

Washington Center for Nursing:  
COVID-19 Impact on the Nursing Workforce in 2021 Study





## **ABOUT SURVEY INFORMATION ANALYTICS (SIA), LLC**

Survey Information Analytics (SIA) is a small, minority-and-woman-owned research firm (MWOBE and DBE certified) whose goal is to bridge the gap between people, organizations, and decision-making through advanced research methods and data collection tools.

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## **ABOUT THE WASHINGTON CENTER FOR NURSING**

WCN is a 501(c)3 transforming communities in Washington State through increased access to quality nursing care. WCN advocates for a healthy Washington by engaging nurses' expertise, influence, and perspective and by building a diverse, highly qualified nursing workforce to meet future demands. To meet these objectives, WCN has adopted the following initiatives:

- ❖ **We provide compelling data.** The WCN uses data to provide an accurate picture of Washington's nursing workforce which informs state policy on the health industry.
- ❖ **We focus on increasing workforce diversity.** The WCN aims to increase the diversity of the nursing workforce to better reflect the people of Washington and promote health equity.
- ❖ **We promote nursing leadership.** The WCN aims to enhance nursing career mobility and nursing leadership development opportunities for Washington's RNs.
- ❖ **We strive to advance nursing education.** The WCN collaborates with nursing educators and stakeholders to evaluate and improve the effectiveness of nursing education and articulation in Washington State.
- ❖ **We promote nursing as a profession.** The WCN aims to educate and inform K-12 students and the general public about careers in nursing.

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## Executive Summary

*“2021 was worse... In 2020 people rallied together. In 2021 people were just exhausted. I can’t do this anymore. I think that’s been a driving force; we can’t put up with even one more extra hassle” (ARNP, 2022).*

WA nurses continue to be impacted by the pandemic as they navigate long hours, staffing and mental health issues, and lack of support and recognition in a challenging and ever-changing context. While more data/resources are available about how the virus is transmitted along with availability of Covid vaccines at the end of 2020, in March 2022, there were still upwards of 30 COVID-19 deaths per day in Washington State<sup>1</sup>.

This project is a follow-up to last year’s preliminary research regarding how COVID-19 impacted the nursing workforce in Washington during 2020. While data from the 2021 study came from a convenience sample and several focus groups, this year’s study was collected from a representative sample followed by one-on-one interviews. The current report highlights some of the challenges and rewards nurses identified throughout the second year (2021) of the pandemic.<sup>2</sup>



## Summary of Key Findings

To better understand the impact of COVID-19 on the nursing workforce in Washington State, Survey Information Analytics (SIA) surveyed 1,298 nurses who held active nursing licenses about their experiences during 2021. Among them:

- ❖ **9%** were **laid off or furloughed** from one or more nursing/healthcare jobs.
- ❖ **54%** thought about or made **plans to leave** the field of nursing.
- ❖ **70%** reported moderate or extreme COVID-19 related **staffing concerns**.
- ❖ **64%** reported moderate or extreme concern for their friends’/family’s **safety**.
- ❖ **67%** believed their employers provided adequate **quarantining** for employees who may have been/were exposed to COVID-19.

Additionally, the following themes emerged from SIA’s 12 follow up in-depth interviews:

<sup>1</sup> <https://coronavirus.jhu.edu/region/us/washington>

<sup>2</sup> Retrospective studies: Data were collected in 2021 (about 2020) and 2022 (about 2021).

- ❖ Staffing issues and the focus on travel nurses to the detriment of other nurses
- ❖ Mental and behavioral issues
- ❖ Workload and monetary compensation
- ❖ Diversity/equity in relation to the workforce.



Thematic interview and survey findings are integrated throughout this report.

## Overview

Between April and June 2022, Survey Information Analytics (SIA), LLC conducted an impact study for the Washington Center for Nursing (WCN). The purpose of this study was to provide insight regarding the impact of COVID-19 on the nursing workforce during 2021. More specifically, the study utilized comparative analysis to examine differences between nurses' experiences in 2020 and 2021; access to and use of self-care and mental health resources; and diversity, equity, and inclusion (DEI) issues and efforts during the pandemic.

## Report Outline

This report includes the following:

- ❖ **Sample Characteristics:** This includes demographic characteristics of survey and interview participants. This study is based on a stratified random sample to ensure adequate and accurate representation of each licensure category. The report below provides an overview of WA nurses' experiences in 2021, during the pandemic, and encourages policy changes that may alleviate some of the pain points illustrated in this report.
- ❖ **In-depth Analysis of Survey and Interview Data:** This section is organized into subsections that address critical issues identified from survey and interview responses including the following: furloughs, layoffs, and staffing issues; behavioral health issues, access to healthcare, and self-care; general health and safety issues related to PPE, testing, vaccines, and changes in patient-nurse interactions; employer support (or lack thereof). Other important issues include diversity and discrimination; and the effect of these issues on career plans.

❖ **Recommendations:** This section will include recommendations for future areas of research for WCN based on this study.

This report also includes the following appendices:

- ❖ **Survey Questionnaire (Appendix A):** This includes the full survey instrument used to collect data via Qualtrics.
- ❖ **Interview Questionnaire (Appendix B):** This includes the full interview guide used to collect data in follow-up interviews.
- ❖ **Coding References for Open-Ended Survey Questions (Appendix C):** This includes all coding themes and the number of coding references for each open-ended survey question.

## Methodology & Study Limitations

Between April and June 2022, SIA launched a survey and a series of one-on-one interviews examining the impact of COVID-19 on the nursing workforce in Washington State during 2021. The survey, administered online via Qualtrics, consisted of demographic questions and questions measuring various aspects of impact (e.g., behavioral health, layoffs/furloughs, COVID-19 testing/diagnoses, access to PPE, biases/inequities, etc.). To achieve statistical significance, SIA used a stratified random sampling method with replacement using WCN's email listservs of licensed nurses (Registered Nurses [RNs], Advanced Registered Nurse Practitioners [ARNPs], and Licensed Practical Nurses [LPNs]). This report includes the responses of a total of 1,298 survey respondents across the three aforementioned nursing licenses. The number of responses for each license is as follows: LPNs N=388 (total population N=9,138, CI 95%) RNs N=480 (total population N=314,970, CI 95%), ARNP N=430 (total population N=7,773, CI 95%). To qualify, respondents must have held an active nursing license AND have been employed as a nurse or in a nursing-related role in 2021 in the State of Washington. The survey was launched on Wednesday April 11<sup>th</sup> and closed, after 8 weeks, on Friday June 10<sup>th</sup>, 2022. Ten survey participants were randomly selected to receive a \$25 Amazon e-gift card for completing the survey.

Additionally, SIA conducted twelve semi-structured, in-depth interviews with nurses employed across a variety of sectors. Participating nurses who provided their email address and indicated, in the survey, that they were willing to participate in a follow-up interview were randomly selected and contacted via email. Interviews were conducted online via Zoom with a facilitator and a notetaker from SIA and lasted 30-45 minutes each. Data collection addressed nurses' experiences working during 2021, access to

mental health resources and self-care, and biases or DEI inequities in the nursing field. All interview participants received a \$25 Amazon e-gift card for their participation.

This mixed-methods study highlighted some of the many challenges nurses faced during 2021. However, the study has several limitations. Although the WCN listserv of nurse contact information was quite extensive, it only provided contact information for LPNs, RNs, and ARNPs; consequently, this study can only speak to the experiences of nurses in those licensure categories. We were not able to collect or analyze data about CNAs experiences, therefore we cannot speak to their experiences, which may be very similar to and/or very different from LPNs, RNs, and ARNPs, particularly in terms of staffing issues, levels of occupational support, knowledge of and access to healthcare resources and self-care opportunities, etc. Future WCN projects could seek out ways to address this gap. Additionally, listservs did not include the demographic information necessary to create a sampling frame representative of a racially and ethnically diverse nursing workforce. Conversely, the 2021 study targeted diverse nursing organizations as a convenience sample.

## **Sample Characteristics**

Table 1, below, illustrates the demographics of survey respondents (n=1,298) and interview participants (n=12). Most survey respondents (85%) and interview participants (100%) identified as female. About three quarters (74%) of survey respondents and 83% of interview participants identified as white, while 1 (8%) interview participant and 6% of survey respondents identified as Latino/a/x or Hispanic.

About half (48%) of survey respondents reported an income between \$50,000 and \$125,000, with 18% reporting an annual income of \$75,000 to \$100,000. One third of survey respondents (33%) lived in a two-person household, while 67% of interview participants reported living in a two-person household.



Table 1: Demographic Characteristics

	Survey (n=1,298)	Interviews (n= 12)
<b>Gender</b>		
Female	85%	100%
Male	10%	-
Non-Binary/Other	1%	-
<b>Race</b>		
American Indian or Alaskan Native	1%	8%
Asian	6%	-
Black/African American	5%	-
Multiracial (two or more races)	6%	8%
Pacific Islander	-	-
White	74%	83%
Other	2%	-
<b>Ethnicity</b>		
Latino/a/x or Hispanic origin	6%	8%
<b>Income A</b>		
Less than \$10,000	1%	-
\$10,000 to \$50,000	7%	-
\$50,000 to \$75,000	14%	8%
\$75,000 to \$100,000	18%	8%
\$100,00 to \$125,000	16%	25%
\$125,000 to \$150,000	13%	8%
\$150,000 or Higher	28%	50%
<b>Number of People in Household</b>		
1	15%	8%
2	33%	67%
3	19%	8%
4	19%	8%
5 or more	14%	8%

Note: Percentages may not equal 100% due to missing data/non-response.

RNs represented 37% of survey respondents and 33% of interview participants, while ARNPs represented 33% of survey respondents and 66% of interview participants. The smallest representative group, LPNs made up 30% of survey respondents.

