HEALTHY NURSE
HEALTHY NATION
Inspire. Empower. Move

Celebrating
5 YEARS

HEALTHY NURSE, HEALTHY NATION:

Inspire. Empower. Move.

Healthy Nurse, Healthy Nation™ (HNHN) is excited to share 5 years' worth of nurse wellness data, program progress, and so much more!

When HNHN launched on May 1, 2017, we knew that nurses' health was in jeopardy and something had to be done. However, we didn't know how many nurses and organizations would join us in driving change. That first year, HNHN began with a vision, a handful of organizational partners, an online platform, and some great ideas. By the end of year one, we had about 25,000 participants. Fast forward 5 years and HNHN has more than 340,000 participants and over 600 partners.

HNHN's inaugural year also was ANA's Year of the Healthy Nurse, with the May launch date of HNHN coinciding with National Nurses Week. In those early years, at large nursing conferences, HNHN set up banks of computers where nurses could take our online health appraisal, the HealthyNurse® Survey. Step challenges, healthy breakfasts, and partner recognition events took center stage at these conferences.

Continued growth

To spur growth (and with sponsorship help), we launched the Partners All In Contests and awarded thousands of dollars to organizations that recruited the largest number of participants in a specified time period. Winners included Children's Hospital Los Angeles, New Jersey State Nurses Association, and the Medical University of South Carolina. We also worked with hospitals to offer more healthy food choices in hospital cafeterias, wellness challenges and resources, and activities focused on occupational health safety. Our work earned an American Society of Association Executives™ "Power of A" Silver Award.

> "Going 5 years strong, Healthy Nurse, Healthy Nation remains steadfast in supporting the mental, physical, and emotional health of thousands of nurses nationwide. At a time when many nurses report experiencing burnout like never before, HNHN connects nurses to meaningful content and resources, while removing the stigma of seeking help. This work is vital to help the nursing workforce of today and the future achieve the best quality of life."
>
> *—Jennifer Mensik Kennedy, PhD, MBA, RN, NEA-BC,*
> *President of the American Nurses Association*

Here's a timeline of some of the most significant events from the past 5 years:

2018
- We opened our e-store with branded items, including water bottles and tee shirts, which we regularly update.

2020
- In January, we added financial health to ANA's healthy nurse definition, which now reads, "A healthy nurse actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social, spiritual, financial, personal, and professional well-being. A healthy nurse lives life to the fullest capacity, across the wellness/illness continuum, as they become stronger role models, advocates, and educators, personally, for their families, their communities and work environments, and ultimately for their patients." Accordingly, HNHN offers several financial health resources and challenges.
- Just before the pandemic, HNHN launched a committee to develop resources on nurse suicide prevention. Over 50 nurses helped create articles, webinars, blogs, a comprehensive website (nursingworld.org/practice-policy/nurse-suicide-prevention), and other resources via the Strength through Resilience Committee.
- We partnered with Headspace to provide HNHN participants with a free 1-year subscription to Headspace PLUS. Since April of 2020, 5,759 HNHN participants have spent more than 8 million minutes accessing content in the Headspace app.

2021
- HNHN convened an Advisory Committee, a deliberative body of experts focused on providing guidance to the HNHN team as well as making resource and growth recommendations. Our Advisory Committee has organized a smaller workgroup focusing on nurse leader mental health resources and looks forward to releasing a series of videos on this topic in 2023
- HNHN expanded to six domains by adding mental health.

Leading and engaging

HNHN continues to lead and engage with nurses in various ways. For example, HNHN helps lead the Nurses Obesity Network, which is made up of nursing organizations and other professional groups. The Network acts to change how those living with obesity, including nurses, are viewed, treated, and cared for.

In addition, HNHN has posted over 100 #healthynurse Spotlights, has run 75+ challenges, and offers over 220 additional blogs. This has spurred HNHN engagement via good-natured competition, storytelling opportunities, and participant resources. HNHN continues to work to identify the resources nurses need based on the current

THE FIRST **5** YEARS

climate and situation. For example, HNHN released a fun video highlighting the use of its program and resources (bit.ly/3g-ZZxNC).

At nursing conferences around the world, HNHN continues to offer inspiring experiences. Offerings include Tai Chi powered by Humana; live cooking events made possible by Compass One Healthcare; healthy snacks, pre-conferences, sponsorship, quick videos, and product gifts from CeraVe; presentations; and virtual roundtables. With expanded research capabilities, we publish in multiple journals and share our research broadly, as demonstrated in this report: bit.ly/3Lk9UuT.

What's next?

HNHN works hard to improve our virtual platform user experience so that it's engaging and provides the resources participants need. In addition, we're looking forward to evolving and growing our organizational partnership work with enhanced opportunities for collaboration.

Continue our journey with us into the future as we streamline our HealthyNurse Survey, and build our program, resources, and participation. Joining and being a part of HNHN is a tangible way to enhance your own wellness journey. Together, we're improving the nation's health, one nurse at a time!

"Healthy Nurse, Healthy Nation serves as a platform to take a pulse on nurses' overall health and well-being and thrives on a growing community of nurses helping other nurses with achieving well-being and wellness in every aspect of their lives. The energy and diversity of nurses that contribute to this program is a testament to how important this program is to our healthcare community. Our motto is improving the nation's health, one nurse at a time. It's been 5 years since the start of HNHN and we remain undaunted in our efforts to improve the health of our nation's nurses."

