

Whitepaper



"Are You Way Too Stressed Out?" Survey Results

An Assessment of the Stress Levels of
Nurses in the United States

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Overview

When you are feeling sick, you head to the hospital to be taken care of. But what happens when the ones treating you are sick themselves? Based on a survey by LegalNurse.com, the registered nurses (RNs) taking care of you are extremely stressed out – sometimes dangerously so.

Why are nurses so stressed out? Lack of sleep, long working hours, lack of proper diet, unsupportive management, unrealistic workload... These are all part of the profile of today's typical RN.

RN responses to the survey question **"What are some of the things that stress you out the most?"** included:

"Never enough hours in my shift to complete my work the way I feel it should be done, while the expectation is to be done and leave work on time. More and more is added to the work load, and the expectation of administration is to have it completed within the scheduled hours. This does not even take into account the emergencies (little or big) that can occur during my shift adding extra computer documentation to an already busy workload."

"Long hours (12-hr shifts), working nights, poor pay, poor benefits that are dependent on maintaining hours to prevent losing the benefits, lack of PTO to cover sick/vacation days."

"When management is more concerned with numbers than actual work done."

With thoughts like these running through the minds of the very people taking care of the sick, it's clear that a systemic problem is on our hands. This is important, as stressed out RNs can translate into less than ideal nursing care. And it's not only patients who suffer.

Hospitals similarly suffer. With the implementation of the HCAHPS Survey (Hospital Consumer Assessment of Healthcare Providers and Systems), patients now evaluate the level of care provided by their hospital in a nationally standardized manner. It's nurses themselves who are in the primary position of influencing the patients' HCAHPS responses, which directly impacts the hospital's reimbursements from the government.

Stress contributes to mistakes and errors and puts healthcare facilities at risk for liability. A study from the Journal of Patient Safety [*Journal of Patient Safety: September 2013 - Volume 9 - Issue 3 - p 122-128 "A New, Evidence-based Estimate of Patient Harms Associated with Hospital Care"*] revealed that as many as 400,000 Americans die each year from malpractice in hospitals. This makes hospital errors the third leading cause of death in the U.S. – right behind cancer and heart disease. Addressing nursing stress is a positive strategy for reducing healthcare facility liability.

With our aging population, the situation is only going to get worse. By 2030, there will be approximately 72.1 million people in the United States 65-years-old or older, which is more than doubling the number from 2000, according to the U.S. Department of Health & Human Services. While those 65-years-old and older represented 12.4% of the population in the year 2000, their numbers are growing to be 19% of the population by 2030. Our society's need for RNs is only going to intensify in the coming years.

That need is unfortunately in contrast to the collective aging of our nurses. The average age of RNs increased by nearly two years, from 42.7 years in 2000 to 44.6 years in the 2008-to-2010 period, according to the U.S. Department of Health & Human Services. Although we'll need larger numbers of nurses in the coming years, nearly one million nurses aged 50+ (approximately one-third of today's nurses) will be reaching retirement age themselves in the coming decade or so. The aging of our nursing workforce, together with the steep decline in the number of nurses between the ages of 36-45, does not bode well for the future of patient care.

In order to improve our healthcare system for both patients as well as hospitals, it's clear that reducing the stress levels of nurses should be a national priority. Yet the reality is that nurses are overly stressed and we are far from a healthy system.

About the Survey

For 32 years, LegalNurse.com has been at the forefront of helping registered nurses advance their careers and improve the quality of their lives. With the current changes and uncertainty in our healthcare system, registered nurses continue to be neglected by a system that overworks, under-appreciates and marginalizes the experience of individuals who are the most connected to patients. The people who we rely on to help us need help themselves.

LegalNurse.com has undertaken this survey in order to continue to draw attention to the urgent need to recognize the challenges registered nurses are facing in the workplace, the impact it has on their ability to use their expertise, and the effect it has on them as some of the most caring and important members of our society.

This survey comes at a time when our healthcare system is putting tremendous stress on RNs to work with new technologies, conform to new government policy, and work with hospital administrations trying to provide more cost-effective care. As these changes and challenges continue to mount, they have pushed nurses to a point where they are potentially becoming unable to do what they love, helping people, in a way that is effective and sustainable for them as individuals.

This report is based on the answers of 3,312 survey respondents to the LegalNurse.com survey titled "Are You Way Too Stressed Out?" The survey was conducted between the dates of May 13–29, 2014. The survey included 12 questions related to the stress levels of RNs and included both multiple-choice questions and an opportunity for RNs to provide qualitative input regarding the greatest causes of their stress.

