

Healthcare Practice

Understanding and prioritizing nurses' mental health and well-being

More than half of surveyed nurses in the United States reported symptoms of burnout. Employers can take additional steps to better support nurses today and sustain the profession for the future.

by Gretchen Berlin, Faith Burns, Amy Hanley, Brad Herbig, Kate Judge, and Mhoire Murphy



Healthcare organizations continue to feel the effects of the COVID-19 pandemic, including prolonged workforce shortages, rising labor costs, and increased staff burnout.¹ Although nurses routinely experience job-related stress and symptoms of burnout, the COVID-19 pandemic exacerbated the challenges of this high-intensity role.

As part of an ongoing, collaborative research effort, the American Nurses Foundation (the Foundation) and McKinsey surveyed more than 7,000 nurses in April and May 2023 to better understand mental health and well-being in the nursing workforce (see sidebar “About the research collaboration between the American Nurses Foundation and McKinsey”). The survey results revealed that symptoms of burnout and mental-health challenges among nurses remain high; the potential long-term workforce and health implications of these persistent pressures are not yet fully understood.

In this report, we share the highlights of our most recent survey and trends over the past few years. As healthcare organizations and other stakeholders

continue to evolve their approaches to these important issues, this research provides additional insight into the challenges nurses face today and highlights opportunities to ensure adequate support to sustain the profession and ensure care and access for patients.

Current state of the nursing workforce

Although many organizations have taken steps to address the challenges facing the nursing workforce, findings from the joint American Nurses Foundation and McKinsey survey from May 2023 indicate that continued action is required. Nursing turnover is beginning to decline from its 2021 high but remains above prepandemic levels.² Intent to leave also remains high: about 20 percent of surveyed nurses indicated they had changed positions in the past six months, and about 39 percent indicated they were likely to leave their current position in the next six months.³ Intent to leave was roughly 41 percent among nurses who provide direct care to patients, compared with 30 percent for nurses not in direct-patient-care roles.⁴

About the research collaboration between the American Nurses Foundation and McKinsey

The American Nurses Foundation is a national research, educational, and philanthropic affiliate of the American Nurses Association committed to advancing the nursing profession by serving as a thought leader, catalyst for action, convener, and funding conduit. The American Nurses Foundation and McKinsey are partnering to assess and report on trends related to the nursing

profession. A foundational part of this effort is jointly publishing novel insights related to supporting nurses throughout their careers.

In April and May 2023, the American Nurses Foundation and McKinsey surveyed 7,419 nurses in the United States to better understand their experiences, needs, preferences, and career intentions.

All survey questions were based on the experiences of the individual professional. All questions were also optional for survey respondents; therefore, the number of responses may vary by question. Additionally, publicly shared examples, tools, and healthcare systems referenced in this article are representative of actions that stakeholders are taking to address workforce challenges.

¹ The World Health Organization defines burnout as “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed,” with symptoms including “feelings of energy depletion or exhaustion; increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and reduced professional efficacy.” For more, see “Burn-out an ‘occupational phenomenon’: International Classification of Diseases,” World Health Organization, May 28, 2019; and “Doctors not the only ones feeling burned out,” *Harvard Gazette*, March 31, 2023.

² *2023 NSI national health care retention & RN staffing report*, NSI Nursing Solutions, 2023.

³ Based on data from Pulse on the Nation’s Nurses Survey Series: Mental Health and Wellness Survey 4.

⁴ *Ibid.*

Surveyed nurses who indicated they were likely to leave cited not feeling valued by their organizations, insufficient staffing, and inadequate compensation as the top three factors influencing their decisions.⁵ Insufficient staffing was especially important to respondents with less than ten years of experience⁶—a population that will be critical to retain to ensure future workforce stability.

Key survey insights on mental health and well-being

Our joint research highlighted the magnitude of the health and well-being challenges, both physical and mental, facing the nursing workforce. More than 57 percent of surveyed nurses indicated they had been diagnosed with COVID-19, and 11 percent of those indicated they had been diagnosed with post-COVID-19 conditions (PCC or “long COVID”). Additional research may be needed to fully understand the impact of PCC on nurses, but in the meantime, employers could consider augmenting their PCC services for clinicians.

