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Emotional Well-Being of New Jersey Nurses Post-COVID-19: Evaluating Equity in Access to Virtual Schwartz Rounds Peer-to-Peer Support Program

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Executive Summary

The Virtual Schwartz Rounds (VSR) are an online synchronous forum designed to connect nurses from all specialties across New Jersey. The VSR sessions are conducted remotely via virtual meeting platforms and offer a space for healthcare providers to process the challenging experiences they encounter while caring for themselves and others.

- The VSR sessions aim to:
 - Support nurses by reducing stress and isolation,
 - Enhance nurses' ability to provide compassionate care, and
 - Foster greater collaboration among colleagues by reminding staff of their shared motivation to help patients.

The objective of this report is to evaluate equity in accessing VSR program for New Jersey nurses.

This study uses a cross-sectional study design in which two identical surveys were administered to VSR nurse participants who have attended a VSR in the past (retrospectively) and to VSR nurse participants after the immediate completion of a VSR (concurrent). We designed a 31-question survey instrument based on existing, psychometrically tested research items about barriers to emotional well-being programs. To collect data for the retrospective survey, we recruited for eight weeks, from April 23, 2024 through June 22, 2024. Out of 2,791 nurses registered for attending VSR before April 1, 2024, 247 (9%) consented to participate. There were 11 VSR sessions held between April 1, 2024 and December 12, 2024. We administered the concurrent survey immediately after each VSR session. Out of 565 nurses who participated in at least one VSR session between April 1, 2024, and December 12, 2024, 95 nurses (16.9%) consented to participate in our concurrent survey.

The findings show that:

- VSR participants are distributed across North, Central, and South New Jersey, with percentages of 31.0%, 24.1%, and 27.6%.
- VSR participants were middle-aged (mean age 53.9 years old), women (80.3%), and White (58.3%). 72.4% of the VSR participants reported being actively employed in nursing full-time, with 34.2% reporting being employed at more than one nurse position.
- 290 nurses responded that they attended at least one VSR session.
- Of the five barriers related to the VSR program, the highest rated was inconvenient scheduling, which received a rating of 3.2.
- Half of VSR participants (50.0%) reported that their employer offers an emotional well-being program. Only 24.5% participated in these programs, and 14.8% were unsure if such programs existed.

Since nurses with lower educational attainment were disproportionately less likely to participate in VSR sessions, we recommend that VSR should expand access for nurses with lower educational levels, including targeted outreach to long-term care facilities. Our study also revealed gaps in the availability of workplace emotional support programs for nurses, including a lack of awareness regarding their existence. We recommend that future research should focus on identifying the factors that enhance the implementation of workplace emotional support programs for nurses.

Introduction

COVID-19 brought to light the disparities among the nursing workforce that have been simmering in our health care system and highlighted the need for nurses to access emotional well-being programs with the intention of reducing emotional distress and burnout. In response, the New Jersey Nursing Initiative (NJNI) and in collaboration with the Rutgers School of Nursing conceptualized, planned, and implemented the Virtual Schwartz Rounds (VSR). Day-to-day implementation was the responsibility of NJNI. On February 1, 2022 the role of NJNI was transitioned to New Jersey Nursing Emotional Well-Being Institute (NJ-NEW), a newly established project under the New Jersey Collaborating Center for Nursing (NJCCN). In its first 20 months, NJ-NEW was funded by the Healthcare Foundation of New Jersey as well as the Robert Wood Johnson Foundation (RWJF). The RWJF was the primary funder of NJNI as well. Starting in September 2023, NJ-NEW's primary source of funding has been the State of New Jersey.

The VSR provides an online synchronous forum platform connecting nurses in all specialties across New Jersey. Virtual Schwartz Rounds are virtual sessions that occur online using virtual meeting platforms. They provide a forum for healthcare providers to connect with each other to process the challenging experiences they face while trying to care for themselves and others. Utilizing outside facilitators to guide discussion, the rounds have a prescribed format, starting with a case or topic presentation by 2–3 panelists for each session, followed by the sharing of experiences, thoughts, and feelings by the participants. Discussions focus on the clinician experience of care, rather than the process of diagnosis or problem-solving.

By sharing and listening to nurses' caregiving stories, nurses can impart their subjective understanding, focusing on their emotional experiences as caregivers. The environment is a safe, nonjudgmental discussion that aims to support nurses to recognize similarities—and differences—across patient situations, job roles, organizations, cultures, and conditions; this will, in turn, foster personal connection, community, and resilience. Greater insight into their own responses and feelings has been linked with greater compassion and feelings of support. The session theme is established in advance by the facilitators and panelists with input from participants, organizers, and the Schwartz Foundation.

The aims of VSR are to:

1. Support nurses by reducing the stress and isolation that may make it difficult to provide compassionate care to patients, and
2. Foster a greater sense of collaboration with colleagues, because the stories that are shared during Rounds remind staff of their shared motivation to help their patients.

Since November 2020, NJ-NEW has hosted over 98 VSR sessions with a variety of themes (Table 1, p. 19) with a total of over 3,000 nurses across New Jersey. The diversity of topics range from feeling safe at work, working around the clock, and caregiver burden, all timely topics that impact the emotional well-being of nurses. Compared to employee assistance programs (EAP) and other services that may be employment-based, VSRs are “organization neutral” in that nurses are encouraged to share workplace experiences in a safe environment and allow for more open conversations without fear of repercussions. In this project, we examined the equity distribution of the nurses that access VSR.

This report evaluates equity in access to the VSR emotional well-being program via the following aims:

Aim 1 is to **examine demographic characteristics of a sample of New Jersey nurses who participated in VSR**, including identified gender, age, race, ethnicity, nursing specialty, workplace setting, and workplace county.

Aim 2 is to **examine nurse perceptions of facilitators and barriers to access VSR** by demographic and employment characteristics.

Aim 3 is to **examine the extent to which nurses who used VSR accessed and utilized other emotional support programs**, including Employee Assistance Programs (EAP) and other employment-based services.

