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Factors Associated With Burnout Among Healthcare Workers: A Literature Review

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ABSTRACT

Burnout is a psychological syndrome caused by prolonged work-related stress and has become a major issue among healthcare workers, as it affects individual well-being and the quality of healthcare services. This study aimed to identify factors associated with burnout among healthcare workers through a literature review. The hypothesis of this study is that workload, work stress, work shifts, work environment, social support, and organizational leadership have significant relationships with burnout. This study employed a literature review design using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) approach. Data were collected through article searches in Google Scholar, PubMed, ScienceDirect, and SpringerLink databases within the publication range of 2016–2026. A total of 115 articles were identified in the initial stage, followed by screening and selection processes, resulting in 25 articles that met the inclusion criteria. The analyzed articles consisted of national and international journals discussing healthcare workers in hospitals and primary healthcare centers. The findings showed that workload and work stress were the most dominant factors associated with burnout, followed by work shifts, work environment, social support, and organizational leadership. High workload and prolonged work stress contributed to emotional exhaustion, decreased work motivation, and reduced quality of healthcare services. These findings imply that healthcare organizations need to implement effective workload management, strengthen social support, and improve leadership strategies to reduce burnout among healthcare workers. This article is supported by 25 references and 1 PRISMA flowchart.

Keywords: Burnout; Healthcare Workers; Workload; Work Stress; Literature Review.

INTRODUCTION

Burnout is a psychological syndrome that arises as a result of chronic work-related stress that cannot be managed effectively. According to Maslach, burnout consists of three main dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment (1). This condition has become one of the serious issues in the workplace, particularly among healthcare workers, due to high job demands and significant responsibilities in providing patient care. Burnout not only affects the physical and mental health of healthcare workers but also has the potential to reduce the quality of healthcare services, increase the risk of medical errors, and lower patient satisfaction (2).

Healthcare workers are an essential component of the healthcare system, playing a direct role in promotive, preventive, curative, and rehabilitative efforts. In carrying out their duties, healthcare workers often face various pressures such as a high number of patients, excessive workload, limited staffing, long working hours, and the demand for making quick and accurate decisions (3). These conditions make healthcare workers more vulnerable to work-related stress, which may develop into burnout if it persists over a long

period. Globally, burnout among healthcare workers has become an increasingly important issue in recent years. Studies have shown that the prevalence of burnout among healthcare workers ranges from 30% to 60%, with the highest rates found among nurses and physicians in intensive care units (4). After the COVID-19 pandemic, the rate of burnout increased significantly due to the rising workload, emotional pressure, and the risk of disease exposure (5). In Indonesia, several studies have also reported that burnout is commonly experienced by healthcare workers in hospitals and primary healthcare centers, particularly among nursing staff who work in shift systems (6).

Various previous studies have identified several factors associated with burnout among healthcare workers. Workload is considered the most dominant factor and has been consistently reported in many studies (7). In addition, work-related stress, night shifts, work environment, social support, and organizational leadership have also been found to have significant relationships with burnout (8), (9) dan (10). A study by Dall'Ora et al. showed that high workload and long working hours increase the risk of burnout among nurses (11). Meanwhile, a study by Woo et al. stated that the lack of organizational support and high work pressure are closely associated with burnout among healthcare workers (12).

Although many studies have discussed burnout, the findings still show variations in identifying the most dominant factors associated with burnout. Some studies emphasize individual factors such as work-related stress, while others focus more on organizational factors such as workload and leadership. In addition, there is still limited research that comprehensively integrates these various factors within a single review, particularly by combining findings from both national and international studies. This indicates a research gap that needs further investigation.

The novelty of this study lies in its effort to integrate findings from 25 national and international journals to identify the dominant factors associated with burnout among healthcare workers in a more comprehensive manner. By using a literature review approach, this study is expected to provide a broader understanding of burnout risk factors, which can serve as a basis for developing human resource management policies in the healthcare sector.

Based on the description above, this study aims to identify the factors associated with burnout among healthcare workers through a literature review. The hypothesis of this study is that workload, work-related stress, work shifts, work environment, social support, and organizational leadership have significant relationships with burnout among healthcare workers. The variables examined in this study include burnout as the dependent variable, while workload, work-related stress, work shifts, work environment, social support, and leadership are considered independent variables. This study employed a literature review method using the PRISMA approach by searching articles from Google Scholar, PubMed, ScienceDirect, and SpringerLink databases with a publication range from 2016 to 2026.

