Speaker 1:

Welcome to the Michigan Minds Podcast, a quick and informative analysis of today's top issues from University of Michigan faculty.

Speaker 2:

Thank you so much for joining Michigan Minds. I'm really excited to have the opportunity to talk with you today. So can you start by introducing yourself and sharing a little bit about your role at the University of Michigan?

Christopher Friese:

Sure. I'm Christopher Friese, I'm the Elizabeth Tone Hosmer Professor of Nursing. I'm also a professor of Health Management and Policy at the School of Public Health, and I'm the Director of the Center for Improving Patient and Population Health.

Speaker 2:

Thank you. And in what areas does your research focus?

Christopher Friese:

So I primarily try to understand and improve the quality of care that we deliver to patients usually with cancer. But as the Covid pandemic has emerged, I've also delved into other areas to generally improve care for patients with a lens on how do we organize and structure nursing care to meet the needs of patients and families and communities.

Speaker 2:

Last year we spoke with you on Michigan Minds, about the challenges that nurses face that impact their mental health and wellbeing and the surrounding stigma. Some of these factors included staffing shortages, unreasonable patient loads, and not feeling supported by their employer. In reflection on this past year, what has changed for the nursing workforce or has there been any improvement on these issues?

Christopher Friese:

So as we talked a year ago, we talked about a very serious condition, which is death by suicide among registered nurses. And we saw that death by suicide among registered nurses was higher for females compared to the female general population, also for female physicians. The work we've just concluded, which was published in medical care in March 2023, is a survey we did very soon after that.

So in March '22, last year, we surveyed thousands of nurses across the state of Michigan and about 10,000 responded. And they told us that 84% of them were emotionally exhausted at work, 39% of them were planning to make a career change, a job change. And then we dove deeper, what was going on underneath that? And that's where the results are similar to what we heard last year, but more pronounced and more worrisome. Nurses have told us that their workloads are too high, that they're caring for too many patients, and they've told us this before the pandemic, but it's gotten worse during the pandemic and where we are currently in 2023.

They also told us that they're working too many hours, so they're being asked or being required to use overtime and use mandatory overtime specifically. And the third thing they told us is that they're seeing violent events in the workplace more and more frequently. And when we see verbal, physical or sexual abusive nurses, they're far more likely to leave their work environment and leave their practice.

The things that protect nurses from these issues are twofold, improve working conditions and improve staffing. So we have worrisome findings, but what is encouraging is nurses have repeatedly and clearly told us what they need to feel safe and supported in their workplace, and that's better staffing and better working conditions. And those are in the hands of the healthcare executives that they work with.

Speaker 2:

Thank you. And so the large statewide survey of more than 10,000 of Michigan's registered nurses that you mentioned found that 39% plan to leave their jobs over the next year and 28% plan to reduce their clinical hours. Can you tell us more about the study and what can be done to reduce continued losses and threats to patient safety?

Christopher Friese:

So our team was really concerned about nurses, but we were also hearing from executives and other groups that things weren't so bad. And so in March of 2022, our team redeployed all our resources and we launched a very large email-based survey of all nurses in the state of Michigan who held a valid license, that's over 140,000 individuals.

And we asked them to complete an online survey. And about 13,000 total responded to us, a subset of those were retired, but we had about 10,000 nurses who had recently practiced or are currently practicing. And so that's the base that we use for this report that we published in March of 2023. We asked them very basic questions about their plans to stay in nursing, if they had left, the reasons why they left. Some of the workplace factors and even personal factors that contributed to those.

And then we had a validated tool that assesses workplace emotional exhaustion or burnout, a key component of burnout. So we're able to quantify the degree to which these nurses experience burnout. And then an important thing is, "Well, what does 10,000 nurses look like compared to the entire population of the state?"

And when we were able to look at some age and degree, characteristics, the nurses in our sample look pretty close to the state of Michigan, so we don't feel like they're very skewed in any way. And the nurses up front before they clicked on the survey didn't really know what the questions were about. So some reporters have said, "Well, is this just the really angry nurses responding?" And the nurses didn't really know what we were going to ask them, and they look pretty similar to the other nurses in the state of Michigan, so we feel pretty confident that our results are congruent with what we see across the state.

One thing we're worried about when we dive into that number of 39% planning to leave their workplace, we actually see higher rates among the youngest nurses. So these are the folks who have recently come out of school, have entered nursing, and they're not happy in their workplace. And so that should set off alarm for the healthcare industry. We've known for some time that the baby boomer generation of nurses, we had a large number of nurses who were born in the baby boom era, and we knew that they were going to retire. And then every year we have a subset of nurses who want to go back for graduate school or move into administration.

