A Gold Bond to Restore Joy to Nursing:

A Collaborative Exchange of Ideas to Address Burnout

February 2017

Introduction

In November 2016, 33 people gathered at The Johnson Foundation's Wingspread Center with one goal: To explore, discuss, and refine ideas and solutions for stemming the tide of burnout among the nation's 3.6 million registered nurses. Unrelenting stress, overwhelming patient loads, a demanding medical records system and a general feeling of powerlessness drive nurses from the profession. Or worse, keep burned out nurses on the job, threatening the safety of patients and the physical and mental health of the nurses themselves.

However, like the repaired piece of Japanese pottery pictured on the cover of this report,[1] we believe that burned out nurses can be healed, and made stronger in the process.

This is the second in a series of retreats and discussions designed to delve into caregiver burnout across the health care team. This solution-finding retreat and companion report are focused on the problem of nurse burnout. A previous endeavor addressed the challenges facing physicians. Future such meetings will take on the issue of health care provider burnout across the health care delivery team. Ultimately, we hope our efforts will spur public conversation about the impact of caregiver burnout. That, in turn, we believe, will lead to solutions that increase caregiver joy across the health care delivery team, improve the quality of care and make health care more humane.

The need is critical. The US Bureau of Labor Statistics said in 2015 that the country would need to fill 1.2 million registered nurse vacancies by 2024. Meanwhile, as many as half of nurses change careers within two years of graduating from nursing school.

This second gathering of deep thinkers convened by **QPatient Insight** included nurses, health care writers, health technology entrepreneurs, health system executives, hospital administrators, and resiliency experts. They represent rural, suburban, and urban health systems. They work in primary care, specialty health care, think tanks, nonprofits, and education systems.

The wide expanse of experiences, thoughts, ideas and recommendations expressed over the two days was captured by an award-winning journalist. Her report was posted on a shared online platform where conference participants worked collaboratively to enhance and refine the results.

What follows is the final report. It includes 35 compelling ideas organized into four sections aimed at combating nurse burnout and restoring joy to the profession. Each section includes a statement of the challenge we addressed, the highlights of our retreat conversations, and finally, our proposed solutions for nurses, organizational leaders and public policy makers.

This gathering of deep thinkers was sponsored by the **American Nurses Association, Johns Hopkins Hospital, Johns Hopkins School of Nursing, Intermountain Healthcare, Dignity Health, Vocera, Aurora Health Care, University of Texas Medical Branch Health, Mission Health, The Institute for Healthcare Excellence** and the **Johnson Foundation at Wingspread.**

[1] http://www.stressresources.com/blog/2014/12/wabi-sabi-kintsugi-resilience.html

Overview

Burnout is a psychological syndrome that includes emotional exhaustion, cynicism and ineffectiveness that is produced from the interplay of individual and system factors. It affects an individual's physical, emotional, mental and spiritual well-being.[2]

America's health care system is under unprecedented strain. Burgeoning numbers of seniors and the Affordable Care Act, which gave 20 million more Americans access to health insurance, are demanding more. Already there are not enough nurses to meet that need. Worse, one in five nurses leaves the profession within the first year,[3] driven away by a system that makes it difficult to do the work that drew them to nursing in the first place: a calling to relieve suffering in the people they serve.

The **American Nurses Association Code of Ethics** says that nurses have a duty to care for themselves as well as their patients. This is akin to the instructions flight attendants offer at the start of every flight; if the oxygen masks deploy, passengers should put the mask on themselves before assisting other passengers. Likewise, nurses cannot care for patients adequately if they are not healthy themselves.

Yet, discussion of health care burnout cannot focus solely on nurses themselves. While nurses do bear personal responsibility to care for themselves, organizations, and policy makers have an equally important role to play. Organizations must empower nurses to advocate and care for their patients as well as themselves. Policy makers must recast rules in a way that values and promotes the human interaction that is at the heart of all healing.

Nurses are deeply committed to their profession; when they are unable to provide care that reflects the values of their profession, their integrity suffers. They ask themselves: How can I be a good nurse when I am unable to provide safe, quality, compassionate care to the people I serve?

