The Nursing Profession: Circa 2030

Katie Boston-Leary, PhD, MBA, MHA, RN, NEA-BC
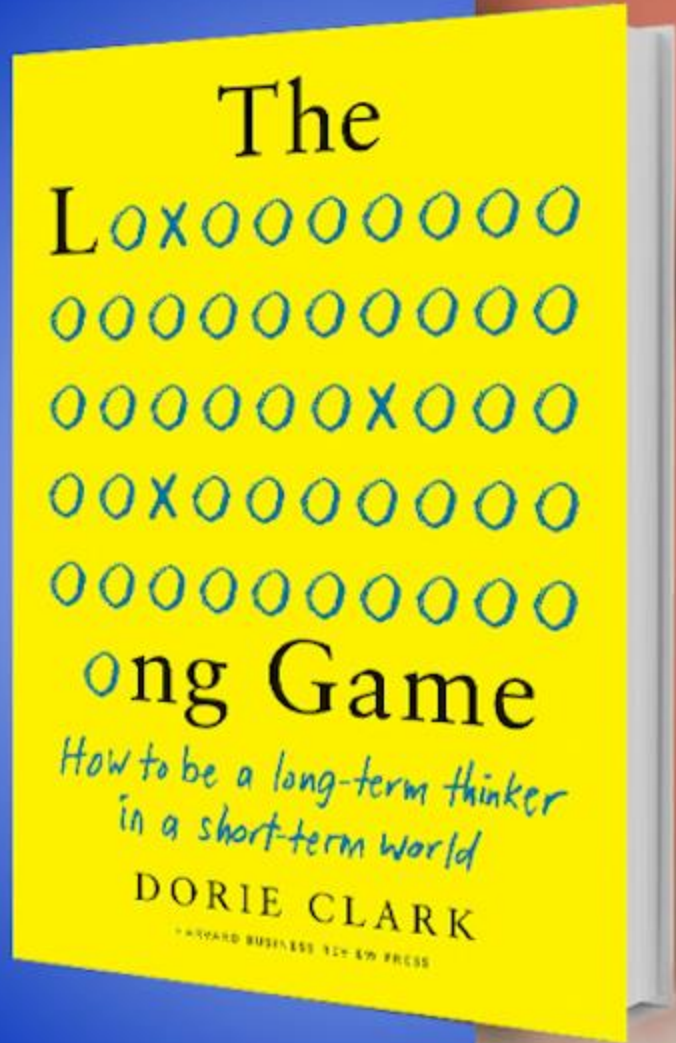
The Loooooooooong Game

- Tough to play a long term thinker in a short game world
- There is power in compounding and accretion
- Doing the thing, having faith and focusing on the right things
- Remind yourself why you do what you do
- Find value in the doing
- Take care of yourselves in the meantime

Stockdale Paradox

Internal War

Jim Stockdale developed a code of beliefs between the prisoners that helped them cope with the constant fear of pain and suffering. Those who learned the lessons learned to bend rather than break.

Eternal Optimist Always Dies of a Broken Heart

The guys who said "we will be out by Christmas" held onto false hopes. Those who believed and hoped based on these rigid timelines quickly died. When their deadlines passed, they lost faith.

Ignoring Reality

Optimist hang onto false hope and refuse to accept their current reality. Thus, they never root themselves in the reality of their situation. This creates an endless cycle of expectation and letdown.

Confronting Reality

Discovering the honesty to admit one's reality grants them the courage to make the tough decisions and choices to deal with the obstacles between them and the ultimate goal. Even if hell awaits them.

Life Isn't Fair

The "reasons" things happen are less important than how you deal with each situation as it arises. Frame each obstacle within the context of your ultimate goal and keep the faith that you WILL prevail in the end.

Stockdale Paradox

Grounded in Reality
Accurate Problem Solving

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Hope
Higher Purpose

Confronting Brutal Facts

Unwavering Faith

Fear
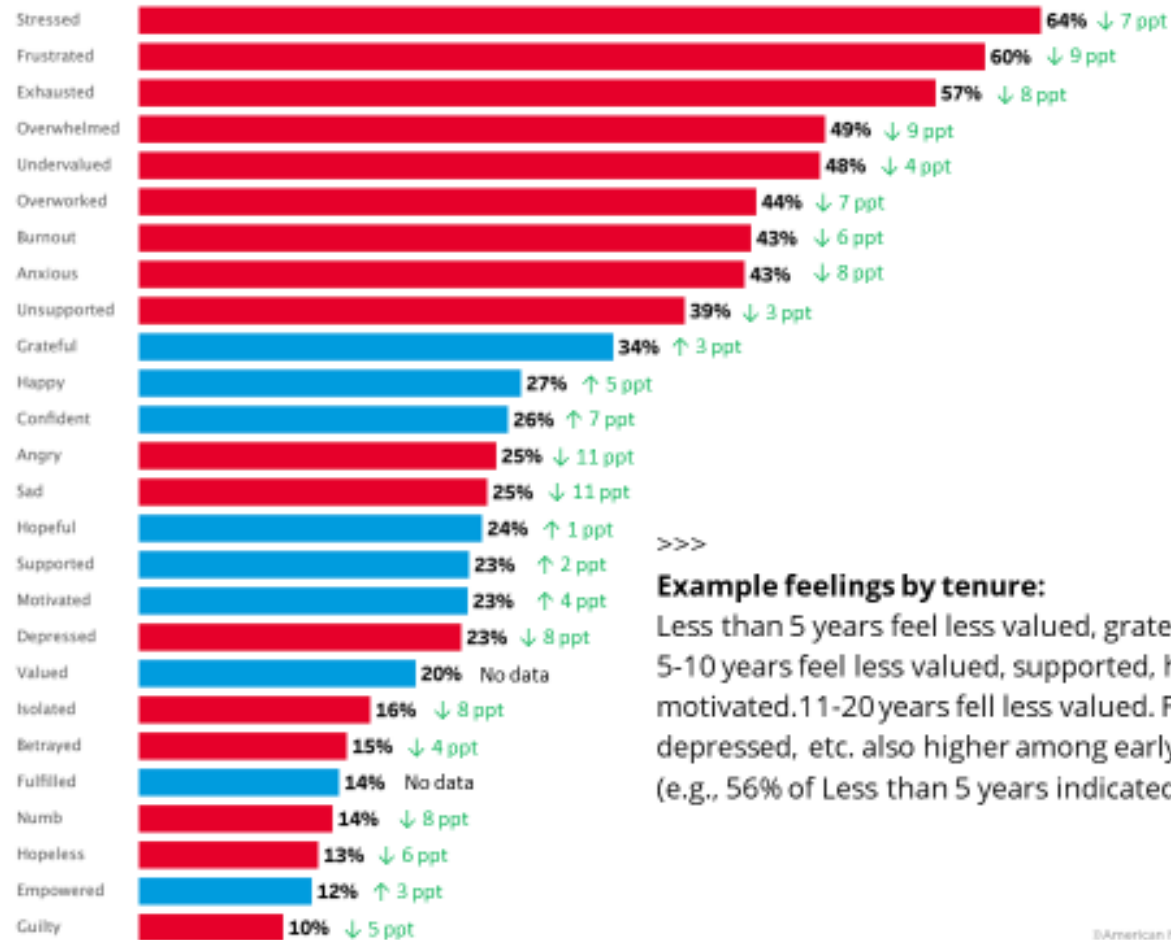Depression

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Attached to Outcome
Overly Optimistic