Research conducted by both the Foundation and McKinsey over the past three years has identified sustained feelings of burnout among surveyed nurses—a trend that continued this year.⁷ Contributors to burnout include insufficient staffing, high patient loads, poor and difficult leadership, and too much time spent on administrative tasks. In our joint survey, 56 percent of nurses reported experiencing symptoms of burnout, such as emotional exhaustion (Exhibit 1). Well more than half (64 percent) indicated they feel “a great deal of stress” because of their jobs. Additionally, although there have been slight improvements year over year in respondents’ reports of stress, anxiety, and feeling overwhelmed, reports of positive emotions such as feeling empowered, grateful, and confident have declined.⁸

Our results indicate that mental health and well-being vary by nurse experience levels (Exhibit 2). Less-tenured nurse respondents were more likely to report less satisfaction with their role, had a higher likelihood of leaving their role, and were more likely to be experiencing burnout.

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⁵ Ibid.

⁶ Ibid.

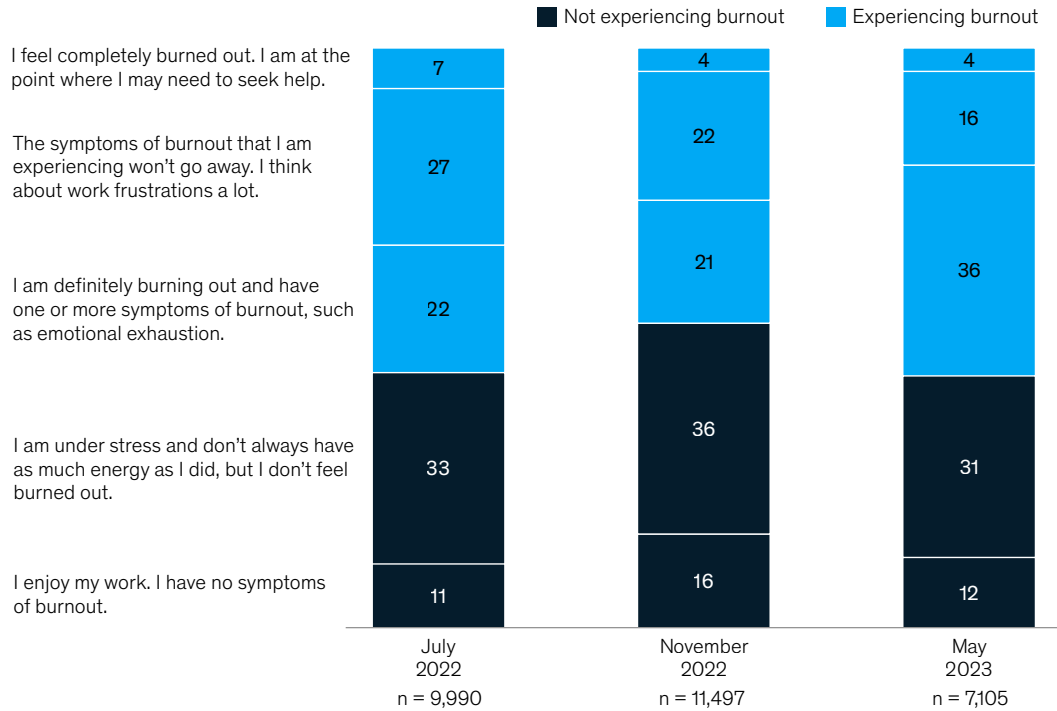
⁷ For more, see the following articles: “Mental health and wellness survey 1,” American Nurses Foundation, August 2020; “Mental health and wellness survey 2,” American Nurses Foundation, December 2020; “Mental health and wellness survey 3,” American Nurses Foundation, September 2021; Gretchen Berlin, Meredith Lapointe, Mhoire Murphy, and Molly Viscardi, “Nursing in 2021: Retaining the healthcare workforce when we need it most,” McKinsey, May 11, 2021; Gretchen Berlin, Meredith Lapointe, Mhoire Murphy, and Joanna Wexler, “Assessing the lingering impact of COVID-19 on the nursing workforce,” McKinsey, May 11, 2022; “Nursing in 2023: How hospitals are confronting shortages,” McKinsey, May 5, 2023.

⁸ “Pulse on the Nation’s Nurses Survey Series results,” American Nurses Foundation, accessed October 20, 2023.

