



AONL COVID-19 LONGITUDINAL STUDY

RESEARCH GOALS



- ◆ Nursing leadership **pulse check**
- ◆ Identify **key challenges**
- ◆ Identify **changes in leadership perception**
- ◆ Leverage **nursing leadership advocacy support**

**Identify differences in
perception and needs**
Focus: Leadership role

COMMENTARY

Over-all Impact



Story from July 2020 has changed

Emotional impact was consistent

**Financial challenges have escalated
with perceived price gouging**

**The smaller the facility, the greater
the feeling that they have no support**

**The closer to the point of care, the
more acute the pain**

SURVEY INSIGHT: RESPONSE



2,471

respondents

86%

completion rate

99%

confidence level

2.45%

margin of error

SURVEY INSIGHT

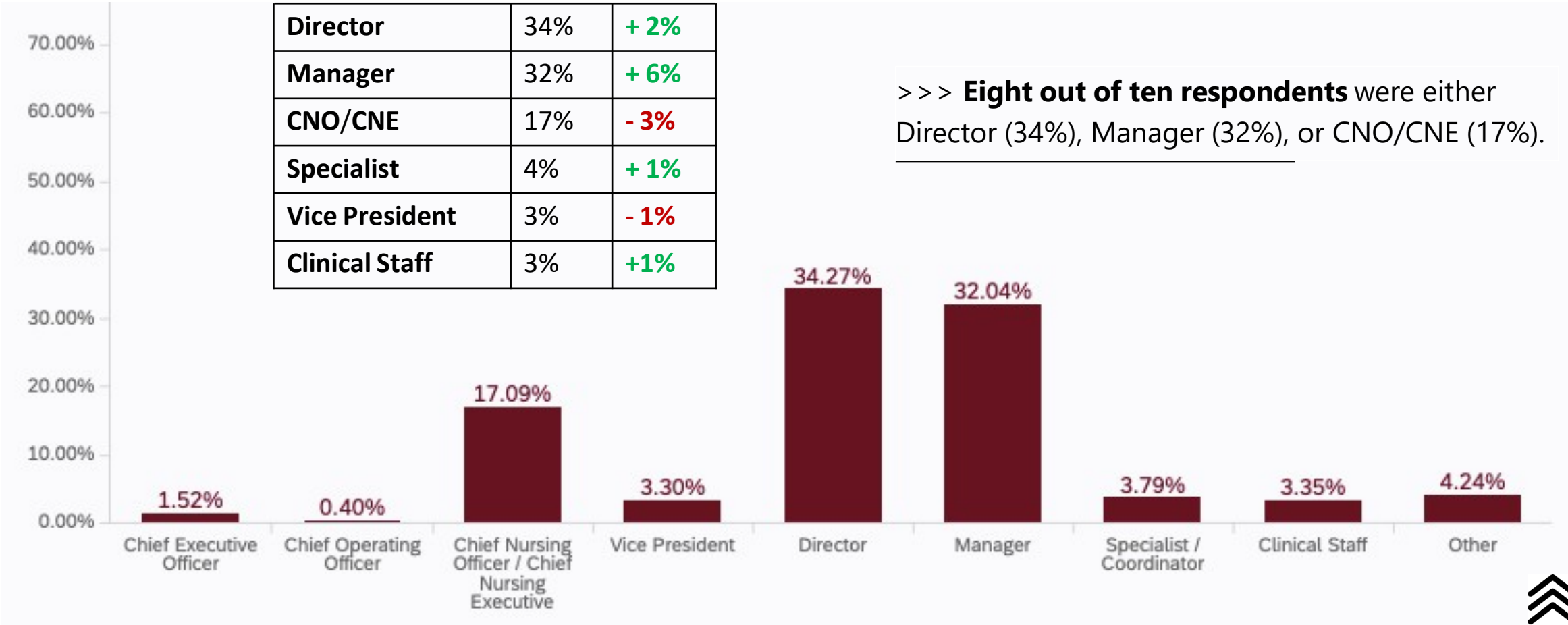


Which of the following best describes your primary role?

Change since July

Director	34%	+ 2%
Manager	32%	+ 6%
CNO/CNE	17%	- 3%
Specialist	4%	+ 1%
Vice President	3%	- 1%
Clinical Staff	3%	+1%

> > > **Eight out of ten respondents** were either Director (34%), Manager (32%), or CNO/CNE (17%).



PERCEPTION DIFFERENCES



CNO & VP

Tapped to lead many initiatives

- Most are incident commanders
- Responsibility now beyond inpatient

Focused on health & wellbeing of staff

- Seeking an after-the-fact solution for burn-out and PTSD

Dealing with a plethora of staffing issues

- Find staff to return 12 hr. shifts
- Ensuring staff and patient safety
- Managing financial impact

DIRECTOR & MANAGER

Lost in the unknown

- Responsibilities constantly changing
- e.g. NICU to MICU

Managing personal Burn-out

- 16 hour 7 days a week
- Not certain there is an end

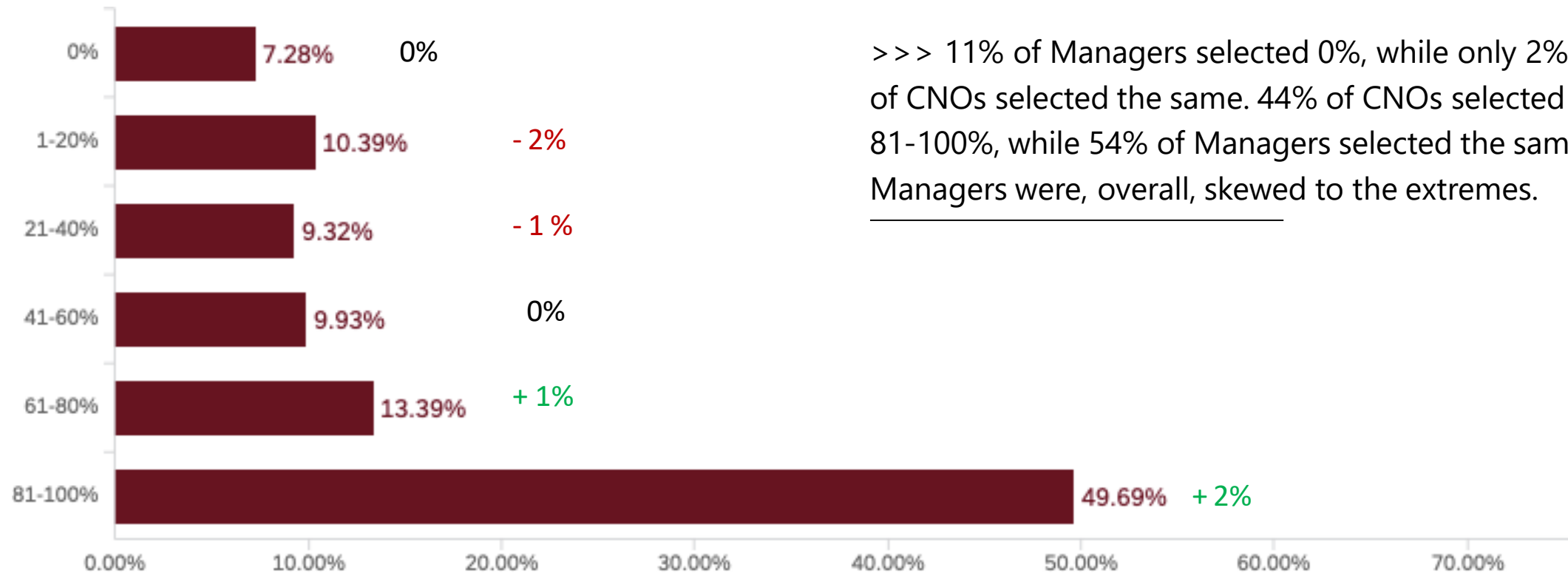
Inconsistency of staffing

- New person every day
- Teaching Nursing 101 daily

SURVEY INSIGHT



What percentage of your nursing staff received professional development to perform additional or new competencies to expand capacity for treating COVID-19 patients?



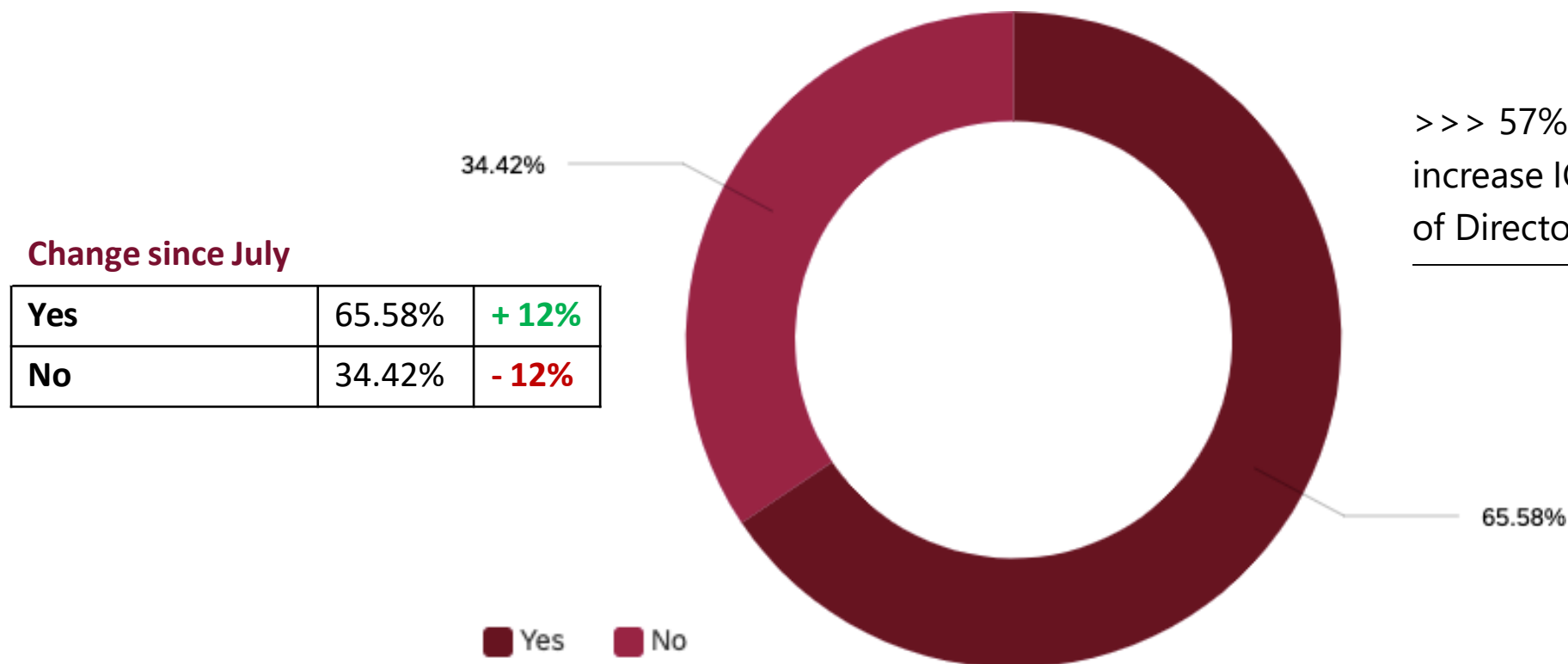
> > > 11% of Managers selected 0%, while only 2% of CNOs selected the same. 44% of CNOs selected 81-100%, while 54% of Managers selected the same. Managers were, overall, skewed to the extremes.



