



**Nursing and
the Nation:**

Extreme Challenges, Extraordinary Impact

2021 Survey of
Registered Nurses

[AMNHealthcare.com](https://www.AMNHealthcare.com)





Contents

- 3** Introduction by Cole Edmonson, DNP, RN, FAAN
- 6** Methodology
- 7** About Survey Respondents
- 11** Executive Summary and Key Findings
- 16** Trends and Observations
- 51** Solutions
- 58** References

Introduction

A national tragedy that has claimed approximately 750,000 lives and caused untold emotional, physical, and financial hardships, the COVID-19 pandemic continues to inflict enormous though not yet fully comprehended harm to the healthcare workforce, particularly to nurses. As members of the largest health profession with the most direct patient contact, nurses have suffered severe hardships from the pandemic, though the toll on physicians and other healthcare workers cannot be ignored. At the same time, amid one of the worst public health crises in modern history, we have also witnessed the incredible strength, dedication, professionalism, and unwavering commitment of nurses and other practitioners to patients, families, and communities.

A true picture of the pandemic's emotional stress and its impact on the lives of nurses and the nursing profession is still emerging. We know it will be severe. Evidence from *Nursing and the Nation: Extreme Challenges, Extraordinary Impact / 2021 Survey of Registered Nurses* suggests that the distress caused by the pandemic among nurses may be driving some of them away from their current jobs and their chosen profession. According to this survey, approximately 23% of nurses said it was somewhat likely or extremely likely they would leave the field of nursing because of the COVID-19 pandemic. This is a frankly astonishing figure as it represents almost a million nurses. It reflects the intense frustration of nurses practicing during the pandemic that so many would consider leaving their vital calling. It represents a clear warning that the wellbeing of nurses is at risk – and a clear plea to everyone to support and protect nurses from such risks.

The pandemic has created for nurses a particularly damaging emotional wounding known as moral distress. Moral distress is defined as the “psychological distress of being in a situation in which one is constrained from acting on what one knows to be right” (Jameton, 2017). With moral distress, nurses and other healthcare professionals working in an environment where their core values feel violated can face frustration, anger, guilt, anxiety, withdrawal, and self-blame (Epstein & Hamric, 2009). This in turn can result in increased burnout, turnover, negative perceptions about their institutions, withdrawal from patients affecting quality of care, and

“The year 2020 was very traumatic. COVID-19 was a new disease, not much was known about how it was transmitted, and we were not prepared in staffing, protective gear, or treatments. It was just panic. We were all scared; we were all stressed; and we did not know who around us was a carrier. But, we as nurses continued to offer the best care possible to our patients, with limited resources. We stepped up to our calling to help humanity survive. We made a big difference for our patients and their families.”

—2021 RN Survey nurse

leaving their profession altogether (Epstein & Hurst, 2017). A major source of moral distress for nurses has been the often ambivalent and sometimes hostile public attitudes toward vaccines, masks, and COVID-19 safety.

Another factor related to the moral distress of some nurses, identified in the *2021 Survey of Registered Nurses*, has been the critical issue of inclusion in the workplace. Sixteen percent disagreed when asked if they feel like they belong in their current workplace, and another 20% were uncertain. About a third disagreed or were uncertain when asked if they can express differing views and perspectives at work and whether all coworkers have equitable opportunities. These percentages were higher among nurses who do not identify themselves as white or heterosexual. This signifies a large number of nurses who don't have a sense of belonging at their workplace, which can create harm not only to nurses themselves but also to healthcare organizations and patients.

Reasons for Hope

The combined stressors from the pandemic, lack of inclusion, and other factors are on top of existing shortages of nurses and the growing need for increased healthcare services due to the rapid aging of the U.S. patient population. However, there is evidence that the pandemic and society-wide focus on social injustice have awakened a determination to address these problems and create real change. In a landmark report, *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*, the National Academy of Medicine's consensus recommendations directly address the issues

“Before COVID-19, teamwork and unity were “issues” among nursing colleagues. During COVID-19, teamwork and unity have become vital components to manage and survive the pandemic.”

—2021 RN Survey nurse

of supporting the health and wellbeing of nurses and achieving health equity in the United States through strengthened nursing capacity and expertise (National Academy of Medicine, 2021). Nursing organizations throughout the nation and the world are focused on identifying and responding to the mental health impacts of the pandemic and to achieving health equity, which must include greater inclusion in the nursing workplace itself, and on executive teams and boards.

A large majority of nurses retain a fundamentally positive view of their profession. Over the years, RN surveys by AMN Healthcare have shown persistently high career satisfaction among nurses, and the pandemic has only marginally affected it. Nurses remain very proud to be nurses, provide quality care to patients, teach the next generation, and lead organizations. While the pandemic causes undeniable hardships for nurses, it also has resulted in nurses and other healthcare practitioners pulling together in extraordinary ways to save lives, relieve pain and suffering, and bring hope to those in need. The many stories of how nurses quickly adapted to unprecedented situations and contingencies created by the pandemic are truly remarkable. Though the problems caused by the pandemic and social inequities are severe, they can be remedied. Nurses embody the spirit and skills to help solve them.

Nursing and the Nation: Extreme Challenges, Extraordinary Impact / 2021 Survey of Registered Nurses concludes with a solutions section that examines evidence-based recommendations, leading practices, and first-hand experiences where caring for caregivers, empowering leaders, and creating positive practice environments can enhance inclusion and improve the wellbeing of nurses and their engagement in the workplace. Solving the significant challenges from the pandemic, inequities, and other problems are of paramount importance to healthcare and to the nation, because the health of the American people depends on the health of the nation’s 4 million nurses. This report shows that though the problems we face are extreme, solutions are available, and we must be bold, brave, courageous, and steadfast as we find the will to follow the way to a healthier tomorrow for everyone.



Dr. Cole Edmonson, DNP, RN, FAAN
Chief Experience and Clinical Officer
AMN Healthcare



Methodology

Responses to the 2021 Survey of Registered Nurses were collected between May 14, 2021, and May 21, 2021. AMN received a total 14,737 responses with 7,108 finished surveys from registered nurses in the United States. The margin of error for the survey is +/- 1% at the 95% confidence level. Responses were incentivized by the opportunity to enter a drawing for \$500 VISA gift cards.

The data in this survey report were generated from 6,562 survey responses by registered nurses in the United States who were active and practicing nurses in the past year and provided direct care to patients.

Percentages in the survey report may not total 100% due to rounding or to comparisons of independent samples.

About AMN Healthcare Surveys

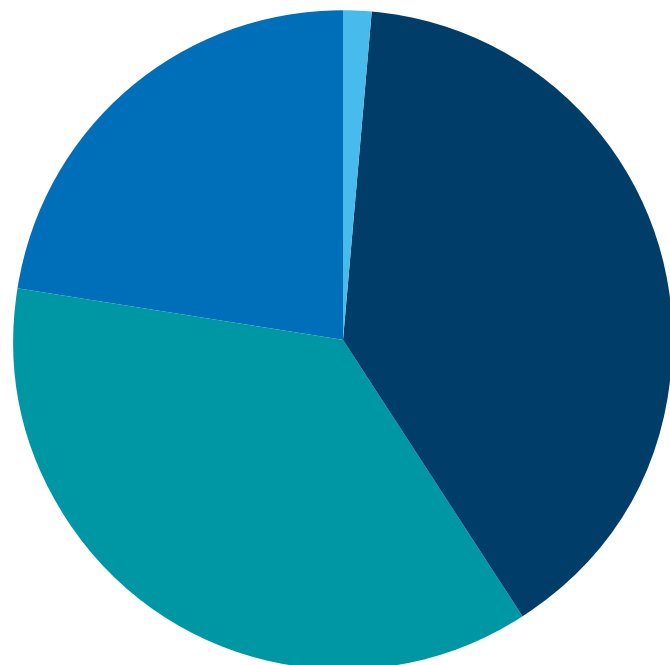
AMN Healthcare, the leader and innovator in total talent solutions for healthcare organizations and the nation's largest healthcare staffing company, publishes multiple surveys and other research reports each year that provide original data on a variety of healthcare workforce-related topics that are vital to healthcare organizations, practitioners, and patients. The biennial Survey of Registered Nurses has been published for more than a decade.

About Survey Respondents

Figure 1
Gender

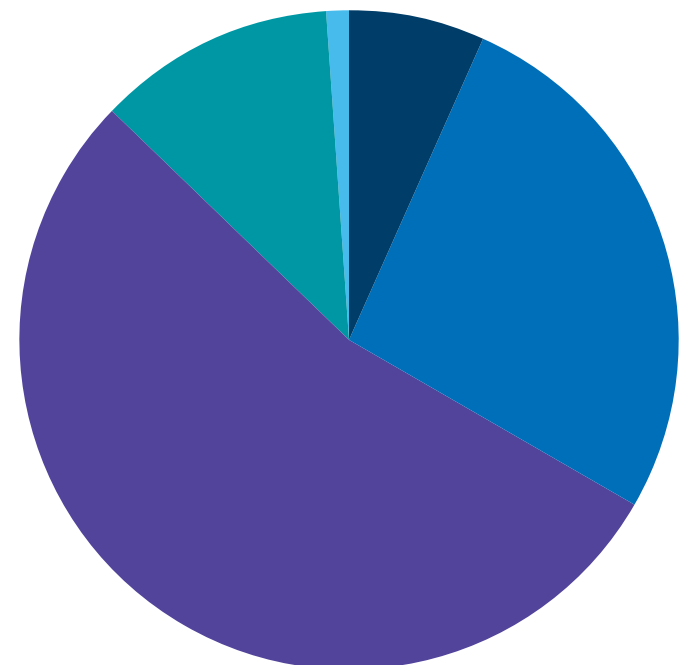


Figure 2
Generation



- 1% Gen Z
- 39% Millennials
- 37% Gen X
- 22% Baby Boomers

Figure 3
Highest degree in nursing



- 7% Diploma
- 27% Associate's degree
- 54% Baccalaureate degree
- 12% Master's degree
- 1% Doctoral degree

Figure 4

Race and ethnicity

(Selected all that apply)

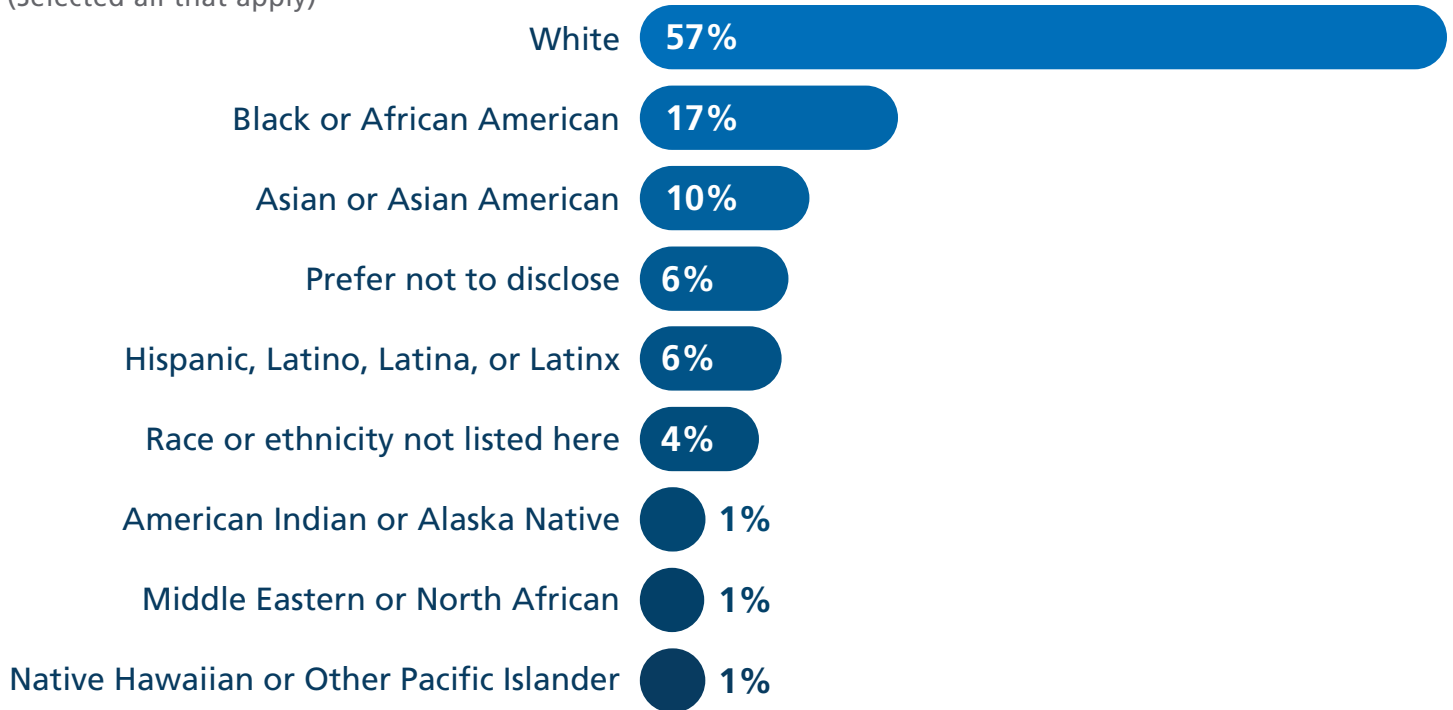
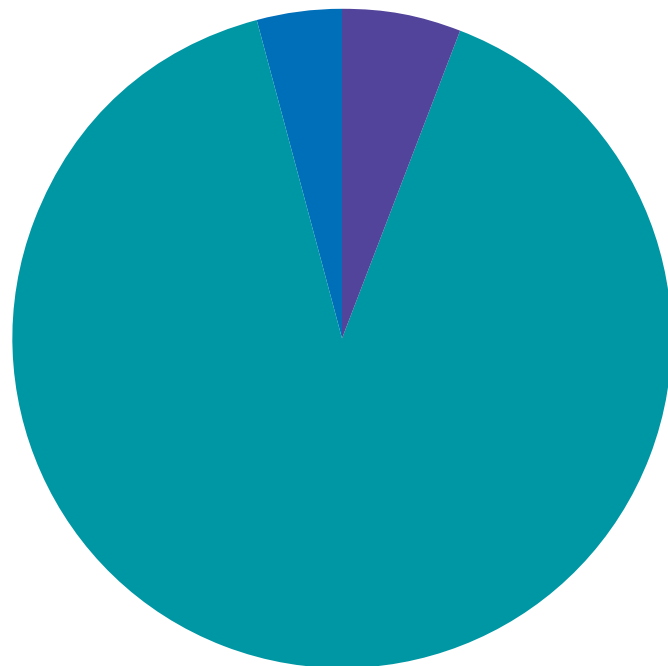


Figure 5

Respondents with disabilities or accessibility needs



● 6% Yes
● 90% No
● 4% Prefer no to disclose

Figure 6

Place of employment

(Selected all that apply)

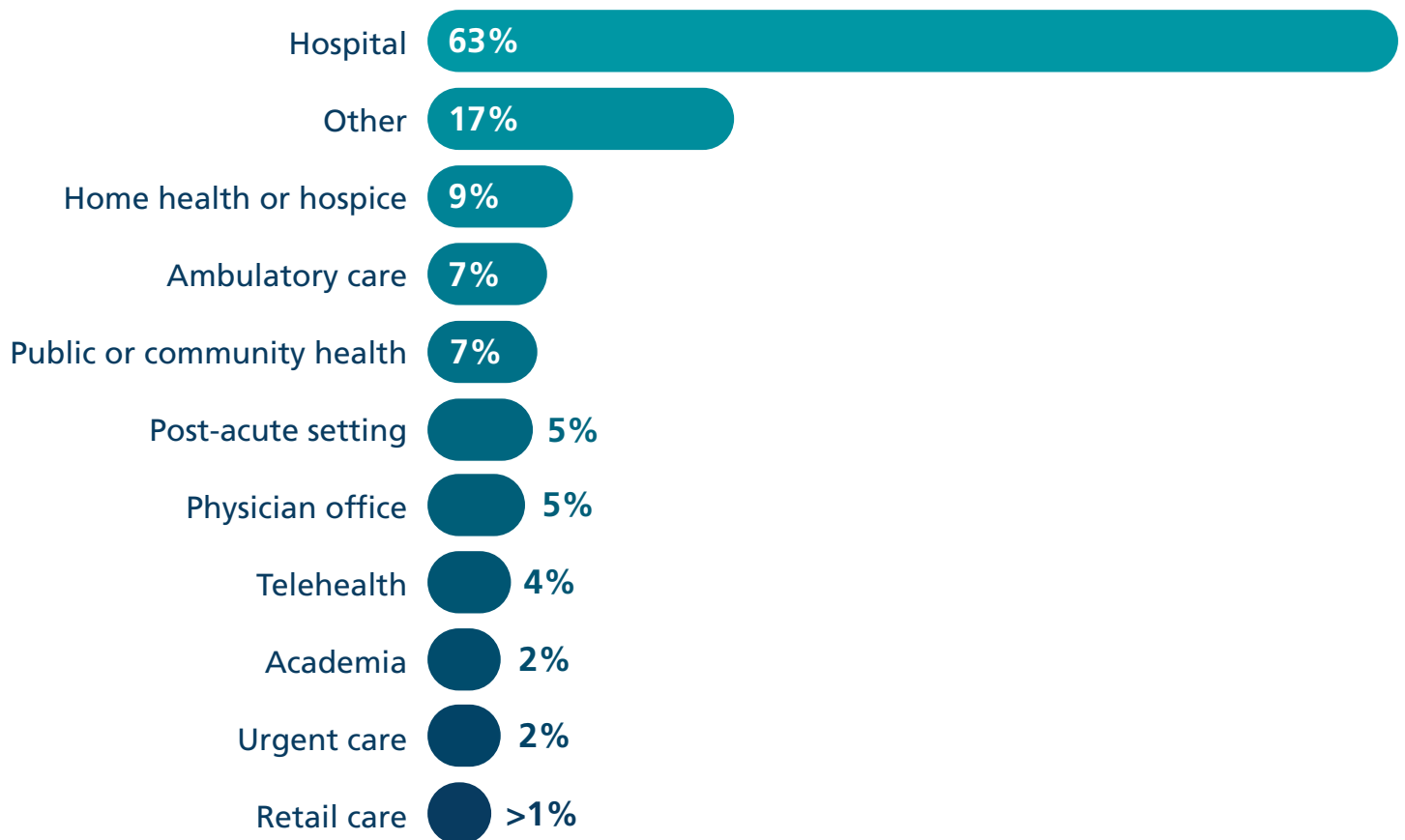


Figure 7

Years with current employer





At AMN Healthcare, our diversity, equality, equity, and inclusion philosophy is grounded in the belief that we should respect all voices and seek diverse perspectives. To learn more about the company's philosophy and efforts in this area, please visit: <https://www.amnhealthcare.com/diversity-equality-inclusion/>.

Respecting and embracing the full diversity of survey respondents allows researchers to better understand the nursing community and recommend ways to respond to its needs. The following data is vital to supporting the development of culturally appropriate interventions and track improvements in healthcare workplace practices for the achievement of health equity. Survey responses are confidential and will be kept private and secure.

Executive Summary and Key Findings

Nursing and the Nation: Extreme Challenges, Extraordinary Impact/2021 Survey of Registered Nurses is the biennial survey of registered nurses conducted by AMN Healthcare to assess the most recent trends in the profession of nursing and in the lives of nurses. This survey of 6,562 practicing registered nurses was taken from May 14, 2021, to May 21, 2021 during the ongoing COVID-19 crisis, the greatest pandemic in a century. In addition to the pandemic, the survey also addresses the resurgent issues of diversity, equality, and inclusion, and racial and social injustice. Due to the breadth and criticality of health and justice challenges facing nursing and the nation, the data in the 2021 Survey of Registered Nurses were significantly more robust than in past years.

