

TIAA Profession Insight Series

Nurses



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**COVID-19:
Post-study update**

This document is based on a study performed by TIAA with nurses that was completed just prior to the outbreak of the coronavirus. Recognizing the profound local, national and global impact of the COVID-19 pandemic on healthcare, TIAA performed a follow-up study with frontline nurses *specific to the pandemic* in early spring 2020. We have outlined those findings from the follow-up study on pages 2 through 7 of this document.

The findings that comprise the remainder of the document—the learnings from the baseline study—are still germane. With hope, TIAA looks forward to a time when the pandemic findings are no longer relevant.

Why we performed this study

In follow-up to our quantitative and qualitative studies with physicians, TIAA wanted to understand the perceptions, experiences and needs of nurses, wondering if they, like physicians, differ significantly from other TIAA participant groups. We have learned that by better understanding their unique circumstances, we can more effectively help nurses pursue financial well-being throughout their lives.

To capture key factors that drive the experience of nurses, we conducted in-depth interviews with nurses and professionals working with nurses sourced from the TIAA Life Stage Research Panel. This custom panel was formed in 2014 to follow people as they journey through the various stages of career and life. Our objectives were as follows:

- Fluently understand nurses and the nuances of their profession
- Explore how the profession influences planning and saving for the future
- Identify the best channels and topics of communication with nurses
- Recommend practices to increase nurses' engagement and affinity with their retirement plans and with savings and investing in general

Our research

TIAA research panel*

Our panel comprises both current and former TIAA participants as well as non-customers. The panel is as diverse as our participant base. It represents a wide range of ages, geographies, industries, attitudes, ethnicities and lifestyles.

The many research studies conducted with our panel afford deep insights into our participant and prospect base, revealing far more than what is typical in three-party (employee/employer/plan sponsor) business relationships. Our knowledge of these individuals continues to grow over time through dynamic tracking studies and the candid and thoughtful responses we receive as a result of our remarkably high response and retention rates.

*Custom research panels are an effective and dynamic tool to perform in-depth, quick-turnaround research. When they are well maintained, custom panels are far more likely to yield the highest quality control of panelists and their responses. Our panel has grown in part from referrals and word of mouth by the panelists themselves. This strongly indicates that the questions we pose are deemed relevant and mutually beneficial.

Trends

Occupational trends

Hospitals are restructuring to contend with COVID-19 patients. Likewise, nurses are brought in from other areas of the hospital (and retirement), regardless of specialty, to provide care for COVID-19 patients.

"My hospital ran out of ICU beds for COVID-19 patients. So, my hospital took an entire med-surg hospital floor and converted it into another ICU unit."

"We are borrowing nurses from every area of the hospital to help with infected patients. Some are way out of their comfort zone of their skill and experience, let alone dealing with this virus."

Note: There are far fewer non-COVID-19 outpatient and inpatient procedures taking place: hospitalizations, elective surgery and ER visits are all down. Many hospitals have halted elective surgeries, preserving resources to treat COVID patients, and patients are choosing not to go to a hospital or emergency room for fear of contracting the disease.

Population trends

Nurses are leaving retirement or putting off retirement to assist with the care of COVID-19 patients.

"We even have nurses coming out of retirement to help us. What an environment to return to. But once a nurse, always a nurse."

Economic/Regulatory

Nurses lack confidence in world, national, state, social and institutional protocols, which are seemingly ever-changing due to the unpredictable and unprecedented nature of the pandemic.

"Every day—almost hourly—protocol changes."

"The information is changing so quickly that people don't have confidence in what is being told to them."

"The CDC is not so trustworthy right now."

All nurses expressed concern about a lack of preparedness to successfully and safely administer to infected patients.

"My nurses work in nursing homes and assisted living facilities. We really never had to worry much about PPE in the past... having enough of it, getting the right stuff, wearing it properly. The protocol kept changing, we were not really prepared, and we had to scramble. We had to go in and teach nurses how to properly wear and manage their PPE. Can you believe it? These are experienced nurses. We are all learning as we go."

"We were given one paper mask by the hospital and told to use it for as long as it lasts...multiple days, at least. A dear friend who is a retired nurse made me some cloth ones. Softer on the face and washable."

"I manage a team of healthcare providers who treat elderly patients in their homes. Right now, I am unable to provide all my clinicians with masks. Can you believe it? I am on Facebook asking friends if they are able to donate a mask."

Choosing to become a nurse

The call to serve

Nurses' sense of mission is even greater during these extraordinary times and challenges.

