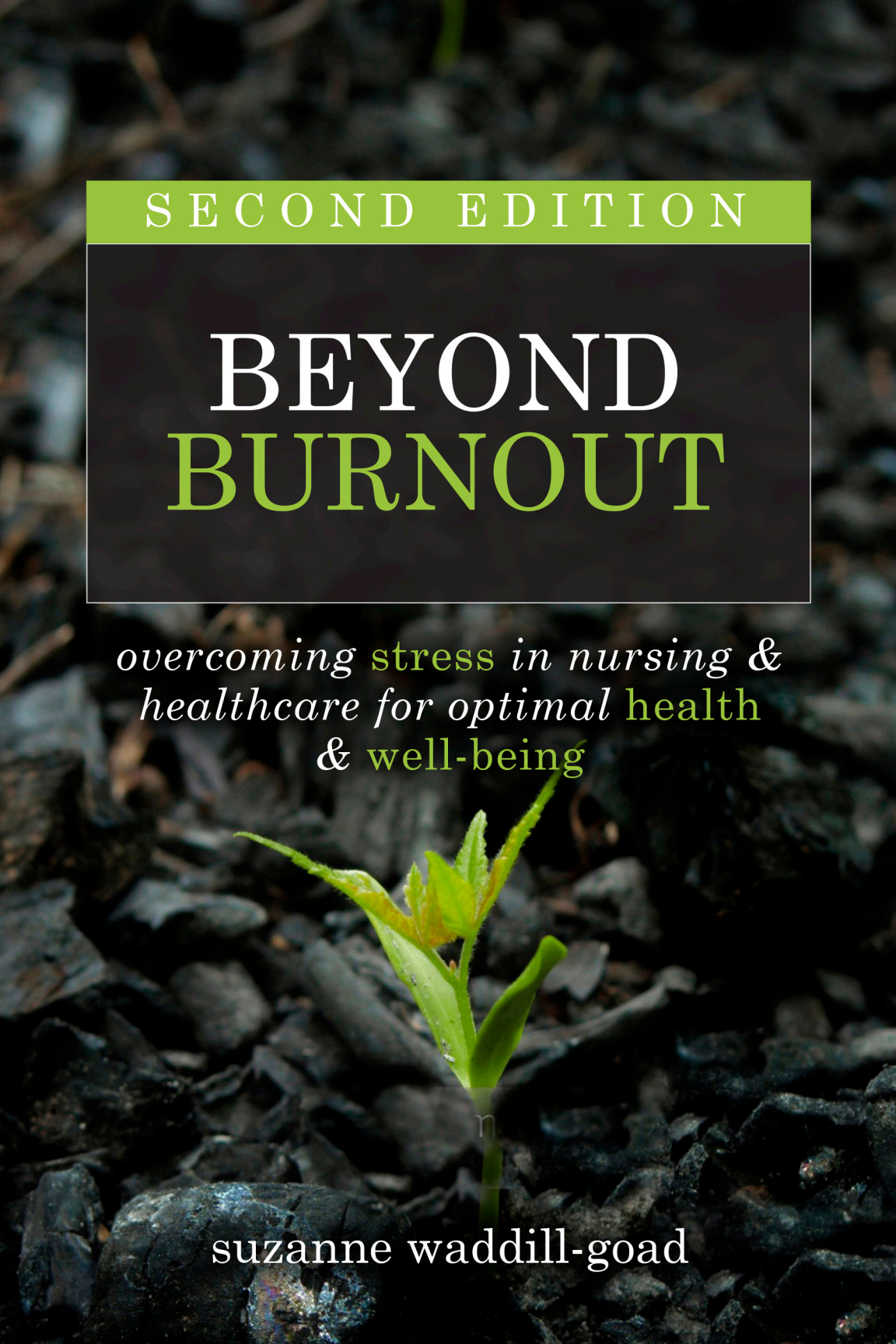
SECOND EDITION
BEYOND BURNOUT
overcoming stress in nursing & healthcare for optimal health & well-being
suzanne waddill-goad

US $34.95

Healthcare professions typically attract those who give deeply of themselves to make a positive difference in others' lives. But that giving can come at a significant price: burnout. While the healthcare vocation offers myriad options in work settings and career paths, it can also involve tremendous amounts of stress because of long shifts, mental and physical exhaustion, patient challenges, and regulatory changes. When stress and fatigue overtake a healthcare provider's ability to adequately cope with physically and emotionally taxing circumstances, burnout is often the result, potentially leading to compromises in quality and patient safety.

Since the publication of the first edition of this book, the COVID-19 pandemic has only added dramatically to nurses' and other healthcare providers' stress, exacerbating existing problems with strained resources and labor shortages. In *Beyond Burnout*, Second Edition, author Suzanne Waddill-Goad adds new strategies and up-to-date, data-driven information for building hardiness and resilience so that nurses and other healthcare workers can successfully navigate their increasingly challenging environment while reducing stress and preventing burnout.

Suzanne Waddill-Goad, DNP, MBA, BSN, RN, CEN, CHC, is President and Principal Consultant of Suzanne M. Waddill-Goad & Company, Inc., a consulting practice specializing in operational improvement and leadership development.

"Beyond Burnout *is timely, relevant, and critical to understanding the stressors that plague healthcare today. The tangible wisdom weaved throughout is a lifeline for nursing that can be applied to stabilize and strengthen work environments. This book is a road map to help get there.*"

–Cindi M. Warburton, DNP, FNP
Executive Director
Northwest Organization of Nurse Leaders

"This book came at the perfect time! As healthcare leaders around the world continue to search for solutions to an ever-growing list of problems, this book clearly states the burnout issues we face and offers a wide variety of thoughtful and evidence-based solutions and strategies."

–Trenda Ray, PhD, RN, NEA-BC
Chief Nursing Officer
Associate Vice Chancellor for Patient Care Services
Clinical Assistant Professor
UAMS College of Nursing

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SECOND EDITION

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overcoming stress *in nursing* & *healthcare for optimal health & well-being*

Suzanne Waddill-Goad, DNP, MBA, BSN, RN, CEN, CHC

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Sigma Theta Tau International Honor Society of Nursing (Sigma) is a nonprofit organization whose mission is developing nurse leaders anywhere to improve healthcare everywhere. Founded in 1922, Sigma has more than 135,000 active members in over 100 countries and territories. Members include practicing nurses, instructors, researchers, policymakers, entrepreneurs, and others. Sigma's more than 540 chapters are located at more than 700 institutions of higher education throughout Armenia, Australia, Botswana, Brazil, Canada, Chile, Colombia, Croatia, England, Eswatini, Finland, Ghana, Hong Kong, Ireland, Israel, Italy, Jamaica, Japan, Jordan, Kenya, Lebanon, Malawi, Mexico, the Netherlands, Nigeria, Pakistan, Philippines, Portugal, Puerto Rico, Scotland, Singapore, South Africa, South Korea, Sweden, Taiwan, Tanzania, Thailand, the United States, and Wales. Learn more at www.sigmanursing.org.

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Waddill-Goad holds a bachelor of science in nursing from the University of Colorado, a master of business administration from City University of Seattle, and a doctor of nursing practice in executive leadership from American Sentinel University. Her clinical practice spanned two decades in critical care and emergency nursing. Her graduate study was focused in the areas of managerial and executive leadership. In addition, she holds an executive education certificate as a Black Belt in Lean Six Sigma from The Ohio State University Fisher College of Business and retains clinical certification in emergency nursing.

Waddill-Goad's consulting practice has specialized in operational improvement and leadership development. During the last 20 years, she has assisted clients in multiple states to achieve operational improvements in leadership, quality, safety, regulatory compliance, risk reduction, finance, and customer service via consulting and/or interim leadership assignments. She has demonstrated success in developing new programs and leading teams with innovative ideas to their intended targets.

In 2014, she received an academic appointment as an Assistant Clinical Professor in the College of Nursing at the University of Tennessee. She worked on nursing program development and taught in the collaborative Executive Education Healthcare Program at the University of Tennessee Haslam College of Business until she relocated to the West Coast.

In 2021, Waddill-Goad completed the Institute for Integrative Nutrition's Health Coaching Program. And during 2022, she completed the curriculum and certification as an evidence-based Certified Health Coach (CHC) from the National Society of Health Coaches. In addition to her doctoral research on leadership fatigue, with a renewed interest in health and well-being she has expanded her business offerings to speaking, coaching, and consulting, specifically related to health, well-being, and peak human performance. She lives with her husband in the Washington State wine country.

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Debra Buck, DNP, MSN, RN, is part of the nursing faculty of Kellogg Community College, Spring Arbor University, and Walden University. She began her nursing career directly out of high school, graduating with an associate degree from a local community college. She worked in critical care and the emergency department for 14 years, transitioning to home care. During her time in home care, she completed her BSN from the University of Michigan.

