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Burnout in Nurses: How Job Redesigns Can Help

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Abstract

Burnout is a common phenomenon in many modern-day organizations. The literature, however, shows that burnout is more pronounced in nurses relative to other categories of healthcare workers. Unfortunately, there is a dearth in the literature on how organization development interventions can help reduce burn out in nurses. This paper accordingly attempts to examine the ways job redesigns can be appropriated as typologies of organization development interventions, the overarching goal being to propose dimension-specific interventions of job redesigns that can subsequently be empirically tested as predictors in studies, towards understanding of how to reduce burnout experiences in nurses in their everyday undertaking of caregiving.

Keywords: Job Designs. Burn Out. Job Crafting. Job Enrichment

Introduction

Burnout is a common psychological occurrence in employees of many organizations, thus a phenomenon that has increasingly attracted the attention of scholars and policymakers (Wang, Wang, Han, Ye, Pan & Zhu, 2024; Mudallal, Othman & Hassan, 2021; Jun, Ojemeni, Kalamani, Tong & Crecelius, 2017). The term burnout with reference to an organizational context was first put forward by Herbert Freudenberger (1974) but Maslach (1981) is the one credited to have refined and furthered its conceptualization by delimiting its definition to imply a decline in physical, emotional, and

psychological energy resulting from work-related stress, a definition that has continually been adopted by the research community (Jun et al., 2017).

Nurses are generally more susceptible to burn out relative to other populations of healthcare workers (Galanis, Moisoglou, Katsiroumpa, Vraka, Siskou, Konstantakopoulou, Meimeti & Kaitelidou, 2023; Maslach, 2003). The elevated cases of burn out in nurses has been attributed to various causes, including poor staff management, inadequate resources, lack of support and lack of wellness programmes in the workplace (Ashipala & Nghole, 2022). Olaosebikan and Akinade (2022) also highlight that increased workload, poor remuneration, poor working relationship with colleagues, work life imbalance and hospital settings are other predictors of burn out in nurses. Demographic variables such as age, gender, marital status, and having children have also been argued as to contribute to burnout experiences in nurses (Cañadas-De la Fuente et al., 2015).

Some of the effects of burnout in nurses include emotional exhaustion, lack of personal fulfillment, and depersonalization (Richemond, Needham & Jean, 2022), increased absenteeism, intentions to leave, and high turnover rates (Meng et al., 2015) and worse off, poorer quality of care through medication errors, and high patient infection rates (Nantsupawat, Nantsupawat, Kunaviktikul, Turale & Poghosyan, 2016). The World Health Organization (2019) additionally indicates that individuals experiencing burnout feel cynical about their job and are less capable of performing their job-related duties.

Researchers have advanced various proposals to address the issue of burn out in nurses. For instance, Chang and Chan (2015) argue that having nurses increase their level of optimism can have the benefit of higher copying mechanisms to burn out. Use of physical humor at the workplace has also been advanced as a way of helping nurses cope with burnout (Wanzer, Booth-Butterfield & Booth-Butterfield, 2005). Emotion regulation, where nurses genuinely express emotion vis-a-vis suppressing emotion in response to an adverse event, has also been fronted as a copying mechanism for burn out in nurses (Goussinsky & Livne, 2016).

Problem Statement

Empirical studies suggest that as high as 30-50% of nurses can reach clinical levels of burnout (Cañadas-De la Fuente et al., 2015; Jesse, Abouljoud, Hogan & Eshelman, 2015). The negative effects of burnout, with the high prevalence rates among nurses, makes managing burnout essential if safe care environments and better outcomes for patients are to be attained (Galanis et al., 2021). Regrettably, there is a dearth in the literature on preemptive organization development interventions that can be undertaken to help reduce or manage cases of burnout in nurses. Furthermore, given that

causal variables of burnout are numerous, and not isolated, making it a complex phenomenon with manifold dimensions (Duquette, Kérowc, Sandhu & Beaudet, 1994) exploration of inventive ways of tackling burnout in nurses continues to be a priority in organization studies.

Job design as a causal variable for burnout in nurses.

Burnout is a phenomenon that occurs from a prolonged mismatch between an individual and some dimensions of work, the most prominent dimensions of work being excessive workload, lack of sufficient control over resources needed to accomplish a job, lack of adequate reward for a job done, lack of a sense of positive connections with colleagues, perceived lack of fairness in aspects such as workload and pay, and employees feeling constrained by their job to act against their own values (Maslach & Leiter, 2016; Maslach, Schaufeli & Leiter, 2001; Maslach, 1999).