— Katie Boston-Leary, PhD, MHA, MBA, RN, NEA-BC, Director, Nursing Programs, American Nurses Association

HNHN is made possible, in part by the generosity of the American Nurses Foundation, Humana, Compass One Healthcare, CeraVe, Prudential, and Novo Nordisk.

Frequently Asked Questions

What is HNHN? HNHN is a *free* nurse health, safety, and wellness program that is *open to everyone*. We connect and engage participants and partner organizations within six domains: physical activity, rest, nutrition, quality of life, safety, and mental health. We do this through a web platform, text, and social media to inspire action, cultivate friendly competition, provide content and resources, gather data, and connect nurses.

How can I participate? You can join HNHN at hnhn.org. You can receive challenge tips by texting healthynurse to 52-886. Check out our social media content on:
- Facebook (Healthy Nurse, Healthy Nation)
- Twitter (@HealthyNurseUSA)
- Instagram (@HealthyNurseUSA)

What does HNHN offer to individual participants? You'll have access to a supportive online community and wellness program complete with discussion boards, monthly challenges, fun giveaways, spotlights showing everyday nurses' wellness journeys and wins, topical blogs, well-being resources, newsletters, a commitment wall, and so much more!

Can organizations join HNHN? Absolutely! Hospitals and other healthcare facilities, nursing associations, schools of nursing, universities, employers of nurses, and others are welcome to join HNHN at different partnership levels, all of which are currently free of charge! Learn more under the Partnership tab on hnhn.org.
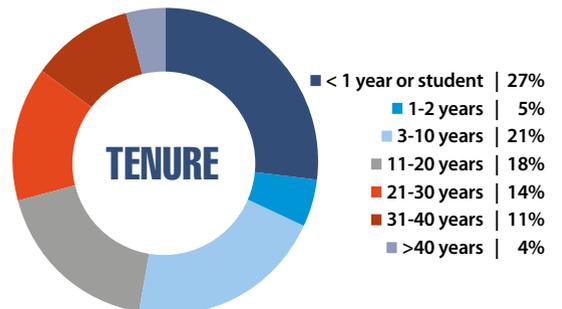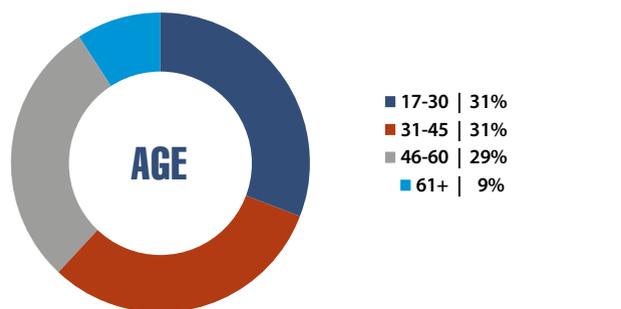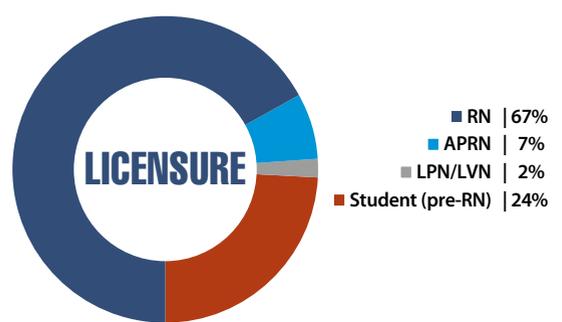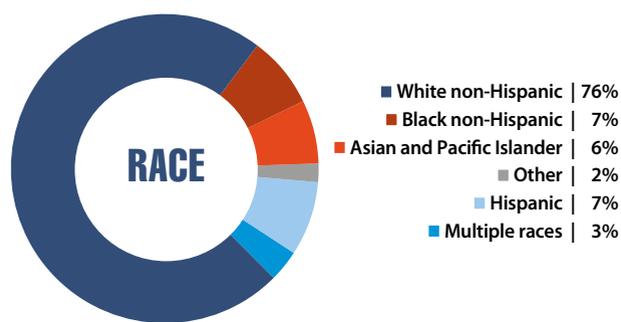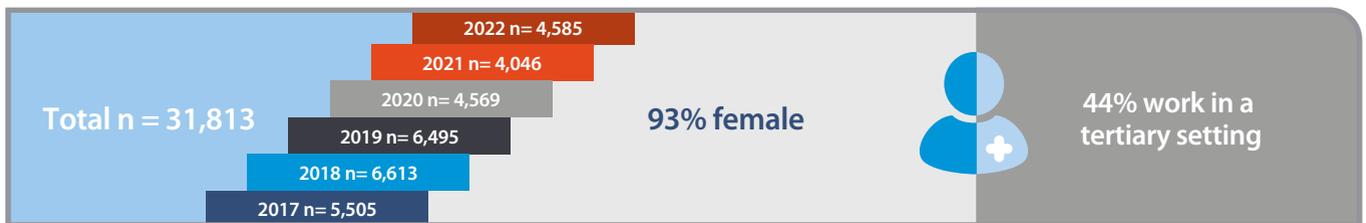
METHODS

Survey and sample: The HealthyNurse Survey covers the six HNHN domains. When logging into the HNHN online community, participants are prompted to take the annual survey, which examines the change in their HealthyNurse index score over time.

