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Burnout in nursing: A vision of gender and "invisible" unrecorded care

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Abstract

Aim: To reflect on how characteristics inherent in the nursing profession might be related to burnout syndrome among the nursing collective.

Background: Most people are unaware of the tasks and responsibilities of the nursing profession, as well as the burnout rates suffered by nurses. The nursing profession is a feminized profession, and this feminization may lead to the assignment of gender stereotypes and roles traditionally attributed to women. Much of the care provided by nurses is unrecorded, "invisible" and could be seen as an extension of their role as caregivers.

Methods: This is a discussion paper. The literature on gender stereotypes, unrecorded (invisible) care in nursing and burnout are the argumentative basis of this work.

Discussion: Stereotypes and gender roles may explain the lack of recognition of some of the carework carried out by nurses. Care, which is the essence of the profession, continues to be largely invisible and is not valued. This lack of recognition of invisible care, coupled with gender stereotypes, may help to understand burnout syndrome in nursing.

Impact for Nursing: Health organizations should take into account the history of the nursing profession and the stereotypes associated with it. It is necessary to recognize and make visible much of the care provided by nurses which are not recorded (invisible care), since this would facilitate the visibilization of the workload and could reduce the possibility of suffering burnout. If we want quality care and staff who enjoy the greatest possible well-being, it will be necessary to take these variables into consideration. One purpose should be: to care for them so that they can provide quality care to others.

No Patient or Public Contribution: This is a discussion paper.

KEYWORDS
burnout, gender role, gender stereotypes, invisible care, nursing, nursing practice

1 | INTRODUCTION

The 2019 the World Economic Forum estimated the global cost of burnout at $322 billion due to, for example, lost work hours, sick leave and poor performance (Bruce, 2019). Specifically, nursing staff, due to the specific demands of their work, are susceptible to burnout (Shao et al., 2018). In this discussion article, we explore the previous literature on gender stereotypes and invisible care in relation to burnout syndrome in nursing staff, which appears in Medline, Cinahl Plus and Web of Knowledge, using the following keywords: gender stereotypes and nurses/nursing, female stereotypes and nurses/nursing, burnout and nurses/nursing; invisible care and nurses/nursing. We then discuss how and why gender stereotypes and invisible care might contribute to the manifestation of burnout in nurses, approaching this phenomenon from the perspective of the Maslach model (1999), the Karasek demands-control model (1979) and the importance of congruence between person and environment (e.g., Chatman, 1989; Holland, 1959, 1966).

2 | DISCUSSION PROPOSAL

Can gender stereotypes and unrecorded care contribute to the development of burnout in nurses?

2.1 | Nursing and gender stereotypes

The nursing profession is a profession occupied since its beginnings mostly by women. At present, according to the World Health Organization (2020), the proportion of female nurses is 89% in Europe, 76% in Africa, 87% in the Americas, 89% in South East Asia, 78% in the Eastern Mediterranean and 95% in the Western Pacific. The perception that nursing is a "women's" profession may have conditioned the profession with the stereotypes and roles socially attributed to women (Aranda et al., 2015; Bernalte-Martí, 2015; López-Verdugo et al., 2021; Mena Tudela & González Chordá, 2018). Traditionally, a sexual division has been established in the roles and functions that men and women should perform (Eagly et al., 2000; Wood & Eagly, 2012). Society has attributed different professions to men and women, stereotyping them as eminently masculine or feminine (e.g., Thébaud & Charles, 2018); there is an association of medicine with the male gender stereotype and nursing with the female gender stereotype (Bernalte-Martí, 2015; López-Verdugo et al., 2021). On the other hand, masculinity has traditionally been associated with power roles and femininity with caring roles (Diekman & Eagly, 2000). Currently, the public perception is that nursing is still a female profession and linked to gender stereotypes (Clayton-Hathway et al., 2020; López-Verdugo et al., 2021; Stokes-Parish et al., 2020). Nurses have huge responsibilities but little autonomy, authority and power. This could be a result of the social norm that links masculinity to leadership roles (Aranda et al., 2015; Berkery et al., 2014; Nilsson & Sätterlund Larsson, 2005). For example, in the work of Ju and van Schaik (2019) investigating the perception of leadership of doctors or nurses by medical residents, no differences were found according to profession (doctor or nurse), but a gender bias was found among the residents, where women were rated lower than men as team leaders. The majority of nursing positions held by women are characterized by a higher degree of dependence on medical actions and by the execution of tasks directly involving patients (Gleddie et al., 2018; Price et al., 2014; Scerri & Grech, 2020). The jobs that require technical skills, control and increasingly more sophisticated instrumentation (socially better valued and better regarded) are dominated by men; in the case of nursing, tasks requiring technical skills and the handling of sophisticated apparatus, such as laboratory work or radiography, are often performed by men (Vicente & Delgado, 2014). This might be due to the fact that men are assumed to have predominantly agentic qualities and women communal ones (Diekman & Goodfriend, 2006; Eagly & Karau, 2002), whereby men might be perceived and perceive themselves as more suitable for technical activities and managerial positions. In addition, men are mainly engaged in management positions (Berlin et al., 2020). For example, in the European Union in the health sector, for every 1000 people there are 47 men and only 26 women in management positions (EIGE, 2020). The gender stereotype, which assumes that women have lower managerial skills than men (Angus, 2020; Aranda et al., 2015; Eagly et al., 2000; Eagly & Karau, 2002), leads to women quickly reaching their glass ceiling and relegates them to medium- or low-level leadership positions (Berlin et al., 2020; Gauci et al., 2022; Punshon et al., 2019).

