

The Resilient Nurse: Episode 4 Transcript

Nancy Reller

Welcome, everyone to the Resilient Nurse Podcast, where we discuss the tools and practices that nurses such as faculty, students and new nurses are using to renew and amplify their resilience. This podcast is a special series within the Johns Hopkins School of Nursing On the Pulse podcast. In each episode we cover the complexities, some of the misconceptions, and certainly the new pathways toward keeping our nursing workforce resilient throughout Maryland and beyond.

Our podcast comes out of the R3 initiative, which stands for Renewal, Retention and Resilience in Maryland Nurses. I'm your host, Nancy Reller, and today I'm so excited to have my guest, Dr. Susan Hassmiller. Many of you know that she is a national leader in nursing, health equity, and leadership development. She has achieved the Living Legend status with the American Academy of Nursing.

She spent 25 years as a leader at the Robert Wood Johnson Foundation. She has also received the Florence Nightingale medal, which is the highest international honor given to a nurse by the International Committee of the Red Cross. She is currently serving as co-founder and principal of Sulu Coaching and Consulting, and she's certified as an individual executive leadership coach.

And she also does team coaching. What's particularly germane to the R3 initiative is that she is an active member on our national advisory council. She also co-edited the new publication titled Taking Action The Top Ten Priorities to Promote Health Equity and Wellbeing in Nursing. Welcome. Sue, I could go on and on and on about all of your achievements.

But needless to say, I'm so excited to have you here.

Susan Hassmiller

Thanks, Nancy. Thank you very much. I'm happy to be here. This is such an important initiative.

Nancy Reller

We are so interested in hearing your perspectives about what's going on because you have uniquely positioned your career as really staying grounded in what's going on at the bedside, as well as you have a national perspective, which is what I'm particularly interested in. So I know this is a big question to start off with, but how would you describe the state of resilience among our nation's nurses?

Susan Hassmiller

Well, I tell you, I've never seen anything like it in my nursing career. This is, if we can say this, the fourth year of the pandemic, and nurses are continuing to struggle, perhaps not like in the beginning when they were missing personal protective equipment, but it's now chronic. Many are working in facilities that are short staffed and many still say they do not feel supported by their leadership.

They're experiencing unprecedented rates of violence on the job. So it's just lingering in a very dangerous for patients, for all of us, for the nurses and for the patients and unprecedented levels. That is just very, very worrisome.

Nancy Reller

Yeah, I too, as a patient, as a consumer, I am very worried about how we'll be able to support all clinicians, particularly nurses. And for those who have stayed. I always you know, I've worked with nurses for a long time, sort of from the outside because I'm not a nurse. I've always been very interested in what keeps nurses going.

I mean, it is really a calling.

Susan Hassmiller

Well, let me let me tell you what else I'm worried about. You know, I've been looking at the surveys and you mentioned that I am a coach and my special niche is coaching nurses and nursing leaders. And what worries me is that this resilience issue is affecting Generation Z and millennial nurses far worse than other nurses. There is a recent survey by the American Nurses Foundation that found that 57% of nurses were exhausted.

Now, I believe that's down a bit from the height of the pandemic. Right. But that's over half of the nurses saying that they are exhausted in the past 14 days and 43% said they experience burnout and 46 said that they would or might leave their workplace in the next six months. What's startling to me is that this is affecting millennials and Z nurses more than baby boomers.

Most of this disgruntlement, discomfort, the issues on the floor are affecting Z and millennial nurses much, much more. In fact, the baby boomers, only 15% said that they were depressed and had issues with resilience. So there's something about and I can't answer that. There's something about those nurses 35 and under that this has struck them just so much harder.

I mean, I could venture it's kind of dangerous to venture why there is such a difference in the generation, perhaps people of my generation have, You know, they lived through some things, the AIDS epidemic and other pandemics. So I just don't know. But we talk about cranking out nurses from nursing school and look, more people than ever want to be nurses, they're going back to nursing school. But that's worrisome if we don't keep people from leaving. And the highest percentages of people who are disgruntled are those who have been on the job just a year and two years. So we got to pay attention to these trends. It's affecting most nurses under 35 and in their first and second years of employment.

And then you ask me, you know, what is it about the nurses psyche that keeps them going? Well, I think I can answer that, being a nurse. You know, we want to help, we're caregivers, we just ooze with we want to make things better for people. And we want that impact, whether it's on the individual patient level.

And then, you know, I went on to public health nursing, which is very important for me. So people at their core, they are their caregivers, but they want respect and they want to be recognized for the dedication and hard work. You know, they also want to be able to spend time caring for patients. It is like really, really different.

