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Organizational, individual, and psychosocial determinants of burnout syndrome among hospital nurses: A scoping review

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Abstract

Background: Burnout among nurses is a common occupational health problem in hospital settings and has important for the quality of nursing care. Burnout develops as a response for prolonged work-related stress, particularly among nurses working in environments with high workload and emotional demands. Evidence indicates that nurse burnout is influenced by organizational, individual and psychosocial factors.

Purpose: To map and examine organizational, individual and psychosocial determinants influencing burnout among hospitals nurses.

Method: A scoping review was conducted in accordance with the PRISMA-ScR guidelines. National and international studies addressing burnout among hospital nurses were identified. Quantitative, qualitative and mixed-methods studies were included. Data were extracted and synthesized using narrative and thematic approaches.

Results: A total of 20 articles met the inclusion criteria for this study. The synthesis identified three of determinants influencing burnout among hospital nurses: organizational determinants (workload, working hours, shift system, managerial support and role clarity), individual determinants (age, years experience, resilience, locus of control and work motivation), and psychosocial determinants (social support, interpersonal relationships, work climate and career development opportunities). Organizational determinants were the most consistently reported across studies.

Conclusion: Burnout among hospital nurses is a multidimensional phenomenon shaped by the interaction of organizational, individual and psychosocial factors. Preventive efforts should prioritize organizational improvements, alongside strengthening individual capacities and supportive environments.

Keywords: Burnout; Determinants; Hospitals; Nurses; Scoping Review.

INTRODUCTION

Burnout among nurses is a psychological syndrome commonly found in hospital practice and develops as a response to prolonged work-related stress. This condition is characterized by emotional exhaustion, depersonalization, and a reduced sense of professional accomplishment (Dinibutun, 2023). In recent years, burnout among healthcare workers, particularly nurses, has become a major concern in many countries due to its wide-ranging impact not only on nurses' well-being, but also on the quality of care, patient safety, and the overall quality of health

services (Sucapuca, Morales-García, & Saintila, 2022).

Nurses are considered one of the professional groups at high risk of burnout because of the demanding nature of their work, which requires continuous physical and emotional involvement. High workloads, shift systems, demands for clinical accuracy, and intensive interactions with patients and families are part of nurses' daily responsibilities in hospitals, especially in inpatient wards, operating rooms, and intensive care units (Meng, Bai, & Cao,

2021). Various studies have shown that burnout among nurses is associated with decreased performance, increased errors in nursing practice, lower job satisfaction, and a greater intention to transfer jobs or leave the nursing profession (Mafula, Retno Martani, & Widyawati, 2023). This condition may ultimately reduce the overall quality of hospital services (Amini, Setiyadi, & Subrata, 2024).

The literature indicates that burnout among nurses is a multifactorial phenomenon. Organizational factors such as workload, working hours, shift systems, staff shortages, and managerial support play important roles in triggering burnout (Indiawati, Sya', Rachmawati, & Suhardiningsih, 2022). In addition, individual factors such as age, length of employment, resilience, locus of control, and work motivation also influence nurses' vulnerability to burnout (Geuens, Verheyen, Vlerick, Van Bogaert, & Franck, 2020). Psychosocial factors such as social support, interpersonal relationships, and opportunities for career development have also been reported to contribute to burnout among nurses (Putri, Anjaswarni, Agusyuswanto, Pudjiastuti, & Wiyono, 2026).

Although many studies have examined nurse burnout, the available evidence remains fragmented and has not yet been comprehensively mapped. Therefore, a scoping review approach is needed to integrate existing findings and provide a broad overview of the determinants of burnout among hospital nurses (Çankaya & Ratwisch, 2020).

RESEARCH METHOD

The literature search strategy in this scoping review was designed to systematically identify studies related to burnout among hospital nurses. This review employed a scoping review approach and was conducted in accordance with the PRISMA-ScR guidelines. The literature search was carried out in December 2025 using articles published within the last five years (2020–2025). The databases used were Google Scholar, PubMed, Elsevier, and ScienceDirect, with the keywords burnout, nurse, and hospital.

All identified articles were compiled and screened following the PRISMA-ScR flow. Screening was conducted through title and abstract review, followed by full-text assessment based on the inclusion and exclusion criteria. The inclusion criteria were studies focusing on burnout among hospital nurses, empirical research articles, and articles available in full text and abstract. The exclusion criteria included studies involving professions other than nurses, studies without burnout as a variable, and review-based studies such as scoping reviews, literature reviews, or systematic reviews. Duplicate articles were removed during the selection process.

