

COMMENTARY

Nursing: A critical profession in a perilous time

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Long before anyone had even heard of COVID-19, the World Health Organization had declared 2020 to be the Year of the Nurse and Midwife, an opportunity for society to recognize the critical role that these professions play in health care and the personal risks that they must take in order to fulfill their missions. The timing of this recognition may seem ironic in retrospect, but in some ways the current health crisis has made the need to recognize the invaluable role of nurses in society all the more apparent. Yet, in spite of both the critical nature of their work and the sheer size of the healthcare industry (there are over 4 million registered nurses in the United States alone), industrial-organizational (I-O) psychology as a discipline tends to largely ignore the unique aspects of the nursing profession in our research. A quick survey of the past 5 years of four premier journals in our field (*Journal of Applied Psychology*, *Personnel Psychology*, *The Leadership Quarterly*, and *Journal of Management*) reveals only three papers that use nursing samples (Koopman et al., 2019; Neubert et al., 2016; Zhang et al., 2020), but none of which where the issues addressed were necessarily centered on the issues facing the nursing profession itself.

To their credit, the focal article by Rudolph et al. (2021) does raise the issue of potential health threats faced by healthcare workers in the current crisis, but their coverage of the effects of the pandemic largely overlooks many of the unique challenges faced by the nursing profession and the related issues where I-O psychologists can contribute. Specifically, even before the COVID-19 crisis, it was widely acknowledged that the nursing profession was facing massive workforce shortages resulting from a dearth of individuals being trained as nurses, a rapidly aging workforce, and chronic problems with attracting and retaining nursing professionals in rural areas (Buerhaus et al., 2017; Oulton, 2006). Adding to the workforce shortage issue were ongoing problems with burnout and turnover that further threatened to thin the ranks of qualified nursing personnel (Aiken et al., 2002; Leitner & Maslach, 2009; Poghosyan et al., 2010).

All of these problems have been made worse by the COVID-19 crisis (Jun et al., 2020). Healthcare professionals are not only at an extremely high risk for exposure to the disease; the stress and guilt associated with being a possible vector for the disease among those they are charged with caring for can further exacerbate feelings of burnout and depression and even lead to suicidal thoughts (Allen & Cug, 2020; Greenberg & Gnanapragasam, 2020; Sheares, 2020). But beyond the health and safety issues among incumbent nursing professionals, consider too how the COVID-19 crisis may affect aspects of nursing in terms of issues frequently addressed by I-O psychologists but not covered in the target article, such as recruitment, training, job design, and workplace interventions.

Recruitment. For a profession that was already struggling to recruit enough qualified workers, how might the current pandemic have negatively shaped the perceptions of individuals who were potentially considering nursing for a career? And what can we do to make either change those perceptions or make individuals more willing to assume personal risk in order to help others?

Training. The current crisis has meant that nursing students are being thrown into their jobs possibly without fully completing their training and without the time to become fully familiarized with their jobs (Spurlock, 2020). What the consequences of this sudden shift into a fraught environment in terms of worker well-being, turnover, and performance and safety? Relatedly, what are the consequences of making emergency changes in regulatory requirements for licensing (Bayne et al., 2020) in order to make up for staffing shortfalls?

Job design. It is already understood that prolonged shifts can lead to decreases in work efficiency and increase the likelihood of medical errors (Melnyk et al., 2018) and, similarly, that rotating shifts are associated with decreases in well-being (Books et al., 2017). The critical understaffing of medical personnel paired with the dramatic increase in COVID-19-related illnesses requiring emergency treatment has meant that nurses are being asked to work longer hours without meaningful time off more now than ever. Are there more efficient ways of deploying healthcare workers in order to reduce fatigue and burnout? Can jobs be redesigned so that nurses are able to spend more of their time on critical, life-saving functions?

Workplace interventions. Given the unique challenges presented by the COVID-19 crisis, there is a real need to design, implement, and evaluate workplace interventions that are directed at improving well-being, resilience, and retention (e.g. Dawood & Gamston, 2019; Sultana et al., 2020). In particular, it would be worthwhile to figure out how much we can learn about whether and how past interventions of this nature (see Vanhove et al., 2015 for a review) can be meaningfully applied to the nursing or healthcare context.

Despite the enormity and the ubiquity of the COVID-19 threat, we must recognize that not all industries and not all professions are disrupted in the same manner and to the same extent. The healthcare industry and the nursing profession in particular are the front line in this fight and are being tested unlike any other sector. Nurses are trained to face death and disease, but the COVID-19 pandemic is threatening to break both the system and the resolve of those we need the most. I-O psychology can rise to the challenge by marshalling our expertise in recruitment, training, and job design and applying it directly to the unique circumstances and conditions faced by nursing professionals in this pandemic. This is their year, and it is time for us to recognize them.

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