



INAUGURAL RESEARCH REPORT

EVERYDAY NURSING, PANDEMIC STYLE



WHAT WE RESEARCHED AND WHY

In late 2019, the World Health Organization designated 2020 as the “International Year of the Nurse and Midwife.” It was a year that was supposed to truly celebrate nurses, and not with token gestures like pizza parties. Of course, there was no way to predict how the year would actually unfold for us—Nurse Nacole put it best in our very first episode of SHIFT Talk when she described 2020 as

“the test you never knew was coming.”

As nurses, survival is in our DNA. There’s no question we passed the test—we’re still passing it every day. But what SHIFT wanted to understand is what this has cost us. We wanted to know more about how the pandemic has affected nurses as a group, and we also wanted to gain a deeper understanding of how COVID-19 has impacted and influenced the long-standing issues we faced before the pandemic. Think about burnout. Beyond grinding through enormous workloads every shift while we worry about upholding a high standard of care, we’ve also been talking about what’s behind burnout. For example, the implications of nurse-to-patient ratios and the imminent shortage of nurses. We’ve been wondering what will happen when our Boomers retire, and if government and administrators understand that there may not be enough nursing faculty to teach and train the nurses of tomorrow.

We knew that the pandemic exacerbated these and other important challenges, but we didn’t know to what extent. And we didn’t want to make any assumptions—so we asked. SHIFT partnered with the Robert Wood Johnson Foundation to deploy a national survey of everyday nurses. We asked nurses like you how they have been impacted by COVID-19, what obstacles they face, and what experiences are coloring their perceptions. The purpose of this report is to share what we heard, and as we share the data in our social community, to hopefully talk through it together.

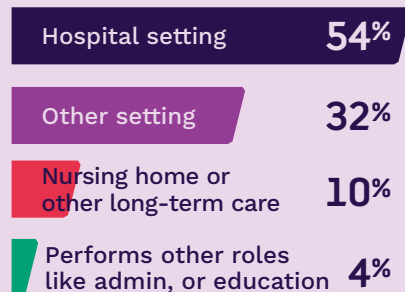
¹The Robert Wood Johnson Foundation and SHIFT commissioned NORC at the University of Chicago to create and deliver the survey. NORC “is an objective non-partisan research institution that delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions.” <https://www.norc.org/About/Pages/default.aspx>

THE NURSES WE SURVEYED AND HOW WE DID IT

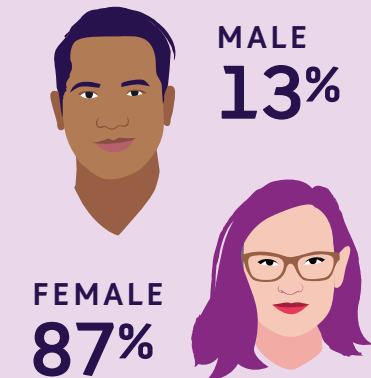
We surveyed 750 U.S. nurses from November 11-20, 2020. It was important to us to survey a sample that truly represented the diversity of the profession—with representation across multiple work settings, the actual gender breakdown within nursing and the diversity of racial/ethnic backgrounds among nurses. The survey (slightly) oversampled long-term care nurses because we wanted to understand more than what we saw in the montage of media stories about nursing homes during the pandemic.

