WELLBEING OF HAWAII'S NURSES DURING THE COVID-19 PANDEMIC

HAWAI'I STATE CENTER FOR NURSING

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DECEMBER 2021

The Hawaiʻi State Center for Nursing dedicates this report to the nurses of Hawaiʻi.

For your tenacity, dedication, selflessness, and courage, we thank you.

2021 Hawai'i Nursing Workforce Supply:

Wellbeing of Hawai'i's Nurses During the COVID-19 Pandemic

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The Hawai'i State Center for Nursing monitors the state of the nursing workforce in Hawai'i through the collection and reporting of workforce supply, education capacity, and employer demand data. These three research activities assist entities in the public and private sectors with the development and implementation of initiatives intended to develop a robust nursing workforce that meets the needs of Hawai'i's residents now and in the future.

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INTRODUCTION

A person who experiences wellbeing at work is an individual who feels physically and psychologically healthy and for whom their work causes them to feel engaged, fulfilled, and joyful (Brigham et al., 2018; Munn et al., 2021). Wellbeing is protective against the experience of burnout which is characterized by exhaustion, psychological disengagement from work, and exhibition of hostility or callousness toward colleagues or other people in the work environment (Rothenberger, 2017). When clinicians experience burnout, their disengagement and hostility can result in diminished patient outcomes (Bodenheimer & Sinsky, 2014; Brigham et al., 2018). In other cases, burnout can lead to chronic work-related dissatisfaction which may motivate clinicians to leave their professions thereby limiting patients' access to quality healthcare.

Clinician wellbeing has been a concern among employers for many years because of the link between burnout, adequate workforce supply, and quality patient outcomes. In 2017, the National Academy of Medicine (NAM) determined that clinician wellbeing was of such concern that it convened the Action Collaborative on Clinician Well-Being and Resilience with the goal of promoting wellbeing, reducing burnout, and promoting the achievement of the Triple Aim (Brigham et al., 2018). While the Action Collaborative's efforts will likely have a positive impact over time, the COVID-19 pandemic's many challenges (Munn et al., 2021) sparked a heightened sense of urgency about understanding and managing clinician burnout.

In Hawai'i, concerns about the wellbeing of the nursing workforce motivated the Hawai'i State Center for Nursing (the Center) to add two new modules to its biennial Hawai'i Nursing Workforce Supply Survey (Supply Survey). The new items asked nurses to provide information about the job- and emotion-related effects of nursing during the pandemic as well as other factors not directly related to the pandemic that affect their general wellbeing at work. This report summarizes key findings from these new Supply Survey questions.

While we are confident that these data provide important information about the wellbeing of Hawai'i's nurses, we must note one significant methodological limitation of the Supply Survey. The data collection period for the survey occurred between April and July of 2021. The survey closed just before the start of a major surge of COVID-19 cases that peaked in late August. The summer surge placed enormous strain on the state's healthcare system and was arguably the most stressful period of the pandemic for Hawai'i's nurses. Because the Supply Survey data collection window ended before the worst part of the pandemic, the data in this report may not reflect the full magnitude of the impact of COVID-19 on the workforce. For more information about the survey including the fielding period and survey instrument, we encourage you to read the 2021 Hawai'i Nursing Workforce Supply Study Method (Hawai'i State Center for Nursing, 2021b).

EMOTION- AND JOB-RELATED EFFECTS OF COVID-19

Survey Questions

Nurses were asked to provide information about the effects of the pandemic on their emotions and employment. To measure emotional impacts of the pandemic, nurses were asked "As a nurse, how did you feel during the COVID-19 pandemic?" Following the question was a list of 27 emotions that varied in valence (positive (n=7), neutral (n=2), negative (n=18)) and appeared on the survey in a random order. Nurses could select as many emotions as applied to them, including none or all of the listed options.

To measure the pandemic's impact on their employment, nurses indicated whether they cared for patients who were diagnosed with COVID-19, whether they were unable to work because they were isolated or quarantined due to exposure to COVID-19, and whether their employment status at their primary position was affected by the pandemic.

Nurses' Emotional Responses to the Pandemic

There are several models of clinician burnout each with slightly different components (Rothenberger, 2017). While the exact components of these models vary somewhat, nearly all of them include an element of exhaustion and some include an element of diminished self-perception of professional competence. Data from the 2021 Supply Survey indicate that many of Hawai'i's nurses experienced emotions during the pandemic that are associated with clinician burnout.

Two-thirds of nurses reported that they felt stressed at work during the pandemic making stress the most common COVID-related emotion nurses experienced. Many nurses also experienced anxiety (49%), exhaustion (43%), and feeling overworked (40%) and unprepared (40%).

Though most of nurses' pandemic-related emotions were negative, 46% felt fortunate and 34% felt appreciated. While COVID-19 certainly strained nurses' emotional wellbeing, being a nurse in Hawai'i during the pandemic was not a hopelessly negative experience. The experience of some positive emotions may have provided nurses with some protection against burnout.

