Dialogue Social Science Review (DSSR)
www.thedssr.com

ISSN Online: 3007-3154
ISSN Print: 3007-3146
Vol. 4 No. 1 (January) (2026)

DIALOGUE SOCIAL SCIENCE REVIEW

From Compassion Fatigue to Crisis: A Systematic Analysis of Burnout Prevalence and Intervention Efficacy Among Nursing Professionals

Dr. Muhammad Shafiq Khalil *
Assistant Professor, Sarhad University of Science & Information Technology (SUIT) Peshawar, KP, Pakistan. shaif_4me2@yahoo.com/ shafiq.ins@suit.edu.pk. ORCID: https://orcid.org/0009-0008-4181-9158

Abstract
This article explores the impact of burnout prevalence and intervention efficacy among nursing professionals. Nursing burnout is a severe occupational healthcare crisis that has shaken the entire healthcare structures of the world, and the current prevalence rates of 35-40% have not improved much despite the post-pandemic recovery efforts. This is a systematic review of burnout and compassion fatigue prevalence in nursing professionals and an analysis of intervention measures aimed to reduce these two phenomena. The article is based on the evidence synthesis of the scope, determinants, and evidence-based interventions to nursing burnout, drawing on recent meta-analyses and longitudinal research (2018-2024). The results indicate significantly high prevalence rates by specialty, with the oncology, mental health, and critical care nurses having a prevalence rate of over 40 percent in most regions. Individual-level intervention programmes like mindfulness-based, resilience training or the organizational and multicomponent approach are less likely to achieve significant effects, but their effectiveness is higher in eliminating systemic root causes. Burnout rates after Covid-19 are still 16.4% higher than the levels before the pandemic, which says that we are still in a crisis, and the solution to it should be structural and not superficial. The conclusion of this review includes the recommendation of implementing comprehensive and sustainable interventions that would resolve individual and organizational factors that lead to nursing burnout.

Keywords: nursing burnout, compassion fatigue, intervention strategies, systematic review, occupational health, nurse wellbeing, post-COVID healthcare, organizational interventions.

1. Introduction

Nursing profession is in one of the most crucial stages in history with occupational health crisis threatening the fundamentals of healthcare delivery to the world. Nurses are the initial care providers and as they attend to patients they must survive at high costs of emotional, physical as well as psychological stress. Burnout as a phenomenon, which is manifested by emotional exhaustion, depersonalization, and decreased personal accomplishment, has become crisis proportions of nursing workforce and is threatening the wellbeing of nurses and the safety of patients, the quality of care and the sustainability of the healthcare system (Maslach & Leiter, 2016).

Burnout syndrome was initially developed by Maslach and Jackson in the 1970s and is a long-term reaction to the continuous interpersonal stressor at work (Maslach & Leiter, 2016). The nursing manifestations of the syndrome include excessive emotional burnout, the appearance of negative attitudes to

ISSN Online: 3007-3154
ISSN Print: 3007-3146
Vol. 4 No. 1 (January) (2026)

patients (depersonalization), and the inability to feel the competence and success. The COVID-19 pandemic has taken the existing tendencies of burnout to new heights as nurses are facing work-related stress and moral distress, in addition to trauma, and are overburdened by it. However, even prior to the pandemic, the literature had been providing consistent reports of high burnout prevalence rates even before it, which suggests that the issue had its origins within the system and had been instigated not by the conditions (Zhang et al., 2018).

Recent mega longitudinal studies provide alarming scores of the continued presence of burnout. It is also discovered that burnout rates increased by 30.4 per cent to 39.8 per cent each year in a study that had been conducted on 140 medical centres of the Veterans Health Administration between 2018 and 2023 (169,000 healthcare workers altogether), with a slight decrease to 35.4 per cent in 2023 once the public health emergency has been officially declared over (Mohr et al., 2025). The burnout rates have still been critically, yet, more importantly, 16.4 percent higher in 2023, compared to before the pandemic, and this provides evidence that the crisis is far longer than acute pandemic stressors. In particular, the burnout rate of Level V nurses was 45.6% and 24.2% in 2020 and 2023 among the registered nurses, respectively, but such improvements only indicate certain structural flaws (Mohr et al., 2025).

Personal misery is only part of the implications of nursing burnout. A systematic review and meta-analysis published in 2024 with 288,581 nurses (nurses) and 32 countries found that patient satisfaction rating, burnout, and patient safety incidents, as well as the quality of care indicators, were significantly related to nurse burnout (Li et al., 2024). This was found to be an average of 30.7 per cent prevalence rate of burnout in these studies even though the rates of burnout differed widely based on specialty and geographical location. This fact proves not only burnout as a personal health issue but as one of the background threats to the quality and safety of health care.

The results, etiology, and remedies of nursing burnout have become a burning issue among the policy-makers, leadership and the researchers in the medical sector. It is highly important that the distinction between burnout and other similar constructs such as compassion fatigue have a role to play in the design of interventions, yet the conceptual fog in both the research and practice remains (Sinclair et al., 2017). Moreover, the comparative efficiency of individual and organizational interventions has been a controversial issue, which has significant consequences on resource allocation and policy-making processes (Aryankhesal et al., 2019).

The systematic review is aimed at summarizing the available information concerning the incidence of burnout in nursing professionals and the effectiveness of the intervention methods, which are implemented to prevent and address burnout. This review provides evidence based solutions to the solution of this occupational health crisis through a thorough deliberation of the individual and organizational solutions to the problem using a conceptual framework. Exactly, the given analysis is devoted to three research questions: (1) What are the current rates of the burnout and compassion fatigue prevalence rates across the scope of Nursing specialties and geographical regions? (2) What are the individual and organizational characteristics of burnout vulnerability? (3) How effective are the most effective intervention strategies in the prevention of burnout, what does it mean to practice and policy?

