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Relationship social support and burnout among nurses: A systematic review

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Abstract

Background: Nurses often face heavy workloads, many patients, and high job demands, leading to physical and emotional exhaustion. When nurses do not receive adequate support from superiors or colleagues, nurses will feel isolated and unable to cope with stress, which can worsen *burnout*.

Purpose: To determine the relationship between social support and *burnout* in nurses.

Method: A systematic review using four academic databases (Scopus, JSTOR, PubMed, and Web of Science (WOS)), a publication range of 2020-2024. The subjects in this study were nurses working in hospitals. Variables include is social support and *burnout*. The inclusion criteria were cross-sectional articles measuring social support and *burnout* among nurses. Guidelines for reviewing journals using *Preferred Reporting Items for Systematic Review and Meta-Analysis* (PRISMA).

Results: There were 15 studies exploring social support with nurse *burnout*. In addition, most of the review results showed a significant relationship between social support and *burnout* among nurses. Furthermore, social support and *burnout* factors include workload, interpersonal relationships, work environment, availability of resources, demographic factors, perceptions of support, mental and emotional health, and social and cultural factors.

Conclusion: There is a relationship between social support and *burnout* in nurses. In addition, *burnout* needs to be controlled because it impacts the quality of nursing services, satisfaction, and performance.

Keywords: Burnout; Nurses; Social Support.

INTRODUCTION

Nurses often face heavy workloads, with large patient volumes and high job demands, leading to physical and emotional exhaustion. When nurses do not receive adequate support from their superiors or coworkers, they may feel isolated and unable to cope with stress, which can worsen *burnout* (Pei, Wang, Chen, Zhang, Nan, Zhang, & Dou. 2021). *Burnout* is a state of physical, emotional, and mental exhaustion caused by prolonged stress, especially at work. Nurses are professionals who are at high risk of experiencing *burnout* due to several influencing factors such as high emotional demands, heavy workload, lack of social support, irregular working hours, and administrative demands (Chang & Cho.

2021). *Burnout* causes increased turnover which can affect the quality of care provided to patients (Abdulmohdi, 2024)

Burnout abroad is a popular issue that shows the increase in health services. In the United States 33% of nurses experience *burnout* and 43% of nurses in hospitals do not feel social support (Reith, 2018). Another survey showed that 85.5% of female nurses experienced *burnout* (Zou, Shen, Tian, Liu, Li, Kong, & Li. 2016). Other studies have shown that nurses who experience *burnout* tend to have low levels of social support. Lack of social support can worsen *burnout* in nurses (Abdulmohdi, 2024). Social support is important for nurses because it can

reduce stress, improve mental well-being, increase resilience, improve performance, and prevent *burnout* (Huang, peng, Huang, Liang, Liao, Zhen, Tang, Zhuang, Luo, Lan, Lu, Lan, Lian, jing, Li, Wei, Qiao, & Wu. 2023)

Many researchers have discussed *burnout* in pediatrics, gynecology, and nursing principles, and others have examined the relationship between *burnout* and QNWL. However, no review has been conducted to determine the relationship between social support and *burnout* and the factors associated with social support and *burnout* in nurses. Therefore, this review aims to assess the relationship between social support and *burnout* in nurses.

RESEARCH METHOD

Initial scoping searches were conducted to identify similar and relevant systematic reviews that had already been conducted. Articles and journals were appropriate for systematic review according to *Preferred Reporting Items for Systematic Review and Meta Analyze (PRISMA)*.

The population in this study were nurses working in hospitals. Using a cross-sectional study examining social support and *burnout* among nurses. The inclusion criteria for this systematic review were determined using population, intervention, comparison, outcomes, and study design (PICOS). The exclusion criteria were studies that did not examine social support and *burnout*, studies that did not involve nurses, qualitative studies and review articles because no numerical measurements were provided regarding social support and *burnout*, intervention studies and publications and languages other than English.

