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To come back or not to come back during the coronavirus crisis—A cross-sectional online survey of inactive nurses

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Abstract

Aims: To examine whether inactive nurses are willing to return to nursing during the COVID-19 pandemic, the reasons for or against their decision and further, possibly relevant factors.

Design: Cross-sectional online survey.

Methods: We developed a questionnaire, addressing registration, professional experiences, anticipations, and internal and external factors that might affect the decision of inactive nurses to return to nursing during the pandemic. Between 27 April and 15 June 2020, we recruited participants in Germany via social networks, organizations and institutions and asked them to forward the link to wherever other inactive nurses might be reached.

Results: Three hundred and thirty-two participants (73% female) could be included in the analysis. The majority of the participants (n = 262, 79%) were general nurses. The main reason for registering was 'want to do my bit to manage the crisis' (n = 73, 22.8%). More than two thirds of the participants (n = 230, 69%) were not or not yet registered. One hundred and twelve (49%) out of 220 participants, who gave reasons why they did not register, selected they 'could not see a necessity at that time'. The few inactive nurses who were deployed reported a variety of experiences.

Conclusions: Different factors influence the nurses' decision to register or not. A critical factor for their decision was previous experiences that had made them leave the job and prevented a return—even for a limited time in a special situation.

Impact: From the responses of the participants in this study, it can be deduced that: negative experiences made while working in nursing influence the willingness to volunteer for a deployment; only one-third of the inactive nurses would be willing to return to the nursing profession to help manage the Corona pandemic; policymakers and nursing leaders should not rely on the availability of inactive nurses in a crisis.

KEYWORDS
care, COVID-19, deployment, inactive nurses, nursing, nursing shortage, nursing workforce, pandemic, register, return

1 | INTRODUCTION

In March 2020, the World Health Organization (WHO) declared COVID-19 a pandemic and many countries faced challenges in responding. Particularly, a pre-existing shortage of nurses (WHO, 2020) became even more obvious. Nurses became a valuable resource, and different countries called on nurses who left the profession prior to retirement age (inactive nurses) to return to nursing (International Council of Nurses, 2021). In Germany, from an early stage of the pandemic in April 2020, various authorities and organizations began to call on this 'nursing reserve' to sign in to help manage the crisis (Williams et al., 2020). The bodies included university hospitals and clinics, health authorities, nursing councils ('Pflegekammern', Boards of Nursing), state governments, employment agencies and others. We conducted an online survey to find out which motives inactive nurses had to come back for a limited amount of time or what would prevent a return, as well as other factors which might play a role in their decision.

Summary

Policymakers or nurse leaders should not count on the availability of a reserve of inactive nurses in the event of a crisis.

2 | BACKGROUND

2.1 | Nurses in Germany

In Germany, there has been a nursing shortage for years (WHO, 2021). Especially, nurses, who had at least 3 years of training, either at university or through vocational training, are needed to ensure quality care for those who are sick or in need of care in hospitals and care homes (Blümel et al., 2020). In Germany, the majority of nurses are qualified through vocational training and are mainly divided into general, paediatric and geriatric nurses. In the following, nurses with at least 3 years of training are referred to as qualified nurses. In Germany, there is no professional register for nurses. Therefore, registration takes place only in the context of readiness to help out during the pandemic and this term is only used in this context.

To counter the shortage, hospitals as well as the German government have made efforts to motivate people for professional training and also to recruit nurses from abroad (Duell & Vetter, 2020). Additionally, the government developed a programme to win back inactive nurses. The authors of the #PflegeComeBack study (Paul Hartmann, 2018) assume that, in Germany, as many as 335,000 nurses may have left the profession over the past 25 years.

Nurses quitting their jobs is a well-known and widespread problem (Buchan et al., 2018). A study shows that a large proportion not only quit their job but also their profession (Sasso et al., 2019). Conditions leading to the exit of many nurses, relating to support, workload and professional development were reported in different studies over time (Ellison, 2021). The #PflegeComeBack study concluded that around 120,000–200,000 inactive nurses would consider returning to nursing, depending on circumstances, that is improved working conditions (Paul Hartmann, 2018). It has been shown that the pandemic is likely to make conditions even worse (Zipf et al., 2022).

