Unmasking the Quiet Crisis of

Nurse Burnout in the Canadian Healthcare System

Map the System 2022

Written Submission

University of Alberta

Sara Gloecker | Zachary Nichols | Matana Skoye

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INTRODUCTION

"To me, burnout is caused by being overstretched emotionally, mentally, spiritually and physically in the workplace. ***There were many days where a child had passed away or suffered a tragedy and you come home and just can't forget how horrible it was, how emotional the family members were, how your best couldn't save someone.*** *So you can't sleep, or you wake up imagining the beeping of machines and monitors. And then you have to go to work the next day and do it all over again." - Former Intensive Care Unit (ICU) Nurse*

Burnout is defined as emotional exhaustion, depersonalization, diminished professional achievement, and reduced personal accomplishment[1] [2]. During the global COVID-19 pandemic, nurses have consistently reported higher levels of burnout than any other hospital-based healthcare professionals in Canada.[3]

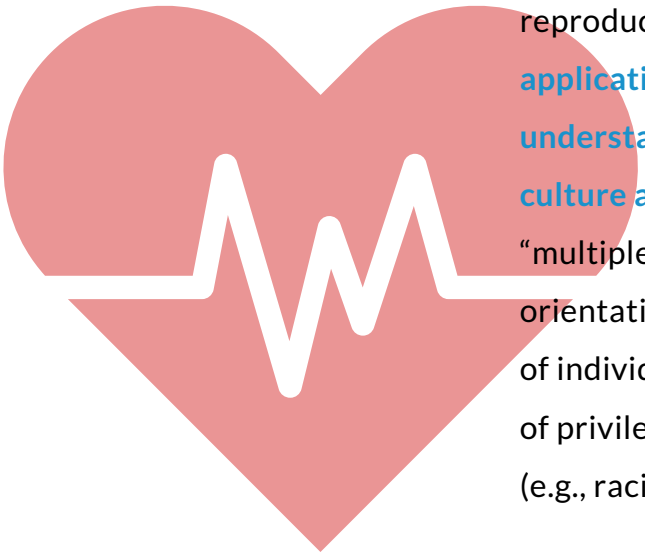
Despite overwhelming evidence of elevated burnout and the associated public health risks and effects, no provincial government in Canada has recognized this as a public health crisis[4] [5]. Nurse burnout was pervasive in Canadian hospitals long before the global pandemic and inaction has demonstrable risks – to patient health and recovery, to caregiver health and safety, and in the burden shouldered by the public health system as primary caregivers step away (temporarily and/or permanently) from the job, among others. Cycles of high nurse burnout rates are fueled by multiple systemic factors that produce nurse shortages, further exacerbating burnout's root causes. Nurses are at the heart of healthcare, and given Canada's volatile political-economic climate, investigating nurse burnout is more pressing than ever as a nurse shortage crisis looms[6] amidst an ongoing pandemic.

[1] Maunder, Robert G., Natalie D. Heeney, Gillian Strudwick, Hwayeon Danielle Shin, Braden O'Neill, Nancy Young, Lianne P. Jeffs, et al. 2021. "Burnout in Hospital-Based Healthcare Workers during COVID-19." *Ontario COVID-19 Science Advisory Table*. https://doi.org/10.47326/ocsat.2021.02.46.1.0
[2] Özden, Dilek, Şerife Karagözoğlu, and Gülay Yıldırım. 2013. "Intensive Care Nurses' Perception of Futility." *Nursing Ethics* 20 (4): 436–47. https://doi.org/10.1177/0969733012466002
[3] Maunder. 2021
[4] Maunder. 2021.
[5] Ling, Jessica. 2019. "Extinguishing Nursing Burnout: Public Policy Recommendations to Mitigate Burnout and Increase Job Satisfaction for Nurses in Alberta." Unpublished Master's Project. University of Calgary. https://prism.ucalgary.ca/handle/1880/112178
[6] Stewart, Ashleigh. 2022. "Canada Headed for Nursing Shortage 'beyond Anything We've Ever Experienced': Experts | Globalnews.ca." Global News. January 6, 2022. https://globalnews.ca/news/8487144/canada-covid-nursing-shortage-alarm/.

PURPOSE AND SCOPE

While burnout is a well-documented phenomenon experienced across multiple professions, nurses in Canada continually report burnout at a higher rate than other healthcare professionals[7] [8]. Prior to the pandemic, **63% of nurses surveyed in Canada were experiencing burnout symptoms, with 29% experiencing clinically significant levels**[9]. In the spring of 2021, over 60% of all healthcare workers in Canada were experiencing severe burnout, with nurses reporting the highest prevalence[10]. The vicious nurse burnout and shortage cycle is a persistent crisis that threatens the entire healthcare system. Through this project, we seek to make visible what the Canadian Nurses Association (CNA) has termed the "quiet crisis" of nurse burnout[11] (see appendix A), so that all levels of government recognize it as a systemic problem. Our focus in this project is on regulated nurses (RNs, LPS, & RPNs) working in Canadian public hospitals. While burnout is not unique to the Canadian context, we felt it necessary to narrow the focus here due to the nuanced international differences between how public and private healthcare systems manifest themselves.

RESEARCH METHODOLOGY AND METHODS



Using an intersectional feminist approach, we seek to uncover the ways interlocking systems of domination enforce and reproduce nurse burnout in Canada. **Useful here is the application of intersectionality as a theoretical framework to understand the ways systems of power perpetuate grind culture and workplace burnout.** Intersectionality posits that "multiple social categories (e.g., race, ethnicity, gender, sexual orientation, socioeconomic status) intersect at the micro-level of individual experience to reflect multiple interlocking systems of privilege and oppression at the macro, social-structural level (e.g., racism, sexism, heterosexism)"[12].

[7] Ciezar-Andersen, Sylwia, and Kathryn King-Shier. "Detriments of a self-sacrificing nursing culture on recruitment and retention: A qualitative descriptive study." Canadian Journal of Nursing Research 53, no. 3 (2021): 233-241.
[8] Maunder. 2021
[9] Stelnicki, Andrea, R Carleton, and Carol Reichert. 2021. "Mental Disorder Symptoms Among Nurses in Canada: Questions & Answers." Canadian Federation of Nurses Unions. Canadian Journal of Nursing Research. 53, 3. https://nursesunions.ca/wp-content/uploads/2020/06/OSI-QA_final.pdf. 264-276.
[10] Maunder. 2021
[11] Ceci, Christine, and Marjorie McIntyre. 2001. "A 'Quiet' Crisis in Health Care: Developing Our Capacity to Hear." *Nursing Philosophy* 2 (2): 122–30. https://doi.org/10.1046/j.1466-769x.2001.00051.x.
[12] Bowleg, Lisa. 2012. "The Problem with the Phrase Women and Minorities: Intersectionality—an Important Theoretical Framework for Public Health." *American Journal of Public Health* 102 (7): 1267. https://doi.org/10.2105/ajph.2012.300750.

