



Nurses' Intent to Leave their Position and the Profession During the COVID-19 Pandemic

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OBJECTIVE: The aim of this study was to describe the relationships between perceptions of the pandemic impact on clinical nurses' and nurse leaders' intent to leave their current position and the profession and the differences in pandemic impact and intent to leave variables based on background factors.

BACKGROUND: There is much discussion and concern about the COVID-19 pandemic impact on nurses' health and the nursing workforce.

METHODS: More than 5000 nurses from a national sample participated in a cross-sectional, descriptive study. Participants rated their perceptions of the pandemic impact on their practice and their intent to leave their position and profession.

RESULTS: Pandemic impact was rated high overall and was highest in nurses with 25+ years of experience and in managers/directors. Eleven percent of the total sample indicated they intended to leave their position, and 20% were undecided. Nurses who rated pandemic impact at the highest level had higher intent to leave their position. Of the respondents, less than 2% indicated they were leaving the nursing profession, whereas 8% were undecided.

CONCLUSIONS: This is the 1st quantitative report of perceived level of pandemic impact on direct care nurses and nurse managers/directors at the time of

this writing. The combination of those who intend to leave and those who are uncertain about leaving their positions could cause instability in the workforce if not reversed. Organizational attention to nurse well-being, work environment and staffing is imperative.

There is much discussion now, both in the literature and in clinical environments, regarding the impact of the COVID-19 pandemic on nurses' health and wellness. Nurses on the frontlines caring for patients with COVID-19 have been profiled in the media for their heroic acts and tireless devotion in the face of constant stress for themselves, their patients, and their families. While there is research indicating the levels of stress of these nurses, there has been no national study focused on the nurses' intent to leave their position or the profession during the pandemic. As part of a large-scale national study of authentic nurse leadership and healthy work environments during the pandemic,¹ we gathered data about the nurses' self-reported ratings of the impact of the pandemic on their practice and their intentions to leave their current position and the profession.

Background

Nurses' concerns about the pandemic were measured in the American Nurses Association (ANA) COVID-19 survey in March-April 2020, with more than 32 000 nurses across the United States expressing levels of concern from "somewhat" to "very" about personal protective equipment (PPE), safety of their friends and family, personal safety, staffing, and adequate education, testing, and information.² These newly reported concerns to professional nurses

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are reflective of the pandemic's influence on our lives and professional practice. The threat to managerial well-being was described in Galura's³ article regarding the impact of value conflicts and managerial dissonance on nursing leadership, emphasized by the pandemic. The American Organization for Nursing Leadership reported in their COVID-19 longitudinal study the biggest challenges faced by nurse leaders not faced prior to July 2020 included low morale/burnout, staffing shortages, and staff retention.⁴ Both professional and personal pandemic impact is becoming evident.

Actual and predicted nurse turnover as a result of the pandemic is yet to be seen, and the potential consequences are well-known including expense and workforce instability. Anecdotally, there is fear of increased turnover for both clinical nurses and nurse leaders as a result of pandemic challenges, recognizing that intention to leave one's position or the profession is multifactorial. RN turnover rates prior to the pandemic vary widely, depending on the region and specialty, from 8.8% to 37%,⁵ with a reported national average of 15.9% in 2019 based on the Nursing Solutions Inc Annual RN Staffing Report.⁶ Although in this study we focused on intent to leave, it should be noted that intent to leave is not actual turnover, but it gives a sense of what to anticipate.

Literature Review

A literature review focused on RN intent to leave was conducted for recent years, 2019 to 2021, finding only articles outside of the United States. Determinants of prepandemic turnover were consistent internationally. Burmeister and colleagues,⁷ in a secondary analysis, modeled factors affecting intent to leave and absenteeism finding variation across 7 countries with common contributors of staffing adequacy, job satisfaction, less nurse experience, and younger age. Notably, nurse staffing was a pivotal variable and is one of the identified areas of concern in the ANA study mentioned previously. Similarly, Sasso and colleagues⁸ studied intent to leave in more than 3500 Italian nurses and concluded that intent to leave is the consequence of a poor work environment, particularly characterized by understaffing and performance of nonnursing activities. The authors stated that because of job dissatisfaction, 35.5% of the nurses intended to leave their current job, and of these, 33.1% intended to leave the nursing profession.⁸ These are very high potential turnover rates, and once again, understaffing and work environment are factors in intention to leave.

