



## A review summary:

# Staff burnout in aged care

### Key points

- A scoping review of primary studies identified a total of 88 articles on staff burnout published since 2012.
- The included articles covered a total of eight topics, including prevalence pre-pandemic, impacts of COVID-19, consequences of staff burnout, personal factors, interpersonal factors, organisational factors, personal interventions, and organisational interventions.
- The theme on the impacts of COVID-19 received the most attention in reporting, driven by persistent pandemic effects.
- This scoping review identified lack of studies on interventions addressing interpersonal factors alongside the need for more systematic reviews on staff burnout for aged care workforces to inform practice and policymaking.

### Background

The Knowledge and Implementation Hub (KIH) of Aged Care Research and Industry Innovation Australia (ARIIA) is tasked with identifying and synthesising existing evidence of best practices in aged care. ARIIA has identified staff burnout as one of the priority areas based on a survey of the sector. [1] This report summarises preliminary findings of a scoping review of the existing synthesised literature on staff burnout in the aged care setting.

### Burnout syndrome

Burnout was defined by Maslach as a prolonged response to chronic stress, consisting of three dimensions including exhaustion, depersonalisation, and inefficacy. [2] Exhaustion involves the loss of energy, depersonalisation includes negative attitudes towards clients, and inefficacy is marked by reduced productivity and coping challenges. [2]

People with work-related burnout may experience overwhelming exhaustion, feelings of detachment from the job, and a sense that they are ineffective and lack competence in performing their role. [2] Other symptoms associated with burnout include depressed mood, guilt, muscle pain, and poor sleep quality. [3] Burnout is also described as an imbalance between the demands of the job and the resources required to meet those demands. [4]

#### Multiple factors may contribute to creating this imbalance:

- Excessive workloads
- A sense of being under-staffed or under-resourced to perform tasks
- Feeling unrecognised and unrewarded
- A lack of sense of community with colleagues and managers
- Perceiving the workplace as unfair or being asked to act against personal values or ethical principles.
- Compassion fatigue (long-term exposure to the trauma of others). [5, 6]

In developing content on this issue, the KIH team conducted a scoping review to determine what is known from the existing research literature about staff burnout in the aged care context, both before and since the onset of the COVID-19 pandemic. The following is a summary of the methods and findings of this scoping review.

### Objectives of this review

This scoping review was conducted to explore the extent of the published literature on staff burnout for the aged care workforce. This review also mapped the main topics of discussion into 'evidence themes' to inform the needs of the aged care workforce.



## Methods

This review is an update of the previous staff burnout scoping review, which was conducted in November 2022. Studies identified in this review were amalgamated with previously included studies. The following section provides clarity on the update process.

### Search strategy

We searched for relevant research using the databases Medline (Ovid), APA PsycINFO, Scopus, and CINAHL (EBSCOhost). We used a broad strategy involving two concepts: burnout and related issues AND aged care settings. This review searched for studies that were published since November 2022. The search strategy for Medline (Ovid) is provided in the Appendix 1.

### Inclusion and exclusion criteria

**Studies were eligible for inclusion if they:**

- Investigated the impact of burnout on aged care staff.
- Reported findings from settings in countries with developed long-term care systems for older people. Long-term care systems was defined by Dyer et al. [7] as a having a variety of medical and personal care services aim to alleviate pain and manage health deterioration for individuals with long-term dependency. This includes assistance with activities of daily living (ADLs) such as eating, washing, and dressing, as well as support for independent living (for example, cooking, shopping, and managing finances). [7]
- Measured staff burnout or explored individuals' experiences of staff burnout.
- Were published after the last search (November 2022) in a peer-reviewed, English language journal.
- Reported findings of primary research.

**Studies were excluded if they:**

- Explored contributing factors to burnout, such as occupational stress, intention to leave, and mental health outcomes, without indicating a correlation with staff burnout (if quantitative, the full burnout scale).
- Reported staff in multiple workplace settings where it was not possible to identify the specific results for the aged care workforce.
- Were pilot studies, feasibility studies, study or review protocols, tool validation studies, dissertations, magazines, conference papers or posters, editorials, commentaries, or case studies.

### Modified eligibility criteria

In the update, the exclusion criteria were refined to provide a more comprehensive and detailed understanding of evidence. Previously included studies were re-screened by two independent reviewers and excluded if they also met the following criteria:

- Reported on a single subscale of burnout – This limitation overlooks the three-dimensional nature of burnout, hindering a comprehensive understanding of the phenomenon in its social context. [2]
- Were secondary designed studies (i.e. systematic reviews, scoping reviews) – The initial scoping review covered both primary and secondary studies. However, duplicated reporting of studies was noted in this update. A scoping review of secondary studies was not conducted due to the insufficient number of studies on staff burnout in the context of aged care.