Table 2: Nurse Licensure and Employment Sectors

	Survey (n=1,298)	Interviews (n = 12)
<b>Highest Nursing License Held</b>		
LPN	30%	-
RN	37%	33%
ARNP	33%	67%
<b>Employment Sector</b>		
Academic (K-12 Health Services)	3%	8%
Hospital/In-Patient/Acute Care	32%	8%
Long-term Care	12%	8%
Nurse Education (Higher Ed)	3%	8%
Outpatient/Physician's Office/Home Health	32%	33%
Policy/Agency/Regulatory/Administrative	1%	-
Public Health	3%	-
Other	-	33%

Note: Percentages may not equal 100% due to missing data/non-response.

Table 2 also highlights participants' employment sectors. Participants primarily worked in hospital/in-patient/acute care settings (32% of survey respondents). Among survey respondents, outpatient/physician's office/home health was the second most common work environment (32%). A number of survey respondents also reported working in long-term care (12%). Interview participants primarily worked in outpatient/physician's office/home health (33%) and other sectors (33%). Other employment sectors for interview participants include nurse education, hospital/in-patient/acute care, long-term care, and K-12 education/school health services (8% each).

## The Impact of COVID-19 on WA Nurses in 2021

### Critical Issues

*"It has been very hard and very tiring.*

*I was excited about the survey because I wanted to vent" (ARNP, 2022)*

Survey and interview responses indicate that participants continue to struggle with staffing issues, their individual capacity to engage in self-care, ease of access to behavioral health support, a variety of general health and safety concerns, and a lack of support from employers. In the subsections that follow, each of these issues is addressed in detail, and where appropriate, data from 2020 is compared to the current study. Additionally, the section, "The Impact of Covid-19 on WA Nurses," concludes with

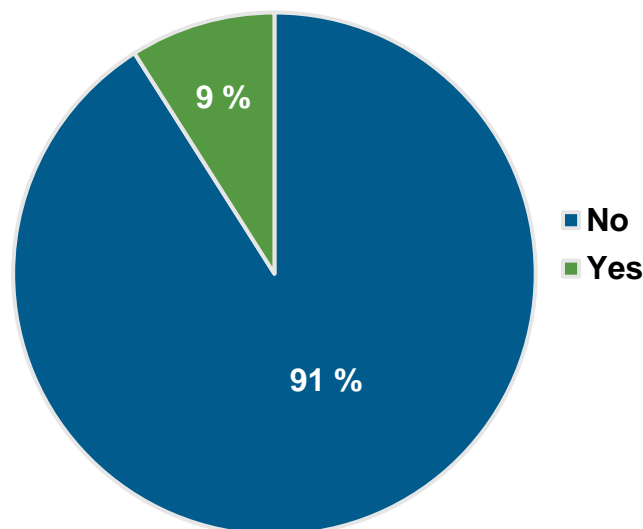
an examination of other related issues, such as the pandemic's impact on diversity and discrimination as well as the effect pandemic-related concerns may have on a participant's career plans.

## Furloughs, Layoffs, and Staffing Issues

*I think if I hadn't taken care of myself, I probably would have quit" (ARNP, 2022).*

As indicated in Figure 1 below, during 2021, 9% of survey respondents were laid off or furloughed from one or more nursing/healthcare related jobs. Among them, 81% indicated their lay-off/furlough was a consequence of the COVID-19 pandemic. This represents a significant shift from 2020 when over 50% of respondents reported being laid off or furloughed; however, the proportion of workers indicating the COVID-19 pandemic was to blame remains consistent.

Figure 1: Respondents Experiencing Layoffs or Furloughs in 2021



Interview participants further discussed staffing issues and layoffs occurring during 2021. Eleven of the twelve interview participants discussed problems related to nurses leaving. For instance, one ARNP claimed *"We lost 9 people between September and December in 2021 - 9 out of 21."* During their interview, one RN pointed out the contradiction in being considered "essential" while also being furloughed or laid off: *"One of my friends was furloughed for a while. Even though they are essential workers, some of their work was shut down for a while."* (2022)

Participants indicated that vaccine mandates were responsible for some of these layoffs. Two interview participants mentioned losing nurses due to vaccine requirements while another interviewee further explained, *“I did lose a lot of colleagues and friends who felt like they didn’t need to be vaccinated. It was their choice. They weren’t fearful of the actual vaccine; they didn’t want [it] to be mandated”* (ARNP, 2022). Other reasons nurses left the nursing field included burnout, retirement, family care, conflict with upper management, and decisions to change careers.

*“We didn’t have staff. The younger nurses working in the clinic have kids, so if they have symptoms they have to stay at home and babysit. We have a hard time getting people back... People in this state are paid more if they quit and come back as travelers”* (ARNP, 2022).

Overall, participants expressed indignation at the lack of staff because it negatively impacted their work quality and mental health. Several nurses conveyed their frustration about being understaffed and overworked as illustrated by the following interview comment: *“I was doing the equivalent of more than two people. We have been overloaded for a while”* (RN, 2022). Interviews reveal that staffing retention and recognition remain major grievances for nurses in 2021.

*“I’m doing two nursing jobs; we were short-staffed. [We lost] at least 6 nurses this fall. We were supposed to be covering other people’s shifts and also people who were on leave in the Spring of 2021. We are covering and doing a job we couldn’t do, with no recognition; they could pay us more”* (ARNP, 2022).

Interview participants noted discrepancies in how Washington state law is written and how it is practiced, claiming, *“In Washington state law you are not supposed to mandate overtime, but there was pressure to call people in...People didn’t get a raise if they didn’t come...only one person said no”* (RN, 2020). This participant experienced such “terrible relations with admin” that they eventually filed an EEOC complaint.

Another key aspect of staffing issues identified by participants centered on policies and practices that enabled hiring or replacement of managerial and administrative staff (or traveling nurses) while permanent, direct, or teaching nursing staff were not replaced in what was considered to be a timely or efficient manner. As one ARNP in outpatient care put it during the interview, *“Perhaps not hiring more upper admin people and instead focusing on people who can provide care...6 admin layers is probably too many.”* Participants also drew attention to differences in education, experience, and expertise between staff and administrators. For example, one ARNP in higher education offered the following assessment: *“You have no one with experience in the upper echelon (senior management) of public health; they are all leaving, close to retirement. The best thing would be to train the next level of younger folks...”* (2022). In at least one facility, nursing staff decided the best way to deal with these issues was to unionize: *“We got pay after we threatened to strike...one payment. They didn’t do anything for us other*



*than sitting on us. We can't physically keep doing this...We are forming a union so we stopped talking to them"* (ARNP, 2022). As detailed later, very few respondents reported having supportive relationships with management or administration.

One of the last major themes related to staffing issues was concern about "brain drain." Part of this was in relation to the substantially different education nursing school students and graduates received before and after the start of the pandemic. One long-term care RN succinctly stated, *"Nursing school grads haven't had adequate clinical training...they haven't practiced with anybody. They didn't get a chance to"* (2022), following with concerns regarding graduate adjustment and retention. Another part of this was in relation to the number of nurses retiring early, leaving their current job for another, or leaving the field of nursing as a whole and the wealth of institutional knowledge, memory, and capacity that would be gone when they left.

Nurses continue to feel undervalued and underpaid for all the reasons mentioned above and especially with regard to existing hiring policies that disregard nurses remaining in their jobs. For instance, one interview participant contended that *"a lot of nurses quit for the traveling contracts"* (ARNP, 2022). Another participant offered further details on this issue:

*"I'm in an advanced practice provider group, they have plenty of funds to hire travelers and huge bonuses [for] people that are coming [in] as new, but they don't support people who are already there. We had a \$500 extra bonus [and] \$5,000 for signing on. I think last summer new RNs were getting these huge sign-ons, compared to the RNs that are already there"* (ARNP, 2022).

Understandably, this can create tension, conflict, and a sense of competition rather than a sense of camaraderie or mutual support between nurses who have been on staff for years, traveling nurses, and new hires. This can further exacerbate experiences of being overworked, underpaid, and ultimately, undervalued and underappreciated. These issues can influence nurses to consider leaving their current employer, the nursing sector they currently work in, or even the field of nursing as a whole.

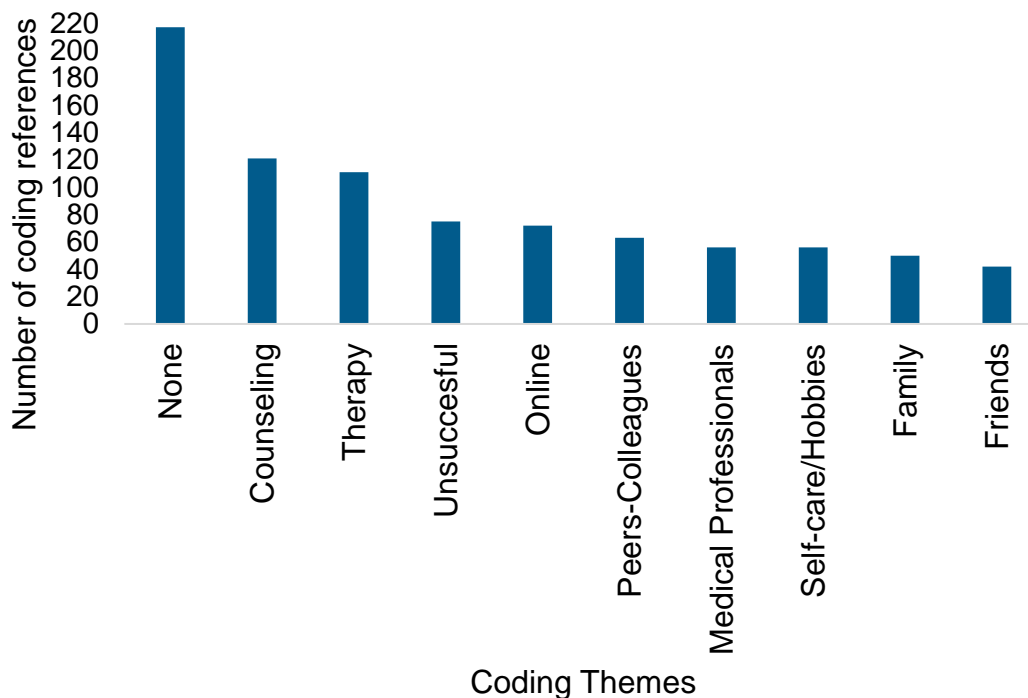
## Behavioral Health

*"Nurses are left dealing with the PTSD of the experience of the pandemic and expected to move on. We are not ok"* (RN, 2022).

