2021.

RN participants were recruited to form three categories:



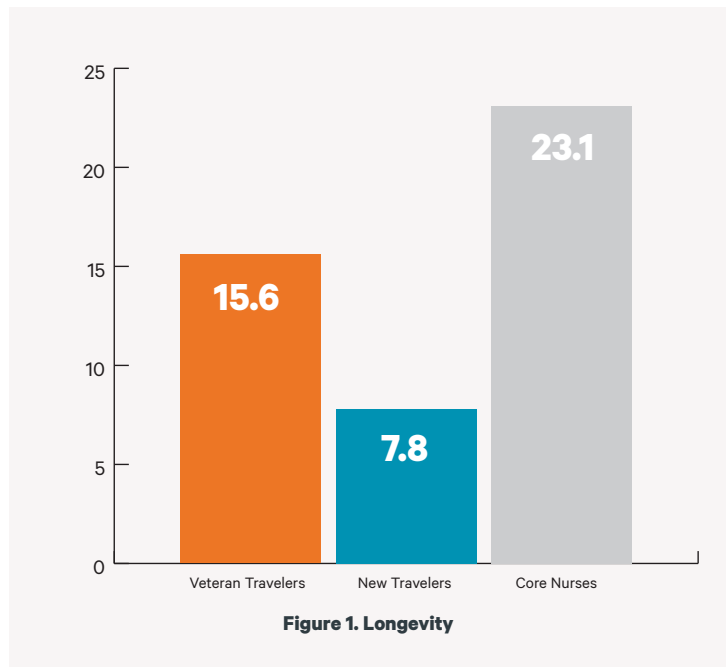
- 10 Veteran Travelers – Nurses who took travel assignments both prior to and during the pandemic.
- 10 New Travelers – Nurses who first worked as a travel nurse during the pandemic.
- 10 Core Nurses – Nurses who have a staff position at a hospital and have never taken a travel assignment.

To qualify as eligible to participate, RNs needed to:

- have two or more years of nursing experience.
- be actively working in a hospital inpatient unit or emergency department.

DEMOGRAPHICS

The primary practice settings of the RN participants were critical care, emergency room/trauma, medical-surgical and post-anesthesia care. The core staff nurse participants were in practice the longest, averaging 23.1 years. Veteran travel nurses reported greater longevity than new travel nurses, averaging 15.6 and 7.8 years, respectively (Figure 1).



KEY FINDINGS

COVID-19 is driving major shifts in nursing

Prior to the pandemic, travel nursing was not a common career path. According to BLS data, travel nurses make up less than 2% of all nurses in the US⁵. As COVID-19 cases surged, travel nurses were called upon in mass volume to subsidize the core staff in healthcare facilities across the nation. Hospitals and health systems were in direct competition with each other for limited clinical resources. Many increased travel nurse bill rates to secure talent quickly in an effort to manage patient care effectively. Due to the financial packages available for travel nurse assignments during the pandemic, many nurses left their core staff positions for travel positions, resulting in a shift that widened gaps in core staffing.

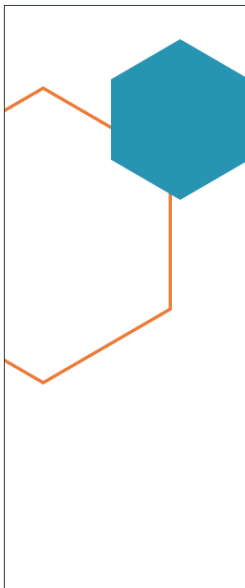
Additionally, nurse participants across all segments indicated they want to leave bedside nursing or the nursing profession entirely. Some nurses expressed concern that they were put in situations where they felt unsafe when personal protective equipment (PPE) was scarce. Inadequate staffing created unavoidable compromises to patient care. There were too many patients at any given time to deliver proper or timely treatment to everyone. Being short-staffed during the pandemic, nurses had to prone patients themselves, resulting in physical ailments like back issues, wrist issues and tennis elbow.

