Emotional Hazards of Nurses' Work

A Macro Perspective for Change and a Micro Framework for Intervention Planning

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ABSTRACT

Stress in nurses is multifocal, pervasive, and persistent. They practice in a contemporary heath care environment characterized by rapid change, the ongoing integration of novel technologies, and interpersonal challenges. Relationships with patients and families pose unique dilemmas related to witnessing anguish and trauma over time. Interventions are needed to counter the affective demands of nurse caregiving. To this end, national initiatives have been proposed to outline general work setting enhancements promoting well-being. Stressor-specific interventions have also been identified. The goal of this article is to provide an overview of the macro (organizational) recommendations for change and a micro (practice setting) blueprint of potential interventions to promote nurse well-being.

Key words: affect, change, emotions, hazards, health care, interventions, nurse, organizations, stress

THE LABOR OF NURSING IS STRESSFUL[1]

Emotional distress is inherent within the domain of nursing practice. It is uniquely characterized by its multifocal etiologies and historical absence of awareness of its predominance. The outcomes of unrelenting, unaddressed stress can have deleterious personal, professional, and organizational ramifications, ultimately characterizing it as an occupational hazard of nursing.[2,3] Affective, professional, and organizational etiologies contribute to this phenomenon.

Nurses may be at greatest risk of work-related emotional distress as compared with other health professionals.[4] They experience the anguish of their patients and families in an intimate, ongoing, and cumulative basis as a routine element of their work. Having firsthand exposure to tragedy and suffering in others over time can negatively impact nurses' emotional resilience. The psychological trauma that emanates from nurses witnessing human suffering is often referred to as compassion fatigue, or "the cost of caring."

Another variant of distress emanates from nurses' ethical questioning of patient care decision-making. This usually occurs within the context of life-threatening illness, when nurses believe that inappropriate or futile care is being rendered. This is representative of moral distress, which evolves when nurses are unable to act on the ethically appropriate action on behalf of their patient.

A third major nurse stressor, with affective ramifications but with organizational etiologies, is burnout. The nature of contemporary health care contributes to the stress within nursing practice, often prompting emotional exhaustion and depersonalization. Typified by rapid change, an exponential increase in treatment complexity, record spending, shifting reimbursement paradigms, the inclusion of novel technologies, and the use of electronic communication modalities, today's health care is characterized by unprecedented remodeling.[3,5] These expansive changes alter conventional work expectations and relationships. Roles are evolving as supply and demand staffing ratios are challenged with work expectations exceeding the norm. Financial variables

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are continually scrutinized, requiring all providers, not just managers, to be fiscally accountable. The negative impact of compassion fatigue, burnout, and moral distress on both quality and financial outcomes is disconcerting, as they are linked to the prominence of patient safety deficiencies (ie, errors, falls, and malpractice claims) and a lower quality of care (ie, increased mortality and patient dissatisfaction).[6-10] Thus, the emotional sequelae emanating from considerable organizational change promotes health care work environments that are frequently described as strained, dissenting, and disengaged.

To date, nurses and their frontline colleagues' personal emotional responses to work hardship have been the focus of study rather than organizational determinants.[9] A recent publication in the *Harvard Business Review* titled, "Burnout Is About Your Workplace, Not Your People," challenged the notion of individual ownership[11]:

We tend to think of burnout as an individual problem solvable by learning to say no, more yoga, better breathing techniques, practicing resilience – the self-help list goes on. But evidence is mounting that applying personal, band-aid solutions to an epic and rapidly evolving workplace phenomenon may be harming, not helping.

The goal of this article is to review organizational (macro) and practice setting (micro) sequelae of the emotional hazards of nursing practice and to propose strategies to prevent, reduce, and manage their consequences. Opportunities to enhance future innovation and discovery are also identified.

