

Retention & Sustainability – Workforce Pressures The Nursing Perspective

Sue Rees, DNP, RN, CPHQ, CENP
Vice President, Chief Nursing Officer-Inpatient
UW Health

UW Health



PARTNER OF **UWHealth**

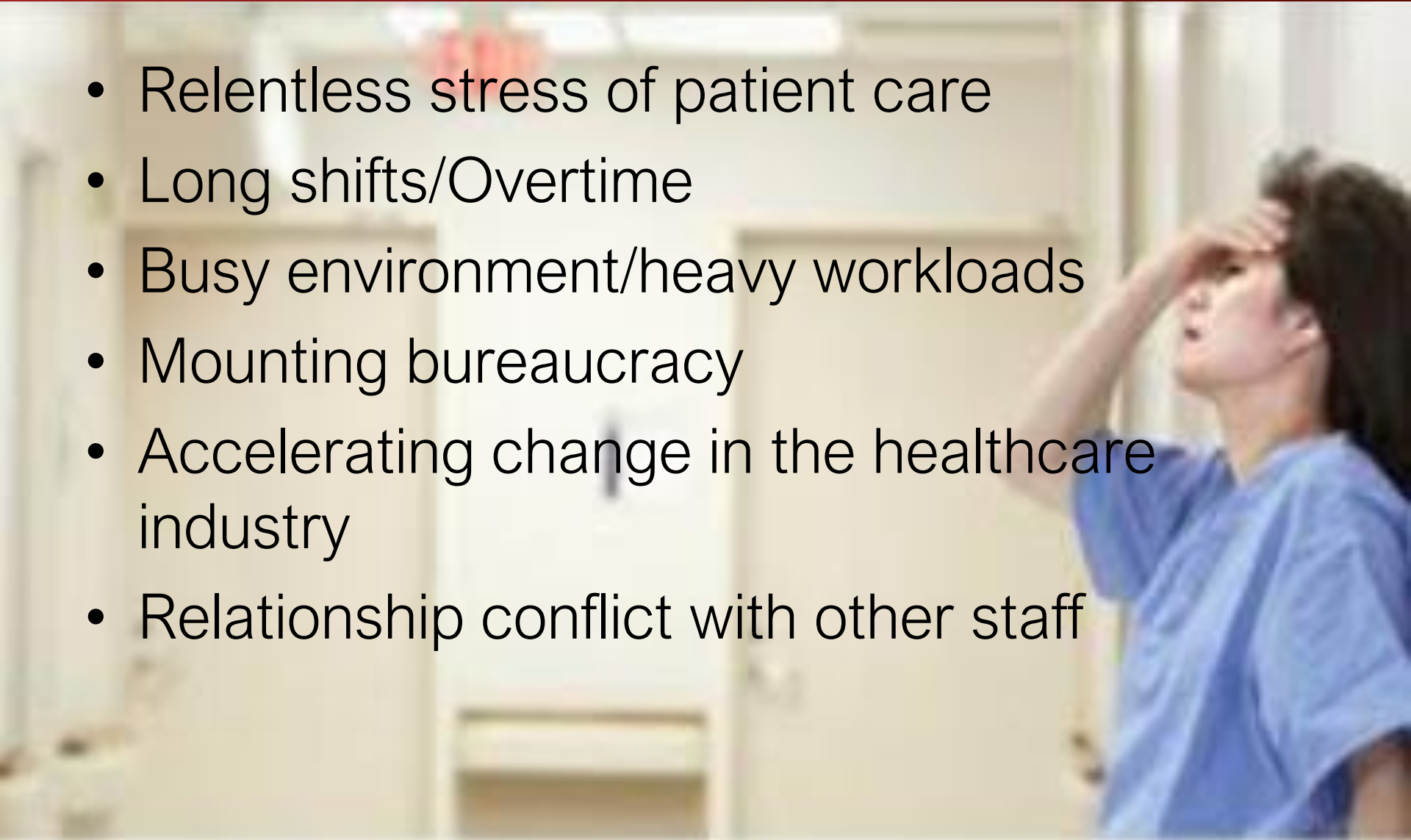


Objectives

- Discuss workplace stressors for nurses
- Discuss the magnitude of nurse burnout
- Describe how nurse burnout differs from other clinicians
- Share some best practices for decreasing nurse burnout and for nurse retention

Workplace Stressors

- Relentless stress of patient care
- Long shifts/Overtime
- Busy environment/heavy workloads
- Mounting bureaucracy
- Accelerating change in the healthcare industry
- Relationship conflict with other staff





STRESS

A 3D illustration of the word "STRESS" in a bold, red, sans-serif font. The letters are rendered with a slight shadow, giving them a three-dimensional appearance. The word is positioned centrally and appears to be breaking through a white, flat surface. From the point of impact, numerous black, jagged cracks radiate outwards in all directions, resembling shattered glass or a cracked concrete slab. The background is a solid white, and the entire image is framed by a dark red border at the top and bottom.

