Stress, Anxiety, Burnout
A snapshot from the BC Nurses’ Workload Impact Study
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University of British Columbia
STRESS: PEOPLE VERSION

- Increased cholesterol and fatty acids in blood for energy production systems
- Decreased protein synthesis; intestinal movement (digestion); immune and allergic response systems
- Increased blood pressure
- Increased metabolism; e.g., faster heartbeat, faster respiration
- Localized inflammation (redness, swelling, heat and pain)
- Faster blood clotting
- Increased production of blood sugar for energy
- Increased stomach acids
STRESS: PLASTIC VERSION

- Linear elastic range
- Plastic range
- Yield stress
- Elastic limit
- Failure
- Plastic deformation
- STRAIN
STRESS, ANXIETY, BURNOUT

Burnout = chronic stress + anxiety
  > Emotional exhaustion
  > Depersonalization/devaluation
  > Cynicism

An example:

1. Snakes = high anxiety for some people
2. Encountering a snake = a stressful situation
3. Snake encounters every day → snake burnout!
SOME WORKPLACE STRESSORS

> Aggression
> Incivility
> Workload
  > Emotional
  > Cognitive
  > Physical
> Professional Standards (not met)
OTHER THINGS TO KNOW ABOUT BURNOUT...

> Persistent stressors → Burnout
> Burned out nurses leave—their jobs, nursing
> Burnout is the opposite of engagement
> Engaged nurses are more productive
> Engaged nurses enjoy their work
> Engaged nurses stay—on their jobs, in nursing
WHAT MATTERS TO NURSES?
THE RN4CAST SURVEY

> A global survey tool
  > The US
  > The UK
  > The EU
  > Asia

> It measures:
  > **Demographics** (age, gender, experience, education)
  > **Work Environment** factors (staffing levels)
  > **Nurse Outcomes** (burnout, intent to leave)
WHAT WE DID

> How Many and Who
  > N=20,000
    > RNs, RPNs, & LPNs
    > Direct care, managers, & educators
    > Acute, Residential, & Community care sectors

> How
  > BCNU Data Base
  > Post cards
  > Fluid Survey
WHO RESPONDED

> Over All
  > About 2000

> Acute Care
  > n=1800
    > Direct Care
    > N=1512
ACUTE CARE DIRECT CARE PROVIDERS: WHAT WE HAVE FOUND SO FAR...
## BC REGULATED NURSING WORKFORCE PROFILE: CIHI 2011

<table>
<thead>
<tr>
<th></th>
<th>CIHI</th>
<th>BCNWIS</th>
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<tbody>
<tr>
<td><strong>Mean Age</strong></td>
<td>45</td>
<td>42</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>92%</td>
<td>89%</td>
</tr>
<tr>
<td>Male</td>
<td>8%</td>
<td>11%</td>
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<tr>
<td><strong>Professional Designation</strong></td>
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</tr>
<tr>
<td>RN</td>
<td>74%</td>
<td>83%</td>
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<tr>
<td>LPN</td>
<td>21%</td>
<td>16%</td>
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<tr>
<td>RPN</td>
<td>5%</td>
<td>1%</td>
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<tr>
<td><strong>Employment Status</strong></td>
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<td></td>
</tr>
<tr>
<td>Full-time</td>
<td>49%</td>
<td>55%</td>
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<tr>
<td>Part-time</td>
<td>24%</td>
<td>25%</td>
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<tr>
<td>Casual</td>
<td>28%</td>
<td>20%</td>
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<tr>
<td><strong>Education</strong></td>
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<td></td>
</tr>
<tr>
<td>Diploma</td>
<td>68%</td>
<td>35%</td>
</tr>
<tr>
<td>BSN</td>
<td>30%</td>
<td>55%</td>
</tr>
<tr>
<td>Other</td>
<td>1.6%</td>
<td>10%</td>
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</table>
WORK ENVIRONMENT FACTORS: STAFFING LEVELS

- ICU: 1.9
- Specialty Units: 3.5
- Medical/Surgical: 4.7
- Palliative Care: 6
- Psychiatry: 7
- Rehabilitation: 13

Patients per RN and Patients per regulated nurse (RNs, RPNs, and LPNs)
EMOTIONAL EXHAUSTION AND PTSD