Nurses who indicated they aim to continue nursing are considering other work arrangements, like office jobs. Some are considering continuing their education to qualify for other types of nursing positions. The younger nurses in the study who plan to leave the nursing profession want to change career paths to something safer, while older nurses in the study intend to retire earlier than planned. This culminates in an environment where acute care nurses are younger, less experienced and have less interest in long-term positions.

Animosity is growing between core staff nurses and travel nurses

We found evidence suggestive of a growing animosity between core staff nurses and travel nurses because of the pandemic. Many core staff nurse participants resent the travel nurses for being “paid more to do the same job.” Overtime mandates created another point of contention as core staff was mandated to work overtime while travel nurses were not mandated to work beyond the hours designated in their contracts. Many travel nurse participants stated that they agreed to work overtime since they were away from home, while other travel nurse participants stated that they did so out of guilt and pressure to be part of the team.

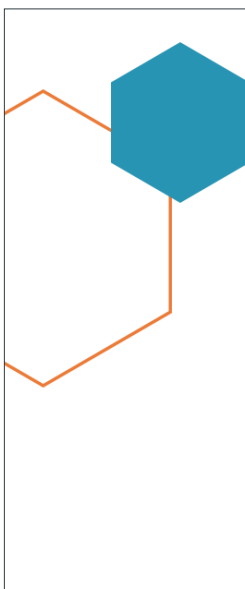
Because the core staff nurses in the study view their core teammates as family, they regard travelers as outsiders. Similarly, many travel nurse participants stated that they did not feel accepted by the team. Half of the travelers in the study described receiving poor treatment by the core staff nurses and being assigned the heaviest caseloads.



Travel Nurse Perceptions of Core Staff

- Travelers were split in their perceptions of how they are treated by core nurses.
- Half feel they are accepted and integrate well into each hospital setting.
 - Core nurses welcome the help/teamwork atmosphere.
- The other half feel that they are treated poorly, not accepted, and given all of the worst assignments.
 - Travelers are bullied by staff nurses.
 - Core staff not welcoming/They are resentful.
 - Many of the travelers felt **resented** by the staff nurses since they were making more money for the same job, and this leads to very low morale and a lack of teamwork.
 - Travelers not included ---excluded from nursing week, counselling, etc.
 - *“We are just a band-aid, they don’t consider us part of the team.”*
 - Travelers often noted that they banded together as outsiders
- Travelers also agree that core nurses are not always well treated at their hospitals, both in terms of hospital politics and pay.
 - Travelers noted that many hospitals forced staff nurses to use PTO if they did not want to work OT during the pandemic which further promoted the divide.
 - *“Made me sad for nursing as a whole, non-travelers unfairly compensated and are getting out of nursing as a whole”*

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Core Staff Perceptions of Travel Nurses

