Performance Insights: Resilience for a Multigenerational Nursing Workforce

Using engagement data to measure the key components of nurse resilience by generation, role and shift, health care organizations can identify segments of the nurse workforce that may be more vulnerable to burnout than others and target interventions accordingly.

Executive Summary

The growing prevalence of burnout among health care providers poses a threat to the safety, quality and patient experience of care. It compromises clinician well-being; influences staff retention, morale and cohesion; and affects health systems' financial performance.

And while much attention has been given to the large number of physicians experiencing burnout nationally, the soaring rate of burnout among nurses—up to 63%, according to a national survey of employed RNs working in hospitals[1]—is equally troubling. In fact, given that nurses make up the largest segment of the health care workforce and have the most frequent direct interaction with patients, nurse burnout may be an even greater risk to patient and organizational outcomes.

With the safety and well-being of patients and the viability of the nursing workforce at stake, burnout prevention is a strategic priority for high-performing organizations. In order to effectively address the issue, health system and nurse leaders must first understand that burnout is a complex problem that cannot be fixed with a single, one-size-fits-all solution.

Although the manifestations of burnout—emotional exhaustion, detachment from one's work, loss of fulfillment and a reduced sense of accomplishment—are consistent across caregivers, individuals' vulnerability to them can vary widely depending on the interaction of numerous factors. An innovative model for deconstructing burnout and resilience describes these factors as the stressors and rewards associated with the work experience, as well as individuals' burnout resilience, which is considered a function of their level of engagement with work (activation) and their ability to decompress from work (decompression).[2]

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This report more specifically examines resilience across the nurse workforce. Using a validated measure, researchers identified distinct generational differences in activation and decompression among nurses, as well as variation based on nurse manager status, nurse tenure and shift. Among the important findings, researchers determined the following.

- Millennial nurses have the lowest levels of activation, and those who work the night shift are at a further activation disadvantage.

- Nurse managers have better activation than non-managers, while non-managers have a greater ability to decompress than managers.

- Both nurse managers' and non-managers' ability to decompress is highly correlated with their own perception of stress and the organization's support of work–life balance.

- Across all generations, activation and decompression are highly correlated with nurses' intention to stay in their jobs.

- The key drivers of activation and decompression vary by generation and manager status.

By measuring activation and decompression and understanding the factors that contribute to both, health systems can identify segments of the nurse workforce that may be more vulnerable to burnout, and can target interventions accordingly.

Introduction

As the primary front-line caregivers, nurses play a key role in the delivery of safe, high-quality, patient-centered health care. Increasingly, however, nurses' ability to meet the demands of their profession is being compromised by the spread of an insidious intruder: professional burnout.

Broadly defined as a state of emotional exhaustion, depersonalization and a sense of reduced personal accomplishment, burnout is a pervasive workforce scourge. And with estimated prevalence rates among bedside nurses ranging from 30% to 80% depending on the specialty and setting, burnout exacts a heavy price.[3, 4, 5, 6]

In particular, burnout-related nurse turnover has created staggering human and financial costs across the U.S. health care system. The current turnover rate for bedside nurses in the United States is 16.8% and is projected to increase over the next decade.[7] Attrition rates for new nurses are particularly alarming, with one study showing that 43% of newly licensed nurses who work in hospitals leave their jobs within three years, 33.5% resign after two years and 17.5% work for only one year. In addition to exacerbating the nursing shortage, increased nurse turnover decreases patient access, patient safety and quality of care and contributes to adverse patient outcomes.[8, 9, 10, 11] At the same time, nurse turnover affects the remaining RNs by increasing their workload and job stress, which leads to burnout and, subsequently, to further turnover.[12]

Health care systems' bottom lines are also vulnerable to the ill effects of high nurse turnover. According to a 2018 nurse staffing and retention report, the cost of nurse turnover ranges from $38,000 to $61,100, resulting in the average hospital losing $4.4M to $7.0M, and each percent increase in RN turnover will cost an additional $337,500.[13]

Finally, nurses leaving the profession not only reduces the total number of bedside care providers, but also removes their knowledge, experience and contributions from the nursing workforce.

Considering the scope of the problem and the very high stakes—the health and safety of patients and the nurses who care for them—nurse burnout is a workforce crisis that must be addressed. To this end, it must first be understood.

Multiple job-related stressors have been implicated in the rise of nurse burnout. These include stressors that are inherent to the nursing role, including the emotional strain of caring for sick and dying patients and bearing witness to others' pain and suffering, and those that are external to the act of caregiving per se, such as perceived lack of leadership support, stressful work conditions, resource limitations, inadequate staffing, long shifts, heavier workloads, excess administrative work, insufficient time to focus on core responsibilities and poor work–life balance.

These stressors reflect only one side of the burnout equation, however. They are counterbalanced by inherent and external rewards, including the joy that comes from helping people when they need it most; the satisfaction of doing work that has meaning; the respect of patients, peers and the community; and professional recognition from health system and industry leaders.

A recently developed burnout framework deconstructs burnout into these component stressors and rewards to understand how the balance influences individuals' vulnerability to burnout, and how that vulnerability is influenced by another consideration: resilience—the ability to withstand, adapt to and recover from stress and adversity.

Resilience serves as the fulcrum upon which stressors and rewards are balanced. In an environment consisting of similar stressors and rewards, a high degree of resilience allows the balance to tip toward the reward side of the scale, enhancing engagement. In contrast, diminished resilience can shift the balance in the opposite direction, leading to burnout.

The concept of resilience in the nursing workforce—understanding it, building it, leveraging it—is the focus of this report. Although today's nurses face similar inherent and external job stressors and enjoy similar professional rewards, their levels of engagement and burnout risk can vary dramatically depending on their ability to adapt in the face of significant sources of stress. And while the behaviors, thoughts and actions that reflect resilience are largely individual, commonalities across specific groups can provide insight into the needs and expectations of different segments of the nurse workforce, as well as the different strategies required to address them.

