

Burnout among nursing staff in three Scandinavian countries:

A literature review

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<p>Abstract:</p> <p>This literature review aimed to identify the causes of burnout among Scandinavian nurses. Further, its aim was to look into the current available intervention methods available in these three countries, Denmark, Norway and Sweden. The goal of this study was to identify any gaps in our current knowledge of burnout in this location. The review was led by the three following questions: 1) What are the risk factors or causes for burnout among nursing staff in Scandinavia? 2) How do these Scandinavian countries compare to each other? 3) How does the Scandinavia prevent burnout among nursing staff? 12 articles were reviewed by using a thematic analytic approach. The articles origin were limited to the Scandinavian countries Denmark, Norway and Sweden, and they were all a maximum of 10 years old. The theoretical frame for this study was Maslach's multidimensional theory of burnout and Demerouti's job demands-resources model.</p> <p>The findings of this review indicated a clear relationship between job demands and job resources to burnout. The results revealed that protective factors may serve as resources against demands which cause burnout. Further, organizational interventions proved the least successful in this study. Little is known about burnout specifically to Scandinavia as a location. Future studies should focus on protective factors as resources, organizational interventions and the prevention of burnout from an organizational perspective. It will be in particular interest to gain an understanding in which organizational factors prevent nurses from working autonomously.</p>	
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1 INTRODUCTION

Burnout among nursing staff is an increasing problem in modern times. Even if burnout was discovered and conceptualized some 45 years ago (Freudenberger, 1974), burnout among nurses is still on the rise. The concept has been researched for some time, yet little is known about its causes in Scandinavia. It is therefore of interest to investigate what causes burnout in these countries and see if these causes differ. Due to the limitations of the author, the three Scandinavian countries Denmark, Norway and Sweden were chosen due to their similarities. For similar reasons the interventions offered by these countries should be identified and compared as well. The goal of this review is to define the current knowledge level on this topic and to identify the gaps in this knowledge in relation to Scandinavia. This literature review offers insight on the causes of burnout among nurses originating from the Scandinavian countries. This insight offers an identification of the current knowledge gaps which are particular to these countries.

Burnout became a hot research topic in the western world in the 70's when it was researched on both coasts of the United States. Herbert Freudenberger studied volunteers working in a clinic for drug abusers, while Christina Maslach and her colleagues were interviewing workers from a variety of human services (Freudenberger, 1974; Schaufeli, 2017 p.107). Freudenberger (1974) used the term 'burnout' to describe emotional depletion, loss of motivation and reduced commitment. The focus of Freudenberger's research laid solely in finding a way of preventing burnouts occurrence. In contrast, Maslach focused her research on how workers from the human services dealt with emotional arousal in their work environment. Maslach and her colleagues identified three key findings in their research: emotional exhaustion, negative perceptions of their clients and a crisis in professional competence. These findings became the multidimensional theory of burnout (Maslach, 1982). Maslach and her colleagues, Susan E. Jackson and Michael P. Leiter created the Maslach Burnout Inventory (MBI), which is a measure still used to identify burnout in workers to this day.

To further our understanding of the occurrence of burnout within the human services, Wilmar Schaufeli (2017) reviewed the socio-cultural history of burnout. He found three

main events which could have contributed directly or indirectly to the increased burnout rates. Schaufeli (2017 p.109) claims the war on poverty in the United States, the bureaucratization and professionalization of the human services professions and a cultural revolution were the main reasons as to why there was an increase in burnout at the time.

Following these socio-cultural changes, an increase in burnout was discovered. Due to the increase of burnout several models and theories were founded to deepen our understanding of the phenomena, one of which is the multidimensional theory of burnout by Christina Maslach. Her theory bases itself on her prior findings on the topic and translates into the following three dimensions: emotional exhaustion, depersonalization and reduced personal accomplishment (Maslach, 1998; Maslach, Schaufeli and Leiter, 2001).

In light of Maslach's findings, other theories and models developed. One such model was the job demands – resources model by Demerouti, Bakker, Nachreiner and Schaufeli (2001). The model criticizes Maslach's model on the basis of there being a lack of sufficient research on the third dimension of burnout, namely reduced personal accomplishment. The job demands – resources model bases itself on high demands and a lack of resources being the two core factors as to explain the causes of burnout. Due to their relevance to the topic, the multidimensional theory of burnout and the job demands-resources model were chosen as theoretical framework for this thesis.

Similarly, two other models or theories worthy of note emerged. Stevan Hobfoll's conservation of resources or COR-theory emerged in 1989. His theory is based on resources being the key to understanding stress. Resources are sorted into one of the four categories: objects, personal characteristics, conditions and energies. It is this theory which Xanthopoulou et al. (2007 p.121) bases part of their model on.

Lastly, Robert A. Karasek Jr developed the demand – control model with the aim of investigating the relationship between high workload and a low sense of control and their association to mental strain. The model serves this purpose by looking at the individuals job situation and identifies which factor the worker has little to no control over. These factors could be stressors, conflicts and high demands to name a few (Karasek, 1979).

2 BACKGROUND

The first documented use of the term burnout in the workplace was used in reports regarding US air traffic controllers (Samra, 2018 p.k5268). According to Schaufeli (2017 p.107), burnout was first used informally, the use of the term 'burnout' in relation to care staff was first published in a scientific journal called the Journal of Social Issues in 1974. It was Herbert Freudenberger who first coined the term within the human services during his work as a psychologist for volunteers at a clinic in New York (Freudenberger, 1974).

Freudenberger (1974) attributed burnout particularly to caring professionals, as he worked with volunteers at St Mark's Free Clinic for drug abusers in New York. Freudenberger worked there as a consulting psychologist to the volunteers and it was here that he came across the term. He used the term to describe emotional depletion, loss of motivation and reduced commitment in the volunteers (Freudenberger, 1974). He experienced burnout twice, this has been viewed as solidifying his credibility on the topic (Schaufeli, 2017 p.107). In spite of his notes being strongly autobiographical (Schaufeli, 2017 p.107), he received the Gold Medal Award of the American Psychological Association for life achievement in the practice of psychology in 1999.

Simultaneously, Maslach and her colleagues came across the term while interviewing a variety of candidates from different human services. The focus of Maslach's study laid on how these workers dealt with emotional arousal in a demanding work environment. This is in contrast to Freudenberger's focus, which was to investigate the prevention of burnout (Schaufeli, 2017 p.107). The key findings in the interviews conducted by Maslach and her colleagues were that 1) the workers often felt emotionally exhausted, 2) they developed negative perceptions towards their clients, and 3) they experienced crises in professional competence, all as a result of burnout. This later became Maslach's multidimensional theory of burnout. It describes emotional exhaustion, depersonalization and reduced personal accomplishment as three separate, yet overlapping dimensions of burnout (Maslach, 1982).

Christina Maslach and Susan E. Jackson created Maslach's Burnout Inventory, MBI, in 1981 with co-author Michael P. Leiter. It wasn't until the mid-1990's that a general survey version of the MBI was published, the MBI-GS. This inventory was worded more openly and the questions were generalized to be applicable as a measurement tool outside of the human services. It was due to the production of the MBI that the concept of burnout became an academic subject, rather than a pseudoscience (Schaufeli, Leiter and Maslach, 2009 p.213; Schaufeli, 2017 p.108).

2.1 Socio-cultural history of burnout

In his review, Schaufeli (2017) explains that burnout was related to several broader social, economic and cultural developments in the 1960's US. According to Schaufeli, Leiter and Maslach (2009 p.206), a war on poverty in the US led to an increase of young, idealistically motivated people into the human services professions. The attempted war on poverty was not a success, and the workers found themselves increasingly frustrated. This frustration gradually turned into despair and cynicism (Schaufeli, Leiter and Maslach, 2009 p.206; Schaufeli, 2017 p.109). From the 50's onwards, the human services were professionalized and bureaucratized as government influence was on the rise. This meant that there was a widespread institutionalization, turning large, modern organizations into employers of the health care services. Schaufeli (2017 p.109) discussed that it might have been a difference between the utilitarian organizational values and the employees personal or professional values which promoted burnout.

The cultural revolution that followed in the 60's weakened the professional authority among human services professions, this includes doctors, teachers, social workers, nurses and police officers. Along with the professional authority, so went also the prestige of these occupations. The patients demands for empathy and care, service and compassion intensified, and an inconsistency arose between the professionals' efforts and the rewards received in terms of gratification and recognition of said efforts (Schaufeli, 2017 p.110).

Schaufeli, Leiter and Maslach (2009 p.206) argue that it is these three factors, namely, the war on poverty, the professionalization and bureaucratization of the human services

and the cultural revolution, that were more or less related to the human services, but there was also other socio-cultural developments which contributed to the emergence of burnout in the last quarter of the twentieth century (Schaufeli, 2017 p.109-110).

2.2 Noteworthy theories and models

Below follows relevant theories and models which have been found to explain or further our understanding of burnout.