SURVEY INSIGHT



Has your organization had to increase its ICU beds to accommodate COVID-19 patients?



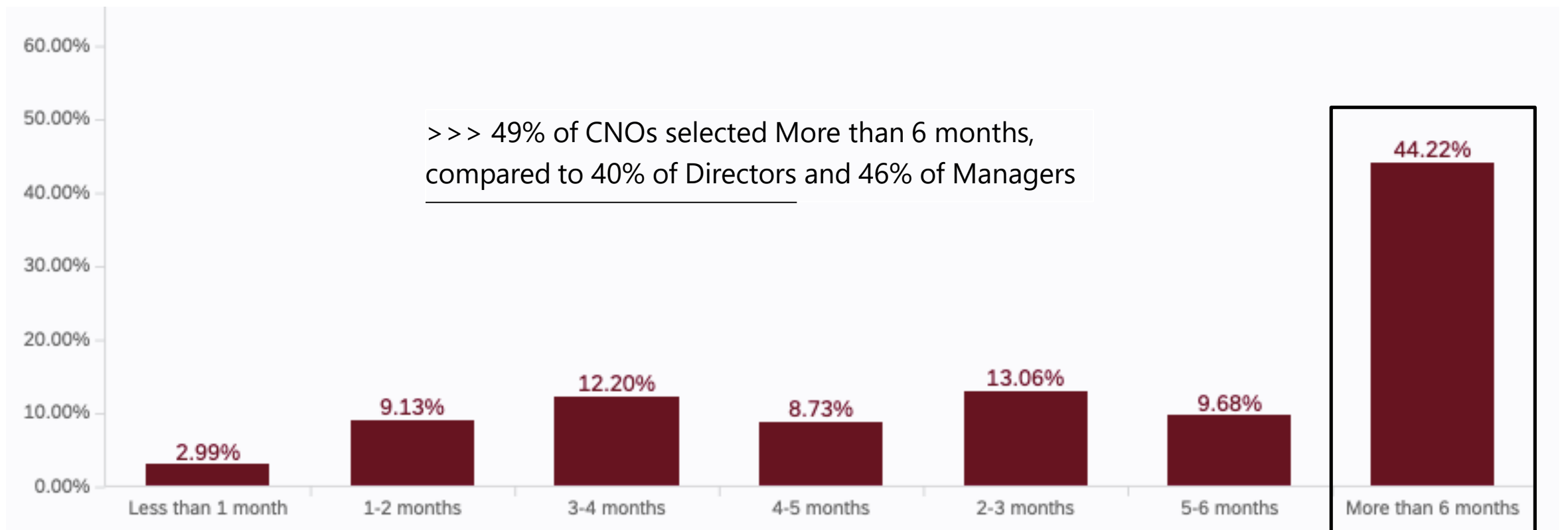
>>> 57% of CNOs said they had to increase ICU beds, compared to 66% of Directors and 70% of Managers.



SURVEY INSIGHT



For approximately how many days (cumulatively) has your organization had to increase its ICU beds to accommodate COVID-19 patients?

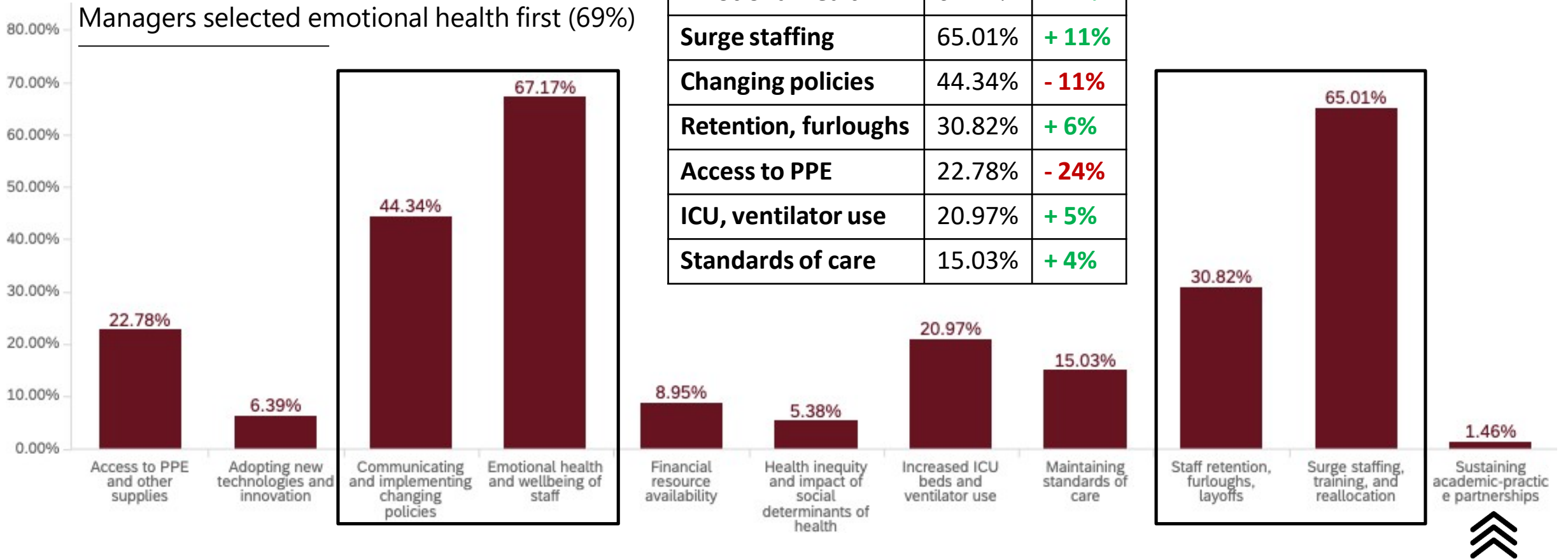


SURVEY INSIGHT



What have been your organization's top three challenges during the COVID-19 pandemic?

>>> CNOs and Directors selected 1 surge staffing, 2 emotional health, 3 changing policies. Managers selected emotional health first (69%)



SURVEY INSIGHT



As a nurse leader, how effectively do you feel you have been able to address these challenges? 5 being very well.

Field	Financial resource availability	Staff retention, furloughs, layoffs	Health inequity and impact of social determinants of health	Other	Emotional health and wellbeing of staff	Sustaining academic-practice partnerships	Maintaining standards of care	Access to PPE and other supplies	Surge staffing, training, and reallocation	Communicating and implementing changing policies	Adopting new technologies and innovation	Increased ICU beds and ventilator use
Minimum	1.00	1.00	1.00	1.00	1.00	2.00	1.00	1.00	1.00	1.00	1.00	2.00
Maximum	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Mean	2.84	2.92	2.97	2.97	3.37	3.44	3.46	3.77	3.78	3.91	4.07	4.12
Std Deviation	1.15	1.10	1.23	1.19	0.95	0.83	1.03	0.96	0.86	0.71	0.83	0.85
Variance	1.31	1.22	1.52	1.41	0.90	0.69	1.07	0.92	0.75	0.51	0.69	0.72
Count	115	421	62	29	935	18	218	327	1,000	694	102	293

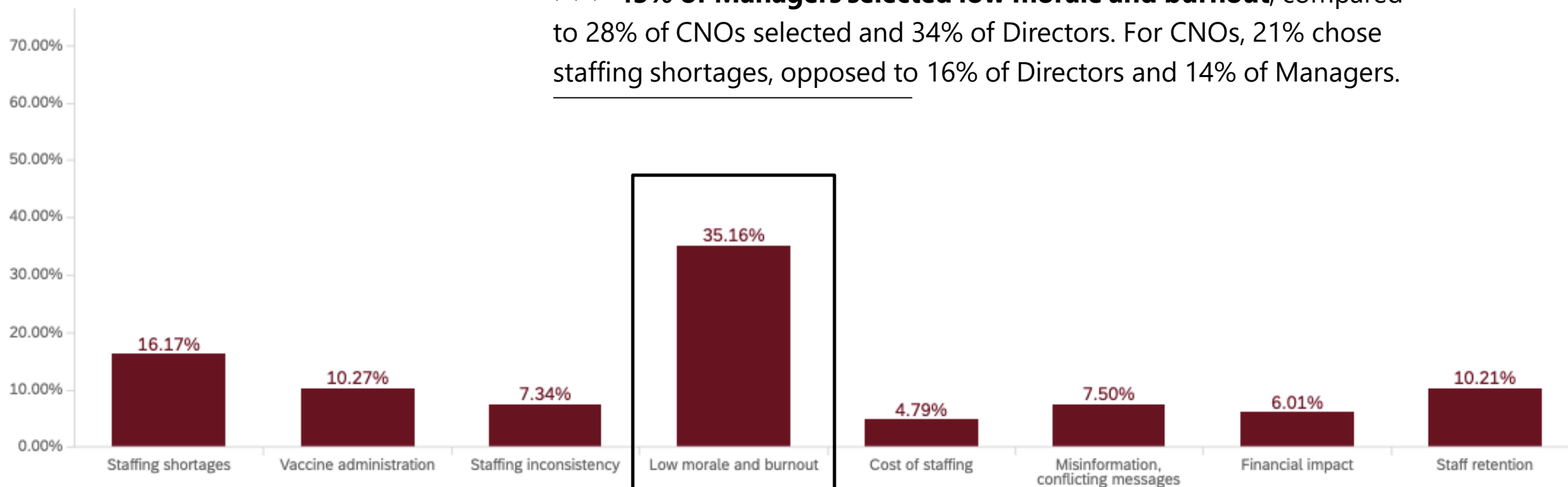


SURVEY INSIGHT



What is the biggest challenge you face today that you did not face six months ago?

