

# Overcoming Burnout: How to Revitalize Your Career

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## abstract

Burnout is becoming increasingly common in the health care profession. Indicators of burnout include feeling overworked, frustrated, emotionally drained, and less productive. Burnout leads to interpersonal conflicts, physical symptoms, compulsive activities, decreased productivity, and negative emotions. Individuals who experience burnout believe they cannot change their situation. Job burnout can be overcome after the cause is pinpointed. To revitalize a career and move away from a burnout state, individuals need to change their thought processes and viewpoints about the people and things that may be contributing to their burnout.

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Nurses frequently feel overworked and overwhelmed by competing demands on their time. However, nurses who find themselves constantly frustrated, emotionally drained, and less productive, are becoming cynical, or feel that they are shifting from doing a great job to just getting by should recognize these feelings as danger signals. Nurses whose lives become increasingly more stressful and who feel that they cannot change anything may be headed for or experiencing burnout.

## REVIEW OF LITERATURE

According to Wright (2003), nurses seem to suffer from stress and burnout more than other comparable groups. Raiger (2005) described burnout as a unique type of stress syndrome that pervasively affects the nursing profession. Burnout in nursing is a global phenomenon. Recent global studies of burnout in nurses include Aiken et al. (2001), who studied the United States, Canada, England, Scotland, and Germany; Demir, Ulusoy, and Ulusoy (2003), who studied Turkey; Cilliers (2003), who studied South Africa; Chen and McMurray (2001), who studied Taiwan; and Worrall-Carter and Snell (2003), who studied Australia.

Burnout affects nurses in all areas of the world and in every area of practice. Aiken et al. (2001) reported that 40% of hospital nurses have burnout levels that exceed

the norms for healthcare workers. Burnout occurs in all areas of clinical practice from intensive care units (Chen & McMurray, 2001) to mental health units (Jenkins & Elliott, 2004). Aiken et al. (2001) found that job dissatisfaction among hospital nurses is four times greater than the average for all U.S. workers. A National Institutes of Health study (2002) reported that 43% of nurses who cited job burnout planned on leaving their job within the next year.

Burnout is a phenomenon that also occurs for nursing professionals in academia and management. Graham (1999) described pressures, discouragement, and low morale among nurses in academia. The pressure to conduct research, publish, and perform community services, in addition to the stress of didactic presentations and clinical practice, contribute to burnout. Oermann (1998) described coping with job expectations associated with clinical teaching roles, pressure to maintain clinical competence or clinical practice without time to do so, feeling unable to satisfy the demands of work-related constituencies, and teaching inadequately prepared students. Worrall-Carter and Snell (2003) addressed the difficulty of gaining higher degrees while undertaking additional research. Nurses in management also cannot escape the effects of burnout. Laschinger, Almost, Purdy, and Kim (2004) reported high levels of burnout in nurse managers.

## WHAT IS BURNOUT?

Burnout is not the same as being depressed or overworked. It is a subtle process in which an individual is gradually caught in a state of mental fatigue and is completely empty and drained of all energy. Maslach (1982), a pioneer in the study of burnout, is credited with the formation of one of the most widely used definitions of burnout. Maslach described burnout as a syndrome of

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emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people on a daily basis. Maslach and Leiter (1997) described burnout as a malady that spreads gradually and continuously over time, putting people into a downward spiral from which it is hard to recover. According to Wright (2003), burnout is a problem born of good intentions because it happens when individuals try to reach unrealistic goals and end up depleting their energy and losing touch with themselves and others.

Stress and burnout are not synonymous. Stress itself is a neutral event, and it is up to the nurse to interpret the stress as being either helpful (positive) or unhelpful (negative). Stress can produce energy and urgency, but burnout produces a sense of helplessness and hopelessness. It is imperative that nurses are cognizant of the cause and symptoms of burnout, so they can prevent its occurrence.

### ETIOLOGY OF BURNOUT

Potter (1998) identified five work situations that are key contributors to job burnout. Ambiguity results from lack of information and lack of clear goals. If nurses do not know what is expected, it is difficult to feel confident they are doing the right thing in the right way. No-win situations are jobs in which someone (including the critical manager) is dissatisfied no matter what nurses do. Role overload occurs when nurses cannot say no and keep taking on more responsibility than can be handled until burnout occurs. Role conflict results when nurses who hold conflicting responsibilities begin to feel pulled in many directions and try to handle everything equally well without setting priorities. Finally, when nurses work hard but feel underpaid, they believe their efforts and outputs are not being adequately recognized.