During the pandemic, a study in Egypt was conducted comparing occupational stress, job satisfaction, and intent to leave among nurses in a COVID hospital and a non-COVID hospital. Nurses in the

COVID hospital reported higher stress, with 40% intending to leave their positions and 25% intending to leave the profession, and only 4.8% of nurses definitely indicating no intent to leave their present job.⁹ These are sobering results. Results of this study indicated that pandemic workload and stressors may contribute to future RN turnover. The Registered Nurses' Association of Ontario surveyed more than 2000 nurses during the pandemic to "take the pulse of the community of nurses." They found potential for postpandemic loss of RNs to be 15.6%, which is approximately 3 times their normal average annual loss rate, with 90% of respondents reporting at least moderate stress due to the pandemic.¹⁰ At the time of this writing, these were the only studies of nurses' intent to leave timed with the COVID pandemic.

These international studies set a framework for the possibility of high levels of intent to leave in the United States due in part to the pandemic impact of reported increased stress and staffing inadequacies.^{1,2,4}

Methods

This study was descriptive and cross-sectional. The purposes were to: 1) describe the relationships between perceptions of the pandemic influence on clinical nurses' and nurse leaders' intent to leave their current position and the profession; and 2) describe the differences in pandemic impact and intent to leave variables based on background factors. Institutional review board approval was obtained prior to data collection.

As described in the 1st article,¹ the sample of RNs was of convenience, obtained by snowball sampling from the DAISY Foundation database of US hospitals. All full-time RNs, advanced practice nurses, nurse managers (NMs), and directors employed in a healthcare setting were eligible to participate. Nurses in executive roles and part-time/per-diem nurses were excluded. Timing of the study was July–August 2020.

The measures included a single question on each of the following:

- Intent to leave current position: Do you intend to leave your current position in the next year? (yes, no, undecided)
- Intent to leave the profession: Do you intend to leave the nursing profession in the next year? (yes, no, undecided)
- Pandemic impact: On a scale of 1 to 10, how affected was your practice by the COVID-19 pandemic?

Results

The final sample consisted of 5088 RNs with 82.1% (n = 4178) direct care nurses, 12.9% (n = 654)

