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Article

Workplace Gaslighting Increases Nurses' Job Burnout and Turnover Intention in Greece

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Abstract: Nurses often experience abusive behavior, which has a negative impact on their mental health and leads them to quit their jobs. **Background/Objectives:** To evaluate the impact of workplace gaslighting on nurses' job burnout and turnover intention. **Methods:** We conducted a cross-sectional study in Greece with a convenience sample of 410 nurses. We used the Gaslighting at Work Scale (GWS) to measure levels of workplace gaslighting in our sample. Also, we used the single item burnout measure to measure job burnout, and a six-point Likert scale to measure turnover intention. We constructed multivariable regression models to estimate the independent effect of workplace gaslighting on job burnout and turnover intention. **Results:** We found that workplace gaslighting increases job burnout in our sample. Our multivariable linear regression model identified a positive relationship between score on the factor "loss of self-trust" and job burnout ($b = 0.484$, 95% CI = 0.267 to 0.702, $p < 0.001$). Similarly, we found a positive relationship between score on the factor "abuse of power" and job burnout ($b = 0.660$, 95% CI = 0.463 to 0.856, $p < 0.001$). We found that workplace gaslighting increases nurses' turnover intention. According to our multivariable logistic regression model nurses with higher score on the factor "loss of self-trust" had also a higher turnover intention (OR = 1.622, 95% CI = 1.307 to 2.013, $p < 0.001$). Similarly, we found that nurses with higher score on the factor "abuse of power" had also a higher probability of turnover intention (OR = 1.703, 95% CI = 1.390 to 2.088, $p < 0.001$). **Conclusions:** Our findings suggested that workplace gaslighting has a negative impact on nurses' job burnout and turnover intention. There is a need to reduce levels of workplace gaslighting among nurses to improve their work life and productivity.

Keywords: workplace gaslighting; nurses; gaslighting at work scale; job burnout; turnover intention

1. Introduction

Nurses are the largest professional group in a hospital and deliver the greatest volume of patient care. The nature of their work and their working environment are highly demanding, as they must simultaneously address the psychosomatic requirements and education of patients while assuring the quality, safety, and efficiency of the health services delivered. The support provided by supervisors is crucial for maintaining their workplace well-being and job retention. Nurses frequently endure abusive conduct from supervisors, adversely affecting their mental health and compelling them to leave from their positions [1,2].

Burnout has consistently been a phenomenon in the occupational lives of nurses. The overall pooled prevalence of burnout symptoms among nurses worldwide is estimated to be 11.23% [3]. Nonetheless, disparities exist throughout nations and various nursing specialties, with burnout

prevalence fluctuating between 20% and 40% [4–6]. Nurses face burnout at a higher rate than other healthcare professionals [7]. The most important model explaining the development of burnout, regardless of the work sector, is that of Job-Demands-Resources. Job demands denote the physical and mental exertion required from employees in their work context, whereas job resources encompass elements of the work environment that enable employees to fulfill their job responsibilities, mitigate the physical and psychological effects of job demands, and ultimately foster personal growth and development [8]. Significant job demands that lead to burnout in nurses include extended shifts, excessive workload, time constraints, elevated job and psychological expectations, and inadequate nurse-physician collaboration [9–11]. The COVID-19 pandemic imposed arduous working circumstances on nurses, characterized by extended hours in quarantine zones, a high-risk workplace, and an elevated workload, all contributing to the onset of burnout among nursing professionals [12]. Concerning job resources, insufficient nurse staffing levels, employment at hospitals lacking suitable material and human resources, a deficient social climate or support, resilience, and restricted nurse involvement in hospital operations were predictors of nurse burnout [9,10,12,13]. Specifically, when nurses obtain support from their supervisor, their performance and affective organizational commitment enhance, whilst their intention to leave diminishes [14–16]. The ramifications of nurses' burnout are multifaceted. Nurse burnout compromises the quality and safety of care, elevates patient dissatisfaction, diminishes nurse productivity, fosters quiet quitting, and heightens their turnover intention [17,18].