This moral distress takes a toll and the impact is dramatic. The American Nurses Association is asking members to take a Health Risk Assessment. Early results are disheartening:

- 82% said they are at a "significant level of risk for workplace stress."
- 60% reported working through their breaks and coming in early and/or staying late to accomplish their work.
- One-third said they had often been assigned a higher workload than they were comfortable with.
- More than half reported that their usual scheduled shift length was 10 hours or longer.[4]

[2] For the purposes of this report, we are using a definition of burnout developed by two participants in the Wingspread conversation, M Lindell Joseph, associate professor in the College of Nursing at the University of Iowa, and Cynda Rushton, professor of clinical ethics in the School of Nursing at Johns Hopkins University. Their definition is based on Maslach's definition of Burnout, Maslach C, Schaufeli WB, Leiter MP. Job burnout. Annu Rev Psychol 2001;52:397e422

[3] http://www.rwjf.org/en/library/articles-and-news/2014/09/nearly-one-in-five-new-nurses-leave-first-job-within-a-year—acc.html

[4] http://www.jenonline.org/article/S0099-1767(15)00330-X/abstract MD in ED nurses and https://www-ncbi-nlm-nih-gov.ezp.welch.jhmi.edu/pubmed/26330434

It shouldn't be surprising, then, that there is high turnover in the profession. In 2016, Dr. Christine T. Kovner and colleagues found that 17.9% of newly licensed RNs left their job within the first year; 60% left within eight years.[5]

The National Healthcare Retention Survey[6] reported the national average RN turnover rate in 2015 was 17.2%, up 0.8% from 2014. Stunningly, the majority of organizations responding to the survey (91%) said they do not track the cost of nursing turnover.[7] This despite some staggeringly high costs: The average cost of turnover for a bedside RN ranges from $37,700 to $58,400, resulting in the average hospital losing $6.6 million. Each percent change in RN turnover will cost the average hospital an additional $373,200.

Nurses leaving also burdens those who remain on the job. In a study published in the journal BMJ Quality & Safety in May 2013,[8] researcher Heather L. Tubbs-Cooley and colleagues observed that higher patient loads were associated with higher hospital readmission rates. The study found that when more than four patients were assigned to an RN in pediatric hospitals, the likelihood of hospital readmissions increased significantly.

Similarly, in an article in the August 2012 issue of the American Journal of Infection Control, Dr. Jeannie Cimiotti[9] and colleagues identified a significant association between high patient-to-nurse ratios and nurse burnout. In this study of Pennsylvania hospitals, the researchers also found that increasing a nurse's patient load by just one patient was associated with higher rates of infection. The authors concluded that reducing nurse burnout can improve both the well-being of nurses and the quality of patient care.

Another study[10] showed a link between nurse staffing and turnover on unit-acquired pressure ulcers (UAPU). A 10 percent increase in nurse turnover led to a 4 percent jump in UAPU in the following quarter. The authors concluded that high-quality patient care suffers during the training period for new RNs to learn the unit.

Taken together, these data suggest that the toll of burnout has an impact on patients. This, alone, should be a powerful force for increasing attention to the issues, root causes and solutions to nurse burnout.

[5] http://rnworkproject.org/resource/estimating-and-preventing-hospital-internal-turnover-of-newly-licensed-nurses-a-panel-survey

[6] http://www.nsinursingsolutions.com/Files/assets/library/retention-institute/NationalHealth careRNRetentionReport2016.pdf

[7] Some studies consider movement within an organization, such as transfers between units or other departments, while others only consider the number who leave the organization. This is sometimes referred to as internal and external turnover (Hayes et al., 2012). While the rates are standardized as it is typically calculated as a percentage of staff, the period of time may change from site to site (Hayes et al., 2012). Hayes, L.-P., Duffield, C., Shamian, J., Buchan, J., Hughes, F., Laschinger, H., & North, N. (2012). International Journal of Nursing Studies, 49(7), 887-905. doi:10.1016/j.ijnurstu.2011.10.001

[8] http://qualitysafety.bmj.com/content/22/9/735.full

[9] http://www.ajicjournal.org/article/S0196-6553(12)00709-2/abstract

[10] Park, S., Boyle, D., Bergquist-Beringer, S., Staggs, V. & Dunton, N. (2014, August). Concurrent and lagged effects of registered nurse turnover and staffing on unit-acquired pressure ulcers. Health Services Research, 49(4), 1205-1222. doi: 10.1111/1475-6773.12158