Challenges

- The nursing shortage
- Nurses' mental health
- Attrition, resignations, and turnover
- Cyclical biological threats

Mental health support

In the past 14 days, have you experienced any of the following feelings? Check all that apply. (Comparison to IA Second Year)

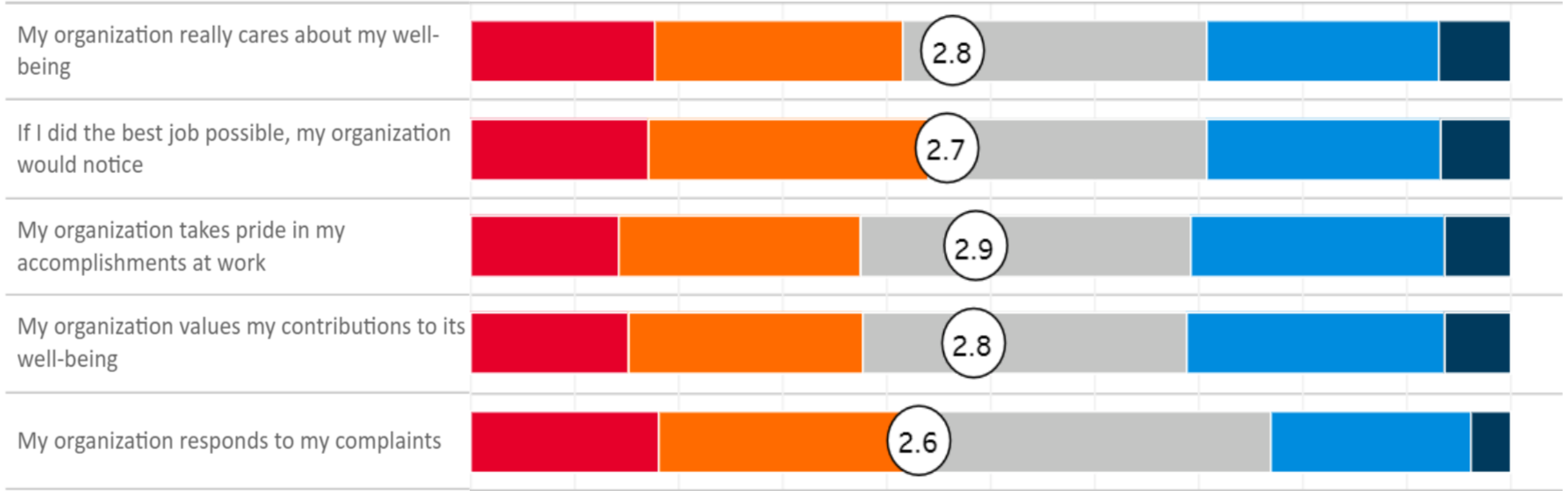| Feeling	Percent	Change
Stressed	64%	↓ 7 ppt
Frustrated	60%	↓ 9 ppt
Exhausted	57%	↓ 8 ppt
Overwhelmed	49%	↓ 9 ppt
Undervalued	48%	↓ 4 ppt
Overworked	44%	↓ 7 ppt
Burnout	43%	↓ 6 ppt
Anxious	43%	↓ 8 ppt
Unsupported	39%	↓ 3 ppt
Grateful	34%	↑ 3 ppt
Happy	27%	↑ 5 ppt
Confident	26%	↑ 7 ppt
Angry	25%	↓ 11 ppt
Sad	25%	↓ 11 ppt
Hopeful	24%	↑ 1 ppt
Supported	23%	↑ 2 ppt
Motivated	23%	↑ 4 ppt
Depressed	23%	↓ 8 ppt
Valued	20%	No data
Isolated	16%	↓ 8 ppt
Betrayed	15%	↓ 4 ppt
Fulfilled	14%	No data
Numb	14%	↓ 8 ppt
Hopeless	13%	↓ 6 ppt
Empowered	12%	↑ 3 ppt
Guilty	10%	↓ 5 ppt

>>>

Example feelings by tenure:
Less than 5 years feel less valued, grateful, hopeful. 5-10 years feel less valued, supported, hopeful, grateful, motivated. 11-20 years fell less valued. Feeling anxious, depressed, etc. also higher among early tenure nurses (e.g., 56% of Less than 5 years indicated anxiety).

18

Organizational Support

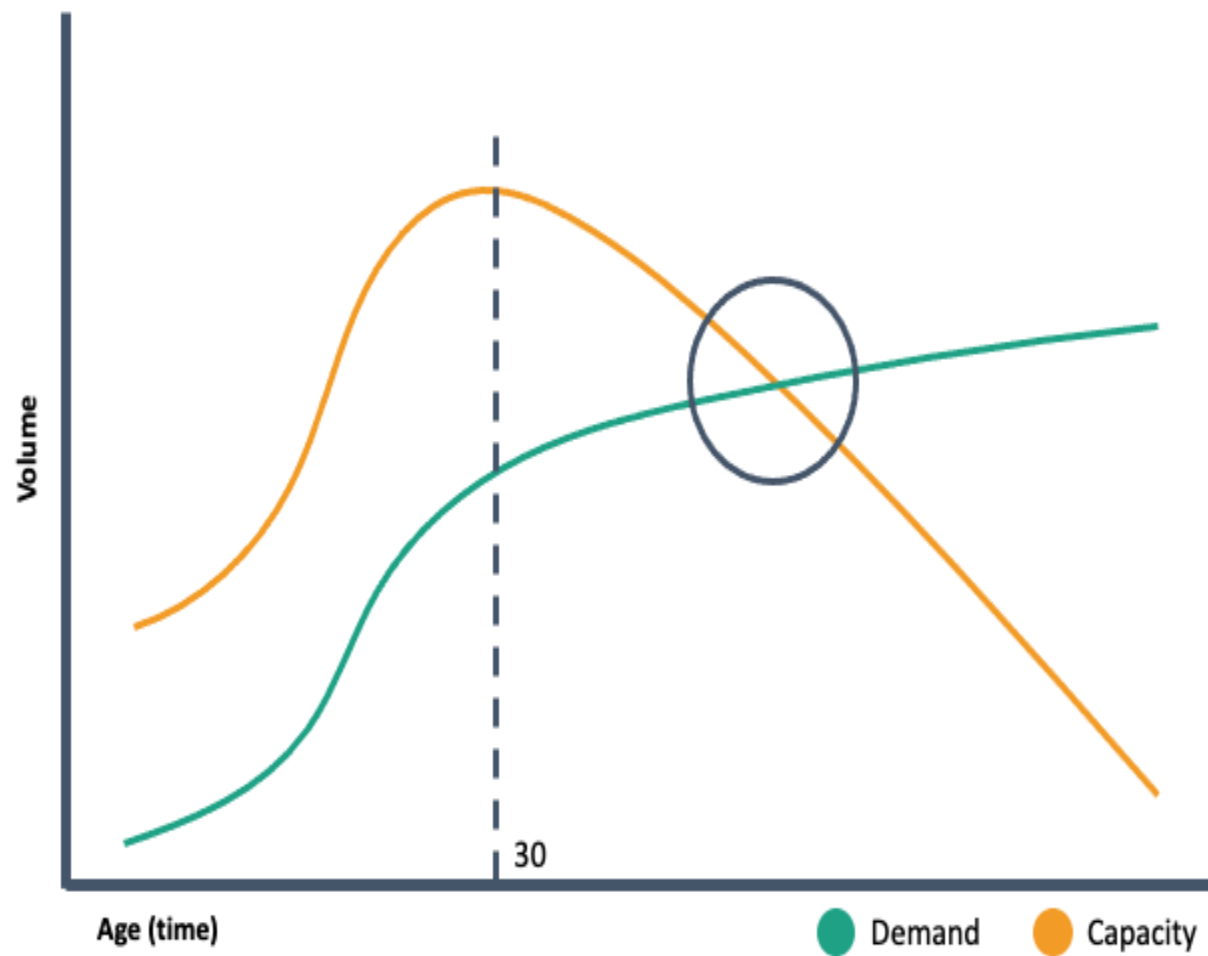Do you agree or disagree with the following statements?

