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Self-Leadership for Nurse Practitioners in Complex Times

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A B S T R A C T

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The caregiver archetype is common among nurse practitioners (NPs). The desire to care for and meaningfully impact others can also have a shadow side, leaving NPs feeling 1 or more of the 3 key dimensions of burnout: a lack of professional effectiveness, emotional exhaustion, and/or detachment from their patients. The current health care climate is highly complex and in constant churn with widespread complaints of administrative burden on providers, whereas national surveys report pervasive dissatisfaction among patients and providers alike. Evidence-based strategies to practice personal resiliency and self-care and how to intentionally grow as adults are presented as self-leadership remedies for NPs to move beyond reactivity into wise, fulfilled professionals.

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Because health care delivery in the United States is in constant churn and places more emphasis on metrics and revenue, caring relationships have been de-emphasized. Although there are pockets of excellence around the nation and great hope that we will move to more personalized health care, excellent health care is not the experience of most people in the US according to several Gallup polls and a survey of employers who provide health insurance.¹⁻³ Most Americans say the US health care system is troubled; nearly 73% say the health care system is “in a state of crisis” or “has major problems.”⁴ Patients hold such a dim view of the state of health care in America while the providers working in these systems are experiencing a burnout epidemic. More than half of US physicians are experiencing substantial symptoms of burnout, which is nearly twice as prevalent than in other fields.⁵ Studies conclude nurses have a similarly high rate, with 43% reporting burnout.⁶ Existing data, although less studied, suggest nurse practitioners (NPs) are also succumbing to burnout.⁷ This high prevalence of burnout among health care providers is cause for concern because it is so closely linked to impacting quality, safety, and health care system performance.⁸

This has prompted the National Academy of Medicine (formerly the Institute of Medicine) to sound the alarm and publish *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being*, a thoroughly researched report on the widespread extent, consequences, and contributing factors of clinician burnout.⁶ It provides a far-reaching framework for health delivery systems to approach clinician burnout and professional well-being as a first and urgent priority. Although the incidence and prevalence of burnout is clear and its impact detrimental to patients and providers, this report identifies the paucity of evidence on remedies. A bold, visionary research agenda to advance clinician well-

being is laid out with specificity around reducing the administrative burden placed on clinicians. Suffice to say, the current health care system encompasses threats to all people working in and being serviced by these organizations.⁵ This article examines the caregiver archetype (in literature, an archetype is a typical character that represents universal patterns of human nature) and remedies for self-leadership for NPs in this current health care context.

Understanding one's own personal archetype is important because it points to how one sees their past and predicts what one will likely do into the future. An archetype is an identity (ie, hero or caregiver) that provides a map about how one makes meaning in his or her life and can have both a creative, generative side and a dark side. Joseph Campbell, who rigorously studied archetypes around the world, showed how the same basic characters could be found in every culture from ancient Greeks to modern people.⁹ Today, these characters appear in everyday life, and one is often completely unaware of the role archetypes have in shaping one's personal story.

The caregiver archetype is seen in mammals who nurse their young and who, when sick or old, will sacrifice themselves by moving to the perimeter of the herd, where they are picked off easily by predators. As humans evolve into ever more conscious beings, they become generous and compassionate toward others beyond their families of origin. Later, their concerns may expand to include everyone, to help others, and to make a difference. These goals can result in satisfying others before seeing to one's own needs. It is logical to appreciate how nurses and other health care providers would interpret meaning from caregiving by sacrificing themselves, but this has not been studied.

In 1919, Carl Jung was the first to use the term *archetype* as a psychological theory and postulated that each archetype had a

shadow side, or those aspects of oneself that are negative, and the person is unaware of it.¹⁰ Although their intentions are often well-meaning, caregivers can slip into the shadow side, which can lead to martyrdom or enable unhealthy behavior in those they care for. Selfishness is the caregiver archetype's greatest fear, and over-extending one's energies to avoid looking selfish can lead the caregiver to become bitter and depleted, often demanding acknowledgment of one's "sacrifices" and fault those who are slow to praise the caregiving.¹¹

Once a person can identify his or her personal narrative, it must be recognized that archetypes may have 2-sided expressions. For example, the caregiver who gives so much he or she neglects himself or herself and the caregiver who can intuit what a person desires or requires, effortlessly anticipating the needs of others. In modern health care, it is easy to see the primal undertow of the caregiver's impulse to martyr oneself for others. It can be seen in people in health care who give and give without caring for themselves and, in the extreme, can end up depleted and embittered. Many religions teach followers to love one another as we love ourselves, but this principle can be perverted to instead of ourselves.