The COVID-19 pandemic continues to create unique, unprecedented conditions that have taken a physical, psychological, and social toll on frontline workers as illustrated by the following survey comment: *"Nurses are just getting burned out and don't see the light at the end of the tunnel"* (LPN, 2022).

Consequently, nurses used a variety of resources to support their mental and behavioral health. Figure 1 below provides an overview of resources used by nurses during 2021 as stated in the survey. While 217 participants indicated they didn't use any mental or behavioral health resources in 2021, 121 and 111 respondents indicated using counseling or therapy respectively. Additionally, nurses indicated using online resources such websites and apps or peer/colleague support (72 and 63 respectively).

Figure 2: Number of Coding References for the Main Resources Used during 2021.



Note: A coding reference represents a comment associated with a particular coding theme. One comment can be coded under several themes. For readability purposes, the graph only includes the 10 most common coding themes. The full graph is available in the Appendix.

Also worth noting is the fact that 75 nurses indicated being unsuccessful or having difficulty accessing needed mental and behavioral health resources. Some survey comments indicated that their employer did not provide any help or resources while others stated that getting appointments and finding therapists was difficult or impossible due to long wait times, limited insurance coverage, and a limited number of available therapists and counselors.

Among interview participants, exercise was a commonly cited form of self-care. Support systems including spouses, family members, and other friends - especially when in the same profession - along with other activities, hobbies, etc. were also important. For instance, when asked about resources that helped in 2021, one interview participant

explained: *“I exercise a lot and it helps as well as to have my husband in the same profession. We talk about it a lot”* (RN, 2022).

However, self-care was sometimes challenging to achieve because of long workdays and increased responsibilities. One interviewee pointed out, *“During the lockdown I was much better about taking care of myself. I am busier now”* (ARNP, 2022).

In accordance with previous studies reporting high levels of stress, anxiety, and depression among frontline nurses<sup>3</sup> and similarly to the 2021 COVID-19 impact study, this report continues to highlight stress and burnout issues in the nursing workforce. Several survey participants reported their *“constant exposure to high risk and stressful situations”* (ARNP, 2022), with 104 answers mentioning stress as a reason to leave or to consider leaving nursing<sup>4</sup>. Additionally, 51 survey participants experienced burnout as illustrated by a comment from a nurse dealing with *“burnout from working too many stressful hours”* (LPN, 2022).

Interview participants also indicated that stressful working conditions affected the nursing workforce. For instance, while discussing stress at work, one ARNP explained that it impacted “everybody” as they “all have it,” further explaining that these stressful situations lead nurses to “talk about” leaving their job. Another interview participant provided an appraisal supporting the previous assessment and emphasized, *“the stress of what [the profession is] going through, the downgrading of [nurses’] mental health collectively”* (RN, 2022).

Overall concerns in 2021 remain similar to 2020, intensified by the increased workload burdening nurses across all nursing professions. While some survey participants asked for safer/lower nurse/patient ratios, 104 answers indicated that more time off - especially paid time off - was needed in 2021. Additionally, unanswered grievances about stress and workload resulted in nurses feeling undervalued and unappreciated as illustrated by the following comment:

*“I am tired and burned out. Our hospital is concerned about the amount of money they have lost this past year, and instead of helping us tired nurses, they have recently told us they are going to use nurses ‘to the maximum of their scope of practice.’ Which means, they are going to max us out on the amount of patients we can care for. Management also expects us to increase our patient experience scores. However, more*

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<sup>3</sup> See for instance, Greenberg, N., Weston, D., Hall, C., Caufield, T., Williamson, V., & Fong, K. (2021). Mental health of staff working in intensive care during COVID-19. Occupational Medicine or Sampaio, F., Sequeira, C., & Teixeira, L. (2020). Nurses’ mental health during the Covid-19 outbreak. Journal of Occupational and Environmental Medicine, 62(10), 783-787,

<sup>4</sup> See Figure 8

*patients and more stress on the nurses does not amount to improving patient experience, and in fact can make our unit less safe. Management at our hospital does not realize that nurses can only do so much and perform at max capacity for so long until we will break - and quit” (RN, 2022).*

Survey respondents also emphasized the impact of COVID-19 on their mental health and capacities. Notably, **62% of survey respondents reported their job was often or always stressful.**

- ❖ **55%** were often or always **nervous or stressed** about the pandemic.
- ❖ **52%** often or always felt **something serious was going to happen** unexpectedly with the pandemic.
- ❖ **50%** often or always felt **unable to control important things** in their life because of the pandemic.
- ❖ **50%** were never or rarely **optimistic** things were going well with the pandemic.
- ❖ **46%** were often or always upset that things were **out of their control** in the pandemic.
- ❖ **43%** rarely or never felt they had everything **under control** in the pandemic.

However, some survey participants expressed an ability to cope with some of the uncertainties and tensions associated with the pandemic, as demonstrated below.

- ❖ **57%** rarely or never felt **unable to cope** with things they had to do to monitor for a possible infection.



Figure 3: During the pandemic in 2021, how often did you feel your job to be stressful?

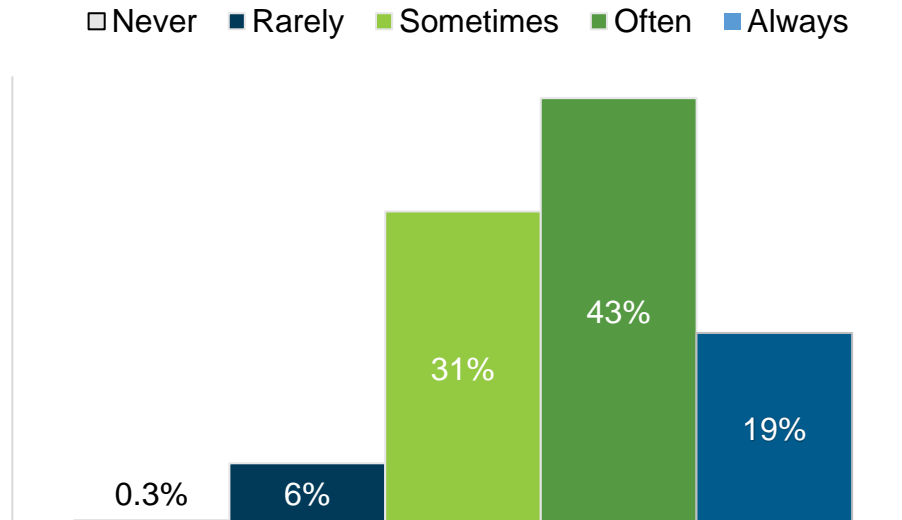


Table 3: Behavioral Health Perceptions during COVID-19

	Never	Rarely	Sometimes	Often	Always
<b>During the pandemic in 2020, how often did you feel... (regarding the pandemic)</b>					
...something serious was going to happen unexpectedly	5%	13%	29%	36%	16%
... unable to control important things in life	5%	14%	30%	34%	16%
... nervous or stressed	5%	12%	28%	37%	18%
... optimistic that things are going well	11%	39%	37%	10%	3%
... unable to cope with the things I have to do to monitor for a possible infection	23%	34%	28%	12%	3%
... I have everything under control	14%	29%	37%	17%	3%
... upset that things are out of my control	5%	13%	36%	34%	12%

Note: Percentages may not equal 100% due to missing data/non-response.

Unfortunately, behavioral health perceptions have either remained consistent or have seen a deepening of negative views in 2021 when compared with numbers from 2020. As detailed in Figure 3 above, 62% of survey participants found their job was often or always stressful in 2021 – an increase from the 2020 study in which 34% of participants reported such levels of stress. Additionally, 52% of respondents reported always or often worrying that a serious and unexpected circumstance could arise in the pandemic in 2021, substantially higher from the 33% reporting such a concern for the year 2020.

