

# Interview with Bernadette Melnyk

[VIDEO TRANSCRIPT – April 21, 2023]

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*Lisa Bonsall:* Hi, it's Lisa Bonsall, Senior Clinical Editor for Lippincott NursingCenter. I'm here at the Lippincott Nursing Education Innovation Summit, and right now I have the pleasure of speaking with Dr. Bernadette Melnyk. And we're going to talk about burnout and resiliency among nurses, nursing students and faculty. Thank you so much for speaking with me today.

*Bernadette Melnyk:* Happy to be here.

*Lisa Bonsall:* Okay. So my first question is, what does the research show about burnout among nurses and students and faculty?

*Bernadette Melnyk:* I've done so many studies with nurses, nursing students, nurse faculty. Along with all the other studies, it shows this body of research that we now have a mental health pandemic inside of coming out of the COVID-19 pandemic. We are seeing rates of burnout across the board between 50 and 70%; depression rates anywhere from 30 to 40%. Same with clinical anxiety. And what everybody needs to understand, not only does it affect adversely our population, but it adversely impacts healthcare quality and safety.

*Lisa Bonsall:* Wow. What factors influence and buffer burnout?

*Bernadette Melnyk:* There are multiple factors. Many system issues that need fixed. Short staffing. My work has consistently shown over the years the longer the shift work, the poorer the mental health outcomes and the more medical errors that are made. So we've got to stop these 12 hour shifts. But problems with the electronic health record, cultures that are not supportive of nurse and clinician well-being.

We also know what the buffers are. Nurses with strong resiliency skills, supportive work environments. They do much better than those without. But nurses are tired of hearing, "We need to be more resilient," because we are resilient. And that is true. That gets back to system issues. We can offer all the fabulous evidence-based mental health and resiliency programs that are great.

But if there are system issues needing fixed, it's not going to move the needle and help that much.

*Lisa Bonsall:* How can we be aware of our own level of burnout?

*Bernadette Melnyk:* Nurses do a great job of caring for everybody else, but they often don't prioritize their own self-care. There's still awful stigma of mental health in our profession. And what I want people to hear today is that it is a strength to recognize we're burnt out, we're depressed, we're anxious, and to

seek help before it gets to crisis because we have a higher suicide rate than the rest of the general population.

So when we see a colleague struggling, I encourage everybody, just ask four words. “Are you okay today?” That’ll often open up a window of opportunity for people to disclose and for you to say, “Look, it’s a strength. You’re recognizing this. It’s nothing to be embarrassed or ashamed of to seek mental health help.”

*Lisa Bonsall:* What strategies can we use to prevent burnout and mental health problems?

*Bernadette Melnyk:* You’ve got to take multi-component approach. One, you’ve got to target top leaders with wellness. They’ve got to invest in it and walk the talk. Same with faculty. Faculty have to walk the talk, set the example because if they aren’t walking the talk and deliberately integrating evidence-based wellness programming into the curricula, we’re going to continue to produce a generation of nurses who are going to burn out or have mental health issues.

Then you got to target the grassroots and middle managers as well as policy. But you’ve got to do all of this while building a culture of wellness where healthy behaviors, seeking mental health help is the norm. We’ve done this. In my Chief Wellness Officer role at Ohio State, we’ve used this model. We, of course, take an evidence-based approach because I have long held the philosophy “In God, we trust, but everybody else better bring data to the table.” You’ve got to measure outcomes and better yet, you’ve got to use the outcome data that we collect to then target areas needing improvement with evidence-based interventions.

*Lisa Bonsall:* Thank you so much for speaking with me today.

*Bernadette Melnyk:* Happy to talk with you.

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