ANA

September 12, 2017

CONNECT WITH ANA



ANA SmartBrief



News for the nursing profession

SIGN UP - FORWARD

TOP STORY



Nursing is one of the most dangerous jobs in America

Nursing is a dangerous profession and is associated with more violence in some states than being a police officer or prison guard, columnist Petula Dvorak writes. The American Nurses Association has issued a zero-tolerance policy on workplace violence, some states are enacting stronger criminal penalties for assaulting nurses, and nurses are calling for a cultural shift in how their profession is viewed.

Washington Post, September 2017

Just last week, a nurse in Arkansas was [pushed down](#) a flight of stairs by a man arguing with medical staffers.

In June, emergency room nurse Elise Wilson was [stabbed multiple times](#) by a patient in her Southbridge, Mass., hospital because the patient was unhappy with his medical care.

And in May, two nurses in Geneva, Ill., were taken hostage while caring for an inmate. One of the nurses was beaten and sexually assaulted at gunpoint during the standoff.

And those are just the cases that make news. Nurse assaults occur at most hospitals and clinics every month.

Perspective | What's one of America's most dangerous jobs? It's not what you think.

The Washington Post

For years, nurses lobbying for safer work places have been kicked, punched, pinched and even stabbed at work on a regular basis [Read the full story](#)

What does the ANA say?



Impact of these stressors

About a Nurse



*“Frank just up and exploded.
I hope I never get that burned
out.”*

What is Nurse Burnout?

- Process of chronic disengagement marked by 3 dimensions:
 - Chronic exhaustion (wearing out, loss of energy, fatigue)
 - Cynicism (irritability, loss of idealism, withdrawal)
 - Feeling increasingly ineffective on the job (reduced productivity and low morale)

Maslach, C., & Leiter, M.P. (2005). Stress and burnout: The critical research in Handbook of Stress Medicine and Health, 2nd ed. Cary L. Cooper, Ed., 155-72.

Stress vs Burnout

- **STRESS:** over-engagement; when emotions are over-reactive and the demeanor is one of anxiety or hyperactivity.
- **BURNOUT:** disengagement; when emotions are blunted, and the demeanor is one of depression, detachment, helplessness or hopelessness.

Magnitude of Nurse Burnout

May 2017 survey by Kronos Incorporated of 257 RNs working in U.S. hospitals:

- 98 percent of hospital nurses said their work is physically and mentally demanding
- 85 percent noted that their nursing jobs make them fatigued overall
- 63 percent reported that their work has caused nurse burnout
- 44 percent worry their patient care will suffer because they are so tired
- 41 percent have considered changing hospitals during the past year due to burnout

<https://www.americanmobile.com/nursezone/nursing-news/new-survey-finds-high-rate-of-nurse-fatigue/#sthash.9cEbOYoQ.dpuf>

Nurse Turnover

- According to a study by [NSI Nursing Solutions](#), the average national turnover rate among all hospital healthcare workers is 16.5%. And the costs are heavy:
 - Each additional percentage point increase in turnover costs the average hospital another \$359,650
- It takes hospitals between 36 to 97 days to hire a replacement for an experienced RN
- The average cost of turnover for a bedside RN ranges between \$44,380 and \$63,400

Wang, D. Mar 8, 2016, Strategies for Preventing Burnout and Turnover in Healthcare Professionals, TINYpulse.

Measuring Burnout

Maslach Burnout Inventory (MBI)



MBI

BURNOUT SELF-TEST-MASLACH BURNOUT INVENTOR(MBI)

The Maslach Burnout Inventory (MBI) is the most commonly used tool to self-assess whether you might be at risk of burnout. To determine the risk of burnout, the MBI explores three components: exhaustion, depersonalization and personal achievement. While this tool may be useful, it must not be used as a scientific diagnostic technique, regardless of the results. The objective is simply to make you aware that anyone may be at risk of burnout. Add up your score for each section and compare your results with the scoring results interpretation at the end. This test is modified from an inventory provided by the Association des Médecins Vétérinaires.