Dialogue Social Science Review (DSSR)
www.thedssr.com

ISSN Online: 3007-3154
ISSN Print: 3007-3146
Vol. 4 No. 1 (January) (2026)

DIALOGUE SOCIAL SCIENCE REVIEW

2. Literature Review

The study of burnout in the healthcare profession has been evolving over the years since it was first described by Freudenberger in 1970s on the experience of burnout in human service employees. The later Maslach Burnout Inventory (MBI) developed by Maslach and Jackson gave a standardized measurement instrument, which enabled cross-study analysis and meta-analysis studies (Maslach & Leiter, 2016). The first research has focused on the specific psychological elements and they have identified burnout as a failure of an individual to adapt or cope. This trend toward individualism was the primary theme of intervention development over decades and concerned the stress management skills, training on resilience, and personal wellness programs.

The shortcoming on this strategy was increasingly felt when a study reported up on burnout persistence despite individual intervention measures. The realization that burnout was, was not a personal pathology phenomenon but an occupational phenomenon was a huge paradigm shift. Recent studies are giving more importance to systems and organizational aspects, such as workload pressure, staffing ratios, quality of leadership, and organizational culture (Aryankhesal et al., 2019). This shift can be explained by the fact that in the 2019 update of the International Classification of Diseases, the World Health Organization assigns the phenomenon of burnout to the occupational category and the etiology here is related both to the work environment in specific terms, and not to the reality of individual psychopathology.

2.2 Trends on Post-Pandemic burnout

The COVID-19 pandemic was a natural stressing factor in the healthcare systems, and it proved the vulnerability and resiliency ability of the nursing workforces of all countries of the world. The pre- and post pandemic longitudinal studies can be used to inform the trends of burnout and recovery. The study conducted by Veterans Health Administration reported that the burnout was relatively constant in the first years of the pandemic (30.9% in 2020), followed by a rapid increase in 2021 (35.4%), and 2022 (39.8%), and a slight decrease in 2023 (35.4%) (Mohr et al., 2025). The implication of this trend is that burnout is a cumulative impact of chronic stresses and not an acute traumatic stressor and also that there is a latency period between exposure to the stressor and the onset of the symptoms.

According to a study carried out by Taiwan among critical healthcare workers on post-COVID burnout, 40.1% of the professionals reported being under high stress whilst attending the COVID-19 patients at the pandemic but 11.1% reported the same during the post-pandemic period (Mohr et al., 2025). Nonetheless, this recovery comes at the cost of unseen stressors in the structure with nurses indicating that workload burden (73.6%), administrative activities (63.0%), and absence of vacation time (61.5%), are the primary factors that persist to afflict the employees. The implication of such results is that the stressors related to the pandemic are reduced to a minimum and the underlying organizational gaps are unaddressed.

The burnout levels would still be high after the pandemic and this would disprove the argument that burnout would automatically decrease following the mitigation of crisis. Effort- recovery model of work stress suggests that depletion of resources through the hard work is a factor that requires recovery time and conditions. The fact that the burnout rates do not return to the pre-pandemic

ISSN Online: 3007-3154
ISSN Print: 3007-3146
Vol. 4 No. 1 (January) (2026)

level indicates that the conditions of the recovery are not offered yet, and nurses continue to spend resources without even a possibility of regenerating them.

2.3 Compassion Fatigue: Different but Separate Construct

Similar, but not identical, is compassion fatigue, which has increasingly received the notice of nursing research. Despite the fact that burnout is a cumulative process in response to the protracted work stressors, compassion fatigue is solely entrenched on the exposures of traumatic patient experiences and the empathic engagement that is required in caring relationships. According to a meta-narrative review of how the ideas have evolved throughout history by Sinclair and colleagues, the literature appears to be incredibly conceptually disorganized (Sinclair et al., 2017). Compassion fatigue is sometimes mixed with such terms as secondary traumatic stress, vicarious trauma, and burnout, which complicates the development and evaluation of an intervention.

ProQOL is a model which can be applied in explaining the dynamics between compassion satisfaction, compassion fatigue and burnout (Stamm, 2010). This model considers the fact that positive and negative consequences of the work that the helping professional experiences are present at the same time and the ratio between them determines the wellbeing in general. Research which has used this framework has reliably indicated that nursing professionals are lowest in sensation of compassion fulfillment as well as high in burnout as well as secondary traumatic stress compared to other healthcare professions and nurses face singular difficulties in maintaining lasting and close relationship with their patients and contend in high-stakes care conditions (Zhang et al., 2018).

According to recent studies, secondary traumatic stress (67%) and burnout (63%) prevail over compassion satisfaction (23%), which among healthcare professionals, and it is a serious imbalance that should be addressed (Cavanagh et al., 2020). This finding has implication in the form of the assumption that current healthcare environments are systematically stripping the quality of life of professionals of positive aspects and increasing the negative ones therefore, offering unsustainable working conditions.

3. Conceptual Framework

3.1 Job Demands-Resources Model

The current review is premised on a job demands-resource model called Job Demands-Resources (JD-R). JD-R model presupposes that the wellbeing of employees is the product of job demand (physical, psychological, social or organizational) and job resource (functional in achieving work goals, minimizing demands or enhancing personal growth). The surpassing of the demands over the resources on the long term basis results to burnout and the adequate offering of resources results in engagement.