Exhibit 1

Fifty-six percent of surveyed nurses are experiencing symptoms of burnout, such as emotional exhaustion.

Level of burnout, % of respondents



Note: Figures may not sum to 100%, because of rounding. Question: Using your own definition of "burnout," please select one of the answers below. Source: American Nurses Foundation, Pulse on the Nation's Nurses Survey Series: Mental Health and Wellness Survey 4, May 2023; American Nurses Foundation, Pulse on the Nation's Nurses Survey Series: Annual Assessment Survey, November 2022; American Nurses Foundation, Pulse on the Nation's Nurses COVID-19 Survey Series: Workplace Survey, June–July 2022

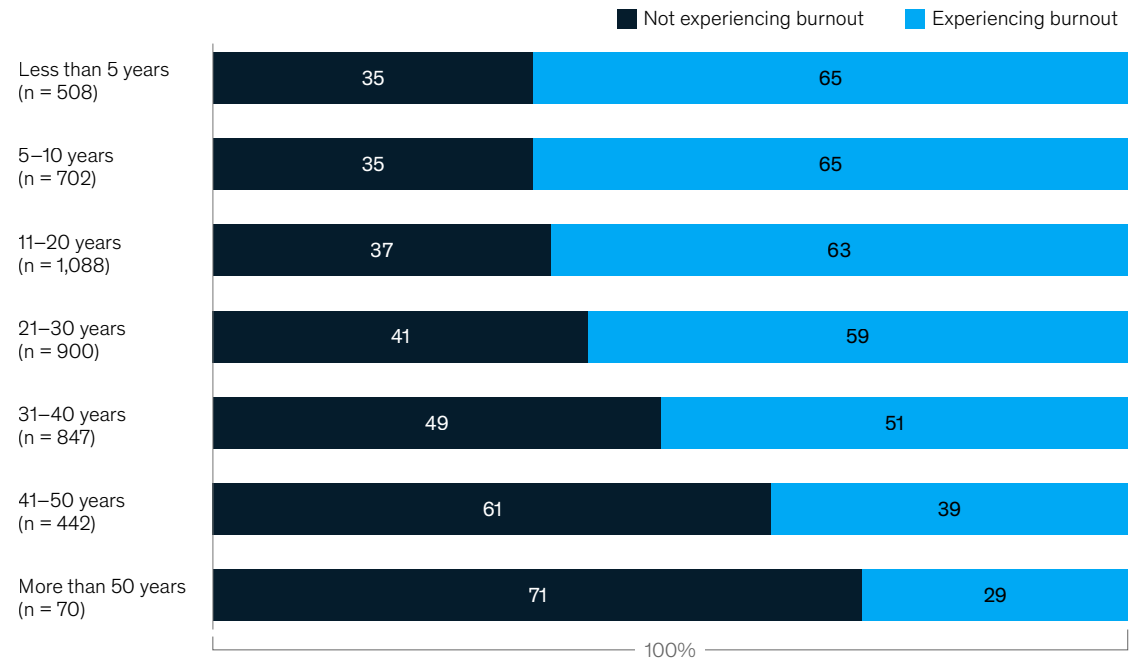
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Despite sustained and high levels of burnout, approximately two-thirds of surveyed nurses indicated they were not currently receiving mental-health support.

Exhibit 2

The percentage of nurses reporting burnout is relatively high among those with 20 or fewer years of experience.

Level of burnout by years of experience, % of respondents, n = 4,557



Questions: Using your own definition of "burnout," please select one of the answers below; For your most recent employment, were you providing direct care to patients?; What is your age?; How many years have you been a nurse?
 Source: American Nurses Foundation, Pulse on the Nation's Nurses Survey Series: Mental Health and Wellness Survey 4, May 2023

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Despite these sustained and high levels of burnout, approximately two-thirds of surveyed nurses indicated they were not currently receiving mental-health support (a figure that remained relatively consistent in Foundation surveys over the past two years), and 56 percent of surveyed nurses believe there is stigma attached to mental-health challenges.⁹

Reasons cited by nurse respondents for not seeking professional mental-health support have remained consistent over the past two years,¹⁰ with 29 percent indicating a lack of time, 23 percent indicating they feel they should be able to handle their own mental

health, and 10 percent citing cost or a lack of financial resources (Exhibit 3). For nurses with ten or fewer years of experience, lack of time ranked as the top reason for not seeking professional mental help.