In recent decades, men have gradually entered the profession, both in Europe and in the United States (O'Connor, 2015). However, the percentage of men in the profession remains very low. The World Health Organization estimates that men make up approximately 10% of nursing staff around the world (WHO, 2020). Some work suggests that male nurses are better paid or may have more opportunities for promotion than female nurses (Gauci et al., 2022; Punshon et al., 2019), while other work argues that men may also suffer negative consequences since it is a profession considered "feminine". Negative consequences may include patients' refusal of intimate care, disproportionate allocation of 'masculine' tasks (tasks that require heavy lifting, manual handling, security duties and engaging with challenging patients) or being seen as effeminate or homosexual (associates the negative stereotyping of homosexual men in society) and even experiencing homophobic abuse from patients (see Smith et al., 2021). Caregiving skills do not differ between men and women (Zhang & Liu, 2016); care can be taught and learned by both. There is a need to demonstrate that normality is that nursing roles are performed by both men and women, and that both have equal opportunities for remuneration and promotion. Differences in promotion between male and female nurses appear to be underpinned by the maintenance of gender roles and stereotypes, "think manager, think male" (Schein & Davidson, 1993).

2.2 | Nurses and care

The action of caring has become the principal role of nurses and care is the purpose of this profession. One of the problems of the nursing profession is that it is not easy to define care, given the variety of tasks involved. There is no single agreed definition of care, or of the components of this process. Socially, the technical dimension of care is understood but we have little notion of the emotional and psychological dimensions (Bolton, 2000; Hudacek, 2008). The work of nurses includes physical, emotional, cognitive and organizational tasks (Jackson et al., 2021). The so-called technical or collaborative tasks predominate and overshadow many of the functions of nursing. In addition to technical tasks, nurses perform interventions that are not documented in nursing records and are not institutionally valued, but which consume time and have a positive impact on the well-being, autonomy and safety of patients and their families: the so-called invisible care (Huércanos Esparza, 2010). Invisible care is composed of different dimensions of care: fostering self-care, creating a trusting/safe relationship, emotional support, touching, listening, comfort, ethics and respect (Navas-Ferrer et al., 2018). These are interventions based on observation, empathy, knowledge and experience; actions oriented towards comfort or well-being, such as giving a soothing cup of tea, plumping a pillow, being mindful of patients' dignity, accompanying, listening… (Huércanos Esparza, 2010). All these actions would, in principle, not be recordable. This fact, besides impeding the measurement and knowledge of the real workload the profession has to cope with, contributes to the invisibility of part of the care provided by nurses. Various studies estimate that these non-quantitative indirect care activities could account for 50%–73% of nurses' work (see Lanquetin, 2013, 2018). Previous literature has indicated that ignoring these nursing practices has financial implications for healthcare organizations (Buckley, 2014). In addition, it has been shown that this type of care is highly appreciated by patients and contributes to rapid improvement, a reduction in complaints and readmission rates, and a commitment to prevention (Buckley, 2014; Edvardsson et al., 2017; Lee & Kim, 2020; Ng, 2020).

