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Can personal psychological resources reduce burnout and turnover in Australian hospital nurses?

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ABSTRACT

Objective: To examine whether personal psychological resources safeguard hospital nurses against adverse workplace consequences, particularly job burnout and the desire to leave the profession.

Background: Nursing research has extensively documented the adverse effects of job burnout and staff turnover. With the current nursing shortage, it is imperative to identify resources and strategies that can mitigate adverse workplace outcomes. However, the role of personal psychological resources, or psychological capital, in aiding nurses to perform effectively in their work environment remains relatively unexplored.

Study design and methods: This study adopted a cross-sectional survey design. The survey assessed nurses' experienced burnout (MBI-HSS), psychological capital (PCQ-24), and intentions to leave nursing. Hospital nurses (n= 258) from six states of Australia responded to an online anonymous survey between June and November 2022.

Results: Respondents indicated a high degree of experienced burnout: 68.6% experienced high emotional exhaustion, 31.8% had high depersonalisation, and 31.8% had low personal accomplishment. Additionally, 38.8% had high intentions to leave the profession. Emotional exhaustion ($p<.001$, $b=.56$) and personal accomplishment ($p=.006$, $b=-.15$) were significant predictors of turnover intentions. Higher psychological capital was significantly associated with lower emotional exhaustion ($p<.001$, $b=-.42$), lower depersonalisation ($p<.001$, $b=-.29$), higher personal accomplishment ($p<.001$, $b=.60$), and lower turnover intentions ($p<.001$, $b=.44$).

Discussion: Much of the nursing burnout and intent to leave literature focuses on negative rather than positive aspects of the work environment. Positive responses to workplace stimuli promote positive attitudes such as empowerment, job satisfaction, and organisational commitment that have a tangible impact on personal and occupational wellbeing. This may explain why nurses with stronger personal psychological resources experienced less burnout and voiced fewer intentions to leave the profession.

Conclusion: The health and wellbeing of nurses should be a priority for healthcare organisations; the working conditions nurses face in Australian hospitals cause many to be negatively impacted by work stress.

Implications for Research, Policy, and Practice: Nurses would benefit from initiatives to enhance their psychological resources. Targeted interventions to develop psychological capital should be examined in a nursing population. This can change policy, thereby benefitting the healthcare system.

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What is already known about the topic?

- Australia is currently facing a shortage of qualified nurses.
- Hospital nurses often experience job burnout and high levels of turnover due to the challenging nature of their work environment.
- Personal psychological resources have been linked to positive workplace outcomes, such as job satisfaction and organisational commitment, in various settings.

What this paper adds:

- It demonstrates that nurses possessing greater personal psychological resources experience lower levels of burnout and are less likely to consider leaving the profession.
- The paper suggests that implementing targeted interventions designed to enhance nurses' personal psychological resources could be a viable approach for mitigating burnout and turnover intentions (TI).

Keywords: Nursing; emotional exhaustion; intent to quit; psychological capital; depersonalisation; nurse retention

BACKGROUND

Nursing faces a critical workforce shortage expected to worsen in the coming years, with fewer nurses entering the profession, poor retention rates, and many nurses nearing retirement age.[1,2] Recent data suggests that one-fifth of Australia's registered nurses intend to leave their current role within the next year.[3] This poses a significant threat to a healthcare system already strained by an ageing population, increasing rates of chronic disease, population growth, and the threat of public health emergencies like COVID-19.[4]

Australian hospital nurses consistently report excessive workloads, mandatory overtime, high-stress working environments, and low nurse-to-patient ratios that significantly increase the likelihood of psychological distress and burnout.[5-7] In daily practice, nurses are expected to handle significant emotional and physical demands in the form of aggressive and complex patients, excessive hours, mixed shifts, interpersonal conflicts, patient suffering, and lack of autonomy.[8] Despite their professional obligations, nurses can experience serious psychological impacts from their work.[9]

