Work-Related Stress
Preventing Burnout, Compassion Fatigue, and Vicarious Trauma

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LEARNING OUTCOME AND OBJECTIVES: Upon completion of this course, you will be able to identify the causes, symptoms, stages, management, and prevention of work-related stress and components of a healthy workplace. Specific learning objectives to address potential knowledge gaps include:

- Define "stress."

- Describe the potential health impacts of stress.

- Differentiate between burnout, compassion fatigue, and vicarious trauma as work-related stressors.

- Discuss individual and organizational strategies to minimize the effects of work-related stress.

- Explain how stress contributes to suicidal ideation.

INTRODUCTION

As healthcare professionals care for patients, they are challenged by a variety of stressors on a daily basis. These work-related stresses can take a toll on the mind and body of these professionals, which in turn may affect the quality of patient care and outcomes. Work-related stress may also impact job satisfaction, workforce stability, and safety in the healthcare environment (AHRQ, 2022).

Many healthcare professionals work in demanding situations, hold high expectations for themselves, and believe they should be able to handle anything no matter what the challenge. But

burnout, compassion fatigue, and vicarious trauma are common risks they may face in their stressful work environment. Fortunately, work-related stress is both "treatable" and preventable. Professionals can learn to cope with different forms of stress by gaining an understanding of stress and stressors, recognizing their signs and symptoms, acquiring skills to manage the destructive effects of stress, and preventing or reducing its impact in the future.

In recent years, healthcare workers have faced the many stresses of dealing with the COVID-19 pandemic, which has exposed them to circumstances that threaten their health, well-being, and ability to work. The pandemic has also greatly stressed healthcare systems throughout the world, and its effects continue to be felt. Although the acute phase of the pandemic has ended, the virus is mutating and still poses a significant threat to life, especially in older adults, infants, and people with pre-existing medical conditions. COVID-19 ranked as the 10th most common cause of death in the United States for 2023 even though this is a decrease from previous years (Manchia et al., 2022; WHO, 2022; CDC, 2024b). (See also "Aftereffects of COVID-19" below.)

UNDERSTANDING STRESS

The alleviation of work-related stress is the responsibility of all healthcare professionals and the institutions where they work. Unless it is managed effectively, stress will continue to have adverse effects on staff as well as patients and visitors.

What Is Stress?

Stress is the body's response to pressure. It is the feeling of being overwhelmed or unable to deal with physical or mental pressure. It is a state of worry or emotional tension caused by a challenging situation. Everyone deals with stress in different ways. The ability to respond effectively to stress depends on genetics, childhood events, personality, traumatic life experiences, and social and economic circumstances (MHF, 2023; WHO, 2023).

The National Institute for Occupational Safety and Health defines work-related stress (job stress) as the "harmful physical and emotional responses that occur when the requirements of a job do not match the capabilities, resources, or needs of the worker." Job stress can lead to poor health and even injury (NIOSH, 2024).

Work-related stress is often unavoidable in the healthcare field due to the demands of the work environment. In fact, some work demands may be perceived as acceptable since they may keep healthcare workers alert and motivated. However, when these demands lead to excessive or unmanageable stress, the results can be devastating. It is estimated that healthcare workers experience high stress and burnout at rates up to 70% and that such stress and burnout adversely affect patient care, including increased medical errors, hospital-acquired infections, and length of stay (Rink et al., 2023).

> **EARLY RESEARCH ON STRESS**

In his pioneering work, Walter Cannon (1871–1945) investigated the sympathetic nervous system as it reacts to heat and noticed that the body responds in a predictable sequence, which he called the *fight-or-flight response* (also known as the *stress response*). This automatic reaction to stressful, and possibly dangerous, circumstances is considered a survival mechanism that enables people to react swiftly to threatening situations (Harvard Health Publishing, 2024; WebMD, 2023).

Causes of Work-Related Stress in Healthcare

Healthcare environments are busy and complex. Meeting the needs of patients, some of whom are critically ill or injured, can become overwhelming. Some of the causes of stress in the healthcare profession include:

- **Long work hours.** Many healthcare professionals work long, 10- or 12-hour shifts and often put in overtime. Additionally, it is frequently hard to leave work on time when shifts end. Shift rotation as well as planned and unplanned overtime can increase job-related stress by triggering such problems as fatigue and inability to plan for activities outside the workplace (e.g., family obligations, pursuit of academic education).

- **Workforce instability.** Workforce instability refers to unpredictable or unstable availability and retention of staff in healthcare facilities. Instability is caused by a number of issues such as a shortage of skilled workers, burnout, and high turnover.

- **Risk of harm.** Healthcare workers are at risk from injuries because of the physical work and patient handling. There is also ongoing risk for hazardous exposures to transmissible disease pathogens.

- **Putting others first.** Many healthcare professionals feel compelled to put the needs of others before their own needs. This can be characterized by a drive to take care of others. Combining this drive with family obligations and, for some, the pursuit of academic education can increase the risk of stress.

- **Busy, high-stress environments.** Thanks to technology advances, improvements in diagnosis and treatment, patient acuity, and ongoing pursuit of academic or continuing education to increase their knowledge, healthcare professionals' responsibilities in the workplace have increased significantly over the past several decades. The fast-paced, complex workplace can cause them to feel overwhelmed and stressed.

- **Coping with sickness and death.** Daily exposure to illness and death, as well as to the emotional toll illness and death takes on patients and families, can be overwhelming and physically and emotionally exhausting. Healthcare professionals may not have time to decompress or grieve over taxing workplace situations.

- **Additive effects of stress.** Research has established that the cumulative effects of stress impact both family functioning and job performance. Job conditions associated with work-to-family conflict may have broad impacts across the workforce.

- **Lack of control.** Feeling unable to influence decisions that affect job performance, assignments, work load, and so forth can contribute to burnout.

- **Unclear job expectations.** Being uncertain of what is expected regarding one's job performance contributes to burnout.

- **Dysfunctional workplace dynamics.** For example, if a workplace is affected by bullying, the risk for stress increases.

- **Lack of social support.** Feelings of isolation at work or at home add to stress.

- **Conflict with work colleagues.** Poor work relationships with supervisors, peers, or subordinates can lead to job-related stress.
  (CDC, 2024a; ShiftMed Team, 2023; Mayo Clinic, 2023a)

AFTEREFFECTS OF COVID-19

Research shows that the COVID-19 pandemic exacerbated the problems of fatigue, strain, stress, loss, and grief experienced by healthcare workers and continues to do so. Some healthcare workers report symptoms representative of posttraumatic stress disorder (PTSD) as the result of the pandemic (CDC, 2024a). For example, research shows that healthcare workers in Massachusetts experienced high levels of burnout, with nearly 40% of workers reporting that they are planning to leave healthcare within five years and one third of workers under the age of 35 planning to leave within two years (Boston University, 2023; Burrowes et al., 2023).

Research also indicates a 25% increase in the prevalence of anxiety and depression in the worldwide population that was triggered by the COVID-19 pandemic. This increased prevalence of mental health problems coincides with "severe disruptions to mental health services, leaving huge gaps in care for those who need it most" (WHO, 2022).

Necessary support and mental health services must be provided to healthcare workers. Healthcare professionals need these types of support and services to provide the best possible patient care. In addition to necessities such as adequate supplies, updated equipment, and administrative support, adequate and appropriate staffing levels must be met if healthcare professionals are to provide high-quality and compassionate patient care (Burrowes et al., 2023).

STRESS AMONG MANAGERS

It is not only front-line healthcare professionals who deal with stress. Managers face these issues, too. Managers have one of the most demanding jobs in the healthcare setting. They are pushed to increase productivity while simultaneously holding down costs, supporting their staff members, and ensuring the delivery of quality patient care. Recruitment and retention problems have been cited as one of the major reasons that lead to manager burnout. Other frequently mentioned stressors that challenge managers include:

- The need to achieve organizational goals

- The expectation that managers must always show strength, calmness, and confidence at all times

- The need to work tremendously long hours (For example, the average hospital administrator works a 12.5-hour day and additional hours on weekends.)

- Lack of job security, with the average hospital administrator remaining on the job for an average of only 18 months

- Feeling isolated and having no support
  (Green, 2022; Vital Work-Life, 2024)

STRESS AND VIOLENCE

The threat of violence adds to the stress found in the healthcare setting. Workplace violence is defined as violent acts, including physical assaults and verbal threats, that are directed toward people at work or on duty. Healthcare workers are five times more likely to experience a workplace violence injury than other professionals, and the actual incidence of workplace violence is likely higher than reported because violent acts often go unreported (Jones et al., 2023; Menendez et al., 2024).

Risk factors for workplace violence in healthcare settings include:

- Unpredictable behaviors of patients and families

- Organizational and systems factors (e.g., high-stress work environments, staff shortages, and lack of organizational policies)

Horizontal violence, defined as the aggressive and harmful behaviors directed toward coworkers, affects all healthcare professions, especially nurses. These behaviors include actions, words, or behaviors such as bullying, incivility, or hazing. It is estimated that 22%–44% of nurses experience bullying at some point in their professional careers (Jones et al., 2023).

Effective 2022, the Joint Commission published updated standards for the prevention of workplace violence in hospitals. These standards mandate that hospitals manage safety and security risks by:

- Establishing processes for the continuous monitoring, reporting, and investigating incidents related to workplace violence

- Requiring that staff engage in ongoing continuing education and training pertaining to workplace violence

- Creating a culture of safety, including addressing horizontal violence in the workplace
  (Jones et al., 2023; Joint Commission, 2022)

Impacts of Stress

In early research into stress, published in 1946, Hans Selye observed that stress caused patients to suffer physical effects not caused directly by a disease or medical condition. Selye found that stressors may be physical (such as infection, injury, and pain) or psychological (such as fear, anger, and sadness) and that stress also has both physical and mental impacts. Selye described what he called a *general adaptation syndrome,* whereby the body seeks to maintain homeostasis, or balance. He divided his general adaptation syndrome into three stages (see box below) (APA, 2022; Fishman, 2023; Selye, 1956).