Bridge the Personal, Leadership, and Organizational Divide

The Challenge

Often, nursing burnout is thought of as a challenge that only affects individuals and can be solved only by personal changes. However, management and organizational strategies can help alleviate burnout—or contribute to it. The nursing burnout crisis cannot be adequately addressed if it is seen solely as an individual problem. When that happens, bedside nurses say, the problem is either driven underground or normalized. The nurse may be blamed, or on-the-job difficulties may be regarded as "just part of the job." Ultimately the nurse is not encouraged to seek support or treatment for the burnout. The burned out nurse continues working, potentially affecting patient care[11] or chooses to leave the profession.

That, in turn, exacerbates the challenges faced by the team left to pick up that slack. A higher patient load, integrating traveling or temporary nurses into the process, even grieving for the coworker who has left, add to the stress of the nurses who remain.

If a person's stress score on the Holmes and Rahe stress scale[12] is over 300, there is an 80% chance it will impact that person's health in the next two years. Nurses who work under such a crippling strain cannot provide the same high level of patient care,[13] tend not to care for themselves mentally or physically and are at risk of workplace injury.

Proposed Solutions

For the Individual:

- **Practice mindfulness:** Mindfulness is the awareness that arises when someone pays purposeful attention in the moment, without judgment. It can take many forms, from simply taking a deep, mindful breath, to a purposeful mental pause after a stressful event. The goal is to recenter and honor what just happened before moving on to the next task.[14]

FROM A NURSE: *"When I feel stress and can't get away, I do a two-minute hand wash, paying attention to the sound of the water, the smell of the soap and I concentrate on my feelings and breathing, closing out all other external stimulus."*

[11] http://www.ajicjournal.org/article/S0196-6553(12)00709-2/abstract

[12] https://www.dartmouth.edu/~eap/library/lifechangestresstest.pdf

[13] https://psnet.ahrq.gov/primers/primer/22/nursing-and-patient-safety

[14] https://www-ncbi-nlm-nih-gov.ezp.welch.jhmi.edu/pubmed/23930918 and Bauer-Wu, S., Fontaine, D. (2015). Prioritizing clinician wellbeing: The University of Virginia's Compassionate Care Initiative. Global advances in health and medicine, 4(5):16-22

- **Choose the positive:** New research on neuroplasticity shows that people can develop new neural pathways throughout life, based on habits and experiences. Humans are wired to react more strongly to negative rather than positive experiences. Being intentional about noticing the joys of the job can help to build new neural pathways that are less attuned to the negative. Something as simple as keeping a daily gratitude journal—writing down three things each day for which to be grateful—can help retrain brains.

- **Practice self-care.** Nurses prioritize the needs of the patients they serve. But it should not mean that nurses compromise their own health and well-being to do this. Insist that organizations respect nurses' rights and need to take regular breaks. Overall, nurses tend to be less healthy than the country as a whole, according to an analysis from the American Nurses Association. Nurses must take personal responsibility to eat well, get sufficient rest, exercise and socialize. Self-care is a critical part of patient care, so critical that is included in the nursing code of ethics.

FROM A NURSE: *As nurses, we really do get into the profession because we care about people. If you think about the average shift, we never take lunch. Part of that was the environmental demand, part was that I never asked for it. I need to step away from the bedside and someone else has to pick up the slack. The environment will take advantage of what you allow. It will take and take from you until you stand up. I need a place where I can go uninterrupted. But we don't speak up for ourselves because someone needs us. I have done a terrible job of standing up for myself because I felt like I was abandoning my patients.*

- **Support fellow nurses.** Support from others is a key element of resilience. Giving and receiving support can be manifest in attitudes toward colleagues and in a willingness to notice when others need support. Choosing to provide that support, in the moment and in ongoing ways, helps nurses learn to be resilient in the face of overwhelming physical and emotional demands.

For the Organization:

- **Listen to nurses.** This requires a system for hearing what nurses say and responding to it. It is unlikely that every recommendation or idea presented by nurses will be implemented, but every recommendation or idea deserves to be addressed. If the ideas cannot be implemented, provide a reason why.