Conservation of resources theory

In 1989, Stevan Hobfoll developed the Conservation of resources theory. He claims that resources is the key to understanding stress. His argument based itself on stress being a reaction to an environment which either threaten a loss of resources, there is a loss of resources or where there are no resources gained after an investment of resources (Hobfoll, 1989). In his theory, Hobfoll defines resources as objects, personal characteristics, conditions or energies valued by the individual, meaning that resources are personal and varies between individuals (Hobfoll, 1989; Halbesleben et al., 2014). The theories identified four resources, as mentioned above, and the loss or gain of which result in stress or well-being.

Hobfoll explains that object resources are valued by the individual due to their physical nature or for their status value. Objects as a resource is in this case linked to socioeconomic status which would encourage stress resistance (Hobfoll, 1989). Conditions are resources which are sought after, Hobfoll (1989) uses marriage and seniority as examples of valued conditions and explains that these conditions are valued due to their inherent roles, such as husband and wife within a marriage. Referring to female cancer patients, he discussed how living with others decreased the mortality rate within this patient group. Personal characteristics refer to a person's world view or outlook, a positive world view or seeing events occurring in one's lifetime as in their best interest, could be resourceful (Hobfoll, 1989). He adds that value of social support lies in its support of self-esteem or a positive sense of oneself and the perception that difficult circumstances are temporary or could even be mastered. Hobfoll (1989) relates social sup-

port as an aid to provide or preserve resources, therefore, social support is in itself not a resource. The final resource is energy, and energies is in this context resources like time, knowledge and money. Energy is a resource which is used to gain the three other kinds of resources described above.

The demand – control model

The aim of the demand – control model is to explain the relation between high job demands and low sense of control and their association to mental strain. This model suggest that there are numerous factors which result in psychological strain, and these are caused by the joint effects of demands in the work environment and the level of control the worker has over making decisions when facing such demands. The demand control model is environmentally based, meaning it looks at factors which the individual worker has little or no control over. It looks at the job situation of the individual including workload, conflicts and other stressors, and the individuals job decision latitude, referring to the constraint which regulates the individuals ability to release stress into energy of action. Stress is in this case ‘potential energy’ (Karasek, 1979).

The model predicts that strain increases with the increase in work demands in relation to a decrease in job decision latitude. In addition, gradual positive additions to the individuals competency will occur if the current challenges are matched by the individuals own skill or control when dealing with the particular challenge. The usage of the model is based on a separation of the two aspects, job demands and job decision latitude. This has been shown not to be the case: “In fact, there is considerable empirical evidence that the correlation is low, which implies that there are substantial groups of workers with discrepant demands and decision latitude.” (Karasek, 1979).

3 THEORETICAL FRAMEWORK

This theory and model were both selected for their relevance to the topic. Maslach's theory was chosen due to the theory's application to the human services and thus the nursing profession. Maslach (1982; 1998) explores three dimensions of burnout. The theory explains the concept in rich detail and in personal aspects that are easy to comprehend. The data presented in the theory is realistic and central to this day. The JDR model was selected due to its further explanation of the concept, it adds a different perspective to Maslach's theory to see the greater picture. Demerouti et al. (2001) created the JD-R model to explain how high demands in the work place and a lack of personal and organizational resources may lead to burnout.

3.1 The Multidimensional theory of burnout

Maslach (1982 p.405) theorizes that job burnout is a prolonged response to chronic interpersonal stressors on the job. The experience can impair both personal and social functioning and claims that burned out employees are costly both for the individual worker and their colleagues. The three key dimensions are described as an overwhelming exhaustion, feelings of cynicism and detachment from the job; and reduced personal accomplishment; a sense of ineffectiveness.

Emotional exhaustion refers to feelings of being emotionally overextended and depleted of one's emotional resources. Sources of this exhaustion are work load and personal conflict at work. The emotional exhaustion component represents the basic individual stress dimension of burnout.

Depersonalization refers to negative, cynical, or excessively detached response to other people, which often includes a loss of idealism. It develops in response to the over load of emotional exhaustion and is self-protective at first. The risk is that the detachment can turn into dehumanization. Depersonalization represents the interpersonal component of burnout, between coworkers as well as effecting the carer-patient relationship. Depersonalization in relation to the human services, means distancing oneself from the recipients of the service, for instance, students, patients, clients. This is done by ignoring

their human qualities, making them unique and engaging people. The workload in form of demands are considered more manageable if the recipients are thought of as objects part of the job. Depersonalization is also referred to as cynicism, or a cynical attitude, and it is an immediate reaction to exhaustion, consistently found in burnout research (Maslach, Schaufeli and Leiter, 2001 p.403).

Reduced personal accomplishment refers to a decline in feelings of competence and productivity at work. This lowered sense of self-efficacy has been linked to depression and inability to cope with the demands of the job, and it can be exacerbated by a lack of social support and of opportunities to develop professionally. The personal accomplishment component represents the self-evaluation dimension of burnout (Maslach, 1998 p.69). The dimension 'reduced personal accomplishment's' connection to emotional exhaustion and depersonalization is more difficult to define. It could be a function of either cynicism or exhaustion, or even a combination of both (Maslach, Schaufeli and Leiter, 2001 p.403). In a work situation where the heavy workload is chronic, the demands of said workload become a contributing factor, enhancing exhaustion and cynicism, which further wears down the workers sense of efficiency, leading to reduced sense of accomplishment.

The theory places the individual stress experience within a social context. "Relationships at work are the source of both emotional strains and rewards, they can be a resource for coping with job stress, and they often bear the brunt of the negative effects of burnout" (Maslach, 1982 p.23; Maslach, 1998 p.70).

Generally speaking, exhaustion is the most obvious manifestation of burnout, and its often this dimension people refer to when they describe their experience of burnout (Maslach, Schaufeli and Leiter, 2001 p.402). Indeed, exhaustion is the most reported and thoroughly analyzed dimension of burnout. Due to the sheer evidence of exhaustion prevalence and the strong correlation between exhaustion and depersonalization, others have argued that the remaining dimension is the weakest of the three (Demerouti, et al., 2001 p.500), however, Maslach, Schaufeli and Leiter (2001 p.403) argue that exhaustion in its own aspect is not sufficient on its own. If the focus laid solely on the individual exhaustion component, the critical aspects of the persons work-relationship

would be lost entirely. Exhaustion in itself leads to depersonalization, and it is perceived to be a coping mechanism against heavy workload.

Burnouts' significance is linked to its outcomes, of which most have been related to job performance or health. Burnout, more specifically the exhaustion aspect of burnout, has been linked to lead to less productivity and efficiency, it's also related to absenteeism, turnover and intention to change jobs, reduced job satisfaction and commitment (Maslach, Schaufeli and Leiter, 2001 p.406).

Researchers have made a connection between the lack of efficacy or personal accomplishment, with a lack of resources (Maslach, Schaufeli and Leiter, 2001 p.403), while emotional exhaustion and depersonalization are brought to life from the work overload and social conflicts in the workplace.

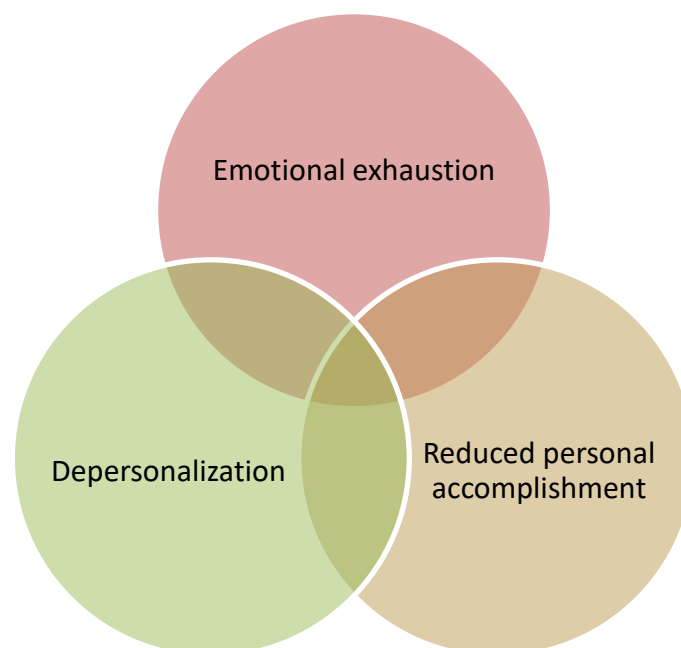


Figure 1: Diagram illustrating the overlapping relationships between the three dimensions of burnout.

3.2 The Job demands-resources model of burnout

This model bases itself on two categories, job demands and job resources, and relates them to specific outcomes of burnout. The model claims that job demands relate to the

exhaustion aspect of burnout, while a lack of job resources connects to disengagement (Demerouti et al., 2001). Maslach's original theory limits burnout to the human services, while Demerouti et al. (2001 p.499) claims that there's "ample empirical evidence shows that stressors that may lead to burnout in the human services that can be found in other work settings as well".