To evaluate equity in access to the VSR emotional well-being program, we conducted two self-administered, electronic surveys of nurses who participated in the VSR. The surveys included three main components: (1) demographic and workplace characteristics; (2) perceived barriers and facilitators to accessing emotional support programs; and (3) availability, accessibility, and utilization of other emotional support programs for nurses.

Design

This study uses a cross-sectional study design in which two identical surveys were administered to VSR nurse participants who have attended a VSR in the past (retrospectively) and to VSR nurse participants after the immediate completion of a VSR (concurrent). All study procedures were approved by Rutgers University Institutional Review Board (Pro2020002095).

Retrospective Survey Population

There were 88 VSR sessions held between November 19, 2020, and March 31, 2024. To be included in our sample, nurses would have attended at least one VSR session during the above time period.

Recruitment. We identified 3,055 nurses who provided their emails at the time of registration for a VSR between November 19, 2020, and March 31, 2024. Of those, 264 emails were invalid or duplicative, resulting in 2,791 unique emails. We then invited those 2,791 nurses to participate in our study through email with a Qualtrics survey link embedded. Our invitational email was sent on April 23, 2024, and followed Dillman methodology (Dillman et al., 2014) to recruit by sending two reminders on May 7, 2024, May 30, 2024, and a “final chance” on June 18, 2024. As an incentive, we offered nurse participants the opportunity to enter a lottery for one of ten \$50 Amazon electronic gift cards.

We recruited for eight weeks from April 23, 2024, through June 22, 2024. Out of 2,791 nurses registered for attending one VSR, 247 (9%) consented to participate. Among the 247 nurses who consented through the email invitations, 30 responded that they did not attend any VSR, and 22 did not answer the participation question, resulting in a sample of 195 nurses for our retrospective survey.

Concurrent Survey Population

There were 11 VSR sessions held between April 1, 2024, and December 12, 2024. We administered this survey immediately after each VSR session.

Recruitment. We identified a total of 884 nurses registered to attend a VSR through those nine months. At the end of each session, nurse participants were asked to click on a link to consent to the brief confidential and voluntary evaluation of the VSR session they just attended. Those not interested in filling out the evaluation exited the consent and closed the browser. Those interested in filling out the evaluation clicked to the next page where the evaluation questions

will be displayed. After the standard set of ten Schwartz Center evaluation questions, nurses were invited to take part in an additional one-time survey about access to emotional support programs. The questions in that survey were identical to the one that was sent to the retrospective survey population. Regardless of whether or not nurse participants provide an evaluation or answered to the additional one-time survey about access to emotional support programs, all of them will be directed towards another screen asking them if they want to receive Continuing Education Units (CEUs), where they will provide the information needed for CEUs (See Figure 1, p. 26).

We emailed a reminder to those who attended the recent VSR and also incentivized nurses by offering them the opportunity to enter a lottery for one of ten \$50 Amazon electronic gift cards. Out of 565 nurses who participated in at least one VSR session between April 1, 2024, and December 12, 2024, 95 nurses (16.9%) consented to participate in our concurrent survey.

Survey Instrument

We designed a 31-question survey based on existing, psychometrically tested research items about barriers to emotional well-being programs (Clement et al., 2012; Gillespie et al., 2022; Pepin et al., 2015). The survey was divided into four sections: Virtual Schwartz Rounds access, workplace emotional well-being program access, nurse professional questions, and demographic questions. In addition to this set of questions, the retrospective survey was augmented with three questions that screened if those who registered to attend VSR in the past ever attended it, if not why, and when did they attend a VSR session last. Both surveys took approximately 15 minutes in total to complete. The Retrospective Nurse Participants Survey Questionnaire is attached to this report (Supplement I, p. 27).

The **Virtual Schwartz Rounds access section** asked respondents to rate on a scale from 1-10 with 1 being 'very low' and 10 being 'extremely high' the VSR's success in achieving its aims and the level of difficulty in accessing VSR. To measure the perception of barriers to participation in emotional well-being programs, we utilized prior research (Gillespie et al., 2022) that identified two types of barriers: program features and personal feelings. Using this framework and prior studies on barriers to accessing mental health care that utilized Barriers to Mental Health Services Scale (Pepin et al., 2015) and Barriers to Access to Care Evaluation scale (Clement et al., 2012), we developed a list of program features and personal feelings that can serve as barriers.

The list of program features included (1) insufficient privacy safeguards in the program, (2) lack of private phone or computer, (3) lack of financial incentive to participate, (4) cumbersome registration process, and (5) inconvenient program time. The list of personal feelings included (1) lack of interest in program content, (2) lack of interest in peer support, (3) embarrassment, (4) concern about retaliation at work. Respondents were asked to rate each of these barriers on a scale from 1-10, with 1 being 'never made it difficult' and 10 being 'made it difficult all the time'.

The **workplace emotional well-being program access section** asked survey respondents whether their current employer offered a workplace emotional well-being program (yes, no, don't know) and if yes, whether they participated in it (yes, no, don't know). Next survey respondents reported on the setting (virtual, in-person, hybrid) and the type of workplace program or programs they participated in (employee assistance program, workplace Schwartz rounds, calming room, digital app, wellness cart, other) and which of those programs the respondent used the most. To measure the perception of barriers to participation in workplace emotional well-being programs we used the same questions that we used for the VSR.

All survey respondents, whether they reported having a workplace emotional well-being program or didn't, were asked on other emotional well-being services or programs they use: in-person or virtual counseling; online nursing community forums or support groups; helplines, such as nurse2nurse; social media groups; community support groups; informal texting or conversations with friends/ coworkers; physical self-care, such as exercising or walking; mental self-care, such as meditation, journaling, reflective practice; spiritual/religious groups; emotional support animal.

Nurse professional and demographic sections included questions that were previously used in the National Nursing Workforce Survey (Smiley et al., 2023). The nurse professional section included standard items that asked respondent nurses in the highest level of nursing education, nursing license type, current employment status, number of positions held, number of hours of work, primary work setting, primary title/role, primary specialty, and intention to leave current position or nursing profession within next year. The demographic questions asked respondents on their gender, age, race, ethnicity, county of primary workplace, and annual income.