In many countries, such as the UK or the USA, nurses can be easily reached, the profession is regulated and registration on a professional register is a pre-requisite for taking up work (International Council of Nurses, 2020). In Germany, such a register for nurses as part of a nursing council ('Pflegekammer') exists only in some federal states (Blümel et al., 2020), so the number of nurses as a potential reserve and their contact details are presently not known. This lack of comprehensive professional registration restricts the number of inactive nurses who can be contacted and approached personally in case of need.

Returning to an activity, to which one has turned one's back for various reasons, represents a particular challenge (Noorland et al., 2021), even if the return is voluntarily and temporarily. In this context, the question arises as to what motivates nursing professionals to make themselves available for a short-term return to the nursing profession in an emergency—or not.

Even if there is a basic willingness to support during the COVID-19 pandemic in the context of helping behaviour, which generally aims to improve the situation of the recipient of the aid (Bierhoff, 2010), for people, there may be reasons not to do so. Considering risk factors associated with severe COVID-19 (Mayo Clinic, 2022), there is one's own chronic illness or that of relatives, or very practically, a fear to contract an infection. These reasons were also given by healthcare workers about their willingness to work during an influenza pandemic (Aoyagi et al., 2015). Possibly, inactive nurses may have non-nursing work obligations that are equally important or no longer feel fit for practice (Fothergill et al., 2005). In addition, there are probably expectations and uncertainties about what it will be like to work again in nursing and especially during the COVID-19 pandemic. All these factors determine the decision about a voluntary registration and in those, who do, they will also affect the actual experience of working as a nurse again. To be able to draw on the nursing reserve, these factors should be known as precisely as possible. Our aim was to identify these conditions as well as others that might play a role.

3 | THE STUDY

3.1 | Aims

The study aims to identify if inactive nurses are prepared to return to the nursing workforce during a time of crisis, the reasons for or against their decision and related factors. For those who returned, it aims to gain an insight into their experiences.

3.2 | Design

Cross-sectional online survey.

3.3 | Participants

A convenience sample of inactive nurses was obtained using snowball techniques. A lack of a professional register meant that organizations such as universities or health insurance funds as well as social networks related to nursing were asked to recruit inactive nurses by disseminating the survey link, resulting in a self-selected sample.

Case number calculations for the one-sided *t* test using G*Power 3.1.9.6 with a power of 95% and a significance level α of 0.05 revealed a necessary minimum number of 176 (88 registered and 88 non-registered or academic versus non-academic inactive nurses). For the Wilcoxon–Mann–Whitney test, with the above power and significance level α, the total number of participants was calculated to be 184 (92 per group) at least.

The inclusion criteria were participants had to be qualified as a nurse and had to answer whether they were registered to return to the workforce or not. As older age is a known risk factor for a severe course of COVID-19 disease, only people up to 65 years of age were included. Those active nurses, who worked 75% or less were included because they might have increased their working hours to a relevant extent during the crisis. Excluded were participants not living in Germany.

3.4 | Data collection

To design the questionnaire, a review of the literature was conducted, searching the database PubMed for studies published between 2000 and 2020 that focused on nurses leaving the profession, and theories on helping behaviour in German and English languages. Publications screened mainly referred to the categories: health, family, job and organizational satisfaction, finance, autonomy and career options (e.g. McIntosh et al., 2006).

Based on this information and considering different aspects of the acute situation, for example the risk of contracting COVID-19, lack of protective equipment and unknown risks from a novel disease, we developed a questionnaire addressing the factors, which might influence the decision for a potential return to nursing.