Analysis: This report explores trends in health outcomes among those who completed the survey during the 5 years since HNHN launched—2017 to 2022. Since May 1, 2017, we've continuously collected data; all subsequent years contain data from January 1 to December 31. Multivariable logistical and linear regression models compare changes over time and estimate marginal means and prevalence of each outcome. Models are controlled for tenure (<1 year, 1-2, 3-10, 11-20, 21-30, 31-40, >40 years), race (non-Hispanic White, non-Hispanic Black, Asian/Pacific Islander, Hispanic, multiple races, and other), sex (male, female), licensure (RN, APRN, LPN/LVN, student pre-RN), and tertiary setting (yes/no). We set statistical significance to p=0.05. You can review major findings in the graphics on the following pages.

Limitations: We collected HealthyNurse Survey data using convenience sampling only among active participants in the HNHN community. These results shouldn't be generalized to the entire nurse population, or the entire HNHN community. While participants were allowed to take the survey every year, most (~99%) completed it once, so the results should be considered cross-sectional. We controlled for several demographic characteristics to increase the internal validity of the analysis, but causality still can't be inferred.
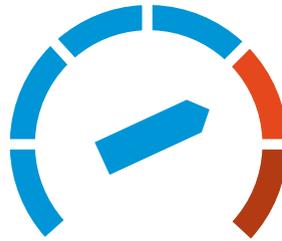
DEMOGRAPHICS AND HEALTH CONDITIONS

2022 n= 4,585
2021 n= 4,046
2020 n= 4,569
2019 n= 6,495
2018 n= 6,613
2017 n= 5,505

Total n = 31,813

93% female

44% work in a tertiary setting

RACE
- White non-Hispanic | 76%
- Black non-Hispanic | 7%
- Asian and Pacific Islander | 6%
- Other | 2%
- Hispanic | 7%
- Multiple races | 3%

LICENSURE
- RN | 67%
- APRN | 7%
- LPN/LVN | 2%
- Student (pre-RN) | 24%

AGE
- 17-30 | 31%
- 31-45 | 31%
- 46-60 | 29%
- 61+ | 9%

TENURE
- < 1 year or student | 27%
- 1-2 years | 5%
- 3-10 years | 21%
- 11-20 years | 18%
- 21-30 years | 14%
- 31-40 years | 11%
- >40 years | 4%

All estimates are controlled for year, years of experience, nurse licensure, race, and work setting.

Weight status

- 30.8% obese (BMI≥30.0)
- 29.0% overweight (BMI 25.0-29.9)

AVERAGE BMI is

27.7

overweight category

Most PREVALENT current diagnoses

ALLERGIES

25.5%

50% greater odds among women (**25.8%**) than men (**18.6%**)

MIGRAINES

10.6%

WOMEN (10.6%) **4X** as likely to report migraine compared to **MEN** (2.9%)

migraines

2017	2018	2019	2020	2021	2022
9.0%	9.1%	9.1%	10.2%	10.7%	11.4%

HYPERTENSION

12.6%

Compared to White nurses (**8.5%**), Black nurses (**18.3%**) had **2.4x** odds of **hypertension.**
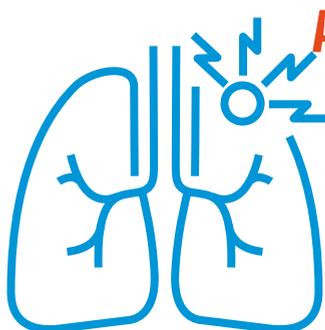
LOWER BACK PAIN

9.8%

Compared to **STUDENTS, NURSES** had **INCREASED ODDS** of back pain with **MORE YEARS OF WORK.**

Years working as a nurse	Lower back pain
< 1 year or student	6.4%
1-2 years	7.8%
3-10 years	9.4%
11-20 years	10.9%
21-30 years	11.9%
31-40 years	12.0%
>40 years	13.5%

ASTHMA

8.9%

77% GREATER ODDS AMONG WOMEN (9.1%) than **MEN** (5.3%)

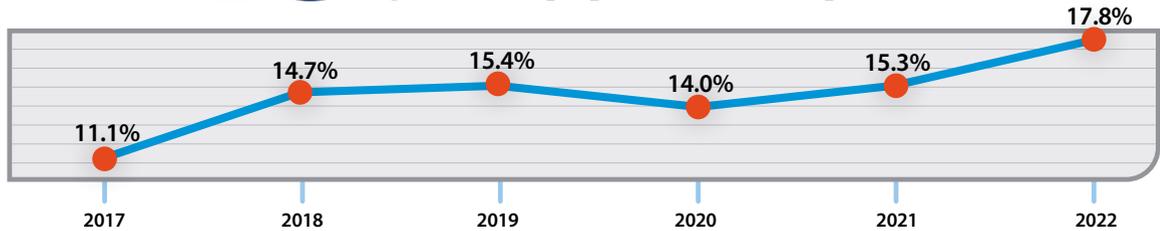All estimates are controlled for year, years of experience, nurse licensure, race, and work setting.

