Twenty nine percent of them said they were at the end of their rope. What is burnout, how serious is it, and what contributes to it?

- I'm so glad you asked, and I'm so glad to be here today to provide some clarification from the clinical perspective. I think "burnout" happens to be one of those words that's made its way into the vernacular that is largely misunderstood. Burnout is the cumulative experience of stressors.

So, the idea is that a person can be stressed without being burnt out. But if they are burnt out, it's very likely, in fact I would say guaranteed, that they've had multiple experiences of high levels of stress that have gone unmanaged and unaddressed. So, I think it's really important that we appreciate, you know, sort of the cumulative effect of this condition.

And that if a person is burnt out, it's likely that they are involved in an environment, because only certain environments allow and foster burnout. So, we have to think about this contextually, as well. It's not just about the individual, it's about the environment that the person is trying to work in.

- How widespread is this? Debbie, you're Chief Nursing Officer of the American Nurses Association. I know you know a lot about this. How widespread is it?

- Well, our foundation has just released its latest survey they did in conjunction with McKinsey. And unfortunately, the numbers are still high, similar to what NCSBN found last year. So, the stress on the workforce and on nurses continues to be high. It continues to be high, especially for those with the less numbers of experience.

So, we're very much worried about those who are still new in the workforce. And while we see a lot of wellness programs and interventions being created, we also know that we're not going to solve the problem.

The programs are not going to be successful until we address the underlying issues that are driving stress and burnout. And nurses tell us that it's inadequate staffing, workplace violence, mandatory overtime, and documentation burden. So, we have to work on issues in the work environment, as well as then create prevention programs, and programs and resources that address the issues.

- And we're going to get into those issues in just a minute. Eve, any further comments about this and what you're seeing in clinical practice?

- Certainly. So, this is something we certainly see at Rush and I hear from colleagues across the country is very present within the workday. Our folks are tired. We've been in an emergent state for years now. And at some point, we need to start thinking about our future. We can't just be reactive.

We need to respond to what's going on and take constructive steps forward, ownership of what's next.

- So, Kim.

- Yes.

- There are studies that show this affects patient safety. Tell us about this from a public protection standpoint.

©2023 National Council of State Boards of Nursing, Inc. All rights reserved.

©2023 National Council of State Boards of Nursing, Inc. All rights reserved.

What are you seeing? Are nurses reaching out and doing that? And what can we do to encourage them to do so?

- This might be an unpopular opinion, but I'm going to go ahead and throw it out there. I think we need to stop referring to nurses as heroes. I think that would be the first step. And the reason I'm saying that is because a superhero, for those of you that are Greek mythology geeks, you know that they're defined as superhuman.

And I think that that's a precedent that is unrealistic, and I'm going to argue that it's dangerous. And I think in large part, even though it was a well-meaning and well-intentioned acknowledgement, I think what's happened is that it's created an environment in which people are going into work with the assumption that they're going to have to be self-sacrificing to a level... excuse me, to a level that compromises their own health and well-being.

And I see that this core is exceptionally problematic for obvious reasons, but also because it creates a wall and a barrier between their willingness to then go out and reach out for help. And so I find that in my clinical work with nurses, often a large portion of at least the initial stages of our work together is about deprogramming them, telling them that they're not superheroes.

They're regular folks going to work and being asked to do extraordinary things. And that the essence of that is what creates a large conflict internally for them because they evaluate their performance through that extreme lens.

And that's an issue. I think it's also important for us to appreciate that when we ask people to do extraordinary things every day, all the time, that they're going to feel inadequate about that. And when a nurse is burned out, meaning she's been under these high-stress environments, or he has been under these high-stress environments, and expectations for a long period of time, I'd like to suggest that those individuals are at risk, and the patients that they're trying to take care of are also at risk.

Because we understand burnout to be exceptionally extreme exhaustion in every aspect of yourself, emotionally, physically, cognitively. And so what that ends up looking like is that you have people trying to make high-level decisions, life and death decisions, when they're not cognitively, emotionally, and physically capable of doing that.

And this is why we need to care about this issue and feel like each of us has a responsibility to encourage nurses to get care. If you have to drag them in to see me kicking and screaming, I'm okay with that. Just get them to me. And I think the rest of the mental health profession recognizes the level of crisis that we're in.