## General Health and Safety Concerns

*“Facilities were more concerned about making money than safety. This was the case before the pandemic, during it, and especially now. They don’t care about staff and probably never will; just keep working and making the facilities money! That’s all they care about” (RN, 2022).*

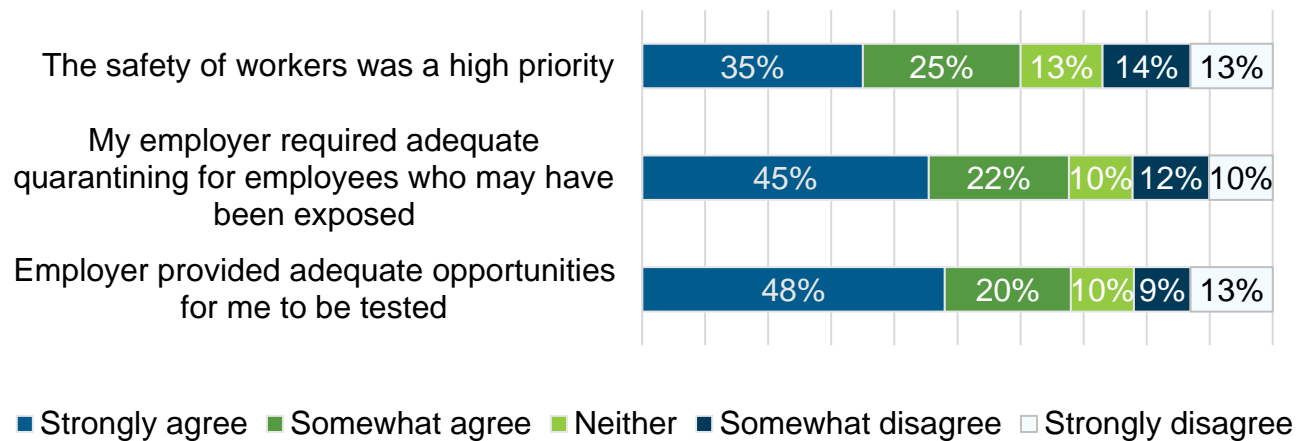
In 2021, nurses continued to navigate challenges in the workplace as frontline workers. Availability of the COVID-19 vaccine along with mask and vaccine mandates simultaneously created new opportunities and new challenges for the nursing workforce.

Figure 4 below shows that

- ❖ 68% of respondents strongly or somewhat agree that their employer provided **adequate opportunities to be tested**.
- ❖ 67% strongly or somewhat agree that their employer **required adequate quarantining** for employees who may have been exposed.
- ❖ 60% strongly or somewhat agree that **the safety of workers was a high priority**.

While nurses expressed relief for the availability of vaccines, personal/family safety and health concerns remained central issues as illustrated by the following survey comment: *“The main concern was working in Grant County, which has a large population of unmasked and unvaccinated people. I have young grandchildren who cannot at this time be vaccinated and I was worried about getting/giving it to them” (RN, 2022).*

Figure 4: COVID-19 Employee Resources



46 survey participants indicated that additional measures to promote a safer working environment were needed in 2021, while 70 respondents mentioned safety concerns as a reason to leave or to consider leaving nursing as illustrated by the following survey comment: *“The entire situation for nurses was unsafe. I would need a book to provide all the details. Nurses are used and abused”* (LPN, 2022).

Interestingly, the 2021 report indicated that in 2020 85% of survey respondents were somewhat-to-extremely concerned about access to adequate test kits and 79% were somewhat-to-very concerned about access to quality and effective PPE. The data from the follow-up survey indicated that 61% of respondents were still somewhat-to-extremely concerned about access to adequate test kits and 67% were still somewhat-to-extremely concerned about access to quality and effective PPE. Thus, these are still safety issues for many nurses in Washington.

Figure 5: During 2021, did you ever receive a positive test result?

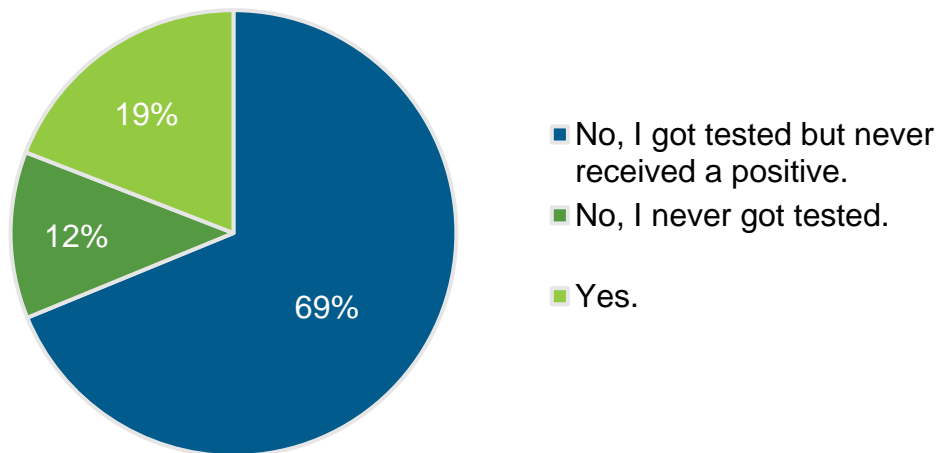


Figure 5 above shows that 19% of survey participants tested positive for Covid during 2021 compared to 49% during 2020. Furthermore, access to COVID-19 vaccines provided some relief for nurses. For instance, one interview participant explained that vaccine mandates were *“absolutely fabulous...you can’t just think about yourself, you have to think about the greater good of society and find a balance”* (RN, 2022). However, 87 survey participants indicated access to vaccines and/or testing could have been improved. For instance, two LPNs noted that timing and ease of access were crucial and could be improved, with one saying, *“Faster access to vaccines - I had to fight to get my first vaccine here in Mason County”* (LPN, 2022), another saying, *“The place I worked did not offer any vaccine, I had to get my own vaccine somewhere to protect myself”* (LPN, 2022).

The COVID-19 vaccines created other issues associated with reluctance and hostility toward vaccinations in some communities - and among a part of the nursing workforce, as demonstrated by the number of nurses who left their jobs because of vaccine and mask mandates (40 and 16 respectively). For instance, one interview participant pointed out that a *“major challenge has been to move people who are vaccine resistant [and get them to get vaccinated]. I have had some success. It has been gratifying [but] it’s not enough”* (ARNP, 2022). Another interview participant seconded that assessment further describing the situation:

*“Trying to convince an extremely vaccine reluctant population to get vaccinated, people were stressed out. It felt like an impossible uphill battle, and it was demoralizing.... My patients were lying to me, with known exposure with symptoms, and known positive [test results] and*



*didn't disclose until the end [of the visit] because of ignorance or because they didn't want to reschedule - that was infuriating" (ARNP, 2022).*

As indicated above, a new uncertainty emerged in 2021 regarding changes in patients' behaviors toward and interactions with nurses. During interviews and in survey responses, nurses indicated facing aggressive attitudes from patients. Experiences described ranged from patients or their family members questioning nurses' knowledge, instructions, or care to refusing to cooperate with policies (e.g., mask requirements) to expressing overt hostility (e.g., verbal abuse, threats of or acts of physical violence). One survey participant indicated that *"patients are getting more abusive both verbally and physically"* (RN, 2022), while another wrote that they deal with *"physical and verbal abuse by patients daily (emergency department)"* (RN, 2022). Patient hostility adds to nurses' mental and emotional workload as described by the following survey comment: *"I feel so burned out. Patients have drastically changed and aren't appreciative with anything anymore. The pandemic has changed patients in a negative way"* (ARNP, 2022).

Many nurses connected these changes in patient behavior to broader societal forces, such as the ease with which people can use the internet to become armchair "experts;" the widely varying available information and misinformation about COVID-19 (including conspiracy theories); and the overwhelming stress, isolation, and changes in daily life as a result of the pandemic - all of which they saw as increasing *"patient irritability and lack of respect"* (ARNP, 2022). Anti-vaccine narratives affected nurses' work and sense of safety. For instance, when addressing what additional resources were needed in 2021, one nurse wrote, *"More protection against anti-vaccination, anti-science BS from patients and families"* (ARNP, 2022), while another explained that *"anti-vaxxers [were the] most stressful part. I wish we had a way to help them understand and not take it out on us"* (RN, 2022).

Overall,

- ❖ 53% of survey respondents indicated they were **moderately or extremely concerned about their own safety, and**
- ❖ 54% reported they were **moderately or extremely concerned about the safety of their friends and family.**

This is quite consistent with reporting from last year, suggesting that **concerns for safety have not been substantially eased.**

## Employer Support

*“I didn’t expect a parade or anything, but I was donating my time for something I felt was very important and received almost no recognition”  
(ARNP, 2022).*

Similarly to 2020, nurses pointed out the importance of employer support and appreciation as they navigated the pandemic and its uncertainties. Lack of employer support and appreciation remained a major grievance for nurses working in 2021.

Figures 6 and 7 below describe participants’ perception of relations with management and leadership. When looking across nursing categories, there are few differences between the opinions of LPNs, RNs, and ARNPs on employee support.

- ❖ 31% of ARNPs, 31% of RNs, and 35.6% of LPNs **sometimes felt supported** by leadership.
- ❖ 35% of ARNPs, 39% of RNs, and 35% of LPNs indicated that **relations between management and employees were poor or very poor**.

Figure 6: How often did you feel supported by leadership?