"For many of us, this is our calling. We're ready to do it. We are scared and hope that we are prepared as best as we can."

"This is what we trained for. This is what we do."

Nursing students and new nurses feel an understandable mix of trepidation about—and pride in—their chosen field.

"This is actually a third career for me. There is a part of me that thinks 'Am I crazy?' and there is a part of me more inspired than ever to be a nurse."

"I can't imagine being a new nurse right now and coming into this."

"I am a new nurse. I could not have imagined any of this. I try not to shake when I see my sick patients. I don't want them to know how frightened I am. Really, I am scared to death."

Those nurses who chose nursing in part because they appreciate the excitement and "adrenaline" rush of the job are getting their fill with this pandemic.

"There's this unknown...what's going to happen next...sense that something is about happen."

"You feel like you are on high alert. Your heart is pounding. Each day is like walking into a storm."

"We are in totally uncharted territory."

A complex job...A grueling, roller coaster workday

On the front line

Nurses describe their current work environment in military terms.

"We are undermanned and outgunned."

"It is like a war zone, and we are going to battle."

"I am on the front line with no armor, being thrown into the trenches with nothing."

"It feels like we are working with a bomb over our heads just waiting for it to drop."

Increased hours, longer shifts and changing demands

Nurses' shifts are now even longer than usual, as are the number of shifts and hours they are putting in per week. Some nurses voiced concern about the proficiency of overworked nurses.

"Many of us are working many more hours than usual. I put in over 65 hours last week."

"My job feels like it more than doubled since the outbreak. I lose count of my hours. Now we have a CCU for non-COVID patients and two ICUs for infected patients. And dealing with this disease is unlike anything we have ever dealt with."

"You can see the performance of some nurses going down...too many hours, too tired to focus."

New burden...Moral distress

During the pandemic, hospitals do not permit patients (with and without COVID-19) to receive visitors, placing a new level of burden on nurses. The patients range from those giving birth to those in distress or dying. Nurses lament that they do not have the time or resources to provide the level of socioemotional support that these patients need and deserve.

"One patient just wanted to go back home to die and be on hospice. But she wasn't able to because no hospice organization would see her because she was COVID-positive. She was really sad. She couldn't stop crying. It was heartbreaking for us, too."

"Visitation was cut. Moms [giving birth] can have one person, their husband or support partner, but if that person leaves, they cannot return. Siblings can't meet their new brother or sisters, grandparents can't visit. It's a scary time and a lonely time to have a baby."

"[COVID-19] patients are terrified and in pain. They need comfort. We can't linger with them or hold their hand at the end. Instead, I try to hold my breath as I administer to each patient as quickly as possible because I do not trust my PPE is enough to keep me safe. It is awful."

Note: According to Johns Hopkins University nursing ethics expert Cynda Rushton, this conflict of priorities leaves nurses feeling like they are abandoning their individual patients. The gap between what nurses *can* do and what they believe they *should* do creates moral distress, a sense of compromising their integrity and for some, compassion fatigue.

Even greater reliance on teamwork

Nurses describe a heightened level of camaraderie among all levels of hospital staff (including between doctors and nurses) and an even greater appreciation of cross-organization teamwork.

"We have to rely on and work with nurses from other departments. We need to get to know each other and get it together in a hurry."

"It's horrible. So awful, so sad, so terrifying. But I feel an amazing sense of belonging and purpose. And I have witnessed a level of care and compassion among my healthcare workers that has been just incredible. It's all too much. I cry at the end of every shift."

The threat of caregiver becoming patient

Nurses expect—and greatly fear—getting the virus. They are afraid of giving it to loved ones and patients who are not infected.

"The toughest of the tough are hesitant...it is really, really scary. They are going to get really sick, and they know it."

"The expectation for most healthcare providers is that we are going to get it."

"Nurses are really scared they will get sick and bring the disease home to their families..."

"Think of it...we don't want to be sick and we don't want to be spreaders. I am scared all the time."

Days off—Recovery time

Recovery and self-care take on new meaning

The existing push-pull between self-care and care for others among nurses is greatly pronounced because of the pandemic.

Nurses' experience with "recovery time" has changed dramatically. Now there are new pressures and responsibilities at home to keep their loved ones safe and secure.

Nurses describe a level of PTSD among themselves, other healthcare staff, and infected and uninfected hospital patients.

"I faced the whole Ebola scare, H1N1, I've had patients with meningitis when I was pregnant. I never went home fearing anything, and I never went to work fearing anything to be honest with you. This is the first time in my career that I can't sleep. I have anxiety, I'm scared and I am nervous."