Section A: Burnout	Never	Few times a year	Once a month	Few times a month	Once a week	Few times a week	Every day
SCORE	0	1	2	3	4	5	6
I feel emotionally drained by my work.							
Working with people all day long requires a great deal of effort.							
I feel like my work is breaking me down.							
I feel frustrated by my work.							
I feel I work too hard at my job.							
It stresses me too much to work in direct contact with people.							
I feel like I'm at the end of my rope.							
Total score – SECTION A							

Section B: Depersonalization	Never	Few times a year	Once a month	Few times a month	Once a week	Few times a week	Every day
SCORE	0	1	2	3	4	5	6
I feel I look after certain patients impersonally, as if they are objects.							
I feel tired when I get up in the morning & must face another day at work.							
I have the impression that my patients make me responsible for some of their problems.							
I am at the end of my patience at the end of my work day.							
I really don't care about what happens to some of my patients.							
I have become more insensitive to people since I've been working.							
I'm afraid that my job is making me uncaring.							
Total score – SECTION B							

MBI

Section C: Personal Achievement	Never	Few times a year	Once a month	Few times a month	Once a week	Few times a week	Every day
SCORE	0	1	2	3	4	5	6
I accomplish many worthwhile things in my job.							
I feel full of energy.							
I am easily able to understand what my patients feel.							
I look after my patients' problems very effectively.							
In my work, I handle emotional problems very calmly.							
Through my work, I feel that I have a positive influence on people.							
I am easily able to create a relaxed atmosphere with my patients.							
I feel refreshed when I have been close to my patients at work.							
Total score - SECTION C							

SCORING RESULTS - INTERPRETATION

Section A: Burnout

Burnout: Testifies to fatigue at the very idea of work, chronic fatigue, trouble sleeping, physical problems. For the MBI, as well as for most authors, "exhaustion would be the key component of the syndrome." Unlike depression, the problems of burnout usually disappear outside work.

- Total 17 or less: Low-level burnout
- Total between 18 and 29 inclusive: Moderate burnout
- Total over 30: High-level burnout

Section B: Depersonalization

"Depersonalization" (or loss of empathy): Rather a "dehumanization" in intrapersonal relations. The notion of detachment is excessive, leading to cynicism with negative attitudes with regard to patients or colleagues, feeling of guilt, avoidance of social contacts and withdrawing into oneself. The professional blocks the empathy they can show to their patients and/or colleagues.

- Total 5 or less: Low-level burnout
- Total between 6 and 11 inclusive: Moderate burnout
- Total of 12 and greater: High-level burnout

Section C: Personal Achievement

The reduction of personal achievement: The individual assesses himself negative and feels unable to move the situation forward. This component represents the demotivating effects of a difficult, repetitive situation leading to failure despite efforts. The person begins to doubt their genuine abilities to accomplish things. This aspect is a consequence of the first two.

- Total 33 or less: High-level burnout
- Total between 34 and 39 inclusive: Moderate burnout
- Total greater than 40: Low-level burnout

A high score in the first two sections and a low score in the last section may indicate burnout.

Note: Different people react to stress and burnout differently. This test is not intended to be a scientific analysis or assessment. The information is not designed to diagnose or treat your stress or symptoms of burnout. Consult your medical doctor, counselor or mental health professional if you feel that you need help regarding stress management or dealing with burnout.

MD Burnout

MD Burnout

The main work-related factors that caused burnout were paperwork and administrative demands (40 percent), too many hours of work (33 percent), and on-call schedules and expectations (26 percent). Regarding personal life factors, the main problem areas were not enough time to relax or for leisure/recreational activities (53 percent), not enough time for exercise or wellness activities (51 percent), and concerns about work/life balance (45 percent).

Physician Wellness Services and Cejka Search Physician Stress and Burnout Survey November, 2011.