Stress can have a major impact on the physical functioning of the human body. It raises the levels of adrenaline and corticosterone, which in turn increases the heart rate, respiration, and blood pressure, and puts more physical stress on bodily organs. In the short term, this allows a person to perform at levels beyond their normal limits (Chu et al., 2024; Office on Women's Health, 2019).

Stressors may, at times, lead to a useful response such as helping people to address and move on from fear, disappointment, pain, and emotional distress. Stress may also help individuals deal with challenging situations, such as speaking in public. In these types of cases, stress hormones quickly return to normal as the stress dissipates (Chu et al., 2024).

Too much stress, however, can have a significant physical and mental impact. It can leave the body in a permanent state of "flight or fight," which leads to feelings of being overwhelmed or unable to cope not only with stress but with activities of daily living (Chu et al., 2024; MHF, 2023).

GENERAL ADAPTATION SYNDROME (GAS)

Alarm Reaction (the body detects the external stimulus and goes into a "fight, flight, or freeze" mode)

1. A "threat-to-survival" message is conveyed by nerves to the hypothalamus in the brain, which chemically communicates with the pineal gland and the pituitary gland, the "master control center."

2. The pituitary gland begins mobilizing the release of adrenocorticotropic hormone (ACTH) and activating hormone release from the adrenal medulla.

3. The adrenal medulla pumps epinephrine, norepinephrine, and other catecholamines into the bloodstream. This causes the following responses:

   - Heart rate and blood pressure rises, increasing blood circulation throughout the body.

   - Muscles tense.

   - Peripheral vision increases.

- Body temperature decreases.

- Pain perception temporarily decreases.

- Airways in the lungs dilate, facilitating oxygenation of blood.

- Plasma levels of glucose, triglycerides, and free fatty acids elevate, giving the body more fuel.

- Platelets aggregate, increasing blood clotting.

- Kidney clearance reduces, preventing water loss.

- Blood flow shifts from intestinal smooth muscles to skeletal muscles, enabling fight or flight.

Adaptation/Resistance (the body engages defensive countermeasures against the stressor and adapts to the stress)

1. Body systems stabilize.

2. Hormone levels return to normal.

3. Parasympathetic nervous system activates.

4. Individual adapts to stress and recovers; however, when the threat continues without relief, then . . .

Exhaustion (the body begins to run out of defenses and the individual fails to adapt to stressors)

1. A physiological response occurs, as in the earlier alarm reaction.

2. Energy levels decrease.

3. Physiologic adaptation decreases.

4. Death may occur.

(Adapted from APA, 2022; Chu et al., 2024; Selye, 1956)

IMPACTS OF STRESS ON PHYSICAL HEALTH

Stress can have significant negative health impacts on the human body. The impact of stress on **cardiovascular status** has been well documented. Studies show that workplace stress is a significant risk factor for cardiovascular disease. Stress is linked to obesity, elevated cholesterol, hypertension, heart attack, tachycardia, and stroke (APA, 2022; Corporate Wellness Magazine, n.d.).

Stress causes the muscles to tense, which can lead to headaches, migraines, and generalized body **aches and pains**. Tension-type headaches are common in women.

Stress is also linked to **gastrointestinal problems**. Short-term stress can cause nausea, vomiting, or diarrhea. Long-term stress can trigger the development of irritable bowel syndrome (IBS), which is twice as common in women as in men. Additionally, stress can exacerbate IBS symptoms such as flatulence and bloating.

Stress increases the amount of the hormone cortisol, which can lead to overeating. In turn, this causes the body to store fat and can lead to **obesity**, which is linked to a large number of health issues such as heart disease and cancer (Office on Women's Health, 2021).

Stress may cause **sleep disturbances,** such as sleeping more or less than usual. People dealing with stress may feel more tired than usual. They may also clench their jaws or grind their teeth while asleep (Marks & King, 2024).

The **respiratory system** is also negatively impacted by stress. Stress can cause hyperventilation and shortness of breath, which exacerbates conditions such as asthma and chronic obstructive pulmonary disease (COPD) (APA, 2022).

Stress can also affect **reproductive functioning,** including a loss of sexual desire and sexual dysfunction. Women who experience chronic or long-term stress are vulnerable to more severe premenstrual syndrome (PMS) symptoms or irregular menstrual cycles. Stress can interfere with the ability of a woman to become pregnant and may also decrease the sex drive. Additionally, women dealing with stress may take longer to become aroused during sexual activity (Marks & King, 2024; Office on Women's Health, 2021).

Stress may also cause infertility problems in men. Studies have confirmed a link between stress and sperm concentration, appearance, and mobility in semen. It is hypothesized that the release of steroid hormone during periods of stress can decrease both testosterone levels and sperm production (Phoenix Sperm Bank, 2022).

IMPACTS OF STRESS ON MENTAL AND BEHAVIORAL HEALTH

Long-term stress increases the risk for depression and anxiety. In the workplace, in addition to the risk for anxiety and depression, the risk of burnout increases. In an effort to cope with stress, people may turn to substance use to alleviate its effects. Employees who are stressed at the workplace are more likely to take part in unhealthy behaviors such as smoking cigarettes, vaping, alcohol and drug abuse, and poor dietary intake (Corporate Wellness Magazine, 2021; Marks & King, 2024).

Stress can lead to a number of signs and symptoms of mental and behavioral health impacts. **Cognitive symptoms** may include:

- Problems concentrating or thinking
- Lack of motivation
- Feeling less commitment to work, family, and other responsibilities

- Memory problems

- Lack of self-confidence

- Negative self-perception

- Ongoing anxiety and worrying

- Difficulty making decisions

Emotional symptoms may include:

- Moodiness or feeling more emotional than usual (e.g., grumpy, tearful)

- Feeling overwhelmed and nervous

- Depression

- Restlessness

- Anxiety

- Low morale

- Irritability

- Agitation

- Feelings of hopelessness

- Feelings of helplessness

- Feelings of unhappiness

- Feelings of guilt

- Being unable to relax

Behavioral symptoms may include:

- Changes in appetite and eating patterns

- Exercising less frequently

- Changes in sleeping patterns

- Nervous habits (e.g., biting nails, grinding teeth, tapping one's foot)

- Increase in use of caffeine, cigarettes, alcohol, or other drugs

- Neglect of family

- Neglect of work responsibilities

- Decline in productivity

- Avoiding friends and family

(APA, 2022; CAMH, n.d.; Marks & King, 2024)

SEVERE STRESS AND PTSD

Healthcare professionals must be alert to symptoms of posttraumatic stress disorder (PTSD), which can be a consequence of severe stress. PTSD occurs after experiencing or witnessing a traumatic event. PTSD can involve symptoms such as:

- Intrusive memories of the event(s)
- Avoiding places, people, or circumstances that are similar to or remind someone of the trauma
- Hyperarousal, which is a state of increased responsiveness to stimuli and includes symptoms such as extreme alertness, anxiety, tachycardia, and elevated respiratory rate

PTSD can interfere with interpersonal relationships, work, and school. Persons dealing with severe stress should be screened for PTSD.

(Marks & King, 2024)

CASE

Carol Williams is a clinical psychologist on the spinal cord injury unit in a large rehabilitation hospital. Because of recent staff shortages, she has been required to work extremely long hours and has been assigned dangerously high patient-to-staff ratios. She previously felt good about her job and confident that, even though her patients were severely injured, she was making a difference in their lives. Lately, however, she has been emotionally and physically exhausted and can't seem to relax. She has been having "nervous headaches," stomach pains, and mood swings, exploding in a rage of anger one moment and bursting into tears the next.

To cope with the stress, Carol has become distant and detached from her team members and patients. She does not actively engage with her coworkers during her shift and has insufficient time to meet all of the needs of the patients. She has expressed her frustration and anger during team meetings when discussing cases, verbally accusing her coworkers of being lax in their commitment to patients.

Because of her behaviors, Carol's coworkers have complained to their supervisor about her attitude. Carol knows she is not managing the situation well, but the stress of the job and lack of support from her supervisor are wearing her down. She feels angry, trapped, insecure, inadequate, and a bit fearful she will lose her job.

Carol knows that she needs to do something to decrease her job stress and improve her relationships with her coworkers. She decides to speak to her supervisor about her concerns and to ask for some help and guidance. Carol understands that leadership has considerable

influence over some conditions that can lead to stress and job burnout. Carol also considers that managers suffer from stress as well.

In addition to addressing workplace issues with her supervisor, Carol also decides to visit her primary healthcare provider for help because of all the health impacts she's been experiencing related to her work-related stress. When asked by her physician, Carol describes her nausea, vomiting, diarrhea, and frequent tension-type headaches. Her exam also indicates an elevated blood pressure (physical health impacts). Carol also describes having trouble making work-related decisions and difficulty concentrating (cognitive symptoms). Emotionally, Carol is also experiencing anxiety, moodiness, feelings of helplessness, irritability, and unhappiness (emotional symptoms).

Discussion

Carol feels overworked and underappreciated. At some point she realized that she was overwhelmed by circumstances related to workload and staffing. She knew she was not performing at the level she expected of herself, and she recognized the physical, cognitive, and emotional symptoms related to the impact of her work-related stress. Carol needed to take steps to improve her work situation to avoid serious physical and emotional consequences.