For many nurses, enduring persistent negative experiences in the workplace cause dissatisfaction with their job to reach a critical level.[10] Various factors can drive a nurse's intention to leave their profession; research suggests that demanding working environments, chronic work stress, and burnout are key reasons for nurse dropout.[11] Burnout is a gradual psychological response to prolonged interpersonal stressors in the workplace. It is characterised by three dimensions: emotional exhaustion, which manifests in mental and physical fatigue and leads employees to feel overextended at work. Depersonalisation or cynicism, refers to a detached response to other people and negative attitudes towards one's work and organisation. The third dimension is reduced personal accomplishment, representing a deterioration of personal efficacy and feelings of incompetence at work.[12,13]

Research on burnout in nurses has demonstrated positive impacts from organisational resources such as authentic leadership,[14] supervisor support,[15] direct communication, and managerial responsiveness.[16] Less is known about the role of personal psychological resources related to burnout and turnover in nurses. We, therefore, seek to build on findings indicating that personal resources like resilience and emotional intelligence are associated with lower levels of burnout in nurses.[17,18] Given the detrimental effects that burnout has on nurses' health, wellbeing, and retention, it is critically important that preventative resources and strategies continue to be identified.

Personal resources have been linked to resilience and an individual's "ability to successfully control and impact their environment, especially during challenging circumstances.[19 (p632)] These resources are fundamental to an individual's adaptability in an organisational context.[20] They represent an individual's ability to maintain confidence to take on challenging tasks, sustain positive attributions about succeeding now and in the future, persevere towards desired outcomes, and bounce back from adversity.[21]

Psychological Capital (PsyCap), a key concept in measuring personal resources, represents an individual's positive psychological state of development that comprises four personal resources: self-efficacy, hope, resilience, and optimism.[22] Research has shown that combining these resources has a synergistic effect and predicts job performance and satisfaction stronger than any of the personal resources individually.[23] Importantly, the PsyCap tool is state-like and thus open to development which is particularly advantageous in intense, unpredictable working environments.[24,25] PsyCap research has demonstrated that personal resources are important in supporting employees to meet work demands effectively.[23]

These personal psychological resources provide the emotional, cognitive, and motivational foundation for individuals to mitigate the impact of negative workplace experiences.[26] However, only limited evidence was identified

in an Australian nursing context. In a sample of Canadian nurses, PsyCap was negatively related to emotional exhaustion and cynicism,[14] as well as psychological distress.[27] We aim to investigate whether personal resources are associated with burnout and intention to leave the profession in Australian hospital nurses. We predict that nurses scoring high on burnout will be more likely to reveal intentions to leave. We further predict that nurses scoring high on personal resources (PsyCap) will score lower on burnout and intentions to leave.

METHOD

PARTICIPANTS

A convenience sample of Australian hospital nurses was recruited through social media posts, the Queensland Nurses & Midwives' Union newsletter, and direct email contact with nursing administrators who agreed to distribute the survey to hospital nurses. Eligible participants should meet the following criteria: (1) holding a tertiary qualification in nursing (e.g., bachelor's degree, diploma), (2) being employed as a nurse (enrolled nurse, registered nurse, clinical nurse, clinical nurse consultant) in an Australian hospital, (3) working 30 hours or more a week, and (4) having one or more years of nursing employment.

MEASURES

Nurses were asked to provide demographic information, including their age, gender, nursing experience/time in the profession, state or territory of employment, and employment basis (hours worked per week).

Burnout was measured with the Maslach Burnout Inventory–Human Services Scale (MBI-HSS).[12] The MBI-HSS assesses burnout across three dimensions: emotional exhaustion, depersonalisation, and personal accomplishment. The MBI-HSS consists of 22 items across three subscales, with responses recorded on a 7-point response format. For this study, the word 'recipient' was exchanged for 'patient' to characterise a nursing-specific context. Items were posed as statements such as 'I feel frustrated by my work', 'I feel burned out from my work', and 'I don't really care what happens to some of my patients'. Participants responded by indicating the frequency in which they experience feelings related to each item from 0 (never) to 6 (every day). High scores on emotional exhaustion (>27), depersonalisation (>13), and a low score on personal accomplishment (<31) indicative of a high degree of experienced burnout, as suggested by Maslach and colleagues.[12] All MBI-HSS subscales have demonstrated acceptable internal consistency ('emotional exhaustion' $\alpha = .90$, 'depersonalisation' $\alpha = .79$, 'personal accomplishment' $\alpha = .71$).[12] A comprehensive overview of convergent and discriminant validity among human service professionals is provided by Maslach and colleagues.[12]