- **Reframe nurse burnout as a workplace safety issue.** This shifts the issue from a personal problem to an organizational one. Seeing burnout as a workplace injury leads to policies aimed at prevention, recognition and treatment just like any other injury. Those policies could take many forms:

  - Management bonuses tied to lower burnout rates.
  - Incentives and rewards for nurses to take better care of themselves.

- Policies such as relief nurses to guarantee nurses get appropriate breaks and lunch during each shift.
- Mandates that nurses take their breaks.

FROM A NURSE: *There is a simmering expectation that you are supposed to be doing everything. I'm Super Nurse. I don't need to go to the bathroom. It's an insidious subculture that says: You are showing weakness if you speak up and say, "I need some time."*

- **Understand nurse burnout as a patient safety issue.** Burnout can cause physical, emotional, and relational threats to patient safety. When nurses are emotionally and physically depleted, they can cause harm to the people they serve by not being able to listen, empathize with their situation and respond to their concerns. Worse, it can lead to physical harm.[15] This puts burnout into a definitive cost category. Those issues that are measured and quantified are much more likely to be redressed.
- **Empower nurses to practice with autonomy.** One of the greatest frustrations for a professional is not to be allowed to do what they are trained to do. One study of resilience looked at the misalignment between responsibility and authority.[16] When a nurse is dealing with serious illness, the responsibility is increased. If the level of authority or control increases as well, people are more resilient and they perceive less stress. Lift restrictions and change policies that prevent nurses from practicing to the fullest extent of their scope of practice.[17]

FROM A RESEARCHER: *One of the contributions to nurse burnout is moral distress. At the core is a threat to their integrity as a person: How can I be a good nurse in the midst of moral challenges?*

- **Engage nurses in designing systems that support their optimal contribution.** This can take many forms and serve many needs, from shared governance to redesigning workflows that allow nurses to practice to the full scope of their training and skill, to processes that improve work/life balance, such as allowing nurses to schedule themselves.

FROM A NURSE: *Nurses know their value, but lack of control is a big thing.*

- **Reward middle managers who support employees.**[18] Organization policy, even union contracts, might call for nurses to get breaks, but a unit leader may choose to deny nurses breaks and lunches because of the demands of patient care, leading to higher stress and more burnout among the staff. Create incentives for supervisors that support and advocate for nurses.

[15] http://www.ajicjournal.org/article/S0196-6553(12)00709-2/abstract
[16] https://www.ncbi.nlm.nih.gov/books/NBK2672/
[17] http://nationalacademies.org/hmd/reports/2010/the-future-of-nursing-leading-change-advancing-health.aspx
[18] American Association of Critical-Care Nurses. (2016). 2nd ed. AACN standards for establishing and sustaining healthy work environments. Available at: http://www.aacn.org/hwe

- **Restore the trust between management and staff.** Trust is broken when nurses are not able to practice in accordance with their competence and values, when communication is ineffective, when promises are not kept, or expectations are not clear. Broken trust leads to disengagement, resentment and blame. To restore trust, leadership must genuinely listen to nurses' concerns, be responsive and engage nurses in devising solutions.19

- **Help nurses see their role in the context of the entire hospital.** When nurses at a hospital in North Carolina, were asked what would help restore joy to their work, one of the suggestions was to have hospital administrators "walk a shift in a nurse's shoes." That would give them an up-close look at the challenges nurses face on a daily basis. It is equally important for employees to understand the difficulties faced by all members of the health care team. Institute a policy in which nurses can shadow other workers in other departments, up, down and across. Let a nurse spend a day, for example, shadowing a pharmacist to learn why it sometimes takes longer than expected to get meds to the floor.

For Policy Makers:

- **Standardize metrics for measuring burnout and tie improvement to financial incentives.** There are metrics for measuring job satisfaction and engagement, but these scores are not pursued as intensely as patient experience scores, which are publicly reported and tied to Medicare and Medicaid reimbursement. With income at stake, health care organizations take these metrics seriously and work hard to improve their scores. Nursing satisfaction should be valued just as highly.

- **Streamline documentation.** The electronic medical record has become a roadblock to patient care and a regularly-cited source of stress for caregivers. Nurses and physicians blame the EMR or EHR (electronic health record) for interfering with their relationships with patients and literally taking time away from patients.