Statistical Analysis

Our final analytic sample of 290 observations included all nurses in the concurrent (95 observations) and retrospective (195 observations) surveys that attended at least one VSR session. Sample characteristics are presented as counts and proportions. The percentage of missing data was calculated for each variable. We used t-test and chi-square tests to examine differences between our retrospective and concurrent study samples and the 2024 New Jersey Board of Nursing (NJBON) Nursys® license renewal surveys with permission from the New Jersey Collaborating Center for Nursing. Statistical analyses were performed with StataMP 18 (StataCorp LP; College Station, TX, USA).

Results

Aim 1: Demographic Characteristics of VSR Nurse Participants

We present the VSR participants by region (i.e., North, Central, and South New Jersey), with percentages of 31.0%, 24.1%, and 27.6% respectively in Figure 2 (p. 26). Most of the VSR participants in the sample were middle-aged (mean age 53.9 years old), women (80.3%), and White (58.3%). 72.4% of the VSR participants reported being actively employed in nursing full-time, with 34.2% reported being employed at more than one nurse position (Table 2, p. 22). We found significant differences in terms of age, gender, race, and employment status between VSR participants and the New Jersey nurse workforce. The VSR participants are older, less likely to identify as Asian or Black race, more likely to work full-time, and more likely to hold multiple nurse positions than an average New Jersey nurse.

We found differences between VSR participants and the New Jersey nurse workforce in nursing license types and the highest level of nursing education attained. All VSR participants were either registered nurses (81.0%) or advanced practice nurses (5.5%), whereas none of the VSR participants were Licensed Practical Nurses, despite that these types of nurses represent 13.5% of the overall New Jersey nursing workforce.

When comparing the educational attainment, we found significant differences between the VSR participants and the New Jersey nursing workforce for both samples. VSR participants had obtained higher levels of education; among VSR participants, 32.4% obtained a master's degree in nursing, compared to just 15.7% within the overall New Jersey nursing workforce. Only 4.1% of VSR participants held associate degrees in nursing, compared to 16.2% within the overall New Jersey nursing workforce. The most common primary nurse specialty among VSR participants were school health (29%), pediatrics/neonatal (10.7%), and acute/critical care (9.7%). The most common primary work settings among VSR participants were hospitals (33.1%) and school health services (31.7%).

Aim 2: Nurse Perceptions of Facilitators and Barriers to Access VSR

On a scale from 1-10, with 1 representing 'very low' and 10 representing 'extremely high', we found that VSR participants rated the overall difficulty in accessing VSR as 3.2 (Table 3, p. 25). Among the five program-related barriers, the highest rating was for inconvenient program time, which received a score of 3.2. The lowest rating was for the cumbersome registration process, which received score of 1.8. Similarly, the four personal feeling-related barriers

received scores between 1.9 and 2.3. Unfortunately, these questions had a very high percentage of missing data. Nearly a third of all respondents didn't rate the overall difficulty of accessing VSR. Among the questions on program-related and personal feeling-related barriers, the proportion of missing data was over 50% for each of the questions.

Aim 3: Access and utilization of employment-based emotional support programs.

When examining the workplace emotional support programs (Table 4, p. 25), we found that 50.0% of VSR participants reported that their current employer offers a workplace emotional well-being program. However, 24.5% of the sample indicated that they participated in workplace-based well-being programs. Additionally, 14.8% of the sample reported that they were unsure if their current employer offered a workplace emotional support program.

Discussion

In our large, statewide study, we evaluated equity in access to an evidence-based, well-being peer-to-peer support program known as the VSR. The VSR has been implemented across New Jersey between November 19, 2020, and December 12, 2024, a period of nearly 49 months. Last month, NJ-NEW celebrated the 100th session indicating the continuous need to continue VSR. We found a high conversion rate, in that over 40% of VSR registrants attend the actual session, illustrating the popularity of VSR as an effective well-being program. This may be because of the anonymity associated with VSR and the offerings of sessions on different days and times. Despite the popularity of attendance, it was important for us to understand who participates in the VSR – and who doesn't. By exploring those relationships, we can further determine the effectiveness of the VSR program supporting nurses.

Overall, we found that nurses who accessed the VSRs were older, highly educated, and worked in more than one position compared to the New Jersey nursing workforce. For example, none of the VSR participants identified as Licensed Practical Nurses (LPNs), even though these types of nurses represent a sizable proportion of the overall New Jersey nursing workforce. This suggests that LPNs and nurses with lower educational attainment are disproportionately less likely to access VSR sessions. We reported these results at the recent New Jersey State Nurses Association Annual Meeting. To address this gap in access to VSR, the NJ-NEW conducted outreach efforts at the Annual Health Care Association of New Jersey Convention and Expo in October 2024. Please refer to Supplement II (p. 36) for a complete list of the study dissemination efforts.

We also found that a disproportionate share of school nurses participated in the VSR program. A school nurse is typically the only healthcare provider for students, staff, teachers, and administrators. Unlike nurses who work in the acute care setting, school nurses often work alone and do not have the opportunity to debrief after critical incidents. The high utilization of the VSR among school nurses could underscore the void in emotional well-being programs among school nurses.

We identified gaps in the availability of workplace emotional support programs for nurses. 14.8% of VSR participants were not sure if there was a workplace emotional support program available for them. Among those who reported having access to a workplace emotional well-being program, half have utilized it in the past three years. Despite repeated calls for researchers to focus on factors shaping workplace emotional support program uptake, there is a paucity of research on this topic. Future research should focus on the contextual barriers and facilitators that influence the implementation and impact of workplace emotional support programs.

Limitations

There are several limitations that should be considered when interpreting the results of this study. First, the response rates of 16.9% and 9% to our concurrent and retrospective surveys were lower than expected resulting in a modest sample size. Having a higher sample size would have increased the statistical power of our analysis. Second, some survey items, such as questions on the perception of barriers to participation in emotional well-being programs, had very high missing data rates. Given that the overall difficulty in accessing VSR received a relatively low rating, it's possible that some respondents may have chosen to skip questions about barriers to access, perceiving them as irrelevant to their experience.

Conclusion

Our study revealed that the typical VSR participant is a middle-aged White woman working full-time in nursing. Among the five barriers to accessing the VSR program, the highest-rated was inconvenient scheduling.