By acknowledging her difficulties and seeking appropriate help, Carol is beginning to learn how to respond and adapt to the stress. Otherwise, if her stress reaction continues unchecked, a state of exhaustion can develop. It is imperative that, for her physical and emotional health, Carol addresses what is causing her stress and that she develops effective coping strategies.

In addition to Carol's own interventions to address her burnout, she and her supervisor acknowledge the importance of practical strategies involving administration and managerial staff. Without the support of those in leadership positions, her burnout will continue and may increase. Leadership must objectively evaluate staffing and scheduling patterns as well as how employees like Carol are recognized and rewarded for their job performance. This objective evaluation must lead to concrete steps to improve systems and processes that have a significant impact on stress levels and job satisfaction.

(See also "Creating a Healthy Work Environment" later in this course.)

COMMON STRESS-RELATED CONDITIONS

Work-related stress in the healthcare profession commonly manifests in one of several distinct, identifiable conditions. These include:

- **Burnout:** A syndrome that results from unmanaged chronic workplace stress (WHO, n.d.). Burnout has been defined as "a state of emotional, mental, and often physical exhaustion brought on by prolonged or repeated stress" and is most often caused by work-related problems (Psychology Today, n.d.-a).

- **Compassion fatigue:** Occurs when healthcare professionals take on the burdens and suffering of patients, leading to ongoing worries and concerns about patients both on the job and at home. Professionals can become so overwhelmed or overempathetic that they go "numb" to patients' sufferings and experience significant exhaustion both mentally and physically (Videbeck, 2023; Clay, 2022; Psychology Today, n.d.-b).

- **Vicarious trauma:** Defined as "an ongoing process of change over time that is due to witnessing or hearing about the pain and suffering of other people." Vicarious trauma occurs when healthcare professionals identify with the pain of others who have dealt with traumatic events and bring their patients' grief, fear, anger, and despair into their own consciousness and experience (Jefferson Center, n.d.).

Within both healthcare literature and common usage, these terms are sometimes used interchangeably. In general conversation, this may not be an issue, especially if the intent is to share personal experiences or to express concern or empathy. But healthcare providers are more likely to be seeking to understand their reactions or to formulate personal care or prevention plans. In this case, understanding the similarities and differences between these different stress reactions is important.

Burnout

The World Health Organization describes burnout as an occupational phenomenon and defines it as "a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed" and "characterized by three dimensions":

- Feelings of energy depletion or exhaustion

- Increased mental distance from one's job or feelings of negativism or cynicism related to one's job

- Reduced professional efficacy

It is important to note that the term *burn-out* is used specifically in the occupational context and is typically not applied to describe experiences in other areas of life (WHO, 2019).

STAGES OF BURNOUT

Burnout has been described as having five stages:

1. Honeymoon phase
2. Onset of stress
3. Chronic stress
4. Burnout
5. Habitual burnout
   (Hanley-Dafoe, 2024; Integris Health, 2021)

Stage 1: Honeymoon Phase

This phase is characterized by high job satisfaction, energy, and optimism. The employee is committed to the job, energetic, and creative. Although employees may believe that this stage will last indefinitely, job stress is inevitable. Employees should anticipate eventual job stress during the honeymoon phase. Coping strategies should be established in order to support personal and professional well-being.

Characteristics of this phase include:

- Job satisfaction

- Happily accepting responsibility

- High energy levels

- Optimism

- Commitment to the job

- Desire to prove oneself

- Creativity

- High productivity
  (Hanley-Dafoe, 2024; Integris Health, 2021)

Stage 2: Onset of Stress

The second stage of burnout is characterized by an awareness that there are difficult days at work. The effects of the honeymoon phase decrease. Optimism starts to wane, and symptoms of stress begin to appear, including:

- Irritability

- Sleep disturbances

- Trouble focusing

- Reduced social interaction

- Anxiety

- Headaches

- Heart palpitations

- Short-term blood pressure spikes

- Fatigue

- Changes in appetite

- Forgetfulness

- Inability to enjoy activities outside of work
  (Hanley-Dafoe, 2024; Mayo Clinic, 2022; Integris Health, 2021)

Stage 3: Chronic Stress

In the third stage of burnout, chronic stress develops. Symptoms from stage two become more intense, and additional symptoms develop, including:

- Persistent fatigue

- Missed work deadlines

- Procrastination at work as well as at home

- Resentfulness

- Physical illness

- Social withdrawal

- Anger

- Apathy

- Cynicism

- Decreased libido

- Feeling out of control

- Increased alcohol, drug, or caffeine intake

- Feeling powerless

- Withdrawing from family and friends
  (Hanley-Dafoe, 2024; Integris Health, 2021)

Stage 4: Burnout

Stage four is actual burnout. Symptoms become critical, and one's ability to cope is crumbling. It is harder to deal with the responsibilities of work and life, leading to overwhelming physical, emotional, and mental exhaustion. Professional mental health counseling is essential at this stage. People in stage four may exhibit:

- Obsession over problems at work or in life

- Self-doubt

- Physical symptoms increasing in intensity

- Social isolation

- Chronic headaches

- Chronic gastrointestinal problems

- Neglect of personal needs

- Desire to move away from work or friends and family

- Desire to escape from society

- Cynicism
  (Hanley-Dafoe, 2024; Integris Health, 2021)

Stage 5: Habitual Burnout

The final stage, habitual burnout, is characterized by the ongoing mental or physical problems described above. Feelings of chronic mental and physical fatigue may prevent someone from working, which can place their job in jeopardy. Additional symptoms may include:

- Chronic sadness

- Depression

- Chronic mental and physical fatigue
  (Hanley-Dafoe, 2024; Integris Health, 2021)

CASE

About a year ago Dan Ramirez, RN, got his first job as a nurse working in a long-term care facility. Dan's many responsibilities included administering medications, providing wound care, writing care plans, maintaining patient records, and supervising patient care assistants. When Dan began in the job, he felt challenged and proud of his ability to manage so many duties. After a few weeks, when one staff member went on sick leave and another quit, Dan sympathized with his supervisor's difficulty finding qualified help. He enthusiastically assumed additional duties because of insufficient staffing, expecting the situation would last only a few weeks (honeymoon phase).

But soon Dan found himself working overtime almost every day and felt obliged to "do it all." He began having trouble sleeping, became irritable and anxious, and complained of frequent headaches (onset of stress). The additional work hours began to cause trouble at home, with his wife and children saying that they never saw him, and when they did, complaining that he was irritable and impatient.

As the weeks went on, Dan started to feel fatigued almost all day, every day. He discussed his concerns with his supervisor, who told him he was doing a good job and to just "hang in there" until more staff members were hired. Dan resented having to do so much additional work, with no end in sight. He started self-medicating by drinking a couple of glasses of wine before bed and began to feel apathetic toward his job and his colleagues. Dan felt that he no longer had control over his work or personal life (chronic stress).

Then, one day, Dan made a medication error. Fortunately, the patient was not harmed, but the physician scolded Dan loudly in front of other staff members. He was humiliated and began to doubt his abilities and to think of himself as a professional failure, an imposter. He even began to question his decision to become a nurse. As his self-confidence decreased, Dan's self-doubt and detachment increased, and he began distancing himself from his coworkers, family, and friends. He frequently felt nauseous, and his headaches became chronic. He felt that his marriage was also coming under significant strain (burnout).

As the situation continued, Dan became more and more irritable, cynical, and callous. He now felt sad and depressed most of the time. One afternoon he hurt his back lifting a patient and went out on sick leave. After months of physical therapy, surgery, and then more physical therapy, Dan went back to work part-time, but he just couldn't keep up the pace. He felt like a failure, unable to carry on. On the verge of collapse, he quit his job, disillusioned with the nursing profession and the entire healthcare system (habitual burnout).

Discussion
Dan's case illustrates the five stages of burnout. By enthusiastically assuming the duties of the absent attendants and not recognizing the facility's responsibility for adequate staffing, Dan eventually became physically and emotionally exhausted. The resulting impacts on his job performance soon caused him feelings of cynicism and self-doubt. This in turn caused him to become cynical and callous, finally leading to a sense of failure and quitting his job entirely.

RISK FACTORS FOR BURNOUT

Job burnout is caused by many interactive factors; some are due to the personality and lifestyle of the individual and others due to the work environment.

Individual Risk Factors

Individual risk factors for burnout mirror many of the individual risk factors noted in other sections of this course. **Work-related** risk factors for burnout include:

- Lacking control over one's schedule, assignments, and workload

- Having unclear expectations about one's job

- Working long hours (e.g., 12-hour shifts, overtime, being called in when staffing is short, finding it difficult to leave work when the shift is over, being on call)

- Working in busy, high-stress environments

- Lacking the skills needed to do the job

- Lacking social support (isolation)

- Having a work-life imbalance
  (Cleveland Clinic, 2021; Mayo Clinic, 2023a)

Individual personality traits can affect the stress response, which, in turn, can influence the risk for burnout. Many organizations use the Five Factor Model of personality to evaluate job candidates and predictors of burnout. Findings from the majority of studies suggest that the factors of neuroticism, extroversion, openness, agreeableness, and conscientiousness are personality traits that may partially determine stress response and vulnerability to burnout (Lovering, 2022).

- Neuroticism: Neuroticism is defined as a tendency toward anxiety, depression, self-doubt, and other negative feelings. Emotional stability is low. Neuroticism is linked to increased vulnerability to stress (Psychology Today, n.d.-d.).

- Extroversion: Extroversion is a measure of how sociable, outgoing, and energetic someone is. It is typically associated with someone who seeks out excitement and social interactions. Extroverts may be more likely to seek social support when dealing with stress compared to those who are introverted. Extroversion is associated with lower self-reported stress in response to initial stress exposure (Criteria, 2023; Lovering, 2022; O'Riordan et al., 2023).