Emotional exhaustion and depersonalization constitute a syndrome which is loosely related to personal accomplishment. Studies show high job demands may cause both emotional exhaustion and job-related depression and anxiety. High job demands also sympathize with work overload, time pressure and unfavorable physical environment. Poor job resources relate to a lack of social support, skill underutilization and poor performance feedback. In addition, resources related to withdrawal reactions like reduced organizational commitment, turnover and alienation. Organizational resources include job control, potential for qualification, participation in decision making and task variety (Demerouti and Bakker, 2011 p.4). Support from colleagues, family and peer group are the social resources. When the external environment lack resources, individuals cannot cope with the negative influences of environmental demands, like high workload, and they cannot obtain their goals. Within the job demands – resources model, job demands are referred to as "aspects of the job that require sustained physical or mental effort and are therefore associated with certain physiological and psychological costs" (Demerouti et al., 2001 p.501). This describes the factors which could cause burnout, including but not limited to exhaustion, work overload, conflicts with others and future job insecurity.

Lack of resources complicates meeting job demands which further leads to withdrawal behavior. One may argue that the interaction between job resources is the most important for the development of burnout, that is, of exhaustion and disengagement. Demerouti et al. (2001 p.500) claim there is little evidence of such an interaction and therefore focused on job demands and job resources contribution to explaining variance in each burnout component. This means, the model is divided into two processes, demanding aspects of work correlating to exhaustion, and lack of resources relates to disengagement. Resources are divided into external resources and internal resources which are stable or situation independent. In short, the job demands-resource model assumes

that job demands are most predictive of feelings of exhaustion, whereas lacking job resources is most predictive of disengagement from work.

Job resources are described as “aspects of the job that may do any of the following: (a) be functional in achieving work goals; (b) reduce job demands and the associated psychological costs; (c) stimulate personal growth and development” (Demerouti et al., 2001 p.501). These resources are described as support from others, job control and performance feedback.

The job demands – resources model suggests a connection between work related demands and its resources. The hypothesis is that the work related demands lead to stress and strain, while work related resources promotes motivation for the profession (Demerouti and Bakker, 2011 p.8). According to this model, burnout is sparked by excessive demands and a lack of resources, manifesting itself as a stress process. Stress is in this context defined as a disruption in the balance of the emotional, environmental and cognitive system by external factors of which the individual have little or no control (Demerouti et al., 2001 p.508). These factors may as well lead to well-being due to the resources the individual possesses (Demerouti et al., 2001 p.508). Maslach, Schaufeli and Leiter (2001 p.409) assesses that these demands are high over an extended period of time, and that the resources a worker has do not compensate the demand, leading to emotional exhaustion or stress. This further develops into negative outcomes both on an organizational and individual level.

However, Schaufeli and Taris (2013 p.47) argues that there is a similar yet different process of motivation. This process is found when the individual finds themselves rich on resources. This leads to outcomes which would be considered positive for the organization and the individual, such as organizational commitment, intention to stay and higher work performance. Thus, an increase in resources such as job control or autonomy, feedback and social support, burnout could be prevented and job engagement would be fostered (Demerouti and Bakker, 2011 p.7).

In a study conducted by Demerouti et al. (2001 p.502), the focus remained on external factors regarding resources and demands, due to the lack of agreement on which internal

resources are to be considered to be dependent on context or the current situation, or if they are to be considered stable and consistent. Job control or autonomy, variety in work tasks and potential for qualification are considered organizational resources, whereas social resources refer to support from family, colleagues and peers. In this study, it was found that the individual was unable to cope with a lack of resources in their work environment and the related demands, further the individuals were incapable of realizing their goals (Schaufeli and Taris, 2013 p.60).

In short, the job demands – resources model claims that burnout develops through two processes. The first process shows that amplified work demands lead to stress and exhaustion, the second process addresses the lack of resources, which makes the former process difficult, leading to withdrawal behavior (Demerouti et al., 2001 p.505).



Figure 2: Illustration of how high demands and a lack of resources combined lead to burnout.

4 AIM AND RESEARCH QUESTIONS

Burnout has become an increasing problem in Scandinavian. The aim of this study is to investigate the causes of burnout among nursing staff in the following Scandinavian countries; Denmark, Norway and Sweden. It is of interest to identify the types of interventions currently available to this group of nurses and assess their efficiency. The goal of this study is ultimately to define the current level of knowledge on this topic and to identify its gaps. The study is led by the following research questions:

- What are the risk factors or causes for burnout among nursing staff in Scandinavia?
- How do the Scandinavian countries compare to each other?
- How do the Scandinavian countries prevent burnout among nursing staff?

5 METHODOLOGY

This study was conducted as a literature review. A literature review is a means of gathering and searching the current information on a given topic. In this case, as a basic review, its main purpose is to identify gaps in the current knowledge of the topic and discuss these. This will guide future research on the relevant topic (Machi and McEvoy, 2012 p.16). The data analysis method of choice was to perform a thematic analysis. This is due to its clarifying approach to the data. The research findings thus stem from the frequent or dominating themes from the articles analyzed (Thomas, 2006 p.239).

5.1 Data collection

Below follows a breakdown of the hits yielded from each search engine used. The following search engines were used to retrieve data: Academic Search Elite, Cinahl, PubMed, Sage and ScienceDirect. Certain engines provided a large quantity of articles and the degree of relevance varied, while the search also provided no articles of relevance when the search was narrow. This explains why Science Direct had a larger yield of articles per country than Academic Search Elite. Narrow searches were used in Academic Search Elite, Cinahl and PubMed due to the quantity of articles retrieved while the search was too broad.

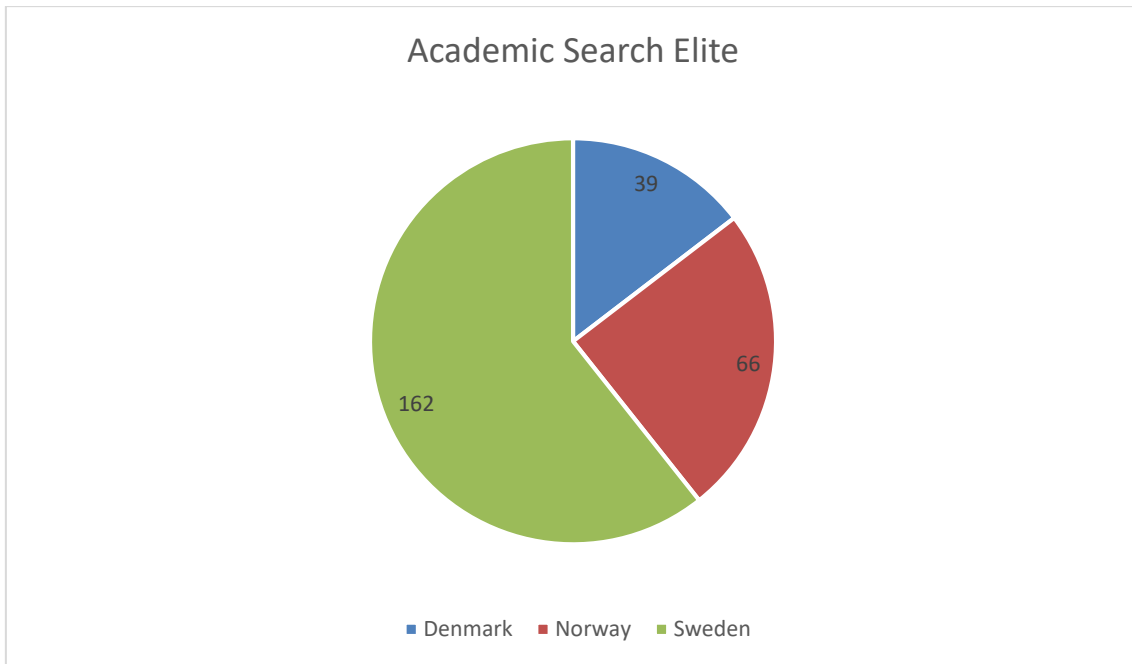


Figure 3: Number of yielded articles per country using Academic Search Elite's database.

The following search terms were used in this search: Nurs*, job stress, burnout. The country and nationality of the individual country was added. Boolean search phrases like “and” and “or”. Instead of using the word nurse, truncation was added in order to include similar phrases like nurses and nursing staff. This resulted in the following search string:

Divided across 3 search fields:	1. Nurs*
AND	2. Burnout OR job stress
AND	3. Denmark OR Danish

Table 1: Illustration of search string used to find literature.

The following search strings were applied for Norway and Sweden. Nurs* AND burnout OR job stress AND Norway OR Norwegian for Norway, and likewise Nurs* AND burnout OR job stress AND Sweden OR Swedish, for Sweden, totaling a yield of 267 articles.

