A Model for Advancing Nurse Well-Being:
Future Directions for Nurse Leaders

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Burnout results from experiencing persistent work-related stressors. We introduce and update a model of whole-person well-being to manage or mitigate the stressors that may otherwise generate burnout. The updated model incorporates Nursing Leadership Influence on Professional Burnout. The model was affirmed by original research at Carilion Clinic, Roanoke, Virginia, with 1296 nurses. Nurses exhibiting higher socio-relational well-being and lower depersonalization of patients experienced far lower emotional exhaustion—a core element of burnout and depression. Practical actions nurse leaders can take to promote greater well-being among nurses are reviewed.

BURNOUT

Psychologist Herbert Freudenberger coined the term *burnout* in 1974 to refer to emotional exhaustion and feelings of cynicism among health professions.[1] He was a counselor and clinic manager for Vietnam veterans,[1] "free clinics, therapeutic communities, hot lines, crisis intervention centers, women's clinics, gay centers, runaway houses."[2(p.161)] He observed burnout resulting from the combination of deep caring for patients and yet rarely witnessing lasting success and/or being unable to emotionally detach in a healthy way from their professional role.[2]

ICD-11 (International Classification of Diseases) now gives guidance on burnout as a work-related medical diagnosis,[3] mirroring the "gold standard" measure of burnout, the Maslach Burnout Inventory (MBI).[4] Both ICD-11 and MBI echo Freudenberger's conception of burnout.[2] Burnout had not been considered a medical disorder even though it is "one of the most widely discussed mental health problems in today's society."[5(p.1)] For this reason, burnout research has focused on prevalence and correlates, rather than developing specific diagnostic criteria and testing solutions. In brief, everyone knows about burnout, but there is limited evidence about interventions that work.

Much evidence exists about prevalence and correlates of nursing burnout.[6-9] Among other contributors, nurses experience burnout due to caring,[10,11] overwork,[12-15] and witnessing patients' suffering.[16-18] Systematic reviews and meta-analyses, considered higher forms of evidence,[19] have more recently been published about burnout among emergency room nurses,[20,21] pediatric nurses,[22] intensive care nurses,[23] and mental health nurses.[24] Much burnout research still focuses on prevalence and correlates.[25] More work is needed to implement, test, and improve interventions for nurses.

TOWARD WELL-BEING

Building on Berwick et al.'s paper on the triple aims of cost, quality, and access amid establishment of the Institute for Healthcare Improvement (IHI),[26] Bodenheimer and Sinsky[27] added a fourth aim: "care of the patient requires care of the provider." Although efforts to improve nurses' work experience are too numerous to review, nurses, researchers, educators, and nurse leaders are increasingly working to avert burnout. The American Nurses Association launched Healthy Nurse, Healthy Nation with the aim of engaging all 4 million of the nation's nurses in

KEY POINTS

- **Addressing burnout among nurses requires well-targeted and tested interventions.**
- **A whole-person approach to well-being can help individuals, families, teams, departments, and organizations target interventions to reduce the stressors that generate burnout.**
- **Nursing leaders are provided examples of well-being initiatives they could implement and test.**

advancing their health, safety, and wellness, receiving over 9100 completed surveys in the inaugural year of 2017 to 2018.[28] In 2017, IHI published *IHI Framework for Improving Joy in Work* that suggests 4 general steps for ongoing and evidence-based improvement in joy in work.[29]

Here, we review a whole-person well-being framework for managing the persistent stressors that can generate burnout. We then emphasize example well-being initiatives nurse leaders might adopt and test.