Demir et al. (2003) cited working conditions as a cause of burnout. These can include problems in the working situation, such as working nights, or problems in relations with other employees. Another factor that can contribute to burnout among nurses is the “incurable client,” which describes the client who is not going to live no matter how much care nurses provide (Meltzer & Huckabay, 2004).

Maslach and Leiter (1997) also identified several causes of burnout. A breakdown in community occurs when fast-paced work destroys the sense of togetherness between coworkers. Unfair treatment of workers is perceived when evaluations, promotions, and benefits are not applied fairly. A conflict in values results when employees are asked to perform tasks that are unethical or go against personal values.

Self-conflict is an often overlooked source of stressors that lie within that can cause burnout (Musick, 1997).

Although external demands continue to increase, self-imposed demands can create even more pressure. Nurses can be their own worst enemies. Those who place unreasonable expectations on themselves are setting themselves up for burnout.

### CHARACTERISTICS OF SOMEONE LIKELY TO EXPERIENCE BURNOUT

According to Micklevitz (2001), it is often the young, idealistic professional ready to “tame the world” who becomes crippled by the negative effects of burnout. Some studies have found that those with a higher level of education report higher levels of burnout than less educated employees (Maslach, Schaufeli, & Leiter, 2001). Because burnout is largely identified in young, highly educated, ambitious professionals, many consider the conflict between an individual’s expectations and reality as one of the main characteristics of burnout. Nurses enter their career with the expectation that they will be able to meet the needs of their clients and provide a high quality of care. This goal applies to nurses in all areas of the profession.

Several personality traits have been studied in an attempt to discover which types of people may be at greater risk for experiencing burnout. Maslach et al. (2001) identified hardiness, locus of control, coping styles, personality type, and attitude as important factors in potential burnout.

*Hardiness.* Individuals who display low levels of hardiness (e.g., involvement in daily activities, a sense of control over events, and openness to change) have higher burnout scores, particularly on the exhaustion dimension.

*Locus of control.* Burnout is higher among individuals who have an external locus of control (attributing events and achievements to powerful others or to chance) rather than an internal locus of control (attributions to one’s own ability and effort).

*Coping styles.* Similar results have been reported on coping styles and burnout. Those who are burned out cope with stressful events in a rather passive, defensive way, whereas active and confrontive coping is associated with less burnout.

*Personality type.* The exhaustion dimension of burnout also appears to be linked to type A personality behavior (e.g., competition, time-pressured lifestyle, hostility, and an excessive need for control).

*Attitude.* Nurses vary in the expectations they bring to their job. In some cases, these expectations are very high, both in terms of the nature of the work (e.g., exciting, challenging, and fun) and the likelihood of achieving success (e.g., curing clients or getting promoted).

Whether such high expectations are considered to be idealistic or unrealistic, one hypothesis has been that they are a risk factor for burnout. Presumably, high expectations lead people to work too hard and take on too much, thus leading to exhaustion and eventual cynicism when the high effort does not yield the expected results.

In addition, Sherman (2004) identified personality characteristics such as perfectionism and over-involvement with clients as contributing to compassion fatigue or burnout.

### **SYMPTOMS OF BURNOUT**

According to Maslach and Leiter (1997), burnout manifests itself in the form of chronic exhaustion, cynical detachment, and feelings of ineffectiveness. The symptoms are as varied as the people who experience burnout.

Negative emotions usually start slowly and gradually become chronic. It is normal to feel negative occasionally, but being caught in burnout means these emotions are experienced more often. Eventually, they lead to emotional fatigue. The most common negative emotions experienced include frustration, anger, depression, feeling stuck, feeling paralyzed, irritability toward coworkers and clients, cynicism, bitterness, and being negative about self, others, and the world in general.

During the burnout process, enthusiasm for the job also decreases. Productivity decreases and the quality of the work declines. Symptoms of decreased performance include boredom, lack of accomplishment, sense of helplessness to change situation, absenteeism and lateness to work, ineffectiveness, and perceiving work as a burden or chore.

