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Review Article

Burnout in residential aged care managers: a scoping review

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Background: Residential aged care managers play an important role which can influence outcomes for their staff, their residents, and the organisations they work for. Burnout in residential aged care employees has been researched however burnout in residential aged care managers has received little attention. This scoping review sought to identify literature examining burnout in residential aged care managers.

Aims: To investigate the literature currently available on what stressors were experienced by residential aged care managers that led to burnout.

Design: This scoping review was conducted in accordance with the preferred reporting items for systematic reviews and meta-analyses extension for scoping reviews (PRISMA-ScR) checklist.

Method: Five databases were searched, including CINAHL, MEDLINE, EMCARE, SCOPUS, and INFORMIT using primo search. The first review of title and abstracts was conducted by three authors to determine eligibility, using the program JBI SUMARI. Two authors were involved in the final screening of each full-text article. Where disagreement occurred, a collaborative discussion took place until consensus was reached. The review included peer-reviewed journal articles focusing on burnout, stress, fatigue, moral distress, exhaustion, or resilience in residential aged care managers or leaders published after 2012 in English.

Results: An initial search of the databases found 275 articles, of which 5 articles met the inclusion criteria for final review. Articles were categorised into the following groups Responsibilities, Reaction, and Regulation. These groups encapsulated risk factors for burnout in residential aged care managers.

Conclusion: As a result of the scoping review, it is suggested that burnout in residential aged care managers can be attributed to environmental stressors, those being situational and organisational (Maslach, 2003), which are outside the control of the individual. Strategies that support residential aged care managers to manage and lessen the phenomenon of burnout require further exploration.

Keywords: aged; burnout; professional; leadership

Impact statement

This scoping review examined the literature to determine what stressors led to burnout for residential aged care managers. These stressors identified were grouped into the following

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categories: Responsibilities, Reaction, and Regulation and were found to be contributors of burnout in residential aged care managers.

Plain language summary

The impact of COVID-19 on the aged care industry has had significant effects on the health and wellbeing of staff and in particular managers and leaders. Burnout in staff has been examined in the literature however there is a paucity of knowledge about the effects of burnout in managers and leaders within the aged care industry. This article examines the literature to identify the contributing factors that lead to burnout in managers within the residential aged-care workforce.

Introduction

The residential aged care sector in Australia has experienced and continues to experience difficult and challenging times. The COVID-19 global pandemic in Australia, the 2019 Australian Royal Commission into Aged Care Quality and Safety final report titled *Care, Dignity and Respect* in 2021 (Pagone & Briggs, 2021a), and the introduction of the new Aged Care Quality Standards in Australia in 2019 (Aged Care Quality and Safety Commission, 2019), have created additional burdens on those working in the sector. Burnout is a significant issue in the residential aged care sector and studies have investigated the effects on staff working within residential aged care, however burnout in residential aged care managers has received little research attention. For the sector to navigate through these changes, strong and consistent leadership is required. This scoping review sought to identify the literature which examines burnout in residential aged care managers.

Background

Aged care is one of the largest service sectors in Australia (Pagone & Briggs, 2021a) with approximately 277,671 workers (approximately three percent of the total Australian workforce) in residential aged care (Aged Care Workforce Strategy Taskforce, 2018). An ageing population is creating an increased demand for jobs within the aged sector. A predicted 3.5 million people will require aged care services by 2050, with an estimated need of one million people (Aged Care Workforce Strategy Taskforce, 2018) to be employed in the aged care sector to meet these needs. The Aged Care Reform Package was developed due to the increasing challenges of delivering affordable aged care services and to offer Australians more choice and control with ease of access to a range of services (Department of Health, 2012). The demands for aged care services have only amplified, resulting in further changes to the aged care industry since 2012, which has increased the workloads and stress for residential aged care managers. Therefore, there is a need to ensure that those working in residential aged care are well supported, including residential aged care managers.

One of the recommendations from the Aged Care Royal Commission final report was for the proposed Aged Care Workforce Industry Council (recommendation 76: Aged Care Workforce Industry Council Limited) to identify opportunities for career advancement for nurses in clinical and managerial roles (Pagone & Briggs, 2021b). Whilst career advancement and succession planning are important, consideration should be given to the additional burden felt by nurses and aged care managers in these roles. Residential aged care managers oversee the provision of care services by nurses and personal care workers (Aged Care Workforce Strategy Taskforce, 2018) and play a powerful role in influencing the organisational culture of the facility (O'Toole et al., 2021). A majority of residential aged care managers come from a nursing background

(Department of Health, 2020), so it is vital to understand and manage the stressors in the workplace for both nurses and residential aged care managers to prevent burnout ensuring the future of career advancement and succession planning in aged care.