The survey is highly representative of RNs with experience and perspective, with 50% of respondents having more than 20 years experience as an RN and 23% having between 11 to 20 years of nursing experience. These RNs come at the survey with a broad perspective that provides a holistic picture of the life of today's RN.

Stress is not limited to older nurses, though. With 12% of survey respondents having less than five years nursing experience and 15% with 5-10 years experience, stress is something that immediately impacts young nurses as they begin their careers just as much as RNs with over a decade or two of experience. The expectation is unfortunately set right from the start that extreme levels of stress in nursing is the norm. It's a combination of this stress and the lack of prospects for change that ultimately causes many of our nation's young nurses to burn out, which has the potential for creating a future nursing shortage.

RNs Are Always "On"

Based on the survey results, there is a strong sense that nurses feel the need to be always "on" no matter the situation, as represented by the following comment:

"Nurses are not allowed to get ill and God forbid a family member gets ill and time off is needed. Some managers do not value the work that is done yet pick at all the little things that don't get done. It's 24-hour nursing not 12-hr shifts."

The majority (53.4%) of respondents were on a mobile device (smartphone or tablet computer) when taking the survey. This is a potential sign of the hectic, busy lives of RNs, who seem to be always on-the-go and often "on call."

The device breakdown for survey respondents was as follows:

- 1,324 respondents on desktop (40.0%)
- 1,275 respondents on smartphone (38.5%)
- 492 respondents on tablet (14.9%)
- 221 respondents on an unknown device (6.7%)

Long Hours and Lack of Sleep Are The Norm

One of the main contributors to the stress felt by RNs is a lack of sufficient levels of sleep. Sixty-four percent (64%) of survey respondents rarely get 7-8 hours of sleep in a night, with 33% specifying that they "hardly ever" get this much sleep in a night. Thirty-one percent (31%) get 7-8 hours sleep only 2-3 nights weekly. Merely 17% responded that they are "always" able to achieve this level of sleep.

Going hand-in-hand with the lack of sleep are the extended 12-hour shifts, sometimes without breaks and sometimes throughout the night. On-call shifts following in-facility, regular shifts can feel like 24-36 hour work shifts in essence. It's difficult for RNs to find downtime.

The effects of the irregular sleeping patterns are causing serious physical problems as well, which can further intensify the stress in nurses' lives. According to the Division of Sleep Medicine at Harvard Medical School, lack of sleep has numerous serious consequences including:

- Impact on health including obesity, diabetes and cardiovascular disease
- Increased risk of depression and anxiety disorders

- Impacts the brain's ability to consolidate both factual and procedural information

Night shifts can also cause physical problems. The Nurses' Health Studies are among the largest and longest-running studies of women's health, dating back to 1976. The Studies have uncovered that women who had rotating night shifts were more likely to develop diabetes over a 20-year period, compared with women who worked during the day. And the correlation of night shifts to diabetes increased over time, with nurses who had rotating night shifts for 1-2 years experiencing a 5% increased risk of diabetes, while those with 20+ years of night shifts had a 60% higher likelihood of being diagnosed with diabetes than those who did not work night shifts.

Comments made by the "Are You Way Too Stressed Out?" survey respondents to the question of their **main sources of stress** included:

"Family by day, work by night; finding a balance between four active kids and their activities and my work schedule and sleep. Working nights is also stressful on my aging body/mind."

"Working 12hrs without breaks sometimes, and not enough time with my kids because of work, lack of sleep, etc."

"On call shifts following 10-hr days, so 24- or 36-hr shifts 2x/week. Or I'm taken off my day shifts to avoid overtime, but still responsible for my case load as a hospice case manager. No regular schedule, changing days off, too much night call and weekends, days working alone for 50-64 patients."

"Working nights has my routine off. I feel sleepy and lethargic all the time and am afraid that I will make mistakes at work."

Poor Diet Is The Norm

Exacerbating the stress caused by long work hours and lack of sleep is a poor diet. According to the survey results, a whopping 77% of respondents do not regularly eat properly. Almost one third (31%) of respondents rarely eat at least two balanced meals per day, while just less than half (46%) only "sometimes" do.

Poor diet could be a key reason why the Nurses' Health Studies found 60% of nurses to be overweight or obese. More than half of the survey's participants said they eat less fruit than the minimum daily standards.

Commenting about the causes of her stress, one of the "Are You Way Too Stressed Out?" survey respondents explained: "No breaks, nothing to eat or drink, peeing one time because you are overwhelmed with your workload."

