

Longitudinal Nursing Leadership

Insight Survey Part Four:

Nurse Leader's Top Challenges and Areas for Needed Support, July 2020 to August 2022



With funding from the American Organization for Nursing Leadership Foundation, AONL and Joslin Insight partnered to conduct a nursing leadership longitudinal insight study in July 2020, February 2021, August 2021, and August 2022. The recent study explores today's challenges, areas for concern, and the first signs of hope.

October 2, 2022

The August 2022 Study examines changes that have occurred in health care since July 2020. Since the first survey, access to personal protective equipment and communicating and implementing changing policies have radically improved while well-being and staffing remain at levels of concern. This report analyzes nurse leaders' top challenges; intent to leave; preparedness for future pandemics, variants, or surges; and more. The report also analyzes roles, with a focus on chief nursing officers, nurse directors and nurse managers.

SURVEYS: JULY 2020, FEBRUARY 2021, AUGUST 2021, AUGUST 2022

This survey is the fourth non-incentivized survey in a four-part study designed to track several areas over time. The initial survey launched after the pandemic's initial wave in July of 2020, with 1,824 leaders completing or partially completing the survey. The second launched February 2021 with 2,741 responses. The third launched August 2021 with 1,781 nurse responses. **The recent survey, opened for 14 days, received 2,336 responses with a +/- 2.58% margin of error at a 99% confidence level.**

RESPONDENT PROFILE

AONL fielded the August 2022 survey to nurse leaders at all levels across the care continuum. The majority identified as white or Caucasian, over the age of 45, and from urban acute care hospitals. 73% were either vice presidents, chief nursing officers / chief nursing executives, directors, or managers. Specifically, 33% were directors, 21% managers, and 15% CNO/CNEs. 44% of the August 2022 respondents came from short-term acute care hospitals, 14% from health system facilities, and 9% from academic health-care providers. Only 3% came from long-term acute care or post-acute care facilities (i.e., skilled nursing, inpatient rehabilitation). Fifty percent of respondents indicated their location was urban, with 34% suburban and 16% rural.

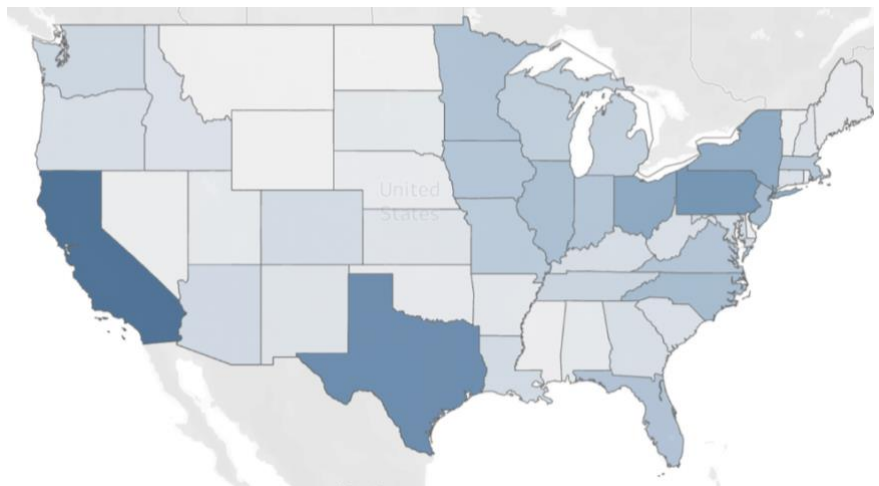


Figure 1 - Respondents' primary work setting zip code, August 2022

TOP CHALLENGES TODAY

Nurse leaders were asked to select their top three challenges today. Since July 2020, access to PPE has fallen from a top challenge to barely measurable at less than 1% response rate. In the recent survey, questions about travelers and workplace violence and bullying were added. Both topics made their way towards the top of the chart for August 2022. Not accounting for new additions, financial resource availability moved up three positions since August 2021 to the fourth leading challenge. While still a top five challenge, surge staffing dropped two places. Communicating and implementing changing policies has steadily improved. Notably, maintaining standards of care steadily worsened since July 2020.

The chart below represents total population; by role, there are slight differences to challenges:

- **Manager:** emotional health of staff, retention, travelers
- **Director:** retention, emotional health of staff, travelers
- **CNO/CNE:** emotional health of staff, retention, travelers