www.cejkasearch.com/wp-content/uploads/physician-stress-burnout-survey.pdf

MD Burnout

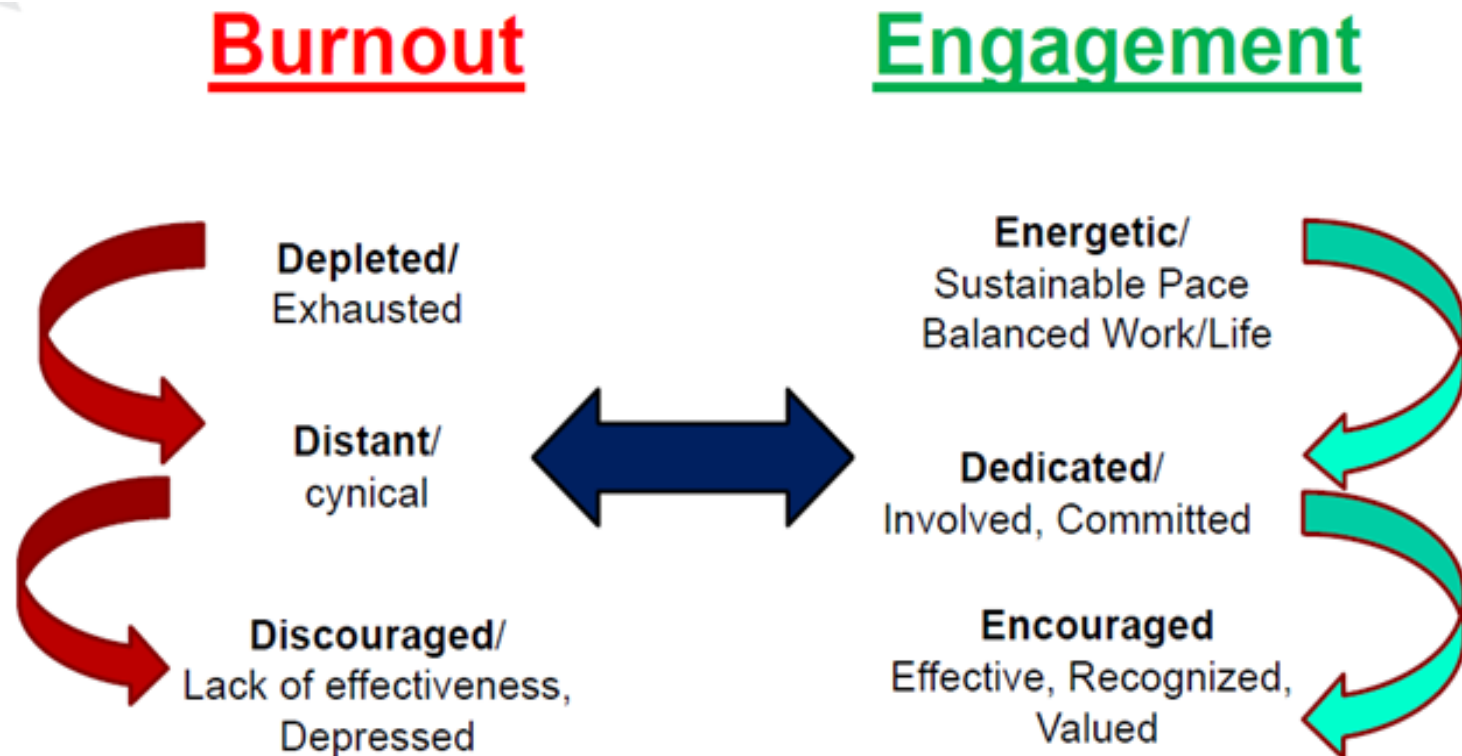
- **Increased regulatory burden:** 21% of a physician's total work hours are spent on non-clinical paperwork each week, according to a 2016 survey by The Physicians Foundation
- **Overextended and undervalued:** Only 14% of physicians believe they have enough time to provide a high standard of care
- **Lack of autonomy:** 69% believe their clinical autonomy is sometimes or often limited
- **Emotionally exhausted:** 54% of physician rate their morale as somewhat or very negative
- Advisory Board, August 31, 2017. Burned out physicians are organizing online to leave the field. Are your physicians a flight risk?

Who's Stressed?

- Being a nurse
- Being a doctor
- Working in healthcare



The Continuum



What are the outcomes of burnout?

- Absenteesim
- Lower job performance
- Turnover intention
- Poor outcomes (increased CAUTI and SSI; Cimotti, et al, 2012)

Wisconsin 2016 RN Workforce Survey WCN

Wisconsin
2016 RN
Workforce Survey



www.wicenterfornursing.org

Nationally

RN turnover has increased to 12% and for first year nurses, it's even worse—nearly 1 in 4 nurses now leave their job within the first year of tenure. Despite a strong pipeline of new graduates seeking employment, these sobering turnover statistics come at a time when 700,000 RNs are expected to retire within the next 5-7 years.

What about us?

It's about retention, not just recruitment



So what are we going to do about it?



