CHAPTER 13

Facing the Challenges of Today's Workplace

LEARNING OUTCOMES

After completing this chapter, you should be able to:

1. Compare the skills and abilities in each stage of "novice to expert" with the expectations of employers regarding new graduates.
2. Construct personal strategies to prevent or alleviate reality shock.
3. Analyze your own values and life situation and relate those to your personal risk for burnout.
4. Adapt personal stress management techniques to use in controlling your work stress.
5. Identify the relationships between staffing levels, reality shock, burnout, and client safety.
6. Describe the physical hazards in the workplace and identify the strategies to protect yourself from each.
7. Discuss how nursing has been affected by racial, ethnic, and sex discrimination.
8. Describe appropriate techniques to manage sexual harassment in the workplace.
9. Explain how to respond effectively to disruptive behavior in the workplace.
10. Describe approaches to managing physical violence in the healthcare workplace.

KEY TERMS

Burnout
Coaching
Discrimination
Ergonomics
Mentee
Mentor
Novice to expert
Occupational hazard
Preceptor
Reality shock
Sexual harassment
Stereotype

Stegen & Sowerby Stories: Part 1

Sally is a new nurse who just started working on the medical unit at a local hospital. She feels overwhelmed but excited, as she has always wanted to be a nurse. Shortly after completing orientation, she is working a 12-hour night shift when she realizes she forgot to check a blood glucose on one of her clients. Another nurse who has been there for a couple of years says to her, "Wow,

you'd think that they would have taught you how to organize your care in nursing school so you wouldn't forget the basics!" Sally feels sad and unsupported by the comment and begins to wonder if maybe nursing was a bad choice for her.

What would you say to Sally? Is making a medication error or forgetting to get a blood glucose a reflection on your nursing skills? How do we as nurses contribute to the feelings of dissatisfaction of those around us? What are ways that we as nurses can support each other to improve the nursing profession?

For many of you, graduating from a nursing program and becoming a registered nurse (RN) are the realization of a long-cherished goal. You have put a great deal of effort into preparing for this status, and now it is almost here! What you have viewed as an ideal state, freed from financial pressures that you have felt as a student and liberated from the tyranny of assignments and examinations, may prove to be quite different from what you expect. Let us consider some of the problems that may emerge as you make this transition from student to professional.

MOVING FROM "NOVICE TO EXPERT"

The path from **novice to expert** is a challenging one. Benner's (1984) classic research in this area provides a basis for an understanding of the process. Based on the work from Dreyfus and Dreyfus (1980), she examined nursing and described five stages through which an individual moves as a professional: from *novice* to *advanced beginner* to *competent* to *proficient* to *expert*. Table 13.1 presents the characteristics of these skill levels.

Table 13.1 Benner's Levels of Function

Level	Characteristics
1. Novice	No experience of the situations. Have context-free rules to guide behavior. Relatively inflexible.
2. Advanced beginner	Marginally acceptable performance. Have some experiences with real situations. Can identify "aspects of the situation" (p. 22). May formulate principles or guidelines for action.
3. Competent	Begins to see current situation in terms of long-range goals. Is able to prioritize among clients and base actions on conscious deliberate planning. May still lack speed and flexibility.
4. Proficient	Perceives situations as wholes rather than as a collection of parts. This perception is not thought out but is unconscious. Experience has given this nurse a "web of perspectives" (p. 28). Responds to nuances of the situation using maxims.
5. Expert	Has an intuitive grasp of the whole situation and does not rely on rules, guidelines, or maxims. Focuses immediately on the most critical elements of the situation. May have difficulty articulating the thought processes that resulted in decisions.

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Upper Saddle River, NJ: Prentice Hall.

The first role Benner identified is the *helping role*. This role encompasses planning and implementing all the basic nursing skills used to assist clients. The second, the *teaching-coaching role*, pertains to teaching clients and their families to manage their own health status and adaptations in living. The third, the *diagnostic and monitoring role*, relates to assessment and evaluation of the client's health status and various needs. Responding to changing situations is rooted in critical thinking and a comprehensive knowledge base. While all of these roles differ between the novice and the expert category, it is in the fourth role of *responding to changing situations* that outsiders more clearly see the differences between the novice and the expert nurse. The fifth role of *administering and monitoring the therapeutic interventions and regimens* relates to the medical plan of care. The final role is the *leadership and management role* that all nurses must perform but differs for the nurse in each stage. All nurses in all stages must be concerned about quality improvement and ensuring the best healthcare practices for the client, but expert nurses can influence changes for the system as well as changes for the individual client.

Through interviews with nurses, Benner described the depth of nursing skills and abilities found in the expert nurse. This expertise is forged over time and results from personal experience and personal knowledge. One of the challenges for beginning nurses is pressure to function as a competent, proficient, or even expert nurse without this background of growth. Competent in the Benner context reflects an ability to work independently and be responsible for decision-making. This is different from the use of the term "competent" in many other contexts where competent means that you have the skills for your current state—that is, you can be a competent novice. The transition from novice to advanced beginner to competent in Benner's categorization

usually happens within the initial months of employment during an orientation period.

It is estimated that almost 20% of new graduates leave nursing within the 1st year and 33% leave nursing after 3 years (Grote, 2015). These attrition rates are costly for hospitals and other healthcare organizations. Resources of the educational system are not well used when new graduates leave the profession soon after graduation. These writers suggest that employers should do more to manage this transition for new graduates. Strategies to support transition are being developed in many institutions. Some states have developed statewide initiatives to address this concern.