Nurses themselves believe that their profession has significant difficulties being visible and recognizable (Errasti-Ibarrondo et al., 2012; General Nursing Council for Spain, 2022; Godsey et al., 2020). This could be due to the fact that many activities that they carry out, especially those related to emotional and psychological attention, are not recorded and become invisible to the organization in which they work. This difficulty in making visible the emotional care, counselling or attention that nurses provide, results in a significant gap between the work that is carried out and the work that is recognized. This lack of recognition could contribute to the emergence of burnout syndrome.

Regarding invisible care, there is little research examining this invisibilization of nursing work tasks and specifically defining what care work performed by nurses is intangible and its possible relationship with burnout (Manzano-García & Ayala, 2017).

2.3 | Invisible care and gender stereotypes in the nursing profession and burnout

Burnout is a response to chronic work-related stress, made up of negative attitudes and feelings towards the people with whom one works, and towards one's own professional role (Maslach & Jackson, 1986). Burnout is understood as interpersonal stress in relation to work since "burnout is not a problem in people themselves but of the social environment in which they work" (Maslach, 2009, p. 42). The WHO has recently (2022) recognized burnout syndrome as an occupational phenomenon, including it in the 11th revision of the International Classification of Diseases (ICD-11), and inserting it among the factors influencing health status or contact with health services. Burnout is defined in the ICD-11 as a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: (1) feelings of energy depletion or exhaustion; (2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job and (3) a sense of ineffectiveness and lack of accomplishment. Burnout refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life. Burnout has negative repercussions on nurses, patients and the organization. Burnout has been positively related to a decrease in job satisfaction, a reduction in job performance, sick leave and the intention to leave the job. Furthermore, it also negatively affects the quality of care provided to patients, increasing adverse events and medication errors and decreasing patient safety (see Dall'Ora et al., 2020).

The working environment, increasingly difficult working conditions and the lack of recognition of much of the work performed by nurses can result in a progressive loss of the idealism and energy that led to the choice of this profession. These circumstances could lead, sooner or later, to the appearance of burnout syndrome, characterized by emotional exhaustion, depersonalization and reduced personal fulfilment.

According to Maslach (1999), burnout arises as the result of a prolonged mismatch between the individual and any of the six characteristics that define their work environment: workload, control, reward, community, fairness and values. Workload refers to the job's demands (physical and/or psychological) and their difficulty, as well as the time and resources available to carry them out in. Control refers to whether one has the necessary skills to carry out the tasks and the autonomy to decide how to carry them out. Reward refers to the recognition that is given to the individual for the effort made. Community reflects the quality of the relationships with the people who make up the organization. Fairness implies the level of fairness perceived by the individual in their work, including opportunities for promotion, remuneration or inequality in the workload. Values refer to the organization's dominant ideals and beliefs.

In relation to control, nurses are often seen as assistants to the doctor (Clayton-Hathway et al., 2020). This means nurses have to follow the doctor's instructions, which may sometimes be questionable. Nurses are rarely consulted beforehand on matters that

concern them directly, despite having knowledge on the matter derived from their professional practice (Glerean et al., 2019). This means, in practice, that nurses' ability to decide how or when to do a task is revoked. On the other hand, for nurses, rewards are a predictor of equity, so rewards are an important issue for them (Leiter & Maslach, 2009). Nursing is a low-paid profession in some countries of the OECD; for example, in Switzerland, Lithuania, France, Latvia and Finland the salary of nursing professionals is lower than the average salary of each country; in most countries, their pay was between 10% lower and 20% higher than the average salary (OECD, 2021). Add to this the fact that a large part of a nurses' working day is spent performing tasks that, because they are not recorded, remain invisible to the organization (Lanquetin, 2013, 2018), and it is logical to think that nurses develop the feeling that the rewards they receive from the organization do not correspond to the work and effort they have put into them.

According to the job demands-control model (Karasek, 1979), burnout does not arise so much as a consequence of an imbalance between the individual and any of the six areas of their work life, but rather as a consequence of the imbalance between the demands of work and control experienced by the individual in the workplace (e.g. Gameiro et al., 2020). Demands are the stressors experienced in the workplace (amount of work, time pressure, interruptions, multiple and contradictory demands, work rhythm, conflict and role ambiguity). Control, or decision latitude, refers to the individual's discretion and authority in decision-making. An individual who has high work demands will suffer burnout to a greater or lesser extent depending on their level of autonomy, their power to decide what to do and their power to decide how to do it.

