



Consequences of staff burnout

STAFF BURNOUT

This evidence theme on consequences of staff burnout is a summary of one of the key topics identified by a scoping review of staff burnout research.

Key points

- Aged care workers' health is influenced by working conditions, which can lead to burnout.
- Recognising the impact of burnout can be beneficial by identifying potential implications and applying preventative interventions.
- Examples of burnout consequences included decreased work satisfaction, job autonomy, client-centered care, organisational productivity, and lowered organisational citizenship behaviours.

Why is it important to understand the consequences of staff burnout?

Burnout can be defined as feelings of exhaustion, depersonalisation, and low personal accomplishment.

[1] It can negatively affect the individual, as well as their families and the organisation they serve. [1] Identifying burnout among workers, such as aged care workers, allows us to provide interventions to prevent or manage burnout. [2] As a result, it positively influences their wellbeing and overall productivity within the workplace. [2] By lowering burnout levels among aged care workers, it increases the of quality care provided to clients. [2, 3]

What do we know about consequences of staff burnout in aged care?

The 2022 scoping review found 15 studies on the consequences of burnout among aged care workers. [4-18]
The 2023 update found an additional five studies that contributed this theme. [19-23]

High burnout among aged care workers may decrease:

- Work satisfaction [4, 11, 12]
- Job autonomy [10]
- Work engagement [4, 18]
- Work accomplishment [9]
- Work-life balance [14]
- Organisational productivity [19-23]
- Quality of care provided to clients [19-23], for example, rushing or missing to provide essential care tasks [13]
- Client-centred care [9]
- Organisational citizenship behaviours, [19] such as demonstrating more hostile behaviour (for high emotional exhaustion) [15] or becoming abusive towards those in their care (high burnout and depersonalisation) [5]
- The desire to attend self-development training [17]

High burnout may also lead to:

- Mental health disorders (high depersonalisation and emotional exhaustion). [7]
- High rates of absenteeism and workforce turnover. [8, 18-23] One study reported no association between burnout and turnover rates. [6]
- Low to moderate levels of health problems. [7]
- Negative patient outcomes. [16] The study emphasised that the relationship between burnout and client outcomes may differ in strength (depending on the type of patient outcome) and between each burnout sub-scale. [16]

What can an individual do?

- Manage stress by prioritising self-care and work-life balance.
- Individuals can seek support from family, friends, colleagues, supervisors, or professional services when feeling stressed and/or burnt out.
- Individuals can attend self-development education and training (i.e. decision-making skills), which can be used as a resource to cope with stress and burnout.

What can an organisation do?

- Organisations should provide a supportive culture that prioritises employee wellbeing. This can be done by providing sufficient resources and avenues for staff to seek assistance.
- Implement proactive measures such as stress-reduction programs to minimise the risk of burnout.
- Invest in education and training programs that allow managers/leaders/supervisors to effectively identify, manage and support staff members who are burnt out.

References

1. Salvagioni DAJ, Melanda FN, Mesas AE, González AD, Gabani FL, Andrade SMd. Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. *PLoS one*. 2017;12(10): e0185781.
2. Ho HC, Chan YC. Flourishing in the workplace: A one-year prospective study on the effects of perceived organizational support and psychological capital. *International Journal of Environmental Research and Public Health*. 2022;19(2):922.
3. Figueroa CA, Harrison R, Chauhan A, Meyer L. Priorities and challenges for health leadership and workforce management globally: A rapid review. *BMC health services research*. 2019;19(1):1-11.
4. Aloisio LD, Gifford WA, McGilton KS, Lalonde M, Estabrooks CA, Squires JE. Individual and organizational predictors of allied healthcare providers' job satisfaction in residential long-term care. *BMC health services research*. 2018;18:1-18.
5. Cooper C, Marston L, Barber J, Livingston D, Rapaport P, Higgs P, et al. Do care homes deliver person-centred care? A cross-sectional survey of staff-reported abusive and positive behaviours towards residents from the marque (managing agitation and raising quality of life) english national care home survey. *PLoS One*. 2018;13(3):e0193399.
6. Costello H, Cooper C, Marston L, Livingston G. Burnout in uk care home staff and its effect on staff turnover: Marque english national care home longitudinal survey. *Age and Ageing*. 2020;49(1):74-81.
7. de Rooij AH, Lujckx KG, Declercq AG, Emmerink PM, Schols JM. Professional caregivers' mental health problems and burnout in small-scale and traditional long term care settings for elderly people with dementia in the Netherlands and Belgium. *Journal of the American Medical Directors Association*. 2012;13(5):486. e487-486. e411.
8. Ejaz FK, Bukach AM, Dawson N, Gitter R, Judge KS. Examining direct service worker turnover in three long-term care industries in Ohio. *Journal of Aging & Social Policy*. 2015;27(2):139-155.
9. Hunter PV, Hadjistavropoulos T, Thorpe L, Lix LM, Malloy DC. The influence of individual and organizational factors on person-centred dementia care. *Ageing & mental health*. 2016;20(7):700-708.