33.9% meet physical activity recommendations

It is recommended that adults engage in 150 minutes of moderate to vigorous physical activity and two days of muscle strength training each week.

| RN 30.8% | APRN 35.6% | LPN 24.9% | Student 43.1% |

14.5% get NO physical activity

- 2017: 11.1%
- 2018: 14.7%
- 2019: 15.4%
- 2020: 14.0%
- 2021: 15.3%
- 2022: 17.8%

Compared to White nurses (13.9%), Black (22.2%), Asian and Pacific Islander (15.4%), and Hispanic (16.1%) nurses had **greater odds** of no physical activity.

Nearly half of respondents engage in 150 MINUTES or more of MODERATE PHYSICAL ACTIVITY per week.
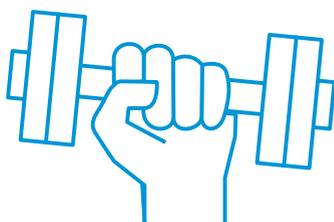
49.6%

Those with more experience are less likely to engage in 150 mins of moderate to vigorous physical activity.

Years of nursing experience	150 min physical activity	0 days of strength training
<1 year or student	52.3%	58.0%
1-2 years	51.7%	58.4%
3-10 years	50.6%	55.4%
11-20 years	47.9%	50.8%
21-30 years	46.9%	49.8%
31-40 years	47.6%	48.6%
>40 years	45.7%	52.9%

Over half (53.9%) of respondents did no strength training.

Those with less nursing experience are less likely to engage in strength training.
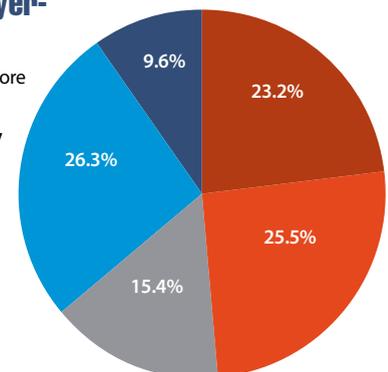
About half of respondents report not having access to an employer-based exercise facility.

Those with more nursing experience reported more access to employer-based exercise facilities.

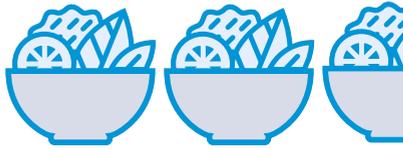**Access to employer-based exercise facility**
- ■ strongly disagree
- ■ disagree
- ■ neither
- ■ agree
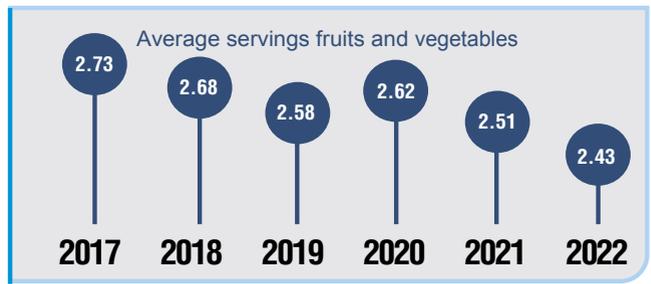- ■ strongly agree

Pie chart: 23.2%, 25.5%, 15.4%, 26.3%, 9.6%

All estimates are controlled for year, years of experience, nurse licensure, race, and work setting.
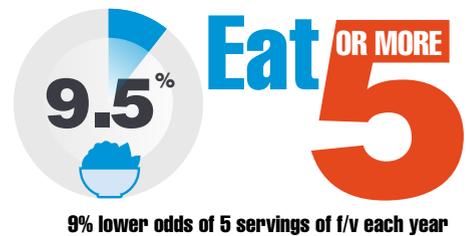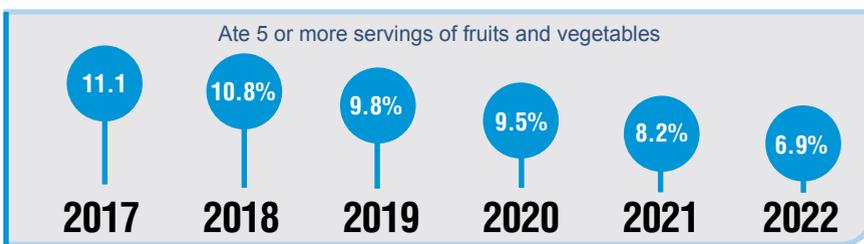
2.6 SERVINGS fruits&vegetables!
per day

DECREASE OF
0.06
servings of fruits & vegetables (f/v) per year

Average servings fruits and vegetables

2.73	2.68	2.58	2.62	2.51	2.43
2017	2018	2019	2020	2021	2022

Race/Ethnicity	Average servings of fruits and vegetables
White NH	2.70
Black NH	2.19
Asian Pacific Islander	2.10
Other	2.46
Hispanic	2.36
multiple races	2.61

Nurse licensure	Average servings of fruits and vegetables
RN	2.61
APRN	2.82
LPN	2.22
Student	2.53