FROM A NURSE: *The EHR we work with contributes to burnout. It is this beast we are always having to feed and it is never full. If something isn't charted, it isn't done. The EHR has become a stand-in for our work. Documentation is what we get evaluated on as to whether we are effective or not. It used to be that every patient got a back rub at night. Now we would have to chart the back rub. Did you use oil? What was the patient's reaction to the backrub? The documentation is becoming more important than the actual back rub. I want to feel like what I'm doing has value and there is honor in my work. Having to chart everything you do takes away the value. I want to find a way to make the system better so we can do the job with heart and honor and dignity.*

[19] Administrative or managerial roles may understand the link between environment and satisfaction however they "consistently viewed the work environment as more positive than staff nurses, and may view issues of importance differently than nurses practicing on the unit" (Gormley, 2011, p. 38). Gormley, D. (2011). Are we on the same page? Staff nurse and manager perceptions of work environment, quality of care, and anticipated nurse turnover. Journal of Nursing Management, 19, 33–40. doi: 10.1111/j.1365-2834.2010.01163.x

Teamwork: Fostering Connectedness and True Collaboration

The Challenge

Interpersonal relationships and a supportive team can be the biggest sources of joy in a workplace. Success is easily measured: Those departments that are succeeding have a waiting list of people who want to work there and their patients have better outcomes and report higher satisfaction with their health care experience.

Nurses are the de facto leaders of the interdisciplinary health care delivery teams. But they are not always honored as the leader, a paradox that separates responsibility and reward.[20] Nurses want to be an integral and collaborative voice on the health care team. They want educational opportunities to build clinical skills and encourage autonomy. A 2012 study concluded that strong nurse-physician and nurse-supervisor relationships increase unit nurses' organizational commitment, resulting in less nursing turnover, another key to better patient experience and outcomes.[21]

For the Individual:

- **Speak up.** One of the biggest contributors to burnout is a feeling of powerlessness. If there is a meeting and nurses are not invited, go anyway. If there is a problem and you have an idea, share it.
- **Be supportive and grateful.** When another member of the team has been through a traumatic experience, take a moment to share a supportive word or gesture. When a colleague has done good work, acknowledge it.

For the Organization:

- **Train team leaders to lead.** Being a great physician or a fabulous nurse does not necessarily translate into being a terrific leader. Leadership is a skill that can be learned and developed. Treat team leadership as a growth opportunity for staff. Offer courses and support to grow team leaders. Nurses want to be an integral and collaborative voice on the health care team, and provided with educational opportunities to build clinical skills and encourage autonomy. Galletta et al. concluded from their study that strong nurse-physician and nurse-supervisor relationships increase unit nurses' organizational commitment, resulting in less nursing turnover.[22]

[20] https://www.ncbi.nlm.nih.gov/books/NBK2672/

[21] https://www.ncbi.nlm.nih.gov/labs/articles/23157322/

[22] Galletta, M., Portoghese, I., Battistelli, A. & Leiter, M. (2012). The roles of unit leadership and nurse-physician collaboration on nursing turnover intention. Journal of Advanced Nursing, 69(8), 1771-1784. doi: 10.1111jan.12039

- **Build a culture where it is safe and expected that nurses will speak up.** This has many pieces, including creating policies for conscientious objection, forums to share safety concerns, and ethics hotlines. It is imperative these policies prohibit and punish retaliation for reports made in good faith and with integrity.
- **Think of teams in a broader context.** Teams with a broad array of skills and experience levels can learn from one another. Gather together team leaders from across disciplines to solve problems across the organization.
- **Set a supportive tone for teams.** Teams should be more than a health care delivery system. They should be the support mechanism for all of the team members. Institute processes such as using the morning team huddle in a more creative way. Include a welcome to the day and a personal check-in with each member along with the usual work assignments and patient information.
- **Hire for fit.** Teams have a personality all their own. Adding a new team member has the ability to strengthen a team or tear it apart. Hiring new nurses requires finding those who not only have the skill to fill that job, but also those who will gel with the existing team. Give the team leader a say in departmental hiring and transfers.
- **Encourage non-work-related team building.** Connecting to shared values and commitments outside of professional lives creates a glue that holds people together in the midst of challenges or chaos. Collaborating on a project such as collecting money for a charity or volunteering together can build relationships and bring teams together in new ways.