Best Practices for Mitigating Burnout and Enhancing Retention

- Responsibility of the organization
- Responsibility of leaders
- Responsibility of the individual

Responsibility of the Organization

- Healthy Work Environment
- Rewards
- Autonomy
- Security Program/Support Program

Healthy Work Environment



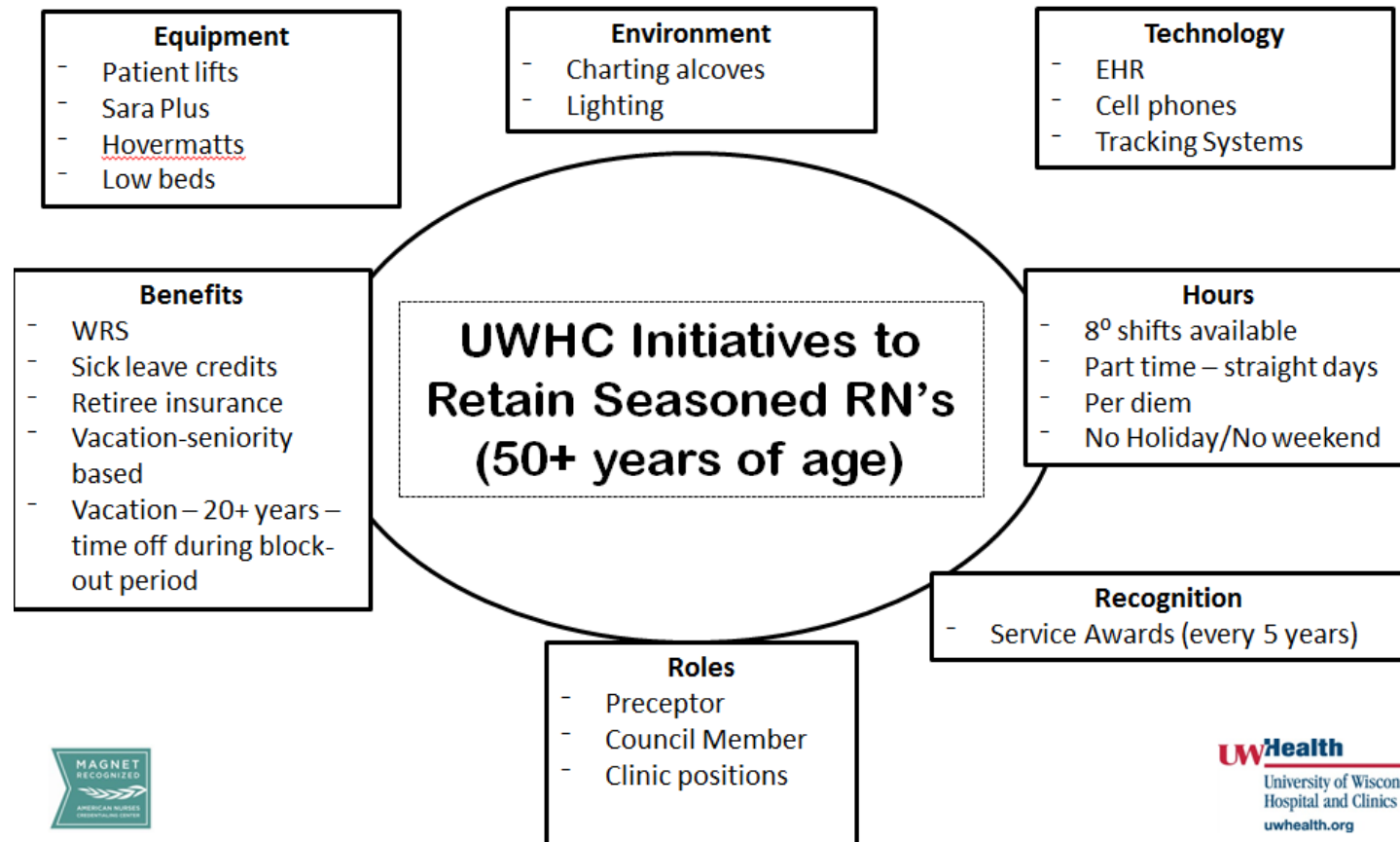
"You're in a hospital, Nurse Hill. If you collapse from exhaustion, the emergency room is just down the hall."

