10 Reality Shock in the Workplace

Joseph T. Catalano

Leah Cullins

Learning Objectives

After completing this chapter, the reader will be able to:

- Describe the concept of reality shock
- Describe appropriate documents and procedures for job interviews
- List evidential artifacts used to develop professional nursing portfolios
- Define burnout and list its major symptoms
- Discuss the key factors that produce burnout
- List the important elements in personal time management
- Analyze how the nurse's humanity affects nursing practice
- List at least four health-care practices nurses can use to prevent burnout and to improve their professional performance

WHAT IS REALITY SHOCK?

"That is not how we do it in the real world." How many times do students and new graduate nurses hear that sentence? In many ways, that sentence is correct: In nursing school, students are instructed in the ideal theoretical, research-based, and instructor-supervised practice. Although demanding physically, mentally, and emotionally, nursing school shelters students from the realities of the real world, where nursing practice consists of not only theory and research but also heuristic practice, human emotion and response, policies, regulations, and the push and pull of life responsibilities. Things are different in the real world. The transition from nursing student to registered nurse is often referred to as **reality shock (transition shock).**[1]

MAKING THE TRANSITION FROM STUDENT TO NURSE

At any point in their lives, most people fulfill several different roles simultaneously. Sometimes, role conflict occurs.[2] Role conflict exists when a person is unable to integrate the three distinct aspects of a given role: *ideal, perceived,* and *performed role images.* For nursing students, a significant role conflict may occur when they transition from the role of student to that of registered nurse.[3]

Ideal Role

In the academic setting, the student is generally presented with the ideal of what a nurse should be. The ideal role projects society's expectations of a nurse. It clearly delineates obligations and responsibilities as well as the rights and privileges that those in the role can claim. Although the

ideal role presents a clear image of what is expected, it is often somewhat unrealistic to believe that everyone in this role will follow this pattern of behaviors.

An Angel of Mercy

The ideal role of the nurse might require someone with superhuman physical strength and ability and unlimited stamina who possesses superior intelligence and decision-making ability, yet remains kind, gentle, caring, and altruistic and not concerned about money. This perfect nurse can communicate with any client at any time and can function independently and know more than even the physician. This angel of mercy is able to prevent grievous errors in client care while continuing to always be responsive to clients' needs and requests and carry out the physician's orders with accuracy and absolute obedience. Perceptive students soon begin to suspect that this ideal role of nurse does not exist anywhere in the real world.

Perceived Role

The perceived role is an individual's own definition of the role, often more realistic than the ideal role. When individuals define their own roles, they may reject or modify some of the norms and expectations of society that were used to establish the ideal role. Intentionally or unintentionally, though, the ideal role is often used as the intellectual yardstick against which the perceived role is measured.

"THE NEW GIRL CERTAINLY HAS TAKEN ON AN IDEAL ROLE."

After a minimal amount of clinical experience, nursing students may realize that nurses do not possess extraordinary physical strength or intellectual ability but may continue to accept unconditionally, as part of their perceived role, that nurses must be kind, gentle, and understanding at all times with all clients and other health-care staff. The perceived role is the role with which the nursing student often graduates.

Performed Role

The performed role is defined as what the practitioner of the role actually does. Reality shock occurs when the ideal or perceived role comes into conflict with the performed role. Many new graduate nurses soon realize that the accomplishment of role expectations depends on many factors other than their perception and beliefs about how nursing should be performed. The environment has a great deal to do with how the obligations of the role are met.

In nursing school, where students are assigned to care for one or two clients at a time, there is plenty of time to practice therapeutic communication techniques; to provide completely for the physical, mental, educational, emotional, and spiritual needs of the client; and to develop an insightful care plan. However, the realities of the workplace may dictate that a nurse be assigned to care for six to eight clients at a time. In this situation, the perceived role of the nurse may have to be set aside for the more realistic performed role, from communicator to task organizer. Meeting all of the client's physical, psychological, social, and spiritual needs becomes less possible, and the care plan becomes more brief and to the point.

Heart, Hands, and Ears
I lost a baby I wanted more than anything
    He was stillborn at 35 weeks
        You sat on the edge of my bed and listened
        to me sob when no one else would

I am only 8 and have leukemia
    The chemo shots hurt really really bad
        You sang a silly song with me while you gave
        the shot and made me laugh

I crashed my motorcycle and ripped open my leg
    It got a raging infection that required constant
    treatment
        You changed the dressing with skill and
        compassion

I had a stroke long before I should have
    My hands no longer work the way they used to
        You taught me how to use the fork
        with the big handle and now I can feed
        myself

I stood by my father's bedside while the machines
he was connected to went straight line
    He was sick for a long time but I loved him
    with every fiber of my being
        You stood quietly beside me and
        your strength gave me the courage to
        go on

I asked you one day, "What does a nurse do?"
    I was wondering if it was something I could
    do too
        You answered:
        Nurses use their ears and compassion to
        listen
        Nurses use their hands and skills to
        heal
        Nurses use their hearts and
        souls to care
        Nurses take those who are
        at the crossroads of their
        lives,
        Who are battered and scarred
        with disease, and
    change their souls forever more with their
    hearts and their hands and their ears.

Joseph T. Catalano

Cognitive Dissonance

Such situations can produce what is called *cognitive dissonance* in many new graduate nurses. They know what they should do and how they should do it, yet the circumstances do not allow them to carry it out. The end result is increased apprehension. High levels of anxiety, left unrecognized or unresolved, can lead to various physical and emotional symptoms. When these symptoms become severe enough, a condition called **burnout syndrome** may result. In today's health-care climate and with the current nursing shortage, it is important that health-care agencies retain high-quality nurses and that nursing schools prepare graduates for their transition from student to nurse.

NURSING SHORTAGE CONTRIBUTES TO STRESS

A lack of qualified nurses has been present in the health-care system for so long that the term *nursing shortage* has become a truism. However, as recent history has demonstrated, the demand for nurses is cyclical and increases or decreases with changes in the health-care system. In addition, the demand for nurses is to some extent regional. Some areas of the country have a higher demand for registered nurses, and others may have fewer available jobs. However, studies about employment opportunities project that there will continue to be a shortage of nurses well into to the middle of this century.[4]

What Do You Think?

Is there a nursing shortage in your region? Does it affect the health care that you can obtain at your local hospital? How can the nursing shortage be "fixed"?

❝ *The Department of Health and Human Services currently projects a shortfall of up to 267,000 registered nurses by the year 2025.* **❞**

Nurses in Demand

The demand for nurses is finally being recognized by high school counselors and employment agencies. They are now encouraging young people to enter nursing schools, and enrollments in nursing schools are up after several years of decline in the mid-2000s that reduced the number of graduates by almost 30 percent nationally. Since 2009, nursing schools have experienced a steady increase in enrollment so that nationwide in 2013 there were 46,000 more applicants for registered nurse (RN) programs than there were places for them in the programs.

Drops in nursing program enrollments tend to occur when the economy is strong; however, this does not seem to be the case with the current economic recovery. Enrollment in higher education in general tends to decrease during periods of strong economic growth and increase when the economy takes a downturn. In short, when the economy is strong, there are more employment opportunities, which gives graduating high school students a broader spectrum of both professional and nonprofessional fields to choose from.

There are several reasons for the increased demand for registered nurses. One of the primary reasons is the ever-increasing demand for health care. As the population of the United States continues to age, and there is a recognition that an older population has increased health-care needs, the demand for well-educated, highly skilled nurses will continue to increase (Chapter 23). It is also important to note that a high percentage of the currently working registered nurses will retire within the next 10 years and therefore will not be an active part of the workforce. In addition, it is projected that some nurses will leave the profession after the economy recovers to seek more lucrative jobs.

A few consistent factors have contributed to the ongoing nursing shortage, including the unprofessional image of nurses portrayed in the media and believed by the public, the lack of equitable pay for equitable work, substandard working conditions such as short staffing and long hours and multiple shifts, and the inability of nursing programs to accept all the qualified applicants due to an extreme shortage of qualified nursing faculties.[5] Although the numbers vary, the Department of Health and Human Services currently projects a shortfall of up to 260,000 registered nurses by the year 2025.[6] Other research and health-care groups project a nursing shortage ranging from 800,000 to 1 million.

> **Preceptorships allow students to experience a more realistic employment situation before they graduate.**

Periodically, some facilities try to cut costs by reducing the number of their most expensive personnel, the registered nurses. Most of these facilities eventually recognize that, although a reduction in RN positions may reduce the costs in the short-term, the long-term effects on the quality of health care are devastating. It is obvious that exchanging qualified nurses for lower-paid unlicensed technicians will eventually affect the quality of client care. With the current emphasis being placed on the delivery of quality client care from the Joint Commission (JC), the Institute of Medicine (IOM), the American Nurses Association (ANA), and the Affordable Care Act of 2010 (ACA), hospitals and other health-care facilities are recognizing that increasing the number of RNs they employ is the only way to increase the quality of care they provide. Unfortunately, in many areas of the country, facilities have been unable to fill their vacant RN positions.