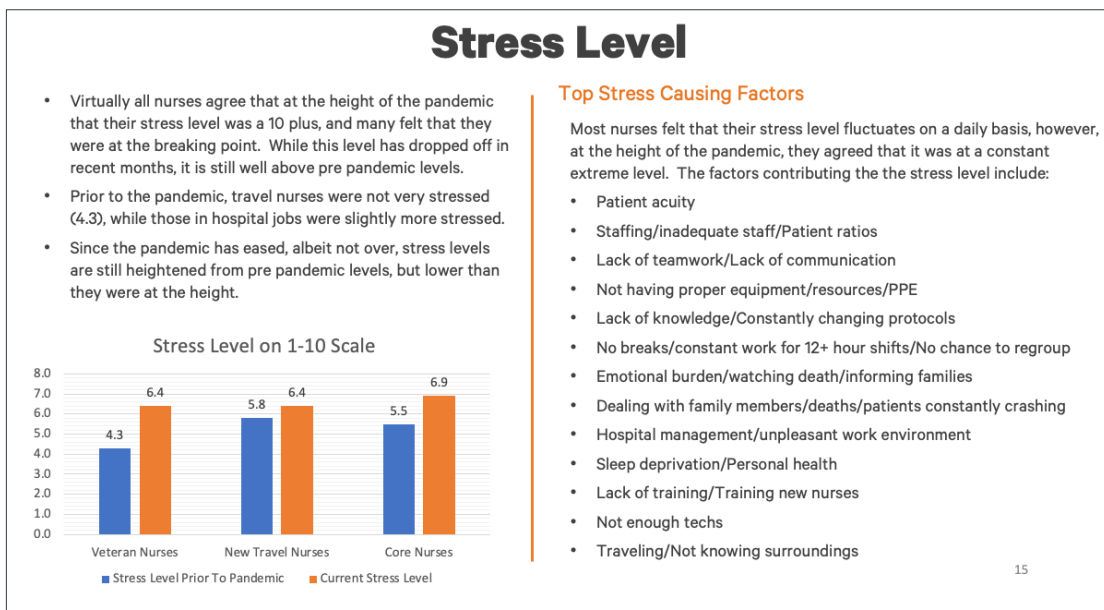
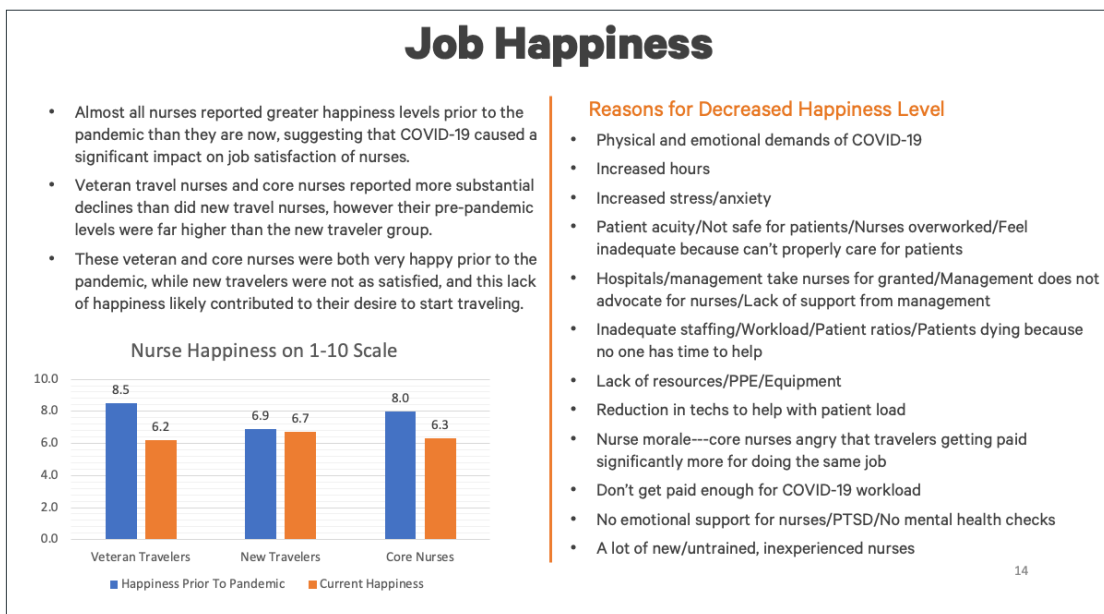
- Core staff are split in their perceptions of travel nurses, with some feeling extremely grateful and welcoming of the help, while others were extremely resentful and unimpressed with their performance.
- Core nurses who were in favor of travelers cited the following reasons:
 - Helpful/Added a lot during pandemic.
 - They fit right in.
- Core nurses opposed to travelers mentioned the following negative perceptions:
 - Travelers not invested in workplace/patient care/Don’t go above and beyond/Do not go extra mile.
 - They are just a body in this hospital/no interaction with management.
 - They do not have your back/Not team players.
 - They are lazier.
 - Don’t care as much/Don’t care how department is running.