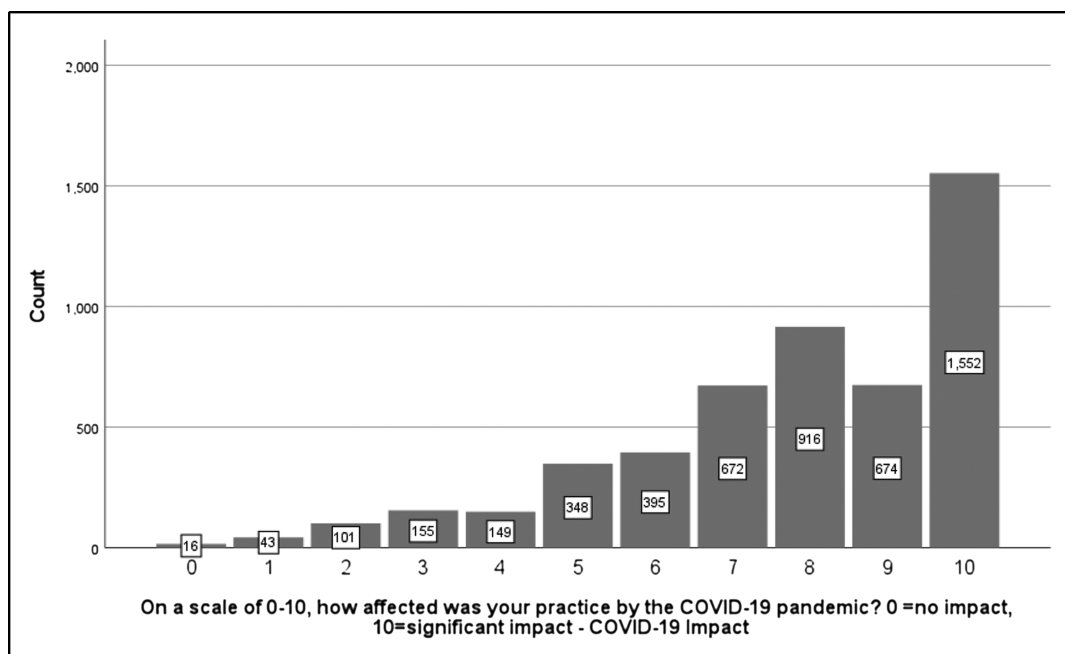


Figure 1. Pandemic impact 0 to 10.

NMs, and 5.0% ($n = 256$) directors. There were 89.0% ($n = 4526$) females with an average age of 41.1 (SD, 12.2) years and 14.5 (SD, 11.8) years of experience as a nurse. The majority (63.5%, $n = 3233$) of nurses held a baccalaureate degree. The top 2 practice settings were 21.4% ($n = 1091$) medical-surgical (adult) and 20.3% ($n = 1031$) critical/progressive care. Overall, when asked if their practice was affected by the COVID-19 pandemic, on a scale of 0 to 10, with 10 being major impact, nurses rated an average of 7.77 (SD, 2.2).

Pandemic Impact

A total of 30.5% ($n = 1552$) RNs rated the pandemic impact as a 10 (Figure 1) on a scale of 0 to 10. An additional analysis was conducted to determine the pandemic impact by role, practice setting, years of experience, and age. An independent-samples t test violated homogeneity of variance; thus, equal variances not assumed were used to compare differences between direct care nurses and NMs/directors. The results were statistically significant ($t_{1,549.3} = 11.1$, $P < 0.001$), which indicates NMs/directors (mean, 8.42 [SD, 1.85]) reported higher levels of pandemic impact than direct care nurses (mean, 7.63 [SD, 2.28]). When examining the practice setting, the top areas that rated the pandemic having an impact on their practice were emergency care (mean, 8.41 [SD, 1.82]) and perioperative care (mean, 8.18 [SD, 2.00]) (Tables 1 and 2, Figure 1).

For years of nursing experience, an analysis of variance (ANOVA) was significant ($F_{3,4930} = 15.1$,

$P < 0.001$) for pandemic impact. A post hoc Tukey test determined that nurses with less than 2 years' experience (mean, 7.45 [SD, 2.24]) rated the pandemic significantly lower ($P < 0.001$) than nurses with 11 to 24 years' experience (mean, 7.87 [SD, 2.26]) and nurses with 25+ years' experience (mean, 8.09 [SD, 2.10]). The ANOVA comparing age and pandemic impact was also statistically significant ($F_{2,4882} = 22.7$, $P < 0.001$), with nurses younger than 39 years (mean, 7.55 [SD, 2.26]) rating the pandemic significantly lower ($P < 0.001$) than nurses 40 to 59 years old (mean, 7.97 [SD, 2.18]) and nurses 60 years or older (mean, 8.03 [SD, 2.17]) (Table 2).

Table 1. Perceived Pandemic Impact on Practice by the Total Sample of RNs (Scale 0-10)

Scale 0-10	n	%
0	16	0.3
1	43	0.8
2	101	2.0
3	155	3.0
4	149	2.9
5	348	6.8
6	395	7.8
7	672	13.2
8	916	18.0
9	674	13.2
10	1552	30.5
Missing	67	1.3

Table 2. Mean Pandemic Impact (0-10) by Total Sample, Role, Practice Setting, Years of Experience, and Age