Intentions to Leave the Profession were measured using three items: (1) 'I think a lot about leaving the profession', (2) 'I am actively looking for another job outside the nursing profession', and (3) 'I will leave the nursing profession as soon as possible'.[28] Participants responded on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores on this measure indicated stronger intentions to leave the profession. This measure was specifically developed to assess turnover intentions in nurse participants.[28,29] Acceptable internal consistency has been demonstrated ($\alpha = .75–.83$).[28]

Personal psychological resources were measured with the Psychological Capital Questionnaire (PCQ-24).[24] The PCQ-24 consists of four subscales representing each component of Psychological Capital (PsyCap: hope, resilience, self-efficacy, optimism). Each subscale consists of six items measured using a 6-point Likert scale. Items were posed as statements such as 'I feel confident analysing a long-term problem to find a solution' and 'When I have a setback at work, I have trouble recovering from it, moving on'. Participants respond by indicating the strength of their agreement from 1 (Strongly Disagree) to 6 (Strongly Agree). Negatively worded items were reverse scored; scores from each subscale generated an overall PsyCap score. In previous studies, the PCQ-24 has demonstrated high internal consistency (Cronbach's $\alpha = .93$).[30] The initial validation study by Luthans and colleagues found that the PCQ-24 predicted relevant occupational outcomes better than any of its components.[24] The PCQ-24 has been used in studies with nurse participants.[14]

PROCEDURE AND DESIGN

Human Research Ethics Committee at Southern Cross University approved this study (2022/074). A correlational cross-sectional design aimed to investigate hypothesised relationships through self-report quantitative measures. Qualtrics (www.qualtrics.com), an online survey platform, was used to design and distribute the anonymous online questionnaire and planned to be available from June to November 2022. The survey link would take potential participants directly to a participant information sheet which provide details of the study, ethics approval, and contact information. Informed consent was assumed for participants that elected to proceed with the survey. Upon survey completion, participants were offered the opportunity to enter their email if they wished to receive a summary of the research results and were thanked for their participation.

STATISTICAL ANALYSES

Descriptive and inferential statistical analyses were conducted in SPSS version 28.0. Composite scores for all study variables were calculated as the total item scores in each sub-scale. To describe nurses' degree of burnout, total scores for each dimension were categorised as low, average, or high,

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as defined by Maslach and colleagues.[12] Turnover intentions scores were categorised as 'high' if the results exceeded a score of 10, indicating at least two non-neutral responses. Maslach and colleagues recommend that inferential statistical analysis be conducted on original numerical total scores for each burnout subscale.[12] A hierarchical multiple linear regression analysis was conducted to examine the extent to which each burnout dimension predicted turnover intentions. For this regression model, the demographic variables age, gender, and nursing experience served as control variables and were entered at Step 1. Predictor variables emotional exhaustion, depersonalisation, and personal accomplishment were entered simultaneously at Step 2. Finally, four hierarchical multiple linear regression analyses were conducted to determine PsyCap's relationship with each burnout dimension and turnover intentions. For each regression model, these demographic variables were also entered as control variables in Step 1; PsyCap was entered as the predictor variable in Step 2.

RESULTS

DEMOGRAPHIC INFORMATION

The sample consisted of 234 females (90.7%), 23 males (8.9%), and one not specified (0.4%). The participants were aged between 21 and 72 years (M = 41.8, SD=13.7) and, on average, had 17.3 years (SD=13.3) of nursing experience (range 1-55 years). Nurses from six states of Australia responded to the survey between June and November 2022 (Queensland = 213, New South Wales = 23, Victoria = 14, Western Australia = 2, Tasmania = 2, Northern Territory = 4).