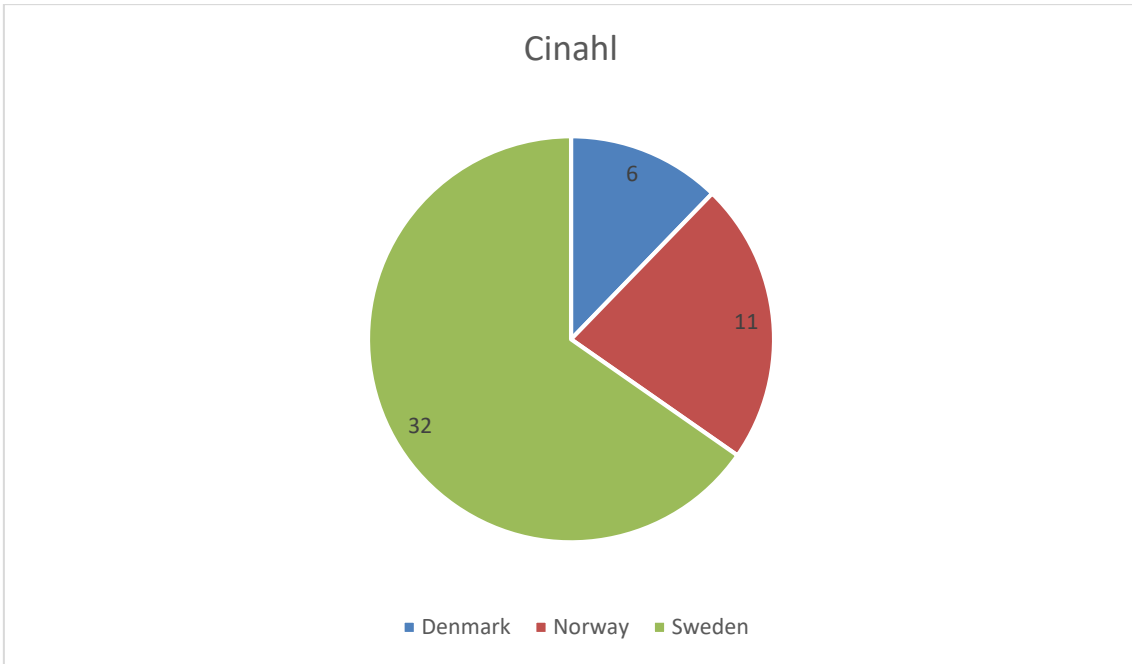


Figure 4: Number of yielded articles per country using Cinahl's database.

The search in Cinahl's database was conducted in the exact same way as in Academic Search Elite. The same search words were used, with Boolean search phrases and truncation in the same place. The search proposed in total 49 articles.

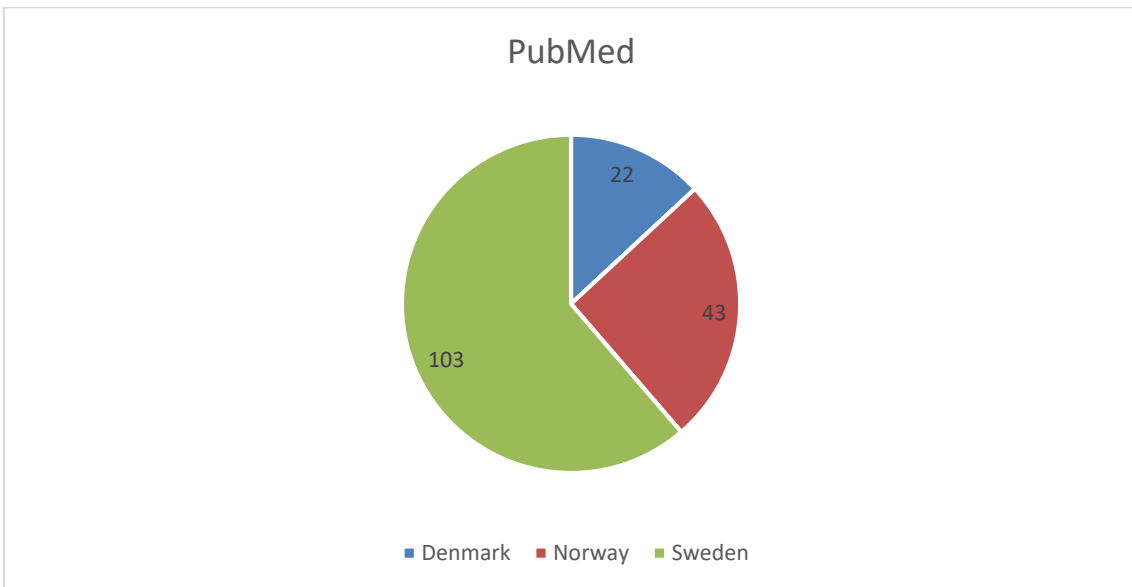


Figure 5: Number of yielded articles per country using the PubMed's database.

The search in PubMed's database started by selecting an advanced search. The search was divided in three search fields and combined using the Boolean phrase "and" between them, like in the previous database searches described above. One search string looked like this: "(((Burnout or job stress or occupational stress)) AND (nurse or nurs-

ing staff)) AND (Denmark or Danish)”, a similar search string containing the same search terms with the exception of the country and nationality changing in accordance with the country of interest. This search produced a total of 168 articles.

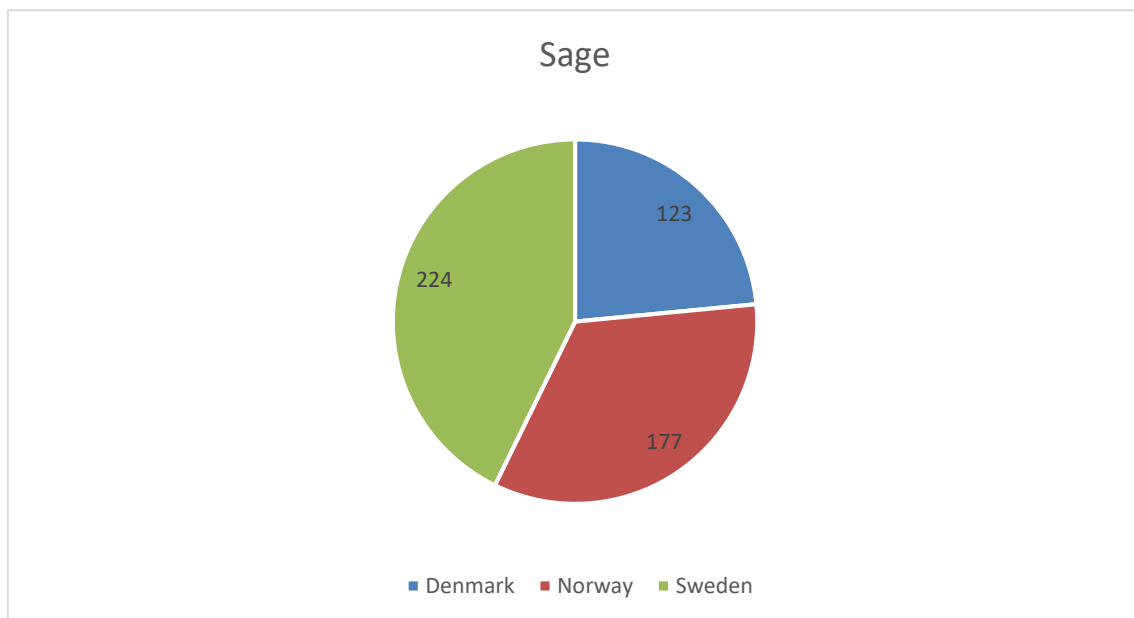


Figure 6: Number of yielded articles per country using Sage's database.

The search term used were “Nurse” and “burnout” in addition to the country in question, spread across three search fields. This search did not include any Boolean phrases due to the design of the search engine. The search string looked like this: [All nurse] AND [All burnout] AND [All Denmark]. The database found 524 articles on these search terms.