Job burnout has been defined as a “psychological syndrome that involves a prolonged response to stressors in the workplace” (Maslach, 2003, p. 189; Wong & Laschinger, 2015) and a significant occupational hazard which led to job stress, disengaged and unhappy employees, and disability claims (Leiter & Maslach, 2005, p. 4). Maslach (2003) found that burnout was based on three key dimensions including feelings of cynicism, exhaustion, and detachment from the job. Hagerman et al. (2016) reported that managers were feeling challenged, stressed, and emotionally exhausted, which led to high levels of stress and job ineffectiveness. Emotional exhaustion is described by Iaconi et al. (2022) as a feeling that one’s job is an extension of their emotional ability and this has been a known problem in the residential aged care sector since the 1990s. Maslach (2003) found that it was not a person’s disposition that led to burnout, but rather burnout was a consequence of the situation.

If aged care managers are feeling stressed and emotionally exhausted, this may impact a manager’s performance further impacting organisational effectiveness and potentially have a negative impact on the healthy working life of those employees working under their leadership (Hagerman et al., 2016). Due to the key role that residential aged care managers play in the aged care system and the amount of stress felt by these managers, there is a need to investigate residential aged care managers experience further (Hagerman et al., 2016; Iaconi et al., 2022; Wong & Laschinger, 2015).

Aims and objectives

The aim of the scoping review was to investigate the literature currently available on what stressors were experienced by residential aged care managers that led to burnout. Identifying literature around this topic could inform policy and the development of strategies to reduce burnout.

Design

A scoping review was undertaken to establish if burnout in aged care managers existed and what has previously been explored in the literature (Munn et al., 2018). The scoping review was conducted using the preferred reporting items for systematic reviews and meta-analyses extension for scoping reviews (PRISMA-ScR) checklist.

Method

Key terms and search strategy

Through the review, critique, and synthesis of existing research, the authors sought to gain an understanding of what research currently exists in the area of burnout in residential aged care

Table 1. Search concepts and terms used in initial search.

Concept	Key words
Aged Care	“aged care” OR “nursing home” OR “RACF” OR “residential aged care” OR “residential aged”
Burnout Manager	Burnout OR stress OR fatigue OR exhaustion OR moral distress OR resilience Manager* OR Leader* OR Supervisor* OR “Health Service Manager*”

managers. The following databases were searched CINAHL, MEDLINE, EMCARE, SCOPUS, INFORMIT using key search terms and Boolean operators (Table 1) (Munn et al., 2018). The review included peer-reviewed journal articles focusing on burnout, stress, fatigue, moral distress, exhaustion, or resilience in aged care managers or leaders published after 2012 in English. Literature published after 2012 was included in the review due to the introduction of the “*Living Longer. Living Better. Aged Care Reform Package*” in 2012 (Department of Health, 2012) which resulted in significant changes for managers working in the aged care industry.

Study selection

The first review of title and abstracts was conducted by three authors to determine eligibility, using the program JBI SUMARI to manage the process. For the full-text review at least two authors were involved in the screening of each full-text article. Where disagreement occurred, a collaborative discussion took place until consensus was reached. Figure 1 illustrates this review process.

Data analysis

A review of the five articles was conducted to extrapolate key ideas relevant to burnout in residential aged care managers (Table 2). The authors deliberated on the concepts and as a result articles were grouped under three main categories, which were then named Responsibilities, Reaction, and Regulation.

Results

The initial literature search yielded 275 papers utilising the database search terms identified in Table 1. After the removal of duplicates ($n = 101$) a review of the titles and abstracts of articles ($n = 174$) was conducted by the authors. This resulted in a further 158 articles excluded as they did not fit the criteria for the review. Sixteen papers were eligible for a full-text review. A further 11 papers were excluded at this stage. Where there were conflicts in whether a paper met the inclusion and exclusion criteria, a collaborative discussion took place until consensus was reached. A final 5 papers were included in this scoping review (Munn et al., 2022). Figure 1 outlines the PRISMA flowchart of the literature search (Moher et al., 2009; Munn et al., 2018).