For Public Policy:

- **Train health care professionals together.**[23] Physicians are trained in medical school. Nurses are trained in nursing school. But when they leave school and start work, they are thrown together and expected to work in teams. Changing the way health care professionals are trained so they spend time working together in interdisciplinary teams while they are still in school will make the teamwork, camaraderie and partnership feel like a natural progression when they graduate into their professional lives.

[23] An example of how one university is doing just that: https://news.virginia.e du/content/pair-new-program-offers-joint-leadership-training -rn-md-colleagues

Reframe the Issue from Treating Burnout to Restoring Joy

The Challenge

How we talk about a problem has a great bearing on how we work to correct it. Talking about burned out nurses is a negative. It is off-putting to nurses who are burned out. Nurses say they are shamed and blamed for the burn out. That makes them less likely to raise their hand and ask for help. Instead, they toil alone and unhappy until they simply can't anymore. That's when they walk away from nursing. Or worse, they continue to care for patients physically long after they have checked out emotionally.

Instead, reframe the language and approach to treating burnout. Make the goal restoring joy and building resilience.

Nurse residency programs have been fairly successful interventions in helping new nurses integrate. Similarly, residencies for nurse executives have also been helpful in preventing leader burnout.[24] The American Association of Colleges of Nursing, published reports showing an overall turnover rate of 30% within the first year of employment. In contrast, the Nurse Residency Program has a retention rate of 95%. In the 12 months prior to implementation of the residency program in an acute care hospital, the new graduate nurse turnover rate was 35%. In the first three years of the nurse residency program, the 12-month turnover rate fell to 5.36%, or only 6 of the 112 residents.[25] Embedded in these programs are tools and skills that support nurses' competence and resilience.

Proposed Solutions

For the Individual:

- **Create a personal resiliency plan.** People who are burned out often find it difficult to see the good in themselves and their situation. Shift that through practices such as noticing when you have been kind to yourself or when you have brought joy to others. Determine what works and implement those practices on a daily basis.

For the Organization:

- **Reframe burnout as a workplace injury prevention issue.** A nurse who is hungry, tired, and overstimulated is unlikely to give great care to patients or take great care of him or herself. It sets up a situation that can easily lead to workplace injury, a costly issue for the organization as well as the individual.

[24] Ulrich, B., Krozek, C., Early, S., Ashlock, C.H., Africa, L.M., & Carman, M.L. (2010). Improving retention, confidence, and competence of new graduate nurses: Results from a 10-year longitudinal database. Nursing Economics, 28(6), 363-375. Retrieved from http://www.medscape.com/viewarticle/735246_6

[25] Bernard, N. (2014). Who's Next? Developing High Potential Nurse Leaders for Nurse Executive Roles. Nurse Leader, 12(5), 56-61. doi: 10.1016/j.mnl.2014.01.014

- **Teach resiliency as part of the annual professional development requirements.** Neuroscience research shows that we can learn to create new neural pathways throughout our lives. Teaching skills such as mindfulness as part of required annual training is one way to start that process.
- **Reinforce the positive.** Burnout is a negative term; it provokes feelings of depletion and failure; instead shift to acknowledging the challenges and engaging people in seeing the positive consequences of their efforts; leverage their commitment to their profession and their patients (this brings energy) and cultivate ways to restore joy in everyday work. It's not only the language but the behaviors and financial commitments that the leaders make to support a culture that supports joy in nursing. Who doesn't want to be joyful in their work? Or learn how to be resilient in the face of a challenge? Restoring joy is a much more inviting concept that fighting burnout.

Promote Resiliency at All Stages of a Nurse's Career

The Challenge

Nurses can burn out at any stage of their careers. As many as half of new nurses leave the profession altogether within two years. Those who remain are not immune to the pressure. Rather than quit, bedside nurses say they become practitioners of "presenteeism." They are at work in body, but not in spirit. They go through the motions. They might believe that they are serving their patients well, but the statistics say that is not the case.

Proposed Solutions

For the Individual:

- **Be a leader in practicing mindfulness.**[26] This can be anything from daily yoga or meditation to taking a moment to center yourself between patients. If your organization doesn't offer a program, download a meditation app or simply take a moment for yourself. Chances are you will be modeling behavior your fellow team members will support and want to emulate.
- **Follow your passion.** Nurses who entered the profession with passion can find ways to re-ignite that passion, through re-invention, becoming a lifelong learner, seeking new challenges and new opportunities. That excitement is contagious—fellow team members can see it and choose to re-invent themselves as well.