EMOTIONAL IMPLICATIONS OF NURSING AS A CARING SCIENCE

The concept of compassion in health care has been historically deliberated on an international scale.[12] The word *compassion* is derived from 2 Latin terms, namely *pati* and *cum*, which together mean "to suffer with."[13] Compassion is postulated to emanate from moral, spiritual, and cultural contexts and ideally serves as the foundation for the provision of highly personalized and sensitive caregiving of the ill.[14] It is generally perceived as a benevolent emotional response toward another who is suffering coupled with the motivation to alleviate the suffering and promote well-being.[15] Thus, compassion differs from empathy as it is externally focused and action-oriented, whereas empathy reflects internal feelings characteristic of caring deeply for someone suffering.[16-18] Additionally, compassion has immediate health benefits and improves resilience within the context of adversity and threat.[19]

The provision of compassionate nursing care is a core trait and responsibility of nursing.[20] It encompasses attitudes (ie, an enhanced awareness of patient concerns), behaviors (ie, attempting to understand through relational communication), and actions (ie, attending to patients needs in a timely and individualized manner).[21] Yet, while compassion is an expected competency of nurses' work, it is often an invisible skill. Additionally, it may have negative consequences.

Compassionate responses are necessitated when nurses interact with patients and families experiencing trauma. Repeated and cumulative in nature, these scenarios often tax nurses' emotional reserve, especially in the absence of work setting supports and a concerted effort of self-care. Skovholt et al[22] described that interpersonal sensitivity, constant empathy, and one-way caring can have a significant toll on bedside, frontline practitioners, because although the relationship with the patient is collaborative, it is not reciprocal. This has also been described as the effort/reward imbalance. Stebnicki[23] further made an analogy to the wounded healer experience. Health care professionals' personal anguish can resurface when the patient's stories of despair, trauma, and loss are shared or witnessed. Of recent concern is increasing awareness of pathologic psychological experiences in nurses, such as posttraumatic stress disorder and depression associated with nurse suicide.[24-27]

SPECIALTY IMPLICATIONS

Each nursing specialty has its own examples of stressful scenarios germane to its practice. Emergency department and critical care nurses are exposed to traumatic, life-threatening incidents in which the family often has little or no forewarning of the catastrophic events before them. In this regard, emergency nurses are constrained by not having the chance to develop relationships with the critically ill patient and their family, often unaware of preferences for care.[28,29] Critical care nurses may develop bonds with the patient and family over the intensive care unit trajectory. Admissions are frequently characterized by the patient's fluctuating and unstable clinical condition, the delivery of confusing and at times contradictory medical information, decisional conflict, and uncertainty. Ultimately critical care nurses often feel caught in the middle as their role as advocate is enacted during times of intense need or crisis.[30,31] Pediatric and obstetric nurses may be confronted with existential questioning over the premature death of a mother, child, or neonate.[32,33] Oncology nurses frequently develop relationships with patients and families over time that ultimately render profound sadness and grief when relapse, recurrence, or death results.[34] Palliative care and hospice nurses rarely see their patients recover; hence, cumulative grief may be pervasive.[35] Nurses providing care to patients at home or in other alternative care settings, such as skilled nursing facilities, may also generate emotional bonds with patients over time.[36,37] Infusion nurses practice in a variety of health care settings and nursing specialties characteristic of a practice environment engendering potential emotional distress. Unfortunately, however, due to nurses' common internalization of their personal psychological hardship, the negative ramifications of prolonged compassion are generally unknown and thus understudied. Hence, nurse turnover, absenteeism, poor work satisfaction and engagement, leaving the nursing profession, and even bullying could be considered as proxy metrics.

IMPACT OF EMOTIONAL DISTRESS ON NURSES, PATIENTS, AND ORGANIZATIONS

The impact of the well-being of health care providers on the quality of patient care has gained national attention.[38] A 2016 systematic research review of quantitative studies addressing measures of well-being and burnout and their association with patient safety revealed the presence of a low sense of well-being and moderate-to-high levels of burnout in staff were associated with poor patient safety outcomes, such as medical errors.[39] The Emergency Care Research Institute (ECRI) has been collecting data on patient safety events since 2009. It publishes an annual list of safety concerns to help organizations identify patient safety challenges across the care continuum. In 2019, ECRI listed burnout as one of their top 10 challenges, citing it as a deterrent to patient safety and quality of care. Central to ECRI's recommendations is that organizations must listen to specific concerns, such as workload, accessibility to resources, and workplace inadequacies elucidated by staff.[40]

Research findings support the need to focus on the impact of nurses' psychological health on organizational outcomes. From a summary of 54 articles published between January 2005 and December 2017, researchers identified that the nature of health care work environments were associated with nurses' psychological health (ie, job satisfaction and compassion satisfaction) and negatively correlated with emotional strain (ie, burnout, compassion fatigue, emotional exhaustion, and stress).[41] These researchers concluded that a healthy work environment for nurses is an essential component for nurse satisfaction, retention, and job performance and is related to the quality of patient care delivered. It is also postulated that a healthy work environment can improve a health care organization's financial opportunities for growth.[41]

In a cross-sectional descriptive study, nearly 2000 nurses (n = 1790) reported suboptimal physical and mental health, and half reported a medical error in the last 5 years.[42] The nurses who reported worse health were associated with a 26% to 71% greater chance for involvement with a medical error. These researchers concluded that to increase quality of care and decrease costs of preventable medical errors, wellness must be positioned as a high organizational priority.