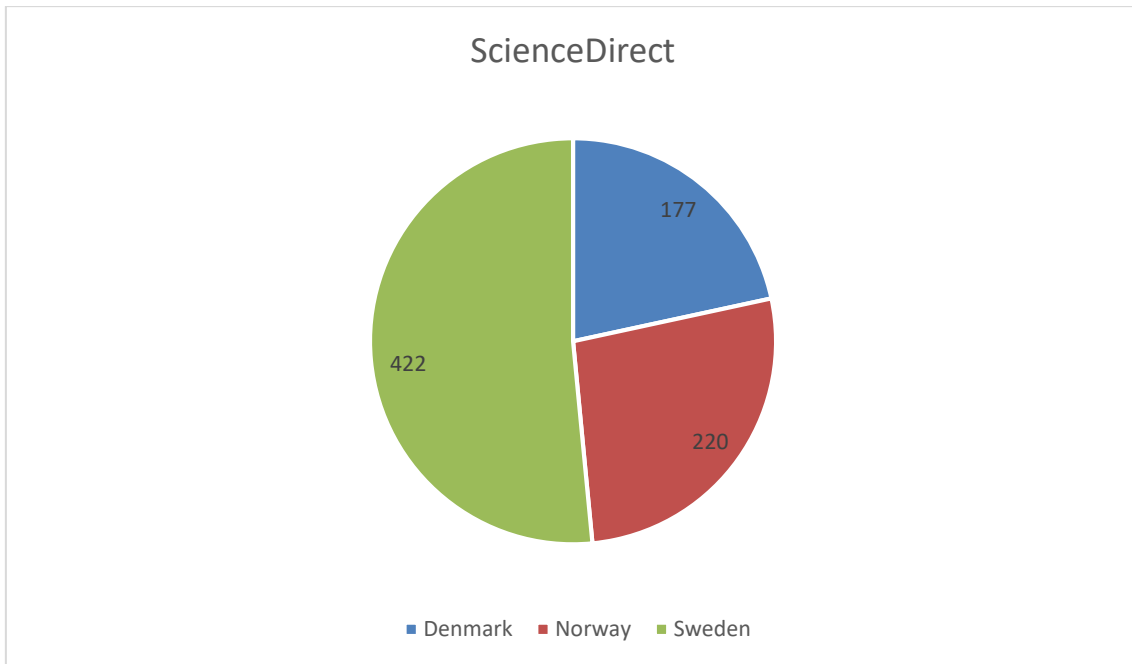


Figure 7: Number of yielded articles per country using ScienceDirect's database.

The search was conducted with the following search terms: nurse, burnout and Denmark, Norway or Sweden. This search did not include Boolean phrases due to the design of the search engine. The total amount of articles suggested were 819.

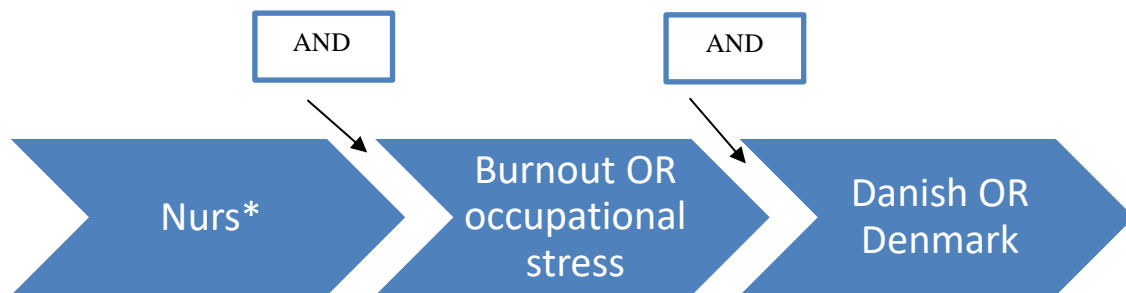


Figure 8: Search string divided by three search fields, with truncation and Boolean phrases between the search fields and search words.

The chosen articles were selected from the following databases (article number in brackets as referenced below): [1] Sage, [2] Sage [3] PubMed, [4] article 4 is a special case. The author came across it while searching researchgate.net for relevant burnout theories, [5] Sage, [6] Academic Search Elite, [7] ScienceDirect, [8] ScienceDirect, [9] Academic Search Elite, [10] PubMed, [11] Cinahl, and [12] Academic Search Elite. The number of articles drawn from each database is illustrated below:

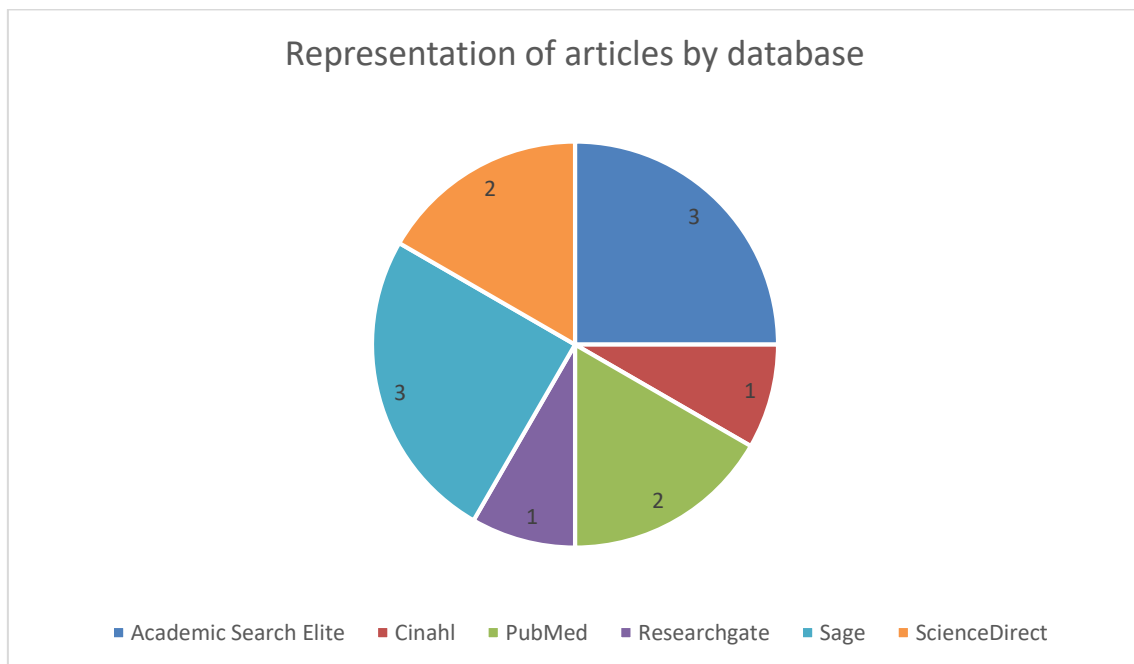


Figure 9: Overview of articles found per database.

5.2 Inclusion and exclusion criteria

The inclusion criteria used were that the articles must be peer reviewed, published in a scientific journal and from the last 10 years, from 2009 up until 2019. In addition, Boolean search moderators were put in place where possible. Any group of nurses from the countries of interest, Denmark, Norway and Sweden were included, nursing groups from other parts of the world was excluded. Therefore, the study's country of origin and sample was considered when gathering the study materials. This further narrowed the search but yielded a more accurate results. Articles behind paywalls were included.

5.3 Presentation of the literature

The chosen literature consists of these 12 research articles, each country is represented by a third of the literature:

1. Title: *Norwegian nurses' quality of life, job satisfaction, as well as intention to change jobs*, 2016. Country of origin: Norway. Summary: A mixed methods study consisting of questionnaires and telephone interviews measuring nurses' satisfaction with life and job and their intention to change jobs. Database: Sage.
2. Title: *Burnout and perceptions of conscience among health care personnel: A pilot study*, 2010. Country of origin: Sweden. Summary: A mixed method studies consisting of interviews and questionnaires aimed at explaining perception of conscience and to clarify the importance of conscience in two groups of nurses of which one is medically assessed of burnout, and the other showing no indication of burnout. Database: Sage.
3. Title: *Should I stay or should I go? Nurses' wishes to leave nursing homes and home nursing*, 2018. Country of origin: Norway. Summary: A quantitative study measuring the intention to leave their current job among nurses working in elderly care services. Database: PubMed.
4. Title: *Job satisfaction as a matter of time, team and trust: A qualitative study of hospital nurses' experiences*, 2015. Country of origin: Denmark. Summary: A qualitative paper that investigates Danish nurses' experience of job satisfaction. Database: ResearchGate.
5. Title: *Stress of conscience among psychiatric nursing staff in relation to environmental and individual factors*, 2012. Country of origin: Sweden. Summary: A quantitative study that investigates the relationship between environmental and individual factors in relation to stress of conscience. Database: Sage.
6. Title: *Model for investigating the benefits of clinical supervision in psychiatric nursing: A survey study*, 2011. Country of origin: Denmark. Summary: A quantitative study that investigates the benefits of clinical supervision as an intervention to burnout. Database: Academic Search Elite.
7. Title: *A self-referral preventive intervention for burnout among Norwegian nurses: One-year follow-up study*, 2010. Country of origin: Norway. Summary: A quantitative study measuring levels and predictors of change in burnout dimensions after an intervention of burnout for nurses. Database: ScienceDirect.
8. Title: *Predicting nurse burnout from demands and resources in three acute care hospitals under different forms of ownership: A cross-sectional questionnaire survey*, 2009. Country of origin: Sweden. Summary: A quantitative study that investigates factors of the psychosocial work environment in order to understand the prevalence of burnout in health care. Database: ScienceDirect.
9. Title: *Professional commitment: Does it buffer or intensify job demands?*, 2017. Country of origin: Norway. Summary: A quantitative study measuring whether professional commitment is a resource that buffers the effect of job demands in nurses. Database: Academic Search Elite.
10. Title: *Effect of traditional yoga, mindfulness-based cognitive therapy, and cognitive behavioral therapy, on health related quality of life: a randomized controlled trial on patients on sick leave because of burnout*, 2018. Country of origin: Sweden. Summary: A quantitative study that measures quality of life after a 20 week program designed for nurses on sick leave due to burnout. Database: PubMed.
11. Title: *Changing job-related burnout after intervention – a quasi-experimental study in six human service organizations*, 2010. Country of origin: Denmark. Summary: A mixed methods investigation aimed to study the effect of interventions intended to reduce the level of burnout at an individual level. Database: Cinahl.