Decentralized Care

Certain groups of nurses are in higher demand than ever; these include nurses who can practice independently in several different settings, multiskilled practitioners, home-care nurses, community nurses, and hospice nurses.[7] A major trend in health care today is to move the care out of the hospital and into the community and home settings. Provision of nursing services in these settings often requires that a nurse have at least a bachelor's degree or an even higher education. Fewer than 50 percent of all new graduate nurses today are graduating from bachelor's degree programs. The IOM report, "The Future of Nursing," established a goal of 80 percent baccalaureate-prepared nurses by 2020 to meet the needs of a health-care system that is constantly increasing in complexity.[8]

Although most nurse practitioners are currently based in community clinics, the ACA of 2010 is providing them with an ever-expanding opportunity to become involved in primary care and even the care of hospitalized clients. A key element in the ACA is that clients must be evaluated by a primary health-care provider before they can be referred to secondary health-care providers or specialists. The advanced-practice education of nurse practitioners would make them eminently qualified to fill this role of primary health-care provider.

Certain specialty areas with a high burnout rate such as transplant, intensive care, neonatal, oncology, and burn units are always seeking nurses. The nursing shortage has added to lower levels of satisfaction, increased stress levels, and high turnover rates of these nurses with highly specialized skills. Research has shown that as the perception of staffing shortages increases, so, too, does the number of nurses leaving these types of specialty units.[9] As with community nurses, nurses who provide care in specialty units must be able to work independently and use evidence-based practice by drawing from the large base of theoretical knowledge now available on the Internet.

The nursing profession and nursing educators need to increase their vigilance during nursing shortages to maintain the high standards of the profession and not fall into the "any warm body will do" trap. They must continue to recruit high-quality

students and improve working conditions and salaries to keep the high-quality professional nurses they already have.

A POSITIVE TRANSITION TO PROFESSIONAL NURSING

The reality shock that new graduates often experience can be reduced to some extent. Some schools of nursing have instituted preceptor clinical experiences and other types of experiences during the last semester of the senior year. The main goal of preceptor clinical experience is to help the student feel more comfortable in the role of registered nurse.

Nurse Residency Programs

The IOM has recommended that nurse residency (NR) programs be established to help new nurses make the transition from the sheltered environment of nursing school to the practice setting. NR programs help develop new nurses' skills, increase their knowledge, and aid them in providing safer client care.[10] Researchers have calculated that it takes 1 or more years for a new graduate to master the skills necessary to be successful in their position. Specialty units generally take longer. In the past, many hospitals used a sink-or-swim approach, where the new graduate was placed on a unit soon after graduation and expected to perform at the same level as a skilled nurse. This is no longer acceptable. New graduate nurses often do not possess the knowledge or skills to make a quick transition to providing competent and safe bedside care.

Without residency programs, some hospitals experience a resignation rate of new nurses at or above 75 percent during their first year. A high turnover rate of nurses is equated with a high financial cost in recruiting and training more new nurses. A new graduate nurse who leaves his or her job within the first year will cost the institution between $22,420 and $77,200. That cost is then added to the expense of recruiting and orienting a new nurse, which has been estimated to range from a low of $8,000 to as much as $50,000 for nurses in specialty units.[11]

> *In the past, many hospitals used a sink-or-swim approach, where the new graduate was placed on a unit soon after graduation and expected to perform at the same level as a skilled nurse. This is no longer acceptable.*

The IOM has established some guidelines for NR programs. They believe it is important for state boards of nursing and state nurses associations to actively support and encourage facilities to develop programs that will ease the transition to safe clinical practice. The IOM encourages external funding for NR programs, which can be very expensive. This funding should be sought from major health-care organizations or groups that have a vested interest in improving health-care quality. Once the programs are established, they must be overseen and evaluated for effectiveness. Three key evaluation criteria include increased nurse retention, increased knowledge and competency of the nurses in the program, and an overall improvement in client satisfaction and outcomes.[10] Although the number of NR programs in the United States is relatively small at this time, the results have been extremely positive. The retention rate for new nurses completing 1-year NR programs was 95.6 percent in 2013. Evaluation data also showed that nurses felt a marked increase in their ability to provide safe, high-quality nursing care.[12]

Preceptorships

A student who works with a preceptor is assigned to one RN for supervision for most of the semester. The student experiences the role of the RN by working the same hours and on the same unit as the nurse to whom he or she is assigned. As the student absorbs the role expectations of the workplace during the preceptor experience, the student's perceived role expectations also change, allowing movement from the student role to that of practicing professional with less anxiety and stress.[13]

Another experience that lessens role transition shock may be an internship (sometimes called an *externship*, depending on the name used by the hospital). Internships or externships are available to students between the junior and senior years at some hospitals. These experiences allow students to work in a hospital setting as nurses' aides while permitting them to practice, with a few restrictions, at their level of nursing education. These experiences are invaluable for gaining practice in skills and for becoming socialized into the professional role.

Employment in Today's Job Market

Although the health-care industry is in dire need of registered nurses, employers are still looking for the best of the best for the positions they have available.

What Do You Think?

Have you ever been on a job interview? What were some of the mistakes you made? How can you correct those mistakes in the future?
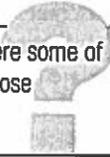
Initial Strategies

Employers are looking for graduates who can function independently, require little retraining or orientation, and can supervise a variety of less-educated and unlicensed employees. The ability to use critical-thinking skills in making sound clinical judgments is a necessity in today's fast-paced, complicated, and highly technical health-care systems.

Although these requirements may seem daunting, some strategies can be used to increase the chance of being hired. Students should take advantage of preceptor and intern or extern experiences in their junior and senior years and should attempt to meet their clinical obligations in the institution where they want to be employed. In this way, the student can evaluate the hospital closely and observe its working conditions and the type of care provided to clients.

For its part, the hospital has the opportunity to examine closely the student's knowledge, skills, personality, and ability to relate to clients and staff. The hospital benefits by getting employees who are familiar with the hospital before employment starts, thus decreasing the overall time of paid adjustment (referred to as *orientation*).

The Résumé

In today's job market, the **résumé** is often the institution's first contact with the nurse seeking employment, and it has a substantial effect on the whole hiring process (Box 10.1). First impressions are important. Preparing a neat, thorough, and professional-looking résumé is worth the time and effort. If you have access to a computer, a good-looking résumé can be prepared at almost no cost. If a computer is not available, it is a good idea to spend a few dollars to have the résumé professionally prepared and reproduced.

B o x   1 0 . 1

Sample Résumé

Mary P. Oak
100 Wood Lane, Nicetown, PA 22222 Telephone
(333) 555-1234 (H) e-mail: moak@aol.com

Objectives
Obtain an entry-level position as a registered nurse; deliver high-quality nursing care; continue my professional development.

Skills
- Good organizational and time-management skills
- Communication and supervisory ability
- Sensitivity to cultural diversity

Education
Mountain University, Nicetown, PA
Bachelor of Science in Nursing, May 2013

Experience
Supercare Hospital, Hilltown, PA
Nursing Assistant, 2011 to present
  Responsibilities: Direct client care, including bathing, ambulation, daily activities, feeding paralyzed clients, assisting nurses with procedures, charting vital signs, and entering orders on the computer.
Big Bob's Burgers, Hilltown, PA
Assistant Manager, 2009–2011
  Responsibilities: Supervised work of six employees; counted cash-register receipts at end of shift; inventoried and ordered supplies.

Awards
Nursing Student of the Year, 2013
Mountain University, Nicetown, PA
Pine Tree Festival Queen, 2009
Hilltown High School, Hilltown, PA

Professional Membership
National Student Nurses Association, 2010 to present
Mountain University, Nicetown, PA

A Complete Picture

The goal of a résumé is to provide the hospital with a complete picture of the prospective employee in as little space as possible. It should be easy to read and visually appealing and have flawless grammar and spelling.[14] Although various formats may be used, all

résumés should contain the same information. Each area of information should have a separate heading (see Box 10.1).

Many books available in local bookstores can serve as a guide in organizing the information in a résumé. Many new computers now come from the factory loaded with software that can prepare résumés in different formats. Keep an electronic copy of the résumé for future use or reference. The required information includes the following:

- Full name, current address (or address where the person can always be reached), telephone number (including area code), and e-mail address.
- Educational background (all degrees), starting with the most recent, naming the institution, location, dates of attendance, and degrees awarded. Usually high school graduation information is not necessary.
- Former employers, again starting with the most recent. Give dates of employment, title of position, name of immediate supervisor, supervisor's telephone number, and a short description of the job responsibilities. Should non-health-care-related work be included? Very basic jobs—for example, cooking hamburgers at Big Bob's Burgers—could probably be omitted unless it fills in a large gap in your employment history. However, if the job required supervision of other employees or demonstrated some higher degree of responsibility such as developing budgets,

> *First impressions are important. Preparing a neat, thorough, and professional-looking résumé is worth the time and effort.*

handling money, or preparing work schedules, it should be included and described.
- Describe any scholarships, achievements, awards, or honors that have been received, along with any professional development activities in which you participated, starting with the most recent.
- List professional memberships, offices held, and date of memberships.
- List any publications. If both books and journal articles were published, list the books separately, starting with the most recent.
- Include an "Other" category to describe any unpublished materials produced (e.g., an internal hospital booklet for use by clients), research projects, fellowships, grants, and so forth.
- Provide professional license number and annual number for all states where licensed, along with the date of license and expiration date.

References

References should be included on a separate sheet of paper. Most institutions require three references. After obtaining permission from the individuals listed as references, the nurse preparing the résumé should make sure to have current and accurate titles, addresses, e-mail addresses, and telephone numbers. Many facilities are now using e-mail or phone references in place of letters as a time-saving method.