Survey Methodology

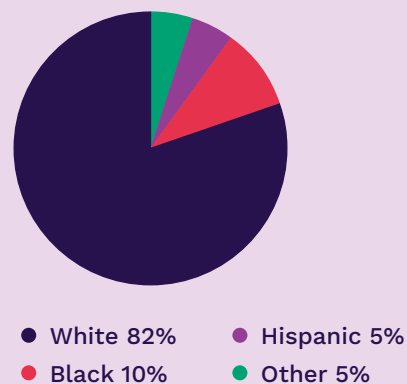
DAY-TO-DAY WORK SETTING



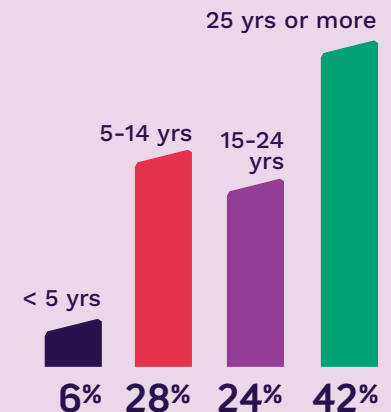
GENDERS



RACE/ETHNICITY



YEARS OF EXPERIENCE



While the survey findings provide an interesting perspective, we know that they don't paint a complete picture of everything at play in this profession. Not to mention, every nurse we know has a unique experience to share and opinions that are influenced by a variety of factors.

And the point of this report is not to speak over any of your individual experiences, but rather to share some dominant themes we saw and ask you, our beloved SHIFT Talkers, how these findings do—or do not—fit with your experiences. We want, more than anything, to hear your opinions, understand your perspectives and to elevate your voices.

TOP 3 PROS AND CONS OF SURVEYS:

What they tell us... and what they don't

PROS:

- With today's advanced tools, surveys are relatively easy to develop and deploy to get input from a lot of people relatively quickly
- Surveys are capable of achieving statistical accuracy that can be considered to be representative of a population
- Can be repeated in the future and compared to detect potential changes

CONS:

- Respondents are self-selected; not everyone who receives a survey will answer it
- May not fully reveal the motivations and rationale behind the answers
- Flaws in survey design may skew the data and resulting conclusions

In other words, surveys are great tools for understanding broad dynamics and trends, but they're certainly no replacement for good old-fashioned conversation.

WHAT WE HEARD:

SIX KEY THEMES FOR CONSIDERATION IN 2021

This survey was conceived under the weight of hundreds of news stories and firsthand accounts of nurses experiencing the pandemic from the front lines—including some of the stories we featured last year on SHIFT Talk. We knew that many nurses were dealing with insufficient PPE, overwhelmed ICUs, and the mental burden of serving as surrogate family members. What we didn't know as much about was the day-to-day impact of working during a pandemic. What kind of toll was it taking on you, SHIFT Talkers? Exactly how much stress had you all been under? How had your perceptions of our profession changed in the months since the pandemic arrived in the U.S.? In this love/hate relationship we have with our career, which emotion was is winning?

SIX KEY THEMES EMERGED FROM THIS RESEARCH:

#1

COVID-19 is taking a real toll, not just on the job, but off the job

#2

Stress and burnout are both common, but nurses are not experiencing them evenly

#3

Many nurses are considering a change in career—whether that's leaving the bedside, retiring early, going back to school, or something else entirely

#4

How can we effectively address the “isms” (racism, ageism, sexism) if we're still eating our young?

#5

What's going on in long-term care?

#6

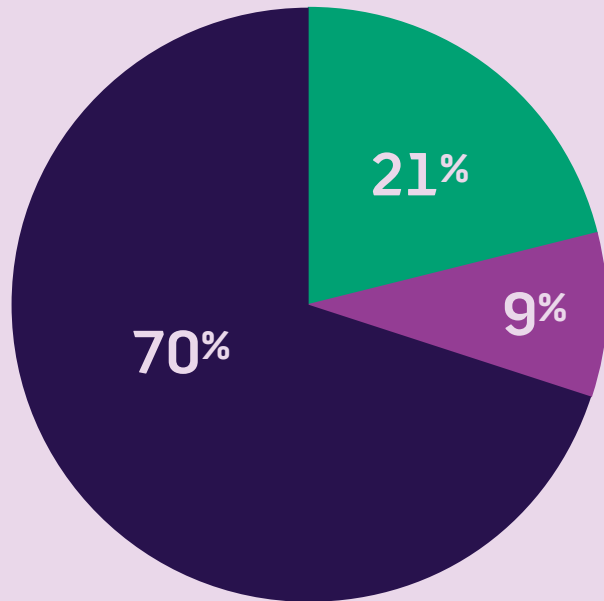
Nurses, as a group, are interested in new and expanded roles outside traditional healthcare settings