Despite slight improvements to the most severe symptoms over the past six to 12 months, reported levels of sustained burnout and well-being challenges have remained consistently high since we began assessing this population in 2021. Moreover, research indicates that burnout has several adverse, long-term health effects; for example, it is a predictor of a wide range of illnesses.¹¹ These health conditions

⁹ Based on data from Pulse on the Nation's Nurses Survey Series: Mental Health and Wellness Survey 4; "Pulse on the Nation's Nurses," accessed October 20, 2023.

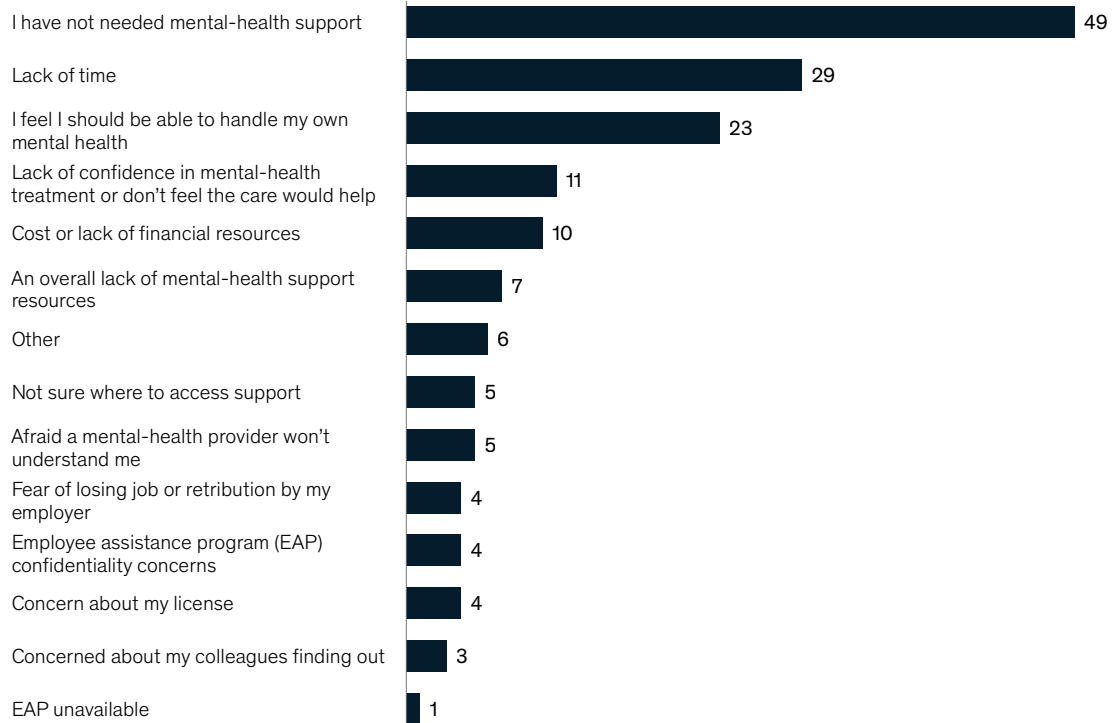
¹⁰ "Mental health and wellness survey 3," September 2021.

¹¹ Denise Albieri Jodas Salvagioni et al., "Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies," *PLoS One*, October 2017, Volume 12, Number 10; D. Smith Bailey, "Burnout harms workers' physical health through many pathways," *Monitor on Psychology*, June 2006, Volume 37, Number 7.

Exhibit 3

Top reasons for not seeking professional mental-health support include not needing support and lack of time.

Reasons for not seeking professional mental-health support in the past 12 months, % of total respondents, n = 4,719



Question: Why have you not sought professional mental-health support in the past 12 months? Select all that apply.
Source: American Nurses Foundation, Pulse on the Nation's Nurses Survey Series: Mental Health and Wellness Survey 4, May 2023

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incur not only personal costs but also societal and organizational costs because they influence productivity, employee retention, presence at work, and career longevity.¹²

Actions stakeholders can take to address mental health and well-being

To address these sustained levels of burnout, stakeholders will need to take steps to support nurses' mental health and well-being. They will also need to address the underlying structural

issues—for example, workload and administrative burden—that affect the nursing profession and that have been consistently acknowledged as root causes of burnout. Simultaneously reducing workload demands and increasing resources available to meet those demands will be critical.

