Past Event: 2023 NCSBN Symposium: Solutions Addressing Nursing Workforce Crisis - Wellness Panel Video Transcript

Event
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Presenters
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Victoria J. Priola, PsyD, Psychologist/Practitioner, Powers Wellness & Consulting Group

- [Dr. Alexander] Well, welcome back everyone. We're going to turn our attention now to mental health issues and wellness of the nursing workforce.

So, I'd like to begin by introducing our panel. I'll let them introduce themselves. Let me begin at my far left.

- [Dr. Priola] My name is Victoria Priola. I'm a clinical psychologist. And I work primarily with individuals in the healthcare community, providing individual and group psychotherapy.

- [Eve] Hi, I'm Eve Poczatek. I'm the Director of the wellness program at Rush University System for Health in Chicago, Illinois. Our program serves over 17,000 employees and students.

- [Dr. Hatmaker] I'm Debbie Hatmaker. I'm the Chief Nursing Officer for the A&A Enterprise, where I oversee the programs for the American Nurses Association and the American Nurses Credentialing Center.

- [Dr. Esquibel] I'm Kim Esquibel. I'm the Executive Director of the Maine State Board of Nursing. As an appointee of the board, my goal is to carry out the programs of the board.

- Well, thank you all and welcome. And I appreciate your being here. Victoria, our first question is for you. Our data show that 45% to 56% of nurses that participated in the National Nursing Workforce Study felt emotionally drained, used up, fatigued, or burnt out.

Twenty nine percent of them said they were at the end of their rope. What is burnout, how serious is it, and what contributes to it?

- I'm so glad you asked, and I'm so glad to be here today to provide some clarification from the clinical perspective. I think "burnout" happens to be one of those words that's made its way into the vernacular that is largely misunderstood. Burnout is the cumulative experience of stressors.

So, the idea is that a person can be stressed without being burnt out. But if they are burnt out, it's very likely, in fact I would say guaranteed, that they've had multiple experiences of high levels of stress that have gone unmanaged and unaddressed. So, I think it's really important that we appreciate, you know, sort of the cumulative effect of this condition.

And that if a person is burnt out, it's likely that they are involved in an environment, because only certain environments allow and foster burnout. So, we have to think about this contextually, as well. It's not just about the individual, it's about the environment that the person is trying to work in.

- How widespread is this? Debbie, you're Chief Nursing Officer of the American Nurses Association. I know you know a lot about this. How widespread is it?

- Well, our foundation has just released its latest survey they did in conjunction with McKinsey. And unfortunately, the numbers are still high, similar to what NCSBN found last year. So, the stress on the workforce and on nurses continues to be high. It continues to be high, especially for those with the less numbers of experience.

So, we're very much worried about those who are still new in the workforce. And while we see a lot of wellness programs and interventions being created, we also know that we're not going to solve the problem.

The programs are not going to be successful until we address the underlying issues that are driving stress and burnout. And nurses tell us that it's inadequate staffing, workplace violence, mandatory overtime, and documentation burden. So, we have to work on issues in the work environment, as well as then create prevention programs, and programs and resources that address the issues.

- And we're going to get into those issues in just a minute. Eve, any further comments about this and what you're seeing in clinical practice?

- Certainly. So, this is something we certainly see at Rush and I hear from colleagues across the country is very present within the workday. Our folks are tired. We've been in an emergent state for years now. And at some point, we need to start thinking about our future. We can't just be reactive.

We need to respond to what's going on and take constructive steps forward, ownership of what's next.

- So, Kim.

- Yes.

- There are studies that show this affects patient safety. Tell us about this from a public protection standpoint.

- So, in Maine, over the last three years, we've seen a steady increase in the number of nurses that have either been referred or self-referred to the Medical Professionals Health Program. This is actually a program under the Maine Medical Association, but it's funded by licensing boards, professional associations, malpractice carriers, and hospitals.

The program, the mission is really to actually safeguard the public and help professionals be able to practice at their highest level.