From the perspective of the job demands-control model, the stereotypes of the nursing profession and invisible care (unrecorded) could induce an imbalance between demands and control. The workload, both mental and physical, is related to the situations, activities and mental effort involved in daily nursing work, added to the fact that nurses must face the rigours and horror of coping with the permanent presence of suffering and moral distress. To measure this true workload, the volume and complexity of the tasks and the time to perform them must be taken into account in relation to the volume of patients and the nursing procedures to be followed. Although different systems have been developed to measure nursing staff's workloads, none of them have taken into account the totality of care provided by nurses (unrecorded care). These invisible manifestations of care should be taken into account when measuring nurses' workload, as workload is related to burnout (Dall'Ora et al., 2020; Manzano-García & Ayala, 2017). This would allow the real volume of work performed by nurses in their working hours, which is much higher than the volume recorded by the administration, to be visualized. It would also enable improved understanding of how invisible care is part of their overload and could be one of the most important antecedents of burnout syndrome.

On the other hand, one of the stereotypes associated with the nursing profession is that nurses obey the doctor (Clayton-Hathway et al., 2020). This stereotype could lead to the fact that many tasks performed by nurses, at least the visible ones, are done according to the guidelines set by the doctor, which would override the discretion and authority of nurses. This fact generates low control, one of the main causes of burnout. According to Karasek (1979), high demands do not necessarily lead to burnout; for burnout to occur, there must also be low levels of control.

In addition to the models proposed by Maslach (1999) and Karasek (1979), the importance of value congruence between organizational and individual (Chatman, 1989; Holland, 1959, 1966; Kristof, 1996; Liedtka, 1989) could help explain the burnout experienced by nurses and, more specifically, could clarify why invisible care and stereotypes of the nursing profession could contribute to the appearance of this syndrome. This proposal supports the idea that the higher the person–environment (P–E) congruence, the higher the employee satisfaction. Research has corroborated that such P–E value congruence corresponds to higher job satisfaction, higher job commitment, lower intention to change jobs and higher employee performance (see Haley & Sidanius, 2005).

The relationship between the values of the organization and those of the employee can range from a perfect fit between the two to a state of conflict in which the two sets of values are in opposition. When they cannot follow their values, a feeling of discomfort and even a lack of professional fulfilment and/or burnout (dimensions of burnout) may occur. Several studies have indicated that, in the case of professional nurses, values congruence predicted all three dimensions of burnout (Leiter & Maslach, 2009) and that nurses are more likely to be satisfied with their work and less likely to experience burnout if they feel they fit in with the organization (Dotson et al., 2014; Peng et al., 2014; Shao et al., 2018).

Nurses want to focus on holistic, personalized care that involves going beyond technical care and caring for the whole person (Andersson et al., 2015; Carlson et al., 2014; Drahošová & Jarošová, 2016). Above all, nurses are interested in offering the patient well-being, a sense of security and personal autonomy (Bassett, 2002; Maben, 2008). However, most health organizations seek to increase efficiency and standardize nursing practices so that they can be measured objectively and rationally. These practices often ignore nurses' beliefs about what caring means to them. If they want to survive in their jobs, nurses have to give up some care and focus on the more technical ones, or else accept that this unrecorded care is not valued. This resignation, which is based on the conflict between individual and organizational values, could lead to burnout.

3 | CONCLUSION AND RECOMMENDATIONS

Taking into account the theoretical underpinnings of some of the most prominent organizational models in the study of burnout, this article has argued how the unrecorded (invisibilized) care and stereotypes associated with the profession can help us to better understand the reasons for burnout among nurses. The nursing profession

must face significant challenges to reduce the prevalence of burnout, one of the syndromes that most affects nurses' health and has serious consequences for patients and the organization. Therefore, it is necessary to reconceptualize the concept of nurses' work, their roles, the observation of the care they provide, and to deconstruct the stereotypes associated with the profession.