I know in my day we trudge through the snow and I walked a mile. I understand that.

But just the pace is unfathomable now. People are in and out. The cycle, the cycle, the circle is so fast right now, it's hard to keep up. And on top of that is all the technology and the paperwork. So nurses want to stay they want to make a difference. But all of these things are coming at them at this very fast

pace these days with all the COVID illnesses amongst nurses even. Maybe there are enough nurses on paper, but there's still extended absences now.

And of course, during COVID, a lot of these, especially young women under 35, right, were mothers. They had to stay home. They had to juggle their family and their kids and home schooling and taking care of their parents. So what keeps them going, Nancy? We're care givers. We just want to take care of everybody. Well, there's a lot of things getting in the way.

Nancy Reller

Yeah. Yeah. And I think you bring up a really good point about the container, the environmental container within which nurses are now working. And those 35 and under have worked in. It's very noisy. There's no break. So I think that part of the R3 effort is certainly to find ways to give our brains a break through mindfulness and knowing our values and some of those other tools that are on the website.

So I'm wondering, is that part of the key here is to really understand the generations that are leaving. It's it's been this way for a while that nurses are out. They go out the side door in two years. But this group may never be coming, adjusted to the noise and the constant bombardment.

Susan Hassmiller

It is hard when you're out there on your own, on a floor, and we're talking about hospitals, you know, and it's more than just hospitals, unfortunately. There's literature now. Peter Buerhaus, Robert Wood Johnson Foundation has funded Peter Buerhaus, to do some work in this area. Look, when COVID started, I was immediately worried. I was with the RWJF.

And I thought, okay, we've got to start tracking this now. So fortunately, we had Peter and team on the job for these years now, and really the bulk of nurses who are leaving, we have to be careful with that word, too, because not everybody leaves the profession. Yeah, there's a lot of churning, especially in your metropolitan areas where you have six health care systems to choose from.

You know, you're jumping around. So you may not leave nursing per se, but the highest percentage of nurses who are leaving their positions are hospital nurses. Now, the good news with that is that we've seen an uptake in school and public health nurses. But getting back to, there's a lot more people who want to go into nursing, but we've got to take care of them in nursing school, which the R3 initiative really addresses.

There are a lot of tools for faculty members and once they get out, we know from research that if nurses can participate in a residency, a nursing residency, their first year, they're much more apt to stay because they're just well-supported. So residency programs are really so important.

Nancy Reller

Yeah, and we have tools on the website for those in nurse residency programs as well. We're working with folks throughout Maryland on that. So it is a very, very important component of this work. I think the other thing that we've talked about a lot in R3 is that sense of belonging.

Susan Hassmiller

A sense of belonging that it's such a basic human need. If you look at Maslow's hierarchy, that sense of if you study monkeys, which I did, you know, in graduate school and belonging and attachment that's such a basic human need and if hospital cultures, if other cultures can engender that sense of belonging, this is this is where I work. This is my unit, these are my patients.

Nancy Reller

Right. And it's belonging to nursing as the profession, as you mentioned before, you know, there if we can keep them in the profession, they can belong to that which is grounding and and important.

Susan Hassmiller

It is. I've always been so proud to be a nurse and it just broke my heart the disrespect that I saw towards nurses in this COVID epidemic.

Nancy Reller

Yeah, as you've seen the pandemic progress, how have you seen perspectives from policy and other thought leaders change toward nursing?

Susan Hassmiller

It is totally on everybody's radar screen. I mean, you can't pick up a journal or in nursing or in health care. So policy and thought leaders universally recognized now that nurses are hurting. You know, it's just a topic of conversation. We're before COVID. It really was not. So now a rare area of bipartisan agreement in the Senate is the need to strengthen the nursing workforce.

Nursing leaders are also zeroing in on the importance of nurse well-being. And health care leaders recognize the need to implement systemic and cultural change. We talked about that a little bit and policies to bring back joy to the workforce. There's a lot of recommendations that people are trying to implement. I know one of the biggest things that was most helpful during COVID was to allow a forum for nurses to talk to each other and sometimes with a facilitator, sometimes a counselor.

That seemed to be one of the most important things because nurses had the best, their family didn't always understand. Their neighbor didn't, their best friends, if they weren't nurses, but talking to each other really, really, really helped.

Nancy Reller

And there certainly seems like there are wellness offices now that were not there before. They're more robust now. They're chief wellness officers in many health care systems now, I think, to address this. But that's very interesting about talking to their colleagues who understand.

Susan Hassmiller

It goes back to that belonging thing too. Right. And this is this is my tribe. My tribe. These are my people.