Measuring Nurse Resilience

Nurse engagement survey data provide critical insights into the nursing experience in an organization and into nurses' perceptions about the "health" of their work environment. When considered in the context of the burnout framework described above, the data begin to paint a picture of burnout risk. Zeroing in on survey items that assess the resilience indicators of activation and decompression offers the necessary detail for understanding variation in burnout risk and developing targeted improvement solutions.

To this end, Press Ganey has developed and validated an eight-item tool for measuring resilience within its employee engagement surveys. The tool consists of two separate four-item subscales: One measures respondents' ability to disconnect from work (decompression) and the other measures the degree of respondents' engagement with work (activation).

The decompression subscale is based on respondents' level of agreement with the following statements.

1. I can enjoy my personal time without focusing on work matters.
2. I rarely lose sleep over work issues.
3. I am able to free my mind from work when I am away from it.
4. I am able to disconnect from work communications during my free time.

The activation subscale is based on respondents' level of agreement with these statements.

1. I care for all patients equally even when it is difficult.
2. I see every patient as an individual with specific needs.
3. The work I do makes a real difference.
4. My work is meaningful.

Using this tool, Press Ganey researchers reviewed the activation and decompression scores of 17,483 nurses who completed the Nursing Excellence module of their organization's 2017 Press Ganey Employee Engagement survey (145 hospitals), segmenting the results by generation, shift (day or night) and manager status (Figure 1).

Separately, they also reviewed 2017 NDNQ® RN survey results from 161,451 nurses (643 hospitals), using the survey items "I have what I need in my job so I can make a contribution that gives meaning to my life" as a proxy for activation and "Overtime hours in my last shift" as a proxy for decompression, and segmenting the results by nurse role (charge nurse, nurse manager, staff nurse) and generation (Figure 2).

Inclusion criteria included full-time registered nurses working at least 50% of their time in direct patient care if they were not managers. The generation breakdown was as follows:

- Millennial/Generation Y (1980–2000)
- Generation X (1965–1979)
- Baby boomer (1946–1964)

Figure 1

PRESS GANEY NURSING EXCELLENCE EMPLOYEE ENGAGEMENT SAMPLE

Generation	Manager	Non-Manager	Total
Millennial or Generation Y	315 (5%)	5,771 (95%)	6,086
Generation X	1,380 (20%)	5,562 (80%)	6,942
Baby Boomer	1,150 (26%)	3,305 (74%)	4,455

Generation	Day Shift	Night Shift	Total
Millennial or Generation Y	3,554 (58%)	2,532 (42%)	6,086
Generation X	5,107 (74%)	1,835 (26%)	6,942
Baby Boomer	3,738 (84%)	717 (16%)	4,455

Shift	Manager Status	Generation	Count	%
Day Shift	Manager	Millennial or Generation Y	270	1.5%
Day Shift	Manager	Generation X	1,260	7.2%
Day Shift	Manager	Baby Boomer	1,093	6.3%
Day Shift	Non-Manager	Millennial or Generation Y	3,284	18.8%
Day Shift	Non-Manager	Generation X	3,847	22.0%
Day Shift	Non-Manager	Baby Boomer	2,645	15.1%
Night Shift	Manager	Millennial or Generation Y	45	0.3%
Night Shift	Manager	Generation X	120	0.7%
Night Shift	Manager	Baby Boomer	57	0.3%
Night Shift	Non-Manager	Millennial or Generation Y	2,487	14.2%
Night Shift	Non-Manager	Generation X	1,715	9.8%
Night Shift	Non-Manager	Baby Boomer	660	3.8%

Source: 2017 Press Ganey Employee Engagement Survey/Nursing Excellence Module (17,483 nurses, 145 hospitals)

Figure 2

NDNQI SAMPLE

Role	Generation	Count	%
Charge Nurse	Baby Boomer	4,194	2.6%
Charge Nurse	Generation X	8,991	5.6%
Charge Nurse	Millennial or Generation Y	12,113	7.5%
Nurse Manager	Baby Boomer	834	0.5%
Nurse Manager	Generation X	1,951	1.2%
Nurse Manager	Millennial or Generation Y	1,761	1.1%
Staff Nurse	Baby Boomer	15,534	9.6%
Staff Nurse	Generation X	35,036	21.7%
Staff Nurse	Millennial or Generation Y	81,037	50.2%

Source: 2017 NDNQI RN Survey (161,451 nurses, 643 hospitals)

Both the Nursing Excellence engagement data and the NDNQI data revealed important differences by nurse role, shift and generational cohort. Looking at nurse resilience by manager status in the engagement data, for example, shows that managers have higher activation than non-managers, but they are less able to decompress (Figures 3).
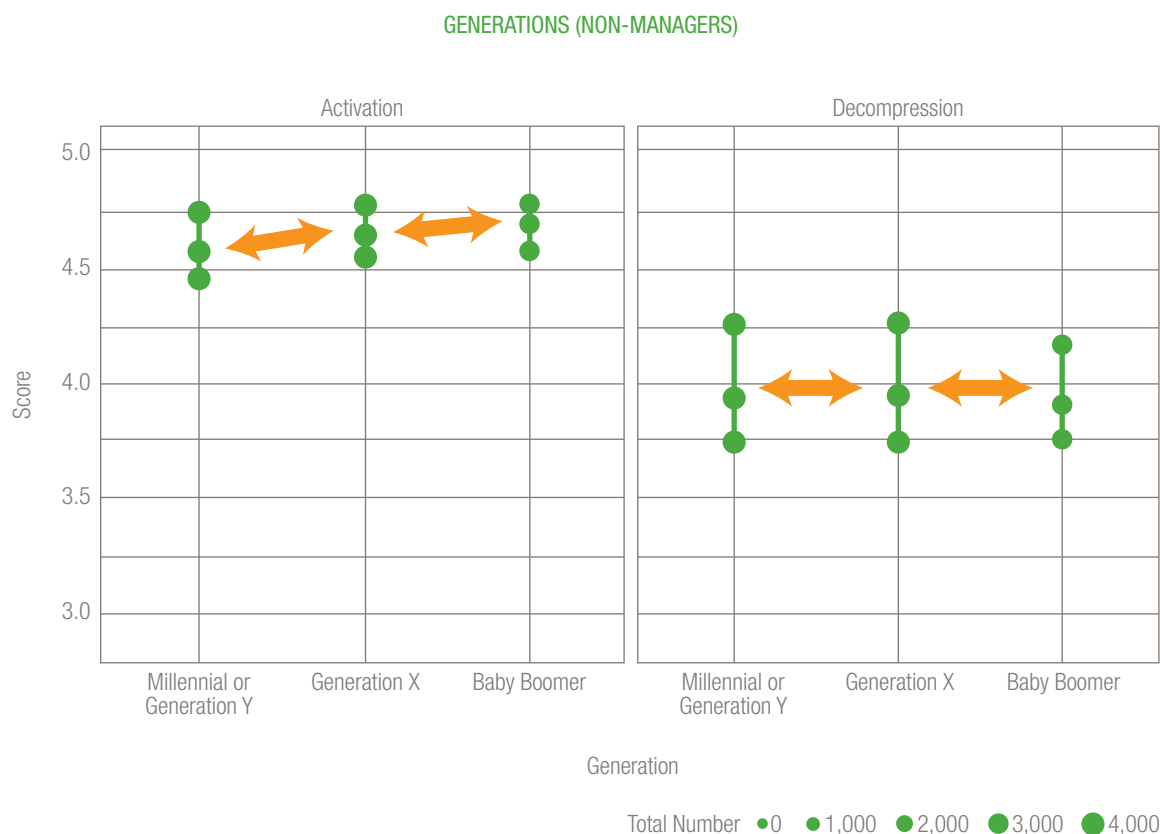
Figure 3