Figure 1. Top 10 Emotions Experienced by Nurses during the COVID-19 Pandemic
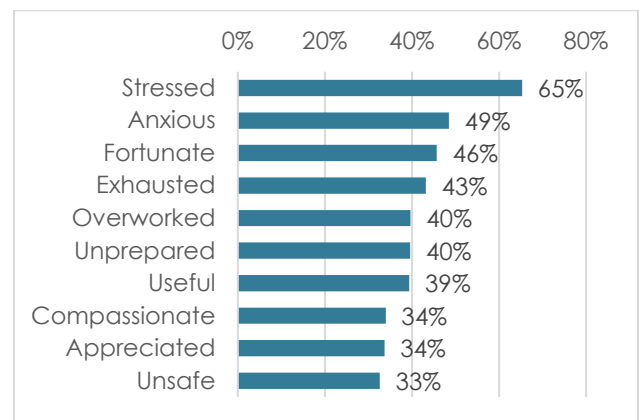
Nurses who worked in hospitals had a more negative emotional experience than did nurses in other settings. Specifically, hospital-employed nurses were more likely experience stress, anxiety, and exhaustion and were less likely to have felt fortunate. Hospital nurses' more negative emotional experiences during the pandemic are most likely attributable to the fact that they were more likely than nurses in other

settings to have cared for patients with COVID-19. They were also, by virtue of working in acute care, most likely to have cared for the patients with the most severe cases of the disease including those who eventually passed away.

Figure 2. Top 5 Emotions Experienced by Nurses during the Pandemic by Setting
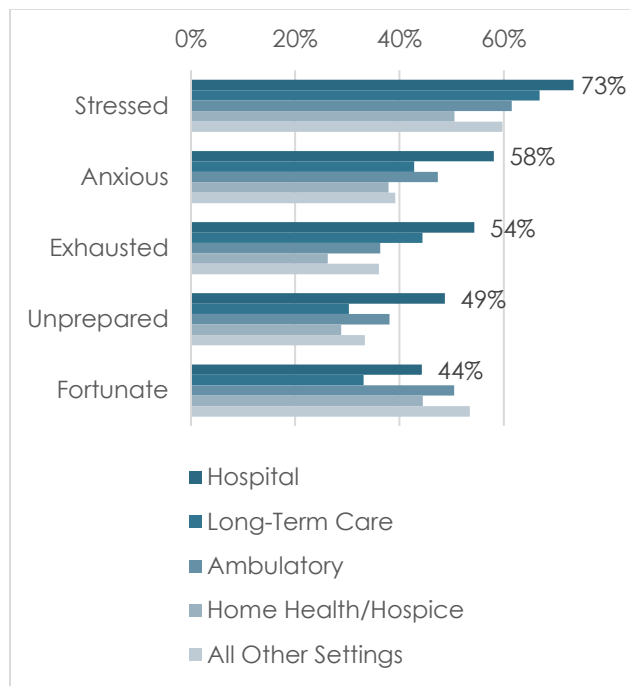
Note. These are the top 5 emotions reported by nurses whose primary employment setting is in an acute care hospital. Data labels are provided for nurses employed in hospitals.

Table 1. Nurses Who Cared for Patients with COVID-19 by Setting and License

Cared for Patients with COVID-19	% Nurses
All Nurses	53%
Setting Type	
Hospital	75%
Post-Acute/Long-Term Care	35%
Ambulatory	47%
Home Health/Hospice	39%
Other Settings	34%
License	
LPN	35%
RN	53%
APRN	61%

The emotional experience of nurses during the pandemic varied not only by setting but also by license. Despite being more likely than either RNs or LPNs to have cared for patients who are COVID-positive, APRNs were substantially more likely than other nurses to have felt fortunate, useful, and appreciated. APRNs were also slightly less likely than RNs to report feeling stressed or anxious.

Figure 3. Top 5 Emotions Experienced During the Pandemic by License
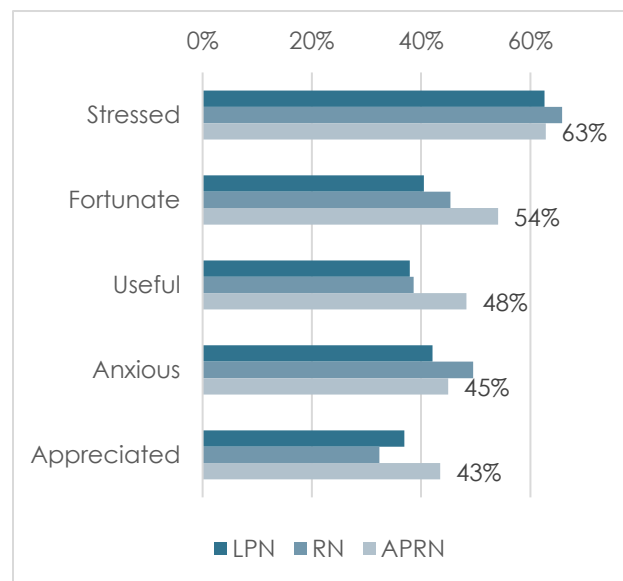
Note. These are the top 5 emotions reported by APRNs. Data labels are provided for APRNs.