We found that nurses with lower educational attainment were disproportionately less likely to participate in VSR sessions. To address this, VSR should expand access for nurses with lower educational levels, including targeted outreach to long-term care facilities.

Finally, our study revealed gaps in the availability of workplace emotional support programs for nurses, including a lack of awareness regarding their existence. Future research should focus on identifying the factors that enhance the implementation of workplace emotional support programs for nurses.

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Appendix

Table 1. Virtual Schwartz Round (VSR) Themes

#	Date	Topic
1	11/19/20	Uncertainty
2	12/17/20	Staying Strong Through Stress
3	1/07/21	Leading through Stress and Uncertainty
4	1/12/21	Staying Strong Through Uncertainty & Fear
5	1/14/21	Critical Care-Caring for the COVID-19 Patient during End of Life
6	1/21/21	Giving Care Outside your Comfort Zone "The Experience of Being Deployed to a Covid Unit"
7	1/26/21	Managing Isolation & Loneliness
8	1/28/21	Transitioning from Work to Home: Strategies to Decompress
9	2/04/21	Feeling Helpless: Caring for COVID 19 Patients
10	2/11/21	COVID 19 Patient Isolation from Family & Friends
11	2/18/21	Having COVID & Returning to Work
12	2/25/21	Working on Empty and Managing Time for Self-Care
13	3/04/21	Managing Isolation & Loneliness
14	3/09/21	My Ah ha moment verbalizing / writing on paper my feelings
15	3/18/21	Awareness Stress First Aid: Support Self-care & Your Peers
16	3/23/21	Celebrating the Micro Moments to Reduce Stress
17	4/01/21	When helping is hurting you Self-care for Nurses
18	4/06/21	Spring into Joy
19	4/15/21	Unpacking My Emotions
20	4/20/21	Reflecting on My New Norm
21	4/29/21	Maintaining my Self-care & Peer Support
22	5/13/21	"I'm Fine" Really?
23	5/27/21	The World is Opening Up But...
24	6/10/21	Reflecting Back and Looking Forward
25	6/22/21	Consciously Taking Time for Yourself
26	7/08/21	Reflecting on the Tough Decisions I Made
27	7/22/21	Leading & Supporting My Peers
28	8/05/21	Staying Cool... Self-care Matters
29	8/19/21	I Feel... Fill in the Blank
30	9/09/21	Positive Self-Talk
31	9/23/21	Managing Stress & Uncertainty
32	10/07/21	Taking A Pause... Self-care Matters
33	10/21/21	Coping with Caregiving amidst a Nursing Shortage
34	11/04/21	What would you tell your 2019/2020 Self
35	11/11/21	How Do We Maintain Safety and Sanity During a Pandemic?
36	11/18/21	Building Organizational Resilience: What are your unit routines
37	12/02/21	Innovative Strategies for Nurse Retention
38	12/08/21	Transitioning from School to Practice during COVID... What I Know Now?"

39	12/16/21	Moving into a New Year with a New Perspective, Lessons Learned from 2021
40	1/06/22	Empowering Yourself & Your Team in a New Year!
41	1/13/22	You are Not Alone...Staying Connected with Your Peers
42	2/3/22	Unpacking My Emotions with On-going Surges
43	2/10/22	Leading Through the Changing Role of the School Nurse
44	3/3/22	Turning the other cheek: Compassionate care in the face of anger
45	3/10/22	My Reflection and Motivation as a School Nurse
46	4/7/22	Building Resilience: Moving from Coping to Taking Control
47	4/13/22	Leading through Stress and Uncertainty
48	4/14/22	Building Resilience: Moving from Coping to Taking Control
49	5/12/22	Addressing Workplace Violence and the Emotional Impact
50	5/12/22	Celebrating the Micro Moments to Reduce Stress
51	6/9/22	De-Briefing: Discussing the Emotional Impact
52	6/9/22	Working on Empty and Managing Time for Self-Care
53	7/21/22	Burnout, Turnover, and its Impact
54	8/25/22	Improving the Moment: Shifting Perspectives
55	9/15/22	Is the Pandemic Still Affecting us?
56	9/29/22	Hopes for the Upcoming School Year
57	10/13/22	Navigating Moral Injuries in the Workplace
58	10/20/22	Navigating Family / Caregivers and Administration Expectations
59	11/17/22	Practicing Gratitude
60	12/1/22	Giving Grace to Yourself – School Nurses
61	12/15/22	Finding Joy in Nursing
62	1/12/23	Hopeful for the New Year: Creating Positive Intentions all nurses
63	1/19/23	Hopeful for the New Year: Creating Positive Intentions school nurses
64	2/16/23	Generational Paradigm Shift in the Nursing Workforce
65	2/23/23	Managing the Winter Blues with Self, Staff & Students
66	3/9/23	Mindful March
67	3/16/23	Mindful March School Nurses
68	4/13/23	The Power of Purpose: Discovering Your Pathway in Nursing
69	4/27/23	Reflecting on The School Year
70	5/4/23	Celebrate You & Your Peers
71	6/8/23	Transitioning into a New Role
72	7/20/23	My 3 Non-Negotiables for Well-being
73	11/02/23	School Nurses Sharing the Power of Connection
74	09/14/23	Highlighting Nurse's Advocacy and Social Impact
75	10/05/23	School Nurse's Contribution Beyond the Walls
76	10/19/23	Creating Supportive Workplace Environments
77	11/2/23	School Nurses Sharing the Power of Connection