- **Low EE**: 30%
- **Moderate EE**: 25%
- **High EE**: 45%

**Total PTSD Scores**
- **0**: 50%
- **1**: 15%
- **2**: 16%
- **3**: 10%
- **4**: 9%
NURSE ADVERSE EVENTS OCCURRING A FEW TIMES A MONTH OR MORE

> Most Frequent
  > Sleep disturbances/insomnia (65%)
  > Emotional abuse by patients and/or families (34%)
  > Anxiety (e.g., panic attacks) (28%)
  > Physical abuse by patients and/or families (23%)
  > Musculo-skeletal injury (back or muscle strain injury) (20%)
NURSE SUPPORT USED A FEW TIMES A MONTH OR MORE

<table>
<thead>
<tr>
<th>Nurse Support</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional medical support (e.g., physician, specialist, chiropractor)</td>
<td>23</td>
</tr>
<tr>
<td>Professional emotional/psychological support (e.g., counseling, psychiatry)</td>
<td>4</td>
</tr>
<tr>
<td>Spiritual support (e.g., chaplain, rabbi)</td>
<td>5</td>
</tr>
<tr>
<td>Other sources of support (e.g., friends, family, colleagues, exercise, hobbies)</td>
<td>79</td>
</tr>
</tbody>
</table>
NURSE AIDS USED A FEW TIMES A FEW TIMES A MONTH OR MORE

- Street Drugs: 1%
- Anti-depressants (e.g., Prozac, Paxil): 4%
- RX Pain relievers (e.g., Percocet): 5%
- RX Anti-anxiety medications (e.g., Ativan): 8%
- RX Sleeping aids (e.g., Zopiclone): 14%
- OTC Stimulants (e.g., caffeine pills): 21%
- Alcohol: 28%
- OTC Sleeping aids (e.g., Benadryl, Gravol): 29%
- OTC Pain relievers (e.g., Tylenol): 49%
JOB SATISFACTION AND INTENT TO LEAVE

Job Satisfaction
   > 57% satisfied
   > 43% dissatisfied

Intent to Leave Over the Next Year
   > 60% unlikely
   > 40% likely

Reasons?
## INTENT TO LEAVE REASONS: RNS VS. LPNS

<table>
<thead>
<tr>
<th>Top Five Reasons</th>
<th>%</th>
<th>%</th>
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<tbody>
<tr>
<td>Workload</td>
<td>74</td>
<td>75</td>
</tr>
<tr>
<td>Physical demands of nursing</td>
<td>51</td>
<td>67</td>
</tr>
<tr>
<td>Burnout</td>
<td>50</td>
<td>69</td>
</tr>
<tr>
<td>Inability to provide safe, competent care</td>
<td>50</td>
<td>67</td>
</tr>
<tr>
<td>Career advancement</td>
<td>42</td>
<td>23</td>
</tr>
</tbody>
</table>
INTENT TO LEAVE REASONS: RNS VS. LPNS

> RNs>LPNs
  > Career advancement

> LPNs>RNs
  > Inability to provide safe, competent care
  > Physical demands of nursing
  > Too much responsibility
  > More time with family
  > Health Problems
  > Poor salary
  > Burnout
EMOTIONAL EXHAUSTION AND INTENT TO LEAVE: RNS VS. LPNS

> Emotional exhaustion levels: No differences

> Intent to leave and emotional exhaustion
  > RNs with high emotional exhaustion → intent to leave
  > LPNs with high emotional exhaustion → intent to leave
YOUR COMMENTS

**Acute care nurses**: >100 single spaced, back-to-back pages of comments and stories

**Community care**: > 33 pages

**Residential care**: > 10 pages
### MAJOR THEMES

<table>
<thead>
<tr>
<th>Themes</th>
<th>Acute #s</th>
<th>Community #s</th>
<th>Residential #s</th>
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</thead>
<tbody>
<tr>
<td>Lack of support</td>
<td>138</td>
<td>51</td>
<td>21</td>
</tr>
<tr>
<td>Distress Fatigue</td>
<td>95</td>
<td>24</td>
<td>9</td>
</tr>
<tr>
<td>Workload</td>
<td>94</td>
<td>38</td>
<td>27</td>
</tr>
<tr>
<td>Valuing</td>
<td>61</td>
<td>32</td>
<td>7</td>
</tr>
<tr>
<td>Survey (thanks)</td>
<td>41</td>
<td>22</td>
<td>4</td>
</tr>
<tr>
<td>Staff safety</td>
<td>30</td>
<td>22</td>
<td>5</td>
</tr>
</tbody>
</table>
“We do more with fewer resources. This leads to everyday moral distress because we want to give patients the care they need and deserve—the care we promised to deliver to them when we committed to be professional nurses.”