The Impact of the Pandemic on Nurses' Employment

Nationally, the pandemic had varying effects on nurses' employment (Yong, 2021). In states that were hardest hit by the first surge in the spring of 2020, nurses and other health professionals had to work more or longer shifts to accommodate the surge of patients with COVID-19 that came flooding into hospitals. Though acute care nurses buckled under the strain of the surges,

45% of nurses in the country work outside of hospital settings (Smiley et al., 2021). Many of these nurses saw a reduction in their hours or were laid off because non-emergency healthcare services were limited to prevent healthy people from needlessly being exposed to the virus while receiving care that could safely be delayed.

In Hawai'i, case counts remained mostly manageable until the summer of 2021 (Hawai'i Department of Health Disease Outbreak Control Division, 2021) which allowed our acute care nurses to make it through more than a year of the pandemic without their work settings being overwhelmed by patients with COVID-19. As was the case in other states, many non-emergency services were suspended which protected the safety of nurses employed in non-hospital settings. Unlike other states, however, the suspension of non-emergency services did not result in widespread layoffs or reductions in hours. In fact, 66% of Hawai'i's nurses reported that the pandemic had no effect on their primary employment. Of the nurses who were affected, most reported that they were scheduled for more hours than normal. About 5% of all nurses were laid off or furloughed.

The employment-related effects of the pandemic varied somewhat by setting. As compared to nurses employed in other settings:

- Nurses employed in ambulatory settings were most likely to be scheduled to work for more hours than usual.

- Nurses employed in long-term care facilities were most likely to be scheduled to work fewer hours than usual.

- Nurses employed in home health/hospice settings were most likely to be permanently laid off.

Figure 4. Effects of the Pandemic on Nurses' Primary Employment
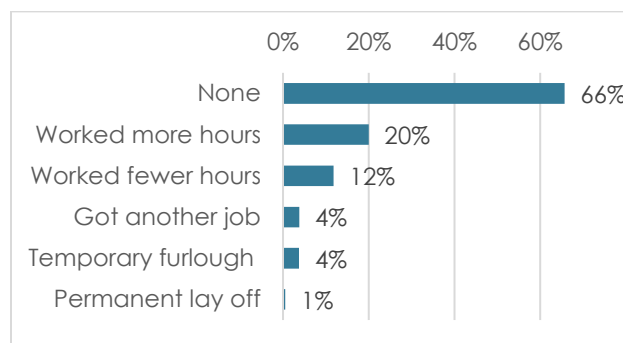
Note. Working more or fewer hours was the result of scheduling changes. "Got another job" includes employment to supplement the primary position or replace a lost primary job.

Figure 5. Effects of the Pandemic on Nurses' Primary Employment by Setting
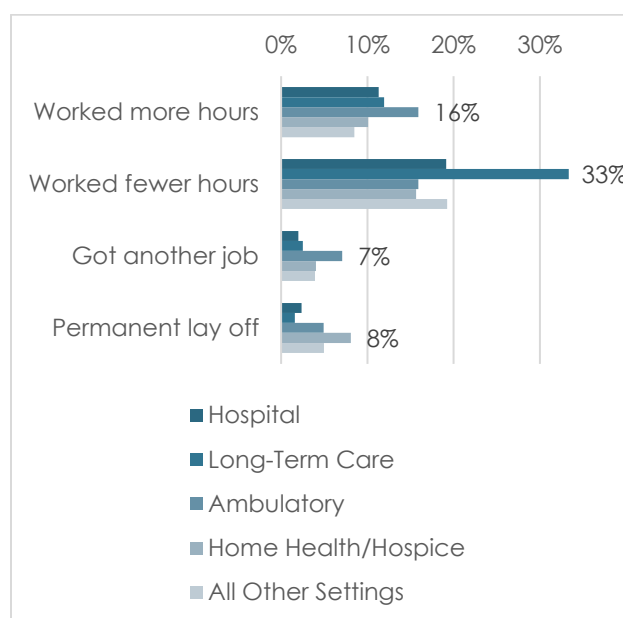
Note. The graph excludes the options of "None" and "Temporary Furlough" to place emphasis on the outcomes with the greatest impact to nurses. Data labels are provided for the setting with the largest proportion of responses in each employment impact variable.

Summary

Findings from the 2021 Nursing Workforce Supply Survey indicate that:

- Nurses' emotional experience during the pandemic was more negative than positive, however many nurses reported that they felt fortunate, appreciated, and useful.

- Many nurses reported feeling exhausted, overworked, and unprepared which are emotions associated with burnout.

- Nurses who worked in hospitals experienced more negative emotions than nurses working in other settings.

- APRNs' overall emotional experience during the pandemic was more positive than that of LPNs or RNs despite being the segment of the nursing workforce that was most likely to have provided care to patients with COVID-19.

- The pandemic had relatively little impact on nurses' employment status or the number of hours they worked in their primary position.

