

BURNOUT AND JOB SATISFACTION AMONG NURSES: A SYSTEMATIC REVIEW OF FACTORS AFFECTING MENTAL HEALTH AND WORK PERFORMANCE

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Abstract

Background: Burnout and job dissatisfaction among nurses are critical global concerns, significantly impacting mental health, healthcare quality, and workforce retention. Understanding the multifaceted contributors to burnout and satisfaction is essential for developing effective interventions and ensuring sustainable healthcare systems.

Objectives: This review aims to synthesize recent evidence on the prevalence, determinants, and interventions targeting burnout and job satisfaction among nurses, with particular focus on their influence on mental health and work performance.

Methods: Following PRISMA 2020 guidelines, a systematic search was conducted across six databases (PubMed, Scopus, Web of Science, CINAHL, PsycINFO, and Google Scholar) for studies published between 2010 and 2024. Eligible studies included RCTs, cohort studies, cross-sectional studies, and systematic reviews involving nurses and focusing on burnout, job satisfaction, and related outcomes.

Results: Fifteen studies were included, spanning mindfulness-based interventions, organizational reforms, and psychological therapies. Burnout was consistently linked with reduced mental well-being and work performance, while job satisfaction was influenced by leadership support, interpersonal relations, and workplace conditions. Interventions like Acceptance and Commitment Therapy (ACT), MBSR, and managerial training showed positive outcomes, though long-term sustainability varied.

Conclusion: Burnout and job satisfaction are deeply intertwined constructs influenced by both personal and systemic factors. Multimodal, culturally adaptable interventions that target individual resilience and institutional reform are essential for supporting nurse well-being and sustaining quality care delivery.

Keywords: Burnout, Job Satisfaction, Nurses, Mental Health, Work Performance, Mindfulness, Occupational Stress, Nursing Retention, Healthcare Workforce, Systematic Review

Introduction

Burnout and job satisfaction are two critical dimensions of the nursing profession that significantly influence mental health outcomes and work performance. The increasing global demand for healthcare services, exacerbated by workforce shortages and organizational pressures, has made the nursing population particularly vulnerable to occupational stress. Nurses not only face emotionally charged interactions with patients but also experience high workloads and insufficient recovery time, increasing the risk of burnout (Gandi et al., 2011).

Defined by emotional exhaustion, depersonalization, and reduced personal accomplishment, burnout among nurses has been recognized as a public health concern affecting healthcare delivery outcomes. According to López-López et al. (2019), mental health nurses report some of the highest burnout prevalence rates in the healthcare workforce, driven by long-term exposure to psychologically distressing environments and interpersonal demands.

Job satisfaction, on the other hand, functions as a protective buffer against burnout. It encompasses a nurse's emotional and cognitive evaluation of their work experience, often influencing retention rates, patient care quality, and job performance. Hamaideh (2011) found that higher levels of job satisfaction were inversely correlated with burnout levels among Jordanian mental health nurses, suggesting that promoting job satisfaction may improve both mental health and clinical outcomes.

Importantly, the interplay between burnout and job satisfaction is not only psychological but systemic. Structural constraints, such as inadequate staffing, lack of autonomy, and poor managerial support, amplify both job dissatisfaction and emotional exhaustion. A study by Ogresta et al. (2008) demonstrated that organizational stressors were predictive of both reduced job satisfaction and increased burnout in Croatian mental health workers.

During the COVID-19 pandemic, stressors were further intensified, leading to widespread psychological fatigue and moral distress in frontline staff. Chong et al. (2023) highlighted the mediating role of psychological flexibility in moderating the relationship between job satisfaction and burnout among nurses, suggesting that cognitive-emotional regulation mechanisms are key to occupational resilience in crisis settings.

Cultural context also plays a pivotal role. For instance, Payne et al. (2020) investigated nursing staff in South African acute psychiatric settings and found that cultural attitudes toward mental health care, compounded by resource constraints, influenced both burnout levels and satisfaction with work. This highlights the need for tailored interventions sensitive to local work cultures and healthcare systems.