"Gowning up and going into that room, it was really scary for me. Sorry to be crying but I have been feeling a lot of anxiety since that day."

"I am afraid to go home and walk in my door after every shift. I strip in the garage and head inside to take a shower and hope my kids don't hear me crying."

Note: The *Journal of the American Medical Association (JAMA)* published a study about mental health outcomes for healthcare workers treating patients with COVID-19 in China. They found about 50% of respondents reported symptoms of depression, 44% reported symptoms of anxiety and 34% reported insomnia for those providing frontline care. Nurses had higher risks than other professionals.

Nurses and finances

Uncertain but not in foreground

Economic uncertainty and financial well-being are a concern. Like many, nurses are experiencing unemployment in their households and their savings are impacted by the market, adding to their worries. Finances, however, were not a priority topic among the nurses with whom we spoke.

Note: On April 1, 2020, Kellogg School of Business of Northwestern University reported that volatility levels of the U.S. economy have rivaled or surpassed those last seen in October 1987 and December 2008 and before that, in late 1929 and the early 1930s. Their analysis suggests that, compared with other outbreaks, COVID-19 is having an unprecedented impact on markets.

Final comments about frontline nurses and the pandemic

Some nurses voiced concern about portraying their hospital or their current situation in a negative light.

"We are being told not to say how bad it really is. We are hurtling headlong and fast into the worst of it. The wheels are going to fall off the bus."

Nurses who work from home or do not directly treat infected patients expressed both guilt and relief.

"I get to work from home and coordinate the schedule for doctors and nurses. I feel lucky, and I feel bad about it."

"As a supervisor, I am not allowed to visit the units and my staff because the hospitals don't want staff in a management and coordinating role to get sick. I have some COVID-19 guilt about that. But we feel like our hospital is doing a good job getting it together and really trying to supply enough PPE. That helps."

Finally, nurses ask that TIAA spread the word about what is taking place, the great need for adequate PPE, and the necessity of social quarantining and physical distancing.

"Tell everyone. Stay home. Wear the damn mask. Do it to keep yourself and other people's loved ones safe...and alive."

"Do it for yourself, for your loved ones. Do it for society. Do it for humanity."

The remaining pages of this document depict findings from the original study.

Current trends

Occupational trends

There is incredible variation in the types of nursing jobs defined by specialty and setting. Moreover, there are thousands of opportunities in a wide range of industries and sectors with lots of movement between and among jobs. Some nurses “put in a year” to obtain more desirable jobs.

Note: The Bureau of Labor Statistics predicts that there will be a shortfall of approximately 200,000 nurses each year from 2020 through 2026. The growing need for nurses and pending shortage gives nurses more freedom in the types of jobs and hours they choose.

New positions often require a degree (BSN, MSN, NP) rather than a license (LPN, RN), and more nurses are entering the field with student debt. This includes established licensed nurses who pursue nursing degrees later in their careers.

Examples of nursing positions				
Informatics	School	ER	Mental health	Med/Surg
Analytics	Visiting	Operating	Public health	Step-down
Educator	Nursing home	Cardiac nurse	Clinical nurse specialist	ICU
Orientation leader	Family practice	Nurse anesthetist	Navigator	NICU
Scheduling & coordination	Skilled nursing facilities	Nurse midwife	Supervisor/Manager	Clinic
Research	Prison	Oncology	Military	Pediatric
Tele-nurse	Insurance company	Forensics	Occupational	Legal consultant

Population trends

The “gray wave” in America means that more patients and nurses are living longer but not necessarily healthier lives. The impact of this trend is profound and wide ranging:

- Older patients present more challenging and complex physical and mental health scenarios for nurses.
- Nurses are working longer, with some well into their 60s, and may experience lessened physical capabilities and comfort with technology, yet still offer invaluable experience.
- A wave of retiring baby boomer nurses presents a great staffing and retention challenge to employers.

The United States is faced with a growing obesity epidemic. As a result, nurses are dealing with heavier patients which makes their jobs more physically demanding and makes them more injury prone.

Nurses have a front-row seat in contending with the opioid crisis in our nation, including in the growing population of elderly patients.

“All those efficiencies means we are doing more and more with less and less...time, resources, staff and equipment.”

Economic and regulatory trends

Like many healthcare professionals, nurses feel the impact of mergers, acquisitions, consolidations and closings of healthcare facilities and the drive to ever-greater efficiencies. For nurses, this can mean doing more for a greater number of patients with fewer resources, different equipment and decreased training time.