After several years working in the community, Buck returned to the hospital setting as a nurse recruiter. During her tenure, she made the decision to obtain a master of science in nursing with the goal of teaching nursing. Prior to completing her MSN, she returned to the emergency department as a clinical manager, during which she was instrumental in the department's adoption of an electronic medical record as part of a hospital-wide initiative. After the completion of her MSN, Buck was approached by a colleague with an opportunity to teach at the BSN level for a local college. Developing the curriculum for a community nursing course launched her career in the world of academia. After she began teaching, the opportunity arose to become the Director of Student Health Services for a local liberal arts college. This position allowed her to better accommodate her teaching schedule while becoming immersed in the college life.

Buck made the decision to obtain a DNP in executive leadership to allow her the opportunity to teach at all levels. She completed her degree in 2014. Since then, she has been teaching at the ADN, BSN, and MSN levels. She teaches courses in the areas of nursing ethics, leadership, health policy, nursing research methods, community nursing, and medical informatics at the undergraduate and graduate levels. She is currently working with ADN students in the program she initially graduated from, teaching psychiatric nursing and leadership as well as fundamentals in the clinical setting.

Holly Jo Langster, DNP, MHA, MSN, BSN, FNP-C, HCA, CENP, CPHQ, is an Assistant Professor at the University of Central Arkansas. She is a small-town girl from central Illinois who selected nursing as a career three years after high school graduation. The profession of nursing has allowed Langster to advance and grow her career in a variety of different ways, experiencing several venues of the profession and applying that ever-expanding knowledge to each new adventure. When passionate about nursing, nothing is unachievable.

Langster has worked in many nursing fields—including medical/surgical, emergency department, and cardiac nursing—and thrives on challenge, new opportunities, discovery, program development, and executive nursing leadership. As a family nurse practitioner, she specialized in breast cancer. Administratively, she has worked in executive nursing and leadership for at least a decade. Finally, as a faculty member at the University of Central Arkansas School of Nursing, Langster educates future DNP-level family practice nurse practitioners. Legal nurse consulting has been an ongoing sideline career, as she works to assist the healthcare industry in defense against false accusations of mistreatment or neglect.

Langster holds a doctor of nursing practice in executive leadership from American Sentinel University, a master's in healthcare administration from Southern Illinois University, a master's in nursing as a family nurse practitioner from the University of Illinois-Chicago, a bachelor of science in nursing from Bradley University, and a nursing diploma from Methodist Medical Center School of Nursing. She is board certified as a family nurse practitioner, as an executive nursing leader, and in healthcare quality. She is the widow of an emergency department physician who she claims was the best ED physician who ever existed, and the proud mother of Lucas. Langster is the daughter of an RN, the granddaughter of an LPN, and the great granddaughter of the town midwife (she isn't sure there was actually training for that back then).

Rusty McNew, DNP, MLS, RN, CENP, is an established health system leader with significant experience in healthcare operations, performance improvement, regulatory and accreditation, and medical error prevention. Most recently, he served as the system Chief Nursing Officer of United Surgical Partners International, responsible for the nursing vision, quality, patient safety strategy, and clinical performance for hospitals and ambulatory surgery centers.

Prior to joining United Surgical Partners International, McNew served as the corporate Vice President for Quality and Patient Safety at Tenet Healthcare, where he led the delivery of safe, quality nursing and clinical care, clinical research, healthcare regulatory and accreditation programs, and the enterprise clinical auditing processes. Before that he held multiple leadership roles at the Parkland Health and Hospital System and worked as a registered nurse in the intensive care units, operating suites, and Level I Trauma emergency departments.

McNew has published 22 editions of the *Emergency Department Compliance Manual* with Aspen Publishing (now Wolters Kluwer). He also co-chaired the Homeland Security Healthcare Sector Coordinating Council and was a member of the Homeland Security Healthcare and Public Sector Clinical Infrastructure Partnership Advisory Council. McNew earned a doctor of nursing practice degree from American Sentinel University, a master of liberal arts from Southern Methodist University, and a bachelor of science in nursing from the University of Texas at Arlington. He is also a Certified Executive Nurse Professional from the American Organization of Nurse Leaders.

James C. Reedy, DNP, MBA, MHA, RN, NEA-BC, CPHQ, CHFP, FACHE, is a tenured nursing executive leader and a co-chair for the Northwest Organization for Nurse Leaders Leadership Commission. He has served in the role of Chief Nursing Officer within St. Charles Health System and Sutter Health, as a Neuroscience Service Line Director at Sutter Health and SSM Healthcare, and as Manager of the Neuroscience and Abdominal Transplant Intensive Care Unit for St. Louis University Hospital.

Clinically, Reedy was initiated into healthcare early on as a lifeguard and instructor for multiple Red Cross classes and trained as an EMT before beginning his storied nursing career. As a clinical nurse, he was proud to have learned the core values of teamwork and evidence-based practice working in trauma and surgical intensive care, emergency departments, and various intensive care specialties at St. Louis University Hospital, New York University–Tisch Hospital, and Barnes-Jewish Hospital. Working with colleagues, he achieved system standardization in areas such as quality, safety, growth, and affordability, and merging Lean, Six Sigma, shared governance, and the nursing process to amplify frontline nurses' engagement to meet organizational goals.

Reedy received his undergraduate nursing degree from St. Louis University School of Nursing; a master's degree in both health and business administration from Webster University's George Herbert Walker School of Business and Technology; and a doctor of nursing practice focused on health systems executive leadership from the University of Pittsburgh's School of Nursing.

Reedy's husband is an award-winning leader in the advancement of population health for diverse and high needs populations in Southern California. Reedy believes that nurses are the key to creating tomorrow's functional healthcare system, but to get there they must embrace innovation and technology and lean into caring differently: at the bedside, in the clinic, in the home, as leaders, and at the boardroom table. Reedy will serve on the Leadership Succession Committee for Sigma Theta Tau's Eta Chapter.

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FOREWORD

For over 35 years I have had the pleasure of working in the US healthcare industry. During that time, I have met many caring professionals, none more impactful than my friend Dr. Suzanne Waddill-Goad. She is a role model leader. She stepped in to lead nursing in several of the hospitals I was responsible for, during times of change, stress, and need. She continues demonstrating her leadership by bringing together some of the nation's thought leaders of the nursing profession. Collectively, they have taken a thorough and thoughtful look at the conditions facing healthcare and the impact these conditions and the COVID-19 pandemic have had on caregivers. They have prescribed pragmatic solutions for our heroes to not only survive stress but also find a path to thrive.

In her latest book, *Beyond Burnout,* Dr. Waddill-Goad highlights the impact of the altruistic virtues of nursing—caring and compassion. These virtues were brought into clear focus by the worldwide crisis of the pandemic. In the early days of the pandemic, all of us realized that these virtues were often the only remedy we had to a deadly virus. Nurses stepped into the forefront of the crisis, and their role—never more vital—seemed to be the only answer for suffering patients and families. Nurses and all other caregivers were the front lines of defense. They absorbed the stress, pain, and uncertainly for us all, while we waited for scientific innovation. This is not the first time in our history when this has been true; in fact, the art and science of nursing has been and will always be the glue that holds the care-delivery system together.

Beyond Burnout is a vital and timely update for the heroes of our healthcare system. The healthcare industry needs to pay attention to the environment we have created. We must work together to re-recruit the millions of people who are considering healthcare as a career path and those who have chosen healthcare as their profession. *Beyond Burnout* is a practical guide for how to understand and cope with the stress that caring for people can create but also offers vital methods for identifying and moving toward optimal personal health. These messages have never been more important than now. The call

for leaders to recognize the need to promote caregiver wellness is essential. My hope for us all is that we harness the lessons learned from the pandemic and use them as lights to guide the path forward for the next generation of caregivers.

Beyond Burnout provides an instructive collection of wisdom for leaders, caregivers, students, and patients. Dr. Waddill-Goad supplies expert advice, enlivened by personal examples in an easy-to-read format that has become an indispensable standard. This guide will support everyone combating stress and help them find ways to move past it so that they can create a life in which they enjoy serving others and also enhance their ability to thrive. Enjoy.

–Grant Davies
President and CEO, Solis Mammography
Addison, Texas
Former hospital executive and Joint Commission board member

INTRODUCTION

HEALTHCARE: AN ALTRUISTIC ENDEAVOR

Why write a book about stress, fatigue, and burnout . . . and then one about moving beyond it? The author and the contributors have well over 150 years of collective practice and have lived through a broad range of experiences, some good and some not so good. Since the first edition of this book was written, we've now experienced a global pandemic, escalated shortages of all types of personnel, supply chain challenges, and more. So, would each of the writers of this book choose nursing all over again? Absolutely!

Nursing has been a fabulous career choice; it offers diversity, flexibility, entrepreneurism, innovation, a true sense of satisfaction, and a nice lifestyle. Nurses are generally people who exhibit traits of caring, nurturing, and altruism. They are just good people to be around. Although the writers' journeys have been diverse, their reasons for becoming a nurse are very similar—to help others. Today, they each serve in different roles: One is a healthcare consultant and interim nurse leader; one is a nurse educator; one is an executive nurse leader; one is a risk, quality, and legal nurse consultant; and one is a nurse practitioner. They all work in assorted practice environments, but their mission is still the same—to truly help others.