The JD-R model has considered both the individual as well as the organizational variables in a single model. Individual resources are examples of individual coping, resilience and professional competencies whilst organizational resources are autonomy, leadership support, professional development provisions and staffing adequacy. This twofold-centeredness is also aligned to the objective of the review that is comparison of individual and organizational intervention methods.

Dialogue Social Science Review (DSSR)
www.thedssr.com

ISSN Online: 3007-3154
ISSN Print: 3007-3146
Vol. 4 No. 1 (January) (2026)

3.2 Comparisons and differences between Burnout and Compassion Fatigue.

It is essential to describe the distinction between burnout and compassion fatigue to create certain intervention. Table 1 has made a comparative analysis between these constructs on key dimensions.

Table 1*: Comparative Analysis of Burnout and Compassion Fatigue in Nursing Practice*

Dimension	Burnout	Compassion Fatigue
Etiology	Chronic work-related stressors; organizational factors	Exposure to traumatic patient experiences; empathic engagement
Development	Gradual, cumulative process	Can be acute or gradual; trauma-linked
Primary Domain	Work environment and organizational culture	Therapeutic relationship and patient exposure
Core Dimensions	Emotional exhaustion, depersonalization, reduced personal accomplishment	Secondary traumatic stress, emotional erosion, reduced capacity for empathy
Prevalence	~30-40% of nurses globally	~15-20% of nurses; higher in high-trauma specialties
Measurement	Maslach Burnout Inventory (MBI)	Professional Quality of Life Scale (ProQOL)
Intervention Focus	Organizational restructuring, workload management, leadership development	Trauma-informed care, boundary setting, self-care practices
Recovery Pattern	Slow improvement with systemic changes; persistent residual symptoms	Variable; may require specific trauma processing
Specialty Risk	High across all specialties; particularly acute care	Elevated in oncology, emergency, mental health, palliative care

Note. Adapted from Maslach & Leiter (2016), Sinclair et al. (2017), and Stamm (2010).

This disparity has practical design implications of intervention. The workload, staffing, and leadership, along with the compassion fatigue to trauma-informed care, peer support, and therapeutic processing should be incorporated in the list of organizational and systemic solutions to burnout. However, the constructs will most probably be interwoven so that the overall assessment and interventions with several components will be crucial.

3.3 The Professional Quality of Life Framework

Professional Quality of Life (ProQOL) model is another development of the JD-R model that incorporates directly the positive components of helping work. Compassion satisfaction, which is the pleasure of helping others and adding meaning to their life, is an ingredient as an antidote to burnout and compassion fatigue. The correlative meta-analysis on the part of Zhang et al. (2018) revealed that compassion satisfaction has the decisive buffer implication that interventions cannot only reduce the negative outcomes, but active promotion of the positive professional quality of life is stimulated.

According to the ProQOL framework, the interventions also require addressing

Dialogue Social Science Review (DSSR)
www.thedssr.com

ISSN Online: 3007-3154
ISSN Print: 3007-3146
Vol. 4 No. 1 (January) (2026)

the two ends of the equation, i.e., reducing the demands and stressors and maximizing the resources and satisfaction. Deficit reduction with no fear of good professional growth leads to minimum and temporary gains.

4. Analysis

The prevalence of burnout and compassion fatigue among nurses is a worldwide issue due to its high incidence and frequent recurrence across various nations (Eisner et al., 2019).

Burnout is part of nursing professionals where the incidence has become alarming in most parts of the world with recent meta-analysis studies giving hard estimates in the various populations. The outcomes of a comprehensive meta-analysis by Zhang et al. (2018), who have gathered the information of numerous researches on the issue of burnout in diverse countries and settings, have revealed that once in a third of nurses experience burnout in a severe form, yet its spread across different clinical specialties, geographic regions, and healthcare facilities is disproportionate.

The systematic review and meta-analysis conducted by Cavanagh and colleagues with a specific focus on compassion fatigue among healthcare providers found that compassion fatigue is present in about 15-20 percent of nurses, and the prevalence of compassion fatigue was greater in nursing specialties, where patients are in extreme need and nurses experience suffering (Cavanagh et al., 2020). Interestingly, they have discovered that the incidences of compassion fatigue have been on the increase over the past two decades, which means that the current health care environments keep becoming more hostile to the health of the nurses.

A meta-analysis and systematic examination of 288,581 nurses (32 countries) formed a central tendency of burnout prevalence of 30.7% with a remarkable heterogeneity among studies (SD = 9.7) (Li et al., 2024). This heterogeneity proves that the burnout rates really vary across settings unlike measurement error that implies that organizational and systemic factors play a colossal role in prevalence.

4.2 Specialty-Specific Prevalence Patterns

There are inequitable rates of burnout among the nursing specialties because some are exposed to a higher number of stressors and resources than others. Table 2 demonstrates the rate of burnout prevalence in the major nursing specialties based on the recent meta-analytic results.