Findings

Burnout in residential aged care managers was influenced by a variety of stressors. These stressors were analysed and grouped into the following categories: Responsibilities, Reaction, and Regulation.

Responsibilities were the day-to-day duties that a residential aged care manager performed or was responsible for and included the management of resources. Resources in the literature related to human resources (HR), financial resources, and time. Responsibilities will be discussed firstly, as it is considered a ‘constant’ stressor that impacts residential aged care managers daily, whereas Reaction and Regulation were not considered constant, ongoing stressors, but rather short-term reactions to events or regulatory changes. *Reaction* was an identified stressor that resulted from a stimulus, such as the global pandemic, COVID-19, while *Regulation* as a stressor related to the changes required to meet new standards and compliance when legislative changes occurred.

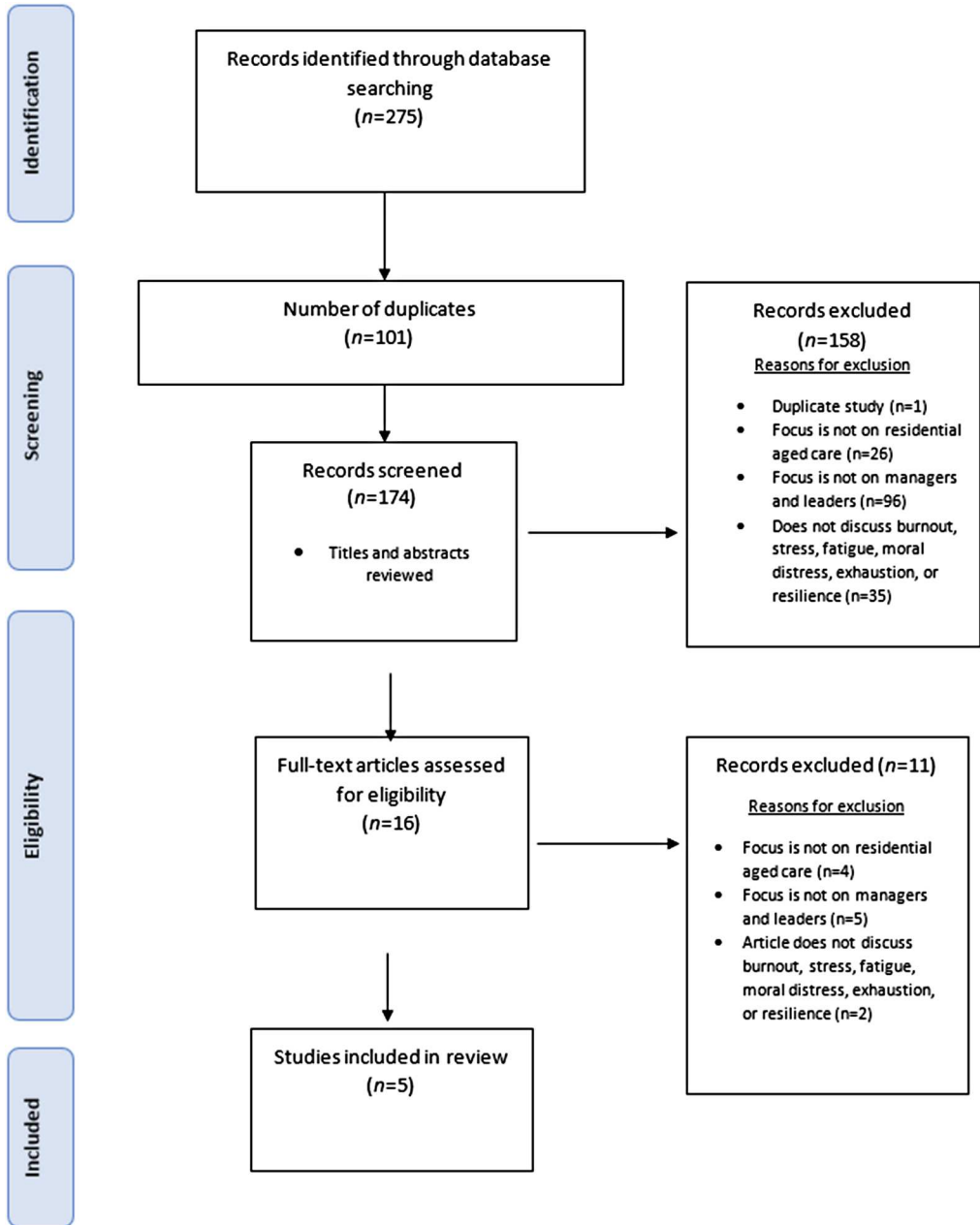


Figure 1. PRISMA DIAGRAM – flowchart for article selection.

