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Original Research Article

Burnout Among Clinical Nurses and Its Influencing Factors: A narrative review paper

Review Article :

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Abstract: Workplace burnout is a growing occupational health concern affecting both healthcare professionals and patient outcomes. Nurses, as the largest workforce in healthcare, often experience prolonged stress due to heavy workloads, limited autonomy, night shifts, inadequate support, and organizational pressure. Burnout is characterized by emotional exhaustion, physical fatigue, and reduced professional accomplishment resulting from unmanaged workplace stress. Evidence from global and national studies indicates varying prevalence rates, with significant impact on job performance, mental well-being, and quality of patient care. High workload and insufficient institutional support remain major contributing factors, emphasizing the urgent need for effective stress management strategies and supportive workplace policies.

Keywords: Burnout, Nurses, stress, emotions.

INTRODUCTION

Nurses are qualified healthcare workers who care for sick or injured people and comprise the largest workforce in the healthcare system. Workplace burnout among nurses is a rising issue in healthcare. The quality of treatment patients gets and their overall health results can be significantly impacted when nurses experience burnout or exhaustion because they play such an important role in providing care and guidance.[1] It affects not only their physical and emotional health but also the standard of care delivered to patients. Burnout is a result of multiple factors nurses face every day at workplace.

Many researchers identified several contributors to burnout in nursing professionals, such as long working hours, unsatisfactory wages, limited autonomy in decision-making, night shifts, dissatisfaction with work roles, and ineffective communication with co-workers or supervisors. [2-3]

Nursing is both a demanding and deeply caring profession where ongoing occupational stress can eventually result in burnout and emotional weariness. In countries like India, nurses take on greater responsibilities in clinical area from assessing patients, identify health problems, to provide assistance in treatment, and work closely with the healthcare team to ensure proper care.

Herbert Freudenberger, an American psychoanalyst, coined the term 'work burnout' in 1974 and defined it as a condition of protracted fatigue and mental and physical exhaustion brought on by ongoing stress at work. Later, the World Health Organization also recognized burnout as a disorder associated with ongoing professional stress, pointing out that it is particularly prevalent in service-oriented occupations and hospital settings. [4]

There is no universally accepted definition for burnout syndrome, but many researchers believe that burnout syndrome has a combination of symptoms. Burnout syndrome is now widely regarded as a significant occupational health concern within modern healthcare systems. It is defined as a condition marked by physical fatigue, emotional depletion, and mental exhaustion. This state typically develops after prolonged and repeated exposure to work-related stress without sufficient recovery or support.[2]

Methodology

This review was undertaken using a narrative approach to examine existing literature on burnout among nurses and its influencing factors. The purpose was to provide a comprehensive overview of current evidence, identify common determinants, and highlight gaps in research. A structured search of indexed electronic databases including PubMed, CINAHL, and Scopus was conducted to identify relevant peer-reviewed articles. Keywords such as nurse's burnout, stress, occupational stress, job satisfaction, and work environment were used in various combinations. Editorials, commentaries, and conference abstracts were not considered. A total 154 records were found useful after removing 66 duplicate entries, 88 titles and abstracts were carefully reviewed. Among these, 33 studies were excluded because they were not directly related to nurse burnout or did not meet the inclusion criteria. The full texts of 55 articles were then examined in detail. After careful assessment, 24 studies were excluded due to reasons such as inclusion of mixed healthcare professionals without separate nurse data, limited reporting of results, or being non-research articles like editorials or reviews.