A global unification in nursing records would be advisable, according to the specific services in which the care work is performed, to establish the reality of the daily work of nursing (both technical and intangible care). Rationalization and cost containment in healthcare organizations has a direct impact on the quality of holistic care provided by the art of nursing (Edvardsson et al., 2017). Meaning must be given to the work and to all care that the professionals provide. To achieve integrated care sufficient space must be given to caring itself and this facet of care recorded too (not invisibilized), not merely the technical functions of care. Health organizations should take into account the history of the nursing profession and the stereotypes associated with it. Professional structures must be put in place to ensure gender equality in access to management positions. The challenges related to the history of nursing, the effects of gender stereotypes and the discrimination they generate should also be present in nursing schools and be addressed in their curricula. Teachers should discuss the genesis of stereotypes of the profession with their students, as well as the repercussions that these may have when carrying out their future profession.

Another important step to reduce the degree of burnout suffered by this profession would be to work to promote a unified definition of what it means to be a nurse, the competencies of a nurse and the tasks a nurse performs. This challenge will also help improve and strengthen the perceived image of nursing around the world, and to clarifying and recognizing the roles of nurses.

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All authors have agreed on the final version and all authors have contributed to the writing of the article. Mª Pilar Montañés Muro: Drafting the article; Juan Carlos Ayala Calvo: Drafting the article; Guadalupe Manzano García: Drafting the article.

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The authors declare no conflict of interest.

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Ethical statement not required.

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REFERENCES

Andersson, E. K., Willman, A., Sjöström-Strand, A., & Borglin, G. (2015). Registered nurses' descriptions of caring: A phenomenographic interview study. *BMC Nursing*, *14*(1), 1–10.

Angus, C. (2020). Gender stereotype and its consequences on female managers. *IAA Journal of Scientific Research*, *6*(1), 6–12.

Aranda, M., Castillo-Mayén, M. D. R., & Montes-Berges, B. (2015). Has the traditional social perception on nurses changed? Attribution of stereotypes and gender roles. *Acción Psicológica*, *12*(1), 103–112. https://doi.org/10.5944/ap.12.1.14353

Bassett, C. (2002). Nurses' perceptions of care and caring. *International Journal of Nursing Practice*, *8*(1), 8–15.

Berkery, E., Tiernan, S., & Morley, M. (2014). The relationship between gender role stereotypes and requisite managerial characteristics: The case of nursing and midwifery professionals: A response to Lalor. *Journal of Nursing Management*, *24*(8), 1137–1140. https://doi.org/10.1111/jonm.12410

Berlin, G., Darino, L., Groh, R., & Kumar, P. (2020). *Women in healthcare; moving from the front lines to the top rung*. McKinsey & Company.

Bernalte-Martí, V. (2015). Minoría de hombres en la profesión de enfermería. Reflexiones sobre su historia, imagen y evolución en España [minority of men in nursing profession. Reflections on its history, image and evolution in Spain]. *Enfermería Global*, *14*(1), 328–334.

Bolton, S. C. (2000). Who cares? Offering emotion work as a 'gift' in the nursing labour process. *Journal of Advanced Nursing*, *32*(3), 580–586. https://doi.org/10.1046/j.1365-2648.2000.01516.x

Bruce, J. (2019). *The overlooked consequences of today's burnout problem*. https://www.forbes.com/sites/janbruce/2019/06/06/overlooked-consequences-burnout-problem/#799240a5b58c

Buckley, J. (2014). The real cost of caring or not caring. *Journal of Emergency Nursing*, *40*(1), 68–70. https://doi.org/10.1016/j.jen.2013.09.006

Carlson, E., Rämgård, M., Bolmsjö, I., & Bengtsson, M. (2014). Registered nurses' perceptions of their professional work in nursing homes and home-based care: A focus group study. *International Journal of Nursing Studies*, *51*(5), 761–767. https://doi.org/10.1016/j.ijnurstu.2013.10.002

Chatman, J. A. (1989). Improving interactional organizational research: A model of person–organization fit. *Academy of Management Review*, *14*, 333–349.

Clayton-Hathway, K., Humbert, A. L., Schutz, S., McIlroy, R., & Griffiths, H. (2020). *Gender and nursing as a profession: Valuing nurses and paying them their worth*. Royal College of Nursing.