Due to the inability of healthcare organizations to provide adequate resources and support for nurses amidst significant work demands, nurses frequently resign from their positions or abandon the profession altogether. The proportion of nurses expressing their turnover intention from their positions is significantly elevated, attaining 80% in the long run [19]. Nurses express a greater propensity for turnover intention compared to other healthcare professions [20]. According to a study by the National Council of State Boards of Nursing (NCSBN), 100,000 nurses left the workforce during the pandemic in USA and by 2027, almost 900,000, or almost one-fifth of 4.5 million total registered nurses, intend to leave the workforce [21]. The nurses' expression of turnover intention should prompt healthcare organizations to examine and improve the factors influencing this intention, as it is a robust predictor of actual turnover [22]. According to the findings of an extensive study in the USA, among nurses who reported leaving their job in 2017, 31.5% reported burnout as a reason [23]. Poor work-related mental health outcomes are a predictive factors that elevate the probability of nurse turnover [24]. Elevated workplace demands, a poor work environment, and insufficient job resources may compel nurses to resign from their positions or exit the profession [24,25]. Moreover, adverse job experiences such as bullying, lateral aggression, and disrupted relationships can drive nurses to exit the field [24]. Regarding the behaviour of nurse supervisors, when they choose abusive leadership, they increase nurses' turnover intention. While when nurses work under a supportive leadership that inspires and motivates them, then they report higher job contentment and lower intention to leave the nursing profession [26].

Gaslighting is a form of psychological manipulation, which can be adopted and applied by those in positions of management to their subordinates. The term gaslighting first appeared in cinema in the film of the same name, where the husband isolates his wife by convincing her that she is losing her grasp on reality. According to Stern [27] *"Gaslighting, is a type of emotional manipulation in which a gaslighter tries to convince you that you're misremembering, misunderstanding, or misinterpreting your own behaviors or motivations, thus creating doubt in your mind that leaves you vulnerable or confused"*. Early reports viewed gaslighting as a conscious manipulative attempt to have a mentally healthy person committed to a psychiatric institution or hospital. Subsequent reports involved elderly people in care homes or in their own homes who were victims of gaslighting by workers or relatives. In each case, the ultimate purpose of the gaslighters was financial, emotional, or personal gain [28]. The gaslighter employs solely verbal communication and refrains from utilizing physical violence to attain his objectives. Gaslighting entails a perpetrator asserting that the victim is incapable of accurately understanding and forming valid views about reality; in other words, that they are epistemically

deficient. This is accomplished through several strategies, notably by making straightforward claims of epistemic incompetence, such as labeling the target as 'mad' and asserting that the target is experiencing delusions [28]. Specifically, a gaslighter employs behavioral strategies, including lying and the questioning of perceptions, thoughts, feelings, or memories, to foster confusion and a sense of unreality. All these behaviors serve the overarching objective of inducing a sense of "craziness" in an individual, rendering them incapable of trusting their own thoughts and emotions. Another behavior is denial, which similarly aims to create a rift between a victim and their capacity to form judgments about reality. Denial strategies may involve the refusal to recognize facts, even when confronted with evidence. The gaslighter exhibits behavioral inconsistency, oscillating between egregious falsehoods and overt manipulation, and more nuanced deceptions intermingled with occasional truths [29]. The gaslighter is driven by a want for dominance and control, alongside personal insecurities, a compulsion to be correct, and a desire for power [28].

Despite the extensive discourse on gaslighting in literature over the past decades, there exists a paucity of studies examining its prevalence in workplace settings, particularly within the healthcare sector. This is likely attributable to the absence of a valid instrument for measuring workplace gaslighting. The first tool was developed in 2023 [30], whereas the second instrument utilized for this study was created in 2025 [31]. Two studies have examined the influence of gaslighting on nursing personnel, both emphasizing its detrimental effects on nurses' career commitment and agility [32,33]. To the best of our knowledge, this is the first study that investigated the impact of workplace gaslighting on nurses' job burnout and turnover intention.