Statement	Score
My organization really cares about my well-being	2.8
If I did the best job possible, my organization would notice	2.7
My organization takes pride in my accomplishments at work	2.9
My organization values my contributions to its well-being	2.8
My organization responds to my complaints	2.6

Legend:
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Human Energy Crisis

DEMAND VS CAPACITY

Demand vs Capacity Curve

Volume

Age (time)

30

● Demand ● Capacity

Source : LGE Performance System, Inc. (d/b/a Human Performance Institute)

The Burdens of Unpaid Caregivers

New research from Boston Consulting Group (BCG) found that 56% of U.S. workers have care responsibilities outside of their full-time jobs. 90 million American workers are providing unpaid care on top of their day jobs, with women doing twice as much of this unpaid care work as men.

When there are staffing shortages in the paid care workforce, unpaid caregivers need to step up–which often leads them to step out of their full-time jobs, leaving gaps in staffing behind. This is happening at a rate so fast that caregiving responsibilities have become the number two reason (behind retirement) why an employee leaves the workforce.
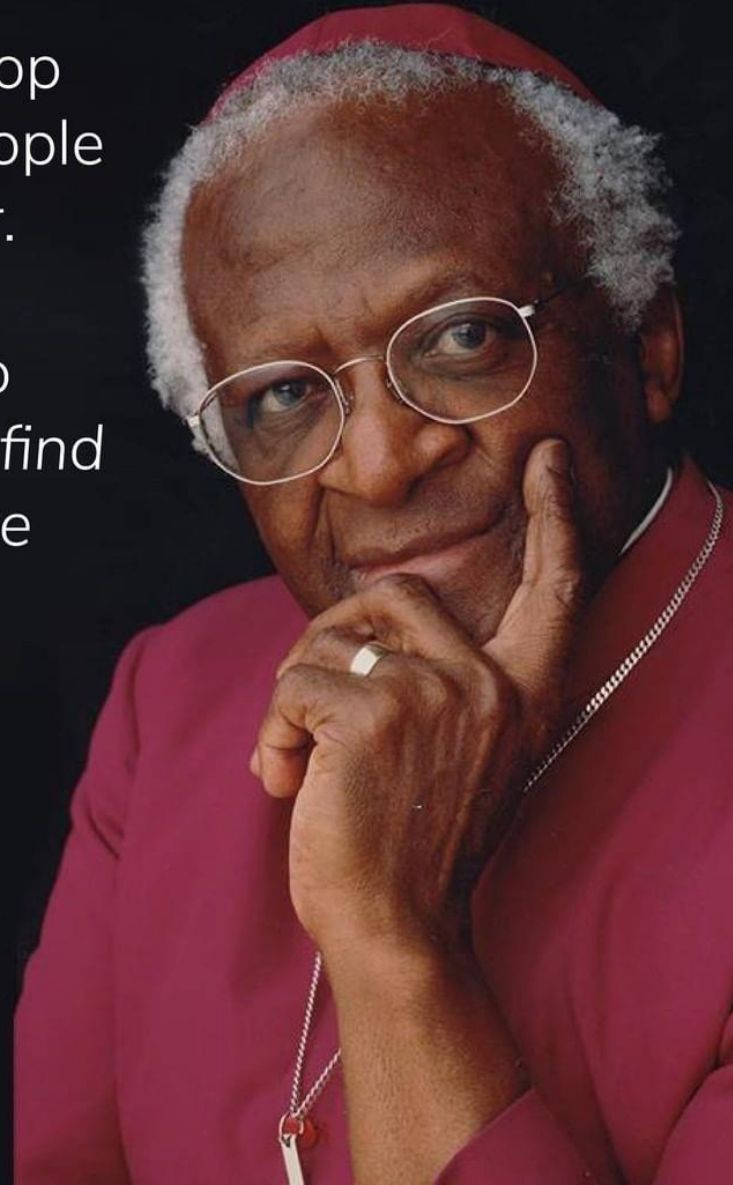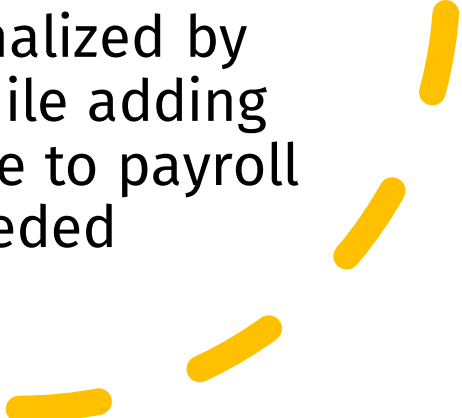
BY 2030.....

1) Mental health initiatives will be perennial, evergreen, with a required social contract between organizations and teams.

2) Mental health programs are to be included in organizational strategic plans with regular reporting with meaningful and measurable statistics versus feel-good and anecdotal process reports

3) Investments are to be made to include clear and concise resources for staff to seek assistance versus contacting a random 1-800 number.