Note: Older nurses are particularly impacted by downsizing or closings of healthcare facilities because they may find it difficult to find new jobs if they do not meet current education requirements.

“The job is way more detail-oriented from when I started. Now you are constantly on the computer. Before, it was more about monitoring the vital signs. Now it is more about documenting for [insurance] reimbursement and to prevent malpractice accusations and lawsuits.”

Procedures historically done in a hospital are now being performed in outpatient settings. Hospital stays are increasingly shorter, and the patients remaining in hospitals are sicker. Hospital and outpatient nurses are dealing with more serious medical conditions.

Technology requirements, including electronic medical records and metrics tracking, have profoundly changed the nature of nursing with increasing requirements for data input in addition to patient care.

Nurses do not necessarily connect the need for documentation with improved hospital efficiencies, care delivery and patient outcomes.

Choosing to become a nurse

A calling to serve

"I don't look at nursing as a job. It is just who I am. It is always with me even when I go out. It doesn't stop. Like when you have to resuscitate someone in public. It is not something you can turn off."

"Nurses like to be with other nurses because they are the only ones that get it."

"I worked as a nurse for over 41 years. I supposedly retired at 64 but kept on working part-time until I was 68. It's a hard job to do and a hard job to leave. When you are a nurse, you are a nurse for life whether you are working or not."

People choose to become a nurse for multiple reasons. For many, nursing is a calling to help, heal and serve others in need. The job of caring becomes an intrinsic part of their self-identity. Some indicate that nursing is a hard job to leave because the role is such a core part of their character. Many nurses believe that only other nurses "get it" and as a result, seek to be with other nurses in non-work settings.

Flexible hours with job options and security

Nurses are also drawn to the career for other benefits they associate with the position. The reasons they offer include:

- The flexibility of shiftwork which allows for a meaningful amount of consecutive days off
- The ability to secure a "desk job" if they prefer more predictable hours and holidays off
- The stability of the profession and the relative ease of securing employment
- The potential salary over time

A second (or third) career

Several nurses in the study chose nursing as a second or third career. For example, a 65-year-old recently retired nurse worked as a paper company representative prior to raising three children and then returning to school to become a nurse. She describes the decision as a "practical decision for family needs," citing the "flexible schedule, job stability" and that she could become a nurse after two years of additional education.

An exciting job

Others spoke of the "adrenaline rush" associated with what they perceived as the antithesis of a "run-of-the-mill" desk job. An example is a young nurse who was originally an EMT and progressed to patient-to-helicopter transport and then became a firefighter. She became a nurse because she liked "the excitement" of "helping and saving people," as well as "the heart and passion" of the job. A 35-year-old nurse was a medic in the U.S. Air Force and worked with military nurses. He was so inspired by their "critical thinking, quick response and sense of duty" that he became an RN BSN. After eight years as a Med/Surg floor nurse, he is now in a full-time master's program to obtain the "higher level of responsibility and autonomy" of a nurse practitioner.

"I have worked many shifts that were supposed to be 12 hours but turned into 16. If someone calls in sick or is late, you must stay until a replacement is found. Leaving would be considered 'abandonment.'"

"Nurses look out for another nurses. Like, we won't let an older colleague lift a 275-pound patient on her own."

"Nurses rely on each other to fill in. We borrow equipment from one another. We borrow a nurse from another floor to help us!"

"You are a healthcare provider, administrator, waitress, housekeeper, therapist, stock girl and janitor. Nurses have to be MacGyver and figure out a way to make things with found materials and regardless of the circumstances. You cannot screw up!"

"Can you think of any profession when you see a professional writing on their hand or arm? The amount of information a nurse has to retain is unbelievable. And a nurse does not always have the time to grab a pad or computer before she responds to a patient."

A complex job...A grueling, roller coaster workday

Long shifts

Many nurses appreciate the flexibility of three consecutive 12-hour shifts followed by 4 full-days off, which allows them to accommodate family schedules and enjoy the break from often intense work. However, 12-hour shifts make for long and tiring workdays.

It is not uncommon for the workday to extend longer when shifts are impacted by complicated hand-offs, equipment issues and absenteeism. Nurses, like many healthcare professionals, will remain on duty until their replacement person arrives.

Nurses count on teamwork

Nurses greatly rely on and value inter- and intra-department cooperation with other nurses and healthcare professionals. They view collaboration as essential in performing their work and contending with the challenges associated with medical issues, absences, increased patient loads, limited or malfunctioning equipment, and new systems and procedures.