The power in knowing our own archetype is in its ability to show how destructive or victimizing it can become. Once we know that, we can do something about it. This form of narrative intelligence is key to help one edit the archetype he or she is living and act on and intentionally live the archetype's more positive narratives. Campbell⁹ concluded that heroes and heroines release the archetype's more positive potential and that is the task of the hero's journey.

Implications for NPs

Mature, effective, and generous caregiver roles require NPs to be aware of when caregiving becomes destructive. The NPs who do this well balance their generosity and care of others without sacrificing their most important values or care of themselves. They do not tolerate exploitation or abuse, and they hold their personal boundaries. This requires an exploration of one's inner life, motives, and awareness of what is working and not working across one's life.

Duty to the Self

The mature NP must reflect on oneself and expand his or her caregiver instincts to include the self. Provision 5 of the American Nurses Association's Code of Ethics for Nurses states the following: "The nurse owes the *same duties to self as to others*, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth."¹²

Remedies That Sustain NP Caregivers: Self-Leadership

Joy in the Workplace

The Institute for Healthcare Improvement (IHI) has a national project aimed at 1 central idea—to improve the working environment in health care.¹³ They go so far as to aim for promoting joy in the workplace, spreading evidence-based methods to create positive environments. Creating joy ensures the commitment to deliver high-quality care to patients, even in stressful times. The lack of joy impacts the degree of empathy that providers can show to patients. The IHI has identified 9 critical components of a system for ensuring a joyful, engaged workforce. Most of the components have to do with leadership and culture (eg, participative management), whereas others depend on the capacity of each provider to

summon his or her own resiliency (eg, meaning and purpose). Examples of joy in the workplace for NPs include being invited to meaningfully participate in how care decisions get made, establishing team norms on how to collaborate, and introducing forums to address clinical impediments. This project encourages organizations to identify what matters to providers. It is also a clear signal that provider well-being is a national concern and the health of the health workforce is an aim worth pursuing.

Break the Rules

IHI also launched a global campaign called "Breaking the Rules for Better Care."¹⁴ Leaders, providers, staff, patients, and their families from 24 organizations were asked the following simple but galvanizing question over the course of 1 week: "If you could break or change 1 rule in service of a better care experience for patients or staff, what would it be and why?"¹⁵

A remarkable 342 rules were identified that were thought to provide little or no value to patients and staff. Some of these no-value "rules" require federal legislation (eg, revamping the Health Insurance Portability and Accountability Act), whereas others are at the institutional level. Counterintuitively, although wasteful state and federal barriers existed, the majority (265/342 [78%]) of obstructive and wasteful rules identified by patients and staff were fully within the administrative control of health care executives and managers to change. Examples include eliminating visiting hours and other family restrictions, getting patients more ambulatory while in the hospital, and ensuring each provider is working to the top of his or her license.

This project offers a guidebook on how delivery systems and practices can name and prioritize senseless rules that get in the way of providing great care and supporting the well-being of clinicians. NPs could provide leadership on their teams to promote provider well-being and increase professional efficacy. For example, an NP noticed a high degree of distress in the neonatal intensive care unit nurses after multiple infant deaths. She convened a "Break the Rules" team to address the cumulative effects of this distress, which often went unaddressed and unacknowledged. The culture was to "solider though it." Their team decided to create a rapid response team, also known as "code lavender," in which a team of chaplains and holistic nurses would come when summoned to help the nurses debrief and offer emotional support and healing modalities. They recognized that their facility treated some of the most fragile newborns in the country and that this high-risk work needed a mechanism to care for the caregivers. The Break the Rules campaign has a downloadable guide for clinicians to use providing a simple process to help break rules to empower health care teams to drive change. NPs, especially those prepared with a doctor of nursing practice degree, are particularly well equipped to lead these initiatives in their organizations, no matter what the setting.

Personal Resiliency Alone Is Not Enough

The integrity of our health care system hinges on having high-functioning health care providers of every kind, yet burnout and disengagement rates are on the rise, and we must be rightly alarmed about the burnout epidemic. Excessive time pressures and chaotic work environments that impair patient care lead to serious "overdeployment," where the demands placed on health care providers are too great to be carried out. The term *overdeployed* more specifically describes the condition. The term *burnout* can assign blame to the person experiencing it and is perceived as permanent. It is a chronic occupational stress exposure characterized by too many demands with too few resources.