Compulsive activities are another symptom of burnout. To cope with the stress associated with job conflict, declining productivity, and whatever keeps the individual's mind on troubling situations, compulsive activities may result. They include increasing hours at work (yielding to becoming a workaholic), overeating or under-eating, smoking more, drinking excessive caffeine to obtain the stimulant effect, drinking alcoholic beverages to excess, using street drugs, using prescription drugs such as pain medications, worrying, gambling, and excessive shopping.

Problems relating to others also may result from emotional exhaustion. This makes communicating with family, friends, and coworkers difficult. Symptoms include outbursts; hostility; paranoia; depersonalization and detachment; withdrawing; losing compassion and empathy for clients, coworkers, family, and friends; and difficulty with team projects.

Physical symptoms also occur with burnout. There is definitely a connection between mind and body; their interaction affects health and can produce illness. The following are some symptoms that are experienced from stress and the guilt of decreased productivity: insomnia, fatigue that does not go away with sleep, dizziness or lightheadedness, colds, headaches and migraines, backaches and other muscle aches, nausea, allergies or difficulty breathing, digestive problems, and skin problems.

Feelings of not having a purpose in life are another symptom. Individuals who were once enthusiastic now find work pointless. Professionals who are put on a pedestal by others find that their expectations cannot be met. Symptoms of lacking purpose in life include loss of ideals, feelings of emptiness, lack of joy, loss of self-worth, decreased self-esteem, and hopelessness.

### **REVITALIZING YOUR CAREER**

If not identified and addressed, burnout can spread like a cancer to other parts of a nurse's life. Most of us feel powerless to change our state of burnout, but revitalizing our career means we need to take charge. It is a waste of time to blame others. Each individual has the power to change. To change from a burnout state, we need to change our thought processes and viewpoints about the people and things that may have contributed to our burnout. Martin (2002) defines personal power as "the ability to control one's actions and personal and professional life" (p. 4). Martin further states that to remain healthy, nurses must exercise personal power. Exercising such power is an important step in preventing burnout. Sarmiento, Laschinger, and Iwasiw (2004) found that an empowering work environment was associated with lower burnout levels. Laschinger, Shamian, and Thomson (2001) found that higher levels of autonomy, control, and collaborations led to higher job satisfaction.

Setting realistic goals and prioritizing work helps to prevent burnout. According to Tracy (2003a), we will feel internally motivated to get up and get going every morning because every step we are taking will be moving us in the direction of something that is important to us. To prevent burnout, nurses need to develop goals that are achievable, not goals that are downright impossible. Lafferty and Lafferty (1997) recommend prioritizing to make workload and stress levels more manageable. Striving for perfection at work can actually compromise job performance. Because perfectionists equate their self-worth with flawless performance, they often dwell on trivial details and devote too much time to projects, which slows productivity (Lafferty & Lafferty, 1997).

## Assertiveness and Boundaries

Assertiveness is a positive and constructive way of relating to others that respects their needs, wants, and rights, as well as our own needs, wants, and rights. Practicing assertiveness means not resorting to threats or manipulation when relating to others, and not allowing ourselves to be threatened, abused, or manipulated. Raiger (2005) advocates a culture of trust, open communication, and respect to foster healthy work environments and protect against burnout. Nurses in all settings must assertively strive for this environment.

A lack of boundaries keeps nurses from protecting their own time. An example of having “no boundaries” is nurses who do not have the courage to say “no.” According to Robinson (2003), “We can’t draw the line on the job, because of the taboo against any hint that there might be something wrong with the creed that runs us: Work is the only source of self-worth. We’ve gotten our identities so wrapped up in the job as the sole provider of esteem that any restraint of hours seems sinful, turning us into blaspheming slackers” (p. 4). Not setting boundaries at work can lead to burnout. According to Robinson (2003), too many of us are putting jobs above all else in life—with dire consequences for our health, our loved ones, our happiness, and even our quality of work.

## Changing Thought Process

We may not be able to change situations in the work environment, but we always have control over our thinking. Turn negative thinking into positive thinking. Negative thinkers have a cannot-do attitude, and positive thinkers have a can-do attitude. Consequently, they feel optimistic. The “I can” attitude leads to motivation and helps to prevent burnout. Change catastrophic thinking into positive thinking. In catastrophic thinking, the nurse starts to think of the worst possible scenario that can happen from a given situation. Examples of catastrophic thinking are statements such as “I know I am going to be laid off” or “I know I will never get promoted.”