As you look for a first nursing position, learn about the mechanisms the employer has in place to facilitate your transition to the independent RN role. Is there an orientation program specially designed for new graduates? Will you have an individually assigned preceptor or mentor for support? How long will you be given support before being expected to function independently? If you feel you need more time to be independent, will the employer accommodate this need? As a new graduate, will you be expected to float to different units or will you be helped to become competent in one area before being asked to go to another? Is there assistance with and support for continuing education for nurses to help you develop beyond the level of competent to proficient and expert? As you answer these questions, you will begin to develop a broader picture of the employer and be able to evaluate whether this job is a fit for your personal journey from novice to expert. This, along with personal preparation, may protect you from the impact of issues that lead to early retreat from nursing (Evidence-Based Practice 13.1).

Evidence-Based Practice 13.1: Retention of New Nurses

McDonald, A. W., & Ward-Smith, P. (2012). A review of evidence-based strategies to retain graduate nurses in the profession. *Journal for Nurses in Staff Development*, 28(1), E16–E20. https://doi.org/10.1097/nnd.0b013e318240a740

This article is a literature review of six other articles that discuss research findings of methods and interventions that increase retention of new nurses. The interventions were transition programs, internship or preceptorship programs, residency programs, externship programs, and postorientation programs and each varied in time and expense. All of the programs were designed to help the new nurse acclimate to the profession either prior to taking NCLEX-RN, as with the externship program, or after completing NCLEX-RN and starting to work full time. Some of the programs were combined such as a preceptorship program combined with a postorientation buddy program. The main idea behind each program is to increase support of the new nurse as he or she transitions from novice to experienced nurse in order to "develop feelings of empowerment and clinical competence" (p. E19).

Critical Thinking Activity: What Level Are You?

Examine your own background and experience in light of the characteristics noted in Benner's levels of skill. In your analysis, identify areas where you might exhibit a particular level of skill. What do you believe is the general level of skill expected of the new graduate?

REALITY SHOCK

One problem confronted by the new graduate is the seeming impossibility of delivering quality care within the constraints of the system as it exists. You may feel powerless to effect any changes and be depressed over your lack of effectiveness in a given situation. Marlene Kramer (1979) was the first to call the feelings that result from such a situation **reality shock**. She noted that the new graduate often experiences considerable psychologic stress and that this may exacerbate the problem. The person undergoing such stress is less able to perceive the entire situation and to solve problems effectively (Fig. 13.1).

Figure 13.1. Some new graduates are disillusioned by the working conditions that they find on their first job.

Effects of Reality Shock

The person experiencing reality shock may feel discouraged and depressed over the conditions of work. There may be anger toward the system, and this may result in diffused anger that erupts over situations that in other circumstances might be met with a calm demeanor.

In an attempt to cope, some push themselves to the limit, trying to provide ideal care while criticizing the system. This may result in their being labeled nonconformists and troublemakers. Still others give up their values and standards for care and reject ideals as impossibly unrealistic expectations that cannot be fulfilled in the real world. These persons simply mesh with the current framework and become part of the system. When reality shock occurs, some nurses begin to job-hop or return to school, searching for the perfect place to practice perfect nursing as it was learned. Others become disillusioned and leave nursing altogether (Kramer, 1979).

Causes of Reality Shock

With all of the uncertain expectations and demands, the new graduate often feels caught in the middle. As a student, you may think that you are expected to learn a tremendous amount in an alarmingly short time. The expectations may seem high and in some ways unrealistic.

As a new graduate suddenly thrust into the real world, you may feel unsure of yourself without the security of the instructor's availability and the support of your fellow students. You may think that your education program did not adequately prepare you for what is expected of you. On one hand, you are expected to function like a nurse who has 10 years of experience, but on the other hand, your new ideas may not be considered because you have so little experience. You may become frustrated because you do not have time to provide the same type of care you gave as a student. For example, you may not have sufficient time to deal with a client's psychosocial problems or teaching needs.

As a student, you are taught that the good nurse never gives a medication without understanding its actions and side effects and that evaluating the effectiveness of the drug is essential. As a staff nurse, you may find that the priority is getting the medications passed correctly and on time and that there is little or no time to look up 15 new drugs. As for evaluation, that

becomes a dream. How can you evaluate the subtle effects of a medication in the 2 minutes spent passing the medication to a client you do not know? The individually and meticulously planned care that was so important to you as a student may become a luxury when you are a graduate. Often the focus is on accomplishing the required tasks in the time allotted, and it is efficiency in tasks that may earn praise from a supervisor.

Pellico, Brewer, and Kovner (2009) investigated the experiences of newly licensed graduates. They identified that colliding expectations, the need for speed, expectations that are perceived as too great, and unacceptable communication patterns form the basis for serious reality shock and people leaving nursing. *Colliding expectations* describes conflicts between nurses' personal views of nursing and their lived experiences. The *need for speed* describes the pressure related to a variety of time management issues. *You want too much* expresses the pressure and stress that newly licensed RNs feel personally and professionally. *How dare you!* describes unacceptable communication patterns between providers. Hezaveh, Rafii, and Seyedfatemi (2014) echoed those findings in their research and labeled the same problems such as *functional disabilities* (lack of speed and accuracy), *communicative problems* (difficulty communicating with doctors, coworker, and clients), and *managerial challenges* (lack of experience planning and coordinating care).