A variety of interventions could address the drivers and effects of adverse nursing mental health and well-being, bolstering support for individuals, organizations, and the healthcare system at large. Various stakeholders are deploying a number of initiatives.

¹² *Prioritize people: Unlock the value of a thriving workforce*, Business in the Community and the McKinsey Health Institute, April 2023.

Applying process and operating-model interventions

Addressing the underlying drivers of burnout could help to prevent it in the first place. Research from the McKinsey Health Institute shows that the day-to-day work environment has a substantial impact on the mental health and well-being of employees.¹³ Process and operating-model shifts—in the context of ongoing broader shifts in care models—could enable organizations and care teams to evolve working practices to better support job satisfaction and sustainability.

In our most recent collaborative research, almost a quarter of surveyed nurses believed their teams were not working efficiently; 43 percent reported that they had poor or marginal control over their workloads and that their day-to-day work was hectic and intense.¹⁴ Evaluating and addressing structural aspects of the job that contribute to workload—for example, by identifying opportunities to delegate activities and enable nurses to use technology—could help support these themes.¹⁵ However, providing these resources without also addressing the underlying structural drivers contributing to mental-health and well-being challenges is insufficient and can unintentionally appear to place the burden for solving problems on employees themselves. Both individual-level supports and collaborative efforts to drive structural change are required.

In addition to addressing workload challenges, employers could provide flexible work options—for example, in shift length, start time, shift commitments, and virtual activities¹⁶—to better enable employees to recharge from high levels of demands and to reduce conflicts with demands outside of work.

Finally, employers could take steps to reduce the administrative burden on nurses. More than a third of nursing respondents in our joint survey felt they spent excessive time working on electronic health

records on breaks or after shifts, and 45 percent reported this activity adds frustration to their day.¹⁷ Employers can look for opportunities to delegate some documentation to nursing scribes, reduce documentation requirements, or use AI to aid with documentation to help reduce this burden.

Increasing availability, awareness, and accessibility of evidence-based resources

When nurses experience symptoms of burnout or other mental-health and well-being challenges, evidence-based resources need to be available. In addition, employees need to know these resources are available, and they need to feel comfortable accessing them within the organization's cultural context.

Investments in resources for mental health and well-being span the continuum—from mental healthcare for those experiencing clinical symptoms to well-being support tools and programs to promote healthy behaviors and mitigate sources of stress. On the higher-acuity end of the continuum, providing employees with free or subsidized access to professionally provided therapy or counseling services could help reduce the barriers employees face in getting the care they need. On the lower-acuity end, providing access to resources and training on mental-health literacy, self-monitoring, and adaptability skills could help nurses identify and mitigate sources of stress.

Investments in awareness and accessibility are important to ensure available resources are used. Roughly 19 percent of surveyed nurses who indicated they had not sought mental-health support in the past 12 months cited lack of knowledge, lack of resources, fear of losing their job, or concern about colleagues finding out as reasons for not seeking support.¹⁸ To reinforce their support, employers can take steps such as establishing support networks for communities and allies, providing forums to share stories of mental health, and introducing avenues

¹³ "Addressing employee burnout: Are you solving the right problem?," McKinsey Health Institute, May 27, 2022.

¹⁴ Based on data from Pulse on the Nation's Nurses Survey Series: Mental Health and Wellness Survey 4.

¹⁵ Gretchen Berlin, Ani Bilazarian, Joyce Chang, and Stephanie Hammer, "Reimagining the nursing workload: Finding time to close the workforce gap," McKinsey, May 26, 2023.

¹⁶ Erica Carbajal, "'Resilience isn't a pillar by itself': CommonSpirit's plan to support 44,000 nurses in 2023," *Becker's Clinical Leadership*, December 9, 2022.

¹⁷ Based on data from Pulse on the Nation's Nurses Survey Series: Mental Health and Wellness Survey 4.

¹⁸ Ibid.

for peer-to-peer support. Additionally, resources such as a behavioral-health concierge can help all employees (including nurses) navigate, find, and access care and support.