4) Mental health days should be normalized by setting the tone early and often while adding "mental health" sick codes and time to payroll systems for nurses to use when needed
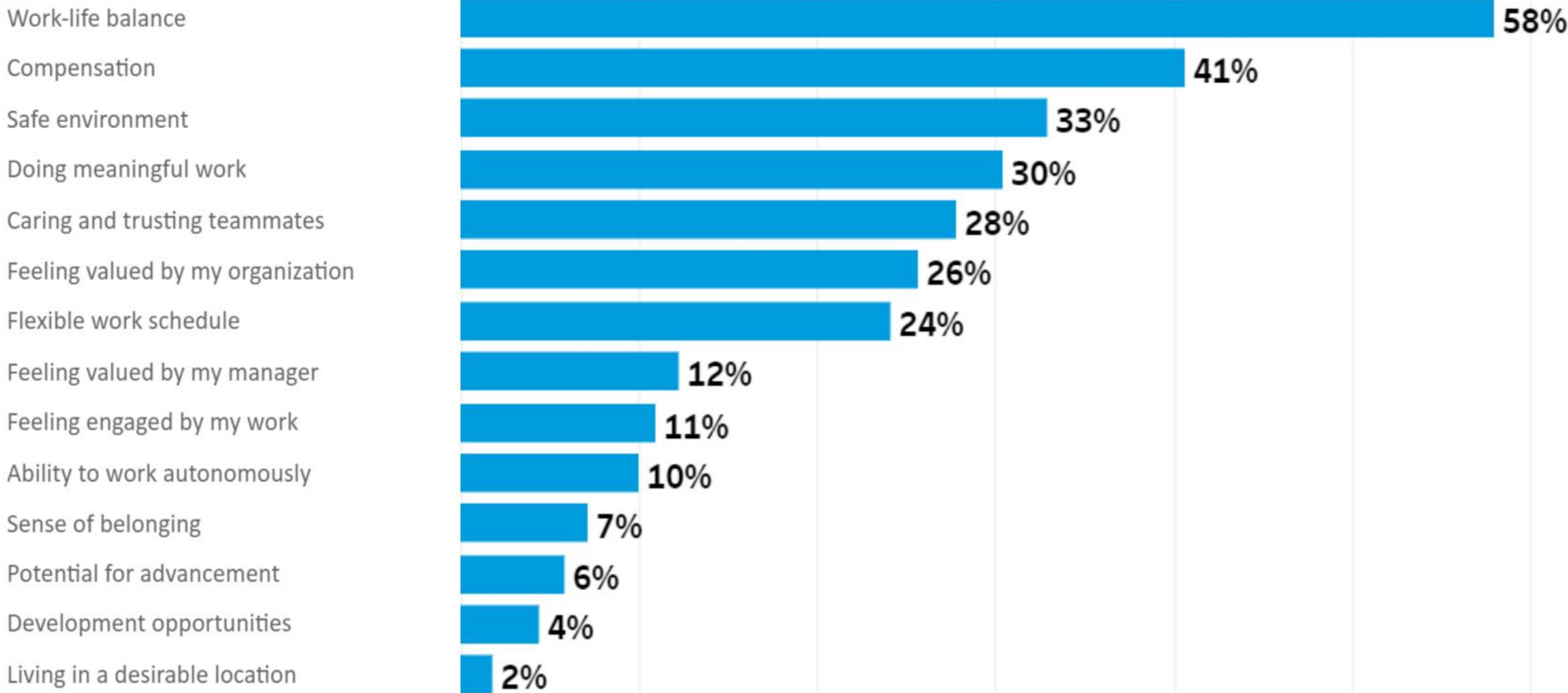
Wellness at work integration
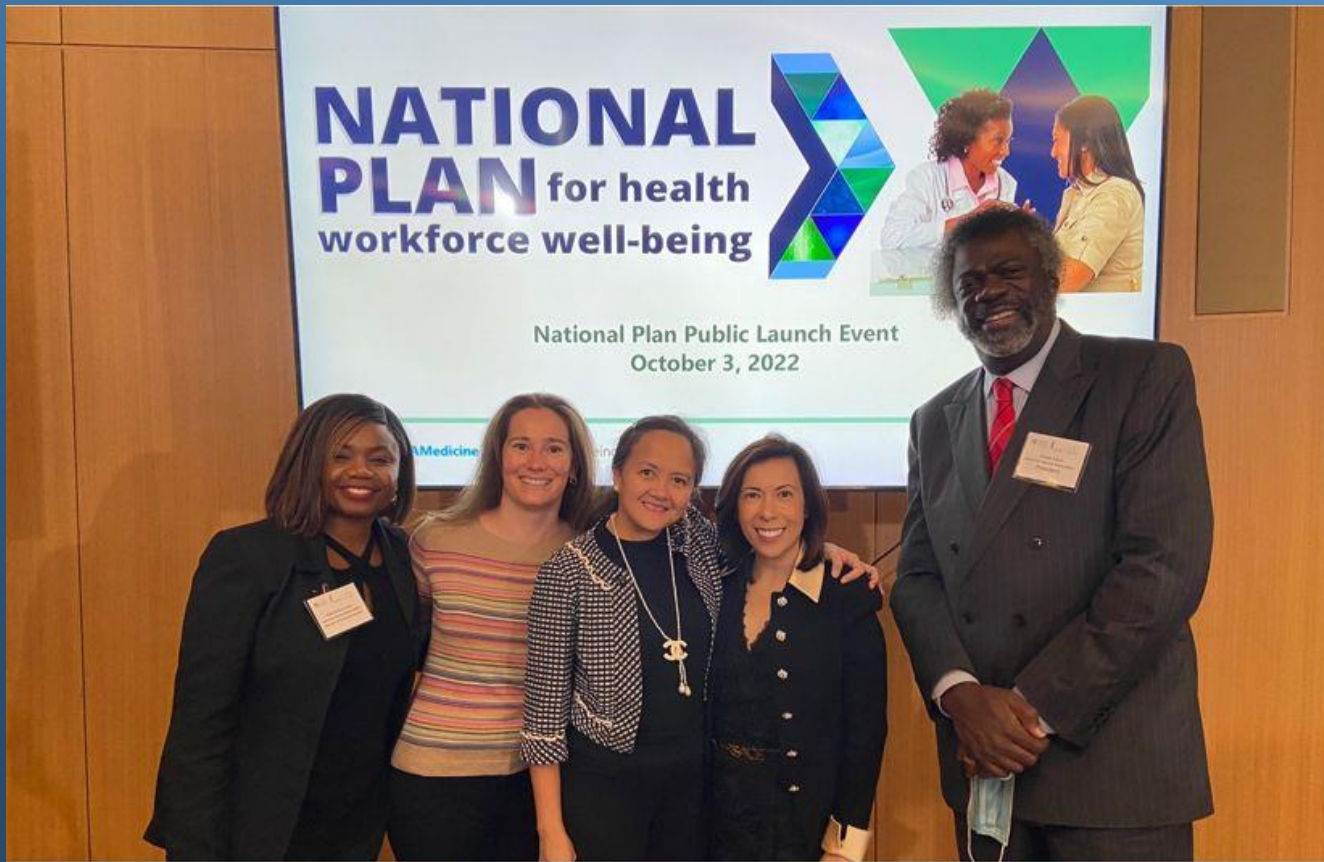
**Launched
October 3rd, 2022
Washington, D.C.**

Which of the following are most important for your work satisfaction? *Select top three.*

Factor	Percentage
Work-life balance	58%
Compensation	41%
Safe environment	33%
Doing meaningful work	30%
Caring and trusting teammates	28%
Feeling valued by my organization	26%
Flexible work schedule	24%
Feeling valued by my manager	12%
Feeling engaged by my work	11%
Ability to work autonomously	10%
Sense of belonging	7%
Potential for advancement	6%
Development opportunities	4%
Living in a desirable location	2%

Root Causes of Burnout (Maslach Burnout Inventory)

- Workload
- Perceived Lack of Control
- Lack of Rewards and Recognition
- Poor Relationships
- Lack of Fairness
- Values Mismatch

"Self-Care is NOT a cure for Burnout"

3 Primary Symptoms of Burnout

Most people don't know that what they have normalized is actually not healthy:

- Exhaustion and lack of energy
- Increased negativity and cynicism at work
- Increased errors
- Dropping the ball at work

The Five Elements of Wellbeing

By studying the human behavior and wellbeing of more than 98% of the world's population, Gallup uncovered the common elements that people need to thrive in their lives.

They describe aspects of our lives that we can do something about.

CAREER
You like what you do every day.

COMMUNITY
You like where you live.

SOCIAL
You have meaningful friendships in your life.

PHYSICAL
You have energy to get things done.

FINANCIAL
You manage your money well.

ANA
AMERICAN NURSES ASSOCIATION

GALLUP

Stress Injury Continuum

Operational definition:
Stress injury continuum is inclusive of burnout syndrome, compassion fatigue, moral distress, anxiety, depression, post-traumatic stress disorder (PTSD) and other phenomena and refers to the range of negative consequences from stress exposure.

Recommendations:

- Address burnout, moral distress, and compassion fatigue as barriers to nurse retention.

- Incorporate the well-being of nurses as an organizational value.