The Organization: Healthy Work Environment

- Seasoned RN
- Technology
- Teamwork
- Rest periods (including meal breaks/short naps)
- Fatigue (12 hour shifts)
- No mandatory overtime
- Adequate staffing
- Top of License practice
- Wellness/Stress Reduction/Mindfulness
- Daily Management

UW Health and the Seasoned RN

Nurse Staffing Council March 2015



Technology as a Helping Hand, Not Another Barrier

- Must support practice, not drive practice
- Systems must talk to one another
- Real time systems are most helpful (proactive vs reactive data)
- Be aware of alarm fatigue



Teamwork/Belonging/CREW



- **Acknowledgement:** say or do something that acknowledges another's presence – “hello” or nod
- **Appreciation:** thanks for a contribution or admiration of quality of contribution; be specific
- **Acceptance:** welcome a person into conversation, group, or project
- **Accommodation:** modify activities or space to help another person work more effectively or comfortably

<http://workengagement.com/caraway> (MP Leiter)

Nursing Teamwork Survey (NTS)

4

NURSING TEAMWORK SURVEY

Please fill in all the following items regarding **YOUR TEAM**. Team is defined as the group of people working on a patient care unit (or a section of a unit such as a wing) including **nurses, nursing assistants/aides/techs and unit clerks/secretaries**. It does **NOT** refer to individuals who visit the unit such as pharmacists, physicians, physical therapists etc.

ITEM	Rarely	25% of the time	50% of the time	75% of the time	Always
1) All team members understand what their responsibilities are throughout the shift.					
2) The nurses who serve as charge nurses or team leaders monitor the progress of the staff members throughout the shift.					
3) Team members frequently know when another team member needs assistance before that person asks for it.					
4) Team members communicate clearly what their expectations are of others.					
5) Team members ignore many mistakes and annoying behavior of teammates rather than discussing these with them.					

Rest Periods

- 15 minute breaks
- Meal Breaks (lunch buddies)
- Short naps

**Napping on
the Night Shift:**
A Two-Hospital
Implementation Project
Findings reveal barriers to implementing this evidence-based practice.

**Napping during breaks on night shift:
Critical care nurse managers' perceptions**

By MARIE P. EDWARDS, PhD, RN, DIANA E. McMILLAN, PhD, RN AND WENDY M. FALLIS, PhD

Fatigue Policy

Fatigue in hospital nurses — ‘Supernurse’ culture is a barrier to addressing problems: A qualitative interview study

Linsey M. Steege*, Jessica G. Rainbow

School of Nursing, University of Wisconsin – Madison, Madison, WI, United States



A. Except in emergency situations the following limits apply:

1. Employees should not work more than 16.5 consecutive hours.
2. Employees should not work more than 64 hours in a rolling 7-day period.
3. Employees should have a minimum of 7.5 hours off between worked shifts.

B. Resident Duty Hours

1. Maximum Hours of Work per Week

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting

12 hour shifts

About a Nurse



"No, your mom isn't rehearsing for the next 'Night of the Living Dead' movie. She always looks like that after working four 12-hour shifts."

Overtime

- Consider a no mandatory overtime policy



Staffing

- ANA Safe Staffing Guidelines
- Guidelines from professional organizations
- Know your own data
- Benchmark when possible
- Use the data to support the value of nursing

Wellness/Stress Reduction/Mindfulness



Fall 4 Walking

[Click here to Register](#)

Registration will remain open until Friday, September 22.

Program Dates:

September 18 - October 29, 2017

Once again this autumn, Wellness Options at Work encourages you to participate in Fall 4 Walking. This six-week program combines walking, mindfulness and nature in an effort to improve your well-being. Focus on connecting with nature and deepening your skills in mindful movement this fall.



[Fall 4 Walking Program Information and Tracker](#)

Each week during the program, we will focus on the following weekly topics:

- Week 1 - Mindfulness
- Week 2 - Nature
- Week 3 - Physical Activity
- Week 4 - Emotions
- Week 5 - Self-Care
- Week 6 - Support and Maintaining

The Organization: Rewards

- Referral Bonus Program
- Advancement Program

Referral Bonus Program

AWARD PAYMENT

All referral award payments will be paid out in two increments based on the new employee's hire date. The referral bonus amount will be pro-rated based on the new hire's FTE. The first payment will be one half of the total award payment and will be paid after 30 days. The second payment will be six months after new employee's hire date and will be the remaining half.