ACTION MODEL OF WELL-BEING

Health care professionals are human beings with lives outside of work. Although burnout is defined as a work-related phenomenon, nurses' work experiences affect their lives outside of work and vice versa. Work-related stressors present major consequences for nurses, their family and friends, as well as patients and team members. It must also be acknowledged that stressors unrelated to work may amplify stressors encountered at work.[30]

Little systematic work has identified inputs, processes, and outcomes for improving well-being and mitigating burnout. Akin to targeting glycemic control rather than diabetes, we hold that the appropriate target for intervention is not burnout, per se. The inputs that must be targeted are the persistent stressors than generate burnout. We, therefore, define well-being as active mindfulness and practices that manage or mitigate persistent stressors. Well-being practices may focus on bio-physical (BIO), psycho-emotional (EMO), socio-relational (RELA), or religio-spiritual (SPIR) aspects of a person. Different persons draw on different well-being strengths and approaches. A series of studies developed the Nurse Wellbeing Self-Assessment (NWSAT 2011, AdventHealth, Altamonte Springs, Florida) in which mindfulness and active practices of whole-person well-being represent the processes of managing or mitigating stressors to modify the risk of the outcome of burnout.[31-34]

The authors conducted a 2016 to 2017 survey on burnout and well-being at an eastern US academic medical center; 1126 nurses provided complete responses. Figure 1 shows that nurses' socio-relational assets—measured by the RELA scale of the NWSAT (a nurse's socio-relational well-being in general) and the Depersonalization scale of MBI (a nurse's depersonalization of patients)—very strongly predict levels of Emotional Exhaustion, the core element of burnout. Results and additional notes are also provided in Figure 1.

NURSE LEADERS AS MODERATORS OF WELL-BEING

Nurse leaders can make a big difference. Drawing on their competencies, decision-making authority, and relationships, nurse leaders can initiate and evaluate targeted strategies[35-37] to actively promote well-being for nursing staff. A holistic, adaptable approach might consider options from the 4 domains of well-being: SPIR, RELA, EMO, and BIO. The next sections briefly review options that are either well supported, in early stages of support, or proposed by the respondents of our study.

Religio-Spiritual (SPIR)

SPIR may be the most neglected dimension of staff well-being. Although hospitals' **chapel/faith services** are often offered to patients, they are rarely considered for staff. Nurse leaders may find it helpful to invite chaplains to join them during leadership rounds to identify potential opportunities to engage SPIR well-being among staff.

Animal therapy has known positive effects on humans,[38] but again is usually only for patients. However, animals are effective in supporting and comforting staff.[39] Leaders can identify opportunities for certified trainers to bring animals for staff support. To increase staff receptivity, animals and trainers could be invited to social activities sponsored by the organization, such as National Nurses' Week or for casual rounding in work areas.

Guided mindfulness sessions create presence in the moment and can improve psychological function and immune function.[40] If your organization does not have someone certified to lead mindfulness sessions, there are training opportunities. Carilion Clinic's mindfulness nurse educator provides weekly 30-minute onsite sessions with a conference line to connect staff at remote organizational locations.

Created by Virginia Commonwealth University Health and endorsed by the Watson Caring Science Institute, a **Watson Room** is a sacred space in or near the unit to allow staff 10 to 15 minutes to decompress, destress, and re-energize.[41] Watson Rooms may offer soothing music, calming videos, subtle lighting and decor, a massage chair, aromatherapy, or other features.

Exposure to nature decreases self-reported anxiety and physiological markers of stress.[42] Forest walks, wilderness interventions, or a plant-rich path can help staff find inner peace, reducing the impact of stress. Some events require planning and may occur as frequently as monthly if the organization has sufficient commitment and support.

Socio-Relational (RELA)