Impact of COVID-19

According to the survey, 18% of RNs were diagnosed with COVID-19 during the pandemic, a rate approximately 1.8 times higher than that of the general population (Elflein, 2021). Given that there are 4 million RNs in the United States (NCSBN, 2020), this equates to approximately 720,000 nurses nationwide. The great majority of nurses — 83% or approximately 3.2 million nurses nationwide — have cared for patients with COVID-19. Sixty-five percent said working during the pandemic raised their stress level “a lot” or “a great deal.” Sixty percent said working during the pandemic impacted their work-life balance “a lot” or “a great deal.” As a result of the pandemic, 63% of nurses felt emotionally drained, 57% felt burned out most days, 51% worried their job was affecting their health, and 39% often felt like quitting their jobs.



Nurses who cared for patients with COVID-19 experienced greater negative impacts compared to nurses who did not care for patients with COVID-19.

- Nurses who experienced a great deal of stress at work:
 - 43% cared for patients with COVID-19
 - 24% did not care for patients with COVID-19
- Nurses who said they were likely to leave nursing:
 - 8% cared for patients with COVID-19
 - 4% did not care for patients with COVID-19
- Career satisfaction among nurses who cared for patients with COVID-19 was 7 percentage points lower. Satisfaction with quality of care was 9 percentage points lower.
- Nurses who cared for patients with COVID-19 were 8 percentage points less likely to encourage others to become a nurse.

Education/Career Advancement

Half of RNs in the survey said the pandemic had an impact on their education plans, ranging from “a little” to a “great deal.” Approximately three quarters already enrolled in programs said the pandemic impacted their training and transition to residency programs. Eighteen percent of nurses were enrolled in a program to advance their nursing education, and 30% planned to pursue education to become advanced practitioners.

Career and Job Satisfaction

Overall career satisfaction among nurses remained very high, with 81% satisfied, and “extremely satisfied” as the largest category. These findings were similar to past RN Surveys. More than one-third said their career satisfaction is lower since the pandemic, while less than one-quarter said it is higher.

Three quarters of nurses were satisfied with the quality of care they provide to patients, nearly the same as in the pre-pandemic 2019 Survey of Registered Nurses. Nearly two thirds of nurses would encourage others to become nurses, slightly lower than in 2019.

Future Nursing Trends

Nearly one-quarter of nurses – 23% – said it was somewhat likely or extremely likely they would leave the field of nursing as a result of the COVID-19, reflecting the high level of frustration and distress among many nurses practicing during the pandemic.

Compared to other nurses, those who said they might leave the field of nursing were:

- Three times more likely to feel burned out most days
- Three times more likely to feel emotionally drained
- Four times more likely to worry their jobs were affecting their health
- Two times less likely to feel their voice is heard at work
- Three times less likely to be satisfied with their job and career

A consistently large proportion of nurses do not intend to leave their career or jobs. Approximately 66% of nurses said they plan to remain at their current job in the next year, compared to 64% in the 2019 RN survey. However, this also signifies that about one third do not plan to remain at their jobs.

There’s a clear trend toward travel nursing: 13% said they will work as travel nurses in the next year. This has more than doubled since the 2017 RN Survey when 6% said they would work as travel nurses; in the 2019 survey, the figure had risen to 8%.

Fifteen percent of nurses were currently eligible for retirement. Of those, nearly one-quarter said they will retire in one year or less.



Mental Health and Wellbeing

Approximately 45% of nurses engage in activities or access resources to address their mental health and wellbeing at least twice a week – and nearly one-quarter at least four times a week. One-third of nurses don't do anything to address their mental health and wellbeing.

- About 2 in 5 nurses have a post-shift ritual to transition from work to personal lives.
- Nearly two-thirds of nurses said their healthcare organizations support a culture of wellness; 15% said their organizations do not support a culture of wellness.
- At organizations that provide programs for mental health support, three quarters said those programs were effective.

Inclusion in the Workplace

A sense of belonging among nurses is vital for both the profession and healthcare organizations. When absent, it can be very detrimental to the psychological wellbeing of nurses, with resulting problems for care quality and job retention. Nearly two-thirds of nurses said they feel a sense of belonging at their current workplace. More than one-third disagree or were unsure.

- Slightly more than half of nurses in the survey agree that they can express their ideas, opinions, and beliefs, and feel heard at their current jobs. Nearly half disagree or were unsure.
- Two-thirds of nurses said that all coworkers have access to equitable opportunities at their workplace, regardless of their backgrounds. One-third disagree or were unsure.
- 84% said their employers value coworkers from different backgrounds; 89% said their coworkers value people from different backgrounds.
- 80% said their employers meet the needs of coworkers with disabilities.
- 70% of nurses said their employers provide programs that promote diversity, equality, and inclusion, and 88% said those programs were effective. 30% said their employers offer no such programs.
- 18% of nurses said they have experienced racial or ethnic harassment in their workplace in the past year. Approximately 60% said racial or ethnic harassment, ranging from “a moderate amount” to “a great deal,” happens at their workplace.
- More than one in ten nurses said they have experienced gender-based or sexual harassment in the past year. Approximately 60% said gender-based or sexual harassment happens at their workplace, ranging from “a moderate amount” to “a great deal.”

Experiences of Diverse Nurses

In matters related to inclusion and equality in the workplace, nonwhite nurses and nurses who do not identify as heterosexual were much more likely to experience negative events and greater discrimination.

Nonwhite nurses were twice as likely to have experienced racial or ethnic harassment at work compared to white nurses. They were 12 percentage points less likely than white nurses to agree that all coworkers have equitable opportunities and 11 percentage points less likely to agree that employers and coworkers value workforce diversity.

At the same time, nonwhite nurses, when compared to white nurses, were 10 percentage points higher in career satisfaction and 12 percentage points more likely to encourage others to choose the nursing profession.

Nurses who do not identify as heterosexual were 7 percentage points less likely than those who identify as heterosexual to agree that their employers and coworkers value coworkers from different backgrounds and that their employers were committed to workplace diversity. They were 5 percentage points less likely to agree that all coworkers have equitable opportunities.

Nurses who do not identify as heterosexual were 3 percentage points higher in career satisfaction, 2 percentage points higher in job satisfaction, and 3 percentage points more likely to encourage others to become nurses.

Nurses with disabilities or with accessibility needs were 5 percentage points lower in the belief that all coworkers have equitable opportunities and that their employers value coworkers from different backgrounds. They were 2 percent points lower in feeling like they belong at their current place of work, that they can voice opposing views, and that coworkers value coworkers of different backgrounds.



“The reason we focus on the importance of a positive practice environment is because it is vitally important to excellence in patient outcomes and to nurse support and engagement. In the very first publication on nurse burnout, researchers found the importance of a positive practice environment to support nursing wellbeing.”

**—Sharon H. Pappas, PhD, RN, NEA-BC, FAAN,
Chief Nurse Executive, Emory Healthcare**

Trends and Observations

Impact of COVID-19 on Nurses

The COVID-19 pandemic has created a tremendous impact on nurses, perhaps more than any event in modern history since World War II. The 2021 Survey of Registered Nurses showed that 83% of respondents cared for patients with COVID-19, while 18% were themselves diagnosed with COVID-19. The latter was significantly higher than percentages tracked in other surveys. For example, a survey by the American Nurses Foundation in October 2020 found that only 5% of nurses said they had been diagnosed with COVID-19 (ANA Enterprise, 2020). The higher percentage in the AMN 2021 Survey of Registered Nurses may result from the data being of later date, since the number of infections is cumulative. A Kaiser Family Foundation survey of nurses from mid-February to early March of 2021 showed that 12% of frontline healthcare workers said they tested positive for COVID-19 (Kirzinger et al., 2021). The AMN Healthcare survey is more recent and is for nurses only.

At an infection rate of 18%, it can be extrapolated that approximately 720,000 nurses nationwide contracted COVID-19, given that there are approximately 4 million nurses in the United States (NCSBN, 2021).

The impact of COVID-19 may be driving nurses away from their profession, according to data in this survey and other sources. An International Council of Nurses policy brief in March 2021 warned of an exodus of experienced nurses due to the pandemic, reporting that national nursing associations around the world are seeing increased rates of nurses intending to leave their profession (International Council of Nurses, 2021).

Figure 8

Provided direct care to patients

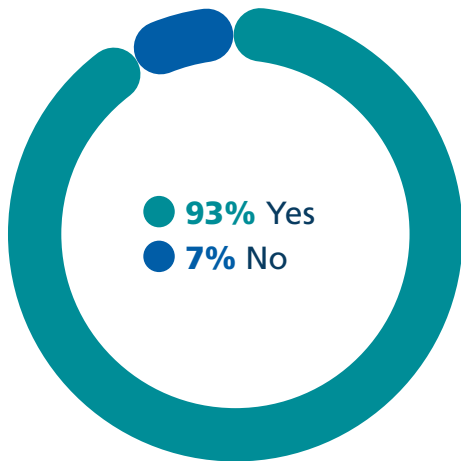


Figure 9

Cared for patients with COVID-19

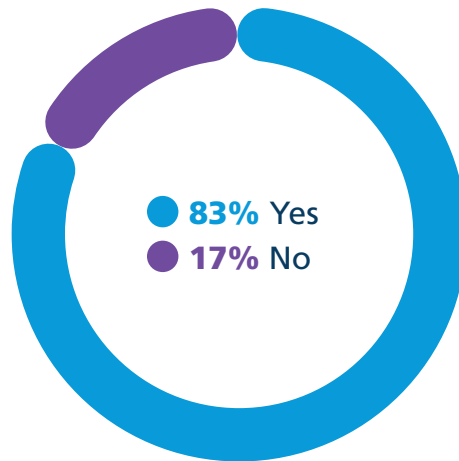
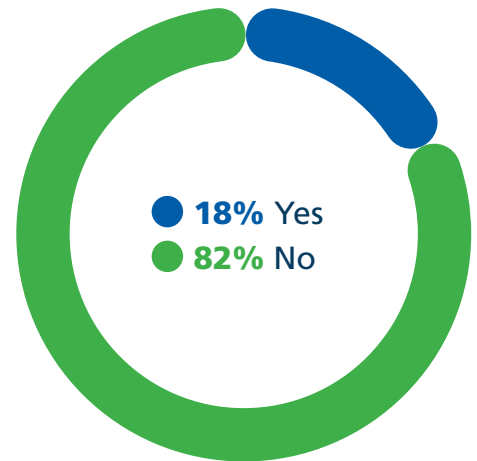


Figure 10

Diagnosed with COVID-19

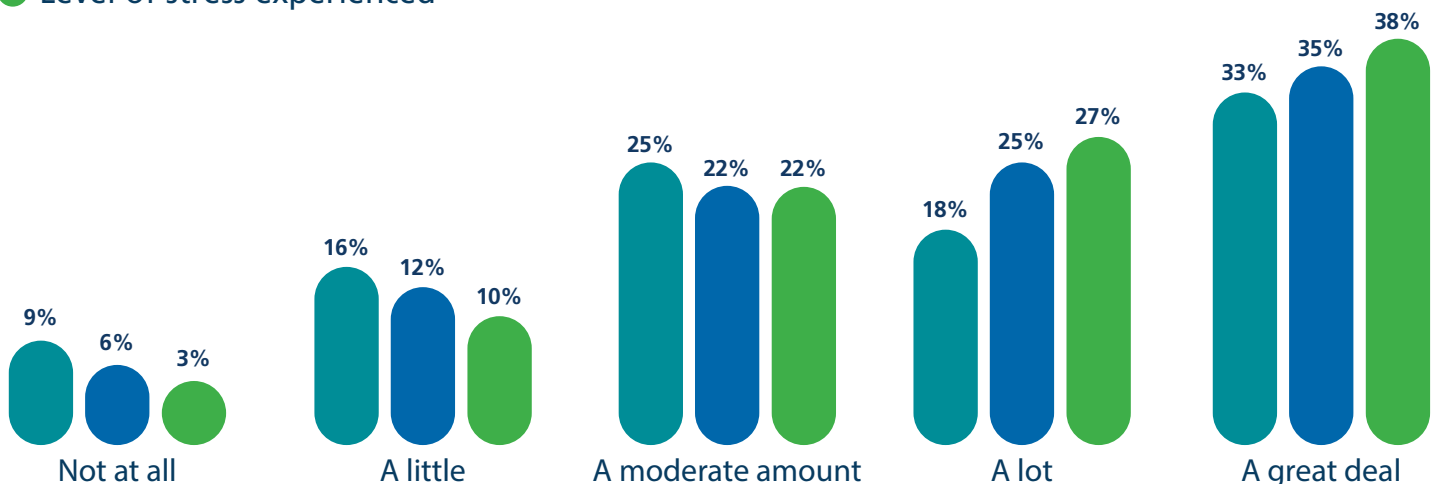


Concern among nurses about the impact of the pandemic on their personal and professional lives was high. A very small number, less than 10%, answered “not at all” when asked about their concerns regarding COVID-19-related health risks, impact on work-life balance, and level of stress. By contrast, 65% answered “a lot” or “a great deal” regarding their level of stress working as a nurse during the pandemic, 60% on how much their work-life balance has been impacted, and 51% on concerns about work-related health risks (Figure 11).

Figure 11

Impact of working through the pandemic

- Concerned about health risks
- Impact of pandemic on work-life balance
- Level of stress experienced

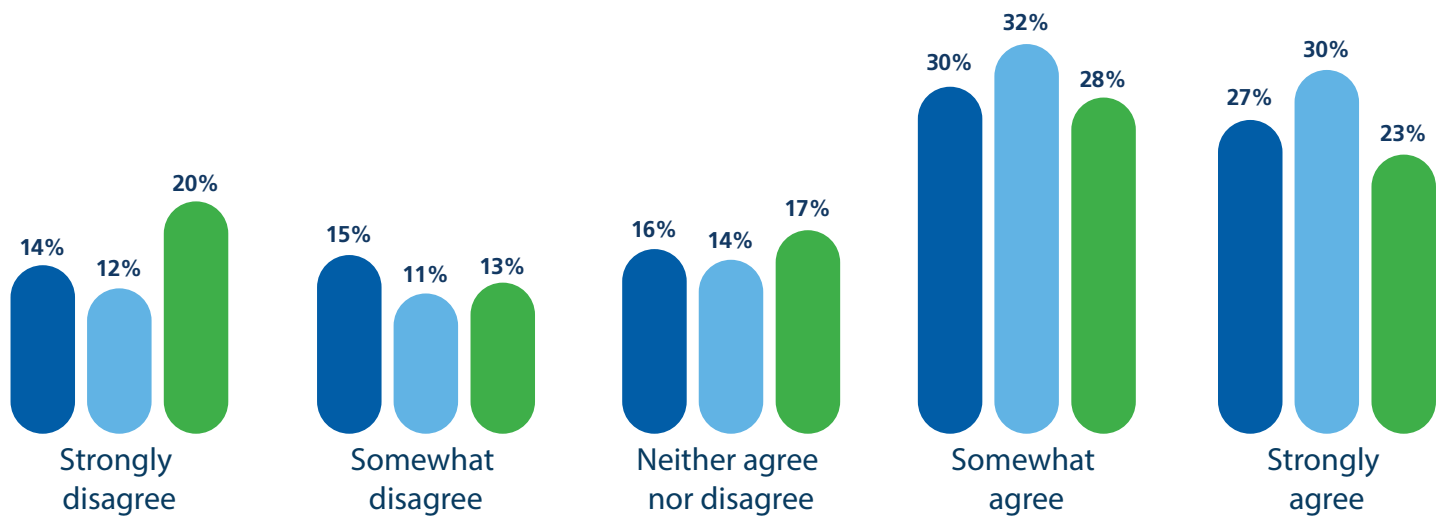


A deeper look at the emotional impact of the pandemic reveals a significant burden on nurses: 62% were emotionally drained, 57% feel burned out most days, 51% worry their job is affecting their health, and 39% often feel like quitting their jobs (Figures 12 and 13).

Figure 12

Effect on health

- I feel burned out most days
- I often feel emotionally drained
- I worry this job is affecting my health



“Of the myriad issues and opportunities facing nurses — workforce, workplace, incivility, meaningful benefits, respect, and the various -isms (such as racism, genderism, ageism) — none seem to be as challenging and universal as mental health. The pandemic has highlighted the best and worst in healthcare issues, and the lack of comprehensiveness of mental health services seems to be among the latter”

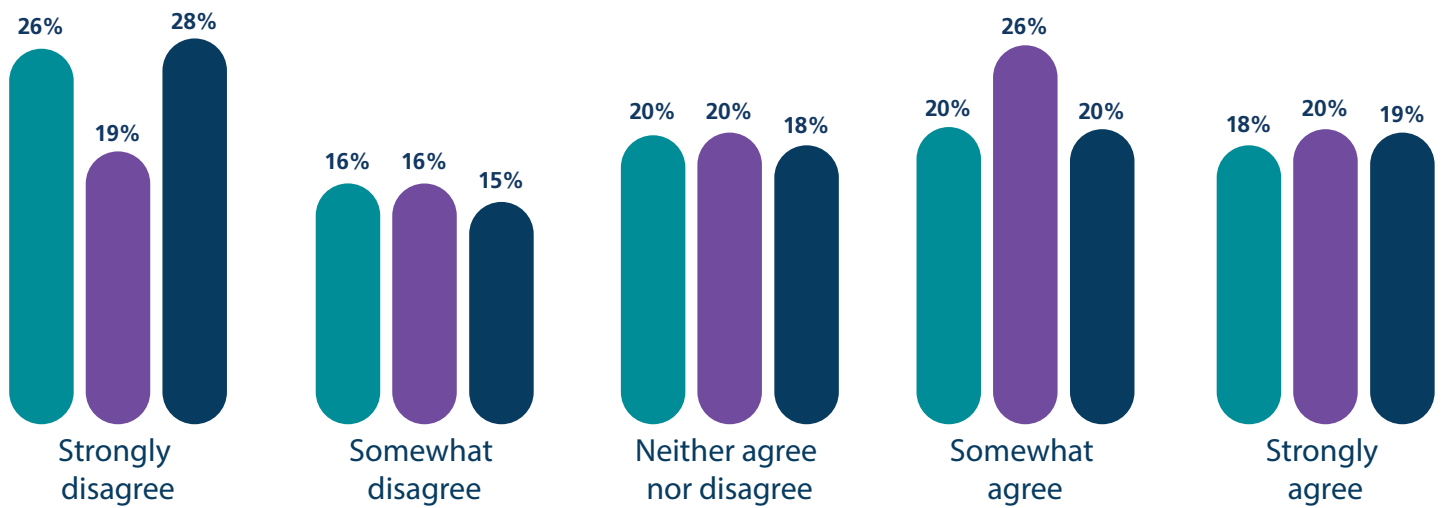
**—Patricia S. Yoder-Wise, RN, EdD, NEA-BC, ANEF, FAONL, FAAN
Professor and Dean Emerita, Texas Tech University Health Sciences Center School of Nursing**



Figure 13

Effect on mindset

- I feel misunderstood or unappreciated by my employer
- I feel that I am not getting what I want out of my job
- I often feel like resigning from my position



Nurses Diagnosed with COVID-19

Nurses who have been diagnosed with COVID-19 were more likely to experience negative health and wellness impacts from their work and to worry about the risks associated with nursing. Nearly twice as many say they may leave nursing compared to nurses who were not diagnosed with COVID-19. However, nurses diagnosed with COVID-19 have approximately the same career and job satisfaction levels as other nurses, and stronger confidence that their workplace and coworkers support inclusion, though they feel a slightly lower sense of belonging (Figure 14).

Figure 14

In the past year while working as a nurse, have you been diagnosed with COVID-19?