I think the pandemic has brought to issue public safety. And we really need to have programs that support nurses, because they're human.

- Yeah. Our data and other data, as well, show that nurses who are burnt out and under a lot of stress tend to make more errors. And so from a patient safety and a regulatory standpoint, we certainly need to be very focused on this.

So, you've kind of opened the door to some of the solutions and prevention programs that are out there. Tell us a little bit more about the Maine program. Who's eligible for it, who's signing up for it, and what really does it do?

- So, the Medical Professionals Health Program is... It actually provides resources to healthcare professionals. There are several licensing boards that are...they fund the program. We work with professional associations.

We get the word out to hospitals. So, employers can actually refer nurses to this program. And the regulatory board doesn't need to know about it. It's not a disciplinary action. It's so that they can get the help they need before something happens to patients or they get terminated from the hospital.

And then it becomes more of a board order to go into this monitoring program. Nurses can self-refer to the program. It's really to give them support. It includes substance use. That's one avenue.

But it's unique because it also addresses mental health, burnout, stress... It's available to nursing students, just any nurse in Maine. I think that the goal is to keep getting the word out so that nurses will seek out that help before it becomes a patient safety issue or a board issue.

- And that's a great, great solution at the state level.

- Yes.

- Let's look a little bit more local. What does Rush have going on that helps the nurses that may need some assistance?

- So, Rush has a real commitment to well-being. It has become an organizational priority. And so I lead a wellness department that serves all Rush employees and students. We provide free, unlimited therapy to our employees and students, 24% of whom are nurses in our annual volume.

In addition to that, we have a number of programs, trainings, resources, and events around well-being, really normalizing the conversation that our work is hard and that it's okay to not be okay. A program that I'm particularly proud of is the Nursing Wellness Awards. It's a grant program for nurse well-being where nurses can apply with a wellness project that would improve well-being in their local units.

One project... And be awarded monies to implement that project over a year. One project that was really successful over the last year was art breaks. This was a dedicated creative space in break rooms where nurses could decompress, build community, and increase their overall wellness during the day.

And I want to get my facts right here, so looking down at my notes. But 20% of nurses who came into those art breaks reported feeling not stressed going in. But by the end of the session, 62% reported that they felt better. One workshop participant remarked, "This is a great way to be a human, not just a nurse doing tasks."

For their effort, that project team was awarded the Cam Busch NOAH Arts in Health Award Arts Building Resilience. And I think programs like these are exemplary because what we've done is we ask our nurses, "What would help you? Let us empower you to make your workplace better."

- Thank you. So, Debbie, I know A&A has a national program. Can you tell us a little bit about that?

- Well, we've invested for a number of years in health programs and wellness programs for nurses. That certainly increased during the pandemic with some generous funding. Our Healthy Nurse, Healthy Nation program is a program we've had for a number of years that focuses on health across the continuum, but mental health is an aspect of that. So, we certainly want to engage nurses and individuals.

And we partner with a number of, really over 600, healthcare organizations to be engaged and to bring forward and to prioritize health and wellness. Our foundation, through UnitedHealth, has just funded a pilot project on stress and burnout prevention.

It's in four different states for large health systems, urban, rural, multiple settings, both acute as well as ambulatory. So, we're very excited to see the outcome of that pilot program and to see if we can scale that even further. And, as well, for A&A members, we've been able to partner with SC Healthcare on healthcare prevention, a stress and wellness burnout prevention program.

And we've had over 10,000 nurses register for that program and collect over 20,000 continuing education hours. We've gotten great feedback that that's a program that has helped prevent burnout, or to assist them if they feel that they're moving in that direction.

So, I think burnout and prevention is an underlying aspect there, as well.

- Absolutely. But let me ask you, what are some specific components of that program?

- Well, the SC Healthcare program is self-directed videos, a lot of educational efforts to really help nurses assist with skills and resources to identify issues around stress and look at strategies to try to alleviate that stress. We partner, and hopefully partner, with a number of employers to bring programs like that into their systems.