The highlighted job dimensions have been explored as causal variables to burn out in employees, with empirical studies establishing inconstant results. In the case of nurses, however, there have been conclusive results indicating that the bigger the nurse's workload, the higher the likelihood of burnout (Hunsaker, Chen, Maughan & Heaston, 2015). Having higher schedule flexibility has, on the other hand, been established to lower the prospects of burnout in nurses (Dhaini, Denhaerynck, Bachnick, Schwendimann, Schubert, De Geest et al., 2018). Studies on the lack of sufficient control over resources needed to accomplish a job have, on the other hand, established that intrinsic aspects of a job, such as role conflict, autonomy, and task variety, can have a positive association with some burnout dimensions in nurses (Chiara, Jane, Reinius & Griffiths, 2020).

Job Designs: A Review

While it is generally agreed that the primary objective of effective job design is having jobs contribute to achievement of key organizational outcomes as well as individual outcomes such as enhanced employee motivation and job satisfaction, there is no universally accepted definition of what job design constitutes. Norris and Porter (2012) view it as the division of job tasks allocated to an individual in an organization, specifying what the employee does, how they do it, and why they do it. Armstrong (2009), on the other hand, views job design as the process of defining the contents of a job in terms of its duties, responsibilities, methods, techniques, systems and procedures, with clarity on the relationships that should exist between a job holder, superiors and subordinates. Oldham (1996) posited that job design encompasses the content and structure of jobs that employees are to perform.

Morgeson and Humphrey (2008) accentuate why continued focus on job designs should be a central endeavor for organization theorists and

practitioners. Foremost, they indicate that work is a vital part of life for both individuals and society, given that a vast number of employees will characteristically spend half their waking lives working, with the outcome of the work done bearing a direct or indirect impact on society. This cannot be truer for nurses. Secondly, Morgeson and Humphrey (2008) highlight that organizations keep operating in dynamic environments necessitating continuous review of strategies, structures and with these, job designs to support organizational evolution. Third, they argue that job design is an area that managers, workers and organizations can practically have control over, vis-à-vis other organizational aspects such as culture and structure, thus implying that it is an area that can be tweaked without significant organizational change management requirements.

Even so, contradicting findings on the effect of job design interventions on individual and organizational outcomes are common in empirical literature (Pierce & Aguinis, 2013). Benefits accruing from a specific job design intervention could also have unintended negative and detrimental consequences for the organization in other areas (Campion, Mumford, Morgeson & Nahrgang, 2005). Morgeson and Humphrey (2008) nevertheless posit that the benefits of job design interventions can flow to the organization if desired outcomes, which could be attitudinal outcomes, behavioral outcomes, cognitive outcomes, well-being outcomes or organization-wide outcomes are clearly defined before the intended job design interventions are executed.

Job Design Theories

Throughout the history of work, attempts have been made to improve work designs, with successive generations of scholars attempting to build up knowledge from a hitherto existing knowledge base, leading to crystallization of views into what are now widely accepted job design theories. Some of the most celebrated theories in job designs include The Sociotechnical Systems Theory (Trist & Bamforth, 1951), The Job Characteristics Model (Hackman & Oldham, 1980), The Job Demands-Resources (JD-R) Model and The Job-Demand-Control Model (Karasek,1979).

The Sociotechnical Systems Theory

The sociotechnical systems theory was first theorized by Eric Trist and his colleagues at the Tavistock Institute for Human Relations in London where they built on the General Systems Theory by Von Bertalanffy (1950), abstracting such systems from three dimensions: socio-psychological dimensions, technological dimensions and economic dimensions (Trist, Higgin, Murray & Pollock, 2016). In their abstraction, the socio-

psychological dimension had reference to people, denoting the human aspects, the technological referred to artifacts or things, and the economic being expressive of the effectiveness of interactions between the human and the technological (Trist et al., 2016).

Abbas and Michael (2025) opine that subsequent revisions of the sociotechnical systems theory have refined the abstraction of the initial dimensions to suggest that in an organizational setting, the social subsystem represents the individuals that constitute an organization, together with their relationships, values, work structures, work-related elements and work-related associations. Abbas and Michael (2025) additionally highlight that streams of thought on the sociotechnical dimensions have evolved to view the technical subsystem in an organization as well as include physical and material flows within a transformation process, together with the tools, techniques, skillsets, and devices required by workers to perform their duties, as they drive organizational objectives.