The good thing is, helping others never gets old. What does wear on any healthcare provider's psyche is the environment. Adverse stimuli can be both internal and external: regulatory and policy changes, leadership influences, operational initiatives, industry mandates, customer expectations, the pace of change, publicly reported data, quality metrics, colleague relationships, public pressure, public perception, global uncertainty, and the list goes on.

This book explores those influences and discusses how they affect stress, fatigue, and burnout. The most important offerings from this book (the "Practice Pearls") are suggested strategies for fresh thinking, techniques to harness and manage overwhelming stress, and ways to set new priorities to care for

yourself to move beyond burnout. Healthcare workers need to be encouraged to prioritize self-care and recovery time to promote their own health and well-being. We know they experience more stress than the wider working population and can find little respite from this reality. And this has certainly been amplified as evidenced by all the recent media coverage regarding the global pandemic and its deleterious effects on the nursing and healthcare workforce. The upside? It exposed the good, the bad, and the ugly of choosing a career in nursing and healthcare. Now it's time to get to work on how to move beyond what has happened in the past and plan for a brighter future!

Both the brain and body need downtime for optimal human performance. Stress and fatigue do affect safety and quality, and we can no longer push ourselves to the brink. We need "renewable" energy to be at our personal and professional best; we need to be mindful and think intentionally; and we need to perform in the best interest of ourselves as well as others. Much of the content in this book is applicable to many professions beyond nursing—other healthcare providers, those in any service profession, and more.

STRESS, FATIGUE, AND BURNOUT IN NURSING

What is causing nurses' stress? Back in 2015, the American Holistic Nurses Association listed staffing (or the lack thereof), schedules (rotating), long shifts (often back to back), fatigue (both mental and physical), excessive noise in the workplace, workload (too much to do), time pressures (not enough time to get the work done), difficult colleagues (teamwork or the lack of), supervisors (not qualified for the role and/or not supportive of staff needs), challenging patients and families (sicker patients and families with unrealistic expectations), a lack of control in the work environment (mandates driven by others), role conflict, ambiguity, inadequate resources of all types, floating to new work areas with little or no orientation, underuse of talent, exposure to toxic substances, and the potential to experience hostility or violence (by patients, visitors, or coworkers), to name a few. Although this is not an

exhaustive list of the challenges nurses and healthcare workers face, it a fairly comprehensive list of what might qualify as daily stressors in the work environment. And I'm afraid not much has changed eight years later. Honestly, the situation has only been compounded by poor communication structures and resource availability in the last three years.

A survey released in October 2021 by the American Nurses Foundation cited findings from 9,500 nurses related to their mental health and wellness. Nearly one-third rated their mental health as unhealthy, 75% said they felt stressed, 69% were frustrated, and 62% felt overwhelmed (ANA Enterprise, 2021). In addition, nearly one-half of all the survey respondents answered "yes" when asked about the effects of COVID-19 in relation to experiencing extremely stressful, disturbing, or traumatic events. Many said they intended to leave their positions within the next six months, citing work as negatively affecting their health and well-being, as well as insufficient staffing. Many of these problems have been long-standing in the nursing and healthcare industries and are clearly continuing to take a toll.

Why are nurses burning out? Three out of four nurses cited the effects of stress and overwork as a top health concern in a 2011 survey by the American Nurses Association (ANA); the ANA attributed problems of fatigue and burnout to what seems to be a chronic nursing shortage (ANA, 2011). More recent research has found nurses working shifts longer than eight to nine hours were two-and-a-half times more likely to experience burnout (Gupta, 2015). And a 2012 study by Stimpfel et al. revealed that nurses underestimate their own recovery time from long, intense clinical engagements and that consolidating challenging work into shorter time frames may not be a sustainable strategy to attain work-life balance. We now know the global COVID-19 pandemic only exacerbated what was already occurring for at least the last decade in the majority of healthcare work environments.

In addition, researchers at the University of Akron (Dill and Erickson) found in 2014 that nurses who are primarily motivated by the desire to help others, rather than enjoyment of work, were more likely to burn out (American

Sociological Association, 2014). Could we be our own worst enemies? Should education and awareness about the potential for burnout begin in formal nursing training? Should selection criteria to become a nurse include an assessment for motivation and the potential to burn out? Could we change our current trajectory if both of these were strongly considered in the selection of who should become a nurse?

Nurses are qualitative experts; we are constantly gathering information on a daily basis. What we have not been quite as good at is collecting formal data, analyzing it, and sharing evidence in our practice environments. Hence, some of the dated information in the nursing literature. If nurses were able to use the information they collect more effectively or on a real-time basis, could it decrease the potential for burnout?

The pandemic certainly challenged our practice norms. Change was coming nearly hourly about what we should be doing via the Centers for Disease Control; other state and federal regulatory agencies; corporate, system, and local-level leadership; as well as the boots on the ground. It showed the creativity that staff could bring to a real challenge. If nurses were allowed more autonomy in overall role design—assessing job fit, analyzing systems affecting their work, given training for optimal interpersonal relationships, and learning about the consequences of stress—is it plausible that burnout could be lessened and maybe entirely avoided?

I've always felt that nurses are the backbone of healthcare. No healthcare organization can be effectively run without them. So, what are the responsibilities of nurses, other healthcare workers, and leaders collaboratively for the future in relation to stress, fatigue, and burnout in nursing and other healthcare professions?

PRACTICE PEARLS

- Know the signs and most common causes of burnout.
- Design or improve systems known to cause stress.
- Create a campaign of cultural awareness regarding the risks of burnout.

WHY CHOOSE NURSING OR A CAREER IN HEALTHCARE?

Nursing and other healthcare professions are more than a job. Healthcare attracts those who value compassion and want to do greater good in the world. Many say it is a calling because it provides a platform for making a difference in other people's lives. The wide range of experiences that healthcare providers encounter from birth to death can be both painful and joyous—with every emotion in between.

The profession provides endless options to practice in a variety of healthcare settings. Specifically, a career in nursing provides the flexibility to choose from an array of options different from most other career choices. Nursing allows you to enter and exit the profession, work more or less than full time, work in nontraditional settings, have around-the-clock hours, and have fluid movement between types of healthcare milieus and patient populations. Many other professions inside and outside of healthcare aren't quite as flexible.

Healthcare offers ample time during a lifelong career to learn new skills for advancement. A multitude of possibilities exist for a nonlinear career track in various areas of specialty practice, both clinical and non-clinical. Additionally, a variety of educational options exist for continual learning in all sorts of relevant areas. Educational opportunities include both formal and informal coursework. This array of choices is appealing to many choosing a first or alternate career. And the choice of a career, specifically in nursing, often allows a planned or intentional approach to work-life balance. Sometimes moving

to a new area or learning something new is just what the doctor ordered to combat stress, fatigue, and burnout. It provides an opportunity for a refresh!

Nursing is also both art and science; the profession has the capacity to capture a person's soul through experiences that may be singular in nature or that combine physical, mental, emotional, and spiritual encounters. Many of these encounters will leave a lasting impression. They will not only shape a nurse's professional practice journey but can also add positive value to a nurse's life as a whole. Many others who work in healthcare feel the same. From those cleaning patient rooms to medical providers to nutrition staff to ancillary clinical providers, nearly everyone has the same mission to help others and make a positive impact on a person's life.

Traditional nursing and medical practices are founded in science. Evidence-based care and compensable quality metrics are changing the practice of nursing and medicine (albeit slowly). We now have more industry best practices guiding patient care decision-making. While nurses have always been concerned about patient outcomes, responsibility has escalated, and now accountability lies in the hands of those providing direct care. This comes with both risk and reward for any healthcare provider.

Healthcare leaders' contributions to direct care include advanced educational preparation and the obligation to provide or ensure available resources—people, space, supplies, and equipment—for optimal care delivery. As the healthcare environment has become more fiscally challenged, this is often much more complicated than it appears. Staffing shortages, drug recalls, equipment back orders, supply chain mishaps, escalating costs of care, and space challenges often inhibit smooth transitions of care and efficient work processes. The resulting stress, especially for nurse leaders, can be quite overwhelming, as job expectations have drastically changed in recent years.

While nurses are qualified to use their ability to influence others' choices about health promotion and treatment of illness, they also need to care for themselves. They are often viewed by the public as experts and are the most

revered profession with the highest levels of perceived honesty and ethical standards (Riffkin, 2014). This standing in the public eye has been demonstrated for decades and provides a respected voice to lead the future of healthcare; however, nurses must lead first by example.

A radical change in thinking is required; the old-style thinking of treatment of illness needs to be replaced with mindful intention for optimal health. Part of being mindful relative to health is prevention and adopted action to be healthy. Actions always speak louder than words. Daily decisions add up. No change ever comes from continuing on the same path—good, bad, or otherwise. And small changes in lifestyle habits can yield big differences in health or well-being outcomes.