So we know that and we can plan for that. But when your newest nurses, the ones that you expect to have a long career in nursing are telling you that they're looking for a new job, that means that what we're doing isn't working and we really need to focus on improving working conditions. And we probably need better supports and different kind of supports for newer entrants into the profession. Because they're coming into these environments, seeing the workloads, seeing violence, and thinking, "This is not for me."

And what I will say to them is, "There is an opportunity forward and we do have the opportunity to improve this, but we need you to stay with us and be part of the solution." So then when we think about reducing clinical hours, we think about all those nurses leaving. But a lot of nurses will want to move to part-time work or do what I do, which is called per diem, which is I work a few hours, a couple of shifts a month. But when a large number of nurses do that, that means that we have fewer nurses to fill all those shifts.

And so when we have twofold issue, when we have younger nurses leaving at high rates and then we have our experienced nurses reducing their hours that they're going to work, that means that less nursing care is available for our loved ones. And so we need to think about ways to keep nurses engaged in the workforce. And for younger nurses, that means really helping them orient and become comfortable in their working conditions, improving their working conditions. And then supporting those experienced nurses to say, "We really need your expertise here and how can we make this work for you so that you can stay engaged with us in the workplace."

Speaker 2:

So what are some factors that you believe contribute to the youngest nurses being the highest rate to leave the profession? Or why do you believe the youngest sampled nurses are leaving the field at the highest rate?

Christopher Friese:

So I think we need to unpack that a little more. I don't think we have exact answers, but when we've talked with younger nurses, a lot of what they say is that they don't believe that the administration is listening to their concerns wherever they work. They do believe, and I've had more experienced nurses just talk to me in this setting, and they said, "We knew that conditions were bad, but we of grin and bear it. And this generation doesn't appear to want to grin and bear it."

They really want to see action in their workplaces and improvements from things that have been lingering, our work would suggest this has been unsafe staffing and unsupported working conditions have been in place for about 10 years now, based on our prior work. And so our experienced nurses seem to not love that, but didn't seem to want to make a change in their workplace because of that, probably because of other family demands and things like that.

But our newer nurses see other opportunities for them and that they don't need to stay in these environments. So that should really cause concern and urgent action from executive teams to say, "What do we need to do differently for this group?"

Another theory that's been posited by others is this whole idea of the great resignation during the Covid era, people just decided that their current employer, their current employment conditions weren't adequate. That sort of a writ large, not specific to healthcare, not specific to nursing. And I don't know, I think it's possible, but I think when we see this differential by age that we see in our survey, that's really concerning.

The other thing is we're actually about to go back in the field in late spring, early summer of 2023 to check back in with nurses in the state and see where things are. So, "Do we see that same pattern? Have things smoothed out a little bit or are there other worrisome trends that we need to follow?"

Speaker 2:

Thank you. As the podcast comes to a close, what is one thing you hope listeners remember from this conversation?

Christopher Friese:

So I think the time is now. We're recording this right before nurses week. And so it's a time for us to reflect and celebrate the amazing work that nurses do day in and day out, pandemic or not, for our families, our patients, our loved ones, our community. And so oftentimes people will come up to me when they see me wearing scrubs and they'll thank me. And of course, everybody remembers in the pandemic, we had lawn flags out and we had car parades.

And I'm asking the public to think differently about nurses week this year. And I'm asking them to think about asking their policymakers, "What have you done for nurses lately? What have you done from a policy perspective to improve their working conditions and support nurses so they can deliver care to my loved ones?" And I'm also asking you, most of you live in communities where your hospitals have community boards or your executives, part of their program is to do community outreach.

And I'm asking you to talk to healthcare systems or other employers that hire nurses, including schools, and saying, "What are you doing to protect the nurses who work in your system, or work for you, or work in your team? What are the steps you're taking this year to make sure that Michigan nurses in particular, but really nurses across the country, feel safe and supported, want to stay in their jobs, want to take the best care they can of patients and families and serve communities."

So that's my wish for Nurses Week this year. To have a real partnership with the public to heighten these concerns and make sure that we're all working in the same direction, which is better nursing care for our loved ones through better and safer staffing conditions.

Speaker 2:

Dr. Friese, thank you so much for joining us on Michigan Mind. It has been an absolute honor to talk with you today and learn from you. So thank you for taking the time to join us.

Christopher Friese:

It's my pleasure. Thank you so much for your interest in Go Blue.

Speaker 1:

Thank you for listening to the Michigan Minds Podcast, a production of the University of Michigan. Join the conversation on social media with #umishimpact.