Evidence Brief

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Burnout in Nursing: what have we learnt and what do we still need to know?

Recent health workforce crises, exacerbated by the COVID-19 pandemic, have meant that burnout has often become a 'buzzword' to represent stress, extreme tiredness, and a willingness to quit one's job. Several studies in nursing focus on burnout as an indicator of adverse work environments or staff characteristics. Nonetheless, what burnout is - what aspects contribute to its development and what the effect is for nurses, healthcare organisations, or their patients - is often overlooked.

This evidence brief describes a review, undertaken by researchers at the University of Southampton, of the research examining relationships between burnout and work-related variables. We sought to determine what is known (and not known) about the causes and consequences of burnout in nursing, and whether these relationships confirm or dispute Maslach's theory of burnout.

What is burnout?

Referring to symptoms of fatigue and exhaustion as 'burnout' is common in everyday language, but is being tired and feeling demotivated a symptom of burnout? Does burnout equate to stress and depression?

Burnout has recently been added to the International Classification of Diseases (ICD-11) as an occupational phenomenon, but it has been researched for the past 45 years.[1] Maslach was the first to propose a theory about burnout and to measure it as a distinct concept (from, for example, stress). She developed the Maslach Burnout Inventory (MBI) to measure burnout, and this scale is still one of the most widely used internationally.[2]

According to her theory, burnout is characterised by feeling emotionally drained – *Emotional Exhaustion*; by an adverse and cynical detachment from patients/ clients/colleagues - *Depersonalisation*; and by a lack of confidence in being able to do one's job – reduced *Personal Accomplishment*.[3]

Burnout develops when there is a prolonged mismatch between an employee and one or more of these work areas:

1. Workload – too much work without adequate resources
2. Control – not enough autonomy around how to do the job
3. Reward – inadequate pay, poor promotion mechanisms, low recognition of the value of one's work
4. Community – no sense of community and of belonging to a group of colleagues
5. Fairness – unfair processes that mean some groups or individuals are more advantaged than others
6. Values – no mission or vision in the workplace.

We do not know whether existing studies can help us establish a causal pathway between work characteristics and burnout. In addition, because burnout is often explored as an endpoint, there is little consideration of what happens next to nurses who experience burnout.

Therefore, we looked for studies that would help us understand which factors are associated with burnout in nursing.

Literature review approach

This evidence brief offers a summary of the theoretical review we undertook.[4] This design allowed us to understand the concept of *burnout* from a theoretical perspective and highlight knowledge gaps.[5, 6]

We conducted a search for empirical studies; due to the volume of retrieved studies, we synthesised the included studies' results by identifying common categories via a coding frame, based on the six work areas highlighted in Maslach's theory.

Summary of burnout papers

We identified 91 papers in total; the majority (n= 87) had cross-sectional designs, and were survey-based (n= 84). Most studies took place in hospitals (n = 82). The MBI was the tool used by the majority of studies (n=81), but only half of these measured all three subscales of burnout as recommended by Maslach (i.e. Emotional Exhaustion; Depersonalisation; reduced Personal Accomplishment). In terms of samples, there was a range between hundreds of hospitals (max = 927) with hundreds of thousands of nurses (max = 326,750) and small single-site studies with a few nurses (min = 73). When assessing quality of the studies, we found that the majority had limitations, including small samples and failure to adjust for other variables that may influence the relationship between the variable under study and burnout.

1. What are the predictors of burnout?

We found a strong association between ***high workload*** and burnout. Specifically, we found evidence that ***high workload*** is associated with Emotional Exhaustion,

while ***nurse staffing levels*** are associated with all the burnout dimensions.

We found that when nurses have ***control over their job***, and when they experience ***reward for their efforts***, they are less likely to suffer from burnout. The evidence linking ***fairness and community*** to burnout was inconclusive with only a few studies reporting contrasting results.

Overall, our review highlighted mixed results for the effects of ***working at night*** and the ***number of working hours per week*** on burnout. There were more conclusive results regarding the negative association between working ***long shifts of at least 12 hours*** and Emotional Exhaustion. We found some evidence that staff who were satisfied with their ***schedule flexibility*** were less likely to report Emotional Exhaustion**.**

The literature indicated that ***high job and psychological demands*** and ***role conflict*** were related with Emotional Exhaustion. ***High patient complexity*** predicted burnout, while ***task variety***, ***autonomy,*** and ***ability to make important decisions*** appeared to be protective of burnout.

There was strong evidence that ***having support from colleagues and managers*** and ***positive working relationships*** in place might play a protective role towards burnout. In particular, this was confirmed for ***positive relationships with physicians***, ***support from the leader***, ***positive leadership style***, and ***teamwork***.

In summary, when nurses worked in ***positive work environments***, they were less likely to experience Emotional Exhaustion. However, none of the organisational characteristics at the hospital level, such as ***hospital type*** or ***Magnet® accreditation*** was consistently associated with burnout.

2. What are the consequences of burnout?

There was strong evidence that burnout predicted nurses' ***intentions to leave their jobs***, but this did not translate into actual ***staff turnover***. Studies reported associations between some dimensions of burnout and ***low job performance***, ***sickness absence***, ***poor general health***, ***missed (patient) care*** and ***job dissatisfaction***. However, the relationship with job dissatisfaction and missed care was observed in multiple directions, so it is unclear whether the presumed cause (burnout) precedes the effect (job dissatisfaction / missed care) or vice versa.

Burnout was associated with reduced ***patient safety*** and with ***adverse events***, including ***medication errors***, ***infections***, and ***falls***. When staff were burnt out, ***patient dissatisfaction*** and ***family complaints*** were higher**.**

Conclusions

The 91 studies we reviewed and synthesised enabled us to identify which adverse job characteristics are associated with burnout in nursing. It is evident from the available literature that the potential consequences of burnout for staff and patients are severe. We found that the relationships posited by Maslach's theory were observed in several studies, leading us to conclude that Maslach's theory is valid and still relevant.

We also found that the field has been dominated by cross-sectional studies, which is problematic because temporality cannot be established, so that it is not possible to discern, for example, if job dissatisfaction drives burnout or vice-versa. Most studies were also limited by the use of incorrectly applied burnout measures, for example using only one of the three MBI subscales - the Emotional Exhaustion subscale was frequently used in isolation, with no theoretical justification for doing so. Often, the statistical models were not able to control for important variables, which, if controlled for, might have changed the nature of the association.

Because of these numerous sources of bias, we cannot reliably identify the causes and consequences of burnout. This makes it difficult, if not impossible, to use the evidence to design interventions to reduce burnout. Despite the uncertainties, the evidence clearly does not support interventions targeted at individual behaviours (e.g. mindfulness or resilience training) aiming to reduce burnout, but rather those that aim to fix mismatches in the work environment.

To help address this, we proposed three areas of development within research:

1) Apply longitudinal designs that follow nurses over time to understand which factors contribute to the development of burnout.
2) If using Maslach's theory, report associations for all three MBI dimensions.
3) Prioritise the use of empirical data on employee behaviours to study the consequences of burnout (such as absenteeism, turnover) rather than use of self-report intentions.

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References

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