Another thought-changing process involves using positive affirmations. An affirmation is a positive thought, in the form of a short phrase or saying, that has meaning for the nurse. A nurse who has been through a stressful time at work may begin the day by thinking, “I cannot handle this. . . . There is no use.” These thoughts can be replaced with: “I can handle this, I have been through worse situations than this.”

Banishing worry is another way to control our thinking. Nurses who are excessive worriers do not have more stressful situations occurring in their lives than those who are not worriers. Excessive worrying seems to be a

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function of the way they think. Worrying is like rocking in a chair; it keeps you busy but gets you nowhere.

## Avoiding Negative Communication

Gossip and backbiting are not only a waste of time but are also damaging to our reputations. People tend to equate the message with the messenger, so if we are describing someone else’s negative attributes, the listener unconsciously connects the negatives to us. Listening to gossip and backbiting can also be exhausting and lead to negative thinking about others and ourselves. Staff support groups to discuss concerns are essential to avert burnout. However, Jenkins and Elliott (2004) found that although staff support groups may be useful in alleviating feelings of burnout, the reverse buffering effect suggests that they should be structured in a way that minimizes negative communication and encourages staff to discuss their concerns in a constructive way.

## Taking Care of Nurses’ Emotional and Physical Health

According to Sherman (2004), emotional health can be bolstered by developing a calm mind and focusing on peaceful thoughts. Meditation and listening to quiet music are two good methods. Letting go of negative emotions such as resentment may be difficult but is worthwhile; by recognizing positive emotions each day, interacting with optimistic people, keeping a daily journal, and speaking with colleagues or friends about concerns, positive feelings may overtake negative ones.

Humor is a great antidote to burnout. Potter (1998) recommends laughing when we begin to take things too seriously. Humor will save our sanity, our health, and our perspective. Laughter triggers the body’s release of endorphins, which are nature’s painkillers and mood elevators. Endorphins lower blood pressure, reduce levels of stress hormones, and boost immune system functions. Nurses who can find humor in stressful situations can develop a new perspective on the situation and prevent burnout.

Optimal physical health is imperative to prevent burnout. According to Sherman (2004), nurses must care for their bodies by eating well, exercising (e.g., aerobics,

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yoga, walking, and sports), and engaging in restful and relaxing activities (e.g., massage therapy, napping, and taking warm baths). Biofeedback and acupuncture are two methods that have been shown to balance physical energy.

### Practice Forgiving (Self and Others)

Forgiving oneself is instrumental to prevent burnout. Sometimes nurses feel so bad about what they have done in the past or for not meeting their expectations or their managers' expectations that they start to talk to themselves negatively. Harsh self-criticism decreases self-esteem, inhibits courage and confidence, and creates tension, anxiety, and stress. Just as we forgive others, we need to forgive ourselves.

People are sometimes self-centered, cruel, malicious, and vindictive, but we need to forgive them anyway. This includes coworkers and management. Sometimes we want revenge because we think that will stop the hurt. Getting "even" is neither positive nor advisable, and it will not take the pain away. Recognize that to remain angry and resentful will literally destroy our health and cause great mental suffering. Sometimes we have coworkers whom we feel are our enemies. An old saying advocates that the only way to get rid of our enemies is to make them our friends. The beginning step is to forgive them. Be an example of a forgiving individual for others. Creating a win-win situation will be a factor in preventing burnout. Think about the positive characteristics of those who have wronged us instead of criticizing or not forgiving these individuals. Truly forgiving someone means thinking positively about them. It is difficult to hold a grudge when we care about someone. When we avoid forgiving others, it can have negative consequences on our relationships and health, and also increase burnout. Forgiving others does not approve or forgive harmful acts; it does not condone or allow abuse (verbal, emotional, or physical). We forgive the individual, not the act.

### Develop a Positive Relationship With Colleagues

Lavoie-Tremblay, Bourbonnais, Viens, Vezina, Durand, and Rochette (2005) found that re-establishment

of trust between members of the healthcare team was instrumental in improving the work environment. According to Potter (1998), we are more resilient, accomplish more, and feel more worthwhile when we have close supportive relationships. Support acts as a buffer against the effects of stress and burnout.