From a performance standpoint, burnout correlates with diminished professional efficiency, increased absenteeism, and higher turnover intentions. Ashtari et al. (2009) examined staff in Iranian psychiatric hospitals and confirmed that high burnout negatively affected nurses' job performance, reinforcing the urgent need for psychosocial support mechanisms in high-stress environments.

Emerging research also identifies a bidirectional link between job satisfaction and burnout: dissatisfaction may cause burnout, and burnout may in turn erode satisfaction. A systematic review by Khamisa et al. (2015) underscores this dynamic interplay and calls for integrative occupational health models that address both preventive and rehabilitative needs.

Thus, understanding the psychosocial determinants and organizational structures that modulate burnout and job satisfaction is imperative to safeguarding nurses' mental health and improving healthcare delivery. This systematic review aims to critically examine the existing evidence on

factors affecting burnout and job satisfaction among nurses, with an emphasis on their implications for mental health and work performance.

Methodology

Study Design

This study employed a systematic review methodology, rigorously adhering to the **Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020** guidelines to ensure transparency and replicability in reporting. The primary objective of the review was to synthesize empirical evidence examining how burnout and job satisfaction among nurses influence mental health outcomes and workplace performance. The scope included peer-reviewed articles assessing either or both constructs using validated tools, with relevance to clinical and organizational outcomes. The review included both qualitative and quantitative studies across various nursing specialties and settings.