	Yes	No
Concerned about work-related risks	36%	33%
Concerned about work-life balance	43%	34%
Experienced great deal of stress at work	46%	38%
Likely to leave nursing	11%	6%
Feel burned out most days	31%	27%
Feel misunderstood or unappreciated at work	22%	18%
Not getting what I want out of my job	22%	19%
Often feel emotionally drained	36%	30%
Often feel like resigning	22%	19%
Worry job is affecting my health	28%	22%
Employer supports a culture of wellness	14%	15%
Workplace mental health programs are effective	19%	16%
Feel like I belong at current place of work	30%	33%
Feel heard at work	21%	22%
Current employer values employees from different backgrounds	32%	30%
Coworkers value employees of different backgrounds	32%	29%
Employer committed to disability needs	23%	21%
Career satisfaction	47%	48%
Job satisfaction	24%	25%
Satisfaction with quality of care	34%	36%
Satisfaction with time spent with patients	14%	14%
Likely to encourage others to become a nurse	31%	33%
Likely to be with current employer in one year	36%	37%



Nurses who Cared for Patients with COVID-19

Nurses who cared for patients with COVID-19 were significantly affected by their experiences, impacting their burden of stress, their concerns about working in nursing, and their attitudes toward their profession and their workplaces. In fact, nurses who cared for patients with COVID-19 often responded more negatively in the 2021 RN Survey than nurses who were themselves diagnosed with the disease. For example, in response to the question of whether they experienced a great deal of stress at work, 43% of nurses who cared for patients with COVID-19 answered “yes,” compared to 24% of nurses who did care for patients with COVID-19 – a 19 percentage point difference. Only 8 percentage points separated nurses diagnosed with COVID-19 compared to nurses not diagnosed with the disease on the same question. Although a small percentage, twice as many nurses who cared for patients with COVID-19 said they were likely to leave nursing compared to nurses who did not care for patients with COVID-19.

Nurses who cared for patients with COVID-19 felt emotionally drained, felt like resigning, and worried about their health at significantly higher percentages than nurses who did not care for patients with COVID-19. The most significant finding was that nurses who cared for patients with COVID-19 were less optimistic about the culture of nursing and their workplaces compared to nurses who were diagnosed with COVID-19. Nurses who cared for patients with COVID-19 responded in significantly lower positive percentages when asked if their employer supports wellness, if they feel like they belong in their workplace, and if their employer and coworkers value coworkers from different backgrounds. When nurses diagnosed with COVID-19 were asked the same questions, they responded at approximately the same rates – or better – than nurses who were not diagnosed with COVID-19. Notably, nurses who cared for patients with COVID-19 reported significantly lower career satisfaction, job satisfaction, and satisfaction with quality of care compared to nurses who did not care for patients with COVID-19 (Figure 15), while the responses of nurses diagnosed with COVID-19 were approximately the same as nurses who were not diagnosed with COVID-19.

Figure 15

In the past year while working as a nurse, have you provided direct care to patients with COVID-19?

	Yes	No
Concerned about work-related risks	35%	28%
Concerned about work-life balance	38%	24%
Experienced great deal of stress at work	43%	24%
Likely to leave nursing	8%	4%
Feel burned out most days	29%	18%
Feel misunderstood or unappreciated at work	20%	13%
Not getting what I want out of my job	21%	16%
Often feel emotionally drained	33%	21%
Often feel like resigning	20%	14%
Worry job is affecting my health	25%	16%
Employer supports a culture of wellness	14%	18%
Feel like I belong at current place of work	32%	38%
Feel heard at work	21%	26%
Current employer values employees from different backgrounds	29%	36%
Coworkers value employees of different backgrounds	29%	34%
Employer committed to disability needs	21%	23%
Career satisfaction	46%	53%
Job satisfaction	24%	31%
Satisfaction with quality of care	34%	43%
Satisfaction with time spent with patients	13%	18%
Likely to encourage others to become a nurse	31%	39%
Likely to be with employer in one year	35%	42%

“Over the last year working during the pandemic, I realized that nursing was my calling versus my career. And I say this because working through a pandemic as a nurse was quite difficult for most of my colleagues and myself. However, not once did I consider choosing another career. Always pulled up my bootstraps and kept going because this is what I am here to do.”

—2021 RN Survey nurse

Nurse Career and Job Satisfaction

Career satisfaction among nurses remains consistently high. In the 2021 RN Survey, responses to questions about how satisfied they were with their career choice showed that 81% of nurses were satisfied, with “extremely satisfied” as the largest category (Figure 16). Past AMN surveys of RNs in 2015, 2017, and 2019 showed very similar response rates, with the “extremely satisfied” category larger than “somewhat satisfied” (Figure 17). Other surveys in recent years that asked whether respondents were glad they became a nurse showed high positive answers in the upper 90th percentile (Medscape, 2018).

Job satisfaction among nurses is consistently lower than career satisfaction by 14-23 percentage points in AMN surveys of RNs (Figure 18). In the 2021 survey, 67% of nurses said they were satisfied with their job, with “somewhat satisfied” as the largest category. Similarly, in past years, “somewhat satisfied” has been larger than “extremely satisfied.”

Figure 16

Choice of nursing as a career

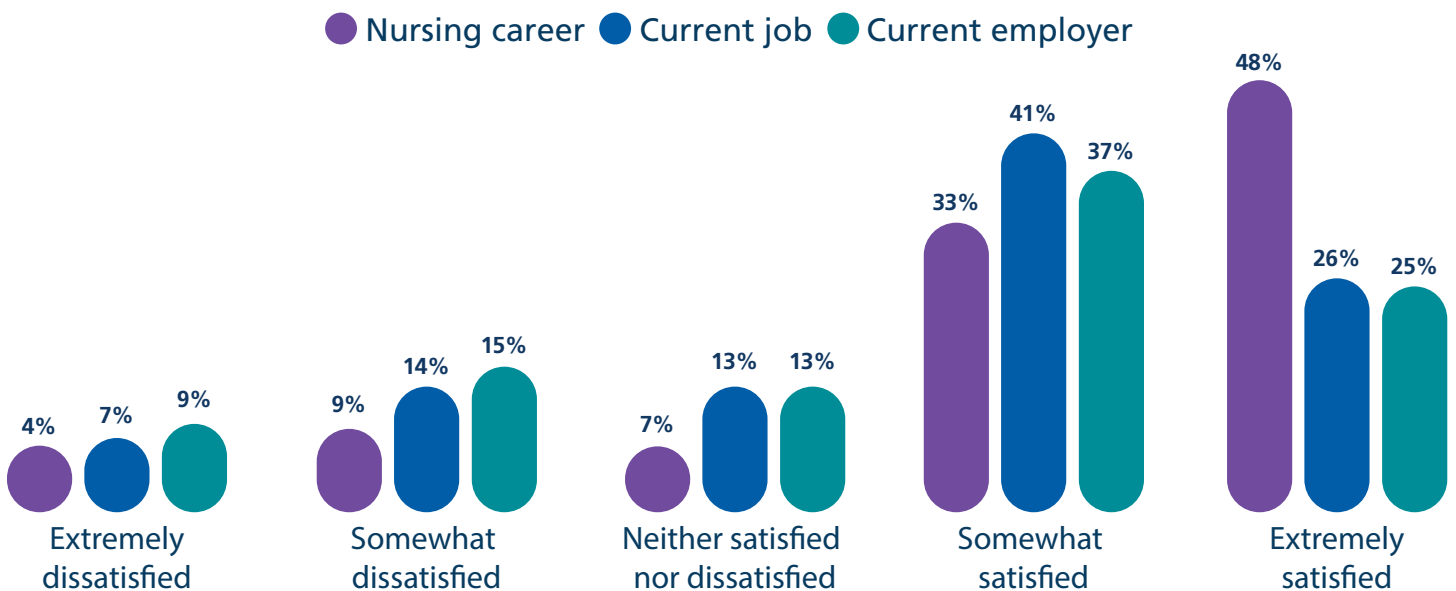


Figure 17

Career satisfaction

	Somewhat satisfied	Extremely satisfied
2015	38%	47%
2017	40%	43%
2019	35%	46%
2021	33%	48%

Figure 18

Job satisfaction

	Somewhat satisfied	Extremely satisfied
2015	40%	23%
2017	39%	21%
2019	42%	23%
2021	41%	26%

Most nurses said that the pandemic changed their level of career satisfaction. More than one-third said their career satisfaction was lower since the pandemic; approximately one-quarter said it was higher (Figure 19). Nearly three quarters of nurses were satisfied with their ability to provide quality care, with 36% being “extremely satisfied” (Figure 20).

The percentage of nurses who said they were satisfied with the quality of care they provide in the 2019 Survey of Registered Nurses is almost exactly the same as in the 2021 survey.

Figure 19

Change to career satisfaction since pandemic

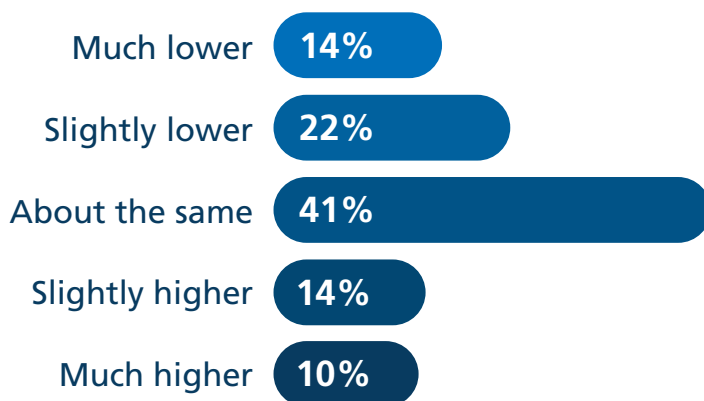
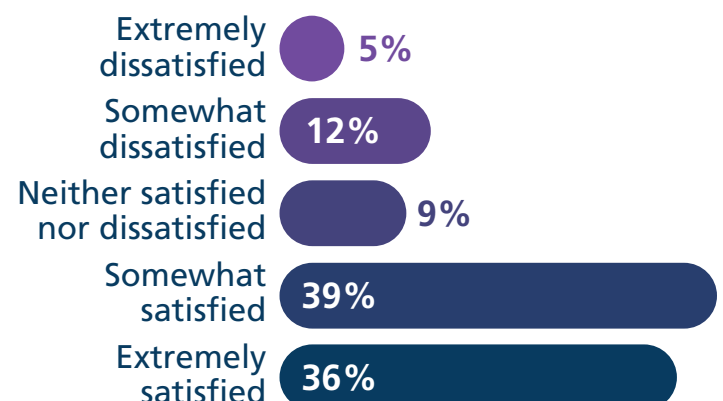


Figure 20

Satisfaction with ability to provide quality care



“I want to eventually teach nursing and hopefully encourage others to enjoy and love it as much as I have.”

—2021 RN Survey nurse



Although a large majority of nurses were satisfied with the quality of care they provide, nearly one-third said the amount of time they can spend with patients is not close to ideal or only slightly close to ideal.

Despite the unprecedented pandemic-induced challenges to nursing and to healthcare, nearly two-thirds of nurses would encourage others to become nurses. That is slightly lower than in 2019, prior to the pandemic, when 70% of nurses said they were likely to encourage others to become nurses (Figure 23).

Figure 21

Time spent with patients

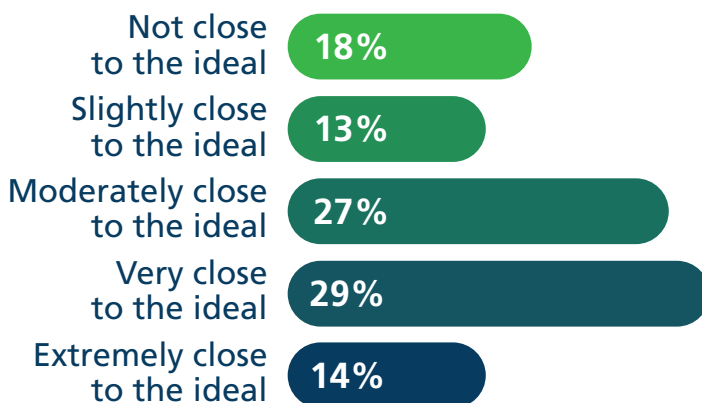
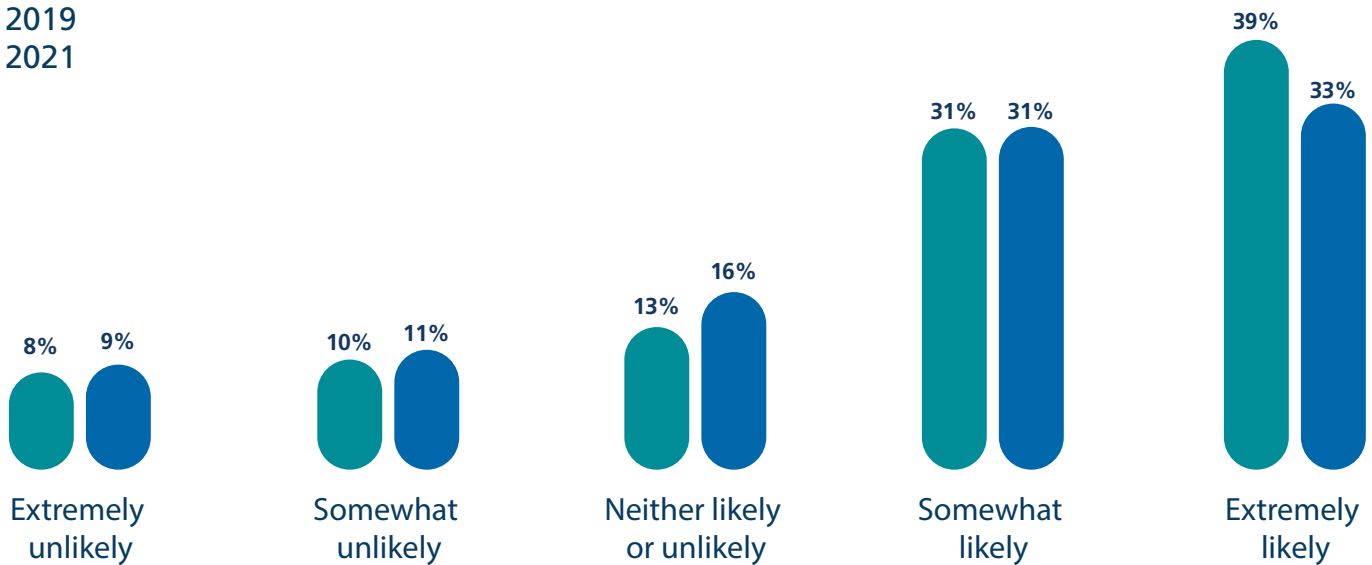


Figure 22

Likelihood to encourage others to become a nurse

● 2019
● 2021



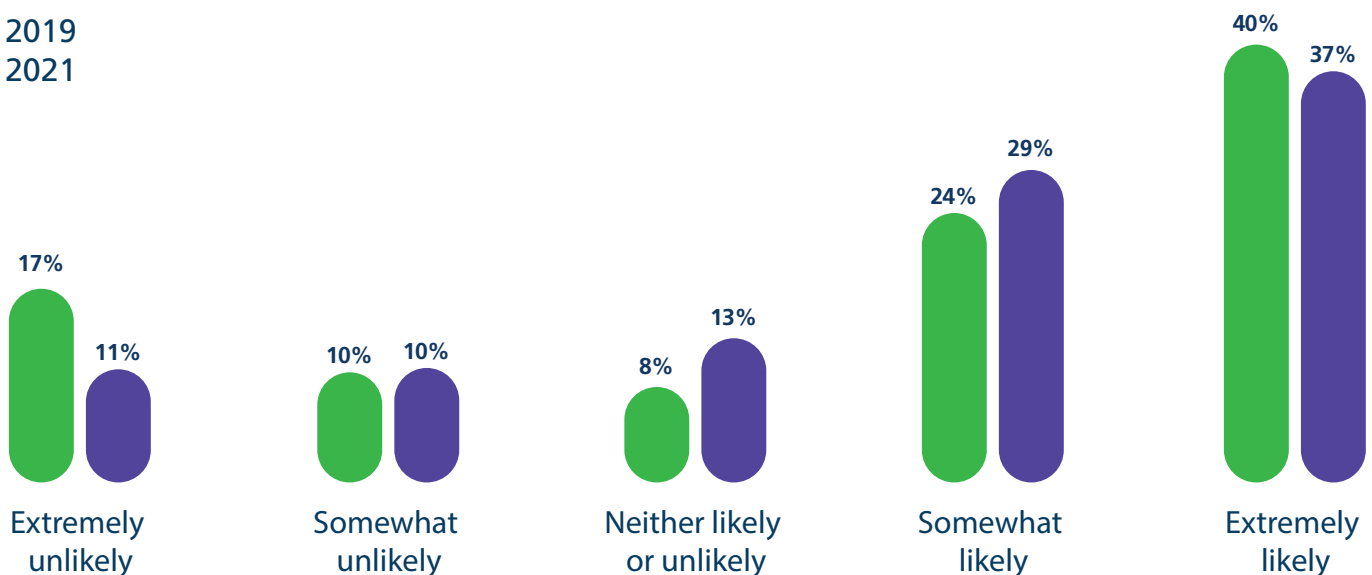
Future Nursing Trends

Overall, the pandemic has not dramatically changed the percentage of nurses who intend to remain at their current job for one year, with 66% of nurses in 2021 saying it was likely they will remain in their current positions compared to 64% in 2019. The percentage of nurses who said it is unlikely they will remain for one year is slightly lower in 2021, when one in five nurses intended to leave their current job in a year, compared to 2019, when it was approximately one in four.

Figure 23

Likelihood to remain with current employer

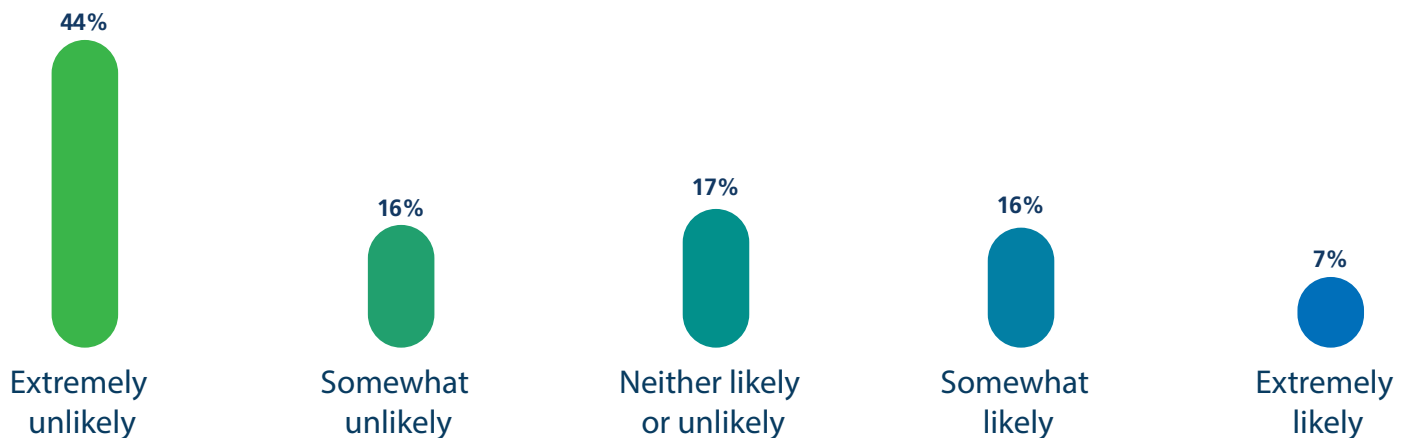
● 2019
● 2021



The impact of the pandemic was clearly revealed in answers to the question about the likelihood of leaving the nursing profession. Asked specifically how the pandemic affected their future employment plans, 23% – nearly one-quarter of nurses – said it was likely they would leave the field of nursing for another occupation as a result of the COVID-19 crisis (Figure 24). Extrapolating these data to the 4 million registered nurses in the United States suggests that approximately 640,000 nurses were somewhat likely to leave nursing and 280,000 nurses were extremely likely to leave, totaling 920,000 nurses who may exit their profession due to the pandemic. While it is hard to envision nearly 1 million nurses walking away from their profession, these data underscore the acute frustration felt by many nurses during the pandemic.