A review of the literature related to reasons nurses leave the profession and theories on helping behaviour assisted in the development of a survey. The questionnaire consisted of 29 questions, broken into the following categories:

1. Sociodemographic information, including age, sex and qualifications.
2. Professional experiences, including additional qualifications, medical fields in which participants had experiences, reasons for leaving the profession, number of years being active in nursing, year and scope of last employment in nursing, current job (e.g. Ellison, 2021).
3. Helping behaviour includes returning to the workforce, the reasons for and against, expectations and preparations (e.g. Aoyagi et al., 2015; Bierhoff, 2010; Fothergill et al., 2005).
4. Experiences once deployed (e.g. Noorland et al., 2021).

A filter was used for the crucial question, whether people were willing to return to nursing during the crisis and then the reasons for or against their decision. Participants who were registered could give reasons for and those who had not registered, against registration. Those who chose 'I am still waiting/still thinking' or 'other' were able to give answers to both. Another filter was applied for those who were deployed to ask questions about their experiences. Participants were also asked where they registered and if and why a mandatory registration would make a difference for them.

The majority of the questions had a dichotomous answer format and included the option to provide more detailed information as free-text responses.The questionnaire was pre-tested by inactive nurses ($n = 4$) to evaluate its practicability, comprehensibility and completeness. The pre-test was carried out via a test version of the survey link. After the pre-test, the option to answer 'does not apply' and the opportunity to provide additional information for some questions (free-text) were added.

We used the web application SoSci Survey (Leiner, 2019). The survey was online between 27 April and 15 June 2020. The sample was obtained by initial dissemination of the survey link via social and professional networks, institutions that offer registration and other structures related to the nursing profession. While the survey was online, we continuously asked new people or institutions to publish and share the link, which led to a self-selected sample.

For analysis, the data collected via SoSci Survey were transferred to the software SPSS (IBM SPSS Statistics 28, 2021).

3.5 | Validity, reliability and rigour

The acceptability and validity of the questionnaire were assessed after receiving all questionnaires. The questionnaire had satisfactory acceptability as less than 3.9% of missing values occurred, except for the scope of activity (10.5%) and changed thinking about returning to nursing after a deployment (4.3%).

3.6 | Data analysis

The answers were analysed for inclusion criteria. Excluded were 72 people who did not give the answer whether they were registered, 28 who were not trained nurses or had a related degree. Furthermore, six participants were older than 65 years, one did not live in Germany,

15 currently worked more than 75% in nursing and nine reported they had been declared unfit for work. Therefore, out of 463 participants, we excluded 131 and could analyse 332 questionnaires. Since different numbers of participants answered the respective questions, the number of respondents to each question is given.

Categorical variables are presented with frequencies and percentages and univariate analysis was performed applying a chi-squared test. Effect sizes are given by Cramer's V. For Mann–Whitney *U* tests, median and interquartile ranges (IQR) were reported. A $p < .05$ was considered statistically significant.

In addition to predefined response options, further information from the open responses was categorized and coded by two researchers independently of each other according to the method of Kuckartz (2019). Where possible, the answers were assigned to the already existing response categories.

4 | RESULTS

Six hundred and eighteen people started the survey and 463 completed the questionnaire. Out of these, 332 questionnaires could be analysed.

4.1 | Sample characteristics

The sample can be described as follows (Table 1).

4.2 | Leaving the profession

On average, the nurses ($n = 330$) were 8.7 years out of nursing (*SD* 8.12, range 0–38) and some of them were still in the job, however, worked part-time. The nurse who had been out of the job the longest, last worked in nursing in 1982.

The participants were asked for the reasons why they had left work in nursing or care (Table 2). Multiple answers were possible.

Among the five leading reasons to leave the job, at least two are related to career: poor career options (8.8%) and the decision to study (8.0%). Professional re-orientation, which is the decision not to work in direct patient care anymore as the most chosen reason (11.1%), can have various triggers including career options.

4.3 | Current jobs (320 respondents)

Currently, participants are in different jobs or activities. Up to four answers were provided by the participants (Table 3).

Respondents were asked about their current jobs. The majority of respondents ($n = 196$, 61.1%) still had jobs related to health, care or nursing.