A *New Journal England of Medicine* study¹⁶ describes 3 drivers of well-being in the workplace. First, a culture of wellness is defined as a set of normative values, attitudes, and behaviors that promote self-care, personal and professional growth, and compassion for colleagues, patients, and self. Second, efficiency of practice consists of designs that strategically help clinicians deliver high-quality care by re-engineering and continuously improving workflows. Third, personal resilience is supported by allowing enough time for self-care such as optimal nutrition, exercise, sleep, engaging in mindfulness-based stress reduction, and compassion cultivation. Two thirds of the responsibility for provider well-being, according to this study, rests with how the system and culture functions, and one third is attributable to personal resiliency¹⁶ (ie, clinician well-being does not rest entirely on individual providers' resiliency capacity).

Having an efficient practice and a culture of wellness would go a long way in promoting personal resilience. It is counterproductive to ask providers to "heal themselves" through superhuman levels of resilience even as the practice deteriorates. As providers' well-being improves, it can also better contribute to their organization's culture of wellness through healthier interpersonal interactions.

Practice Positive Psychology (The Anti-International Classification of Diseases and Diagnostic and Statistical Manual of Mental Disorders)

The American health care system functions by defining brokenness, coded and categorized, by way of the *International Classification of Diseases, 10th Revision* (68,000 codes) and the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (297 mental health disorders). There are countless ways the human mind, body, and spirit can break down. Positive psychology asks the following question: What are the people doing who are flourishing in life? It is a deep exploration of the dimensions of what must be in place for a human to live a satisfying life, no matter what the circumstances.

Positive psychology is the scientific study of what makes life worth living. This has broad relevance to NP practice in all settings because it provides footholds to live well and to assist patients to do so. It is not the study of happiness but rather a broader look at how one's talents, abilities, positive traits, passions, purpose in life, and relationships all contribute to a good life. It includes knowing and using one's core strengths regularly and in new ways, as doing so points to living one's deepest held values.

Positive psychology encompasses 5 dimensions of human flourishing, constructs that are life enhancing and can generate the positive side of the caregiver archetype. Each of these elements (known as PERMA) can be measured and are being used in a broad range of settings, such as a long-term enduring initiative in the US Army by making recruits just as psychologically fit as physically fit.¹⁷ The following 5 elements are proven to build and broaden personal resiliency and human flourishing^{18,19}:

1. Positive emotions: feelings that feel good (ie, pleasant feelings in the body). This is not to be confused with optimistic thinking; rather, it is the all-encompassing feeling in the body of positive emotions. The aim is to have positive to negative feelings in a 3:1 ratio. The NP can reflect on his or her ratio of positive to negative emotions and make changes to promote the 3:1 ratio. Examples include changing one's attitude about work, noticing what's working well, or seeking a new position if experiencing too many negative emotions.
2. Engagement (flow): engaging in activities that are completely absorbing. These are often creative endeavors that occupy that

sweet spot in which one is not bored nor stressed but completely engaged. Often, time stops for the person in flow, and he or she loses track of time and place. If a person is angry, depressed, or anxious, he or she is completely barred from this state. This is a way for humans to "fill their cup" and build resiliency. For example, an NP who identifies painting as a flow state can make painting a top priority to build personal resiliency.

3. Relationships: other people matter a lot; very little in life that is positive is solitary. Anything that builds relationships between and among other people will build well-being. One can scan their relationships and assess if they have a 3:1 ratio of positive to negative relationships. Well-being is promoted by continuously editing relationships, creating closeness or distance so that overall most relationships are positive.
4. Meaning and purpose: the sense that one belongs to and serves something that is bigger than the self, a sense of gratitude. A person cannot be wrong about what brings meaning and purpose to his or her life, and it is highly individualized. NPs can cultivate a mindset that caring for others is an enormous and inherently meaningful privilege.
5. Achievement: when one gains mastery over a skill (ie, when one practices doing something over and over), he or she is contributing to his or her well-being. It need not bring positive emotions, meaning, or help our relationships. Achieving mastery is for its own sake; it is an element of well-being. Getting good at a skill set is a core human element of flourishing.

If life is lacking, joy is not experienced, or one feels as if too much burden is being carried, positive psychology can offer direction. Although one may not be able to redesign systems of care in the US, one can look across the 5 PERMA dimensions and survey one's own life. Are there too many negative emotions? Are there too many non-nourishing relationships? Are meaning and purpose lacking? Is there not enough time to engage in flow activities? These 5 elements can point toward building a firmer foundation of well-being in one's life. NPs have a direct effect on their patients and the health care team and can either shine a light or cast a shadow. In order to be a leader who casts light, the NP must be self-aware and actively pursuing his or her own well-being. Embodying positive psychology is an evidence-backed pathway to self-leadership because it empowers individuals and redirects learned helplessness. Developing a deeper understanding of how humans flourish seems central to whole-person care and highly effective team building.