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Happiness levels and stress levels influence career decisions

Almost all of the RN participants reported greater happiness levels prior to the pandemic, suggesting that the physical and emotional demand of working during the pandemic imposed an unfavorable impact on the job satisfaction of nurses. Veteran travel nurses and core staff nurses in the study reported more substantial declines in job satisfaction than did new travel nurses. However, their pre-pandemic job satisfaction levels were higher than the new traveler group.

The veteran travel nurses and core staff nurses in the study were both very happy prior to the pandemic. Veteran travelers were the happiest of all three groups before the pandemic, but they are now the least happy. Most participants in this group expressed a desire to leave bedside nursing and move into a non-patient care role.



New travelers in the study were the least happy pre-pandemic. Higher travel nurse pay, exacerbated by the pandemic, fueled them with the opportunity, social duty and motivation to leave their core positions. Now, they have the happiest levels compared with the nurse participants of the two other study cohorts, and most want to continue as travel nurses. The financial incentives are a driving factor, but these nurses also noticed that the travel nursing experience made them stronger, more competent nurses with broader skill sets. They gain exposure to how different hospitals operate to solve problems and implement various care delivery models. They learned to adapt to new environments quickly while strictly focusing on patient care and not being distracted by hospital politics.

While core staff nurses in the study reported the highest stress levels, many of them expressed an intent to remain in a staff nursing position. While they feel they should be paid more fairly, they are happy with their overall benefits package. They do not believe that travel nursing provides the same benefits package, such as medical or 401k, as their core staff position. Many view their teammates as their family, and are also not in a position of freedom to take a travel assignment. Core staff nurses in the study who viewed travel nurses in low regard are less likely to take a travel nurse assignment.

The emotional impact of the pandemic is extensive

Most nurses in the study described a sense of being traumatized by the pandemic crisis, the acuity of the patients and the number of deaths they helplessly witnessed. Many nurse participants cited their primary motivation to remain in nursing is their desire to help people. However, they perceived that the patient acuities, inadequate staffing and visitor restrictions hindered them from making that impact. The nurses in the study felt defeated when they couldn't make a difference despite working long hours.

Emotional Impact On Nurses

- The majority of nurses were in some way traumatized by the crisis, the acuity of the patients, and the amount of death that they saw.
 - Visitor restrictions resulted in considerable emotional stress on nurses. They complained about how traumatic it was with family phone calls/holding signs to windows
 - *"Holding the phone for family members to say goodbye has taken its toll on me."*
 - These nurses feel emotionally damaged and have not gotten the support they need to recover.
 - *"Every shift is the worst shift I ever worked. I cried the whole way home from work every day."*
 - These nurses believe they are suffering from anxiety as well as PTSD, mentioning that going to work was sheer terror.
 - *"We are putting our lives on the line to take care of COVID-19 patients, its so stressful."*
 - *"I have seen more death in the past year than I did the 10 years before that in total."*
 - These nurses often felt overwhelmed/defeated because they couldn't make a difference. They don't have enough time, and the hospital does not offer sufficient resources to do a good job.
 - *"I work like a dog and I'm not making a difference."*
 - Nurses wanted to do more because these patients were alone, but were unable to due to the patient volume/short staffing.
 - Nurses felt unsafe being asked to perform tasks they had not learned how to do.
 - It's not over although most people are acting as if it is.
 - *"The virus is invisible and it created horrific stress."*
 - *"COVID-19 was normalized and common, and that's not normal."*
 - Their jobs were far harder with less doctor interaction/Doctors stayed as far away as possible from very sick patients.

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Patients were alone, and nurses wanted to do more to care for them. The nurses in the study felt that they couldn't provide the care that patients needed because of the high volume of patients under their care (ratios). Participants stated that prior to the pandemic their ICU ratios were almost always 2 patients per nurse. Throughout the pandemic, this ratio increased to 3:1 and even 4:1, while patient acuities rose in tandem, making nurses feel as if it was impossible to do their jobs well. Similarly, ER nurses reported upwards of 5:1 ratios, making it virtually impossible to properly care for patients.