TABLE 1 Sample characteristics ($n = 332$)

Variable	*n* (%)
Demographic Information	
Gender ($n = 328$)	Female: 238 (72.6)
	Male: 89 (27.1)
	Diverse: 1 (0.3)
Age (years, $n = 327$)	$M = 45.4$
	SD 10.69
	Range 21–65; median = 46; mode = 42
Qualification ($n = 332$)	
General nurse	264 (76.7)
Paediatric nurse	21 (6.1)
Geriatric nurse	54 (15.7)
Professional experience (years)	$M = 15.0$
	SD 9.51
	Range 1–48; median = 13.5; mode = 15
Academic degree/title ($n = 117$, multi-response)	
Bachelor	62 (53.0)
Master	46 (39.3)
PhD and/or Professor	9 (7.7)
Degree/title awarded in health or care ($n = 48$)	43 (89.6)
Additional professional specialisation ($n = 279$, multi-response)	
ICU nurse	75 (19.4)
Quality management	51 (13.2)
Anaesthetic nurse	31 (8.0)
Teaching and training	26 (6.7)
Ward or area management	17 (4.4)
Hygiene expert	13 (3.4)

Note: M, mean; SD, standard deviation.

4.4 | Registration for deployment during the pandemic (332 respondents)

Only one-third of the respondents ($n = 102$, 30.7%) were former nurses who indicated that they were registered. One hundred and ninety (57.6%) were not registered and 39 (11.7%) watched the development of the situation or were still considering registration. These data were recoded into 'registered' or 'not registered'. One person would have registered but did not know where and 'nobody asked'.

4.4.1 | Reasons for registration (100 respondents)

Participants are registered for different reasons (Figure 1).

TABLE 2 Reasons why participants left the profession (319 respondents, multiple answers possible, 1301 answers)

Reasons why participants left the profession	%	*n*
Professional reorientation	11.1	145
Shift patterns and working hours	10.0	130
Poor or other career options	8.8	114
Time pressure, not enough time for patients	8.7	113
Decision to study	8.0	104
Compatibility of work and family	7.5	97
Financial reasons	7.0	91
Physical health issues	5.2	68
Lack of social recognition	5.2	68
Organisational issues	4.7	61
Other reasons	4.6	60
Lack of recognition by other professions	4.2	55
Work interruptions	3.6	47
Problems with colleagues and superiors	2.6	34
Insufficient occupational health & safety	2.5	33
Mental health issues	2.4	31
Too much administration	2.2	29
Working conditions, perception of role	1.0	13
Retirement	0.4	5
Introduction of Nursing Councils in Germany	0.2	3

TABLE 3 Current job or activity (319 respondents; multiple answers possible, 385 answers)

Current job or acitivity	%	*n*
Administration health sector	25.4	97
Other	17.5	67
Research, teaching, training, consulting	17.3	66
Job, not health-related	10.7	41
Medical Service of the Health Funds (MDK)	7.6	29
Studies, health related	7.3	28
Parental leave	3.7	14
Studies, not health related	3.4	13
Controlling, Quality Management, Business Consulting and Development	2.9	11
Health Insurance	1.8	7
Retirement	1.8	7
Medical practice (Doctor's surgery)	0.5	2

Among the five most given reasons are three which relate to the nursing profession: participants feel a sense of belonging, want to support former colleagues and use their skills (total *n* = 143 answers, 44.7%).

4.4.2 | Reasons against registration (219 respondents)

The main reason against registration (Figure 2) was that at the time they were asked, respondents could not see any necessity to register (*n* = 108, 35.9%). Working in a different relevant job (*n* = 49, 14.0%) or health concerns, such as existing diseases, pregnancy or the fear of contracting infection with SARS-CoV-2 (*n* = 78, 22.2%), were also reasons. Those, who chose 'other' (*n* = 26, 7.4%) and gave additional information, listed primarily compatibility with their current job or workload or other commitments, or that they do not want to return to a system they see as very negative.