Figure 24

Likelihood to leave nursing as a result of the pandemic



The impact of COVID-19 on nursing is clearly revealed by the responses of nurses who said they were likely to leave nursing. Their responses are significantly more negative on burnout, feeling emotionally drained, feeling like quitting, worry that their jobs were affecting their health, feeling a sense of belonging, career and job satisfaction, and inclusion (Figure 25). For example, nurses who said they were going to leave nursing were more than three times more likely to feel burned out most days, three times more likely to feel emotionally drained, nearly four times more likely to worry their jobs were affecting their health, two times less likely to feel their voice is heard at work, and more than three times less likely to be satisfied with their job and career. Their views are indicative of the pandemic's powerful impact on their personal and professional lives.

"Policies were constantly changing; lack of communication was increasing. Patients were upset about the lack of visitors; visitors were calling upset they couldn't be there. As a nurse, I was blamed for all of the changes, all of the issues. I couldn't make anyone happy. I've been a nurse since 2009, but this put me in a position to where I wanted to quit."

—2021 RN Survey nurse

Figure 25

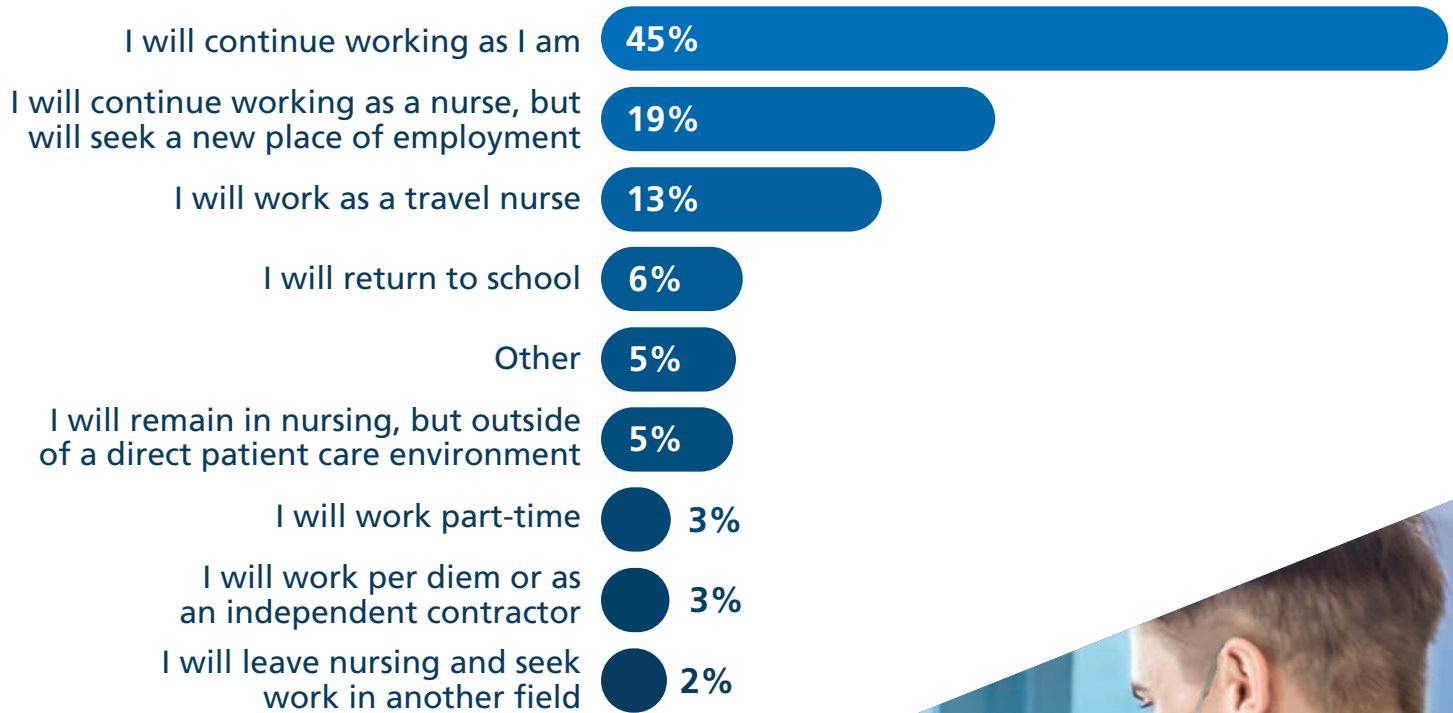
Nurses who said they are likely or unlikely to leave the field of nursing as a result of the pandemic

	Likely	Unlikely
Concerned about work-related risk	51%	28%
Concerned about work-life balance	62%	28%
Experienced great deal of stress at work	71%	30%
Feel burned out most days	59%	17%
Feel misunderstood or unappreciated at work	37%	12%
Not getting what I want out of my job	43%	13%
Often feel emotionally drained	61%	20%
Often feel like resigning	45%	10%
Worry job is affecting my health	51%	14%
Employer supports a culture of wellness	8%	20%
Effectiveness of mental health programs	18%	18%
Feel like I belong at workplace	15%	45%
Feel heard at work	13%	30%
Can voice opposing views	12%	26%
All employees have equitable opportunities	26%	44%
Employer values employees from different backgrounds	21%	36%
Coworkers value employees from different backgrounds	23%	35%
Employer committed to workplace diversity	21%	35%
Employer committed to disability needs	15%	27%
Effectiveness of DEI training programs	17%	25%
Career satisfaction	20%	65%
Job satisfaction	10%	36%
Satisfaction with quality of care	22%	47%
Satisfaction with time spent with patients	10%	18%
Likely to encourage others to become a nurse	12%	47%

When asked about their plans for changing jobs in the upcoming year, less than half of nurses intended to continue working as they are now (Figure 26). Of the rest, 19% said they will seek a new workplace as a nurse, while 13% will work as travel nurses. This percentage has doubled since the 2017 RN Survey, when 6% said they would work as a travel nurse; in the 2019 survey, the figure had risen to 8%.

Figure 26

Work plans for the upcoming year



“I started doing travel nursing due to the high demand for nurses all over. It has certainly increased my confidence in taking on any challenge in nursing as well as improving my competence.”

—2021 RN Survey nurse

“With the pandemic, and the stress of caring for this population, my retirement plan has moved up, and I hope to retire sooner than planned.”

—2021 RN Survey nurse

The wave of retirements among Baby Boomer nurses continues, as shown in this and previous RN Surveys, with 15% of nurses currently eligible for retirement (Figure 28). Of those eligible for retirement, 23% said they will do so in one year or less. In 2015, 20% of nurses planning to retire said they would do so in one year or less, while in 2017, the percentage rose to 36%.

Approximately 1 million registered nurses will retire between 2017 and 2030, with the number of retirements estimated at 70,000 in 2020 (Buerhaus et al., 2017). The wave of retirements is a critical factor in the shortages of nurses that are being felt unevenly throughout the nation and are expected to worsen after the pandemic.

The pandemic was a factor in the decision to leave nursing among some respondents in the *2021 Survey of Registered Nurses*. Some nurses were not employed at the time they took the survey. Of those nurses currently working in a job other than nursing, 46% said COVID-19 influenced their decision to leave nursing “a moderate amount,” “a lot,” or “a great deal,” while 23% said it didn’t influence their decision at all (Figure 30).

Among retired nurses, while 60% said they retired prior to the pandemic, 18% said COVID-19 influenced their decision “a moderate amount,” “a lot,” or “a great deal.” The same percentage said it didn’t influence their decision at all (Figure 29).

Figure 27

Current retirement eligibility

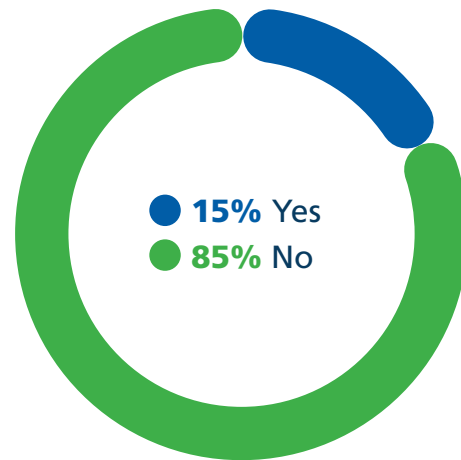
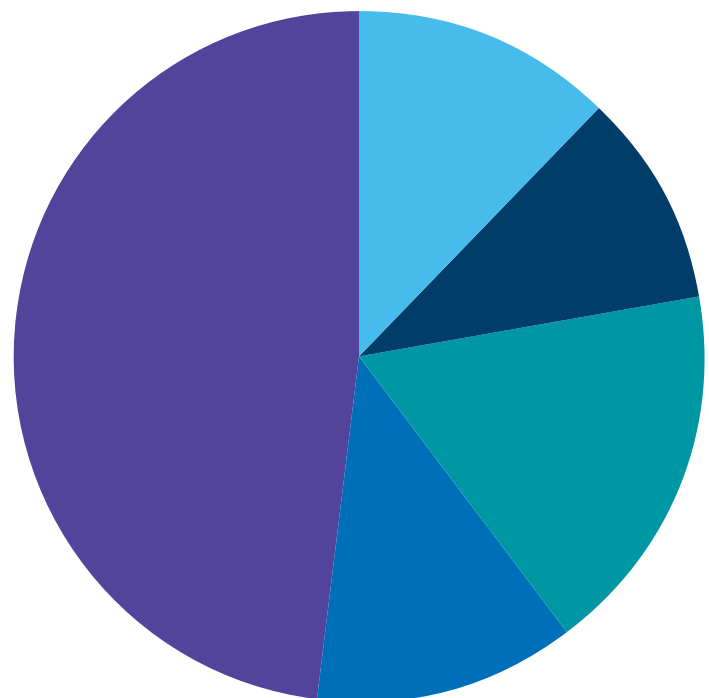


Figure 28

Retirement timing



- 12% Less than 1 year
- 11% 1 year
- 17% 2 years
- 13% 3 years
- 48% 4 or more years

Figure 29

Influence of pandemic on decision to retire

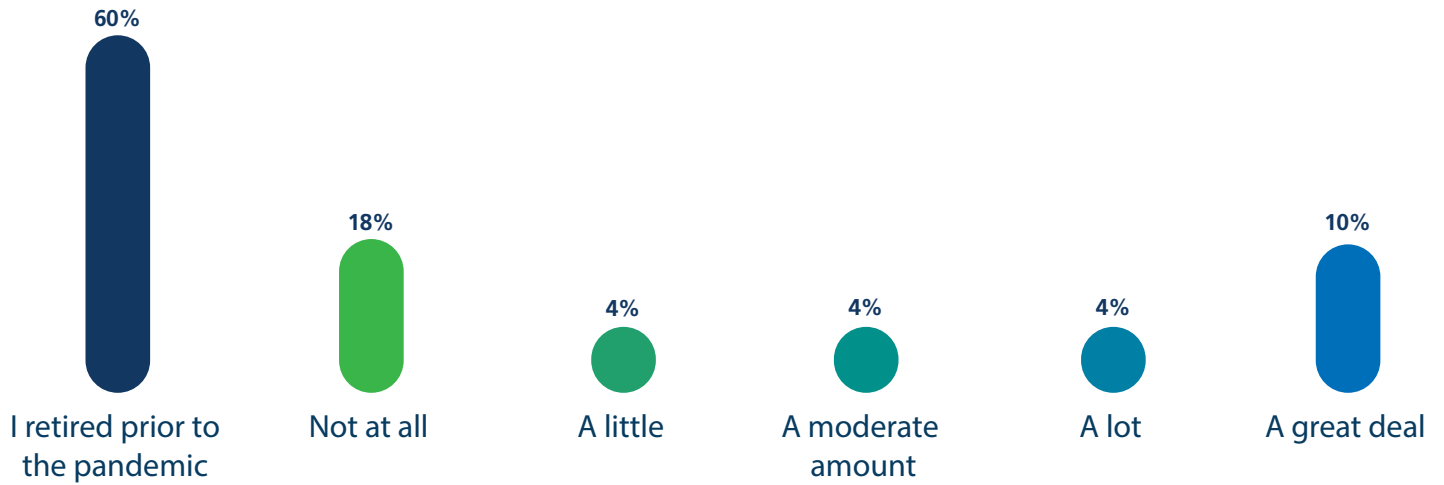
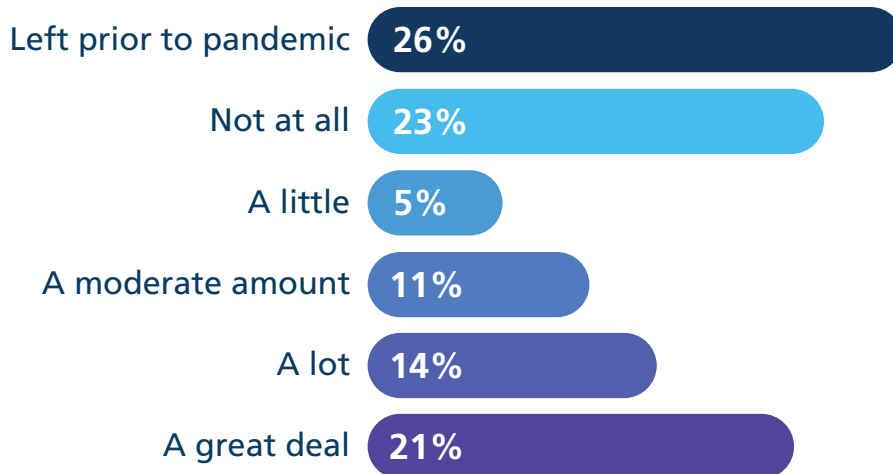


Figure 30

Influence of the pandemic on the decision to leave nursing



Education/Career Advancement

The 2011 Future of Nursing report by the Institute of Medicine, now called the National Academy of Medicine, recommended that the number of nurses who hold a bachelor's degree or higher should be increased to 80% by 2020. The proportion of nurses with degrees is positively correlated to better health outcomes; improved skills and competencies in areas such as health policy, leadership, teamwork, evidence-based practice, public health, and population health; and meeting the increasingly complex demands of patient care (National Academy of Medicine, 2021). While the 80% threshold was not met, the percentage of nurses with BSNs has risen steadily and is now at an all-time high. The continued progress toward 80% of nurses holding a bachelor's degree or higher is important, and the data from the 2021 RN Survey show that many nurses were seeking such degrees.

Why are you currently pursuing a program to advance your nursing education?

- I want to have more authority over the care of my patients and to be able to diagnose and treat.
- It is my goal to become an MSN/CNE so that I can pass on my love of nursing to future nurses.
- More autonomy, better pay, better schedule, better work-life balance...
- To continue to learn and enhance my skills and be more able to provide a stable lifestyle for my family...
- Being a nurse is hard, physically and mentally, and the support for us just isn't there. I'm pursuing an advanced degree for improved quality of life.
- It will give me an opportunity to make more money and transition away from bedside care.
- It's important for my career progression to be current with best practices and research that will enable me to provide safe and quality care to my patients.
- My employer is paying my tuition to obtain my master's degree.
- With the pandemic, I realized that I cannot do patient care forever, and I did not want to subject myself to the health risks. So, I decided to pursue a career in nurse education.
- To be able to feel more involved in the decision-making of patient care and with more substantial pay increases...
- The need to take my career to the next level...
- I am pursuing a master's in nursing education (because) I feel it is my duty to use this platform to make things better for marginalized communities that have barriers to accessing healthcare.
- To be involved in policy change...
- I want to be able to educate and guide new nurses coming into this noble profession.
- Floor nursing is too stressful on me physically... I need to give myself an opportunity to keep working in the nursing field without the physical demands.
- Most hospitals require it now.
- As I get older, I do not want to be in a clinical position that requires me to be on call. I would like to teach new nurses, and that requires a master's degree.
- Nursing is a life-long learning process. Can't stop learning and say I've learned it all!
- I'm not sure my body will allow me to continue bedside nursing until retirement, so I want to have other career options.
- Because you have to these days...
- Because American lives depend on it...

—Responses from 2021 RN Survey nurses

While the momentum for nurses to seek greater education and training has continued, the pandemic has affected some nurses' ability to achieve their educational objectives. The percentage of nurses who were currently enrolled in an education program remained the same at 18% in 2021 and 2019. But half of the nurses responding to the 2021 survey said that the pandemic had affected their education plans (Figure 33). Approximately three quarters of nurses who were in advanced practice registered nurse (APRN) programs and training said the pandemic has impacted their training and transition into residency programs (Figure 36).

Figure 31
Enrolled in a nurse education program

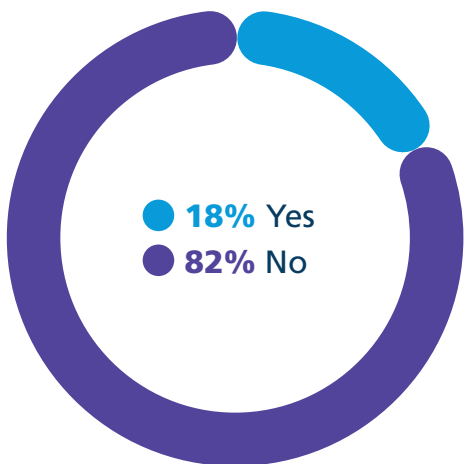


Figure 32
Type of nurse education program

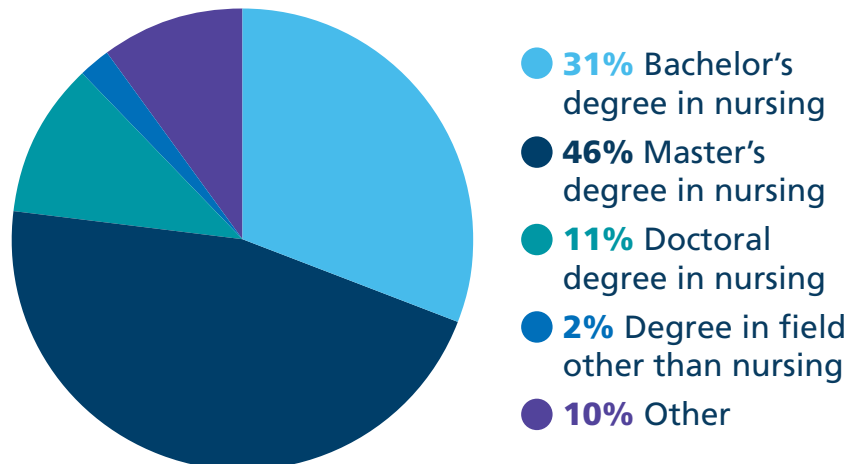
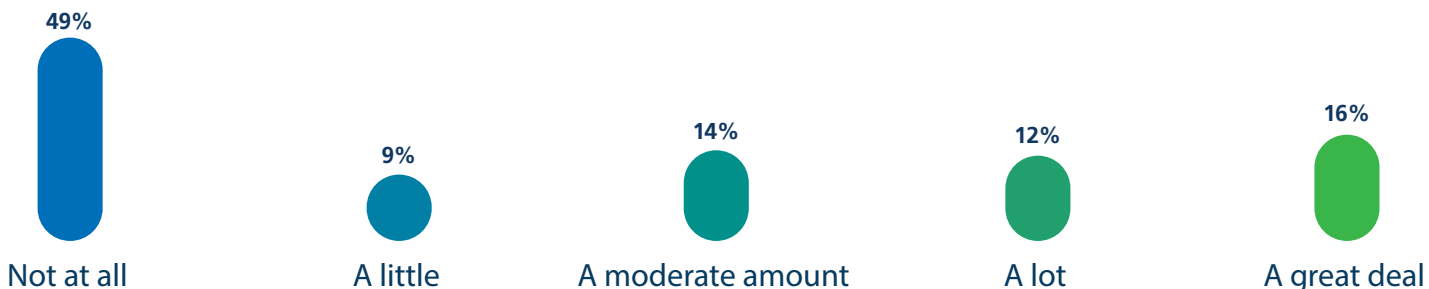


Figure 33
Pandemic impact on education plans



"I couldn't go to school because we were financially short, and I had to help my children who were doing school virtually."