OVERALL WELLBEING

Though the COVID-19 pandemic provoked acute interest in and concern about burnout, maintaining a healthy nursing workforce requires that employers and workforce planners prioritize nursing wellbeing even in non-pandemic times. To that end, the Center's 2021 Supply Survey instrument piloted a new module of questions aimed at monitoring the general wellbeing of the nursing workforce. Though the module will be modified for future Supply Surveys, this year's data provide, for the first time ever, a picture of the wellbeing of Hawai'i's nurses. By collecting wellbeing data on a biennial basis, the Center will be able to monitor changes to the wellbeing of the workforce over time.

Survey Questions

The wellbeing module was presented as a series of statements of which nurses selected the ones that were applicable to them. The stem of the question read "Which of the following have you experienced at least one time in the past 12 months. Select all that apply." Following the question stem was a list of 10 events which included items such as "I have felt valued and appreciated at work" and "I have felt so stressed out at work that I have considered leaving the nursing profession."

The intention of the wellbeing question in 2021 was to identify how many of Hawai'i's nurses were affected by several events that could impact their wellbeing. For that reason, we asked nurses to report if they had *ever* experienced each event in the previous year. While this year's data inform how pervasive many wellbeing-influencing events are, a limitation of the data is that we do not know how often each event occurs. For future surveys, the Center plans to ask nurses to report how frequently they experience each positive and negative event because wellbeing and burnout are affected by persistent factors rather than ones that happen occasionally.

Experiences that Impact Wellbeing at Work

At the core of the experience of wellbeing is a sense of fulfillment and engagement at work.

In contrast, nurses are at risk for burnout when they persistently experience events at work that make them feel as though they are sacrificing themselves for their jobs (Rothenberger, 2017). Ostensibly, positive experiences like feeling appreciated, valued, and supported in pursuits of professional development would promote wellbeing while negative experiences such as high levels of stress, abuse, or injury would diminish it. While the work of caring for people inevitably means that nurses will have some negative experiences at work, protecting nurses against burnout requires that their work also provides them with the opportunity to have positive, wellbeing-promoting experiences.

Table 2. Positive and Negative Workplace Experiences of Hawai'i's Nurses

Experienced in Last 12 Months	% All Nurses
Felt stressed out at work	70%
Felt valued and appreciated at work	66%
Management supports professional development	49%
Management shows concern for wellbeing	46%
Physically or verbally abused by a patient or visitor	31%
Considered leaving nursing profession due to stress	24%
Experienced bullying or other incivility at work	23%
Sought mental health services due to work-related stress	17%
Suffered a workplace injury that impaired ability to work	4%

Overall, Hawai'i's nurses reported having more positive, wellbeing-promoting experiences at work than negative ones. Notably, 66% of all nurses reported feeling valued and appreciated at work. Additionally, nearly half of nurses reported working for management that supports their professional development (54%) or that expresses genuine concern for their wellbeing (46%).

Though many nurses experience at least some positive events at work, they may not be enough to offset their significant stress. Stress is a common experience of American workers (The American Institute of Stress, 2019), so it is not entirely surprising that 70% of Hawai'i's nurses reported that they felt stressed out at work at least once in the last year. It is, however, alarming that nearly 1 out of every 5 nurses reported that their work-related stress was so severe that they considered leaving the nursing profession. Moreover, 17% of nurses have sought out mental health services to help them manage their work-related stress.

Nursing Wellbeing by Primary Employment Setting

Wellbeing-related experiences varied by nurses' primary employment setting. Nurses who work in hospitals were more likely than nurses in other settings to experience several negative workplace events including bullying or incivility, abuse by a patient or visitor, or work-related injuries. Not surprisingly, then, nurses employed in hospitals were much more likely than nurses in any other settings to have thought about leaving the nursing profession due to stress. Though these data suggest that nurses who work in hospitals likely need support managing a wider variety of negative workplace events, there is cause for concern for the wellbeing of nurses in all settings.

Nurses employed in post-acute/long-term care facilities were less likely than nurses working in other settings to report feeling valued and appreciated at work or that their management is supportive of their professional development. That long-term care nurses feel unsupported and undervalued puts them at high risk for feeling as though they are sacrificing themselves for their jobs. This, in turn, is likely to diminish their job satisfaction and their intention to remain at their current jobs, which our data also indicate (see Figure 11).

Among nurses employed in ambulatory and home health/hospice settings, work-related stress is the most significant wellbeing-related concern. Nurses in these two settings are more likely than nurses in nearly all other settings including hospitals to report feeling stressed out at work at least once in the last year. Optimistically, however, nurses in ambulatory and home health/hospice settings are also more likely than nurses in most other settings to report that they feel valued and appreciated at work which may help to ameliorate the effects of stress.

Overall, data from the new wellbeing question gives us clear indication that nurses in all types of settings experience events at work that have the potential to compromise their wellbeing. Setting-specific interventions are necessary to address the events that are most likely to diminish wellbeing and contribute to burnout.