Again, I think prevention is a key here. While we want to address it certainly for nurses who are experiencing stress and burnout, if we can identify what we need to do on the front end and build in the resources and a great work environment, hopefully we cannot have so many nurses in that situation.

- So, Victoria, a lot of times, people take care of everyone but themselves. And it's hard sometimes to identify, "I should be in that program," or, "I need to get involved in that," or, you know, call the Board of Nursing to find out more about that program.

What are you seeing? Are nurses reaching out and doing that? And what can we do to encourage them to do so?

- This might be an unpopular opinion, but I'm going to go ahead and throw it out there. I think we need to stop referring to nurses as heroes. I think that would be the first step. And the reason I'm saying that is because a superhero, for those of you that are Greek mythology geeks, you know that they're defined as superhuman.

And I think that that's a precedent that is unrealistic, and I'm going to argue that it's dangerous. And I think in large part, even though it was a well-meaning and well-intentioned acknowledgement, I think what's happened is that it's created an environment in which people are going into work with the assumption that they're going to have to be self-sacrificing to a level... excuse me, to a level that compromises their own health and well-being.

And I see that this core is exceptionally problematic for obvious reasons, but also because it creates a wall and a barrier between their willingness to then go out and reach out for help. And so I find that in my clinical work with nurses, often a large portion of at least the initial stages of our work together is about deprogramming them, telling them that they're not superheroes.

They're regular folks going to work and being asked to do extraordinary things. And that the essence of that is what creates a large conflict internally for them because they evaluate their performance through that extreme lens.

And that's an issue. I think it's also important for us to appreciate that when we ask people to do extraordinary things every day, all the time, that they're going to feel inadequate about that. And when a nurse is burned out, meaning she's been under these high-stress environments, or he has been under these high-stress environments, and expectations for a long period of time, I'd like to suggest that those individuals are at risk, and the patients that they're trying to take care of are also at risk.

Because we understand burnout to be exceptionally extreme exhaustion in every aspect of yourself, emotionally, physically, cognitively. And so what that ends up looking like is that you have people trying to make high-level decisions, life and death decisions, when they're not cognitively, emotionally, and physically capable of doing that.

And this is why we need to care about this issue and feel like each of us has a responsibility to encourage nurses to get care. If you have to drag them in to see me kicking and screaming, I'm okay with that. Just get them to me. And I think the rest of the mental health profession recognizes the level of crisis that we're in.

And they understand the assignment, and they're ready and willing to provide the support to our brothers and sisters in the healthcare environment to help them feel better, and to do better, and ultimately to be safe.

- So, Eve, Rush has a 24-hour call-in line, correct?

- That's right.

- A nurse that's under a lot of stress can call in. Could you tell us a little more about that?

- Certainly. So, like many health systems, Rush, for a long time, had an employee assistance program, but we found that it wasn't being well utilized. And so my team was thinking critically about what are the reasons we're hearing why people aren't using it? It feels unsafe. It feels unfamiliar. And the session limit was a barrier. But with our outpatient clinic, you know, we're open 7:00 to 7:00, Monday through Friday.

That's not 24/7 like a hospital is. So, what do we do about all the times outside of those hours that staff need support? So, in August 2021, we stood up what we call the Wellness Triage Pager. And this is a paging system where an on-call social worker responds 24/7, within 60 minutes, to the feelings of, "I feel overwhelmed," "I feel concerned."

So, we really tried to be careful and strategic in our phrasing because we certainly want emergent issues to go the appropriate routes. But for all those spaces of gray in between, we want folks to call us. And in fact, we also encouraged our nurses, our employees to call on behalf of people they know. So, if you're worried about a colleague, you see someone crying in a hall, call us.

We can provide you with language, coach you through that difficult moment. And with the permission of the individual who is in distress, we're happy to speak with them directly. And so we've really seen this volume take off. So, in our first year, volume was really slow, only about 20 pages over the full year. We had 20 pages in two months this year.