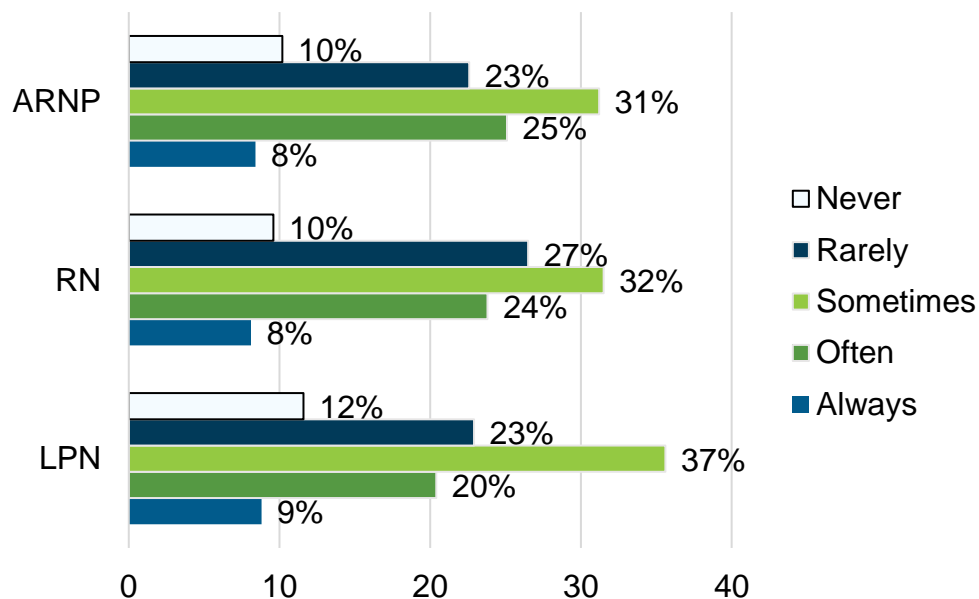
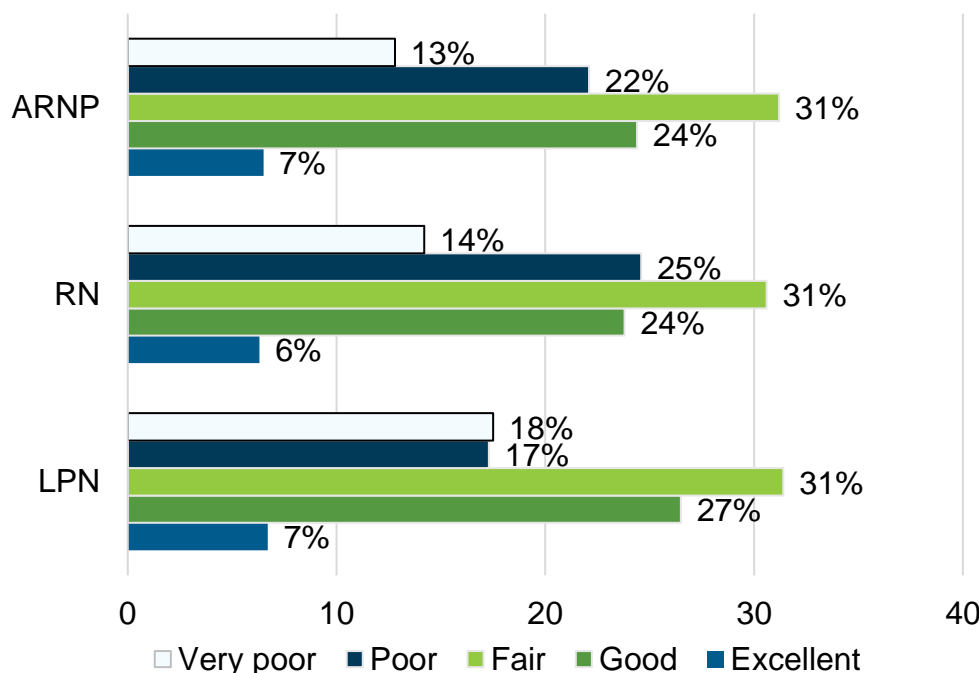


Figure 7: How would you describe management/employee relations?



During one-on-one interviews and in open-ended survey answers, participants repeatedly expressed their frustration with upper managements' and/or administrations' lack of recognition for their work, engagement, and dedication. As indicated in Figure 8, 157 nurses mentioned lack of support as a reason for leaving or considering leaving nursing. While explaining what additional resources would have helped in 2021, one survey participant expressed a feeling common among many: *"recognition from administration for the work I do as a frontline ARNP - I have never felt more like a widget in my profession - just another cog in the wheel"* (ARNP, 2022).

Overall, in the challenging context of the pandemic, nurses want their roles to be valued. For instance, one RN stated in the survey that *"if the hospital and direct leadership showed that the nurses were appreciated and valued, [it] would have helped dramatically"* (RN, 2022). Combined with the issues mentioned above, the lack of support and involvement of upper-level management negatively impacted nurses as described by an interview participant: *"Support wasn't there. It was very thick from the top down - a manager and the manager of the manager - it was hard to get your point across and feel respected and being listened to"* (RN, 2022). A common complaint among interviewees centered on what they identified as the expansion of administration and management positions while staff and nursing positions were left unfilled or filled with temporary workers. This further informed their experiences of being undervalued.

While nurses navigated protocol changes, hostile patients, and staffing issues, they wanted their expertise and experiences to be taken into account in the decision-making process. For instance, one school nurse stated during their interview,

*“First and foremost, [there is] no one with medical expertise in the district; the person in charge of all the nurses had no nursing background. At the board and the cabinet level, they don’t know shit; they are idiots, say things that are illegal. No nurses in the committee that made policies for covid until we threatened to strike” (ARNP, 2022).*

As participants in last year’s study noted, disconnect between nurses and their workplace management is still an issue in 2021. Participants mentioned the pressure of working on the frontlines while managers made decisions from afar, as illustrated by the following survey comment:

*“There was little to no direct leadership in my urgent care. My direct supervisors rarely came into unit. They were both physicians and were afraid of exposure. Fortunately, we have a great team of nurses so, we made things work and morale stayed relatively high most of the time. We did feel abandoned though” (ARNP, 2022).*

Nurses highlighted the divide between the reality of their day-to-day work and their management’s expectations. When writing about contemplating leaving nursing, one survey respondent explained, *“My employer is more money-driven now and the employees matter less. Management [is] unappreciative of work being done nor do they understand the work being done yet they add more work with less time to do the appropriate job” (RN, 2022).*

Efforts to support nurses should focus on concrete, meaningful, and measurable actions to support their day-to-day workload and stress, as one nurse stated in the survey: *“Less emails and pizza parties and more physical labor help” (RN, 2022).* Another survey comment offered this critique, *“They’d come through with candy carts to ‘thank’ us for our hard work as if a chocolate bar would make us feel better” (RN, 2022).*

## **Other Issues**

### **Experiences of Discrimination in Nursing**

*“The optimistic side of me [sees] the pandemic and racial justice media attention as it pertains to healthcare could potentially lead a generation of healthcare providers to enter a sustainable field; [however] the structural*

*issues that have prevented that from happening earlier are still there” (ARNP, 2022).*

During one-on-one interviews, participants discussed inequity and efforts to promote DEI in nursing. Interviewees mentioned being aware of DEI measures in their workplace and suggested that training and resources were available to educate and raise awareness about inequality and discrimination as illustrated by the following comments: *“In my organization, it has been a major focus, pretty progressive in that regard. Several committees, in each clinic [have] a representative for patient, provider, and staff inclusion. We have education resources for people to understand our colleagues of color” (ARNP, 2022); “There has been so much about diversity. Nothing inappropriate is tolerated. There is basically zero tolerance. Racism, LGBTQ, ageism, there is so much training that is offered” (RN, 2022).*

Nonetheless, experiences with discrimination vary. While most interview participants did not personally experience discrimination, some mentioned examples of discrimination based on race/ethnicity, gender, or age in their workplace. For instance, one nurse explained:

*“There is subtle anti-gay, anti-black [sentiment] among the facility and staff here which is surprising because it’s in Western Washington. [Outside of Seattle is a] more rural area which tends to be more conservative. Leadership comes down harder [on some people]. Hispanics don’t get promoted as fast. The residents don’t want care from a black dude...LBGT folks impacted as well” (RN, 2022).*

Likewise, two other interviewees drew attention to the disconnect that can occur between the enactment of non-discrimination policies and subsequent changes in workplace culture and behavior. One RN recalled, *“You can’t discriminate, there has been so much about diversity,”* yet she also *“lost track of how many people throw racial slurs”* around. Similarly, an ARNP working in an outpatient care setting also recalled having to *“witness a lot of microaggression toward my Black colleague” (2022).* Such experiences demonstrate that policy changes and diversity trainings can help reduce inequality in the workplace, but only to the extent that they are accompanied by reasonable enforcement procedures and attendant shifts in workplace culture.

Overall, interview participants acknowledged that the nursing workforce in WA is not very diverse as illustrated by the following comment: *“We are predominately white; we don’t see a lot of diversity in our rural area. In terms of age and sexual orientation, we see diversity” (RN, 2022).* Moreover, nurses indicated that the impact of DEI efforts remains limited as long as structural barriers remain in place, since these continue to



limit employment and educational opportunities for underrepresented groups. For instance, one ARNP pointed out in an interview,

*“There are no affordable ways into midwifery. It’s a profession that is grounded in the teachings of Indigenous or Black women that is practiced mostly by white women. The populations most affected by our mistakes are still people of color. We really want to see our profession become more diverse, but it often comes down to money. At this point becoming a mid-wife means a pay cut, a weird schedule. It’s not an easy sell; not everyone can afford having the luxury of that choice, and that financial burden should be addressed”* (ARNP, 2022).

Table 7 below, illustrates the racial distribution by licensure of survey respondents. White nurses comprised the majority of each licensure group: 61% of LPNs, 77% of RNs, and 82% of ARNPs. This racial disparity increases with licensure distinction or prestige. Likewise, representation of BIPOC nurses is highest among LPNs and lowest among ARNPs. This data could indicate that fewer BIPOC people choose to enter the nursing field, they could indicate that fewer BIPOC people seek advanced nursing licensure, and/or, as noted by the quotes centered in this section, they could indicate that BIPOC nurses face greater structural barriers within the field of nursing (or in WA more generally) that present unique challenges not faced by their white peers.