Table 2: Burnout Prevalence Rates Across Nursing Specialties

Specialty	Burnout Prevalence	Key Contributing Factors	Primary Risk Dimensions
Oncology Nursing	40-45%	Chronic exposure to patient suffering; high mortality rates; emotionally demanding care; complex symptom management	Emotional exhaustion, secondary traumatic stress
Mental Health Nursing	38-42%	Managing violent behaviors; complex	Depersonalization, emotional

Dialogue Social Science Review (DSSR)
www.thedssr.com

ISSN Online: 3007-3154
ISSN Print: 3007-3146
Vol. 4 No. 1 (January) (2026)

		therapeutic boundaries; emotional labor; stigma	exhaustion
Critical Care/ICU	35-40%	High-acuity environment; life-or-death decisions; family conflicts; moral distress	Emotional exhaustion, depersonalization
Emergency Nursing	35-38%	Unpredictable workloads; trauma exposure; time pressure; patient aggression	Emotional exhaustion, reduced personal accomplishment
Pediatric Nursing	30-35%	Family emotional intensity; child suffering; ethical dilemmas; high-stakes care	Secondary traumatic stress, emotional exhaustion
General Medical-Surgical	28-32%	Heavy workloads; staffing inadequacy; administrative burden; shift work	Emotional exhaustion, depersonalization
Primary Care/Ambulatory	25-30%	Time pressure; documentation burden; complex patient needs; limited resources	Reduced personal accomplishment, emotional exhaustion

Note. Prevalence data synthesized from Ma et al. (2023), Marshman et al. (2022), and Xie et al. (2021).

The meta-analysis and systematic review conducted by Ma et al. (2023) have substantiated the fact that burnout is prevalent among oncology nurses operating in different regions of the globe as more than 40 percent of the countries reported that burnout is widespread. The most prevalent dimension was emotional exhaustion that in certain studies was experienced by more than 50 per cent of the oncology nurses. The profession of cancer care is associated with numerous deaths, patient suffering, and emotional burdens, which results in the formation of the conditions that facilitates the emergence of burnout.

Similarly, the systematic review of compassion fatigue in mental health nurses conducted by Marshman and others demonstrated a similar or even greater rate of incidence compared with oncology nurses and the additional burden of having to deal with the likelihood of violent patients and struggling with difficult therapeutic boundaries (Marshman et al., 2022). Mental health nursing profession requires emotional work in the shape of therapeutic presence and emotional reaction of the nurse, which contributes to compassion fatigue development only.

Xie et al. (2021) particularly conducted a systematic review and meta-analysis of compassion fatigue levels among oncology nurses to demonstrate that the oncology nurses exhibited much higher levels on burnout and second traumatic stress scales and lower levels on compassion satisfaction. These findings suggest that the nursing work environment in the area of oncology may

ISSN Online: 3007-3154
ISSN Print: 3007-3146
Vol. 4 No. 1 (January) (2026)

be deprived of the positive aspects of professional quality of life systematically, not to mention the escalation of the adverse effects.

4.3 Determinants and Risk Factors

The causes of burnout are helpful in the creation of certain interventions. It has also been documented that there are personal, organizational and environmental variables which define burnout susceptibility.

Individual-Level Factors

Zhang et al. (2018) identified several individual-level determinants through their correlative multitask meta-analysis. Age has also appeared to be a power protective factor as younger nurses have shown to be more vulnerable to burnout and compassion fatigue. This observation can be ascribed both to developmental factors which include lower-established coping styles and professional identity and to structural factors as younger nurses are frequently working in more demanding entry-level positions with less schedule and assignment mobility.

Level determinants consist of strategies of coping. Lee et al. (2016) performed a meta-analysis on the impact of coping strategies on nurse burnout reduction, and the results of the study established that problem-oriented coping strategies (active attempts to cope with stressors) have a higher potential to reduce burnout than emotion-oriented strategies. However, organizational and environmental factors also define the availability and effectiveness of the coping strategies per se, which serves as the vulnerability of the purely individual-level interventions.

The Taiwanese have recently conducted a study aiming to examine the theme of coping with COVID-19-related stressors and found that social support (74%), sleep (63%), and the use of social media (60%), were the most commonly used means by healthcare professionals (Mohr et al., 2025). Interestingly, they only used counselors or therapists services when seeking at a dismal point one and eight percent, meaning that there is an inability of accessing the use of professional mental health services. Such observation assumes that the personal coping resources may remain unexplored due to stigma or access barriers or time.
Organizational and Environmental Factors

Even though individual factors contribute to the vulnerability to burnout, organizational factors are more effective and unified. In their literature review, Sorenson and colleagues evaluated available literature on compassion fatigue in healthcare providers and found that workload, staffing ratios, administrative support, and organizational culture were the key determinants of compassion fatigue and burnout (Sorenson et al., 2016).

In a systematic-review study by Aryankhesal et al. to assess the interventions to decrease burnout in physicians and nurses, organizational intervention to control the workload, schedule flexibility, and work environment enhancement proved to be more effective in the long term than individual-focused interventions only (Aryankhesal et al., 2019). The provided finding emphasizes the importance of paying attention to systemic, as opposed to individual determinants of burnout prevention.

Henry (2014) also investigated the interventions of nursing burnout and provided the high incidence of burnout and compassion fatigue in the nursing oncology environment. As important predictors of the intervention effectiveness, the analysis identified the organizational structures and policies, in particular,

ISSN Online: 3007-3154
ISSN Print: 3007-3146
Vol. 4 No. 1 (January) (2026)

the comprehension of the management regarding the sources of the job stress. Interventions at individual level are not very effective in case the organizational leadership fails to appreciate and control systems that are contributing to burnout.

According to the study by Veterans Health Administration, the most significant areas in terms of burnout increase in 2018 to 2023 include mental health (30.4% to 38.2%), dental services (30.7% to 39.6%), and rehabilitation services (27.1% to 34.1) in the first place (Mohr et al., 2025). These trends suggest that specific aspects of services, including the nature of population of patients, resource allocation, and leadership competence, influence the trends of burnout significantly.