Nursing also provides a stage to observe a variety of ethnic and cultural healing practices firsthand. Nurses play an important part of assisting others and their families through challenging health and psychosocial situations. The profession offers exceptional but often test-laden circumstances to be thoughtfully navigated on a daily basis. Boredom is seldom used to describe a day in a nurse's life. Each day offers a distinct experience, generally in the presence of newly introduced people.

The number of registered nurses in the US is estimated to be just over 3 million (US Bureau of Labor Statistics, 2020). In addition, the US Bureau of Labor Statistics *Occupational Outlook Handbook's* estimate for growth from 2020–2030 is only slightly above the average of all professions (8%), with nursing at a projected growth rate of 9%. This likely will become more problematic as the population ages and the need for medical services continues to rise in the currently designed system.

The median income for nursing, stated to be $77,600, is higher than most other professions, and the nursing profession can be entered with minimal academic preparation of an associate degree (US Bureau of Labor Statistics, 2020). However, many associate program requirements or prerequisites nearly equal a bachelor's degree, which is becoming a preferred entry requirement by many employers.

As also described in the *Occupational Outlook Handbook* (2020), the outpatient arena of healthcare encounters continues to grow, with technological advancement over recent years creating a shift in the traditional hospital-type acute care setting. This has seemingly been a good idea if patients are able to meet the downscaled criteria for this type of setting for their care. It has also expanded the non-acute care choices for all healthcare providers to choose a multitude of new career options. The outpatient setting also offers a number of other corollary benefits, including more traditional work hours without required weekend and holiday commitments. However, hospitals continue to occupy the top spot where nurses work at 61%.

PRACTICE PEARLS

- Nursing provides a flexible and rewarding career.
- Nurses have the ability to make a stable living wage.
- Nurses have many opportunities to continue learning and to change practice among specialties.

ADVANCES IN TECHNOLOGY

While the process of nursing has essentially remained the same for centuries, the practice of care delivery has changed significantly in recent decades. Research advances in medical care and treatment delivery have spurred new technology essentially focused on automation. Much of the healthcare delivery system can be or is sequenced and repetitive. This has facilitated the creation and use of new medical devices, improved safety, and driving more precise, predictable clinical outcomes. Examples include robotic surgery, high-tech implantable devices, newly developed pharmaceuticals, smart technology for medical equipment such as infusion pumps, and better beds, among many others.

Beginning in 2009, with the aim of improving healthcare processes through the use of health information technology, the US government promulgated use of electronic health records (EHR), where providers of the services were incentivized for adoption (Centers for Medicare & Medicaid Services, 2014; Slight et al., 2015). The improvement in access to timely medical information for emergent situations, or as people are transient and mobile in today's society, has benefited both patients and their caregivers by having the necessary information available to allow the best, informed choices at the time for their care. However, the effects on overall quality and safety remain uncertain (Slight et al., 2015).

Electronic access to information for nurses to make care decisions for patients is essential (Kelley et al., 2011). A multitude of nursing publishers have now made traditional texts, policies, procedures, and diagnostic tools immediately available via electronic means. This real-time information accessibility assists nurses and other caregivers in making sound care decisions for their assigned patient population. More recent graduates of nursing and other healthcare education programs may never have used paper documentation, reference manuals, or printed books to access information; electronic access is the only system they know.

The advent of social media has presented both benefits and challenges for the nursing and healthcare industries. The immediacy of information may be a benefit; however, the commitment to confidentiality and privacy can often be challenging—so much so that the National Council of State Boards of Nursing issued a 2018 publication on the do's and don'ts of using social media so that nurses don't inadvertently breach a patient's trusted health information.

Most organizations set policy regarding the use of social media, appropriate personal and professional cell-phone usage, and photography or video with a strict set of parameters not to be violated (for patient privacy) without extremely adverse consequences. All healthcare providers must use caution not to breach the trust of patient relationships and the confidentiality of any patient-related health information.

PRACTICE PEARLS

- Nurses and other healthcare providers must be technologically savvy.
- Nurses and other healthcare providers need to know the law and policy about patient privacy and confidentiality.
- Social media should only be used to improve patient access to accurate and appropriate information.

THE PACE OF CHANGE

One of the most memorable recurring dreams nurses have in common goes like this:

> The shift was very busy, and I spent the entire time running from room to room doing assessments, taking vital signs, giving medications, and doing minor procedures. I barely had time to take a break or finish my documentation before the shift was nearing its end. It was a tough day, with provider and family challenges. I really felt I had too many sick patients to adequately care for, but it was almost time for the end of the shift report to the oncoming nurse. Whew—I had survived! Then, at the end of the shift report, the oncoming nurse asked me about Patient X. I politely told her I was not assigned Patient X. She looked surprised, so we verified the daily assignments for each nurse per the assignment sheet. And there it was in plain black and white—Patient X was assigned to me. Oh, no! Would they still be alive since I had not seen them all shift? They had missed all their medications, assessments, and vital signs. How could nobody have known? Did the charge nurse not go in and check on the patient when rounding? Did the patient not have any clinical needs or diagnostic testing that required consultation with a nurse or any other care providers?

And then the dreaming nurse wakes up from the nightmare!

Nursing and healthcare are fast-paced. Nurses experience a great deal of stress and must continually adapt to change with grace. Nielsen and Munir (2009) posited that the ability to effectively adapt to change shows tenacity and courage. The industry needs courageous leaders at all levels, now more than ever, to lead the way to a better system of health promotion and to focus on well-being and care. Our lives as we continue to age may depend on it.

The speed of life and work has increased exponentially, as described by Kotter (2011), who questioned whether people are really able to keep up with the new pace. The norm is no longer status quo; change comes at a rapid and unrelenting speed. Keeping up with the new pace of information, life, and change is difficult.

The COVID-19 pandemic showed us how fast things could really change—nearly in an instant. Most likely there will be even more change in the future that could be damaging to our health. Technology continues to drive the pace of change as improvements promise to enhance productivity, allowing nurses to do more with less or in the same amount of time. Could technology be another source of nurse and healthcare provider stress? Many practicing clinicians think so. Is the digital age really making people more productive? Not necessarily. And is better productivity making anyone providing the care healthier or more satisfied with their work?

Since 2020, there have been five generations of people in the workforce. Each generation brings its own set of expectations for their personal and professional lives (Putre, 2013). This diversity can provide a number of organizational challenges to current work process and business operations. Unintentional interpersonal conflict can result due to different styles of communication, work expectations, team values, and frames of reference.

In general, younger generations are more familiar with technology and are used to a faster pace of life. This is all they have known, and it is their "normal." For those who are older, human contact has always been valued; they are learning new technology and being introduced to the importance of work-life

balance. Understanding the vast differences in preferences and expectations of each generation will be crucial for healthcare organizations of the future, where one size won't fit all for both recruitment and retention of key talent.

In addition, the aging of the US population has tremendous implications for the healthcare industry, both as employers of an aging workforce and as providers of services to a growing number of older patients (Harrington & Heidcamp, 2009). Who will fill the workforce vacancies as the population keeps aging and demand for services goes up? We know younger workers do not want or expect the same things from their work. Will they be able to fill the void as older workers retire? Will older workers feel compelled to stay in the workforce? If the Great Resignation during 2020–2022 from the COVID-19 pandemic was any indication of the future, we should all be worried.

The World Health Organization estimates the world population of those age 65 or over to be 1.5 billion by 2050, nearly triple the number in 2010 (Aetna, 2017). In addition, it is well-known that older individuals often experience more health conditions requiring medical treatment. This continued trajectory on a path where the demand for medical services (as highlighted by the pandemic) exceeds the supply of available resources (caregivers, supply, and space) is like a car careening toward a cliff. In addition, many have delayed care due to the implications of the COVID-19 pandemic. This has resulted in an inadvertent rise of the acuity of illness, and hospitals have increased lengths of stay—both due to sicker patients and being unduly burdened with those unable to transition to the next phase of care (Daly, 2020; Moore, 2020).

Is stress actually potentiating illness? Could we change our lifestyles to make an impact in acute care? Do we have time before we begin to suffer health consequences ourselves? Time is finite; more time cannot be created. Thus, we have to think intentionally about how time should be spent and what we are doing to care for ourselves and promote our own health. Could we decrease stress by spending less time in stress-invoking environments, or could the environments be made less stress-invoking? Both might be true. Because

healthcare providers seemingly cannot change the pace, they must be willing to change themselves and the existing systems to build healthier places of work.

PRACTICE PEARLS

- Understand what you can and cannot control in your environment to alleviate stress.
- Thoughts, feelings, and actions are connected. Be mindful about how you think and feel.
- You need to care for yourself first to be the best caregiver for others.
- Be resourceful, innovative, and creative in changing your workplace for the better.