In the healthcare environment of today, these problems should not be normalized because they hurt the work environment and contribute to high turnover, particularly of new graduates. Seeking an employer who recognizes the novice role and accommodates for it will help you to make a successful transition.

As a new graduate, you, yourself, can address the potential for reality shock. You will need to develop a realistic view of the RN's role in today's healthcare environment and a better understanding of reality shock and what its effects on you might be. Based on this you can plan your own strategies to manage the issues that will confront you as a new graduate.

Finding Solutions for Reality Shock

It is possible to create a role for yourself that blends the ideal with the possible—one in which you do not give up ideals but see them as goals toward which you will move, however slowly. To do this, you need to be realistically prepared for the demands of the real world.

Self-Appraisal and Personal Development

One way of meeting the challenge is to assess yourself as you approach the end of your education program. Evaluate your own competencies in relationship to the common expectations of employers of new graduates that were discussed in Chapter 4.

After you have done a self-appraisal and gained information about prospective employers, analyze your own ability to function in accordance with an employer's expectations. If you identify any shortcomings, try to remedy them before graduation. If you identify a lack in certain technical skills, register for extra time in the nursing practice laboratory to increase your proficiency. You could even time yourself and work to increase speed as well as skill. Consult with your clinical instructor to arrange for experiences that would help you gain increased competence, especially in procedures with which you have had little experience. If you recognize that you consistently have difficulty functioning within a time frame, you might obtain employment in a hospital or other healthcare facility while still in school; this will give you more experience in organizing work within the time limits that the employer sees as reasonable.

Critical Thinking Activity: Managing Reality Shock

With a group of nursing students, develop personal strategies for managing reality shock. Discuss your rationale for any strategy you propose.

Evaluating Employers

It is helpful to understand what prospective employers in the community in which you plan to seek employment expect of a new graduate. You can gain this information by talking with experienced nurses, meeting with faculty, and contacting recent

graduates who are currently employed. Try to get specific information. If you have a nursing student organization, setting up a forum for speakers from various agencies might be one avenue to gaining this insight. Once you apply for a position, you could explore this issue in an employment interview.

When you are selecting a place of employment, there are many factors to consider. While the specific position is important to you, there are aspects of the overall setting that will make a great deal of difference to your success. You are not as likely to experience severe stress if the employment setting is a good match for you. The professional practice environment makes a difference in the problems of reality shock and of burnout, which we will discuss later.

All hospitals and other healthcare settings will have a general orientation for new employees. Some will also have mentoring or precepting models to assist new nurses during the orientation process. Nurse internships or residencies in some settings have been created to provide a planned and organized transition time during which the new graduate participates in a formal program, including classes, seminars, and rotations to various units of the hospital. In some settings, the new graduate is required to be more self-directed in identifying needs and the ways that those might be met within the constraints of the system. Regardless of the type of orientation provided, it is helpful to get to know the experienced nurses on the floor and determine if one (or several) are willing to answer questions and provide guidance through informal mentoring as you transition into your new role. Some hospitals provide an opportunity for nursing students to work during the summer before the last year of their undergraduate studies to become familiar with the hospital and the nursing role. In this case, the nursing student may be employed in a position that introduces the role of the RN to nursing students. In other instances, nursing students work as nursing assistants, and the orientation to the nursing role in the agency depends on the initiative the individual takes. You may wish to inquire whether hospitals in your area have developed any of these or other programs to assist you when you are a new graduate.

Preceptors, Coaches, and Mentors

In nursing, many new graduates are assigned to a preceptor as part of their orientation process. A **preceptor** is an officially assigned role in which an experienced and capable employee assists with the orientation and development of a new graduate. Some of you may have experience with preceptors as part of your educational program. The preceptor usually has responsibility for supervising and evaluating the work of the preceptee. Some preceptors may see the role as primarily one of supervising, teaching, and evaluating in relationship to the specific job and do not see it as a broader role of encouraging professional development. Some preceptors develop personal relationships with new nurses. They act in ways described as mentoring (discussed later).

If you are fortunate enough to have a preceptor who becomes your mentor, you will have additional support and guidance from the beginning of your career. If your individual preceptor does not view the role that way, then you may wish to develop relationships with other experienced nurses who might provide a mentoring relationship.

Coaching is an informal teaching/helping relationship. Coaches are experienced nurses who focus on a specific aspect of growth and development such as helping a nurse to master a more advanced skill or to understand how to work within the organization. A coach may help individuals at all stages of their work life. Coaches may help an individual navigate the stressful aspects of the job by sharing tips on how to manage organizational challenges and by simply providing a listening ear.

A **mentor** is an individual who actively supports the overall professional development and growth of another person (referred to as the **mentee** or protégé). Within a professional field, the mentor is usually an experienced professional who develops a supportive relationship with someone with less experience in the profession and provides advice and emotional support for that person. Mentor–mentee relationships typically begin when an experienced senior nurse takes an interest in a nurse with beginning experience who is pursuing a similar professional pathway as the senior nurse. It often works best when it occurs spontaneously as a relationship develops between a junior and a senior employee within an organization.

The mentor usually assists the mentee with career and personal development and provides personal support, acceptance, and counseling. The mentor may sponsor the mentee and often facilitates that person's advancement within the organization by helping to establish networks and organizational know-how. Any plans for the development of the mentee need to be discussed and reviewed with periodic feedback and debriefing sessions. While the mentor may provide some direct assistance in learning the specific skills of the nursing role, more importantly, the mentor provides help in learning how to work effectively within the system. The mentor is a role model of effective practice.