Issues in Practice
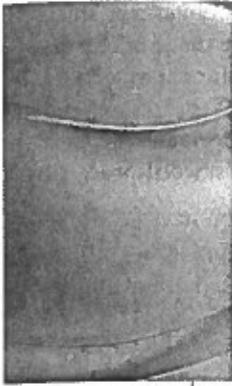
Compassion Fatigue Among Nurses

If you no longer really care about the clients to whom you are assigned, you may be suffering from compassion fatigue. Much like burnout, compassion fatigue results from long-term stress that generally revolves around the never-ending demands of caring for those with chronic diseases or those with terminal illness. Nurses with compassion fatigue also experience chronic physical fatigue, emotional distress, and feelings of apathy. Nurses can recognize the condition when they become calloused and withdraw from the delivery of health by merely going through the motions. Unfortunately, compassion fatigue can spread to other staff and ultimately produces negative client outcomes.

The first step in preventing compassion fatigue is taking care of yourself. You need to eat right, exercise, and get plenty of rest. There is no shame in reaching out to a professional counselor for advice and help. Staying in close contact with family and friends, looking after spiritual needs, developing fulfilling and fun hobbies, and participating in activities that are fun and renew the spirit are all important in dissipating the stress that leads to compassion fatigue. Also, rely on your coworkers. Working with a team you enjoy will help you stay connected with the reasons you entered the profession in the first place.

There are also courses and seminars available that can teach you ways to lower stress and deal with difficult situations. They will help you build up positive emotions to improve your attitude and enthusiasm levels.

Sources: Babbel C. Compassion fatigue. *Psychology Today,* 2012. Retrieved June 2013 from http://www.psychologytoday.com/blog/somatic-psychology/201207/compassion-fatigue; Krischke MM. Suffering from compassion fatigue, burnout or both? What a nurse can do. *Nursing News,* 2013. Retrieved June 2013 from http://www.nursezone.com/Nursing-News-Events/more-news/Suffering-from-Compassion-Fatigue-Burnout-or-Both-What-a-Nurse-Can-Do_41375.aspx

An individual selected for a reference must know the applicant well in either a professional or a personal capacity, have something positive to say about the applicant, and be in some position of authority. The director of the nursing program, esteemed nursing faculty, supervisory-level personnel at a health-care facility, and even a physician make good references. It is best not to list relatives, unless the hospital is asking specifically for a personal reference.

Do not obtain letters of reference until the facility asks for them. Many facilities are now using e-mail or phone references in place of letters as a time-saving method.

Résumés via Institutional Website

Many health-care facilities want prospective employees to apply for positions and submit their résumés by the institution's website rather than in person or on paper. The first step is to find the link on the institution's website that will bring you to the employment application; the link will read something similar to "Prospective Employees" or "Job Opportunities." Under that heading there should be a subheading: "Apply for a Job." It is important that the job seeker read the instructions carefully and follow them to the letter. Comparable with the paper résumé, first impressions are important. If the person applying for a job cannot even follow the directions for applying, what kind of impression is that going to make on the human resources director? Each institution has its own format for applying. Some have boxes where a résumé can be pasted, some have a place to attach a résumé electronically, and some have a combination of the two. Others merely want the résumé attached to an e-mail and sent to a specific e-mail address.

A well-written paper résumé is a suitable place to start in creating an electronic résumé. However, the transition from a paper résumé created on a common word-processing program like Microsoft Word is anything but smooth and seamless. Many e-mail systems, scanners, or Web browsers will change how a document looks when it is opened in another system. These systems will change fonts for headings, delete punctuation, and even move text around. To have the best-looking electronic résumé, it is important to use the least amount of formatting possible and a letter font that is nonproportional. Generally, such features as tables, page borders, and multiple fonts should not be used. Keeping two versions of a résumé is a good idea—a "fancier" one for submitting by mail or taking to an interview and a second simpler electronic version that can be e-mailed or attached to an institutional website with minimal alterations.

The following steps for formatting an electronic résumé will work with most word-processing programs:

1. Open the résumé in the word-processing program normally used.
2. Click on FILE, then click on SAVE AS and select TEXT ONLY. (This will eliminate all nontext formatting.)
3. Close and then reopen the résumé using the new text-only version in Notepad or a similar plain-text editor.
4. Format the text-only résumé by:
   - Changing to a nonproportional font (i.e., a font where all the letters are the same size, such as Courier Brougham, Letter Gothic, Orator, Lucida Sans Typewriter, MonoTxt, Isocteur, Lucida Console, Courier, and Monospace 821). These fonts prevent the lines of text from varying in width across the page.
   - Do not indent by using tabs. Some Web browsers don't recognize them and might move the text around on the page.
   - Keep all lines justified to the left side of the page, and use line breaks (Enter key) to separate headings and sections. Using the spacebar to indent or center text has unpredictable results when read by another browser.
   - Use ALL CAPS rather than **bolding** or *italicizing* to emphasize a word or words or when starting a new section of the résumé.
   - Never use accent marks such as quotations (""), asterisks (***), or other characters ($#). These almost never come out like they were in the original document.
5. Save the edited résumé as a separate document from the original.
6. Send the electronic résumé by attaching it to an e-mail, posting it on the Internet, or copying and pasting it into an institution's Web page.[15]
7. These steps should also be followed when creating a personal website or electronic portfolio.

As with the paper résumé, there should be a separate cover document specifying what job the applicant is applying for and why they feel qualified for the position (see "cover letter" below). Some sites

have a "Check which job you want" box that may eliminate the need for a cover letter; however, format the letter using the guidelines above and make it the first page of the résumé. This action will cover all possibilities.

Creating a Personal Website Summary

By the time students have completed their nursing education, they have looked at enough websites to know which ones grab their attention and which ones they quickly skip over. There are some general principles that all personal websites should follow, although creativity has a place as long as it is not too far out there! Then when the job applicant e-mails a prospective employer, a link can be attached to the site. Remember that first impressions count. What to include in a Web page:

1. A professional photo of the applicant on the first page. Grainy cell-phone shots with red eyes do not make a good initial impression. Each page should have a different, related photo. A résumé page should have a candid photo of you in a work setting. A personal page should have a tasteful photo of you at play.

2. On the first page, use creative graphics or background photos that say something positive about you. A picture of a field of wildflowers behind the individual indicates a calm, attractive personality. A picture of a waterfall projects an image of power and direction. Be careful that the background is not so dark as to make the text hard to read.

3. Give a short summary of your personality and strengths on the home page. Use third-person descriptions. For example: "Julie's passion is to provide high-quality care to the most vulnerable of the population--premature infants and abused children." This page should also summarize your background. How did you become interested in nursing—through a specific event (e.g., a parent having cancer) or a person who inspired you? Did you have to overcome any difficult circumstances in nursing school? This page can also demonstrate your writing skills. Make sure an experienced writer or editor reviews it before you post it.

4. Write a career objective page. This page is like a résumé, but it can be longer and is in paragraph

> **❝** *Harassing the personnel director or director of nursing about a job is not usually an effective employment strategy.* **❞**

form. You can include portfolio images of your work to demonstrate your accomplishments visually—show pictures from that in-service presentation you gave as part of the leadership class assignment. Make sure you include information about your education, employment history, and a description of what you would consider the "perfect career." Describe in a few sentences what your dream job would be like and why. Describe your professional objectives and why they are important to you. Do you want to go back to school to become a nurse practitioner at some point in the future? Why?

5. Include a résumé page. This page should use the standard résumé format for professional résumés. It should be no longer than one page. Make sure you update the information on this page as it changes. You will be sending an electronic copy to the employer's Web page and using the hard copy when going for an interview.

6. Include a contact page with all your contact information: address, phone numbers, and e-mail addresses. Make sure these are kept current. Include a link on the contact page to the site you created, just in case the prospective employer is not adept at previewing job candidates electronically. Also include a link to the personal website.[16]

Where to Post It?

Several websites are generally recognized as locations for professional résumés. Web-savvy employers will often search these first. They include:

1. http://www.linkedin.com. This site contains more than 5 million professional résumés and is often used by professionals to track each other. Employers can use it for finding potential employees in specific fields of expertise.

2. http://www.blogger.com. Probably the easiest of the sites to use. It takes the user through the step-by-step process of setting up a blog in less than 30 minutes.

3. http://post.resumedirector.com/rd/default.asp. Posts your resume on up to 90 top resume sites with just one click—gets your resume in front of a large number of recruiters and employers all at one time. Also offers live help by phone or chat, resume building and job searching tips.

4. http://www.wordpress.com. This site is generally used by top-level professionals, although anyone can post on it. It has some advanced features in design and content generation.[5]

The Cover Letter

A cover letter should be sent with every mailed résumé (Box 10.2). Like the résumé, it should be neatly typed without errors and should be short and to the point. Although a friendly, rambling letter might provide insight into a prospective employee's underlying personality, most personnel directors or directors of nursing are too busy to read through the whole document. The letter should be written in a business letter format, be centered on the page, and include the name and title of the person who will receive the letter. Letters beginning with "To Whom It May Concern" do not make as favorable an impression.

Organizing the Letter

The statement of interest and name of the position should constitute the opening paragraph of the letter. The prospective employee should mention where he or she heard about the position. This information should be included in the first paragraph as well as a date when the applicant would be able to begin working.