THE EFFECTS OF STRESS

Numerous studies, both in and outside of healthcare, have analyzed the effects of stress. In addition to reduced job satisfaction, stressed or fatigued workers may suffer health consequences, are more apt to make mistakes, are often unable to sleep and rest effectively, are absent from work more often, and experience a host of psychosocial distress, as described by Waddill-Goad in 2013. The new corporate business model of healthcare has fueled a dilemma for many nurses and other healthcare workers. Contemporary business practices and politics in healthcare have led to commercial value systems being instilled into professions that have been traditionally considered moral practice involving care and compassion (Roberts et al., 2012). The strain has produced more stress for caregivers in an already stress-laden environment. And the COVID-19 pandemic exposed political-laden turmoil, resulting in controversial decision-making about how public health emergencies should be handled.

A multitude of studies have shown that nurses and other caregivers have a propensity for burnout. The very nature of caring for others, sometimes without

the ability to set limits (of time, compassion, etc.), potentiates the possibility for burnout. Articles found in the scholarly literature cite up to a prevalence of 40% of people feeling stressed and having the potential to become burned out in the workforce on any given day. Because burnout is known to result in physical, mental, and social consequences, why is it not more commonly discussed and addressed, and why aren't actions taken to prevent it? Is it an ignored phenomenon? At what cost?

Not only does burnout have personal consequences, but there are also organizational concerns that all relate to the bottom line, such as retention and turnover, employee satisfaction, clinical outcomes, medical errors, and patient satisfaction. Burnout is not a solely individual problem, as we know it stems from the social environment.

The US Bureau of Labor Statistics ranked nurses higher than average for musculoskeletal injuries from overexertion and bodily reaction in addition to other workplace injuries differing by age (US Bureau of Labor Statistics, 2018). And when a provider is absent, another is necessary to care for patients already in the queue or system. We also know mental health is just as important as physical health. On your very best day, it's possible to make a tragic mistake with disastrous consequences.

Because stress, fatigue, and burnout have serious penalties for both individuals and organizations, the healthcare industry must take note. Effective awareness and reduction approaches must be considered and implemented in the healthcare work environment. The potential for violence and incivility on the part of patients, visitors, and healthcare workers is escalating and must not be tolerated. Recognizing job stress and implementing other health and safety interventions targeted to the needs of nurses and healthcare providers in their work settings will facilitate the overarching goal of improving health and safety (Roberts et al., 2012). In turn, this will lead to safer and better patient care.

PRACTICE PEARLS

- Recognize stress and its consequences.
- Attempt early intervention to mitigate stress.
- Adopt healthy coping strategies for stress tolerance.

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1

THE EFFECTS OF INHERENT STRESS

OBJECTIVES

- Explore the stress-fatigue-burnout connection.
- Understand organizational stress.
- Understand the risks related to burnout.
- Define the health concerns resulting from stress, fatigue, and burnout.
- Define the practice considerations of managing stress.

Healthcare is an inherently stressful profession. Situations that providers of any healthcare service encounter on a regular basis are unimaginable to most people: life, death, and just about everything in between can be a "day in the life." Only recently have some of the experiences of nurses and other healthcare providers been profiled or highlighted by the news media, television, and social media—mostly due to the effects of the global COVID-19 pandemic. And most of it hasn't been good news. Although these venues do not always provide the most factual information, they have certainly raised public awareness—both about the impact to population health as a result of poor health choices and the realities of choosing nursing or healthcare as a profession.

THE REALITY OF HEALTHCARE PROFESSIONAL STRESS

Stress at work is usually due to a number of intertwined issues. Ali et al. (2022) described the challenges for frontline nurses as the stress of taking care of patients, workload and assignments, communicating with colleagues, the nurse's or other healthcare worker's personal life, environment factors, emotional or physical stress, supervisory reports, community support, and problem solving, to name a few. Healthcare is a people business.

Where there are people, there will be clashes in thinking, values, and beliefs. In particular, nurses work with a variety of diverse types of people: different ethnic cultures, frames of reference, ages, faiths, educational levels, and more. The neutrality nurses and other healthcare workers must exhibit is sometimes in itself stress-producing when conflict arises and is contrary to their own feelings or beliefs. And nurses regularly play the role of peacemaker between many parties in an ambiguous industry filled with extreme chaos and change.

Dr. Hans Seyle (1956) has been credited as the first scientist to identify stress as a concept. His work, which spanned several decades beginning in the 1930s, identified stress as a difficult-to-define and subjective phenomenon.

Nevertheless, it is well-known and generally understood by most people that excessive stress leads to negative physical and emotional effects on the body and mind. A number of other researchers have since studied the effects of stress on the human body, the resulting adaption or maladaptation, and the ensuing consequences of each type of stress (positive, negative, and neutral stress—called *eustress*). Nurses and other healthcare providers often feel stress secondary to the work environment, whether it is real or perceived.

Waddill-Goad (2013) noted previous research over a decade, including work by Wells (2011), who cited Harvey et al. (2009), as well as Mimura and Griffiths (2003), suggesting that healthcare workers experience significantly more stress in the workplace than the wider working population. Thus, they must learn to tolerate a certain level of inherent stress that will always exist to some degree in healthcare settings, where there is a great degree of uncertainty and unpredictability. However, this is not generally taught in most formal education programs for the healthcare professions.

In addition, the healthcare environment has become quite complex and increasingly chaotic due to regulatory mandates, external influences, and excessive industry change. All healthcare providers must learn healthy skills to adapt to, effectively cope with, and adequately deflect and defuse day-to-day stress in order to survive. By becoming successful at stress-proofing and survival, healthcare providers can enhance their own practice and satisfaction at work. It is essential to recognize stress and the subsequent stressors early before you progress to fatigue and burnout.

Unfortunately, stress has a way of "sneaking up" on you in an insidious fashion. Sometimes before you know it, it is too late. It tends to come and go in irregular cycles or patterns, depending on life circumstances. Examples affecting the perception of stress include physical illness, injuries, mental exhaustion, fatigue, and attitudinal and/or behavior changes. Often, others recognize the warning signs before they become apparent to you. Loved ones and coworkers may recognize the signs before you do.

Before one reaches chronic fatigue (from stress) and realizes there might be a problem, burnout may be just around the corner. Nurses and other healthcare providers are especially at risk because they are experts in "carrying on" despite challenging conditions. For example, in the emergency department, a nurse will have several patients assigned for them to care for during their shift. One might be a patient with a lower acuity strain or sprain of a muscle or joint, a pediatric patient with a fever, a patient with unknown abdominal pain, and then in the adjacent room a patient might be complaining of back pain that turns into a major illness, such as a cardiac arrest from an abdominal aneurysm. In this type of stress-laden environment, care and tasks are constantly prioritized and reprioritized to get through the shift.

There is little time to process emotional or physical reactions predicated by stress. Stressful events, in any type of acute clinical environment, occur with some regularity. The inability or time to process the information leaves stress unchecked; that type of unresolved stress can layer upon previous experiences and progress over time from an acute issue to chronic fatigue and eventually lead to burnout.

PRACTICE PEARLS

- Recognize that the healthcare environment is chaotic, fraught with unpredictability, and can be inherently stressful.
- Limit the effects of uncontrollable environmental influences that may cause stress by self-identifying early warning signals: feeling overwhelmed, experiencing mental and/or physical fatigue, and a change in thinking (positive to negative). These can all be remedied by taking a break.
- Learn to be emotionally aware. Emotional intelligence and practicing self-control are key strategies to overcome the effects of stress.

THE PERSONAL STRESS–FATIGUE CONNECTION

In the 1940s, Forbes began writing about the symptoms of *fatigue*. He described it as strain from hurrying and worrying, emotional stress, and working to one's maximum capacity (Forbes, 1943). Fatigue produces nearly universal symptoms—people experience a similar feeling of "tiredness"—but the precipitating factors differ. The current dictionary definition of *fatigue* is "a state of mental or emotional strain or tension resulting from adverse or very demanding circumstances" (Dictionary.com, n.d.-a).

While some people experience fatigue from an extreme or serious illness, others experience it due to normal activities of daily life. A number of populations have been studied in relation to fatigue via a variety of research experiences: those with a multitude of illness types, industry- or job-specific occupational classes, as well as the public at large. Occupational health researchers estimate that 10% to 40% of the general population experiences fatigue on a regular basis (Waddill-Goad, 2013).

In 2020, the American Psychological Association's (APA) annual survey Stress in America found that year's survey results to be quite different from times past; they also noted the data has been collected annually since 2007 (APA, 2022). The 2020 survey revealed that most Americans have been profoundly affected by the global COVID-19 pandemic and have many concerns about the future. The unprecedented uncertainty is exacerbating symptoms for those who may have already had both diagnosed and undiagnosed anxiety, depression, and other mental health conditions (APA, 2022).

The entire population has experienced something none of us ever thought we would. It is believed by many that the disruption with school, jobs, the economy, supply chains, public health, and more will affect us for years to come. The World Health Organization (WHO) now estimates the worldwide excess death toll at nearly 15 million during 2020 and 2021 (WHO, 2022).

This estimate is many more deaths than a number of historic wars America has experienced—combined. It really is hard to fathom that level of death and destruction.