Accessibility of resources within the organization's cultural context is also important, given that stigmatization of beliefs, behaviors, and policies can prevent people from feeling able to seek help when they need it. Because mental-illness stigma includes self-stigma, public stigma, and structural stigma, companies can take a holistic approach to root it out,¹⁹ including with education,

leadership role modeling, and policies addressing discriminatory behaviors.²⁰ They can also provide information about free support resources, such as those provided by the American Nurses Foundation and the American Nurses Association (see sidebar "Resources available through the Foundation").

Bolstering skills and capabilities

Efforts to address structural issues can be advanced by investing in training opportunities to help individuals and teams proactively support their own mental health and that of their colleagues. Training areas could include workplace

Resources available through the Foundation

The American Nurses Foundation (the Foundation) and the American Nurses Association (ANA) provide numerous free support resources, including the following:

Well-Being Initiative. The Foundation launched the Well-Being Initiative to offer resources that focus on caring for nurses as they tirelessly care for others.¹ These free, multimodal resources are accessible to all US nurses at any time and are completely anonymous.

Stress and Burnout Prevention Pilot Program. The Foundation launched the Stress and Burnout Prevention Pilot Program with support from the United

Health Foundation to address nurse burnout and manage stress, among other goals.² The program uses the "Stress First Aid" model to facilitate discussions about stress and burnout and reduce stigma for nurses in need of support. The program goes beyond identification of burnout to intervention by helping nurses speak about stress and burnout using a common language, normalizing talking about and understanding support resources for them and their peers.

Healthy Nurse, Healthy Nation (HNN). This ANA Enterprise program is designed to improve the nation's health, "one nurse at a time."³ HNN supports nurses in six

areas: physical activity, rest, nutrition, quality of life, safety, and mental health. An online platform offers nurses inspiration, friendly competition, content and resources, and connections with other nurses, employers, and organizations.

Nurse suicide prevention. Nurses are at higher risk of suicide than the general population.⁴ The multiple stressors they face in their profession may lead to emotional turmoil, moral distress or injury, and cognitive overload. ANA offers resources to educate nurses about suicide prevention and strategies to help them support themselves and one another.⁵

¹ "Well-Being Initiative," American Nurses Foundation, accessed October 20, 2023.

² "Stress & Burnout Prevention Program," American Nurses Foundation, accessed October 20, 2023.

³ "Healthy Nurse, Healthy Nation," American Nurses Foundation, accessed October 20, 2023.

⁴ Christopher R. Friese and Kathryn A. Lee, "Deaths by suicide among nurses: A rapid response call," *Journal of Psychosocial Nursing and Mental Health Services*, August 2021, Volume 59, Number 8.

⁵ "Nurse suicide prevention/resilience," American Nurses Association, accessed October 20, 2023; "Suicide among nurses: What we don't know might hurt us," American Nurses Association, accessed October 20, 2023.

¹⁹ Erica Coe, Jenny Cordina, Kana Enomoto, and Nikhil Seshan, "Overcoming stigma: Three strategies toward better mental health in the workplace," *McKinsey Quarterly*, July 23, 2021.

²⁰ Allison Nordberg and Marla J. Weston, "Stigma: A barrier in supporting nurse well-being during the pandemic," *Nurse Leader*, April 2022, Volume 20, Number 2.

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mental-health intervention; critical skills for leaders and managers, such as conflict resolution and bystander intervention; and resilience and adaptability training to inculcate mindsets and behaviors across the organization that ultimately support employee mental health and well-being.

Toward a healthier future for nurses

Tackling these sustained challenges for mental health and well-being will be critical for addressing near-term workforce shortages and ensuring the health and well-being of the nursing profession in the long term. In our joint survey, many surveyed nurses

indicated they chose the profession because they wanted to make a difference—by helping improve patients' lives and care for patients in their most vulnerable moments. They value their colleagues and the care and trust of their teams. However, with less than half of surveyed nurses feeling satisfied with their jobs, they clearly need more in return to sustain them in the profession. There isn't a one-size-fits-all approach to tackling some of the sustained well-being challenges that face nurses, but now is the time to bring additional energy and commitment to tackle the multifaceted drivers of symptoms of burnout and to support the profession in improving sustainability and fulfillment for years to come.

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