Follow Your North Star

Becoming familiar with oneself is a way of reconnecting with one's true essence. Each person could reflect on what motivates him or her and keep his or her why front and center.²⁰ Reaching down deep and clarifying one's why helps to say yes to that which is most important and say no to the things that are draining or frustrating. For example, Loretta Ford stated, "I decided that my mission was to care for and about people in compassionate and caring ways."²¹

Following one's North Star involves asking the following deeper questions:

- What makes me feel fully alive?
- What am I tolerating?
- What am I involved in that is not serving me?
- Is my work too small for me?
- Am I in need of a re-pot in which I feel ready to grow and to seek out larger circumstances or positions that are more impactful?

Explorers use the North Star to navigate, and the same relationship exists between each person and his or her best life to fulfill one's potential. Each person often has more power than he or she exercises, so getting his or her own life arranged around top priorities is a key to following one's North Star. Finding and keeping sight of one's North Star is a heroic journey and can help one stay on the positive side of the caregiver archetype.

Build Bedrock Behaviors

Bedrock behaviors are the architecture of daily life. One is spinning his or her own fate, either for good or bad, every day. Automaticity is when one acts without thinking and is the essence of a habit. Building bedrock behaviors (habits) is a core self-leadership skill because it frames and paces the rampant messiness of our lives. NPs, because they are caregivers, require establishing bedrock behaviors (ie, those habits that one does for self-care nearly every day). This serves as a well of resilience for when things go sideways and function to "fill up one's cup."²²

They are the bedrock of life because they do not get negotiated and can serve as a proxy for self-worth. Bedrock behaviors could include such things as prioritizing sleep, eating healthy food, moving our bodies, and having loving interactions with significant others.

Humans repeat about 40% of their behavior almost daily, and when habits are established, one's cognitive load, decision-making fatigue, and anxiety decrease.²³ Bedrock behaviors shape one's current existence and future because when habits are changed for the good, lives are changed.

Grow Into Self-Authorship

Maslow's hierarchy of needs is a familiar growth framework—one must pass through 1 stage to get to the next. Although some are striving for self-actualization, it is rare to get there.²⁴ However, there are adult developmental theorists that have created scaffolding to make the climb more visible. Why is it that some people grow old while other people grow wise? The answer may lie in the idea that adults continue to develop and grow throughout their lives.

Self-authorship occurs when we begin to rely on knowing things that are independent of outside authority but are built from our interior life. Therefore, each person becomes the authority of his or her own life. The self-authored person does what he or she thinks is right, not what will please, placate, appease, or influence others; they un-fuse from others.

If we begin to mature and cultivate more wisdom, we author our own life rather than having others author us. This developmental lens can offer a hopeful future if one is feeling overwhelmed, confined, confused, or stuck. If a person grows in this developmental way into self-authorship, it can be extremely painful and can look like a midlife crisis. As one recalibrates and gets his or her footing with an entirely new world view, the upside reveals itself.

Growing into self-authorship often requires loss. When things are going well, and chaos or complexity are not causing distress, it is unlikely we will seek to grow. Researchers have identified 3 "habits of mind" that can help shift people from "other focused" to "self-authorship."²⁵ First, ask different questions. If one is fused to what others think, an entirely different set of questions could ignite a different perspective (eg, asking "What could I do in this moment that would be wise?" or "What would I do if I were the CEO?"). Second, take on multiple perspectives. First and foremost, be in touch with one's own perspective and then be able to see how others see a situation. Third, step into a metaview. The self-authored person has the ability to see things from the helicopter

view and visualize systems and connections that cannot be seen on the ground with a narrower view. The self-authored mind can see larger and more complex systems without being overwhelmed by them. Moving to self-authorship requires one to resist oversimplifying the highly complex health system in modern America. It requires seeing complexity and not necessarily feeling the burden to do something about it.

NPs are in the business of promoting health. Promoting one's own adult development and shifting to a place of wisdom versus reactivity and people pleasing will go a long way in promoting full presence and one's own well-being.

Therapeutic Use of Self

When patients interact with NPs, there is a potential to use oneself as a therapeutic tool. When NPs approach their life with a great degree of self-worth and hold on firmly to who they are and what they do, they expand the well-being of patients and all of those with whom they interact. Pursuing one's own well-being by being fully present, following one's own North Star, building bedrock behaviors, and growing into a self-authored adult builds NPs' capacity to expand others.

Each NP has the capacity to be truly therapeutic to others, especially those cared for in the clinical context. It requires going on the heroic journey and staying true to oneself and the essence of nursing.

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