2. Materials and Methods

2.1. Study Design

We conducted a cross-sectional study in Greece with a convenience sample of 410 nurses. We collected our data during January 2025. We created an online version of the study questionnaire using Google forms. Then, we disseminated our questionnaire in nurses' groups on Facebook and Instagram. Nurses that have been working in clinical settings for at least one year could participate in our study. We applied the Strengthening the Reporting of Observational studies in Epidemiology (STROBE) guidelines in our study [34]. We conducted our study in accordance with the Declaration of Helsinki [35]. Moreover, the Ethics Committee of the Faculty of Nursing, National and Kapodistrian University of Athens approved our study protocol (approval number; 15, December 9, 2024).

2.2. Measurements

We measured the following demographic variables: gender (females or males), age (continuous variable), MSc/PhD diploma (no or yes), and work experience (continuous variable).

We used the Gaslighting at Work Scale (GWS) to measure levels of workplace gaslighting in our sample [31]. The GWS comprises of 11 items and answers are on a five-point Likert scale from never (1) to always (5). The GWS includes two factors: (a) "loss of self-trust" (five items) and (b) "abuse of power" (six items). Scores on the two factors range from 1 to 5. Higher scores indicate higher levels of workplace gaslighting. In our study, Cronbach's alpha for the "loss of self-trust" and "abuse of power" factors were 0.900 and 0.908, respectively.

We used the single-item burnout measure to estimate job burnout in our sample. This item takes value from 0 to 10 [36]. Higher values indicate a higher level of job burnout. We used the valid Greek version of the scale [37].

We used a valid 6-point Likert scale to measure turnover intention among our nurses [38]. We asked nurses "How often have you seriously considered leaving your current job?" and answers were on a scale from 1 (rarely) to 6 (extremely often). A suggested cut-off point of four divides participants into two groups: low or high level of turnover intention among workers.

2.3. Statistical Analysis

We present categorical variables as numbers and percentages. Also, we use mean, standard deviation (SD), median, maximum value, and minimum value to present continuous variables. We considered workplace gaslighting as the independent variable, and job burnout and turnover intention as the dependent variables. We considered our demographic variables as potential confounders. Since job burnout was a continuous variable that followed normal distribution, we performed linear regression analysis to examine the impact of workplace gaslighting on job burnout. Also, turnover intention was a dichotomous variable, and, therefore, we employed logistic regression analysis to investigate the impact of workplace gaslighting on turnover intention. First, we performed simple regression analysis, and then we constructed a final multivariable model by eliminating confounders to estimate the independent effect of workplace gaslighting on job burnout and turnover intention. In case of linear regression, we present unadjusted and adjusted coefficients beta, 95% confidence intervals (CI), and p-values. In case of logistic regression, we present unadjusted and adjusted odds ratios (OR), 95% CIs, and p-values. P-values less than 0.05 were considered statistically significant. We used the IBM SPSS 28.0 (IBM Corp. Released 2021. IBM SPSS Statistics for Windows, Version 28.0. Armonk, NY: IBM Corp) for the analysis.

3. Results

3.1. Demographic Characteristics

The study population included 410 nurses. Most nurses were females (85.9%), while 14.9% were males. The mean age of our sample was 37.7 years (SD; 10.4) with a median age of 37 years. In our sample, 63.2% possessed a MSc/PhD diploma. Mean work experience was 13.74 years (SD; 10.2) with a median of 12 years. Demographic data of nurses are shown in Table 1.

Table 1. Demographic data of nurses (N=410).

Characteristics	N	%
Gender		
Males	58	14.1
Females	352	85.9
Age (years) ^a	37.7	10.4
MSc/PhD diploma		
No	151	36.8
Yes	259	63.2
Work experience (years) ^a	13.7	10.2

^a mean, standard deviation.

3.2. Study Scales

Mean score on GWS was 2.6, while on factors “loss of self-trust” and “abuse of power” was 2.3 and 2.9, respectively. Therefore, our nurses experienced a moderate level of workplace gaslighting. Levels of job burnout were high in our sample since the mean score for burnout was 6.8. Turnover intention was high among nurses since half of them (49.8%, n=204) showed a high level of turnover intention. Descriptive statistics for the study scales are shown in Table 2.

Table 2. Descriptive statistics for the study scales (N=410).