THE MACRO PERSPECTIVE

Organizational Recommendations to Promote Nurse Well-Being

In 2010, the World Health Organization launched the international Global Framework for Healthy Workplaces, stating that a healthy workplace is one in which workers and managers collaborate to use continual improvement processes to protect and promote the health, safety, and well-being of all workers.[43] Five keys to healthy workplaces were identified:

1. Mobilize and gain commitment from major leadership stakeholders
2. Involve workers and their representatives
3. Adhere to business ethics, health codes, and laws
4. Use a systematic, comprehensive process to ensure effectiveness and continual improvement
5. Foster sustainability by integrating healthy workplace initiatives into the enterprise's overall strategic business plan.

Since then, numerous national organizations have assumed a leadership position in addressing concerns about clinician wellness. Their perspectives underscore the need for major system-wide interventions that require substantial support (ie, advocacy, manpower, and financial) from top leadership. Table 1 delineates key points of these 4 initiatives.

NATIONAL RECOMMENDATIONS

American Association of Critical-Care Nurses

In 2005, the American Association of Critical-Care Nurses (AACN) developed the AACN Standards for Establishing and Sustaining Healthy Work Environments.[49] A second edition was published in 2014.[50] These standards consist of 6 essential nurse-sensitive, evidence-based principles that promote effective and sustainable outcomes. They include:

1. **Skilled communication**: encourages efficient, open conversation, and collaboration among health care team members. Skilled communicators focus on determining solutions and achieving outcomes.
2. **True collaboration**: involves all health care team members who contribute to common goals by granting power, respecting each member's views, allowing for and resolving differences, and preserving each member's contribution to ensure optimal patient outcomes. The goal of true collaboration is to promote a supportive environment.
3. **Effective decision-making**: affords nurses an opportunity to impact the quality of patient care through discussion with organizational leaders and other health care team members.
4. **Appropriate staffing**: includes use of outcome data to address the needs of nurses, patients, and families.
5. **Meaningful recognition**: provides nurses with positive affirmation and acknowledgment of their unique nursing contributions that impact patient care. By individually recognizing nurses in a meaningful way, nurses then feel value and respected.
6. **Authentic leadership**: creates a culture of compassionate care for nurses and their patients. With their enthusiasm, authentic leaders create and sustain healthy work environments. In 2018, 8080 AACN members responded to an online survey used to collect quantitative and qualitative data to evaluate the existing state of critical care nurse work environments.[51] Although an improvement in the work environment was identified in comparison to AACN's earlier findings, there were still areas needing improvement.

TABLE 1

Suggested Components of Major System Initiatives to Enhance Staff Well-Being

World Health Organization (WHO)	American Association of Critical-Care Nurses (AACN)	National Academy of Medicine (NAM)	Institute for Healthcare Improvement (IHI)
1. Mobilize leadership commitment and engagement 2. Involve workers and their representatives 3. Adhere to business ethics and legality 4. Use a systems, comprehensive process to ensure effectiveness and continued improvement 5. Reinforce sustainability and integration	1. Encourage skilled communication 2. Promote true collaboration 3. Foster effective decision-making 4. Implement appropriate staffing 5. Provide meaningful recognition 6. Actualize authentic leadership	1. Create a positive work environment 2. Create a positive learning environment 3. Reduce administrative burden 4. Enable technological solutions 5. Provide support to clinicians and researchers 6. Invest in research	1. Leaders engage colleagues to identify what matters most to them at work 2. Leaders identify the processes, issues, or circumstances that are an impediment to what makes and impedes them meeting professional, social, and psychological needs 3. Multidisciplinary teams come together and share responsibility for removing these impediments (focusing on the 9 critical components) and for improving and sustaining joy 4. Leaders and staff use improvement science together to accelerate improvements and create a more joyful and productive place to work