By means of a cross-tabulation, it could be determined that 60 (27.1%) of the nurses without an academic qualification and 42 (37.8%) of the nurses with an academic qualification registered in the COVID-19 crisis. Chi-squared test showed a statistically significant difference between both (χ^2 (1, *N* = 332 4.0, *p* = .046). However, the effect size was small (Cramer's *V* = 0.11). There is also a statistically significant positive association between being trained as a geriatric nurse and registration (χ^2 [1, *N* = 332] = 5.2, *p* = .022, Cramer's *V* = 0.13). Neither the time inactive nurses were out of the job (registered: 8.0, IQR 14; not registered: 5.0, IQR 11; *p* = .121; *U* = 10,331), nor a current job related to health and care (χ^2 [1 *N* = 321] = 1.9, *p* = .169) or the current number of working hours (registered: 100.0, IQR 25.0; not registered: 100.0, IQR 25.0; *p* = .861, *U* = 9540) are statistically associated with registration.

4.5 | Expectations (295 respondents)

When returning to nursing, the inactive nurses expected (multiple answers possible, 939 answers) to enjoy the interaction with patients (*n* = 138, 14.7%) and to work in their original profession (*n* = 96, 10.2%). Some feared that no consideration would be given to their personal situation (*n* = 105, 11.2%) or that they would face insufficient protection against an infection with the Coronavirus (*n* = 93, 9.9%). Time pressure at work was also something that raised concern (*n* = 85; 9.1%).

4.6 | Deployment

Out of 100 respondents, who answered the question, 23 had been deployed to work in care during the Coronavirus crisis before mid-June, 2020. Being able to give multiple answers, 18 nurses rated their experience overall as positive, one nurse as negative. Most of the deployed nurses worked in the care of elderly people (*n* = 12), six of them cared for Coronavirus-infected people, and also six were deployed in intensive care.

Four of the nurses deemed their fears about returning to care realistic, but the majority (*n* = 18) had positive experiences. For 10, the deployment was meaningful and for nine challenging. Four of