>>> **43% of Managers selected low morale and burnout**, compared to 28% of CNOs selected and 34% of Directors. For CNOs, 21% chose staffing shortages, opposed to 16% of Directors and 14% of Managers.



SURVEY INSIGHT



What structures, behaviors, adaptations, or innovations were most helpful in addressing these challenges... Staffing shortages

26.9% **Temp staffing**

19.4% **Additional pay**

9.0% **Bonus Pay**

9.0% **Reassignment**

7.4% **Cross training**

6.0% **Team model**

3.0% **Increased ratios**

3.0% **Student externs**

16.3% **Other**

“Rapid response nurses added staff, however time to train to meet our expectations was non-existent. While they are capable of patient care, or patient experience, overall infection control measures, and documentation have declined.”

“Offering more OT & double-time pay, but after a while money doesn't motivate.”

“Bonuses, free meals, zoom counseling, more use of techs.”

SURVEY INSIGHT



What structures, behaviors, adaptations, or innovations were most helpful in addressing these challenges... Morale and burnout

16.3% **Listening**

“Engaging staff in dialogue, hearing their concerns, sharing their challenges and creating a safe space for honest communication.”

10.4% **Resiliency**

8.6% **EAP/HR support**

8.6% **Leader rounding**

“Leadership resilience training and addition of a social committee. Resilience sessions & creative writing workshops with our counselling partners and behavioral health staff.”

6.7% **Psych services**

6.7% **Recognition**

6.7% **Virtual meetings**

5.8% **Honest & loving**

“Use of EAP, feeding staff, a lot of discussions.”

4.8% **Visible leaders**

25.4% **Other**

“Daily leader rounding and access to a mental health provider on site to support staff.”

SURVEY INSIGHT



What structures, behaviors, adaptations, or innovations were most helpful in addressing these challenges... Staff retention

48% **Loss to travelers**

11% **Loss to low acuity**

7.4% **Loss to family**

7.4% **Loss to more pay**

7.4% **Loss to retirement**

3.7% **Central Staffing**

3.7% **Focus on ED/ICU**

3.7% **Hope**

3.7% **Other**

“Retaining staff due to emotional toll of caring for our patients while feeling their families were safe — currently have the challenge of the enticements offered by staffing agencies for travel to states in need.”

“30% of my staff chose to retire.”

“RNs are getting frustrated that they are floating to areas they did not sign up for, but hopefully that will turn around with the return of surgical procedures and a sense of normalcy in patient populations.”

SURVEY INSIGHT

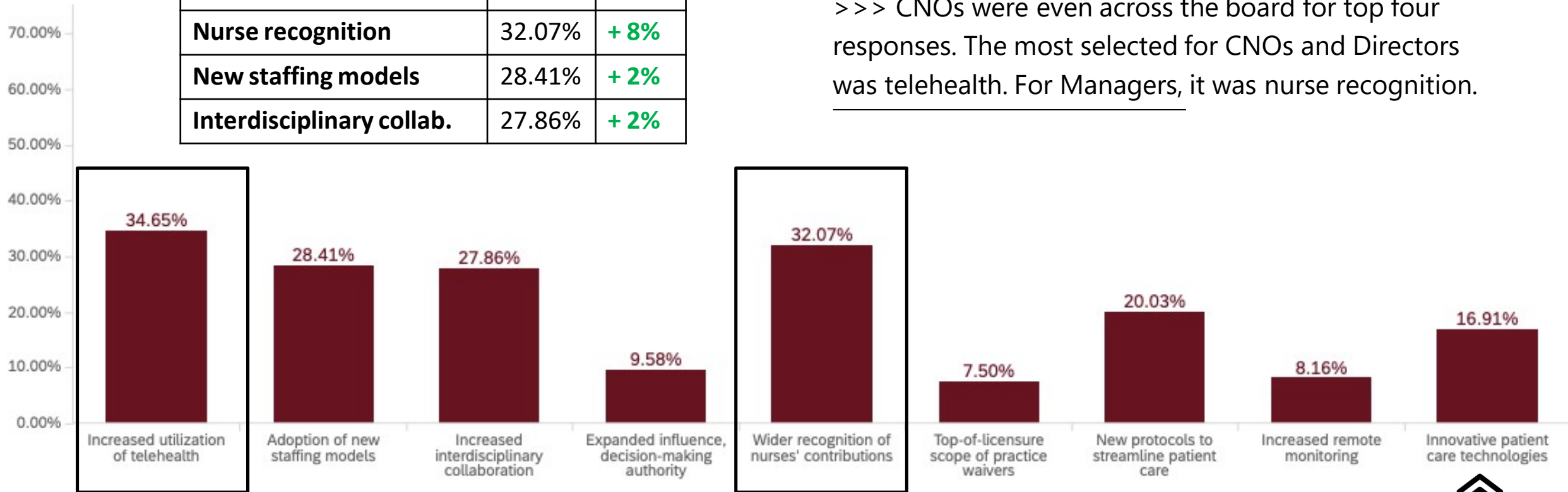


Which of the following temporary advancements will be the most important to maintain beyond the COVID-19 crisis? *Please select up to two.*

Change since July

Utilization of telehealth	34.65%	- 9%
Nurse recognition	32.07%	+ 8%
New staffing models	28.41%	+ 2%
Interdisciplinary collab.	27.86%	+ 2%

> > > CNOs were even across the board for top four responses. The most selected for CNOs and Directors was telehealth. For Managers, it was nurse recognition.



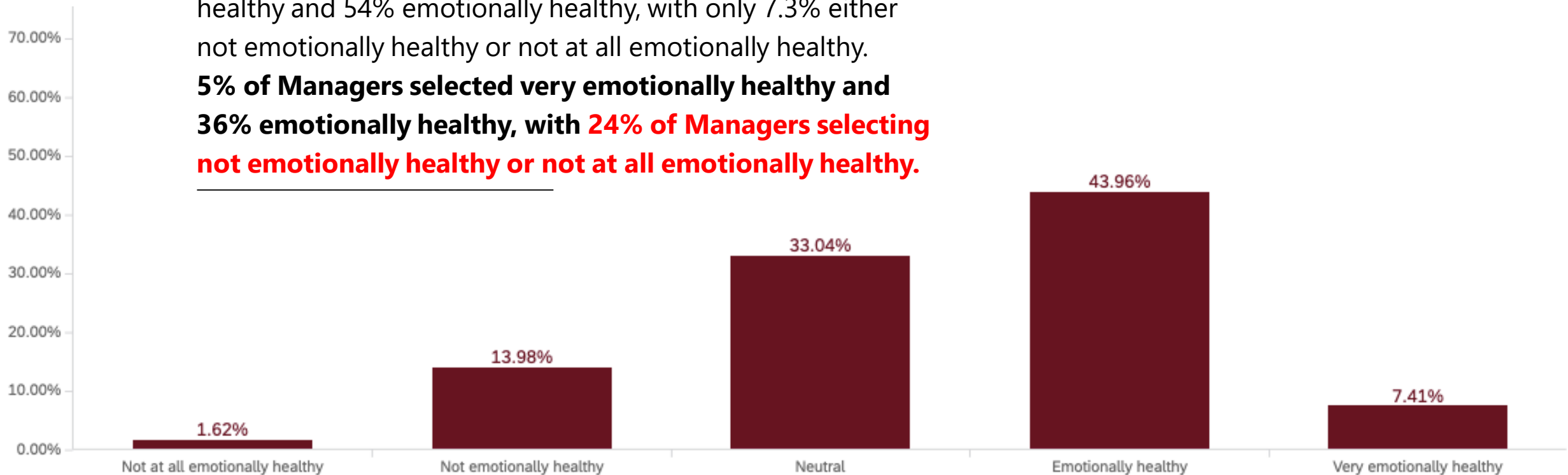
SURVEY INSIGHT



How would you rate your current emotional health?

>>> CNOs scored much higher. 11% chose very emotionally healthy and 54% emotionally healthy, with only 7.3% either not emotionally healthy or not at all emotionally healthy.