Data from references.[43–49]

The key findings included a documented absence of appropriate staffing by more than 60% of participants, an alarming number of physical and mental well-being issues (198|340 incidents reported by 6017 participants), and one third of the participants expressing intent to leave their current positions within the next 12 months. Despite these results, there was evidence of positive outcomes of implementing the AACN Healthy Work Environment (HWE) standards. There was a significant positive relationship between implementation of the HWE standards and appropriate staffing, communication, decision-making opportunities, job satisfaction, and intent to leave. Researchers concluded that there was evidence of a positive correlation between healthy nurse work environments and patient and nurse outcomes.[51]

National Academy of Medicine

In 2017, the National Academy of Medicine (NAM) responded to an escalating problem within the US health care system. There was a critical imbalance between the job demands imposed on clinicians and the availability of resources to enable them to practice effectively. NAM thus created a website called the Action Collaborative on Clinician Well-Being and Resilience to serve as a web-based knowledge hub for information about the causes, effects, and solutions associated with clinician well-being.[52,53] This collaborative had 3 goals:

1. Raise the visibility of clinician anxiety, burnout, depression, stress, and suicide
2. Improve baseline understanding of challenges to clinician well-being
3. Advance evidence-based, multidisciplinary solutions to improve patient care by caring for the caregiver.

Solutions were categorized as organizational strategies, tools to measure burnout, and individual approaches to promote well-being.

As a follow-up to this work, in 2019 NAM published its consensus study report entitled "Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being."[48] The report stressed that clinician burnout is a multifactorial problem that requires an organizational approach to its amelioration. Specifically, the report concluded, "*Taking action to mitigate burnout requires a bold vision for redesigning clinical systems…Central to the vision for moving forward is an emphasis on the human aspects of care – putting patients, families, caregivers, clinicians, and staff at the center of focus.*"[48(p285)]

Institute for Healthcare Improvement

The Institute for Healthcare Improvement (IHI) increased awareness about the inherent vulnerability of health care clinicians by citing that their career choice was one characterized by chronic exposure to the worry and sadness of others. Yet, while professional health care roles are intended to help those suffering, the IHI purported that efforts to help the sick should promote joy, not burnout. They purported that when clinicians find joy in their work, improvements in patient safety, outcomes, experiences, and costs are evidenced.[54] Hence joy at work was conceptualized as an antidote to stress and burnout that required focused interventions and engagement of staff to be successful. In 2017, the "IHI Framework for Improving Joy in Work" was published that outlined 4 steps that leaders

TABLE 2

Characteristics of Nurse Burnout, Compassion Fatigue, and Moral Distress

Features	Burnout	Compassion fatigue	Moral distress
Etiology/triggers	Reactional: cumulative environmental stressors with little resolution prompt emotional exhaustion; develop defensive response; unable to cope with work setting deficiencies; negative, complaining coping style	Relational: consequence of developing relationships with patients and witnessing their tragedy and suffering over time (ie, experiencing indirect trauma); results in feelings of futility and having nothing more to give; may be compounded by personal unresolved losses and absence of self-care	Ethical: existence of "dueling expectations" about the optimum moral approach to decision-making presents conflict; often prevails around end-of-life decision-making, truth telling, comfort care vs aggressive care; question about patient suffering predominates
Other descriptors	Job/workplace stress	"Cost of caring," wounded healer, empathy fatigue	Ethical conflict, moral outrage, moral anguish
Chronology	Gradual, over time	Sudden, acute onset	May be acute but often gradual
Manifestations			
Emotional	Anger, frustration, cynicism, blaming, sarcasm	Feels hopeless, apathetic, discouraged, overwhelmed, irritability; sense of being uniquely qualified to care for certain patients	Anger, frustration, resentment, blaming, sadness, tearful
Physical	Cognitive weariness, sleep disturbances, chronic fatigue, gastrointestinal distress, weight fluctuation	Increased somatic complaints, fatigue, lack of energy, weariness	Body tension
Social	Detachment, avoidance	Feelings of alienation, lack of interest in activities once enjoyed, withdrawal from family and friends	Talks with coworkers about stressful nature of work
Work	Indifference, diminished achievement, interpersonal alienation	Diminished performance, tardiness, absenteeism, avoid intense patient/family situations	Avoidance strategies, passive-aggressive behavior, substandard interdisciplinary communication; overinvolvement with patient/family
Outcomes	Absenteeism, decreased empathic responses, withdrawal from work activities and colleagues, perceived as negative, cynical coworker; may leave position	Imbalance occurs between inner resources and ability to "give" to others; ultimately, withdrawal or distancing from patients/families results; may leave position for another with less emotional distress	Team conflict, frustration with colleague(s) perceived as lacking sufficient empathy/sensitivity, negative labeling of family member generating conflict; may leave position for one with less frequent moral distress as a norm