—2021 RN Survey nurse

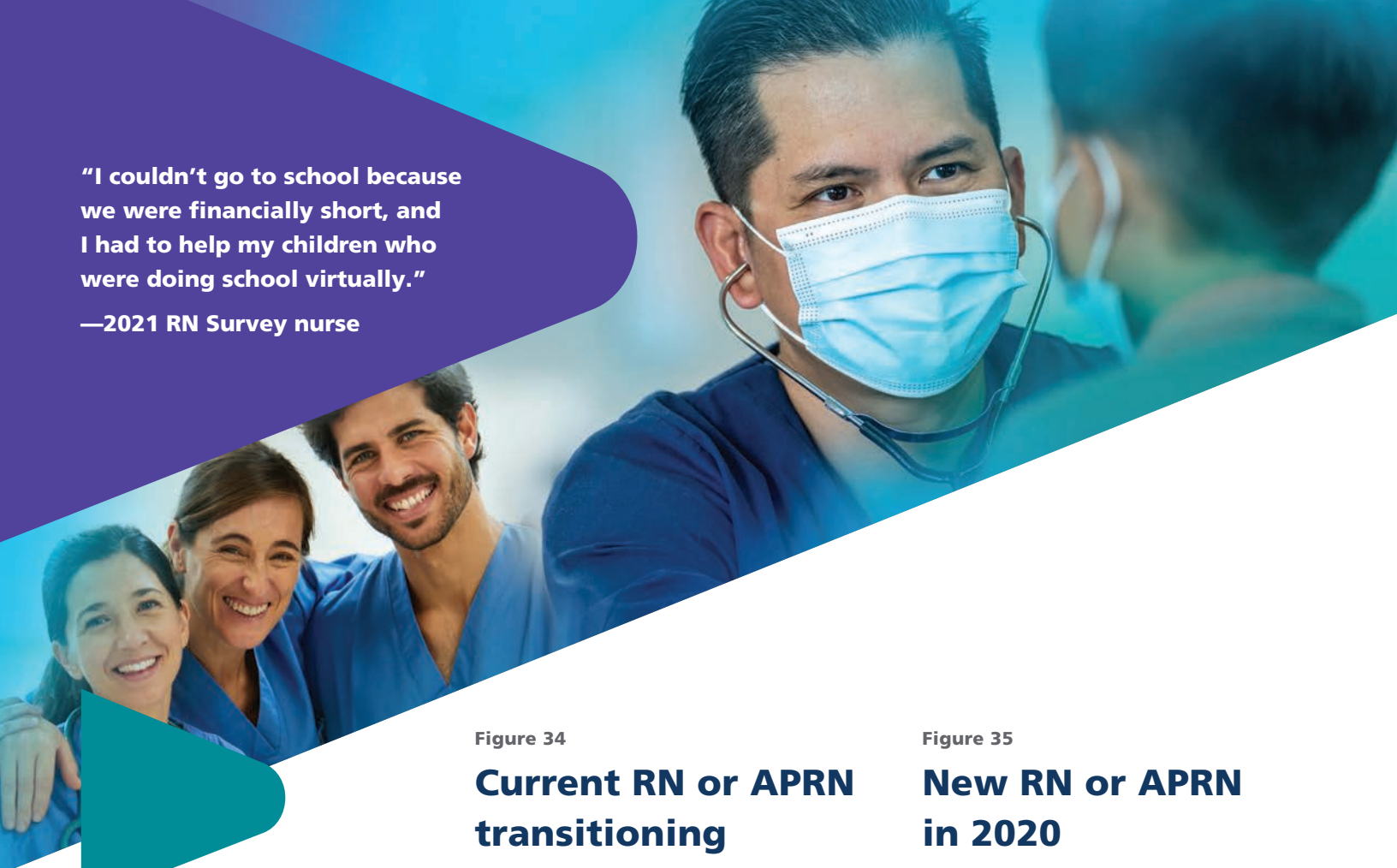


Figure 34

Current RN or APRN transitioning

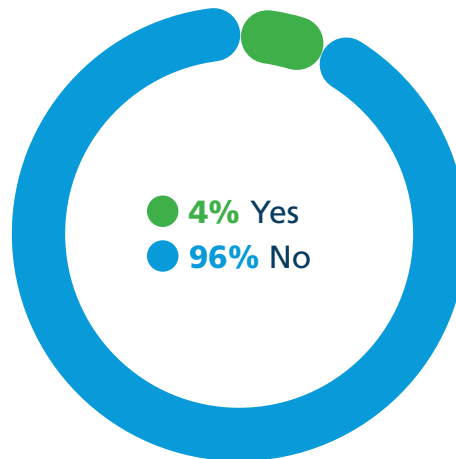


Figure 35

New RN or APRN in 2020

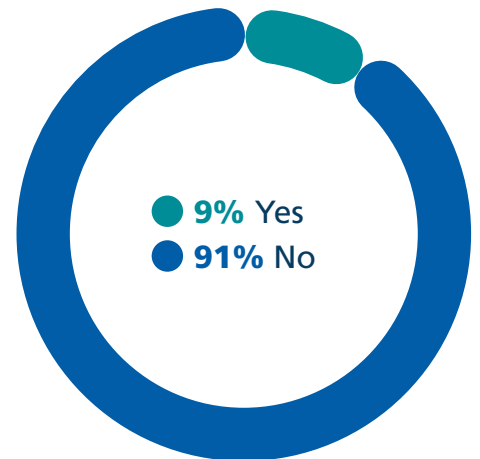
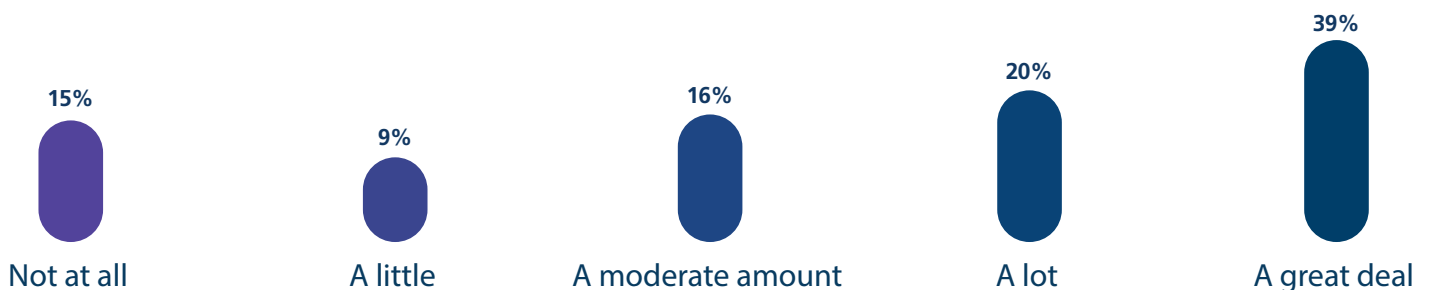


Figure 36

Pandemic impact on RN or APRN training



“I was training to become an endoscopy nurse and then COVID-19 started. Outpatient procedures were canceled, so I returned to work as a med-surg nurse and had to resign from the endoscopy nurse position.”
—2021 RN Survey nurse

The percentage of nurses who said they plan to pursue nursing education in the next three years markedly increased in the 2021 RN Survey compared to 2019 RN Survey, and the percentage of those who said they won't seek further education has declined. This suggests the COVID-19 crisis has influenced many nurses to advance their career paths.

Figure 37

Planning to enroll in a nurse education program in the next three years

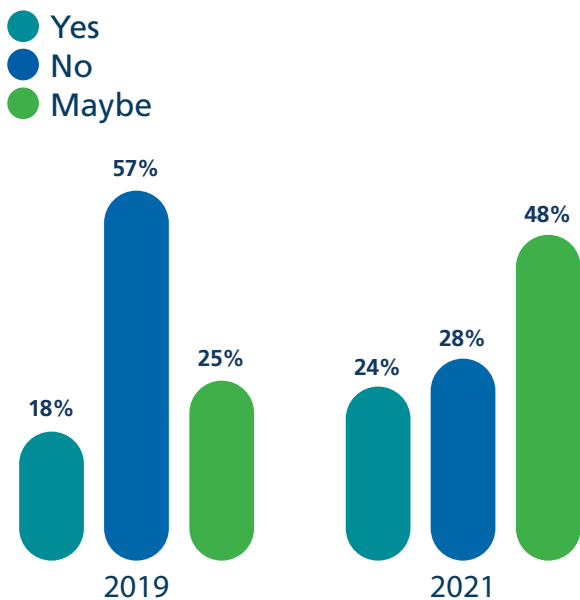
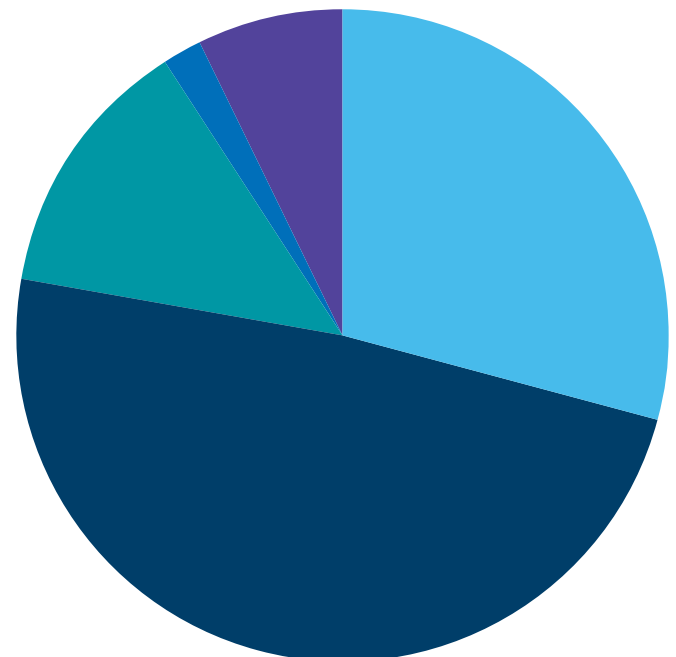


Figure 38

Type of nurse education program in the next three years



- 30% Bachelor's degree in nursing
- 49% Master's degree in nursing
- 14% Doctoral degree in nursing
- 2% Degree in field other than nursing
- 7% Other

“(Seeking a higher degree) has helped me improve my safety precaution measures at work, taught me a lot about the COVID-19 virus and how to handle pandemics, and ignited my passion even more for my profession.”

—2021 RN Survey nurse

Figure 39

Enrolled in an advanced practice program

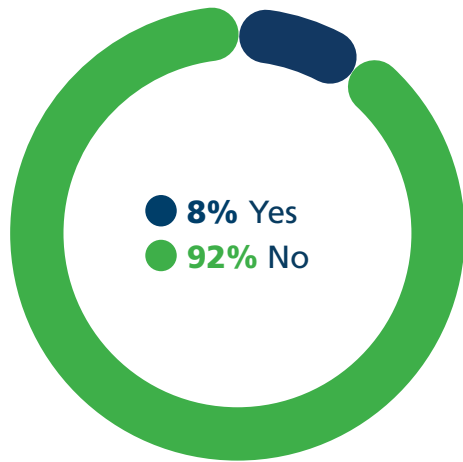
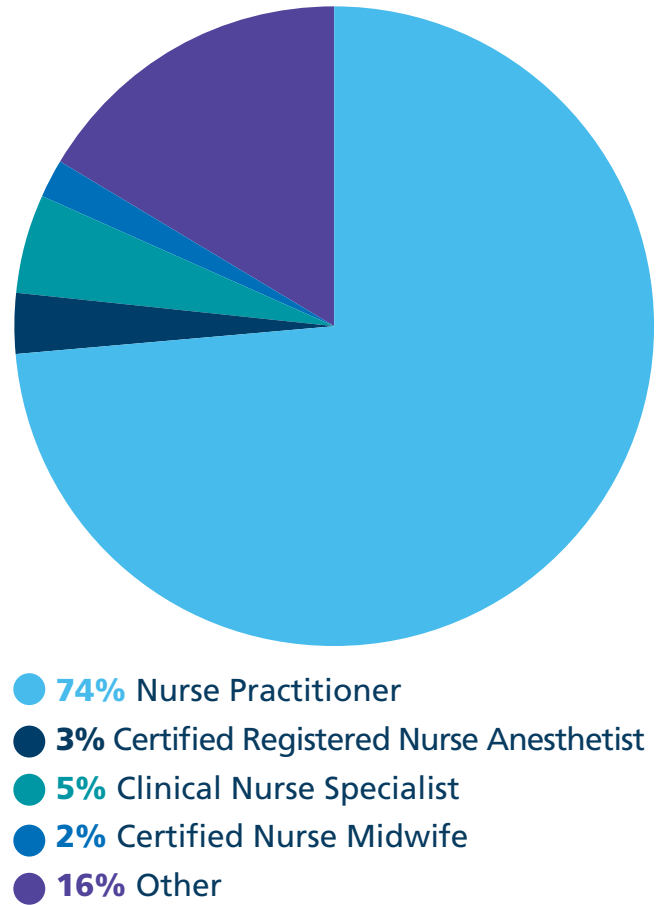


Figure 40

Type of advanced practice program



The trend toward registered nurses seeking to become nurse practitioners or other types of advanced practitioners continues to accelerate. Tremendous growth in these professions is already underway. As of August 2020, the American Association of Nurse Practitioners (AANP) estimated there were more than 290,000 licensed nurse practitioners in the United States, compared to 91,000 in 2000 and 190,000 in 2017. From 2019 to 2029, the growth rate for nurse practitioners is projected at 8 times the growth rate for registered nurses (Hagstrom, 2021). The 2021 RN Survey shows a 10 percentage point increase since 2019 of registered nurses planning to pursue education as an advanced practitioner.

Figure 41

Plan to pursue further education as an APRN

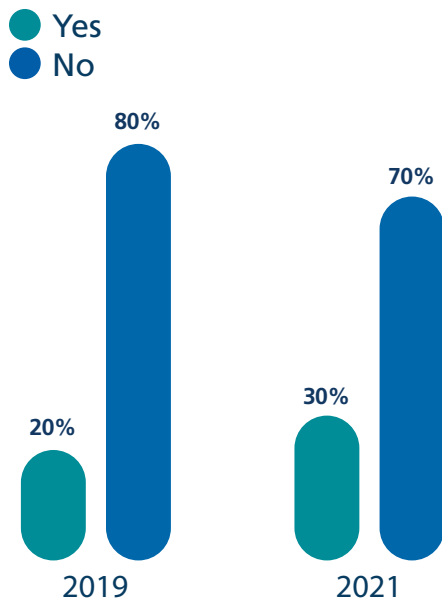
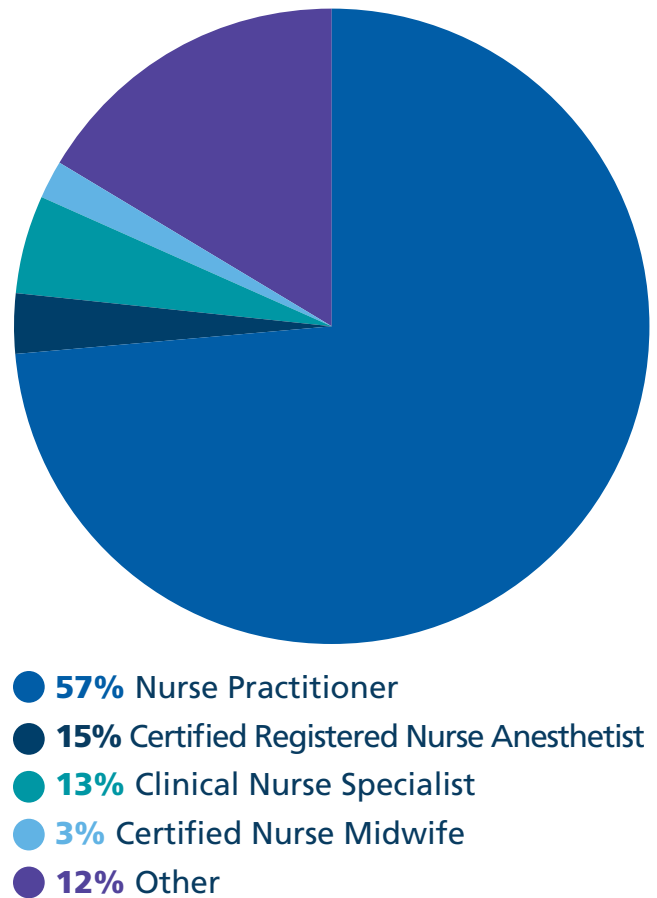


Figure 42

Type of APRN program



Nurses who provided direct care to patients with COVID-19 appear to be significantly more motivated to seek higher education compared to nurses who did not care for COVID-19 patients, including among those seeking careers as APRNs.

“My skill set, experience, knowledge, and desire to help my patients is best served by becoming a Nurse Practitioner. My ability to impact my patients’ lives and advocate for their care and medical treatment will be more profound at the NP level.”

—2021 RN Survey nurse

Figure 43

In the past year while working as a nurse, have you provided direct care to patients with COVID-19?

	Yes	No
Enrolled in nursing education program	19%	14%
Planning to enroll in nursing education program	48%	42%
Enrolled in advanced practice program	9%	5%
Planning to pursue advanced practice program	33%	27%
Pandemic impacted education plans	18%	10%

Mental Health and Wellbeing

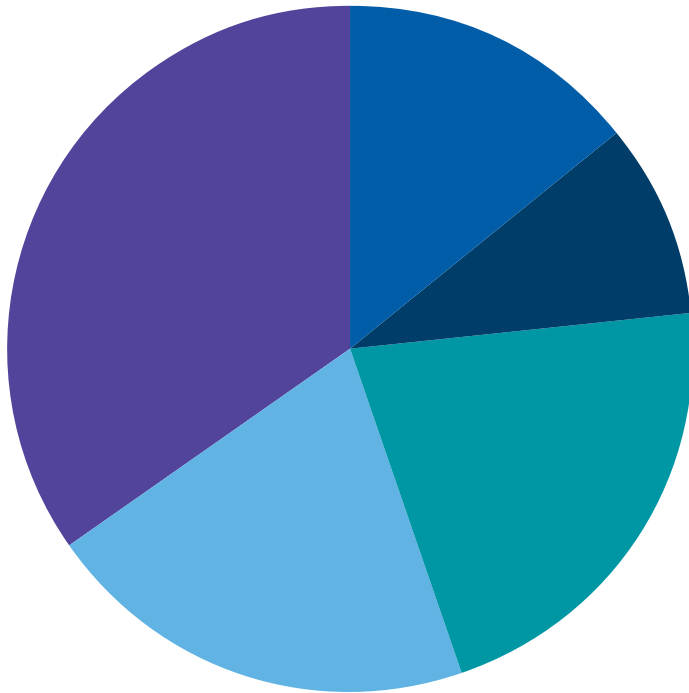
The impact of the COVID-19 pandemic on the mental health and overall wellbeing of nurses and other healthcare professionals represents a critical challenge to the healthcare system. A study of intensive care unit nurses found that 45% reported symptoms of moderate-to-severe depression, and 47% percent were at risk for post-traumatic stress disorder (PTSD) (Guttormson et al., (2021). Younger nurses with less experience were more vulnerable to mental health impacts from the pandemic (Sriharan et al., 2021). In a survey of healthcare workers from June-September 2020, 82% of respondents said they were suffering from emotional exhaustion, while 70% were having trouble sleeping, and 63% were experiencing work-related dread (Mental Health America, 2020). Thirty percent of physicians felt hopeless or that they had no purpose; half were feeling inappropriate anger, tearfulness, and anxiety due to COVID-19's effect on their practice (Merritt Hawkins, 2020). Harm to the mental health and wellbeing of healthcare practitioners is not only damaging to practitioners themselves but also to patient safety (World Health Organization, 2020).