Mumford (2003;2000) underscores that sociotechnical designs ought to include, among others, diagnosis of needs, gauging job satisfaction levels and gauging efficiency levels, and by this means, determining the nature of any future design alternatives. These, whilst noting the ever-evolving nature of the understanding of sociotechnical systems (Davis, Challenger, Jayewardene & Clegg, 2014), if properly appropriated, enable the sociotechnical systems theory to continue to have wide applicability in organizational and management studies (Morris, 2009).

The Job Characteristics Model

The Job Characteristics Model, first propounded by Hackman and Oldham (1976;1980) seeks to explain, and predict, the relationship between job characteristics and individual responses to work. The general view of the theory is that there are five job dimensions that elicit three psychological states that could potentially be beneficial to both personal and organizational outcomes (Siruri & Cheche, 2021). The five dimensions of jobs are skill variety, task significance, task identity, autonomy, and feedback, while the three psychological states are experienced meaningfulness of work, experienced responsibility for outcome of work and knowledge of the actual results of the work activities (Hackman & Oldham, 1980).

Task significance refers to the degree to which the job has a substantial impact on the lives or work of other people, irrespective of whether they are in the immediate organization or in its external environment (Hackman & Oldham, 1980). Skill variety, on the other hand, relates to the extent to which a given job requires the application of a variety of skills and talents to execute (Li, Sekiguchi & Qi, 2020). Task identity refers to the degree to which a job can be done from the start to finish with visible

outcomes (Nyabundi & Kagiri, 2016) while task autonomy relates to the extent to which an employee has freedom and discretion in decision making regarding their work activities (2015). Lastly, feedback relates to the extent to which an employee obtains direct and clear information about the effectiveness of the performance of their job (Boonzaier, Ficker & Rust, 2001). The diagrammatic illustration of the highlights of the job characteristics model is presented as Figure 1 below.

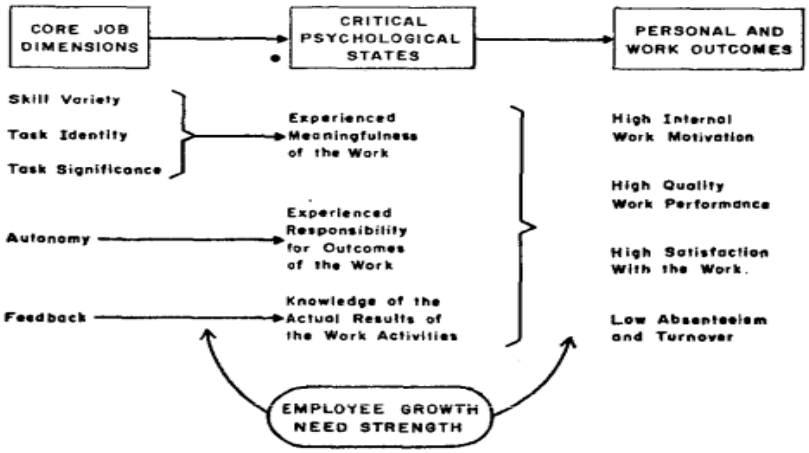

Figure 1: The Job Characteristics Model (Hackman and Oldham, 1980)

Given that nursing is a specialized field and whose job outcomes are contingent on multidisciplinary effort, some dimensions of the job characteristics model, such as task autonomy, may not be fully applicable in the design of nursing jobs. Even so, research on the job characteristics model has continually offered insights into the effects, relational mechanisms, and boundary conditions of some of the job dimensions, thus offering noteworthy guidance for theory, research, and practice on job designs (Grant, 2008), hence may correspondingly be useful in studies seeking to reduce instances of burnout in nurses.

Job Demands-Resources (JD-R) Model

The Job Demands-Resources (JD-R) Model was developed by Bakker and Demerouti, and its key posits are that every occupation has work-related characteristics that can be categorized broadly into two: job demands and job resources (Bakker & Demerouti, 2007). Job demands refer to the physical, psychological, social, or organizational aspects of a job that require sustained physical or mental effort, while job resources refer to the aspects of a job that are critical in achieving work-related goals through reducing job demands, reducing the consequences of job demands, and stimulating personal growth and development (Daniel & Lisa, 2021). A

diagrammatic illustration of the surmises of the model is presented in Figure 2 below.