Table 4: Survey Respondent Demographics by Highest Licensure Held (n=1298)

	LPN (n=388)	RN (n=480)	ARNP (n=430)
American Indian or Alaskan Native	2%	1%	0%
Asian	8%	7%	6%
Black/African American	11%	3%	1%
Multiracial (two or more races)	9%	5%	4%
Pacific Islander	<1%	<1%	<1%
White	61%	77%	82%
Other	3%	2%	2%

Survey respondents reported their level of agreement regarding feelings of discrimination in their primary nursing role. Among them:

- ❖ **5%** somewhat or strongly agreed that they experienced discrimination due to their **accent and/or language barriers** - this was highest among **LPNs**.
- ❖ **8%** somewhat or strongly agreed that they experienced **race**-related discrimination - this was highest among **LPNs**.
- ❖ **10%** somewhat or strongly agreed that they experienced discrimination because of their **gender** - this was highest among **ARNPs**.
- ❖ **15%** somewhat or strongly agreed that they experienced **age**-related discrimination - there were no major differences across licensure categories.

Survey respondents were also asked to report any impacts to their nursing role they believed they experienced during 2021 as a direct result of discrimination based on their age, gender, race/ethnicity, or sexuality. Among them:

- ❖ **9%** believed they were not given raises and/or were given less flexibility at work due to discrimination.
- ❖ **6%** listed a specific instance of discrimination experienced during 2021.

Significantly, all forms of discrimination were reported at lower levels during 2021 than during 2020. For instance, in 2020, over 30% of the sample reported age-based discrimination with only about 8% reporting age-based discrimination this year. There could be several reasons for this shift; perhaps more participants from last year's survey had reason to consider the role of discrimination in their life while experiencing a furlough or lay off. Conversely, because this year's survey utilizes a stratified random sample rather than a convenience sample, it is possible that nurses who experienced various forms of discrimination were far more motivated to complete a survey touching on those issues.

Respondents providing a specific experience of discrimination generally spoke of discrimination based on religion/political affiliation, age, gender, or race. Those listing religion/politics do not list their religious or political affiliation or how those factors are resulting in discrimination, so a detailed discussion on those issues is not possible. Experiences of age-based discrimination indicated that being perceived as particularly young or particularly old results in a lack of patients'/colleagues' confidence in one's skills and professional opinion. Older respondents also reported feeling that their need for extra protection from risk was not taken into consideration. Discussions of sex-based discrimination centered on men reporting increased placement with COVID-19 positive

patients either due to sex or childfree status and women reporting aggressive behavior and lack of respect for one's professional abilities or titles from male colleagues. Those reporting specific race-related experiences identified patients refusing treatment due to the worker's race (Asian, Hispanic).

## Career Plans

*"Nurses are treated poorly by physicians: they aren't respected by many of the patients and [are] treated as maids. They don't make enough money to be put in the kind of danger they are constantly subjected to" (ARNP, 2022).*

Survey respondents and interview participants were asked questions to assess their decisions and/or plans to leave nursing, change careers, and/or retire. The stressful work environment, increased workload, and health and safety concerns experienced by nurses during 2021 - often as a continuation of 2020 - impacted their career choices. Table 3 below provides additional details regarding the impact of COVID-19 on career paths by licensure (e.g., LPN, RN, and ARNP).

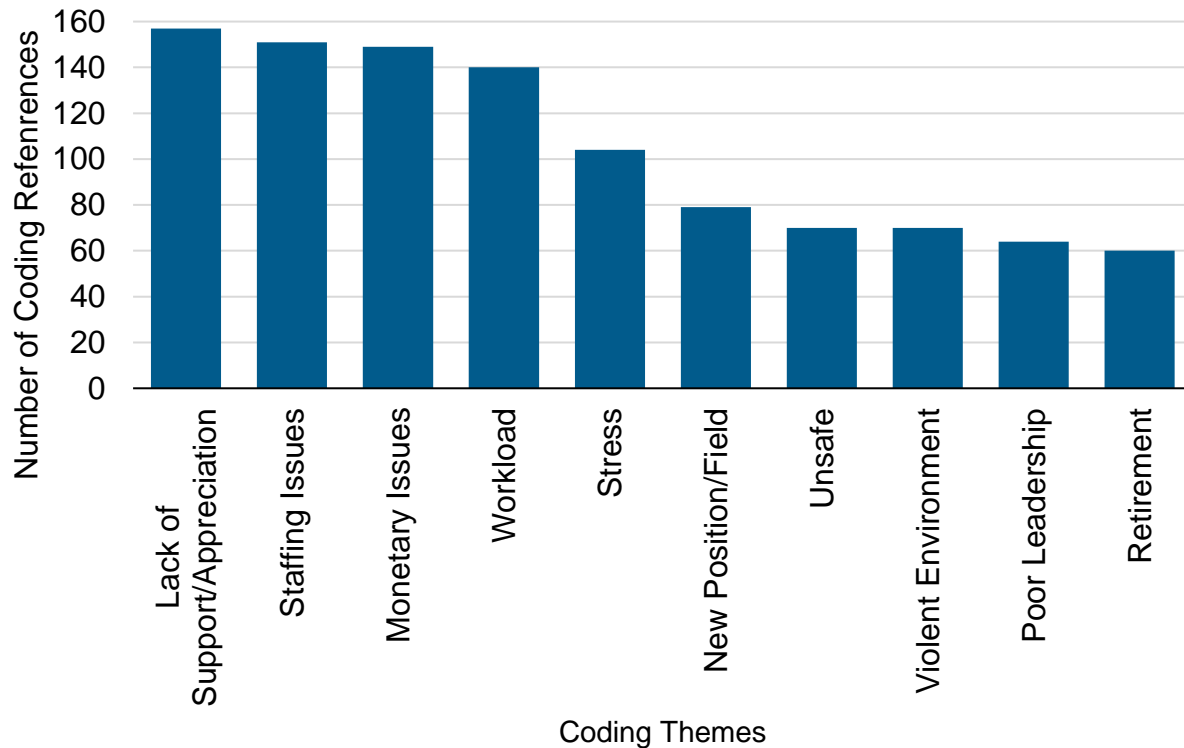
Compared to 2020, among survey respondents,

- ❖ A majority of participants (51% of LPNs, 58% of RNs, and 52% of ARNPs) across the three licenses reported they had **thought about or planned to leave their current nursing employer for another**:
- ❖ 52% of LPNs, 47% of RNs, and 46% of ARNPs indicated they **thought about or planned to leave nursing**, which is an increase from 2020.
- ❖ Although fewer nurses left the nursing workforce temporarily during 2021 than in 2020, **more LPNs and ARNPs left nursing indefinitely**: 37% of LPNs in 2021 compared to 29% in 2021 and 31% of ARNPs in 2021 compared to 15% in 2020.
- ❖ 32% of RNs reported **leaving the nursing workforce indefinitely** during 2021 compared to 34% in 2020.
- ❖ 34% of LPNs, 40% of RNs, and 27% of ARNPs **made a career change within nursing** for higher pay or better working conditions.
- ❖ 37% for LPNs, 34% of RNs, and 29% of ARNPs **made a career change out of nursing** for higher pay or better working conditions.

Table 5: COVID-19 Impact on Nursing Career Paths, by Highest Nurse Licensure (n=1298)

Affirmative responses to “As a result of the COVID-19 pandemic, I have...”	LPN (n=388)	RN (n=480)	ARNP (n=430)
Thought about or planned to leave my current (nursing) employer for another	51%	58%	52%
Thought about or planned to leave nursing	52%	47%	46%
Retired or thought about retirement earlier than originally planned	27%	29%	32%
Transitioned to another nursing unit/position/role	36%	38%	31%
Made a career change (within nursing) for higher pay or better working conditions	34%	40%	27%
Made a career change (out of nursing) for higher pay or better working conditions	37%	34%	29%
Left the nursing workforce temporarily.	15%	15%	13%
Left the nursing workforce indefinitely.	37%	32%	31%

Figure 8: Number of Coding References for Main Reasons to Leave or Consider Leaving Nursing.



Note: A coding reference represents a comment associated with a particular coding theme. One comment can be coded under several themes. For readability purposes, the graph only includes the 10 most common coding themes. The full graph is available in the Appendix.

This is consistent with open-ended survey responses, which repeatedly indicate monetary concerns as a reason for considering or making a career change. Of these, 149 survey participants indicated pay related concerns as a reason to leave or contemplate leaving nursing as indicated in Figure 8. Comments often mentioned low pay rates for the work requirements, responsibilities, and stress. For instance, one LPN described an upcoming career change: *“I’m transitioning into tech. I’m tired of other fields having better benefits than nurses. We get treated like crap and can’t take a vacation or insure our families. LPNs don’t get paid enough for the work that we do. I’m tired of being overworked and underpaid”* (LPN, 2022). Echoing this sentiment another nurse explained: *“Nursing is a thankless profession, and the pay is too low. There’s no appreciation from management or my former employer. It’s not worth sacrificing my mental and physical health”* (LPN, 2022).



## Recommendations



This report shows that in 2021, similarly to 2020, nurses in WA are performing more tasks within their day-to-day work than ever before, at times for more patients than ever before, but feel that those sacrifices are not being met with appropriate pay, appreciation, or respect for the skills and knowledge required for their jobs. The pandemic continues to impact the nursing workforce as staffing issues create

an additional burden. Below are included some actionable items stakeholders in WA's nursing workforce may consider after reviewing the data in this report:

- ❖ More staff – nurses and support staff – is a **primary area needing to be addressed** to promote safer workplaces and alleviate worker burnout.
- ❖ **Greater involvement and appreciation from management/administration** through meaningful actions while nurses face experiencing increasing demands.
- ❖ **Tailoring DEI needs based on employment context.** One size fits all measures will likely not suit professions with as wide a scope as nursing.
- ❖ **Creating and broadly distributing more effective messaging about safety within the pandemic** with a focus on methods of risk reduction like masking and vaccinations.
- ❖ **Practical changes to work structure** such as safe break spaces that would massively improve quality of life, and perhaps improve retention.