Interference with Personal Life

With long hours and night shifts, it's not surprising that nurses are finding their work interfering with their personal life. Eighty-two percent (82%) of survey respondents feel that it's difficult to strike a work-life balance, while 28% "always" have work on their mind. Merely 18% are able to always put family and personal life first.

Even without "balance" one might expect nurses to find at least one opportunity in a week to do something they consider fun. However, even this low threshold is shockingly difficult for nurses to achieve.

A whopping 88% of survey respondents find it difficult to do something fun at least once a week, while 30% find it impossible due to being tired and stressed. Seventy-five percent (75%) of respondents confirmed that it can be difficult to focus on things they enjoy outside of work, with 9% answering that they cannot separate work from home. Sixty-six percent (66%) of respondents find it difficult to focus on things they enjoy when outside of work.

Survey responses to the question of the nurses' **main sources of stress** in this category included:

"Not being able to meet staff and patient needs in a timely manner leads me to use my personal time to bridge the gap. Work long hours."

"Not being able to **relax** or have **personal time.**"

Not enjoying time with friends or family. About to get married and can't get time off. Lazy office staff. Feeling like I'm always on call, even when I'm not. Getting texts from my boss at night on my personal time. Constantly getting interrupted by the office when I'm trying to do my job... Always missing out on the important things in life. Hell being a nurse, period!"

"Mental strain I carry over from my job to the rest of my life."

"I work the weekend, and it's very difficult to get time off when I am limited to how many days I can take off for vacation, sickness, funeral, weather, sick kids, etc. Also it makes it very difficult and stressful when my nurse manager will say one thing and then six months later say something totally opposite regarding our weekend option rules/scheduling."

Lack of Authority

Highly physical contributors to the stress felt by RNs include the long hours, lack of sleep and poor diet. There are various non-physical, more mental influences, as well.

For example, 75% of survey respondents feel they do not have the authority they want at the workplace. Twenty-four percent (24%) feel that they do "not at all" have the authority they need to get their job done well, which is quite disturbing considering nurses are tasked with caring for patients. Fifty-one percent (51%) feel that they have the authority only "sometimes," yet even these individuals wish that they had more authority.

Survey responses to the question of the nurses' **main sources of stress** in this category included:

"Excessive workload, long hours, insufficient authority."

"Not having the authority to take care of the things that need to be done, but being responsible for it."

"Government bureaucracy and all the educated stupid people who have authority to make decisions about stuff they have no practical experience in. Patients are getting less care than they deserve and we do more paper work only so Medicare can pay less."

"Lesser educated/experienced people in positions of authority who are always right no matter what. Corporate medicine!"

Feeling the Need To Do Everything Oneself

A resounding 89% of survey respondents feel that they are not in a position to delegate sufficiently. Almost one third (32%) state that they need to do it themselves or "it won't get done." Fifty-seven percent (57%) state that although they try not to do everything themselves, it can be difficult to receive the help of others at their workplace.

Survey responses to the question of the nurses' **main sources of stress** in this category included:

"Not enough staff, yet they don't hire more because job gets done with the little staff we have."

"Having co-workers and superiors who just don't care."

"No teamwork."

Insufficiently Compensated

Among the many factors contributing to nurses' stress, money is of course one of them, with 40% of respondents feeling that they are not fairly compensated. An additional 44% feel that although they are fairly compensated, they could use additional remuneration. Merely 16% said outright that they are fairly paid.

To add some perspective to the situation, RNs nationally had an average annual wage of \$55,203 as of June 9, 2014, according to PayScale.com. The site lists the average range of an entry level RN position as low as \$39,924, of a mid-career RN position as low as \$44,627, of an experienced RN position as low as \$46,911, and of a late-career position as low as \$48,099.

The U.S. Bureau of Labor Statistics (BLS) reports that certain states in particular have low wages for RNs, including Iowa, Alabama, North Dakota, Kansas and Tennessee, with mean wages of \$32,930-\$56,350. Even in 2014, instances of low pay are common. Considering the critical role that RNs play in our population's health, it's a heartbreaking reminder that many nurses are still grossly underpaid.

Survey responses to the question of the nurses' **main sources of stress** in this category included:

"Overwork with no relief in sight, working for \$3 to \$5 dollars less than average city wages..."

"Working two full-time jobs to cover bills."

"Finances and having enough money to pay monthly bills and also be able to live a little and do fun things as opposed to simply meeting my monthly bills (recently entered retirement land)."