The nurses' families and social networks provided a good emotional support system. Due to safety precautions and leaving families to take travel assignments, many nurses in the study felt isolated during the pandemic. Because of the massive number of deaths they witnessed, many nurses in the study expressed they are experiencing anxiety and post-traumatic stress disorder.

Nurses are seeking support from hospital management

Nearly all nurses in the study felt that they did not receive the necessary emotional support to deal with the traumatic experiences they were exposed to throughout the pandemic. While hospitals brought in additional help via travel nurses to ease the workload, the nurses in the study felt that it did not address the emotional trauma of caring for COVID-19 patients and the level of death they saw.

Many nurses in the study indicated a lack of support from hospital leadership. This lack of support was not directed at nursing managers, but toward hospital administrators who were perceived as invisible during the pandemic. One nurse stated, "Management doesn't care about the emotional aspects, only the bottom line." Hospital politics is another factor that caused the nurses in the study to leave their current positions. Hospital culture and politics were identified as top factors that influence career plans for veteran and new travel nurses.

Leadership/Politics

Travelers

- Hospitals went too corporate. Leadership only cares about finances/dollars/numbers, not employees or patient care. It used to be staff was important.
- Leadership not consistent/Should be able to help but don't.
- Just a body in this hospital/no interaction with management. Travelers are different since they are only there for a short time, but like that they do not need to be involved in hospital politics.
 - "I play in their house so I have to follow their rules."
- Leadership too controlling/Don't address issues that need to be addressed.
- Leadership stayed behind closed doors during pandemic/Not supportive/not visible.
- Travel nurses were evenly split as to whether the hospitals they work at have open door policies, but virtually all agreed, that even if they do have an open-door policy, that their requests are not addressed. Those who cited no open-door policy felt that the hospital just don't want to hear their opinions.

Core

- Many of the core nurses believe that their hospitals will listen to them and do have an open-door policy, however, most agree that the resolutions to their issues never get implemented.
- Management's primary focus is on finances/numbers.
 - "Management doesn't care about the emotional aspects, only the bottom line."
- Leadership has no integrity/They dictate how things are done without seeing the big picture.
- Hospital politics make it hard to change anything.
- Inconsistent – what they say is not what they do.
- Administration was invisible during pandemic.
- Frustrated that hospitals will pay more for travelers than taking care of their own staff/Core nurses agreed that hospitals need to pay their core staff competitively with travel nurses.
- Some core staff felt that their hospitals had no appreciation for their experienced staff, and would take anybody.
- Core nurses often felt that nursing was low on the priority list of hospital management, even if they are the backbone of the system.

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A few nurses in the study mentioned that their hospital recognized the need for support and provided access to counselors/therapists, relaxation rooms, aromatherapy, etc. While these gestures were helpful and appreciated, the nurses in the study felt that it was an inadequate response to the level of trauma they were exposed to. Participants shared that it will take them a long time to recover from the emotional impacts of working during the pandemic. They are seeking resources for support.

RECOMMENDATIONS

Heal and advance mental well-being

On-demand resources: Many hospitals and health systems have an employee assistance program (EAP) available to their employees. However, when calling into the EAP in the current, high-demand environment, it can take weeks or months to secure an appointment with a provider. This is not timely or effective when a nurse is looking for help. The on-demand environment with immediate and easy access, similar to food delivery with UberEats or shopping with Amazon, is needed for mental health resources as well. Delivering access to on-demand health resources, whether it is therapists, live group sessions or recorded classes, provides tools to those who are seeking care when they need it.

Prioritize time off: Workers need time off, but they are not taking it. Nurses are continually being asked to do more. We encourage leaders to pull PTO accrual reports, average numbers of hours worked or other workforce reports. Look at how many consecutive days an employee is working. How many times is an employee giving up a scheduled day off to come in and work overtime hours? Closely examine which employees have not had a break, encourage them to do so and keep them off the on-call list. For our health care professionals to recover, they need to be able to take a guilt-free break.