After carrying out the inclusion and exclusion criteria, the next step is a literature search. A

literature search was carried out only published between 2020 and 2024 with four *databases*, namely *Scopus*, *JSTOR*, *WOS* and *Pubmed* writing the results of the article follow the protocol and rules with *Preferred Reporting Items for Systematic Review (PRISMA)*. Search for articles or journals using keywords and *boolean operators* (AND, OR, NOT, and AND NOT) where this is used to expand or specify the search, making it easier to determine the articles or quantities you want to use. Keywords in *systematic review* adapted to *Medical Subject Heading (MeSH)* articles are identified by keywords ("compassion fatigue" OR "psychological burnout" OR "secondary traumatic stress" OR "compassion dissatisfaction" OR "burnout syndrome" OR "occupational burnout" OR "compassion stress burnout" OR "turnover") AND ("nurse*" OR "nurses") AND ("social support*" OR "support system" OR "social environment" OR "family support" OR "peer support").

Search results based on keywords and selections made, obtained 15 articles from 1.037 articles that were found. Selection is carried out using PRISMA (Figure 1) according to PRISMA guidelines, the first step is carried out by searching for articles according to the database, after that the articles are selected where duplicate articles will be deleted, after that the abstracts are selected and excluded for those that do not meet the criteria so that the full text is obtained which is by inclusion and exclusion criteria for further evaluation.

To determine the bias of a study, it is carried out using *the Joanna Briggs Institute (JBI)*. Based on the assessment with JBI, the scores are then calculated and added up, to meet the requirement of 70% meeting the critical appraisal criteria with the cut-off point value agreed upon by the study researchers being included in the inclusion criteria.