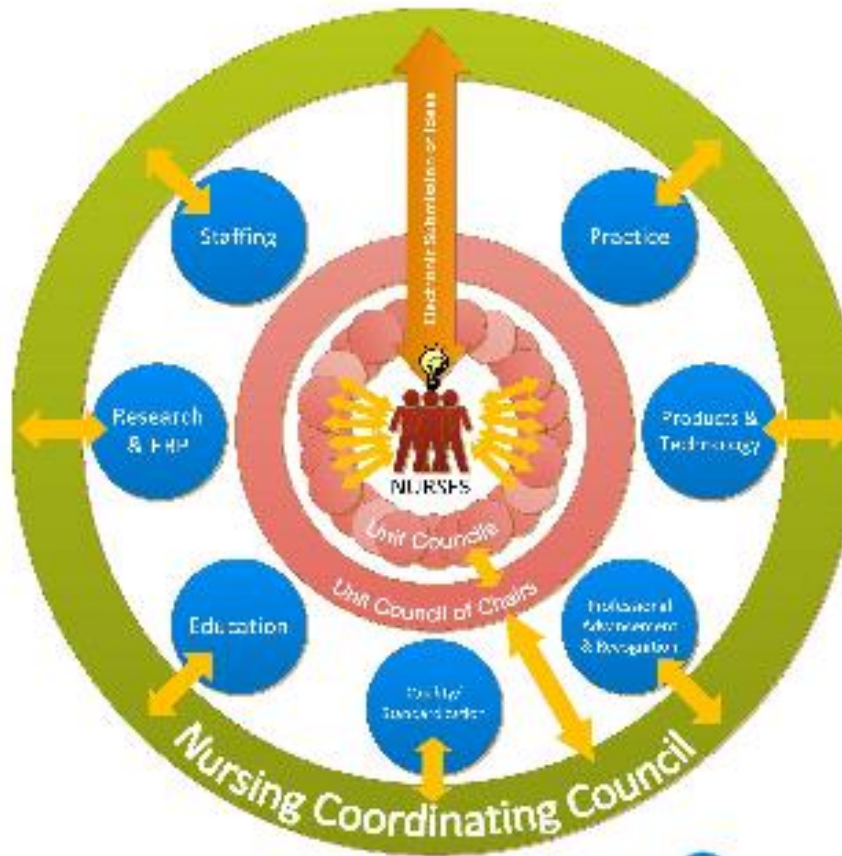
Nursing Clinical Advancement Program

Nursing Clinical Advancement Program



The Organization: Autonomy

- Shared governance



The Organization: Security/Support Programs

Active Shooter Response ^

[Advice from
Homeland Security](#)

[Code Yellow Active
Shooter \(CBT\)](#)

[Code Yellow
Description](#)

[Emergency Drills for
Active Shooter](#)

[How to Respond to
an Active Shooter -
Out Strategies](#)

[Shots Fired \(Video\)](#)

[Silent Storm:
Intimate Partner
Violence and Stalking
- The Impact on the
Workplace \(Video\)](#)

[Threat Assessment:
Recognizing Potential
Workplace Violence](#)

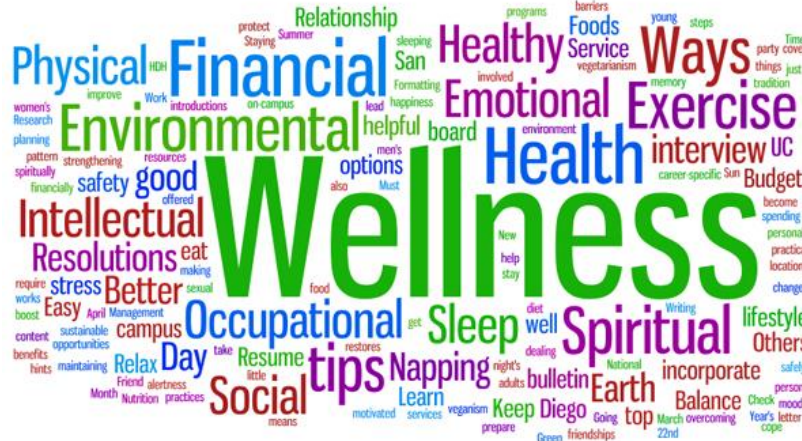
[UW Health
Emergency Updates
Hotline](#)

What psychosocial nursing resources are available for staff to access in supporting their coping with the daily challenge of high acuity patients and families coping with their health needs?

The Clinical Nurse Specialist Psychiatric Liaison Service (PCLN) is a nurse-to-nurse consultation service available to assist patients, families, and staff to enhance existing coping skills or to promote the development of new coping strategies to deal with health changes in their lives. The psychiatric liaison clinical nurse specialist also provides on-going staff and patient/family education and administrative program consultation upon request.

Responsibility of Leaders

- As leaders, we must evaluate, observe, listen, assess
- Be proactive
- As leaders, we must role model the behaviors we want our staff to exhibit



Go to the Source!