RESILIENCE BY MANAGER STATUS: ENGAGEMENT DATA
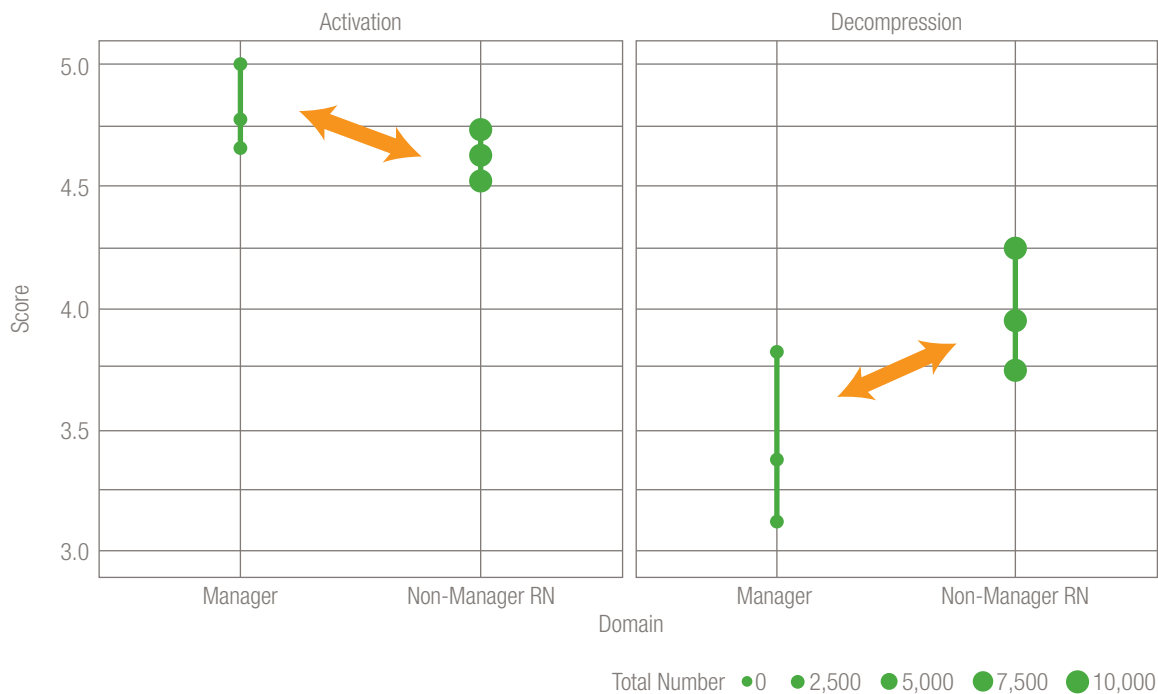
Source: 2017 Press Ganey Employee Engagement Survey/Nursing Excellence Module (17,483 nurses, 145 hospitals)

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Similar behavior can be seen in an analysis of NDNQI data in which the survey items "I have what I need to do my job so I can make a contribution that gives meaning to my life" and "Overtime hours in my last shift" are used as proxies for activation and decompression, respectively (Figure 4).