Based on the survey and interview data, policy recommendations and changes that may be considered here include

- ❖ more opportunities for time-off,
- ❖ easier and wider access to mental health services like therapy,
- ❖ safer work environments including time and space to take a break and improved communication between patients, staff, and management,
- ❖ some attention to the disparity in pay for traveling versus non-traveling nurses,
- ❖ bonuses or raises that are substantial and commensurate with the tenure of long-standing employees, and
- ❖ enhancement of workplace environment through accountability measures for management and administration and less top-down approaches to nursing that prompt fuller involvement with employees and their needs.

## **Recommendation(s) for future studies**

This year's sample did not include nursing students. As new nursing students graduate during these challenging times, it is important to understand if current nursing students will meet the demand/supply in the workforce. Therefore, we recommend that additional studies be conducted to explore the needs, opportunities, and challenges of this particular population. Additionally, future studies can further address what greater involvement and appreciation from management/administration entails. Finally, this study didn't address broader experiences of discrimination by nurses of color. As such, we recommend a future study dedicated to the experiences of BIPOC nurses in the workforce.



## APPENDIX A: Survey Instrument

### [Part I. Informed Consent/Screening]

### [Part II. Licensure/Employment]

Q1) Where was your primary place of nursing employment in 2021?  
(If home health, telehealth, etc., please select the Washington county or other state you worked from most frequently.) <drop down menu >

- ☐ In the State of Washington <drop down menu of WA counties>
- ☐ In another U.S. state <drop down menu of U.S. states>

Q2) Which best describes your primary place of nursing employment during 2021?

- ☐ Higher Education (e.g., college/university)
- ☐ Hospital/Inpatient/Acute Care
- ☐ K-12 Education/School Health Services
- ☐ Long-term Care
- ☐ Outpatient/Physician's Office/Home Health
- ☐ Public Health
- ☐ Policy, agency, regulatory, administrative services
- ☐ Other (Please Specify): <allow text entry>

Q3) Which best describes your primary nursing role in 2021?

- ☐ Direct patient care (e.g., staff nurse, travel nurse, advanced practice nurse, telehealth)
- ☐ Educator (e.g., nurse faculty/instructor, academic researcher)
- ☐ Indirect care (e.g., case management, quality/risk management, non-faculty research)
- ☐ Management (e.g., nurse manager, executive)
- ☐ Other (please specify):

Q4) In your primary nursing role in 2021, how often did you provide **telehealth** services?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ Not Applicable

Q4A) <Skip if Q4 = Never or N/A> How much do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

Due to the pandemic, I provided more telehealth services than pre-pandemic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had the resources I needed to provide telehealth services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt prepared to provide telehealth services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5) During 2021, about how many hours did you work in nursing in a typical week?

- ☐ 0-20 hours a week
- ☐ 20-29 hours a week
- ☐ 30-39 hours a week
- ☐ 40-49 hours a week
- ☐ 50-59 hours a week
- ☐ 60-69 hours a week
- ☐ 70-79 hours a week
- ☐ 80 or more hours a week

Q6) Were you laid off or furloughed from one or more nursing/healthcare related jobs at any time during 2021? **(Required due to skip logic)**

- ☐ Yes <go to Q6A>
- ☐ No

Q6A) < Skip if Q7 = No > Was this lay-off or furlough due to COVID?

- ☐ Yes, my lay-off or furlough was due to the COVID pandemic
- ☐ No, this was due to other reasons (please specify): <allow text entry>

### **[Part III. COVID-19 Questions & PPE]**

Q7) During 2021, did you ever receive a positive COVID-19 test result? **(Required due to skip logic)**

- ☐ Yes.
- ☐ No, I got tested but never received a positive result.
- ☐ No, I never got tested. <Go to 16A>

Q7A) <If Q15 = "No, I never got tested."> You mentioned you never got tested for COVID-19 during 2021. Please select all statements below that apply to you: I never got tested because...

- ☐ I never had symptoms.
- ☐ I did not have access to testing.
- ☐ My employer discouraged testing.
- ☐ Other (Please specify):

Q8) Thinking about your experience in 2021, please select how much you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree
My employer(s) provided adequate opportunities for me to be tested for COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My employer(s) required adequate quarantining for employees who may have been exposed to COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My employer(s) provided adequate access to vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My employer(s) provided paid time off for close-contact, positive COVID-19 test result, quarantine, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The safety of workers during the COVID-19 crisis is/was a high priority where I work(ed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9) In your primary nursing role during 2021, how concerned were you regarding each of these items?

	Not at All Concerned	Not Very Concerned	Somewhat Concerned	Moderately Concerned	Extremely Concerned	N/A
Accessing reliable and credible information about COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for COVID-19 positive patients or Persons Under Investigation (PUI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate test kits and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing quality and effective PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal safety (e.g. contracting COVID-19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal safety (eg dealing with anti-mask or anti-vaccine patients and their families, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety of friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**[Part IV. Mental and Behavioral Health]**



Q10) Thinking about your experience working during the pandemic in 2021, how often did you feel...

	Never	Rarely	Sometimes	Often	Always
As if something serious was going to happen unexpectedly with the pandemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As if you were unable to control the important things in your life because of the pandemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or stressed about the pandemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optimistic that things are going well with the pandemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to cope with the things you have to do to monitor for a possible infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt that you have everything under control in relation to the pandemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt upset that things related to the pandemic are out of your control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11) How often do you find your work stressful?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

Q12) Looking back to your work experiences in 2021, what type of resources would have helped with your stress or improved your work experience during COVID 19? < allow text entry>

Q13) Looking back on your experience in 2021, how would you rate your access to mental health resources?

Poor	Fair	Good	Excellent	I did not need to use any mental health resources
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Q13a) <skip if Q14 = I did not need to use any mental health resources>  
What type of resources did you use?

Q14) As a result of the COVID-19 pandemic, I have...

	YES	NO	N/A
Thought about or planned to leave my current (nursing) employer(s) for another			
Thought about or planned to leave the field of nursing			
Transitioned from one nursing unit/position/role to another			
Made a career change (within nursing) for higher pay or better working conditions			

Made a career change (out of nursing) for higher pay or better working conditions			
Retired or thought about retirement earlier than I originally planned			
Left the nursing workforce temporarily.			
Left the nursing workforce indefinitely.			

Q15) If you have contemplated leaving the field of nursing or your nursing employer(s) or have begun the process of transitioning out of nursing, please describe the factors or circumstances contributing to this. Otherwise enter "N/A". <

### **[Section V: Discrimination/Biases]**

Q16) How often do/did you feel supported by nursing leadership/administration at your facility?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

Q17) Thinking about your current or most recent nursing or nursing related role...

In general, how would you describe the relations in your workplace between management and employees?

- ☐ Very Poor
- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Excellent

Q18) Thinking about your experience at work during 2021, please select how much you agree or disagree with the following statements:

I have felt discriminated in my primary nursing role because of my...

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Age					
Race or Ethnicity					
Gender or Gender Identity					
Sexual Orientation					
Accent or language barriers					

Q19) During 2021, do you believe you experienced any of the following as a direct result of discrimination based on your age, gender, race/ethnicity, or sexuality? *Please select all that apply.*

- ☐ Laid off or furloughed during the COVID-19 crisis

- ☐ Reassigned to a unit/role that does not allow you to exercise your full nursing training
- ☐ Removed from direct patient care
- ☐ Lower salary and/or less flexibility with my work schedule
- ☐ Other (Please Specify):
- ☐ None of the above

**[Part VI. Demographics]**

Q20) In what year were you born? < 4-digit numeric text (allowable range 1919-2004)>  
**(Required due to analysis categorization)**

Q21) Please describe your race/ethnicity: **(Required due to analysis categorization)**

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native American or Other Pacific Islander
- ☐ White
- ☐ Multiracial (two or more races)
- ☐ Other (Please specify):
- ☐ Prefer not to answer

Q21A) Do you identify as being of Latino/a/x or Hispanic origin? **(Required due to analysis categorization)**

- ☐ Yes
- ☐ No

Q22) Please select a gender you most identify with: **(Required due to analysis categorization)**

- ☐ Man
- ☐ Woman
- ☐ Non-binary
- ☐ Other
- ☐ Prefer not to answer

Q23) Including yourself, how many people are in your household?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more

Q24) How many children under 18 are in your household?

- ☐ 0
- ☐ 1

- ☐ 2
- ☐ 3 or more

Q25) How many people over 65 are in your household?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3 or more

Q26) During 2021, did you have to provide any additional homecare without pay (e.g., caretaking of elderly people, people with disabilities, homeschooling etc.) due to COVID-19?

- ☐ Yes
- ☐ No
- ☐ N/A

Q27) Which category best describes your annual household income in 2021?

- ☐ Less than \$10,000
- ☐ \$10,000 to \$50,000
- ☐ \$50,000 to \$75,000
- ☐ \$75,000 to \$100,000
- ☐ \$100,00 to \$125,000
- ☐ \$125,000 to \$150,000
- ☐ \$150,000 to \$175,000
- ☐ \$175,000 to \$200,000
- ☐ Greater than \$200,000

**Custom “Thank You” page text:**

You have reached the end of the survey.

WCN is providing interested participants the opportunity to engage in a follow-up interview to further discuss the impacts of COVID-19 on nurses in the State of Washington in 2021. If you are willing to participate in a short (30 minute) zoom interview, please provide your email address below. Your contact information will in no way be associated with your survey responses – which will remain anonymous.

<allow text entry>

WCN is providing participants with a chance to win one of ten \$25 Amazon e-gift cards to thank you for your contribution to this research. If you would like to be entered into a drawing for one of the ten \$25 Amazon e-gift cards, please provide your email address below.