With these theoretical commitments in mind, our research methods included primary sources (interviews with current, former, and retired nurses). We also undertook a literature review of secondary sources, focusing on academic articles that surveyed and studied various medical practitioners across Canada. We also drew from several news articles offering both national and provincial perspectives.

POSITIONALITY AND LIMITATIONS

Our perspectives on nurse burnout are limited as we are not nurses. Recognizing that all research is "representative of the position or standpoint by the author," we acknowledge that our work is necessarily incomplete and shaped by our specific subject position within the settler-colonial and white supremacist context in which we live[13]. Appendix B elaborates on each of our motivations and subject positions. An additional limitation is our sampling methods. We have only interviewed people we know in our lives. A larger study with more resources would benefit from a randomized sample of nurses across the country. Furthermore, given the complexities of Canadian healthcare and its provincial/territorial administration, further analyses of burnout's differential experiences burnout across jurisdictions would be beneficial.

[13] Mertens, D. (2009). Transformative research and evaluation. New York: Guilford.

CHALLENGE LANDSCAPE

Nurse burnout is a complex and persistent social problem involving many interwoven systems and relationships, as visualized in our stakeholder map (appendix C). Nursing is characterized by shift work, high-stress situations, emotional strain, long hours, frequent work overload, and lack of support, resulting in high turnover rates, absenteeism, and nurses leaving the profession altogether[14] [15]. The three major dimensions of burnout are: **(1) emotional exhaustion (depleted emotional resources and energy); (2) depersonalization (emotional detachment from others); and (3) low professional realization (poor self-assessment of work performance and work dissatisfaction)**[16]. Our iceberg model illuminates the visible individualized symptoms and showcases the hidden root causes and mental modes (appendix D). This section seeks to analyze why nurses remain at the highest risk for burnout and why this problem is on the rise.

KEY STAKEHOLDERS AND POWER DYNAMICS

Using a systems thinking approach, key relationships between the systemic triggers of nurse burnout and areas that could resolve or mitigate the symptoms of nurse burnout can be identified. Our stakeholder breakdown (appendix E) identifies three broad categories of stakeholders: governments, hospitals, and educational institutions. Colour-coded lines signify key relationships and power dynamics. Some important stakeholder insights are:

(1) Two levels of government complicate health care systems across Canada;
(2) Nurse managers' leadership styles play one of the largest roles in nurse burnout cycles, acting both as inhibitors and potential disruptors;
(3) abuse and violence from patients and families exacerbate burnout;
(4) labour unions are important advocates for nurses;
(5) Education institutions play a large role in developing protective factors and resiliency, and lastly;
(6) the media can perpetuate harmful stereotypes but also offer a platform to raise awareness.

[14] Vidotti, Viviane, Renata Perfeito Ribeiro, Maria José Quina Galdino, and Julia Trevisan Martins. 2018. "Burnout Syndrome and Shift Work among the Nursing Staff." *Revista Latino-Americana de Enfermagem* 26 (0). https://doi.org/10.1590/1518-8345.2550.3022.
[15] Maunder. 2021.
[16] Vidotti. 2018.

KEY ROOT CAUSES

Nurse shortages lie at the heart of the vicious cycle of burnout. Burnout negatively impacts staff retention and recruitment, making understaffing both a cause and consequence of nurse burnout[17]. While understaffing significantly fuels burnout factors, other systemic problems plague the Canadian healthcare system. We have identified three key root causes with disproportionately large roles in perpetuating this vicious systemic cycle.

1 Root Cause #1: Hospital Organizational Processes

One of the primary causes of nurse burnout are the hospital processes, practices, and cultures contributing to chronic stress, depersonalization, and emotional exhaustion. Nursing is, at its core, care work that involves high levels of emotional strain in highly stressful environments[18 19]. Both the work environment and specific nurse work characteristics play a large role in burnout[20].

For nurses, high workloads are an external stressor strongly associated with emotional exhaustion[21]. In addition to workload, long hours and shift work contribute to burnout, with fatigue itself being strongly linked[22 23]. To add to this, nurses experience fragmented work processes, competing demands, exposure to violence, and inconsistent breaks, all while being on their feet for long periods[24 25 26]. The constant exposure to death and suffering and the lack of sufficient support are significant burnout factors that help to explain why nurses are at higher risk of burnout.

[17] Maunder. 2021.
[18] Vidotti. 2018.
[19] Wei, Holly, Ashley King, Yongmei Jiang, Kerry A. Sewell, and Donna M. Lake. 2020. "The Impact of Nurse Leadership Styles on Nurse Burnout": *Nurse Leader* 18 (5). https://doi.org/10.1016/j.mnl.2020.04.002.
[20] Xie et al. 2020. "Job Burnout and Its Influencing Factors among Newly Graduated Nurses: A Cross-Sectional Study." *Journal of Clinical Nursing* 30 (3-4): 508–17. https://doi.org/10.1111/jocn.15567.
[21] Greenglass, Esther R., Ronald J. Burke, and Lisa Fiksenbaum. 2001. "Workload and Burnout in Nurses." *Journal of Community & Applied Social Psychology* 11 (3): 211–15. https://doi.org/10.1002/casp.614.
[22] Vidotti. 2018.
[23] Xie. 2020.
[24] Vidotti. 2018.
[25] Maunder. 2021.
[26] Stelnicki, 2021.

2 Root Cause #2: Education and Training Gaps

Research shows that recent graduates and nursing students are at a higher risk of workplace burnout and turnover[27] [28]. The literature suggests that the stressors leading to burnout begin in undergraduate education[29]. In a 2017 study of registered nurses, researchers found that "many nurses, especially the newer nurses, experienced fatigue related to the pressure to single-handedly fulfill rigid and unrealistic nursing ideals"[30].

Ambiguity about role expectations is associated with a greater risk of burnout[31], and these start to form during education and practicum periods. Emotional readiness, a skill that can be greatly developed in an undergraduate degree, is another significant factor that can act as a protective factor against burnout. Research has shown that "those that have more developed emotional management skills will typically have lower rates of absenteeism, healthier coping choices, better psychological health, and higher levels of performance"[32]. Lastly, transition shock has been identified as a factor for increased risk of burnout[33]. Transition shock foregrounds the "critical importance of bridging undergraduate educational curricula with escalating workplace expectations"[34]. See Appendix A for more on transition shock.

[27] Maunder. 2021.
[28] Dames, Shannon. 2019. "The Interplay of Developmental Factors That Impact Congruence and the Ability to Thrive among New Graduate Nurses: A Qualitative Study of the Interplay as Students Transition to Professional Practice." *Nurse Education in Practice* 36 (March): 47–53. https://doi.org/10.1016/j.nepr.2019.02.013.
[29] Dames. 2019.
[30] Dames. 2019. 48.
[31] Maunder. 2021.
[32] Dames. 2019. 48.
[33] Duchscher, Judy E. Boychuk. 2009. "Transition Shock: The Initial Stage of Role Adaptation for Newly Graduated Registered Nurses." *Journal of Advanced Nursing* 65 (5): 1103–13. https://doi.org/10.1111/j.1365-2648.2008.04898.x.
[34] Duchscher. 2009. 1103.