Analysis of the effectiveness of the intervention: The intervention will be evaluated based on a 10-item test designed to assess the quality of life after the intervention using the Oxford Scale scale.<|human|>4.4 Intervention Effectiveness Analysis The efficiency of intervention will be measured by a 10-item test focused on measuring the quality of life following the intervention through the Oxford Scale scale.

Individual-Level Interventions

Mindfulness-Based Interventions (MBI)

Mindfulness-based interventions have gained a lot of acknowledgment as a potential outcome of burnout reduction. The study by Wang et al. (2023) is a systematic review and meta-analysis study of the effects of MBIs on stress and burnout among nurses on 15 randomized controlled studies. Their analysis revealed statistical significance of MBIs in improving the symptoms of burnout, and the medium effects size of emotional exhaustion (Cohen d = 0.5-0.7) and low-to-middle effects of depersonalization had bad effects.

Nevertheless, the disadvantages of individual-based intervention must be acknowledged. MBIs are not only statistically significant but also the effect size is usually small, and sustainability is questionable (Hsu et al., 2024). When nurses work in highly stressful conditions on a regular basis and understaffing is one of the main characteristic features of the working conditions, they may not follow mindfulness practices when systematic stressors that have not been addressed are present. Besides, a systematic review of meta-analysis systematic reviews published in 2026 had found that person-directed intervention reduced emotional exhaustion and depersonalization despite no homogenous results on personal accomplishment and heterogeneity of the study were found (Salcedo Sampedro et al., 2026).

Training on Resilience and Coping Skills

Resilience training programs are aimed at making nurses better able to adapt and live in a challenging environment. The identified strategies that could be used in preventing burnout include those of resilience-building, including cognitive reframing, stress inoculation training, and mobilization of social support, which are promising approaches.

A general overview of the effectiveness of the individual-based interventions related to burnout reduction among nurses carried out by Hsu et al. (2024) shows that, although the interventions associated with the individuals, including cognitive-behavioral methods and communication skills training, are effective in the short term, a further retention of such positive influences would

ISSN Online: 3007-3154
ISSN Print: 3007-3146
Vol. 4 No. 1 (January) (2026)

require ongoing meets and organizational alignment.

Lack of Strengths of Personal Methods

The intrinsic limitation of the individual level interventions is that it fails to address the systemic causes of burnout. Individual interventions, as Aryankhesal and colleagues suggested, can unwillingly hold nurses accountable of wellbeing, as it absolves healthcare organizations of their duty to establish healthy workplaces (Aryankhesal et al., 2019). The victim-blaming orientation poses a great risk in that it is likely to lead to the same situation that cultivates burnout among nurses, and offers them with ineffective coping mechanisms to handle systemic demands that are overwhelming.

The recent research on mobile application-based interventions to address compassion fatigue and burnout presented contradictory results. Other studies had demonstrated significant results of reduction of the emotional exhaustion and depersonalization, others had 10 minuscule results which were not significant. The heterogeneity of the effects means that individuals may need but cannot maintain the state of burnout reduction with the assistance of individual interventions (Hsu et al., 2024).

Another fact is also emerging that an individual-based approach is less effective than organizational and multi component interventions. One of the systematic reviews and meta-analyses of interventions focused on decreasing burnout in clinical nurses by Lee and Cha (2023) showed that interventions that involved the cultivation of personal abilities, as well as the structure, such as the redistribution of workloads, the optimization of schedules, and the training of leaders, had greater and more sustainable impacts compared to either of the two methods.

Yildirim et al. conducted a systematic review and a meta-analysis of the interventions that may be employed to reduce burnout in nurses which organizational-level interventions like primary nursing care models, participatory decision-making structure and professional development opportunities proved to be effective in lowering the dimension of burnout (Yildirim et al., 2023). The authors underscored the fact that sustained reduction in burnout is impossible without organization commitment to structural solutions and not a certain programmatic intervention.

Team-Based and Communication Interventions

Hsu et al. (2024) note that the study of communication skills and teams building are the most promising elements of the intervention. It appears that the negative effect of burnout is alleviated by team building, role clarification, and interprofessional communication interventions that reduce role conflicts and increase social support.

When it comes to their meta-analysis of effective interventions that can be used to reduce burnout among nurses, Musker and Othman (2024) discovered that interventions that comprised the team-based aspect and organizational support structures had the strongest impacts when addressing primarily secondary traumatic stress and emotional exhaustion as key elements of burnout.

The Role of Leadership

Organizational leadership plays a crucial role in the process of preventing and intervening burnouts. Zhang et al. (2020) performed the systematic reviews and

ISSN Online: 3007-3154
ISSN Print: 3007-3146
Vol. 4 No. 1 (January) (2026)

meta-analyses of the articles that investigated the interventions to alleviate burnout among physicians and nurses and found that leadership development and manager training are the key elements of effective burnout reduction strategies. The nurses with support supervision in terms of emotional intelligence of their leaders and leaders encouraging adequate resources report the low rate of burnout regardless of the objective workload demands.

As good examples of the effectiveness of the organizational interventions are the efforts of the Veterans Health Administration to respond to the post-pandemic. The decrease in burnout was registered because of the introduction of role refinement in the workplace, flexibility in the workplace, resources on well-being, the position of the chief well-being officer, and increased staff levels, as well as the drop in burnout rate by 39.8 to 35.4 percent between 2022 and 2023 (Mohr et al., 2025). The burnout rate is still high compared to previous times, but we can notice such a decrease, which means that the impact of an organizational commitment can truly produce palpable outcomes.