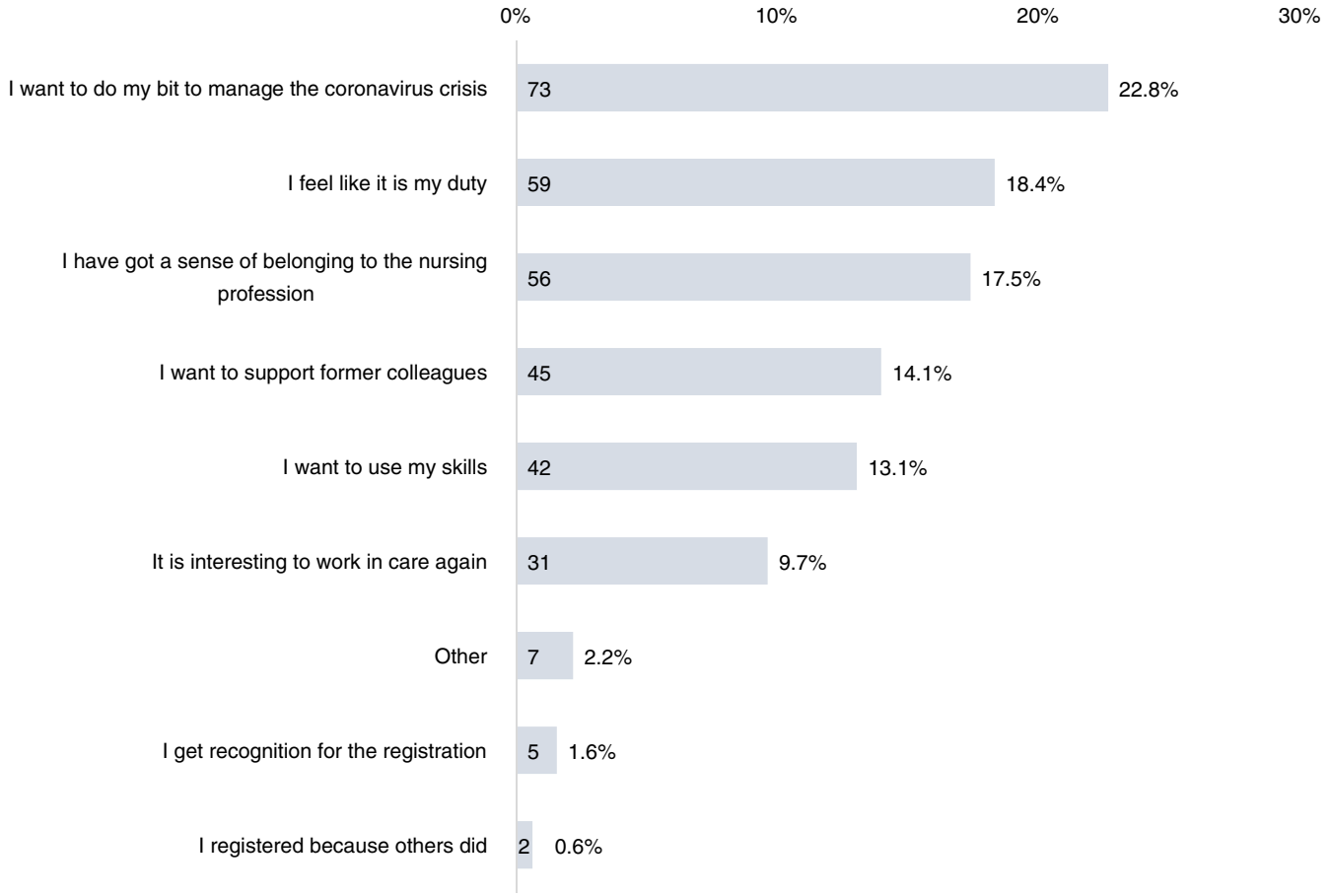

FIGURE 1 Reasons for registration (100 respondents, multiple answers possible, 320 answers; %, *n*)

the deployed found the experience satisfying, two frustrating. Four peoples experienced working in care again as physically, two as mentally demanding.

Volunteers reported that the main support they received was peer counselling ($n = 10$), childcare ($n = 2$), financial incentives ($n = 2$) and a Coronavirus hotline or similar ($n = 2$). If used, these offers were overall perceived as helpful ($n = 9$).

5 | DISCUSSION

Our study shows that different factors determine the decision for or against voluntary registration during a period of crisis such as the COVID-19 pandemic.

One of the main findings is that only 30% of participants were willing to return to nursing during the pandemic. Fothergill et al. (2005) reported almost the same figure (27%) for inactive nurses who would be available for disasters. One reason for this could be that, up until the time of the survey, a large proportion of respondents did not see the need to register for a possible deployment. This is comprehensible, compared with the conditions, for example in Bergamo in Italy (Senni, 2020), the infection rates in Germany had been low and the situation in hospitals and care facilities in most regions was relatively calm. Financial issues were also one of the reasons against registration, as a relevant number of inactive nurses were worried about adequate financial compensation and arrangements. There may be a link with leaving care: lack of career opportunities is among the reasons for leaving the profession (Ellison, 2021). A higher-skilled job comes with a higher salary, a return to nursing would reduce people's income. Nevertheless, in our study, an academic background was a statistically significant determinant for registration. A positive correlation between higher education and volunteering generally and during the pandemic was also found by Mak and Fancourt (2021). This suggests that arrangements about possible financial compensation and agreements with, for example main employers could facilitate registration (Noorland et al., 2021).

The majority of non-employed nurses in our study who were actually deployed and returned to work in nursing reported overall positive experiences but also mentioned negative components. Thus, the experience can be both satisfying and demanding. This is also reported by Zipf et al. (2022), in whose study nurses report stress and exhaustion, but also pride in what they have achieved so far.