Responsibilities

Responsibilities, including managing resources, were identified in the literature as a stressor impacting on residential aged care managers. Iaconi et al.'s (2022) study found that many residential aged care managers worked additional hours to manage such resources due to work overload, lack of support, and lack of time during a normal working day. Human resources in the form

Table 2. Characteristics of articles included in the literature review.

Author and year (country)	Title of article	Aim and method of study	Findings	Relevance to Burnout in Aged Care managers
Hagerman, Skytt, Wadensten, Högberg, & Engström (2016) Sweden	A longitudinal study of working life among first-line managers in the care of older adults	<u>Aim:</u> This study looked at the relationship between employees and their manager working in the care of older adults and whether the number of employees and structural conditions influenced a manager's stress and performance. <u>Method:</u> A longitudinal and correlational design.	Managers with smaller numbers of employees felt they had higher levels of structural empowerment. Access to structural empowerment led to psychological empowerment resulting in lower levels of self-rated stress and higher levels of self-rated performance. This study highlighted, the need to limit the number of employees a manager oversees. Managers also need access to opportunity, information, support and resources for the benefit of both the manager and their employees.	<u>Responsibilities:</u> Managers with ≤30 employees perceived greater levels of structural empowerment and more resources than with ≥31 employees.
Hower, Pfaff, & Pfortner (2021) Germany	Is time a healer? Course of demands during the COVID-19 pandemic in long-term care: a repeated cross-sectional survey in Germany	<u>Aim:</u> This study looked at the general and COVID-19 pandemic specific burdens from a manager's perspective. <u>Method:</u> A cross-sectional online survey of managers.	The study found that the general demands relating to staffing and work organisation increased between the first and second survey. Concerns related to COVID-19 infections increased pandemic specific burdens.	<u>Reaction:</u> While looking at the usual contributors to burnout, additional and unexpected factors, such as a pandemic placed additional burdens on managers, such as staff shortages, the intensity and density of work and regulatory compliance.

(Continued)

Table 2. Continued.

Author and year (country)	Title of article	Aim and method of study	Findings	Relevance to Burnout in Aged Care managers
Iaconi, Duan, Tate, Penconeck, Cummings, Norton, & Estabrooks (2022) Canada	Nursing Home Managers' High Risk of Burnout	<p><u>Aim:</u> This study looked at the characteristics of nursing home managers to develop strategies to improve a manager's quality of work life.</p> <p><u>Method:</u> A cross-sectional analysis of self-reported questionnaire data from managers of Nursing homes.</p>	<p>The study found that approximately half of the respondent's self-reported moderate to high levels of emotional exhaustion and cynicism indicating their risk for burnout. Based on the results, it was expected that burnout amongst managers would be much higher post COVID-19 pandemic than pre-pandemic. Potential contributing factors to these feelings include work overload, lack of time and support, and managing conflict amongst team members. The authors suggested strategies to remedy this potential issue, which included creating a culture of recognition and supporting positive work environments.</p>	<p><u>Reaction:</u> It was anticipated that there will be higher numbers of managers experiencing burnout post the pandemic due to high levels of emotional exhaustion and cynicism, despite reports of high professional efficacy and job satisfaction. The reason burnout was anticipated was due to the predicted increased workload due to COVID-19.</p> <p><u>Responsibilities:</u> Aged care managers needing to work more overtime and an increase in workload and feeling that there was a lack of support and time to complete tasks</p>

(Continued)

Table 2. Continued.

Author and year (country)	Title of article	Aim and method of study	Findings	Relevance to Burnout in Aged Care managers
Jeon, Simpson, Chenoweth, Cunich, & Kendig (2013) Australia	The effectiveness of an aged care specific leadership and management program on workforce, work environment, and care quality outcomes: design of a cluster randomised controlled trial	<p><u>Aim:</u> This paper discusses the design of a cluster randomised control trial to determine the effectiveness of an aged care clinical leadership program on the workforce, the work environment and the quality of services provided in aged care.</p>	<p>The study was published at the point of data collection; therefore, no results were provided in this paper. Three primary hypotheses were proposed for the trial: “H1 – the intervention sites will report an enhanced work environment for staff. H2 – improved care quality and safety for care recipients. H3 – reduced staff turnover rates” (14).</p>	<p><u>Responsibilities:</u> Positive outcomes were expected for staff and residents through the provision of education and training in leadership skills for managers.</p>

(Continued)

Table 2. Continued.