BURNOUT AND TURNOVER INTENTIONS

The survey data revealed that emotional exhaustion (EE) was highly prevalent in this sample of nurses: 68.6% of nurses scored above the 'high' EE cut-off point (>27) recommended by Maslach and colleagues.[12] Further, 31.8% of nurses scored 'high' for depersonalisation (DP) (>13), and 31.8% scored 'low' for personal accomplishment (PA) (<31). Further, 38.8% of hospital nurses had high intentions to leave the profession (score >10). All correlations were in the expected direction. Emotional exhaustion and depersonalisation positively correlated with the nurses' intention to leave the profession. In contrast, personal accomplishment was negatively correlated with the intention to leave, and positively correlated with psychological resources, see Table 1.

Missing values analysis indicated a small proportion of missing data (1.1%). Little's Missing Completely at Random test was significant, χ^2 (1349) = 1567.91, p = .000, indicating data was not missing completely at random. However, subsequent analysis revealed no pattern for the missing data. To maintain statistical power, missing values (13.6%) were imputed through expectation-maximisation procedures in SPSS version 28. Reliability coefficients exceeded .70 for all study subscales indicating acceptable internal consistency (see Table 1).[31] Histograms, Q-Q plots, skewness, and kurtosis statistics were below an absolute value of one, indicating that data was normally distributed for all study variables.

A hierarchical multiple linear regression (MLR) analysis was conducted to investigate the relationship between nurses' burnout and intention to leave the profession. Demographic characteristics nursing experience, age, and gender were entered into the regression model at Step 1 to control for their potential influence on turnover intentions. No causal sequence was identified for the main predictors; therefore, EE, DP, and PA burnout dimensions entered simultaneously in Step 2.

Assumptions of MLR were evaluated before the interpretation of the overall model. No univariate outliers were identified as standardised residuals were all within ±3.29 *SD*s from the mean.

Step 1 in the model was not significant, $F(3,206) = 2.33$, $p = .076$, ($R2 = .03$). However, the inclusion of the burnout dimensions EE, DP, and PA in Step 2 accounted for an additional 42.4% of variance in turnover intentions, $DF(3,203) = 52.76$, $p < .001$. This model was significant (see Table 2), $F(6,203) = 28.42$, $p < .001$, and accounted for 44% of variance in turnover intentions with a large effect ($f^2 = .84$).[32] EE was the strongest predictor of turnover intentions in the overall model, $t(203) = 8.53$, $p < .001$ (b = .56), explaining 19.5% of unique variance. PA was also a significant predictor

TABLE 1: MEANS, STANDARD DEVIATIONS, RANGE, CRONBACH'S ALPHA, AND BIVARIATE CORRELATIONS FOR EMOTIONAL EXHAUSTION (EE), DEPERSONALISATION (DP), PERSONAL ACCOMPLISHMENT (PA), PSYCHOLOGICAL CAPITAL QUESTIONNAIRE (PCQ-24), AND TURNOVER INTENTION (TI) (N = 258)

Variable	*M*	*SD*	Range	α	1	2	3	4	5
1. MBI – EE	32.2	12.2	0–54	.90	–				
2. MBI – DP	9.7	7.1	0–30	.79	.57*	–			
3. MBI – PA	34.6	7.4	0–48	.75	–.27*	–.26*	–		
4. PCQ-24	96.3	14.7	24–144	.88	–.43*	–.27*	.58*	–	
5. TI	9.1	3.7	5–15	.88	.59*	.37*	–.32*	–.41*	–

Note: * p<.001

TABLE 2: PREDICTING TURNOVER INTENTIONS FROM EMOTIONAL EXHAUSTION, DEPERSONALISATION AND PERSONAL ACCOMPLISHMENT

Predictor	*B*	*SE (B)*	β	95% CI (*B*) [LL, UL]	sr^2
Step 1					
Age	–.01	.04	.05	[–.06, .09]	.00
Gender	.65	.90	.05	[–1.1, 2.4]	.00
Experience	.03	.04	.13	[–.04, .11]	.00
Step 2					
Age	.03	.03	.10	[–.03, .08]	.00
Gender	–.05	.68	.00	[–1.4, 1.3]	.00
Experience	.02	.03	.07	[–.04, .08]	.00
MBI – EE	.17	.02	.56	[.13, .21]	.20*
MBI – DP	.04	.04	.07	[–.03, .12]	.00
MBI – PA	–.08	.03	–.15	[–.13, –.02]	.02*