3 Root Cause #3: Government Policies and Spending

Government funding cuts, and their impact on staff reductions and wage rollbacks, are another major source of organizational stress influencing nurse burnout[35]. Nursing is a unique profession as it remains largely female-dominated[36]. With the global rise of neoliberalism, female-dominated fields such as nursing, social work, and education have wrestled with consistent provincial budget cuts.

Associated organizational changes often result in greater individual workloads due to restructuring and job losses[37]. Research has shown that nurses' perceived controllability and self-efficacy in the context of restructuring and organizational changes (such as wage rollbacks or position changes) are important factors associated with workplace stress[38]. Unsurprisingly, nurses who are satisfied with their salaries are more likely to be committed and satisfied with their job[39]. Maintaining an adequate healthcare workforce not only requires maintaining healthy work environments and strategies for staff retention, it also requires properly funded positions and supports.

[35] Tyson, Paul D, Rana Pongruengphant, and Bela Aggarwal. 2002. "Coping with Organizational Stress among Hospital Nurses in Southern Ontario." *International Journal of Nursing Studies* 39 (4): 453–59. https://doi.org/10.1016/s0020-7489(01)00047-5.
[36] Tyson. 2002.
[37] Boamah, Sheila A. 2022. "Investigating the Work–Life Experiences of Nursing Faculty in Canadian Academic Settings and the Factors That Influence Their Retention: Protocol for a Mixed-Method Study." *BMJ Open* 12 (1): e056655. https://doi.org/10.1136/bmjopen-2021-056655.
[38] Tyson. 2002.
[39] Vidotti. 2018.

Exacerbating the Challenge: Interlocking Systems of Domination

Burnout is a complex phenomenon that manifests differently for nurses across different social locations and is situated in intersecting systems of domination. The historical and contemporary dominance of hetero-patriarchal, capitalist, and colonial modes of social reproduction in Canada have shaped the trajectory of nurse burnout over several decades. Risk factors for nurse burnout include age, sex, gender, socioeconomic status, race, job category, and site of practice[40], as visualized in appendix F.

Xie et al. (2020) found that membership in certain demographics are likely predictors of burnout; for example, ***female nurses were more likely than male nurses to experience symptoms of burnout***[41]*. It is worth noting that this study also examined wage gap factors and found that financial and societal influences impacted nurses' perceptions of their self-efficacy (e.g., male nurses made 12K more than women; the nursing profession is undervalued; shiftwork negatively impacts female nurses relationships with their families).*[42]

Sociocultural markers also impact experiences of burnout. For example, gender-diverse healthcare professionals are more likely to report higher levels of burnout[43]. Additionally, research has shown that systemic racism is an additional significant contributor to nurse burnout[44]. Colonial influences are entangled in all of these systems in Canada, a settler-colonial nation, whose education systems privilege neocolonial ideologies and perpetuate exploitative relationships. These systems of power reinforce the normalization of burnout as an occupational workplace condition and help to explain the lack of public policy responses.[45]

[40] Jalili, Mohammad, Mahtab Niroomand, Fahimeh Hadavand, Kataun Zeinali, and Akbar Fotouhi. "Burnout among healthcare professionals during COVID-19 pandemic: a cross-sectional study." International archives of occupational and environmental health 94, no. 6 (2021): 1345-1352.
[41] Xie, Jianfei, Jie Li, Sha Wang, Lijun Li, Kewei Wang, Yinglong Duan, Qiao Liu, Zhuqing Zhong, Siqing Ding, and Andy S. K. Cheng. 2020. "Job Burnout and Its Influencing Factors among Newly Graduated Nurses: A Cross-Sectional Study." *Journal of Clinical Nursing* 30 (3-4): 508–17. https://doi.org/10.1111/jocn.15567.
[42] Xie. 2020.
[43] Maunder. 2021.
[44] Seitz, Roslyn, Jennifer Robertson, Timothy P. Moran, Michael J. Zdradzinski, Sheri-Ann O. Kaltiso, Sheryl Heron, and Michelle D. Lall. 2022. "Emergency Medicine Nurse Practitioner and Physician Assistant Burnout, Perceived Stress, and Utilization of Wellness Resources during 2020 in a Large Urban Medical Center." *Advanced Emergency Nursing Journal* 44 (1): 63–73. https://doi.org/10.1097/tme.0000000000000392.
[45] Ling. 2019.

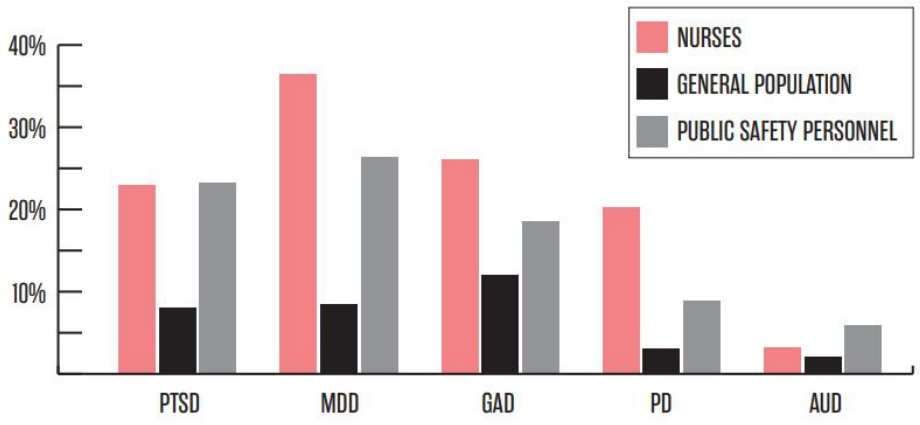
IMPACTS OF NURSE BURNOUT

Burnout has several costs, including organizational financial setbacks as well as notable personal and social implications. Burnt-out nurses are at a higher risk of mental health illnesses, including depression and suicidal thoughts[46]. In a 2019 survey of over 7,000 Canadian nurses (mostly women RNs), over half reported experiencing a mental health issue[47] (visualized in appendix G). Beyond the psychological, physical issues include the negative effects of long hours on the body, resulting in sleeping problems and permanent injuries. One testimonial spoke to developing atrial fibrillation from the stress of working in a hospital[48] [49].

In the context of the global pandemic, nurses and personal care workers in Canada were three times more likely to test positive for COVID-19 than doctors[50]. When the health and attention of these healthcare professionals are strained and distracted, patient outcomes suffer, and overall workplace safety decreases[51]. These far-reaching impacts have been visualized in appendix H, which showcases the diathesis-stress model and the interconnectedness of mental and physical health. For more on the diathesis-stress model, see appendix A.

