Burned Out on Burnout—The Urgency of Equity-Minded Structural Approaches to Support Nurses

Tim Cunningham, DrPH, RN; Rosa M. Gonzalez-Guarda, PhD, MPH, RN

Fifty-six percent of nurses in a national sample reported burnout symptoms in 2022. Although the nursing literature on burnout dates back to 1978, nurses and other health professionals continue to grapple with this workplace phenomenon that leads to deleterious outcomes, including suicide. The suicide risk among US nurses now surpasses that of physicians. Stories of nurses who have died by suicide or considered it are emerging, and some are similar to this suicide note titled, “A Letter to My Abuser,” which was published as a letter to the editor from the nurse’s parents. More attention is needed to meaningfully address nursing burnout and this can be done by also using an equity lens.

Evidence demonstrates inequities in burnout among nurses compared with other health professionals (interprofessional), and differences among nurses (intraprofessional). However, most nurses sampled in burnout surveys are predominately White and female, mirroring the demographics of the US nursing workforce. Studies on the effects of burnout and well-being among racial and ethnic minoritized nurses are limited, but it is clear that minoritized nurses face worse workplace-related outcomes, ranging from discrimination against Asian nurses and deaths among Filipino nurses during the COVID-19 pandemic, to less pay for Hispanic nurses and Black nurses, to Black nurses’ intent to leave because of collegial mistreatment related to bias as well as lack of advancement opportunities. Notable calls for increased inclusivity of Indigenous nurse leaders aptly show how this historically silenced group of leaders can help improve health outcomes of Indigenous nurses and patients.

Addressing Burnout

The value of individually focused interventions such as mindfulness, meditation, and yoga to mitigate burnout has been established. Yet, these individual strategies do not fundamentally alter the conditions that are driving burnout in nurses, especially minoritized nurses who are disproportionately affected. To address the inter- and intraprofessional inequities leading to burnout, a shift toward addressing the structural drivers of burnout is urgently needed to improve clinician well-being.

Toward Well-Being and Professional Fulfillment

Organizations such as the American Nurses Association’s Magnet Recognition Program and the National Academy of Medicine have created ways to foster clinician well-being. The 2023 Magnet Application Manual highlights workforce equity and wellness. Research on the well-being of physicians and advanced practice clinicians shows an inverse relationship between burnout and professional fulfillment. Professional fulfillment is a broad concept and includes the workplace factors of inclusion, antiracism, and pay justice, which all contribute to well-being. The Stanford Model of Professional Fulfillment includes 3 integral elements: personal resilience, efficiency of practice, and culture of wellness. Within a culture of wellness, a central focus on health equity that is currently absent from many approaches addressing nurse burnout and suicide must drive solutions.
A Health Equity Framework to Address Burnout and Professional Fulfillment

A health equity lens provides an opportunity for nurses to obtain professional fulfillment.

Systemic and Social Drivers
It is important to recognize the systems of oppression that influence nursing in the US. Nursing's history as a female-dominated profession within the context of a sexist society has shaped access to social capital such as pay, power, and agency. Sexism is evident in that the largely female nursing profession carries the burden of fulfilling the goals of the health care system, but their work is not recognized or rewarded as a primary value generator. To substantially address burnout among nurses, systemic factors that interfere with value being placed on nursing (eg, reimbursement for nursing care) must be addressed.

Intersectionality
Systems of oppression (eg, sexism, racism, xenophobia) come together to shape a unique lived experience for nurses from racial and ethnic minority groups and nurses from other countries. For example, during the COVID-19 pandemic, foreign-born nurses, especially Filipino nurses, were disproportionately affected by COVID-19 morbidity and mortality. Yet surveillance systems that assess nursing burnout do not account for these interlocking systems and therefore blind researchers to subpopulations of nurses experiencing the greatest inequities. As strategies to address burnout among nurses are rolled out, it is imperative to assess the effect on subpopulations to prevent the exacerbation of inequities.

Diversity, Equity, Inclusion, and Belonging
Minoritized nurses carry the burden of trying to fill the gaps in serving and advocating for diverse patient populations, often referred to as the minority tax, but the cadre of diverse nurses to serve this critical role is insufficient. There is a significant underrepresentation of nurses from racial and ethnic minority groups, bilingual nurses, and male nurses. This adds to an environment that creates additional demands on the few nurses that are concordant with the populations they serve, but less access to social support from connecting with colleagues with similar identities and lived experiences. Interventions addressing burnout need to consider rewarding this extra work and invest in creating social environments that foster belonging.

Community Engagement
Although nursing is ranked as the most honest and ethical profession, nurses are not included in the decision-making. This is particularly true for minoritized nurses who experience fewer opportunities for advancement because of bias. This lack of minoritized nurse engagement in leading health care both compromises the agency of nurses and deprives the organization from benefiting from nurses' expertise and ability to engage the diverse communities they represent. Health systems seeking leaders should prioritize nursing candidates from diverse backgrounds with health equity expertise.

Tailored Approaches
One-size-fits-all approaches—such as meditation and yoga practices, co-opted from centuries-old practices from across Asia, which are now are largely designed and delivered by and for a White majority—often benefit the most privileged and exacerbate inequities for those not considered in the design. Nurses, especially those from oppressed groups experiencing the highest levels of burnout and occupational morbidity and mortality, need to have access to opportunities for well-being that consider their needs, preferences, and strengths unique to their communities, allowing for communal practices of healing that may be indigenous to their culture (eg, Talking Circles for American Indian/Alaska Native populations).
Call to Action

A health equity lens is essential for making structural changes in the health care system to address nursing burnout and professional fulfillment. Tailored approaches must be offered that tap into the cultural strengths of minoritized nurses that are often ignored in strategies designed by and for a physician, male-dominated health care workforce. Health care leaders can leverage culturally inclusive professional governance structures to assess workplace inefficiencies that decrease professional fulfillment among nurses. Concurrently, health care leaders should consult with diversity, equity, inclusion, and belonging leaders to understand the demographics of their workforce. Data collected from both approaches will determine what tailored interventions should be instituted at the individual level and what should be actuated at the system level.

Individual-level interventions include engaging in dance or movement with teams, structured meals together, chaplaincy rounds for staff, “the pause,” employee resource groups, and peer support programs. Systemic structures include liberal holiday policies in which staff can choose their own holidays; ample parental leave policies regardless of gender identity; human resources policies that protect minoritized staff when they experience bias from patients; regularly timed compensation review cycles to improve pay equity with special considerations to the minority tax; and testing innovative payment models that consider nurse revenue generation as it relates to professional fulfillment. To keep such equity-focused interventions inclusive, leaders must create iterative cycles in which to assess the needs of their teams with specific attention on subpopulations and subcultures based on diverse populations and lived experiences.

ARTICLE INFORMATION


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Corresponding Author: Rosa M. Gonzalez-Guarda, PhD, MPH, RN, Duke University School of Nursing, 307 Trent Dr, Durham, NC 27710 (rosa.gonzalez-guarda@duke.edu).

Author Affiliations: Woodruff Health Sciences Center, Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, Georgia (Cunningham); School of Nursing, Duke University, Durham, North Carolina (Gonzalez-Guarda).

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REFERENCES