### Keeping the evidence themes current

In November 2022, a rapid scoping review was undertaken to investigate staff burnout. This document serves as an update to that initial scoping review, employing the same methods and inclusion criteria for evaluating potential studies. The last scoping review covered studies conducted from 2012 to 2022, while this update extends the timeframe from the last search in November 2022 to November 2023. The results from both reviews were combined to assess their eligibility against the modified criteria and significance within existing evidence themes. Where applicable, their findings and conclusions were aligned with those of the corresponding evidence themes. Newer reviews might therefore lead to:

- Additional findings being added to a theme.
- Newly included reviews strengthening a theme's existing findings.
- The theme's overall conclusions being revised based on a change in the direction or strength of the newer evidence, or
- A new evidence theme being written.

The outcomes of evidence theme are reported below under evidence themes.

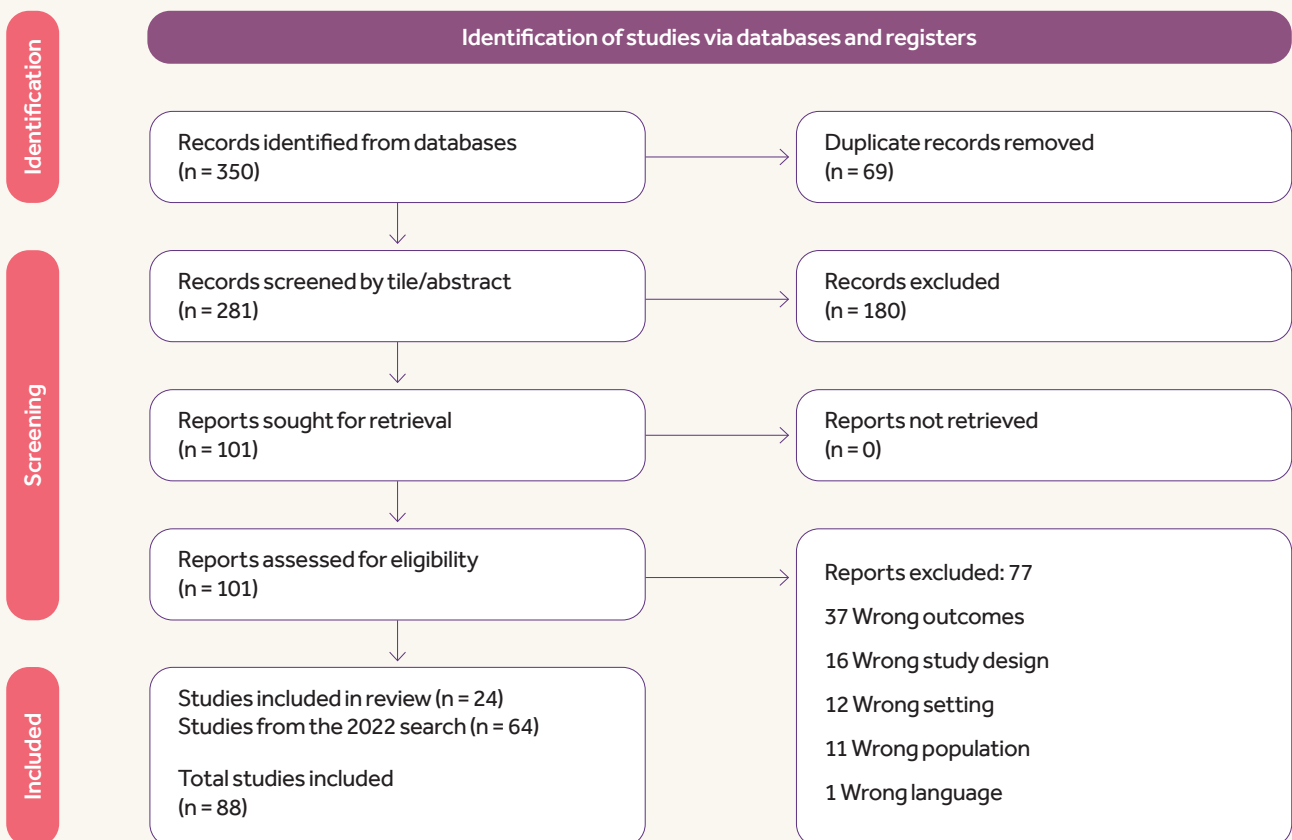
## Evidence advisory group

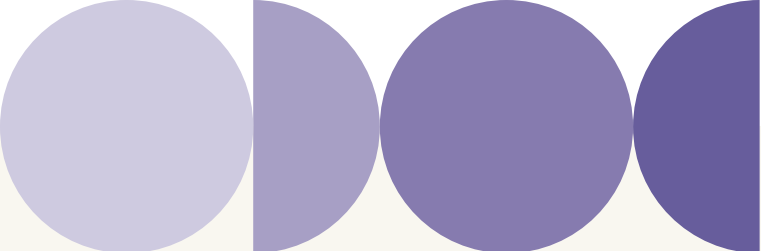
An Evidence Advisory Group, composed of experts in the field of staff burnout in aged care, was established. These experts provided feedback on both the scoping review methodology and the findings, presented as 'evidence themes.' Their feedback focused on enhancing the clarity of content, refining terminology used in the findings, and providing additional recommendations pertaining to actions that individuals and organisations can take to alleviate burnout in aged care workers – available under each evidence theme's findings.

## Results

The search produced 350 citations, and after eliminating duplicates, two independent authors screened 281 studies based on titles and abstracts using predefined eligibility criteria. Subsequently, 101 studies underwent a full-text screening, resulting in a final selection of 24 primary studies. Concurrently, the studies from the initial scoping review conducted in November 2022 were re-evaluated by two independent authors using modified criteria, identifying 64 studies that met the eligibility criteria. In total, 88 studies were analysed, and their characteristics, along with their categorisation into evidence themes, are detailed in this document. The scoping review findings organised by individual evidence themes is located in the Evidence Themes page on Staff Burnout. Figure 1 provides a PRISMA flow diagram of the screening process.

Figure 1. Process for selecting published studies