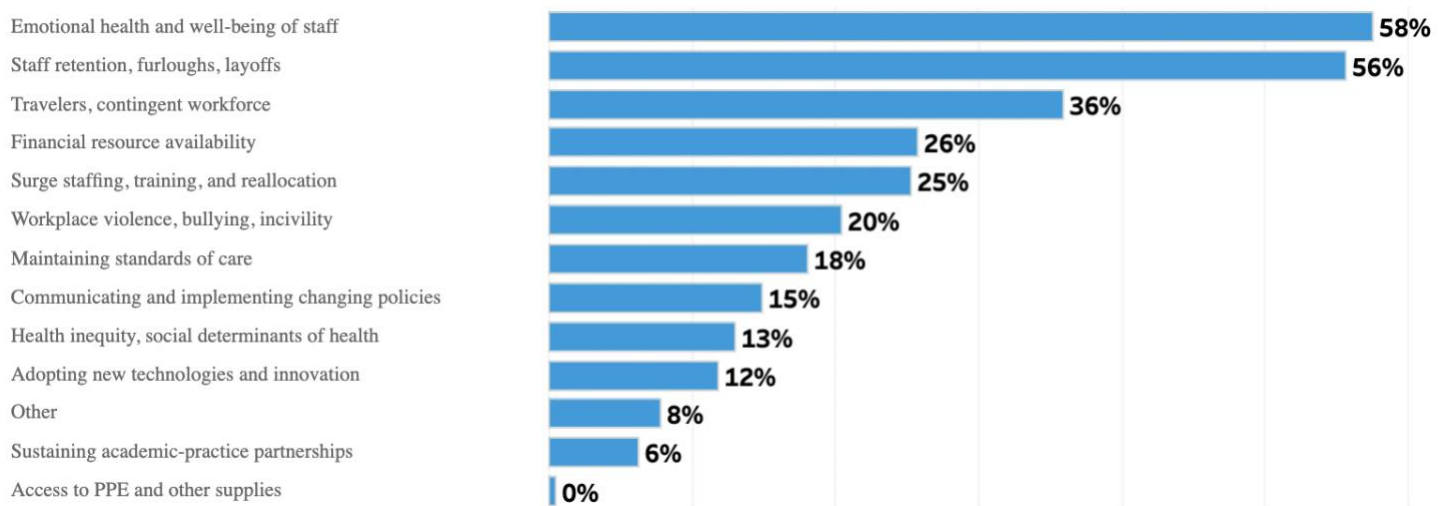


Figure 2 - Nurse leaders indicate top three challenges due to the COVID-19 pandemic, August 2022

ABILITY TO RESPOND TO CHALLENGES

After providing their top challenges, nurse leaders were asked to rate their ability to respond to their respective challenges. The researchers measured this question consistently since the start of the pandemic. Today, the most difficult issues to respond to are financial resource availability and travelers and contingent workforce, followed by staff retention, health equity, and workplace violence and bullying / incivility. Considering issues that were easier to respond to, nurse leaders identified they were best able to increase access to PPE, communicate and implement changing policies, maintain standards of care and adopt new technologies and innovation. Notably, managers' and directors' top struggle is financial resource availability, while CNO/CNE and VPs' top struggle is workplace violence.

The chart below represents total population; by role, there are slight differences for difficult challenges:

- **Managers:** financial resource availability, health inequity, retention, travelers
- **Directors:** financial resource availability, travelers, health inequity, retention
- **CNO/CNE:** workplace violence, travelers, financial resource availability, retention

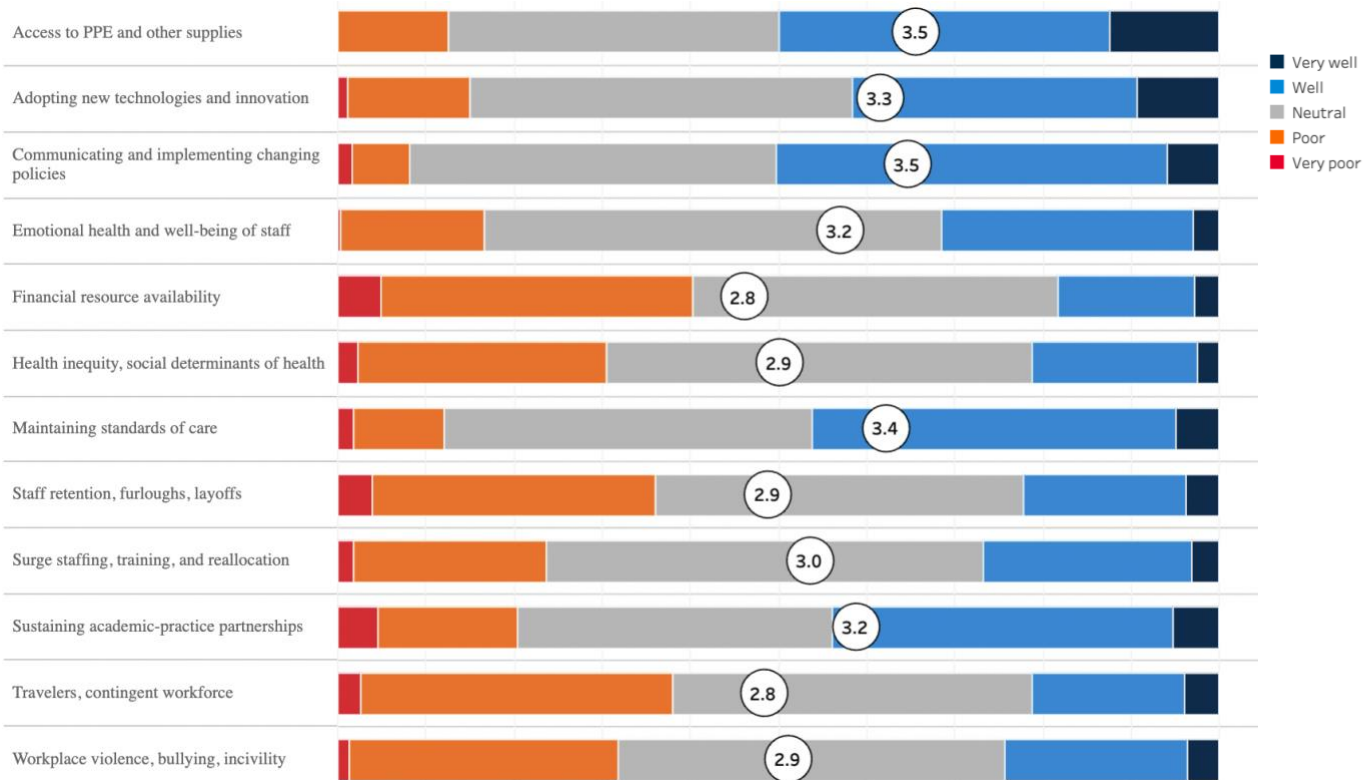
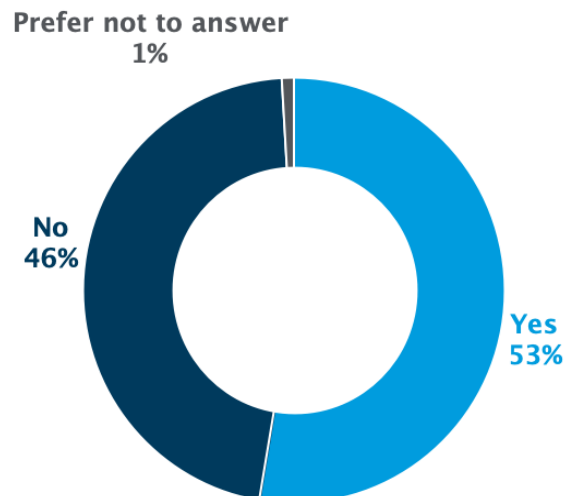
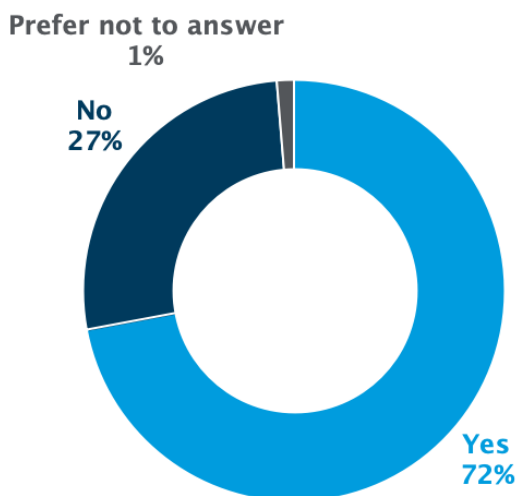