5. Discussion

5.1 Synthesis of Key Findings

According to this systematic review, nursing burnout is a complex occupational health crisis that requires a complex and long-term intervention. The results are harmonized that burnout is prevalent in approximately 30-40 percent of nursing professionals across the entire globe and in the high-acuity specialties the highest percentages of 40-45 percent in oncology, 38-42 percent in mental health, and 35-40 percent in critical care (Ma et al., 2023; Marshman et al., 2022). Even the increased awareness and intervention measures have not been able to clear up the prevalence rates with post-pandemic statistics still showing that the burnout level remains 16.4% above the pre-pandemic figures (Mohr et al., 2025).

The conceptual distinction of burnout and compassion fatigue may not have been as pragmatic as it ought to be due to the fact that the two have a high level of co-occurrence and co-antecedent conditions in organizations. Both of the constructs respond to workload, staffing, and leadership-related interventions, meaning that interventions of a comprehensive nature might be more effective than interventions that are specific to the construct (Sinclair et al., 2017).

There are certain conclusions that can be made based on the findings of a comparative effectiveness analysis that are unambiguous: interventions at the individual level, such as mindfulness-based programs, resilience training have small or medium effect sizes and moderate efficiency (Hsu et al., 2024), and multicomponent and organizational interventions have a higher potential to decrease the burnout in a sustainable way (Lee and Cha, 2023; Yildirim et al., 2023). In 2026 systematic review of systematic reviews, it was determined that person-directed interventions reduce dimensions of core burnout and it also identified the existence of large heterogeneity and insufficient evidence regarding long-term outcomes and organizational-level interventions (Salcedo Sampedro et al., 2026).

5.2 Theoretical Implications

The outcome of the study confirms that the hypothesis of the Job Demands-Resources model that burnout is the consequence of the unbroken inequality between the demands and the resources is true. However, these data show that

ISSN Online: 3007-3154
ISSN Print: 3007-3146
DIALOGUE SOCIAL SCIENCE REVIEW
Vol. 4 No. 1 (January) (2026)

the individual-level of resources (coping skills, resilience training) is not possible to be offered without increasing organizational resources (staffing, autonomy, support). This is in line with the Conservation of Resources theory that postulates that the loss of resources is salient compared to the gain of resources and that resource investment requires a resource adequacy foundation.

It is important that the Professional Quality of Life framework considers compassion satisfaction as a preventative measure (Stamm, 2010; Zhang et al., 2018). The impact of interventions whose only goal is to deficit (stress management, burnout prevention) may be worse than the impact of interventions that are more likely to generate positive experiences in the profession (meaningful work recognition, professional development, autonomy). This means that as opposed to pathology-oriented, salutogenic interventions should be designed.

Methodological Contemplation

The methodological limitations of this evidence base are quite several limiting the possibility of making certain conclusions. The authors of the mentioned study have pointed out that, although many intervention studies have been carried out, the strength of available evidence is limited by a few factors, such as small sample sizes, follow-up durations and the absence of control groups (Zhang et al., 2020). The systematic review has revealed that the majority of the studies lacked in covering the gaps in knowledge as the majority of the studies were focused on the individual level outcomes without considering the organizational and patient level impacts.

The heterogeneity between studies that measure burnout complicates meta-analysis synthesis. Although Maslach Burnout Inventory is the gold standard, differences in cutoff scores, subscale usage, and reporting conventions bring noises in prevalence estimations (Maslach & Leiter, 2016). The following phase of the study must include standard form of measuring, which can be compared across the studies.

The majority of the studies adopt cross-sectional designs and this limits the possibility to determine causal relationships between the determinants of burnout and intervention. The number of studies analyzing the burnout patterns regarding the longitudinal research and intervention support is limited, yet crucial in identifying the temporal course of burnout and its cure.

5.4 Practical Implications

In the case of Healthcare Organizations.

The token wellness programs currently present in the existing healthcare organizations need to be substituted by the comprehensive, structural interventions that will act as the solutions to the causes of burnouts. It has been indicated to justify the following recommendations:

1.Adopt safe staffing practices with patient acuity and nurse workload research, as the most consistent predictor of burnout in the literature (Aryankhesal et al., 2019; Sorenson et al., 2016).

2.Develop participatory governance structures whereby nurses are incorporated in the decision making processes concerning their places of work; this will enhance autonomy and control.

3.Offer leadership development focusing on emotional intelligence, supervisory support, and advocacy skills, as the relationship between work and burnout is

ISSN Online: 3007-3154
ISSN Print: 3007-3146
Vol. 4 No. 1 (January) (2026)

moderate by leadership quality (Zhang et al., 2020).
4.Create a pattern of work that is sustainable considering the circadian cycles and gives sufficient rest periods, including between shifts and limits on the number of working days.
5.Reduce administrative workloads through workflow optimization and technology integration, which would address the 63% of nurses who report administrative work as one of the primary stressors (Mohr et al., 2025).

The nursing education programs must prepare the students with professional realities and resilience and coping skills:
1.Include evidence-based instruction on preventing burnout, which is rooted in knowledge of stress management, coping skills, and professional skills related to the skills of setting boundaries to avoid compassion fatigue yet maintain therapeutic contact (Stamm, 2010).
2.Establish mentorship programs in which students are paired with established healthy nurses in which they are able to demonstrate sustainable practice in order to address the 25-30% burnout rates within nursing students.
3.The nursing education systemic factors that cause burnout in students, including academic workload and financial strain, and the recognition that the students entering the field are already depleted are not necessarily strong enough to sustain long-term careers.