12. Title: *Job demands, job resources and long-term sickness absence in the Danish eldercare services: a prospective analysis of register-based outcomes*, 2011. Country of origin: Denmark. Summary: A qualitative study aimed at the associations between job demands and resources in nursing staff on long-term sick leave. Database: Academic Search Elite.

5.4 Data analysis

The chosen literature has undergone a thematic analysis, Clarke and Braun (2006 p.6) describes thematic analysis as “a method for identifying, analyzing and reporting patterns (themes) within data”. Clarke and Braun (2006 p.10) goes on to describe six steps of undergoing a thematic analysis. This method is also supported by Maguire and Delahunt (2017 p.4). The six steps include *Familiarization with the data*, *Coding*, *Search for themes*, *Review themes*, *Define themes* and concludes with the *Write-up*. Maguire and Delahunt (2017 p.4) explains that this is not a linear process, rather a flexible one in which the author may progress through the analysis in a convenient way.

5.4.1 Familiarization with the data

The author must immerse themselves in the data, to such an extent that they are familiar with the depth of the content (Clarke and Braun, 2006 p.16). This means thorough and repeated reading of the material until knowledge of the material’s content is achieved. During familiarization with the content of the 12 articles, the literature was summarized, and notes were taken on the major concepts and samples present in the literature to aid in creating a thematic synthesis. The process of summarizing the literature was guided by the research questions.

5.4.2 Coding

Clarke and Braun (2006 p.18) explains that codes are used to identify data of interest, which are a narrow sample of what is to become a theme. The following is a data extraction and its coding from Article 9:

Data extracted	Coded for
“Being committed to the profession’s	1. Individuals with high professional

higher-order goals might lead individuals with a high degree of professional commitment to tolerate more on the clock demands before they become emotionally exhausted.”	commitment tolerate more demands 2. High professional commitment is a protective factor against emotional exhaustion
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Table 2: Detailing data extracted and what it was coded for.

5.4.3 Searching for themes

Searching for themes is in essence to analyze the codes created and sort them into potential themes and combine the relevant codes within the specific theme (Clarke and Braun, 2006 p.19). Different codes may also be collated into an overarching theme, like these codes from articles 1 and 3 respectively, are combined into two different themes, lack of resources and demands:

Theme: Lack of resources	Theme: Demands
Codes: Expectations to provide better service without the necessary means The nurses experienced less control over their working environment. The nurses did not feel appreciated by their leader. Limited opportunities to develop new skills.	Codes: High workload results in dissatisfaction. Unfavorable working conditions are strong predictors of wish to leave elderly care services. Provide better care

Table 3: Themes and codes.

5.4.4 Reviewing themes

Reviewing the themes means to modify and develop the preliminary themes which were identified in the previous step. It is of importance to identify whether the data support the themes or not, whether the themes are overarching or overlapping and should be split into separate themes. This is where the subthemes are identified. The theme *Interventions* is quite broad, thus, includes a lot of codes which doesn't necessarily relate to each other (Maguire and Delahunt, 2017). In cases like this it would be more suitable to divide the theme into further sub-themes, as follows:

Theme:	Sub-themes:
Interventions	Clinical supervision Traditional yoga Therapy Organizational interventions

Table 4: *Interventions: Themes and its sub-themes.*

5.4.5 Defining and naming themes

The aim of defining the chosen themes is according to Clarke and Braun (2006 p.22) to “identify the ‘essence’ of what theme is about”. Maguire and Delahunt (2017 p.11) Underlines the importance of looking at what the themes are saying, and if there are sub-themes, look at how these relate to the main theme. Each theme should be analyzed and also consider how all the themes fit in relation to each other. In the end, each theme should be clearly defined (Clarke and Braun, 2006 p.22).

Here follows the definition of the three themes; demands, interventions and lack of resources:

Demands include contributing work-related factors which cause burnout in the participating nurses.

Interventions include tried methods against burnout and the results of these.

Lack of resources include factors which may be individual or organizational in nature that cause burnout among the participating nurses.

5.4.6 Write-up

According to Clarke and Braun (2006 p.23), the last phase, which is to produce the end product, in this case a literature review, may now start. This phase should involve the final analysis. The analysis should provide a concise, coherent, logical, non-repetitive and interesting account of the data, within and across themes (Clarke and Braun, 2006 p.23).

5.5 Ethical considerations

The author of this study declares that they are aware of the risk of unsafe data occurring in qualitative research. The collected data selected for the review was chosen on search result from reliable databases; Academic Search Elite, Cinahl, PubMed, Sage and Science Direct respectively. The selected literature is cited and referenced in an appropriate manner. Plagiarism was taken into consideration and thus all direct quotes or paraphrased quotes applied in this study are appropriately referenced both in text and in the references at the end of this literature review. This literature review uses second-hand data and does not include any sensitive information of any person who participated in any of the studies in this review. To account for objectivity, any personal reflection offered by the author of this literature review has been restricted to the introduction, discussion and conclusion chapters.

6 FINDINGS

6.1 Key themes in the literature

Conducting this literature review, the author found three key themes in the literature: demands, resources and interventions. The literature was sorted into the following sub-themes for clarity: Lack of resources, protective factors, clinical supervision, traditional yoga, therapy and organizational interventions.

Themes:	Sub-themes:
Demands	<i>No sub-themes</i>
Resources	Lack of resources
	Protective factors
Interventions	Clinical supervision
	Traditional yoga
	Therapy
	Organizational interventions

Table 5: Overview of themes and sub-themes.

6.2 Demands

Time and high workload

The Norwegian nurses explained that they experienced pressure to provide better care for their patients with fewer resources [1, 3]. Time and high workload were linked together as it was measured that the nurses experienced stress when a task was left undone [1] due to the large quantity of tasks to be done [7] and little time to do the tasks [7]. As such, it was found that a fourth to half of nurses experiencing emotional exhaustion was caused by the workload and time pressure [7]. In a study conducted by Bratt and Gautun [3], it was uncovered that a fourth of the nurses working in elderly services participating in the nationwide survey indicated that they wanted to leave their job. Among the predictors for intention to change job, time pressure and both the heavy physical and psychological workload were the strongest [3].

A Swedish study aimed at clarifying the perceptions of conscience, stress of conscience, moral sensitivity, resilience and social support found that nurses felt a lack of time to provide care [2]. The stress following from a lack of time to perform the work tasks caused stress of conscience, which was linked to emotional exhaustion. Further, not being able to live up to others' expectations at work and the work being so demanding that it affected home life, in addition to lack of time, was not only causing stress of conscience, but also causing the nurses to perceive conscience as a burden. Gustafsson et al. further connected the perception of conscience as a burden to emotional exhaustion and depersonalization [2]. One article discussed whether the significance of demands was greater or less than that of resources, in which they found them to be equally significant in their study [8].

Among Danish nurses, it was reported that lack of time was perceived as a burden, along with heavy bedside workload in combination of a high rate of nursing students. These factors provoked distress and was perceived as unsatisfactory working conditions [4].

6.3 Resources

In this literature review resources of different factors which contributed either positively or negatively to the prevention or risk of burnout are categorized into the following sub-themes; lack of resources and protective factors.

6.3.1 Lack of resources

Intention to change jobs

It has been indicated that among the elderly service, as many as one in four Norwegian nurses wish to leave their current job and an equal number of nurses described an uncertainty, while the remaining half of the participating nurses either had no desire to leave the workplace or wanted to continue in elderly services if they were to leave the current workplace [3]. Another population-wide study researching nurses' intent to change job found that stress and dissatisfaction were associated with nurse turnover, and as many as 30% of the participating nurses reported an intention to change jobs. Half of the newly

graduated nurses in Norway find themselves unable to find a permanent nursing position. Holding a permanent position is valued due to the stability of the workplace and income, while holding a temporary position has been found to affect nurses' intention to change jobs negatively [1]. Among Danish nurses, it was found that negative experiences of time, teamwork and autonomy was related to intention of getting a new job [4].

6.3.2 Protective factors

Professional commitment

In a Norwegian study conducted in 2017 it was found that professional commitment was negatively related to emotional exhaustion. Job demands and emotional exhaustion was stronger in individuals with a low degree of professional commitment. In addition, the difference in the level of emotional exhaustion between a group of burnt out nurses and a non-burnout group of nurses was largest when the job demands were high, with the former group displaying higher levels of emotional exhaustion [9]. Professional commitment is a buffer in which nurses with high degree of professional commitment experience lower degrees of emotional exhaustion in relation to the workload, and they handled the job demands better than less committed nurses [9].