The second paragraph should give a brief summary of any work experience or education that qualifies the applicant for this position. Newly graduated nurses will have some difficulty with this part, but they should include their graduation date, the name of the school they graduated from, the prospective date for taking the NCLEX, and the name of the director of the program. This paragraph should also state which shifts the applicant is willing to work.

The third paragraph should be very short. It should express thanks for consideration of the nurse's résumé, a telephone number, and an e-mail address. Both the letter and résumé should be sent by first-class mail in a 9 x 12 envelope so that the résumé will remain unfolded, thus making it easier to handle and read.

Box 10.2

Sample Cover Letter

Mary P. Oak
100 Wood Lane
Nicetown, PA 22222

May 25, 2015

Mr. Robert L. Pine
Director of Personnel
Doctors Hospital
Gully City, PA 44444

Dear Mr. Pine:

I am interested in applying for the registered nurse position in the General Medical-Surgical Unit. I have 5 years of experience in providing care for a variety of clients with medical-surgical health-care problems as a nursing assistant. I completed my baccalaureate degree in nursing on May 9 and am scheduled to take the NCLEX examination on June 3. Enclosed find my résumé.

I believe that my organizational and time-management skills will be a great asset to your fine health-care facility. I work well with all types of staff personnel, and having been a nursing assistant for the past 5 years, I can appreciate the problems involved in their supervision.

Thank you very much for consideration of my résumé and application. I will call you within the next few days to arrange a date and time for an interview. Feel free to call me at home anytime (333) 555-1234 or contact me by e-mail: moak@ol.com.

Sincerely,

Mary P. Oak

Will They Ever Answer?

Waiting for a reply can be the most difficult part of the process. Resist the urge to call the hospital too soon. Because most health-care institutions recognize the high anxiety levels of new graduates, they attempt to return calls within 1 to 2 weeks after receipt of the application. If no response is given after 3 weeks, the nurse should call the hospital to see whether the application was received. Mail does get lost. If the application has been received, the applicant should make no further telephone calls. Harassing the personnel director or director of nursing about a job is not usually an effective employment strategy.

The Portfolio

Today's current work climate requires recruiters to interview, screen, and hire the most qualified person for the job in a short amount of time. The nursing shortage and a workforce that embraces career portability have created the need to often recruit and hire nurses on a moment's notice.

Evidence of Positive Outcomes

Professional portfolios are being looked at closely by many nonartist professions to document skill qualifications, continued competency, accountability for professional development, and credible evidence to support employment claims during an interview. Nursing is one of the professions embracing this concept, and if the trend continues, student nurses of today will become the next generation of the 2.6 million registered nurses in the United States who use portfolios instead of résumés to interview for jobs, become certified, maintain certifications, and demonstrate competency.

Health-care employers today are looking for nurses who believe that high-quality performance on the job is more important than just having a job. Professional nurses can apply the nursing process to their own personal development, and evidence of positive outcomes is placed in the portfolio.

Constructing a portfolio requires looking at a career as a collection of experiences, which can be grouped and reordered to match the changing direction of one's career journey. A portfolio also offers an opportunity for nurses to evaluate their experiences,

> **❝** *Portfolios are an excellent way to impress potential employers, reach a larger employment pool, and put the Internet to work for a prospective employee.* **❞**

create new goals, create and implement a plan, and then evaluate it. The portfolio supports the lifelong process of self and career development.[16]

Assembling a Portfolio

Once a student has decided to initiate a portfolio as a professional vehicle for showcasing his or her experiences, education, skill sets, accomplishments, and potential for achievement, it will require time and effort to create it. However, the effort is well worth it in the long run.

The initial development of a portfolio may be somewhat time-consuming, but once it is developed, keeping it current should become part of a professional's routine activities. Converting it to an electronic format is a must in today's high-tech health-care system.[16] Whether the portfolio is paper or electronic, the content and purpose are the same. Many books and online resources are available that describe the format and organization of a portfolio; an example is also discussed here.

Use a Binder. One format that many experts agree on is a three-ring binder. This should include a table of contents, and the various sections should be separated by dividers.

Ask Yourself Questions. Questions to ask while you prepare to gather materials for your portfolio include: What do I want to do next in my career? Why do I think I am qualified for this job? What do I want to tell the employer about myself? Why should my employer promote me?

Interview a Professional. Once a decision has been made on an employment area of interest, it is helpful to discuss the needed skills and education with someone who is currently employed in that work setting. Personal interviews can provide information about what skills or education is required. It is a good idea to show a draft of the portfolio to the nurse being interviewed to see if it reflects the required knowledge or if there is a need to pursue further education or skill development.

Showcase Your Education. Box 10.3 lists work samples that can be included in the portfolio. Box 10.4 lists basic categories for organizing the portfolio. Remember, these are just examples, and each

Box 10.3
Examples to Collect for a Professional Portfolio

1. Education and training examples
2. General work performance examples
3. Examples regarding using data or nursing informatics
4. Examples pertaining to people skills
5. Examples demonstrating skills with equipment

Items that may be collected to support these areas include, but are not limited to, the following:

Articles	Awards
Brochures	College transcripts and degrees
Drawings and designs	Forms
Flyers	Grants
Letters of commendation	Letters of reference
Manuals and handbooks	Merit reviews
Photographs	Military service and awards
Presentations	PowerPoint presentations
Proposals	Professional memberships
Résumés	Research
Technical bulletins	Scholarships
Videos	Training certificates

Box 10.4
Categories to Organize Your Professional Portfolio

1. **Career Goals:** Where do you see yourself in 2 to 5 years?
2. **Professional Philosophy/Mission Statement:** What are your guiding principles?
3. **Traditional Résumé:** Concise summary of education, work experience, achievements.
4. **Skills, Abilities, and Marketable Qualities:** Examples that support skill area, performance, knowledge, or personal traits that contribute to your success and ability to apply that skill.
5. **List of Accomplishments:** Examples that highlight the major accomplishments in your career to date.
6. **Samples of Your Work:** See Box 10.3; you can also include CD-ROMs.
7. **Research, Publications, Reports:** Include examples of your written communication abilities.
8. **Letters of Recommendation:** A collection of any kudos you have received, including from clients, past employers, professors, and so on.
9. **Awards and Honors:** Certificates of award, honor, or scholarship.
10. **Continuing Education:** Certificates from conferences, seminars, workshops, and so on.
11. **Formal Education:** Transcripts, degrees, licenses, and certifications.
12. **Professional Development Activities:** Professional associations, professional conferences, offices held.
13. **Military Records, Awards, and Badges:** Evidence of military service, if applicable.
14. **Community/Volunteer Service:** Examples of volunteer work, especially as it may relate to your career.
15. **References:** A list of three to five people who are willing to speak about your strengths, abilities, and experience; prepared letters from same.

nurse needs to use a format that will best showcase his or her education, work experience, skill sets, and accomplishments.

Use the Internet. Creating a Web version of the portfolio can enhance the application process (see earlier). Links can be created to digitize versions of portfolio information, examples of presentations, or photos of accomplishments or events. Portfolios are only limited by the nurse's imagination and access to space on the Web. Portfolios are an excellent way to impress potential employers, reach a larger employment pool, and put the Internet to work for a prospective employee.[16] Even if the nurse has a Web version, it is a good idea to bring the paper portfolio and a copy to an interview.

As discussed in the previous section, a résumé is an excellent tool for allowing the prospective health-care recruiter or employer to receive a concise overview of a potential employee in as little space as possible, and it will serve as a frame of reference once the interview process is complete. A nurse who offers to share a portfolio during the interview process provides tangible evidence of skills, accomplishments, and future potential. Showing a well-prepared portfolio leaves a positive lasting impression with the interviewer and provides a foundation to build on as the nurse's career develops.

Interviews

The next important step in the process is the interview. The interview allows the institution to obtain a firsthand look at the applicant and provides an opportunity for the applicant to obtain important information about the institution and position requirements. The interview often produces high levels of anxiety in new graduates who are interviewing for what might be their first real job.

Make a Good Impression

Again, first impressions are important (Box 10.5). The interview starts the moment the applicant enters the office. Conservative business clothes that are clean, neat, and well pressed are an absolute necessity.

Box 10.5
Fashion Do's and Don'ts of Interviews

The Do List

Men

1. Do shave or trim facial hair closely.
2. Do use aftershave and/or cologne sparingly (a little goes a long way).
3. Do carry a money clip or leather wallet and a small, plain functional briefcase.
4. Do wear leather shoes that are polished and in good repair. Lace-up or slip-on shoes are best.
5. Do wear calf-length dark socks.
6. Do wear a tailored suit (blue, gray, beige are best) with a dress shirt (lighter in color than the suit). Do wear a conservative tie.
7. Do shut off your cell phone or beeper.

Women

1. Do apply perfume or cologne sparingly (a little goes a long way).
2. Do invest in a good haircut. Clean, neat, and conservative is best.
3. Do wear shoes that are polished and in good repair. Plain pumps with medium heels are best.
4. Do carry a briefcase or simple (small) handbag that matches your shoes.
5. Do wear hose that coordinate in color, style, and texture with your shoes and outfit. Do take an extra pair for emergencies.
6. Do apply makeup lightly and carefully.
7. Do apply conservatively colored nail polish carefully.
8. Do dress conservatively.
9. Do wear colors that make a strong statement, such as shades of gray in medium to charcoal, or blue in a medium to navy.
10. Do wear small, conservative earrings.
11. Do shut off your cell phone and beeper.