- Openness: Openness is described as being creative, imaginative, and looking for new experiences. Openness is typically associated with lower stress, while being "closed" is linked to vulnerability to stress (Criteria, 2023; Lovering, 2022).

- Agreeableness: Agreeableness is a reflection of how well people get along with others and how they might interact with team members. It is associated with a lower tendency for self-reported stress, depression, and anxiety (Criteria, 2023; Lovering, 2022).

- Conscientiousness: Conscientiousness is a measure of how careful, deliberate, self-disciplined, and organized someone is. Conscientious people are planners and meet their responsibilities. Although conscientiousness is generally associated with ability to cope with stress, people who are overly conscientiousness (e.g., sacrificing time with friends and family to focus on work) may experience more stress (Criteria, 2023; Lovering, 2022; Psychology Today, n.d.-c.).

Organizational Risk Factors

Increasing attention is being paid to the organizational environment and the development of burnout. Researchers have identified the following organizational risk factors for burnout among healthcare professionals:

- Work process inefficiencies (e.g., computerized order entry and documentation)
- Excessive workloads/caseloads
- Inadequate staffing
- High turnover rates
- Long working hours
- Bullying

- Shift rotation

- Unrealistic goals for employees

- Being assigned tasks outside competency level

- Dysfunctional workplace dynamics

- Unclear job expectations

- Organizational climates characterized by high levels of role overload (when an individual is called upon to fulfill multiple roles simultaneously but does not have the resources to do so) and role conflict

- Lack of opportunities for professional growth
  (Davis, 2024; Pistoia, 2022; Mayo Clinic, 2023a)

PATIENT SAFETY AND BURNOUT

Promotion of patient safety is one of the most important goals in healthcare. Research shows that compromised patient safety is an organizational factor that contributes to burnout and stress. Additionally, burnout and stress have been linked to increased medical errors, staff shortages, and hospital-acquired infections.

What is described as a "better" work environment is associated with enhanced patient safety. Factors that contribute to such an environment include lowered patient loads, ability to complete tasks safely, and reduced burnout. Thus, increasing staffing levels and providing adequate support for caregivers to spend more time on direct patient care increases the safety of the organization and contributes to a lowered incidence of burnout (U.S. DHHS, 2024).

GENDER BIAS AND STRESS

Women may face barriers to communication with an organization's management because of workplace cultures that often exclude women from leadership positions or covertly support an atmosphere that views women as secondary to their male colleagues. Male leaders may believe that women do not succeed or attain managerial and executive positions because they are not qualified or capable of fulfilling the responsibilities associated with leadership positions or even of effective communication.

A meta-analysis on burnout rates based on gender from 71 studies in 26 countries between 1979 and 2022 found that:

- Gender inequality in the workplace led to added stress and burnout for female healthcare professionals.

- Other factors leading to harmful stress include poor work-life integration and a lack of workplace autonomy.

> - Factors that protect women from stress and burnout include a supportive and flexible working environment, access to professional development, supportive relationships, and an intentional mindfulness practice.
> (Fackelmann, 2024)

Compassion Fatigue / Empathy Distress Fatigue

The ability to feel what someone else is experiencing or to "put oneself in another person's shoes" is generally considered to be an essential characteristic of healthcare professionals. However, the ability to relate to and care for others has its limits. Surpassing these limits can result in negative emotions and compassion fatigue or empathy distress fatigue (Cleveland Clinic, 2021).

Compassion fatigue is a term used to describe a state of deep emotional exhaustion resulting from repeated exposures to traumatic situations, hearing about the traumatic experiences of others, or providing care to patients who have had to deal with traumatic situations. This type of exhaustion reduces the healthcare professional's ability to feel empathy for their patients, family, and coworkers. Compassion fatigue occurs when dealing with these traumatic patient situations start to affect thoughts, moods, and well-being outside of work (WebMD, 2022).

In healthcare, *empathy distress fatigue* is another term for the emotional and physical exhaustion that occurs when healthcare professionals care for people day after day under extremely stressful conditions (Cleveland Clinic, 2021).

> **COMPASSION FATIGUE OR EMPATHY DISTRESS FATIGUE?**
>
> The term *compassion fatigue* is used most often to describe the phenomena discussed above. However, some experts in psychology and neuroscience now question this term and believe that this form of fatigue is caused not by compassion but by empathizing with patients.
>
> Compassion is the ability to understand and show concern for the suffering of others while using emotion regulation skills so as **not** to actually feel the suffering oneself. Empathy more commonly refers to sharing the feelings of others, including their fears and stressors, blurring the "self-other" distinction and absorbing another's suffering as one's own.
>
> Thus, these experts recommend using the newer term *empathy distress fatigue* rather than *compassion fatigue*. To date, however, most of the literature continues to use the older term (WebMD, 2022; Cleveland Clinic, 2021).

RISK FACTORS FOR COMPASSION FATIGUE

Both individual and organizational issues contribute to compassion fatigue. Some of these overlap with the risk factors for burnout described earlier in this course.

Individual Risk Factors for Compassion Fatigue

Healthcare professionals at greater risk for compassion fatigue include those who:

- Are in situations where they fear for their safety or the safety of their patients

- Have a lack of or are separated from personal support systems

- Perform physically difficult or exhausting tasks

- Face long-term exposure to overwhelming job demands

- Have a heavy workload

- Do not get enough sleep

- Have substance use issues

- Are exposed to anger or lack of gratitude

- Have excessive empathy

- Feel helpless to deal with work circumstances
  (Thomas, 2022; Cleveland Clinic, 2021)

Others at high risk for compassion fatigue are healthcare professionals who form close, personal relationships with patients or families, especially when personal boundaries are crossed. Sometimes, in an effort to be supportive and empathetic, healthcare professionals begin to slowly cross professional boundaries without actually being aware of what they are doing. Every relationship between a patient and a healthcare professional must be based on the premise of professional behavior.

CROSSING PROFESSIONAL BOUNDARIES

The National Council of State Boards of Nursing (NCSBN, 2018) cautions that inappropriate behavior can be subtle at first. However, all healthcare professionals should be aware of the following "red flags" that warn of the dangers of crossing professional boundaries:

- Discussing one's own intimate or personal issues with a patient

- Engaging in actions that could be interpreted as flirting

- Engaging in inappropriate touching

- Keeping secrets with patients or their family members

- Believing oneself to be the only professional who understands or can help the patient or family members

- Spending more time than is necessary with certain patients

- Speaking poorly about colleagues or employers with patients or families

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- Showing favoritism toward certain patients or family members

- Meeting with patients in settings besides those needed to provide direct patient care

- Posting about patients on social media

(Premier Medical, 2023; NCSBN, 2018)

Organizational Risk Factors for Compassion Fatigue

Anyone who works in a difficult work environment is at risk for stress-related conditions, including compassion fatigue. Organizational factors that contribute to a difficult work environment include:

- Lack of managerial support

- Failure to be recognized for contributions to the workplace (e.g., patient-care outcomes)

- Rotating shifts

- High turnover rates

- Changing job assignments

- Long working hours

- Asking employees to do more with less
  (Davis, 2024; Thomas, 2022)

SIGNS AND SYMPTOMS OF COMPASSION FATIGUE

Symptoms associated with compassion fatigue include:

- Feeling bored with work

- Feeling exhausted most of the time

- Self-medicating with drugs or alcohol

- Feeling detached and distant from patients and colleagues

- Conflicts in interpersonal relationships

- Being irritable and short-tempered

- Difficulty sleeping

- When off duty, worrying about things that may have been forgotten at work or thinking about disturbing events that took place at work

- Mental and physical exhaustion

- Headaches or backaches

- Nausea, especially when going to work

- Substance abuse

- Loss of self-confidence

- Mood swings

- Cognitive impairment (e.g., memory issues, difficulty focusing)
(Davis, 2024; Cleveland Clinic, 2021)

COMPARING COMPASSION FATIGUE AND BURNOUT

The most important step in combatting compassion fatigue is recognizing it. First and foremost, compassion fatigue must be distinguished from burnout. While healthcare professionals can experience both, these are two distinct issues.

Burnout is the result of the long-term effects of unmanaged stress and is associated with workplace stressors such as manager unresponsiveness, lack of camaraderie and teamwork, staffing shortages, working long hours, intense workloads, conflicts with other healthcare professionals, and time pressures.

Compassion fatigue, on the other hand, emanates from the stress healthcare professionals experience from their relationships with patients and families. It occurs when they become depleted from ongoing exposure to another person's traumatic stress or chronic adversity.

(Bachert, 2023; Van Eys, 2022)

Vicarious Trauma

Vicarious trauma occurs when healthcare professionals experience secondary traumatic stress reactions triggered by helping, or wanting to help, traumatized patients and families. It is a process of change due to empathetic engagement with survivors of trauma. Anyone who behaves empathetically with survivors of traumatic incidents is at risk for vicarious trauma. Vicarious trauma refers to negative changes in the healthcare professional's view of self, others, and the world that occur as a result of repeated empathetic involvement with patients' traumas. Vicarious trauma tends to make it difficult to focus and perform duties as assigned (BMA, 2024).

RISK FACTORS FOR VICARIOUS TRAUMA

Individual Risk Factors

Vicarious trauma is influenced by individuals' personal experiences with traumatic events that have impacted them, their family members, or close friends. Such personal experiences can make someone more vulnerable to vicarious trauma. People are also at risk for vicarious trauma if others who work with them are experiencing the phenomenon, thereby becoming a negative

influence on those around them. That is, vicarious trauma can "spread" from one person to another (BMA, 2024; Kane, n.d.).