Job satisfaction

Feedback and response from leaders, patients and their relatives was a factor that contributed positively to Norwegian nurses' experience of job satisfaction [1]. A lack of time made Danish nurses unsatisfied and distressed. Teamwork had a positive impact on the nurses' work conditions, as the work done faster, yet in a satisfactory manner [4].

Autonomy

A Swedish study found that high levels of mastery and control could be a protecting factor which reduce both the risk of stress of conscience and the negative effects of high workload. Low levels of control were found to predict stress related disorders, while high levels of control has been found to reduce the negative effects of high work demands [5]. When Danish nurses felt in charge of every aspect of the patient care, they felt increased autonomy and trust, thus the work was done with satisfaction [4]. Norwe-

gian nurses also reported that they received less appreciation from the leader, fewer opportunities to learn new things, and less autonomy in the job [1].

Adequate or abundance of resources

A Danish analysis found that high job demands and a lack of resources was associated with the risk of long term sickness absence for periods of eight or more consecutive weeks, whereas a high amount of resources showed to have a protective effect [12].

6.4 Interventions

Below follows the results of the intervention methods tested in the reviewed literature. The methods of intervention were clinical supervision, traditional yoga, counseling, mindfulness-based cognitive therapy, cognitive behavioral therapy and organizational interventions.

6.4.1 Clinical supervision

In a Danish study, frequent participation in clinical supervision was found to increase nurses' levels of 'vitality', 'personal accomplishment' and 'rational coping' in addition to reducing 'emotional exhaustion', 'depersonalization' and 'stress'. The clinical supervision was conducted by ten external supervisors in group session which lasted 90 minutes. Most of the supervisors employed a reflective approach to their supervising approach [6].

6.4.2 Traditional yoga

Traditional yoga showed to have largest improvement on emotional well-being among burnt out Swedish nurses who participated in a 20-week long intervention. The exercises improved the nurse's perception of physical and emotional well-being in relation to 'role limitation due to physical health', 'satisfaction with physical functioning' and 'role limitation due to emotional health'. The study found an increase in the latter by 138% [10].

6.4.3 Therapy

Self-referral

During a self-referral intervention consisting of counselling for Norwegian nurses, it was found that 83% of the participating nurses between the years 2004 to 2006 reported issues concerning health- and life quality, and 75% reported tiredness/burnout as weighty reasons for seeking help. This intervention consisted of a course aimed at enhancing health and life quality, professional identity and to prevent burnout. In addition, mindfulness and other relaxation exercises was taught. The program also included physical activity. No changes were found in the proportion of nurses on permanent sick leave from baseline to follow-up. There was a slight increase in nurses finding themselves in work conflict from 17% at baseline to 21% at follow-up [7].

Mindfulness-based cognitive therapy

A group of Swedish nurses completed a 20-week long intervention consisting of mindfulness-based cognitive therapy. The significant findings for this group was an increase in 'sleep', 'cognitive functioning' and 'emotional well-being'. The largest increases were found in the subscales 'cognitive functioning' which increased by 167%, 'negative affect' by 120% and 'positive affect' by 64%. In this group there was also an increase in the subscale 'pain' by 21%. The researchers concluded that the group had a good effect on health related quality of life [10].

Cognitive behavioral therapy

Following a different group of nurses related to the same study [10], the results were similar to that of the group described above. The largest increase was found in subscales relating to 'emotional well-being'. 'Positive affect' increased by 100%, whereas 'cognitive function' increased by 80%. In this group, there was no effect on the subscale of 'physical functioning', and a small increase in the 'pain' subscale by 18% [10].

6.4.4 Organizational interventions

A Danish study focused on improving the psychosocial work environment with a focus on communication, development of politics regarding sick leave, tackling violence at work and increasing predictability. These interventions would last a day to three days,

with a couple of weeks between each intervention. The study measured burnout at baseline and follow-up and found that the highest level of burnout level change was in the time period between implementation of the interventions and follow-up, meaning that mean burnout score had increased. The change decreased in level between the first follow-up and the second follow-up [11].

7 DISCUSSION

The aim of this literature study was to review which factors cause burnout in nursing staff originating from Scandinavia. It was of interest to the author to look at whether the causes of burnout differed between each country in order to identify knowledge gaps in the current literature. With the help of 12 Scandinavian articles, the author was able to investigate which interventions were tested in each country and look at their effectiveness. In conducting the review, 3 key themes and 6 sub-themes was identified. The themes were namely, demands, resources and interventions, while the sub-themes were lack of resources, protective factors, clinical supervision, traditional yoga, therapy and organizational interventions.

Across the literature, work related demands was an important finding. It was a recurring theme in the literature, representing all three Scandinavian countries. The most prominent of these demands were time, high workload and the relationship between the two. This corresponds with Demerouti et al.'s (2001 p.509) findings regarding how high workload sympathizes with a number of factors, which include time pressure.

Shortage of time and high workload led to an experience of stress. This was further explained as not having the time to perform quality care to patients and that the amount of time they had covered the requirements for getting all work tasks done [1, 3, 7]. Chronic heavy workload enhances emotional exhaustion and depersonalization, so it may also lead to a reduced sense of accomplishment, less productivity and reduced job satisfaction and even reduced commitment (Maslach, Schaufeli and Leiter, 2001; Demerouti et al., 2001; Schaufeli 2017). The findings of time pressure and high workload are well documented, as is the relationship between the two. Based on the literature reviewed, it becomes apparent that the demands are too high in relation to the resources a worker who experiences burnout has.

As many as a fourth to a half of Norwegian nurses who experienced emotional exhaustion while working in the elderly services believed their exhaustion was a product of shortage of time and high workload. It was these two factors that gave the strongest indication toward intention to change jobs [3]. Emotional exhaustion has also been linked

to turnover (Demerouti et al., 2001 p.510). Stress of conscience was linked to experiencing a lack of time to perform all the necessary tasks on the job, it was also a predictor for emotional exhaustion [2]. Swedish nurses who experienced stress of conscience became prone to perceiving conscience as a burden, which was linked to emotional exhaustion and depersonalization [2]. Shortage of time was also perceived as a burden in conjunction with heavy workload in combination of a high rate of nursing students. Danish nurses viewed these as unsatisfactory working conditions [4]. These findings further support the notion that the relationship between the high demands of time and workload cause burnout among Scandinavian nurses.

Lacking resources to cope with the high job demands was experienced as stressful to nurses. Stress and dissatisfaction was linked to turnover and increased the nurses' intention to change jobs. A permanent position was a resource that gave nurses stability in the workplace and stable income, in contrast, a temporary position increased the nurses intention to leave their job [1]. As remarked by Demerouti et al. (2001 p.508), future job insecurity in addition to the high workload and exhaustion are known to cause burnout. Negative experiences of time, teamwork and autonomy increased the intention of switching jobs in Danish nurses [4]. These findings are of similar nature to the findings of Demerouti and Bakker (2011 p.508) and Schaufeli (2017). An increase in resources may work as a protective factor against the exhaustion experienced from high demands in the working environment.

When conducting the literature review, several protective factors was found. Professional commitment was found to be negatively related to emotional exhaustion, meaning that the nurses who felt committed to their career or the organization they worked for were less likely to experience emotional exhaustion [9]. Across the literature, a lack of resources was found to be linked to emotional exhaustion, turnover, decreased job satisfaction, reduced commitment and an intention to change jobs (Freudenberger, 1974; Maslach, Schaufeli and Leiter, 2001), while an abundance or satisfactory amount of resources led to more positive outcomes, such as motivation, organizational commitment, intention to stay and higher work performance (Demerouti and Bakker, 2011 p.5; Schaufeli and Taris, 2013 p.47). For future research, the focus should lie on protective factors against emotional exhaustion.

Feedback from leaders, patients and their relatives was a positive factor in Norwegian nurses experience of the job [1]. Danish nurses reported feeling unsatisfied with their job when there was a lack of time to perform work tasks, but teamwork was a factor which improved their job satisfaction in spite of lacking time. This feeling was also increased when the nurses felt in control of their job. Nurses who experience low levels of autonomy and control were more prone to stress related disorder, while in contrast, high levels of autonomy or control was a protective factor against high workload [4, 5]. An increase in feedback amongst other resources would increase job engagement and in addition, have a protective effect against long term sickness absence [12] (Xanthopoulos et al., 2007 p.123).

Throughout the literature, autonomy was one of the protective factors most reported on. Daniel Ganster (2011) explains that autonomy could be considered to be a specialized form of control, where control is a broader, more general concept. Autonomy plays a central role in control theories, it is got to do with motivation, satisfaction and physical and mental well-being (Ganster, 2011). It is with this definition of the term that autonomy will be discussed to the findings of this study. One study found that mastery and control corresponded with a reduction in risk of stress of conscience and protected against the effects of high workload [5]. Another study found that when nurses felt in control of the care they were giving their patients; the work was done with satisfaction and they felt an increase in autonomy [4]. It is in particular autonomy and feedback that stand out as protective factors against emotional exhaustion and thus burnout.

