# Values Conflicts, Burnout, and Moral Injury Among U.S. Nurses: A Scoping Review

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## INTRODUCTION

- We build upon the National Framework for Addressing Burnout and Moral Injury in the Health and Public Safety Workforce[1] and review literature on organizational leadership, values conflicts, and burnout and moral injury among registered nurses (RNs) in staff roles.
- **Values conflicts** in work settings can drive **burnout** and **moral injury**.[1]
- **Moral injury** is related, but distinct, from **burnout**, arising from a perceived betrayal by trusted authorities or institutions.[1]
- **Burnout** and **moral injury** both have far-reaching negative consequences at the worker, patient, organizational, and societal levels.[1]

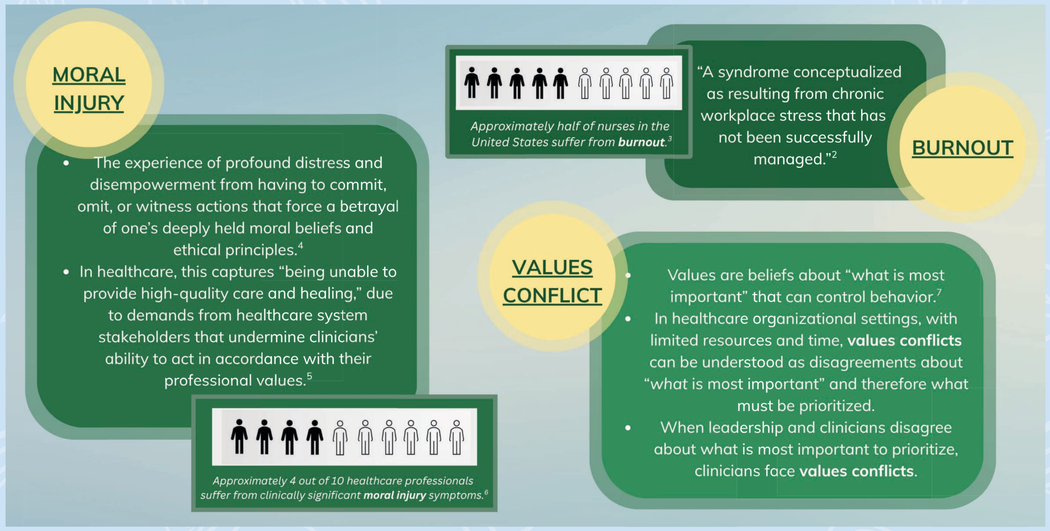
- **Aim**: Explore how **conflicting values (values conflicts)** between RNs and their organizational leadership are associated with the adverse outcomes of **burnout** and **moral injury**.