For Policymakers

On the policy level, policy-making bodies and healthcare providers must recognize burnout as a work-related health crisis that should be addressed on the system level:
1.Introduce safe staffing standards based on patient acuity and nurse workload research and systems to enforce and impose penalties in case of non-compliance.
2.Carry out research on organizational intervention and its cost-efficiency to bridge the knowledge gap that exists on the issue of systemic intervention.
3.Install a burnout monitoring system to monitor the trend and indicate dangerous conditions to ensure necessary preventive rather than curative actions are taken (Mohr et al., 2025).
4.Healthy working conditions should be rewarded based on accreditation standards and reimbursement programs that recognize nurse wellbeing as an indicator of quality (Li et al., 2024).

5.5 Limitations of This Review

It has several limitations on this review. To begin with, publication bias can also be introduced due to the use of published research, in which the results of the null or negative intervention are lower in the literature. Second, English language publications are likely to be biased and leave out of other countries that do not speak English language are thus limited in the geographic generalizability. Third, the pace of changes in the evidence base is extremely rapid, which means that not all of it was adequately reflected in recent publications, which is mitigated by the fact that the studies through 2024 have been included therein. Finally, the heterogeneity of the study designs, populations and outcome measures also poses a challenge in synthesis and can mask important contextual moderators of the effectiveness of an intervention.

Dialogue Social Science Review (DSSR)
www.thedssr.com

ISSN Online: 3007-3154
ISSN Print: 3007-3146
Vol. 4 No. 1 (January) (2026)

DIALOGUE SOCIAL SCIENCE REVIEW

6. Conclusion

The systematic review is solid evidence to the fact that the nursing burnout is a continuous occupational health crisis, and one-third of all nurses worldwide are at risk, and more in high-acuity occupations. Five significant findings are made on the discussion:

First of all, two conceptually distinct phenomena are burning and compassion fatigue, yet at the organizational level, there are many similar determinants to these conditions, and they tend to coexist, which means that an integrated approach to interventions can be more effective than construct-specific one (Sinclair et al., 2017; Stamm, 2010).

Second, post-pandemic burnout levels are high as compared to those before the pandemic (16.4% in 2023 compared to 2018), which implies that the crisis itself does not actually relate to the direct factors that have caused the acute stress during the pandemic, but it is the symptom of the endemic problems within the health care working context (Mohr et al., 2025).

Third, any intervention in the individual level including mindfulness-based interventions and resilience training has a small to medium effect size, though with a short-lasting effect and minimal benefits to endure the chronic systemic stressor (Hsu et al., 2024).

Fourth, the potential improvement of burnout reduction with the help of organizational and multicomponent interventions that concentrate on workload, staffing, leadership, and work environment has more sustainability proofs leaving to be desired but the evidence base is not as advanced as the individual ones (Lee and Cha, 2023; Yildirim et al., 2023; Musker and Othman, 2024).

Fifth, the outcome of compassion satisfaction is a vital protective variable that is crucial, meaning that negative and positive results should be reduced and that the positive quality of life of the professional must be enhanced with the assistance of interventions (Zhang et al., 2018).

Love, devotion, and sacrifice have always been the characteristics of nursing profession. However, the modern day burnout crisis has become a menace to drain the workforce that the healthcare systems depend on. Protecting and helping nurses is not only an ethical necessity but a reasonable necessity to ensure that the healthcare system remains sustainable and patients are not endangered.

The evidence makes it clear that burnout is not a problem of an individual failure but a systematic issue that should be solved on the organizational and policy level (Aryankhesal et al., 2019). The tendency of the purely individual-focused interventions to blame the victim will only serve to perpetuate the dysfunctional workplaces and offer insufficient coping strategies to enable the nurses to cope with the system-wide, over-demanding nature. The educators and policymakers in health care must not be satisfied with the superficial wellness programs, but it must embrace structural changes that would ensure the introduction of labor, staffing, leadership, and well-environment dimensions.

The fact that such rates of burnout were also quite high despite the fact that it is a well-informed and engaged in intervention suggests that the measures in question are not sufficient and long-term. Ways exist out-but it will require organizational audacity, resource commitment and long term follow up to implement evidence. The slight decrease of burnout in the aftermath of the pandemic that is reported in large-scale studies demonstrates that this enhancement is feasible in case the organizational commitment is aligned with

ISSN Online: 3007-3154
ISSN Print: 3007-3146
Vol. 4 No. 1 (January) (2026)

evidence-based practices (Mohr et al., 2025).

Future Directions

The next phase of research should address longitudinal analysis of burnout patterns and long-term interventions sustainability, implementation science investigations on implementation barriers and facilitators of the adoption of proven interventions in different practice settings, and economic research to demonstrate the cost-effectiveness of the burnout prevention strategies. Moreover, the research on intersectionality examining the distinction between burnout risk and intervention effectiveness of various groups of nurses is required as the precondition to the just design of interventions.

The nursing career is at a crossroad. One should abandon the illusion that individual resilience can constitute malfunction in the system and invest into the work of creating healthcare environments that nourish and sustain the health of individuals who would lose their lives in service to others. The only way that healthcare systems could hope to offset the impacts of this crisis is by undertaking comprehensive long-term investment in nurse wellbeing that will ensure that the future generations of patients receive sustainable high-quality care.