The background is a dark, abstract composition. On the left, there is a stylized, colorful face with large, expressive eyes. The face is composed of various shades of pink, purple, blue, and teal, with thick, painterly brushstrokes. The eyes are particularly detailed, with dark eyeliner and colorful irises. Below the face, there is a horizontal band of light blue and white, suggesting a medical or protective barrier. On the right side, there is a dark, silhouetted figure of a person, possibly a healthcare worker, wearing a mask and looking towards the face. The overall mood is somber and contemplative, reflecting the theme of the COVID-19 pandemic.

#1

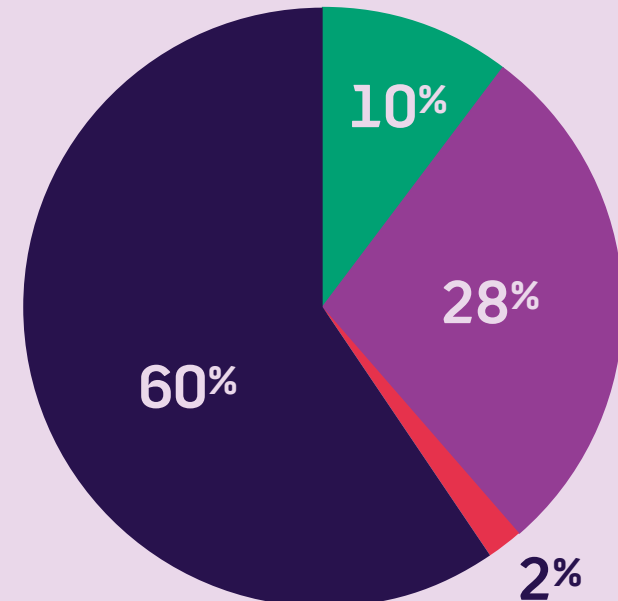
THEME #1:
COVID-19 IS
TAKING A REAL
TOLL, NOT
JUST ON THE
JOB, BUT OFF
THE JOB

Number of nurses who have taken care of COVID patients



NURSES WHO HAVE
TAKEN CARE OF
COVID-19
PATIENTS

- Yes
- No
- Don't Know



NURSES WHO HAVE
TAKEN CARE OF
COVID-19 PATIENTS
BY SETTING

- Hospital Setting
- Nursing Homes
- Other
- Admin

But we actually saw that the pandemic is taking just as high a toll, if not higher, off the clock. The vast majority of nurses (74%) have worried about their work making their family sick. And we know from Nurse Nikki's podcast episode that they aren't the only ones who are worried—sometimes it's your neighbors and friends who are nervous about being around you. While hailing nurses as heroes in the hospital, some people are afraid of being around nurses in the community.