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RESEARCH RESULTS

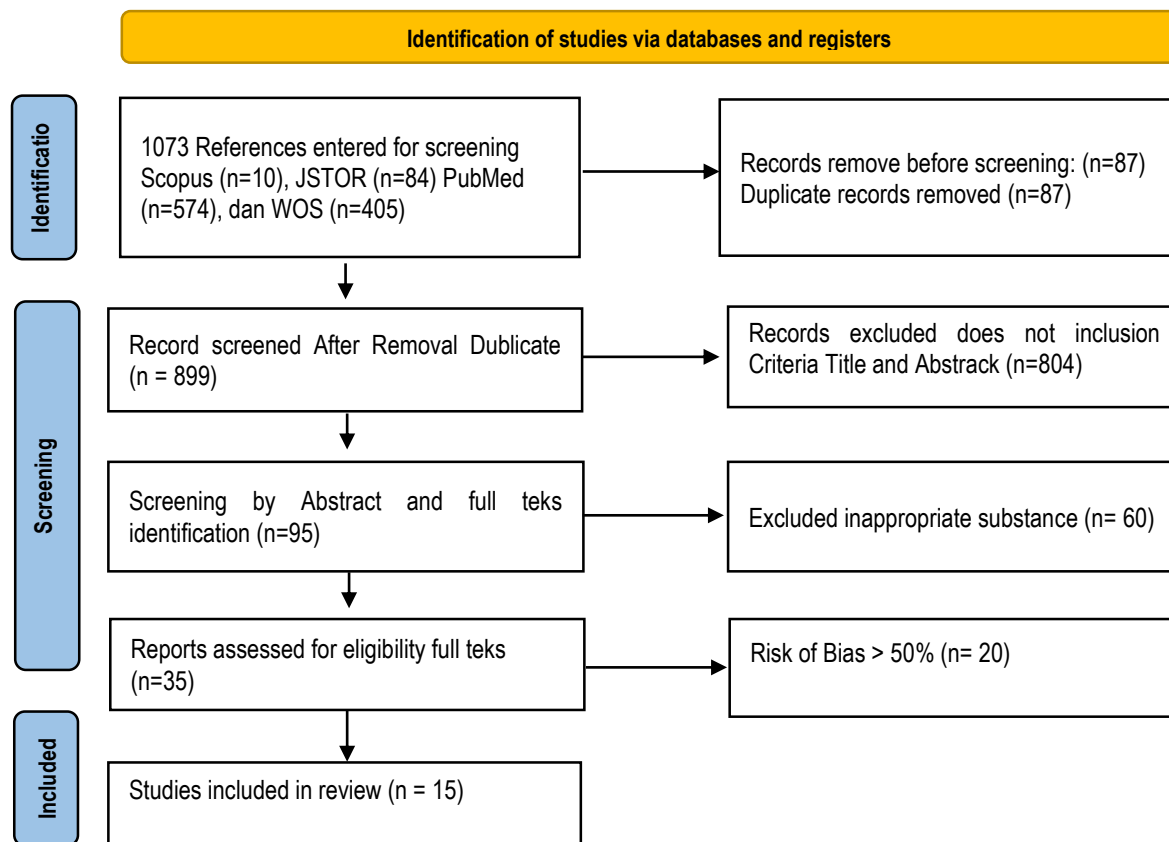


Figure. Literature screening flowchart

A total of 1073 articles were identified from the four databases simultaneously. Records removed before screening 87 articles and 87 articles removed due to duplication. Second, to identify eligible journals, we carefully read each title and abstract of the 889 journals. We focused on the main criterion, namely the population collected consisted of nurses who experienced *burnout*. These articles focus on the relationship between social support and nurse *burnout*. After that, 95 articles will be included in the next review stage, because they must be ensured that they meet all the necessary criteria.

Third, the remaining 95 articles were read and understood for further consideration for inclusion criteria. In detail, the journal must not be a review/report/protocol article, must exclusively refer to nurse *burnout*, and must report at least one result on the relationship between social support and nurse

burnout. Research must also come from indexed and reputable journals.

After the third step, 60 articles were removed. The reason for exclusion is due to the research viewpoint. Because it does not match the desired criteria. Finally, the remaining 15 journals were deemed eligible for review and analysis. All of them focused on the relationship between social support and nurse *burnout*.

The trials in this study were published between 2020 and 2024. This research was conducted in hospitals with a sample of nurses working in the hospital's room from Yunani, China, Inggris, South Korea, Iran, and Taiwan (Table 1).

All studies considered were considered to have low RoB. However, some studies were identified as having possible publication bias due to the timing of intervention and residual effects as modifications of the intended treatment.

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Table. Summary of Included Studies

| (Author, year) (country) | Study design & Sample | Instrument | Results |
|----------------------------------|---|--|--|
| (Galanis et al., 2023) Yunani | Cross-sectional and sample 963 ICU room nurses | Multidimensional Scale of Perceived Social Support (MSPSS) & <i>Burnout</i> Scale (COVID-19-BS) | This study also found that social support had a relationship between COVID-19-related <i>burnout</i> and willingness to receive a booster vaccination. |
| (Li et al., 2022) China | Cross-sectional and sample 509 operating room nurses | Workload scale, MBI & Multidimensional Scale of Perceived Social Support (MSPSS) | There is a relationship between workload, <i>burnout</i> (emotional exhaustion and depersonalization), social support, and organizational commitment among operating room nurses. These results provide important insights into factors that influence the mental well-being and commitment of nurses in a demanding work environment. |
| (Abdulmohdi, 2024) Inggris | Cross-sectional and sample 294 nurses | Multidimensional Scale of Perceived Social Support (MSPSS) & MBI | The relationship between organizational and social support influences the level of <i>burnout</i> , where nurses who feel socially supported by their families have higher levels of resilience. |
| (Xu et al., 2023) China | Cross-sectional and sample 1060 operating room nurses | Intention to Leave questionnaire, Perceived Social Support questionnaire, Stress Overload questionnaire & Chalder Fatigue Scale | Social support hurts mental health and turnover intention, while mental health has a positive effect on turnover intention. |
| (Yanbei et al., 2023) China | Cross-sectional and sample 479 ICU room nurses | National Aeronautics and Space Administration Task Load Index (NASA-TLX), Maslach <i>Burnout</i> Inventory-Human Services Survey (MBI-HSS) & Perceived Organizational Support Scale (POSS) | Perceived organizational support has a moderating role in the relationship between job frustration and <i>burnout</i> . Recommendations for future interventions include reducing job frustration and increasing organizational support to reduce <i>burnout</i> levels among ICU nurses. |