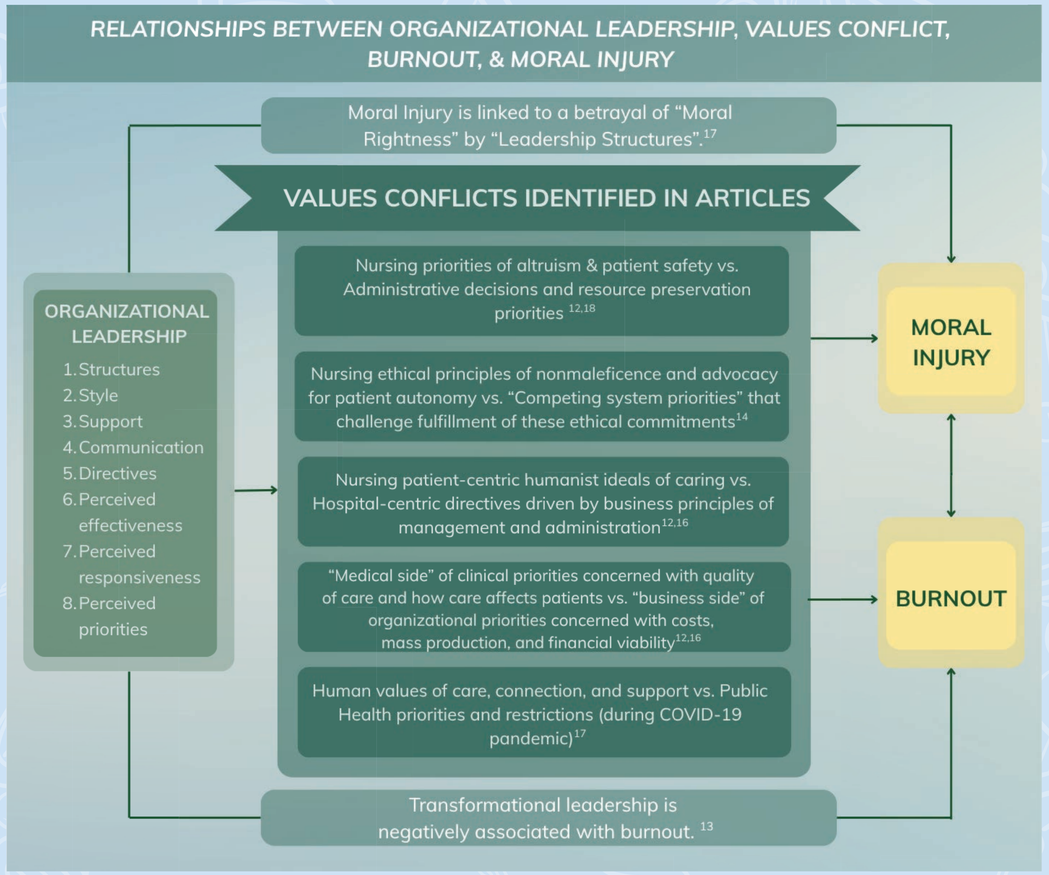
## METHODS

- We searched five databases for relevant literature on organizational leadership and the relational drivers of burnout and moral injury among RNs in the United States (U.S.).
- We focus specifically on articles addressing values conflicts between RNs and their organizational leadership.
- Inclusion Criteria: (1) original and primary sources published in English, that (2) discuss values conflicts between nurses and their organizational leadership, and (3) discuss the outcomes of burnout and/or moral injury among direct patient care or staff RNs in the U.S.
- Eleven references met these criteria (8 journal articles [1 mixed methods, 4 quantitative cross-sectional studies, 3 qualitative studies], 2 journal-published expert opinions, 1 qualitative dissertation study).

## RESULTS

- RELATIONSHIPS BETWEEN LEADERSHIP AND BURNOUT
  - Lack of confidence in management, not having an effective or responsive supervisor, and poor administration-clinician communication are associated with burnout.[8, 9, 10, 11, 12]
  - Transformational leadership is negatively associated with burnout.[13]
  - Administrative decisions and lack of support for patient advocacy by nurses can contribute to moral distress, a contributing factor to burnout.[12,14]
- LEADERSHIP, VALUES CONFLICTS, AND BURNOUT
  - Transformational leadership positively influences nurses' perceived personal and organizational values alignment.[13]
  - Values alignment is negatively associated with burnout.[13]
  - Perceived differences in values, competing values, and poor values alignment between leadership, administrators, or management and clinicians are all associated with burnout.[11, 12, 15, 16]
  - Values conflicts can lead to both moral distress and burnout.[12, 14]




**CONCEPTUAL FRAMEWORK**

**REFERENCES**

## RESULTS

- LEADERSHIP, VALUES CONFLICTS, AND MORAL INJURY
  - Moral injury arises from actions that transgress one's moral values.[17]
  - Moral injury is linked to a betrayal of "moral rightness" by "leadership structures."[17]
- MORAL INJURY AND BURNOUT
  - Moral injury is linked to an increased risk for burnout.[17]

## DISCUSSION

- The references discussed here examined leadership structures, style, support, communication, directives, perceived effectiveness and responsiveness, and perceived priorities in relation to values conflicts, moral injury, and/or burnout.
- Findings demonstrate that healthcare leadership and administrators:
  - (1) directly contribute to burnout and moral injury;
  - (2) have significant influence over the perception of values conflicts as opposed to values alignment among direct patient care RNs in the U.S., which
  - (3) also indirectly impacts nurses' experiences of burnout and moral injury.

## IMPLICATIONS

- Practical Implications:
  - Healthcare organizational leaders influence nurses' experiences of burnout and moral injury via relational breakdowns such as values conflicts.
  - Healthcare organizational leaders can leverage an understanding of values conflicts to address burnout, moral injury, and their myriad negative downstream consequences.
- Research Implications:
  - More research is needed to understand *how* nurses come to perceive and experience values conflicts in relation to their organizational leaders and administrators.
  - Mixed methods research can empirically validate identified associations while also offering context to situate nurses' perceptions and experiences within real-world healthcare settings.
  - Results suggest the need to further investigate moral injury in relation to leadership and values conflicts.
- Better understanding of the situational contexts in which these conflicts arise will better inform practical changes, allowing an understanding of how values conflicts manifest to drive leadership practices that can prevent or mitigate values conflicts.
- Limitations of the references discussed here include:
  - small sample sizes for quantitative studies;
  - lack of longitudinal data collection preempting causal inferences.