Persons who work in helping professions are especially vulnerable to vicarious trauma as well as compassion fatigue. Factors that place an individual at high risk for developing either vicarious trauma or compassion fatigue include:

- Personal history of trauma

- Caring for patients who have suffered trauma

- Repeated exposure to patients' narratives of trauma

- Preoccupation with the traumatic stories of the people they care for and work with

- Displaying emotional symptoms of anger, grief, mood swings, anxiety, or depression (which may also indicate that the person is already experiencing vicarious trauma)

- Experiencing physical issues related to stress (e.g., headaches, fatigue, gastrointestinal problems) (which may indicate that the person is already experiencing vicarious trauma)

- Having difficulty maintaining professional boundaries

- Overidentification with the patient

- Becoming emotionally involved with the patient

- Experiencing bystander guilt, shame, or feelings of self-doubt

- Experiencing feelings of powerlessness, hopelessness, and disillusionment (BMA, 2024; Kane, n.d.)

Organizational Risk Factors

A workplace that fails to support its employees increases the risk for vicarious trauma. Specific organizational factors that increase the risk of vicarious trauma in the workplace include:

- Failing to acknowledge the problem and develop a strategy for reducing it

- Failing to provide support services (e.g., mental health resources) to staff who are experiencing patient/family trauma

- Failing to create an environment where persons experiencing vicarious trauma can acknowledge it without fear of ridicule or job compromise

- Failing to know what vicarious trauma is, what strategies can prevent it, and what actions are needed to help those experiencing it

- Failing to acknowledge that managers and supervisors also experience vicarious trauma and require appropriate support

- Failing to provide adequate staffing, equipment, and communication with management

- Failing to recognize the symptoms of vicarious trauma

(BMA, 2024; Sutton et al., 2022)

SIGNS AND SYMPTOMS OF VICARIOUS TRAUMA

Among the **physical** manifestations of vicarious trauma are anorexia and direct gastrointestinal (GI) symptoms such as nausea, stomach pain, and diarrhea. If the person reacts to this GI upset by not eating or eating less than usual, fatigue and reduced energy can result. Paradoxically, both insomnia and hyperactivity are also possible. Headache and chest pain may present (Joyful Heart Foundation, 2022).

Psychological signs may present as exaggerated forms of a person's usual behavior or as reactions not usually seen, at least in the workplace. As the situation continues, these responses may become more frequent, stronger, or require less and less to trigger them.

Among the common presentations of vicarious trauma are the following:

- Irritability, anger, resentment, or cynicism

- Feeling that no matter how much one tries or gives, it is never enough

- Feelings of hopelessness and helplessness

- Feeling disconnected from emotions

- Difficulty in seeing multiple points of view or new solutions to problems

- Having intrusive thoughts or images related to the traumatic events seen or heard about

- Absenteeism from work

- Isolating from family and friends

- Avoidance of work, responsibilities, or engaging in interpersonal relationships

- Dread of activities that used to be positive

- Lacking a personal life outside of work

- Using food, alcohol, or drugs to respond to the trauma

- Extreme concern about the safety of loved ones
  (BMA, 2024; Joyful Heart Foundation, 2022)

CASE

Sara, a respiratory therapist, and Josie, an ICU nurse, have both been involved in caring for critically ill patients with COVID-19 for several years now.

Sara has found herself strongly shaken by the sight of so many of patients who struggle to breathe and who are on ventilators. Sara has also been struggling to deal with the continuing fatalities due to COVID-19 even as the pandemic has waned. Despite postincident counseling

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in the past, developing a meditation practice, and taking time off with her family, Sara has not yet worked through her feelings. She is also finding herself unable to concentrate and experiencing images of her brother, who has COPD, struggling to breathe as he recently battled a serious case of COVID-19. She has also had dreams in which her elderly grandfather is on a ventilator at the point of death.

Josie also cares for critically ill COVID-19 patients nearly every day, which involves patient care in a high-stress environment and often holding patients' hands as they are intubated or as they die. Caring for so many seriously ill patients, hour after hour, day after day, and now year after year, has taken a toll on Josie. She can't remember what it was like to recharge after an intense day. Recently, she has begun experiencing a feeling of detachment from her patients, a loss of interest in ordinary activities, and regular insomnia.

Discussion
Sara is experiencing vicarious trauma as the result of both her ongoing exposure to traumatized, critically ill patients and their families. A unique symptom to this form of job-related stress is Sara's recurring, intrusive images of her vulnerable relatives struggling to survive COVID-19.

Josie is displaying symptoms more characteristic of compassion fatigue brought about by her constant exposure to suffering patients and characterized by her feeling of detachment from her patients.

Both professionals need help to address their stress-related issues, especially since their jobs will continue to expose them to patients who are experiencing severe trauma and death.

CREATING A HEALTHY WORK ENVIRONMENT

The causes and prevention of stress are interrelated, involving both workers who suffer burnout and the environment in which they work. To prevent stress, employers must identify and address workplace factors that cause stress while individuals similarly must identify and resolve stress-producing issues in themselves. When healthcare professionals and their organizations both address these matters then both benefit. Individuals experience less stress, and organizations maintain a staff that provides patients with the highest quality care.

What Organizations Can Do to Improve the Work Environment

Decreasing stress and the trauma it causes is an organizational challenge and requires consistent effort on the part of those in leadership positions. This is not an easy task, and some members of leadership may resist recommended strategies. However, organizations must recognize the threat of healthcare stress and burnout and their consequences. When employees suffer from stress and become cynical, detached, and exhausted, productivity is reduced, standards are compromised, and the reputation of the organization is diminished. This is particularly true of service industries such as those that provide healthcare.

Providing assistance and effective interventions to protect healthcare professionals from the effects of workplace stress are of prime importance in addressing this stress on an organizational level. The Patient Safety Network (PSNET) has identified the need for strategies addressing individual, work unit, organizational, and national factors across seven domains:

- Workload and job demands

- Efficiency and resources

- Meaning in work

- Culture and values

- Control and flexibility

- Social support and community at work

- Work-life integration
  (Yellowlees & Rea, 2022)

Leadership must be aware of these domains and incorporate them as a foundation for their policies and practices regarding stress and burnout.

RECOGNIZING STRESS

Positive organizational climates are characterized by ensuring that employees have the necessary support (e.g., staffing, equipment, orientation) to provide safe patient care. In order to establish such a climate, organizations must address the factors that lead to stress and burnout. It is important that an organization's senior leaders:

- Know the different forms of workplace stress, including burnout, compassion fatigue, and vicarious trauma

- Understand the impacts of stress on both the organization and employees, how to recognize stress, and how to prevent it

- Ensure that mental health services are available to employees, since mental health interventions can help alleviate workplace stress

- Evaluate the working climate of the organization on a regular basis, soliciting input from all employees

- Initiate education and training on the topics of burnout, vicarious trauma, and compassion fatigue
  (BMA, 2024; Thomas, 2022; NCADV, 2018)

The American Heart Association (2023) surveyed working adults to identify best practices to combat burnout and promote employee mental health. Nine employer practices were identified:

- Assess alignment between skillset and job tasks.

- Establish clear roles and responsibilities.

- Regularly assess workloads.

- Design job roles with employee input.

- Establish a training path to develop employee skills.

- Assess whether employees feel supported to lead a healthy life.

- Promote overall employee well-being.

- Discourage work-related technology use after hours.

- Promote employee support (resource) groups.

ASSISTANCE PROGRAMS

Leadership must support current assistance programs or, if they are nonexistent or inadequate, support their establishment. Some assistance programs include:

- Confidential Employment Assistance Programs (EAPs)

- Local peer support programs

- Safe Call Now, a crisis referral service for emergency services personnel, public safety employees, and their families (https://www.safecallnowusa.org/)

- Crisis Text Line, which provides 24/7 support to frontline healthcare workers (text "HOME" to 741741)

- National Suicide Prevention Lifeline, a free and confidential 24/7 resource for people in distress (call 988)
  (Crossroads Hospice and Palliative Care, n.d.)

IDENTIFYING INSTITUTIONAL ISSUES

To prevent burnout in employees, managers in organizations also work to identify the specific institutional issues that create stress and then take measures to alleviate them, namely:

- Unclear job descriptions
- Unreasonable job expectations
- Ambiguous chain of command
- Scant recognition and rewards
- Chaotic or high-pressure environments
- Destructive interpersonal dynamics
- Mismatch of employee strengths with work assignments

- Dubious ethical practices regarding honesty, integrity, kindness, respect, and confidentiality
  (CDC, 2024a; NCADV, 2018; Office for Victims of Crime, n.d.)

Management is recommended to ask—and act upon—the following questions as a strategy to prevent caregiver burnout:

- **Workload.** Are job expectations reasonable? If not, how can they be changed to match the need? Are job descriptions current, clear, and accurate? Is there a mismatch between employee strengths and work assignments? Is the work environment chaotic or high-pressured? If so, how can it be moderated to reduce worker stress?

- **Control.** Is the chain of command clear and understandable? Does it foster efficiency, collegiality, and fulfillment of the organization's mission? Is it being followed? If not, why not?

- **Rewards and recognition.** Are performance standards clearly stated and known by employees? Are workers recognized and rewarded for meeting their performance standards? What else can the organization do to support and encourage employees?

- **Social community.** Is there a positive, collegial work environment? If not, what is hampering its development? What can the organization do to foster a cooperative, supportive environment?

- **Fairness.** Do workers feel they are treated with respect and fairness? Are work schedules flexible enough to get the job done yet meet the needs of staff members? Is there a fair wage for every category of worker? How do wages compare to other similar organizations?