Dall'Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2020). Burnout in nursing: A theoretical review. *Human Resources for Health*, *18*(1), 41. https://doi.org/10.1186/s12960-020-00469-9

Diekman, A. B., & Eagly, A. H. (2000). Stereotypes as dynamic constructs: Women and men of the past, present, and future. *Personality and Social Psychology Bulletin*, *26*(10), 1171–1188. https://doi.org/10.1177/0146167200262001

Diekman, A. B., & Goodfriend, W. (2006). Rolling with the changes: A role congruity perspective on gender norms. *Psychology of Women Quarterly*, *30*(4), 369–383. https://doi.org/10.1111/j.1471-6402.2006.00312.x

Dotson, M. J., Dave, D. S., Cazier, J. A., & Spaulding, T. J. (2014). An empirical analysis of nurse retention: What keeps RNs in nursing? *Journal of Nursing Administration*, *44*(2), 111–116. https://doi.org/10.1097/NNA.0000000000000034

Drahošová, L., & Jarošová, D. (2016). Concept caring in nursing. *Central European Journal of Nursing and Midwifery*, *7*(2), 453–460.

Eagly, A. H., & Karau, S. J. (2002). Role congruity theory of prejudice toward female leaders. *Psychological Review*, *109*(3), 573–598. https://doi.org/10.1037/0033-295X.109.3.573

Eagly, A. H., Wood, W., & Diekman, A. B. (2000). Social role theory of sex differences and similarities: A current appraisal. In T. Eckes & H. M. Trautner (Eds.), *The developmental social psychology of gender* (pp. 123–174). Lawrence Erlbaum Associates Publishers.

Edvardsson, D., Watt, E., & Pearce, F. (2017). Patient experiences of caring and person-centredness are associated with perceived nursing care quality. *Journal of Advanced Nursing*, *73*(1), 217–227. https://doi.org/10.1111/jan.13105

EIGE (European Institute for Gender Equality). (2020). *Gender inequalities in care and pay in the EU*. https://eige.europa.eu/publications/gender-inequalities-care-and-pay-eu#downloads-wrapper

Errasti-Ibarrondo, B., Arantzamendi-Solabarrieta, M., & Canga-Armayor, A. (2012). The public image of nursing: A profession to learn about. *Anales del Sistema Sanitario de Navarra*, *35*(2), 269–283. https://doi.org/10.4321/S1137-66272012000200009

Gameiro, M., Chambel, M. J., & Carvalho, V. S. (2020). A person-centered approach to the job demands-control model: A multifunctioning test of addictive and buffer hypotheses to explain burnout. *International Journal of Environmental Research and Public Health*, *17*(23), 8871. https://doi.org/10.3390/ijerph17238871

Gauci, P., Elmir, R., O'reilly, K., & Peters, K. (2022). Women's experiences of workplace gender discrimination in nursing: An integrative review. *Collegian*, *29*(2), 188–200. https://doi.org/10.1016/j.colegn.2021.08.003

General Nursing Council for Spain. (2022). *Radiografía de la situación profesional y emocional de la profesión enfermera* [A radiography of the professional and emotional situation of the nursing profession]. https://www.consejogeneralenfermeria.org/normativa/documentos-de-interes/otros-documentos/send/69-otros-documentos/1635-resumen-ejecutivo-de-la-radiografia-de-la-situacion-emocional-y-profesional-de-la-profesion-enfermera

Gleddie, M., Stahlke, S., & Paul, P. (2018). Nurses' perceptions of the dynamics and impacts of teamwork with physicians in labour and delivery. *Journal of Interprofessional Care*, *30*, 1–11. https://doi.org/10.1080/13561820.2018.1562422

Glerean, N., Hupli, M., Talman, K., & Haavisto, E. (2019). Perception of nursing profession–focus group interview among applicants to nursing education. *Scandinavian Journal of Caring Sciences*, *33*(2), 390–399. https://doi.org/10.1111/scs.12635

Godsey, J. A., Houghton, D. M., & Hayes, T. (2020). Registered nurse perceptions of factors contributing to the inconsistent brand image of the nursing profession. *Nursing Outlook*, *68*(6), 808–821. https://doi.org/10.1016/j.outlook.2020.06.005

Haley, H., & Sidanius, J. (2005). Person-organization congruence and the maintenance of group-based social hierarchy: A social dominance perspective. *Group Processes & Intergroup Relations*, *8*(2), 187–203. https://doi.org/10.1177/1368430205051067

Holland, J. L. (1959). A theory of vocational choice. *Journal of Counseling Psychology*, *6*, 35–45. https://doi.org/10.1037/h0040767

Holland, J. L. (1966). *The psychology of vocational choice*. Blasidell.