Note: Standardised (B) and Unstandardised (SE B), Regression Coefficients (b), Confidence Intervals (CI), and Squared Semi-Partial Correlations (sr2). *p<.05 **p<.001

TABLE 3: PREDICTING EMOTIONAL EXHAUSTION, PERSONAL ACCOMPLISHMENT AND DEPERSONALISATION FROM PERSONAL RESOURCES (PCQ-24)

Predictor	Emotional Exhaustion (EE)			Personal Accomplishment (PA)			Depersonalisation (DP)		
	B [95% CI]	β	sr^2	*B* [95% CI]	β	sr^2	*B* [95% CI]	β	sr^2
Step 1									
Age	–.06 [–.30, .19]	–.07	.00	–.01 [–.17, .14]	–.03	.00	–.12 [–.26, .02]	–.23	.01
Gender	2.51 [–3.2, 8.3]	.06	.00	–3.0 [–6.6, .54]	–.12	.01	1.2 [–2.0, 4.5]	.05	.00
Experience	.10 [–.15, .35]	.11	.00	.03 [–.13, .18]	.05	.00	–.03 [–.17, .12]	–.05	.00
Step 2									
Age	–.18 [–.40, .05]	–.20	.01	.09 [–.03, .22]	.17	.01	–.17 [–.30, –.03]	–.32	.02*
Gender	.50 [–4.8, 5.8]	.12	.00	–1.2 [–4.1, 1.7]	–.05	.00	.42 [–2.7, 3.6]	.02	.00
Experience	.19 [–.04, .41]	.21	.01	–.05 [–.17, .08]	–.09	.00	.01 [–.13, .15]	.02	.00
PCQ–24	–.35 [–.46, –.24]	–.42	.17**	.31 [.25, .37]	.60	.35**	–.14 [–.21, –.08]	–.29	.08**

Note: *p<.05, **p<.001

and explained 2.1% of unique variance, $t(203) = -2.80$, $p = .006$, ($b = -.15$). Nurses in this study who scored high for emotional exhaustion and low for personal accomplishment were more likely to have high turnover intentions.

PERSONAL RESOURCES AND BURNOUT

Three hierarchical MLR analyses were conducted to investigate the relationship between nurses' psychological resources (PsyCap) and the three subscales measuring burnout. Demographic variables, age, gender, and experience were again entered at Step 1 of each hierarchical MLR to control for their potential influence on the outcome variable.

The first analysis was used to assess whether PsyCap was a significant predictor of EE. No univariate or multivariate outliers were identified; assumptions of normality, homoscedasticity, and multicollinearity were met. The Step 1 model was not significant, $F(3,206) = .591$, $p = .621$, ($r2 = .01$). After PsyCap was entered at Step 2, an additional 16.6% of variance in EE was explained, which according to Cohen is a medium effect ($f^2 = .21$).[32] The model was significant (see Table 3), $F(4,205) = 10.87$, $p < .001$ ($r2 = .18$). PsyCap was the only significant predictor of EE in the overall model, $t(205) = -6.43$, $p < .001$, ($b = -.42$). Nurses who had higher PsyCap scores had lower scores on emotional exhaustion in this study.

The second analysis was conducted with the burnout dimension PA as the outcome variable. The model at Step 1 was not significant, $F(3,206) = .97$, $p = .409$, ($r2 = .01$). In Step 2, the addition of PsyCap explained a further 34.1% of variance in PA, with a large effect ($f^2 = .55$).[32] The model was significant (see Table 3), $F(4,205) = 28.19$, $p < .001$, ($r2 = .34$). PsyCap was the only significant predictor in the overall model, $t(205) = 10.41$, $p < .001$, ($b = .57$). Nurses with higher PsyCap scores, scored higher on personal accomplishment.