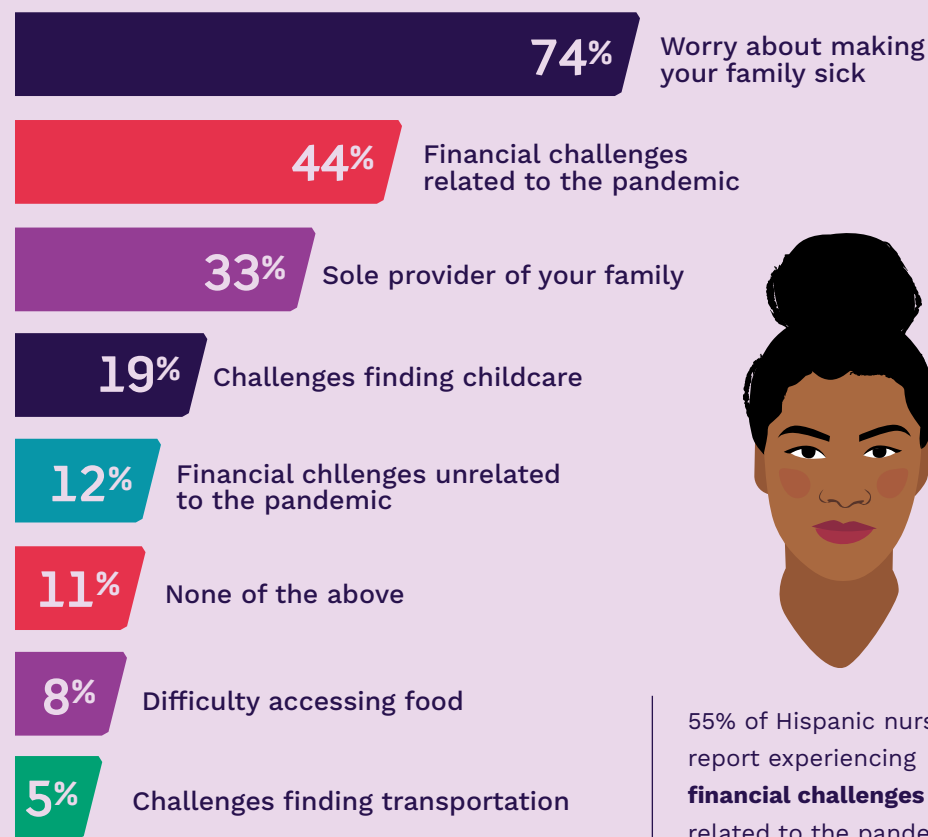
The number of nurses with financial worries related to the pandemic is also notable—it's nearly half (44%) of those surveyed, with a third of nurses identifying themselves as the sole provider for their families.

So how do you sleep at night, when you're scared your job will make your family sick, but you also rely on it to provide for your family?

The combination of these concerns confirms our hunch about the truly terrible toll this pandemic is taking on our profession.

Things nurses are worried about

HAVE YOU EXPERIENCED ANY OF THESE CHALLENGES IN THE PAST 12 MONTHS?





We wanted to see how these worries translated into the way everyday nurses view the threat posed by the virus, so we asked them that too. The majority (82%) said that they believe COVID-19 is a major threat to public health. And as a group, nurses strongly support public health policies aimed at containment, including mask wearing (94% support), physical distancing (93%) and mask mandates (85%).

Sadly, however, nurses have limited faith in the public when it comes to following those policies and believe that less than half of the people in their communities follow public health recommendations. Nurse Nacole said it best in our [bonus podcast episode](#), recorded several months after this survey was conducted:

**“When I go to work,
I feel safe. I feel unsafe when
I leave work.”**

Maybe you haven’t been as impacted by COVID-19 as other nurses have, or maybe your community has embraced public health preventions more than most—we honor all experiences and want to hear your perspective too. Our community is a safe space for debate.

#2

THEME #2:
**STRESS AND
BURNOUT
ARE BOTH
COMMON, BUT
NURSES AREN'T
EXPERIENCING
THEM EVENLY**

Among the hundreds of nurses surveyed, 41 percent said that they were “burning out” or “completely burned out.”

No surprise here, SHIFT Talkers, except maybe that the numbers weren't even higher. Perhaps that's a sign that we nurses have learned how to compartmentalize well. Because burnout has long plagued this profession. A simple text-based post in a private Facebook nurse group in February of 2021 stating that the nurse posting was just five years in and already burned out garnered more than 2,000 reactions overnight. There's no doubt in our minds that COVID-19 only exacerbated existing burnout.

Now let's talk about stress, which is of course related. The majority of nurses (81%) reported feeling stressed. Interestingly, they rated their stress as mild to moderate, with just one in four reporting severe or extreme stress. Again, this caused us to pause and wonder because we'd bet the number wouldn't be that different among other professions who aren't risking their life and seeing death daily. Is it really that nurses aren't stressed, or is it that we've just gotten so good at pushing down our feelings to do what we need to do that we're not emotionally tuned in? Is there a silent cost to our toughness and stress tolerance?