- Asian/Pacific Islander nurses ate **0.6 fewer servings** of f/v than White nurses and Black nurses ate a **half serving** of f/v less than White nurses. Similarly, Hispanic nurse ate a **third of a serving less** than White nurses, and other races ate a **quarter fewer servings** of f/v than White nurses.
- Compared to RNs, APRNs eat **0.21 more servings** of f/v, and LPNs eat **0.39 fewer servings** of f/v.
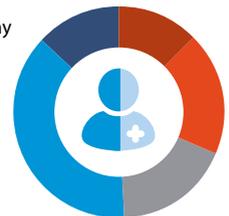
Ate 5 or more servings of fruits and vegetables

11.1	10.8%	9.8%	9.5%	8.2%	6.9%
2017	2018	2019	2020	2021	2022

Eat 5 OR MORE
9.5%
9% lower odds of 5 servings of f/v each year

NURSES with MORE EXPERIENCE EAT MORE fruits&vegetables.

Years of nursing experience	Average servings of fruits and vegetables	5+ servings of fruits and vegetables
< 1 year or student	2.40	8.0%
1-2 years	2.38	7.4%
3-10 years	2.56	8.6%
11-20 years	2.66	10.2%
21-30 years	2.67	10.4%
31-40 years	2.90	12.5%
>40 years	3.07	15.7%

Over half of nurses agreed that there was healthy food available at their worksite.

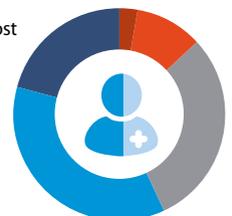In my current work environment, healthy food choices are available.
- strongly disagree | 12.5%
- disagree | 18.9%
- neither | 18.0%
- agree | 37.7%
- strongly agree | 12.9%

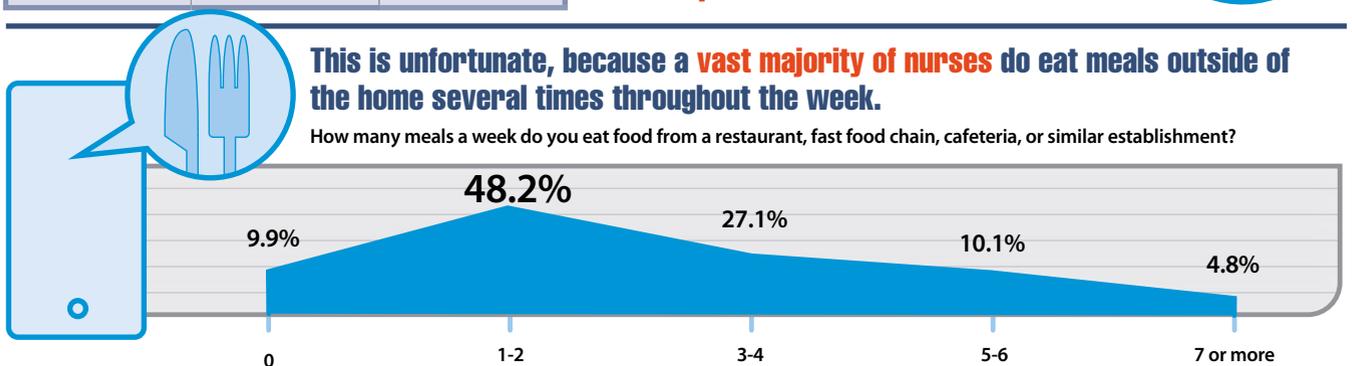**However, most nurses agreed that healthy food at their worksite was more expensive.**

In my current work environment, the cost for healthier food choices are more $.
- strongly disagree | 3.0%
- disagree | 10.2%
- neither | 29.9%
- agree | 36.2%
- strongly agree | 20.6%

This is unfortunate, because a vast majority of nurses do eat meals outside of the home several times throughout the week.

How many meals a week do you eat food from a restaurant, fast food chain, cafeteria, or similar establishment?

0	1-2	3-4	5-6	7 or more
9.9%	48.2%	27.1%	10.1%	4.8%

All estimates are controlled for year, years of experience, nurse licensure, race, and work setting.
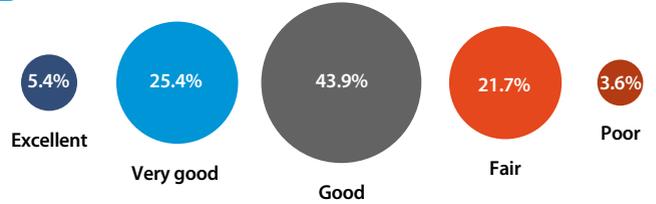
GENERAL HEALTH

Compared to **RNs (73.3%)**, **APRNs (77.0%)** and **students (80.3%)** had greater odds of excellent, very good, good health; **LPNs (67.6%)** had lower odds.
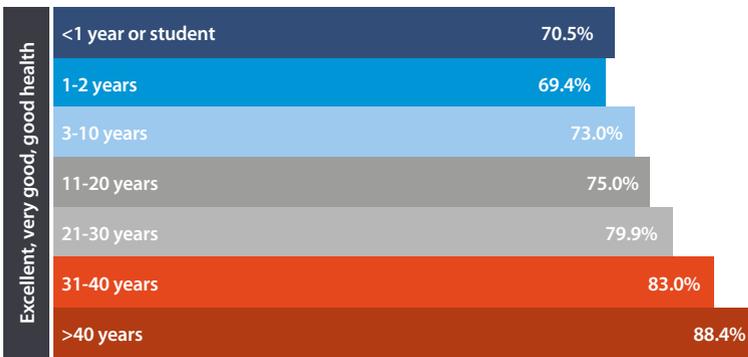
74.8%

Reported excellent, very good, or good health

- 5.4% **Excellent**
- 25.4% **Very good**
- 43.9% **Good**
- 21.7% **Fair**
- 3.6% **Poor**

Respondents with more experience report better health.