Increased workload, tasks and responsibilities

Nurses need to perform a dizzying array of nursing and non-nursing tasks and responsibilities throughout their day, ranging from the most menial to the highly complex. Nurses describe a widespread imbalance of tasks, which are often out of sync with job descriptions, competencies, time and resources. On any given workday, nurses are called upon to be orderlies, data entry clerks, equipment repair people, family counselors, physical therapists and patient advocates.

Many tasks are "not originally assigned" but are vital to patient care and satisfaction. The more humble but vital tasks may interfere with others recognizing the medically sophisticated contributions made by nurses.

Note: Numerous studies show that the degree to which a nurses' workload is balanced or unbalanced is an important determinant of quality of care, safety and recovery of patients...and the overall physical and psychological well-being of nurses.

Days off–Recovery time

“You go home and want to turn it off. You take a hot bath and have a glass of wine. Then you start thinking...Did I enter all new protocols for the next shift? Did I write down that a patient had an anxiety attack and on and on.”

“You check out at the end of the day because you are so burned out. The job is so physical, mental and emotional. When others, including doctors, don’t pull their weight, you pick up the slack.”

“I remember often thinking that I leave my sick children to go to work and take care of other people’s sick children.”

“Nurses are generally not as healthy as the average U.S. population. And we know the average U.S. citizen is not healthy.”

Nursing is stressful and exhausting...Days off are for “recovery”

Not surprising given their many challenges, nurses refer to their days off as “recovery” and often try to “check out” while still completing life-admin tasks. Perhaps due to the complexities and stress combined with the constant awareness of the fragility of life, some nurses need to “recover” more than other professionals. Adopting and cultivating healthy coping mechanisms is essential for nurses.

Ways in which nurses “recover”

- | | |
|------------------------------|------------------------|
| ■ Party | ■ Exercise |
| ■ Wine | ■ Walk |
| ■ Travel | ■ Get in nature |
| ■ Read | ■ Meditate |
| ■ Movies | ■ Practice mindfulness |
| ■ Join online nursing groups | ■ Hot baths |
| ■ Vent with other nurses | ■ Journaling, blogging |

Nurses tend to be selfless

Many nurses are 24-hour caregivers, caring for patients while on the job and taking care of family at home. This contributes to neglecting their own care while constantly caring for others.

This selflessness comes at the expense of nurses’ own well-being. In every health category other than smoking, the health of nurses is lower than that of the average American. Nurses tend to weigh more, sleep less, and report significantly higher stress levels than the average American.

Note: The Bureau of Labor Statistics notes that registered nurses have the fourth highest rate of injuries and illness on the job across all professions, coming in ahead of construction workers for on-the-job injuries.

In Sum: Conflicting forces

Job desirability	“The ‘gray wave’ means the need for nurses in nursing homes is huge now and is only going to increase. Yet, it is a really tough job and not one a lot of nurses would choose.”	Need for geriatrics & nursing home nurses
Time for orientation & training	“In the ICU, we normally had a six-month orientation with a week [of training] in the hospital. Then it was three days. Now, they have trimmed it down to a day.”	Complexity of job & reliance on teamwork
What is important to nurses	“The relentless focus on documentation makes us feel like it is all about the money at the expense of patient care. That may motivate administrators, but it does not motivate nurses.”	What is measured & documented
Patient load & direct care	“When you think of a nurse, what comes to mind? A nurse taking care of patients, right? But getting ahead—if you have the means, the education often means far fewer patients.”	Successful career progression
Caring for self	“It is a selfless profession. Nurses constantly put other people’s needs in front of their own.” “It’s a classic ‘cobbler’s children don’t have shoes’ situation.”	Caring for others
Leaving the job at the door	“For many of us, it is a calling. It is who we are. I hear that we have to leave the job at work, but how do you leave your being, who you are, somewhere?”	Nursing as a calling & core identity
Retention of older nurses	“There is a wealth of knowledge and experience going out the door.”	Retirement of baby boomer nurses

Note: Nurses confront contradictory dynamics in their industry and work environment. In many ways, the total experience of being a nurse is emblematic of “everything that works and everything that needs to be improved in U.S. healthcare.”

Nursing and finances

Financial concerns

"I remember someone talking to us about the [retirement] plan during my nursing orientation. But there was so much covered that I was trying to pay attention to...But it kind of got lost amid a lot of information."

"After your three-day shifts, all you can do is try and recover..."