Nearly 8 in 10 people now say the global COVID-19 pandemic is a significant source of stress in their life (APA, 2022). The consequences of this stress were noted to be behavioral changes such as mood swings, angry outbursts, and physical body tension (APA, 2022). The same APA survey found that younger generations are suffering more mental and physical consequences from the level of uncertainty than older generations. For those of us who are older, we have life experience and lived through many changes in the country's overall direction, politics, economics, health, etc. in our lifetimes, giving us some hardiness for stress-producing events.

It is also well documented in the literature how the effects of stress and fatigue affect performance, skill, relationships, and health. Much of the research has been conducted outside of healthcare by the military, aviation, and nuclear industries; however, all of these industries, including healthcare, are considered to be high risk. Have we critically assessed nursing and other health professions and categorized them as high-risk careers? Is the risk of stress and its consequences taught in formal educational settings for healthcare professions? Is the risk well-known and understood by the practicing population of healthcare workers? The answer to all of these questions is not necessarily.

The North American Nursing Diagnosis Association (n.d.) defines *fatigue* as an overwhelming, sustained sense of exhaustion and decreased capacity for physical and mental work at the usual level. Fatigue is also described as acute or chronic, depending on the time frame it lasts and whether it succumbs to relieving factors. *Acute fatigue* is reversible and relieved by compensatory mechanisms; *chronic fatigue* is irreversible and impervious to compensation mechanisms (Beurskens et al., 2000). The difference between these two

definitions is especially concerning with the length of time the global COVID-19 pandemic has persisted. What if too many healthcare workers suffer *irreversible* stress to the point of chronic fatigue?

Much of what has been studied and written about fatigue intertwines the two types—physical and mental fatigue, which may be difficult to separate, and one might potentiate the other. Which comes first? Could stress be leading to fatigue, thus causing unsafe conditions in the workplace? Or is fatigue leading to stress, thus causing unsafe conditions in the workplace? Is mental fatigue primary or secondary to physical fatigue? Can they both directly affect brain function? These are important and daunting questions that need to be addressed. Stress has the ability to change your brain (Mindful staff, 2016). You can read more here: https://www.mindful.org/what-stress-does-to-your-brain/.

A great deal of research exists relative to nurses and stress or fatigue for those working at the bedside. The occupational health industry has been concerned with fatigue as an unsafe malady in the workplace, and many think it is a risk that can be managed (Lerman et al., 2012). What about the bevy of other healthcare workers? What about healthcare leaders? Are the leaders aware of the consequences for themselves and the workforce they lead? Do leaders experience the same or similar symptoms? If so, what are the consequences to their leadership practice and decision-making?

Frings's (2011) study investigated inflexible thinking by those who are fatigued in rapidly changing work surroundings. Healthcare is a rapidly changing work environment. If inflexible thinking occurs in a chaotic environment, it could hypothetically be dangerous or even lethal. Early signs of stress and fatigue could signal performance danger when quick thinking is required.

INEXTRICABLY LINKED: PERSONAL CHARACTERISTICS, RELATIONSHIPS, AND THE WORK ENVIRONMENT

Where we work and who we work with, in addition to our individual personality traits, is intertwined with work-related stress and the potential for burnout. Understanding these three drivers of stress and burnout are paramount to work fulfillment.

A nurse's or other healthcare provider's personality traits can be linked to the potential for burnout and the perception of work stress. Researchers have clearly demonstrated stress and burnout are not solely a result of working conditions. Not every employee has the same work experiences, is exposed to the same work conditions, develops work burnout, or has the same perception of stress. Two interesting relationships are, first, the neuroticism personality trait and the link to an individual's perception of exhaustion (Jennings, 2008). The second is the degree of a person's locus of control—or how much they believe they have control over their life—which has a relationship to stress and burnout.

Assessments for anxiety found a strong relationship to stress and work burnout (Jennings, 2008). Anxiety has two components—state anxiety, which is temporary and found when a person believes there is a threatening element of danger or harm, and trait anxiety, the more stable component that is considered a personality characteristic. In a separate study, a high degree of trait anxiety was a precursor to an individual's psychological stress (Jennings, 2008).

Further, the linkage a person has to other nurses and physicians they work with, direct management, and other departments they interface with had a direct impact on stress. Researchers also studied the link between interpersonal relationships with burnout and stress. Problematic interpersonal relationships with coworkers have the ability to increase the propensity for burnout, while positive experiences with coworkers positively impacted stress and burnout.

> To derive a better understanding of stress and burnout in the workplace, solid conceptualizations are needed that bring together the various pieces of the stress puzzle. At present, research is often conducted absent a solid theoretical and conceptual base. A more comprehensive blueprint of nurse stress and burnout in the work place needs to be developed. Empirical studies could then be conducted to investigate these very complex relationships, prospectively, over time. Once work stress is examined from a more solid theoretical and conceptual basis, then intervention studies can be initiated to assess the most useful ways to mitigate work stress. (Jennings, 2008, para. 30)

Conflict with physicians causes higher amounts of stress for nurses than poor interpersonal relationships with other nurses (Jennings, 2008). Specifically, the nurses' perception of verbal abuse involving physicians has more of an impact on stress and burnout. When looking at the frequency of verbal abuse at work, verbal abuse from another nurse was first, from patients was second, and from physicians was third (Jennings, 2008).

Having the right job in a supportive environment is key to any healthcare provider's work-related stress and the potential for burnout (Stone et al., 2008). For those searching for jobs, researching online hospital reviews (by current and past employees or patients), asking other peers their perception of the hospital, and researching public data for the hospital's publicly reported information can offer insight into the culture and priorities of the organization. During the interview process, it's important to ask about the culture of the unit for teamwork, conflict resolution, and management's actions when a nurse or physician exhibits inappropriate or abusive behaviors.

PRACTICE PEARLS

- Recognize the connection between stress and fatigue.
- When you're feeling the effects of either stress or fatigue, choose to break the cycle.
- Address the cause of your stress and fatigue early on to prevent progression.
- Speak up about the effects of stress in your work environment.
- Ask your leaders what they are doing to combat stress and its effects in your work environment.

ORGANIZATIONAL STRESS

The connections between stress, people, and organizations have been studied for decades. Most empirical studies of the connection between organizational stress and people blame discrepancies between human behavior and the organizational environment as the cause of stress (Edwards, 1992). Edwards (1992) suggested that this kind of stress stems from individuals' weaknesses in response to organizational stressors. Earlier, Lazarus and Folkman (1984) characterized stress as a process-based relationship, identifying three types of stress: positive, *eustress* (neutral) or *distress* (negative).

Lazarus and Folkman's transactional theory of stress and coping applies specifically to the nursing profession because nursing is a process. These researchers characterized stress between a person and their work environment as a changing process. They also heavily emphasized coping as a key strategy for adaption and optimal health. Nurses and other healthcare workers are immersed in a changing environment and must learn adequate coping mechanisms due to continual exposure to a plethora of adverse experiences. The ability to recognize stress—in real time—and its impact in the work environment is key to optimal performance in thinking and subsequent action. The healthy or positive experiences aren't usually the ones that leave a lasting

impression. It is the negative experiences of grief, pain, and loss that all manage to take a toll and are frequently hard to forget.

Thus, effective coping is affected by *perception* (adequate or inadequate), *assessment* of the stressor (accurate or inaccurate), and *controllability* of the stressor (able or unable). What we think about becomes reality. Perception influences beliefs and behavior. If your ability to accurately perceive a situation or inadequately assess stressors is compromised, your response to the stressor may be insufficient. I know when I feel tired it makes a difference in how I respond to stress, and I bet it's the same for you, too. Stress, fatigue, and burnout all negatively influence your ability to precisely perceive, assess, and respond to internal and external stressors.

PRACTICE PEARLS

- Work is only a small portion of your life. Treat it as such.
- Change the way you think to change your life.
- Think about what you need to do your best work or live your best life.
- All encounters, whether positive or negative, can be optimally reframed (with a shift in mindset) as a growth experience.

THE RISK OF BURNOUT

Burnout first emerged as a social problem, not a scholarly construct. The concept was shaped by pragmatic practice rather than by academic concerns (Schaufeli et al., 1993). The study of burnout began in the 1970s as a result of a combination of personal and professional circumstances. Freudenberger (1974) coined the term "burnout," and measuring it has been a controversial issue ever since (Schaufeli & Van Dierendonck, 1993). Nearly simultaneously in the 1970s, those in research and practice began to study burnout. Researchers have since found that studying it is somewhat difficult because fatigue leading to other symptoms and eventually to burnout can have vague and

variable descriptions. As study progressed over two decades into the 1990s, the scholarly literature reported more than 100 physical and mental symptoms describing the phenomenon or concept of burnout.

The most widely used definition for *burnout* to date is from Maslach and Jackson (1981), who describe it as a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment. More contemporary definitions (after over 50 years of study) now found in the literature include new wording relative to an erosion of engagement. *Engagement* is newer nomenclature relative to satisfaction and has been measured by surveys in healthcare for patients, providers, and employees in recent times. Unfortunately, burnout has been associated with working conditions in the nursing profession for quite some time (O'Mahony, 2011).