Hudacek, S. S. (2008). Dimensions of caring: A qualitative analysis of nurses' stories. *Journal of Nursing Education*, *47*(3), 124–129. https://doi.org/10.3928/01484834-20080301-04

Huércanos Esparza, I. (2010). El cuidado invisible, una dimensión de la profesión enfermera [Invisible care, a dimension of the nursing profession]. *Biblioteca Lascasas*, *6*(1). http://www.index-f.com/lascasas/documentos/lc0510.pdf

Jackson, J., Anderson, J. E., & Maben, J. (2021). What is nursing work? A meta-narrative review and integrated framework. *International Journal of Nursing Studies*, *122*, 103944. https://doi.org/10.1016/j.ijnurstu.2021.103944

Ju, M., & van Schaik, S. M. (2019). Effect of professional background and gender on residents' perceptions of leadership. *Academic Medicine*, *94*(11 S), S42–S47. https://doi.org/10.1097/ACM.0000000000002925

Karasek, R. A. (1979). Job demands, job decision latitude, and mental strain: Implications for job redesign. *Administrative Science Quarterly*, *24*(2), 285–308. https://doi.org/10.2307/2392498

Kristof, A. L. (1996). Person– Organization fit: An integrative review of its conceptualizations, measurements, and implications. *Personnel Psychology*, *49*(1), 1–49. https://doi.org/10.1111/j.1744-6570.1996.tb01790.x

Lanquetin, J. P. (2018). Rendre visible le travail invisible? Prendre soin du travail pour travailler le «prendre soin» [making visible the invisible work? Taking care of work to work on "taking care"]. *Rhizome*, *1*, 39–46.

Lanquetin, J.-P. (2013). L'invisible réalité des soins informels infirmiers [the invisible reality of informal nursing]. *Soins Psychiatrie*, *34*(284), 12–16. https://doi.org/10.1016/j.spsy.2012.11.007

Lee, K., & Kim, S. H. (2020). Patients' and Nurses' perceptions of what constitutes good nursing care: An integrative review. *Research and Theory for Nursing Practice*, *34*(2), 144–169. https://doi.org/10.1891/RTNP-D-19-00070

Leiter, M. P., & Maslach, C. (2009). Nurse turnover: The mediating role of burnout. *Journal of Nursing Management*, *17*(3), 331–339. https://doi.org/10.1111/j.1365-2834.2009.01004.x

Liedtka, J. M. (1989). Value congruence: The interplay of individual and organizational value systems. *Journal of Business Ethics*, *8*, 805–815. https://doi.org/10.1007/BF00383780

López-Verdugo, M., Ponce-Blandón, J. A., López-Narbona, F. J., Romero-Castillo, R., & Guerra-Martín, M. D. (2021). Social image of nursing. An integrative review about a yet unknown profession. *Nursing Reports*, *11*(2), 460–474. https://doi.org/10.3390/nursrep11020043

Maben, J. (2008). The art of caring: Invisible and subordinated? *International Journal of Nursing Studies*, *45*(3), 335–338. https://doi.org/10.1016/j.ijnurstu.2007.09.002

Manzano-García, G., & Ayala, J.-C. (2017). Insufficiently studied factors related to burnout in nursing: Results from an e-Delphi study. *PLoS ONE*, *12*(4), e0175352. https://doi.org/10.1371/journal.pone.0175352

Maslach, C. (1999). A multidimensional theory of burnout. In *Theories of organizational stress* (pp. 68–85). Oxford University Press.

Maslach, C. (2009). Comprendiendo el burnout [understanding burnout]. *Ciencia y Trabajo*, *11*(32), 37–43.

Maslach, C., & Jackson, S. E. (1986). *Maslach burnout inventory*. Consulting Psychologists Press.

Mena Tudela, D., & González Chordá, V. M. (2018). Imagen social de la enfermería, ¿estamos donde queremos? [Social image of nursing, where are we?]. *Index de Enfermería*, *27*(1–2), 5–7.