METHOD

This study employed a literature review design using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) approach to identify, select, and analyze relevant articles regarding factors associated with burnout among healthcare workers. This approach was chosen because it provides a systematic, transparent, and replicable process for searching and selecting articles, allowing other researchers to reproduce the study (11). The literature review design was used to integrate findings from previous studies in order to obtain a more comprehensive understanding of the dominant factors influencing burnout among healthcare workers.

The population in this study consisted of all scientific articles discussing burnout among healthcare workers. Data sources were obtained from electronic databases, namely Google Scholar, PubMed, ScienceDirect, and SpringerLink. The article search was conducted in July 2026 using the keywords burnout, healthcare workers, workload, job stress, shift work, work environment, social support, and leadership. The keyword combinations were applied using Boolean operators (AND and OR) to broaden the search results.

The inclusion criteria in this study were: (1) articles published between 2016 and 2026; (2) national and international articles; (3) articles available in full-text form; (4) articles discussing factors associated with burnout among healthcare workers; and (5) studies with quantitative, qualitative, or mixed-method research

designs. Meanwhile, the exclusion criteria included: (1) duplicate articles; (2) articles not relevant to the research topic; and (3) articles that were not fully accessible.

Data collection was carried out through the identification, screening, eligibility, and inclusion stages following the PRISMA flow. In the initial stage, a total of 115 articles were identified from all databases. After removing 20 duplicate articles, 95 articles remained for title and abstract screening. Subsequently, 40 articles were excluded due to irrelevance to the research topic. During the eligibility stage, 55 full-text articles were assessed, and 30 articles were excluded because they did not meet the inclusion criteria. Therefore, the final number of articles included in the analysis was 25 articles.

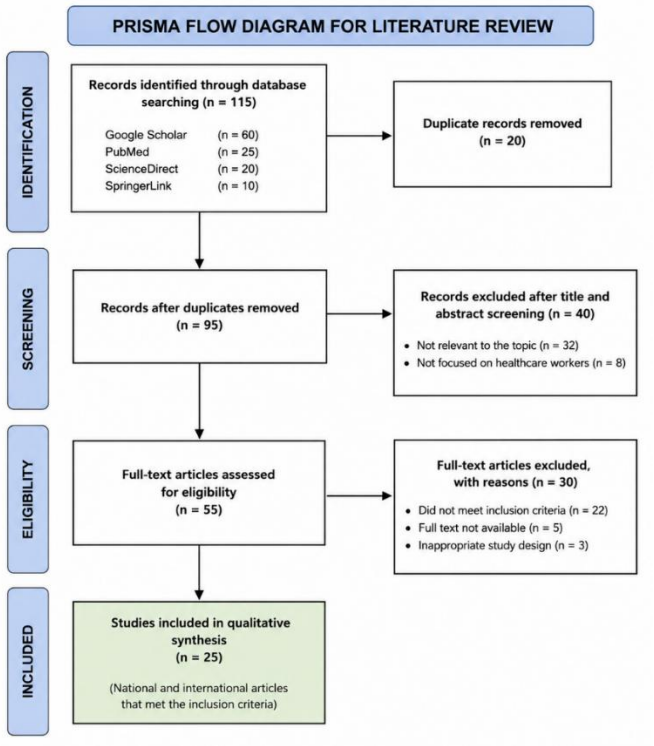

Figure 1. PRISMA Flowchart

The research instrument in this study is a data extraction form used to record important information from each article, including the authors' names, year of publication, study location, research design, sample size, studied variables, burnout measurement instruments, and main study findings. The recorded data are focused on the relationship between burnout and independent variables such as workload, job stress, shift work, work environment, social support, and organizational leadership.

The data analysis technique was conducted using a descriptive narrative approach by comparing, grouping, and synthesizing research findings from the selected articles. The obtained data were analyzed based on thematic similarities, patterns of relationships between variables, and the most dominant factors associated with burnout among healthcare workers. The results of the analysis were then presented in a systematic narrative form to provide a more comprehensive overview of burnout among healthcare professionals.