Author and year (country)	Title of article	Aim and method of study	Findings	Relevance to Burnout in Aged Care managers
Kristiansen, Westeren, Obstfelder, & Lotherington (2016) Norway	Coping with increased managerial tasks: tensions and dilemmas in nursing leadership	<p><u>Aim:</u> This paper took a qualitative look at how increased managerial tasks due to Public Health reforms have affected nursing leadership in nursing homes.</p>	<ul style="list-style-type: none"> • With an increase in managerial tasks, it was found that nursing leadership was weakened. Three themes were identified. These were: <ul style="list-style-type: none"> • leading nursing care from a distance • lack of support and increased responsibility • increased demands for efficiency and increased documentation requirements. The increase in managerial tasks in addition to the usual core functions have placed additional burdens onto nurses and managers with the potential outcomes of increased frustration, absenteeism and turnover. 	<p><u>Regulation:</u> Increased managerial tasks created by public health reforms have resulted in increased responsibilities. Daily tasks were being governed by quality standards which created additional workloads.</p>

of staff shortages were identified as a major stressor for aged care managers (Hower et al., 2021; Iaconi et al., 2022; Jeon et al., 2013). Difficulties in recruiting and retaining skilled qualified nurses impacted on the quality of care provided to older people, which increased the stress felt by managers who were responsible for that care (Jeon et al., 2013).

The changing workforce profile of aged care has seen aged care manager's ability to supervise and provide leadership decrease due to increased non-licenced workforce and decreased managerial staff (Jeon et al., 2013). Hagerman et al. (2016) found that the number of employees reporting to a manager negatively impacted on a manager's work affecting job satisfaction, organisational commitment, and work control. Managers perceived higher levels of structural empowerment and access to resources when they had fewer than 30 employees (Hagerman et al., 2016). Employees who reported higher levels of perceived structural empowerment also reported lower levels of stress. They found that access to structural empowerment positively impacted on lower self-rated stress symptoms and higher self-rated performance by managers (Hagerman et al., 2016). The performance of managers was key for organisational effectiveness with leaders being responsible for creating a healthy working life for employees (Hagerman et al., 2016) however, this again increased the stress upon managers, particularly when they were responsible for greater staff numbers.

Staff shortages, difficulties in recruiting and retaining skilled qualified nurses, the changing workforce profile, and the number of employees a manager had responsibility for were all considered responsibility stressors. These stressors were impacting on residential aged care managers and contributing to burnout.

Reaction

Reaction was considered to be stressors that were caused by a stimulus, such as the COVID-19 global pandemic. Two articles found that stressors related to the COVID-19 pandemic led to increased stress for aged care managers during the pandemic and were grouped under Reaction.

Work overload was identified as an additional stressor for aged care managers during the pandemic (Hower et al., 2021; Iaconi et al., 2022). Iaconi et al. (2022) found that prior to the pandemic some residential aged care managers reported emotional exhaustion and high levels of cynicism, but also reported high levels of efficacy. The Iaconi study found that managers were working harder in order to feel satisfied that they were doing their jobs well (efficacy), but in doing so reported high levels of emotional exhaustion and cynicism. Iaconi et al. (2022) indicated that the pandemic contributed to manager's high level of stress.

Stressors such as staff shortages and managing conflicts experienced by residential aged care managers increased as a reaction to the pandemic. Residential aged care has had difficulty attracting staff historically and this was only amplified during the pandemic (Iaconi et al., 2022). Managing staff conflicts was also identified as a contributing factor leading to emotional exhaustion in residential aged care managers (Iaconi et al., 2022). During a pandemic, staff conflicts can be caused by staff shortages due to illness, fear for their own safety and those of their residents, constant changing government advice, increased infection control requirements, and a lack of personal protective equipment and HR resources.

Work overload, staff shortages, and managing staff conflicts were all identified as additional stressors on residential aged care managers as a Reaction to the COVID-19 pandemic. This Reaction then led to the final category, Regulation as changes made through government legislation (for example as a reaction to COVID-19) were also identified as stressors for burnout in residential aged care managers.