Many of the inactive nurses expressed a sense of belonging to the nursing profession. Although challenging, there seems to be a

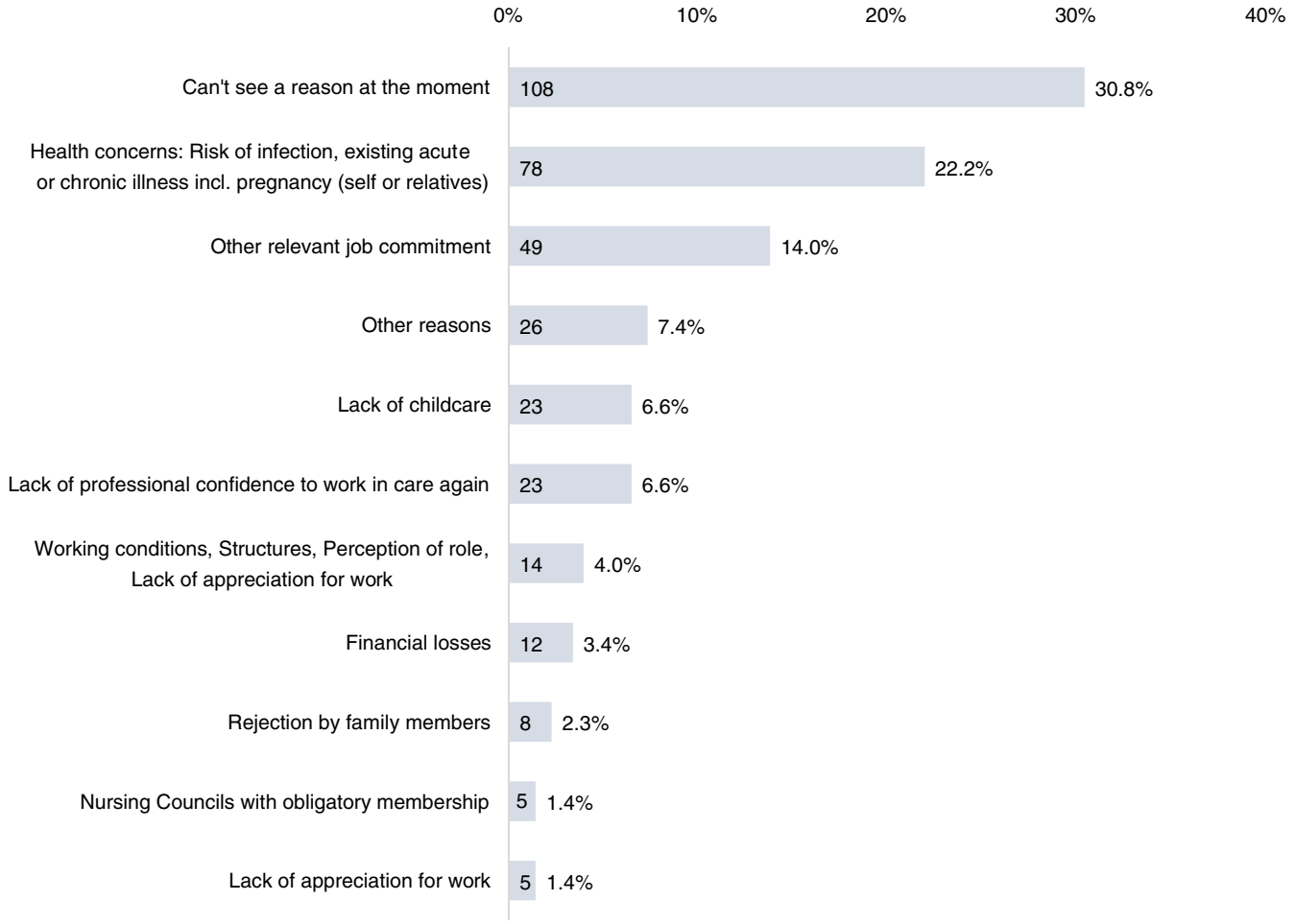

FIGURE 2 Reasons against registration (219 respondents, multiple answers possible, 351 answers; %, *n*)

professional identity that nurses all over the world refer themselves to (van der Cingel & Brouwer, 2021). A sense of belonging to the nursing workforce has been identified as a facilitating factor for volunteering (Fothergill et al., 2005). Participants in this study expressed this sense directly and indirectly as a reason for registration. Especially geriatric nurses showed a high willingness to help out. The knowledge of an already permanently tense situation in care homes (Devi et al., 2021) and the even higher workload for (former) colleagues due to COVID-19 might have contributed to the higher number of registrations in this subgroup.

