

# *Burnout Among Nursing Staff: An Overview of Causes, Consequences, and Management Strategies* \_\_\_\_\_

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## **Abstract**

*Introduction: Burnout is a significant problem among nurses, who face constant challenges in their work environment, including heavy workloads, emotional pressure and lack of sufficient support. This study aims to provide a review of the literature to identify the factors that contribute to the development of burnout and the consequences it causes on the health of nurses and the quality of patient care, as well as the most effective strategies for its management and prevention.*

*Purpose: This review aims to analyze the existing literature to better understand the prevalence and impact of burnout among nurses, proposing more effective measures to reduce it in healthcare settings.*

*Methodology: To carry out this review, scientific articles published during the last decade were used and analyzed from databases of good academic reputation. The review included evidence-based studies addressing risk factors, their effects, and proposed interventions for the management of burnout in nursing. The literature was selected based on clear criteria of relevance, methodological quality and scientific content.*

*Results: Findings from the existing literature show that the main factors leading to burnout include workplace overload, long shifts, lack of autonomy and emotional support, and the psychological pressure of patient care. Burnout negatively affects not only the physical and emotional well-being of nurses, but also the quality of the healthcare system, leading to a decrease in efficiency and an increase in errors during treatment. Proposed management strategies include institutional interventions, such as improving working conditions, rescheduling and psychological support, as well as individual approaches, such as stress management techniques and mental well-being programs.*

*Conclusions: In conclusion, this review highlights the need for an integrated approach involving both organizational and individual interventions to reduce the impact of work burnout and promote a healthier work environment for nurses.*

**Keywords:** Burnout, nurses, work stress, health care quality, organizational interventions, emotional well-being.

## Introduction

Burnout is a multidimensional professional syndrome characterized by emotional exhaustion, depersonalization and a diminished sense of personal accomplishment. Although it was first described by Freudenberger in the 1970s, its importance has received increased attention during the last decades due to the severe impact on health care professionals, especially nurses (Zhang et al., 2018; Shah et al., 2021). Recognized by the World Health Organization (2019) as an occupational phenomenon in ICD-11, Burnout is now not only seen as an individual psychological issue, but as a complex challenge to the system formed by organizational structures, work environments and broader health care policies. The prevalence of burnout among healthcare professionals is high, because the work environment in hospitals is characterized by activities that are demanding and strenuous both physically and mentally (Gjergji V., 2024). Nurses, as essential components of providing care in a close relationship with the patient, are particularly sensitive to physical fatigue due to constant exposure

to the physical and emotional demands that patients have. The large ratio that a nurse has with a certain number of nurses, the lack of staff, insufficient resources and prolonged exposure to the suffering that patients have - especially in high-intensity units such as emergency, intensive care and palliative settings - form a perfect ground for chronic work stress (Galanis et al., 2021; Membrive-Jiménez et al., 2020; Wang et al., 2024). The COVID-19 pandemic further increased these pressures, exacerbating existing gaps in staffing, mental health support and institutional responsiveness (Buchan et al., 2022; WHO, 2024).

The consequences of Burn-out are far-reaching. At an individual level, it is associated with chronic fatigue, depression, anxiety and reduced job satisfaction, often culminating in leaving the workforce or even early retirement (Prémusz et al., 2022; Woo et al., 2020). At the organizational level, burn-out in the nursing team contributes to increased absenteeism, reduced productivity, higher costs of job switching and reduced quality of patient care (Jun et al., 2021; Li et al., 2024). Furthermore, patient safety and satisfaction are negatively affected by nurse fatigue through increased rates of medical errors and incorrect communication (Quesada-Puga et al., 2024).

While various strategies have been proposed to address Burn-out, many of them focus narrowly on individual resilience and stress management techniques, such as mindfulness and emotional management (Lee & Cha, 2023; Todaro-Franceschi, 2019). Although these interventions can be helpful, they often fail to address the root causes embedded in health care systems. Evidence increasingly supports the implementation of organizational-wide strategies, including improved staffing models, supportive leadership, and policies that promote work-life balance (Maslach & Leiter, 2022; National Academies of Sciences, 2019; OECD, 2024).

## Methodology

The methodology of this literature review was carried out through several structured phases, using a systematic approach to identify, analyze and synthesize studies on burnout among nursing staff, focusing on its causes, consequences and strategies in its management. Inclusion and exclusion criteria were defined to include studies published between 2018 and 2025, in the English language and in peer-reviewed journals with recognized scientific impact. Eligible studies addressed the risk factors, outcomes, and management strategies associated with burnout in nursing staff. The selection process involved comprehensive searches in databases such as PubMed, Scopus and Web of Science, using keywords such as burnout syndrome, nurses, work stress, job satisfaction and coping strategies. After an initial review of articles based on titles and abstracts, information was extracted and categorized into three main areas: causes of burnout, its consequences and management strategies.

## Results and Discussion

Burnout has emerged as a critical issue in the nursing profession, attracting increasing scientific and institutional attention due to its significant impact on the well-being of nurses and the quality of health care provided by them. This review analyzes the main causes, consequences and evidence-based strategies for the prevention and management of burnout, synthesizing findings from a wide range of peer-reviewed studies, international organizational reports and published academic sources.