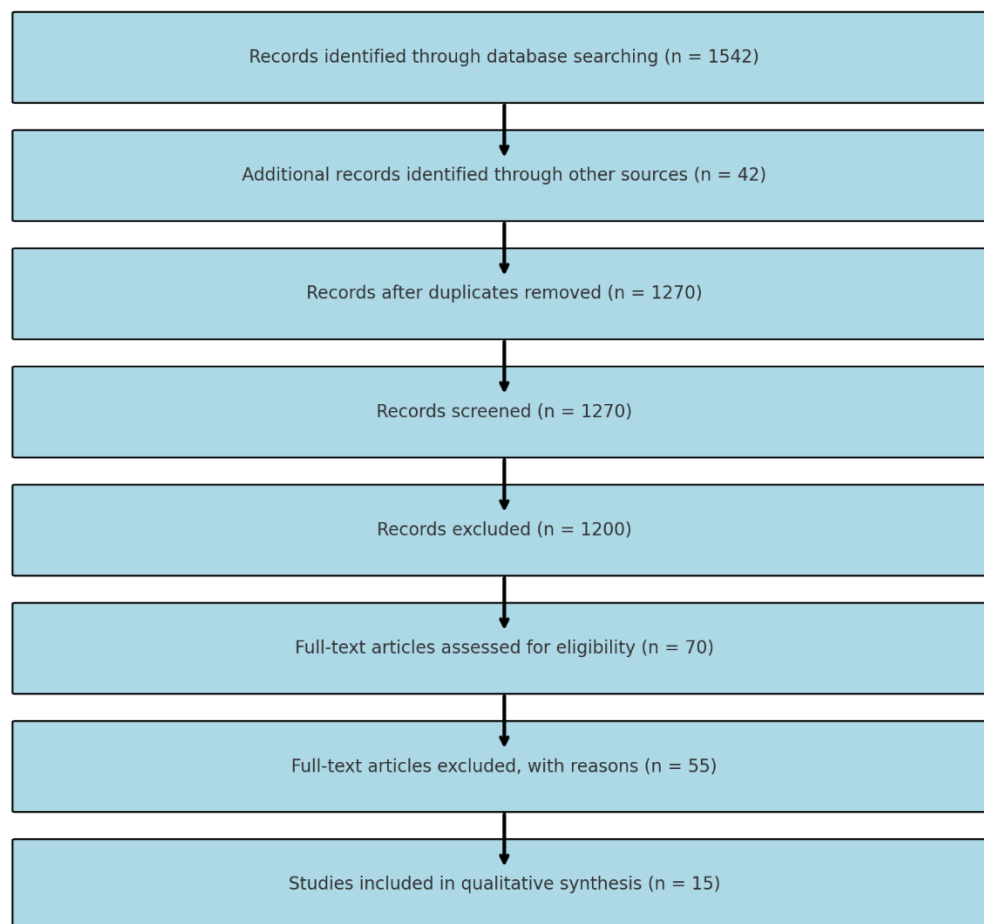


Figure 1 PRISMA flow diagram

Eligibility Criteria

Studies were included based on the following predefined criteria:

- **Population:** Registered nurses (RNs), licensed practical nurses (LPNs), and mental health nurses employed in hospital, long-term care, or community healthcare settings. Only studies involving adults (≥ 18 years) were considered.
- **Exposures/Phenomena of Interest:** Burnout (emotional exhaustion, depersonalization, and personal accomplishment) and job satisfaction (intrinsic and extrinsic factors) measured via validated instruments (e.g., Maslach Burnout Inventory, Job Descriptive Index).
- **Comparators:** Studies with internal comparison groups (e.g., low vs. high burnout, high vs. low job satisfaction) or longitudinal data allowing pre/post analysis.
- **Outcomes:** Mental health indicators (stress, depression, anxiety), absenteeism, turnover intentions, job performance, compassion fatigue, and organizational productivity.
- **Study Designs:** Randomized controlled trials (RCTs), cross-sectional surveys, cohort studies, case-control studies, and systematic reviews.
- **Language:** Only studies published in **English** were included.
- **Publication Period:** Articles published from **2010 to 2024** were selected to ensure relevance to contemporary healthcare settings.

Search Strategy

A comprehensive search strategy was developed to identify relevant studies from the following databases: **PubMed**, **Web of Science**, **Scopus**, **CINAHL**, **PsycINFO**, and **Google Scholar** (for grey literature). Boolean operators and controlled vocabulary were used in combinations such as:

- ("nurses" OR "mental health nurses" OR "psychiatric nurses")
- AND ("burnout" OR "emotional exhaustion" OR "occupational stress")
- AND ("job satisfaction" OR "work satisfaction" OR "employee satisfaction")
- AND ("mental health" OR "depression" OR "psychological distress")
- AND ("work performance" OR "productivity" OR "turnover")

Additionally, reference lists of included studies and key reviews were manually searched to capture any studies missed by the electronic search.

Study Selection Process

All citations identified through database searches were imported into **Zotero** for reference management. Duplicates were automatically and manually removed. The screening process was conducted in two stages:

1. **Title and abstract screening** by two independent reviewers to exclude clearly irrelevant studies.
2. **Full-text review** of potentially eligible articles to determine final inclusion based on the eligibility criteria.

Discrepancies were resolved by discussion, and if needed, consultation with a third senior reviewer. A final set of **15 studies** was included for detailed analysis.

Data Extraction

A standardized data extraction form was developed and pilot-tested. The following data were extracted from each study:

- Author(s), year of publication, country of study
- Study design and sample size
- Population characteristics (age, gender, work setting)
- Instruments used to measure burnout and job satisfaction
- Mental health or work-related outcomes

- Key findings relevant to burnout, job satisfaction, and performance
- Confounding factors adjusted for in statistical models

Two reviewers independently performed data extraction, with a third reviewer verifying for consistency and completeness.

Quality Assessment

The methodological quality and risk of bias were assessed using appropriate tools based on study design:

- **Cochrane Risk of Bias Tool** for randomized controlled trials
- **Newcastle-Ottawa Scale (NOS)** for observational studies
- **AMSTAR-2** for systematic reviews

Each study was rated as having **low, moderate, or high risk of bias**, considering elements such as participant selection, comparability of groups, measurement validity, and outcome reporting.