Nancy Reller

Yeah. It's so important. And I think in our noisy environment that matters even more. So it's a prime need. I want to think a little bit about. You've been in this for a long time. You see the problems and the progress that's been made. What are you seeing that's inspiring?

Susan Hassmiller

It inspires me first that everyone recognizes this and they they do want to address that. They meaning nurses themselves, the systems where they're working. Not all of them, but hopefully almost all of them, legislators. So the recognition inspires me at the individual nurse level. You know what? Inspire me is still the nurses who show up who want to make things better.

And especially I tend to be coaching a lot of nursing managers and directors, folks in leadership. They are desperate to make things better for those at the front lines. They're looking for all kinds of solutions. Recognizing nurses and the stories themselves from the nurses who show up and still find great, great meaning in what they're doing and say, I will never quit.

This is part of who I am. This is in my blood and people still, I'm inspired by people who still want to be nurses. Yes, they know how important it is. It's nursing makes a difference in people's lives. There's a lot of second degree programs, people who have degrees in other fields or they've worked in business and they didn't get that meaning in their soul and they come into nursing.

So that inspires me. And as consumers, we need to understand what nurses do so that we know how to help them.

Nancy Reller

Yeah, I've thought for a long time that we consumers can have an important role in supporting nurses. It's often that we don't think about it until we or a loved one are sick or in the hospital. But I think we can call upon consumers to really voice their support, not only to the nurse but to each other and have meaningful recognition for nursing.

Susan Hassmiller

I agree. Again, learn what nurses do. Show respect for nurses. Share your concerns with the right person. Ask questions, partner with nurses and use your voice, words, influence and advocacy to remove barriers to safe quality care. I'll tell you one more thing that I've gotten involved with, Nancy, because I feel so strongly about it. There's an organization called Healing Politics and the whole mission of that organization is to get nurses to run for office.

Nurses really understand consumers, the health care system, health in general, what's needed, the social determinants. Nurses understand that and they're great facilitators and collaborators. And so when they're voted into office, like Lauren Underwood in Illinois, just making such great strides. So this Healing Politics, they're running their first ever campaign school, are going to be held in May for all nurses to come to learn how to run for office.

If you're interested, you know, you sign up for campaign school. So we have high hopes. Physicians do this all the time. Physicians have always helped each other run for office, get money. So we're doing it for nurses. And I just love that.

Nancy Reller

Yeah, I love that, too. It's terrific to hear about. There's one other thing I'd like you to talk about. I'm really interested in your perspective about language and the narratives that permeates not only the nursing community, the nursing profession, also what nurses are saying to themselves about their value and who they are and their contribution, how they're speaking to each other.

Susan Hassmiller

What I've noticed is that it's very in vogue, and I don't want to say that there's not disgruntlement, not fatigue. Things have to be better. All of those things, we recognize that. But I'm worried that it's very in vogue just for everybody to jump in and talk about the narrative really matters. Because, look, we do need solutions and we need solution makers and problem solvers.

But what really worries me is that is very in vogue. Even if they feel sort of okay to jump in and say, this is all awful. I really want to inspire. I really want to inspire all these new nurses who are coming in and mid generation nurses and older generation nurses to really come together in a sense of belonging to help the leaders understand what's needed.

Yes. And to come up with solutions so that we can find a way forward.

Nancy Reller

And maybe finding ways to shift the narrative so that it's more positive. Nurses are talking to nurses in more positive way.

Susan Hassmiller

Right, Exactly. I'd like to see us get back to some sort of equilibrium. And then some would say to me, We'll sue. I'll get back to some kind of equilibrium when they recognize what's going on here and they come up with ways to help us. Yes, I do agree with that. But can we be in this boat together?

Nancy Reller

And it sounds like you believe we can.

Susan Hassmiller

I believe we can. Nurses want to get there. We just need to figure this out as a whole.

Nancy Reller

So I want to thank you so much for your perspective, your time, your involvement, your contributions to R3 on the National Advisory Board for being my guest. Thank you so much.

Susan Hassmiller

It was such a pleasure, Nancy. And thank goodness for the RR initiative. Money very well spent.

Nancy Reller

Thank you. The R3 website hosts over 30 resilience tools and practices for faculty, students and new nurses throughout Maryland. Also found on their website are beautifully designed and easy to use, free,

social media graphics that are available for personal and professional distribution throughout Maryland. The R3 website address is nursing.jhu.edu/R3. Funding for R3 comes from the Nurse Support program

II grant administered by the Maryland Higher Education Commission and is funded through the Health Services Cost Review Commission. We hope you'll join us next time for the Resilient Nurse Podcast.