Variable	Mean	SD	n
Total sample	7.77	2.20	5088
Role			
Direct care nurse	7.63	2.28	4178
Manager/director	8.42	1.85	810
Includes all roles ^a			
Practice setting			
Emergency care	8.41	1.82	428
Perioperative	8.18	2.00	411
Ambulatory/outpatient	7.95	2.09	708
Critical/progressive care	7.93	2.28	1016
Medical-surgical (adult)	7.73	2.25	1073
Other/long-term care/home/ community	7.62	2.31	474
Psychiatry	7.52	2.29	132
Obstetrics	7.33	2.20	396
Pediatrics	6.67	2.43	367
Years of experience			
<2	7.45	2.24	645
3-10	7.64	2.25	1798
11-24	7.87	2.26	1370
≥25	8.09	2.10	1118
Age, y			
≤39	7.55	2.26	2466
40-59	7.97	2.18	1984
≥60	8.03	2.17	433

^aDemographic variables may not add to the total sample due to nurses not selecting a response.

Intent to Leave

Nurses were asked about their intent to leave their position and the nursing profession. Overall, 67.7% (n = 3448) of nurses indicated they would not leave their position, and 19.6% (n = 996) were undecided. The χ^2 test result was statistically significant ($\chi^2 = 14.0$, $P < 0.01$) between role and intent to leave position. Direct care nurses had a higher percentage of those intending to leave their position (11.8%, n = 484) than managers (9.0%, n = 58) and directors (9.2% n = 23). The χ^2 test result for age was statistically significant ($\chi^2 = 30.8$, $P < 0.001$), where nurses younger than 39 years (11.8%, n = 484) and nurses older than 60 years (13.2%, n = 57) had a higher percentage of intent to leave their position than nurses aged 40 to 59 years (8.6%, n = 171). The χ^2 test result for years of experience was statistically significant ($\chi^2 = 45.4$, $P < 0.001$) with nurses less than 2 years' experience (14.9%, n = 96) and nurses with 3 to 10 years' experience (13.0%, n = 233) having a higher percentage of intent to leave than nurses with 11 to 24 years (9.1%, n = 123) and nurses with 25+ years of experience (8.8%, n = 99). When factoring in the pandemic impact, 11.5% of nurses who rated the pandemic as having a 5 or higher impact (n = 527)

indicated intent to leave their position, and 12.5% (n = 209) who rated the pandemic impact as 10 out of 10 indicated intent to leave their position (Table 3).

In addition to asking nurses about their intent to leave their position, nurses were also asked about their intent to leave the profession. Overall, the majority of direct care nurses (90.6%, n = 3750), NMs (90.5%, n = 591), and directors (90.6%, n = 230) indicated they did not intend to leave the profession. When looking at intent to leave profession by age, there were 8.4% (n = 37) of nurses older than 60 years who indicated they would, and another 13.1% (n = 58) were undecided. Similarly, nurses with 25 or more years of experience indicated they would leave the profession (3.6%, n = 41), and 10.0% (n = 114) were undecided (Table 3).

Discussion

Differences in Pandemic Impact

The impact of the pandemic on nurses' practice was rated high in all subgroups and overall, indicating that practice was deeply affected nationwide. Responses skewed heavily toward "major" impact (10 on the 0- to 10-point scale), with only 16% of the ratings 0 to 5 and 31% at the highest level 10, representing close to 1 of 3 nurses perceiving major impact (Figure 1). This was also true across practice areas. Not surprisingly, the emergency department surpassed all other practice areas at 8.4, followed by perioperative at 8.2 and ambulatory/outpatient at 8.0 (Table 2). Throughout the country as the COVID-19 surge progressed, perioperative services were curtailed, leading to redeployments, inpatient care moving to the perioperative units, and even furloughs. Ambulatory/outpatient practice settings saw the same curtailments and redeployments and also quickly moved to virtualization and telehealth models of care as clinically appropriate, clearly impacting nursing practice.¹¹ Critical/progressive care was also higher, with a mean of 7.9, followed closely by medical-surgical with a mean of 7.7. The only practice area rated as less than 7 out of 10 was pediatrics (6.7).