O'Mahony (2011) summarized the consequences of burnout (based on previous decades of research) as low morale, increased absenteeism from sickness, decreased effectiveness and productivity, poorer job performance and patient care, and higher staff turnover. In 2015, another impending nursing shortage was on the horizon and an increased need for health services looming due to the aging population. At the time we professed that nursing could not afford to lose well-educated and trained nurses. Unfortunately, the global COVID-19 pandemic fueled many of the problems known in healthcare and compelled many healthcare workers (including nurses) to exit their workplaces, and some chose to leave the profession altogether.

Nursing and healthcare must be willing to change the culture of accepted stress, subsequent behavioral responses, and stress-producing work environments. The risk of nurses and others working in healthcare burning out is just too high in the current systems for practice. The aging of the population and the increased demand for healthcare services on the horizon signal a critical need for passionate and healthy providers.

Little information exists relative to the consequences of burnout in the nursing leadership population. It is suspected that when nurse leaders reach the point of burnout in their chosen career path, they suddenly do one of the

following: take a break, change specialties by returning to clinical practice, or even quit nursing altogether. Numerous studies suggest nurse leaders are generally older than the average nurse due to the experience and expertise required by these roles (Waddill-Goad, 2013). In addition, nurse leaders may be more susceptible to fatigue secondary to stress-producing role demands. They often have high levels of responsibility, their role requires 24/7 availability, and there are few limitations regarding the amount of time they spend doing work-related tasks. Each of these factors increases the risk of burnout.

A recent study, using an emergency nurse sample, cited support from one's nurse manager as one of the most influential drivers for nursing burnout (Hunsaker et al., 2015). It is also well-known that most people leave their supervisors, not necessarily their position, when moving jobs. In addition, a correlation between burnout and turnover for intensive care unit (ICU) nurses was established (Shoorideh et al., 2015). Thus, burned out nurses and other healthcare workers will look for a change; both studies highlight the importance of nursing and other leaders knowing the symptoms of burnout, having a positive relationship with other team members, and especially forging a healthy bond between leaders and their direct reports.

Henry (2014) described six areas prone to increase the potential for burnout particularly in nurses; she adapted her conclusion of precursors to burnout from a previous study performed nearly a decade before by Maslach and Leiter in 2005:

- **Workload:** The amount of work to complete in a day and the frequency of surprising or unexpected events
- **Control:** Participation in decisions that affect the work environment and quality of leadership in upper management
- **Reward:** Recognition for achievement and opportunities for bonuses or raises
- **Community:** Frequency of supportive work interactions and close personal friendships at work

- **Fairness:** Management's dedication to giving everyone equal consideration; clear and open procedures for allocating rewards or promotion
- **Values:** Potential to contribute to the larger community and confidence that the organizational mission is meaningful

Each of Henry's (2014) described elements could easily be applied to others in healthcare. These precursors drive people to work excessively; skip meals and breaks; feel unappreciated, unrecognized, and unsupported by management; and experience cultures opposite to transparency, truth, and fairness. All these examples may lead nurses in any professional role or setting and other healthcare providers to experience burnout.

PRACTICE PEARLS

- Learn to recognize the early symptoms that may lead to burnout.
- Find a work culture that fits your professional and personal values.
- Learn to value taking time to care for yourself.
- Know your mental, emotional, physical, and spiritual triggers before you hit your limit!

HOW IS BURNOUT DIFFERENT FROM POST-TRAUMATIC STRESS DISORDER (PTSD)?

Emergency workers in Pisa, Italy, were studied in order to investigate the relationship between PTSD and burnout, as well as lifetime mood disorders, namely depression. These workers were selected because of their high exposure to traumatic and stressful work environments. More than half of

the workers had at least one PTSD symptom in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) diagnostic criteria. Almost 16% reported all PTSD symptoms, and a significant correlation between PTSD and mood disorders, namely depression, was found. Using the compassion fatigue subscale, significant associations were identified with burnout and depression. This led to a link between PTSD, burnout, and lifetime mood disorders, particularly depression (Carmassi et al., 2020).

The stress of emotionally charged decision-making, heavy workloads, and extended work hours in emergency departments all contribute to burnout (Lall et al., 2019). Burnout can affect physical and mental health, cause sleep pattern changes, fatigue, difficulty concentrating, and irritability (Halbesleben et al., 2008). Burnout also impacts quality of care, patient outcomes, and absenteeism of staff (Halbesleben et al., 2008).

Depression, PTSD, and burnout have negative impacts on employees, patients, and organizations. Carmassi et al. (2020) suggested identifying at-risk individuals through screening tools or self-awareness and implementing prevention strategies to decrease the number of healthcare workers impacted. In addition to the categorized risk factors in Table 1.1, being young, female, having lower professional education, depressive psychological characteristics, and pre-existing mental health issues are contributing risk factors (Laposa et al., 2003; Mealer et al., 2009; Olashore et al., 2018).

Beyond screening employees for burnout/PTSD/depression, organizations can implement programs proven to improve resiliency against stressful and traumatic events. Employee reward systems, strategies to strengthen peer and manager relationships, and well-designed organizational structures are examples of programs found to help prevent employee burnout/PTSD (Schneider & Weigl, 2018). Employers should also support "protected" time for employees to seek professional help if needed (Schuster, 2021).

PRACTICE PEARLS

- Find ways to gain control over tasks you are responsible for in the work environment.
- Invest in personal pursuits that bring joy and relieve work stress.
- Consider formal counseling if experiencing depressive symptoms.

Employees can self-intervene to reverse the trajectory of burnout. They may also be able to manage PTSD symptoms to prevent escalation to depression and negative outcomes. Suggestions include developing personal methods to achieve at least some control when work environments are chaotic, and investing in activities that bring relief from the burden of caring for others. When these interventions are not sufficient and additional support is needed, more formal mental health counseling should be considered. Healthcare workers should never perceive burnout as personal failure (Schuster, 2021).

The Mayo Clinic provides definitions and descriptions of both PTSD (https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967) and burnout (https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/burnout/art-20046642) on their educational webpage. The Mayo Clinic defines *PTSD* as "a mental health condition that's triggered by a terrifying event" with symptoms worsening or existing for months or years (2019, para. 1). Symptoms of PTSD can begin immediately after such an event or can start months to years after the event. The symptoms themselves come in four categories and can vary over time. The categories are:

- Intrusive memories
- Avoidance
- Negative changes in thinking and mood
- Changes in physical and emotional reactions

The Mayo Clinic (2021) defines *burnout* as a special type of work-related stress with physical and emotional exhaustion often related to a sense of reduced accomplishment and loss of personal identity.

A side-by-side risk factor, symptom, and complication list identified from our research of the literature is in Table 1.1. It identifies the similarities and differences in the disorders of PTSD and burnout.

Why do some people get PTSD or experience burnout and others don't? No one is really sure. The Mayo Clinic suggests one cause might be inherited mental health disorders. Many researchers associate a family history of mental health issues such as anxiety and depression to PTSD and to burnout.

TABLE 1.1 COMPARISON BETWEEN PTSD AND BURNOUT

	PTSD	Burnout
Risk Factors	Intense or long-lasting trauma Jobs that increase trauma exposure Mental health problems: depression/anxiety Substance use/abuse Lack of support system	Heavy workload and long hours or dysfunctional work dynamics Being in a helping profession such as healthcare Feeling that you have no control over your work/unclear expectations Struggle with work/life balance Lack of support system
Symptoms	Recurrent unwanted distressing memories or dreams of the event/reliving it Severe emotional distress or physical reactions to reminders of the event Avoiding thinking/talking about the event, avoiding reminders Negative thoughts	Feeling as though you have to drag yourself to work/trouble getting started at work Unexplained headaches/stomach or bowel problems Little energy/productivity Becoming cynical or critical at work Feeling disillusioned about the job

continues

TABLE 1.1 COMPARISON BETWEEN PTSD AND BURNOUT (CONT.)

	PTSD	Burnout
	Feelings of hopelessness/ detachment Difficulty maintaining relationships Loss of interest in things once enjoyed Emotional numbness Self-destructive behavior Trouble sleeping/ concentrating Easily startled, always on guard Irritability, anger, aggressive outbursts Overwhelming guilt/shame	Irritability/impatience with coworkers/customers Difficulty concentrating Little satisfaction from achievements Using food/drugs/alcohol to feel or stop feeling Changes in sleep habits
Complications	Depression/anxiety Substance use/abuse Eating disorders Suicidal thoughts/actions	Excessive stress Substance use/abuse Type 2 diabetes/hypertension/ heart disease Fatigue/insomnia Sadness/irritability/anger Vulnerability to illness Depression leading to suicide

HEALTH CONCERNS RELATED TO STRESS AND WORKAHOLISM

Enlightened organizations have begun to take an interest in the abstract connections between mind, body, wellness, and health (Waddill-Goad, 2013).