Within the organization, RELA focuses on improving communication, work relationships, and teamwork (*Figure 2*). Our study confirmed the importance of cultivating strong teams and relationships. Leadership development, training, and support may help leaders develop stronger, more adaptive skillsets.
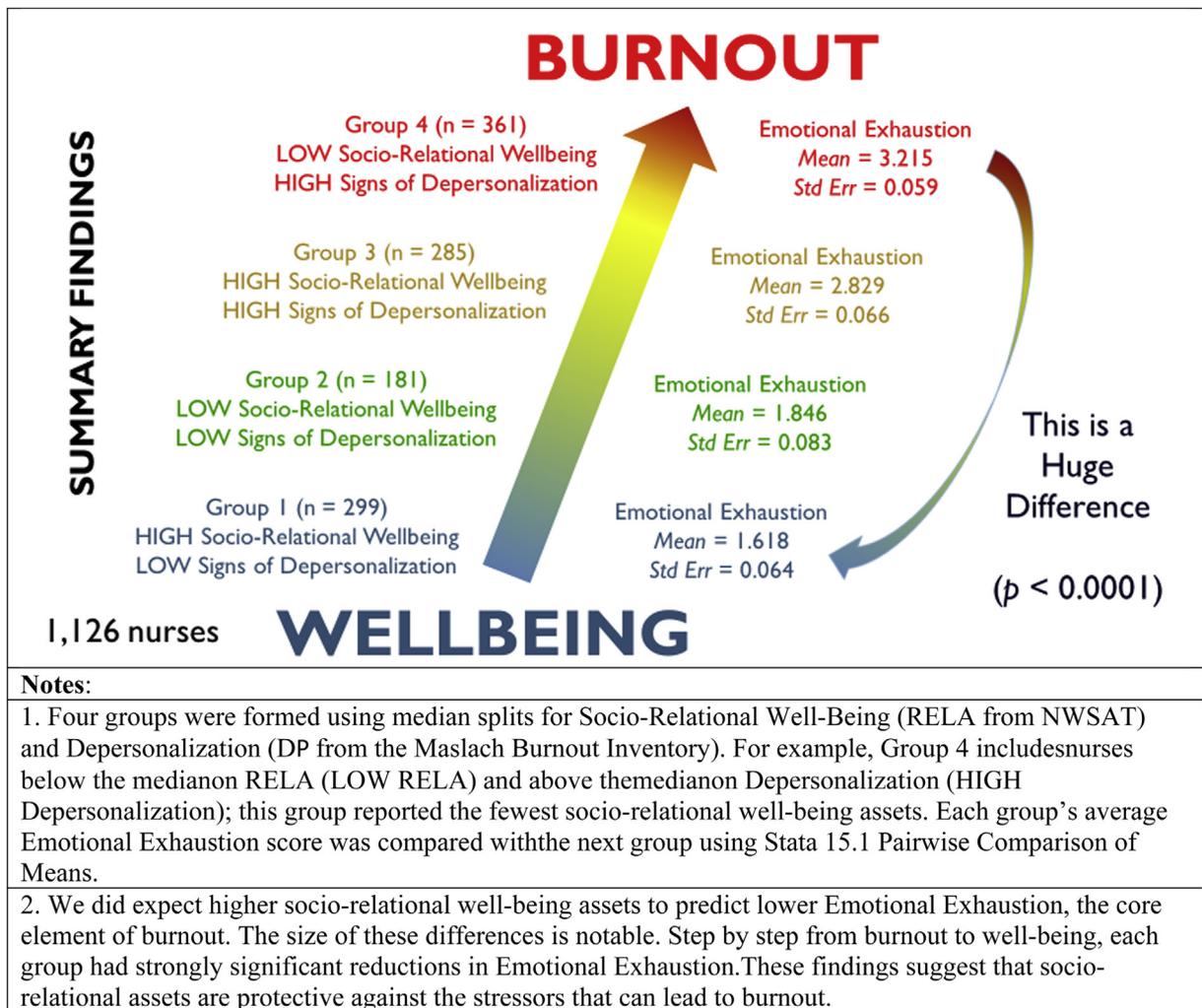
BURNOUT

SUMMARY FINDINGS

Group 4 (n = 361)
LOW Socio-Relational Wellbeing
HIGH Signs of Depersonalization

Emotional Exhaustion
Mean = 3.215
Std Err = 0.059

Group 3 (n = 285)
HIGH Socio-Relational Wellbeing
HIGH Signs of Depersonalization

Emotional Exhaustion
Mean = 2.829
Std Err = 0.066

Group 2 (n = 181)
LOW Socio-Relational Wellbeing
LOW Signs of Depersonalization

Emotional Exhaustion
Mean = 1.846
Std Err = 0.083

Group 1 (n = 299)
HIGH Socio-Relational Wellbeing
LOW Signs of Depersonalization

Emotional Exhaustion
Mean = 1.618
Std Err = 0.064

This is a Huge Difference

$(p < 0.0001)$

1,126 nurses **WELLBEING**

Notes:

1. Four groups were formed using median splits for Socio-Relational Well-Being (RELA from NWSAT) and Depersonalization (DP from the Maslach Burnout Inventory). For example, Group 4 includesnurses below the medianon RELA (LOW RELA) and above themedianon Depersonalization (HIGH Depersonalization); this group reported the fewest socio-relational well-being assets. Each group's average Emotional Exhaustion score was compared withthe next group using Stata 15.1 Pairwise Comparison of Means.