The extracted data were analysed using a narrative and thematic approach. The reported factors were grouped into three categories: organizational determinants, individual determinants, and psychosocial determinants. The findings were presented narratively and supported by a study characteristics table, factor-mapping table, and PRISMA-ScR flow diagram.

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RESEARCH RESULTS

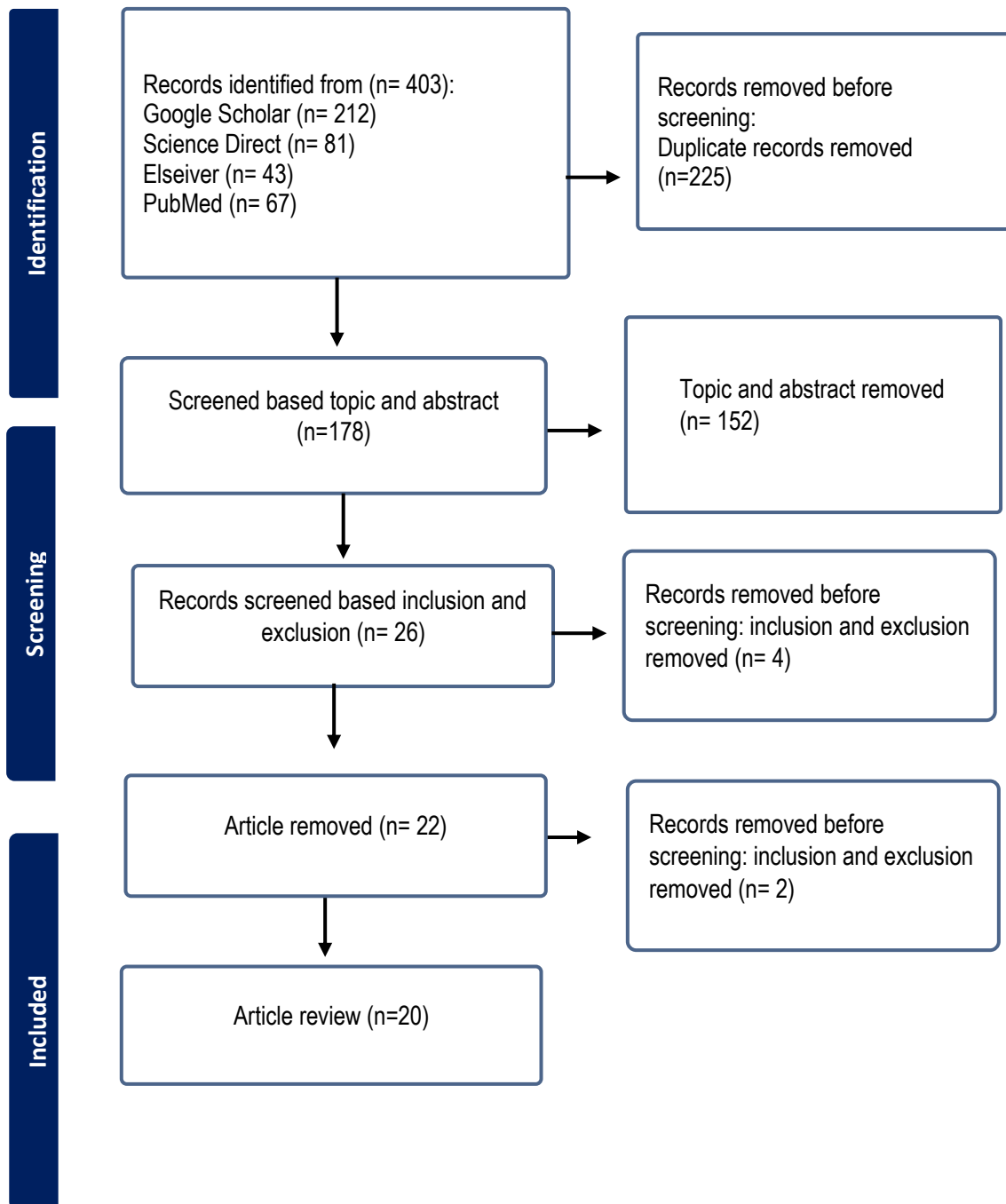


Figure. Diagram Prisma Flow

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Table 1. Summary of the Literature Review