Figure 6. Events Experienced at Work at Least Once in the Past 12 Months by Primary Practice Setting
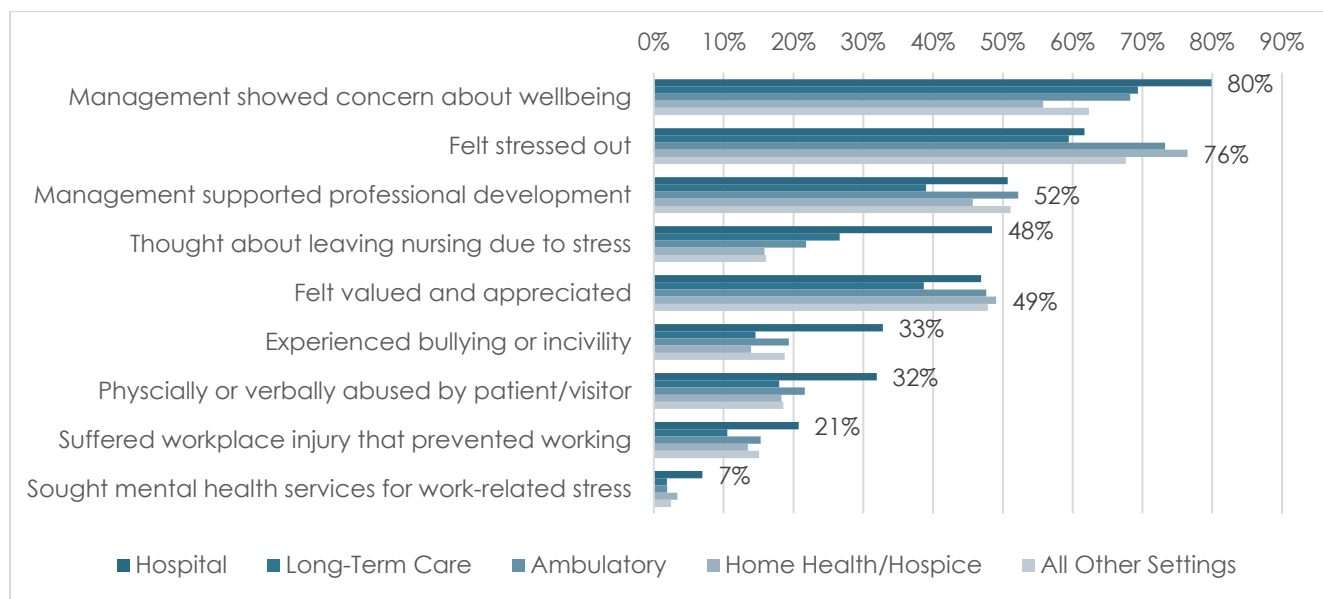
Note. Data labels are provided for the setting with the largest proportion of responses in each variable.

Summary

Key findings from the new wellbeing related questions on the Supply Survey indicate that:

- 70% of nurses report that they have felt stressed out at work within the last year.
- Despite the pervasive experience of workplace stress among nurses in all settings, most nurses also reported feeling valued and appreciated at work.
- Nurses employed in hospitals were most likely to experience a variety of negative workplace events. They are also more likely than nurses in other settings to have considered leaving the nursing profession due to work-related stress. Optimistically, hospital-employed nurses were also most likely to report that their management expressed genuine concern for their wellbeing.
- Nurses vary by setting in terms of the amount of stress they experience at work as well as how supported they feel by their management, indicating that there is not a one-size-fits-all solution for promoting wellbeing of nurses across all settings.

WORKFORCE RETENTION

In addition to the new questions related to the impacts of COVID-19 and overall wellbeing, the Center uses the Supply Survey to collect information about nurses short- and medium-term plans to leave their primary positions or the nursing workforce. These data provide some indication of whether Hawaiʻi is likely to lose more nurses than the in-state schools of nursing are able to produce on an annual basis. Moreover, the data also provide information about nurses who wish to transition into a new practice setting or specialty. Though practice transitions do not change the total size of the workforce, they can contribute to high degrees of turnover in some settings which can create challenges for workforce retention.

By looking at the retention-related variables on the survey in conjunction with indicators of wellbeing, we hope to provide some insight about whether Hawaiʻi's nurses are currently experiencing a level of burnout that could result in a sudden, unrecoverable loss of nurses from the workforce.

Survey Questions

Workforce retention was measured with two Supply Survey questions. The first question examined short-term workforce retention by asking nurses to report how likely they were to leave their current primary nursing position within the next 12 months. Nurses who indicated that they were likely or very likely to leave their primary position within the next 12 months answered a follow up question on which they indicated the primary reason for leaving their current job.

The second question assessed medium-range retention by asking nurses to report their plans for five years into the future. Nurses indicated as many of eight events that best characterized their plans. Options ranged from "I plan to be doing what I'm doing now" to "I don't have specific plans."

Retention of the Nursing Workforce through 2022

Overall, data indicate that Hawai'i's nursing workforce will be stable for at least the next year. More than 60% of all nurses reported that they were likely or very likely to remain in their current primary job for at least the next 12 months. An additional 24% reported that they were uncertain about whether they would leave their current job within the next year. While these nurses may choose to leave their current jobs, it is not likely that most will do so within the next year. Thus, in the short term, uncertain nurses contribute to workforce stability.