Excellent, very good, good health

<1 year or student	70.5%
1-2 years	69.4%
3-10 years	73.0%
11-20 years	75.0%
21-30 years	79.9%
31-40 years	83.0%
>40 years	88.4%

Compared to white nurses, nurses of color have lower odds of excellent, very good, or good health.

	Excellent, very good, good health
White non-Hispanic	76.8%
Black non-Hispanic	69.6%
Asian Pacific Islander	71.1%
Other	74.2%
Hispanic	68.4%
Multiple races	71.8%

ALMOST 70% OF RESPONDENTS PRIORITIZE the HEALTH, SAFETY, and WELLNESS of PATIENTS OVER THEIR OWN.

In my current work environment, I put the health, safety, and wellness of my patients above my own.

- strongly disagree
- disagree
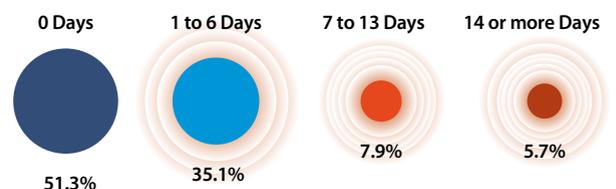- neither
- agree
- strongly agree

Pie chart: 1.6%, 7.4%, 21.5%, 29.5%, 40.0%

HEALTHY DAYS (in the past 30)

How many days did poor physical or mental health keep you from doing your usual activities?

Number of days	Percent
0	46.3%
1 to 4	30.8%
5 to 9	11.9%
10 to 13	5.3%
14 to 19	2.7%
20 or more	3.1%

How many days did pain make it hard for you to do your usual activities?

- 0 Days — 51.3%
- 1 to 6 Days — 35.1%
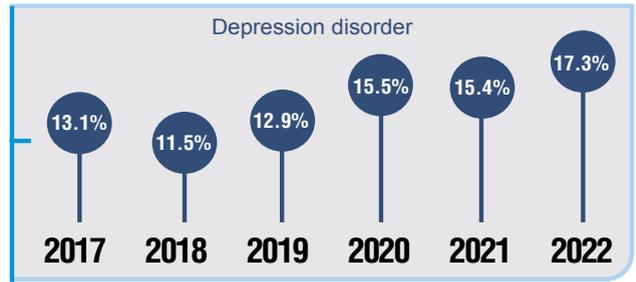- 7 to 13 Days — 7.9%
- 14 or more Days — 5.7%

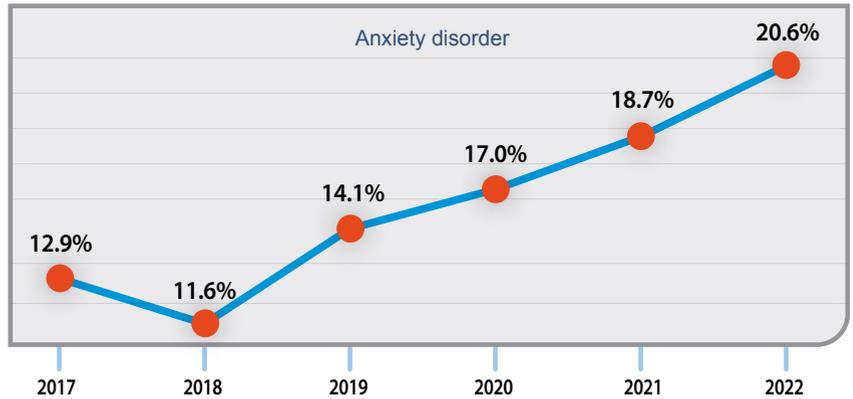All estimates are controlled for year, years of experience, nurse licensure, race, and work setting.

DEPRESSION DISORDER 15%

INCREASED ODDS of 9% per year

- LPNs had **31%** greater odds of **depression** compared to RNs; students had **26%** lower odds of depression compared to RNs.
- Women **(14.3%)** had **81%** greater odds of **depression** compared to men **(8.5%)**.