- **Values.** Is the institution known for its integrity? Are the ethical principles of honesty, respect for human dignity, benevolence, autonomy, and justice encouraged and rewarded?
  (ANA, 2024; Mayo Clinic, 2023a)

QUALITY IMPROVEMENT

An organization's quality improvement (QI) personnel, including staff members who serve on QI committees and councils, are good resources for implementing stress-reduction processes. Gathering data on turnover, patient safety, and absenteeism helps to support concerns about stress. Objective QI data helps to alert leadership to barriers and to identify suggestions to reduce them. Leadership personnel should routinely review QI data and make decisions based on findings and staff input. Strategies should also be linked to requirements from accrediting organizations.

(Children's Hospital Association, 2023)

PROVIDING EDUCATION AND TRAINING

All employees require adequate education and training to achieve and maintain competency at work. Formal and informal training can prepare workers to face the unique stressors involved in working in the healthcare profession. Ongoing education and training about stress and how to deal with it are essential, and the benefits may include:

- Improving patient care

- Enhancing professional growth

- Enhancing personal growth

- Keeping knowledge up to date
  (NHA, 2024)

Leaders as well as staff members should attend education classes on workplace stress and other conditions such as burnout, compassion fatigue, and vicarious trauma.

ADDRESSING BURNOUT AMONG MANAGERS

Burnout, exhaustion, and frustration with reimbursement have been identified as reasons why nurse managers consider leaving their managerial jobs. Additional reasons that nurse managers give for burnout among those in leadership roles include:

- Ongoing staffing shortages

- Financial constraints

- Spending 60%–80% of their time on recruitment, staffing, and scheduling

- Increasing patient and family complaints

- Seeing nurses struggle with mental health issues

- Lack of work-life balance

- Guilt in knowing not enough is being done to help staff nurses cope with job stress

- Struggling to project a positive image

- Increasing patient volumes
  (Sherman, 2022)

Survey results have identified several best practices in helping nurse managers fight burnout. These include:

- Interacting with other leaders to share best practices

- Receiving chief nursing officer (CNO) commitment to help nurse managers set boundaries (e.g., not reading emails when off duty, reducing required meeting attendance)

- Establishing manager mentor programs

- Developing the role of assistant managers who are not in the staffing count

- Establishing weekly nurse manager support groups

- Using interim managers when nurse managers are on vacation

- Developing nurse leader strategies to deal with a changing workforce that consists of multiple generations

- Establishing nurse leader appreciation days
  (Sherman, 2022)

Many of these recommendations are also appropriate to other types of healthcare professionals.

What Individuals Can Do to Improve the Work Environment

A positive work environment is linked to better patient outcomes and job satisfaction for healthcare professionals. Walden University (n.d.) offers the following suggestions for ways in which individuals can help improve the work environment.

- Communicate effectively. Be assertive, not aggressive or combative.

- Encourage collaboration. Collaboration with colleagues promotes job satisfaction and reduces turnover.

- Use good decision-making techniques. Become part of clinical and operational decisions.

- Support recruitment and retention efforts.

- Encourage recognition for a job well-done. Recognition can come from colleagues as well as management.

- Improve the environment by example. Colleagues can learn from one another. This is especially true when healthcare professionals exemplify positive work-related behaviors.

CASE

A group of nurse managers has been troubled by an increase in signs and symptoms of burnout being exhibited among staff nurses. They realize that if they do not do something to curtail this increase, patient care will suffer, nurses may quit, and the workplace environment will become increasingly negative.

Some of the managers want to confine their problem-solving discussions to their managerial group. However, the majority of managers want to include staff members in the process. As one manager puts it, "If we don't ask them for input, we will end up failing to address their concerns, and a bad situation will become worse."

A focus group consisting of nurse managers and staff nurses is formed. Although the staff nurses are at first reluctant to speak freely about their concerns, the managers develop an environment for discussion in which the staff nurses eventually provide honest feedback and relay their concerns frankly.

Some initiatives agreed upon by the committee include:

- Developing a staff-driven method of scheduling

- Involving staff nurses in recruitment and retention efforts

- Evaluating job descriptions for clarity

- Establishing a rewards and recognition program

Discussion
The nurse manager group was correct in including staff nurses as part of the problem-solving effort. This helped to gain cooperation and accurately identify areas for improvement. Initiatives were then developed that were important to staff nurses while also helping nurse managers to increase positivity in the work environment.

CASE

Sandra is the staff development coordinator for a volunteer outreach clinic as well as the manager of the clinic's vaccination program. This is in addition to her part-time job at a family practice office. She has also been approached about overseeing an annual health and wellness fair at her church and is seriously considering accepting the position.

Recently, the outreach clinic has been mandated to provide all volunteers with safety and diversity training similar to that required for county employees working in comparable positions. The clinic is given a two-month window in which to complete the training, and Sandra must oversee this effort.

With all that is on her plate, Sandra realizes that her work responsibilities, in addition to her personal and family life, have become overwhelming and that she is perilously close to burning out. Sandra looks at her behavior and realizes there are warning signs she has ignored: her sleep is not restorative, she is much less motivated than usual, she is unusually irritable, and she has stopped doing the "fun" things that had been her recreational outlets.

At the monthly clinic staff meeting, Sandra grumpily admits that she has made very little progress implementing the volunteer training effort. Since both the tenor of her response and her reported lack of progress are not "typical Sandra," her manager, Phong, calls a meeting with Sandra to discuss strategies. At the meeting, they write out all of the tasks currently on Sandra's plate, both those associated with the clinic and others.

Phong remembers that Jorge, a new volunteer, is the trainer for the county afterschool program and recently conducted similar training for that group. She decides to assign Jorge to help Sandra and says she will set up a meeting between the two of them so that they can pool their skills and ideas.

Sandra also admits that she does not really want to volunteer for her church's health fair but would feel guilty saying no since she was told that she was "the only one who could do a good job of it." Sandra realizes this is not the case and identifies several others in her church who have the demonstrated ability to take on this project, resolving to recommend one of them to the pastor.

Sandra leaves the meeting with her manager knowing that she has dodged the bullet of burnout by being proactive in addressing her situation. She resolves to implement the ideas she and Phong came up with, both taking advantage of Jorge's help with the volunteer training and declining to organize the church health fair. She also decides she will talk with her husband about finding ways to have fun together.

Discussion
Sandra and her employer both took preventative steps to avoid her burning out. Together, they assessed her workload and came up with a strategy involving her getting help from a coworker and reducing her other personal commitments.

INDIVIDUAL ACTIONS TO ADDRESS AND RECOVER FROM WORK-RELATED STRESS

Strategies to address work-related stress include the following:

- Applying prevention strategies in the workplace

- Employing problem-solving strategies

- Practicing assertiveness

- Practicing self-care

- Taking a break and getting help

- Identifying and grieving for losses

- Confronting denial and cynicism

- Acknowledging one's limitations

- Establishing personal boundaries

- Talking openly about how job stress affects well-being and job performance

- Identifying and accepting things that are out of one's control

- Employing healthy living strategies (e.g., regular exercise, eating healthy, not smoking)
  (CDC, 2024a; Mayo Clinic, 2023a)

Applying Stress-Prevention Strategies in the Workplace

It is vitally important for healthcare workers to be active in taking good care of themselves while on the job. The following are recommendations to help reduce or prevent stress in the workplace:

- Make a list of work demands/responsibilities, prioritize them, and determine the time needed to complete them.

- Look for opportunities to acquire new skills and participate in continuing education.

- Take breaks and meal times in order to relax and refresh one's ability to go back to work.

- Get outdoors in the sunlight or take a short walk to improve energy and focus.

- Connect with coworkers, even if it is just a greeting at the beginning and end of one's shift.

- Pace oneself and monitor for excessive fatigue, irritability, poor focus, or anxiety.

- Take time to breathe slowly before entering a patient room or a work area, since slow breathing is calming and helps the body cope with symptoms of stress.

- Reframe anxiety-provoking statements (e.g., say, "A great many people get sick and recover" instead of "I might get sick and die").
  (BMA, 2024; CDC, 2024a; Workplace Strategies for Mental Health, n.d.)

Employing Problem-Solving Strategies

Problem-solving is especially difficult for individuals who are stressed because they are emotionally and physically exhausted. Nonetheless, when individuals employ such strategies, they can help prevent the negative impacts of stress. Four common steps in problem-solving are as follows:

1. **Define the problem.** Ask, "What work-related area is causing me stress?" If there are several problem areas, prioritize the list and address the one most amenable to solution. The goal is to identify the problem, not the symptoms of the problem.

2. **Generate alternative solutions.** Consider multiple alternatives. Do not become focused on only one way to solve a problem.

3. **Evaluate and select an alternative.** Choose an alternative that will solve the problem without causing other problems, will be accepted by the individuals involved, can likely be implemented, and fits within organizational goals and constraints.

4. **Implement and follow up on the solution.** Establish a process to evaluate and measure the effectiveness of the alternative chosen.
   (ASQ, n.d.)

Practicing Assertiveness

Many individuals who experience burnout cite working conditions such as inadequate staffing or lack of manager or collegial support. In order to deal with these types of difficult situations, it is important to be able to communicate concerns clearly without becoming angry and accusatory.

If the problem is with staffing, for example, do not start by blaming the manager. Always come prepared with recommendations for helping to defuse the problem (Mayo Clinic, 2024). Do **not**, for example, simply demand that more staff be hired. There may be budgetary constraints or lack of qualified candidates. What actions could the staff take, working as a team, to resolve these issues? How should communication take place?