A good mentor is an experienced practitioner. Attributes that contribute to success for a mentor are a positive attitude, a caring approach toward others, and effective communication. Mentees or protégés also have significant responsibilities in the relationship. The mentee must be willing to accept feedback, to try new ways of functioning, and to communicate with the mentor regarding what is helpful and what is not. Honesty and trust must lie at the heart of the relationship. Guidelines for setting up mentoring programs are available, such as the Academy of Medical-Surgical Nurses (ASMN) Mentoring Program (AMSN, 2012).

Mentor–mentee relationships change over time and may become more collegial. As you progress in your career, you may need a new mentor in a new setting or in regard to a new field of practice. Once you are an experienced nurse, it is important that you help to mentor new nurses, as well as role model caring and professionalism.

Peer Support Groups

Understanding that you are not alone in your feelings of frustration in a new job is often helpful. It may be useful to form a peer support group of new graduates who meet regularly to discuss problems and concerns and seek solutions jointly. A peer support group is usually composed of new nurses at a particular facility and is often initiated by the new nurses themselves. The group meets regularly to share its experiences, offer support and advice, and help all the individuals to recognize that others are also experiencing stress during this time.

Some peer support groups are composed of individuals from a single graduating class who may be working in different settings. Although their settings differ, many of the individuals' concerns surrounding transition are similar, and their relationships with their educational program have created a bond that makes the group able to function effectively.

Personal Stress Management

Recognizing your own response to stress and identifying your personal stress management strategies will be significant. As a nursing student, you experienced stressful times and coped successfully or you would not have graduated. Remind yourself of your own successful coping and draw on the strategies you found successful in the past. As is always the case, personal health needs to be a part of those strategies. Attend to your diet, rest, and activity plan. Maintain time for family and friends in order to have balance in life. Life should never be all work.

When confronted with areas of practice in your work environment that you would like to see changed, weigh the importance of an issue. Use your energies wisely. The "politics of the possible" is important. Learn how the system in which you are employed functions and how to use that system for effective change. You are important to nursing, so it is essential that you neither burn yourself out nor abandon the quest for higher-quality nursing care. You should be able to continue to work toward improving nursing and bringing it closer to its ideals (see Chapter 12 for more information about change).

BURNOUT

Burnout is a form of chronic stress related to one's job. Burnout can occur to individuals in any occupation, and articles regarding burnout appear in the professional literature for almost all the helping or supporting professions.

This problem arises after you have been in practice for a period of time. It can be identified by feelings of hopelessness and powerlessness and is accompanied by a decreased ability to function both on the job and in personal life. Burnout occurs more frequently in nurses who work in particularly stressful areas of nursing, such as critical care, oncology, or burn units. Some writers explore burnout as "compassion fatigue," relating it to the high stress of managing personal feelings in the face of overwhelming crises experienced by others. Burnout also occurs when staffing is inadequate or interpersonal relationships are strained. The downsizing of nursing staff and the rapid changes in the healthcare environment have contributed to burnout in some settings.

Theory Alert Rosemarie Rizzo Parse

Rosemarie Rizzo Parse developed a theory of nursing that focuses of quality of life as the client sees it. Dr. Parse first graduated from Duquesne University and then earned both her master's and doctoral degrees from the University of Pittsburgh. She has

served as faculty and dean of nursing during her career as well as working as a consultant and visiting scholar. From 1983 to 1993, she was a professor and the coordinator of the Center for Nursing Research at the City University of New York.

Her theory was originally called the man-living-health theory and was later renamed the Human Becoming theory. It is unique because it focuses on the quality of life more than on the biology of healing. The three themes associated with this theory are meaning, rhythmicity, and transcendence. *Meaning* refers to personal meaning or the reality of the experience for the client. *Rhythmicity* is a reference to the rhythmical patterns of the universe that the person and the environment create and *transcendence* indicates that human beings can reach beyond limits. Reaching beyond limits, finding meaning, and focusing on quality of life are important parts of facing challenges in today's world.

(Source: http://www.nursing-theory.org)

Symptoms of Burnout

Symptoms of burnout include both physical changes and psychologic distress. The items found in the Maslach Burnout Inventory (Maslach, Jackson, & Leiter, 1997) provide an overview of symptoms that may occur in burnout. These include exhaustion and fatigue, frequent colds, headaches, backaches, and insomnia. General disinterest in the job and dreading going to work may occur. There may be changes in disposition, such as being quick to anger or exhibiting all emotions excessively. Individuals experience a decreased ability to solve problems and make decisions as burnout progresses. This frequently results in an unwillingness to face change and a tendency to block new ideas. There may be feelings of guilt, anger, and depression because one cannot meet the expectations for doing a "perfect job." Burnout begins gradually and is more effectively managed early in its onset.

In response to these feelings, some nurses quit their jobs and move on to other settings that may be outside the nursing profession. Others remain in their jobs but develop a personal shell that tends to separate them from real contact with clients and coworkers; they may become cynical about the possibility of anyone doing a good job and may function at a minimal level. A few become increasingly unable to function and find themselves in jeopardy of losing their positions.

Causes of Burnout

Many causes of burnout have been discussed in the literature. Prominent among them is the conflict between ideals and reality. Just as this is a problem for the new graduate, it is also a problem for the experienced nurse. These nurses believe they are responsible for all things to all people and often take on more responsibility, thus increasing their own stress level.