Figure 3 - Nurse leaders indicate ability to respond to their respective challenges on a 1-5 scale with 5 being very well, August 2022

WORKPLACE VIOLENCE & BULLYING / INCIVILITY AT CRITICAL LEVELS

AONL added a question whether nurse leaders have witnessed workplace violence or workplace bullying and incivility to the August 2022 survey. The numbers, which are alarmingly high, confirm reports from bedside nurses with significant correlations by role.ⁱ Notably 83% of CNOs report having witnessed workplace violence and 72% report having witnessed workplace bullying and incivility. The pie charts below represent total population.

- **Manager:** 72% witnessed bullying / incivility, 51% witnessed violence
- **Director:** 74% witnessed bullying / incivility, 57% witnessed violence
- **CNO/CNE:** 83% witnessed bullying / incivility, 72% witnessed violence



Figures 4 and 5 - Nurse leaders indicate whether they have witnessed workplace violence or bullying and incivility in the past year, August 2022

PREPAREDNESS FOR FUTURE A PANDEMIC, VARIANT, OR SURGE

A key measurement tracked since July 2020 is whether nurse leaders feel their team is better prepared for a future pandemic, variant or surge. The data has been tracked consistently and has changed over time. The trend shows improvement in the last year but is substantially lower now than it was near the onset of the pandemic. The August 2021 survey indicated the lowest confidence in future preparedness. Perception of preparedness increased by 14% or 8 ppt year-over-year, when looking only at 'Yes' responses. But, since the first survey in July 2020, the trend decreased overall by 24% or 20 percentage points.