Generally speaking, stress was seen across work settings—with long-term care nurses reporting slightly higher levels of stress and nurses who worked on a dedicated COVID-19 unit being slightly more likely to report feeling as if they were burning out/completely burned out. These differences based on work setting make sense to us, SHIFT Talkers.

Clearly there's a lot more to unpack when it comes to stress and on-the-job burnout—because the pandemic is far from over, and nurses can only be stretched so far.

Stress levels at work

DO YOU FEEL
STRESSED
AT WORK?

87%

NURSING
HOME/LTC

81%

ADMIN/
EDUCATION

80%

HOSPITAL

80%

OTHER



HOW WOULD YOU RATE THE
LEVEL OF YOUR
JOB STRESS?



73%

27%

ALL NURSES

75%

25%

RN/CRN

74%

26%

APN OR APRN /NP/DNP

66%

34%

LPN

● Mild/Moderate ● Severe/Extreme

MANY NURSES ARE
CONSIDERING A
CHANGE IN CAREER—
WHETHER THAT'S
LEAVING THE
BEDSIDE, RETIRING
EARLY, GOING BACK
TO SCHOOL, OR
SOMETHING ELSE
ENTIRELY



We wanted to understand the potential long-term impact of the pandemic on the profession, and so we also asked these nurses whether their experience in the past six months would cause them to make a significant career change.

Almost exactly half said that they were likely to take a nursing job away from the bedside, and more than a third said that they were likely to retire sooner.

Uh oh. Smaller percentages answered that they would go back to school or exit the profession altogether. While that's somewhat reassuring, the big picture is disheartening—a lot of nurses are looking toward the exit sign. And that's on top of our Boomers, whom we know will be exiting the workforce in the next few years regardless of the pandemic.



When nurses will retire



SEEK A NURSING JOB AWAY FROM THE BEDSIDE



RETIRE SOONER



GO BACK TO SCHOOL



LEAVE THE PROFESSION

● Likely ● Not likely ● I don't know

Based on the last six months, **36% of the nurses say they are likely to retire sooner** and 47% of nurses say they are likely to seek a nursing job away from the bedside.

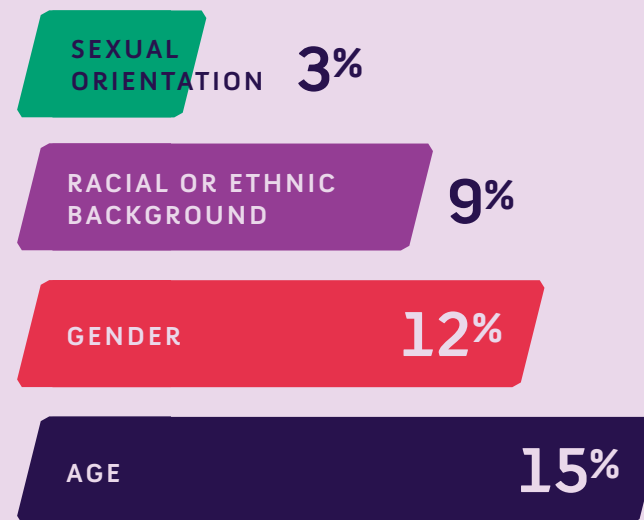
But here's the strange thing, the thing we might need your help sorting: Despite all of the above, three in four nurses surveyed were still likely to recommend someone enter the field of nursing. What's the takeaway here? We are hurting, but we still want to help? We are hurting, but we still have hope? Even though this can be the toughest job in the world, we take great pride in what we do.

THEME #4:
CAN WE
EFFECTIVELY
ADDRESS THE
"ISMS" (RACISM,
AGEISM, SEXISM)
IF WE'RE STILL
EATING OUR
YOUNG?



When we asked nurses if they believe they were being treated unfairly due to their sexual orientation, racial/ethnic background, gender, or age, the highest percentage (15%) reported that they were treated unfairly due to their age (although actually what we're talking about is years of experience). Interestingly, nurses who have been working in the profession fewer than five years were more likely to feel that they had experienced "ageism." Our hypothesis? The practice of "eating our young" (and again, by "young," we mean years of experience, not chronological age) is still prevalent in the profession. After all, we've heard plenty of stories about nurse bullying from SHIFT Talkers, and we've also heard about heroic efforts to combat bullying.