Box 10.5

Fashion Do's and Don'ts of Interviews—cont'd

The Don't List

Men

1. Don't overstuff wallet, money clip, or briefcase.
2. Don't carry a can of smokeless tobacco in your back pocket or pack of cigarettes in a shirt pocket.
3. Don't wear sandals, running shoes, or cowboy boots.
4. Don't wear socks that are a lighter color than your trousers.
5. Don't wear green or flashy colors.

Women

1. Don't wear sneakers, sandals, cowboy boots, or heels more than 1½ inches high.
2. Don't overstuff your handbag or briefcase.
3. Don't apply makeup so that it looks artificial and heavy.
4. Don't use black or bright or dramatically colored nail polish.
5. Don't wear skimpy or low-cut outfits, leather, or fringed apparel.
6. Don't wear large, dangling earrings or display other body piercings, such as nose rings, lip rings, tongue rings, or multiple earrings.

Sources: Doyle A. How to interview. Job Searching. Retrieved June 2013 from http://jobsearch.about.com/cs/interviews/a/aceinterview.htm; Interview Tips. Capella University. Retrieved June 2013 from http://msn.careerbuilder.com/msn/category.aspx?categoryid=iv

Similarly, a conservative hairstyle and a limited amount of accessories, jewelry, and makeup produce the best impression. Smoking, chewing gum, biting fingernails, or pacing nervously does not make a good first impression. The interviewer recognizes that interviews are stressful and will make allowances for certain stress-related behaviors, but do try to avoid the mistakes listed in Box 10.6.

Arriving a few minutes early allows time for last-minute touch-ups of hair and clothes and gives the applicant a chance to calm down. Carrying a small briefcase with a copy of the résumé, cover letter, references, and information about the hospital also makes a favorable impression.[17]

Come Prepared

Mental preparation is as important to a successful interview as physical preparation. Most interviewers will start with some "small talk" to try putting the interviewee at ease. Resist the temptation to launch into a long and rambling account of personal experiences. Next, the interviewer will usually ask about the résumé or portfolio, if one is used. A quick review just before the interview is helpful so that the interviewee is familiar with the information contained in the résumé or portfolio.

Expect questions about positions held for only a short time (less than 1 year), gaps in the employment record (longer than 6 months), employment outside the field of nursing (e.g., waitress, clerk), educational experiences outside the nursing program, or unusual activities outside the employment setting. Answer the questions honestly but briefly. Most personnel directors or directors of nursing are busy and do not appreciate long, detailed, chatty answers. Applicants can anticipate being asked:

- Why do you want this position?
- Why have you selected this particular facility?
- Why do you think you are qualified for the position?
- What unique qualifications do you bring to the job to make you more desirable than other applicants?
- Where do you see yourself 5 years from now? Ten years from now?[10]

Using the portfolio will help answer some of these questions. By showing tangible examples of qualifications and accomplishments, the interviewee can help the busy interviewer discern between actual performance and mere rehearsed answers.

Forbidden Topics

Because of the emphasis placed on political correctness and discrimination issues in recent years, there are a number of areas that prospective employers are not supposed to discuss but sometimes do anyway.

Box 10.6

Twenty Worst Job Interview Mistakes

1. Arriving late
2. Arriving too early (10–15 minutes is okay)
3. Dressing wrong (see Box 10.5)
4. Having your cell phone or beeper go off during the interview (and answering it)
5. Drinking alcohol or smoking before the interview
6. Chewing gum and/or blowing bubbles
7. Bringing along a friend, relative, or children
8. Not being prepared—not having an interview "dress rehearsal"
9. Calling the interviewer by his or her first name
10. Not knowing your strengths and weaknesses
11. Asking too many questions of the interviewer (a few are okay)
12. Not asking any questions at all
13. Asking about pay and vacation as the first questions
14. Accusing the interviewer of discrimination
15. Bad-mouthing your present or former boss or employer
16. Name-dropping to impress the interviewer
17. Appearing lethargic and unenthusiastic
18. Weak, "dead fish," or bone-crusher handshake
19. Looking at your watch during the interview
20. Losing your cool or arguing with the interviewer

Sources: Chun J. Questions to ask during a job interview. *Nursing Review,* 13(26):472, 2010; Clear J. 99 interview tips that will actually help you get a job. Passive Panda, 2013. Retrieved June 2013 from http://passivepanda.com/interview-tips;

Marriott P. Quality in practice . . . get the best out of job hunting: Polish your CV and shine at interview. *Community Care,* 4(1808):34, 2010.

Smith LS. Are you ready for your job interview? *Nursing,* 40(4):52–54, 2010.

These include questions about sexual preferences or habits, age, race, plans for a family, personal living arrangements, **significant others**, and religious or political beliefs.

If these questions are asked, the applicant needs to consider the implications of not answering them. Although there is no legal obligation for the applicant to answer, refusal to do so or pointing out that the question should not have been asked in the first place may be unwise. If the graduate answers these personal questions, which violate an individual's right to privacy or seem discriminatory, and then is not hired for the position, there may be grounds for some type of legal action based on discrimination.

Ask Your Own Questions

At some point in the interview, usually toward the end, applicants are asked whether they have any questions. Although most do have questions, many applicants are afraid to ask. In fact, asking questions can be seen as a demonstration of independence,

initiative, and intellectual curiosity—all traits that are highly valued by health-care providers. It is important that the first questions are not about salary, vacations, and other benefits. Questions that indicate interest in the institution are included in Box 10.7.

Box 10.7

Questions Interviewees Should Ask

- What are the responsibilities involved in the position?
- Who are the other staff or personnel working on this unit?
- What is the typical client-to-staff ratio for the unit?
- Are there any mandatory rotating shifts, weekend obligations, overtime, or floating?
- Does the hospital offer opportunities for continuing education, clinical ladder, advancement, or movement to other departments?
- Please describe the facility's policies for employee health and safety.

After these questions have been answered, the applicant may want to ask about salary, raises, vacations, and other benefits. Some questions that the applicant should never ask include: "When will I get a promotion?" "When do I get my first raise?" "What sort of flex-time options do you have?" or any question that indicates they were not paying attention during the interview. It would also be wise to inform the interviewer of the dates scheduled for the NCLEX so that arrangements can be made for time off. The applicant should also ask for written material on the nurse's contract with the institution, including benefits and job descriptions. Often the interviewer will provide this information without being asked in the course of answering some of the other questions.

Take this scenario as an example: The job applicant had successfully fielded all the usual interview questions: "Why do you want this job?" "What are your qualifications?" "Why should I select you over other candidates?" Then the interviewer asked the question that all job applicants hate: "What do you consider to be your major weakness?" A good way to answer that question is to find a weakness that can be turned into a strength. The applicant might answer, "I tend to be a perfectionist and spend too much time trying to get things just right."

It is appropriate to close the interview by asking for a tour of the facility. A tour allows first-hand evaluation of the workplace and a chance to observe the staff and clients in a real work setting. The interviewer may not be able to provide a tour at that time and may ask another individual (e.g., a secretary) to take the applicant on the tour.

Beware of the Internet

Nothing Is Private

Savvy employers almost always Google the name of a prospective employee before an interview. Research has shown that 75 percent of employers look up candidates before the interview and up to 70 percent have rejected potential employees because of information online. Some employers go even further to find out about the candidate; often they can electronically locate unflattering pictures or video sequences, ill-advised comments or tirades, and even financial information.[17] Although somewhat slow to catch on in the health-care arena, this trend is taking hold.

It Never Goes Away

As a candidate for a job, especially as a new graduate, you need to be aware that the person sitting across

from you at the interview desk may well have run your name through an electronic search engine and found you on some social media format. The following situation is an example of what happened during one candidate's interview for a job. During an interview, after the candidate answered all the questions, the interviewer remarked, "I found a video segment of you on MySpace.com that was shot about 2 years ago showing you at a party appearing inebriated with very few clothes on. Would you mind commenting on that?"

Personal blogs can be deleted and after a time will become harder to access. However, the truth is that once something goes electronic, it never completely goes away. Search engines have improved to such a point that they can find information that is 5 or more years old.

Although you can use the Internet to your advantage, it can also be a tool of your own demise in the job market. You may feel secure and private in a chat room with your "friends," but in reality, anything you post on the Internet can end up on Facebook, YouTube, Xanga, Twitter, Instagram, Vine, or one of the other blog websites. You may feel safe using a pseudonym or password protection, but these are only as trustworthy as the people who have access to your information. A jilted

boyfriend or girlfriend, a friend who thinks what you said was funny, someone with a large circle of electronic friends all have the power to reveal your most private information.[17]

You can offset negative information about yourself by generating as much positive information as possible. Eventually, the positive information will get more hits, and the negative information will be pushed to the end of the site, where people are less likely to see it. However, sites like wayback-machine.com can dig up information that has been sanitized and removed from a website even years before. Remember, nobody is perfect, and all people have information they would prefer to keep secret. If negative information about you does exist online, you can try to control it by spinning it in the best way possible. If there is a large amount of negative information and pictures, you might want to spend some money and have it professionally removed by sites like IronReputation.com, Reputation.com, or elixirinteractive.com, which can scrub and wipe clean even the most incriminating and damaging materials. These sites guarantee removal of ALL unwanted content and will also monitor your website for new postings of untoward pictures or information and automatically remove it.

Business Cards—Old School?