Adapted from Boyle and Bush.[32]

should engage in (Table 1) and 9 critical components of a system for ensuring a joyful, engaged workforce. These components are described below.

Physical and Psychological Safety

Physical safety is defined as being free from harm at work, including workplace violence, bloodborne pathogens, other infections, and musculoskeletal injuries. *Psychological safety* includes being free to express thoughts or bring attention to unsafe situations free of retribution and to be in an environment that promotes respectful interactions. Leaders can promote a fair and just culture and create systems to reduce workplace injuries.

Meaning and Purpose

Leaders can ask if employees find meaning in their work and if they are connected with the organization's purpose. Letting employees discuss why their work is important and sharing stories can help link their work to the organization's purpose. Do they feel that the work they do makes a difference?

Choice and Autonomy

Having choices and flexibility in daily lives and work is an important aspect accomplished through shared governance and participatory management. This approach involves giving staff the opportunity to voice what is important to them and to have input on choices such as which products to use and work schedules.

Recognition and Rewards

Meaningful recognition is accomplished when leaders understand daily work, regularly acknowledge staffs' contribution to purpose, and celebrate outcomes in a way that is important to staff. This recognition may not be monetary but ideally would emphasize the benefits of teamwork and improvement.

TABLE 3

Literature and Interventions Addressing Nurses' Emotional Distress[a]

Support type	Focus
Distress-specific	
	Burnout[59-73]
	Compassion fatigue[74-88]
	Moral distress[89-95]
Programmatic	
	Caregiver support team[96,97]
	"Care of the Caregiver"[98-100]
	Peer/colleague support[101-104]
	Crisis intervention[105-110]
	Peri-death support[111-118]
	Support groups[119]
	Retreats/distancing[120-126]
	De-briefing[127-135]
	Schwartz Rounds[136-141]
	Meaningful recognition[142-144]
	Empathy enhancement[145]
	Compassion rounds[146]
Education	
	Provider self-care[147]
	Coping with existential issues[148]
	Communication skill-building[149-152]
	Self-care library[153]
Personnel support	
	Counselor for staff[154,155]
	Chaplain support[156-159]
Complementary approaches	
	Art therapy[160-166]
	Qigong[167]
	Journaling/writing[168-173]
	Massage/relaxation/yoga[174-179]
	Mindfulness/meditation[180-195]
	Music therapy[196-199]
	Reiki[200,201]
	Self-reflection[202-205]

[a]Books with exercises to enhance self-awareness of work-related emotional distress.[1,205]

Participative Management

When leaders are engaged and connected with staff, teamwork and trust can be formed. It is essential in participative management that leaders aim to listen, understand, and involve colleagues in providing input into decisions.

Camaraderie and Teamwork

Teamwork involves working together toward something meaningful but can also include work design, social engagement, and exercises to build trust among team members. This may be accomplished in courses, retreats, social activities, and role modeling.

Daily Improvement

When improvement in processes is part of daily practice, staff can see commitment to the organization's purpose. Using visualization tools for tracking successes and monitoring failing interventions provides prompt action and transparency.

Wellness and Resilience

This goes beyond physical workplace safety and involves a holistic approach to staff wellness. Holistic wellness involves work/life balance, managing stress, providing mental health support, and overall staff self-care. Staff may be assisted with tools and education about health coping mechanisms, mindfulness practice, adoption of healthy attitudes, and self-care practices.

Real-Time Measurement

Visible display of real-time data (ie, dashboards) demonstrates transparency in addressing staffs' concerns. Data may include turnover rates, engagement or safety culture surveys, or burnout scores.