Tenure	Most important for work satisfaction
More than 50 years	Ability to work autonomously, Doing meaningful work, Feeling engaged by my work
41-50 years	Ability to work autonomously, Doing meaningful work, Feeling engaged by my work
31-40 years	Doing meaningful work, Feeling valued by my organization, Feeling valued by my manager
21-30 years	Feeling valued by my manager, Feeling valued by my organization, Potential for advancement
11-20 years	Compensation, Development opportunities, Work-life balance, Flexible work schedule, Potential for advancement
5-10 years	Compensation, Safe environment, Potential for advancement, Work-life balance
Less than 5 years	Compensation, Caring and trusting teammates, Potential for advancement, Safe environment,

AMERICAN NURSES
FOUNDATION

Broken Crayons Still Color.....

BY 2030

1) Holistic and comprehensive wellness programs are incorporated during nurses' shifts in a nondisruptive but caring manner.

2) Shared governance programs should include a wellness council with nursed input

3) Similar investments and attention paid and made to improving patient satisfaction should be directed toward nurse satisfaction.

4) Investments in understanding the community from a case management perspective—where people live, pray, and play—should be applied to the teams within organizations. These approaches will strive directly at the heart of presenteeism, which entails physically showing up at work but not being fully engaged or optimally functioning.

Care Delivery Model Innovation

Resistance to Change

All Respondents: How would you rate your organization's resistance to change?

8%	32%	28%	25%	7%

- ■ Not at all resistant to change
- ■ Not resistant to change
- ■ Neutral
- ■ Resistant to change
- ■ Very resistant to change

BY 2030....

1) Innovative and effective care delivery models with evidence of positive and measurable outcomes will be reviewed, published, and shared at nursing conferences to build interest and spark innovation.

2) Modernize care delivery models and ensure they are inclusive, evidence-informed, and technologically advanced

3) Establish innovation in care delivery models as a strategic priority within organizations

4) Reduce physical workload and cognitive overload and prioritize high value patient care by incentivizing the de-implementation of high burden/low value nursing tasks

Documentation Improvements

https://klasresearch.com/archcollaborative/report/nurse-burnout-2020/340
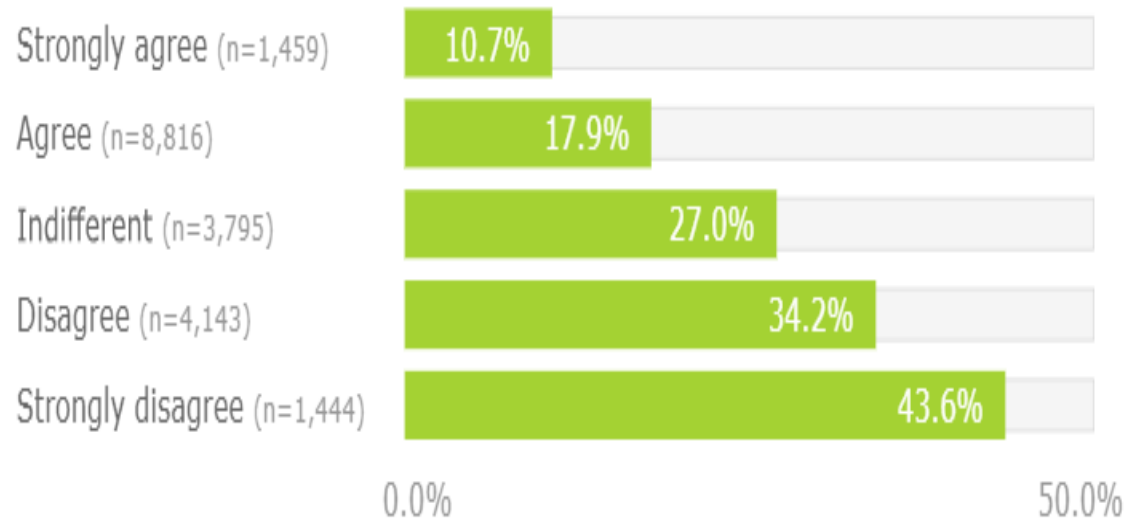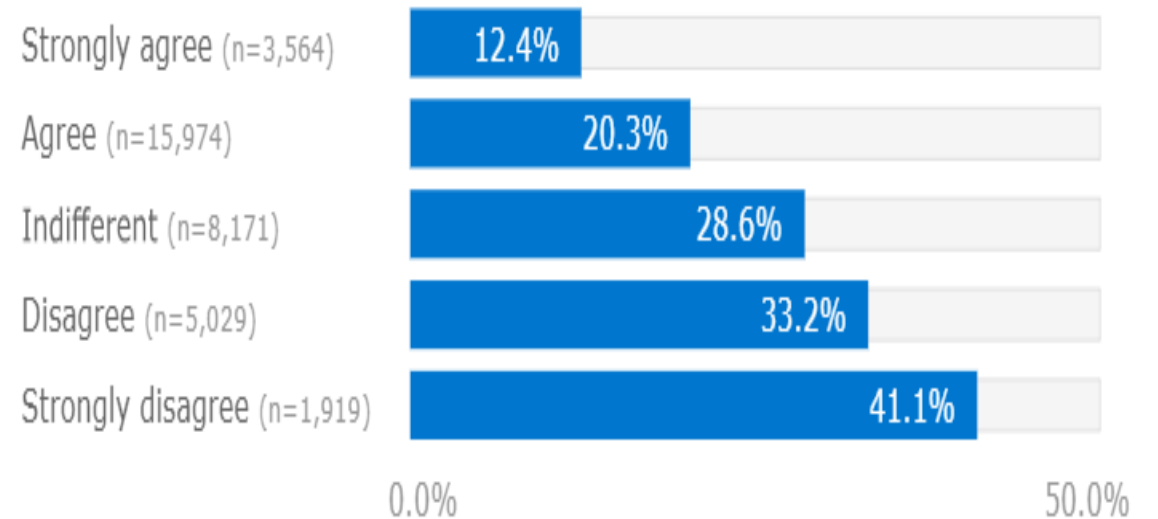
BY 2030

1) Strategic and measured efforts for trended improvement of EHRs usability will be a priority for organizations and systems.

2) Systems utilized for physiologic monitoring and lab data will be integrated into documentation processes to eliminate additional steps and reduce transposition errors or missed entries.

3) Transcription, voice-enabled documentation technology, or scribes with nursing students or medical assistants will be provided during patient admission or initial transfer assessments to improve focus on the patient.

4) There will be organizational discipline to resist adding more steps, layers, and processes as action items with quality improvement.

5) Nurses' EHR usability and satisfaction will be measured and addressed on an ongoing basis with an urgency to manage nurses' burnout.

Nurses' Value: Revenue Generating vs. Expense

Financial Well-Being

Compared to one year ago, how would you describe your financial well-being?

3.0
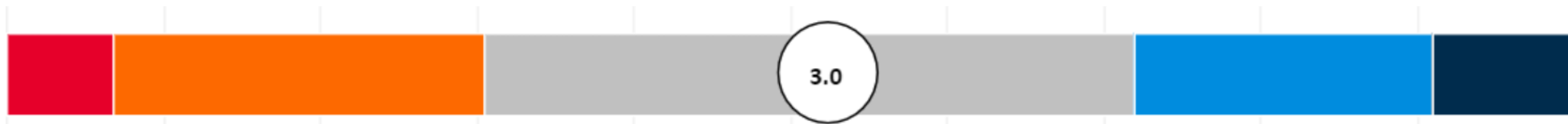
- ■ Much worse
- ■ Somewhat worse
- ■ Stayed the same
- ■ Somewhat better
- ■ Much better

Registered nurses (RNs) are integral parts of the health care team and spend significant time with patients providing clinical services. In the current health care financing system, this work is generally not accounted for, other than in the physician's practice expense (PE) relative value unit (RVU).