Separating clinical nurses (CNs) from NMs/directors, we found NMs/directors reported a statistically higher impact with less SD, demonstrating that leadership practice in the age of COVID was severely impacted. Nurse managers/directors faced the challenges of staffing, PPE, emotional health and well-being of staff, ever-changing policies, and more,¹² all with 24/7 responsibility. A higher impact level for NMs/directors is not surprising to our research team in view of these challenges and is consistent with lived experiences. This is the 1st quantitative report of perceived impact on nurse leaders in the literature at the time of this writing.

Table 3. RN Intent to Leave Position and Profession by Role, Age, and Years of Experience

Variable	Yes		No		Undecided	
	n	%	n	%	n	%
Intent to leave position	565	11.1	3448	67.7	996	19.6
Role						
Direct care nurse	484	11.8	2786	67.7	844	20.5
Manager	58	9.0	474	73.5	113	17.5
Director	23	9.2	188	75.2	39	15.6
Age, y						
≤39	317	12.9	1632	66.3	513	20.8
40-59	171	8.6	1441	72.8	367	18.5
≥60	57	13.2	303	70.0	73	16.9
Years of experience						
≤2	96	14.9	410	63.6	139	21.6
3-10	233	13.0	1179	65.5	387	21.5
11-24	123	9.1	978	72.0	258	19.0
≥25	99	8.8	832	74.4	188	16.8
COVID impact						
<5	81	9.5	633	74.2	139	16.3
≥5	527	11.5	3138	68.3	929	20.2
10	209	12.5	1070	63.9	396	23.6
Intent to leave profession	90	1.8	4571	89.8	386	7.6
Role						
Direct care nurse	64	1.5	3750	90.6	326	7.9
Manager	19	2.9	591	90.5	43	6.6
Director	7	2.8	230	90.6	17	6.7
Age, y						
≤39	23	0.9	2284	92.8	155	6.3
40-59	29	1.4	1823	90.9	153	7.6
≥60	37	8.4	348	78.6	58	13.1
Years of experience						
≤2	7	1.1	608	94.7	27	4.2
3-10	18	1.0	1658	92.1	125	6.9
11-24	23	1.7	1242	90.3	111	8.1
≥25	41	3.6	984	86.4	114	10.0

There were progressively higher scores seen in perceived pandemic impact in nurses with more years of experience. Nurses with 2 or less years had the lowest mean score (7.5), significantly different from nurses with more than 25 years of experience who had a pandemic impact of 8.1. This was unexpected as we had noticed anecdotally the least tenured nurses were stunned by the intensity of pandemic practice and struggling through their novice years. Possibly, the higher impact for the most tenured could be related to pandemic staffing with tiered, team care models^{13,14} as those nurses assumed the increased pressure of resource roles and team leaders in an environment of unknown disease and stress.

There was also a significant difference between age groups; nurses younger than 39 years had a mean pandemic impact score of 7.6, and those older than 40 years had a mean score of 8.0. Thus, the results skewed toward the older nurses feeling higher impact. These are expert-level nurses—why did they feel the impact more than did the younger, novice nurses? Perhaps it was the changing practice and quality of care resulting from the staffing challenges, unknown

disease manifestations of a new disease, and personal concern for their own safety as a higher-risk group.

Differences in Intent to Leave Position

Despite the high pandemic impact on practice, the majority of nurses (69%) indicated they did not intend to leave their positions, although a potential of 31% turnover is daunting. The nurses who indicated that they were undecided about leaving their position represented 20% of the overall sample. If the undecided nurses stay, then turnover within the profession would be 11%, below national average, which is positive. Perhaps the commitment to nursing as a caring, compassionate profession with its powerful purpose and meaning will override the exhaustion of the pandemic experience and contribute to intent to stay. There was also a difference in age groups, with the younger, less experienced nurses having a higher intent to leave their position despite a lower perceived impact on practice; thus, this is a vulnerable group for turnover.