Well-being rounding - Additionally, we need to check in with our nurses as we do with our patients. In bedside nursing, one of the key strategies to manage patient care and satisfaction is by conducting patient rounds to assess the 5 Ps: pain, position, potty, periphery and pump. The same concept can be incorporated into managing the care and satisfaction of our own workforce.

Conducting well-being rounds includes asking questions centered on the five elements of well-being: career, social, financial, community and physical⁶. Establishing an emotional connection to create actionable insights into how the nurse is faring as a human. “Are you happy with your career?” “How is your family or social circle?” “How are you coping with childcare?” This creates an opportunity to offer acknowledgment of their experiences and furnishes opportunities to articulate them.

Understand each employee’s current happiness and stress levels

Human resources departments typically distribute periodic employee satisfaction surveys to monitor employee sentiment. We encourage healthcare leaders to dig a bit deeper and work individually with each of their staff members to understand their happiness and stress levels. While many can agree to this importance, unfortunately, nursing leaders have competing priorities. Creating a dedicated nursing leader role focused solely on retention can help address this. A health system in the southeastern United States created the role of a Nurse Retentionist and has experienced positive outcomes. Notably, the 1.2% reduction in turnover yielded an estimative savings of \$22M over two years.⁷

Unhappy nurses are more likely to explore travel opportunities, leave for another hospital or care environment, or pursue other options outside of nursing entirely. Travel nurses account for only 2% of the nursing workforce. The new travelers in our study left their core staff positions because they were the least happy before the pandemic. Travel nursing is not an option for many nurses due to their personal circumstances that don’t allow for travel or the constant need to adapt to new care environments. While some pursue travel nursing for the financial incentives, the extra money earned as a travel nurse is not enough to keep them by the bedside for the long haul. A nurse in our veteran travel group stated, “The amount of extra money did not cover the grief, stress and PTSD from traveling.”

Ask your nurses, “What does your happiness level look like?” or “What does your stress level look like?” Understanding the reasons for happiness and stress levels will help to develop appropriate action plans to remedy the situation.

Connect the work to the “why”

Research participants collectively shared that helping people is their primary motivator for being a nurse.

“Helping people is why I became a nurse, to comfort them, make them less scared and put a smile on their face.”

“I genuinely love helping people and making a difference in their life, it’s very rewarding.”

Nurses want to make a difference, and they need to feel like the work that they are doing makes a positive impact. They did not get that while caring for patients during the pandemic.

“I work like a dog and I’m not making a difference.”

“I get discouraged because I want to do more and I don’t have the time or resources to do a good job.”

“The pandemic was helpless nursing. We couldn’t help the COVID patients.”

Triangulating real-time patient and family feedback back to the nurse as a caregiver can connect them back to the “why.” Some health systems use recognition and engagement mobile applications for patients to offer feedback and recognition in their care setting. This allows caregivers to receive recognition and gratitude immediately and on an ongoing basis from their patients and families, peers and leadership. While this helps provide real-time feedback and dashboards for tracking effectiveness, many hospitals don’t need to implement technology to achieve the same effect.

Leaders can simply ask the patient and family and relay that feedback to the nurse or care provider. This is relatively easy to do, but it requires intention. Aya Healthcare has a “brag board” (<https://www.ayahealthcare.com/brag-board/>) showcasing the positive feedback our clinicians receive from facilities and their patients. When we prioritize letting our clinicians know that their work matters, it can make the difference in keeping them connected to their mission and at the bedside.

Are you OK?

Most importantly, ask your nurses, “Are you OK?” After hearing the nurse participants’ lived experiences during the pandemic, our researchers were moved, and directly asked them, “Are you OK?” Every single participant shared that no one asked them if they were OK. The researchers were the only ones who asked them this question. The nurses shared how they were feeling as a cathartic exercise that helped them feel connected, visible and heard. This is the most important question healthcare leaders should ask to advance healing, restore mental wellness and protect their employees.

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