Why nurses feel they've been treated unfairly at work



More nurses reported feeling being treated unfairly **because of their age**, though it may be correlated more closely to experience level rather than ageism.

33% of nurses working less than 5 years say they're been **treated unfairly because of their age** vs. 18% of those working 25+ years, 12% of those working 15-24 years and 8% of those working 5-14 years.

What's really interesting is that bias based on other factors lags behind—which surprised us, because we've heard lots of stories and seen some data that contradicts this trend. These responses are also surprising (perhaps even disturbing) because the pay gap is real, racism is real, and discrimination based on sexual orientation is real.

What do you think, SHIFT Talkers? Are we right? Are we wrong? Are there other reasons nurses are not talking about the “isms” that we just totally missed out on by asking the wrong question?



An abstract, painterly illustration of a woman's face and upper torso. She is wearing a teal surgical mask with white straps. The mask has text on it: "NIOS 3M 1864", "N95", "10-511", "LO4", and "HEALTH CARE PARTICULATE AND SURGICAL MASK". Her eyes are looking upwards and to the right. The background is a vibrant mix of pink, purple, and teal brushstrokes. In the top right corner, there is a large white "#5".

#5

THEME #5:
WHAT'S
GOING ON IN
LONG-TERM
CARE?

As mentioned up front, we slightly oversampled for long-term care nurses, because we're so interested in understanding what's actually behind the montage of media stories about COVID-19 in this healthcare setting.

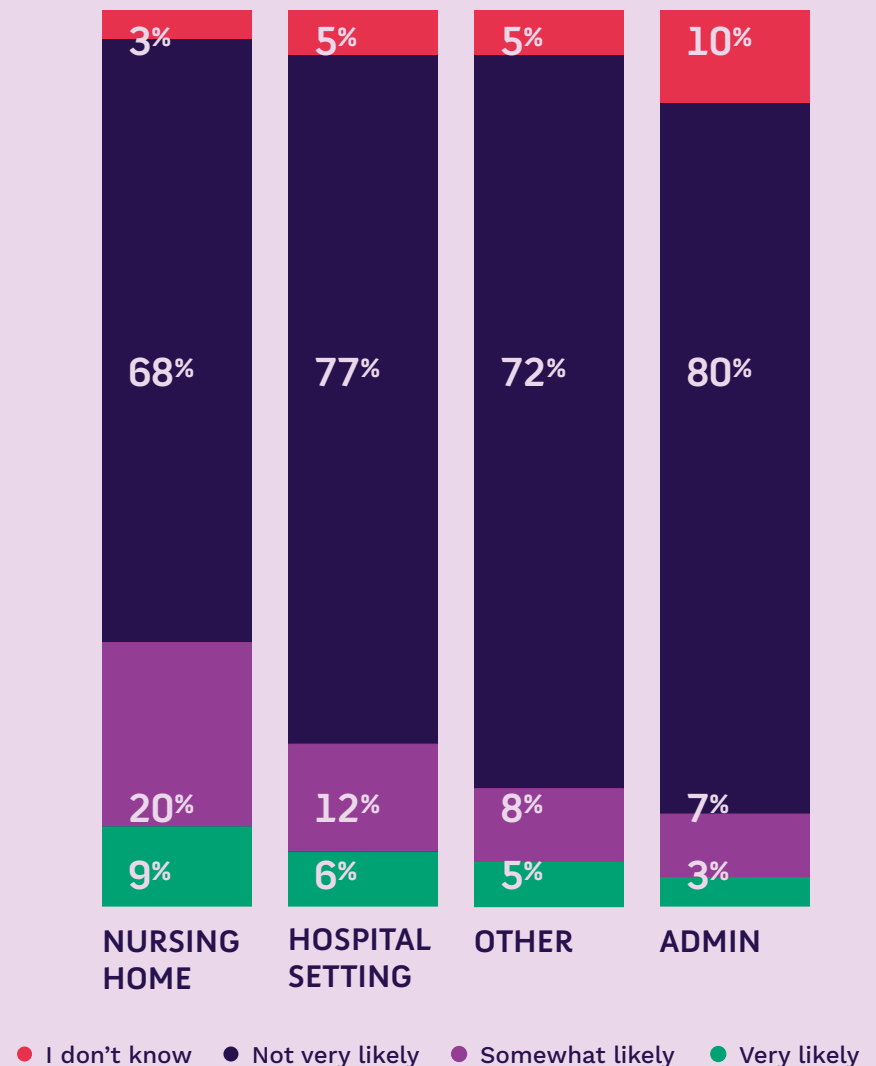
Here's what we learned: The nurses who work in this setting appear to have a slightly different perspective on public health—at least as expressed in our survey.

