Elite Learning Podcast

Beyond Burnout: Building Capacity for Sustainable Nursing Practice

From exhausted to equipped — understanding the four domains of capacity and how to rebuild them before burnout takes hold.

⏱ Listen time: ~60 minutes • 👥 Audience: RNs, APRNs, nurse leaders, new grads • 🎧 Listen now: elitelearning.com/ce-podcasts

🎙 Featured Voices

Host: Dr. Mackenzie Butler, DNP, RN Nurse practitioner, nurse educator, and host of the Elite Learning Podcast. Passionate about clinical education and nurse wellbeing.	**Guest: Dr. Erica S. Ramey, DNP, PMHNP-BC** Psychiatric nurse practitioner and associate professor of nursing. DNP from Vanderbilt University; 18 years in mental health. Research focus includes child and adolescent mental health, deprescribing, and perinatal mental healthcare. She has both lived and studied burnout.

💬 What You'll Learn

- Why burnout is the endpoint — and why capacity depletion is the process that leads there
- The four domains of capacity: emotional, cognitive, physical, and relational — and what depletion looks like in each
- Why vacation, sleep, and self-care alone won't rebuild capacity if the root cause isn't addressed
- The difference between coping, recovering, and intentionally building greater capacity
- Practical strategies to strengthen each domain — including what to do during a shift, after a shift, and at home
- A four-question self-assessment nurses can complete in under one minute to identify where they're most depleted
- When individual strategies are enough — and when the problem is systemic and requires a bigger response
- What nurse leaders can do beyond pizza parties and massage chairs to meaningfully support their teams

💡 Key Takeaways

- **Burnout is the endpoint, not the whole story.** Capacity depletion is the process that leads there — and it can show up in one domain long before full burnout sets in. Catching it early changes everything.
- **There are four domains of capacity:** emotional (staying steady while caring for others in distress), cognitive (attention, judgment, decision-making), physical (energy, sleep, body), and relational (connection, trust, belonging). All four can drain independently — and all four affect each other.
- **A bad shift is not burnout.** Burnout is what happens when demands stay high and recovery never happens. Calling both the same thing leads to the wrong interventions.

- **Vacation and sleep fix today's tired — not the root cause.** If nothing about the environment changes, you'll return to depletion quickly. Temporary relief is not the same as rebuilding capacity.
- **Building capacity works like strength training.** You need load, recovery, and repetition over time — not just rest. The same stressor will cost you less energy once capacity is built.
- **Self-care is useful — but only when you have the capacity to use it.** Offering resiliency training to a nurse who is already burnt out and working in a chronically understaffed environment is not a solution. It's a mismatch.
- **Small and sustainable beats big and short-lived.** One small change you can still be doing six months from now will have more impact than a major overhaul that falls off in two weeks.
- **Relational capacity is often the first thing to go — and one of the most important to protect.** Connection with people who matter to you is not optional. It is one of the primary ways humans rebuild meaning and energy.
- **Depletion is information, not failure.** It tells you there's a gap between what's being asked of you and what you currently have to give. That gap can be worked with.
- **Sometimes the environment is the problem.** If your coworkers are also struggling and individual strategies aren't moving the needle, the issue is systemic — and it requires a systemic response, not more self-care.
- **Your job will never love you back.** Nurses carry deep loyalty to their patients and their profession. But if an environment is unsafe and unresponsive to change, leaving is not failure — it is the healthy and sometimes necessary choice.

☑ Do This Next

☐ Do the four-question capacity check-in this week — emotional, cognitive, physical, relational — and rate each on a simple scale

☐ Pick one small action in your lowest-scoring domain and commit to it for one week before adding anything else

☐ Build an end-of-shift decompression routine that signals to your body the shift is over (a playlist, a change of clothes, a walk to the car)

☐ Protect your sleep first — before adding any other physical health goals

☐ Identify one person in your life who refills your tank and make contact this week

☐ If you're a nurse leader, ask your team what would actually help — and bring specific concerns with suggested solutions to leadership

? The 4-Question Capacity Check-In

Takes less than one minute. Rate each area: empty / half / full — or 0–10. Do this daily or weekly.

1. Emotional: "How steady do I feel when something hard happens? Am I showing up as myself?"

2. Cognitive: "Can I focus, remember things, and make decisions without it feeling like a fight?"

3. Physical: "Am I rested, eating, moving, and mostly pain-free compared to my baseline?"

4. Relational: "Do I feel connected to people — at work, at home, or somewhere that matters?"

After the check-in: choose ONE small action in your lowest area. Not one per category — just one. Then check in again next week.

Red Flags & Cautions

- **Calling a hard shift "burnout."** Mislabeling temporary stress as burnout leads to the wrong response — and misses the real warning signs when they do appear.
- **Assuming time off will fix it.** If the root cause hasn't changed, you'll be back to depleted shortly after returning. Rest restores energy; it doesn't rebuild capacity.
- **Overloading yourself with health goals when you're already depleted.** Adding a gym routine, meal prep, and 100g of protein when you're running on empty is unsustainable and sets you up to feel like you've failed.
- **Isolating as a pattern — not just a day.** Choosing to be alone occasionally is recovery. Consistently withdrawing from people who matter to you is a sign of relational depletion that compounds over time.
- **Ignoring cognitive warning signs before they become safety issues.** Slower decision-making, forgetting steps in familiar procedures, and second-guessing clinical judgment are signs of cognitive depletion — not just a bad day.
- **Institutions offering self-care as the solution to systemic problems.** Chronic understaffing, lack of schedule control, and unsafe environments cannot be fixed with yoga or a massage chair. Naming this clearly is part of the solution.

Clinical Spotlight

The Energy Tank Model: Capacity varies day to day — some days the tank starts lower. Burnout happens when the tank can't refill: demands stay high, recovery doesn't happen, and the tank gets lower and lower until there's nothing left to give.

Coping vs. Recovering vs. Building: Coping gets you through the shift (box breathing, a deep breath). Recovering gets you back to baseline (sleep, meaningful connection). Building capacity raises the baseline itself — so the same stressor costs less over time. All three are different, and all three matter.

The Strength Training Analogy: You don't get stronger from rest alone. You need load, recovery, and repetition. Capacity works the same way — it requires intentional challenge, adequate recovery, and consistency over time.

Cognitive Depletion & Patient Safety: When cognitive capacity is low, nurses may experience slower response times, impaired clinical judgment, and forgetting steps in procedures that used to be automatic. Recognizing this before it becomes a medication error is critical.

Viktor Frankl & Relational Capacity: Dr. Ramey references Frankl's work on meaning — social connection is one of the three core sources of a meaningful life. Isolation doesn't just feel bad; it actively depletes the capacity to find meaning in work and in life.

When to Leave: If you've spoken up, advocated, and tried to change the environment — and it's still unsafe and unresponsive — leaving is not abandonment. It is the healthy choice. Staying in a toxic environment has a cost, and that cost is ultimately paid by the patients you care about most.

Conversation Starter

"If you could change one thing about how your unit supports nurses' capacity — not just their coping — what would it be?"

Nurse Leaders: Consider auditing your current wellbeing offerings. Are they addressing the root causes your nurses are naming — or are they providing comfort without change? High turnover,

disengagement, and declining empathy in patient care are signals that the environment itself needs attention.

🔗 Resources & Links

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