Another cause of burnout is the high level of stress that results from practicing nursing in areas that have high mortality rates. Continually investing oneself in clients who die can take a tremendous toll on personal resources. In addition, the demand for optimal functioning is constant.

Inadequately staffed institutions also may place great stress on nurses. The clients are in need of care, the nurse has the skills to provide the care, and yet the clients do not receive good care. The nurse typically tries to accomplish more, putting in overtime, skipping breaks and lunch, and running throughout the shift. Despite this effort, there is little job satisfaction because the things that are left undone or that are not done well seem to be more apparent than all the good that is accomplished.

Daily Ethical Dilemma 13.1: Nurse Burnout

After delivering what the doctor said was a stillborn infant, the young couple was still trying to come to terms with the news. The young parents looked over to where the baby lay on the warmer and saw that the baby's heart was beating. Confused, they questioned the nurse who immediately wrapped up the infant and handed it to the mother. The physician knew that the infant had no chance of survival and so had elected not to tell the couple that the baby's heart was beating. He told the nurse to withhold the information as well. He felt that this would make it easier for them. A bereavement coordinator was called in to help resolve the conflict that resulted.

- What is the primary dilemma in this situation?

- Is any harm likely to come from this error?
- What could the nurse have done differently?
- How might this situation contribute to nurse burnout?

Preventing and Managing Burnout

As an individual nurse, you can take actions to prevent burnout. These are the same general actions that are designed to control stress in any aspect of life and may help you if you believe that you are beginning to experience burnout.

Paying attention to your own physical health is an important preventive measure; this includes maintaining a balanced program of rest, nutrition, and exercise. Another important point is not to subject yourself to excessive changes over short periods of time, because changes increase stress. You may decide, for example, not to relocate your living setting (apartment or house), and at the same time you can change to a different shift. A period of wind-down or decompression after work will help you to avoid carrying the stress of the workplace into your private life; this period may involve physical exercise, reading, meditation, or any different activity. This may seem like a daydream to individuals who are working full time and have responsibility for children and, perhaps, also for aging parents. Yet, it is important that some personally rewarding activity be incorporated into the daily routine. The activity you choose should not create more demands and increase stress. An important resource is someone who is willing to listen while you express your feelings and talk about your problems. Sometimes this is a family member or personal friend, but it may be more appropriate for this to be a coworker or counselor.

Rotating out of a high-stress area, such as a burn unit or pediatric oncology, before you begin to experience burnout or when you first identify that you are beginning to burn out may allow you to rebuild resources and return to the job with enthusiasm. This can be done only if there is no stigma or blame attached to the need to rotate and if other nurses are available for replacement.

Communication in Action 13.1: Acting to Prevent Burnout

Linda Wilson returned to employment after maternity leave when her baby was 3 months old. A new critical care unit was being opened in the hospital and she eagerly accepted the invitation to work there. However, after 2 months on the 3 PM to 11 PM shift, she found she was burning out, due in part to understaffing, lots of overtime, and the critical nature of the clients for whom she cared. With the demands of the baby, she seldom got more than 4 to 5 hours sleep. She approached the supervisor of the unit and asked for an appointment to meet with him prior to beginning her shift. During their meeting Linda explained, "I am very appreciative of the opportunity to work in this unit. However, I think it was not the right time in my life to undertake such a challenge. With the demands of a new baby at home, I just do not have the energy that this position demands. I get home late, often have trouble going to sleep, and the baby wakens during the night and is up early. I would like to request a transfer to a less intensive work unit." The supervisor was supportive of Linda and her request and agreed to follow through on the request for transfer.

In this communication, Linda did not blame others for the situation in which she found herself. She was honest and forthright in her explanations and clear in her request.

Another strategy is to focus on those positive aspects of nursing that drew you to it initially. Cognitively reframing your thoughts and focusing on positive feelings, such as gratitude, has been shown in research to improve job satisfaction (Derby-Davis, 2014) and improve coping (Lin, 2015). Spend time identifying those situations where you made a difference, where you demonstrated both the art and science of nursing, and focus on things for which you are grateful (ie, coworkers, supervisor, etc.) or did well. You then are able to recognize when you are focusing on the problems or being negative in the situation and blaming yourself for them. Instead, refocus your attention on the fact that you did not create the situation, but that you are a positive force in that milieu.

The most effective prevention of burnout is an institution-wide stress-reduction effort to prevent burnout involving the

nursing staff, supervisory personnel, the hospital administration, and other healthcare workers. The most important objective seems to be bringing burnout into the open and acknowledging the existence of the problem. This alone helps the individual nurse move away from the feelings of separation and alienation that often accompany burnout. Whatever the problems, they seem less frightening if they are defined as normal and if the individual nurse does not see himself or herself as the only person not performing as the perfect nurse. Investigate the resources that a prospective employer has to assist nurses in preventing burnout.

Employers can offer resources to prevent and manage burnout. Having adequate staff and support for taking days off and vacation time are all ways employers can help fight burnout. In client care areas that are known to be stressful, it is helpful to have a counselor available for nurses. Consulting with this counselor should be viewed by the staff as a positive step and not as an admission of some lack or fault. The counselor needs to be someone who understands the setting and who has the skills to assist people in coping with stress.