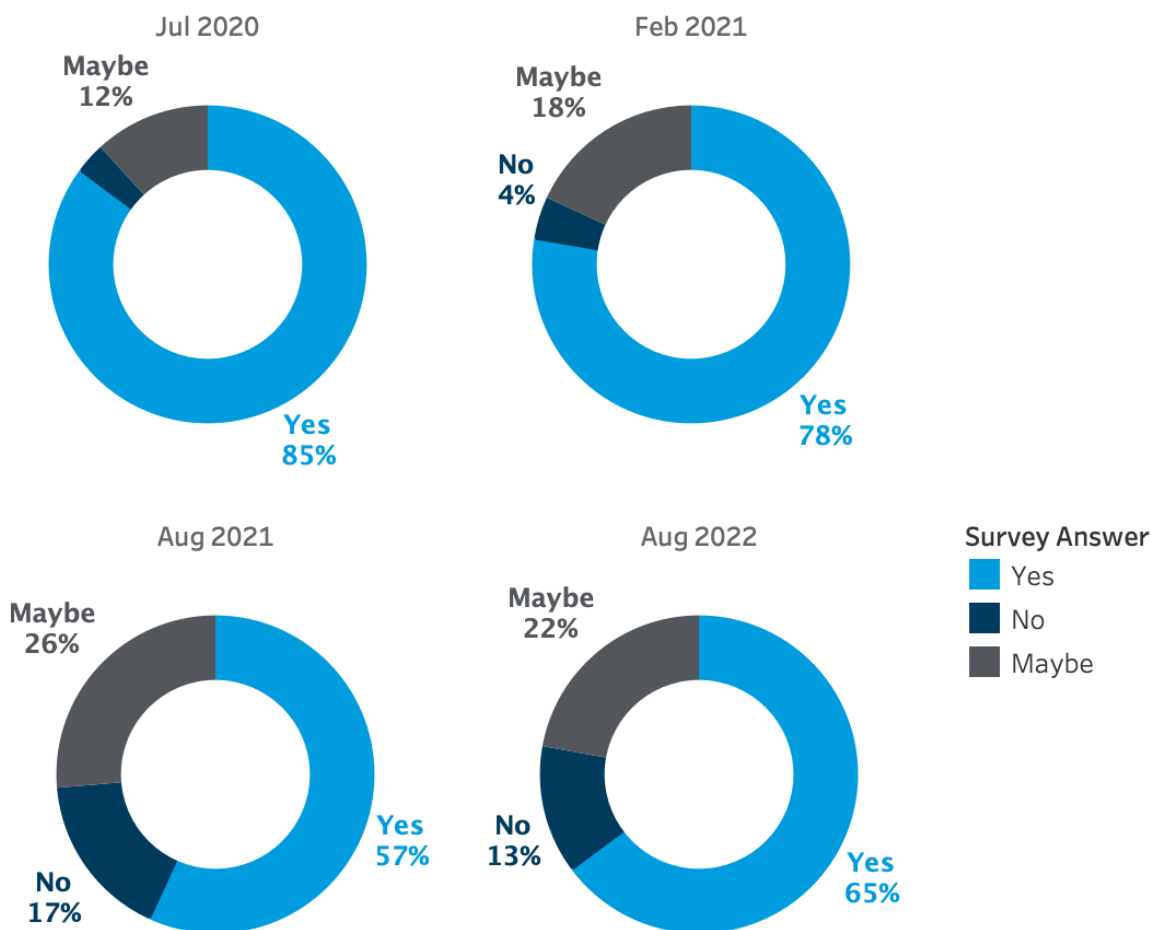


Figure 6 - Nurse leaders indicate whether their team is better prepared for a future pandemic, variant, or surge, July 2020 - August 2022

FUTURE USE OF TEMPORARY ADVANCEMENTS

Since the first survey in the longitudinal study, AONL has asked nurse leaders to identify which two temporary advancements they feel their organization will continue to use in the future. Increased utilization of telehealth began in July 2020 as a remarkably high choice selection. Its importance fell during the February 2021 and August 2021 surveys but has since regained momentum. It now sits directly below adoption of new staffing models, which steadily increased in rank since July 2020. Similar to telehealth, increased interdisciplinary collaboration fell over the second and third surveys, before climbing again to the fourth advancement in the latest survey. The latest survey included the addition of innovative workforce well-being tools as an option. Nurse leaders identified these tools as the fourth top advancement they plan to continue to use. While still in the top five, wider recognition of nurses' contributions declined year-over-year.

The chart below represents total population; by role, there are correlations to perception of innovation:

Manager: higher correlation to innovative workforce well-being tools

Director: no statistically significant correlation

CNO/CNE: higher correlation to new staffing models, scope of practice waivers

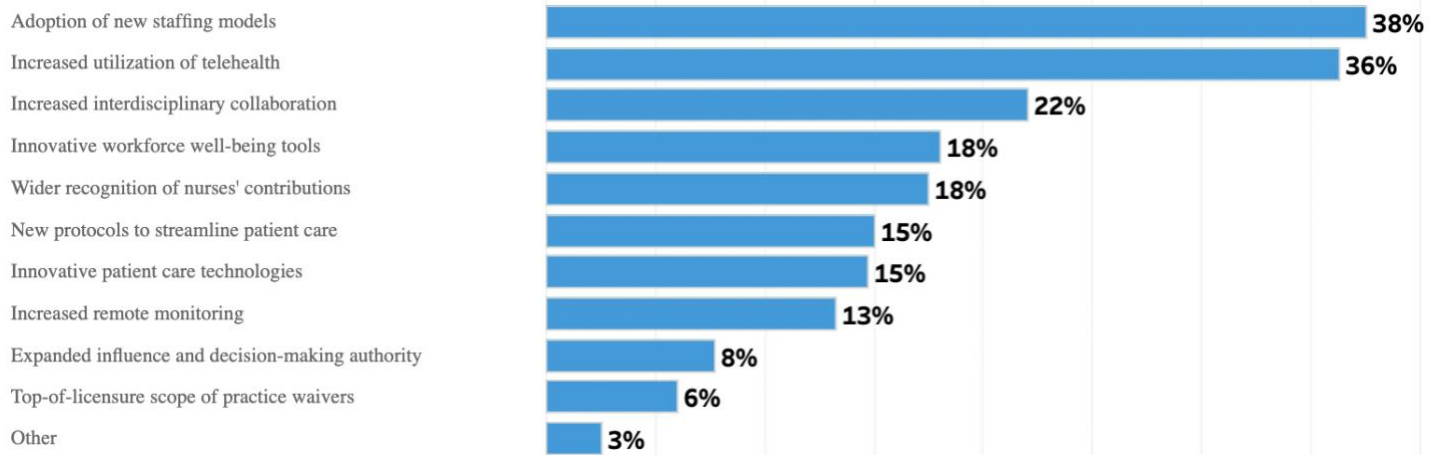


Figure 7 - Nurse leaders indicate two temporary advancements their organization is likely to use in the future, August 2022