In some circles, business cards are considered old school. Electronic business cards are now taking the place of piles of paper business cards. One of the most commonly used electronic business cards on social media is BizEcards (https://www.facebook.com/bizEcards). It is an interactive business card that you can text. The site will help you develop the card and show you how to use it. Another format that is commonly used is vCard (http://vcardmaker.com/). It is an electronic business card that can be read by many formats including iPhone and e-mail. The site helps you develop the card and to make the most of the vCard. Another site that provides paperless business cards is http://mashable.com/2009/06/11/virtual-business-card/. This site can create as many nonpaper business cards as you want, and the cards will never run out. They can also be sent to anyone who has a computer or a mobile phone.

Follow-Up

As with the résumé, making frequent calls about the results of the interview is unwise. However, it is appropriate for the applicant to send a letter within 1 week after the interview to thank the interviewer for his or her time and express appreciation for being considered for the position (Box 10.8). The applicant should also

Box 10.8

Sample Follow-up Letter

Mary P. Oak
100 Wood Lane
Nicetown, PA 22222

June 20, 2015

Mr. Robert L. Pine
Director of Personnel
Doctors Hospital
Gully City, PA 44444

Dear Mr. Pine:

Thank you very much for considering my résumé and for the interview on June 3, 2015. I learned a great deal from the interview and from my tour of the hospital after the interview.

I am writing to let you know that I am still interested in the position and was wondering about the status of my application. If at all possible, I would appreciate it if you could either call me or write a note relating to my potential employment at your facility.

Feel free to call me at home any time (333) 555-1234 or contact me by e-mail: moak@aol.com

Sincerely,

Mary P. Oak

acknowledge how much it would mean to him or her to become a member of the staff at such a high-quality agency or hospital, but avoid overdoing the compliments.

If the position is offered, a formal letter of acceptance or refusal should be sent to the institution. Health-care facilities will not hold positions indefinitely, and failure to accept the position formally in a timely manner may result in their offering the position to someone else.

WHEN NURSES BURN OUT

The burnout syndrome has existed for many years and has been recognized as a problem that can be reduced or even prevented. A widely accepted definition of burnout is a state of emotional exhaustion that results from the accumulative stress of an individual's life, including work, personal, and family responsibilities. The term *burnout* is used to describe a slow, continuous depletion of energy and strength combined with a loss of motivation and commitment after prolonged exposure to high occupational stress. Examples of occupational stress include heavy workload, lack of participation or social support, injustice, uncertainty, lack of incentive, wearing out role conflicts, job insecurity, job complexity, and structural constraints.

Although the term is not often applied to students, many of the symptoms of burnout can be observed in these aspiring nurses.[8]

Who Burns Out?
The people who are most likely to experience burnout tend to be more intelligent than average, hard-working, idealistic, and a perfectionistic. There are certain categories of jobs and careers that tend to produce a higher incidence of burnout: situations and positions in which there is a demand for consistent high-quality performance, unclear or unrealistic expectations, little control over the work situation, and inadequate financial rewards. These jobs or careers tend to be very demanding and stressful, with little recognition or appreciation of what is being done. Also, jobs in which there is constant contact with people (i.e., customers, clients, students, or criminals) rank high on the burnout list.

Even with the most superficial knowledge of nursing, it is easy to see that many of these elements are present in the nurse's work situation. It is possible to recognize nurses who are in the early stages of burnout by identifying some classic behaviors (Box 10.9).

How It Starts
One of the earliest indications of burnout is the attitude that work is something to be tolerated rather than eagerly anticipated. Nurses in the early stages of burnout often are irritable, impatient, cynical, pessimistic, whiny, or callous toward coworkers and clients. These nurses take frequent sick days, are chronically late for their shifts, drink too much, eat too much, and often are not able to sleep.

Eventually, as their idealism erodes, their work suffers. They become careless in the performance of their duties, uncooperative with their colleagues, and unable to concentrate on what they are doing, and they display a general attitude of boredom and apathy. If allowed to continue, burnout may lead to feelings of helplessness, powerlessness, purposelessness, and guilt.[9]

Complications of Burnout
A new study published by the *American Journal of Infection Control* has found that nurses experiencing burnout may be contributors to the spread of infection, especially when working long hours and caring for too many clients at a time. When client-to-nurse ratios are increased, there is a corresponding increase

B o x   1 0 . 9
Symptoms of Burnout

- Extreme fatigue
- Exhaustion
- Frequent illness
- Overeating
- Headaches
- Sleeping problems
- Physical complaints
- Alcohol abuse
- Mood swings
- Emotional displays
- Anxiety
- Poor-quality work
- Anger
- Guilt
- Depression

in rates of infection in hospitals. Increased client loads lead to external mental demands, such as interruptions, divided attention, and feeling rushed. Just the addition of one extra client per shift per nurse was related to a 10 percent increase in rates of urinary catheter and postoperative infections. The study showed that the extra time out of the nurse's day to monitor, administer medication, and provide care for an additional client is sufficient to reduce infection control measures such as hand washing. The study noted that reducing burnout by 10 percent could prevent thousands of hospital-acquired infections per year and save $41 million per hospital. By decreasing nurses' workloads, there is an increased likelihood of following through on infection control procedures. It would also create a better atmosphere for nurse and client safety.[10,11]

Nurses suffering from burnout have also been linked to increases in client clinical errors, such as medication mistakes, missing treatments, and missing signs and symptoms of serious changes in condition. Burnout has also been linked to failure to complete documentation and errors in documentation.[11]

Recognizing Burnout

The first step in dealing with burnout is recognizing its signs. Here are some of the key signs that a nurse may be experiencing burnout:

- Continuous physical exhaustion and excessive illnesses
- Strong feelings of being taken advantage of and unappreciated
- A feeling of impending doom when preparing to go to work
- Pulling back at work—spending as little time as possible doing tasks and communicating
- Lack of empathy for clients[12]

Despite this bleak picture, nurses do not have to fall victim to the burnout syndrome. Many nurses practice their profession for many years, manage to deal with the stress, and find great personal satisfaction in what they do. These satisfied and motivated nurses have developed ways to deal with the stress of their careers while maintaining their goals and purpose as nurses.

Nurses experiencing burnout usually go through four progressive stages with some overlap between them. These include physical and mental exhaustion; self-shame and doubt; cynicism about work and lack of empathy for clients; and a sense of personal failure, feelings of helplessness, and an overwhelming sense of crisis.[12] Many nurses who are burning out use denial and rationalization to block recognition of burnout because it is just too painful for them to think they put so much time, money, and effort into preparing for a career they no longer want or enjoy.

It is important to realize that burnout can be halted in any one of the four phases. It does not have to progress to a crisis state. Also keep in mind that it is not the career that is producing the burnout, but rather the difficulty in coping with the stresses the career is producing. Although it may not be possible to change the requirements of the profession significantly, it is possible to learn how to cope more effectively with stress.

Manage Stress and Time

Although there are many schools of thought about stress- and time-management techniques, several common threads run through many of these theories. These views include setting personal goals, identifying problems, and using strategies for problem-solving.
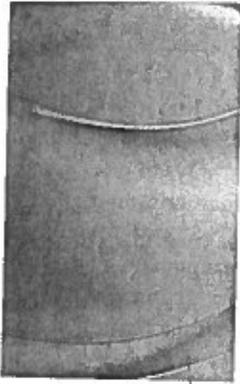
Issues Now

Exercise Myths: True or False

1. Exercise can turn fat into muscle. False.

Muscle and fat are two completely different types of tissue. Exercise can increase the mass of muscle tissue and decrease the size of fat cells by burning fat as energy.

2. If you're gaining weight, it always means you're getting fatter. False.

An increasing amount of fat will make the scale numbers go up, but it's not the only cause. If you are exercising and building muscle, it has a much higher density than fat (i.e., a pound of muscle takes up less space than a pound of fat). It is possible to become leaner and healthier while at the same time gaining weight. The scale can be your friend or enemy!

3. I'm a woman and I'll bulk up if I lift weights. False.

The bulging, bulky muscles that men get when they pyramid train (overwork muscles) is due primarily to testosterone. Also, that type of training requires weight lifting for 6 to 8 hours a day every day. Weight training will help muscle definition in women and help tone muscles, which in turn increases metabolism and reduces weight.

4. Running outside on a track is worse for the joints than running on a treadmill. False.

Running is running and it stresses the joints no matter where it's done. There are some very expensive high-end treadmills that have extra shock-absorbing features, but even those do not completely eliminate the stress on the joints.

5. Any type of aerobic exercise will burn fat. True.

However, the harder you exercise, the more fat you burn. It is important to build up a progressive exercise tolerance before attempting to reach the maximum level of an aerobic exercise.

6. I can eat anything I want as long as I exercise every day. False.

This is a myth that gets some people into a real bind. Any given exercise will burn a certain amount of calories per session. For example, if you weigh 155 pounds and run 1 mile in 12 minutes, you will burn about 560 calories. Or if you ride a stationary bike for 1 hour at a moderate speed, you will burn 439 calories. (For a complete table of exercises and calories, go to http://www.nutristrategy.com/activitylist3.htm.) The key here is not to eat more calories than you burn off when you exercise. So if you stop and get a 1100 calorie super-sized chocolate milkshake after you run your mile, you are going to be 440 calories in the hole! You need to go back and run another mile!
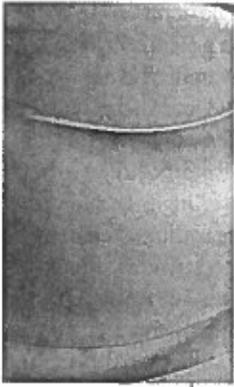
Issues Now continued

7. Using free weights causes more injuries than using weight machines. It depends.

Free weights are very adaptable to all body types and can be adjusted easily to accommodate a person's exercise progression. The danger with free weights arises when people do not know their limits and try to overdo the weights. Also, they tend to pay less attention to good body alignment and configuration when they use free weights. With machines, you are less likely to drop a weight on your toe. They also tend to force the person into the proper body position for the particular exercise. The problem is that machines are based on an "average-sized" person, and if you are very large or very small, it may not be appropriate for you.