Scale	Mean	Standard deviation	Median	Minimum value	Maximum value
Gaslighting at Work Scale	2.6	1.0	2.5	1.0	5.0
Loss of self-trust	2.3	1.0	2.2	1.0	5.0
Abuse of power	2.9	1.0	2.8	1.0	5.0
Job burnout	6.8	2.2	7.0	0.0	10.0
Turnover intention	3.7	1.6	3.0	1.0	6.0

3.3. Impact of Workplace Gaslighting on Job Burnout

We found that workplace gaslighting increases job burnout in our sample. Our multivariable linear regression model identified a positive relationship between score on the factor “loss of self-trust” and job burnout ($b = 0.484$, 95% CI = 0.267 to 0.702, $p < 0.001$). Similarly, we found a positive relationship between score on the factor “abuse of power” and job burnout ($b = 0.660$, 95% CI = 0.463 to 0.856, $p < 0.001$). Moreover, levels of job burnout were higher among females, older nurses, and those with more work experience. Table 3 shows the results of the linear regression models with job burnout as the dependent variable.

Table 3. Linear regression models with job burnout as the dependent variable (N=410).

	Univariate models			Multivariable model ^a		
	Unadjusted	95% CI for beta	P-value	Adjusted	95% CI for beta	P-value
	coefficient beta			coefficient beta		
Females vs. males	0.886	0.264 to 1.507	0.005	0.837	0.236 to 1.439	0.007
Age	0.036	0.015 to 0.057	0.001	0.035	0.015 to 0.055	0.001
MSc/PhD diploma	0.380	-0.072 to 0.831	0.099	0.187	-0.255 to 0.629	0.406
Work experience	0.036	0.015 to 0.057	0.001	0.033	0.012 to 0.054	0.002
Loss of self-trust	0.530	0.310 to 0.750	<0.001	0.484	0.267 to 0.702	<0.001
Abuse of power	0.694	0.496 to 0.892	<0.001	0.660	0.463 to 0.856	<0.001

^a R² for the multivariable model = 13.5%, p-value for ANOVA < 0.001. CI: confidence interval.

3.4. Impact of Workplace Gaslighting on Turnover Intention

We found that workplace gaslighting increases nurses’ turnover intention. According to our multivariable logistic regression model nurses with higher score on the factor “loss of self-trust” had also a higher turnover intention (OR = 1.622, 95% CI = 1.307 to 2.013, $p < 0.001$). Similarly, we found that nurses with higher score on the factor “abuse of power” had also a higher probability of turnover intention (OR = 1.703, 95% CI = 1.390 to 2.088, $p < 0.001$). Moreover, turnover intention was higher among females (OR = 2.354, 95% CI = 1.278 to 4.336, $p = 0.006$). Table 4 shows the results of the logistic regression models with turnover intention as the dependent variable.

Table 4. Logistic regression models with turnover intention as the dependent variable (N=410).

	Univariate models			Multivariable model ^a		
	Unadjusted	95% CI for OR	P-value	Adjusted	95% CI for OR	P-value
	OR			OR		
Females vs. males	2.490	1.374 to 4.511	0.003	2.354	1.278 to 4.336	0.006
Age	0.989	0.970 to 1.007	0.235	0.988	0.968 to 1.008	0.227
MSc/PhD diploma	1.094	0.732 to 1.634	0.662	1.085	0.709 to 1.661	0.706
Work experience	0.990	0.971 to 1.009	0.286	0.987	0.968 to 1.007	0.213
Loss of self-trust	1.633	1.320 to 2.020	<0.001	1.622	1.307 to 2.013	<0.001
Abuse of power	1.739	1.422 to 2.126	<0.001	1.703	1.390 to 2.088	<0.001

^a R² for the multivariable model = 12.3% CI: confidence interval; OR: odds ratio.

4. Discussion

This study emphasized the impact of gaslighting on nurses' turnover intention and burnout. This study is the first inquiry into the relationship between these variables, and it will reference the literature concerning the role of nursing leadership and these outcomes. Various leadership styles and organizational characteristics have been linked to nurses' intention to remain in their positions.