“Since working and dealing with different people and situations during the pandemic, I am questioning what I want to do next in my nursing career. My mental and physical health have been affected, and I find myself re-evaluating my future.”

—2021 RN Survey nurse

Figure 44

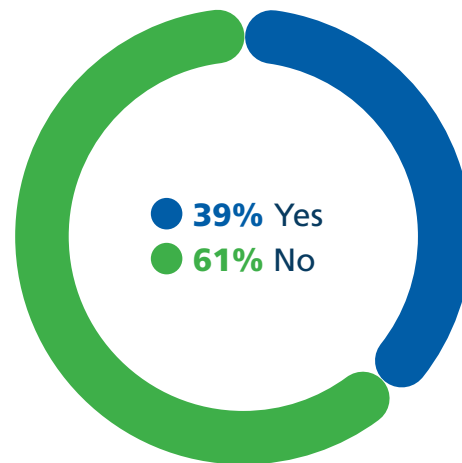
Activity and resource participation for wellbeing



- 15% Daily
- 9% 4-6 times per week
- 22% 2-3 times per week
- 21% Once a week
- 34% Never

Figure 45

Post-shift ritual



- 39% Yes
- 61% No

Many nurses and healthcare organizations understand these risks and are taking steps to address them. Approximately 46% of nurses engage in activities or access resources to address their mental health and wellbeing at least twice a week, and nearly one-quarter at least four times a week. Two-thirds take action at least once a week. However, one-third of nurses don't do anything to address their mental health and wellbeing (Figure 44). When extrapolated to the full population of nurses nationwide, this equates to approximately 1.4 million nurses who are not seeking mental health help.

Nearly two in five nurses have a post-shift ritual to transition from the rigors of their professional duties to their personal lives (Figure 45). Detachment after work is an important predictor of health for nurses and other healthcare workers, resulting in reduced emotional exhaustion, depressed feelings, and sleep problems (De Jonge, 2021).

What is your post-shift ritual, and how does it help with your transition from patient care to personal life?

- I take time for self-care and give myself time to recover after long shifts. I enjoy running, taking my dog on hikes, watching my favorite TV show, and listening to music.
- I immediately talk to my kids about their day and connect with them and my dog. Helps me refocus and let go.
- At work, I make my patients my priority. But when I get home, I make sure to make time for myself.
- Listening to music and praying on the drive home...
- I decompress with loud music on my way home — the car windows down and air flowing.
- Meditation, scheduled quiet time, yoga...
- Every day I look forward to coming home to my dog. He literally takes all the stress away and immediately makes me happy.
- Sleep and cry...
- I call my sister or my aunt on my way home from work. I go home and change right out of work clothes.
- Shower and beer...
- On the drive home, I imagine going over a bridge and dumping all thoughts of the day into the water. Then I imagine my family in the driveway waiting for me.
- Bath and silly movies...
- Watching YouTube videos of my hobbies...
- On my drive home, I think about what I did well, what went wrong, and what I can improve on. Once I get home, I don't let myself think about work anymore.
- Vent with my BFF...
- On days people die, I remember the good we did for them, and that we were there for them in their time of need, especially when so many were dying alone.
- Dark room for one hour...
- I get undressed outside my house, leave shoes outside, take my uniform to my basement laundry area. Then I take a shower and get my pj's on. I relax with a cup of tea.
- Prayer, music, exercise or alcohol...
- I sit in my car for about 30 minutes and blast my favorite music.
- Hang out with my family...
- I have a long drive home ... and I listen to the radio or sing along with my favorite CDs. It is essential that I take time to get out any anger, frustration, sadness, anything that could affect my family negatively.
- Wine and laughter...
- On my drive home, I spend my time talking with family and friends. It is a great transition.
- I get in my car, find the music I want to listen to, turn it up loud and just drive.
- I stop at a local retreat center with a walk-in chapel and meditate/pray.
- Relax and binge watch mindless TV...
- During my commute home I make sure I only listen to music that makes me feel good. No news. I turn it up loud and sing.
- I enjoy listening to Christian music. It puts me in a much better frame of mind and gives me hope
- Focus on kids, family, animals, home life after a quiet ride home...
- I physically clean myself when I get to my car, wipe down my shoes, badge, pens, etc. I sit in silence for a few minutes focused on my breathing. I mentally walk through the shift I just completed. I might say a prayer, focus my emotional energy toward a patient or other individual... I attempt to shake off any negative energy, thoughts or feelings.
- Lots of prayer and counting my blessings...
- One or two glasses of wine after work. I do not drink on my days off.
- I do a full TLC package for myself when I get home. I'll make myself some fresh tea or have a nice glass of wine, give myself a cucumber facial. If my muscles feel tired, I will run a hot bath. Bust most importantly, I make sure I am OK mentally, because that's often the most neglected part.

—Responses from 2021 RN Survey nurses

Most healthcare organizations provide nurses and other coworkers with some type of mental healthcare while creating a culture of support for their mental health. The most widely available support comes from employee assistance programs or EAPs (Figure 47). Utilization of EAPs remains low, in part because of the persistent stigma of mental illness issues (McRee, 2017). Higher levels of EAP promotion by organizations result in a greater likelihood of coworkers using this service for stress management and wellness (Azzone et al., 2019). Nearly two-thirds of nurses said that their healthcare organizations support a culture of wellness “a moderate amount,” “a lot,” or “a great deal. Fifteen percent said their organizations do not support a culture of wellness at all (Figure 46).

At organizations that provide programs for mental health support, three quarters of nurses said those programs were “moderately effective,” “very effective,” or “extremely effective” (Figure 48).

Figure 46

Employer supports mental health culture

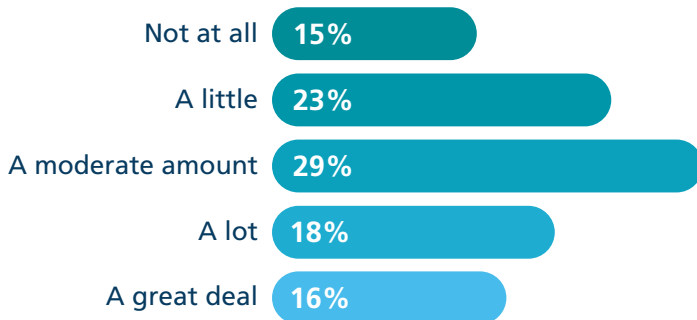


Figure 47

Employer offered programs

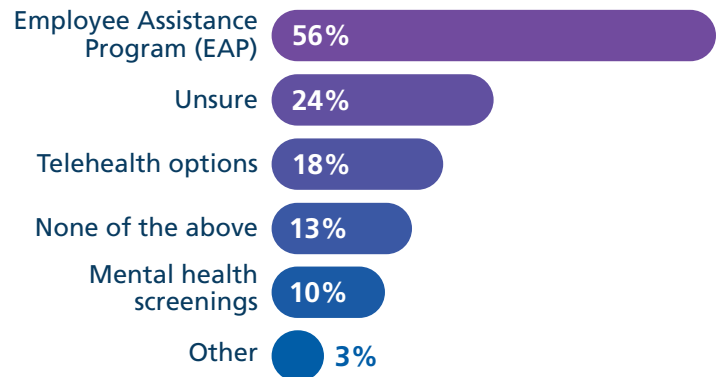
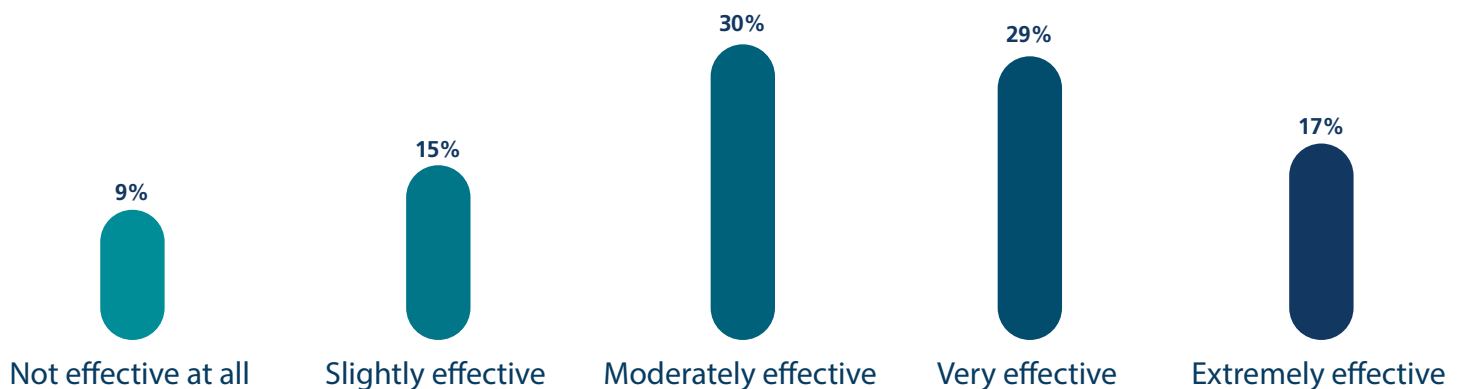


Figure 48

Effectiveness of employer mental health programs



Inclusion in the Workplace

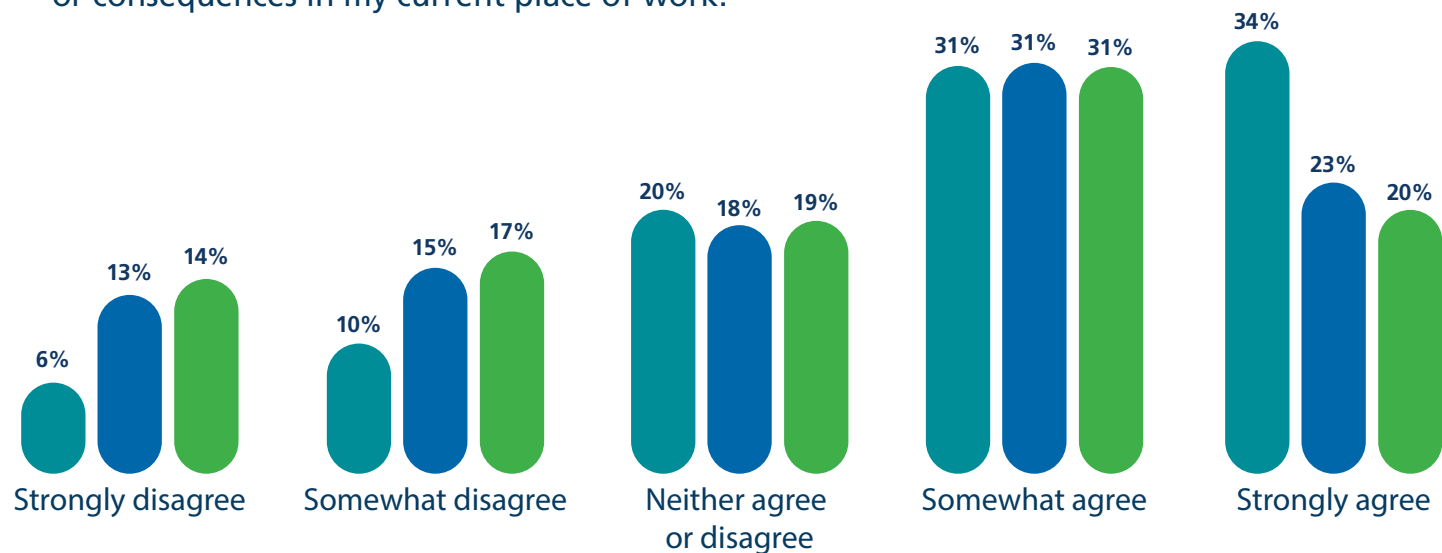
A feeling of belonging among workers is vital for any workforce and workplace, both for individuals and organizations. The need to belong is a fundamental human need, which when absent can be very detrimental to psychological wellbeing, resulting in problems related to self-esteem, anxiety, depression, cognition, and behavior (Waller, 2020). For organizations, a high sense of belonging among workers directly relates to performance quality and costs. One study (Carr et al., 2019) found that when workers feel like they belong, there was a 56% increase in job performance, a 50% drop in turnover risk, and a 75% reduction in sick days. For nurses, a sense of belonging is critical for staying at a job and in the profession (Wei et al., 2018).

In the 2021 RN Survey, almost two-thirds of nurses said they have a feeling of belonging at their current workplace, but more than one-third disagreed or were unsure. The fact that one-third of the country's 4 million nurses may not feel like they belong at their workplace is significant. A little over half of nurses agreed that they can express their ideas, opinions, and beliefs at work and feel heard at their current jobs, and about the same percentage said they can express an opposing view or different perspective without fear or consequences. Nearly half disagreed or were unsure (Figure 49).

Figure 49

Sense of belonging

- I feel like I belong in my current place of work.
- I can freely express my ideas, opinions, and beliefs, and I feel heard in my current place of work.
- I feel that I can voice an opposing view or a different perspective without fear or consequences in my current place of work.



Two-thirds of nurses said that all coworkers have access to equitable opportunities at their workplace, regardless of their backgrounds. One-third disagreed or were unsure (Figure 50). A large majority of nurses said that both their coworkers and their employers valued coworkers from different backgrounds (Figure 51) and that their employers were doing well at demonstrating a commitment to workplace diversity (Figure 52). A similarly large majority said that their employers were doing well at demonstrating a commitment to meeting the needs of coworkers with disabilities (Figure 53). Seventy percent of nurses said their employers provide programs that promote diversity, equality, and inclusion, and 88% said those programs were effective (Figure 55).