Identifying Literature Search

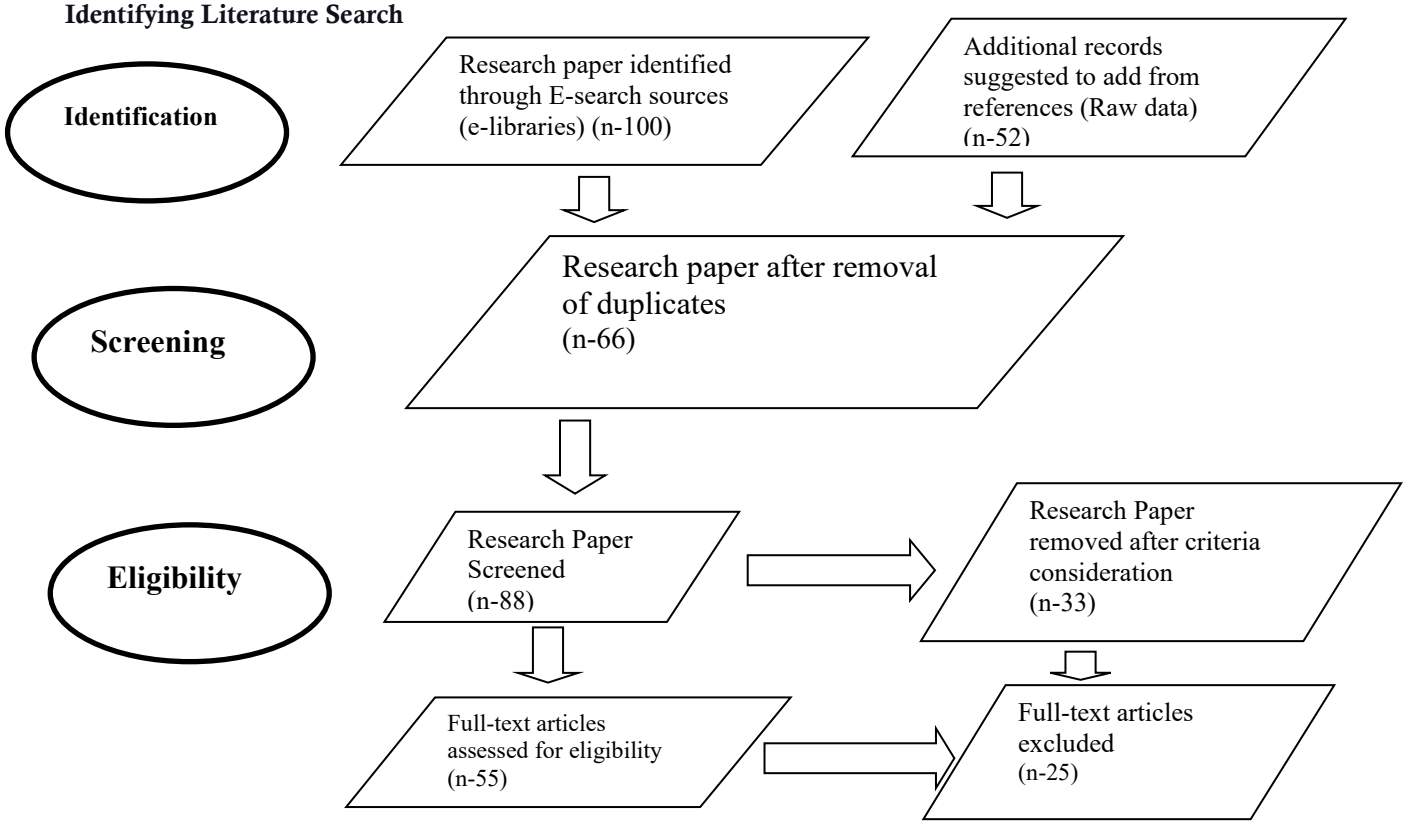

Figure-1 PRISMA search strategy and article selection process.

DISCUSSION

Research studies on nurse's burnout

Global data

Global data of nurse's occupational burnout is alarming. Many researchers have submitted data from their studies. A study by Petros Galanis reported that 91.1% of nurses had high burnout, compared to 79.9% of other healthcare workers. Whereas 61% of nurses reported low job satisfaction. Nurses faced more burnout and less satisfaction overall as compare to other health care workers in team. Factors like shift work, higher qualifications, and feeling understaffed made burnout worse.[5]

A systemic review by Tiffany Woo et al 2019 combining data from 61 studies across 49 countries, involving over 45,000 nurses, found that about 11.3% of nurse's worldwide experience burnout symptoms. Rates varied by region and specialty. Burnout was highest in Sub-Saharan Africa and lowest in Europe and Central Asia. Among specialties, paediatric nurses showed the highest levels, while geriatric nurses reported the lowest. The findings highlight the urgent need for workplace improvements and supportive policies.[6]