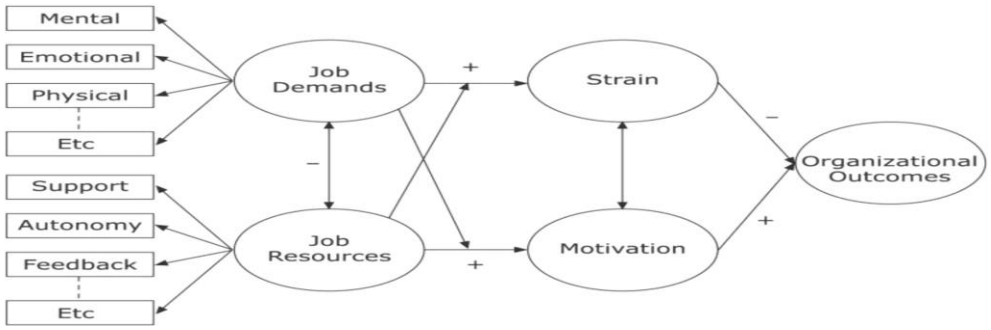

Figure 2: The Job Demands-Resources model (Bakker & Demerouti, 2007)

In nursing circles, the model has been tested empirically, and results have established the hunch around job demands and job resources having predictive ability on individual nurse performance outcomes such as burnout experiences, mental health and turnover intentions (Spence, Heather, Grau, Joan, Wilk & Piotr, 2012) as well as on hospital specific outcomes such as work life conflict and organizational care (Castner, 2017). Consequently, we are of the opinion that the model can provide an all-embracing framework for contextualization of study on burnout experiences in nurses.

Job-Demand-Control Model

This model was introduced by Robert Karasek, who sought to outline the impact of adverse job characteristics on health and well-being (Karasek,1979). According to the model, negative consequences of work are attributable to two dimensions of a job: job demands and job control. Job demands refer to the quantitative aspects such as workload, time pressure and emotional demand,s while job control, also referred to as decision latitude, refers to the extent to which a job holder can control their job tasks and general work activity (Häusser, Mojzisch, Niesel, & Schulz-Hardt, 2010). Combining the two dimensions of job demands and job control, Karasek (1979) argued that jobs that are high on demands and low on control are high-strain jobs and bear the highest risk of negative outcomes on the jobholder, while jobs low on demands and high on control are low-strain jobs and hence have little likelihood of having adverse outcomes on the jobholder. The diagrammatic illustration of the model is presented as Figure 3 below.

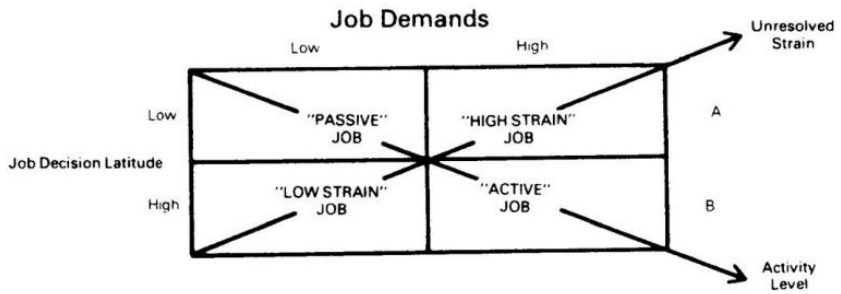

Figure 3: The Job Demand-Control model (Karasek, 1979)

Johnson and Hall (1988) subsequently built on the arguments of the model by Karasek (1979) and proposed the addition of social support as a third dimension, positing that negative psychological outcomes for a job holder are expected when employees are in jobs that are characterized by high job demands, low job control and low social support. Multiple research studies have subsequently established the legitimacy of both the Job Demand-Control and the Job Demand-Control-Support Models, making them one of the most dominant theories seeking to study the improvement of employee psychological well-being at the workplace.

How Job Redesigns Can Help Address Burnout in Nurses

From the literature, it can be construed that job redesign interventions can potentially offer a pathway of addressing concerns of employee psychological well-being at the workplace, including tackling the challenge of burnout in nurses. Through ideation, we propose that job redesigns can indeed help manage burnout experience in nurses through the appropriation of job enrichment and job crafting interventions.