Figure 50

Equitable opportunities for all employees

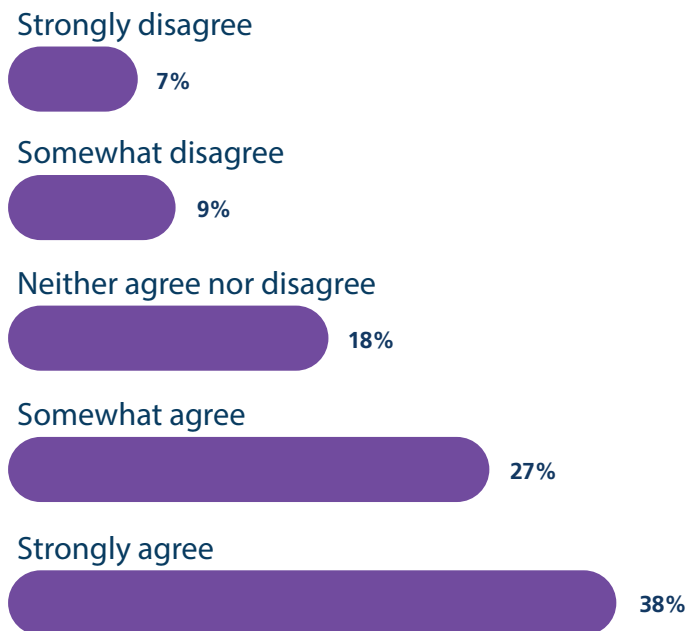


Figure 51

Valuing employees from different backgrounds

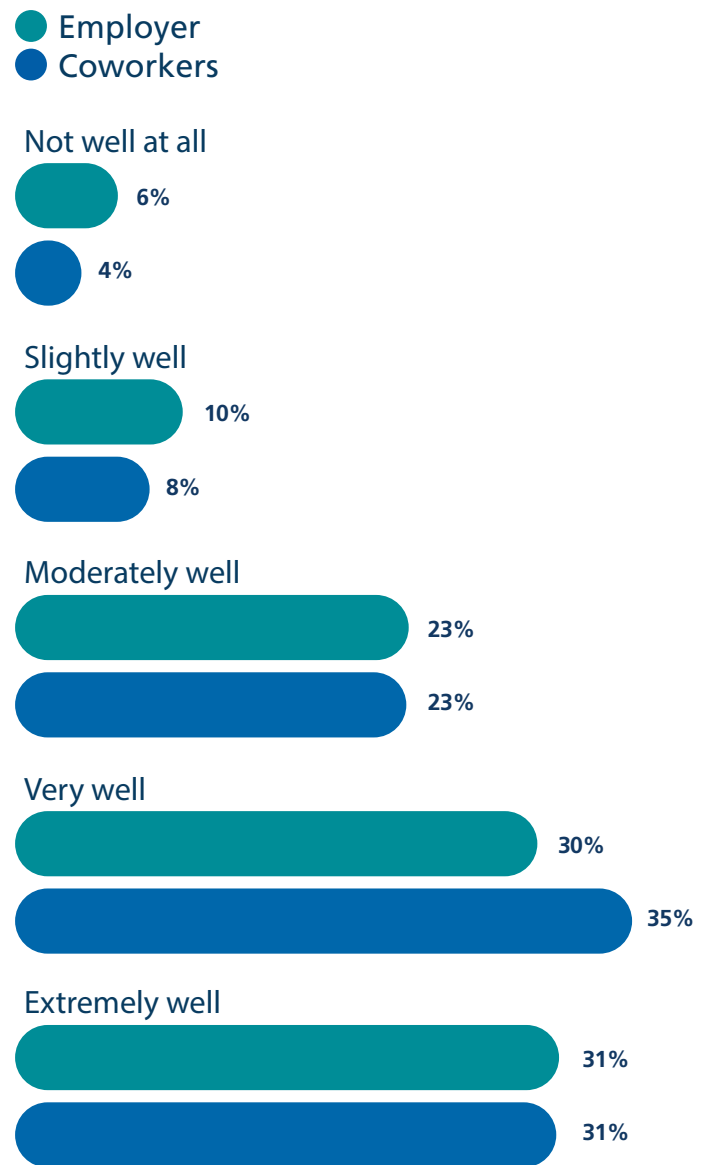


Figure 52

Organizational commitment to workplace diversity

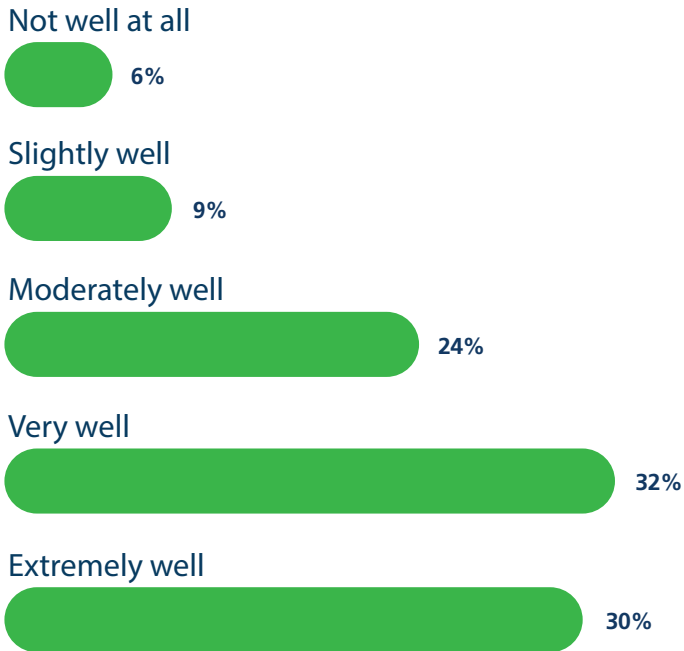


Figure 53

Organizational commitment to meeting disability needs

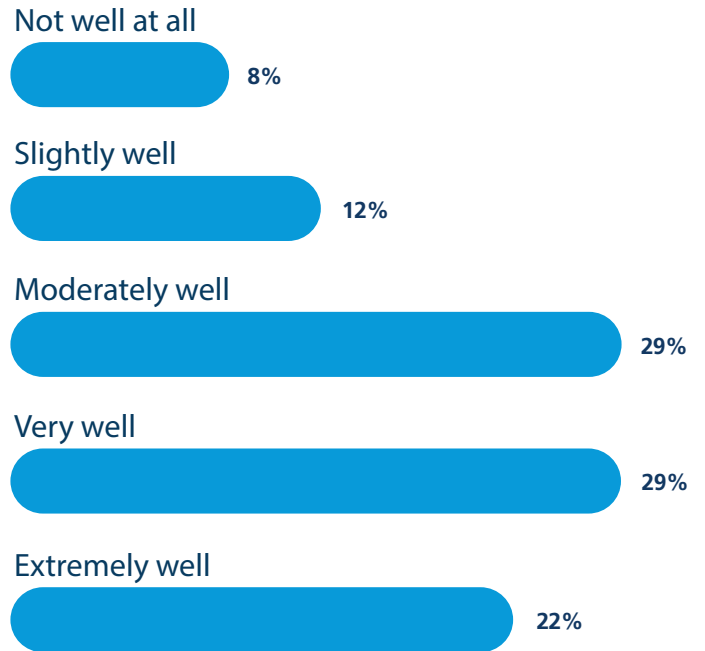


Figure 54

DEI training programs

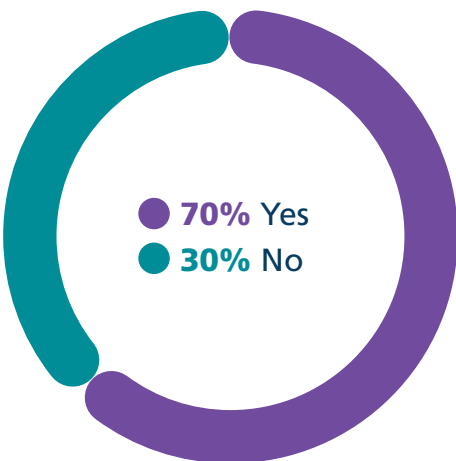
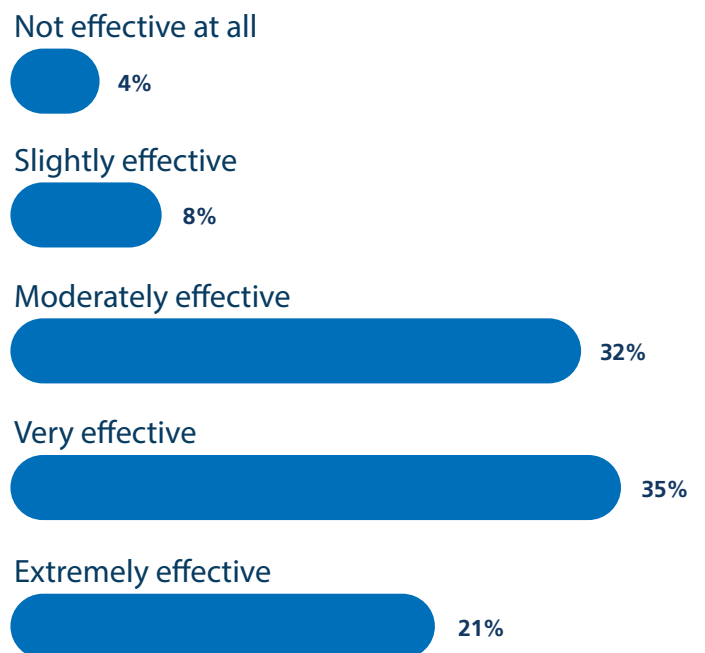


Figure 55

Effectiveness of DEI programs



Experiences of Diverse Nurses

Nursing remains a predominantly white profession. Nearly three quarters of nurses are white (HRSA Health Workforce, 2018), while the U.S. population is about 58% white, according to the U.S. Census. In the 2021 Survey of Registered Nurses, respondents were 57% white and 6% undisclosed, and the rest were nonwhite. While there are no readily available statistics on the percentage of nurses who are LGBTQ+ people or people living with a disability, they represented 5.6% (Jones, 2021) and 26% of the U.S. adult population respectively in 2020 (Centers for Disease Control and Prevention, 2020).

Racial and ethnic harassment, both from coworkers and patients, and on individual and systemic levels, occurs in the nursing environment in the United States (Iheduru-Anderson & Wahi, 2021), just as it does at other workplaces. Racism on the part of patients toward nurses is an “open secret” in healthcare (Minority Nurse, 2014), but workplace racism also occurs, ranging from microaggression and daily slights to systemic racism and white privilege (Hall & Fields, 2012). Recognition of the depth and breadth of the ongoing problem of racism in nursing led to 23 nursing organizations joining to form the National Commission to Address Racism in Nursing, which is developing and launching an action strategy and recommendations to address systemic racism in nursing (American Journal of Nursing, 2021).

Eighteen percent of nurses said they have experienced racial or ethnic harassment in their workplace in the past year. Compared to the 4 million nurses nationwide, that represents 720,000 nurses. Nearly two-thirds of nurses said that racial and ethnic harassment occurs from a “moderate amount” to “a great deal.”

Nonwhite nurses were twice as likely to have experienced racial or ethnic harassment at work compared to white nurses. (Figure 56).

More than 1 in 10 of all nurses said they experienced gender-based or sexual harassment in the past year, and approximately 60% said this happens at their workplace from “a moderate amount” to “a great deal” (Figure 59).



Figure 56

Experienced racial or ethnic harassment

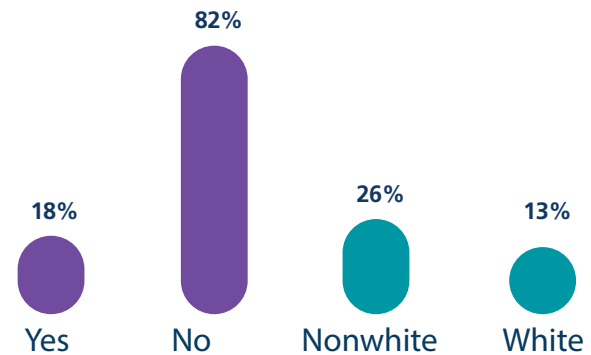


Figure 57

Frequency of racial or ethnic harassment

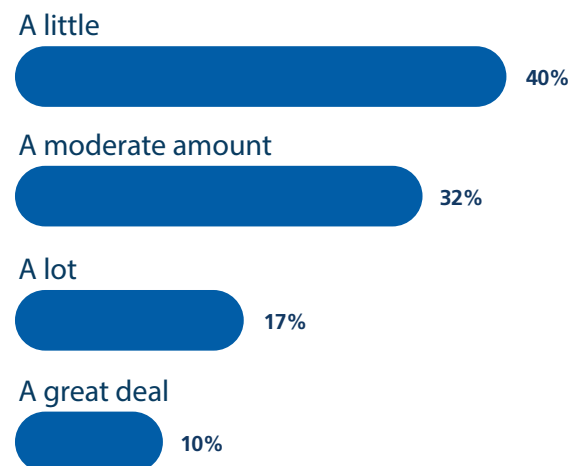


Figure 58

Experienced gender-based or sexual harassment

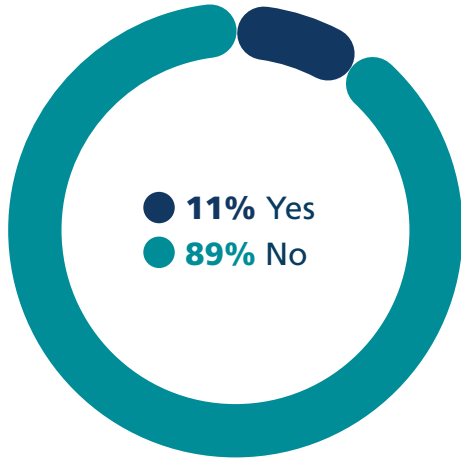
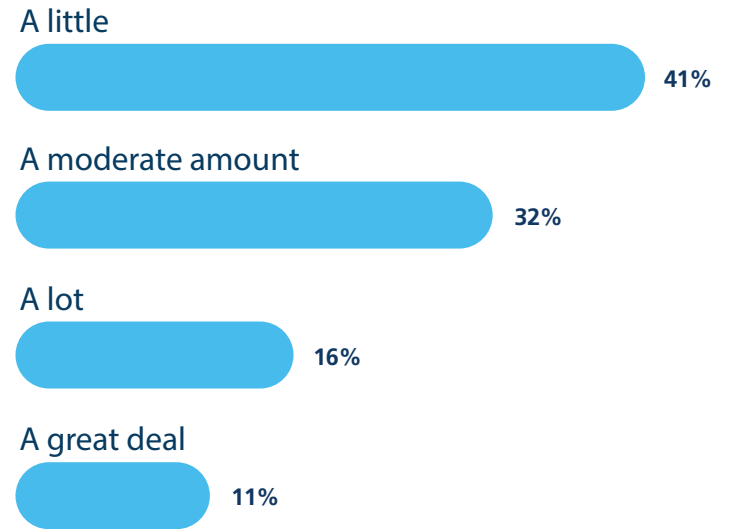


Figure 59

Frequency of gender-based or sexual harassment



“Diversity, equity, and inclusion in healthcare environments are important to meet the unique needs of patients because they foster presence, perspective, and integration.

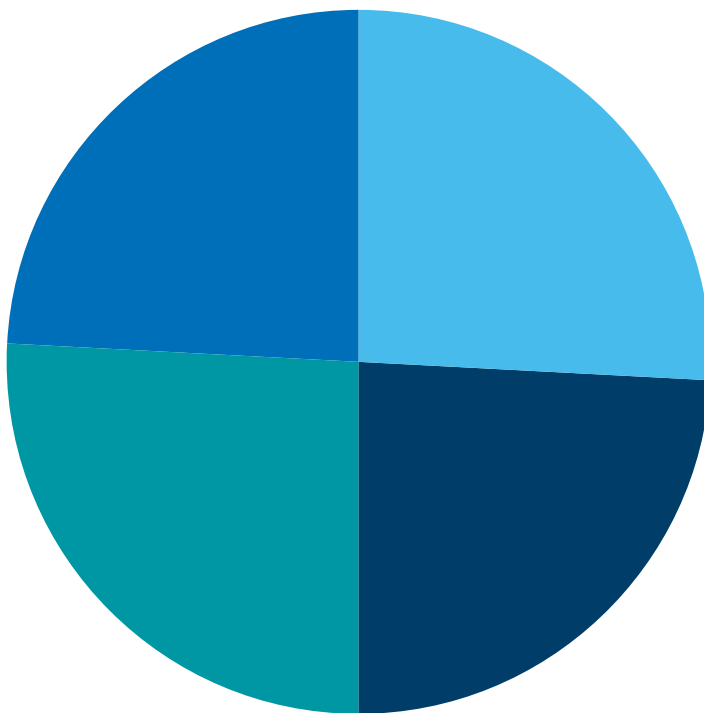
Maya Angelou said it best: ‘...Diversity makes for a rich tapestry, and we must understand that all the threads of the tapestry are equal in value no matter the color.’

Healthcare can be a rich and beautiful tapestry of human caring.”

**—Daphne Brewington, PhD, RN,
Senior Vice President Nurse
Executive, Vidant
Medical Center**

Figure 60

Experienced gender-based or sexual harassment



- **13% Female**
- **12% Male**
- **13% Do not identify as heterosexual**
- **12% Identify as heterosexual**

Nonwhite nurses have a different experience of diversity, equality, and inclusion in their workplaces. They were significantly less likely to feel like they belong in their current place of work, and they rate their employers and coworkers lower in diversity, equality, and inclusion questions compared to white nurses. Nonwhite nurses were 12 percentage points less likely to agree that all coworkers have equitable opportunities, and 11 percentage points less likely to agree that employers and coworkers value coworkers from different backgrounds. However, a slightly higher percentage feel heard at work and can express opposing views compared to white coworkers.

There's a significant difference in attitudes toward their career. Nonwhite nurses were 10 percentage points higher in career satisfaction and 12 percentage points more likely to encourage others to become a nurse than white nurses. (Figure 61).

Figure 61

Inclusion and race

	White	Nonwhite
Feeling of belonging in current workplace	35%	31%
Feel heard at work	22%	23%
Can voice opposing views	19%	21%
All employees have equitable opportunities	43%	31%
Current employer values employees from different backgrounds	36%	25%
Coworkers value employees from different backgrounds	35%	24%
Employer committed to workplace diversity	34%	24%
Effective DEI programs at current workplace	21%	21%
Career satisfaction	44%	54%
Job satisfaction	26%	26%
Encourage others to become nurses	28%	40%

Figure 62

Inclusion and sexual orientation

	Identify as heterosexual	Do not identify as heterosexual
Feeling of belonging in current workplace	34%	32%
Feel heard at work	23%	23%
Can voice opposing views	20%	20%
All employees have equitable opportunities	39%	35%
Current employer values employees from different backgrounds	33%	27%
Coworkers value employees from different backgrounds	32%	27%
Employer committed to workplace diversity	31%	26%
Effective DEI programs at current workplace	21%	23%
Career satisfaction	47%	50%
Job satisfaction	25%	27%
Encourage others to become nurses	32%	35%

Nurses who do not identify as heterosexual have greater negative perceptions of diversity, equality, and inclusion at their workplaces compared to those who identify as heterosexual. Nurses who do not identify as heterosexual were 5 percentage points less likely to agree that their employers and coworkers value coworkers from different backgrounds and that their employers were committed to workplace diversity. They were 4 percentage points less likely to agree that all coworkers have equitable opportunities.

Nurses who do not identify as heterosexual have slightly higher rates of career and job satisfaction and were more likely to encourage others to become nurses (Figure 62).

Female nurses constitute approximately 91% of RNs in the United States (NCSBN, 2021). In the *2021 Survey of Registered Nurses*, the sample is 72% female, 9% male, 8% prefer to self-describe, 10% prefer not to disclose, and 1% other categories. Nurses of gender identities other than female and male did not constitute a large enough sample size to produce significant data. While the attitudes of female and male nurses were similar on many issues of diversity, equality, inclusion, and work satisfaction, there were notable exceptions. Female nurses were 7 percentage points less likely to feel they were heard and can voice opposing views at work compared to male nurses. Their job satisfaction is slightly lower, and female nurses were 4 percentage points less likely than male nurses to encourage others to become nurses (Figure 63).

Figure 63

Inclusion and gender identity

(Percentages of other gender identities not large enough for significant data)

	Female	Male
Feeling of belonging in current workplace	34%	33%
Feel heard at work	22%	29%
Can voice opposing views	19%	26%
All employees have equitable opportunities	39%	39%
Current employer values employees from different backgrounds	32%	31%
Coworkers value employees from different backgrounds	31%	31%
Employer committed to workplace diversity	30%	32%
Effective DEI programs at current workplace	20%	24%
Career satisfaction	48%	47%
Job satisfaction	25%	27%
Encourage others to become nurses	33%	37%

Nurses who identify as people with disabilities or with accessibility needs show similar or lower percentages of positive responses on questions related to diversity, equality, inclusion, and work satisfaction compared to those who said they did not have disabilities or accessibility needs. They were 5 percentage points lower in the belief that all coworkers have equitable opportunities and that their employers value coworkers from different backgrounds. They were 2 percent points lower in feeling like they belong at their current place of work, can voice opposing views, and that coworkers value coworkers from different backgrounds. Nurses who identify as people with disabilities or accessibility needs had slightly lower career satisfaction than other nurses (Figure 64).

Figure 64

Do you identify as a person with a disability or are you a person with accessibility needs?

	Yes	No
Feeling of belonging in current workplace	32%	34%
Feel heard at work	22%	23%
Can voice opposing views	18%	20%
All employees have equitable opportunities	34%	39%
Current employer values employees from different backgrounds	27%	32%
Coworkers value employees from different backgrounds	29%	31%
Employer committed to workplace diversity	29%	30%
Effective DEI programs at current workplace	24%	21%
Career satisfaction	47%	49%
Job satisfaction	27%	26%
Encourage others to become nurses	34%	34%

“I believe this year has pushed many nurses beyond their comfort zone — some things for the better, others not so much. We learned to care for ourselves, our co-workers, and COVID-19 patients at all levels... Best of all, I believe we have finally learned to help one another, more than in the past!”

—2021 RN Survey nurse

Solutions

Caring for Nurses

The pandemic's impact on healthcare requires extraordinary efforts by organizations and the public to support the overburdened mind, body, and spirit of their nurses who have been working in extremely difficult environments and under unprecedented stress. The sobering percentage of nurses who are contemplating leaving their profession testifies to the hardships they face. Nurses are not only integral to the healthcare industry, but, as the COVID-19 pandemic has clearly shown, they are essential to the health and wellbeing of everyone. That's why solutions to the challenges faced by nurses are everyone's responsibility. A critical and immediate solution is universal coronavirus vaccination to reduce the overwhelming patient burden on nurses.

Lessons learned and innovations developed during the pandemic can enrich the future of caring for caregivers. The growing commitment by healthcare organizations to enhance and protect nurse wellbeing can result in improved capabilities for care for the mind, body, and spirit of clinicians. Enhanced support for nurses could relieve the growing burden of stress caused by the pandemic, benefiting nurses, organizations, communities, and the public in the decades ahead.

The *2021 Survey of Registered Nurses* reveals that the COVID-19 pandemic added significantly to the stress nurses face in their everyday schedules and their personal lives. Moral distress has become a daily challenge for many nurses who had to watch their patients suffer and sometimes die because resources were overwhelmed. The ambivalence and even hostility of some people toward COVID-19 safety measures and vaccines have deeply hurt many nurses, who sometimes see themselves as risking their own health and lives for an uncaring populace. As professionals dedicated to patient care and saving lives, nurses face an increasing risk of burnout, exhaustion, and even PTSD from the exigencies of the pandemic.

The Future of Nursing 2020-2030 report by the National Academy of Medicine provides clear recommendations on how these problems must be addressed:

“Conclusion 10-1: All environments in which nurses work affect the health and wellbeing of the nursing workforce. Ultimately, the health and wellbeing of nurses influence the quality, safety, and cost of the care they provide, as well as organizations and systems of care. The COVID-19 crisis has highlighted the shortcomings of historical efforts to address nurses’ health and wellbeing.”

“Conclusion 10-4: Coordinated and collaborative action at the individual and systems levels, encompassing individual nurses, educators, employers, health systems, professional organizations, and government agencies, is needed to promote nurses’ health and wellbeing.”

On the level of daily practice, many solutions are available for the proactive care of the mental health and wellbeing of nurses — by employers, government agencies, the public, and nurses themselves.

Universal coronavirus vaccination would do more to relieve the immediate stress on nurses than any other solution. The American public, civic organizations, communities, and employers need to seriously consider this fact as part of their support for nurses.

Proactive efforts to enhance and protect the mental health and wellbeing of nurses are vital. The American Nurses Association Healthy Nurse, Healthy Nation program has partnered with healthcare organizations across the country in a long-range, multi-faceted effort to improve the health of nurses, providing essential resources for coping with the stresses and hardships caused by working during pandemic. Some hospitals and health systems have stepped up efforts to provide nurses with new resources such as digital platforms accessible via smart phones that offer immediate access to mental health support. Programs for meditation, stress management, relaxation rooms, massage, and other therapeutic services have been launched by hospitals as sources of self-care to help nurses reduce mental and physical distress (ANA Enterprise, 2020). Another important self-care practice can be post-shift rituals for nurses to transition from the rigors of work to their personal lives.