RESEARCH RESULTS AND DISCUSSION

Research Results

Based on the literature search conducted in the Google Scholar, PubMed, ScienceDirect, and SpringerLink databases, a total of 115 articles were identified at the initial screening stage. After removing 20 duplicate articles, 95 articles remained for title and abstract screening. From this process, 40 articles were excluded due to irrelevance to the research topic. Subsequently, 55 articles underwent full-text assessment, and 30 articles were excluded for not meeting the inclusion criteria. Therefore, the final number of articles included in this literature review was 25 articles.

The analysis results indicate that there are six main factors associated with burnout among healthcare workers, namely workload, job stress, shift work, work environment, social support, and organizational leadership. The most dominant factors identified are workload and job stress.

A total of 12 articles indicated that workload has a significant relationship with burnout among healthcare workers. High workload leads to physical and emotional exhaustion, particularly among healthcare professionals working in high-intensity service units such as emergency departments (ED), intensive care units (ICU), and inpatient wards.

A total of 10 articles showed that job stress is a factor associated with burnout. Job stress is generally caused by work pressure, role conflict, and high demands of responsibility in healthcare services.

The shift work factor was identified in 7 articles, where healthcare workers working night shifts or long working hours are more prone to sleep pattern disturbances and prolonged fatigue. Meanwhile, 6 articles showed that an unfavorable work environment, such as inadequate facilities, conflicts among healthcare workers, and high organizational pressure, can increase the risk of burnout.

Furthermore, 5 articles found that social support from colleagues, supervisors, and family acts as a protective factor in reducing burnout. In addition, 4 articles indicated that organizational leadership is also associated with burnout, particularly in creating a supportive and conducive work environment.

Table 1.
Distribution of factors associated with burnout among healthcare workers

Factor	Number of Articles	Percentage (%)
Workload	12	27,27%
Job stress	10	22,73%
Shift Work	7	15,91%
Work environment	6	13,64%
Social support	5	11,36%
Leadership	4	9,09%
Total	**44**	**100%**

Source: Literature review analysis (2026)

Based on Table 1, the total frequency of factors identified across the 25 articles was 44 occurrences. Workload was the most dominant factor, with a frequency of 12 (27.27%), followed by job stress with 10 (22.73%), while the least frequently reported factor was leadership with 4 (9.09%). These findings indicate that workload and job stress are the most commonly reported factors associated with burnout among healthcare workers.

Discussion

The literature review results show that burnout among healthcare workers is influenced by various factors, with workload identified as the dominant factor. High workload leads to physical and emotional exhaustion due to a large number of patients, administrative responsibilities, and the pressure of delivering fast-paced healthcare services. This finding is consistent with the study by Dall'Ora et al., which demonstrated that excessive workload is significantly associated with burnout (2), (13), (14), dan (15).

High workload is particularly found in intensive care units such as the ICU and emergency department (ED). This condition increases emotional exhaustion, which is a core dimension of burnout. The study by West et al. stated that high workload is correlated with a decrease in healthcare workers' quality of life and an increased risk of medical errors (4). In addition, the Job Demands–Resources (JD-R) theory proposed by Bakker & Demerouti explains that high job demands without adequate supporting resources can increase the risk of burnout (8).

Job stress emerged as the second most dominant factor in this literature review. Work pressure, role conflict, and high responsibility for patient safety can increase stress levels among healthcare workers (3). The study by Woo et al. showed that prolonged job stress increases the likelihood of experiencing burnout (5).

Burnout not only affects the well-being of healthcare workers but also impacts patient safety and the quality of care. The study García et al. (11) showed that burnout increases the risk of medical errors, while Jun et al. (12) found a relationship between nurse burnout and a decline in the quality of nursing care.

Shift work, particularly night shifts, is also an important factor. Night shifts can disrupt the body's circadian rhythm, leading to sleep disturbances, fatigue, and reduced work concentration (16), (17). If this condition persists over time, it can accelerate the onset of burnout.

An unfavorable work environment, such as conflicts among healthcare workers, lack of facilities, and organizational pressure, also contributes to burnout. (18), (19), (20). A healthy and supportive work environment is important for creating workplace comfort and reducing psychological stress.

Social support from family, colleagues, and supervisors has been shown to act as a protective factor against burnout. (21), (22). Social support helps healthcare workers cope with work-related stress and enhances work motivation.

Organizational leadership also plays an important role. Supportive leadership can create a positive work culture, provide motivation, and improve the well-being of healthcare workers. (6), (23).