10. Kim B, Liu L, Ishikawa H, Park S-H. Relationships between social support, job autonomy, job satisfaction, and burnout among care workers in long-term care facilities in hawaii. *Educational Gerontology*. 2019;45(1):57-68.
11. Kim BJ, Ishikawa H, Liu L, Ohwa M, Sawada Y, Lim HY, et al. The effects of job autonomy and job satisfaction on burnout among careworkers in long-term care settings: Policy and practice implications for japan and south korea. *Educational Gerontology*. 2018;44(5-6):289-300.
12. Kim BJ, Lee S-y. A cross-sectional study on the impacts of perceived job value, job maintenance, and social support on burnout among long-term care staff in hawaii. *International Journal of Environmental Research and Public Health*. 2021;18(2):476.
13. Knopp-Sihota JA, Niehaus L, Squires JE, Norton PG, Estabrooks CA. Factors associated with rushed and missed resident care in western canadian nursing homes: A cross-sectional survey of health care aides. *Journal of clinical nursing*. 2015;24(19-20):2815-2825.
14. Min D. Effects of resilience, burnout, and work-related physical pain on work-life balance of registered nurses in south korean nursing homes: A cross-sectional study. *Medicine*. 2022;101(30).
15. Tanaka K, Iso N, Sagari A, Tokunaga A, Iwanaga R, Honda S, et al. Burnout of long-term care facility employees: Relationship with employees' expressed emotion toward patients. *International Journal of Gerontology*. 2015;9(3): 161-165.
16. Eltaybani S, Yamamoto-Mitani N, Ninomiya A, Igarashi A. The association between nurses' burnout and objective care quality indicators: A cross-sectional survey in long-term care wards. *BMC nursing*. 2021;20(1):1-10.
17. Frey R, Boyd M, Foster S, Robinson J, Gott M. Burnout matters: The impact on residential aged care staffs' willingness to undertake formal palliative care training. *Progress in Palliative Care*. 2015;23(2):68-74.
18. Eltaybani S, Noguchi-Watanabe M, Igarashi A, Saito Y, Yamamoto-Mitani N. Factors related to intention to stay in the current workplace among long-term care nurses: A nationwide survey. *International Journal of Nursing Studies*. 2018;80:118-127.
19. Estabrooks CA, Duan Y, Cummings GG, Doupe M, Hoben M, Keefe J, et al. Changes in health and well-being of nursing home managers from a prepandemic baseline in february 2020 to december 2021. *Journal of the American Medical Directors Association*. 2023;24(2):148-155.
20. Navarro-Prados AB, Rodríguez-Ramírez Y, Satorres E, Meléndez JC. Stress and burnout in nursing home and égida workers during covid-19. *Journal of Advanced Nursing*. 2023.
21. Shamon S, Gill A, Meadows L, Kruizinga J, Kaasalainen S, Pereira J. Providing palliative and end-of-life care in longterm care during the covid-19 pandemic: A qualitative study of clinicians' lived experiences. *Canadian Medical Association Open Access Journal*. 2023;11(4):E745-E753.
22. Scheepers RA, van den Broek T, Cramm JM, Finkenflügel H, Nieboer AP. Changes in work conditions and well-being among healthcare professionals in long-term care settings in the netherlands during the covid-19 pandemic: A longitudinal study. *Human Resources for Health*. 2023;21(1):59.
23. Navarro-Prados AB, García-Tizón SJ, Meléndez JC, López J. Factors associated with satisfaction and depressed mood among nursing home workers during the covid-19 pandemic. *Journal of Clinical Nursing*. 2022.

Cite as: ARIIA Knowledge & Implementation Hub. Consequences of staff burnout: Staff burnout. Evidence theme. Adelaide, SA: ARIIA; 2024.

www.ariia.org.au

For more information email ariia@ariia.org.au or call 08 8201 7500

ARIIA - Level 2, Tonsley Hub, South Rd, Tonsley SA 5042

ARIIA was established as an independent, not-for-profit organisation, set up to lead the advancement of the aged care workforce capability by promoting and facilitating innovation and research to improve the quality of aged care for all Australians.

ariia Aged Care Research
& Industry Innovation
Australia

 **Flinders
University**

 **Australian Government
Department of Health
and Aged Care**