**Introduction**

The nurse's role has changed dramatically over the last century, from having little formal education or training and acting as an assistant to having formal education (bachelors, masters, and doctorate degrees) and establishing their own discipline. Over time, nurses have gained more and more respect and have been lauded as the most trusted profession (Reinhart, 2020). However, through both coworker and patient harassment, as well as the requirements of the job, nurses are at risk for suffering from mental illness (Zang et al., 2018). Prolonged disease outbreaks such as with COVID-19 may exacerbate depression and anxiety among nurses (Pollock et al., 2020).

**Nurse Burnout**

Burnout is common in the nursing field. Some of the contributing factors include “time pressure, lack of control over work processes, role conflict, poor relationships between professional groups and with leadership...lack of support for the staff when errors occur, violence in the workplace, and moral distress” (Fitzpatrick et al., 2019, p. 185).

Case Study: On a progressive care adult oncology floor there is a high turnover rate among nurses. The nurses receive 4 - 5 patients but having 6 is not unheard of on this unit. The work is physically demanding and emotionally taxing. Loved ones are stressed and often take out their feelings on the staff. New graduate nurses are frequently hired on this floor due to the turnover rate being high. Many physicians and physician assistants are not pleasant to work with. New nurses are shocked that at what life after graduation is like and some second-guess their career choice. As a result, the nurses feel burnout quickly. This high turnover rate negatively affects patient outcomes because there is usually someone in training who may not be around for long. The senior nurses grow tired of orienting brand-new nurses and having a floor full of novice and beginner level nurses. Rarely does a nurse from another unit transfer to this one. Most nurses who feel burnout on this floor leave with their 1-3 years’ experience to another unit. The manager is nice to the staff, but there are other nurse leaders on the floor that nurses and having a floor full of novice and beginner level nurses and having a floor full of novice and beginner level nurses. Nurses are not pleasant to work with. New nurses are shocked when errors occur, violence in the workplace, and moral distress” (Fitzpatrick et al., 2019).

**Self-Care**

Provision 5 of the code of the ANA Code of Ethics for nursing states that “The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, and maintain competence, and continue personal and professional growth” (ANA, 2015, p. 19). The nurse’s duty to self is described under provision 5.1 as including the promotion of health and safety and describes self-care practices such as eating a healthy diet, exercising, resting, maintaining relationships, engaging in leisure activities, and attending to scriptural needs in provision 5.2 (ANA, 2015).

The ANA code of ethics also promotes the inherent dignity, worth, unique attributes, and human rights of nurses (ANA, 2015). Emotional and verbal abuse happen in the workplace, which can contribute to nurses feeling burned out, depressed, and desiring to leave the profession (citation). Nurses are called to the standard by the ANA Code of Ethics and have the opportunity to be a role models for their organization and community for promoting human rights and treating others with respect. Some ways nurses can perform self-care is through massage, meditation, exercise, social gathering (Ross et al., 2019).

Nurses can collaboratively develop interventions such as unit-based committees to voice their concerns and suggestions for the unit, create policies that promote self-care such as vacation time, having input on scheduling, and not being penalized for staying home when sick. They could be allowed to elect the nurse leaders for their unit, with input (Fitzpatrick et al., 2019).

**References**


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Nurses should be encouraged to perform self-care by having vacation time, scheduling input, and not being penalized for staying home when ill. Interventions that support nurses’ resilience have the potential to decrease nurse burnout and promote mental well-being for nurses (Pollock et al., 2020). Fitzpatrick et al. (2019) recommend that units allow nurses to be able to voice their concerns and suggestions to encourage empowerment. The manager or other nurse leader can also offer clinical ladder programs to incentivize retainment and ambition. By reducing nurse burnout, the manager will be supporting the mental health of their nurses and improving nurse retention. This will not only increase job satisfaction, but also increase the overall level of expertise in nursing on the unit (Fitzpatrick et al., 2019). Wei et al. (2019) conducted a qualitative descriptive study to discover strategies that foster nurse resilience and decrease burnout. They found seven strategies: facilitating social connections, promoting positivity, capitalizing on nurses’ strengths, nurturing nurses’ growth, encouraging nurses’ self-care, fostering mindfulness practice, and conveying altruism. Managers and nurse leaders support the mental health of nurses by implementing these strategies.