(Author, Year) (Country)	Purpose	Method	Results
(Van Zyl-Cillie et al., 2024) (South Africa)	To develop a machine learning model to predict the risk factors causing burnout among nursing staff in South Africa.	Quantitative cross-sectional study.	The Gradient Booster Classifier model demonstrated high accuracy in predicting burnout (75.8%) and emotional exhaustion (76.8%). The strongest predictive factor was fatigue, followed by trust in management, management responsiveness to nurses' complaints, and job satisfaction. Organizational factors and working conditions played a greater role than demographic factors in predicting burnout.
(Putri et al., 2025) (Indonesia)	To analyze the relationship between social support based on Sarafino and Smith's theory and the incidence of burnout among operating room nurses in the surgical unit.	Quantitative cross-sectional study.	A very strong and significant relationship was found between social support and burnout ($p = 0.000$; $r = -0.771$). Higher social support was associated with lower burnout among operating room nurses. Peer support acted as a protective factor against emotional and psychological exhaustion.
(Rahmi et al., 2023) (Indonesia)	To analyze factors affecting job satisfaction and their impact on burnout among inpatient nurses in a general hospital.	Quantitative cross-sectional study.	Job satisfaction had a negative effect on burnout. Work-related factors such as working conditions, job autonomy, and work-family conflict contributed to burnout through reduced job satisfaction.

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(Wiguna et al., 2023) (Indonesia)	To identify burnout among nurses working in the central surgical installation and anesthesia unit.	Qualitative phenomenological study.	Nurse burnout was caused by high job demands, especially the absence of rest breaks, long operation durations, and an imbalance between workload and rewards. Burnout affected both physical fatigue (muscle aches, back pain, leg pain) and psychological fatigue (boredom, exhaustion, and emotional weariness).
(Lee et al., 2022) (South Korea)	To examine whether communication competence and resilience are modifiable factors associated with burnout among operating room nurses.	Quantitative cross-sectional study.	Resilience and communication competence were significantly negatively associated with burnout among operating room nurses. Communication competence was the strongest predictor of burnout and played an important role in reducing depersonalization and increasing personal accomplishment.
(Teymoori et al., 2024) (Iran)	To develop and validate a questionnaire measuring burnout factors among operating room nurses.	Mixed-method study.	Five dimensions of burnout factors were identified (organizational, individual, interpersonal, job characteristics, and managerial). The instrument showed excellent validity and reliability (Cronbach's $\alpha = 0.937$).
(Geuens et al., 2020) (Belgium)	To explore the influence of core self-evaluations, situational factors, and coping strategies on nurses' burnout.	Quantitative cross-sectional survey.	Core self-evaluations (CSE), situational factors (nurse–physician relationships, unit management), and coping strategies significantly contributed to burnout. CSE was strongly associated with emotional exhaustion, while situational factors and coping (brooding and avoidance coping) played major roles in depersonalization and reduced personal accomplishment. The regression model explained up to 52% of burnout variance.
(Mafula et al., 2023) (Indonesia)	To identify factors which influence burnout and turnover intention of nurses	Quantitative cross-sectional study.	Burnout was experienced by 31% of nurses, while turnover intention was at a moderate level (60%). Significant factors influencing burnout included age, number of family dependents,

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	working in a academic hospital during the COVID-19 pandemic.		and participation in COVID-19 training/workshops. Factors influencing turnover intention included marital status, family dependents, work schedule adjustment, and COVID-19 training.
(Diyanto & Supratman, 2024) (Indonesia)	To examine the relationship between job burnout and work motivation among staff nurses.	Quantitative descriptive correlational cross-sectional study.	A significant relationship was found between burnout and work motivation. Higher nurse work motivation was associated with lower burnout, and vice versa. Most nurses experienced burnout, while work motivation was at a moderate level.
(Sunyoto, 2025) (Indonesia)	To examine the relationship between physical work fatigue and the effectiveness of nurses' performance in the operating room.	Descriptive correlational cross-sectional study (non-parametric).	A strong and significant negative relationship was found between physical work fatigue and the effectiveness of nurses' performance. Higher levels of physical fatigue were associated with lower performance effectiveness in the operating room. Most nurses experienced moderate to high physical fatigue, while performance effectiveness ranged from fair to good.
(Syahadat et al., 2025) (Indonesia)	To analyze the relationship of locus of control, workload, stress, and motivation with burnout syndrome among inpatient nurses.	Quantitative observational analytic cross-sectional study.	No significant relationship was found between locus of control, workload, or work motivation and burnout syndrome. Most nurses had low burnout levels despite high workload and high motivation.
(Meng et al., 2020) (Japan)	To identify the risk factors of role stress and professional burnout among nurse anesthetists	Quantitative analytic multicenter cross-sectional study.	Nurse anesthetists experienced moderate to high levels of role stress and burnout. Risk factors for burnout included long working hours, dissatisfaction with the work environment and income, physical health status, uncertainty about career prospects, gender,

