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The Great RNesignation: Shifting the Paradigm from Burnout to Integrative Nurse Wellness and Retention

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Introduction

The persistent COVID-19 pandemic has deleterious effects on nurse wellness, retention, supply, and migration. Many of these systematic health care delivery issues existed prior to the pandemic and were subsequently magnified by it. Nurses are experiencing resilience challenges and are leaving their positions or the profession en masse [1]. Prior to the pandemic, there was a 5.9 million nurse deficit, with another 4 million nurses expected to retire within the next decade. Now, over two years into the pandemic, The International Council of Nurses projects a shortage of up to 13 million nurses by 2030. The COVID-19 Effect, according to the [2], is a unique and complex form of trauma that has potentially devastating consequences for short- and long-term nurse and organizational health. Nurses know the ethically correct action to take but are frequently unable to take this action due to a host of factors, including limited resources and unsafe patient ratios [3]. Worldwide, nurses are experiencing poor working conditions, moral distress and suffering, and burnout [4]. Moral distress encompasses internal constraints, such as nurses' belief systems, and external constraints such as lack of time, organizational policies, and supervisory reluctance. Predictors for moral distress, which are directly related to nurse retention and care quality, include staffing and budget constraints, along with higher patient acuties. These predictors, when activated, are manifested as burnout, frustration, and dissatisfaction [5].

The ICN recently hosted a global webinar leaders of national nursing associations from 115 countries to discuss the Sustain and Retain in 2022 and Beyond report [6,7] wherein ICN President, Dr. Pamela Cipriano reflected the perspective of nurses worldwide. "As a profession, globally, we are asking for help. Because our nurses do not feel valued, they do not feel supported, and we know that over the course of time we need to grow our workforce supply and retain that supply, which is becoming a much more critical aspect when we look at the conditions affecting us right now." Leaders from multiple continents echoed this sentiment, calling for the nurses' perspective to be heard and their needs to be addressed. Among these needs are manageable staffing and patient-nurse ratios that support safe, quality care, competitive pay and career pathways, autonomy, and ethical international nurse recruitment. Low-income countries are at risk of a recruitment tsunami as their nurses are being recruited to high-income countries who are seeking a quick fix to nursing shortages [8]. Needed are strategies to improve work environments and employee assistance programs to support the development of a sustainable workforce that is not excessively reliant upon travel- and foreign-educated nurses [9]. We must embrace diversity, equity, and inclusion and meet each nurse where and how they are with respect, compassion, and dignity. LGBTQ nurses constitute one of the largest subgroups in the nursing profession. PRIDE at work strategies, designed to optimize inclusion, job satisfaction, and retention, should be used and include (P) promoting support and alliance, (R) recruitment, retention, and resource groups, (I) interdisciplinary collaboration and communication, (D) diversity celebration, and (E) education and training [10]. Regardless of age, gender, orientations, race, or ethnicity, nurses are seeking to have their unmet needs be seen, heard, and addressed. Nurses in Spain summarize The Great RNesignation phenomenon succinctly as, "we are tired, we are burnt-out, we feel neglected and forgotten." Nurses' voices aren't being heard and their needs aren't being met. At the top of the unmet needs list are insufficient staffing levels, pay, and lack of support Berlin. They are responding to their unmet needs with resignation letters.

In a recent survey conducted by the [11], nearly half of the 11,000 nurses surveyed reported resilience challenges such as feeling overwhelmed, anxious, irritable, or sad. About one-third of nurses surveyed reported feeling angry, isolated, lonely, and depressed. One-fourth of these nurses reported feeling numb, betrayed, guilty, or like a failure. Morale and resilience are at an all-time low. The nurses who remain in the profession during and after the pandemic are at higher risk for presenteeism, fear and moral conflict, mental and physical exhaustion, and in some cases, a renewed sense of professional identity [12,13]. Understaffed hospitals are and will be employing nurses who are experiencing presenteeism, burnout, and complex trauma, all of which pose a dire risk to patient and nurse safety, quality of care, nurse well-being, and professional-organizational quality of life [14]. These protracted and unresolved issues are being reflected, in part, by nurse turnover and retention challenges.

The COVID-19 Effects of physical and mental exhaustion, psychological distress, existential crisis, moral injury, depression, anxiety and trauma [7,15] are being conveyed to new nurse graduates and student nurses in clinical settings. Early career nurses describe unsafe nurse-patient ratios, high expectations and responsibilities, and fear of making a mistake among their top stressors [16]. Student nurses in the author's classes report being advised by their hospital nurse supervisors to "get out [of nursing] now while you still can", "run, don't walk from this profession", and "save your money, get out now". Student nurses are questioning their career choice in their written and verbal assignments. Their uncertainty will compound the inherent transition to practice challenges faced by all early career nurses. Research suggests that nearly half of first year RNs are seriously considering leaving the profession or their organizations [17]. A study of Generation Z nursing students conducted by [18] found that roughly 17% of third- and fourth-year nursing students were considering leaving the profession within two years of licensure. Overall, clinical nurses who are precepting student or early career nurses are frequently experiencing high and potentially unsafe patient ratios or acuities, presenteeism, burnout, moral and psychological distress [19]. Under these conditions, nurse trauma is being transmitted to nurse students instead of mentorship and self-care practices that would otherwise optimize early career nurse resilience and retention [20]. It is a perfect storm of unprecedented magnitude.