Comparison of mental disorder symptoms reports from nurses and public safety personnel

- PTSD rates consistent between nurses and PSP overall;
- Nurses screened positively more often than PSP overall for MDD, GAD and PD.
- Nurses reported slightly higher rates of lifetime suicidal ideation, planning and attempts than PSP (differences were not statistically analyzed).



Appendix G

[46] Maunder. 2021.
[47] Stelnicki. 2021.
[48] Bourbonnais, Renée, Monique Comeau, Michel Vézina, and Guylaine Dion. 1998. "Job Strain, Psychological Distress, and Burnout in Nurses." *American Journal of Industrial Medicine* 34 (1): 20–28. https://doi.org/3.0.co;2-u">10.1002/(sici)1097-0274(199807)34:1<20::aid-ajim4>3.0.co;2-u.
[49] Appendix F
[50] Desson, Zachary, Emmi Weller, Peter McMeekin, and Mehdi Ammi. 2020. "An Analysis of the Policy Responses to the COVID-19 Pandemic in France, Belgium, and Canada." *Health Policy and Technology* 9 (4). https://doi.org/10.1016/j.hlpt.2020.09.002.
[51] Maunder. 2021.

EXISTING SOLUTIONS LANDSCAPE

There are multiple levels of responsibility when observing the solutions landscape. In Canada, and globally, there have been a range of attempts to address nurse burnout. A theme emerging from our research is the heavy reliance on individual-level strategies that locate the responsibility of burnout on individuals.

INDIVIDUAL STRATEGIES

Much of the attempted interventions for nurse burnout in Canada have been focused on individual strategies. Prior to the COVID-19 pandemic, few supports were available for burnt-out nurses, and much of the onus for treatment was placed on the individual. Interventions such as mindfulness, meditation, and self-care[52] hid organizational shortcomings. An example of this approach can be seen in Alberta, where a recent collective bargaining agreement has included enhanced mental health and psychological supports[53]. Rather than address the root causes of burnout, Alberta Health Services (AHS) has merely agreed to expand treatment options. While mental health supports and health benefits are important for nurses' well-being, these strategies cannot be standalone interventions.

ORGANIZATIONAL STRATEGIES

In Canada, organizational strategies have been severely lacking. As of March 2022, a new collective agreement took effect in Quebec, signed by the Fédération interprofessionnelle de la santé du Québec (FIQ) and the provincial government, which was designed to organize shift scheduling, reduce forced overtime, and stabilize work teams[54]. However, included in the agreement were mandatory increases in hours for part-time nurses, ultimately doubling the required work hours. Many part-time nurses are being forced to choose between work, school, and quality of life, and several have chosen to resign[55]. When asked if Alberta Health Services (AHS) has recognized burnout as a systemic problem and whether solutions have been proposed, a former emergency room nurse shared that as far as she knew, it was unrecognized. She additionally could not identify any substantive employer strategies that addressed burnout[56].

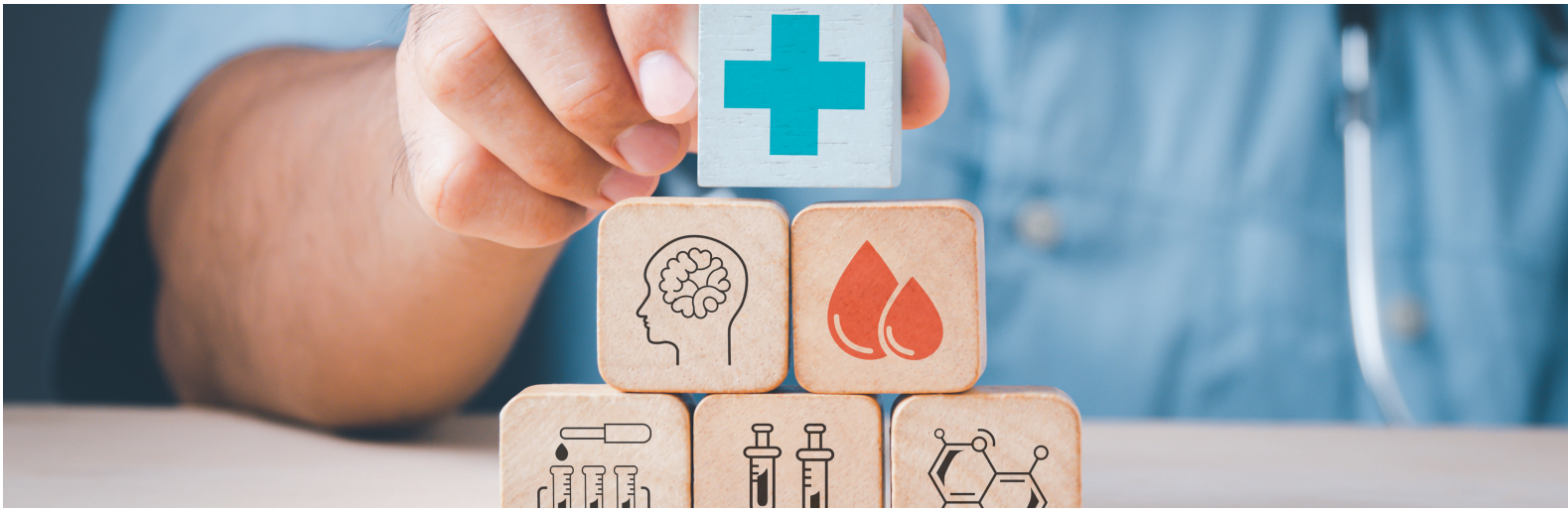
SYSTEMIC STRATEGIES

To address some of the systemic issues associated with nurse burnout, several countries have implemented policies allowing workers to take paid mental health leave from work; for example, Germany, the UK, and New Zealand health care systems provide paid leave due to stress-induced illness[57] [58]. Additionally, burnout is now considered to be an occupational disease in a handful of European countries, such as Sweden and the Netherlands[59]. As studies of burnout syndrome report that 12+ hour work shifts exacerbate burnout, some strategies have explored implementing less than 12 hours per shift[60].

[52] Maunder. 2021.
[53] Alberta, United Nurses of. n.d. "Enhanced Mental Health and Psychological Supports Included in New Provincial Collective Agreement." United Nurses of Alberta. Accessed April 29, 2022. https://www.una.ca/1335/enhanced-mental-health-and-psychological-supports-included-in-new-provincial-collective-agreement
[54] Rukavina, Steve. 2022. "Quebec Nurses Who Study Part-Time Feel Stung by Workload Increase." CBC. March 30, 2022. https://www.cbc.ca/news/canada/montreal/part-time-nurses-students-fiq-contract-1.6401227
[55] Rukavina. 2022.
[56] Appendix I
[57] Johnston, Alice. 2017. "How Different Countries around the World Approach Mental Health Sick Days." Culture Trip. October 10, 2017. https://theculturetrip.com/europe/united-kingdom/articles/how-different-countries-around-the-world-approach-mental-health-sick-days/.
[58] "Burnout-Erkrankungen in Deutschland." n.d. Statista. https://de.statista.com/statistik/daten/studie/239872/umfrage/arbeitsunfaehigkeitsfaelle-aufgrund-von-burn-out-erkrankungen/.
[59] Cañadas-De la Fuente, Guillermo A., Jose L. Gómez-Urquiza, Elena M. Ortega-Campos, Gustavo R. Cañadas, Luis Albendín-García, and Emilia I. De la Fuente-Solana. 2018. "Prevalence of Burnout Syndrome in Oncology Nursing: A Meta-Analytic Study." *Psycho-Oncology* 27 (5): 1426. https://doi.org/10.1002/pon.4632.
[60] Vidotti. 2018.