“I have seen nurses break down and cry at work because they feel so awful about the care of their patients. And no one listens.”
ACUTE CARE QUOTES

“All our nurses have very high standards but are pressured daily to meet these standards because of time constraints. I feel that we do meet these standards, but it leaves us all drained physically and emotionally.”

“At times I feel burned out but also very saddened because I do not have the time to look after my patients in the holistic healing manner in which I was trained. When people are physically sick their spirit is sick also, and they need encouragement, empathy, love. They so often express to me that they feel like nurses have no time and are always rushing. Patients express that they feel like a bother. All these things make me sad and feeling unfulfilled.”
“...I have noticed a marked deterioration in our ability to create and sustain relationships with families, schools and other agencies in our communities. ..It’s as if those in the know in the top levels of health program development, policy makers and management, have forgotten or are not aware of what creates the successful backbone of health promotion and primary prevention—relationships. They have tarnished our capacity to have quality relationships. Sad to say, you don’t know what you have until it is gone.”
COMMUNITY CARE QUOTES

“There are less nurses working each day making it difficult to conduct team meetings and plan community development strategies. Instead of more nurses being hired into public health positions, these positions are disappearing. As nurses, we all need to stand up for our clients and for public health nursing.”
RESIDENTIAL CARE QUOTES

“If you want to meet over-worked, burned out nurses, this is the place to go. We no longer feel like nurses that can do good hands-on care—we are nurses that ‘just do’ as quick as we can to get everything done.”

“This place is broken and the staff have such poor morale. It is a shame, because this could be a great place. I have burnt out and do not know if I can continue much longer. I had such high hopes and I thought I could make a difference—but I can’t.”
RESIDENTIAL CARE QUOTES

“I really enjoy where I am working now because I feel that I can practice safely. I worked in other places and I saw lots of shortcuts made. When I brought it up to management, I was basically told that it’s way worse somewhere else. This is why I choose to work only here.”
“ I just wanted to say that I do love nursing and I love my residents—I want them to be safer. A place where I can take a few moments to settle them so that they do not fall; time to assess them properly so that they do not suffer pain; time to ease the emotional burdens of family members; time for me as a care provider to know that I did what I could for them.”
BURNOUT RESEARCH

Nurses’ Work Environment
Leiter, Maslach, Laschinger

> **Workload** (staffing levels, work left undone)

> **Control** (say in decision-making)

> **Reward** (acknowledgement for work well done)

> **Community** (social supports, cohesion)

> **Fairness** (social justice, equity)

> **Values** (professional standards)
WORK ENVIRONMENT DE-STRESSORS

**Workload**

> Nurse: patient ratios

> Staffing plan processes
  > Real-time staffing tools
  > Nurse-nurse manager shared decisions

**Control**

> Shared governance councils

> Innovation work groups (TCAB, 80/20 model)

**Reward**

> Professional development opportunities
OTHER DE-STRESSORS?

Fairness

> Vision/Mission

> The Social Determinants of Health

Values

> Evidence that nursing is valued within the organization
  > Nurses’ Week celebrations
BURNOUT WARNING SIGNS

Excessive or compulsive behaviours

> Over-eating or under-eating

> Habits: smoking, drinking, OTCs, shopping

Manners: outbursts, detachment, withdrawal, cynicism, rudeness

Physical: nausea, insomnia

Psychological: loss of joy, loss of self-worth
REVITALIZATION
STRESS MANAGEMENT

Meditation, journaling

Therapy: Cognitive emotional behavioural therapy (CEBT)

Assertiveness training

Peer support groups

Exercise

Hobbies

Humour

Massage therapy
MORE STRESS MANAGEMENT

Biofeedback

Acupuncture

Aromatherapy

Changing where you are: Whenever possible, get out of a toxic environment

Others???
CHOICE

“I might as well accept my situation.”

Or

“I will not accept the status quo.”
THE END

Questions?