Make sure not to engage in negativity or complaining about managers or colleagues. Negativity spreads rapidly, may cause people to become aggressive and have hurt feelings, and generally does nothing to help the situation. Consider that it is important to:

- **Avoid complaining.** It may be tempting to vent frustrations at work, but one's comments will be spread among colleagues and probably exaggerated. Complaining may also result in receiving some of the blame for current work-related difficulties and lead to a reputation as a complainer. Vent frustrations and concerns to trusted friends or family members outside of the workplace.

- **Follow the chain of command.** Most, if not all, organizations have a chain of command for expressing concerns and proposing solutions. This usually means starting with one's immediate supervisor. It is important not to bypass the immediate supervisor and go to the next person in the chain of command unless one has already followed the organization's policies and procedures for problem resolution. In cases where one may think, "But the supervisor never listens to anything I have to say," it can be useful to analyze the way one is approaching the supervisor: Do you ask in advance to have a particular topic addressed during a staff meeting, or do you surprise the manager with unexpected complaints? Are you aggressive instead of assertive in your communication (see box below)?

- **Promote a healthy work environment.** Voice your concerns skillfully to your manager and cooperate with your coworkers on addressing areas for improvement.

- **Analyze your communication style.** Aim to come across as confident and assertive, not angry and aggressive. Before you walk into a staff meeting, consider constructive ways to contribute. For instance, if staffing issues are on the agenda, begin by making recommendations to deal with current shortages.
  (Mayo Clinic, 2024)

It may be challenging to maintain assertiveness. Assertiveness training can help enhance confidence, improve problem-solving skills, and increase one's ability to improve the workplace environment.

DIFFERENTIATING BETWEEN ASSERTIVENESS AND AGGRESSION	
Assertive	**Aggressive**
Stating opinions while being respectful of others	Attacking or ignoring others' opinions
Speaking in a calm tone of voice and actively listening to the opinions and concerns of others	Interrupting and talking over others, often in loud, even shouting, ways
Making good eye contact	Frowning and staring at others in an attempt to make them uncomfortable and/or intimidate them
Having a relaxed posture and respecting others' personal space	Displaying a rigid posture, crossing the arms, and invading the personal space of others
Remaining calm	Shouting and losing one's temper
Listening respectfully to what others have to say	Ignoring others or discounting what others say
Adopting a problem-solving approach so that all parties involved in conflict or problem resolution come to an agreement that benefits, as much as possible, everyone involved	Wanting to "win"; seeing only one's own point of view and wanting to achieve it without caring if others are hurt in the process; not looking at the whole picture to benefit everyone
(Perry, 2024; Arocho, 2021)	

BODY LANGUAGE AND ASSERTIVENESS

Assertive people ensure that their body language is consistent with their verbal communications and portray themselves as open and caring. For example:

- Being alert to one's facial expressions

- Avoiding closed body postures such as crossing the arms over the chest or crossing the legs

- Assuming an "accepting" body posture with both feet on the floor, knees parallel, and hands at the sides

- Keeping one's voice calm and audible

- Maintaining eye contact

(Videbeck, 2023)

Practicing Self-Care

Self-care means caring for oneself. When people who are burned out finally stop and get help, they are beginning to nurture themselves. Self-care is a conscious awareness of personal needs, with the focus on taking responsibility for oneself.

Ultimately, such self-nurturance is a measure of maturity. It means taking care of one's own basic needs for survival, safety and security, belonging and affection, respect and self-respect, and self-actualization. Practically speaking, self-care means creating a healthy lifestyle, finding a good work-life balance, and engaging in self-actualizing activities. Strategies include:

- Making a life beyond work by engaging in nonwork activities and developing interpersonal relationships outside of the workplace

- Maintaining a healthy diet and participating in regular exercise (e.g., biking or walking to work if possible)

- Avoiding alcohol, drugs, and excessive amounts of caffeine

- Getting an adequate amount of sleep

- Keeping up connections with friends and family, since meaningful interactions with loved ones is important for well-being

- Asking for help from a support network of friends, families, and colleagues in order to problem-solve together

- Evaluating other career options

- Seeking out services from a mental health professional when needed
(BMA, 2024; Mayo Clinic, 2024; Cleveland Clinic, 2021)

RELAXATION AND MINDFULNESS PRACTICES

Healthcare professionals may have experienced high levels of stress for such a long time that they no longer know how to relax. Their home and work environment may be so demanding that they can no longer take time for themselves, or they may feel guilty when they take a moment to relax.

The following breathing exercise is one example of a practice that can help one relax in a stressful situation:

1. Wearing comfortable clothing, find a quiet place and stretch your whole body. Then, sit down in a comfortable chair where you will not be disturbed. It is best to uncross your legs and rest your hands on your lap, separately. You may also lie down if you like.

2. Close your eyes.

3. Breathe in while imagining that the air is filled with a sense of peace and calm.

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4. Breathe out while imagining stress leaving your body with the exhalation.

5. Use a word or phrase as you breathe. For example, you might think "I am calm and without stress."

6. Continue for about 10 minutes.
(Fowler, 2024)

Mindfulness meditation is another increasingly popular form of therapy. It is characterized by achieving a mental state of calm concentration and positive emotions. Mindfulness consists of two steps. The first is attention. This involves directing one's focus on the breath, thoughts, and physical sensations one is currently experiencing. The second step is acceptance. This involves observing one's feelings and sensations without judgment. Instead of responding negatively to feelings, the goal is to take note of them and let them go (WebMD, 2024).

Taking a Break and Asking for Help

Stressed individuals may find that they have used up their emotional and physical reserves. When people acknowledge they are stressed, they need to take a break and get help. It is important that healthcare professionals realize that taking care of themselves is the most important step for them to continue to care for others.

It is normal to feel anxious when needing help from a supervisor or colleague, because one may fear receiving unwanted advice, shaming, or rejection. All relationships benefit when people admit they are struggling and express their needs. This allows others to do the same. It is important for healthcare professionals to acknowledge when they are hurting and to return support and caring to colleagues as well as patients (Mayo Clinic, 2023a).

Identifying and Grieving for Loss

As burned-out individuals scrutinize each part of their story, it is not unusual to find that one or more of the pieces is a jagged, unhealed, unresolved loss. That loss may be their reputation, a cherished loved one, a prized possession, their health, an opportunity, or some other treasured thing.

When unresolved bereavement is a factor in burnout, it is important to engage in what some call *grief work*. This is an emotional process through which bereaved individuals re-experience their loss, loosen the ties to it, and gradually adjust to life without the cherished person, item, or situation. To facilitate the grieving process, individuals set aside a time to grieve during which they allow themselves to re-experience the loss. At the end of the allotted time, they "close the book," dry their tears, and return to activities of daily living. They do this repeatedly and over time. Such grief work facilitates a separation from what has been lost (Joyful Heart Foundation, 2022).

Confronting Denial and Cynicism

When individuals are in positions of high stress and overwhelming anxiety, they may not realize just how stressed they have become. They may insist they can "handle it," whatever "it" may be. Over time, they become distraught, distrustful, and skeptical of the goodwill of others. They may attempt to protect themselves with a defense of cynicism and denial. This does not work because denial is a lie they tell themselves.

When people confront the truth and admit their exhaustion, cynicism, and vulnerability, they open the door to health and healing. In fact, truth does set people free. As soon as they accept themselves just as they are, honestly admitting their frailty, failures, and fatigue, they are relieved of the burden of being perfect and are able to replace denial, cynicism, and fear with acceptance, joy, and hope (Thomas, 2022; Mayo Clinic, 2023a).

Acknowledging Limitations

Often, individuals who are burned out have been trying to be "super-beings." They have been strong and accommodating, worked diligently, and persevered no matter what was asked of them. Things are different now. When people reach the end-stage of burnout, they must admit that they are not super-beings; they are human beings and have limits. These limits may be different from other people, but they are real for that individual. As with denial, when people admit they are less than perfect, they are wonderfully liberated. In the future, they will be better equipped to heed the signs and symptoms of emotional and physical exhaustion (Mayo Clinic, 2023a).

Establishing Personal Boundaries

Setting personal boundaries means knowing who you are, where you begin and where you end, and when to say, "This is my responsibility and that is yours." Typically, healthcare professionals are empathetic, understanding, and nurturing. When individuals fail to maintain personal boundaries, they may exercise inappropriate control over others and become unwittingly codependent (Mayo Clinic, 2023a; NCSNB, 2018).

CASE

Sierra, a physical therapist (PT), is the rehab director in a community hospital. She loves her job and has been able to earn the respect of both her staff and her administrative supervisors.

Recently, the hospital underwent an upper management change, and Sierra's new boss made drastic cuts in staffing until the next fiscal year, reducing the PT staff from 16 therapists to 10. He informed Sierra that she must now assume a full caseload of patients while continuing to fulfill her directorial responsibilities. Lately, she has increasingly found herself staying at work until after 9 p.m. in order to make sure that all patient consults and treatments have been addressed and all required paperwork and billing completed.

At home, Sierra has begun to have trouble sleeping and can't seem to stop worrying about things she may have left undone at the hospital that day. Her fiancé, Jamal, has noticed that she is growing shorter-tempered, frequently exploding over things that never would have bothered her before, and refusing invitations from their friends in order to stay late at the hospital.

Late one evening Jamal became concerned that Sierra was not yet home from work and was not answering her cellphone. Finally, he drove to the hospital and found Sierra surrounded by patient files, frantically completing notes. When Jamal walked into the room, Sierra burst into tears and said, "I don't think I can do this anymore." Jamal drove Sierra home, served her dinner, and drew her a hot bath. Then, they sat down on the sofa, and Sierra admitted that she was in over her head. She was experiencing burnout and needed to address her situation and recover her balance.