CURRENT EMOTIONAL HEALTH SHOWS IMPROVEMENT

The emotional health and well-being of staff has been a top challenge for nurse leaders since the start of the pandemic, rising from the third highest challenge to the first since July 2020. In the February 2021 survey, AONL added a new question to measure the state of the *nurse leader's* emotional health. Since measuring, emotional health has fluctuated. It declined to its lowest level in August 2021. Since February 2021, those who consider themselves emotionally healthy or very emotionally healthy has risen 12% or 6 percentage points. Year-over-year, however, is most significant. Since August 2021, those who consider themselves emotionally healthy or very emotionally healthy rose by a considerable 39% or 16 percentage points.

The chart below represents total population; by role, there are correlations to nurse leader well-being:

Manager: 47% emotionally or very emotionally healthy

Director: 55% emotionally or very emotionally healthy

CNO/CNE: 62% emotionally or very emotionally healthy



Survey Answer

- Very emotionally healthy
- Emotionally healthy
- Neutral
- Not emotionally healthy
- Not at all emotionally healthy

Figure 8 - Nurse leaders indicate their current emotional health, statistically on a 1-5 scale, February 2021 - August 2022

DAY IN THE LIFE OF A NURSE LEADER

AONL also introduced a new question in this survey to establish more insight into the daily tasks of nurse leaders, as well as what tasks provide them with the most joy and frustration. The question asked respondents to select all tasks that have required their attention in the past week, followed by asking them to identify the five tasks that bring them the most joy and five that bring the most frustration. Notably, employee engagement and awards are top joys for all roles; capacity issues, incident reports, and conflict resolution are consistent frustrations.

The charts below represent total population; by role, the following are the top tasks, joys and frustrations:

Manager: administrative work, meeting with direct reports, employee engagement, scheduling / payroll

Joy: awards, employee engagement, meeting with direct reports, mentoring, quality improvement

Frustration: capacity issues, incident reports, conflict resolution, administrative work, scheduling / payroll

Director: administrative work, meeting with direct reports, employee engagement

Joy: meeting with direct reports, employee engagement, awards, mentoring, quality improvement

Frustration: capacity issues, conflict resolution, incident reports, budget, administrative work

CNO/CNE: administrative work, employee engagement, meeting with direct reports

Joy: employee engagement, awards, meeting with direct reports, mentoring, strategic planning

Frustration: capacity issues, budget, incident reports, conflict resolution, administrative work