Figure 4

RESILIENCE BY MANAGER STATUS: NDNQI DATA
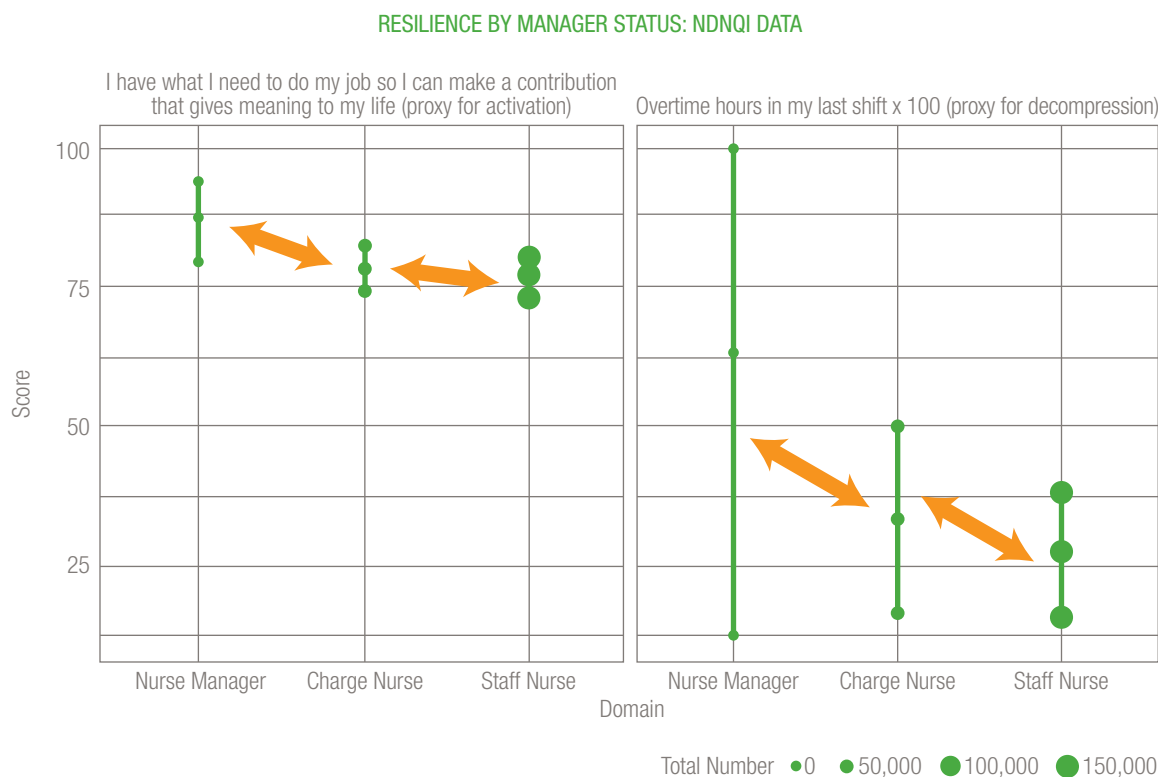
Source: 2017 NDNQI RN Survey (161,451 nurses, 643 hospitals)

Nurse managers' higher activation likely reflects their increased autonomy as leaders and the sense of pride and peer recognition that goes along with their roles. On the flip side, the added responsibilities and workload burden that accompany the manager title probably contribute to their decreased ability to decompress relative to non-managers.

These distinctions, while somewhat intuitive, have important implications for designing burnout prevention/reduction strategies and, ultimately, improving organizational performance across measures of safety, quality, patient experience and financial outcomes. For example, considering the significant impact that nurse managers have on nurse and patient outcomes as highlighted in the 2017 Press Ganey Nursing Special Report,[14] the need to identify managers who have difficulty decompressing and to design

interventions to strengthen their resilience cannot be overstated. Similarly, with respect to staff nurses' lower activation scores, nurse leaders should be thinking about ways to help these nurses find meaning in their work and recognize the value they add to the team and to their patients. This is essential for retaining these professionals and building upon their skills and expertise for succession planning.

The analyses of engagement data also demonstrate important differences by generation, shift and tenure. As illustrated in Figures 5, among nurse managers, baby boomers have slightly higher median activation and higher decompression scores than Gen-X and millennial/Gen-Y nurses. It's possible that the baby boomers' experience both in life and in the profession may contribute to improved resilience. In contrast, Gen-X nurse managers have the lowest decompression. This may be because these nurses are relatively new in their leader positions and have not been able to balance those responsibilities with the ability to disconnect when not at work.

Figure 5
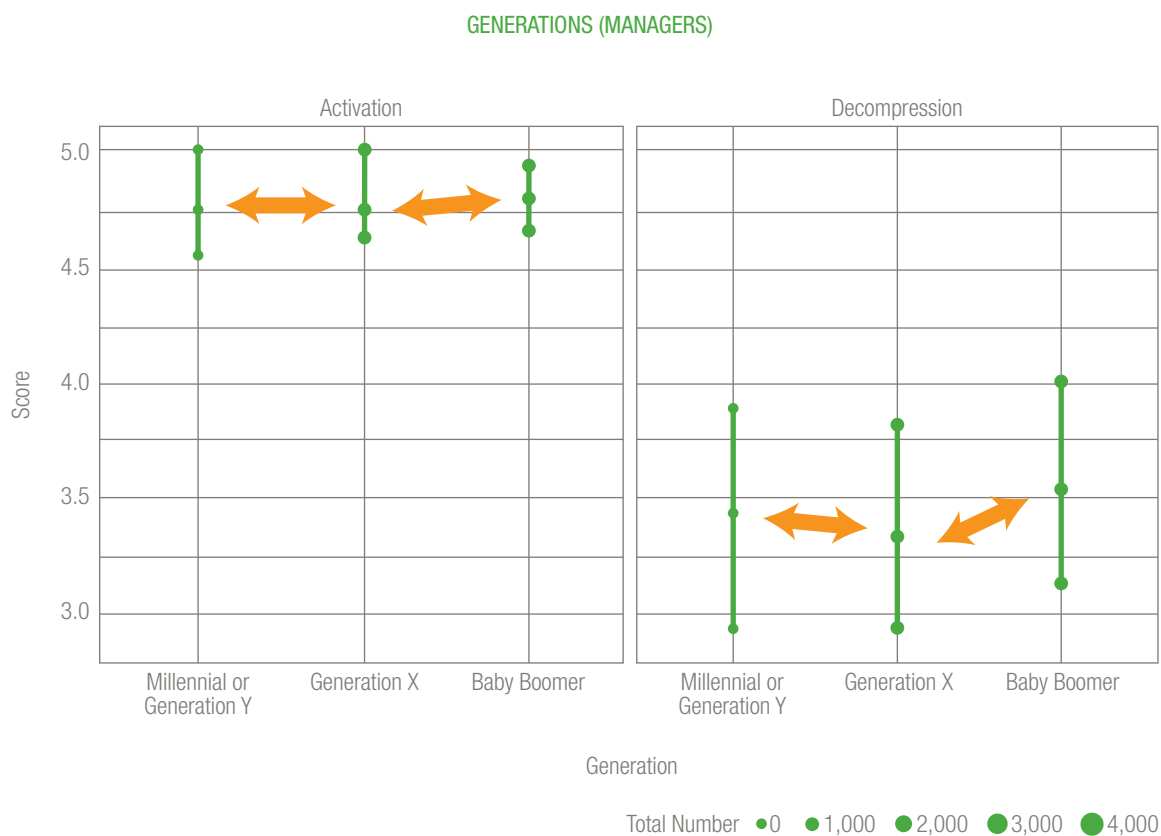
GENERATIONS (MANAGERS)

Source: 2017 Press Ganey Employee Engagement Survey/Nursing Excellence Module (17,483 nurses, 145 hospitals)

Among the non-managers who work the day shift, millennials have slightly lower median activation scores and similar median decompression scores compared with the other generational cohorts (Figure 6).