Daily or regularly scheduled practices at the unit level can be very helpful in reducing stress on nurses. Such practices may include Schwartz Rounds, which are group reflective practice forums where nurses and other healthcare professionals discuss the emotional and social issues they face in caring for patients and families. Schwartz Rounds complement traditional rounds in broadening the care focus to include clinicians themselves in addition to patients. Leader rounding with clinical staff also can have a positive impact. Other purposeful practices that can be helpful to manage and reduce the daily stresses of nursing include debriefing, team huddles, and peer-supported stress first aid.

Nurses benefit when self-care is promoted across personal, organizational, and professional levels. At a time when the COVID-19 crisis has led to very long hours for many nurses for months on end, an emphasis on healthy habits has become critical. The Institute for Healthcare Improvement, a nonprofit dedicated to the improvement of health and healthcare, developed evidence-based actions to protect the mental health of clinical staff in extreme working conditions (National Library of Medicine, 2020). In its Future of Nursing 2020-2030 report, the National Academy of Medicine recommended “Psychological PPE” for healthcare organizations, clinical leaders, and clinicians themselves (Figure 65).

Figure 65

Your psychological PPE to promote mental health and wellbeing

Individual	Team Leader
 <p>Take a day off and create space between work and home life</p>	 <p>Limit staff time on site/shift</p>
 <p>Avoid publicity and media coverage about COVID-19</p>	 <p>Design clear roles and leadership</p>
 <p>Receive mental health support during and after the crisis</p>	 <p>Train managers to be aware of key risk factors and monitor for any signs of distress</p>
 <p>Facilitate opportunities to show gratitude</p>	 <p>Make peer support services available to staff</p>
 <p>Reframe negative experiences as positive and reclaim agency</p>	 <p>Pair workers together to serve as peer support in a “buddy system”</p>

Source: Institute for Healthcare Improvement

“It is a very special gift to care for others. Not everyone can do what nurses do. It requires intelligence, compassion, tenacity, strategic thinking, dedication, and leadership. I am inspired by the incredible contributions nurses have made to provide high quality care in the midst of the pandemic. Nurses will continue to play a critical role in the healthcare delivery system globally. Every effort must be made to empower and support nurses to practice safely and care for themselves. Strong nurses will lead to a stronger nursing profession.”

**—Sylvia Trent-Adams, PhD, RN, FAAN, FNAP
Executive Vice President, Chief Strategy Officer,
University of North Texas Health Science
Center at Fort Worth**

A movement is underway to embed nurse mental health and wellbeing support in nursing education, which is vital to developing a nationwide culture of support for caregivers. This follows the American Nurses Association Code of Ethics, which emphasizes the duty of the nurse to not only promote the health and safety of patients and populations but also their own health and safety. Evidence shows that nurse educators teaching self-care and resilience to nursing students and in residencies can be effective in helping to reduce burnout and exhaustion (Lanz, 2020), and in enhancing awareness of the importance of stress reduction and self-care (Green, 2019). Nursing education programs that include an emphasis on nurses’ health and wellbeing can enable nursing students to better prepare themselves as they transition into practice.

The *2021 Survey of Registered Nurses* found that most healthcare organizations provide mental health and wellness programs for nurses and that most nurses at these organizations find these programs to be effective. The survey also found that most nurses utilize resources and engage in activities that improve their mental health and wellbeing. However, nurses said that 15% of healthcare organizations do not support a culture of wellness and one-third of nurses do nothing to address their mental health and wellbeing. Supporting the mental health and wellbeing of nurses needs to become a priority for all healthcare organizations and nurses themselves, as well as for federal, state, and local government agencies. A healthy populace depends on healthy nurses.

AMN approach to caring for caregivers

AMN Healthcare made tens of thousands of nurse assignments during the pandemic, many of them on multiple consecutive assignments caring for patients with COVID-19. Throughout the healthcare staffing industry, a historic mobilization of travel healthcare professionals helped to rush care providers to where they were needed most across the nation. In this environment, enhancing care for caregivers required an aggressive virtual approach.

One area of rapid innovation during the pandemic was mobile technology for the healthcare workforce. A mobile application was developed to help nurses manage all the business aspects of their work while another supported clinical work, such as video conferencing and exchanging critical information with patients, their families, and colleagues.

To accommodate nurses in all 50 states, AMN adapted and expanded support services to telehealth, especially mental health counseling. Free counseling was provided on demand for caregivers and their family members through video conferencing. The clinical team that remains in regular contact with all healthcare professionals was trained in psychological first aid, so that they could quickly spot potential problems and provide intervention. Employee Assistance Programs played an important role. Psychological counseling alone was not enough, so AMN Healthcare offered other programs such as free financial information and resources and legal support and resources to reduce the common stressors that may afflict all of us but severely exacerbate the personal burdens of healthcare professionals in times of crisis, like the pandemic.

Figure 66

Caring for caregivers at AMN

 <p>Mental Health Support</p>	<p>Free Counseling for AMN caregivers and family members, including on-the-spot sessions.</p> <p>Partnerships with the National Alliance of Mental Illness promoting awareness of mental health services and removing stigmas around mental health.</p> <p>Shining a Light on issues impacting mental health in healthcare including burnout, moral injury, and resiliency.</p>
 <p>Physical Well-Being Support</p>	<p>Telehealth for regular medical needs as well as mental health support through virtual visits, including COVID-19 evaluations and clearance to work authorizations.</p> <p>Pre-Assignment Testing and COVID-19 risk assessments, with additional resources allocated to support any caregiver who experiences COVID-19 symptoms.</p> <p>Clinical Care Calls for peer support of clinicians.</p> <p>Vaccine Support for caregivers and their organization on vaccination options.</p>
 <p>Professional Training & Support</p>	<p>Background Screenings and Credentialing are a part of a rigorous quality process to meet requirements.</p> <p>Detailed Coaching for preparing and successfully completing assignments.</p> <p>Training for Leadership Positions on how to navigate challenges.</p> <p>Career Development including on-the-job training, access to continuing education and professional development.</p> <p>Largest and Most Experienced Clinical Team in the Industry provides peer support and mentoring.</p>
 <p>Critical Resources</p>	<p>Financial Information and Resources to help caregivers get out of debt, pay off loans, or save for retirement.</p> <p>Work-Life Solutions to provide qualified referrals and resources such as child/elder care, moving or home repair, and more.</p> <p>Legal Support and Guidance on divorce and family law, wills and trusts, and estate planning.</p>
 <p>Logistics Support</p>	<p>Housing and Transportation Support for Rapid Response caregivers support during the entire assignment and times of crisis.</p> <p>AMN Passport helps caregivers to easily find, book and manage upcoming assignments on this mobile app, ensuring a seamless transition.</p> <p>Updated Information to ensure that AMN caregivers have the right information to keep them safe and informed in the event of a crisis.</p> <p>Payroll/Benefit Support available throughout caregiver engagement.</p>



Racial and Social Justice

The pandemic year of 2020 was also a time when racial and social justice issues again became prominent in our country, including in healthcare. Improved support for diversity, equality, inclusion, and racial and social justice in nursing can help ensure that all nurses have a vital sense of belonging in the workplace, which is critical for nurse wellbeing, for healthcare organizations to fulfill their patient-care mission, and for all communities and populations to receive the highest quality care. The *2021 Survey of Registered Nurses* shows a lack of adequate engagement around these issues, particularly for nurses who do not identify as white, heterosexual, and/or nondisabled. Overall, positive responses regarding issues related to diversity, equality, and inclusion were relatively high. But, there were large numbers of nurses who felt otherwise, and this was particularly evident among nurses who did not identify as white, heterosexual, and/or nondisabled. If a segment of nurse staff does not feel a sense of belonging or perceives inequities at the organization, engagement and care quality suffers. Racial and social injustice are often structural in nature at healthcare organizations, though they also can occur in egregious daily incidents among coworkers and patients. Problems of structural racism may be harder to detect for those who benefit from privilege, which is why diverse nurses may see them while others do not.

The Future of Nursing 2020-2030 report emphasizes the critical importance of addressing this issue:

“Conclusion 10-3: Structural racism, cultural racism, and discrimination exist within nursing as in other professions. Nurses of color experience discrimination and bias within the workplace and educational systems, compounded by the lack of diversity among the nursing workforce and faculty. Nurses, educators, and health care leaders have a responsibility to address structural racism, cultural racism, and discrimination within the nursing profession across educational and practice settings, and to build structures and systems that promote inclusivity and health equity.”

The 2020-2030 report urges all nursing organizations, nurse leaders, and nurses themselves to adopt a shared agenda for addressing structural racism and discrimination, as well as social determinants of health and health equity.

New initiatives have gotten underway in the nursing profession and nursing education to address issues of diversity, equality and inclusion; racial and social justice; and structural racism.

In January 2021, the National Commission to Address Racism in Nursing was launched by the American Nurses Association, National Black Nurses Association, National Coalition of Ethnic Minority Nurse Associations, and National Association of Hispanic Nurses to examine the issue of racism within nursing and spotlight the impact on nurses, patients, communities, and healthcare systems. With the goal of motivating nurses to confront systemic racism, the commission is leading a national discussion to explore the experiences of nurses of color and develop an action-oriented approach through education, practice, policy, and

Nurses serve as patient advocates in many ways, and one important way is in relation to health equity. Our profession can quickly identify health disparities and provide corrective actions and solutions that help eliminate them. And by doing so, we also improve patient outcomes. We are solutionists.

**—Janice Walker DHA, MBA-HCM, BSN, RN, NEA-BC,
System Executive Vice President, System
Chief Nurse Executive (CNE), Baylor
Scott & White Health**

research to increase the understanding and awareness of the impact racism in nursing. The commission planned to host a virtual summit focused on activism, and publish findings and recommendations to address racism in nursing.

The Nursing Workforce Diversity Program by the federal Health Resources & Services Administration is a small grant program (\$16 million in 2021) to provide scholarships and stipends to students from disadvantaged backgrounds (including ethnic and racial minorities) to help them become registered nurses and support current nurses in pursuing advanced nursing education. Since 2014, the program has provided approximately \$204 million in grants to U.S. nursing schools. A more robust funding program would have a stronger impact in improving the demographics of nursing, which remains a largely white profession.

The American Association of Colleges of Nursing (AACN) has been advocating for broader admissions programs to help nursing schools achieve diversity goals. Called the Holistic Admissions Review, this practice used in other health professions takes a broader look at prospective students' qualifications beyond traditional enrollment requirements, including past work and life experiences and potential for success as a professional. The association has worked with many nursing schools ranging from community colleges to academic health centers to implement admissions programs to diversify the nursing workforce.

The National League for Nursing, with the support of AMN Healthcare and Elsevier Nursing & Health Education, launched the Taking Aim Initiative in 2021, a professional development program to help nursing education address structural racism and related societal inequities, and to better understand the issues of diversity, equity, and inclusion in nursing and healthcare. In addition to providing a forum for nurse educators to discuss issues of bias and racism in nursing and healthcare, the program provides strategies for instruction to prepare new nurses to recognize and address structural racism on the job.

The Valor of Nurses

The COVID-19 pandemic unleashed a magnitude of hardships on nursing and the nation unseen for many decades. Nurses heroically rose to meet the pandemic's onslaught with professionalism and at great risk to their personal health and the safety of their families. Their sacrifices and efforts deserve to be honored by all. Although their collective accomplishments can never be quantified, nurses have saved the lives and reduced the suffering of thousands upon thousands of people throughout the pandemic. Their dedication and commitment to their patients and to the health of America and the world have been extraordinary.

References

American Journal of Nursing (2021). Nurse organizations form commission to address racism in nursing. V 121(5), 18. DOI: 10.1097/01.NAJ.0000751068.33030.84

ANA Enterprise (2020). Pulse on the Nation's Nurses COVID-19 Survey Series: COVID-19 Vaccine. <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/covid-19-vaccine-survey/>

ANA Enterprise (2020). Healthy Nurse, Healthy Nation: Year Two Highlights. https://www.healthynursehealthynation.org/globalassets/all-images-view-with-media/about/2020-hnhn_sup-8.pdf

Assessing Progress on the Institute of Medicine Report (2021). The Future of Nursing. Washington (DC). The National Academies Press, 2021.

Azzone, V., McCann, B., Merrick, E.L., Hiatt, D., Hodgkin, D., & Horgan, C. (2009). Workplace Stress, Organizational Factors and EAP Utilization. *Journal of Workplace Behavioral Health*, 24(3), 344-356. DOI: 10.1080/15555240903188380

Buerhaus, P., Auerbach, D., & Staiger, D. (2017). How Should We Prepare for the Wave of Retiring Baby Boomer Nurses? <https://www.healthaffairs.org/doi/10.1377/hblog20170503.059894/full/>

Carr, E.W., Kellerman, G.R., & Robichaux, A. (2019). *Harvard Business Review*. The Value of Belonging at Work. <https://hbr.org/2019/12/the-value-of-belonging-at-work>

Centers for Disease Control and Prevention (2020). Disability Impacts All of Us. <https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html>

De Jonge, J. (2019) What makes a good work break? Off-job and on-job recovery as predictors of employee health. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7118062>. DOI: 10.2486/indhealth.2019-0097

Elflein, J. (2021) Facts and statistics on coronavirus (COVID-19) in the United States. <https://www.statista.com/topics/6084/coronavirus-covid-19-in-the-us>

Epstein, E. G., & Hamric, A. B. (2009). Moral distress, moral residue, and the crescendo effect. *Journal of Clinical Ethics*, 20(4), 330-342.

Epstein, E. G., & Hurst, A. R. (2017). Looking at the positive side of moral distress: Why it's a problem. *Journal of Clinical Ethics*, 28(1), 37-41.

Green, C. (2019). Teaching accelerated nursing students' self-care: A pilot project. NCBI. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6917926/>. DOI: 10.1002/nop2.384

Guttormson, J.L., Calkins, K., Mcandrew, N.S., Fitzgerald, J., Losurdo, H., & Loonsfoot, D. (2021). COVID-19 Pandemic: Impact on Nurses Working in Critical Care in the United States. <https://conference.thoracic.org/program/abstract-search.php?sid=P6402>

Hagstrom, M.W. (2021). Strong Demand for Nurse Practitioners Creating More Career Options. <https://www.staffcare.com/physician-blogs/strong-demand-for-nurse-practitioners-creating-more-career-options/>

Hall, J., & Fields, B. (2012). Continuing the conversation in nursing on race and racism. <https://www.sciencedirect.com/science/article/abs/pii/S0029655412003053>. DOI: 10.1016/j.outlook.2012.11.006

HRSA Health Workforce (2018). National Sample Survey of Registered Nurses (NSSRN). <https://bhw.hrsa.gov/data-research/access-data-tools/national-sample-survey-registered-nurses>

Iheduru-Anderson, K., & Wahi, M. (2021). Rejecting the myth of equal opportunity: an agenda to eliminate racism in nursing education in the United States. <https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-021-00548-9>

Institute for Healthcare Improvement (2020). "Psychological PPE": Promote Health Care Workforce Mental Health and Well-Being. <http://www.ihl.org/resources/Pages/Tools/psychological-PPE-promote-health-care-workforce-mental-health-and-well-being.aspx>

International Council of Nurses (2021). Policy Brief: The Global Nursing shortage and Nurse Retention. https://www.icn.ch/sites/default/files/inline-files/ICN%20Policy%20Brief_Nurse%20Shortage%20and%20Retention.pdf

Jameton, A. (June 2017). What Moral Distress in Nursing History Could Suggest about the Future of Health Care. *AMA Journal of Ethics*, 19(6), 617-628.

Jones, J. (2021). LGBT Identification Rises to 5.6% in Latest U.S. Estimate. <https://news.gallup.com/poll/329708/lgbt-identification-rises-latest-estimate.aspx>

Kirzinger, A., Kearney, A., Hamel, L., & Brodie, M. (2021). KFF/The Washington Post Frontline Health Care Workers Survey. <https://www.kff.org/report-section/kff-the-washington-post-frontline-health-care-workers-survey-toll-of-the-pandemic/>

Lanz, J.J. (2020) Evidence-Based Resilience Intervention for Nursing Students: a Randomized Controlled Pilot Trial. <https://doi.org/10.1007/s41042-020-00034-8>.

McRee, Jayme (2017). How Perceptions of Mental Illness Impact EAP utilization. <https://www.proquest.com/docview/1867129136?pq-origsite=gscholar&fromopenview=true>

Medscape (2018). Medscape Nurse Career Satisfaction Report. <https://www.medscape.com/slideshow/2018-nurse-career-satisfaction-report-6011115#9>

Mental Health America (2020). The Mental Health of Healthcare Workers in COVID-19. <https://mhanational.org/mental-health-healthcare-workers-covid-19>

Merritt Hawkins (2020). COVID-19's Impact on the Wellbeing of Physicians. <https://www.merrithawkins.com/trends-and-insights/article/surveys/part-two-of-the-2020-survey-of-americas-physicians-covid-19s-impact-on-the-wellbeing-of-physicians/>

Minority Nurse. (October 2014) The Impact of Racist Patients. <https://minoritynurse.com/impact-racist-patients/>

National Academy of Medicine. (2021). The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity. Washington D.C., The National Academies Press, 2021. <https://nam.edu/publications/the-future-of-nursing-2020-2030/>

National Council of State Boards of Nursing (2020). NCSBN's Environmental Scan: A Portrait of Nursing and Healthcare in 2020 and Beyond. https://www.ncsbn.org/2020_JNREnvScan.pdf

NCSBN (2021). Results from the 2020 National Nursing Workforce Survey (2021). https://www.ncsbn.org/2021SciSymp_Smiley-Ruttinger.pdf

National Library of Medicine (2016). Assessing Progress on the Institute of Medicine Report The Future of Nursing. Washington (DC): National Academies Press (US); 2016 Feb 22. DOI: 10.17226/21838

Public Health Emergency (n.d.). Expanding and Enhancing SNS Capabilities: Building a More Resilient Strategic National Stockpile. U.S. Department of Health and Human Services. <https://www.phe.gov/about/sns/COVID/Pages/expanding-sns-capabilities.aspx>

Sriharan, A., West, K.J., Almost, J., & Hamza, A. (2021). COVID-19-Related Occupational Burnout and Moral Distress Among Nurses: A Rapid Scoping Review. <https://europepmc.org/article/med/33837685>

Waller, L. (2020). Fostering a Sense of Belonging in the Workplace: Enhancing Well-Being and a Positive and Coherent Sense of Self. https://link.springer.com/referenceworkentry/10.1007%2F978-3-030-02470-3_83-1.

Wei, H., Sewell, K.A., Woody, G., & Rose, M.A. (2018). The state of the science of nurse work environments in the United States: A systematic review. *International Journal of Nursing Sciences*, 5 (3), 287-300

World Health Organization (2020). Keep health workers safe to keep patients safe. <https://www.who.int/news/item/17-09-2020-keep-health-workers-safe-to-keep-patients-safe-who>

Nursing and the Nation: Extreme Challenges, Extraordinary Impact / 2021 Survey of Registered Nurses provides original research on trends in nursing, and in particular on the impact of the COVID-19 pandemic and the issues of diversity, equality, and inclusion on nurses. Readers are invited to share the information and solutions contained in this report with colleagues and friends and on social media. The media are encouraged to use the data and information contained in this report to inform the public about nursing. Further information can be obtained by contacting jim.gogek@amnhealthcare.com.

AMNHealthcare.com
8840 Cypress Waters Blvd.
Coppell, TX 75019