OTHER KEY SUPPORTIVE DIRECTIVES

The Triple Aim

In 2008, Berwick et al[55] introduced the concept of the "Triple Aim," a 3-pronged intervention matrix to improve health system performance. These directives targeted the enhancement of the patient experience, improving population health, and reducing costs. A decade later, a proposal emerged to amend this model to become the "Quadruple Aim," whereby a fourth focus was added to address improving the work life of health care providers.[56] A recent American Academy of Nursing position statement endorsed this initiative and further identified 2 recommendations to address the fourth goal.[57] They included acceleration of interprofessional practice through enhancement of educational infrastructures and the improvement of care-centered clinical documentation for the digital age that increases usability and interoperability and reduces the burden of documentation.

The Joint Commission

The Joint Commission most recently addressed nurse-specific indices of work environment improvement. In July 2019, the accreditation agency published the document "Quick Safety 50: Developing Resilience to Combat Nurse Burnout."[58] Citing burnout as an occupational stressor, this report outlined specific areas where health care facilities should focus their efforts.

TABLE 4

Studies Investigating Nurse Wellness and Health Promotion

Year	Author	Focus
2020	Melnyk et al[5]	Interventions to improve mental health, well-being, physical health, and lifestyle behaviors in physicians and nurses: a systematic review.
	Grabbe et al[211]	The Community Resiliency Model® to promote nurse well-being.
	Sampson et al[212]	The MINDBODYSTRONG intervention for new nurse residents: 6-month effects on mental health outcomes, healthy lifestyle behaviors, and job satisfaction.
2019	Sampson et al[213]	Intervention effects of the MINDSTRONG cognitive behavioral skills building program on newly licensed registered nurses' mental health, healthy lifestyle behaviors, and job satisfaction.
2018	Slater and Edwards[214]	Needs analysis and development of a staff well-being program in pediatric oncology, hematology, and palliative care services group.
	Cho and Han[215]	Association among nurse work environments and health promoting behaviors of nurses and nursing performance quality.
2017	Hrabe et al[216]	Effects of the Nurse Athlete Program on the healthy lifestyle behaviors, physical health, and mental well-being of new graduate nurses.
	Ross et al[217]	Nurses and health-promoting behaviors: knowledge may not translate into self-care.
2016	Hersch et al[218]	Reducing nurse stress: a randomized controlled trial of a web-based stress management program for nurses.
	Delaney et al[219]	Pilot testing of the NURSE stress management intervention.
2015	Tsai and Liu[220]	An eHealth education intervention to promote healthy lifestyles among nurses.
2013	Letvak[221]	We cannot ignore nurses' health anymore: a synthesis of the literature on evidence-based strategies to improve nurse health.
	Speroni et al[222]	Helping nurses care for self, family, and patients through the Nurses Living Fit intervention.
2012	Zadeh et al[223]	Taking care of care providers: a wellness program for pediatric nurses.
	Hoolahan et al[224]	Energy capacity model for nurses: the impact of relaxation and restoration.
	Nahm et al[225]	Nurses' self-care behaviors related to weight and stress.
2011	Flannery et al[226]	Physical activity and diet-focused worksite health promotion for direct care workers.

- Educate nurses, preceptors, and nurse leaders on how to identify behaviors caused by burnout and compassion fatigue and to become aware of their individual stress triggers, participate in self-care activities, and discuss resiliency
- Improve clinician well-being by measuring, developing, and implementing interventions and then remeasuring
- Offer nurses opportunities to reflect on and learn from their practice and from other practitioners
- Work with internal teams to assess whether current electronic medical record systems may be customized to better support nursing workflow
- Conduct regular staff meetings that include discussions about new organizational policies, processes, and outcomes from leadership meetings – making sure to engage nurses in these meetings.

Additionally, the report identified 4 leadership empowering strategies that should be used that impact nurse performance and engagement. They included:

1. Create a safe and positive work environment
2. Enable employees to participate in decisions related to their work
3. Express confidence in employees' ability to perform at a high level and help them attain goals
4. Ensure that leaders engage in discussions and have a physical presence in the department.

THE MICRO-ENVIRONMENT: EMOTIONAL RESPONSES IN THE PRACTICE SETTING TO WORK-RELATED STRESS AND POTENTIAL INTERVENTIONS

Most of the literature and research to date have focused on individual responses to stressors in the workplace rather than organizational origins or cofounding determinants. The existing platform of published interventions represents reactive responses to an identified stressor rather than a proactive attempt to decrease the possibility of these phenomena from occurring.