An umbrella review by Addisu Getie on nurse's burnout analyzed 14 systematic reviews to determine the global prevalence and causes of nurse burnout. Findings showed burnout is widespread, with emotional exhaustion (33.45%), depersonalization (25%), and low personal accomplishment (33.49%) commonly reported. Contributing factors included role conflict, stress, moral distress, family issues, and unfavourable workplace conditions.[7]

Indian Data

Condition of nurses at Indian health care system is not as per guidelines. Lower level of staffing, nurse patient ration, limited autonomy is some of main concerns. An Indian survey of 125 ICU nurses, 37.6% reported high burnout. Factors significantly linked to burnout included lack of specialized ICU training, recent extra duty, frequent physical symptoms, and 1–5 years of experience. The findings suggest that proper training, controlled work hours, and early recognition of physical complaints may reduce burnout risk. [8]

Another descriptive survey conducted on clinical nurses in a tertiary care hospital in South India found a high prevalence of burnout. The results showed that 83% of nurses experienced high burnout, 3% reported very high burnout, and 14% had moderate levels. The findings indicate that burnout is a significant concern among nurses and highlight the need for effective measures to improve workplace conditions and care quality.[9]

Literature available Nurses burnout

Nurses working in healthcare settings are highly vulnerable to burnout because of their demanding duties and extended working hours. They are usually the first point of contact in hospitals and spend most of their time with patients and their families. Constant exposure to patients' emotional needs and stressful situations can take a toll on them. If this stress is not addressed properly, it may eventually lead to burnout.

A cross-sectional study was conducted on the prevalence of symptoms of burnout among nurses working in Tertiary care centre of Central India. Approx 24.52% participant's nurses showed scores that indicate burnout syndrome, and 48.42% showed personal burnout, 42.76% had work-related burnout, and 8.17% had client-related burnout. The manifestation of burnout among nurses is distressing as it not only takes a toll on their physical and mental health but also diminishes their working proficiency and enthusiasm.[10]

Many of us are acquainted with workplace burnout syndrome i.e., the feeling of sever physical and emotional exhaustion that frequently distresses nurses, doctors, and other health personnel. Until now, burnout has been termed a stress syndrome. The World Health Organization (WHO) Trusted Source freshly updated its definition. It nowadays denotes burnout as "a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.

Burnout in easy language can explain a set of various symptoms that includes exhaustion resulting from excessive workload demands as well as physical symptoms such as headaches and sleeplessness, quickness to anger, and closed thinking. [11] It has been observed that the burned- out employee looks and acts stressed. [12] In the light of social change and a transformation in the work situation, interest in the problem of burnout has grown over the past decade.

Kelly LA (2016) depicted that excessive nurse's workload has been related to burnout syndrome, and more than 40% of staff nurses have a higher risk for job-related burnout and with more than one in five staff nurses reporting that they intend to leave their job within one year.[13] many research work on burnout syndrome in nurses has also indicated that stressors in the work environment are key elements of burnout syndrome, which are contributing to the nursing shortage by causing nurses to leave their positions voluntarily.

Studies Related to Burnout Syndrome

Sharad Philip. et al. (2022) conducted a cross-sectional national survey to assess substance use, psychological well-being, and burnout amongst medical students in India. The results showed that burnout was reported by 86% of study participants revealed that medical students are going through exceptional stress when compared to their age-matched peers.[14]

Dyrbye, L. N. et al. (2019) conducted a cross-sectional study on exploring the relationship between burnout, absenteeism, and job performance among 3098 American nurses. The results showed that overall, 35.3% had symptoms of burnout, 30.7% had symptoms of depression. 83% had been absent 1 or more days in the last month due to personal health, and 43.8% had poor work performance in the last month. Nurses who had burnout were more likely to have been absent 1 or more days in the last month., and have poor work performance.[15]

Seo HS. et al. (2016) conducted a study to examine job satisfaction, empowerment, job stress, and burnout among tuberculosis management nurses and physicians in public healthcare institutions. The job satisfaction and empowerment scores of the nurses were lower than those of the physicians. Reality assists in the reduction of risk levels.[16]

Langade D.A. et al. (2016) conducted a cross-sectional study to assess burnout among 482 medical practitioners across India. Data was collected by MBI and the BCSQ-12 scale questionnaire. The results show 46.88% of the female's participants showed high burnout, more than seen in males, 44%. and high emotional burnout was seen in the age group of 51 years or above.[17]