LEVERS OF CHANGE

As we examine nurse burnout during the COVID-19 pandemic, we understand that putting the onus of care on the individual is problematic; individualized strategies will not fix the deep fractures in a broken system. Addressing nurse burnout will require nuanced examinations of the root causes and tangible levers of change, as well as engagement and feedback directly from nurses (see appendix I). Simply hiring more nurses will not address the underlying conditions that cause high nurse burnout. Much of the research points to the need for multifaceted and multi-pronged approaches to nurse burnout[61]. Therefore, we offer the following three leverage points based on the identified root causes as opportunities for substantive change. If utilized together, these levers might spark systemic changes needed to address nurse burnout.



[61] Maunder et al., 2021

1 Opportunity #1: Hospital Organizational Processes

We've identified hospital organizational processes as a root cause of nurse burnout and from our research, there are several processes primed for change. When looking at workload and patient-to-nurse ratios, nurses tend to be overburdened with patients and tasks, contributing to exhaustion and resulting in poorer patient outcomes. Clearly delineated tasks that are equitably distributed amongst on-shift nurses and reducing patient-to-nurse ratios will address this significant root cause[62]. Furthermore, changes in shift work and increasing part-time positions can directly address nurse turnover[63]. Many nurses associations have recognized the shortages in critical care and called for government interventions to assist retaining the nurse workforce. Strategies proposed have included offering financial incentives to senior nurses, loan-forgiveness programs, and promoting safe working conditions to address the physical and mental hazards of the profession, such as immediate access to mental health resources and safe patient-to-nurse ratios[64]. There is also a managerial concern regarding task management, and as such, there is a need for increased emotional support for nurses. Managerial support paired with consistent positive reinforcement and recognition will increase morale and self-efficacy and can reinforce feelings of engagement and personal accomplishment[65], all protections against emotional exhaustion[66].

2 Opportunity #2: Training and Education

The gap in training and education is another significant root cause of burnout, both for students and management. New nurses are experiencing transition shock[67], which implies that there are discrepancies between what is taught in school and the workplace. There are multiple ways to approach this gap, such as longer mentorships with experienced nurses as longer practicums impact resiliency[68], and increasing admissions to nursing programs as well as nurse practitioner positions[69].

[62] "Governments must work together to combat nurse burnout, CNA, CFNU say," CNA News Room, April 27, 2022, https://www.cna-aiic.ca/en/blogs/cn-content/2022/01/20/governments-must-work-together-to-combat-nurse-bur
[63] Former ICU Nurse. Appendix I.
[64] CNA News Room. 2022
[65] Former ICU Nurse. Appendix I.
[66] Wei. 2020.
[67] Duchscher. 2009.
[68] Dames. 2019.
[69] Maunder. 2021

Hospitals would benefit from hiring former nurses in managerial positions and shifting the value from operating with less staff to encouraging staff retention[70]. These shifts in perspective begin by training managers to be more involved and supportive[71], setting expectations for workload and shiftwork, and having managers be the advocates and leaders for sustainable work-life balance.

3 Opportunity #3: Government Policies and Spending

We recognize that to address the current gaps in government policies and spending, a system-level response to burnout is required. All levels of government need to come together and recognize that nurse burnout in Canada is a public health crisis that will require systemic changes. We identified methods of prevention to protect against burnout, such as preventative care, adaptations to policy, and sufficient and sustained budgets required to maintain a healthy workforce. Preventative care involves an upfront cost, such as hiring more nurses, allowing for more part-time work, and investing in paid leave for mental health. This results in lower costs over time, as burnout is a significant cost to the healthcare system (e.g., absenteeism, high turnover rates, costs for healthcare interventions)[72]. Adaptations to policy involve passing legislation requiring organizations to provide services that address burnout and changing the maximum allowed work hours. Changes to federal and provincial budgets include increasing benefits packages to include a healthcare spending account as well as encouraging competitive salaries; nurses who are satisfied with their salaries were found to be more engaged at work and felt an increased sense of professionalism[73].

[70] Appendix I
[71] "13 Factors: Addressing Mental Health in the Workplace." n.d. Mental Health Commission of Canada. https://mentalhealthcommission.ca/13-factors-addressing-mental-health-in-the-workplace/.
[72] Vincent et al. 2019. "Burnout Syndrome in UK Intensive Care Unit Staff: Data from All Three Burnout Syndrome Domains and across Professional Groups, Genders and Ages." *Journal of the Intensive Care Society* 20 (4): 175114371986039. https://doi.org/10.1177/1751143719860391.
[73] Vidotti. 2018.

KEY INSIGHTS AND REFLECTIONS

Starting this project, we each had pre-existing understandings and ideas of nurse burnout. However, the deeper we dove into the causes and impacts of burnout, the more complicated the system became. Nurse burnout persists due to several organizational, educational, and governmental factors. The global pandemic served as a tipping point, bringing this long-standing, critical issue to the forefront. Our iceberg model visualizes the visible, individualized symptoms and the hidden patterns, structures, and mental models that contribute to nurse burnout. Our research found that this cyclical burnout system is exhaustive and unsustainable; risks to the healthcare system and individual nurses need to be addressed at the organizational and systemic levels. All key stakeholders need to acknowledge nurse burnout is systemic, a problem deserving attention and urgent action. Nurses have and continue to sacrifice their health and well-being attending to the care of our loved ones and communities. Care needs to be reciprocated to ensure the sustained well-being of those at the heart of the Canadian health care system.

RECOMMENDATIONS FOR FUTURE RESEARCH

As with all projects of this magnitude, nurse burnout requires sustained examination. Future research should focus on several gaps we have identified in the current literature, as well as others not identified in this brief study. These include further explorations of the ways systemic racism and colonialism impact nurse burnout, paying particular attention to the rise in anti-asian hate and racial microaggressions tied to the pandemic. In acknowledging this paper could not attend to all the intricacies of specific provincial and territorial health care systems, more research is needed in exploring what kinds of specific interventions are needed in each context. Lastly, community-based research would be useful to engage nurses who are rarely included in decision-making. At the heart of policy and protocol recommendations should be nurses' voices and, therefore, an opportunity exists for both government and unions to play a role in amplifying nurses' voices.

