

# Advancing Wellness in 2022 for Professional Nurses: A Time for Action, Not Gestures

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The holiday season in the United States is concluding, bringing a time to focus on the new year and new beginnings. In many cultures, although the new year may be celebrated at different times in a calendar year, this annual milestone may lead to introspection about how to live “better” on personal, professional, and existential levels. The new year may also lead to renewed attention to making personal resolutions to support “wellness,” promoting mental and physical health across different life domains. Recently, however, a disturbing trend across multiple corporate and academic settings has been putting a focus on wellness from a limited perspective: promoting wellness gestures, with a focus on individual-level responsibility to enact stress-reducing behaviors instead of addressing the underlying contributors to wellness that are outside of individual-level control. For professional nursing in the midst of an increasing shortage and multiple ongoing workplace disruptions, the current focus on wellness, as defined by employers, clinical agencies, and other corporate entities, needs to be carefully examined within the context of potential gaslighting of the actual working conditions that characterize the

present-day nursing work environment. Language and symbolism that denigrate the reality of current crises, such as recent advertisements from nursing organizations that have included depictions of the wellness benefits of an electric toothbrush and encouragement for nurses to feel gratitude for their work, are examples of communication that may drive further alienation and loss of trust for nurses.

The occupational wellness marketplace reached a value of \$3.31 billion in 2020. Although the intentions of a corporate wellness focus may be to decrease burnout and increase employment satisfaction, retention, and recruitment, wellness activities that are ill-conceived or counted as supportive endeavors by administrators who overlook the reality of working conditions may actually be harmful in several ways.

First, wellness programs rarely focus on root causes of burnout: excessive workload, inadequate staffing, values conflicts, inadequate rewards, and poor work environment. These workload variables are highly and consistently correlated with nurses’ job satisfaction and intention to remain in their current positions and/or the nursing workforce. However, nurses and other healthcare workers are working in characteristically different adverse conditions than they were prior to the current ongoing pandemic. Many reports have indicated that acuity levels and actual numbers of patients per nurse have increased, even in intensive care settings. Unless these staffing factors are addressed, improvements will not be noted, and the shortage will continue to escalate.

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Second, economic models for payment of nursing staff have been disrupted. Early in the pandemic, some nurses were laid off, were assigned to different units, or voluntarily left the workforce. For a short time, there was excess capacity. Now, traveling, short-term assignment nurses are earning salaries that may be up to five times higher than their regular employee counterparts in some institutions. These nurses working in shorter-term contracts are working side-by-side with long-term nurse employees. However, it appears that the salary models of full-time, institutionally employed nurses have barely changed, with annual wage changes barely keeping up with renewed inflation. It is likely that the workload factors and differential pay for contract nurses may lead to a shift in how nurses conceptualize and enact their employment options, with more individuals considering shorter-term employment contracts instead of traditional employee relationships, further disrupting the traditional employer–employee relationship that characterizes nursing employment in most acute settings.

Another alarming trend is the rush to graduate entry-level students early; this strategy, while seemingly beneficial for addressing the nursing shortage, may further contribute to attrition in the workforce by increasing transition-related stress in new graduates who enter into unstable clinical environments.

How are we to address this crisis? First, major organizations must come together with a shared vision and objective for this current and escalating crisis; we must put aside professional boundaries and nursing role distinctions to try to infiltrate the corporate structures of hospital systems to work to quickly improve the working conditions and pay models that are contributing to the current shortages. Different payment models, even if temporary, may stem the

exodus of experienced nurses so that staffing ratios can be improved, and the experience and knowledge level of preceptors can be available to promote the entry of new nurses into the workforce. For oncology nurses, particular attention should be paid to how we continue recruiting, retaining, and providing professional development opportunities so that lifelong career development is addressed for individual nurses. Academic nursing organizations must push back against rushing new graduates into systems to prevent increased entry failures. Professional or occupational wellness for nurses is a very complex construct, one that becomes conflated with nurses as a commodity or expense center instead of the professional glue that is the unifying element of our healthcare delivery system. Without focusing on root causes and, more importantly, systemic strategies for short- and long-term solutions, wellness for nurses and the nursing profession will be amenable to heightened commoditization, which is anathema to the well-being of individuals and the continued development of nursing as a profession. Without attention and intervention in this critical shortage, with solutions led by nursing organizations and leaders, it is possible that the ongoing advancement of professional nursing as a discipline will be sidelined by the acute and growing shortage of nursing in inpatient settings, a current and long-term threat to healthcare delivery in the United States and across the world.



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