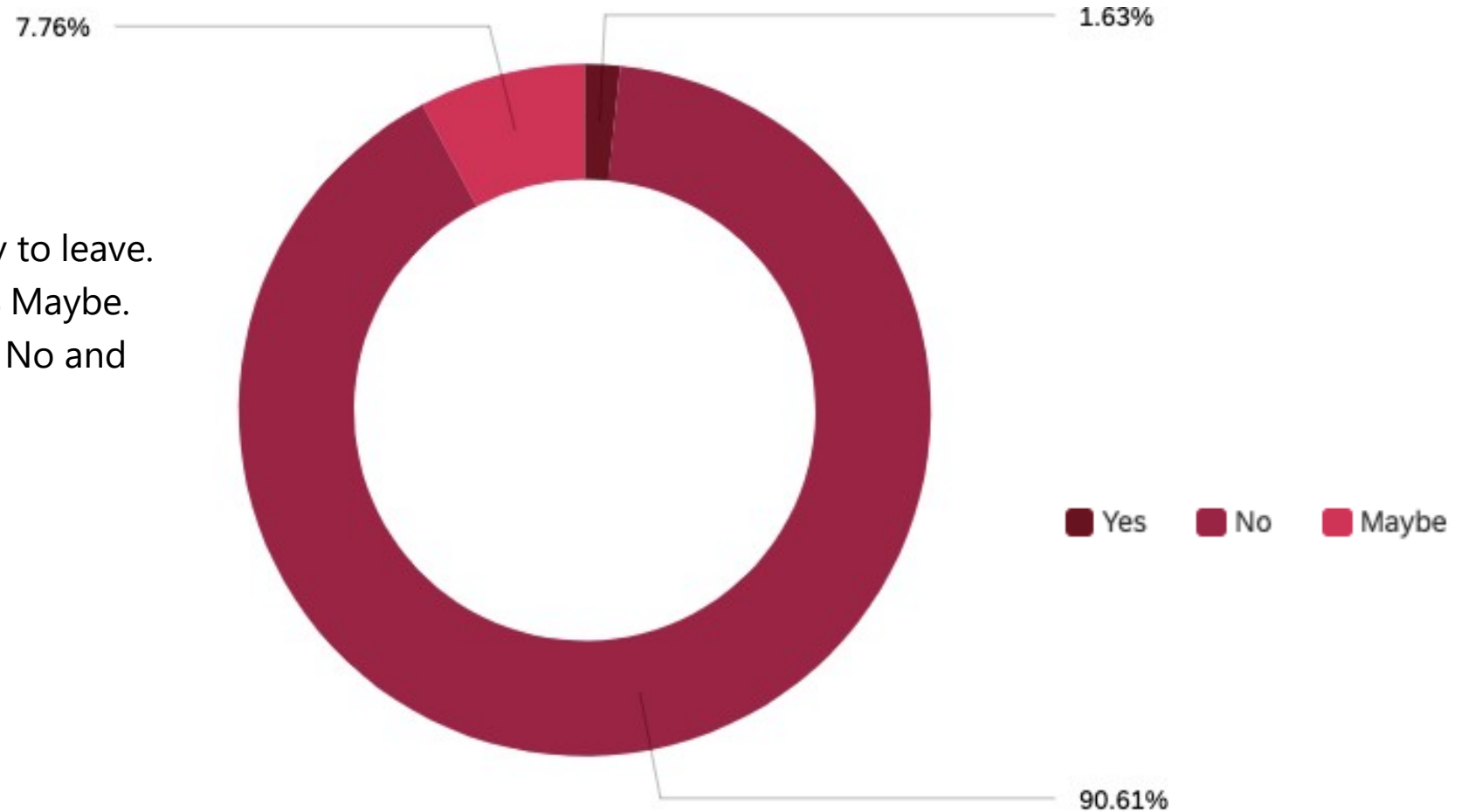
5% of Managers selected very emotionally healthy and 36% emotionally healthy, with 24% of Managers selecting not emotionally healthy or not at all emotionally healthy.



SURVEY INSIGHT



Do you intend to leave nursing as result of the pandemic?



>>> CNOs are least likely to leave.
92.5% said No and 6.29% Maybe.
88.47% of Managers said No and
10.15% Maybe.

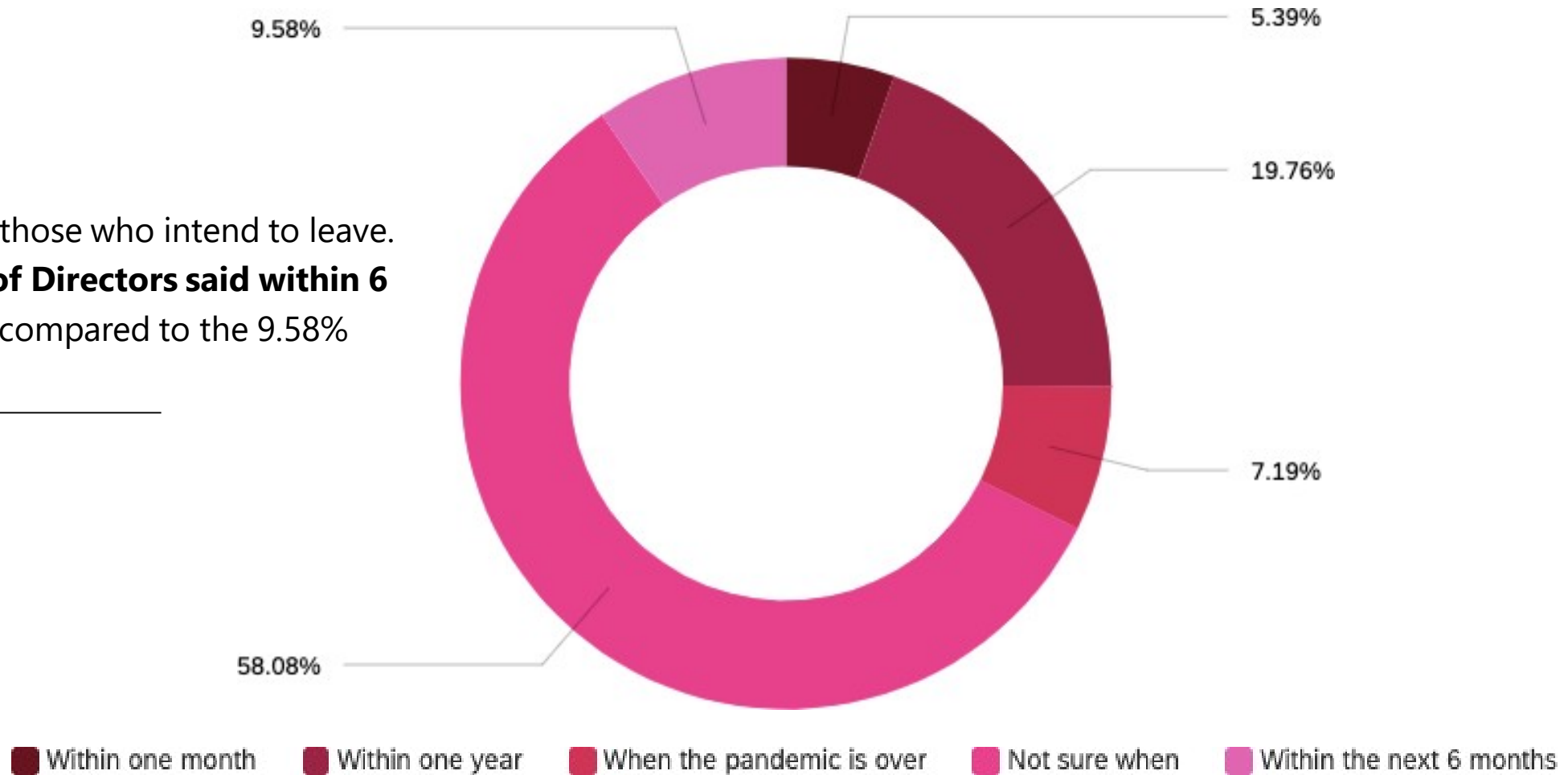


SURVEY INSIGHT



If Yes to Intent to Leave, When do you intend to leave nursing?

>>> For those who intend to leave.
17.31% of Directors said within 6 months, compared to the 9.58% average.



CHALLENGES BY SEGMENT



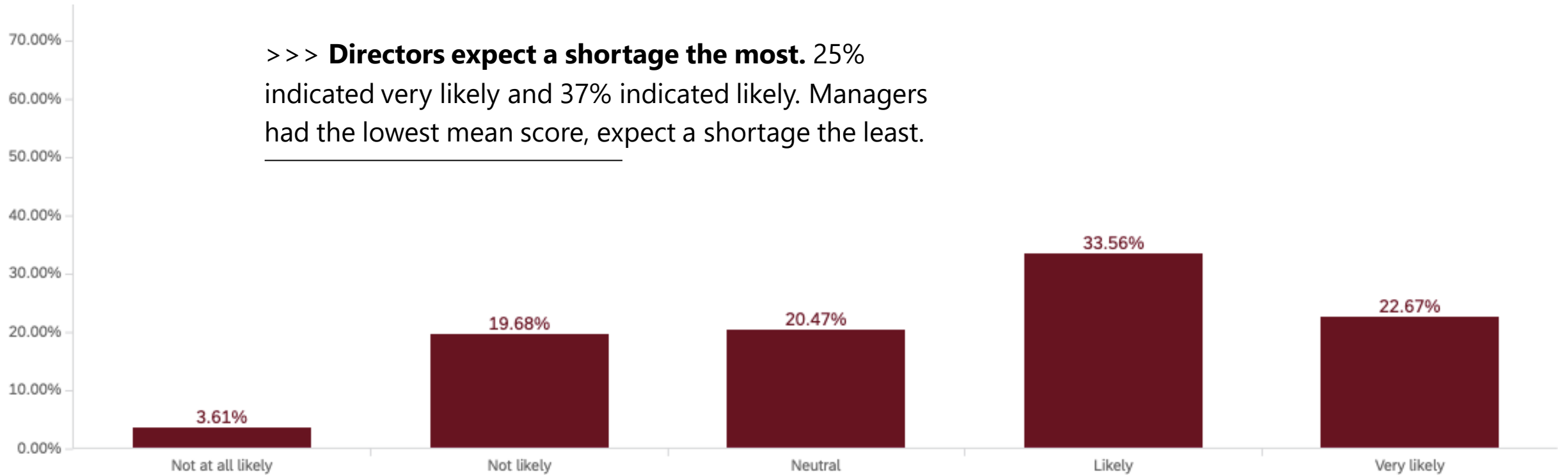
	Primary Challenge	Secondary Challenge
SHORT TERM ACUTE CARE	Staffing ; safety, inconsistency, agency price gouging	Health and wellbeing ; too much death, PTSD, burn-out & low morale
CRITICAL ACCESS & RURAL COMMUNITY	Staffing financial impact ; can't compete with larger hospitals	Burn-out ; nurses and nurse leaders have no support network
LONG TERM ACUTE CARE, IRF, SNF	Lack of direction ; personal wellbeing, alone with no support	Staffing ; constantly cycling due to quarantine or illness

SURVEY INSIGHT



Following the pandemic, how likely is your organization to experience a staffing shortage?