Among these three countries, the causes and risk factors for burnout have been found to be largely the same across the literature. High workload, not enough time to perform the work tasks and a lack of resources are recurring themes in the literature representing each country. The studies point to protective factors such as autonomy or control over their role and working environment, job satisfaction and an increase in resources as possible solutions to decrease burnout among nurses. This notion is already supported by earlier research which found that an increase in resources has positive incomes both for the organization and individual worker. Thus, as mentioned above, an increase in re-

sources such as feedback and autonomy has the potential to prevent burnout by working as a protective factor (Xanthopoulou et al., 2007 p.136).

Clinical supervision, traditional yoga, therapy and organizational interventions were tested in the three Scandinavian countries. The results of these interventions varied, even in the interventions that looked similar to each other. One Danish study found that clinical supervision increased rational coping and personal accomplishment, while reducing emotional exhaustion, depersonalization and stress [6]. These findings are supported by other literature on the subject, see Brunero and Stein-Parbury (2008).

Traditional yoga as an intervention method improved the nurses' overall perception of well-being, this includes emotional and physical well-being. The nurses who underwent this intervention report increased satisfaction with physical well-being and a reduction in feeling role limitation due to physical or emotional health [10]. Recent findings by Alexander et al. (2015) suggests that yoga improves self-care and mindfulness in nurses while simultaneously reducing burnout effectively. In comparison to the control group, the yoga participants experienced less emotional exhaustion and depersonalization while they reported an increase in self-care (Alexander et al., 2015).

Three different therapies were tested, counseling, mindfulness-based cognitive therapy and cognitive behavioral therapy. A group of Norwegian nurses that underwent counseling as intervention method also did courses which aimed to enhance health and life quality, professional identity and to prevent burnout. Physical activity, mindfulness and relaxation exercises were taught. However, there was no change to be found in proportion of nurses on sick leave between baseline and follow-up, instead, more nurses found themselves to be in work conflict, increasing from 17% at baseline to 21% at follow-up. In relation to the other interventions, it might prove more suitable to undergo a therapy form with a narrower focus. Focusing on physical activity, courses, sick leave, counseling and relaxation might be too wide of a field of range. One can only speculate why the intervention wasn't a success, but comparing the wide scope of this intervention to others with a narrower program might be key to finding a program that would effectively solve the burnout problem.

A Swedish group of nurses that completed a 20-week long intervention with mindfulness-based cognitive therapy reported an increase in cognitive functioning, emotional well-being and sleep as well as an increase in the subscale called pain [10]. These findings correspond with other current literature on the same topic, see for example Burton et al. (2015) who found that mindfulness-based interventions may not only effectively reduce stress among health care professionals, but also improve patient satisfaction, quality of care and reduce health service costs. One plausible reason for these results may be due to mindfulness' nature, becoming present and aware of what is going on around and inside us, helping us process our experiences and thoughts. A similar group of nurses went through a program of cognitive behavioral therapy, and the greatest increase was found in relation to emotional well-being [10]. This is backed by a study done by Orly et al. (2012) who concluded that nurses who underwent cognitive behavioral therapy had less fatigue, less perceived stress and a higher sense of coherence.

Improving the psychosocial work environment including communication, developing politics regarding sick leave, tackling violence at work and increasing predictability was attempted in a Danish study. Burnout was measured at baseline and later at two follow-ups. After the changes was implemented, mean burnout score increased between baseline and the first follow-up, but decreased between the first follow-up and the second.

In the literature reviewed, the three Scandinavian countries use the same or similar intervention methods such as physical activity, exercise or yoga, cognitive therapy which is mindfulness-based or behavior-based to reduce stress and increase coping. The interventions tested have had varying degrees of success. Isaksson Rø et al. (2010) found that the intervention method of self-referral for counseling, coursing and physical activity gave no change in the proportion of nurses on permanent sick leave, while a study performed by Grensman et al. (2018) had positive findings in regards of increased emotional well-being. These studies aim to evaluate their respective intervention methods however, the findings differ in the way that they are looking for different outcomes. Organizational interventions showed an increase in burnout levels in comparison to baseline, however, it should be encouraged to research these types of interventions to further our understanding of how successful these interventions may be in preventing burnout.

Lastly, the intervention methods showed a varying degree of success, however, this review will not base any further conclusion on their effectiveness per say, as the aim of this study was to compare the methods used by each of the three Scandinavian country to learn if there were any difference in methods used, rather than drawing conclusions on their individual results.

8 CONCLUSION/FUTURE RECOMMENDATIONS

8.1 Conclusion

The purpose of this literature review was led by three research questions aimed at investigating the causes of burnout among nurses of three Scandinavian countries and to identify the intervention methods currently available. The findings of the data analysis were grouped into the following three themes: demands, resources and interventions. Further, there were a total of six sub-themes. Within the theme 'Resources', two sub-themes were identified as 'Lack of resources' and 'Protective factors' respectively. Within the theme of 'Interventions', four different kinds of intervention methods were found, and thus categorized into the following sub-themes: 'Clinical supervision', 'Traditional yoga', 'Therapy' and 'Organizational interventions'.

In Scandinavia, the demands of time, high workload and the relationship between the two were documented in all three countries. Different resources were described across the literature, primarily there is a lack of resources that leads to burnout among the Scandinavian nurses. However, findings showed that a multitude of resources could work as protective factors against burnout if they were present. When there was a lack of these resources, they each showed a distinct relation between emotional exhaustion and depersonalization. One Danish study indicated that negative experiences in the workplace in regards of demands and a lack of resources was related to intention to change jobs. A different study found that as many as a fourth of the nurses working in the Norwegian elderly care intend to change jobs due to high demands and little resources. This strengthens the argument that nurses rely on resources in their working environment, and that the demands of the workplace is too high.

A recent Norwegian study found that professional commitment worked as a protective factor against emotional exhaustion. While studies from both Denmark and Norway concluded that a lack of resources like time and feedback made the nurses dissatisfied with their working environment.

Similar to demands, autonomy's relevance was also a finding that researchers from Denmark, Norway and Sweden shared some agreement upon. 'Autonomy' was de-

scribed between the countries as a 'protective factor'. Autonomy refers to a specialized branch of control, and it was found to reduce the impact of high workload when nurses feel in control of most aspects of the patient care. Increased autonomy also translated into the nurses feeling trust from their superiors, which also led to an increase in job satisfaction. Furthermore, one Danish analysis found that a high amount of resources had a protective effect against emotional exhaustion caused by high job demands.

Clinical supervision, traditional yoga, different types of therapy and organizational interventions were examined in the literature. The results of these interventions varied, and while some were more similar to each other, there is not enough data to compare the interventions to each other, this was neither the aim of this study. Clinical supervision and organizational interventions were found in Danish literature, the self-referral intervention method was found in Norwegian literature, and so, traditional yoga and a couple of the therapy types were found in the Swedish literature. Although these intervention methods were different, there was one core similarity worthy of note, which was that in all three countries, some sort of therapy or counselling was part of the intervention.

The literature representing Denmark offered clinical supervision, meaning a conversation with a peer. The Norwegian self-referral method involved counseling, strikingly similar to the former, while the Swedish methods focused more on cognitive therapy. The self-referral method also included relaxation exercises, like mindfulness, in addition to physical activity and courses relevant to burnout. There was a clear indication that the intervention methods resembled each other as traditional yoga being physical activity and mindfulness-based cognitive therapy basing itself of concepts of mindfulness. As such, this literature review has found that the causes for burnout among Scandinavian nursing staff do not differ between the three countries.

8.2 Future recommendations

It will be important to investigate which organizational factors prevent nurses from performing their work tasks autonomously, and which factors lead to a high workload with few resources, and seemingly fewer nurses holding a permanent job position. To in-

crease nurses' general job satisfaction and reduce burnout, one must look to demands and resources, not just from the employees perspective but also the employers. Future research should focus on what is being done to keep nurses from leaving their current job with an organizational perspective. It is important to take a further look at protective factors as a lack of resources to prevent burnout among nursing staff in Scandinavia. One pointer for future research would be to focus on interventions, in this review, the results of a few intervention methods have been found but not discussed. Future research should be focused on investigating which intervention methods work and how to best implement these.

8.3 Strengths and limitations

This literature review contained the same number of research articles from each of the chosen countries, meaning each country was equally represented. There is, to the authors knowledge, little or no research on burnout among Scandinavian nursing staff as a geographic group. The data collected to perform this review is directly relevant to the aim of this study. The chosen articles were all relatively recent and published within the past 10 years. The results of the data analysis showed consistent findings across the countries. This review had a relatively small sample, consisting of 12 articles of which 4 represented each of the three countries. One can argue that the sample should have been bigger, but the author argues that relevant findings were made regardless of sample size.

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