Figure 6

GENERATIONS (NON-MANAGERS)
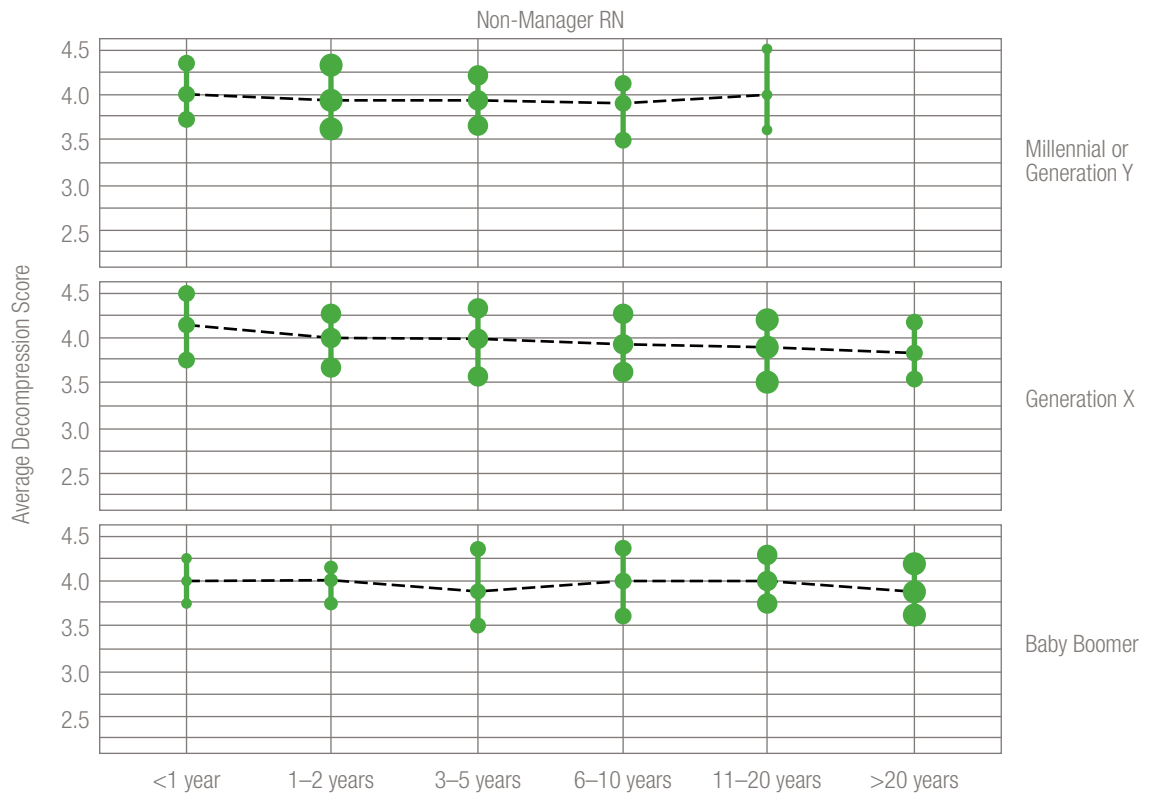

Source: 2017 Press Ganey Employee Engagement Survey/Nursing Excellence Module (17,483 nurses, 145 hospitals)

An analysis of resilience by shift, illustrated in Figure 7, indicates that night-shift nurses (7 p.m.–7 a.m.) have lower median levels of activation and decompression than nurses who work during the day. Considering that 46% of the millennial nurse respondents in the engagement survey database work the night shift, the already diminished activation of this generation of nurses takes an additional hit by their working the night shift, particularly if they are not getting the support they need from experienced leaders.

These data point to a critical improvement target: the activation of nurses. Their lower activation, coupled with the fact that they make up a large percentage of the night shift, which also has lower activation, means that they are at risk for becoming quickly disengaged, which has substantial ramifications for the nursing workforce as a whole. As the largest generation in the workforce, these nurses play a key role in the industry's ability to deliver safe, high-quality care and its ability to keep the nursing ranks filled for decades to come. If they become disengaged, both of these goals are at risk.

Figure 7

RESILIENCE BY SHIFT

Source: 2017 Press Ganey Employee Engagement Survey/Nursing Excellence Module (17,483 nurses, 145 hospitals)

Tenure with an organization also appears to influence resilience of nurses to varying degrees by generation. Previous research has shown that nurses are most engaged when they've been with an organization less than six months; at that point, engagement declines, and then rises again when they've been with an organization more than 10 years.[15] This analysis demonstrates a similar decline in activation in the first five to 10 years among millennials and Gen-X nurses in particular, as illustrated in Figure 8, and a steady decline in decompression over time in Gen-X nurses, as seen in Figure 9. Again, these findings point to the importance of fostering in these nurses a feeling of joy and a sense of being valued, and of providing the support and tools they need to achieve a healthy work–life balance.

Figure 8

ACTIVATION: IMPACT OF TENURE

Source: 2017 Press Ganey Employee Engagement Survey/Nursing Excellence Module (17,483 nurses, 145 hospitals)

Figure 9

DECOMPRESSION: IMPACT OF TENURE

Source: 2017 Press Ganey Employee Engagement Survey/Nursing Excellence Module (17,483 nurses, 145 hospitals)

Resilience and Turnover: What's the Connection?