Another approach may be initiated by individual nurses but requires the cooperation of the institution; this includes establishing group discussions during which nurses can share feelings and specific concerns in an accepting atmosphere. This sharing may lead to concrete plans to reduce the stress created by the setting. For example, if one source of stress is conflicting orders between two sets of physicians involved in care, a plan might be developed whereby the nurses no longer take responsibility for the conflict but refer the problem to some authority within the medical hierarchy. This type of resolution is possible only when the whole healthcare team addresses the problem of burnout. However, it also requires that nurses give up trying to control everything for which they feel responsible.

Giving nurses more control over their own practice often decreases stress. Although more control is limited by the constraints of the setting, it could involve flexible scheduling, volunteering for specific assignments, and participating in committees that determine policies and procedures.

Critical Thinking Activity: Preventing Burnout

Compare burnout with the stress response you have studied in relation to client care. Compare the strategies that you have taught clients with those suggested for preventing burnout. Discuss these with a classmate and see how many similarities you have.

WORKPLACE SAFETY AND HEALTH FOR NURSES

Nurses have expressed concern regarding safety in the working environment for many years. Employees have a right to expect their employers to provide the safest working environment possible. Some hospitals employ an occupational health nurse to examine the working environment and use employment practices to promote health and safety on the job. Nurses themselves, however, often have been lax in recognizing on-the-job hazards and acting for self-protection; this can be likened to the response of those who continue to smoke despite their knowledge of the health hazards of smoking or those who fail to wear seatbelts even though some state laws require it and statistics show fewer fatalities in automobile accidents when seatbelts are worn. Some people continue to do those things that they know are detrimental to their health and well-being. Unfortunately, nurses are no exception. Employers have a responsibility to provide a safe and healthy workplace, but employees also have an obligation to use protective equipment, follow policies and procedures, use proper body mechanics, and inform management of workplace violence or if policies and procedures are not being followed in order to protect self and others (Brent, 2016).

Nurse Staffing Levels

As acuity levels in hospitals have risen, concerns about the nurse to client ratio have become prominent. Inadequate staffing contributes to burnout because nurses are unable to meet all the needs of clients. An even more compelling concern regarding staffing involves the increased rate of errors when the staffing is inadequate.

Across the country nurses have begun to lobby for legislation that would control staffing levels. California was the first to pass

such legislation. The results of this legislation are mixed in a situation in which there have been serious nursing shortages. Because of the wording in the law, both LPNs and RNs are included in "nurses" when calculating staffing ratios.

The American Nurses Association (ANA) has launched a major campaign titled *Safe Staffing Saves Lives* (n.d.). Research has demonstrated that inadequate staffing has a direct impact on risk of dying and increased risk "of failure to rescue" (Mensik, 2014). On the other hand, it has been found that when a higher proportion of hours of registered nursing care per day are available, there are positive client outcomes with lower rates of urinary tract infections, pneumonia, shock, and upper gastrointestinal bleeds with cost savings to the system (AHRQ, 2004). The ANA recommends that institutions be required to establish appropriate ratios at the unit level through negotiation rather than mandating absolute ratios for all settings. Other groups are seeking mandatory staffing levels through regulation or legislation.

In settings with limited staffing of RNs, other problems emerge. There may be difficulty in obtaining RN coverage for anyone who leaves the units and nurses may work an entire shift without a break. Overtime becomes more common when there are too few nurses to accomplish the needed tasks during the shift. When facilities mandate that unit staff provide their own coverage for sick days and all shifts, nurses may end up working many extra shifts. As these demands increase, the problem of nurse fatigue increases. Nurse fatigue is dangerous to both nurses and clients with errors due to fatigue costing billions of dollars annually (Reed, 2013).

Infection as an Occupational Hazard

An **occupational hazard** is a risk that is inherent with the job. For example, transmission of infection is a major concern when caring for infected clients. The presence of resistant organisms causes extra concern and makes treatment difficult. All hospitals have an infection control officer, usually an RN, who has the expertise to guide the staff in planning appropriate infection control procedures. Staff in other settings may not have access to such an expert.

The hidden danger for nurses lies in those clients who have not been diagnosed as having an infection and for whom specific infection control measures have therefore not been prescribed. Universal precautions have been mandated by the Occupational Safety and Health Administration (OSHA) for use with clients in all settings to protect staff members from blood-borne pathogens. These precautions prevent the spread of human immunodeficiency virus (HIV), hepatitis B, and other such blood-borne pathogens.

One of the first employer actions toward preventing blood-borne diseases was the provision of sharp containers wherever needles were used. Another important employer responsibility is the provision of a supply of gloves and protective eyewear for employee use. OSHA mandates these measures as part of universal precautions. However, not all cases of transmission of blood-borne pathogens can be prevented by universal precautions. Needlestick injuries—especially those with large-bore needles (eg, bone marrow aspiration needles)—continue to be the most frequent transmission source. Wearing gloves does not prevent these injuries.

More attention is now being given to designing needles and other sharp devices in ways that prevent needlestick injuries. For example, a needle with a protective plastic housing is available for injections. Even if these needles are not handled properly, they are unlikely to injure the individual. Needleless intravenous connections are also available. Syringes are available that have a protective cover into which the needle retracts immediately after use. To participate knowledgeably in decisions regarding needle systems and devices, nurses need to seek information about what devices are available. OSHA does mandate that healthcare facilities have in place a plan to reduce the risk of needlestick injuries through using safe devices. The ANA has been active in workplace advocacy related to needlestick injuries and prevention of those injuries. Please go to http://www.nursingworld.org/safeneedles or https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html for more information.