8. When you sweat a lot, it means you are achieving the maximum workout. False.

As warm-blooded creatures, humans sweat to keep their internal body temperature in an acceptable range (homeostasis). It may or may not be related to increasing the heart rate or burning fat. Some people have a higher metabolic rate and tend to sweat a lot even with minimal exertion. When exercising on a cold day, a person may sweat little or not at all.

9. No pain, no gain. False.

The corollary to this myth is "A lot of pain, a lot of gain." Although most people do experience a small amount of discomfort or pain when they exercise vigorously, it is due primarily to the toning and stretching of the muscles. If your muscles are toned, you may not experience any pain at all with regular exercise. If you are having an excessive amount of pain, it's your body's way of telling you to stop what you're doing and take a rest.

10. Stretching after you exercise may be more beneficial than stretching before exercise. True.

After you have exercised, the muscles and connective tissues are "warmed up" and comply more readily to being flexed and lengthened. The stretches should be slow and deliberate and held for 10 to 15 seconds while breathing deeply. Cold stretching before exercise may actually cause injuries because the connective tissues are stiff and less elastic. Many people, especially women, are hyper-flexible and do not need to stretch. Although it is a widely accepted practice, cold stretching may not be needed by everybody.

Sources: Boston G. 10 fitness myths debunked. Wellness. *Washington Post*, 2013. Retrieved June 2013 from http://www.washingtonpost.com/lifestyle/wellness/fitness-myths/2013/05/28/28c04d6a-bf25-11e2-9b09-1638acc3942e_story.html; Bouchez C. Top 9 fitness myths. WebMD. Retrieved June 2013 from http://www.webmd.com/fitness-exercise/features/top-9-fitness-myths-busted; Calories burned during activities, sports and exercise chart. Nutristrategy, 2013. Retrieved June 2013 from http://www.nutristrategy.com/activitylist3.htm; Park M. 10 exercise myths that won't go away. CNN Health, 2013. Retrieved June 2013 from http://www.cnn.com/2011/HEALTH/06/24/exercise.myths.trainers/index.html

Set Personal Goals

Goals and goal setting are an important part of client care. Nursing students—and, by extension, practicing nurses—are highly proficient in the planning stage of the nursing process, in which goal setting is the primary task. Nurses know that a good set of goals should be client centered, time oriented, and measurable and that they should write these goals with every care plan they prepare.

In their personal lives, however, these nurses may rush full tilt into one erratic day after another, subordinating their own needs to the needs of others and working long, hard hours but without accomplishing very much and feeling frustrated about it. What is the problem here? Very simply, nurses can prepare realistic, beneficial goals for their clients, but they seem to be unable to do the same for themselves.

Long-Term Goals

Personal goals should include both long-term and short-term goals. Typically, personal long-term goals look into the future at least 10 years and include a statement about what the nurse wants to achieve during his or her lifetime. Some examples are going back to school to obtain an advanced degree, becoming a director of nursing, or even writing a book about nursing.

Practicing nurses who are caught up in the whirlwind of everyday life find it difficult to formulate statements about the future. One other important characteristic of long-term goals is that they need to be flexible. As life circumstances change, modifications are required.

Short-Term Goals

Short-term goals are those that the nurse expects to accomplish in 6 months to 2 years. These goals should be aimed primarily at making the nurse's professional or personal life more satisfying and fulfilling. Like long-term goals, they do not need to be related to work. Perhaps visiting a foreign country, going on a skiing trip in the mountains, and even learning how to paint a picture or play the piano may be achievable in a relatively short time. In the professional realm, joining a professional organization, becoming a head nurse, or changing an outdated

hospital policy are goals that can be achieved in a short time. The fact that everyone ages over time cannot be altered, but that time can also be used to achieve personal satisfaction in life and increase knowledge and accomplishments.

An End Achieved

Although goal setting is an important first step in dealing with the stress that leads to burnout, any good nurse recognizes that a plan without implementation is useless. As difficult as goal setting may be for nurses, carrying it out may be even more difficult. Although goal achievement requires a degree of hard work and personal sacrifice, when people are working toward something they really want, the effort that it takes to achieve the end actually becomes enjoyable. This process takes a lot of work, but it becomes an exciting adventure in its own right.

> **❝** *Health-care employers today are looking for nurses who believe that high-quality performance on the job is more important than just having a job. Professional nurses can apply the nursing process to their own personal development, and the evidence of positive outcomes is placed in the portfolio.* **❞**

Identify Underlying Problems

Another important step in dealing with burnout is to identify the problems that are producing the stress. Again, nurses are taught as students that they need to identify client problems so that they can work toward solving them. The same applies to resolving their own setbacks. They cannot be addressed if they are ignored or unknown.

Self-Diagnosis

Formulation of a nursing diagnosis is nothing more than precisely stating a client's problem. One thing nurses realize early in the learning process is that what may appear to be an obvious problem may in reality not be a problem at all. Conversely, something that a client only mentions in passing may turn out to be the real source of the client's nursing needs. Perhaps nurses should look at their own lives and attempt to formulate nursing diagnoses that deal with their stress-related problems (setting the North American Nursing Diagnosis Association list aside).

What Do You Think?

List three tasks that you have put off today. Why did you avoid doing these? How can you get them done sooner?
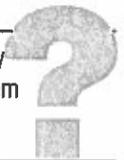
For example, a new graduate has just completed a shift during which he was assigned to eight complete-care clients. He had to supervise two poorly prepared nurses' aides and put in 55 minutes of overtime (for which he will not be paid) to complete the charting. This nurse is feeling tired, frustrated, and even a little bit guilty because of an inability to provide the type of care that he was taught in nursing school.

What is the problem? A possible nursing diagnosis might be "alterations in personal satisfaction related to excessive workload, evidenced by sore feet, headache, shaky hands, feelings of guilt, frustration, and a small paycheck."

Goals and Interventions

Now that the problem has been identified, goals and interventions can be introduced to solve the problem. The goals may range from organizing time better to refusing to take care of so many complete-care clients. Interventions, depending on the goals, can include activities such as attending a time-management seminar, talking to the head nurse, or changing a policy in the policy and procedure book.

RESPONDING TO MAJOR STRESSFUL EVENTS

Although nurses often learn how to deal with the stresses routinely found in their daily work, major traumatic events that produce overwhelming stress, such as the devastation of the World Trade Center, Hurricane Katrina, or the massive destruction caused by major tornadoes, may leave nurses with a sense of horror, helplessness, and powerlessness in addition to the normal stress responses of shock, disbelief, anger, and grief. Nurses have several skills that help them deal with traumatic events in their workplace; however, they are not super-people and should not expect that they can handle all stressful events without help. The end result may well be a complex of symptoms similar to burnout syndrome, including physical symptoms, depression, and chronic anxiety.

Crisis Intervention

In response to major tragedies in recent years, the **critical incident stress debriefing (CISD) process**

was developed to help health-care providers deal with major acts of violence and traumatic disasters. The American Red Cross has been instrumental in training and providing resources for local CISD teams. These are made up of mental health professionals specially trained in crisis intervention, stress management, and treating post-traumatic stress disorder (PTSD).

To be most effective, the CISD teams need to be on-site within 2 to 3 days after serious events, ranging from the death of coworkers to acts of terrorism and natural disasters. The goal of the team is to encourage the participants to verbalize their feelings and thoughts, identify and develop their coping skills, and generally lower overall grief and anxiety levels. They provide an intensive stress management course compressed into a few hours or few days.

Post-Traumatic Stress Disorder

One of the keys to working with nurses is to help them recognize that they are not expected to be able to handle all situations and can appropriately ask for help. Although nurses study the stress response and grieving process in school, it is sometimes hard for them to apply information about normal stress reactions to themselves. When nurses do not recognize their own problems in responding to traumatic stress, they increase their risk for developing long-term stress reactions. When they do not seek help, they can develop the symptoms of PTSD anywhere from a few days to as long as 6 months after the event.

> **❝** *It is important to realize that it is not the career that is producing the burnout, but rather the difficulty in coping with the stresses the career is producing.* **❞**

Warning signs of PTSD include:

1. Recurring nightmares and inability to sleep.
2. Intrusive and vivid flashbacks.
3. Prolonged depression.
4. High levels of anxiety.
5. Maladaptive coping behaviors, such as drug and alcohol abuse.

The CISD session generally requires up to 3 hours. Sessions can be longer or shorter, depending on the nature of the event and number of people affected. Besides having an opportunity to express emotions and feeling, the participants are educated in some ways about reducing anxiety and

promoting mental and physical health. This advice includes:

1. Not watching televised replays of the event over and over.
2. Staying with friends as much as possible.
3. Avoiding unhealthy, high-fat diets.
4. Engaging in regular aerobic exercise as much as possible.
5. Avoiding excessive dependence on alcohol and drugs for sleep.
6. Getting back to a comfortable routine as soon as possible.
7. Feeling comfortable seeking professional help when it is needed.