Transformational and authentic leadership styles, along with perceived organizational support, significantly decrease nurses' turnover intention. When nurse leaders acknowledge employee contributions, implement mentoring, address individual employee needs, foster open communication, and encourage innovative behavior, creativity, and problem-solving, they diminish the likelihood of nurses resigning from their positions [25,39]. Authentic nurse leaders foster a pleasurable work atmosphere that promotes management openness, information sharing, the internalization of ethical principles, the support of autonomy, and constructive social interactions, hence increasing nurses' desire to retain their positions. Ethical leadership also contributes to the retention of nurses in the workplace through relationship building, communication, decision-making, and reinforcement [40]. The proficient leadership of a nursing unit manager guarantees the quality and safety of care; in such a supportive managerial environment, there are fewer adverse patient events, improved reporting of nurse errors, and enhanced patient satisfaction and care quality [41].

Notwithstanding the aforementioned advantages of various leadership styles, nurses frequently encounter abusive conduct from their supervisors. Specifically, supervisors' abusive conduct may encompass "silent treatment," information withholding, rudeness, hostile eye contact, temper tantrums, explosive outbursts, intimidation, derogation, ridicule, and public humiliation, all of which significantly impact nurses' decisions to leave the workplace [42]. Simultaneously, abusive supervision adversely impacts nurses' occupational well-being, diminishing work engagement and exacerbating burnout [43]. Bullying of nurses, defined by recurrent negative and undesirable social behaviors, persists over an extended duration, with victims feeling unable to extricate themselves from the adverse circumstances or halt the negative interactions, has been linked to the onset of burnout and the intention of nurses to leave their positions [44]. The leadership style characterized by intemperate, egotistical, self-promoting, and humiliating behavior, typical of toxic leaders, has been established as a predictive factor for both nursing burnout and their decision to resign [45,46]. The quality and safety of nursing care are concurrently declining, as nurses indicate a rise in nurse-reported adverse events in departments characterized by toxic leadership behavior [47].

The effects of nurses' burnout and turnover are multifaceted and affect both patient care and health service organizations. Patients who are hospitalized in departments where nursing staff experience burnout report high rates of dissatisfaction and are also more likely to experience an adverse event [48]. Nurses' turnover is also related to the quality of patient care, as well as creating staffing problems, and health care organizations are required to spend significant amounts of money to fill vacancies [49]. Health organization administrations should have a zero-tolerance policy against abusive behaviors, including gaslighting. Such behaviors are frequently challenging to expose, as the nurses who encounter them are suppressed. Health organizations predominantly focus on measuring patient satisfaction and documenting the quality of service, often overlooking the well-being of nurses and the determinants that affect it. Consequently, health care organization administrations should employ processes to evaluate supervisors' leadership styles to accurately identify activities such as gaslighting.

Our study had several limitations. We conducted a cross-sectional study with a convenience sample. Thus, our sample could be representative of the general population in Greece. Further studies with samples from different countries and cultures should be conducted to further validate our findings. Moreover, we used multivariable models to eliminate several confounders in our study, but several other variables can also act as confounders. Also, we cannot establish a causal relationship between workplace gaslighting, job burnout and turnover intention since we conducted a cross-sectional study. Finally, we used valid instruments to measure workplace gaslighting, job burnout and turnover intention in our sample. However, information bias is probable in our study due to the self-nature of these tools.

5. Conclusions

Nurses are often victims of abusive behavior by their supervisors. One such form is gaslighting. Until recently there was an inability to capture such behaviors as reliable tools to measure it were lacking. The findings of the present study showed that nurses experience gaslighting to a moderate degree, which significantly influences the occurrence of burnout and nurses' turnover intention. The well-being of nurses is fundamental to the efficient and effective functioning of health services and quality patient care. Also, nurses' retention in their jobs ensures the functionality of services and, at the same time, the quality of care. Therefore, highlighting such work behaviors and zero tolerance by the administrations of healthcare organizations is the optimal solution against such abusive behaviors.

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Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The original data presented in the study are openly available in FigShare at <https://doi.org/10.6084/m9.figshare.28868615>.

Conflicts of Interest: The authors declare no conflicts of interest.

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