And they understand the assignment, and they're ready and willing to provide the support to our brothers and sisters in the healthcare environment to help them feel better, and to do better, and ultimately to be safe.

- So, Eve, Rush has a 24-hour call-in line, correct?

- That's right.

- A nurse that's under a lot of stress can call in. Could you tell us a little more about that?

©2023 National Council of State Boards of Nursing, Inc. All rights reserved.

- Certainly. So, like many health systems, Rush, for a long time, had an employee assistance program, but we found that it wasn't being well utilized. And so my team was thinking critically about what are the reasons we're hearing why people aren't using it? It feels unsafe. It feels unfamiliar. And the session limit was a barrier. But with our outpatient clinic, you know, we're open 7:00 to 7:00, Monday through

©2023 National Council of State Boards of Nursing, Inc. All rights reserved.

And initially, the use was very low and we were very concerned. We increased our communication. We reached out in multiple ways. And as we were talking to individuals, it was this issue of being a superhuman, being superheroes, and feeling like maybe their leaders were saying, "Oh, we can do this. We can push through. We can do this. Nurses can always do this."

So, the ability to admit vulnerability and the need for help is so important. And we just saw that absolutely. And as we heard more and more leaders understanding and being able to say that, we saw more willing to come forward and use resources and to say they needed help.

- Great. Victoria, please.

- I would just like to add that I think there's a really valid reason why healthcare workers and nurses don't use services available at the hospital. A lot of that is confidentiality. A lot of that is fear about what it will mean for their careers. And so one of the things that I'd like to suggest that we can do, especially those that are in a position of choosing healthcare plans for healthcare organizations, is to make sure you have robust mental healthcare for your employees and make sure they understand how to access it.

I can't tell you the number of healthcare workers and nurses that come to my office with absolutely no idea about the benefits that they have. And to be quite honest, some of them are really lousy benefits.

©2023 National Council of State Boards of Nursing, Inc. All rights reserved.

wellness center. I love my therapist there." And, you know, more and more of that would happen, to the point where, you know, we have entire units that love a single therapist in my clinic.

You know, "L&D all sees, you know, this person." And I think that's really exciting that they're talking about it with each other, but it took that first in-person conversation to really make a difference. And I think it is both that person, whoever represents the wellness resources or whatever resources you want to share with your nurses, but also the leader condoning it saying, "This is important for you. Your job is hard. It is okay to ask for help."

- Do you ever bring in anybody or have any of your therapists talk to the unit as a group?

- I do. And so we both bring in our therapists for those resource presentations. I think it's important that people can kind of see behind, you know, the mask, that they know who they're talking to. So, I try to get our therapists in front of staff frequently, as they're comfortable with. And then in addition to that, after difficult events, we hold processing sessions.

And so it's important to normalize that, you know, whether it's an upsetting patient death or something going on in our greater world, work is a place that can be safe. It doesn't always feel safe, but we want you to feel safe with your colleagues and that you can talk about your big feelings here at work.

- That's great. So, there are... Rush is a big medical center with many resources, but there are many small rural hospitals that don't have that capability. Deb, what can be done? I mean, you have a program. How do you get the word out to them that there is some availability at your level?

-

©2023 National Council of State Boards of Nursing, Inc. All rights reserved.

is clear, the experience of clinicians is clear, that this is a very useful and effective form of treatment for those who can't access it in some other way.

And it's not the "something is better than nothing," that the quality of care that's being provided virtually is on par. And it's about the skill of the clinician, but it's also about, you know, the motivation of the patient. And that's not anything new, but I think what we're finding is that it is bearing out, and that it is a reasonable and appropriate way for people who don't have access to the kinds of services available in large cities but they can do that.

So, I think that coupled with, you know, organizations that communicate that and let people know, send out newsletters, "Hey, if you don't have time or you can't access or drive wherever to go get care, there are lots of online opportunities to do that." And maybe that will be enough for them, and maybe it will be a bridge to something else.

But the idea there is that you continually communicate that maybe there are services available in the hospital or in the organization. But if there isn't, there are other ways that you can access that care clinically and see a virtual therapist. Or if you just want to be part of a mental health community specifically for nurses or for your particular discipline, there are tons of really great organizations and communities online that get it and that can be resources for you to figure out what you need and how to get access to it.

- Great, thank you. Eve?