APPENDIX

Appendix A: Keywords

Quiet crisis: “The Canadian Nurses Association (CNA) suggests that Canada's health care system is facing what they have termed a ‘quiet crisis', an increasingly ‘severe shortage of nurses with the skills and knowledge to meet the future health needs of Canadians”. It is labelled as a quiet crisis not because nurses have not been voicing their concerns, but because they are not being heard. [74]

Transition shock: has been identified as a factor for increased risk of burnout as “new nurses often identify their initial professional adjustment in terms of the feelings of anxiety, insecurity, inadequacy, and instability it produces”. [75]

Diathesis-stress model: “for a given disorder, there is both a predisposition to the disorder (i.e., diathesis) and specific factors (stress) that combine with the diathesis to trigger the onset of the disorder”. [76]

[74] Ceci & McIntyre. 2001. 1
[75] Duchscher. 2009. 1103
[76] Rende & Plomin. 1992. 77

APPENDIX

Appendix B: Positionality and Motivation

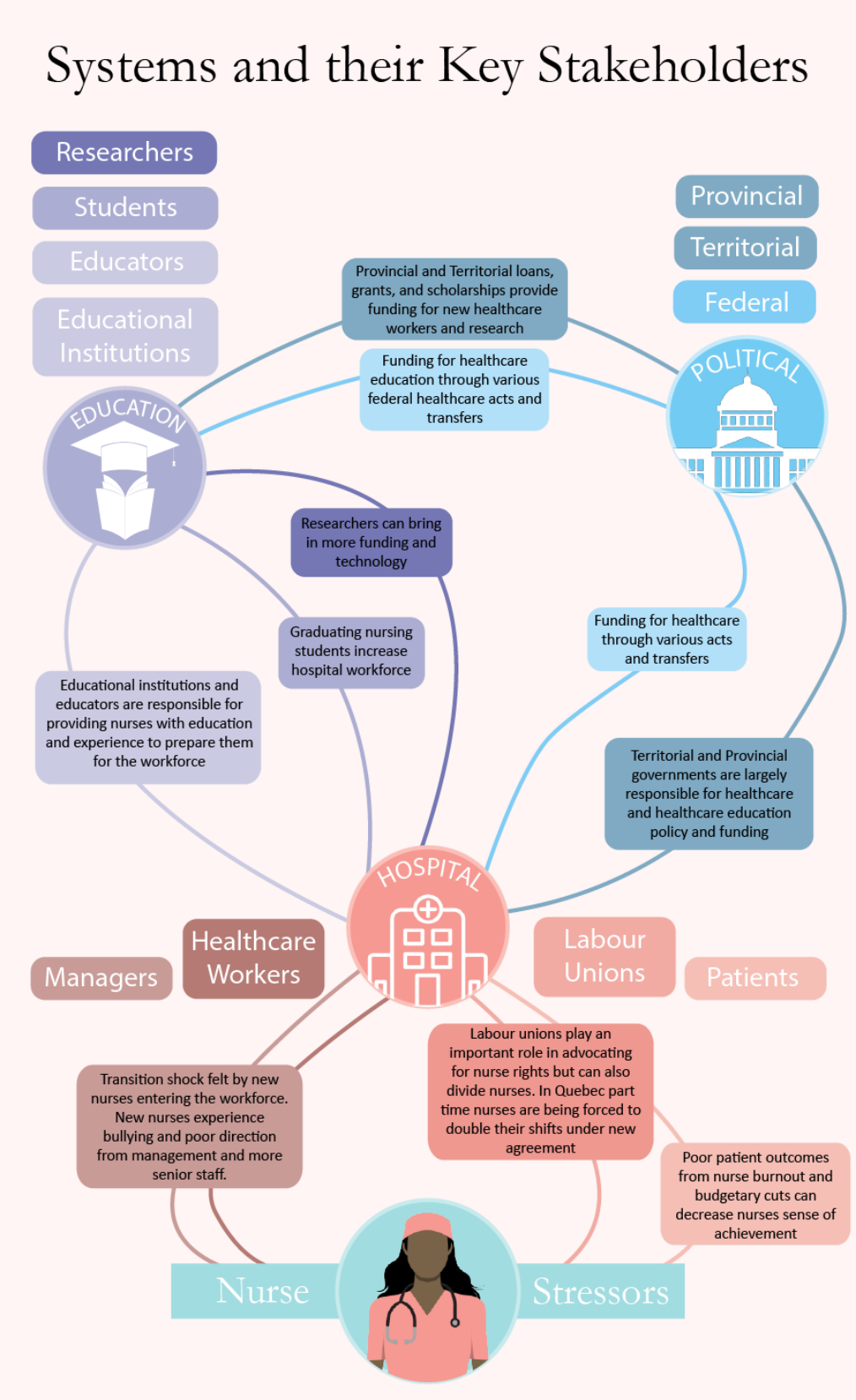
Matana Skoye: I have come to understand that my subject position as a third-generation white woman and settler of Flemish and Norwegian descent growing up and working in Amiskwaciwâskahikan (Beaver Hills House) commonly known today as Edmonton and situated on Treaty six territory matters to what I do. Acknowledging this subject position serves as a reminder of my noninnocent responsibility, namely to continuously and actively work on unlearning and challenging settler-colonial practices. I am motivated to study nurse burnout as the vast majority of my friends are nurses, with two of my best friends recently leaving their work in Alberta hospitals. Their experiences with burnout are extensive and unfortunately, common among their peers. I seek to amplify their voices and experiences so that this systemic problem is finally acknowledged as a public health crisis requiring urgent action.

Sara Gloeckler: As an advocate for mental health, I'm motivated to study preventative models for burnout in organizations such as healthcare. My limitations include not having lived experience working within the healthcare system; however, I was severely asthmatic as an infant and was often rushed to the emergency room.

Zach Nichols: Both my mother and auntie were nurses. I remember my mom being away for long periods of time while doing shift work and coming home completely worn out. In my early 20s, I was diagnosed with an autoimmune disorder and have had to rely quite heavily on the health system. Nurses are my main point of contact and they are really what makes the experience bearable. I have been to several hospitals throughout Canada.

APPENDIX

Appendix C: Stakeholder Map



APPENDIX

Appendix D: Iceberg Model

APPENDIX

Appendix E: Stakeholder Breakdown

Government: Nurses in Canada are positioned in unique contexts across the country as healthcare is provincial jurisdiction, with the federal government providing transfer payments and overseeing national healthcare principles through the Canada Health Act[78].Federalism and the interplay between federal and provincial government complicate nurse burnout as it involves two levels of government and a patchwork of health care systems, volatile funding, and pandemic responses.