Blood-borne pathogens are not the only pathogens of concern in the healthcare environment. The Standard Precautions recommended by the Centers for Disease Control and Prevention (CDC) are used in all settings. These precautions protect clients and staff members from infections that might be transmitted by any bodily substance with the addition of transmission-based (contact, droplet, and airborne) precautions for known or suspected infections such as tuberculosis (TB), measles, clostridium difficile (C-Diff), etc. (CDC, 2017a).

The incidence of TB is again on the rise, with drug-resistant strains of the organism appearing. Although rooms with special

ventilation and special masks that are impervious to the TB organism are available, individuals with the disease may be in contact with healthcare providers long before they are clearly diagnosed. Should nurses in high-risk areas, such as the emergency room, wear special masks during all client contact, or is this unrealistic? And what do we do about other antibiotic-resistant "superbugs" that are appearing? These are important questions to consider. Nurses are responsible for maintaining up-to-date knowledge about infection control measures and emerging diseases so that we can help in preventing the emergence and spread of new infections.

Although the details of infection control are beyond the scope of this text, we remind you that you hold the key to protecting yourself in many ways. Healthcare workers often become lax in their attention to the use of gloves or eye protection because these measures are inconvenient. It is your responsibility to use the very best techniques for self-protection, including diligent attention to hand hygiene. Nurses must assume responsibility for their own protection by conscientiously carrying out appropriate measures at all times (Fig. 13.2). Employers must be held accountable for providing the supplies and environment to make this possible.

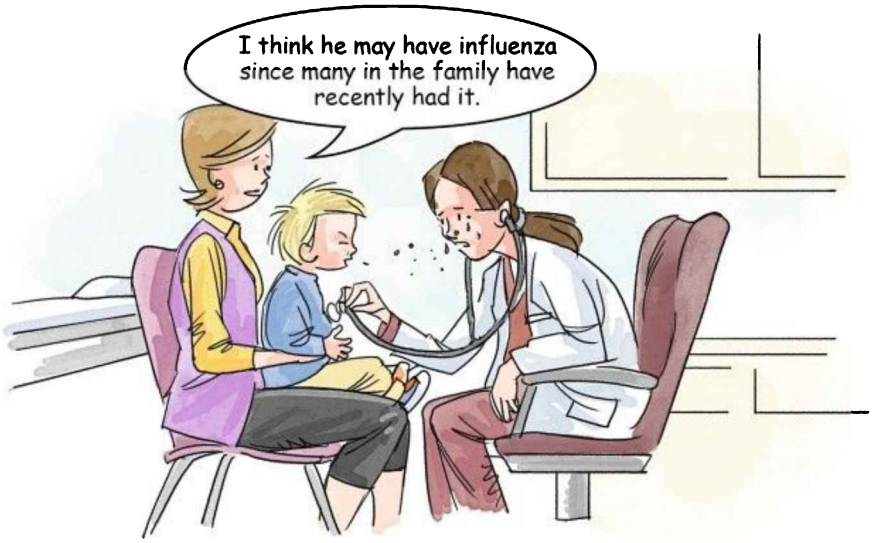

Figure 13.2. Maintaining personal immunizations and wearing personal protective equipment are essential elements for infection control.

Doing your own part in infection control also extends to maintaining your personal immunizations in order to not be a source of illness for clients or colleagues. During flu season, a healthy individual may carry a subclinical case of influenza and transmit it to vulnerable clients. All healthcare providers are urged to be immunized (CDC, 2017b) and you may be required to be immunized by employers. Employers may pay for immunizations that will protect everyone in the healthcare environment.

Hazardous Chemical Agents

Anesthetic gases can increase the risk of fetal malformation and spontaneous abortion in pregnant women who are exposed to them on a regular basis. Standards exist for waste gas retrieval systems and the allowable level of these gases in the air. Nurses working in operating rooms should seek information on the subject and expect hospitals to provide a safe work environment.

Chemotherapeutic agents used in the treatment of cancer are extremely toxic, and nurses who work in settings where such agents are prepared and administered should seek additional education regarding their administration, not only in relation to the client's safety but also in relation to personal safety. The employer is responsible for providing the equipment needed to maintain safety when handling these agents. In many settings, protocols now require the routine use of personal protective equipment

when handling chemotherapeutic agents.

Contact with many medications, especially antibiotics, during preparation and administration may cause the nurse to develop sensitivity. This can create transitory problems (eg, a hand rash) and may be a threat if treatment for a serious infection is compromised later. Other medications are absorbed through the skin and may produce an undesirable effect. Nurses must take responsibility for their own safety regarding these agents. Nurses who understand these hazards handle all drugs with discretion and are careful not to expose themselves to these agents.

Communication in Action 13.2: Speaking up Regarding Unsafe Practice

Jose Morales, RN, worked in the medication administration area side-by-side with another RN. He noted that the RN spiked an antibiotic bag, hung the bag on a hanger, and proceeded to open the tubing to clear air but got fluid from the bag on the counter. Jose spoke up, "Hey, John, I don't mean to be overly critical, but I am concerned about antibiotics getting spilled around here. That contributes to the development of resistant organisms that are a danger to us as well as clients. Besides, you and I might get sensitized to that stuff. I learned a technique for backfilling from the primary bag so that there is never a danger of spilling. Are you familiar with that technique? I would be glad to show you."

Cleaning agents and disinfectants used in the hospital may also be hazardous if used improperly. Employers are now required by OSHA to maintain a list of all chemicals used in the work environment, along with information on their possible effects and the appropriate treatment if individuals are accidentally exposed to them. If you work with these agents, seek out this information, found in the Material Safety Data Sheets (MSDS), and be sure that you handle chemicals correctly.