During the CISD sessions, nurses are asked for their input about the process. If the team feels it is necessary, additional referrals for long-term treatment may be recommended.

STRATEGIES FOR PROBLEM-SOLVING

Nurses already know the nursing process as a client problem-solving technique. Why not apply the same knowledge and skills to personal problems? The stress level only increases if problems are left unsolved.

Although specific problems may require specific solutions, several widely accepted methods exist to deal with the general stresses produced by everyday work and personal life. Included in these methods are activities such as recognizing that nurses are only human, improving time-management skills, practicing what is preached, and decompressing.

Time-Management Skills

In modern life there is often not enough time to do everything that needs to be done. The key to time management is setting priorities. In the world of nursing and client care, nurses are often required to do many tasks. Multitasking, the process of doing several tasks at the same time, tends to fragment the nurse's attention and concentration.

Nurses need to recognize that only some nursing activities are essential to the safety and well-being of clients. These include performing thorough assessments and ensuring that the clients get their medications on time, that their comfort needs are met, and that accidental injuries are prevented. Beyond these actions, nurses really have a great deal of discretion in what they can do when providing care to clients.

Make Room for Fulfillment

Burnout results mainly from personal and professional dissatisfaction. If nurses feel fulfilled in what they are doing, burnout is much less likely to occur. Activities that may increase nurses' satisfaction include spending time talking with clients, learning new skills, and decreasing the anxiety of families through teaching and listening. After such activities have been identified, time should be set aside for them during the shift. The real secret in using time management to prevent burnout is for the nurse to use the time left for those nursing activities that bring the most professional and personal satisfaction.

Several skills need to be developed to allow time during a shift for these preferred activities. First, the nurse must learn to delegate by letting the licensed practical nurses (LPNs) or aides do those tasks they are able to do. Many nurses graduate from nursing school with the attitude that if you want it done right, you need to do it yourself. After becoming familiar with the LPN's and nurse's aide job descriptions, nurses need to give others a chance to prove themselves.[10]

Overcome Procrastination

Another necessary skill is overcoming procrastination. Most people have a natural tendency toward

procrastination, particularly when unpleasant or difficult tasks are involved. The primary reasons people postpone or delay doing something are that they either do not want to begin or do not know where to begin the task. More time and energy are expended in inventing excuses for putting off tasks than would be taken in doing the tasks.

The Most Distasteful Task

The best way to overcome procrastination is by starting the task, even if it is only a small step. An effective method is to select the most difficult or distasteful task to be done that day and to commit just 5 minutes to it. After 5 minutes are over, you can either set the task aside or continue it. Once you start the task and momentum builds, you will likely carry out the task to completion. If you don't do anything else that day, at least you've completed the most difficult task!

Tasks can be prioritized by listing them in three categories. Category A tasks (e.g., assessments, passing out medications, treatments, and dressing changes) are important and need to be completed on time. Category B tasks (e.g., baths, linen changes, lunch breaks, charting) are important but can be postponed until later in the shift. Category C tasks (e.g., cleaning up, organizing the supply room) are tasks that can either be delegated or wait until the next day.

Problems Don't Solve Themselves

For daily tasks, both pleasant and unpleasant, the best time to do them is immediately. If achievement of the plan requires delegation, it needs to be done at the beginning of the shift, not at the middle or end. Often nurses have a built-in fear of taking chances. As a result, they avoid doing things if there is a chance of failure in the hope that somehow the problem will resolve itself.

Any time an important decision is made, there is a chance that someone will disagree or that the decision will be incorrect. These types of situations need to be viewed as a challenge or an opportunity rather than a life-altering risk to be avoided. Although mistakes in health care do have the potential to be fatal, learning from mistakes is one of the most fundamental ways of increasing knowledge.

Time management, like other skills, requires some practice. Once a nurse masters this skill, his or her life becomes more satisfying.

Practicing What You Preach

Because nursing is oriented toward keeping people healthy as well as curing illness, nurses spend a large amount of their time teaching clients about eating well; getting enough sleep; going for regular dental, eye, and physical examinations; avoiding too much drinking and smoking; and exercising regularly. It might make an interesting student research project to have nurses rank themselves on how well they have incorporated these health maintenance activities in their own lives. The results would probably indicate a low overall score on the "practice what you preach" scale.

Nurses know all about the food pyramid, but they do not translate that knowledge into feeding themselves properly. In reality, there are going to be some busy days when it is impossible to eat right, but it should be possible, on a regular basis, to follow a diet that will promote health and reduce the buildup of fat plaques in the arteries.

It is important to get enough sleep to avoid chronic fatigue. People can adjust to a state of fatigue, but it tends to decrease the enjoyment that they find in life and make them irritable, careless, and inefficient. Most people need between 5 and 8 hours of good sleep each night. It also probably would not hurt for nurses to take a short nap during the afternoon on their days off.

The Right Kind of Exercise

Many nurses feel they get enough exercise during their busy shifts, and, in truth, the average staff nurse walks between 2 and 5 miles during each 8-hour shift. Unfortunately, this type of walking does not qualify as the type of aerobic exercise recommended for an improved cardiovascular conditioning and stress relief. Exercise, in order to be beneficial, must be done consistently and must raise the heart rate above the normal range for an extended period. The short sprint-type walking involved in client care does not accomplish this goal.

Research studies compared workers' exercise habits with their psychological well-being. The results indicated that the more workers exercised, the less

> **❝** *Tension must be released, or it will eventually cause a major explosion or (if turned inward) produce anxiety.* **❞**

likely they were to experience increases in depression or burnout. Those employees who exercised at least 1.5 hours per week reduced their depression and job burnout tendency by 50 percent over those who never worked out. The group who exercised more than 4 hours per week had the same results as those who exercised 1.5 hours per week.[13]

Further research has shown that exercise actually decreases the production of stress hormones like cortisol and epinephrine while increasing the production of endorphins, the body's natural pain- and anxiety-relief chemicals. Physical activity acts as a strong distraction from problems. Anxiety, anger, and stress can be redirected to physical exercise and may allow a person to achieve a Zen-like state in certain cases. Going to a gym, boxing ring, running trail, biking trail, or a sidewalk in the neighborhood provides a pleasant change of scenery and helps lower stress.[14]

Exercise also helps a person build up an immunity to the stress of the workplace. Studies have shown that people who exercise more tend to be less affected by the daily stress they face. Reasonable exercise also builds up the immune system, making the person less susceptible to common infections; however, excessive exercise may actually deplete the immune system.[15] Exercising with others has the additional benefit of social support. When exercise and physical activity also involves others, the positive effects are doubled by combining stress-relief activity with the enjoyment of friends. Working out with a friend improves motivation, increases happiness, and makes the workout go faster and seem less like work.[14]

Walking 1 to 2 miles a day outside of work is a beneficial, simple exercise that will improve health.

Nurses can also use a wide variety of exercise equipment for those days when walking outside is undesirable. The important requirement is that the exercise be done consistently and frequently. Regular exercise not only improves the cardiovascular system but also helps improve stamina, raise self-image, and promote a general sense of well-being.

Decompression Time

The profession of nursing is stressful, even under ideal circumstances. Nurses are required to deal with other people constantly and to carry out numerous tasks that are potentially dangerous. At the end of any shift, even the most skilled and best-organized nurse has a sense of internal tension. This tension must be released, or it will eventually cause a major explosion or (if turned inward) produce anxiety.

Establish a Daily Decompression Routine

It may take a little time to discover, through trial and error, what works to reduce the tension built up during the shift. Some effective techniques include setting aside approximately 30 minutes of private, quiet time to reflect on the day's activities. Perhaps relaxing in a hot bath or sitting in a favorite recliner might meet the need for decompression. Relaxation activities, such as swimming, shopping, or even going for a drive, can help reduce tension and act as a time for decompression. Of course, stress-management techniques learned at seminars (e.g., self-hypnosis or meditation) can also be used. Finally, meeting with a nurse support group can help the nurse vent feelings and make constructive plans for solving problems.

Conclusion

Although transition shock and burnout are realities of the nursing profession, they can be reduced or even avoided altogether. Nurses should be able to recognize the causes and early symptoms of transition shock and burnout to prevent them from developing into a problem. Therefore, nurses should use techniques to prevent these disorders from becoming insurmountable obstacles. In doing so, nurses will be able to practice their profession proficiently and gain the satisfaction that only nursing can provide.

Critical-Thinking Exercises

- Make a list of the characteristics that would be found in the "perfect nurse." Make a second list of characteristics found in nurses observed in actual practice. Discuss how and why these lists differ.
- Outline a plan for implementing a preceptor clinical experience for the senior class of a nursing program. Make sure to include how many hours of practice are required, criteria for the selection of preceptors, student objectives from the experience, and methods of evaluation.
- Write at least three long-term and five short-term personal or professional goals. Develop a realistic plan and time frame for achieving these goals. Make sure to include what is required to achieve these goals.
- Complete this statement, using as many examples as possible: "I feel most satisfied when I am done with my shift in knowing that . . ." Analyze these answers and discuss how they can be implemented in everyday practice.
- Think of at least three situations in which you were asked to do something that you really did not want to do. How did you handle these situations? How could they be handled in a more assertive manner?