Regulation

Regulation, as defined by Berglund (2019) are the rules and standards imposed as a requirement by legislation which must be applied in practice. Regulation was an additional stressor that impacted on residential aged care managers as they worked towards meeting their regulatory compliance obligations. This was reinforced by Kristiansen et al. (2016) who also identified increasing government regulatory demands as a stressor.

Health reforms in Norway have given rise to aged care homes revisiting their levels of efficiency. As part of these reforms, there was an increased emphasis on improved quality of care, a focus on performance management, and greater competition in the market (Kristiansen et al., 2016). The impact of these changes on the day-to-day duties performed by managers and nurses, meant that nurses were attending to more managerial tasks and managers were attending to more administrative tasks. The impact of this was that a nurse working in aged care became the new front-line manager (Kristiansen et al., 2016).

Kristiansen et al. (2016) found the impact from the new public health reforms in Norway had overloaded managers with administrative tasks. Some of these additional accountabilities included writing reports on quality indicators, sick leave reports, and improving the efficiency of their aged care facility (Kristiansen et al., 2016). Some of these duties had previously been conducted by a central administration team. Frustration was expressed by aged care managers as they no longer had time to engage with their residents, attend clinical handovers, or guide and supervise staff which created a sense of “leading daily care from a distance” (Kristiansen et al., 2016, p. 497). Based on their findings, nursing leadership had been weakened due to an increase in administrative tasks being performed by managers (Kristiansen et al., 2016). This created the need for managers to delegate more duties to the nurses on the wards, creating a sense of managers being “controllers and facilitators of care” (p. 497) rather than being motivators and role models for their staff. Nurses then found themselves working as new frontline managers which brought with it increased accountability (Kristiansen et al., 2016).

Much of the day-to-day work being completed by managers was increasingly being directed by the new standards (Kristiansen et al., 2016). Some found the new managerial tasks empowering, as it enabled them the opportunity to advocate for additional resources, whilst others felt the new efficiency demands were conflicting with their professional values (Kristiansen et al., 2016) leading to disengagement and unhappiness which is known to lead to burnout (Leiter & Maslach, 2005).

Another global stressor that related to Regulation was during the COVID-19 global pandemic. In a German study, Hower et al. (2021) found that the organisation of work and the need to comply with regulations had increased during the pandemic and used the example of working hours and staffing ratio requirements as an additional stressor.

Discussion

Since 2012, the aged care industry in Australia has been subject to significant change. Some of these changes include amendments to the funding model, the establishment of the Aged Care Quality and Safety Commission, the introduction of new aged care standards, increased demands on expanding the capacity of aged care facilities to meet the growing aged population. This is also compounded by ongoing workforce shortages, and the integration of technology into aged care.

Stress experienced by residential aged care managers led to burnout, was identified in the scoping review as the 3R's (responsibility, reaction, and regulation). Leiter and Maslach (2005) identified that when a person is engaged in their job, they tend to be happier, more

confident, energetic, and productive. However, stressors, such as the 3Rs affect their work, creating unhappiness, cynicism, and exhaustion leading to burnout (Leiter & Maslach, 2005). Maslach and Leiter (1997) found that burnout was not caused by a person's personality or character, but rather the social environment in which people work. In comparison, Maslach and Leiter (1997) identified six causes of burnout. These were: work overload, lack of control, insufficient financial reward, unfairness in the system, breakdown of community, and conflicting values (p.26). All six factors were able to be applied to the categories identified in this scoping review, *the 3Rs to burnout in residential aged care managers* – Responsibilities, Reaction, and Regulation.

The category of *Responsibilities* identified the impact of staff shortages as a stressor for aged care managers leading to burnout (Hower et al., 2021; Iaconi et al., 2022; Jeon et al., 2013) which was also supported by Maslach (2003) and Wong and Laschinger (2015). Maslach and Leiter's (1997) work discussed responsibility for work control and utilisation of resources. It was supported in the literature by Hagerman et al. (2016) who found higher levels of structural empowerment led to lower stress levels. That is, managers who felt in control of their work reported lower levels of stress and higher job effectiveness. Stress was a known contributing factor that negatively impacted decision-making, increased the risk of errors, and affected leadership behaviours (Hagerman et al., 2016). Similarly, Maslach (2003) described decreased ability to supervise and provide leadership as leading to detachment from the job and then to burnout.