TABLE 4: PREDICTING TURNOVER INTENTIONS FROM PERSONAL RESOURCES (PCQ-24)

Predictor	*B*	*SE (B)*	β	95% CI (*B*) [LL, UL]	sr^2
Step 1					
Age	.01	.04	.05	[–.06, .09]	.00
Gender	.65	.89	.05	[–1.1, 2.4]	.00
Experience	.03	.04	.13	[–.04, .11]	.00
Step 2					
Age	–.02	.04	–.09	[–.09, .04]	.00
Gender	.00	.81	.00	[–1.6, 1.6]	.00
Experience	.06	.04	.23	[–.01, .13]	.01
PCQ–24	–.11	.02	–.44	[–.15, –.08]	.18*

Note: Standardised (B) and Unstandardised (SE B), Regression Coefficients (b), Confidence Intervals (CI), and Squared Semi-Partial Correlations (sr2). *p<.001

The third analysis conducted with the burnout dimension DP as the outcome variable indicated that the model at Step 1 was significant (see Table 3), $F(3,206) = 5.56$, $p = .001$, and explained 7.5% of the variance in DP. Adding PsyCap in Step 2 explained a further 7.8% of variance. The model was significant and explained 15.3% of the variance in DP, $F(4,205) = 9.25$, $p < .001$, with a medium effect ($f^2 = .18$).[32] PsyCap was a significant predictor in the overall model, $t(205) = -4.34$, $p < .001$, (b = -.29), as was age, $t(205) = -2.40$, $p = .017$, (b = -.32), which explained 2.4% of unique variance. Nurses who had higher PsyCap scores and were older scored lower on depersonalisation.

PERSONAL RESOURCES AND TURNOVER INTENTIONS

A fourth and final hierarchical MLR was used to examine the relationship between PsyCap and intentions to leave the profession. All assumptions were satisfied. At Step 1 the model was not significant, $F(3,206) = 2.32$, $p = .076$, ($r2 = .03$). When PsyCap was entered at Step 2 it explained an additional 18.2% of variance in turnover intentions, $DF(1,205) = 47.47$, $p < .001$. The model was significant with a medium effect size ($f^2 = .27$)[32], $F(4,205) = 14.01$, $p < .001$, ($r2 = .22$), see Table 4. PsyCap was the only significant predictor of turnover intentions in the overall model, $t(205) = -6.89$, $p < .001$, (b = -.44). Nurses who scored higher on PsyCap had lower intentions to leave the profession.

DISCUSSION

The degree of burnout observed in this study was alarming, with 69% of hospital nurses reporting high levels on the subscale emotional exhaustion. Over one-third of the nurses (39%) seriously considered leaving their profession. These results correspond to a concerning trend in research, with various studies reporting severe burnout levels in Australian nurses.[7,17,33]

Hospital nursing is a complex and intense working environment where nurses are expected to handle significant physical, mental, and interpersonal demands.[34] The high-intensity hospital environments also offer little opportunity for nurses to recover from stressful events or situations, meaning workplace stressors often compound negative effects.[35] Consistent with Maslach and colleague's conceptualisation of burnout, emotional exhaustion was the principal symptom observed in this study.[13] However, depersonalisation and reduced personal accomplishment provide further insight into the various manifestations of burnout in the nursing workforce. Nurses can develop an indifference to patients and a cynical attitude because of overwhelming demands at work.[36] Considering the prevalence of emotional exhaustion, it is no surprise that many of these nurses' also distance themselves from their patients and develop negative attitudes towards their workplace. Similarly, overwhelming demands and exhaustion reduce a nurse's capacity to operate effectively in their work environment, which can significantly erode their sense of effectiveness and accomplishment.[13]

One interesting finding is that significantly fewer nurses indicated high experienced burnout on the depersonalisation and personal accomplishment dimensions compared to emotional exhaustion. This suggests that many nurses can maintain engagement and a sense of effectiveness while simultaneously experiencing exhaustion in the workplace. A possible explanation may be that nurses develop a strong interpersonal and physical skillset that allows them to continue working effectively and sustain engaging relationships with patients regardless of their emotional state.[37]

But it comes at a cost, with most hospital nurses experiencing at least one burnout symptom, as evidenced in this study. Facing many challenges in their working environment, and without intervention, these stressors will continue to play a central role in initiating burnout symptoms.