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| (Author, year) (country) | Study design & Sample | Instrument | Results |
|------------------------------------|---|--|---|
| (Huang et al., 2023) China | Cross-sectional and sample 311 nurses neonatal | Maslach <i>Burnout</i> Inventory (MBI), Perceived Stress Scale (PSS-14), & Social Support Rate Scale (SSRS) | These results suggest that socioeconomic factors, high-stress levels, and low social support contribute to <i>burnout</i> levels among neonatal nurses. |
| (Moisoglou et al., 2024) Yunani | Cross-sectional and sample 963 nurses | Multidimensional Scale of Perceived Social Support (MSPSS) & Single-Item <i>Burnout</i> Measure | Nurses who have better social support and higher levels of resilience tend to experience lower levels of <i>burnout</i> . |
| (Bae et al., 2021) South korea | Cross-sectional and sample 166 nurses | Workplace Bullying in Nursing-Type Inventory (WPBN-TI), Korean Version Positive Psychological Capital, Korean Version Tedium Scale & Korean Version Social Support | These results suggest the importance of interventions to reduce workplace bullying and increase positive psychological capital among nurses to reduce the risk of <i>burnout</i> . |
| (Kim & Lee, 2023) Korea | Cross-sectional and sample 631 nurses in the operating room and ICU | Maslach <i>Burnout</i> Inventory (MBI) & Nurse Retention Index (NRI) | There is a relationship between <i>burnout</i> and the nursing work environment and supervisory support. |
| (Pei et al., 2021) China | Cross-sectional and sample 413 IGD room nurses | Toronto Alexithymia Scale (TAS-20), Beck Depression Inventory-II (BDI-II), Social Support Rating Scale (SSRS) & Maslach <i>Burnout</i> Inventory - General Survey | There was a significant relationship between alexithymia, social support, depression, and <i>burnout</i> among the emergency nurses studied. |
| (Kakemam et al., 2021) Iran | Cross-sectional and sample 1004 nurses | Maslach <i>Burnout</i> Inventory-Human Services Survey (MBI-HSS) & Patient Care Quality Questionnaire | The results showed that 48.3% of nurses experienced high levels of <i>burnout</i> in the dimensions of emotional exhaustion, 25.9% in depersonalization, and 56.0% in personal accomplishment. This shows that the most prominent symptoms of <i>burnout</i> are high emotional exhaustion and lack of personal accomplishment. |

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| (Author, year) (country) | Study design & Sample | Instrument | Results |
|------------------------------------|---|--|---|
| (Chang & Cho, 2021) South Korea | Cross-sectional and sample 177 nurses | Copenhagen Psychosocial Questionnaire (COPSOQ II) | Social support from coworkers has a significant positive effect in reducing the negative impact of emotional demands on nurse's health. |
| (Zhang et al., 2023) China | Cross-sectional and sample 978 nurses | Jefferson Scale of Empathy, Perceived Social Support Scale, & Professional Quality of Life Scale (Chinese version; ProQOL-CN) | The results of the study showed that there was a relationship between empathy, social support, and compassion fatigue among clinical nurses. |
| (Wu et al., 2023) Taiwan | Cross-sectional and sample 500 operating room nurses | Copenhagen <i>Burnout</i> Inventory (CBI), Copenhagen <i>Burnout</i> Inventory (CBI) & Chinese version of the Nurses' Occupational Stressor Scale (NOSS) | There is a significant relationship between work stress, social support at work, and <i>burnout</i> levels among nurses. Social support at work acts as a mediator in the relationship between work stress and <i>burnout</i> . |
| (Zhang et al., 2020) China | Cross-sectional and sample 514 ICU doctors and nurses | Self-Rating Anxiety Scale (SAS) | The study showed that 56.03% of participants experienced <i>burnout</i> , and 48.25% developed symptoms of anxiety. |