So, really picking up quickly. It's system-wide. And I think most importantly, it's really helped our nurses, our employees understand that there really is someone here at Rush that you know you can find their email, 24/7 available for you. That's how much Rush cares about you.

- So, there is a certain stigma, you know, that is often attached to saying, "I'm not well. I have some mental health issues." How do we overcome that? And I... Eve.

- And I think that it's difficult, but I think we need to talk about it. And I feel so passionately about this. Because I think the more we talk about it, bring it into our vernacular, encourage our leaders to talk about what they're struggling with, that will help our staff to feel comfortable and confident coming forward when they have an issue, a crisis that they're dealing with personally.

So, you know, I tell leaders at Rush you don't need to tell folks the intimate details of what might be going on with you, but you can tell your staff, "I'm not okay today. I might need a little help today. I'm going to take a day of rest because I have some stuff going on at home." That kind of vulnerability builds such sincere trust and really helps the team to rely on each other. And I think particularly within nursing culture, we want to care for each other.

Right? And so, you know, relying on each other, not just as colleagues, but as caregivers, as friends, as, you know, folks who care, I think that's how we can really start to change the culture.

- Yeah.

- Deb.

- I absolutely agree about leaders being able to speak to their own distress or their own experiences. We found early in the pandemic, we were putting forward a lot with a lot of partnerships, digital apps and other kind of quick solutions that we could stand up during the worst of the pandemic.

And initially, the use was very low and we were very concerned. We increased our communication. We reached out in multiple ways. And as we were talking to individuals, it was this issue of being a superhuman, being superheroes, and feeling like maybe their leaders were saying, "Oh, we can do this. We can push through. We can do this. Nurses can always do this."

So, the ability to admit vulnerability and the need for help is so important. And we just saw that absolutely. And as we heard more and more leaders understanding and being able to say that, we saw more willing to come forward and use resources and to say they needed help.

- Great. Victoria, please.

- I would just like to add that I think there's a really valid reason why healthcare workers and nurses don't use services available at the hospital. A lot of that is confidentiality. A lot of that is fear about what it will mean for their careers. And so one of the things that I'd like to suggest that we can do, especially those that are in a position of choosing healthcare plans for healthcare organizations, is to make sure you have robust mental healthcare for your employees and make sure they understand how to access it.

I can't tell you the number of healthcare workers and nurses that come to my office with absolutely no idea about the benefits that they have. And to be quite honest, some of them are really lousy benefits. So, I think on a larger scale and contextually what we can think about is when we have access to benefit plans and when we're choosing what those look like for our employees and for ourselves, that we make sure that we understand and provide them an opportunity to use the best of the best.

We owe them that.

- Is there anything regulators can do to help avoid that stigma of mental health services?

- I think it's... So, I actually go out to the nursing schools and speak with them about board processes, resources that are available, the MPHP program.

And there is... You know, embed in them that there is not a stigma in reaching out for help before their patients are at risk or it becomes an accountability problem for them. I think employers need to be committed to changing the culture in the hospital systems.

I think nurses, they need to ask each other every day, "What have you done for self-care today?" They need to feel like they can be open to that.

- So, how does an employer... Again, thinking about solutions, you can have these programs. But how does the employer get the word out to their nursing staff, "Use our programs. This is what it is," other than just sending out some brochures or email messages?

- You know, what's really worked well for us is going in person. And that sounds like it's a lot of resources, but it is me and a part-time person. It's not... I think that human connection just can't be substituted for anything else. We all are bombarded with emails, social media, brochures, what have it, that just seeing a person and being able to associate them as, "Hey, that person looks okay. Maybe it's okay for me to seek help. They're telling me it is."

We found over time... Our program is relatively new. We opened in July 2020. Nothing going on then. We found that over time, folks would start volunteering in these presentations to say, "I go to the

wellness center. I love my therapist there." And, you know, more and more of that would happen, to the point where, you know, we have entire units that love a single therapist in my clinic.