78	11/09/23	Finding Purpose in Challenging Situations
79	12/14/23	Chaos to Calm: Innovative Approaches to Stress Relief
80	12/7/24	School Nurses: Reflecting on My Impact
81	1/25/24	Celebrating Milestones and Looking Ahead
82	1/31/24	Balancing Act: Setting Intentions, Boundaries, and Expectation
83	2/08/24	Empowering School Health: Strengthening Self and Student Success
84	2/22/24	Stress Unveiled: Understanding, Healing, Thriving
85	2/28/24	Strengthening Connections: Nursing Faculty Collaboration with Peers
86	3/14/24	Unity Under Pressure: Navigating Tough Shifts Together
87	3/20/24	Lucky and Inspired: Celebrating the Joy of Being Nursing Faculty
88	4/11/24	Advocacy in Action: School Nurses Leading Difficult Discussions with Administrations
89	4/25/24	Voices from the Frontlines: Stories of Workplace Violence in Nursing
90	5/23/24	Graceful Gratitude: Acknowledging Micro-Moments
91	6/20/24	Why is My Health Important
92	7/25/24	Giving Yourself Compassion After a Hard Day
93	9/12/24	Bridging Gaps: How Nurses and Interdisciplinary Teams Enhance Care
94	10/10/24	Adapting to the Daily Demands of Nursing
95	10/17/24	Navigating Ethical Dilemmas
96	11/6/2024	Restoring Balance: The Vital Role of Restorative Sleep in Nursing Well-being
97	11/14/2024	Shifting Gears: Managing the Transition from Work to Home
98	12/12/2024	Balancing Joy and Stress During the Holidays

Table 2. Characteristics of VSR Survey Participants Compared to the NJ Nursing Workforce

	NJ Nursing Workforce (N = 75,484)		VSR Attendee (N = 290)		
	Mean	N	Mean	N	p-value NJ
Age, years	48.7	75,484	53.9	242	P<0.001
Age, missing		0		48	
Gender					
Male	10.2	7,698	3.1	9	P<0.001
Female	89.8	67,775	80.3	233	
Missing/other	0.01	11	16.6	48	
Race and ethnicity					
Asian, non-Hispanic	14.1	10,622	6.2	18	P<0.001
Black, non-Hispanic	15.1	11,419	6.9	20	
Hispanic	7.6	5,742	7.6	22	
White, non-Hispanic	57.1	43,109	58.3	169	
Other race	0.7	535	0.7	2	
Missing	5.37	4,057	20.3	59	
Current employment status					
Actively employed in nursing full time					
Yes	69.7	52,588	72.4	210	P<0.001
No	23.5	17,724	15.5	45	
Missing	6.9	5,172	12.1	35	
Actively employed in nursing part time					
Yes	8.0	6,060	6.6	19	P=0.002
No	85.1	64,252	81.4	236	
Missing	6.9	5,172	12.1	35	
Actively employed in nursing per diem					
Yes	4.9	3,660	4.5	13	P=0.002
No	88.3	66,652	83.5	242	
Missing	6.9	5,172	12.1	35	
Actively employed in a field other than nursing					
Yes	2.0	1,512	1.4	4	P=0.002
No	91.2	68,800	86.6	251	
Missing	6.9	5,172	12.1	35	
Unemployed, seeking work in nursing					
Yes	2.7	2,006	0	0	P<0.001
No	90.49	68,306	87.9	255	

Missing	6.9	5,172	12.1	35	
Retired					
Yes	3.7	2,777	4.1	12	P=0.002
No	89.5	67,535	83.8	243	
Missing	6.9	5,172	12.1	35	
Number of nurse positions					
1	70.3	53,070	53.4	152	P<0.001
2	12.8	9,689	26.6	77	
3	1.4	1,025	7.6	22	
Missing	15.5	11,700	13.5	39	
Nursing license type					
LPN/LVN	13.5	10,219	0	0	P<0.001
RN	75.8	57,222	81.0	235	
APN/APRN	10.7	8,043	5.5	16	
Missing	0	0	13.5	39	
Highest level of nursing education					
Diploma	2.7	2,056	1.7	5	P<0.001
Associate degree	16.2	12,248	4.1	12	
Baccalaureate degree	43.0	32,466	40.3	117	
Master's degree	15.7	11,861	32.4	94	
Doctoral degree: DNP	2.2	1,626	5.5	16	
Doctoral degree PhD	0.3	232	2.8	8	
Doctoral degree: other	0.1	108	1.4	4	
Missing	19.7	14,887	11.7	34	
Primary specialty					
Acute care/critical care	12.9	9,737	9.7	28	P<0.001
Adult health/ Family health	2.3	1,766	3.1	9	
Anesthesia	1.1	797	0	0	
Cardiology	1.8	1,385	0.7	2	
Community	1.2	911	0.7	2	
Emergency/trauma	3.3	2,524	2.4	7	
Genetics	0.1	89	0.3	1	
Geriatric/gerontology	5.8	4,376	1.4	4	
Home health	3.7	2,816	0.3	1	
Informatics	0.2	159	0	0	
Information technology	0.1	109	0	0	
Maternal-child health	2.9	2,192	3.8	11	
Medical-surgical	5.89	4,443	6.7	19	

Nephrology	1.0	742	0	0	
Neurology, neurosurgical	0.6	427	0.3	1	
Occupational health	0.5	395	0	0	
Oncology	3.0	2,269	3.1	9	
Orthopedic	0.6	451	0	0	
Palliative care/hospice	1.0	744	0.7	2	
Pediatrics/neonatal	4.34	3,275	10.7	31	
Perioperative	3.9	2,924	2.1	6	
Primary care	2.1	1,585	0.3	1	
Public health	1.3	1,010	2.1	6	
Psychiatric/mental health	4.3	3,273	4.1	12	
Radiology	0.3	238	0.3	1	
Rehabilitation	2.9	2,200	1.4	4	
School health	3.5	2,664	29.0	84	
Urology	0.2	125	0	0	
Women's health	1.8	1,336	0	0	
Other – clinical or non-clinical	13.7	10,338	5.2	15	
Missing	13.5	10,184	11.7	34	
Primary work setting					
Hospital	42.6	32,173	33.1	96	
Nursing home, extended care	7.8	5,869	1.7	5	
Home health	5.9	4,448	0.3	1	
Hospice	0.7	534	0.3	1	
Correctional facility	4.1	3,093	0.7	2	
School of nursing	1.2	938	12.4	36	
Public health	2.6	1,931	1.0	3	
Dialysis center	0.7	522	0	0	
Community health	1.3	985	0.3	1	
School health services	0	0	31.7	92	
Occupational health	0.5	352	0	0	
Ambulatory care setting	8.9	6,749	1.0	3	
Insurance claims, benefits	2.1	1,555	0	0	
Policy, planning, regulation, licensing agency	0.2	119	0.3	1	
Other	9.5	7,171	4.8	14	
Missing	12.0	9,045	12.1	35	

