

Nurse Leader Burnout: *How to Find Your Joy*

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Although not new, there is an increasing interest in the effects and consequences of burnout syndrome,¹ as well as the other end of the spectrum of engagement, satisfaction, and joy in the workplace.² Burnout, defined as a state of continuous psychological stress within work life,³ has been identified as having a negative impact on patients,⁴ the workforce,⁵ and organizations.⁶ To date, much of the burnout research and discussion has been concentrated on the frontline and direct care nursing staff. However, it is important to note that nurse leaders operate within the same at-risk environments while also carrying the burden of disciplinary, organizational, and operational stress. The health

care setting has unique characteristics that provide high potential for nurses to experience burnout.^{7,8} Conversely, nurses can derive joy from their work and garner compassion satisfaction, potentially reducing burnout.⁹ The joy or compassion satisfaction a nurse leader derives from their work may look different than a direct care provider who interacts daily with a patient.

In this article, we describe the uniqueness of burnout for the role of the nurse leader. Additionally, we explore how nurse leaders can use opportunities to advance the idea of engagement, satisfaction, and joy in the workplace.

THE BURNED OUT NURSE LEADER

A nurse's work life can be visualized on a continuum of burnout to engagement, with 3 key dimensions influencing burnout: emotional exhaustion, cynicism towards work, and lack of personal accomplishment.³ Nurses who work in direct

patient care roles may understand the dimension of physical and mental exhaustion, as examples are easily derived from patient care, family interactions, overburdened workload, or poor interactions with physicians.^{5,10,11} As nurse leaders, the dimension of exhaustion with burnout can manifest differently. Although nurse leaders may not experience these forms of exhaustions directly, they tangentially interact and represent multiple nurses who care for the patients within their units. Emotional exhaustion can be felt by the nurse leader who only interacts with a patient's family with negative complaints

Table 1. How Sources of Burnout and Compassion May Look Different in the Nurse Leader

	In the Staff	As a Leader
<i>Burnout may manifest from</i>	<ul style="list-style-type: none"> • Physical exhaustion • High workload • Patient and family interactions • Unhealthy work environment • Lack of resources 	<ul style="list-style-type: none"> • Organizational stress • Personnel issues • Improper work-life balance • Lack of boundaries • Technology overload
<i>Compassion may be derived from</i>	<ul style="list-style-type: none"> • Patient interactions • Skills achievement • Collaboration with teams • Feeling of “making a difference” 	<ul style="list-style-type: none"> • Mentoring • Being a support/leader • Making large-scale change

or the leader who has to take personnel action against an employee. Leaders can even develop an unhealthy relationship with stress, believing they must always take on the burdens of their departments, never decline projects or requests, or even always appear to be constantly working for their departments. Rather, this behavior reflects poor role modeling to staff and could be contributing to a “trickle-down” or contagion effect among staff¹² (*Table 1*).

A primary source of psychological stress contributing to nurse leader burnout is organizational stress. Organizational stress can be experienced from both operational task-oriented activities, such as managing patient bed placement and staffing demands, as well as demands that affect performance of the organization and employment security, such as the stress to produce innovation or fear of impending budget cuts and layoffs to staff. Stress can even come from influences outside of the leader’s control, such as market fluctuations or legislation changes that may influence the organization, regulation, and staff. Moreover, leaders can suffer tremendously from burnout related to technology and the need to constantly feel “plugged in.” Although advice is often given for Americans to “unplug” or digitally disconnect, a reported only 28% actually attempt to do this.¹³ For nurse leaders, this practice can be difficult, because they feel a responsibility to their departments that operate 24 hours a day.

The balance of a nurses work life is the joy or compassion satisfaction they derive from their job, which should fill them with satisfaction and meaning.² Ideally, we all strive to increase our joy in our professional quality of life or to move the equilibrium away from burnout and more toward engagement. In direct patient care, nurses are able to garner satisfaction from their position in helping patients achieve success with their personal health, making positive connections with both patients and families, and having a sense of satisfaction with their work through the nursing process. As a nurse leader, the path to joy may look differently and come from different sources; however, there are clearly many opportunities for the nurse leader to garner satisfaction with their role (*Table 1*). Although direct care nurses make connections with patients and families, leaders are often making

connections through the staff. Being able to mentor, educate, and support nursing staff to success provides a sense of fulfillment for a leader. Additionally, making larger systematic change or producing outcomes at an operational level is a source of fulfillment for a nurse leader.¹⁴

THE SIGNIFICANCE OF NURSE LEADER BURNOUT

When an airplane loses altitude and an oxygen mask is dropped from the ceiling, the directions are clear: you must first put on your own oxygen mask before you help others. The same analogy can be applied to the significance of addressing burnout in nurse leaders. As we recognize the need to address burnout in our nursing population,¹ nurse leaders must first evaluate their own burnout and well-being. When nurse leaders are burned out, or are at risk of burnout, the work environment is put at risk, which creates the trickle-down effect to the staff.

Nurse leaders are critical to a healthy work environment. Leaders have influence in shaping the environment through the relationships with their staff, understanding the dynamic and skills of their team, being accessible, and having authority to make key decisions.¹⁵ Although there is obvious self-benefit from addressing our own wellness, the nurse leader’s role is best explicated by influencing the betterment of the work environment that they oversee,¹⁴ which in turn will have downstream implications for the workforce and patients.

Lastly, our leader’s role model behavior to future and emerging nurse leaders. Not only does burnout pose a risk of not retaining our current leaders, but a lack of role modeling and exemplars will weaken the pipeline for creating qualified future leaders.

FINDING YOUR JOY AT WORK

With recognition that stress and burnout can have potential consequences to both recruitment and retention, the Institute for Healthcare Improvement (IHI) created a white paper for *Improving Joy at Work*.²² Within the white paper, a Framework for Improving Joy is presented as a model of engagement for the nurse leader. As described by the IHI, the role of a leader is to implement the framework to optimize joy at work; however,

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