The lack of NPIs for nurses makes it extremely difficult to record, measure, and value the services they provide and their impact on patient outcomes.

NPIs play in reimbursement and how obtaining an NPI is a first step to recognize and evaluate the value of the nurse in the health care delivery system.

Obtaining and recording NPIs in appropriate healthcare data systems would allow health systems, payers, and enterprise resource planning systems to extract nursing services from other providers.

This then allows for a quantitative analysis and substantive demonstration of the nurse's role and value as an integral member of a patient's health care team.

BY 2030

1) All RNs and APRNs should obtain an NPI to elevate and recognize them as clinicians providing vital services to patients.

2) Employers should assist RNs in obtaining NPIs.

3) Affirm the role that the NPI plays in billing and reimbursement

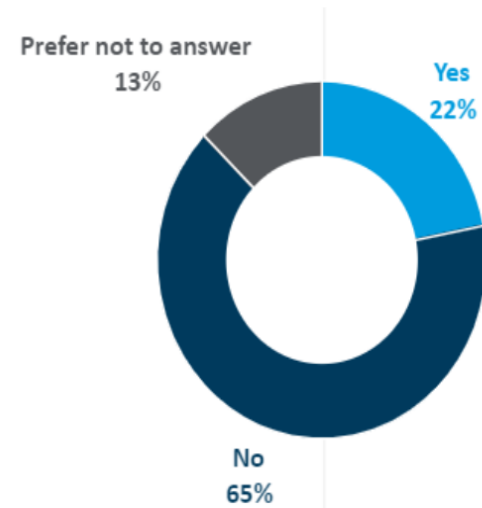4) Establish that an NPI is foundational to evaluating the value of the nurse in the health care system.

Diversity, equity, inclusion, and belonging

Since the pandemic, has racism in your workplace increased or decreased?

Increased 12%

Decreased 10%

Similar to before the pandemic 78%
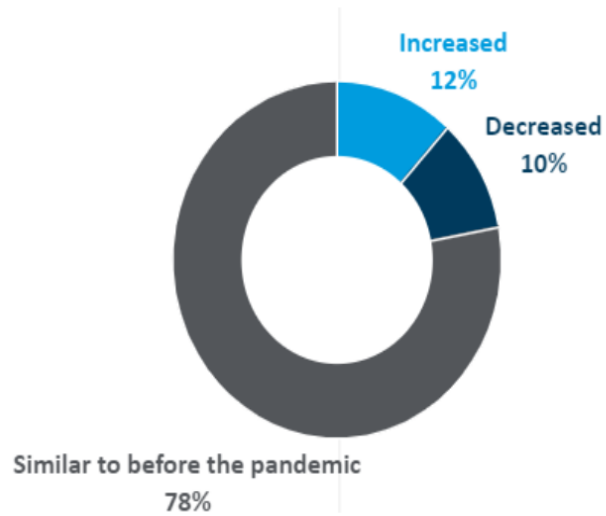
Have you challenged an instance of racism at your workplace?

Prefer not to answer 13%
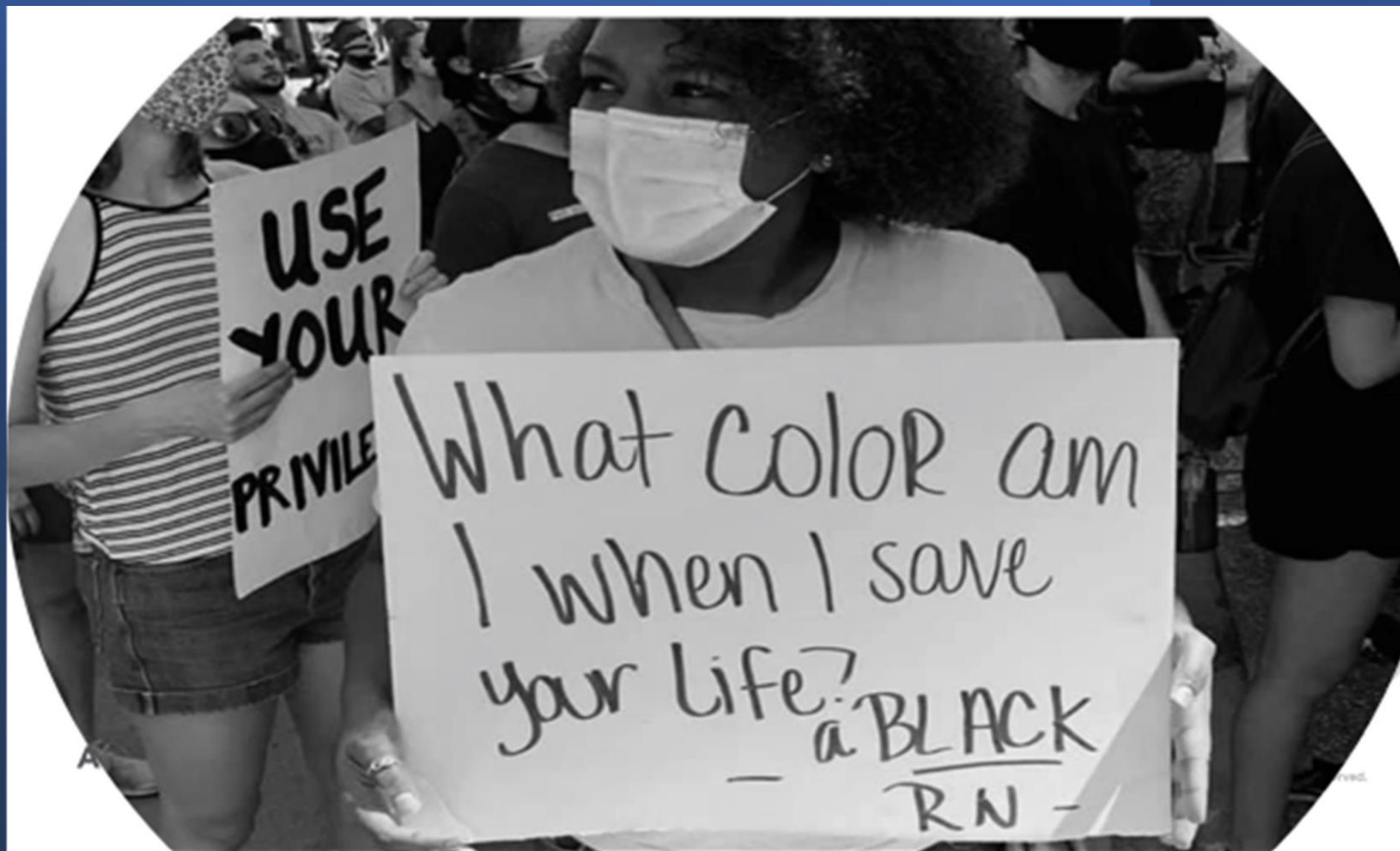
Yes 22%

No 65%

Since the pandemic, have you seen meaningful change as a result from your employer's diversity, equity, and inclusion programs?