FROM A RESEARCHER: *It only takes 17-20% of a group to shift. I often say to front line colleagues: Get to a critical mass and be the change! You don't need permission to do your job the way you think it should be done. When people see that, they say, "Maybe I could do this or that." And things begin to shift.*

For the Organization:

- **Create a Restoration Lounge for health care professionals to go when they need a minute to restore.** And then support the person's right to be in that safe space without being bothered, at least for short periods of time.
- **Revamp the focus of precepting.** Yes, it's important for new nurses to learn the processes of the department. But it is equally important for them to learn how to care for themselves and be supported in the face of difficulties. Precepting should include instruction on how to be resilient and joyful. And it should teach new nurses how and where to get the support they need.

[26] GRACE for nurses: http://www.sciedu.ca/journal/index.php/jnep/article/view/2781/1925

- **Engage mid-level nurses.** Offer meaningful opportunities for short-term fellowships or other career enhancing challenges to help mid-career nurses renew their spirit and love for the profession. Consider substantive approaches such as participation in shared governance, committees, quality improvement and safety initiatives.

- **Embrace senior nurses as a resource for new nurses.** Veteran nurses can act as mentors for new nurses. Retired nurses can be hired on retainer to act as sounding boards for new and mid-career nurses. The nurse who lost her first patient that day might jump at the chance to talk with a veteran nurse about the experience if that opportunity was available.

- **Support practices that support resilience.** Implement programs that promote resilience such as these easy-to-implement ideas:

  - The 45-second pause.[27] This is process for giving team members 45 seconds after a stressful event, such as losing a patient. Take just 45 seconds of silence to stand around the patient's bed, honoring the patient and one another for the work they did.
  - Form a RISE team (Resilience in Stressful Events). This is a team available to be called when something happens on a unit. They can debrief the staff in that moment or at another time to help them overcome the emotional challenge.[28]
  - Creative huddles. Use the daily meetings to foster connectedness among the team members and express gratitude for each person's contribution.
  - Embrace mindfulness. Encourage the staff to practice mindfulness techniques. Something as simple as reminding people to breathe during crisis situations can be helpful.

For Public Policy:

- **Revamp nursing education to include resiliency.** Yes, it's important for nurses to understand biology and chemistry. But it is equally important for nurses to understand how to adequately take care of themselves. Teaching skills such as mindfulness and resilience will serve them just as well as the science courses over the course of their career.

FROM A NURSING EDUCATOR: *I have 800 students. Why would I let them think nursing is going to eat you up and spit you out? We developed a curriculum on resiliency. We teach them, "You are a precious, valuable resource. The nation needs you. We are going to teach you how to take care of yourself."*

[27] Bartels, J. (2014). The pause. Critical Care Nurse, 30:74-75
[28] http://bmjopen.bmj.com/content/6/9/e011708.short

Conclusion

Without a healthy nursing workforce the entire health care system will collapse—at a time when the entire health care system already is destabilized and its future uncertain. Finding ways to support, mentor, and infuse the nation's 3.6 million nurses with a sense of purpose and joy in their profession is a critical need. Continuing to lose so many trained and committed nurses is fast becoming a public health crisis.

We cannot continue to allow the core of our health care system—skilled, compassionate and committed nurses—to become overwhelmed, burned out and give up. Or worse, continue to work under such tremendous strain. Either way, the quality of patient care suffers, morale of the unit falls and nurses are at risk of illness and injury.

Addressing the crisis of burnout among health care providers is a national imperative. Our hope is that this report will provide health care leaders with the urgency and the ideas for addressing the systemic roots of caregiver burnout while giving nurses the tools to enhance their personal power and the courage to speak out for systemic change.

Sponsors

QPatient Insight engages patients, family members and caregivers in the pursuit of experience-based solution to providing better and restoring joy to the healing professions.

Sponsors are:

The architect and convener of this discussion was Tom Cosgrove, Founder of QPatient Insight. This report was written by Cindy Richards, a Chicago journalist who works with QPatient Insight.

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