The major affective sequelae of nurses' work have been identified as burnout, compassion fatigue, and moral distress. Characteristics of each are highlighted in Table 2. Of note are overlapping features of these phenomenon. Additionally, they may co-occur. Yet, the genesis of each differs. Burnout emanates from workplace stress and is environmental in nature. Often referred to as the "cost of caring," compassion fatigue is affective in origin, evolving from close relationships

TABLE 5

Resiliency Enhancement Interventions Targeting Nurses

Year	Author(s)	Citation
2020	Muir and Keim-Malpass[229]	The emergency resiliency initiative: a pilot mindfulness intervention program.
	Pehlivan and Guner[230]	Effect of a compassion fatigue resilience program on nurses' professional quality of life, perceived stress, resilience: a randomized controlled trial.
	Flanders et al[231]	Effectiveness of a staff resilience program in a pediatric intensive care unit.
	Blackburn et al[232]	THRIVE program: building oncology nurse resilience through self-care.
2019	Michael et al[233]	Virtual reality-based resilience programs.
2018	van Agteren et al[234]	Improving the well-being and resilience of health services staff via psychological skills training.
2017	Mealer et al[235]	Designing a resilience program for critical care nurses.
	Magtiday et al[67]	A blended learning stress management and resiliency training program.
2016	Steinberg[193]	Reducing the 'cost of caring' in cancer care: evaluation of a pilot interprofessional compassion fatigue resiliency programme.
	Lim et al[236]	Strengthening resilience and reducing stress in psychosocial care for nurses practicing in oncology settings.
	Mehta et al[237]	Building resiliency in a palliative care team: a pilot study.
2015	Potter et al[238]	Compassion fatigue resiliency training: the experience of facilitators.
	Weidlich and Ugarriza[239]	A pilot study examining the impact of care provider support program on resiliency, coping, and compassion fatigue in military health care providers.
	Deible et al[240]	Implementation of an integrative coping and resiliency program for nurses.
	Gillman et al[241]	Strategies to promote coping and resilience in oncology and palliative care nurses caring for adult patients with malignancy: a comprehensive systematic review.
	Lee[242]	Promoting staff resilience in the pediatric intensive care unit.
2014	Mealer et al[243]	Feasibility and acceptability of a resilience training program for intensive care unit nurses.
2012	McDonald et al[244]	A work-based educational intervention to support the development of personal resilience in nurses and midwives.

developed with patients and families experiencing emotional and physical trauma. Moral distress is a state of psychological disequilibrium that is prompted when nurses are unable to practice according to their moral standards.[59] It is often prompted by conflicting interactions with physicians and family members around information disclosure, decision-making, and the delivery of futile care.

It is beyond the scope of this article to provide details of interventions that address work setting nurse wellness. However, Table 3 provides an overview of those published. They are categorized into distress-specific, programmatic, education, personnel support, and complementary approaches.

FOUNDATIONAL SUPPORT FOR NURSE WELL-BEING

Efforts to enhance nurses' health and wellness are underscored by the realization of, and acceptance that, the care of oneself is a critical corollary of helping others. In the absence of self-care and the provision of interventions augmenting nurses' emotional health, negative outcomes will undoubtedly be manifested. An important component to needed self-care is the concept of self-compassion.

To provide compassionate patient care, nurses must embrace the need to empathically care for themselves. Less is known about this construct, namely the ability to turn compassion inward, be kind to oneself, and acknowledge one's humanity, imperfections, and fragility.[206] Germane to this entity is inner reflection about personal issues nurses bring to the bedside. Past losses, especially those that remain unresolved, family conflict, social issues, and role demands at home may influence emotional reactions at work. Looking inward facilitates awareness of "where you are coming from" as you acknowledge your role in the communication dyad with patients, families, and team colleagues.