Overall, the results of this literature review indicate that burnout is a multidimensional problem influenced by both individual and organizational factors. Workload and job stress are the most dominant factors; therefore, interventions targeting these two aspects are essential in efforts to prevent burnout among healthcare workers.

CONCLUSION

Based on a literature review of 25 national and international articles, it can be concluded that burnout among healthcare workers is influenced by various factors, both individual and organizational. The factors identified as being associated with burnout include workload, job stress, shift work, work environment, social support, and organizational leadership.

Workload was the most dominant factor identified in this study, followed by job stress. High workload and prolonged job stress can lead to emotional exhaustion, reduced work motivation, and a decline in the quality of healthcare services. In addition, night shift work, an unfavorable work environment, lack of social support, and unsupportive leadership also contribute to an increased risk of burnout among healthcare workers.

These findings indicate that burnout prevention efforts need to be carried out comprehensively through better workload management, strengthening social support, improving shift work systems, creating a healthy work environment, and enhancing the quality of organizational leadership. In this way, it is expected that both healthcare service quality and the well-being of healthcare workers can be improved.

REFERENCE

1. Maslach C, Leiter MP. Understanding the burnout experience: recent research and its implications for psychiatry. World Psychiatry. 2016;15(2):103–11.
2. Dall'Ora C, Ball J, Reinius M, Griffiths P. Burnout in nursing: a theoretical review. Hum Resour Health. 2020;18(1):41.
3. Woo T, Ho R, Tang A, Tam W. Global prevalence of burnout symptoms among nurses: a systematic review and meta-analysis. J Psychiatr Res. 2020;123:9–20.
4. West CP, Dyrbye LN, Shanafelt TD. Physician burnout: contributors, consequences and solutions. J Intern Med. 2018;283(6):516–29.
5. Rotenstein LS, others. Prevalence of burnout among physicians. JAMA. 2018;320(11):1131–50.
6. Shanafelt TD, Noseworthy JH. Executive leadership and physician well-being. Mayo Clin Proc. 2017;92(1):129–46.
7. Salvagioni DAJ, others. Physical, psychological and occupational consequences of job burnout. PLoS One. 2017;12(10):e0185781.
8. Bakker AB, Demerouti E. Job demands-resources theory. J Occup Health Psychol. 2017;22(3):273–85.

9. Chemali Z, others. Burnout among healthcare providers. BMJ Open. 2019;9:e024464.
10. Moher D, others. PRISMA statement. PLoS Med. 2009;6(7):e1000097.
11. Garcia CL, others. Influence of burnout on patient safety. Medicina (B Aires). 2019;55(9):553.
12. Jun J, others. Relationship between nurse burnout and patient safety outcomes. J Nurs Care Qual. 2021;36(4):305–12.
13. Adriaenssens J, others. Occupational stress in emergency nurses. J Nurs Manag. 2017;25(5):346–58.
14. Yustina I, others. Hubungan beban kerja dengan burnout pada perawat. J Keperawatan Padjadjaran. 2019;7(2):120–8.
15. Rahayu CD, Wati DF. Faktor-faktor burnout syndrome pada perawat. J Keperawatan Soedirman. 2020;15(3):145–52.
16. Gomez-Urquiza JL, others. Prevalence of burnout syndrome in emergency nurses. Crit Care Nurse. 2017;37(5):e1--e9.
17. Siregar KN, Suryani D. Pengaruh shift kerja terhadap burnout. J Adm Rumah Sakit Indones. 2018;4(2):89–96.
18. Hidayat R, Fauziah N. Lingkungan kerja dan burnout. J Manaj Pelayanan Kesehat. 2020;23(1):11–8.
19. Fitriani A, Nursalam N. Burnout syndrome among nurses. J Ners. 2021;16(2):134–41.
20. Wulandari R, Prasetyo YB. Lingkungan kerja dengan kejadian burnout. J Keperawatan Indones. 2022;25(2):90–8.
21. Sari NP, others. Social support and burnout among nurses in Indonesia. Belitung Nurs J. 2021;7(3):210–7.
22. Andarini S, Yuliana E. Dukungan sosial dengan burnout. J Kesehat Masy Nas. 2022;17(1):22–9.
23. Putra IM, Suryawan A. Kepemimpinan transformasional dan burnout. J Kesehat Vokasional. 2023;8(1):55–63.
24. Mudallal RH, others. Nurses burnout and leader empowering behaviors. Int J Nurs Pract. 2017;23(4):e12577.