- **Background:** UWH is looking to recruit more RNs and thus, has partnered with Shine United to create a Nurse Recruitment advertising campaign. For the messaging to be as compelling as possible, we want to learn more about what brings current UWH nurses in and then keeps them at UWH. Thus, we'd like to conduct a survey among current UWH RNs.
- **Research Objectives:** There are two research objectives, with the first being most important.
 - Recruitment – Understand why RNs from varying disciplines/tenure joined UWH, what keeps them at UWH and which potential positioning platforms best resonate with them to aid in the strategic messaging of the advertising campaign (and internally when recruiting).
 - Retention – Understand job satisfaction and any opportunity areas to improve retention.





- What most excites you about coming to work every day?
- What are other factors about your job, the team, or UW Health which impact your decision to stay here?
- I know this question may sound a bit direct, but the goal of it is to improve your employment experience. Have you ever thought about leaving UW Health?
 - a. If yes, when? Are the reasons why you considered leaving still an issue?
 - b. If not, what would make you consider leaving?
- What would you like to learn more about?
- What can I do to improve or enhance your work experience here?

High Reliability Organizations

Daily Management and High Reliability Organizations

HRO Traits

Sensitivity to Operations

Reluctance to Simplify

Preoccupation with Failure

Defer to Expertise

Commitment to Resilience

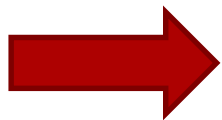
Daily Management

Standard Work

Huddles

Visual Management

Go and See



Generational Differences

- 4 generations in the workforce
- Helpful to know differences (but don't stereotype)
- All mellow over time
- Focus on the similarities
 - Engage individuals (want to feel connected, sense of community)
 - Recognize individuals
 - Communicate, Communicate, Communicate (many ways)

Education—keep it current!

- Microlearning
- Interdisciplinary
- CBT vs in-person
- Powtoon
- Gaming
- Groups vs individual

Responsibility of the Individual



Become more of an “otherish” giver



Cultura RM/Antonio Saba via Getty Images

ANA Code of Ethics

Nurses must exhibit respect for the worth and dignity of all human beings, but this must also extend to oneself. Nurses must concern themselves with self-regarding duties, including the “promotion of health and safety, preservation of wholeness of character and integrity, maintenance of competence, and continuation of personal and professional growth”.

Individual Accountability

- Getting enough sleep outside of work
- Prioritize meals, bathroom breaks, and even occasional pauses to take a step back and regroup during the day
- Realize mental, physical, and social aspects all influence each other

Resilience can stop burnout

- Don't delay gratification
- Stay present and positive
- Find purpose in and out of work
- Vote yourself off the island

Kaplan Test Prep, November 11, 2016. Resilience Stops Burnout Before it Begins.

<https://www.kaptest.com/blog/med-school-insight/2016/11/11/resilience-stops-burnout-before-it-begins/>

The 3 Cures

- Resist (mindfulness)
- Restore (boundaries)
- Reduce Exposure (organizational efforts)

<https://www.thehappy.md.com/blog/bid/290755/physician-burnout-the-three-symptoms-three-phases-and-three-cures>

References

- Advisory Board, August 31, 2017. Burned out physicians are organizing online to leave the field. Are your physicians a flight risk?
- Cimotti, J.P., Aiken, L.H., Sloane, D.M., & Wu, E.S. (2012). Nurse staffing, burnout, and healthcare-associated infection. *American Journal of Infection Control*, 40(6), 486-490.
- Grant, A. (2013). *Give and take: A revolutionary approach to success*. New York: Viking.
- <https://www.americanmobile.com/nursezone/nursing-news/new-survey-finds-high-rate-of-nurse-fatigue/#sthash.9cEbOYoQ.dpuf>

- <https://www.thehappymd.com/blog/bid/290755/physician-burnout-the-three-symptoms-three-phases-and-three-cures>
- <http://www.workengagement.com/caraway>
- Kaplan Test Prep, November 11, 2016. Resilience Stops Burnout Before it Begins.
<https://www.kaptest.com/blog/med-school-insight/2016/11/11/resilience-stops-burnout-before-it-begins>
- Maslach, C., & Leiter, M.P. (2005). Stress and burnout: The critical research in Handbook of Stress Medicine and Health, 2nd ed. Cary L. Cooper, Ed., 155-72

References

- Physician Wellness Services and Cejka Search Physician Stress and Burnout Survey November, 2011.
www.cejkasearch.com/wp-content/uploads/physician-stress-burnout-survey.pdf
- The Washington Post, September 11, 2017. **What's one of America's most dangerous jobs? It's not what you think.**
- Wang, D. Mar 8, 2016, Strategies for Preventing Burnout and Turnover in Healthcare Professionals, TINYpulse.
- Wisconsin 2016 RN Workforce Survey, Wisconsin Center for Nursing. www.wicenterfornursing.org