Figure 7. Likelihood of Leaving Primary Position within 1 Year
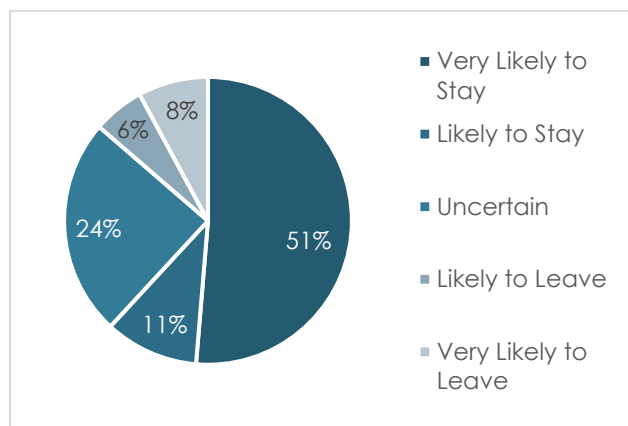
Less than 15% of nurses reported that they were likely or very likely to leave their current job within the next year. Of these, 55% of them plan to remain in the nursing workforce but seek other employment, mostly due to dissatisfaction with their current employers. Though these career transitions will create turnover, they will not decrease the total number of nurses working in the state.

Of the 15% of nurses who plan to leave their jobs within the next 12 months, 33% of them plan to leave Hawai'i's nursing workforce. These nurses, who represent about 5% of the entire workforce (~880 nurses), expect to retire, relocate out of state, or make a career change to a non-nursing profession by the middle of 2022. Currently, Hawai'i's schools of nursing produce about 500 new nurses across all levels of nursing practice each year (Hawai'i State Center for Nursing, 2021a). As such, the remaining 380 vacancies will most likely be filled by nurses who move to Hawai'i from other states or remain vacant.

Short-Term Retention and Wellbeing

Examination of wellbeing-related variables in combination with short-term retention revealed some interesting findings. Nurses who experienced so much stress at work that they considered leaving the nursing profession were more likely than other nurses to plan to *stay* in their current positions for at least the next year. Though this finding may seem counterintuitive, it may suggest the importance of resilience in retaining the workforce. When nurses are resilient enough to come back to work after a period of intense stress, they may reinforce their own commitment to their profession. This, in turn, promotes workforce stability.

While fleeting thoughts of leaving nursing do not appear to create workforce instability, persistent, severe stress that affects nurses' mental health does influence short-term workforce retention. Nurses who reported that sought mental

health services to help manage work-related stress were much less likely than other nurses to plan to stay in their current roles beyond the next year and expressed more uncertainty about whether they would stay or leave.

Figure 8. Likelihood of Leaving Primary Position by Considering Leaving Nursing Due to Stress
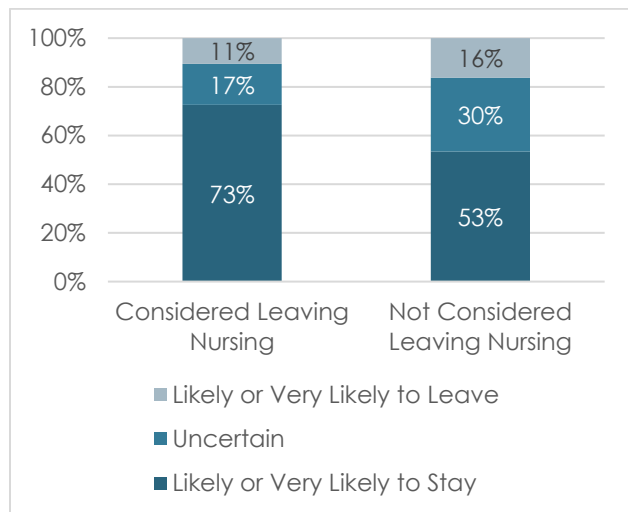
Figure 9. Likelihood of Leaving Primary Position by Seeking Mental Health Services for Stress
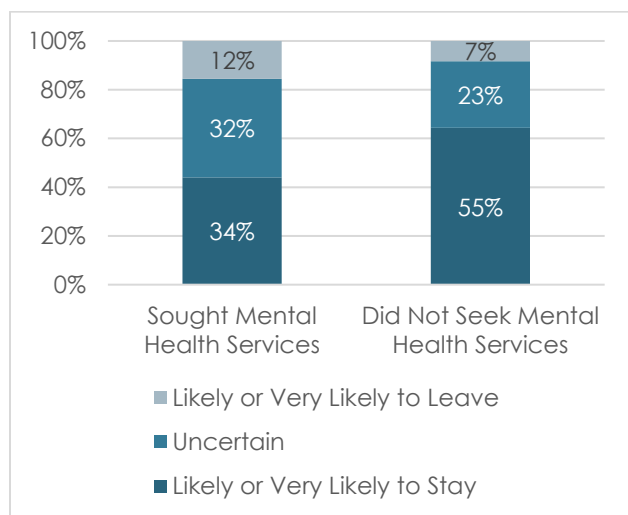
Short-Term Retention and Job Satisfaction

2021 Supply Survey data indicate that a strong predictor of nurses' intention to leave their current primary nursing position is job dissatisfaction (r=0.43, p<.01). Across the workforce, more than 40% of nurses who are dissatisfied or very dissatisfied in their current positions indicated that they are likely or very likely to leave their jobs within the next year. Nurses who work in post-acute/long-term care settings are most likely to have plans to depart from their current roles by the middle of 2022.