"Not enough pay for experience. No compensation for being bilingual. Expected to work extra hrs whenever needed or come in on your day off."

RNs Are Sometimes Respected and Appreciated

On top of the many other stress factors an RN needs to deal with, 84% of survey respondents stated that they do not feel respected and appreciated in some capacity within their organization. Thirty-four percent (34%) responded outright that they are not respected nor appreciated for their effort and expertise. Only half said that they are "sometimes" appreciated.

Merely 14% of survey respondents feel free to express themselves in their work environment. Unfortunately, 24% **NEVER** feel free to express themselves at work.

The contrast of respect granted within hospital walls to doctors vs. nurses can be striking. Common challenges with which an RN has to deal include discharging the patients with whom one started during a shift and then taking on 7 or 8 new ones, with the need to remember what every single patient needs. Or taking on everything that the doctors, administration, patients and patients' families throw their way, and then being belittled if they cannot perform 100% of the tasks as perfectly as Wonder Woman. Nurses are the ones in the trenches saving lives. Yet, the stereotype of the rude MD or manager berating the nurse is unfortunately more common than one would care to admit.

Survey responses to the question of the nurses' **main sources of stress** in this category included:

"Lack of respect at work for responsible nurses... Supervisors unwilling to put a stop to the constant and senseless backstabbing."

"Lack of respect and consideration from administration."

"Negative environment at work. VERY short-staffed every day."

On Top of All of This... Mismanagement

The "Are You Way Too Stressed Out?" survey provided respondents the opportunity to answer the question, "What are some of the things that stress you out the most?" Many of the responses pointed at mismanagement. On top of all of the physical causes of stress – from long hours to lack of sleep to lack of sufficient compensation – and on top of all of the mental and emotional causes such as lack of respect, the RN also has to deal with issues around the ignorance of hospital management or simply managers whom have lost sight of the patient.

The motivational drivers of management and nurses can be in conflict, as management aims to streamline operations and maximize revenue, while nurses strive to provide patients with the best care possible. With managers in a position of comparative power, it's an unfair battle that nurses need to wage to do what's right. And the end result unfortunately is stress piled on top of more stress.

Survey responses to the question of the nurses' main sources of management stress included:

- "Lack of concern by management. Those in leadership roles abusing power, favoritism, lateral violence."
- "Nursing management who are not leaders. Lack of advanced education for managers and an overwhelming need for organizations to continue to embrace the archaic matriarchal authority structure from the past. It holds our profession back. Managers who have retired to management positions and do not strive to improve their own practice. They do not stay current."

- "Incompetent nursing management, my employer thinking their lack of planning constitutes my emergency, working the night shift in a day shift world."
- "Managers with poor management and communication skills. Rules and policies not upheld by management. Managers failure to follow up, i.e., dropping the issue before any resolution. Being put in a situation that is unsafe for a patient... Blatant favoritism by management. Employer's scrutiny on cutting costs at bedside while hiring more administrators and expensive programs to streamline services."
- "Playing favorites by management."
- "The business of healthcare. Tightrope of navigating with integrity between nursing practice act and company policy and procedures. The two do not complement one another. Delivering quality care in poor, substandard working conditions."
- "Age discrimination."
- "People who have never done your job telling you how to do it. People who have lost sight of the patient – the focus is the \$\$."
- "Too much politics from administration."
- "My superiors. I am a surgery nurse and have a nurse manager who has no surgical experience. She always asks for advice from us older nurses but never takes it. She and the administration want to get rid of older nurses. She leads by bullying. I am 63-years-old, am a former marine, and have never been treated like this before. I have no recourse but to put up with it or quit."
- "The charting and ancillary paperwork requirements that continue to pull us further from the bedside. The job used to ACTUALLY be about the patient."
- "Poor management & severe staff shortage."
- "Unrealistic expectations of the management team, who does NOT really know what my job entails."
- "The lack of management support."
- "Management! And those over-seeing agencies who don't have a clue what nurses do and want to tell us how to do our jobs!"
- "Corporate chaos, lack of support, unrealistic expectations, being put in possible license jeopardy due to corporate greed and mismanagement."

The Greater Impact of RN Stress

Nurses represent the largest percentage of healthcare industry workers, with more than 2.7 million in the U.S. (Source: U.S. Bureau of Labor Statistics, April 2014). They are our health system's frontline for patient care. Yet, remarkably, our healthcare system is set up to cause these essential workers great amounts of stress and ultimately burnout.