Job Enrichment

Job enrichment is a job redesign strategy where an employee is assigned more responsibilities and duties to make their work more challenging and rewarding (Salau, Adeniji & Oyewunmi, 2014), inspiring workers to fully utilize their skills and abilities in task performance (Marta, Supartha, Dewi & Wibawa, 2021). From empirical studies, job enrichment has multiple benefits to organization,s including enhanced employee motivation (Tumi, Hasan & Khalid, 2021), enhanced employee loyalty (Niehoff, Moorman, Blakely & Fuller, 2001), enhanced organizational performance (Ada & Daniel, 2020) and reduced employee burnout (Cunningham,1983).

Based on the job demands-resources model and the job-demand-control model, job enrichment interventions should incorporate elements that

facilitate job resources (Bakker & Demerouti, 2007) and enable high control (Karasek, 1979). Through this, several predictors of burnout are likely to be ameliorated, thereby enhancing job satisfaction and better organizational outcomes.

Practical instances of effecting job enrichment interventions in nursing practice could entail allowing nurses to have activities that are value adding to patient care, but without affecting their primary role of caregiving. For example, nurses who have a passion for cookery can be allowed to participate in making diet plans with nutritionists, and, where possible, making patient meals, increasing nurses' skill variety experiences and task significance, thereby enriching their jobs. Another example of a job enrichment intervention is allowing nurses to oversee the design or maintenance of therapeutic gardens, which could then lead to enhanced task identity and with that, the additional benefit of enhancing work-related associations, thereby improving organizational work climates, thus lowering burnout experiences.

Job Crafting

Job crafting is a bottom-up job redesign strategy wherein employees undertake self-initiated changes to align their jobs with their strengths, passions, and values (Wrzesniewski, LoBuglio, Dutton & Berg, 2013; Kooij, van Woerkom, Wilkenloh, Dorenbosch & Denissen, 2017), enabling them to better optimize job resources in the context of high job demands (Tims & Bakker, 2010). Bakker and Demerouti (2016) argue that job crafting by employees is important as it helps cultivate an environment that fosters person-job fit, which in turn can help manage burnout in employees (Zeng & Hu, 2024).

As a proactive form of work redesign by employees geared towards changing the characteristics of their jobs with the intent of decreasing hindering job demands, it can be undertaken with or without management consent and cooperation (Cort, Ian, Kristi & Zacher, 2017,) making it a powerful employee engagement avenue for organizations. When properly undertaken, job crafting enables employees to change the way they see their jobs, making them have a sense of enhanced control over the tasks they do (Wrzesniewski & Dutton, 2001), hence reducing instances of burnout experiences.

In the literature, job crafting is depicted to have three different typologies, these being task crafting, relational crafting and cognitive crafting (Li, Yang, Weng, & Zhu, 2021). Task crafting relates to shaping or moulding one's role, relational crafting refers to reshaping the nature of the interactions employees have with others (Berg & Wrzesniewski, 2013) while cognitive crafting relates to how employees change their mindsets about their

assigned tasks (Tims & Bakker, 2010). In implementation, job crafting can, however, be collaborative crafting, that is, where employees work together to review the work process, or individual crafting, where employees actively but singularly alter the boundaries of their tasks (Cheng, Chen, Teng & Yen, 2016).

In nursing practice, studies show that job crafting is positively associated with nurses' wellbeing, motivation, happiness and the resulting quality of care (Rodríguez-García, Ramos-Martínez & Cruz-Cobo, 2024). Given that nurses are more cognizant of the tools, techniques and skillsets within their possession, they should hence be allowed to undertake job crafting through designing their jobs and work environments (Michael, 2025) which will then lead to tackling of the challenge of high demands and low control in their jobs, thereby reducing burn out experiences. Given the sensitivity around the nursing ecology and profession, collaborative job crafting should however be preferred over individual job crafting (Topa, Aranda-Carmena, 2022).

Summary and Conclusions

The outcome of meta-analysis of several studies indicates that adverse job characteristics such as high workload, long shifts and low job control, among others, can lead to burnout in nurses, thus nurses registering higher instances of burnout relative to other populations of health workers. In this article, we review the theoretical underpinnings of job redesign approaches and are compelled to argue that job enrichment and job crafting hold the potential to address concerns of burnout in nurses. Nevertheless, the propositions are premised on conceptual and theoretical persuasions; therefore should only be considered as probable dimension-specific initiator variables that ought to further be explored in empirical studies for evidence-based policy guidance and decision making.

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