You know, "L&D all sees, you know, this person." And I think that's really exciting that they're talking about it with each other, but it took that first in-person conversation to really make a difference. And I think it is both that person, whoever represents the wellness resources or whatever resources you want to share with your nurses, but also the leader condoning it saying, "This is important for you. Your job is hard. It is okay to ask for help."

- Do you ever bring in anybody or have any of your therapists talk to the unit as a group?

- I do. And so we both bring in our therapists for those resource presentations. I think it's important that people can kind of see behind, you know, the mask, that they know who they're talking to. So, I try to get our therapists in front of staff frequently, as they're comfortable with. And then in addition to that, after difficult events, we hold processing sessions.

And so it's important to normalize that, you know, whether it's an upsetting patient death or something going on in our greater world, work is a place that can be safe. It doesn't always feel safe, but we want you to feel safe with your colleagues and that you can talk about your big feelings here at work.

- That's great. So, there are... Rush is a big medical center with many resources, but there are many small rural hospitals that don't have that capability. Deb, what can be done? I mean, you have a program. How do you get the word out to them that there is some availability at your level?

- Right. Well, we do a great...we attempt to do a great deal of communication, certainly both into our members when it's a member benefit, but we have a great many resources that are open to anyone. So, all of the apps and programs that are foundation-funded, especially during COVID, and we've continued those, are open to all nurses and they can access those.

We work with our state nurses associations in all the states to push that out and make sure that as much communication as possible, especially for those...as you say, those smaller hospitals or those hospitals that don't have the resources to create programs. At the same time, we continue to communicate and work on issues related to work environment.

I'm so excited about the Rush program, some great examples that you have. And I'm sure that Rush equally you know, focuses its time on an improved work environment. But we still hear from nurses who feel that, you know, during the pandemic, maybe well-intentioned leaders set up wellness rooms or brought in spa chairs and nurses felt like, "I can't even leave the unit to use those."

So, you know, "They don't mean anything if I can't use them." Or, you know, "You're doing that, but you're expecting me to staff this unit inappropriately." Or, "The burden of care that I'm giving is my real stressor here, it's not being addressed." So, we attempt to be very comprehensive, while at the same time we want to make sure we have resources for those who need them.

- So, Victoria, what are some of the main ways that people that have a healthcare facility that is maybe smaller, that doesn't have a lot of resources can let their nurses know and help them get help?

- I think it's really important that people are aware of all of the online and virtual resources that are available now. And, you know, this is one of the best outcomes of the pandemic. Because the literature

is clear, the experience of clinicians is clear, that this is a very useful and effective form of treatment for those who can't access it in some other way.

And it's not the "something is better than nothing," that the quality of care that's being provided virtually is on par. And it's about the skill of the clinician, but it's also about, you know, the motivation of the patient. And that's not anything new, but I think what we're finding is that it is bearing out, and that it is a reasonable and appropriate way for people who don't have access to the kinds of services available in large cities but they can do that.

So, I think that coupled with, you know, organizations that communicate that and let people know, send out newsletters, "Hey, if you don't have time or you can't access or drive wherever to go get care, there are lots of online opportunities to do that." And maybe that will be enough for them, and maybe it will be a bridge to something else.

But the idea there is that you continually communicate that maybe there are services available in the hospital or in the organization. But if there isn't, there are other ways that you can access that care clinically and see a virtual therapist. Or if you just want to be part of a mental health community specifically for nurses or for your particular discipline, there are tons of really great organizations and communities online that get it and that can be resources for you to figure out what you need and how to get access to it.

- Great, thank you. Eve?

- I think, too, something any organization can do is encourage their nurses to take breaks. And I would be the first to say that Rush has work to do here. It's really hard to change a long-standing culture around nurses being heroes or heroines and giving their all to the patient. I've heard from a lot of nurses a sense of guilt stepping away from their patients, that they're taking a 15-minute break, let alone a lunch break, means that they're not as committed as their colleagues may be, that they're putting their work onto someone else.