The category *Reaction* discussed increased workload for aged care managers and its impact on work environment and has similarities with work overload, insufficient financial reward, and loss of community as identified by Maslach and Leiter (1997). Hower et al. (2021) found that the workload of managing a facility through an infectious pandemic, such as COVID-19, created additional stressors both in the density and intensity of their work (Hower et al., 2021) which added to the time and energy required from these managers (Maslach & Leiter, 1997). The creation of a supportive work environment, including improved financial rewards has been suggested as a strategy to improve staff retention (Jeon et al., 2013). Iaconi et al. (2022) particularly believed residential aged care managers to be vital team members who were often overlooked, and suggested organisations needed to create positive work communities and build a culture of recognition (p. 173). When this did not occur conflict in the workplace led to anger and bitterness which took time and energy away from work (Maslach & Leiter, 1997) leading to emotional exhaustion in residential aged care managers (Iaconi et al., 2022). Leadership programs were suggested by Jeon et al. (2013) and Hagerman et al. (2016) as having positive outcomes. Hagerman et al. (2016) particularly felt that the incorporation of structural and psychological empowerment would increase a manager's self-confidence and positively impact on their leadership style.

Absence of fairness and conflicting values were found to affect a person's engagement with work leading to burnout (Maslach & Leiter, 1997) and tied into *Regulation*. Three elements were required to be present for a workplace to be considered fair: "trust, openness, and respect" (Maslach & Leiter, 1997, p. 52). Competitive pressures and short-term financial performance conflicted with the values of most aged care managers (Kristiansen et al., 2016) and impacted on people's perception of trust, openness, and respect (Maslach & Leiter, 1997). Kristiansen et al. (2016) felt that the new public health reforms in Norway placed greater emphasis on improved quality of care, performance management, and greater competition in the market. These competitive pressures were believed by Maslach and Leiter (1997) to encourage secrecy impacting on an organisation's openness. The focus on performance management was considered by Kristiansen et al. (2016) to change the role of nurses to take on more managerial or non-clinical roles which Montayre and Montayre (2017) believe contributes to increased role ambiguity.

Strengths and limitations

The use of methodological “shortcuts” due to the limited search terms for the scoping review may risk the introduction of bias to the outcome of this report (Munn et al., 2018; The University of Melbourne, 2023). The generalisability of these results should be used with caution due to the studies coming from different countries which have different aged care systems.

The impact of these 3Rs on aged care managers had a direct impact on the quality of care provided to residents (Hower et al., 2021; Iaconi et al., 2022), increased the risk of adverse health outcomes for residents (Hower et al., 2021), negatively impacted on staff outcomes (Iaconi et al., 2022) or could even lead to an early departure from the nursing profession due to a reaction to the COVID-19 pandemic (Hower et al., 2021). Responsibilities, Reaction, and Regulation, all related to some degree to the research conducted by Maslach and Leiter (1997). It is vital that more research is done on burnout in residential aged care managers to address the causes and to ensure strategies are implemented to prevent burnout and ensure the future of the aged care sector is driven by strong and consistent leadership.

Ensuring managers are being well supported with sufficient resources to enable this important work to continue will assist in making positive steps to reducing the risk of burnout. An opportunity presents for further research to be conducted on the lived experience of residential aged care managers who have or are experiencing burnout. What are the contributing factors that they feel have impacted their circumstances. This will then enable strategies to be developed to minimise burnout in residential aged care managers, which can not only benefit the residential aged care manager, but also their staff, the residents in their care (Hagerman et al., 2016), the organisations they work for (Iaconi et al., 2022) and the aged care sector in general. Ensuring consistent and strong leadership will enable the aged care industry to work through the reform process and ensures quality of care.

Conclusion

This scoping review has highlighted a gap in research on burnout in residential aged care managers. Three categories were identified from the literature as stressors contributing to burnout in residential aged care managers, these being Responsibilities, Reaction, and Regulation. The importance of burnout in residential aged care managers cannot be underestimated as the impact and the flow-on effect for not only managers but also the aged care sector is significant. As burnout has been found to be situational and organisational rather than individual (Maslach, 2003), strategies to remedy this issue may be larger than what the individual is able to control. The final report of the Royal Commission into Aged Care acknowledged that there was a need for “consistent and confident leadership” over the coming years in aged care in order to work through the reform process (Pagone & Briggs, 2021a, p. 131). Further research into the experience of residential aged care managers is recommended to better understand the cause and impact of these stressors so that future strategies can be developed to minimise and/or prevent burnout.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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