A healthy organizational workforce makes for a healthy organizational bottom line: fewer costs for consumption of healthcare; less absenteeism; lower vacancy rates; lower turnover; improved employee satisfaction with the work environment; better customer experiences; higher quality metrics; better productivity; and satisfactory financial outcomes. Healthcare is a tough business requiring 24-hour-per-day and 7-day-per-week availability of adequate resources and highly trained personnel. The literature is rife with numerous examples citing health concerns relative to shift rotation and patterns of working off-shifts.

Nurses and other caregivers must begin to care for themselves, as they do others, by making their own good health and illness prevention a top priority. Not only will individuals benefit from the results, but their patients and associated organizations will as well. If nurses and other healthcare providers continue "business as usual" in their stress-laden work environments, their future individual health, career satisfaction, and success, as well as organizational outcomes, may all be at risk.

Nurses also have a strong tendency to become workaholics. Working fewer days with longer shifts allows nurses to take second jobs, work per diem, and pick up extra shifts in their primary place of employment. The definition of *workaholism* is to work compulsively at the expense of other pursuits (Dictionary.com, n.d.-b). Interestingly, the organization called Workaholics Anonymous was formally started by a *nurse* in the early 1980s in California. At nearly the same time, in various locations across the world, people began to notice a pathological aspect to work-related activity. They noticed that pathological activities, including work, were affecting them like other detrimental forms of addiction (Workaholics Anonymous, 2015).

Hospitals can fuel workaholic behavior for nurses and nurse leaders by providing less than optimal resources. Caring for patients and their caregivers is a common theme with nurses and workaholic behaviors. Too often the nurse or nurse leader is drawn into the pitfalls of being *needed* by the organization, their boss, or their peers to the detriment of themselves. These internal drivers or pressures are different than working an extra shift or just putting in long

hours at the office. Nurses and leaders can be compelled by these internal pressures to keep working despite the negative consequences. Even when the person is not at work, they keep thinking about work. This sole focus on work is not healthy, as described by Clark in an article for the APA (2016).

Workaholism impacts overall work-life balance, which can blur the boundaries between a person's working life and personal life. Often, the balance is not evenly divided. There may be times when work increases more per workday than others. The problem comes when the time spent at work and the time at home thinking about work is routinely more than personal time off work.

This doesn't mean one should be sacrificed for the other. Rather, find a healthy balance where you can dedicate time to finding joy outside of work and not be consumed with thoughts about work. There can be a degree of homeostasis in work-life balance with good boundaries. Without limitations, the balance shifts and can have negative consequences on the other. The core of work-life balance is paying attention to the time spent for each—to ensure adequate mental well-being as well as physical well-being.

The symptoms of workaholism include higher work-related stress and job burnout rates, anger, depression, anxiety, and other psychosomatic symptoms (Osterweil, n.d.). Most workaholics are in denial about their behavior and their condition, and they often wonder why others do not work as hard as they do. The hallmark characteristics of workaholism as identified by Workaholics Anonymous (2015) are:

- A strong internal drive, in which work is a priority over other important things in life
- An inability to disengage or disconnect from work
- Working in excess of 40 hours per week on a routine basis
- Work negatively affecting relationships with family and friends due to obsession

- "Normal" practices are defined by routinely working while on vacation, while eating meals, on weekends, in bed, and while driving

While some of these characteristics may not be applicable to a clinical or bedside nurse's role, they certainly apply to a nursing leader or other healthcare leader's role. This definition and individual assessment should lead the industry to question if current work-related role expectations are healthy. Have we taken the consequences seriously? Are we promoting bad behavior with unrealistic expectations? Are healthcare workers really setting a good example for what good health and well-being looks like? Are healthcare leaders tuned in to being good role models for others?

PRACTICE PEARLS

- Establish solid boundaries for hours of work, rest, and relaxation.
- Practice healthy habits: Engage in regular exercise, eat a balanced and healthy diet, get the recommended seven to nine hours of sleep per night, and take breaks when needed.
- Engage in positive coping strategies and change your current behavior. A few suggestions to decrease stress include talking about the stress, writing your thoughts and feelings in a journal, focusing on what you are grateful for, and taking regularly planned breaks from stressful conditions.
- Consider a planned "digital detox." Personal and professional technology advances and the resulting 24/7 availability can be an overwhelming source of stress and can lead to technology fatigue. Examples include limiting or eliminating access while on vacation, limitations on days off, and less access during non-work periods throughout the day. Ask yourself the following question, "Do I really need to be this available now?"

PRACTICE CONSIDERATIONS

Theories, conceptual frameworks, and models are not discovered; they are created and invented based on facts, observable evidence, and the originator's ingenuity in pulling facts together and making sense of them (Polit & Beck, 2012). Nursing and other healthcare professions need a successful prescription to combat stress, fatigue, and burnout. Self-care is not selfish. In fact, taking better care of yourself allows you to be fully present in caring for others. Adaption and influence are known to affect performance (Waddill-Goad, 2013), and those working in healthcare need to learn how to compensate for stressful work environments.

An assessment—both individual and organizational—must be considered to identify the sources of stress. Individuals must take responsibility and learn to assess the predictors or precursors of stress, fatigue, and burnout. Organizations and individuals must share responsibility for the consequences of stress, fatigue, and burnout in the social environment. The responsibility for organizational stress lies solely within healthcare and other business entities. The leaders, particularly in healthcare, need to become adept at assessing their own organizations relative to the potential for stress, fatigue, and burnout for themselves and for their workforce. Leaders should be expected to initiate proactive steps to prevent the consequences of stress, fatigue, and burnout. This includes anyone in a leadership role.

Changes to current policy, practice, and procedure; role responsibilities; organizational design; and workload must be carefully planned and executed. Healthcare personnel are passionate and want to feel energized from their work. The norm of feeling overwhelmed should no longer be accepted or tolerated as "business as usual." A growing body of literature suggests that organizational leadership is closely associated with a variety of employee and organizational outcomes—the good and the bad (Kelloway & Barling, 2010).

Leaders at all levels in healthcare must take note of the current state of affairs and be willing to look in the mirror to see if their influence requires a change in course. For example, a supervisor must be willing to evaluate how their

assigned shift runs: Do their coworkers get scheduled breaks? Are the patient assignments fair and equitable? Are they viewed by their peers as helpful and effective in the role? Leaders must have a level of introspection to assess their leadership style and its effect on their team. Organizations may benefit from "secret shopping" in the form of a survey for staff to evaluate the leader's performance in relation to reducing the stress on a given unit.

Nursing has traditionally promoted individuals who demonstrate independence, clinical competence, and enhanced productivity (Kerfoot, 2013). The same could be said for others in healthcare. In the future, traits such as a commitment to health and well-being should be equally considered. Commitment begins with the interview process and should be an integral component in the leader's annual job performance evaluation. We are in the business of health after all—and this should include promotion, prevention, and a back-to-basics philosophy. All leaders must adopt effective strategies for positively coping with their own stressors and then convey those abilities to influence the workforce they lead.

Richards (2013, p. 94) questioned whether a "scattered and splattered attention and drive-by focus" in the haste to get more done is hardwiring caregivers for disaster. The pace of nursing and healthcare continues to escalate in both speed and intensity. Richards (2013) calls *wellpower* a learned nursing ability for self-assessment, recognition of stress, and positive correction to adapt to stressful conditions. Adaption is believed to preserve wellpower.

Today's nurses and all others working in healthcare need wellpower. They must also embrace a questioning attitude, one of rational inquiry. Instead of focusing on, "How did things get to be this way?" (thinking in the past), a change in thinking such as, "What could be done to improve the current situation?" (thinking in the present) could be very beneficial. Participating in change may reduce stress from actual change.

Doing things the way we've always done them won't lead us to a better future. The global COVID-19 pandemic exposed many of the chinks in the armor in healthcare. In fact, it showed things could get a lot worse before they get

better. The external changes in the healthcare industry are driving internal changes in practice (thankfully). Rather than resisting change, embracing it and being a part of improvement can be energizing. There are so many opportunities at present for system redesign: how we care for patients, expansion of telehealth, education and real corporate incentives for health promotion and illness prevention, etc.

Caring is the core business of healthcare (Williams et al., 2011), and nurses and other healthcare workers need to first care for themselves. We need to focus on health, wellness, and well-being. We must design and implement effective methods to prevent or decrease the effects of stress, fatigue, and burnout.

CONCLUSION

This chapter introduced the timely topics of stress, fatigue, and burnout in nursing and healthcare. Highlights included a historical overview, relevant definitions, and real-life examples of how to decrease stress, the resulting fatigue, and the potential for burnout. While environmental stressors may seem impervious to change, we can change ourselves and our organizations one day at a time. We can change our response to stressors. However, this type of change won't be easy. It will require a deeper awareness of the negative effects of the present circumstances, clear recognition of the stressors and their impact, and thoughtful action to achieve a different response. The next chapter will explore and connect challenges in the healthcare business environment to what nurses and other healthcare providers feel in their practice.

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