>>> **Directors expect a shortage the most.** 25% indicated very likely and 37% indicated likely. Managers had the lowest mean score, expect a shortage the least.



SURVEY INSIGHT



What is the primary cause of your staffing shortage?

24.3% **Burnout / fatigue**

“Burn out, extremely low morale.”

16.2% **Early retirements**

“Resignations and retirements of FT and PD.”

16.2% **Travel nursing**

8.1% **Leaving nursing**

“Staff leaving the industry or taking on more lucrative travel positions.”

8.1% **Furloughs / layoffs**

5.4% **Poor leadership**

“Staffing was an issue prior to the pandemic. The pandemic has exacerbated the issue.”

5.2% **No replacements**

2.9% **COVID fear**

2.7% **New grads**

“The organization not providing correct resources and staff now leaving due to short staffing issues.”

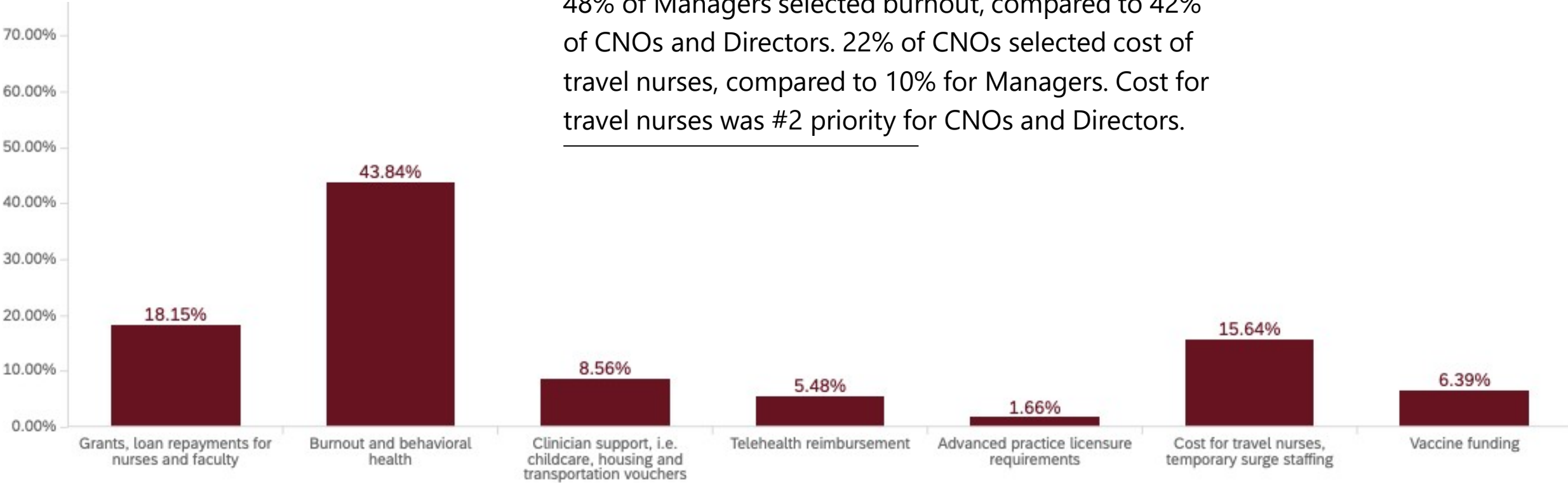
10.8% **Other**

SURVEY INSIGHT



Which of the following advocacy initiatives is more important to you?

>>> **All three roles selected burnout as #1 priority.**
48% of Managers selected burnout, compared to 42% of CNOs and Directors. 22% of CNOs selected cost of travel nurses, compared to 10% for Managers. Cost for travel nurses was #2 priority for CNOs and Directors.



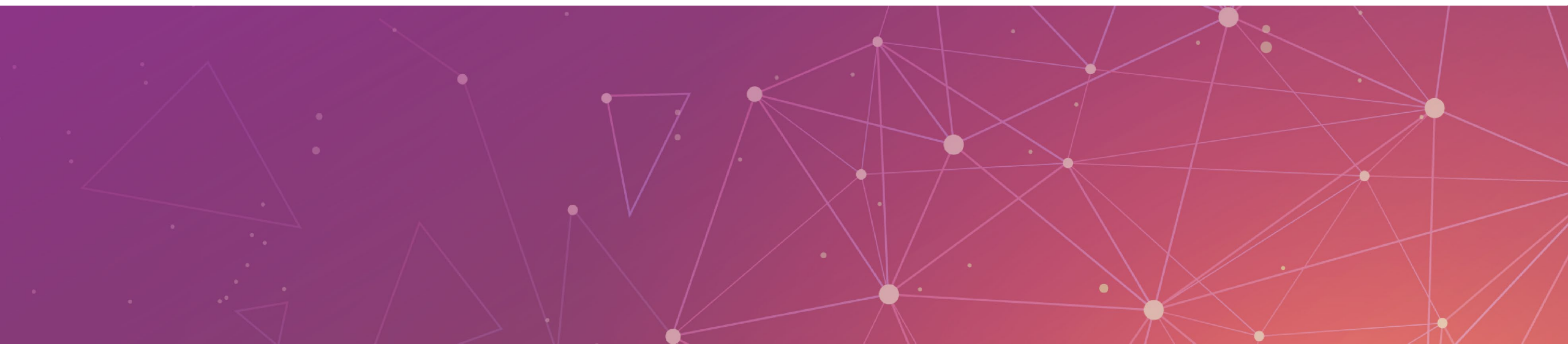
SUMMARY



Key Themes from Interviews and AONL COVID-19 Longitudinal Survey

- From interviews, **staffing is the primary challenge** across the continuum of care.
 - From interviews, **angst increased** as the leader got closer to the point of care.
 - **Surge staffing, training, and reallocation of staff** is #1 challenge for CNOs and Directors.
 - The challenge of **emotional health and wellbeing of staff** has increased by 17% in six months, with 67% of nurse leaders identifying emotional health as a major challenge.
 - **1 out of 4 nurse managers indicated they are not at all or not emotionally healthy.**
 - There is evidence of a gap emerging between CNOs and Managers in many areas, including perception of operations (ICU beds, training) and personal emotional health.
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Thank you.



Longitudinal Study Report:

Nurse Leader's Top Challenges and Areas for Needed Support, July 2020 to February 2021

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 in July 2020 and February 2021. The recent findings indicate changes to primary challenges and levels of support, with new findings on mental health and advocacy concerns.

March 10, 2021

The February 2021 Longitudinal Study identifies critical changes that have occurred in healthcare since July 2020. Since the initial survey, evidence has emerged indicating access to PPE has improved while the challenge of mental health and staffing have worsened. As stated by one nurse leader: “We have seen nurses leaving the profession due to moral distress, burnout, and fatigue. I believe if we can address the root cause of this problem, we will retain more nurses and begin to stabilize the numbers in the workforce.” The report identifies nurse leaders’ top challenges, changes since July, support ratings of various entities, and top policy requests. The report also identifies an emerging gap between roles, with focus on Chief Nursing Officers, Nursing Directors, and Nursing Managers.

SURVEYS: JULY 2020, FEBRUARY 2021

After conducting over a dozen interviews with nurse leaders, AONL and Joslin Marketing launched a non-incentivized online survey to nurse leaders. The recent February 2021 survey is part of an ongoing longitudinal study designed to track several areas over time. The initial survey was completed in July 16-26, 2020. 1,824 leaders completed or partially completed that survey. The second survey was conducted over the course of 10 days, February 8-18, 2021. Nearly one-out-of-three respondents in the second survey recalled completing the initial survey. **The second survey was sent to 23,515 nurse leaders and completed or partially completely by 2,471.** The margin of error for the second survey was +/- 2.45% with a 99% confidence level.

RESPONDENT PROFILE

Of the respondents from the February 2021 survey, 87% were either Chief Nursing Officers (CNO), Chief Nursing Executives (CNE), Vice Presidents, Directors, or Managers. Overall, 34% of the respondents were Directors, 32% Managers, and 17% CNOs or CNEs.

The majority of respondents came from acute care hospitals (52%) or health system facilities (14%). Only 4% came from LTACs or post-acute care facilities. Of all the respondents, 51% were urban, 29% suburban, and 20% rural.

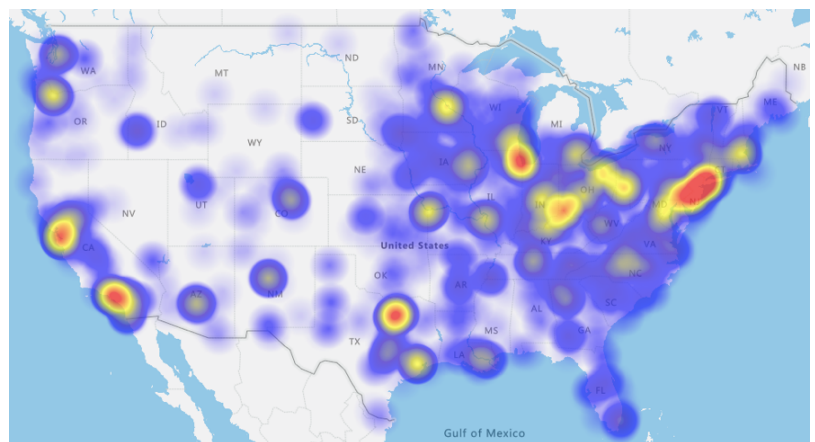


Figure 1 - Heat map distribution of respondents' primary work zip codes

PROFESSIONAL DEVELOPMENT AND UTILIZATION OF NURSES FOR COVID-19

Respondents indicated the percentage of nurses that received professional development to perform additional or new competencies to expand capacity to treat COVID-19 patients. 50% of all respondents said 81-100% of their nurses were trained, a 2% increase from July 2020. A gap emerged between responses from CNOs and Managers, with 54% of Managers indicating that 81-100% of their nurses were trained, opposed to 44% of CNOs.