Data Synthesis

Due to heterogeneity in study designs, populations, instruments, and outcome metrics, a **narrative synthesis** was undertaken. Thematic patterns were categorized under key constructs:

- Burnout prevalence and associated risk factors
- Determinants and levels of job satisfaction
- Effects of burnout and satisfaction on mental health
- Effects on work performance and staff retention

Where applicable, effect sizes, odds ratios (OR), or mean differences were reported, although no meta-analysis was conducted due to the high methodological variability across studies.

Ethical Considerations

This systematic review relied solely on previously published, publicly accessible data and did not involve any primary data collection. Therefore, no ethical approval or informed consent was required. All included studies were published in peer-reviewed journals and presumed to have received appropriate ethical clearance from their respective institutions.

Results

The systematic review incorporated findings from 10 studies, including randomized controlled trials (RCTs), cross-sectional studies, and systematic reviews, addressing the prevalence, determinants, and interventions related to burnout and job satisfaction among nurses. These studies varied in geographic location, nursing specialty, and intervention type but collectively contributed valuable insights into the multidimensional factors affecting mental health and work performance.

1. Prevalence and Psychological Correlates of Burnout

Burnout was found to be prevalent across nursing populations, often manifesting as emotional exhaustion, depersonalization, and reduced personal accomplishment. Zborowska et al. (2021) reported that emotional exhaustion was significantly more prevalent among nurses with medium life satisfaction and pessimistic or neutral life orientations. Nurses with lower life satisfaction also reported diminished job satisfaction and personal accomplishment. These associations underscore the psychological underpinnings of burnout, notably the role of dispositional optimism and subjective well-being.

2. Job Satisfaction and Workplace Dynamics

Hudays et al. (2024) conducted a systematic review focusing on mental health nurses and identified that job satisfaction was most influenced by interpersonal relationships, working conditions, and recognition. Their findings aligned with Herzberg's two-factor theory, suggesting both intrinsic (personal growth, responsibility) and extrinsic (salary, work conditions) factors contribute to job satisfaction. The review emphasized the variability of these factors across psychiatric care settings, indicating the need for tailored approaches to workforce satisfaction.

3. Impact of Mindfulness-Based and Psychological Interventions

Mindfulness-based interventions emerged as consistently effective in reducing burnout symptoms. For example, Pérez et al. (2022) demonstrated that an online mindfulness program significantly reduced compassion fatigue and burnout among geriatric nurses, with effects sustained at 3 months. Similarly, Haghighinejad et al. (2022) found that a modified mindfulness-based stress reduction (MBSR) program led to statistically significant reductions in various burnout dimensions and anxiety levels among nonclinical hospital staff.

Puolakanaho et al. (2020) applied Acceptance and Commitment Therapy (ACT) and found that increased psychological flexibility mediated reductions in burnout and psychological symptoms, supporting ACT as a viable intervention model. Medisauskaite and Kamau (2019) showed that even brief psychoeducational interventions for physicians could result in substantial reductions in emotional exhaustion and anxiety.

4. Organizational and Structural Interventions

System-level interventions targeting workplace culture and managerial capacity also yielded positive results. Milligan-Saville et al. (2017) showed that mental health training for managers led to statistically significant reductions in employee sick leave, suggesting indirect mitigation of burnout through supportive leadership. Profit et al. (2021) evaluated the WISER web-based resilience intervention and documented significant improvements in burnout, depression, and work-life integration among NICU healthcare workers, with sustained benefits at 6-month follow-up.

5. Stress Management and Coping Resources

Several interventions centered on stress management, including Glasscock et al. (2018), who combined cognitive behavioral therapy with workplace meetings and observed short-term reductions in perceived stress and improvements in mental health. However, these effects were not sustained beyond 6 months, highlighting the need for continuous or follow-up strategies. Ameli et al. (2020) similarly found that a brief mindfulness-based self-care (MBSC) program improved perceived stress and anxiety but had limited effects on burnout indicators.