But as you mentioned earlier, we know that a burned-out nurse affects our patient care, affects patient experience. And so unless we can start to change the narrative there, I think there really won't be improvement in nurse well-being. I think mental health and therapy can do a lot. But if you're not even just taking time to rest and recharge, how can you be your best self at work?

- Right. So, let me then ask. Rush has a lot of students. Are there any programs geared towards them and preparing them to enter the environment that can be rather stressful?

- Yes. So, in November 2021, two Rush clinical nurse specialists developed a new graduate residency program for the ICUs. They recognized that there was a lot of attrition from especially younger nurses as they entered the unit. And they cited issues that we've already heard about today around bullying, around overwork, and just feeling overwhelmed in their new space.

And so what this program did was provide nurses with a structured program over 12 months where they received skills training, mentorship, and instruction in self-care. And what that means is that weekly, there were dedicated 60 to 90-minute sessions on mindfulness, processing, or yoga.

So, what's really neat is that, you know, again, since its inception in November 2021, the program has graduated 71 nurses. And 96% of those nurses are still at Rush. We are really optimistic for the future and we're starting to emulate this program in other areas of the hospital.

- That sounds terrific. Well, I'd like to now open this up to the audience for any questions that you have.

- [Michelle] First of all, thank you very much, panelists. This has been really interesting. I'm Michelle Buck. I'm the APRN Senior Policy Advisor for National Council of State Boards of Nursing.

And my question, I guess I'd like to start with you, Victoria. We know that nurses' suicide rate is higher than that of the general population. And I'm wondering if you can speak to that and maybe the other panelists could comment on, you know, what can we do to engage and empower our nurses to seek resources so that we can address this issue of suicide in the nursing profession.

Thank you.

- Yeah, I'm so glad you asked. We can all appreciate how someone who's suffering and doesn't feel as though they have adequate support or access would feel incredibly isolated and alone. I think when you couple that with a system that sort of perpetuates that idea...

You know, let's face it. Healthcare is a culture of silence. And when a culture of silence is coupled with high stress, high demand, unrealistic expectations, people, they're going to break down. I think the most recent and poignant example of that, for those of you maybe who didn't catch it on social media, was a young nurse by the name of Tristin Kate Smith.

Did anyone see her?

- Yeah.

- The title of her letter was A Letter to My Abuser. And she was referring to her abuser as the healthcare system. And so I think I invite all of you to read that. It's widely available on social media, Tristin Kate Smith. And read her story, and feel a personal responsibility to maybe cross what we are now calling professional boundaries and show acts of care and concern for our fellow humans.

And I think that's the root of this issue, the grassroot, puts a lot of responsibility on us as individuals to care for each other. So, if we have a conversation like this and we acknowledge that there's a problem, it's not enough. You have to do something about it. So, that means when you walk out of here and you see a nurse or a healthcare worker and they look a little rattled and disheveled, you say, "You all right?"

You know, "You want to grab coffee after work?" You know, let's get back to the humanity of all of this and, you know, care for each other on that level. And I think when we do that, and the data is clear that when we do do that, that we save lives.

- Deb.

- I'll just mention, you know, advocacy is a big part of what we do in a professional association. We were very pleased to work with a number of organizations to pass the Lorna Breen Act, but the issue around nurse suicide has been long-standing. And even early in our Healthy Nurse, Healthy Nation program, we pulled together a number of nurses who have skills and expertise, and have done research in the area of suicide, and developed a number of resources that we have online open to anyone.

The issue, I think, is about those of us who work with individuals tapping into that early enough that we can identify that, get the resources to them they need. But we do have those available and we do want to make sure that we, you know, prevent it before it happens, try to identify it early on.

So, certainly, it's an issue for us that we've identified.

- Absolutely. Eve?

- Something we recently did at Rush that I think many other health systems could do also, is we established a protocol for a threat of self-harm. So, what to do when someone does express suicidal ideation. And we will put steps in place as well as a supportive online training, just 10 minutes. Because I think in those moments, you know, it's so easy to be a bystander.

