

Managing Pandemic-Related Nurse Burnout

Nurses, who comprise the largest segment of the healthcare workforce, have experienced burnout in the form of significant stress and anxiety, with resulting physical effects, related to performing their duties during COVID-19.¹ They have also worked with significant staffing shortages and at a substantial risk of experiencing workplace violence.

A study by the International Council of Nurses found that burnout rates for nurses are at 70 percent compared to 40 percent before the pandemic.² To manage these high percentages, healthcare organizations need to address systems-level causes of burnout to

protect not only their nurses, but also their patients.

Nurses' job demands should be balanced with their job resources to create a constructive work culture. In such a culture, leaders will aim to manage team conflict, ensure appropriate staffing levels, create fair work schedules, optimize benefits, develop leaders, and facilitate professional growth and care advancement. Additionally, leaders should be trained to recognize and address burnout.

Below are various risk tips³ that healthcare organizations can employ to reduce the risk of nurse burnout.

1

Assess nurses for burnout and address work environment and systems factors that contribute to burnout and erode nurses' well-being. Educate nurses to identify behaviors caused by burnout and compassion fatigue.

2

Develop and implement management policies that support nurses' well-being. Adopt well-being in the healthcare organization as a core value.

3

Involve nurses in scheduling decisions, and ensure appropriate staffing and safe working conditions. Implement policies that enhance flexibility at work (such as in staffing and scheduling), and support work-life balance. Designate rest periods for nurses.

4

Provide adequate resources including sufficient and effective personal protective equipment.

5

Implement comprehensive support programs for nurses to reduce the psychological and emotional impact of COVID-19.

6

Set forth zero tolerance for violence, incivility, and bullying for nurses in the healthcare organization.

7

Make confidential mental health services available for nurses. For high-risk nurses, screen for mental health illness, provide early supportive interventions, and facilitate immediate access to mental health services. Address and eliminate any stigma associated with seeking out those services.

8

Ensure that licensure policies of your state board of nursing include provisions that allow nurses to seek mental health care without negative consequences.

9

Provide a way for individuals and teams to manage moral distress. Teach nurses to identify potential signs of distress and suicide risk.

10

Assess the potential impact of new rules and requirements on nurses' workload and work efficiency before implementing them.

11

Develop policies that reduce the burden of clerical and other nonclinical tasks on nurses.

12

Allow for increased nurse leadership in the healthcare organization, and provide opportunities for nurses to be involved in policy discussions.

13

Assess whether the healthcare organization's current electronic health record (EHR) system may be customized so that it optimally supports nursing workflow.

14

Ensure that nurses are trained and oriented to assigned areas. Consider cross training nurses in other areas in the healthcare organization.

Resources

- [Centers for Disease Control and Prevention: Managing Fatigue During Times of Crises: Guidance for Nurses, Managers, and Other Healthcare Workers](#)
- [The Joint Commission: Quick Safety Issue 50: Developing Resilience to Combat Nurse Burnout](#)
- [The Joint Commission: Quick Safety Issue 54: Promoting Psychosocial Well-Being of Health Care Staff During Crisis](#)

Endnotes

- ¹ Shah, M. K., Gandrakota, N., Cimiotti, J. P., et al. (2021). Prevalence of and factors associated with nurse burnout in the US. *JAMA Network Open*, 4(2):e2036469. doi:10.1001/jamanetworkopen.2020.36469
- ² Bartholomew, K. (2021, April 8). The dauntless nurse: Had enough yet? The latest on nurse burnout. *American Nurse*. Retrieved from <https://www.myamericannurse.com/my-nurse-influencers-the-dauntless-nurse-nurse-burnout/>
- ³ Conversion Healthcare Blog. (2020, January 14). 6 Strategies for decreasing nurse burnout. Retrieved from <https://conversionhealthcare.com/6-strategies-for-decreasing-nurse-burnout/>; Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Journal of the American Medical Association*, 288(16), 1987-1993. doi:10.1001/jama.288.16.1987; Gavidia, M. (2021, May 12). EHRs, COVID-19, and understaffing: Spotlighting contributing factors to nurse burnout. *American Journal of Managed Care*. Retrieved from www.ajmc.com/view/ehrs-covid-19-and-understaffing-spotlighting-contributing-factors-to-nurse-burnout; Howell, B. A. M. (2021, June 15). Battling burnout at the frontlines of health care amid COVID-19. *AACN Advanced Critical Care*, 32(2), 195–203. doi: <https://doi.org/10.4037/aacnacc2021454>; American Medical Association. (2021, March 29). Managing mental health during COVID-19. Retrieved from <https://www.ama-assn.org/delivering-care/public-health/managing-mental-health-during-covid-19>

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