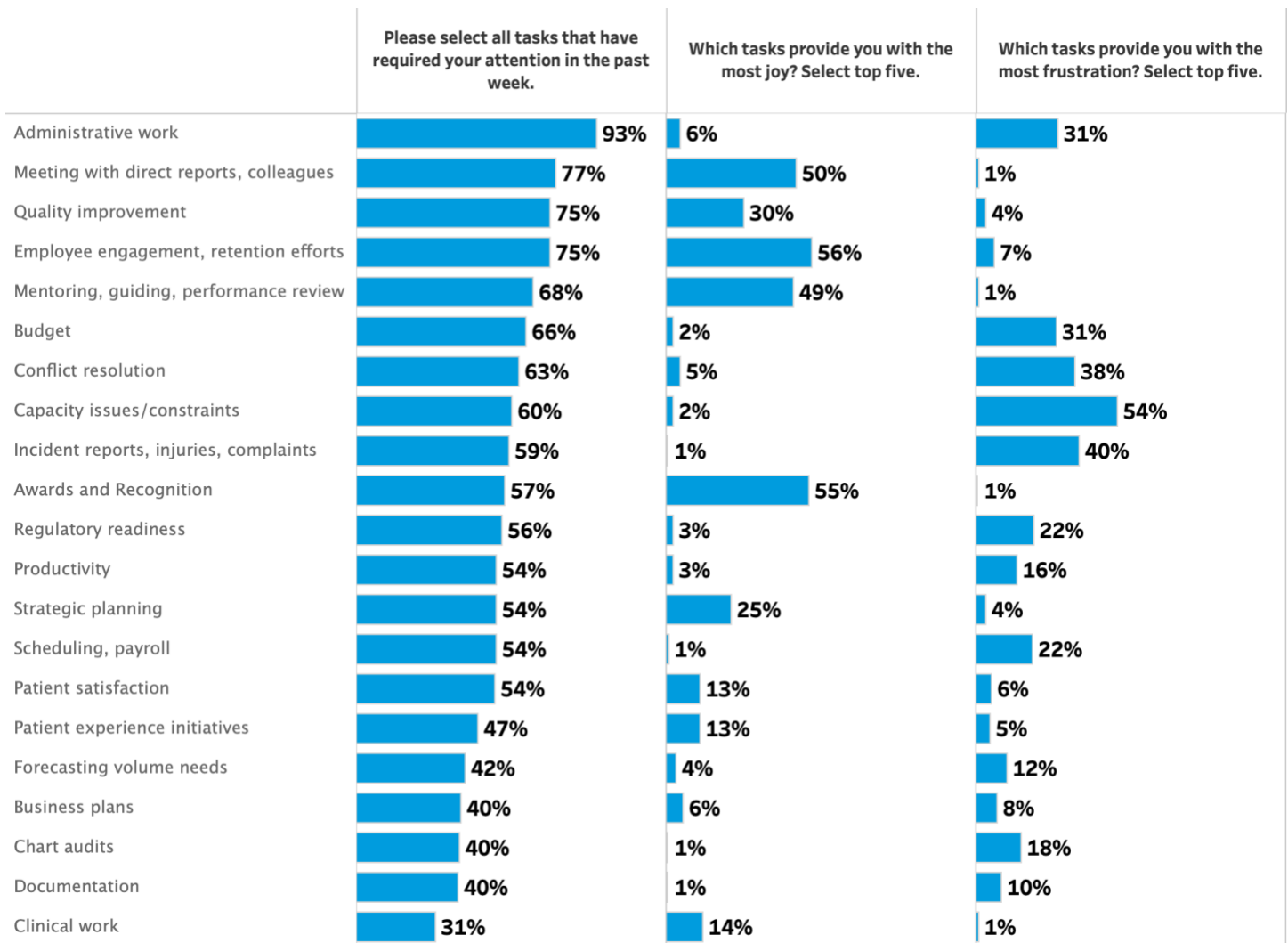


Figure 9 - Nurse leaders indicate tasks completed in the past week, five tasks that create joy, and five tasks that create frustration, August 2022

13% HAVE CHANGED POSITIONS IN PAST 6 MONTHS

In the August 2022 survey, the researchers used a series of questions to measure recent position changes and future intent to leave. The first set of questions looked backwards and asked nurse leaders whether they have changed positions in the past six months, with a follow-up question asking them to identify all their primary reasons for leaving. The survey only asked the follow-up question if the respondent indicated they had changed positions. A second set of questions looked forwards, using the same questions but with intent to leave. Those who indicated they intended to leave or were considering it were asked a follow-up question to identify the primary reasons for leaving. By analyzing the two together, cautionary conclusions can be drawn for how intent to leave manifests and which reasons for considering leaving become actual reasons for leaving. For instance, 34% of those planning or considering leaving said organizational challenges was a primary reason, but

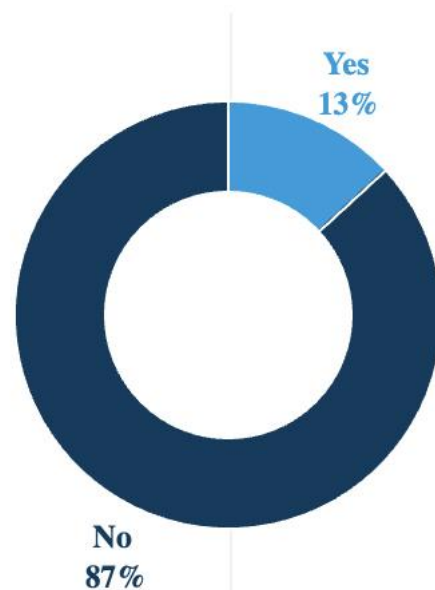


Figure 10 - Nurse leaders indicate whether they have changed positions in the past six months, August 2022

only 19% of those who actually changed positions in the past six months selected organizational challenges as a primary reason. Those who intend to change positions listed better-work life balance, looking for a new opportunity, burnout and exhaustion and challenges with leaders or colleagues as their primary reasons.