Long hours, lack of sleep, lack of personal time, lack of work-life balance...the system is making the very people who treat you sick themselves. These realities of the life of a nurse are going to eventually cause too many of our nurses to quit, crippling our healthcare system.

The lack of respect towards nurses by doctors, and the lack of authority granted nurses, have long been issues in the industry. Even with the nurses we have, we are underutilizing their knowledge and skills.

With hospital management increasingly focused on the bottom line and the "business" side of hospitals, more and more pressure is being put on nurses to do what is counter to the best interests of patients. This is already causing countless issues, and eventually this is going to have a serious toll on our healthcare system. As you can see, the entire healthcare system, whether job structure, or work environment or business infrastructure, is all conspiring to burn out our nurses.

There are many sources that have linked such burnout to nursing employment churn, which has led to the nursing shortage the United States has been experiencing since the 1990s. The shortage remains significant, with projections of 340,000 to 1 million unfulfilled positions by the year 2020 (Source: Health Affairs, 2007).

With so many understaffed hospitals, our society will be facing a crisis, with patient care and outcomes continually suffering. With an aging population, this will impact our entire society at every level. The United States, a country that has prided itself on its high medical quality, will run the risk of transforming into a country with persistently eroding patient care. The reality is that there is not necessarily a shortage of nurses. Instead, there's a shortage of nurses willing to work under the current conditions of what it means to be a nurse today.

As one RN explained the main causes of her stress:

"The list is endless!"

The reality is that nurses are overly stressed. Yet, by burning out our nurses, doctors will be left with fewer of the very people who come into direct contact with patients most. And hospitals will be hurting the very people who are in the primary position of influencing the patients' HCAHPS responses, which directly impacts the hospital's reimbursements from the government. It's ironic that the people and institutions one would think would be driving forces of nurses' health are the very ones making the nurses sick, and helping to poison our overall healthcare system.

What we need to do to help nurses:

Understand How Treatment of RNs Translates into Client and Corporate Success...or Failure

It's one thing to say that your healthcare facility is "client centric" or that you focus on the best possible outcome for patients. But are you focusing on the very people in a position to deliver that patient outcome – your RNs? Your treatment of employees has a direct impact on your bottom line, much more so than many healthcare facilities care to admit.

- Make work hours realistic and humane.
- Provide access to nutritious meals and snacks.

Give RNs a Voice

The best problem-solving involves an open mind and the sharing of ideas. Allowing ideas to percolate from ANY part of the healthcare facility can be a powerful way to not only generate innovative and effective new ideas for the business, but also to boost morale, engagement and loyalty among your internal teams. It's common knowledge that lack of control over one's job is more stressful than long hours.

- Leverage the experience of long-time RNs, providing them with the authority to get their jobs done well.
- Allow long-time RNs a seat at the management table, balancing the "business" of hospitals with the importance of patient care.

Be a Great Leader

Management has the responsibility to LEAD the company. Think of the massive success of Starbucks, and it's visionary leadership team. Starbucks CEO Howard Schultz has focused on providing employees (even part-time employees) with benefits beyond what anyone else in the industry provides, including healthcare for part-time employees and now two full years of college tuition. This type of generosity has historically made investors cringe, but Schultz has consistently proven that these policies help the company to ultimately deliver profits. It takes

true leadership to do what's right, rather than what's most expedient for the bottom line, especially in the face of criticism.

- Do the right thing for your RNs.
- Increase compensation and benefits for RNs and you might just become the Starbucks of healthcare.

Treat RNs Like the Heroes They Truly Are

Handling dozens of patients each shift. Handling many more family members of patients each shift. Life or death situations. Quick decision-making. Long hours. Lack of breaks. Night shifts. On-call shifts.

RNs have to deal with everything thrown at them by management, doctors, patients and patients' families every shift. They need to discharge the patients with whom one started during a shift and then take on 7 or 8 new ones, with the need to remember what every single patient needs at all times. Nurses are the ones in the trenches saving lives. Yet nurses are often berated by management and doctors.

Remarkably, even with all of these cards stacked against them, RNs somehow find a way to pull off miracles as they devote themselves to health and well-being. Imagine how many more "miracles" these RNs would produce if you started treating them like the heroes they truly are. Now ask yourself, are you treating them like heroes?

- Take a step back and realize the many miracles that your RNs are producing.
- Change the culture in your workplace. Instead of berating nurses, enforce a work environment of mutual trust and respect.

In order to improve our healthcare system for patients, doctors, hospitals AND nurses, it's clear that reducing the stress levels of nurses should be a national priority.

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