In addition to how many nurses received professional training, nurse leaders were asked to identify the percentage of nurses that were actually utilized to treat COVID-19 patients. 33% indicated 81-100% were needed, which was a significant 10% increase from the results in July 2020. Again, a similar discrepancy emerged between Managers and CNOs. 29% of CNOs selected 81-100% of nurses were needed, opposed to 37% of Managers.

INCREASED ICU BEDS TO ACCOMMODATE COVID-19 PATIENTS

Increasing ICU beds is a direct indicator of surge. Similar to the percentage of nurses needed to treat COVID-19 patients, the percentage of ICU beds needed to expand capacity to treat patients increased by 12%, with a total of 66% of leaders reporting an increase in ICU beds. There was a continued variance between CNOs and Managers' responses. 57% of CNOs reported an increase in ICU beds to accommodate patients, compared to 70% of Managers. Of all respondents who reported having to increase ICU beds to expand capacity, 44% said they increased beds cumulatively over 6 months since the start of the pandemic.

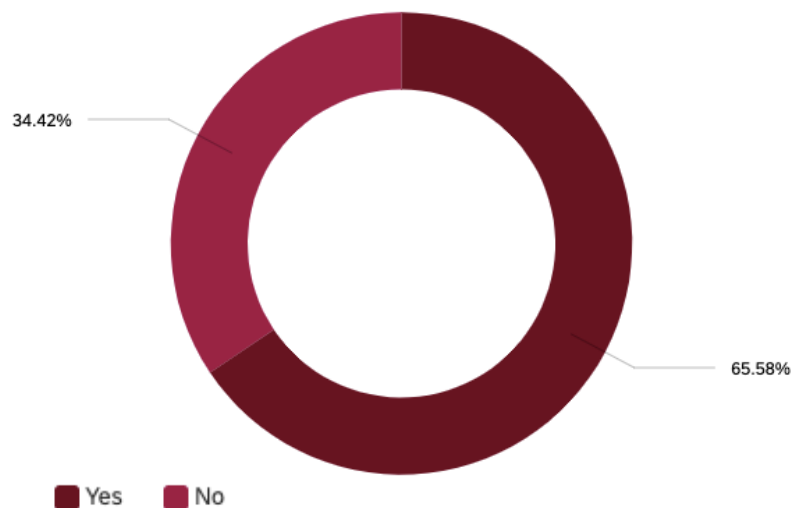


Figure 2 - Percentage of nurse leaders who indicated having to increase ICU beds to expand capacity to treat COVID-19 patients

TOP CHALLENGES DURING THE PANDEMIC: THEN AND NOW

In the **July 2020 survey** we asked nurse leaders to identify their top three challenges:

- 54% selected communicating and implementing changing policies
- 53% selected surge staffing, training, and reallocation
- 49% selected mental health and wellbeing of staff
- 46% selected access to PPE

In the **February 2021 survey** the attention narrowed to two major challenges.

- **67% selected mental health and wellbeing of staff**
- **65% selected surge staffing, training, and reallocation**
- 44% selected communicating and implementing changing policies
- 31% selected staff retention, furloughs, layoffs

Significantly, the percentage of nurse leaders who selected access to PPE dropped by 24% since July 2020.

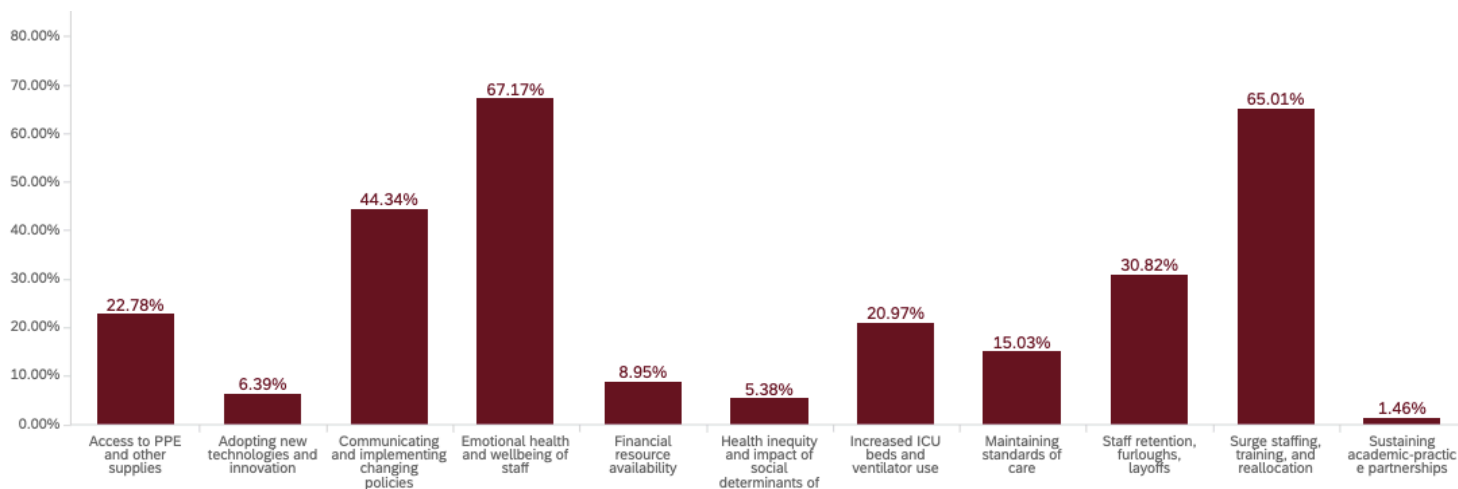


Figure 3 - Nurse leaders select top three challenges due to the COVID-19 pandemic in February 2021

Nurse Leaders Top Challenges	Feb 2021 %	Change since July 2020
Emotional health and wellbeing of staff	67.17%	+ 17%
Surge staffing, training, and reallocation	65.01%	+ 11%
Communicating and implementing changing policies	44.34%	- 11%
Staff retention, furloughs, layoffs	30.82%	+ 6%
Access to PPE and other supplies	22.78%	- 24%
Increased ICU beds and ventilator use	20.97%	+ 5%
Maintaining standards of care	15.03%	+ 4%

NURSE LEADERS' RESPONSE TO CHALLENGES

After respondents indicated their top three challenges, they were asked to rate how effectively they have been able to address those specific challenges. They were asked to rate on a 1-5 scale, with 5 being very well. The mean score for all challenges was 3.51, or between neutral and well. The lowest overall mean scores were 1) financial resource availability (2.84); 2) staff retention, furloughs, and layoffs (2.92); and 3) health inequity and the impact of social determinants of health (2.97). For CNOs, the lowest score was staff retention, furloughs, and layoffs. For Directors and Managers, the lowest score was financial resource availability.

NURSE LEADERS' RESPONSE TO CHALLENGES

For the February 2021 survey, respondents were asked to identify the biggest challenge they face today that they did not face six months ago. For this question, respondents selected only one challenge, opposed to the previous question where they selected the top three overall challenges. **Today, 35% of respondents named low morale and burnout as their number one challenge.** This is followed by staffing shortages and vaccine administration at 16% and 10%, respectively. Again, the gap between CNOs and Managers is evident. Only 28% of CNOs selected low morale and burnout as a new challenge, compared to 43% of Managers, for a 15% gap between the roles. This statistic is linked directly to Managers' overall emotional health and wellbeing, which is covered in a following section of the report. Similar to other questions, Directors were in the middle at 34%.

For CNO's, staffing shortages is as critical as low morale and burnout. 21% of CNOs selected it as their top challenge. This was consistent with our interviews, where nurse leaders frequently expressed concern with staffing shortages due to a number of causes, from nurses leaving to care for their children, to seeking higher pay, to early retirement. Together staffing inconsistency and cost of staffing accounted for 12% of respondents' selections.

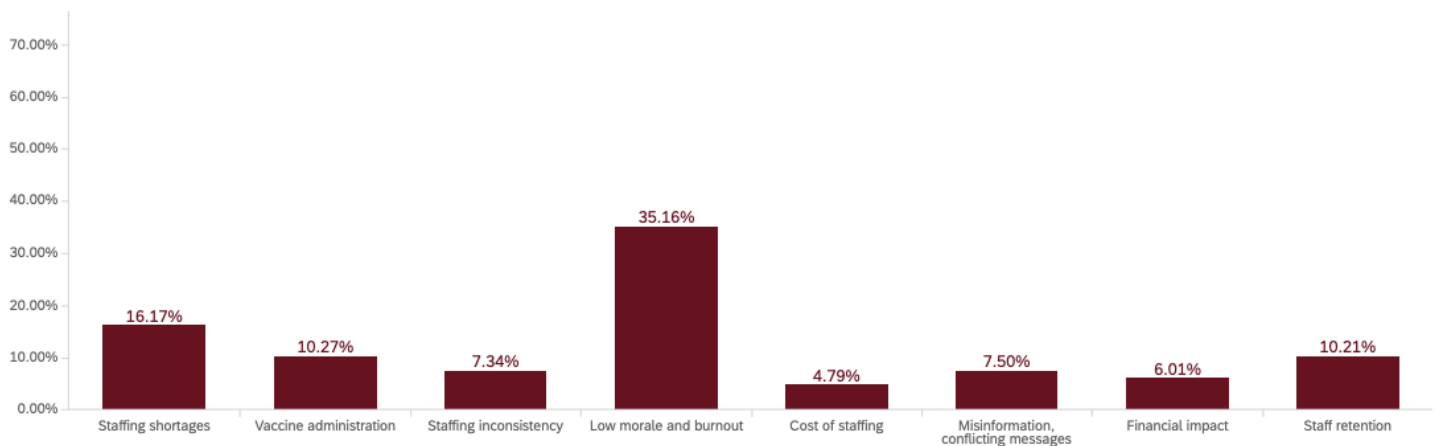


Figure 4 – The biggest challenges nurse leaders face today that they did not face six months prior

ACTIONS USED TO RESPOND TO CHALLENGES

Respondents were asked to provide open ended details as to how they have adapted to the challenges, naming adaptations, behaviors, structures, or innovations that have been beneficial.