WHY NURSE LEADERS HAVE CHANGED POSITIONS IN THE PAST 6 MONTHS

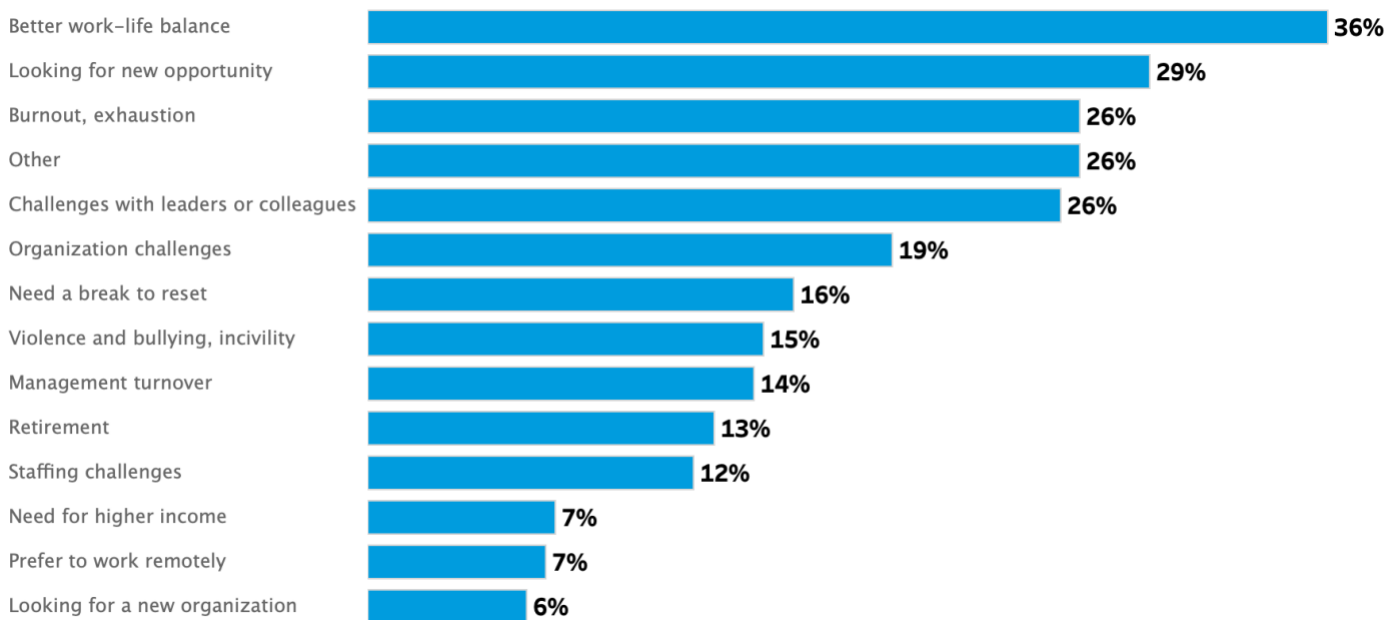


Figure 11 - Nurse leaders who changed positions in the past six months indicate all their primary reasons for leaving, August 2022

The charts above represent total population; by role, these are how many have changed positions:

- Manager:** 9% changed; 46% work-life balance, 46% seeking new opportunity, 46% burnout
- Director:** 13% changed; 36% seeking new opportunity, 29% work-life balance, 24% challenges with leaders
- CNO/CNE:** 11% changed; 26% retirement, 24% work-life balance, 18% seeking new opportunity

13% INTEND TO LEAVE, 25% CONSIDERING LEAVING

The charts on this page are the same as the previous but they look ahead at intent to leave. Similar to the data from respondents who have left their position in the past six months, 13% of nurse leaders say they intend to leave their position within the next six months. That leaves a real question mark for respondents who selected “maybe” for intent to leave. Whether these individuals ultimately leave is clearly an unknown, but 25% considering leaving indicates organizational dissatisfaction on some level. When looking specifically at reasons for wanting to leave, better work-life balance remains at the top, validating the need to address this area at the organizational level. Burnout and exhaustion are higher when looking at intent to leave, which may indicate nursing leadership’s resilience and ability to endure hardship. Notably, staffing challenges and need for higher pay are primary reasons for considering leaving but they do not correlate strongly to actual turnover.

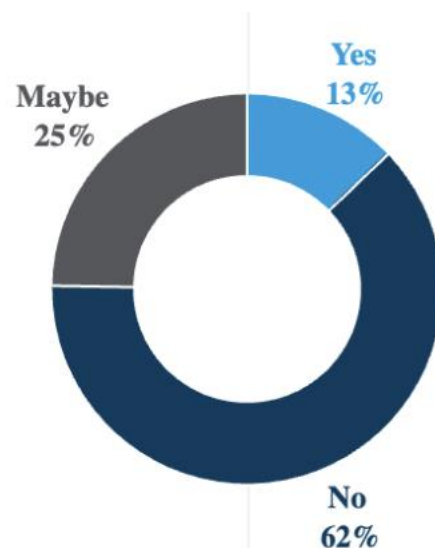


Figure 12 - Nurse leaders indicate whether they plan to change positions in the next six months, August 2022