Table 3. VSR Survey Participants' Perceptions of Facilitators and Barriers to Access VSR

	Mean(N)	% missing (N)
The overall level of difficulty in accessing VSR	3.2 (200)	31.0 (90)
Program feature		
Insufficient privacy safeguards in the program	2.33 (166)	42.7 (124)
Lack of private phone or computer	2.1 (133)	54.1 (157)
Lack of financial incentive to participate	2.1 (125)	56.9 (165)
Cumbersome registration process	1.8 (124)	57.2 (166)
Inconvenient program time	3.3(144)	50.3 (146)
Personal feelings		
My lack of interest in program content	2.3 (125)	56.9 (165)
My lack of interest in peer support	2.2 (128)	55.9 (162)
My embarrassment	1.9 (107)	63.1 (183)
My concern about retaliation at work	2.3(122)	57.9(168)

Note: Ratings are provided on a scale from 1-10, with 1 being 'very low' and 10 being 'extremely high.'

Table 4. Access to and utilization of workplace emotional well-being programs by VSR participants

	Mean (N)
Whether current employer offer a workplace emotional well-being program	
Yes	50.0% (145)
.....participated	24.5% (71)
.....didn't participate	25.2% (73)
.....missing	0.3% (1)
No	24.8% (72)
Unsure	14.8% (43)
Missing	10.3% (30)

Figure 1. Concurrent Survey Flow

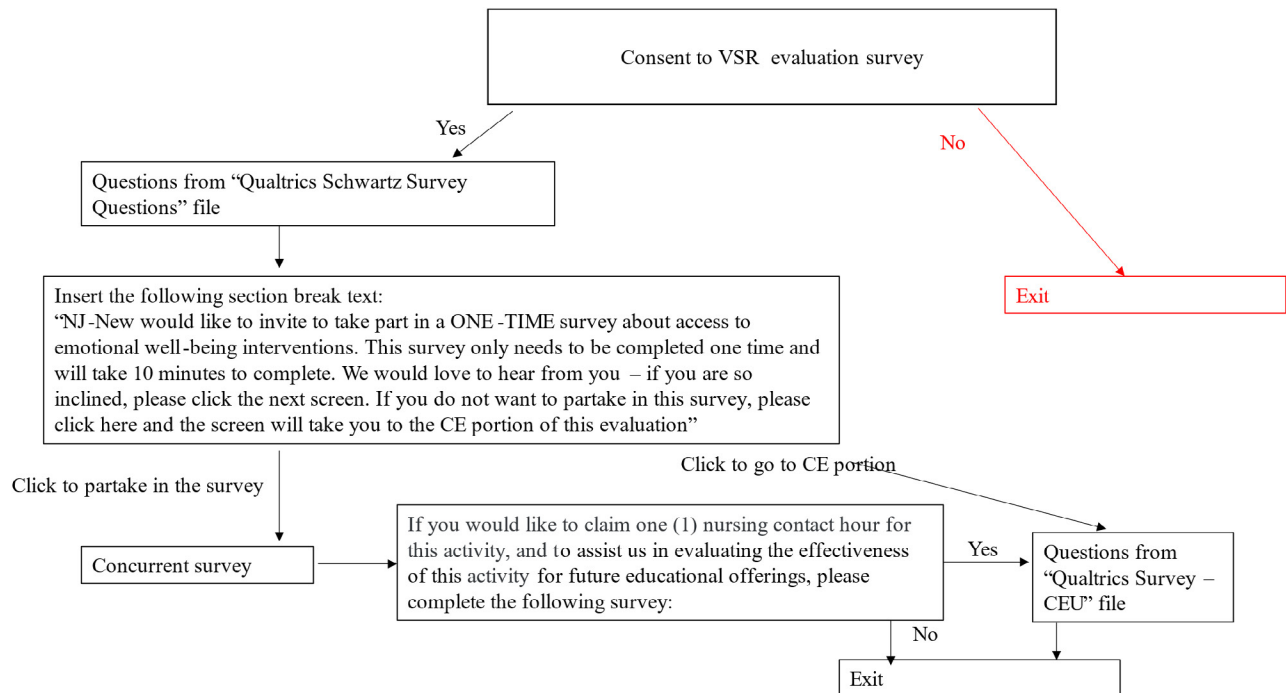
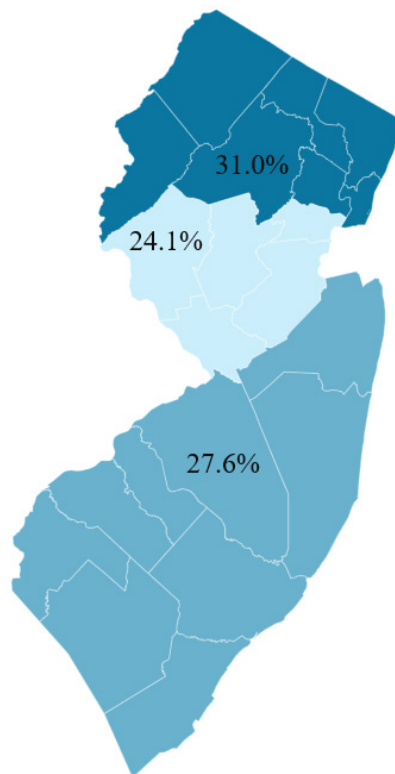


Figure 2. Geographic Distribution of VSR Participants (N=290)



Note: 17.2% (N=50) observations have missing information on county of primary workplace.