Morale and burnout

Many tactics are being used to address burnout and low morale. The focus on engagement of staff, being present, creating a safe space for honest communication, and listening to their concerns were the most frequent responses.

Staffing shortages

More than one-out-of-four nurse leaders reported that their primary tool for addressing their staffing shortage was the use of travel and temp nurses. Another 25% used monetary incentives and bonus pay to ensure staff availability.

Staffing retention

Unlike the other responses, nurse leaders provided a description of the problem versus the solution. They focused on turnover issues due to travelers, higher pay positions, low acuity environments, and family safety concerns.

ADVANCEMENTS FOR THE FUTURE

In the initial survey, nurse leaders were asked to identify temporary advancements that would be the most needed to maintain beyond the COVID-19 crisis. At that time, 45% of respondents selected increased utilization of telehealth. While this remained the leading choice for the February 2021 survey, its significance decreased by 9%, with wider recognition of nurses' collaboration closing the gap. Together, these are the top advancements nurse leaders would like to maintain, with nearly two-out-of-three nurse leaders selecting one or the other. After these were adoption of new staffing models and increased interdisciplinary collaboration. For CNOs, there was relatively equal emphasis for telehealth (33%), interdisciplinary collaboration (33%, and staffing models (31%).

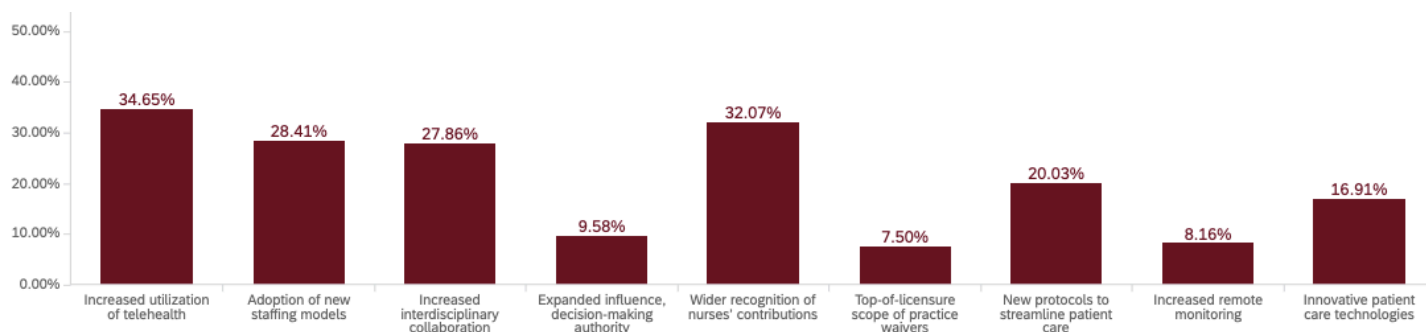


Figure 5 - Nurse leaders select temporary advancements that will be most important to maintain beyond COVID-19

SUPPORT RECEIVED FROM VARIOUS ENTITIES DURING THE PANDEMIC

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, scores for exceeding and far exceeding expectations have dropped for all entities. For below and far below expectations, there was slight improvement for the federal government. State government received a significant decline in scores since July 2020, with a 12% drop for selections of exceeds and far exceeds expectations.

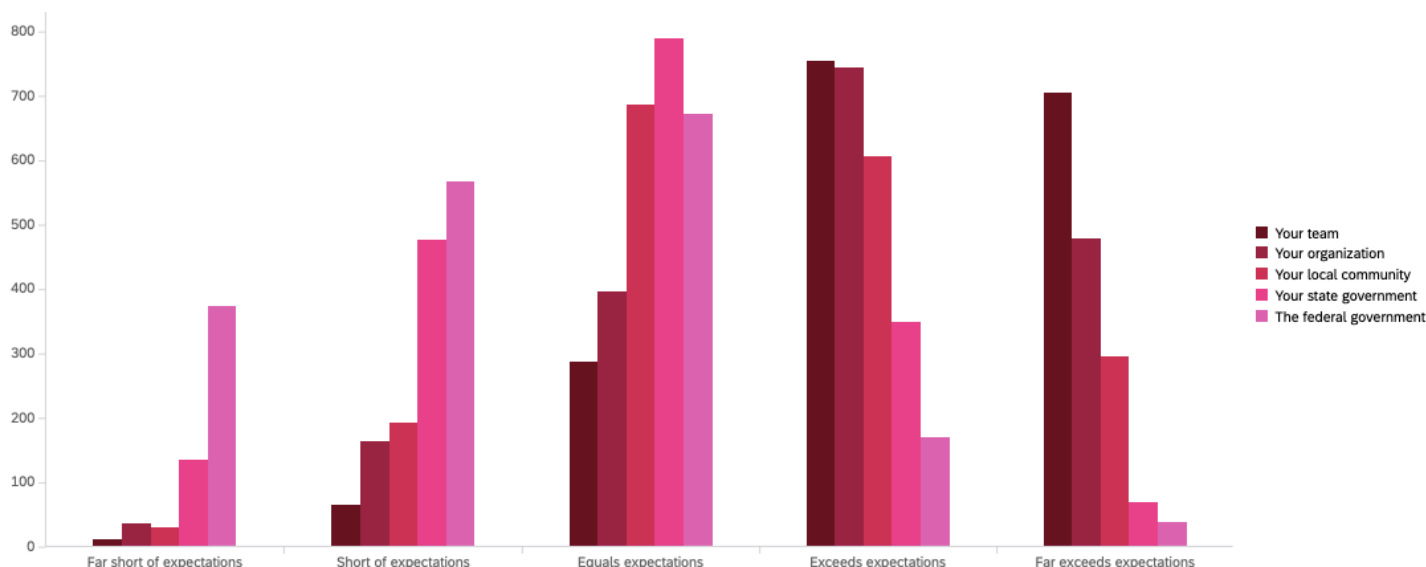


Figure 6 - Nurse leaders rate the support they have received from the following entities in February 2021

MENTAL HEALTH & WELLBEING

For the February 2021 survey, nurse leaders were asked to score their current emotional health on a 1-5 scale, with 1 being not at all emotionally healthy and 5 being very emotionally healthy.

- 16% selected not or not at all emotionally healthy
- 33% selected neutral
- 51% selected emotionally or very emotionally healthy

The most alarming statistic concerns Managers. Managers lean towards emotional distress compared to their peers. **24% or one-out-of-four Managers indicated they are not or not at all emotionally healthy.** Only 41% selecting emotionally or very emotionally healthy, compared to 51% across all roles. In comparison, 65% of CNOs selected emotionally healthy or very emotionally healthy. Only 7% of CNOs reported being not or not at all emotionally healthy, 17% less than Managers. From the longitudinal study, this is the most singularly critical data point.

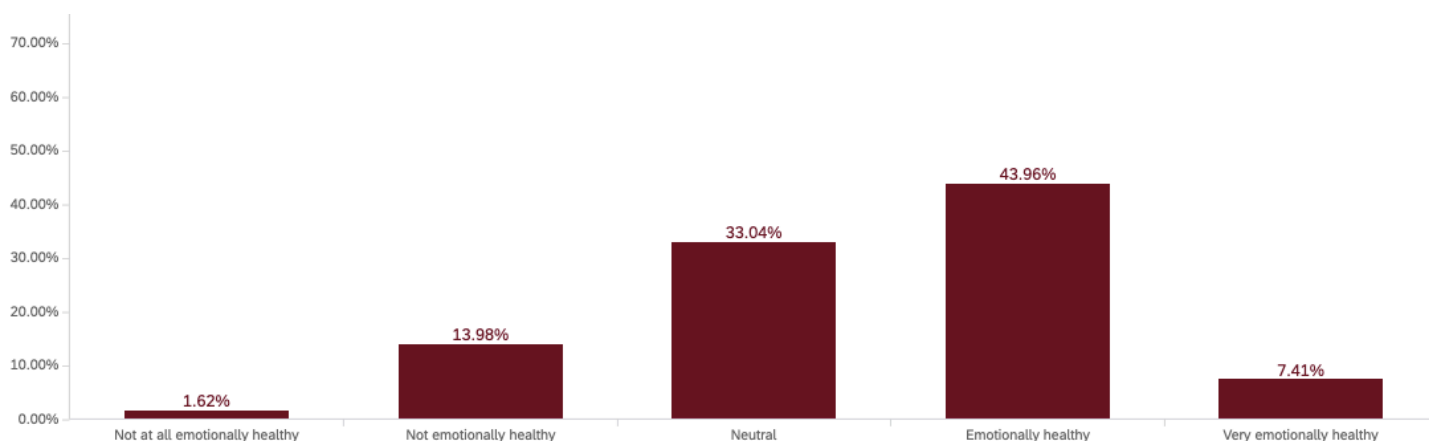


Figure 7 - Nurse leaders rate their emotional health in February 2021

INTENT TO LEAVE NURSING AS RESULT OF THE PANDEMIC

Based on the second survey, 90% of nurse leaders intend to stay in nursing. Roughly 8% are considering leaving and roughly 2% have indicated they plan to leave. CNOs are the least likely to leave, with 92.5% having selected no. Managers are more likely to leave, with 88.5% having selected no and 10% selecting maybe.

Of those who said they intended to leave, 58% said they were not sure when, 20% said within one year, 9% within the next six months, and 5% within one month. 7% said when the pandemic is over.