<allow text entry>

## **APPENDIX B: Interview Guide**

**We are going to start with some general questions about how the pandemic has affected your work:**

- Can you tell me a little about your experience working during the COVID-19 pandemic in 2021 and how it was similar to and/or different from working through the pandemic in 2020?
  - Probe re: access to PPE, access to testing and vaccinations, sick leave, etc.
  - Probe re: fears, hopes, challenges, rewarding experiences, etc.
- Were you or anyone you know laid off or furloughed during 2021 due to the pandemic?
- Did you serve as a caretaker for others in your family (without pay) during this time (e.g. childcare, schooling, elderly care, care for someone who was ill due to COVID-19, etc.)?
- In what ways, if any, did your primary nursing role change in 2021 (e.g. accommodations or innovations that had to be made, challenges or obstacles that were faced, etc.)?
  - Probe re: telehealth services, needing to be creative with how various services were provided, needing to perform more than one role, needing to work in more than one department, needing to work longer hours or additional shifts, needing to modify interactions with patients and/or their family members, etc.
- When I ask about how the pandemic has impacted the nursing workforce, what is the first thing that comes to mind for you?

**Now we are going to get into some questions more specifically about how the pandemic may have affected your mental health.**

- Tell me a little about stress. What were the most stressful parts of being a healthcare worker during the pandemic in 2021? How were these stresses similar to and/or different from those faced in 2020?
  - What did self-care look like for you and people with whom you work?
- What resources helped you in your nursing role during 2021?
  - What additional resources would have been helpful?
- Were you made aware of mental health resources for healthcare workers? If so, who notified you and how were you notified?
  - Did you use any of these resources and if so, were they helpful?
  - If they were not helpful, how could they be improved?
- During 2021 did you ever consider leaving your job, changing employers, or leaving the field of nursing due to the pandemic? If so, why?
  - What jobs, employers, or fields did you think about and why?



- Did any of your friends and/or colleagues leave their job, employer(s), or the field of nursing? If so, why?
  - What jobs, employer(s), or fields did they enter and why?
- What, if anything, would you like to see change in terms of nursing practices during a public health crisis?
- Are there any positive or rewarding stories or experiences that you would like to share from 2021?

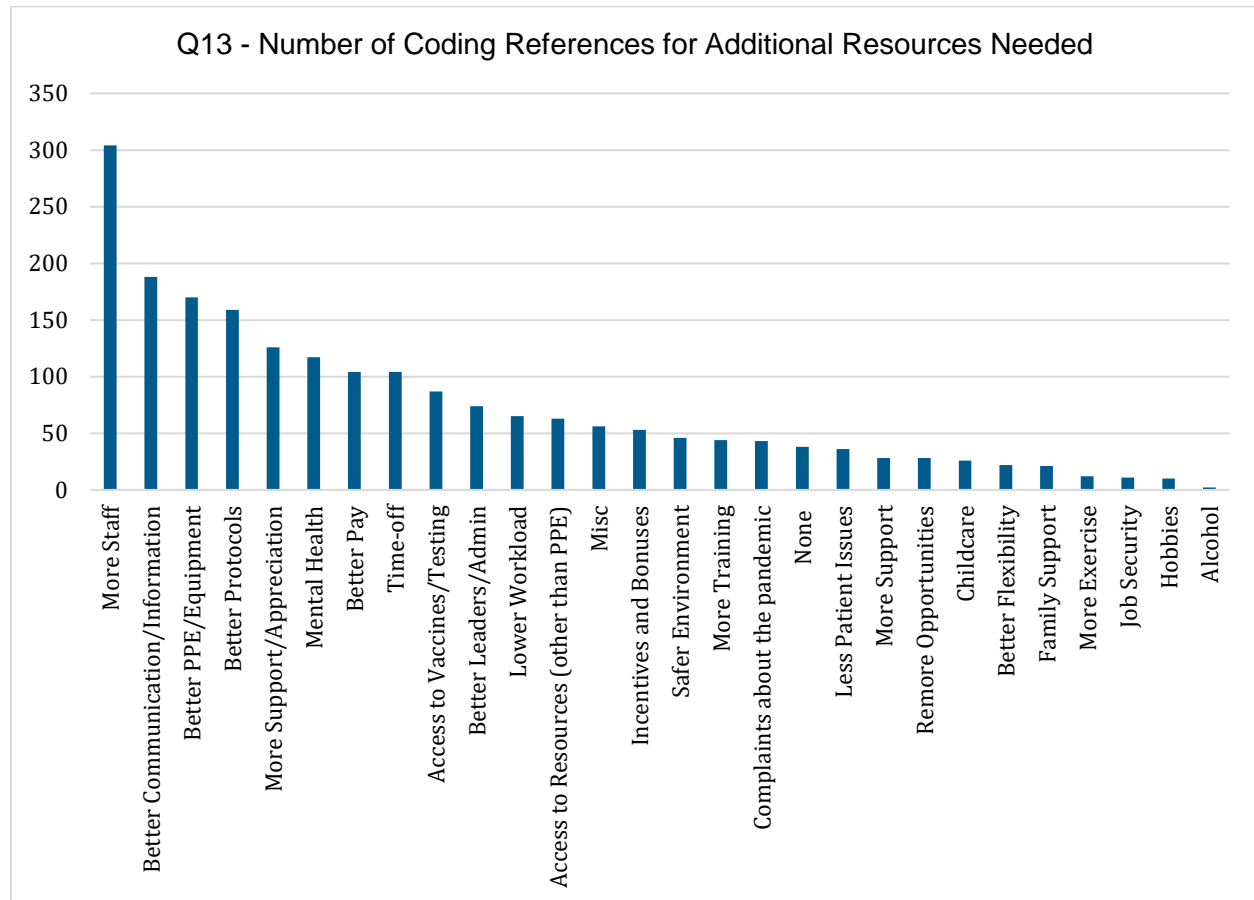
**Lastly, we have a few questions about diversity, equity, and inclusivity in the field of nursing and your place of employment.**

- Tell me a bit about equity and diversity in the nursing workforce. How would you define diversity and equity? Do you think equity and diversity were impacted by the pandemic and if so, how (if relevant, ask about changes from 2020 to 2021)?
  - Define diversity to include age, race, ethnicity, gender, sexual orientation, etc. and define equity as different from equality in that equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach equal outcomes for all.
    - Ask if these definitions change how they think about diversity and equity issues in the field of nursing and if so, how?
  - If you feel comfortable sharing, have you ever felt like you were treated differently in your nursing role because of your age, race, ethnicity, gender, or sexual orientation, etc. If so, ask them to elaborate.
  - How do you think we could improve diversity and equity in the field of nursing?

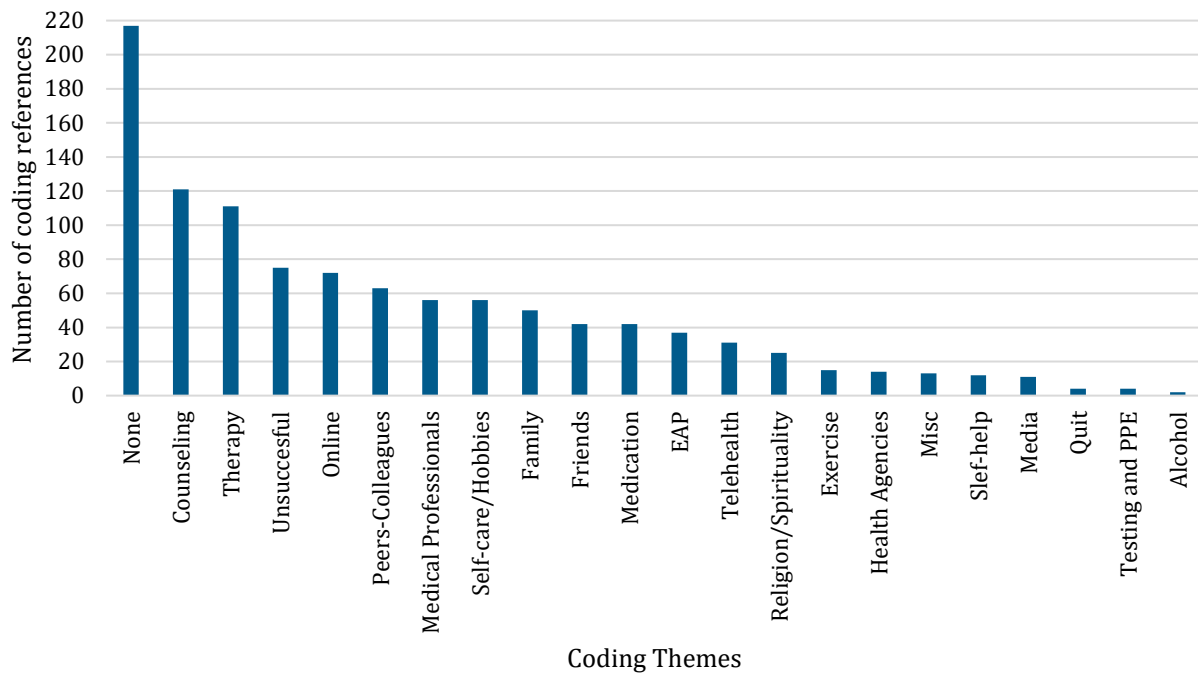
**Additional questions for use in interviews where issues with management come up, go into this section asap after such issue(s) is raised:**

- How often do you feel supported by nursing leadership and/or administration at your facility? If you feel supported, what makes you feel that way? If you feel support is lacking, what makes you feel that way?
  - How could such support be improved?
- How would you describe relations in your workplace between management and employees?
  - How could such relations be improved?

## APPENDIX C: Graphs for Open-Ended Survey Questions



Q14 - Number of Coding References for Resources Used During 2021



Q16 - Number of Coding References for Reasons to Leave Nursing