2. We did expect higher socio-relational well-being assets to predict lower Emotional Exhaustion, the core element of burnout. The size of these differences is notable. Step by step from burnout to well-being, each group had strongly significant reductions in Emotional Exhaustion.These findings suggest that socio-relational assets are protective against the stressors that can lead to burnout.

Figure 1. Together, RELA and Depersonalization of patients very strongly predict levels of Emotional Exhaustion.

Staff appreciate **effective communication** from leaders.[35,36,43] They need clarity about initiatives at unit and organizational levels. Authentic leaders reduce the stress of the unknown, decreasing misunderstandings. Nurse leaders may need to adapt communication for staff of different generations. Leaders listen to staff to learn the most effective ways to communicate with each team member, and develop communication plans sensitive to differences.

Nursing staff expect leaders to provide **equal and inclusive treatment.** Inclusion is multidimensional, involving work groups, organizational practices, leader influence, and climate.[44] Nurses seek healthy work environments with **no tolerance for incivility or bullying,** a key focus of the ANA.[28,45,46] Leaders should explore with their staff how to create a culture that does not tolerate these behaviors. Nursing staff also expect leaders to employ **effective conflict mediation techniques**.

Psycho-Emotional (EMO)

Employee assistance programs (EAP) typically include counseling and stress management support, but often require appointments during business hours or are not onsite. Our study participants urged accessible EAP, counseling, and stress management onsite. Web-based programs, such as BREATHE, may reduce work-related stress in an ongoing manner.[47]

Schwartz Rounds® promote open dialogue about challenging situations (Schwartz Center, 2019). Schwartz Center Rounds are a promising approach for reducing isolation and providing support for staff grappling with challenging issues.[48]

Nurses in our study desired acknowledgment for their service from their direct leaders. Remember to include night and weekend staff in activities and recognitions. Leaders should adapt their work hours to optimize interaction with staff, perhaps varying one's hours to overlap with all unit staff.

Building upon wisdom from other fields, such as military and education, regularly scheduled

opportunities to debrief are important.[49] Occurring once or twice a month, **scheduled debriefings** can help staff to process stressors on an ongoing basis and, thereby, reduce burnout.[50]

Code lavender is called when a leader or team member identifies a particularly stressful circumstance. During code lavender, comforting words, foods, essential oils, or referral are offered to affected staff. Code lavender has shown promise in decreasing burnout after especially stressful events.[51,52]

Bio-Physical (BIO)

Our study participants emphasized **staffing, call practices, overtime, shift length, patient loads,** and **acuity** as threats to BIO well-being. Routinely scheduling 12-hour shifts should be re-evaluated and individualized.[14,53,54] Nurses with office-type roles, such as accreditation readiness and process improvement, may have work spaces underground and without natural light. Physical workspace evaluation by leaders can promote BIO well-being.

Leaders can advocate for **onsite services to support the bio-physical well-being** of their staff. Onsite or mobile wellness services, such as massage, reiki, therapeutic touch, aromatherapy, among others, can provide staff with relief from the daily hassles of their job. Another intervention target is that of food options, especially for night and weekend workers, which may be absent, or when present, are often high in sodium, in fat, and with few fresh fruit and vegetable options.

CONCLUSION

We have offered an overview and examples of a whole-person approach nurse leaders can adopt to increase well-being and mitigate stressors that can lead to burnout. Higher nurse well-being is consistently associated with better patient outcomes,[55] as well as lower nurse turnover.[8] Nurse leaders can improve performance by working with staff to identify best strategies to implement and test across the 4 domains. Consistent application of well-being processes is likely to help individuals, teams and organizations to reduce burnout and improve mission-critical outcomes. More prospective research on nurse well-being is warranted.

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