It was striking that those inactive nurses, who had not registered, seemed to feel a need to explain their decision and the reasons that led to it. They often mentioned previous negative experiences in their everyday professional life as a reason for not having registered. A feeling of being demoralized and dissatisfied (Senek et al., 2020) seems to be persistent and can prevent the willingness to step in.

In other countries, nursing students at an advanced stage of their studies have been employed as additional nursing staff during the pandemic (Casafont et al., 2021; Nursing and Midwifery Council, 2020). In Singapore, for instance, it was also about a third (31%) of pre-registered nursing students who volunteered for frontline nursing (Seah et al., 2021). Due to the vocational training system in Germany, student nurses are already part of the staff involved in direct patient care and are not an additional resource.

Although the inactive nursing professionals basically have the skills and competence to care for the sick and those in need of care and could thus be deployed relatively quickly, there has been no coordinated, structured recording of the nursing reserve or a structured programme for re-entry so far. In their 2006 study, McIntosh et al. considered a register of non-employed nurses to be impractical, as the effort required to contact them due to relocation or death was estimated to be very high and timely implementation was considered unaffordable. Since a large part of the population can now be reached by email, this would pose a way to contact at least most inactive nurses. In this case, staff for the maintenance of the register and for queries would need to be considered.

In addition to winning back inactive nurses during crises of any kind, policymakers should also provide an incentive for nurses to pursue the profession outside pandemic periods and improve working conditions in the long term. Especially during crisis situations, the workload of nurses will increase rather than decrease, potentially making the profession less attractive and causing active nurses to

re-evaluate their careers. This trend was already evident in recent data: Between April and December 2020, the number of nurses in Germany and other countries considering leaving their profession increased (International Council of Nurses & CGFNS International Inc., 2021), indicating a decline in job satisfaction. This has implications not only for nursing in the current pandemic but also for future crisis situations.

5.1 | Limitations

One limitation is that the questionnaire was developed especially for this study and pre-tested by only four inactive nurses. However, since the main purpose was to test the comprehensibility of the questions, this number was considered sufficient. The results are not representative because they refer to a self-selected sample of inactive nurses as there is no central register of (inactive) nurses in Germany and their total number is not known. The link to the survey was disseminated in a snowball system through various channels to avoid systematic selection. Nevertheless, a large proportion of the participants indicate an academic background, whereas in Germany, the concept of nurses in direct patient care is still relatively young (Blümel et al., 2020) and these individuals thus represent a minority. The willingness to offer help might have been influenced by the timing of the survey, as it was generally high among the population, especially at the beginning of the pandemic. Of 618 participants who started the questionnaire, 208 dropped out at some point. One reason for ending the survey before starting and dropping out might be that participants were not inactive nurses, as the majority of them left the survey when they were asked questions about qualifications and professional experiences as a nurse.

6 | CONCLUSION

Regulations and agreements for deployments should be created for the inactive nurses who are willing to support the nursing workforce. This involves, for example, necessary financial compensation to the regular income and agreements to work for another employer including insurance issues as well as the opportunity for psychological support during and after deployments.

Although the number of nurses who are willing to support is currently small, a temporary return of inactive nurses to active nursing could be developed as one option to manage a crisis such as the COVID-19 pandemic. Yet, it can be assumed that the effect will be rather small.

Plans for pandemics, crises or even general nursing shortages should not focus too much on inactive nurses. To be prepared for further crisis situations and to meet the daily demands of patient care, it is important to counteract the general nursing shortage and thus improve working conditions. In the long term, this could both reduce the number of nurses leaving the profession and promote the willingness of those who have left to return and support in crisis situations.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

ETHICS STATEMENT

This study was approved by the ethics committee of the University Medicine Greifswald (BB168/21).

PEER REVIEW

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DATA AVAILABILITY STATEMENT

Questionnaire available on request from the authors

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