They were less likely to consider COVID-19 a major threat to public health, with about a quarter (23%) describing it as just a “minor threat” and a small group (4%) calling it “not a threat” at all. Wow, with the number of deaths of nursing home residents due to COVID-19, that surprised us!

There are some other differences with this group too. Long-term care nurses are a little more likely to leave the profession (29% compared to 18% of hospital nurses and 10% of nurses working in admin/education). And much more likely to retire sooner based on their experiences in the past six months (45% as compared to 36% of hospital nurses and 37% of nurses working in admin/education). Nurses working in nursing homes and long-term care settings were also more likely to report being stressed at work (87%) than their peers (81%).

These are the statistics that make sense to us—maybe some of you SHIFT Talkers can help us understand how to put them in context with the perspective on public health.

How likely nurses are to leave the profession based on past 6 months by setting



#6

THEME #6:
NURSES,
AS A GROUP,
ARE INTERESTED
IN NEW AND
EXPANDED
ROLES OUTSIDE
TRADITIONAL
HEALTH CARE
SETTINGS





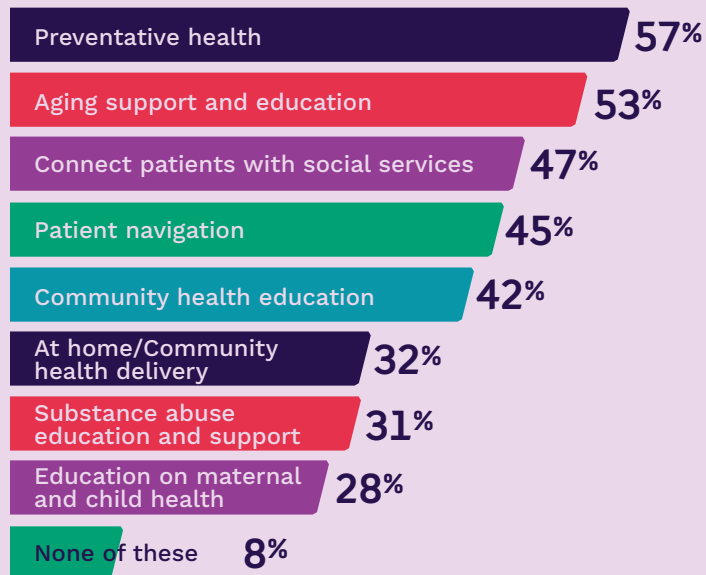
Back in 2019, the Robert Wood Johnson Foundation fielded a similar survey of nurses to learn about the attitudes and behaviors that were pervasive across the profession. In that survey, the Foundation asked about nurses' interest in addressing community health concerns. Knowing that a nurse is often the provider who is closest to patients and most in touch with their home settings, support systems, holistic health picture, and more, SHIFT was interested in checking back in on this front—so we asked similar questions about community health in this survey.