## Characteristics of the included studies

The included studies were cross sectional (n=60), qualitative (n=11), longitudinal (n=10), mixed method (n=1), and controlled trials (n=6). Most studies (n=79) focused on long term care (RAC) (also referred to as nursing homes, long-term care, retirement homes, elderly care facilities and care homes for the elderly). Six studies were undertaken in home care and three studies on mixed settings (home care and long term care settings). The studies investigated staff burnout among care workers (n=28), nurses (including nurse assistants, and nurse practitioners) (n=29), allied health professionals (n=3), managers of RAC (n=2). A total of 15 studies reported on a mix of healthcare professionals and eleven studies examined a mixed group of healthcare and non-healthcare professionals.

## Evidence themes

There were eight distinct themes that were developed from the 88 included studies. They included:

- Pre-pandemic prevalence
- Impacts of COVID-19
- Personal factors
- Interpersonal factors
- Organisational factors
- Consequences of staff burnout
- Personal interventions
- Organisational interventions

Changes were made from the 2022 scoping review themes. One theme (what may protect staff from experiencing burnout) was removed in this updated review and the theme on what factors contribute to staff burnout and tested interventions was refined, creating three and two themes, respectively. Table 1 provides an overview of the changes made in relation to the initial scoping review.

Table 1. Theme changes in relation to the initial scoping review (2022)

Initial Scoping Review Themes (2022)	Changes made	New Themes (2023)
Pre-pandemic burnout prevalence	No changes made	Pre-pandemic prevalence
Impacts of COVID-19	No changes made	Impacts of COVID-19
What factors contribute to staff burnout	This theme was refined, which was subsequently split into two themes, personal and organisational interventions.	Personal factors Interpersonal factors Organisational factors
Consequences of staff burnout	No changes made	Consequences of staff burnout
Tested Interventions	This theme was refined, which was subsequently split into two themes, personal and organisational interventions.	Personal interventions Organisational interventions
What may protect staff from experiencing burnout?	This theme was removed and merged into the other respective themes.	Not Applicable

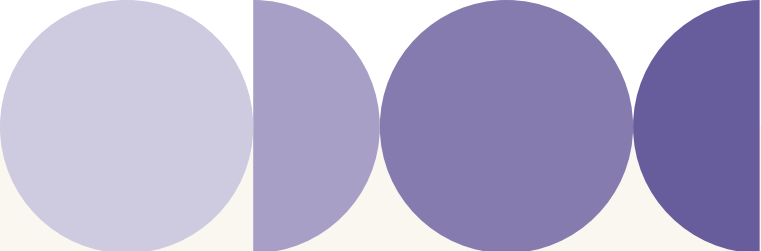


Table 2 provides a comprehensive list of the themes identified in this updated scoping review, the number of reviews identified that reported on the theme, and what each theme covers.