Supplement I. Retrospective Nurse Participants Survey Questionnaire

Section 1: Virtual Schwartz Rounds Access

1. In the past four years have you participated in Virtual Schwartz Rounds (VSR) held by New Jersey Nursing Emotional Well-Being Institute (NJ-NEW) or New Jersey Nursing Initiative (NJNI)?
 - a. Yes
 - b. No
 - c. Don't know

If YES on question 1 go to question 3

If NO on question 1 go to question 2

If DON'T KNOW on question 1 go to question 8

2. What was the main reason why you registered to attend, but did not attend Virtual Schwartz Rounds? Check all that apply.
 - a. I forgot to attend
 - b. I was sick on the day of the event
 - c. I got busy/had to attend to something else
 - d. I had childcare responsibilities that conflicted
 - e. When it came to the day, I just didn't feel like attending
 - f. The friends/colleagues that I was going to attend with couldn't make it
 - g. Fear of the unknown
 - h. No longer interested in attending
 - i. Other, please specify

If YES on question 1 go to question 3

If NO on question 1 go to question 8

3. Virtual Schwartz Rounds (VSR) aim to provide a forum for connecting with nursing peers facing challenging experiences while trying to care for themselves and others.

The goals and principles of VSR include:

- Support compassion for self and others
- Encourage mindful self-care
- Share coping strategies
- Foster connection and community
- Avoid re-living details of traumatic experiences

On a scale from 1-10 with 1 being 'very low' and 10 being 'extremely high' please rate, in your opinion, VSR's success in achieving its aims.

1	2	3	4	5	6	7	8	9	10
1 (very low)									10 (extremely high)

4. When did you last participate in NJ-NEW (NJNI) Virtual Schwartz Rounds?
 - a. less than 3 months ago
 - b. 3-6 months ago
 - c. 7-9 months ago
 - d. 9-12 months ago
 - e. greater than 1 year ago
 - f. Don't know
5. Approximately how many NJ-NEW (NJNI) Virtual Schwartz Rounds sessions have you attended?
 - a. 1 session
 - b. 2-4 sessions
 - c. 5-9 sessions
 - d. 10 or more sessions
 - e. Don't know
6. On a scale from 1-10 with 1 being 'very low' and 10 being 'extremely high' please rate the level of difficulty in accessing VSR

1 2 3 4 5 6 7 8 9 10
1 (very low) 10 (extremely high)

7. In your opinion, how much did the following contribute to the difficulty in accessing VSR? Please rate on a scale from 1-10, with 1 being 'never made it difficult' and 10 being 'made it difficult 'all the time'?

[illegible]

Section 2: Workplace Emotional Well-Being Program

Many employers offer a workplace emotional well-being program. These programs can include an employee assistance program, calming room, digital app, a wellness cart, or other programs focusing on improving well-being.

8. Does your current employer offer a workplace emotional well-being program?
 - a. Yes
 - b. No
 - c. Unsure

If YES on question 8 go to question 9.

If NO or UNSURE on question 8 go to question 16.

9. In the past three years have you participated in a workplace emotional well-being program?
 - a. Yes
 - b. No
 - c. Don't know

If YES on question 9 go question 10.

If NO or DON'T KNOW on question 9 go to question 16.

10. Were these virtual or in person programs? Check all that applies.
 - a. Virtual
 - b. In-person
 - c. Hybrid
11. What other emotional well-being programs did you use? Check all that apply.
 - a. employee assistance program
 - b. workplace Schwartz rounds
 - c. calming room
 - d. digital app
 - e. wellness cart
 - f. other, please specify
12. Which of the following workplace emotional well-being program have you used the most?
 - a. a. employee assistance program
 - b. b. workplace Schwartz rounds
 - c. c. calming room

- d. d.digital app
- e. e. wellness cart
- f. f. other, please specify

13. On a scale from 1-10 with 1 being 'very low' and 10 being 'extremely high' please rate the level of difficulty in accessing the workplace emotional well-being program you used the most

1 2 3 4 5 6 7 8 9 10

1 (very low)

10(extremely high)

14. In your opinion, how much did the following contribute to the difficulty in accessing the workplace emotional well-being program you used the most? Please rate on a scale from 1-10 with 1 being 'never made it difficult' and 10 being 'made it difficult 'all the time'?

	1	2	3	4	5	6	7	8	9	10
Program feature										
insufficient privacy safeguards in the program										
lack of private phone or computer										
lack of financial incentive to participate										
cumbersome registration process										
inconvenient program time										
Personal feelings										
my lack of interest in program content										
my lack of interest in workplace support										
my embarrassment										
my concern about retaliation at work										

15. In your opinion, which type of program best supports your emotional well-being?

- a. VSR
- b. Workplace emotional well-being program
- c. Both
- d. Other

16. What other emotional well-being services/programs have you used? Check all that apply.

- a. In-person or virtual counseling
- b. Online nursing community forums or support groups
- c. Helplines, such as nurse2nurse
- d. Social media groups
- e. Community support groups
- f. Informal texting or conversations with friends/ coworkers
- g. Physical self-care, such as exercising or walking

- h. Mental self-care, such as meditation, journaling, reflective practice
- i. Spiritual/religious groups
- j. Emotional support animal
- k. None of above
- l. Other, please explain

Section 3: Nurse Professional Questions

- 17. What is your highest Level of nursing education?
 - a. Diploma
 - b. Associate degree
 - c. Baccalaureate degree
 - d. Master's degree
 - e. Doctoral degree: DNP
 - f. Doctoral degree: PhD
 - g. Doctoral degree: other
- 18. What is your license type?
 - a. LPN/LVN
 - b. RN
 - c. APN/APRN
- 19. Please indicate your current employment status (select all that apply)
 - a. Actively employed in nursing full time
 - b. Actively employed in nursing part time
 - c. Actively employed in nursing per diem
 - d. Actively employed in a field other than nursing
 - e. Unemployed, seeking work in nursing
 - f. Unemployed, seeking work in a field other than nursing
 - g. Retired
 - h. Other, please specify
- 20. How many positions do you hold as a nurse?
 - a. 1 position
 - b. 2 positions
 - c. 3 or more positions

21. How many hours do you work as a nurse in a typical week?

- a. 1-15 hours
- b. 16-23 hours
- c. 24-31 hours
- d. 32-40 hours
- e. 41-50 hours
- f. 51-60 hours
- g. 61 or more hours

22. What is your primary work setting?

- a. Hospital
- b. Nursing home/extended care
- c. Assisted living facility
- d. Home health
- e. Hospice
- f. Correctional facility
- g. School of nursing
- h. Public health
- i. Dialysis center
- j. Community health
- k. School health service
- l. Occupational health
- m. Ambulatory care setting
- n. Insurance claims/benefits
- o. Policy/planning/regulation/licensing agency
- p. Other