Hospital Leadership: Nurse managers play a significant role in nurse burnout as they hold positions of power that can promote relationship building, nurse engagement, and boost morale.[79] On the flip side, nurse managers can contribute to nurse burnout as interpersonal conflict and lack of support are major drivers[80]. One former emergency nurse stated that one of "the key root causes to burnout would be (...) not having the mentorship or role modelling".[81]

Patients: Nurse burnout can also be greatly influenced by violence experienced by patients and their friends and families. Violence and abuse toward nurses is common and those experiences are highly correlated with burnout[82]. In a 2019 study, BC nurses reported the following rates of violence: "emotional abuse: 83%, threat of assault 78%, physical assault 67%, verbal sexual harassment 55% and sexual assault 11%".[83]

Labour Unions: Unions play an important role in advocating for workers' rights and ensuring that proper supports are in place for nurses in Alberta. They can both facilitate and hinder nurse burnout as collective bargaining agreements establish work conditions, pay, and benefits, among other contributing factors.

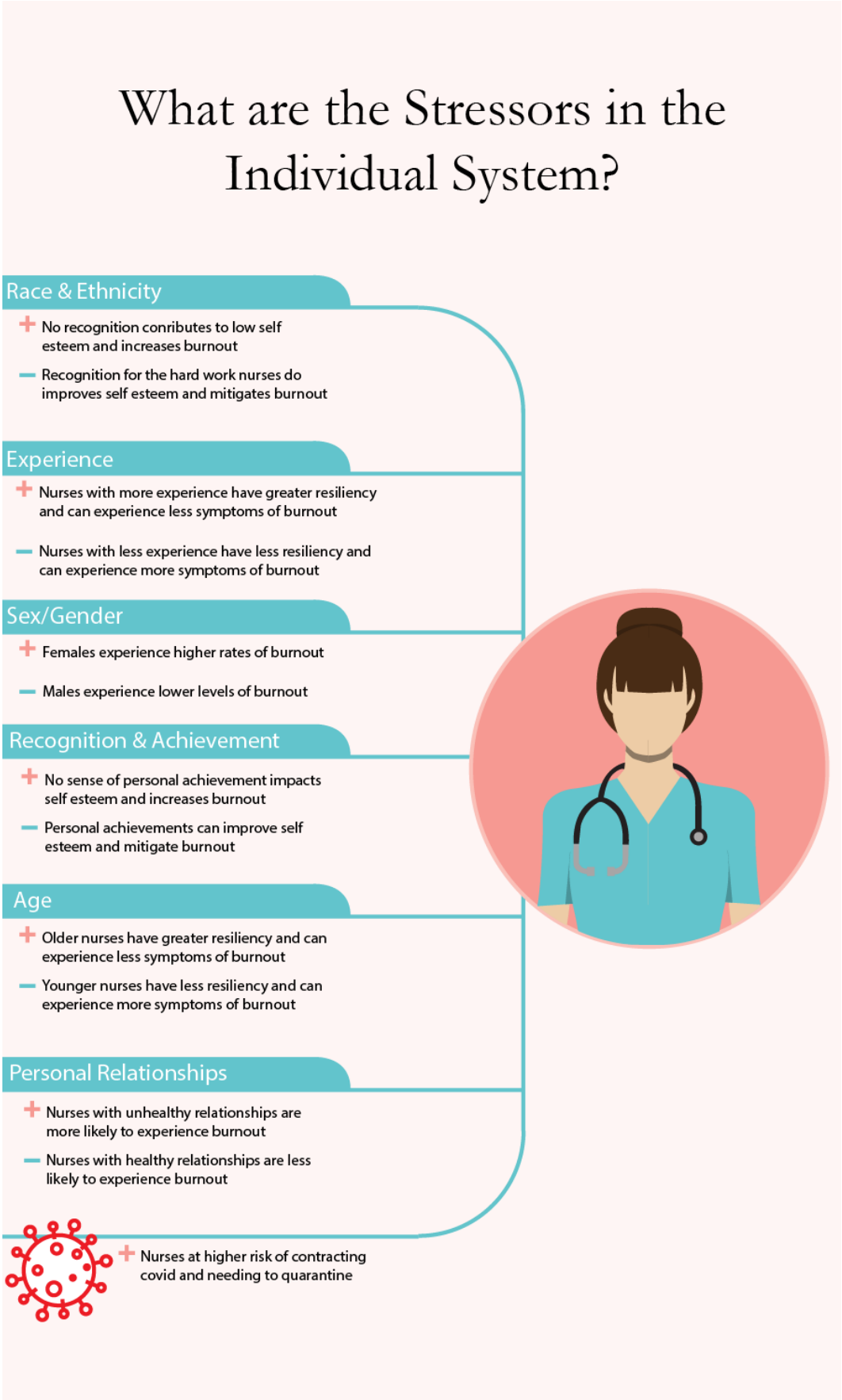
Education Institutions: Although education systems are integral stakeholders in mitigating burnout through their contributions to burnout research, they also reproduce colonial perspectives and play a large role in preparing students before they enter the profession.

Media: While the media has exacerbated nurse burnout by perpetuating harmful competing narratives of the reluctant hero and overpaid public employees, social media and news outlets have also provided a platform for nurses to have their voices heard, raising awareness of the gaps in the Canadian health care systems.

[78] "Canada's Health Care System" n.d. Government of Canada. https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-system/canada.html#a5
[79] Wei et al. 2020
[80] Maunder. 2021
[81] Appendix I
[82] Maunder. 2021
[83] Maunder. 2021. 5

APPENDIX

Appendix F: Nurse Risk Factors

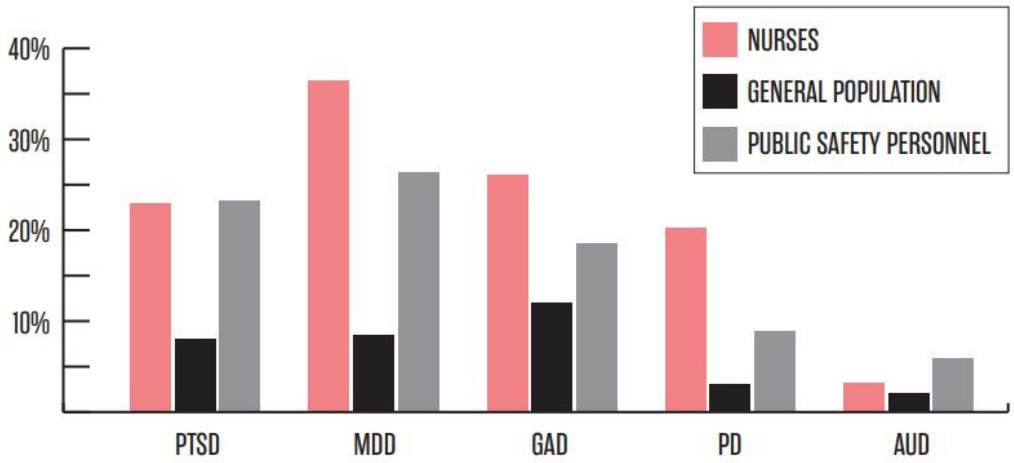


APPENDIX

Appendix G: Comparison of mental disorder symptoms reports from nurses and public safety personnel[77]

Comparison of mental disorder symptoms reports from nurses and public safety personnel