Have not implemented 7%
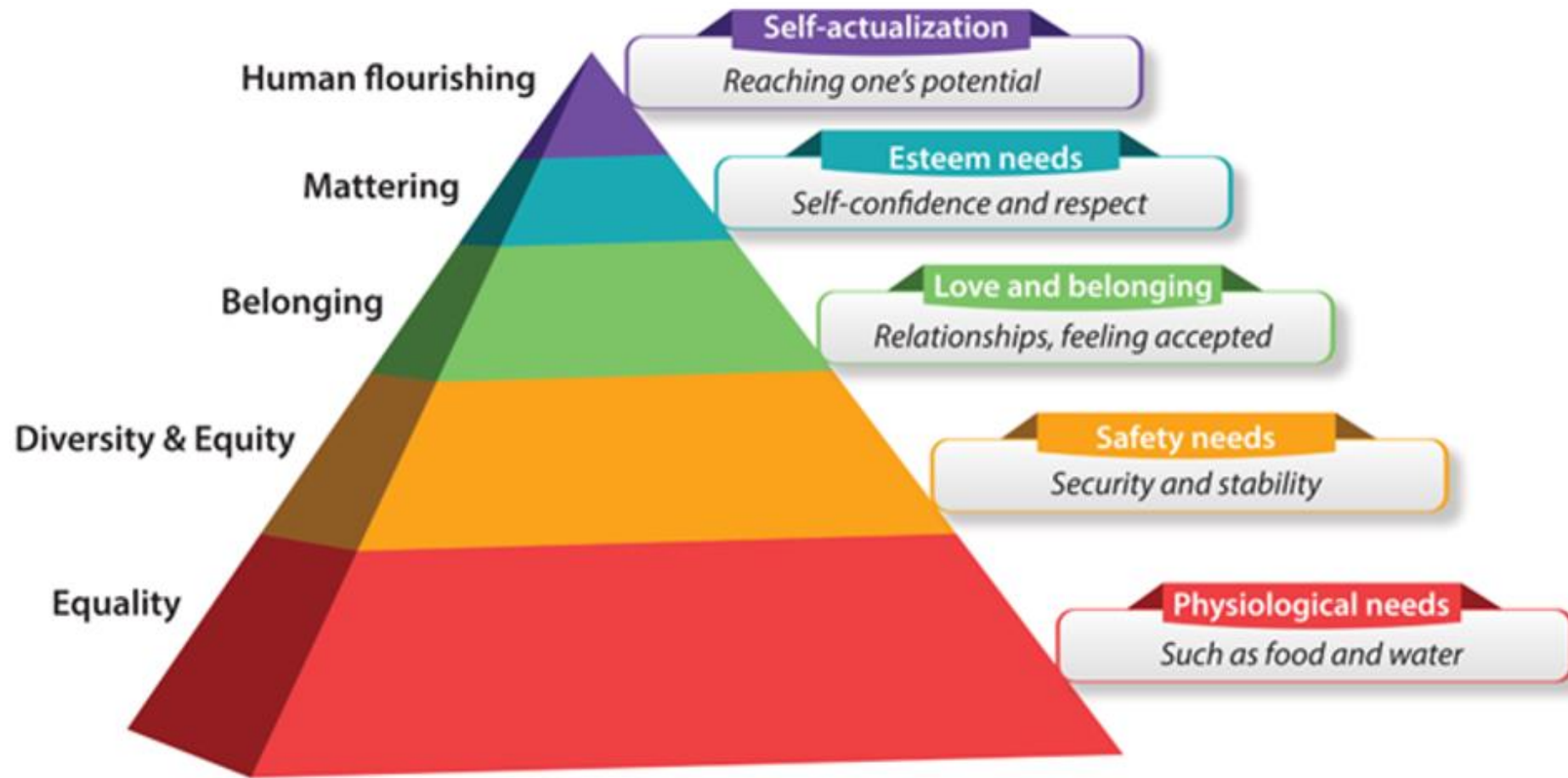
Yes 22%

Unsure 33%

No 38%
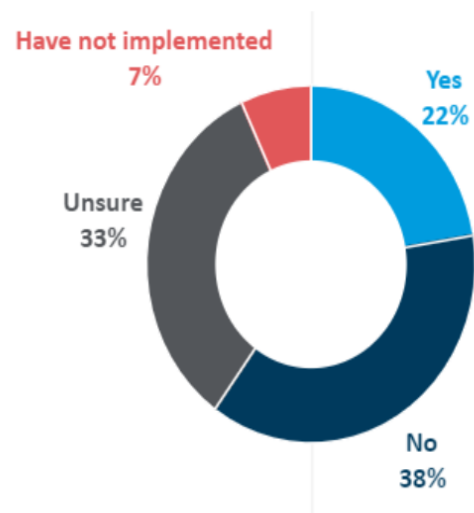
Although 40% of nurses discussed observing or experiencing discrimination because of race/ethnicity with their supervisors, only 23% formally report or document incidents with managers/supervisors

Discuss Discrimination

Report Discrimination

Discuss Discrimination		Report Discrimination
Other Nurses	57%	
Nursing Directors/Supervisors/Managers	40%	
Other Staff	37%	
Doctors	20%	23% — Nursing Directors/Supervisors/Managers
Senior Leaders/Executives	18%	19% — Other Nurses
Human Resources	16%	Other Staff
		14% — Human Resources
		11% — Senior Leaders/Executives
		7% — Doctors
Nursing Union	6%	4% — Nursing Union

Inclusive Excellence

Human flourishing

Self-actualization
Reaching one's potential

Mattering

Esteem needs
Self-confidence and respect

Belonging

Love and belonging
Relationships, feeling accepted

Diversity & Equity

Safety needs
Security and stability

Equality

Physiological needs
Such as food and water
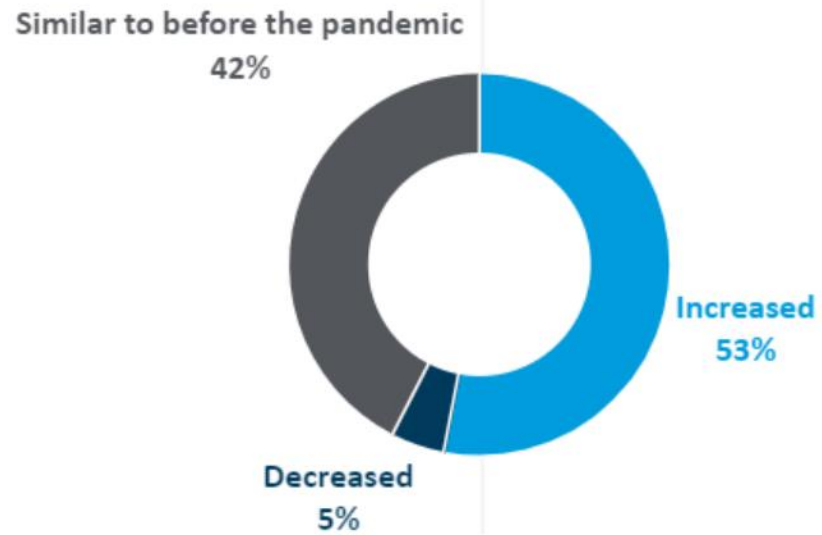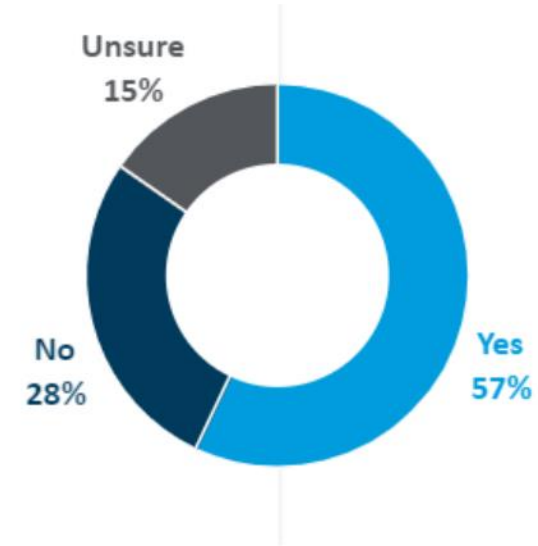
Abuse and workplace violence

Since the pandemic, has your experience of verbal abuse from patients and/or their families increased or decreased?