Navas-Ferrer, C., Lucha-López, A., Gasch-Gallén, A., Urcola-Pardo, F., Anguas Gracia, A., & Fernández-Rodrigo, M. T. (2018). *Escala CIBISA y eventos notables: instrumentos de autoevaluación para el aprendizaje de cuidados (CIBISA scale and notable events: self-assessment tools for care learning)*. (No. ART-2018-108502).

Ng, L. K. (2020). The perceived importance of soft (service) skills in nursing care: A research study. *Nurse Education Today*, *85*, 104302. https://doi.org/10.1016/j.nedt.2019.104302

Nilsson, K., & Sätterlund Larsson, U. (2005). Conceptions of gender—A study of female and male head nurses' statements. *Journal of Nursing Management*, *13*(2), 179–186. https://doi.org/10.1111/j.1365-2934.2004.00504.x

O'Connor, T. (2015). Men choosing nursing: Negotiating a masculine identity in a feminine world. *The Journal of Men's Studies*, *23*(2), 194–211. https://doi.org/10.1177/1060826515582519

OECD. (2021). *Health at a glance 2021: OECD indicators*. OECD Publishing. https://doi.org/10.1787/ae3016b9-en

Peng, J. C., Lee, Y. L., & Tseng, M. M. (2014). Person-organization fit and turnover intention: Exploring the mediating effect of work engagement and the moderating effect of demand-ability fit. *Journal of Nursing Research*, *22*(1), 1–11. https://doi.org/10.1097/jnr.0000000000000019

Price, S., Doucet, S., & Hall, L. M. (2014). The historical social positioning of nursing and medicine: Implications for career choice, early socialization and interprofessional collaboration. *Journal of Interprofessional Care*, *28*(2), 103–109. https://doi.org/10.3109/13561820.2013.867839

Punshon, G., Maclaine, K., Trevatt, P., Radford, M., Shanley, O., & Leary, A. (2019). Nursing pay by gender distribution in the UK-does the glass escalator still exist? *International Journal of Nursing Studies*, *93*, 21–29. https://doi.org/10.1016/j.ijnurstu.2019.02.008

Scerri, M., & Grech, V. (2020). Nurses in star trek: The fictional role of the nurse in star trek. *Early Human Development*, *145*, 105015. https://doi.org/10.1016/j.earlhumdev.2020.105015

Schein, V. E., & Davidson, M. J. (1993). Think manager, think male. *Management Development Review*, *6*(3), 33–44. https://doi.org/10.1108/EUM0000000000738

Shao, J., Tang, L., Wang, X., Qiu, R., Zhang, Y., Jia, Y., Ma, Y., & Ye, Z. (2018). Nursing work environment, value congruence and their relationships with nurses' work outcomes. *Journal of Nursing Management*, *26*(8), 1091–1099. https://doi.org/10.1111/jonm.12641

Smith, B. W., Rojo, J., Everett, B., Montayre, J., Sierra, J., & Salamonson, Y. (2021). Professional success of men in the nursing workforce: An integrative review. *Journal of Nursing Management*, *29*(8), 2470–2488. https://doi.org/10.1111/jonm.13445

Stokes-Parish, J., Elliott, R., Rolls, K., & Massey, D. (2020). Angels and heroes: The unintended consequence of the hero narrative. *Journal of Nursing Scholarship: An Official Publication of Sigma Theta Tau International Honor Society of Nursing*, *52*(5), 462–466. https://doi.org/10.1111/jnu.12591

Thébaud, S., & Charles, M. (2018). Segregación, estereotipos y STEM. *Ciencias Sociales*, *7*(7), 111. https://doi.org/10.3390/socsci7070111

Vicente, M. C., & Delgado, Á. A. (2014). Influencia de la feminización de la enfermería en su desarrollo profesional. *Antropología Experimental*, *9*. https://doi.org/10.17561/rae

Wood, W., & Eagly, A. H. (2012). Biosocial construction of sex differences and similarities in behavior. In *Advances in experimental social psychology* (Vol. *46*, pp. 55–123). Academic Press.

World Health Organization. (2020). *State of the world's nursing 2020: Investing in education, jobs and leadership*. World Health Organization.

Zhang, W., & Liu, Y.-L. (2016). Demonstration of caring by males in clinical practice: A literature review. *International Journal of Nursing Sciences*, *3*(3), 323–327. https://doi.org/10.1016/j.ijnss.2016.07.006

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