Because of the length of the survey, the Center did not add additional questions to help identify the factors that contribute to or undermine job satisfaction. Employers, especially those in the post-acute/long-term care sector, should actively seek opportunities to find out how they can improve their nurses' job satisfaction and promote better short-term retention.

Figure 10. Likelihood of Leaving Primary Position by Level of Job Satisfaction

Figure 11. Likelihood of Leaving Primary Position by Setting

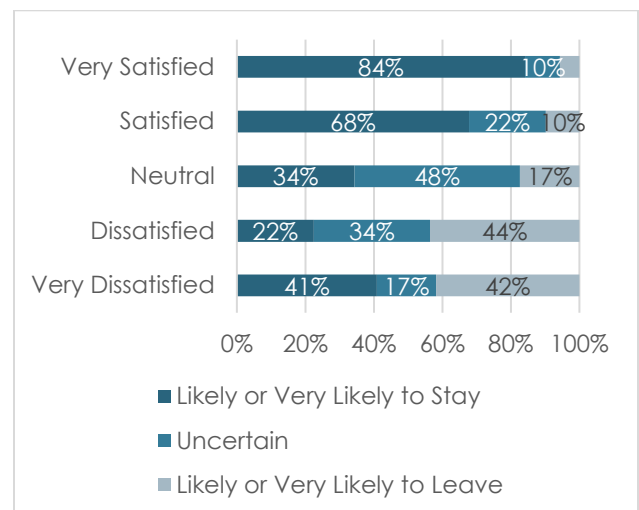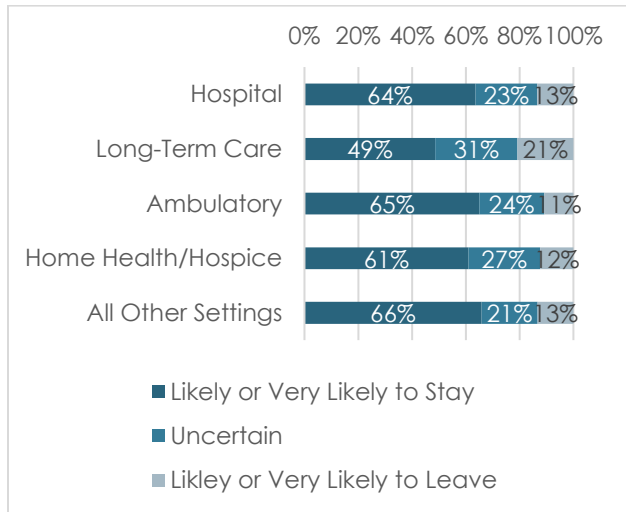|	Likely or Very Likely to Stay	Uncertain	Likely or Very Likely to Leave
Hospital	64%	23%	13%
Long-Term Care	49%	31%	21%
Ambulatory	65%	24%	11%
Home Health/Hospice	61%	27%	12%
All Other Settings	66%	21%	13%

■ Likely or Very Likely to Stay
■ Uncertain
■ Likley or Very Likely to Leave

Retention of the Nursing Workforce through 2026

The trajectory of a nurse's career may be influenced by many factors, some of which may not be predictable. However, to estimate potential changes to the future workforce, the Supply Survey asks nurses to provide information about their plans for five years into the future. Though these data likely cannot inform highly specific workforce planning, they can give insight about whether we have reason to expect to lose large numbers of nurses from the workforce.

As was the case for short-term retention, Supply Survey data indicate that Hawaiʻi's nursing workforce will be mostly stable through 2026. Of all nurses, 45% expect to be working in their current role five years from now. An additional 17% of nurses indicate that they are unsure of their five-year plans, but it is likely that some of them will continue in their current role. In all, these data suggest that about half of the workforce will be doing in 2026 what they were doing in 2021.

Consistent with data related to short-term retention, many nurses plan to remain in the workforce but transition into a different setting (29%) and/or specialty (20%). Among those nurses who plan to work in a different setting within the next five years, the majority want to transition from post-acute/long-term care settings into hospitals which is consistent with the relatively high proportion of post-acute/long-term care nurses who are likely to leave their current jobs within the next year.