Low resilience can tip the stress–reward balance toward burnout, and burnout manifests in nurse turnover, which exacts a heavy toll on a health care organization. Understanding the relative effects of activation and decompression on turnover can help inform targeted strategies for minimizing the risk.

To gain insight into this question, Press Ganey researchers looked at the relationships between activation and decompression and two questions in the employee engagement survey that are linked to turnover.

1. I would stay with this organization if offered a similar position elsewhere.

2. I would like to be working at this organization three years from now.

The analysis demonstrates a higher correlation between nurses' short-term plans to stay in their job (Question 1) and decompression vs. activation, but activation is more correlated for long-term plans to stay (Question 2). For managers specifically, activation is highly correlated with short- and long-term plans to stay, while decompression is less correlated with long-term retention plans (Figure 10). One explanation for this might be that the stress that nurse managers face feels more immediate, and their responses reflect that. Among non-managers, activation and decompression are both highly correlated with long-term plans to stay, while activation is less correlated with short-term retention plans.

Figure 10

ACTIVATION AND DECOMPRESSION CORRELATION TO TURNOVER QUESTIONS: MANAGEMENT CATEGORIES

I would stay with this organization if offered a similar position elsewhere.

	Activation	Decompression
Manager	0.47	0.42
Non-Manager	0.36	0.41

I would like to be working at this organization three years from now.

	Activation	Decompression
Manager	0.49	0.35
Non-Manager	0.42	0.40

The magnitude of turnover risk among manager and non-manager nurses related to drops in activation and decompression is shown in Figure 11. While both activation and decompression are directly associated with turnover risk in both groups, the data indicate that activation has a steeper slope than decompression, suggesting that low activation may be a more significant risk factor for nurse turnover. This may be attributable to the fact that nurses expect to be activated in their jobs, given that most choose the profession because they want to feel that they are making a difference in people's lives. When they are not activated, they are at greater risk of leaving.

Nurse managers appear less vulnerable to turnover risk than staff nurses, however, which is consistent with the earlier finding that managers tend to have higher levels of activation than non-managers.

Figure 11
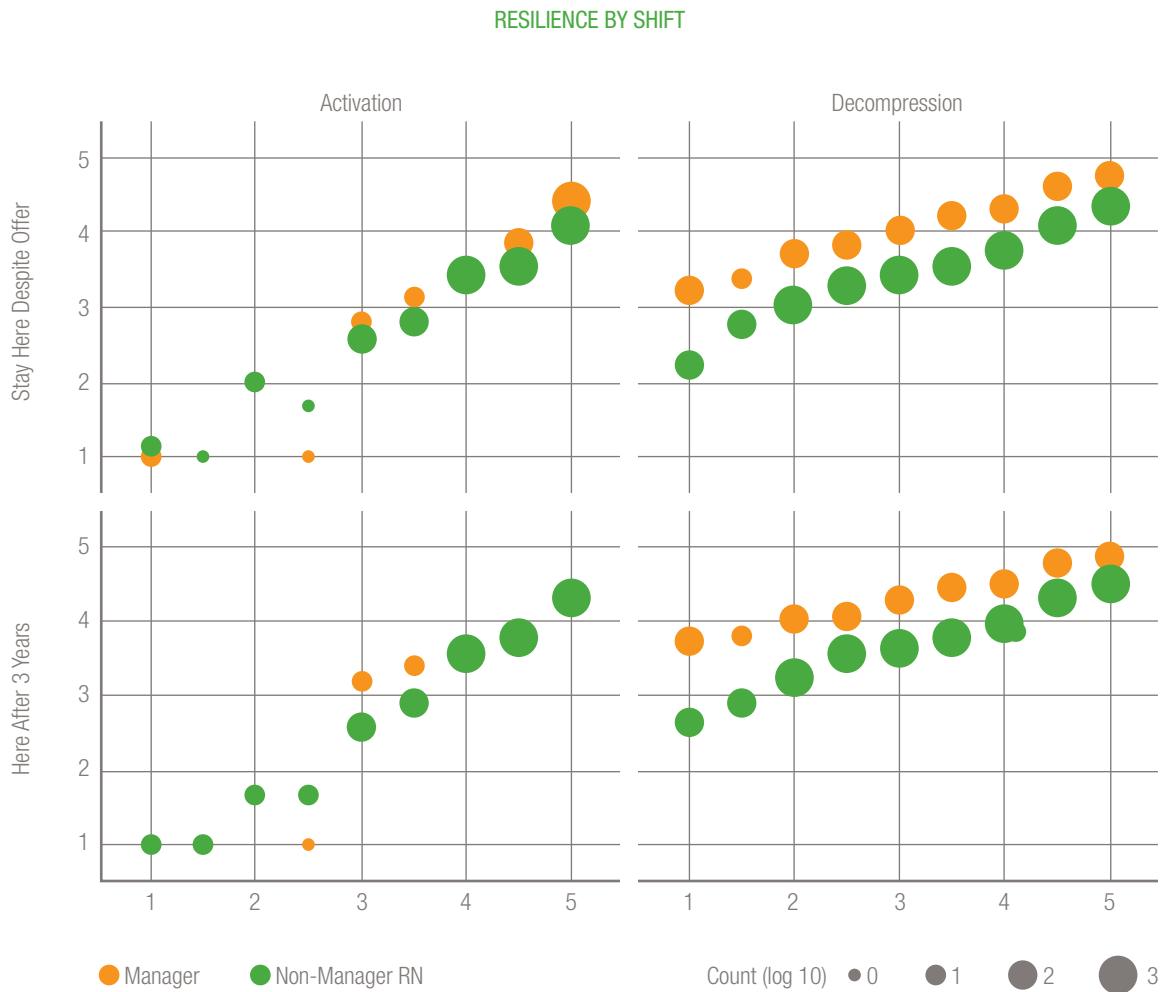
RESILIENCE BY SHIFT

Source: 2017 Press Ganey Employee Engagement Survey/Nursing Excellence Module (17,483 nurses, 145 hospitals)

When considered by generation, slight differences emerge in the activation–decompression correlation to turnover. Across all generations of non-manager day-shift nurses in this analysis, activation and decompression are highly correlated with plans to stay. Of the three generation categories, millennial/Gen-Y nurses appear more vulnerable to turnover than baby boomer and Gen-X nurses (Figure 12).