- I think, too, something any organization can do is encourage their nurses to take breaks. And I would be the first to say that Rush has work to do here. It's really hard to change a long-standing culture around nurses being heroes or heroines and giving their all to the patient. I've heard from a lot of nurses a sense

©2023 National Council of State Boards of Nursing, Inc. All rights reserved.

So, what's really neat is that, you know, again, since its inception in November 2021, the program has graduated 71 nurses. And 96% of those nurses are still at Rush. We are really optimistic for the future and we're starting to emulate this program in other areas of the hospital.

- That sounds terrific. Well, I'd like to now open this up to the audience for any questions that you have.

- [Michelle] First of all, thank you very much, panelists. This has been really interesting. I'm Michelle Buck. I'm the APRN Senior Policy Advisor for National Council of State Boards of Nursing.

And my question, I guess I'd like to start with you, Victoria. We know that nurses' suicide rate is higher than that of the general population. And I'm wondering if you can speak to that and maybe the other panelists could comment on, you know, what can we do to engage and empower our nurses to seek resources so that we can address this issue of suicide in the nursing profession.

Thank you.

- Yeah, I'm so glad you asked. We can all appreciate how someone who's suffering and doesn't feel as though they have adequate support or access would feel incredibly isolated and alone. I think when you couple that with a system that sort of perpetuates that idea...

You know, let's face it. Healthcare is a culture of silence. And when a culture of silence is coupled with high stress, high demand, unrealistic expectations, people, they're going to break down. I think the most recent and poignant example of that, for those of you maybe who didn't catch it on social media, was a young nurse by the name of Tristin Kate Smith.

Did anyone see her?

- Yeah.

- The title of her letter was A Letter to My Abuser. And she was referring to her abuser as the healthcare system. And so I think I invite all of you to read that. It's widely available on social media, Tristin Kate Smith. And read her story, and feel a personal responsibility to maybe cross what we are now calling professional boundaries and show acts of care and concern for our fellow humans.

And I think that's the root of this issue, the grassroot, puts a lot of responsibility on us as individuals to care for each other. So, if we have a conversation like this and we acknowledge that there's a problem, it's not enough. You have to do something about it. So, that means when you walk out of here and you see a nurse or a healthcare worker and they look a little rattled and disheveled, you say, "You all right?"

You know, "You want to grab coffee after work?" You know, let's get back to the humanity of all of this and, you know, care for each other on that level. And I think when we do that, and the data is clear that when we do do that, that we save lives.

- Deb.

- I'll just mention, you know, advocacy is a big part of what we do in a professional association. We were very pleased to work with a number of organizations to pass the Lorna Breen Act, but the issue around nurse suicide has been long-standing. And even early in our Healthy Nurse, Healthy Nation program, we pulled together a number of nurses who have skills and expertise, and have done research in the area of suicide, and developed a number of resources that we have online open to anyone.

©2023 National Council of State Boards of Nursing, Inc. All rights reserved.

The issue, I think, is about those of us who work with individuals tapping into that early enough that we can identify that, get the resources to them they need. But we do have those available and we do want to make sure that we, you know, prevent it before it happens, try to identify it early on.

So, certainly, it's an issue for us that we've identified.

- Absolutely. Eve?

- Something we recently did at Rush that I think many other health systems could do also, is we established a protocol for a threat of self-harm. So, what to do when someone does express suicidal ideation. And we will put steps in place as well as a supportive online training, just 10 minutes. Because I think in those moments, you know, it's so easy to be a bystander.

It's so easy to say, "Ooh, I feel uncomfortable. I'll step away," when someone's saying something like, "I'm not sure I want to be here anymore." So, really, not just setting a standard of what we should do when someone expresses suicidality, but also equipping them with the training and words to interact well in that situation.

- Right, thank you. Any more questions? Jason.

©2023 National Council of State Boards of Nursing, Inc. All rights reserved.

And I was wondering in terms of how does that get integrated into your caregiving and your thinking, your framing of mental health.

- For us, it's something that we're actively working on. We partner closely. We have a health equity initiative at Rush, as well as the DEI office. And so I wouldn't say we've solved it, but we're... I think first it's acknowledging that there is an issue, right?

And, you know, we're really trying to think creatively around how do we support individuals who maybe are experiencing generational trauma, maybe are, you know, experiencing microaggressions every day or don't receive microaffirmations like their colleagues do.

©2023 National Council of State Boards of Nursing, Inc. All rights reserved.