Another means of making our environment more positive and supportive is to recognize the achievements of colleagues. Praise and recognition of colleagues is essential in all areas of nursing. Many employees want recognition as much as money. Fostering a healthy relationship with the individuals we report to and recognizing their accomplishments are other effective ways to inoculate ourselves against burnout.

One way to decrease isolation and to enhance overall supportiveness is to engage in mentoring. It makes us feel good to offer our support and the wisdom we have gained to those with less experience. We can also benefit from having a mentor. According to Tracy (2003b), at each stage of life, we can benefit from the advice and experience of someone who is further along the path. The complexity of our careers and the problems we face can be enormous. Even seasoned professionals will sometimes benefit from being mentored.

### Plan for Professional Growth

Nurses must make the commitment to be lifelong learners. Continuing to grow in our careers can prevent burnout. In our professional life, we can choose to grow or regress. To ignore professional growth is to stagnate. Just as a lake turns stagnant without fresh streams of water flowing through it, so will our career deteriorate without new vitality. It takes time to grow professionally; all good things take time and effort, but without growth we are prone to burnout. Ways to grow in our career include: taking on new responsibilities, becoming an independent contributor in problem solving, developing an area of expertise, sharing knowledge and information with others, gaining membership in the professional community, or pursuing an advanced degree. Our desire to grow and make a place for ourselves in the world is healthy and necessary to our existence. The inner drive to move ahead and try a new approach to a problem is healthy and prevents burnout. We each have special gifts to use and express. When we use these gifts and accomplish what we set out to do, we feel strong and in control of our career.

Our past is not our future. Situations or individuals may have hindered our growth in the past, but they need not ruin our future. When we are paralyzed by the past or lacking self-confidence, we need to reach out for encouragement from our colleagues. According to Tracy

(2003a), it does not matter where we are coming from; all that really matters is where we are going. Continuing to grow in our professional life is not without challenges. It can be equated to walking down a path. Sometimes we encounter boulders that can block our path. If we ignore these obstacles in the path, we will never work through them and grow. Our career is a journey that carries us to new horizons, a journey that will have many boulders on the path. To reach our destination, we must be willing to accept the challenges along the way.

Tracy (2003a) noted that great thinkers have concluded that adversity is the test that we must pass on the path to accomplishing anything worthwhile. To prevent burnout, we need to accept adversity and adapt to it. Tracy (2003b) further states: "The difference between high achievers and low achievers is simply that high achievers use adversity and struggles for growth, and low achievers allow difficulty and adversity to overwhelm them and leave them discouraged and dejected" (p. 270).

Nurses can also cease growing in other ways. Nurses do not always use their potential. Some nurses have set limitations in their mind as to what they can achieve. Comments such as "I might as well accept who I am and be content" drastically inhibit a nurse's potential for growth. Sometimes our inner urge to grow is inhibited by the fear that we cannot succeed. Even if failure occurs, it does not mean that it is permanent and that success will not occur in the future.

Sometimes it is necessary to change areas of practice. If we know how to identify the skills we need and how to arrange a situation for learning them, we will feel confident to face an unknown future. We should ask ourselves: What do I want to be doing 3 years from now? Exploring other potential areas of practice within our organization identifies options for the future. It gives us time to grow our professional credentials now, so we can later make a smooth transition into another role within the organization if the current work environment changes in ways that are unhealthy for us.

Changing employers may be necessary to prevent burnout. According to Robinson (2003), the idea of quitting runs counter to the can-do spirit of the land, but sometimes enough is enough. When your health or spirit is being assaulted by a position and you have tried everything you can to make work, it may be time to find another position within the organization or an entirely different work setting. Staying too long in a toxic workaholic environment can literally kill you.

## CONCLUSION

According to Bruce (2003), employees universally need hope. It is imperative that nurses rise above the

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## key points

### Overcoming Burnout

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- 1 Burnout is a subtle process in which a nurse is gradually caught in a state of mental fatigue, completely empty and drained of all energy.
- 2 If not identified and addressed, burnout can spread like a cancer to other parts of a nurse's life.
- 3 To change from a burnout state, nurses need to change their thought processes and viewpoints about the people and things that may have contributed to burnout.

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tough times and persevere knowing that better times will come. Awareness of the phenomenon of burnout is essential to recognize symptoms and prevent burnout from occurring. Burnout can be overcome after the cause is pinpointed. Using strategies to revitalize your career will help you to have a renewed sense of purpose and hope.

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