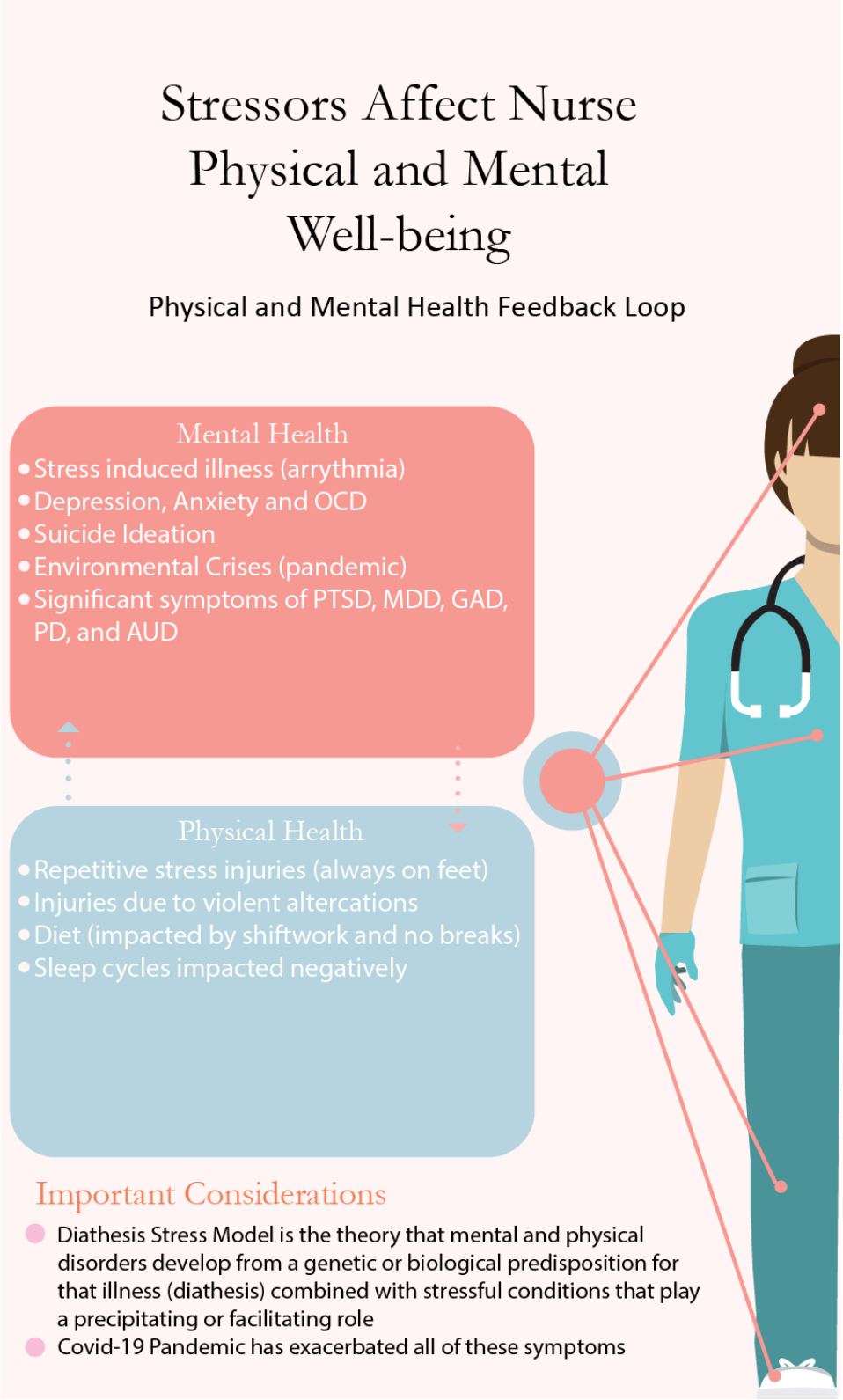
- PTSD rates consistent between nurses and PSP overall;
- Nurses screened positively more often than PSP overall for MDD, GAD and PD.
- Nurses reported slightly higher rates of lifetime suicidal ideation, planning and attempts than PSP (differences were not statistically analyzed).



[77] Stelnicki. 2021.

APPENDIX

Appendix H: Mental and Physical Health Impacts



APPENDIX

Appendix I: Nurse Testimonials

Part-time work: "While hiring more nurses is an obvious way to address the nursing shortage and therefore burnout, (...) hospitals might see a reduction in sick calls and nurse turnover if they gave nurses the opportunity to work part-time. This would reduce overtime hours and the cost of training more nurses to fill new available positions. I went from full-time ICU to a 0.75 part-time position and felt better overall, I was able to transition easier from nights to day shifts and better able to care for my patients because I felt good." - Former ICU Nurse 2022

Debriefs: "Another change would be prioritizing debriefs and check-ins with nurses (...) to discuss what happened, how we felt, what we thought we did well and what could have improved. In addition to debriefs, regular check-ins with staff would be ideal. There were times I wouldn't see my manager for months on end, or a new manager had been hired and I had not met them for 6 months. It certainly didn't make you feel supported or encouraged by your superiors." - Former ICU Nurse 2022

Understaffed: "Because we're short-staffed, the team leads that were often the senior nurses that would go around and help us out (...) would be called to the trauma area. So that would leave us without additional support and oftentimes, I wouldn't get my break." - Former Emergency Room Nurse 2022

Engagement: "Just ask nurses how to make things better. Ask and then listen. Us nurses are rarely asked how to improve the workplace, and if we are, we never seem to see the advice we offer actually make a difference." - Former ICU Nurse 2022

Leadership: "Another recommendation is to hire experienced health care professionals in the business or governing side of health care. (...) In my experience, the managers who are prior nurses or similar health care workers create a better environment to work in. They understand the stresses of the workplace, how to hire a positive and efficient team, they listen and, overall, make you more willing to show up everyday." - Former ICU Nurse 2022

Value Shifts: "Some bigger changes to the system would reduce burnout. We know our managers get bonuses if they manage the unit with less staff. Maybe reward management instead with higher staff satisfaction, higher staff retention, lower amounts of overtime approved and sick calls. If management is encouraged to support their staff instead of overextending them, nurses might stick around longer and not experience as much burnout" - Former ICU Nurse

Physical Symptoms: "I went to the doctor after months of feeling ill - he told me that I had a heart condition, he said it was atrial fibrillation, and that could be fatal. It was brought on by all the stress in my life, and at my job. After 8 years of working as a nurse, and loving my job, I had to quit."- Retired Nurse 2022

Lack of Support: "The key root causes to burnout would be (...) not having the mentorship or role modelling" - Former Emergency Nurse 2022

Lack of Organization Recognition and Strategies: When asked if Alberta Health Services (AHS) has recognized burnout as a systemic problem and whether solutions have been proposed, a former emergency room nurse shared that as far as she knew, it was unrecognized. She additionally could not identify any substantive employer strategies that addressed burnout. - Former Emergency Room Nurse 2022