Figure 12

PROPORTION OF RESPONDENTS WHO INTEND TO LEAVE HOSPITAL BY ROLE/GENERATION

	Nurse Manager	Charge Nurse	Staff Nurse
Baby Boomer	1.2	2.3	3.3
Gen X	2.1	5.1	6.3
Millennial/Gen Y	3.4	9.7	10.1

As it relates to short- and long-term retention, short-term plans to stay are more correlated to decompression and long-term plans are more correlated to activation across generations (Figure 13). However, Gen-X nurses showed stronger associations in both categories, which could mean that this generation of nurses thinks more carefully about the indicators of activation and decompression than other generations when considering long-term plans.

Figure 13

ACTIVATION AND DECOMPRESSION CORRELATION TO TURNOVER QUESTIONS: GENERATION CATEGORIES

I would stay with this organization if offered a similar position elsewhere.

	Activation	Decompression
Millennial/Gen Y	0.34	0.39
Gen X	0.36	0.43
Baby Boomer	0.33	0.42

I would like to be working at this organization three years from now.

	Activation	Decompression
Millennial/Gen Y	0.39	0.39
Gen X	0.46	0.44
Baby Boomer	0.40	0.38

Resilience Key Drivers

To better understand nurse burnout risk and identify risk reduction opportunities, Press Ganey researchers investigated the relationships between activation/decompression and potential employee-, manager- and organization-level drivers reflected in the engagement surveys.

With respect to activation, as shown in Figure 14, both managers' and non-managers' ability is highly correlated to their job enjoyment. The differential key drivers for managers are centered on themes of safety and pride in their quality of service, while themes of personal pride in "my work" are differential activation drivers for non-managers. One possible explanation for this distinction is that nurse managers' roles require them to be especially mission-driven, while staff nurses are more task-driven.

The ability of managers and non-managers to decompress is highly correlated with their own perceptions of stress and their organizations' support of work–life balance (Figure 15). The differential key drivers of decompression for managers are primarily in the Organization domain and revolve around resource availability and staffing considerations. The differential key drivers of activation for non-managers tend to fall in the Manager domain and include such factors as feeling heard, getting good feedback and being assigned clear tasks.

The drivers of activation and decompression also vary by generation (Figure 16 and Figure 17), and these differences should be considered in the design and implementation of burnout prevention strategies.

For all generations, key resilience drivers are work enjoyment (activation) and nurses' perceptions of stress and organizational respect for stress levels (decompression).

Differential drivers for baby boomers include pride in the quality of care they provide (activation) and the availability of resources needed to do their job (decompression). Gen-X nurses are most activated when they perceive organizational safety, diversity and community and are able to decompress when they feel heard by their managers and the organization. For millennial/Gen-Y nurses, activation is driven by clarity in their roles and responsibilities, and decompression is strongest when clear assignments are combined with respect.

Figure 14

DIFFERENCES BETWEEN MANAGER AND NON-MANAGER ACTIVATION KEY DRIVERS

Verbiage	Domain	Manager	Non-Manager	Difference
Employees in my work unit make every effort to deliver safe, error-free care.	Employee	0.53	0.35	
I like the work I do.	Employee	0.52	0.56	
My work unit provides high-quality care and service.	Employee	0.52	0.45	
My job makes good use of my skills and abilities.	Employee	0.49	0.45	
My job responsibilities are clear.	Manager	0.39	0.51	
The person I report to gives me useful feedback.	Manager	0.38	0.37	
This organization cares about quality improvement.	Organization	0.53	0.32	
This organization contributes to the community.	Organization	0.52	0.36	
This organization provides high-quality care and service.	Organization	0.5	0.44	
This organization cares about employee safety.	Organization	0.49	0.34	
This organization makes every effort to deliver safe, error-free care to patients.	Organization	0.47	0.38	
This organization values employees from different backgrounds.	Organization	0.45	0.43	
Information from this survey will be used to make improvements.	Organization	0.45	0.37	
Patient safety is a priority in this organization.	Organization	0.44	0.37	

Figure 15

DIFFERENCES BETWEEN MANAGER AND NON-MANAGER ACTIVATION KEY DRIVERS
(RISK RATIO OF TOP BOX SCORES)

Verbiage	Domain	Manager	Non-Manager	Difference
Employees in my work unit make every effort to deliver safe, error-free care.	Employee	1.9	1.86	
I like the work I do.	Employee	3.43	4.19	
My work unit provides high-quality care and service.	Employee	3.2	3.19	
My job makes good use of my skills and abilities.	Employee	3.13	2.88	
My job responsibilities are clear.	Manager	2.2	2.93	
The person I report to gives me useful feedback.	Manager	2.03	2.32	
This organization cares about quality improvement.	Organization	2.46	2.09	
This organization contributes to the community.	Organization	2.45	2.12	
This organization provides high-quality care and service.	Organization	2.65	3.03	
This organization cares about employee safety.	Organization	2.7	2.54	
This organization makes every effort to deliver safe, error-free care to patients.	Organization	2.74	2.91	
This organization values employees from different backgrounds.	Organization	2.48	2.57	
Information from this survey will be used to make improvements.	Organization	1.87	2.25	
Patient safety is a priority in this organization.	Organization	2.86	2.83	