The results were inspirational and not at all surprising, given the global pandemic and the critical role nurses have played in it. Overall, nurses reported playing bigger roles outside the traditional healthcare setting. A majority (83%) said they played a role in preventative health in 2020, compared to just over half (57%) in the 2019 survey we're using as a benchmark. The number of nurses reporting that they did so because they “don't want the ‘system’ to fail their patients” rose (to 47% from 34%), and more nurses reported that their “employer encouraged them to actively focus on preventative health.”

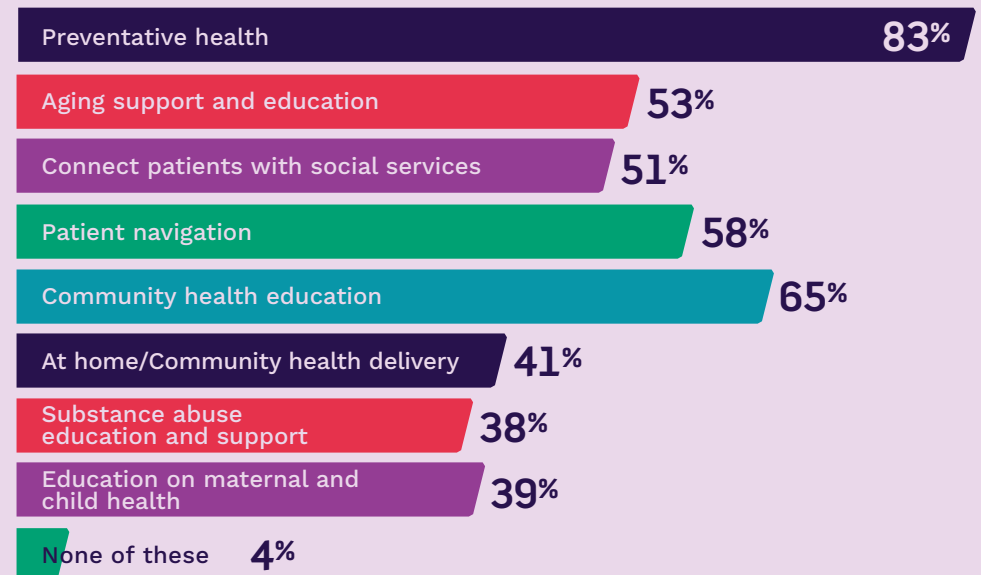
²The 2019 survey was conducted by Ipsos, a global leader in market research, and included 1,200 nurses.

Nurses are taking a greater role in preventative health

2019 SURVEY



2020 SURVEY





But here's the rub—and this won't be news to most of you—these nurses also highlighted that they are “getting pulled in too many directions/accountable to too many people already” as a limiting factor in playing bigger roles in community health. In fact, the number of nurses feeling like they couldn't be all things to all people grew by more than ten percent.

Imagine what we could do for our communities, SHIFT Talkers, if our nurse-to-patient ratios improved, if we didn't have to play therapist, security guard and janitor on top of nurse and nurturer, if we weren't treated as administrative assistants and enlisted to fill out paperwork, if our opinions were more often valued and our voices more often heard. Conversely, maybe some of you are wondering, why is community health on us?

SO WHAT, SHIFT? WHY SHOULD THIS MATTER TO ME?

We know that these data points don't tell the whole story—we also know that all the views expressed in this survey will be skewed to a degree by the fact that the people sharing them are also responsible for managing a global pandemic. You are managing a global pandemic.

Most healthcare settings and healthcare providers are still laser-focused on COVID-19, whether it's the virus itself or dispensing the vaccine or educating the public. And that's the way it should be.

But what we hope is that in the “in between” moments—when you have a minute alone to scroll through social, a 10-minute break to grab a coffee with your SHIFT BFF, or whatever else it is that fills your mental cup—that you think about what we learned about you as a group. And ask the tough questions. Ask yourself, ask us, ask your peers. Let's keep this conversation going.

To join the conversation, like us on Facebook and follow us in Instagram—we'll be posting content related to this survey to both platforms. Or, drop us an email at hello@shiftnursing.com

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REAL NURSES. REAL TALK.