While most nurses have no plans to change their career trajectory within the next five years, about 22% expect to leave the workforce by 2026 for retirement (16%) or some other reason (6%). If an approximately equal number of nurses leaves the workforce annually, about 4% of nurses will leave each year through 2026. This is close to the long-term occupational forecasts published by the Hawaiʻi Department of Labor and Industrial Relations (2021) which predicts that about 3% of nurses will leave the workforce each year through 2028. Despite these annual losses, DLIR expects that enough new nurses will join the workforce that Hawaiʻi will experience a net increase in the size of the workforce by 2028.

While neither the Supply Survey nor DLIR's long-term occupational projections suggest that unusually large numbers of nurses are likely to leave the workforce in the next five years, it is prudent to recall this study's major methodological limitation: the data were collected prior to the worst part of the pandemic. It is not clear whether the stress of working through the surge or the

potential long-term emotional or health effects of caring for patients with COVID-19 has affected nurses' intention to remain in their profession. It is possible, then, that our data may underestimate the number of nurses likely to leave the workforce over the next five years.

Moreover, many of Hawai'i's hospitals have reported unusually high inpatient census for individuals with conditions that are not related to COVID-19. Many of these patients may have delayed preventative screenings or care for chronic conditions which may have resulted in more severe or complicated illnesses. If healthcare utilization remains high and many nurses decide to leave the workforce because of lingering effects of working during the pandemic, it is possible that the nursing workforce will be unable to meet employment and utilization demand.

Summary

Data related to short- and medium-term retention indicate that:

- Nurses who experience so much stress at work that they have sought mental health services are more likely than other nurses to leave their jobs within the next year.
- Overall job dissatisfaction is correlated with nurses' intention to leave their current positions within the next year.
- Nurses employed in post-acute/long-term care settings express a greater intention to leave their current roles within the next year and the long-term care setting within the next five years.
- While neither the Center's Supply Survey data nor data from DLIR's long-term occupational projections for nursing indicate that Hawai'i could lose an unusually high number of nurses over the next 5 years, the long-term effects of the pandemic are not known and could render more optimistic forecasts incorrect.

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APPENDIX – COVID-19 IMPACT AND WELLBEING DATA TABLES BY LICENSE

Appendix Table 1: Emotions Experienced During the COVID-19 Pandemic

	Total	LPN	RN	APRN
Stressed	65%	63%	66%	63%
Anxious	49%	42%	50%	45%
Fortunate	46%	41%	45%	54%
Exhausted	43%	38%	44%	42%
Overworked	40%	41%	40%	32%
Unprepared	40%	33%	41%	36%
Useful	39%	38%	39%	48%
Compassionate	34%	37%	33%	41%
Appreciated	34%	37%	32%	43%
Unsafe	33%	27%	34%	28%
Afraid	28%	27%	29%	24%
Proud	25%	21%	24%	36%
Sad	21%	20%	21%	22%
Optimistic	19%	24%	19%	23%
Depressed	19%	14%	20%	16%
Helpless	18%	15%	18%	17%
Prepared	14%	14%	14%	17%
Traumatized	14%	10%	14%	13%
Empowered	13%	8%	13%	18%
Lonely	12%	10%	12%	18%
Heroic	11%	15%	11%	8%
Neglected	10%	6%	10%	11%
Disgusted	8%	7%	8%	9%
Abused	7%	5%	7%	9%
Guilty	7%	4%	6%	14%
Rejected	3%	2%	3%	4%
Ashamed	2%	1%	3%	2%

Appendix Table 2: Impacts of the COVID-19 Pandemic on Primary Position

	Total	LPN	RN	APRN
None	66%	66%	66%	63%
Scheduled for fewer hours in primary position	12%	10%	12%	13%
Scheduled for more hours in primary position	20%	21%	20%	19%
Temporary furlough from primary position	4%	6%	4%	3%
Permanent lay off from primary position	1%	0%	1%	1%
Got another job to replace or supplement primary position	4%	4%	4%	6%

Appendix Table 3: Other Responses to the COVID-19 Pandemic

	Total	LPN	RN	APRN
Cared for COVID-19 patients at any point during pandemic	53%	35%	53%	61%
Unable to work at any point due to COVID quarantine or isolation	20%	18%	20%	22%
Received training as a contact tracer during COVID pandemic	14%	12%	13%	20%
Joined MRC between March 2020 and July 2021	5%	3%	5%	14%

Appendix Table 4: Experienced Wellbeing-Influencing Events at Any Time during the Past Year

	Total	LPN	RN	APRN
Felt valued and appreciated at work	66%	68%	65%	79%
Supervisor/Manager has expressed genuine concern for my wellbeing	46%	38%	46%	55%
Supervisor/Manager has been supportive of my professional development	49%	41%	48%	66%
Felt stressed out at work	70%	58%	71%	74%
Felt so stressed out I have considered leaving nursing profession	24%	17%	25%	23%
Experienced verbal or physical violence from patient or patient's visitor	31%	21%	32%	24%
Experienced bullying, verbal abuse, or other forms of incivility at work	23%	17%	24%	23%
Suffered an injury at work that caused me to be temporarily or permanently unable to do my job	4%	2%	4%	3%
Looked into getting mental health services because of stress at work	17%	9%	17%	21%
Experienced none of the above	4%	6%	4%	1%