Depression disorder

Year	2017	2018	2019	2020	2021	2022
%	13.1%	11.5%	12.9%	15.5%	15.4%	17.3%

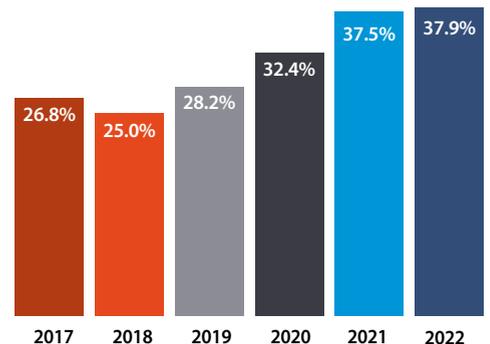# ANXIETY DISORDER 17%

INCREASED ODDS of 15% per year

- LPNs **(19.2%)** had greater odds of **anxiety disorder** compared to RNs **(15.0%)**.
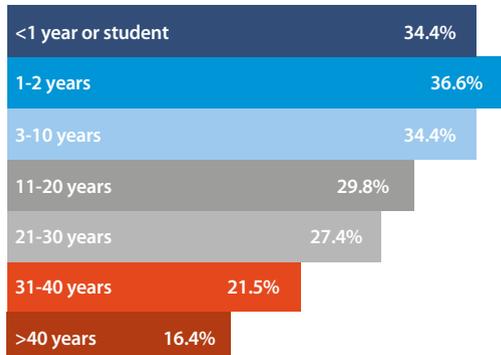- Women **(15.6%)** had twice the odds of **anxiety disorder** compared to men **(8.4%)**.

Anxiety disorder

Year	2017	2018	2019	2020	2021	2022
%	12.9%	11.6%	14.1%	17.0%	18.7%	20.6%

RESPONDENTS with MORE EXPERIENCE HAVE LOWER ODDS of ANXIETY.

Year	Anxiety disorder
<1 year or student	19.3%
1-2 years	20.2%
3-10 years	18.4%
11-20 years	15.5%
21-30 years	12.5%
31-40 years	8.0%
>40 years	4.7%

30.8% HAVE FELT SAD, DOWN, or DEPRESSED FOR ≥2 WEEKS IN THE PAST YEAR.

2017	2018	2019	2020	2021	2022
26.8%	25.0%	28.2%	32.4%	37.5%	37.9%

Respondents with more experience have lower odds of feeling sad, down, or depressed.

Years	%
<1 year or student	34.4%
1-2 years	36.6%
3-10 years	34.4%
11-20 years	29.8%
21-30 years	27.4%
31-40 years	21.5%
>40 years	16.4%

About 1/5 respondents report that they get the emotional support they need. This has decreased over time.

How often do you get the emotional support you need?

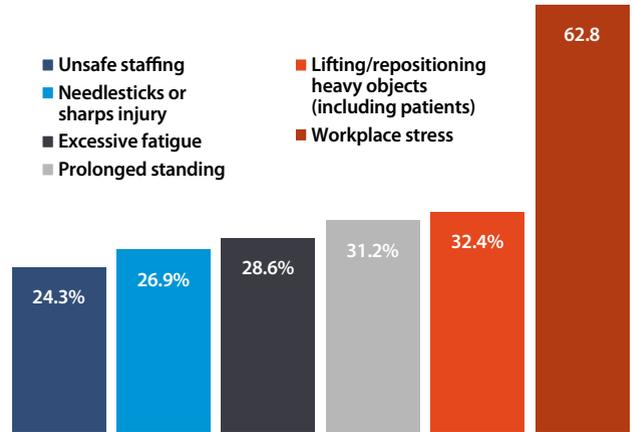| Never	Rarely	Sometimes	Usually	Always
3.0%	11.6%	27.7%	36.5%	21.2%

All estimates are controlled for year, years of experience, nurse licensure, race, and work setting.

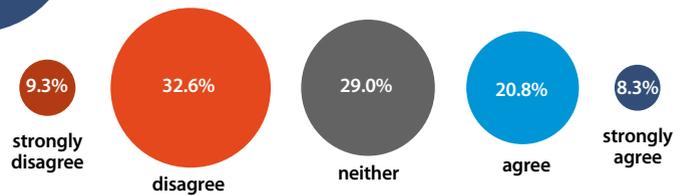# In my CURRENT WORK ENVIRONMENT, MY EMPLOYER VALUES MY HEALTH and SAFETY.

- strongly disagree | 2.6%
- disagree | 5.8%
- neither | 17.6%
- agree | 47.9%
- strongly agree | 26.1%

I BELIEVE I'M at SIGNIFICANT RISK for:

- Unsafe staffing
- Needlesticks or sharps injury
- Excessive fatigue
- Prolonged standing
- Lifting/repositioning heavy objects (including patients)
- Workplace stress

Unsafe staffing	Needlesticks or sharps injury	Excessive fatigue	Prolonged standing	Lifting/repositioning	Workplace stress
24.3%	26.9%	28.6%	31.2%	32.4%	62.8

ODDS of EXCESSIVE FATIGUE HAVE INCREASED 16% each year SINCE 2017

Excessive fatigue

2017	2018	2019	2020	2021	2022
24.4%	22.6%	25.4%	26.0%	33.2%	39.3%

I AM OFTEN ASSIGNED A HIGHER WORKLOAD THAN I AM COMFORTABLE WITH.

strongly disagree	disagree	neither	agree	strongly agree
9.3%	32.6%	29.0%	20.8%	8.3%

ODDS of UNSAFE STAFFING HAVE INCREASED 18% each year SINCE 2017.