"Vacations are very important to nurses. Nurses love to travel! This is how they get away from the job. I know nurses who work extra shifts or even second jobs to save money for a Disney vacation."

Finances did not seem to be top-of-mind for many nurses in this study.

Nurses, particularly younger ones, are inclined to place their current finances and long-term financial planning on a back burner for a multitude of reasons:

- There is little or no focus on developing financial and business acumen during nursing school, during precepts, or on the job.
- Basic introductions to their 403(b) plans are most likely to take place during orientation. As a result, information about their sponsored plan is lost amongst the vast amount of critical job-related information conveyed during the program.
- They don't have the time or the inclination to focus on finances because their job is intense, arduous and all consuming, allowing little if any control of their scheduled time.
- When they are not at work, nurses want a "total break" from "decision making."
- Many nurses are tasked outside of work with the caretaking of other family members such as children, spouses and parents.
- Nurses seem to adopt a short-term focus as a survival skill: Their focus is on getting through the next shift and on short-term financial needs. Their short-term financial needs often center around costs associated with their families and with vacations and travel.

Engagement with finances

Even though finances are not top-of-mind, nurses were able to cite situations where attention to finances would certainly help.

- Young nurses new to the field can struggle with cash flow and find it challenging to manage tuition payments and other monthly bills with their beginning income... let alone concern themselves with contributing to a retirement plan.
- Nurses with families and children are focused on current and upcoming expenses for household maintenance, camps, sports, tuition and expenses which interfere with planning and saving for the future.
- Those who want to progress in their career often need to obtain advanced degrees such as an MSN or NP.
- Older nurses who started their career without a bachelor's degree often need to obtain the degree to advance in their career or obtain a job with a new employer.

Note: Education debt is an issue for established nurses as well as new nurses. In today's environment, almost three-quarters of nursing students will graduate owing student loans. Established nurses may need to obtain education degrees to advance or obtain new jobs. Acknowledgment of this burden and providing education for debt solutions, including forgiveness programs, will serve as an effective attraction and retention tool.

Finally, the benefits of advancing financial and business acumen are not limited to the personal side of nurses' financial and overall well-being. Stronger business and financial acumen will help nurses better understand the importance of measuring, documenting and analyzing health and insurance-related metrics...a part of their job many see as an obstacle to patient care.

There are proven advantages of helping bridge the gap between what is measured and documented with what matters most to nurses: Research shows that when nursing staffs take ownership of performance and financial measures, there are higher recovery rates, better insurance reimbursements, lower nurse turnover and stronger financial stability.

Nurses and retirement

"You have a desk nurse, a floor nurse and three aides for 40 very sick people. Let me tell you, you get tired. When your work suffers, the patient suffers. It feels like a disaster just waiting to happen. This is life and death stuff. I remember thinking, 'I can't do this anymore.'"

"I wanted to enjoy retirement with my husband...To do all those things you imagine doing while you physically and mentally can. Remember, we have a close-up view what can happen."

Retired nurses in the study cited various retirement triggers such as:

- Difficulty in coping with the growing physical demands and new technological requirements of the job.
- Concerns about their ability to perform effectively given what they see as less time and fewer resources.
- Wishing to join their spouse or companion in retirement...and to enjoy the experience while they are physically strong. Nurses, like other medical professionals, are keenly aware that life circumstances can change with little warning.

However, nurses may be reluctant to completely retire for a variety of reasons:

- They may not believe they have enough saved and feel a need to augment their income.
- Nurses may be able to secure opportunities that are less physically arduous, such as administrative positions (if they have the appropriate degrees and/or certifications) or part-time positions.
- Nurses may find it hard to imagine not being a nurse and may miss the company of other nurses, given that their profession is such a core part of their identity and socio/emotional lives.

More insights and information

Our repository of learnings

We have summaries from the many studies we have performed with our panel. Examples of our research include Women's Financial Confidence, the Financial Moments that Matter, Financial Well-being during Times of Transition and Crossing the Threshold to Retirement. We are happy to share our learnings and recommendations with you.

Our library of stories

We have stories of individuals across life stage, career stage and profession. These stories chronicle some of the men and women who comprise our panel, and compellingly illustrate the forces that shape their attitudes toward life, career, finances and the future. We have found our panelists' stories to be deeply moving and to foster an unusual degree of insight into the exceptional people we serve. Contact us to take a look and see if you agree.

Your two cents

So, what are your reactions to this summary? Any surprises? Anything you wish we had further explored? We want to know! Please contact your TIAA representative if you would like to discuss this research or other studies that may be helpful to you and your organization.



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