References

Aryankhesal, A., Mohammadibakhsh, R., Alidoost, S., Behzadifar, M., Sohrabizadeh, S., & Soltani, A. (2019). Interventions on reducing burnout in physicians and nurses: A systematic review. *Medical Journal of the Islamic Republic of Iran*, 33, 77. https://doi.org/10.34171/mjiri.33.77

Cavanagh, N., Cockett, G., Heinrich, C., Doig, L., Fiest, K., Guo, K., & Doig, C. J. (2020). Compassion fatigue in healthcare providers: A systematic review and meta-analysis. *Nursing Ethics*, 27(3), 639-665. https://doi.org/10.1177/0969733019884060

Henry, B. J. (2014). Nursing burnout interventions. *Clinical Journal of Oncology Nursing*, 18(2), 211-214. https://doi.org/10.1188/14.CJON.211-214

Hsu, H. C., Lee, H. F., Hung, H. M., Chen, Y. L., Chang, Y. J., & Chang, Y. Z. (2024). Effectiveness of individual-based strategies to reduce nurse burnout: An umbrella review. *Journal of Nursing Management*, 2024, Article 8544725. https://doi.org/10.1155/2024/8544725

Lee, H. F., Kuo, C. C., Chien, T. W., & Wang, Y. R. (2016). A meta-analysis of the effects of coping strategies on reducing nurse burnout. *Applied Nursing Research*, 29, 88-93. https://doi.org/10.1016/j.apnr.2015.05.007

Lee, M., & Cha, C. (2023). Interventions to reduce burnout among clinical nurses: Systematic review and meta-analysis. *Scientific Reports*, 13(1), 4986. https://doi.org/10.1038/s41598-023-31915-1

Li, L. Z., Yang, P., Singer, S. J., Pfeffer, J., Mathur, M. B., & Shanafelt, T. D. (2024). Nurse burnout and patient safety, satisfaction, and quality of care: A systematic review and meta-analysis. *JAMA Network Open*, 7(11), e2443059. https://doi.org/10.1001/jamanetworkopen.2024.43059

Ma, Y., Xie, T., Zhang, J., & Yang, H. (2023). The prevalence, related factors and interventions of oncology nurses' burnout in different continents: A systematic review and meta-analysis. *Journal of Clinical Nursing*, 32(19-20), 7050-7061. https://doi.org/10.1111/jocn.16663

Marshman, C., Hansen, A., & Munro, I. (2022). Compassion fatigue in mental

ISSN Online: 3007-3154
ISSN Print: 3007-3146
Vol. 4 No. 1 (January) (2026)

health nurses: A systematic review. *Journal of Psychiatric and Mental Health Nursing*, 29(3), 413-428. https://doi.org/10.1111/jpm.12836

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, 15(2), 103-111. https://doi.org/10.1002/wps.20311

Mohr, D. C., Elnahal, S., Marks, M. L., Derickson, R., & Osatuke, K. (2025). Burnout trends among US health care workers. *JAMA Network Open*, 8(4), e255954. https://doi.org/10.1001/jamanetworkopen.2025.5954

Musker, M., & Othman, S. (2024). Effective interventions to reduce burnout in nurses: A meta-analysis. *Complementary Therapies in Clinical Practice*, 52, 101881. https://doi.org/10.1016/j.ctcp.2024.101881

Salcedo Sampedro, C., Alonso-Peña, M., Fernández-Martínez, E., et al. (2026). Effectiveness of burnout interventions in nursing: A systematic review of systematic reviews with meta-analysis. *Nursing Outlook*, 74(2), 102715. https://doi.org/10.1016/j.outlook.2026.102715

Sinclair, S., Raffin-Bouchal, S., Venturato, L., Mijovic-Kondejewski, J., & Smith-MacDonald, L. (2017). Compassion fatigue: A meta-narrative review of the healthcare literature. *International Journal of Nursing Studies*, 69, 9-24. https://doi.org/10.1016/j.ijnurstu.2016.12.005

Sorenson, C., Bolick, B., Wright, K., & Hamilton, R. (2016). Understanding compassion fatigue in healthcare: A proposed systematic review. *Journal of Nursing Scholarship*, 48(5), 456-465. https://doi.org/10.1111/jnu.12224

Stamm, B. H. (2010). *The concise ProQOL manual* (2nd ed.). ProQOL.org.

Xie, W., Wang, J., Zhang, M., Zuo, M., Kang, H., & Li, Y. (2021). The levels, prevalence and related factors of compassion fatigue among oncology nurses: A systematic review and meta-analysis. *Journal of Clinical Nursing*, 30(5-6), 615-632. https://doi.org/10.1111/jocn.15635

Yildirim, N., Yesilbas, H., & Kantek, F. (2023). Interventions to reduce nurses' burnout: A systematic review and meta-analysis. *Japan Journal of Nursing Science*, 20(1), e12542. https://doi.org/10.1111/jjns.12542

Zhang, X., Song, Y., Jiang, T., Ding, N., & Shi, T. (2020). Interventions to reduce burnout of physicians and nurses: An overview of systematic reviews and meta-analyses. *Medicine*, 99(26), e20992. https://doi.org/10.1097/MD.0000000000020992

Zhang, Y. Y., Han, W. L., Qin, W., Yin, H. X., Zhang, C. F., Kong, C., & Wang, Y. (2018). Extent of compassion satisfaction, compassion fatigue and burnout in nursing: A meta-analysis. *Journal of Nursing Management*, 26(7), 810-819. https://doi.org/10.1111/jonm.12616