23. What is your primary title/role?

- a. Consultant
- b. Nurse researcher
- c. Nurse executive
- d. Nurse manager
- e. School nurse
- f. Nurse faculty/educator

- g. APRN
 - h. Staff nurse
 - i. Travel/agency nurse
 - j. Case manager
 - k. Other - health related
 - l. Other - not health related
24. What is your primary specialty?
- a. Acute care/critical care
 - b. Adult health
 - c. Anesthesia
 - d. Cardiology
 - e. Community
 - f. Emergency/trauma
 - g. Family health
 - h. Genetics
 - i. Geriatric/gerontology
 - j. Home health
 - k. Informatics
 - l. Information technology
 - m. Maternal-child health/obstetrics
 - n. Medical-surgical
 - o. Neonatal
 - p. Nephrology
 - q. Neurology/neurosurgical
 - r. Occupational health
 - s. Oncology
 - t. Orthopedic
 - u. Palliative care/hospice
 - v. Pediatrics
 - w. Perioperative
 - x. Primary care
 - y. Public health
 - z. Psychiatric/mental health/substance abuse

- aa. Radiology
 - ab. Rehabilitation
 - ac. School health
 - ad. Urology
 - ae. Women's health
 - af. Other - clinical specialties
 - ag. Other - nonclinical specialties
25. Do you intend to leave your current position or the nursing profession within the next year?
- a. Yes
 - b. No
 - c. Undecided
26. IF YES: Do you intend to leave the nursing profession in the next year?
- a. Yes
 - b. No
 - c. Undecided
27. What are the reasons for thinking about leaving your position or your profession? Check all that apply.
- a. Planning for retirement
 - b. Financial concerns
 - c. Family concerns
 - d. Understaffing/high acuity
 - e. Frustration/burnout
 - f. Nursing is not what I expected it to be
 - g. Looking for a change
 - h. Advancing professional nursing career
 - i. Other, please specify: _____

Section 4: Demographic Questions

28. What gender do you identify with?
 - a. Male
 - b. Female
 - c. Nonbinary
 - d. Prefer not to disclose
29. What is your age?
Keep Continuous
30. What race do you primarily identify with?
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black/African American
 - d. Native Hawaiian or Other Pacific Islander
 - e. Middle Eastern/North African
 - f. White/Caucasian
 - g. More than one race
 - h. Other
 - i. Prefer not to disclose
31. What ethnicity do you primarily identify with?
 - a. Hispanic or Latino origin
 - b. Not of Hispanic or Latino origin
 - c. Prefer not to disclose
32. In what county do you work primarily?
 - a. Atlantic
 - b. Bergen
 - c. Burlington
 - d. Camden
 - e. Cape May
 - f. Cumberland
 - g. Essex
 - h. Gloucester
 - i. Hudson
 - j. Hunterdon

- k. Mercer
 - l. Middlesex
 - m. Monmouth
 - n. Morris
 - o. Ocean
 - p. Passaic
 - q. Salem
 - r. Somerset
 - s. Sussex
 - t. Union
 - u. Warren
 - v. I don't work in New Jersey
 - w. Other, please specify
33. During {YEAR}, how much money did you receive from wages or salary, tips, commissions, or bonuses?
- Enter Amount
- Refused
- DK

Supplement II. Dissemination of Study Results

Grafova I.B., de Cordova P.B., Polakowski J., Anderson J., Salmond S.W. The Essential Need to Foster and Continue Nurse Well-Being Programs in the Post-COVID-19 era. AcademyHealth Annual Research Meeting, Minneapolis, Minnesota, June 2025.

Grafova I.B., de Cordova P.B., Polakowski J., Anderson J., Salmond S.W. Nurses Not Participating in Workplace Emotional Support Programs are More Likely to Seek Higher Levels of Emotional Support Engagement Outside the Workplace. AcademyHealth Annual Research Meeting, Minneapolis, Minnesota, June 2025.

de Cordova P., Grafova I.B., Polakowski J., Anderson J., Salmond S. Evaluation of Access to Nurse Well-Being Programs in a Post-COVID Environment. Eastern Nursing Research Society, Philadelphia, Pennsylvania, April 2025

de Cordova P., Grafova I.B., Polakowski J., Anderson J., Salmond S. Do Well-Being Programs Improve Work Environments? Evaluating State-Level Peer Support Programs for Nurses. Creating Healthy Work Environment, Sigma Theta Tau International (STTI) Honor Society of Nursing,

Phoenix, Arizona, March 2025.

Polakowski, J., de Cordova, Grafova, I.B., Anderson, J.L. Healthy Nurse Healthy NJ and NJ-NEW. New Jersey State Nurses Association and the Institute for Nursing Professional Conference, Princeton, New Jersey, October 2024.

Polakowski, J., de Cordova, P., Grafova, I.B., Anderson, J.L. Directors of Nursing Roundtable, 76th Annual Health Care Association of New Jersey Convention and Expo, Atlantic City, New Jersey, October 2024.

Grafova I.B., de Cordova P., Polakowski J., Anderson J. Access to Emotional Support Program for Nurses: NJ-New Virtual Schwartz Rounds Experience. AcademyHealth Annual Research Meeting, Baltimore, Maryland, July 2024.

The New Jersey State Policy Lab assists the State of New Jersey and its many communities in the design, implementation, and evaluation of state policies and programs by conducting rigorous evidence-based research that considers equity, efficiency, and efficacy of public policies and programs in holistic and innovative ways.

The lab leverages input from a robust network of multidisciplinary scholars, members of the community, and outside policy experts in New Jersey to craft innovative and equitable policy solutions that are sensitive to the needs of our state's diverse population.

By utilizing the combination of strong ties to New Jersey's diverse communities and significant expertise in collecting, cleaning, and analyzing data, the New Jersey State Policy Lab engages and collaborates with stakeholders such as community groups, the state government, and municipal governments to create high quality datasets and evidence that reflects our state's diversity and empowers state policy makers to address the needs of New Jersey communities more effectively, innovatively, and equitably.



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