The nursing profession will soon be in an international crisis, which will have deleterious effects on patient safety and quality of care. Needed is a paradigm shift in how we educate, train, employ, manage, and care with and for our nurses. We need to develop actionable and sustainable strategies to attain and maintain wellness on individual, collective, and system levels. With the great challenges presenting to the nursing profession, there is great opportunity for change and growth. We need to do nursing better. Nurses need to be seen, heard, valued, and appreciated. Independent of age or experience level, nurses need to feel connected to their leaders who should routinely evaluate employee well-being, feedback, work environments. Needed are assessable nurse wellbeing standards - including moral wellbeing. Improvements are needed in work environments, nurse recognition, and equitable distribution of resources to cultivate nurse wellbeing, resilience, and organizational wellness. Nurse leaders must prioritize their nurses' experience of being heard and valued, as this is correlated with higher performance and retention rates [21]. Other traditional approaches to improving workplace wellness include fostering interprofessional relationships, workflow redesigns, horizontal or flat organizational leadership structures, safe nurse-patient staffing ratios, moral wellbeing, robust ethical infrastructure, and rebuilding trust between nurses, administrators, and managers [4].

Needed are integrative nursing approaches to facilitate healing with and for the weary, overworked, traumatized, or burnt-out nurses. Integrative nursing is defined as a way of being, doing, and knowing that advances a whole health perspective to optimize wellbeing. Integrative nurses use evidence-informed strategies to support whole person, system, and planetary healing [22]. Nurses need to heal themselves and then heal their profession. Pivoting to and embracing an integrative nursing approach to start this healing process is an important first step and one that complements traditional organizational strategies. Nurses routinely deliver integrative nursing care to their patients and clients. Now, they need to nurse themselves back to professional health - in partnership with their employing organizations. We need to also develop actionable and sustainable integrative strategies to attain and maintain wellness for individual nurses, the nursing profession, and health care delivery systems. As individuals and collectives, we are inextricably linked to the worldly systems and contexts in which we live. It is time to heal the healers and redefine how health care is delivered [23]. This is the paradigm shift. We must embrace a whole person, whole system, whole health perspective as we move into a post-pandemic era.

The trust between nurses and the organizations employing them has been compromised or outright broken. We need to rebuild this trust by first focusing on the health and wellbeing of our traumatized and burnt-out nurses. Nurse-centric integrative nursing principles (Table 1) provide conceptual guidance in how nurses, nurse leaders, and organizational leaders can organize how we approach difficult topics with conversations that lead to organizational and system improvements. As an essential nurse retention strategy, nurse-centric integrative nursing principles can partially guide policies surrounding nurse and organizational wellness [24]. Nurse centric integrative principles are a launching off point for trust-building and reframing how nurses and healthcare organizations can reprioritize nurse- and organizational health and wellness. Going back to where we were before the pandemic isn't an option. As the world redefines itself amid an ensuing pandemic, the nursing profession must similarly redefine itself by first facilitating the healing of its individual nurses while advocating for sustainable, meaningful, and safe nurse-patient outcomes.

Nurse Centric Integrative Nursing Principles
Nurses are whole people in body-mind-spirit whose health and wellbeing are influenced by their environments, including organizational environments.
Nurses have the innate capacity for professional health and wellbeing. Healthcare organizations can place nurses in optimal work conditions to promote nurse health and resilience.
Nature has restorative properties that contribute to nurse health and wellbeing. Healthcare organizations should use biophilic designs and incorporate nature into practice settings (where appropriate) to optimize these properties.
Integrative nursing is person-centered, and relationship based. Healthcare organizations and nurses together co-create diverse, equitable, and inclusive partnerships to promote nurse and organizational wellness.
Healthcare organizations and nurses use a wide range of evidence informed traditional and integrative modalities to optimize nurse and organizational wellness.
Prioritize the health and wellbeing of nurses in body-mind-spirit so they may provide high quality, safe, and effective care for patients. Nurses and healthcare organizations support one another to develop resilience strategies and rekindle the healer’s heart that initially drew nurses to their profession.

Table 1: Nurse Centric Integrative Nursing Principles (adapted from [22] Integrative Nursing Principles).

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