Table 2. Identified themes (2012-2023)

Theme	What theme covers	Number of studies identified in 2022	Number of studies identified in 2023 update	Total number of studies
Pre-pandemic burnout prevalence	The theme provides the widespread occurrence of staff burnout prior to the COVID-19 pandemic.	2	2	4
Impacts of COVID-19	This theme explores the multifaceted impact of COVID-19 on staff burnout, examining factors such as increased workloads, heightened stress, and disrupted work-life balance during the pandemic.	5	9	14
Personal Factors	It examines personal factors that influences staff burnout (i.e. demographics, health, self-perceptions and attitudes).	17	2	19
Interpersonal Factors	It determines the different interpersonal elements (i.e. cultural norms, societal expectations) that may contribute to staff burnout.	27	3	30
Organisational Factors	The theme examines various interconnected elements within an institution (that collectively influences the behaviour and functioning of aged care) that contributes to staff burnout.	9	3	12
Consequences of staff burnout	The theme explores consequences of staff burnout in aged care (i.e. turnover, errors, care provision).	15	5	20
Personal interventions	The theme suggests a range of personal-level interventions that can alleviate burnout (i.e. MBSR).	9	4	13
Organisational interventions	The theme suggests a range of organisational-level interventions that can alleviate burnout.	6	3	9

## Conclusion

This review was able to scope primary literature on staff burnout in the context of aged care workforce. This document identified new studies from an updated search, which addressed eight unique themes. The theme on COVID-19 impacts garnered the most attention in reporting, driven by the persistent effects of the pandemic over the last year. [8] Research findings highlighted a substantial increase in staff burnout during the 5th wave of the pandemic in 2022, with post-traumatic stress disorder emerging as a notable concern in the post-pandemic period in 2023. [8] Furthermore, the review revealed gaps in the existing literature, notably, the absence of studies reporting on interventions addressing interpersonal or combined (personal and organisational) factors to mitigate burnout. There is a clear need for additional efforts to develop interventions in this area, especially given the documented theme of interpersonal factors contributing to burnout among aged care workers. Additionally, there is a need for more systematic reviews on the topic of staff burnout. Systematic reviews can play a crucial role in summarising primary findings and provide evidence to inform both practice and policymaking in this area of staff burnout for aged care workforces.

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## References

1. Royal Commission into Aged Care Quality and Safety. Final report: Care, dignity and respect - volume 1 summary and recommendations Canberra, ACT: Commonwealth of Australia; 2021 [cited 2023 5 December]. Available from: <https://agedcare.royalcommission.gov.au/publications/final-report-volume-1>.
2. Maslach C, Leiter MP. Understanding the burnout experience: Recent research and its implications for psychiatry. *World psychiatry*. 2016;15(2):103-111.
3. Schaufeli WB, Desart S, De Witte H. Burnout assessment tool (bat)—development, validity, and reliability. *International journal of environmental research and public health*. 2020;17(24):9495.
4. Maslach C, Leiter MP. Understanding burnout: New models. *The handbook of stress and health: A guide to research and practice*. 2017:36-56.
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7. Dyer S, Valeri M, Arora N, Ross T, Winsall M. Review of international systems of long-term care of older people: Royal Commission into Aged Care Quality and Safety; 2020.
8. Erjavec K, Leskovic L. Long-term healthcare professionals' experiences of burnout and correlation between burnout and fatigue: A cross-sectional study. *International Journal of Occupational Medicine and Environmental Health*. 2023;36(3):396-405. *based nursing and midwifery*. 2020;8(1):55.

## Appendix 1 Ovid Medline search strategy

#	Searches
1	Burnout, Professional/ or Compassion fatigue/ or Occupational stress/
2	(Burnout or burn-out or compassion fatigue* or exhaustion or depersonali* or demoral* or occupational stress or professional stress).tw,kf.
3	("professional quality of life" or compassion satisfaction or secondary traumatic stress or personal accomplishment).tw,kf.
4	or/1-3
5	Homes for the aged/ or (aged care or RACF? or geriatric nurs*).tw,kf.
6	(Nursing homes/ or Skilled nursing facilities/ or Assisted Living Facilities/ or Home health aides/ or Home care services/) and exp Aged/
7	(Home care or Homecare or Home health care or Nursing home* or Long term care or Longterm care or Care home* or Care facilit* or Residential care or Skilled nursing facilit* or Assisted living).tw,kf.
8	5 or 6 or 7
9	4 and 8
10	Limit 9 to english language
11	Limit 10 to yr="2022-current"

Note: / indicates Medical Subject Heading (MeSH) search; tw includes a search on title, abstract, and MeSH fields (and others); kf is a search on the author keyword field; the \* symbol indicates a truncated word search.

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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.

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