Nurses with high emotional exhaustion and low personal accomplishment had higher intentions to leave the profession, however, contrary to what we expected and previous research, depersonalisation did not significantly correlate with intent to leave. Prior research has consistently associated burnout with negative workplace outcomes like withdrawal, absenteeism, dissatisfaction, and low organisational commitment.[38] Therefore, the current findings corroborate existing evidence and offer a renewed perspective on the impact of burnout in the Australian nursing workforce. There was a strong association between emotional exhaustion and turnover intentions. Individuals experiencing exhaustion often seek to distance themselves emotionally and cognitively from their work.[13] Therefore, it is plausible that emotional exhaustion is a product of overload or distress in the workplace that prompts nurses to withdraw psychologically and potentially physically from their work.[38] Similarly, a lack of reward and a sense of inefficacy takes a substantial toll on nurses' motivation and self-esteem, directly impacting job satisfaction and their intention to stay.[35]

Our results indicate that stronger personal psychological resources predict lower burnout and turnover intentions in hospital nurses. Much of the nursing burnout and intent to leave literature focuses on negative aspects of the work environment. Less research has been focusing on positive factors, although authentic leadership,[14] supervisor support,[15] direct communication, and managerial responsiveness has shown that these can promote positive workplace outcomes for nurses.[16] For instance, nurses with high psychological capital are more likely to have confidence in their ability to solve problems and focus on positive aspects of their work environment.[14] Positive responses to workplace stimuli promote positive attitudes such as empowerment, job satisfaction, and organisational commitment that have a tangible impact on personal and occupational wellbeing.[21] This likely explains why nurses with higher psychological capital also have less intention to leave the profession.[39]

Enhancing personal psychological resources could play an important role in assisting nurses to operate effectively in the workplace. Thereby reducing the likelihood that they will experience burnout and develop turnover intentions. So far, a psychological capital micro-intervention and web-based training intervention have demonstrated effectiveness in increasing participants' psychological capital.[23,40] However, further development and testing of alternative delivery methods are required to determine the efficacy of current interventions.[21] Overall, the findings of this study show that personal psychological resources are an asset for nurses and should be supported by human resource interventions to combat negative workplace outcomes.

LIMITATIONS

The cross-sectional correlational research design meant that causality could not be determined for significant relationships. A longitudinal design may assist in probing causal mechanisms and directional relationships between study variables. Future iterations of this research should also include additional demographic information, such as marital status, number of dependents, and income, that could potentially influence the main study variables in this study. Participants were recruited through social media, newsletter, and nursing administrators resulting in a convenience sample instead of randomly recruiting participants from the population of Australian nurses. The exclusive use of self-report measures also increased the risk of information bias through recall errors.

IMPLICATIONS FOR RESEARCH, POLICY, AND PRACTICE

The results of this study indicate that burnout poses a significant threat to hospital nurses and the healthcare system. Future research should expand on these findings by exploring qualitative accounts of burnout experiences. A qualitative research design would offer an appropriate environment for nurses to describe the antecedents and consequences of their personal burnout experiences. It could also be an effective forum to explore nurse perspectives on strategies that could be implemented to mitigate burnout and inform policy. Nursing managers, hospital human resource departments, and healthcare organisations should prioritise the development of effective strategies to reduce burnout in nurses. The results also support theory and prior research that suggests that personal psychological resources play a protective role against negative workplace outcomes like burnout and turnover intentions. To date, there has only been marginal success in implementing targeted interventions to increase psychological capital. There is yet to be a study that explores workplace interventions to increase nurses' psychological capital. Supporting nurses to build their personal psychological resources could combat negative workplace outcomes; developing these resources would benefit the entire healthcare system and potentially change policy.

CONCLUSION

The health and wellbeing of nurses should be a priority for healthcare organisations; the working conditions nurses face in Australian hospitals cause many to be impacted by work stress. Emotional exhaustion was highly evident in nurses who participated in this study, and many experienced severe feelings of depersonalisation and lack of accomplishment at work. As nurses who experienced high emotional exhaustion and low personal accomplishment had stronger intentions to leave the nursing profession, solutions to improve nurse

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retention should focus on reducing burnout and increase their psychological resources. Encouragingly, our results suggest that nurses with stronger personal resources (self-efficacy, hope, optimism, resilience) experience less burnout and have less intentions to leave the profession. Future research should investigate targeted interventions how to develop these personal resources, especially in the nursing population.

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