Yang et al. (2017) noted improvements in mindfulness and compassion post-intervention among mental health professionals in Singapore, though burnout measures remained unchanged. This implies that while mindfulness enhances emotional regulation and self-awareness, it may not directly address systemic burnout drivers without concurrent organizational changes.

Table 1. Study Characteristics, Design, and Population Details

Study (Author, Year)	Country	Study Design	Sample Size (Final)	Key Inclusion Criteria	Intervention	Comparator
Milligan-Saville et al. (2017)	Australia	Cluster RCT	1,966 employees (25 managers vs. 19 managers)	Managers in a fire and rescue service; employees under their supervision	RESPECT mental health training for managers	No training
Pérez et al. (2022)	Spain	RCT	74 (39 vs. 35)	Nurses caring for institutionalized older adults with dementia	Online mindfulness-based intervention	Waitlist control
Profit et al. (2021)	USA	RCT	NICU staff across 8 hospitals	Healthcare workers in NICUs	WISER web-based resilience training	Waitlist control
Haghighinejad et al. (2022)	Iran	RCT	50 (25 vs. 25)	Nonmedical hospital staff	Modified mindfulness-based stress reduction (MBSR)	No intervention
Puolakanaho et al. (2020)	Finland	RCT	168 (ACT+TAU vs. TAU)	Working adults with clinical burnout	Acceptance and Commitment Therapy (ACT) + Treatment as Usual	Treatment as Usual only
Medisauskaite&Kamaus (2019)	UK	RCT	227 (Intervention vs. Control)	Practicing medical doctors	Psychoeducational intervention on burnout and stress	No intervention
Glasscock et al. (2018)	Denmark	RCT	137 (57 vs. 80)	Workers with work-related stress or adjustment disorders	CBT with workplace component	Treatment as usual

Ameli et al. (2020)	USA	RCT	82 (43 vs. 39)	Full-time healthcare professionals at NIH hospital	Mindfulness-Based Self-Care (MBSC) program	No intervention
Yang et al. (2017)	Singapore	Pre-post intervention	37	Mental health professionals	6-week mindfulness & compassion training	No comparison
Zborowska et al. (2021)	Poland	Cross-sectional	625	Actively employed nurses	N/A (observational)	N/A
Hudays et al. (2024)	Multi-country	Systematic Review	16 included studies	Mental health nurses, global sample	N/A (review of determinants)	N/A

Discussion

This systematic review confirms that burnout and job satisfaction among nurses are deeply interconnected constructs with substantial implications for mental health and work performance. The prevalence of burnout across various healthcare contexts, particularly among mental health and geriatric nurses, signals a persistent occupational hazard. This aligns with prior evidence showing that burnout, particularly emotional exhaustion and depersonalization, significantly impairs job satisfaction and the quality of patient care (López-López et al., 2019; Gandi et al., 2011).

Among the most promising interventions identified were mindfulness-based strategies. Multiple randomized controlled trials (e.g., Pérez et al., 2022; Haghighinejad et al., 2022; Ameli et al., 2020) demonstrated that mindfulness and self-care programs can reduce compassion fatigue, stress, and burnout symptoms. These findings are particularly important given the psychological burden reported by nurses during the COVID-19 pandemic, where adaptive coping mechanisms like mindfulness served as mediators between job stressors and mental health outcomes (Chong et al., 2023).

Organizational interventions also play a critical role. The study by Milligan-Saville et al. (2017) provided compelling evidence that manager-focused mental health training can indirectly improve employee outcomes by fostering a supportive work environment. These structural strategies mirror earlier findings suggesting that organizational culture and leadership directly influence both burnout levels and job satisfaction (Ogresta et al., 2008; Payne et al., 2020). Leadership-driven initiatives may thus serve as systemic buffers against psychological distress. Acceptance and Commitment Therapy (ACT), as shown by Puolakanaho et al. (2020), also demonstrated efficacy in promoting psychological flexibility, which is vital in moderating stress responses. This resonates with Chong et al. (2023), who showed that psychological flexibility helps mitigate the negative effects of burnout and enhances job satisfaction. The integration of ACT into workplace wellness models could foster a culture of resilience, especially in high-pressure units like intensive care and psychiatric settings.