Another researcher, Alfuquha O. et al. (2016) conducted a comparative study to evaluate burnout among 240 nurses and 120 teachers in Jordan University Hospital (JUH), Amman, Jordan. The results showed that moderate levels of burnout among both teachers and nurses, but nurses had higher level of burnout compared to teachers.[18]

Recent study from China in 2024 on 550 clinical nurses in eastern China. has consistently shown burnout as a severe issue among nursing professions. Difficult clinical obligations, inadequate institutional support, and negative opinions of professional values were shown to be strongly associated with burnout symptoms.[19]

Similarly, a 2022 multi-hospital study in Turkey involving intensive care nurses revealed considerable psychological strain. More than two-thirds of participants experienced emotional exhaustion, and over half reported depersonalization. Workplace intensity and the stressful ICU environment were identified as major contributors. [20]

A similar study conducted in Lithuania (2024), reported that disturbed sleep was common and closely connected with emotional exhaustion, indicating that rest quality plays a significant role in occupational well-being. [21] Research work from Saudi Arabia (2022) focusing on ICU healthcare workers also demonstrated elevated burnout levels, largely influenced by workload pressure and stress intensified during the COVID-19 period.[22]

Collectively, these studies indicate that burnout among nurses is multifactorial, influenced by workload, organizational environment, psychological stressors, and personal well-being factors such as sleep quality.

Why to study nurses burn out

Burnout is one of the six dimensions of distress, has many negative implications on both personal and professional level. Occupational burnout can affect job performance, self-esteem, and psychological health, and it might progress to further mental disorders. Personally, burnout affects relationships and overall quality of life. [23]

A cross-sectional study was conducted with randomly selected students in June 2009 by using the Maslach Burnout Inventory/Student Survey (MBI-SS) questionnaire. The prevalence of burnout was reported 10.3% (n= 369). The prevalence was higher among those who did not have self-confidence in their clinical skills (Odds Ratio–OR= 6.47), those who felt uncomfortable with course activities (OR = 5.76), and those who did not see the coursework as a source of preference (OR = 4.68).[24]

Well-being is an imperative health care characteristic for professional support in health service delivery. Poor well-being can disturb their performance at work as well as patients' protection. Burnout is one of the destructive work-related health circumstances amongst healthcare workers. It is a set of symptoms of exhaustion related to work. It is considered by emotional pressure, physical fatigue, and is recurrently related to work draining and enthusiasm to a cause.

A cross-sectional study was conducted among 1721 critical care and emergency nurses in Andalusia, 337 (19.5%) were surveyed. A high level of burnout was detected in 38.5% emergency nurses. A high burnout score was significantly associated with personality factors and depression. More than a third of emergency and critical care nurses experience a high level of burnout. [25]

Burnout is an intensifying concern among healthcare professionals and has been deliberately classified as a

psychological disorder, resulting from physical and emotional overwork involved in patient care. Nurses' misery from burnout syndrome has a low- slung personal execution on their job performance, depersonalization, pessimistic or negative attitudes towards patients, and emotional exhaustion. [18]

A descriptive cross-sectional study examined burnout among 407 registered nurses from 11 hospitals in Jordan and explored how leaders' empowering behaviours influence burnout levels. Using the Leader Empowering Behaviours Scale and Maslach Burnout Inventory, findings showed high burnout levels. Work conditions, demographics, and leadership style were significantly related to burnout, emphasizing leadership's role in improving nurse well-being and care quality. [26]

Conclusion

Burnout among nurses has emerged as a serious challenge within modern healthcare systems. As frontline caregivers, nurses are continuously exposed to high job demands, emotional strain, and workplace pressures that can gradually lead to physical fatigue, emotional exhaustion, and reduced professional satisfaction. Evidence from various national and international studies shows that burnout is influenced by multiple factors, including excessive workload, inadequate organizational support, limited decision-making power, and poor coping mechanisms. Addressing this issue requires comprehensive strategies such as supportive leadership, fair workload distribution, mental health support, and stress management interventions. Creating a healthy and empowering work environment is essential to protect nurses's well-being and ensure sustainable, high-quality patient care delivery.

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