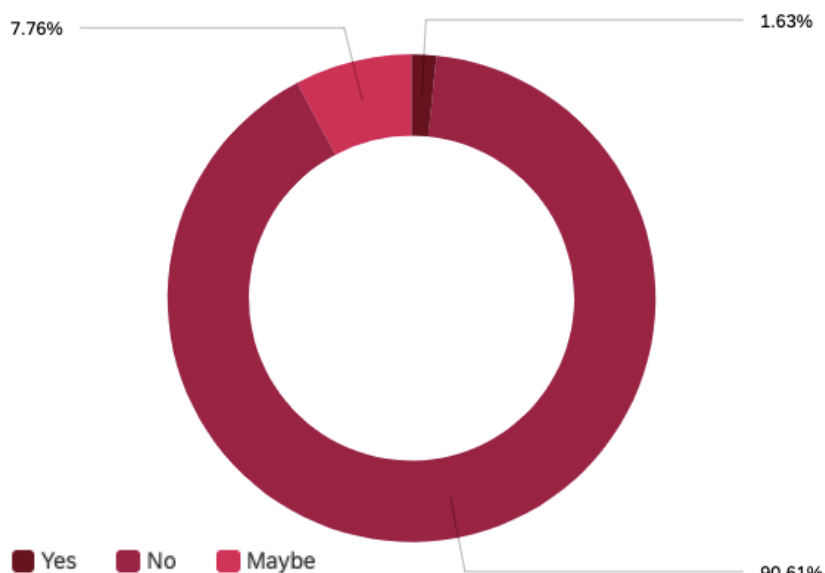


Figure 8 - Nurse leaders who intend to leave nursing as result of the pandemic

STAFFING SHORTAGE POST PANDEMIC

Staffing shortage is one of the top challenges faced by nurse leaders at the time of the February survey. Staffing shortages, travel nurses, and temp staffing were expressed in interviews with CNOs, Directors, and Managers as a constant concern. To provide quantitative data on an ongoing debate, nurse leaders were asked to indicate how likely their organization is to experience a shortage following the pandemic, rating between not at all likely and very likely. The mean score was 3.52, between neutral and likely. 56% of respondents selected likely or very likely, with 23% of all leaders selecting very likely. Notably, Directors were most likely to expect a shortage; 25% selected very likely and 37% selected likely. Overall, only 4% said they are not at all likely to experience a staffing shortage.

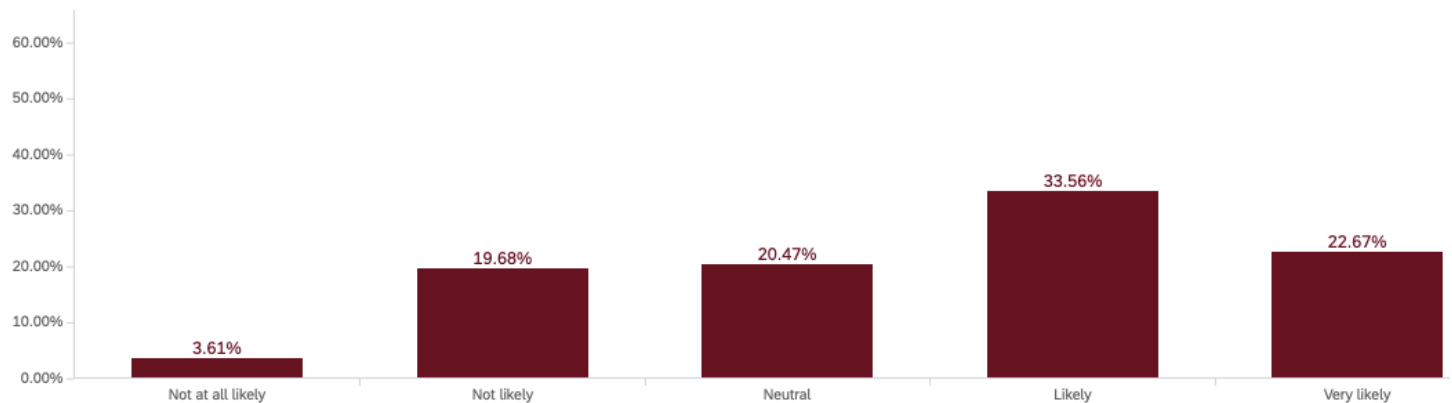


Figure 9 - Nurse leaders identify how likely their organization is to experience a staffing shortage after the pandemic

Respondents were asked to provide an open-ended response to the primary cause of their staffing shortage. Nearly one-quarter of respondents named burnout and fatigue as being the primary cause. Others said early retirements, travel nursing, and nurses leaving the profession. In some cases, poor leadership was said to be the primary cause.

“Burn out, extremely low morale.”

“Resignations and retirements of FT and PD.”

“Staff leaving the industry or taking on more lucrative travel positions.”

“Staffing was an issue prior to the pandemic. The pandemic has exacerbated the issue.”

“The organization not providing correct resources and staff now leaving due to short staffing issues.”

POLICY CONCERNS

Another addition to the February 2021 survey was an advocacy question to determine the key areas for desired policy change. Validating the top challenge, burnout and behavioral health received 45% of the response. Following was grants and loan repayments for nurses and faculty, followed by cost of travel and temp nurses. These received 18% and 16%, respectively. Clinician childcare, transportation, and housing support received 9% of selections. Visa recapture, which is not shown in the chart, was selected by less than 1% of nurse leaders.

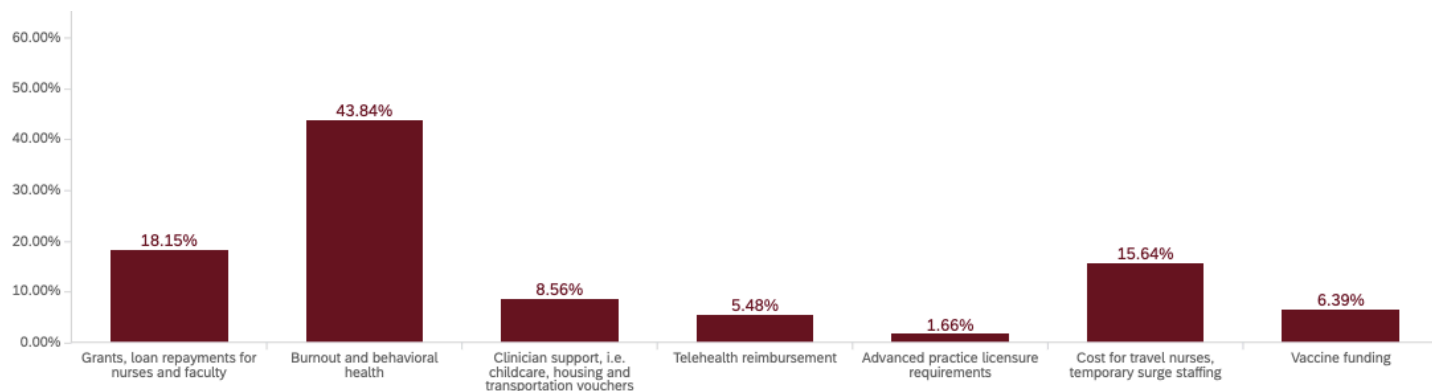


Figure 10 - Nurse leaders indicate the advocacy initiative that is most important to them as of February 2021

ARE NURSES PREPARED FOR THE FUTURE?

Since July 2020, confidence in preparedness has declined. In the initial survey, 87% of nurse leaders said their team was prepared for a future pandemic or surge. That number has dropped by 9% over six-seven months. After experiencing a rapid surge in the fall that continued through winter, 78% of nurse leaders now say they feel their team is prepared for a future pandemic or surge. Overall, 18% said maybe, with over 4% saying no. When analyzing roles, the gap remains. 84% of CNOs said they feel their team is prepared, while only 74% of Managers indicated the same.

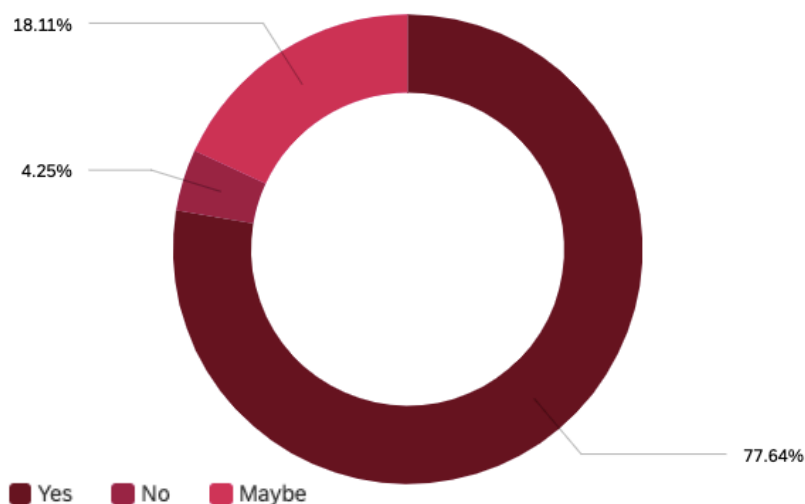


Figure 11 – Whether nurse leaders feel their team is prepared for a future pandemic or surge.

CONCLUSION

At the end of the first longitudinal survey in July 2020, the total death count in the U.S. was under 130,000 and new cases were declining in the Tri-state region (New York, New Jersey, and Connecticut), with the first wave just reaching Florida, Arizona, and California. At that time, communicating and implementing changing policies and surge staffing, training, and reallocation of staff were the top challenges nurse leaders faced, as well as access to PPE and other equipment. Fast forward six months and the story changed dramatically.

At the end of the second survey in February 2021, the death count in the U.S. exceeded 500,000. Access to PPE was far less of a concern, and emotional health and wellbeing skyrocketed as a problem, with over 67% of nurse leaders identifying it as a top challenge. Additionally, the gap between Chief Nursing Officers and Managers expanded. As of February 2021, one-out-of-four Managers reported they were not or not at all emotionally healthy. Surge staffing, training, and reallocation remained a challenge, having also increased since July 2020.

Going forward, the acute problem facing healthcare is the emotional health and wellbeing of nurses. It is clear from this study that Nurse Managers are exposed to higher levels of stress and that the closer they are to the point of care the greater the effect the crisis has on emotional health. Staffing shortages, as well as travel and temp nursing models, must also be considered from an operations perspective and for future policy initiatives.