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	through a multicenter cross-sectional study.		and educational level. Work environment and hospital management support were major protective factors.
(Amini et al., 2024) (Indonesia)	To analyze factors affecting the burnout rate among nurses working in adult nursing rooms at a hospital.	Quantitative analytic cross-sectional study.	Of the eight factors tested, only length of employment and weekly shift duration significantly affected burnout levels. Length of employment was the most dominant determinant. Most nurses experienced moderate to high levels of burnout.
(Li et al., 2025) (China)	To explore and understand burnout among operating room nurses using a qualitative study design.	Qualitative descriptive phenomenological study.	Five major causes of burnout were identified (personal factors, lack of family support and social perception, and job characteristics), along with three coping strategy themes. Burnout emerged from a complex interaction of high workload, limited emotional support, career stagnation, unequal physician–nurse relationships, and low social recognition of the nursing profession.
(Teymoori et al., 2022) (Iran)	To explore operating room nurses' perspectives regarding factors associated with occupational burnout through a qualitative study.	Qualitative study using conventional content analysis (COREQ guideline).	One major theme was identified: 'gradual burnout due to job tension,' with four main categories and 15 subcategories. These included organizational factors (managerial incompetence, organizational indifference, policy inconsistency, role ambiguity), interpersonal factors (physician aggression and dominance, nurse conflict), job-related factors (psychological stress, occupational hazards), and individual factors (work attitude, emotional involvement, physical and demographic factors).
(Sucapuca et al., 2022) (Peru)	To identify work-related factors associated with burnout among Peruvian nurses.	Descriptive analytic cross-sectional study.	Burnout was positively associated with counterproductive behavior and negatively associated with task performance and contextual performance. The model explained 28.54% of burnout variance. Younger age (20–30 years) was associated with a higher risk of burnout.

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(Liana, 2020) (Indonesia)	To analyze factors associated with burnout among nurses.	Analytical survey with a cross-sectional approach.	Significant relationships were found between burnout and age, gender, marital status, education, length of employment, workload, and work stress. Most nurses experienced low burnout levels, although certain groups showed greater vulnerability.
(Alotni & Elgazzar, 2020) (Saudi Arabia)	To investigate burnout, its associated factors, and its effects on the quality of life of critical care nurses working.	Descriptive correlational cross-sectional study.	Most nurses experienced a moderate level of total burnout, with high emotional exhaustion and depersonalization, and low personal accomplishment. Factors significantly associated with burnout included age, nationality (Saudi vs. non-Saudi), years of work experience, and intention to transfer units. Burnout was significantly negatively correlated with quality of life, particularly the mental component summary (MCS).
(Indiawati et al., 2022) (Indonesia)	To analyzing the factors that influence burnout syndrome among nurses.	Observational analytic cross-sectional study.	Most nurses experienced moderate burnout syndrome, followed by high burnout. All variables (age, gender, education, marital status, length of employment, workload, locus of control, and organizational commitment) significantly affected burnout. The most dominant factor was organizational commitment, which showed a very strong negative correlation, indicating that higher commitment was associated with lower burnout.
(Lutfi et al., 2022) (Indonesia)	To identify factors influencing work fatigue (burnout) among nurses.	Analytical correlational cross-sectional study.	Significant relationships were found between burnout and length of employment, work attitude, and psychological well-being. Education was not associated with burnout. The strongest factor related to burnout was psychological well-being.

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DISCUSSION

Based on the findings of the scoping review of 20 articles, burnout among hospital nurses is a multidimensional phenomenon shaped by the interaction of organizational, occupational, psychological-individual, and interpersonal factors. This pattern appears consistent across various care settings, including inpatient wards, operating rooms, anaesthesia units, and critical care, as well as across different regions and cultural contexts. The quantitative and qualitative studies reviewed collectively indicate that burnout cannot be explained solely as an individual response, but rather as the cumulative result of ongoing work-related pressures within a complex healthcare system (Teymoori, Zareiyan, Babajani-Vafsi, & Laripour, 2022).

Organizational factors and job characteristics emerged as the most dominant determinants in most studies. High workload, long working hours, imbalanced shift duration, and longer years of service were consistently associated with increased nurse burnout. Physical fatigue and role stress were also identified as major triggers of emotional exhaustion. Structural work pressure has been recognized as a key contributor to nurse burnout in Indonesian hospitals (Liana, 2020).