Unsafe staffing

2017	2018	2019	2020	2021	2022
16.5%	18.5%	20.8%	20.7%	27.9%	31.4%

During the past year, I have been assaulted by a patient or family member of a patient.

- strongly disagree
- disagree
- neither
- agree
- strongly agree

strongly disagree	disagree	neither	agree	strongly agree
42.0%	38.3%	6.3%	9.2%	4.3%

During the past year, I have experienced verbal or non-verbal aggression from a person of authority or peer.

Person of authority

- strongly disagree
- disagree
- neither
- agree
- strongly agree

	Person of authority
strongly disagree	28.9%
disagree	36.4%
neither	10.9%
agree	18.7%
strongly agree	5.2%

	Peer
strongly disagree	24.1%
disagree	34.2%
neither	11.1%
agree	25.1%
strongly agree	5.5%

All estimates are controlled for year, years of experience, nurse licensure, race, and work setting.
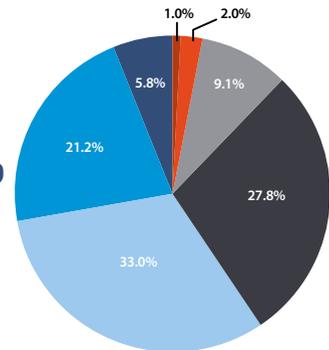
SLEEP HOURS PER NIGHT

In a TYPICAL 24-HOUR PERIOD, ABOUT HOW MANY HOURS DO YOU SLEEP, INCLUDING NAPS?

Legend:
- ■ Less than 4 hours
- ■ 4 hours
- ■ 5 hours
- ■ 6 hours
- ■ 7 hours
- ■ 8 hours
- ■ More than 8 hours

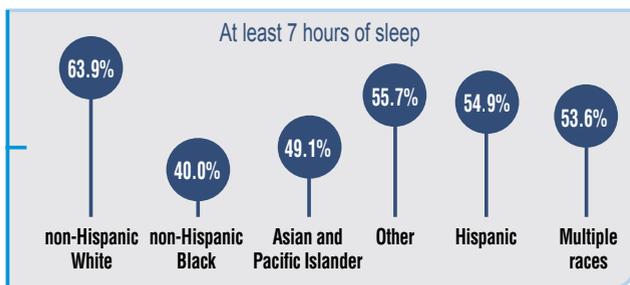Pie chart values: 1.0%, 2.0%, 9.1%, 27.8%, 33.0%, 21.2%, 5.8%

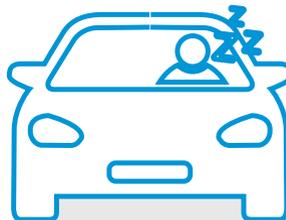## AVERAGE HOURS OF SLEEP PER NIGHT
6.77

Compared to non-Hispanic White nurses:
- non-Hispanic Black nurses had **62%** lower odds of getting **7 hours** of sleep
- Asian and Pacific Islander nurses had **44%** lower odds of getting **7 hours** of sleep

At least 7 hours of sleep

- 63.9% — non-Hispanic White
- 40.0% — non-Hispanic Black
- 49.1% — Asian and Pacific Islander
- 55.7% — Other
- 54.9% — Hispanic
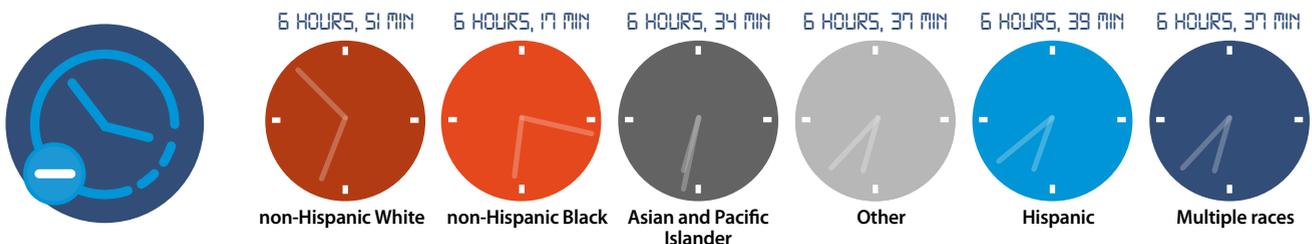- 53.6% — Multiple races

FALLEN ASLEEP WHILE DRIVING
12.8%

Compared to non-Hipanic White nurses, non-Hispanic Black, Asian, and Pacific Islander nurses had **77%** greater odds of falling asleep while driving.

- non-Hispanic White | 11.0%
- non-Hispanic Black | 17.9%
- Asian and Pacific Islander | 17.5%
- Other | 12.1%
- Hispanic | 15.1%
- Multiple races | 13.3%

NURSES OF COLOR GET LESS SLEEP THAN WHITE NURSES.

- 6 HOURS, 51 MIN — non-Hispanic White
- 6 HOURS, 17 MIN — non-Hispanic Black
- 6 HOURS, 34 MIN — Asian and Pacific Islander
- 6 HOURS, 37 MIN — Other
- 6 HOURS, 39 MIN — Hispanic
- 6 HOURS, 37 MIN — Multiple races

All estimates are controlled for year, years of experience, nurse licensure, race, and work setting.

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