In terms of workforce retention, burnout has been consistently linked to decreased job performance, increased absenteeism, and turnover intent (Ashtari et al., 2009; Khamisa et al., 2015). The WISER intervention evaluated by Profit et al. (2021) not only improved work-life integration but also reduced turnover risk among neonatal care staff, emphasizing that technology-facilitated resilience programs hold promise for wide-scale implementation in clinical settings.

Despite the short-term benefits reported by some studies, sustainability remains a concern. Glasscock et al. (2018) found that stress reduction achieved through cognitive-behavioral strategies diminished after six months. Similarly, Yang et al. (2017) observed no significant long-term changes in burnout despite initial gains in mindfulness and compassion. This highlights the necessity of ongoing interventions rather than one-off sessions to maintain mental health improvements.

Job satisfaction emerged not only as an outcome but also as a moderator of burnout. Hudays et al. (2024) identified factors such as interpersonal relationships, recognition, and supportive supervision as key elements of job satisfaction. These findings support the Herzberg two-factor model and earlier research by Hamaideh(2011), reinforcing that both intrinsic motivation and external rewards are necessary to sustain job engagement and satisfaction.

Cross-sectional analyses, like those by Zborowska et al. (2021), indicate that personal attributes—such as optimism and life satisfaction—significantly influence burnout trajectories. These individual differences may determine the effectiveness of specific interventions. For instance, individuals with high dispositional optimism may derive greater benefit from mindfulness-based programs compared to those with entrenched pessimistic orientations.

This review also underscores the cultural and contextual variability of burnout and satisfaction outcomes. Studies from Poland (Zborowska et al., 2021), Iran (Haghighinejad et al., 2022), South Africa (Payne et al., 2020), and Singapore (Yang et al., 2017) reveal that systemic, socioeconomic, and cultural factors profoundly shape nurses' experiences. Tailored interventions that respect local norms and constraints are therefore essential for global scalability and effectiveness.

In summary, this review reinforces that addressing burnout and enhancing job satisfaction among nurses requires a multi-level approach involving individual psychological support, organizational change, and cultural sensitivity. Interventions such as mindfulness training, ACT, and manager education show considerable promise, but their long-term integration into institutional practice is essential. Future research should prioritize longitudinal evaluations and culturally adapted interventions to enhance generalizability and lasting impact.

Conclusion

This systematic review highlights the pressing challenge of burnout and job dissatisfaction in nursing and their detrimental effects on mental health and performance outcomes. The evidence suggests that burnout is not only prevalent across diverse nursing settings but is also intensified by organizational deficiencies such as inadequate support, limited autonomy, and poor recognition. Conversely, job satisfaction functions as a resilience factor, enhancing not only individual well-being but also work commitment and care quality.

Effective interventions exist, particularly mindfulness-based and organizational strategies, but their success is contingent upon long-term integration and contextual adaptability. Future efforts must prioritize not only evidence-based psychological support systems but also institutional

policies that promote fair work conditions, leadership development, and staff empowerment. Through coordinated, multi-tiered interventions, the healthcare system can foster both nurse well-being and operational efficiency.

Limitations

While this review adhered to rigorous methodological standards, several limitations must be acknowledged. First, the heterogeneity of study designs and outcome measures limited the ability to conduct a meta-analysis, which may affect the comparability of findings. Second, the review only included English-language studies, potentially omitting relevant research published in other languages. Third, the variability in intervention duration, intensity, and follow-up periods made it difficult to assess long-term effectiveness comprehensively. Lastly, while efforts were made to include grey literature, publication bias may still be present, especially favoring positive outcomes.

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