Separating NMs/directors from CNs, despite the higher reported pandemic impact on NMs/directors, we saw a higher intent to stay in their positions among

the NMs/directors and also fewer undecided NMs/directors. Why was there higher pandemic impact among the NMs/directors, but they reported a lower potential turnover rate? Organizational support, commitment to mission, resilience, and a myriad of other explanations come to mind, with the answer requiring additional research. In a large national study undertaken prior to the pandemic, Warden and colleagues¹⁵ reported 3 themes in nurse leaders' intent to leave: organizational culture, professional vulnerability, and workplace relationships. This gives us a potential structure for retention strategies in this group. Nurse leaders at the NM/director level are in pivotal roles, and we cannot afford to lose them; a 28% potential turnover risk is too high.

Intent to Leave and Pandemic Impact

Considering both intent to leave position and pandemic impact, we found that CNs who answered yes on intent to leave the position reported a higher pandemic impact than CNs who answered no; this was not surprising. Yet this was not evident in the NMs/directors until considering the undecided group, which reported the highest pandemic impact.

Breaking down pandemic impact groups, we found that definitely intending to leave the position was greater in the more than 5 out of 10 high impact group (11.5%) versus the less than 5 out of 10 lower impact group (9.5%) and the same for those undecided (20.6% vs 16.5%). Separating further to isolate the 10/10 major impact group, definitely leaving rises to 12.6% and those undecided rise to 23.7%. Clearly, the 10/10 major impact group has a much higher intent to leave (36% total potential turnover) and is at higher flight risk (Table 3).

Intent to Leave the Profession

Positively, more than 90% indicated they did not intend to leave the profession. This is very different, and much more encouraging, than the 25% intending to leave nursing found in an Egyptian study.⁶ The younger, less experienced CNs reported less intent to leave the profession than NMs/directors, the opposite of intent to leave position. Nurses older than 60 years were the most likely to indicate intent to leave the profession at 8.4%, more than 8 times higher than their younger colleagues (Table 3). As nurses near retirement age, it is not surprising that they would intend to retire, possibly sooner than originally expected, after experiencing the pandemic impact on their practice and perhaps their personal lives as well.

Implications for Nurse Leaders

Any tendency to concentrate attention to potential detrimental pandemic impact on younger, less experienced CNs must be equalized with consideration to

our older, more experienced nurses who report a higher pandemic impact on practice. Although we did not address resilience or moral distress in this study, we cannot expect older nurses to better handle the effect on practice. Articles describing strategies for leaders in this pandemic to avoid staff burnout and suffering are appearing, and a common element is effective communication with our teams.^{16,17} For NMs/directors, the impact was higher, signaling that their well-being is as important as that of CNs. There was less intent to leave in this group, but it is still there, and attention to their retention is imperative.

Swaying the 20% undecided nurses to “no intent to leave” their position is important to prevent a devastating 30% turnover of CNs. If they all leave, it would tip the balance from “acceptable” turnover to a rate that would cause instability in the workforce. In addition, the potential loss of almost 10% to the profession could be just as devastating. All nurse leaders must address staff well-being and the work environment factors that affect retention, particularly staffing. Of course, this takes organizational support. Based on our literature review, this is a global issue for the profession.

Limitations

As noted in the 1st paper using these data,¹ data collection in the summer of 2020 does not reflect pandemic impact on nurses in the United States from September 2020 forward, nor are there region-specific data available. The simplicity of the survey questions on the impact and intent to leave limits interpretation to single dimensions of the variables. Also, the snowball sampling method has limitations in terms of sample characteristics.

Recommendations for Future Research

Several paths for additional study are indicated. We should consider comparisons of nurse well-being and intent to leave and compare older nurses' resilience to younger colleagues in challenging conditions such as the COVID-19 pandemic. Qualitative research into the lived pandemic experiences of CNs and NMs would be insightful to our understanding. Measuring intent to leave in a multidimensional manner would be beneficial.

Conclusions

This is the 1st quantitative report of perceived level of pandemic impact on US direct care nurses and nurse leaders in the literature at the time of this writing. Pandemic impact on intent to leave is present with an unacceptable large number of nurses who are undecided about their intent to leave that could cause instability in the workforce if these nurses do not stay. Attention

to well-being, work environment, and staffing is imperative. Older, more tenured nurses and NMs/directors had higher pandemic impact on practice and need as much attention as our younger workforce and clinical providers.

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