In addition to structural factors, psychological and individual factors also play an important role in shaping nurses' vulnerability to burnout. Work motivation, resilience, locus of control, and psychological well-being were consistently reported to be associated with burnout levels. Lower work motivation was linked to higher levels of job burnout (Diyanto & Supratman, 2024), while psychological well-being showed a particularly strong relationship with burnout (Lutfi, Puspanegara, & Mawaddah, 2021). Resilience and communication competence were identified as modifiable factors with the potential to reduce burnout, particularly among operating room nurses (Lee, Kim, Ko, & Song, 2022).

Interpersonal factors and social support also emerged as important determinants in the literature. Social support was found to have a strong negative association with burnout among operating room nurses (Rahmi & Meilani, 2023). Organizational support and work relationships were also shown to influence emotional exhaustion (Sunyoto, 2025). Hierarchical work relationships, interprofessional conflict, and ineffective communication may

accelerate the development of burnout (Li, Xiang, Jiang, & Gu, 2025). These findings emphasize that the quality of everyday workplace relationships has a direct impact on nurses' psychological well-being. Systematic analyses also confirm an inverse relationship between burnout and work engagement, suggesting that work environments that foster engagement can protect nurses from burnout (Van Zyl-Cillie, Bührmann, Blignaut, Demirtas, & Coetzee, 2024).

Interestingly, this scoping review also identified variation and inconsistency across studies. Some studies did not find significant relationships between workload, stress, motivation, and burnout, even though most nurses reported high workloads (Diyanto & Supratman, 2024). This inconsistency suggests that burnout is highly contextual and may be influenced by moderating factors such as work culture, professional meaning, and organizational support systems. Therefore, non-significant findings should not be viewed as weaknesses, but rather as evidence that the relationship between risk factors and burnout is not always linear (Wati & Sutrimo, 2022).

Beyond its causes, several studies also highlighted the impact of burnout on nurses' performance and well-being. Burnout was associated with decreased task performance and increased counterproductive work behaviour (Syahadat, Zainuddin, & Lestari, 2025). It was also significantly negatively associated with quality of life, particularly in the mental health domain (Bae, Yoon, Kim, & Kim, 2022). During the COVID-19 pandemic, burnout was linked to increased turnover intention (Maslach & Leiter, 2016). These findings confirm that burnout affects not only individual nurses but also has direct implications for service quality and workforce stability. Systematic reviews conducted during the COVID-19 pandemic also reported a high prevalence of burnout among nurses and highlighted the strong influence of pandemic-related working conditions (Galanis, Vraka, Fragkou, Bilali, & Kaitelidou, 2021). Meta-analytic evidence further demonstrated increased emotional exhaustion during the peak of the pandemic, reinforcing the role of acute work stress (Alaseeri, Ghazi Baker, & Banakhar, 2023).

Overall, the synthesis of the 20 reviewed articles shows that nurse burnout in hospitals is a systemic problem requiring a multidimensional approach. Interventions that focus only on individuals, such as

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coping training, are unlikely to be effective without improvements in work systems, supportive leadership, fair workload distribution, and stronger social and psychological support in the workplace. Meta-analyses of interventions have shown small to moderate effects of individual-based interventions on burnout dimensions, indicating the need to combine them with organizational strategies (Wiguna, Artana, & Dewi, 2023).

Intervention evidence suggests that mindfulness-based programs and clinical supervision can reduce burnout symptoms among nurses (Lee & Cha, 2023). Well-being-oriented interventions, such as clinical supervision and mindfulness, appear to produce the most consistent effects (Musker & Othman, 2024). Studies examining combined organizational and individual approaches have reported more sustainable outcomes than single-component interventions (Konya, Yamaguchi, Sugimura, Matsuno, & Yano, 2020). By comprehensively mapping the determinants of burnout, this scoping review provides a strong scientific basis for the development of nursing policies and practices that are more oriented toward nurse well-being and the sustainability of healthcare services (Yildirim, Yesilbas, & Kantek, 2023).

CONCLUSION

This scoping review has important implications for nursing practice and hospital management, highlighting that burnout prevention should not focus solely on improving individual nurses' coping capacity or stress management skills, but must also involve systemic workplace improvements. Hospitals need to implement rational workload distribution, fair shift management, adequate rest periods, psychosocial support, supportive supervision, and a work environment that values nurses' contributions. In addition, strengthening communication competence and resilience may be beneficial as part of nursing workforce development programs, as both factors are modifiable and may help reduce burnout. From a health policy perspective, these findings emphasize the need for a systemic approach to addressing nurse burnout, as it affects not only individual well-being but also quality of care, patient safety, and workforce sustainability.

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