It's so easy to say, "Ooh, I feel uncomfortable. I'll step away," when someone's saying something like, "I'm not sure I want to be here anymore." So, really, not just setting a standard of what we should do when someone expresses suicidality, but also equipping them with the training and words to interact well in that situation.

- Right, thank you. Any more questions? Jason.

- [Jason] Yeah, definitely. Jason Schwartz, Director of Outreach in the marketing group. So, like Michelle, I just appreciate all of you being here so much. My question, I think, is mostly for Victoria. So, Victoria, you had, at the very beginning, defined "burnout" as really an accumulation of unresolved stressors. And what I wanted to ask you is are there outward signs when somebody's 10% of the way there that you can notice and respond to?

Because I think a lot of times, by the time people get help, there's too much to unpack.

- Yeah. In clinical settings, we use two tools to help measure burnout. Both are peer-reviewed and standardized, and I recommend that organizations actually adopt these two. One was designed specifically for nurses. I'm hoping some of you have heard of this one. It's the BOSAS.

Has anyone heard of the BOSAS? And the other is the MBI. But these are tools that we use to assess a person's level of burnout. We understand from those assessments... And they are widely used to study burnout. But we understand that when a person starts to disengage and starts to get cynical, that those are the two early signs of burnout that we try to catch.

It means that the demands of the environment are exceeding the person's sense of their own capacity to meet them. And so when they start to get crabby and irritable and maybe their work performance starts to fail, those are the early signs that something is about to go terribly wrong.

- Bev, did you have an...

- Yes.

- [Bev] Bev Malone, National League for Nursing. I was thinking of equity, diversity, and inclusion in terms of mental health. And I know that this is an issue that gets pulled into that, appropriately so. And I was thinking about the Black tax. You know, just being Black in America, there's an additional tax that we are assigned.

And I was wondering in terms of how does that get integrated into your caregiving and your thinking, your framing of mental health.

- For us, it's something that we're actively working on. We partner closely. We have a health equity initiative at Rush, as well as the DEI office. And so I wouldn't say we've solved it, but we're... I think first it's acknowledging that there is an issue, right?

And, you know, we're really trying to think creatively around how do we support individuals who maybe are experiencing generational trauma, maybe are, you know, experiencing microaggressions every day or don't receive microaffirmations like their colleagues do.

How do we help to create an inclusive environment instead of unintentionally or intentionally creating an other? And so I think for Rush, you know, there are a lot of neat initiatives going on. One of my colleagues, Aaron Franklin, is working on Black men in nursing. We're really trying to encourage a diverse workforce, so a lot of what you were talking about earlier.

But I think from a mental health lens, so much of a first step is validating those feelings and acknowledging they're there, and acknowledging that it's not okay.

- So, we have one minute left. I'd like to go around and, once again, ask you most important take-home message you want the audience to remember? Victoria.

- I am on a personal and professional mission to make it weird to not have a therapist. Join me.

- Mine would be, if you know a nurse, respect their time away, especially if you're a leader. It's so easy to send a text, an email, you know, and get that quick question answered. Maybe wait until the morning. I think so many nurses feel like they can't even enjoy dinner with their family, let alone take PTO.

We really need to start creating boundaries ourselves so that the staff don't have to create it for us.

- Deb.

- I would say from the professional association and credentialing association model is we have to look at how we've built this into our work. Our Pathway to Excellence Program, which focuses on positive work environments, has well-being as a standard. It is an expectation for those who want to create a positive practice environment to focus on well-being.

Our Practice Transition Accreditation Program is working with other accreditors to build well-being into the standards. So, it has to be a part of the way we do our work, and it has to be visible, and we have to show a real commitment to it.

- Absolutely. Kim.

- As a regulator, I think that we do have a commitment to working with professional associations, organizations to change that culture of stigma, and to educate and provide outreach for wellness programs.

- Well said. Thank you all very much. We're going to take a quick break now, and we will be back and be talking about violence in the workplace.