CONSIDERING LEAVING, THIS IS WHY

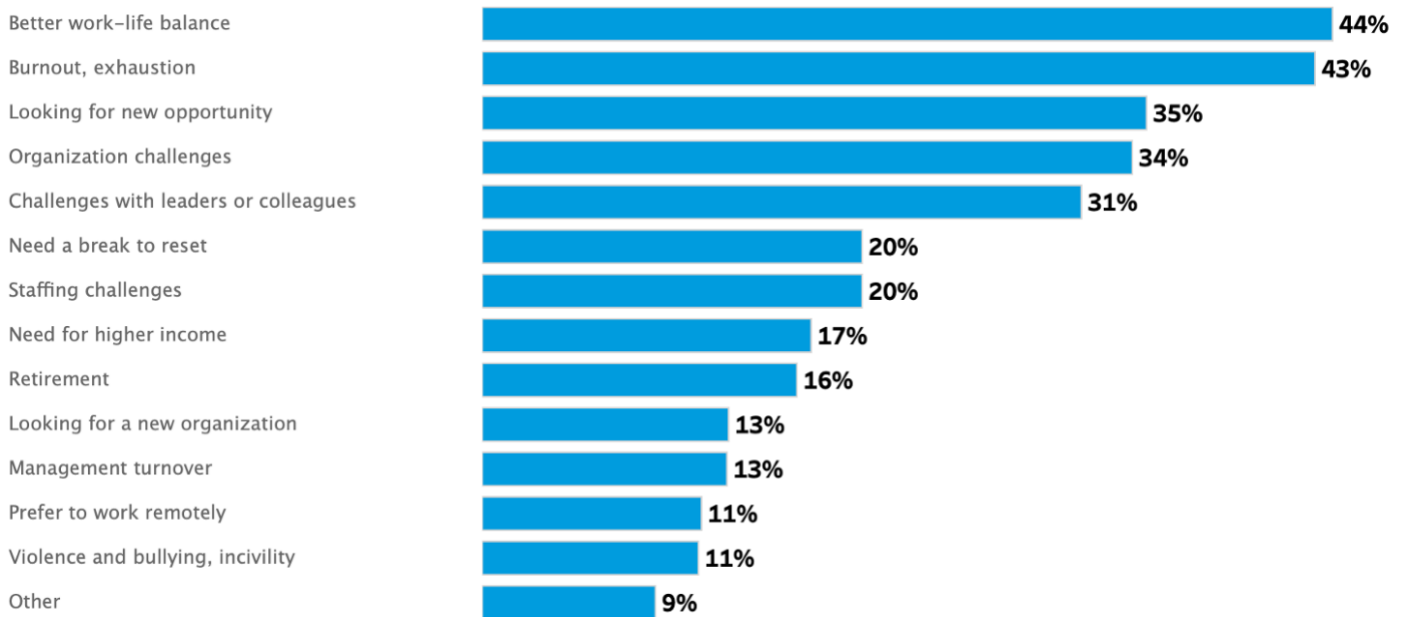


Figure 13 - Nurse leaders who changed positions in the past six months indicate all their primary reasons for leaving, August 2022

The charts above represent total population; by role, these are how many have changed positions:

Manager: 45% considering; 59% burnout, 54% work-life balance, 45% seeking new opportunity

Director: 37% considering; 47% work-life balance, 44% burnout, 37% organizational challenges

CNO/CNE: 38% considering; 39% organizational challenges, 31% work-life balance, 29% burnout

SOLUTIONS TO IMPROVE NURSE LEADER WORK SATISFACTION

The series of questions on career and intent to leave was followed by a question on solutions to improve overall work satisfaction. Nurse leaders indicated improving staffing shortages and staffing challenges would improve their work satisfaction the most. Increasing salary and compensation was the next most popular solution. Interestingly, looking at the data on actual turnover rates, salary has not proven a deciding factor. The third solution was supporting work-life balance, which is also a reason nurse leaders provided in response to why they are leaving their current position.

The chart below represents total population; by role, these are correlations to work satisfaction solutions:

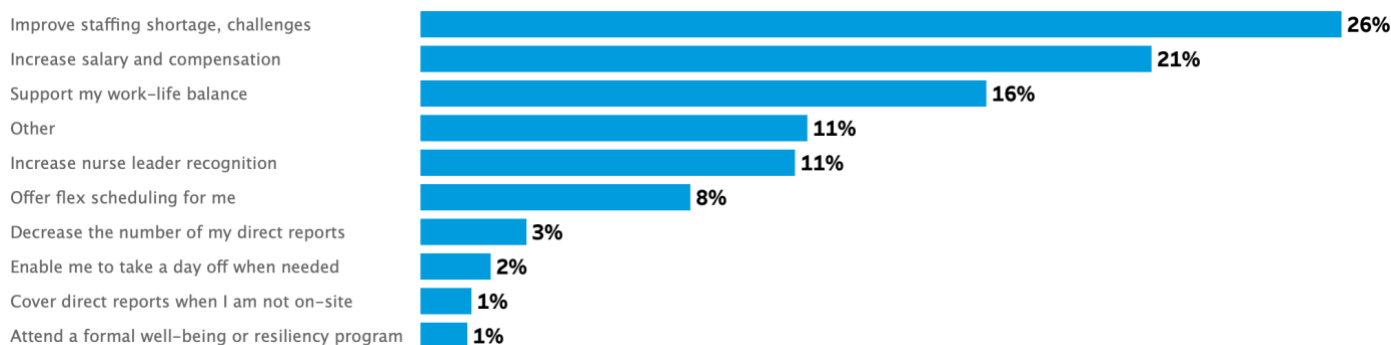


Figure 14 - Nurse leaders indicate solutions their organization could implement to improve their work satisfaction, August 2022

Manager: 24% improve staffing shortage, 20% increase salary, 14% support work-life balance

Director: 27% improve staffing shortage, 21% increase salary, 16% support work-life balance

CNO/CNE: 37% improve staffing shortage, 17% increase salary, 14% support work-life balance

CONCLUSION

Various trends have emerged over the course of the two-year longitudinal study. Issues such as access to PPE and communicating and implementing changing policies drastically improved as organizations strengthened their response to COVID-19 and resolved logistical issues. At the same time, retention and the emotional health and well-being of staff and nurse leaders remain at worrying levels. Yet, data from this survey also indicates hope. Considering emotional health, a downward trend occurred during the first three surveys, but an uptick emerged over the past year. Whether this trend is transitory is uncertain, but it is a positive sign that the worst might be over.

Looking forward, addressing work-life balance is important. This trend increased with the broader transition to work-from-home models borne by the pandemic. There is no one-size-fits-all answer to solving a subjective topic such as work-life balance, but it is any opportunity for organizations to better identify and understand the specific needs and requests of their workforce. Lastly, staffing shortages remain a serious concern affecting all of health care.

ⁱ “Covid-19 Survey Series: 2022 Workplace Impact Survey.” *ANA Enterprise*, American Nurses Foundation, 26 July 2022, <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/covid-19-survey-series-anf-2022-workplace-survey/>.