Contrary to conventional opinion, self-care is not selfish care. Rather, it is foundational to the nurses' capacity to feel, give, and respond to the suffering of others.[207] Yet nurses often seek permission to care for oneself. Andrews et al[208] revealed that, in managing the emotions associated with caring, nurses feel the need for an external acceptance of caring for oneself. Nurses tend to engage in self-care only when they are struggling (ie, reactively) rather than perceive self-care as a proactive intervention to sustain well-being and offset the

TABLE 6

10 Potential Research Foci on Nurse Wellness

1. What is the short and long-term impact on nurse retention of a formal undergraduate preparedness focus on enhanced coping, resilience, wellness, and self-care?
2. How does one's nursing role and specialty influence the nature of work-related stress?
3. What is the influence of nurse self-care on patient outcomes?
4. Does virtual education have comparable results to direct, onsite teaching methods?
5. How do personal characteristics (ie, coping style, presence of co-occurring family stress, age, marital status, presence of dependent children) influence the prominence of nurse distress in the work setting?
6. How do professional characteristics (ie, experience, presence of supportive nurse manager, quality of intradisciplinary collaboration, and teamwork) influence level of burnout?
7. Is one method of teaching resilience more effective than others?
8. What is the influence of time spent documenting on the electronic health record on distress?
9. Is the use of technology and media platforms acceptable and efficacious modes of providing support to nurses?
10. How does meaningful recognition and managerial support influence staff nurse wellness, engagement, and retention?

Data from references.[245–255]

negative emotional sequelae of practice. One of the biggest barriers to nurses engaging in self-care is the perception that there is little or no time nor energy for oneself. Reframing the concept of self-care is needed. Rather than consider it as a recovery intervention following exposure to work-related stress, self-care should be embraced as an ongoing strategy for self-preservation. While issue-specific interventions can be used to augment psychological health in nurses, 2 constructs provide the basis for all health improvement: enhancing wellness and promoting resiliency.

The Wellness Imperative

In addition to work-associated demands and stressors, today's nurses are at risk for poor health outcomes due to inadequate physical activity and consumption of a low-quality diet. A recent literature review of hospital-based American nurses' lifestyles and health-related outcomes revealed that <5% of nurses engage in 5 healthy lifestyle behaviors related to diet, weight, and activity management, as well as the absence of tobacco and alcohol consumption.[209] Another study revealed nurses functioning as caregivers outside of their work environment had higher stress and less health-promoting behavior scores.[210] Table 4 depicts studies investigating the effectiveness of nurse wellness programs. There is a growing consensus that self-care and wellness should be integrated into basic nursing education as a means to introduce this important concept early in the nurses' career trajectory.[227]

Fostering Resiliency

Resiliency is more than bouncing back from difficult times. Rather, it is characterized by individuals' success in functioning and evolving despite life's adversities. Corollaries of resilience enhancement have been identified as self-esteem, optimism, perseverance, determination, assertiveness and self-reliance.[228] Resiliency has been central to numerous contemporary nurse-focused wellness initiatives. The majority of reported resiliency enhancement interventions have focused on education specific to building psychological capacity. Table 5 lists investigations specific to this topic.

A Needed Nursing Research Agenda

While work-associated nurse stress is not a new phenomenon, the current attention given to it is. A rigorous contemporary agenda is needed to promote research on the efficacy and outcomes of nurse-centered, wellness-targeted interventions. Table 6 offers some suggestions to advance this agenda.

CONCLUSION

Nurses comprise the largest segment of the American workforce and more than half of that worldwide.[256,257] Yet their need for work-setting support has historically been underappreciated. Until now.

The current pandemic and its many negative corollaries have brought the well-being of nurses front and center. The cumulative physical and emotional sequelae of nursing those suffering from coronavirus disease 2019 (COVID-19) is magnified by worry over one's personal safety and family contamination. It also highlights the consequences of not caring for oneself when caring for others.[258]

The "usual care" that nurses provide involves exposure to many sources of stress and proximity to the dying. However, the COVID pandemic is characterized by a surplus of these stressful scenarios, which include prolonged episodes of caregiving in isolation, working conditions where shortages are the norm, and repeated instances of becoming proxy family to the dying.[259] Acknowledging the anguish experienced by staff working with patients infected with COVID in various practice settings has prompted the provision of psychological interventions for staff.[260,261] Hence, perhaps a place to start for the introduction of necessary psychological resources for all nurses would be to consider these COVID-related interventions in a proactive way.

The well-being of nurses can no longer be ignored.[262] Nurses require a prodigious enterprise to foster their fitness, hardiness, and general well-being. Ideal interventions are multifaceted in nature. They include both a comprehensive macro-organizational effort and a micro issue-specific support menu that mitigates risk for impaired nurse wellness. In the absence of such, our health care system remains in serious jeopardy. For without nurses, there is no health care.[263]

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