Similar to before the pandemic 42%

Increased 53%

Decreased 5%

Is there a mechanism at your organization to report verbal abuse?

Unsure 15%

No 28%

Yes 57%

Civilized Oppression:
Concealed Weapons and Harm in the Workplace

The Weeds: Types of WPV

Type I—Criminal Intent. In this kind of violent incident, the perpetrator has no legitimate relationship to the business or its employees. Type I violence is usually incidental to another crime such as robbery, shoplifting, or trespassing. Acts of terrorism also fall into this category.

Type II—Customer/Client. When the violent person has a legitimate relationship with the business—for example, a customer, client, patient, student, or inmate—and becomes violent while being served by the business.

Type III—Worker on Worker. The perpetrator of Type III violence is an employee or past employee of the business who attacks or threatens other employee(s) or past employee(s) in the workplace.

Type IV—Personal Relationship. The perpetrator in these cases usually does not have a relationship with the business but has a relationship with the intended victim. This category includes victims of domestic violence who are assaulted or threatened while at work.

National Institute of Occupational Safety and Health (NIOSH)

Key Finding: Why nurses are being harmed and why do nurses harm each other?

These findings indicate the presence of nurses' experiences with civilized oppression and unbalanced power dynamics in the hospital setting based on the data from participants' interviews.

All of the extracted themes link closely with concepts of Civilized Oppression:

loss of power, nonphysical violence, systemic normalization and acceptance, the vicious cycle and role switching of the abused being an abuser, apathy and fear.

By 2030

1) Healthcare institutions will have clear definitions of workplace violence, visible processes and policies for employees, patients, and visitors, and advocate on nurses' behalf for proper legislation to be passed to deter these behaviors.

2) Security and security systems will be improved with nurses having the ability to immediately call for assistance.

3) De-escalation training will be provided to all employees.

4) Nurses will also be protected to be able to serve as witnesses when these cases are prosecuted.

5) Nurses will advocate with their employers at the state level to develop policies to address and deter workplace violence.

Philanthropy and community investments

By 2030

- There will be improved alignment and coordination between foundational and philanthropic departments and strategies codeveloped to drive engagement.

- Nurse leaders who have an interest in philanthropy are assessing their educational qualifications and can become more acquainted with philanthropy by going back to school to obtain a bachelor's or master's degree in Philanthropic Studies, a master's degree in Philanthropy, or Non-Profit Management Certified Fundraising Executive certification.

- Some organizations are combining job descriptions in philanthropy and nursing to include prospect research, communications, digital marketing, stewardship, and grant writing.
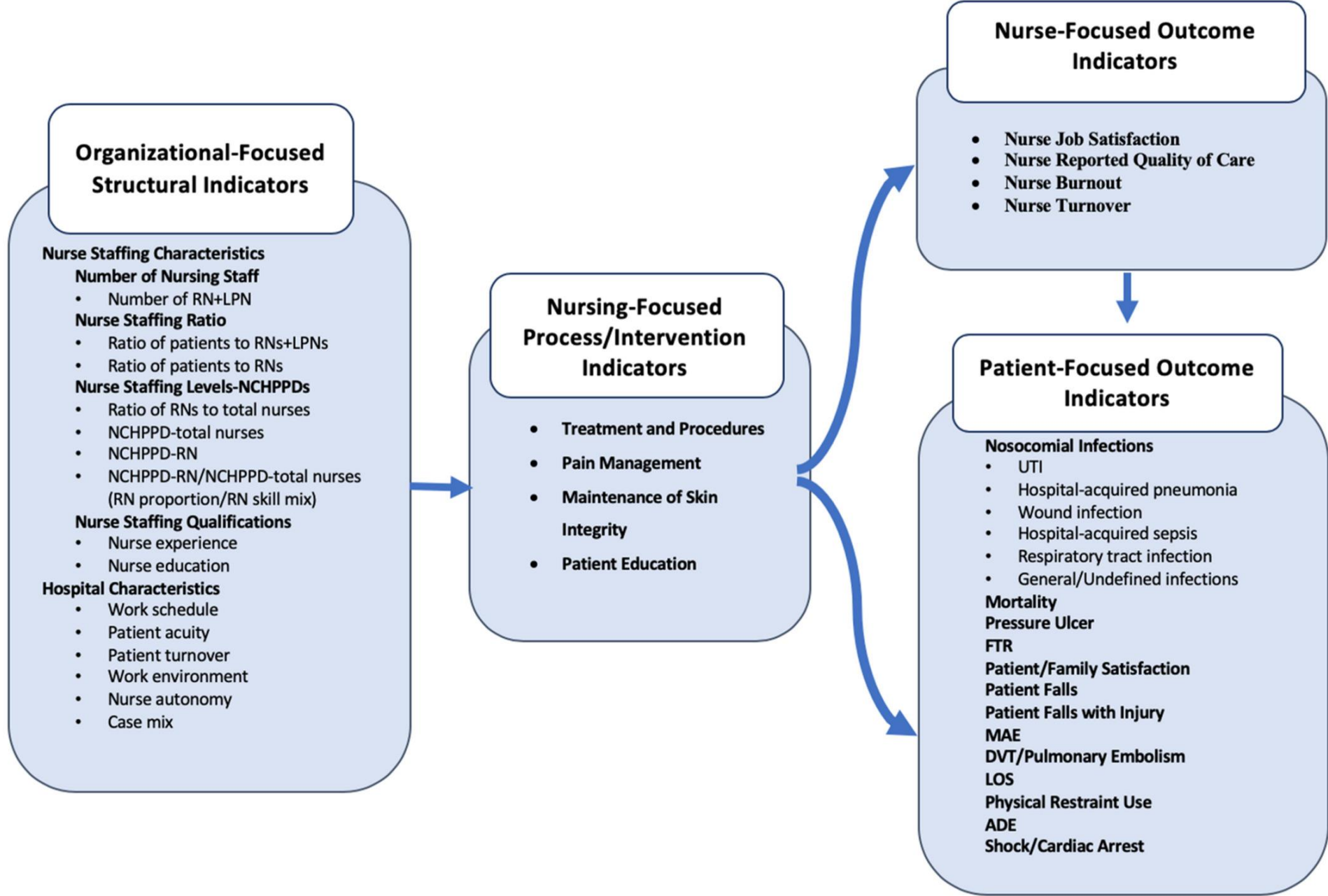
What will YOU do next Tuesday??

Definition of A Megaproject

Megaprojects, sometimes called "major programs", are large-scale, complex ventures that typically cost more than 1 billion US Dollars, take many years to build, involve multiple public and private stakeholders, are transformational, and impact millions of people.

Cathedrals & Megaprojects

Cathedrals are distinct from typical megaprojects in a significant way: *an unfinished cathedral, even if over decades or centuries, is by no means a failure.*

An essential and unique (singular) component of building cathedrals is the realization that all effort is accretive (gradual or incremental growth).

Most large megaprojects are binary; they are done or not. *That is not the case with this work.*

Binary - A 90% complete bridge is practically useless!

Cathedrals, Bridges & Megaprojects

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