Ergonomic Hazards in the Workplace

Ergonomics is the science of fitting a task to one's physical characteristics in order to enhance safety, efficiency, and well-being. When the task does not conform to one's physical characteristics, musculoskeletal stress and injuries may occur. Client handling and transfer require the movement of a weight load beyond that which most human bodies are designed to manage. In addition, the healthcare setting often requires that client movement and transfer be done in awkward positions and inadequate spaces. Nearly half of all reported injuries are musculoskeletal injuries resulting from lifting, reaching, or bending (OSHA, 2013).

Many employers have programs to prevent musculoskeletal injuries. Some institutions provide instruction in lifting, transfer, posture, body mechanics, and other back-saving strategies to help prevent injury. None of these strategies can protect an individual from repetitive stress injury from lifting more than is appropriate. Further, a client is, by definition, unstable when being helped, and a sudden move or change in the client can have a devastating effect on the caregiver. Mechanical lifting and transfer devices provide a means of moving clients without danger to staff members. More types of lifting and transfer devices are now available, and more employers are open to purchasing equipment to prevent these costly injuries.

The ANA, in cooperation with Johnson & Johnson, spearheaded a nationwide campaign titled "Handle With Care," aimed at safe client transfer (ANA, 2004). In its materials titled "Safe Client Handling" client, the ANA emphasized that that there is no safe way for caregivers to lift and transfer dependent clients. They advocated a no-lift policy, the use of mechanical devices for lifting and transfer, and the use of lift teams when lifting is essential. The goal for the ANA is that utilizing safe lifting techniques will become standard practice (AHC Media, 2013). The ANA is active in supporting the efforts of state constituent organizations to work for the enactment of safe client handling state legislation, which has now passed in over 11 states. Many nursing programs are using materials from the ANA Toolkit regarding safe client handling to teach students about this important issue.

An ergonomic concern for nurses relates to computer workstations. Those who work at computer workstations for long periods of time are subject to back, neck, wrist, and hand strain. While most nurses do not spend long periods of time at the computer, this is changing as nurses work in telephone care while sitting at computers and even spend long periods documenting care. When one individual uses the same computer station throughout the work day, that station can be adapted to the individual. However, in most nursing settings, the computer station is used by many people. Adjustability of the screen, keyboard, chair, and armrests becomes important in order to provide each person using it with an ergonomically safe workstation. In many settings,

computer workstations were added to an existing desk area. This may or may not serve the users well. Be alert to the problems that may occur; help yourself by maintaining correct posture and using the adjustments available; report concerns to the appropriate manager.

Be aware of the potential for musculoskeletal injury and examine your work habits. Some nurses feel that they must accomplish certain tasks even if the necessary assistance is not available and therefore carry out actions that can cause harm to themselves. Nurses need to continue to work toward safer workplaces for all healthcare providers. They must learn to be assertive regarding their own safety.

Critical Thinking Activity: Workplace Hazards

Research the occupational health program offered by a local employer of nurses. Evaluate that program in relation to health hazards in the workplace of which you are aware.

Workers' Compensation

If you believe that you have a work-related injury or illness, follow the policies and procedures prescribed by your facility or by state regulation. This includes reporting the injury as soon as possible after it happens. In most institutions, this is done on an incident report or quality assurance report. A common error is to delay reporting in the belief that you should report something only if you know it will be serious or require medical care. By the time you know this, it may be much more difficult to prove that the problem was work related.

Employers may seek to have workers' compensation claims disallowed to limit their financial liability. Because back injuries are the most common work-related injuries and often have no clear objective evidence of damage even when pain is present, stigma is frequently attached to those who have back injuries. HIV and hepatitis B are transmitted through needlestick injuries, but they are also transmitted through other unsafe behaviors. These factors may underlie attempts by an employer to disallow claims for care and time lost from work due to these work-related illnesses or injuries. Prompt, thorough reporting is essential to future claims.

Have any injury assessed by an appropriate healthcare provider. If your agency has an occupational health nurse, you may be required to be seen by that individual for initial screening. One concern is whether you may receive care from the provider of your choice or whether you must receive care from a designated provider. This varies based on the regulations governing work-related injury and illness in your state. Ask this question of your employer and then research it through your state workers' compensation office. If the laws allow the employer or a state agency to designate the provider and you go to another of your choice, you may not be reimbursed for expenses incurred.

Compensation for time off work is another concern when a work-related problem occurs; you are usually required to use your sick leave, but additional time may be available through the workers' compensation program. In general, these programs do not match your working salary, so your income will be lessened. This is one reason why many individuals choose to have private disability insurance that provides replacement income when they cannot work because of illness or disability.

The Americans with Disabilities Act (ADA) of 1990 requires that employers seek ways to provide reasonable accommodation for individuals with disability so that they can continue to work. This might include transferring an individual to a different position or modifying the work environment to provide a setting in which the individual can function. Employers have been known to refuse to make accommodations and to try to terminate an individual who has an ongoing disability. Those with work-related illness and disability do have legal rights within the system. Sometimes it requires considerable effort to sustain those rights. There are both state and federal resources to assist an individual who does not receive reasonable accommodation for disability. The United States Department of Justice maintains a web page with links to many different resources about upholding the provisions of the ADA (https://www.ada.gov/).

Discrimination in Nursing