The next day, Sierra met with her boss and said that she simply could not continue both to manage the rehab department and to assume responsibility for a full patient caseload. Sierra explained that, while she took patient care and the needs of the department very seriously, her own health had started to suffer and that she was no longer willing to sacrifice herself. She asked the administrator if a compromise could be reached or if she should begin seeking employment elsewhere.

The administrator recognized signs of employee burnout and, not wanting to risk losing Sierra, realized that he must address the situation on an organization level. He agreed to contact a staffing agency and arranged for a per diem PT to join the department on a temporary basis until staffing issues were resolved. Sierra agreed to keep a small patient caseload until the new per diem PT was hired and while fulfilling her managerial role, with the additional requirement that she be offered fair financial compensation for doing so.

With a per diem PT in place two weeks later, Sierra returned to working a fairly typical 40-hour workweek most of the time, although she occasionally stayed late to work on managerial duties. Sierra and Jamal used some of the extra money she had earned to enroll together in a weekly yoga and meditation class at the local YMCA.

Discussion
Sierra took several actions to address and recover from burnout. First, she acknowledged her limitations and established boundaries during her discussion with the hospital administrator. She employed a problem-solving approach by setting an objective of reducing her responsibilities and by leveraging the administrator's responsibility to make a change to her situation. Sierra reduced her stress by enrolling in a yoga and meditation class. She also had the benefit of a strong support system at home, which facilitated her recovery from burnout.

STRESS AND SUICIDAL IDEATION IN HEALTHCARE PROFESSIONALS

Suicide rates among healthcare professionals have reached staggering levels. Therefore, experts are warning healthcare systems to focus more on emotional support programs designed to reduce stress, burnout, and compassion and empathy distress fatigue (Chard, 2021).

Compared with non-healthcare workers, suicide rates are significantly higher for healthcare workers overall. These findings correlate with research findings that show healthcare workers are at increased risk compared with non-healthcare workers for mental health problems such as mood disorders (Olfson et al., 2023).

Findings have not identified specific healthcare work-related occupational exposures that add to suicidal ideation. For instance, burnout has been associated with suicidal ideation in some, but not all, research studies. Work and home stress have been found to be related with increased suicide risk, while social integration was associated with reduced risk (Olfson et al., 2023).

A study conducted by the University of Michigan determined that the incidence of death by suicide between 2017–2018 (per 100,000) was:

- Nurses: 17.1 (women), 31.1 (men)
- Physicians: 10.1 (women), 31.5 (men)
- General population: 8.6 (women), 32.6 (men)
  (Davis et al., 2021)

Risk Factors for Suicidal Ideation

The risk factors for suicidal ideation can be subdivided into the categories of workplace stressors, home-life stressors, and individual risk factors.

Workplace stressors:

- Shift work/working hours
- Management issues
- Lateral violence (horizontal violence)
- Bullying
- Workplace conflict
- Inadequate preparation for role

Home life stressors:

- Financial stressors

- Relationship stressors

- Drug or alcohol use by self, family, or significant others

- Being the primary caregiver for children or parents

- Lack of an adequate support system

- Violent relationships

- Social relationships

- Family history of death by suicide

Individual risk factors:

- Previous suicide attempt(s)

- History of depression and other mental illnesses

- Chronic illness

- Substance use/abuse

- History of child abuse

- Financial problems

- Legal/criminal problems

- Easy access to firearms and other means of death by suicide

- Feelings of hopelessness
  (CDC, 2024c)

Warning Signs of Suicidal Ideation

The American Foundation for Suicide Prevention has published the following list of warning signs for suicide attempts:

WARNING SIGNS FOR SUICIDAL IDEATION	
Verbal comments (topics an individual talks about)	• Killing or hurting oneself • Feeling hopeless • Having no reason to live • Feelings about being a burden to others • Feeling trapped • Having unbearable pain
Behaviors	• Increased drug and alcohol use

	• Investigating how to die by suicide • Withdrawing from social activities • Isolating from family and friends • Sleep disturbances • Communicating with people to say goodbye • Giving away prized possessions • Aggression • Fatigue
Moods	• Depression • Anxiety • Irritability • Humiliation • Shame • Agitation • Anger
(AFSP, n.d.)	

It is also important to take note if a coworker has a sudden improvement in mood and behaviors. This may indicate that the person has made the decision to die by suicide and is relieved about the decision.

What to Do When Someone Is Suicidal

Healthcare professionals begin an assessment for potential suicide by asking the individual direct questions about suicidal thoughts or feelings. Asking direct questions will not prompt someone to do something that is self-destructive. On the contrary, it may help the healthcare professional to identify persons at risk for death by suicide. Examples of questions to ask include:

- Are you thinking about hurting yourself?

- Have you ever thought about suicide?

- Are you thinking about dying?

- Do you have a plan to harm yourself?

- Do you have access to weapons or things that can be used to harm yourself?
  (Mayo Clinic, 2023b)

It is also important to be alert to warning signs described previously. If someone is on the verge of death by suicide, immediate help is needed.

- Do not leave the person alone.

- Call 911. The person needs emergency intervention.

- Assess whether the person is under the influence of drugs or alcohol or has taken an overdose.

If someone talks about suicide and suicide is a possibility, help should be obtained from a trained professional as quickly as possible. The person may need hospitalization until the suicidal crisis has resolved. The person is also encouraged to call a suicide hotline number (see "Resources" at the end of this course) (Mayo Clinic, 2023b).

CONCLUSION

Stress and burnout can significantly affect individual healthcare professionals, the organizations for which they work, and the people to whom they give care. Healthcare professionals are at an increased risk for workplace stress because of the demanding nature of the job. By understanding and addressing its causes, job-related stress can be reduced. Both individual and institutional strategies can be employed to address and prevent workplace stress, thereby creating a healthier environment for both healthcare professionals and their patients.

RESOURCES

Burnout: Symptoms, treatment, and tips on how to deal (Helpguide.org)
http://www.helpguide.org/articles/stress/preventing-burnout.htm

Holistic self-care strategies for nurses (American Holistic Nurses Association)
https://www.ahna.org/American-Holistic-Nurses-Association/Resources/Stress-Management

Job burnout: How to spot it and take action (Mayo Clinic)
http://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/burnout/art-20046642

988 Suicide & Crisis
Lifelinehttps://988lifeline.org/?utm_source=google&utm_medium=web&utm_campaign=onebox

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TEST

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1. Which statement accurately describes work-related stress?

    a. Work-related stress is typically avoidable in the healthcare field.
    b. Everyone deals with on-the-job stress in the same way.
    c. Childhood events have no impact on the way someone responds to stress at work.
    d. Work demands that are not matched to someone's knowledge lead to stress.

2. Which bodily response occurs during the "alarm" stage of stress, when the adrenal medulla pumps epinephrine, norepinephrine, and other catecholamines into the bloodstream?

    a. Airways in the lungs constrict.
    b. Heart rate and blood pressure become elevated.
    c. Plasma levels of blood glucose decrease.
    d. Kidney clearance increases.

3. Which stage of burnout is represented by someone who begins to become aware that there are difficult days at work and whose feelings of optimism start to wane?

    a. Stage 1: Honeymoon phase
    b. Stage 2: Onset of stress
    c. Stage 3: Chronic stress
    d. Stage 5: Habitual burnout

4. Which healthcare professional is at **highest** risk for burnout?

    a. An experienced critical care nurse who works in the emergency department
    b. An oncology resident who often works 12-hour shifts
    c. A recently divorced single mother who works extra shifts on a short-staffed ICU
    d. A supervisor who is helping staff members implement a self-scheduling system

5. Which action is an example of crossing professional boundaries?

    a. A physical therapist believes they are the only professional who truly understands the patient's needs.
    b. A nurse provides a patient with educational materials regarding community resources for job counseling.
    c. A social worker schedules an appointment with a patient and her family to discuss discharge planning.
    d. A physician meets with a comatose patient's family to discuss end-of-life care.

6. Which statement accurately describes vicarious trauma as experienced by a healthcare provider?

    a. Can cause changes in view of self, others, and the world
    b. Involves feelings of resentment toward patients
    c. Seldom affects the ability to perform work-related duties
    d. Is a substitute term for the physical symptoms of anxiety

7. Which action is effective for an organization's leaders to take in order to reduce stress in the work environment?

    a. Circulating a memo asking employees to "do more with less" due to budget cuts
    b. Ensuring the availability of mental health services to employees
    c. Using the terms vicarious trauma and burnout interchangeably
    d. Asking managers to take on additional patient care assignments along with their managerial duties

8. Which scenario demonstrates a manager taking effective steps to reduce the incidence of burnout?

    a. A new nurse manager uses shift report to criticize nurses for complaining about staffing shortages.
    b. The chief executive officer of a hospital decides to reduce funding for the employee recognition program in order to save money.
    c. The director of the emergency department convenes a staff meeting to ask employees about ways to foster a collegial work environment.
    d. The manager of the neuropsychology department assigns a new psychologist a complex caseload to help her learn to cope with the demands of the job.

9. Which action is a recommended strategy to help oneself address work-related stress?

    a. Establishing personal boundaries
    b. Feeling free to point out coworkers' inadequacies
    c. Saying to oneself, "I can do anything!"
    d. Taking on new responsibilities at work

10. Which action is recommended to help someone showing signs of suicidal intent?

    a. Avoid asking direct questions about suicidal thoughts, since this might prompt the person to act on those thoughts.
    b. If someone is on the verge of suicide, leave the person alone in a quiet room while calling 911.
    c. Be alert for warning signs such as someone giving away possessions or increasing use of alcohol.
    d. Remember that healthcare professionals are much less likely to die by suicide than the general population.