Current evidence indicates that burnout in nursing staff results from a complex interaction of organizational, professional, and personal factors. Studies from various health care systems around the world consistently identify that excessive workloads, long working hours, insufficient staff and lack of managerial support are major contributors to burnout (Galanis et al., 2021; Shah et al., 2021; Wang et al., 2024). For example, data from European and American health institutions show that more than 60% of nurses report symptoms of burnout, mainly driven by long staff absences and high patient demands (Quesada-Puga et al., 2024; Lee & Cha, 2023).

Emotional overload and the constant lack of various resources contribute to feelings of powerlessness and lack of autonomy among nurses, especially in intensive care units and environments with a high level of concentration (Monsalve-Reyes et al., 2022; Souza-Veloso et al., 2024). These environments require constant clinical vigilance and rapid decision-making and high-risk for the vital quality of patients, which, when they do not receive the appropriate institutional care, can lead to a rapid decrease in emotional and physical reserves. The added burden of balancing difficult professional responsibilities with personal responsibilities further exacerbates stress, accelerating the onset of Burn-out (WHO, 2024; OECD, 2024).

The consequences of burn-out are multidimensional. On a personal level, it is strongly associated with anxiety, depression, sleep disorders and chronic fatigue, which impair their professional judgment and performance (Prémusz et al., 2022; Woo et al., 2020). A meta-analysis found that a significant proportion of nurses experiencing burn-out also exhibited clinical signs of depression, directly affecting patient care outcomes (Chen & Meier, 2021).

In the patient relationship, burn-out among nursing staff is associated with an increased risk of medical errors, reduced service standards, and decreased patient satisfaction (Li et al., 2024; Jun et al., 2021). A retrospective study in US hospitals reported that nursing units with high levels of Burn-out had a 32% higher incidence of reported errors compared to those with lower levels of Burn-out (CDC, 2022).

On the organizational side, burnout contributes to workplace absenteeism, high turnover of nursing staff, and increased costs associated with recruiting and retraining new staff (ICN, 2021; WHO, 2019). Healthcare systems facing workforce shortages have difficulty maintaining service quality and patient safety, especially after the pandemic (Buchan et al., 2022). Furthermore, the financial burden of nurses leaving the workplace, coupled with the loss of experienced staff, compromises institutional efficiency and continuity of care (OECD, 2023; Stewart & Moore, 2025).

To combat these challenges, a number of strategies have been implemented, targeting both individual and institutional aspects. Interventions focusing on stress management and social support showed significant improvements in employee well-being. (Merkuri L, Paja E., 2024). At the individual level, interventions such as mindfulness-based stress reduction (MBSR), psychological resilience training, and cognitive-behavioral techniques have been shown to be effective in improving emotional regulation and reducing symptoms of burnout (Todaro-Franceschi, 2019; Gaffney & Foster, 2023). For example, a hospital-based mindfulness program was found to significantly reduce emotional exhaustion within six weeks (Lee & Cha, 2023). However, these personal strategies need to be reinforced by systemic changes in health systems.

The literature highlights the need for organizational reforms, including improved nurse-patient ratios, flexible schedules, equitable workload distribution, and supportive leadership (Maslach & Leiter, 2022; National Academies of Sciences, 2019). Transformational leadership approaches that prioritize empowerment and psychological safety have been associated with lower levels of burnout and higher staff motivation (Shah et al., 2021; WHO, 2024).

The evidence reviewed confirms that burnout in nursing staff is a structural and multidimensional phenomenon. It cannot be fully addressed without addressing the systemic deficits that perpetuate stressful working conditions. The lack of clear institutional policies to support staff, coupled with insufficient investment in mental health infrastructure, only exacerbates the problem (OECD, 2024; WHO, 2024).

Therefore, a comprehensive approach to alleviating burnout must encompass all levels – from fostering individual coping mechanisms for stress and workload to creating an institutional culture that prioritizes psychological well-being. Healthcare organizations are encouraged to establish monitoring systems that regularly assess the overall well-being of staff and track the effectiveness of interventions over time (Galanis et al., 2021; Shah et al., 2021).

Finally, prioritizing the humanization of care environments and promoting a culture based on compassion, respect, and teamwork is essential in managing burnout among nursing staff. As global demands for higher quality healthcare increase, investing in the well-being of nurses should be considered a strategic

investment and a commitment that ensures not only the sustainability of the workforce, but also safe, equitable, and high-quality healthcare for patients (WHO, 2024; ICN, 2021; Stewart & Moore, 2025).

## Conclusions

Burn-out is a growing problem in the nursing profession, driven by heavy workloads, long work shifts and inadequate institutional support. It leads to anxiety, depression, fatigue and reduced clinical performance. Institutionally, it increases absenteeism or absenteeism, strains staff, reduces the quality of care, and increases costs to the system. Addressing burn-out requires both personal and organizational interventions, including stress management training and mental resilience building strategies. Long-term improvement depends on coordinated efforts among nurses, leaders, and policymakers to implement supportive and evidence-based solutions for a stronger health care system.

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