Figure 16

DIFFERENCES BETWEEN GENERATION ACTIVATION KEY DRIVERS

Verbiage	Domain	Baby Boomer	Generation X	Millennial or Generation Y	Difference between Boomers and Gen X	Difference between Gen X and Millennials
Employees in my work unit make every effort to deliver safe, error-free care.	Employee	0.35	0.51	0.31		
I like the work I do.	Employee	0.54	0.59	0.53		
My work unit provides high-quality care and service.	Employee	0.48	0.48	0.44		
My job makes good use of my skills and abilities.	Employee	0.46	0.48	0.45		
My job responsibilities are clear.	Manager	0.44	0.46	0.49		
The person I report to gives me useful feedback.	Manager	0.33	0.38	0.36		
This organization cares about quality improvement.	Organization	0.36	0.32	0.23		
This organization contributes to the community.	Organization	0.33	0.46	0.31		
This organization provides high-quality care and service.	Organization	0.43	0.46	0.44		
This organization cares about employee safety.	Organization	0.34	0.36	0.33		
This organization makes every effort to deliver safe, error-free care to patients.	Organization	0.39	0.4	0.36		
This organization values employees from different backgrounds.	Organization	0.38	0.46	0.45		
Information from this survey will be used to make improvements.	Organization	0.32	0.39	0.36		
Patient safety is a priority in this organization.	Organization	0.37	0.4	0.34		

Figure 17

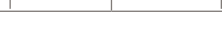DIFFERENCES BETWEEN GENERATION DECOMPRESSION KEY DRIVERS

Verbiage	Domain	Baby Boomer	Generation X	Millennial or Generation Y	Difference between Boomers and Gen X	Difference between Gen X and Millennials
The amount of job stress I feel is reasonable.	Employee	0.6	0.58	0.53		
Employees in my work unit help others to accomplish their work.	Employee	0.24	0.35	0.27		
I have sufficient time to provide the best care/service for our clients/patients.	Employee	0.47	0.41	0.41		
I feel like I belong in this organization.	Employee	0.33	0.43	0.37		
The environment at this organization makes employees in my work unit want to go above and beyond what's expected of them.	Employee	0.39	0.42	0.39		
My job responsibilities are clear.	Manager	0.43	0.49	0.49		
The person I report to gives me useful feedback.	Manager	0.36	0.45	0.42		
My ideas and suggestions are seriously considered.	Manager	0.42	0.48	0.42		
This organization supports me in balancing my work life and personal life.	Organization	0.54	0.53	0.53		
I get the tools and resources I need to provide the best care/service for our clients/patients.	Organization	0.4	0.4	0.37		
My work unit is adequately staffed.	Organization	0.44	0.41	0.4		
Information from this survey will be used to make improvements.	Organization	0.32	0.48	0.39		
I have confidence in senior management's leadership.	Organization	0.39	0.41	0.38		
I am satisfied with my job security.	Organization	0.41	0.42	0.38		
I am satisfied with my benefits.	Organization	0.3	0.37	0.34		
This organization treats employees with respect.	Organization	0.43	0.46	0.42		
This organization values employees from different backgrounds.	Organization	0.35	0.46	0.32		

Strategies to Drive Resilience

Identifying the sources of stress and reward that define the nurse experience, and understanding through measurement the mediating role of resilience, is critical to addressing the very real issue of burnout and turnover in a multigenerational nurse workforce. This approach is consistent with the Compassionate Connected Care Framework for the Caregiver (Figure 18), which identifies the clinical, operational, cultural and connected aspects of the caregiver experience and relies on the measurement of engagement, job satisfaction and the practice environment to help identify areas in need of improvement.

Figure 18

Although staffing is often cited as the reason for nurse burnout, research suggests that the nurse work environment is more correlated with the nurse experience and, by extension, with the patient experience.[16]

With this understanding, health care and nurse leaders should be committed to ensuring that their organization has the right resources in place to reduce sources of external stress, enhance sources of reward and fortify nurse resilience to help ensure that the balance does not shift toward burnout. Examples of resilience-fortifying approaches include the following.

- **Driving nurse activation through meaningful recognition.** Reinforcement helps nurses realize the value of the contributions they make to health care every day. Research confirms that recognition of efforts and praise for a job well done help to create a healthy work environment and can increase overall job satisfaction.[17] Participation in formal recognition programs, such as the DAISY Award for Extraordinary Nurses, communicates the organization's commitment to supporting its nurses and celebrating their accomplishments.

- **Targeting interventions to meet the specific needs of different nursing segments.** This can be achieved by measuring engagement and identifying key drivers of activation and decompression for each group. For example, given that nurse managers demonstrate less ability to decompress, they are well-suited to interventions focusing on self-care and work–life balance. Because millennial nurses appear to have the lowest activation, this group would likely reap the most benefit from recognition programs and other efforts highlighting their contributions and the connection to the "why" behind their work.

- **Providing nurses at all levels with formal resilience training.** This can help nurses identify stressors and personal triggers and establish resources for education, support and self-care.

- **Focusing on relationship-building activities and opportunities for enhancing nurse social support.** This can be achieved through regularly scheduled chat or "debriefing" sessions in which nurses share stories and experiences. Research indicates that such gatherings can be particularly effective when led by individuals who are trained to structure reflection, learning and healing.[18] Periodic, informal, out-of-work gatherings and social events can also enhance resilience by providing nurses with an opportunity to decompress.

- **Ensuring that resilience-focused support and resources are available to nurses on all shifts.** Given the lower activation and decompression of night-shift nurses, interventions for these professionals should focus on the areas that drive activation, such as job enjoyment, recognition, pride in their work and clarity of responsibilities, and on the areas that promote decompression, including addressing the unique challenges they face in terms of achieving work–life balance and self-care.

- **Including resilience-building burnout prevention strategies in the operational budget.** Support for this can be found in the growing evidence base pointing to the high cost of burnout and supporting the value of a culture of nurse wellness to justify the spend.

- **Training nurse leaders to support staff nurses' alignment with professional purpose.** By supporting their teams in this way, nurse leaders allow staff nurses to maintain their connection to the meaning, the mission and the honor of providing care.

Conclusion

Resilience is the fulcrum on which the balance of job-related stressors and rewards rests. Therefore, it plays a critical role in determining individuals' vulnerability to burnout. New research suggests that the components of resilience—activation and decompression—vary among nurses by role, shift, tenure and generation.

By measuring nurse engagement and resilience and mining the data to understand the factors that might compromise nurses' ability to meet the demands of their profession, health care organizations can develop strategies for addressing burnout head-on and helping their nurses enjoy productive, rewarding careers.

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