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The results of the study showed that there was a positive relationship between social support and nurse *burnout*. Social support can act as a mediating variable in the relationship between empathy and *burnout*, indicating the importance of social support in reducing the negative impact of work stress on nurses. The higher the social support received from coworkers and superiors, the lower the level of *burnout*, stress, depressive symptoms, and sleep problems experienced by nurses.

The definition of social support reviewed in this study is a term that refers to the help, care, and resources provided by individuals or groups to someone in a challenging or stressful situation. Workplace social support (WSS) includes various forms of support that nurses receive from coworkers, supervisors, and organizations. This workplace social support can help reduce work stress and prevent workers from becoming depressed (Chang & Cho, 2021; Wu, Chou, & Kao, 2023; Zhang, Wang, Chen, Li, Li, Chen, Luo, & Zhang, 2023). While *burnout* is a psychological condition characterized by emotional exhaustion, depersonalization, and a decreased sense of personal accomplishment that often occurs as a result of prolonged stress, especially in the workplace. Nurse *burnout* is a condition of emotional exhaustion, depersonalization, and a decreased sense of personal accomplishment that occurs as a result of prolonged stress in the workplace (Huang et al., 2023; Li, Zhang, Li, & Lu, 2022)

In the context of the nursing profession, *burnout* can be triggered by a variety of factors, including high workload: nurses often face a heavy workload, including high patient volumes, strict time demands, and a high level of responsibility in providing quality care. Lack of social support: nurses who do not receive adequate support from colleagues or superiors may feel isolated and more vulnerable to *burnout*. Challenging working conditions: stressful work environments, such as operating rooms, where nurses must adapt to a variety of unpredictable situations, can increase the risk of *burnout*. Emotions involved: intense emotional interactions with patients and families, especially in difficult or distressing situations, can lead to emotional exhaustion. Lack of control: nurses who feel they have no control over their work or the decisions made in their work environment tend to experience higher levels of

burnout (Li et al., 2022). Factors that influence social support are interpersonal relationships, social environment, personality, and perception of social support (Huang et al., 2023).

In addition, the causes of fatigue can be classified into personal factors and/or environmental factors. Personal factors consist of personality, expectations, demographics, control focus, and efficiency levels. Then, environmental factors consist of workload, rewards, control, ownership, fairness, and values. Apart from these factors, several factors are considered to have a significant relationship, namely marital status, length of employment, social support, family structure, responsibility, clarity of emotional stability, and fatigue (Nursalam, 2020).

Social support has a significant impact on an individual's mental and physical well-being, especially in the context of demanding jobs such as nursing. Some of the positive impacts of social support, particularly for nurses: Are reduced stress and *burnout*: Social support from colleagues and supervisors can help reduce stress levels and the risk of *burnout*. When nurses feel supported, they are better able to cope with the work pressures and emotional challenges that nurses face. Improved mental health: Social support can act as a buffer against mental health problems, such as anxiety and depression. Nurses who have strong support networks tend to have better levels of mental health. Increased organizational commitment: Support from colleagues and management can increase nurses' sense of belonging and commitment to the organization. When nurses feel valued and supported, they are more likely to remain committed to their work. Improved work performance: Social support can contribute to improved work performance. Nurses who feel supported tend to be more motivated and productive, which in turn can improve the quality of care provided to patients. Increased sense of job satisfaction: Good social support can increase nurses' job satisfaction. When nurses feel that they have the support of their colleagues and supervisors, they are more likely to feel satisfied with their jobs and have a positive view of the work environment. Improving resilience: social support can help nurses develop resilience, which is the ability to bounce back from difficult situations. With the right support, nurses can better cope with

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the challenges and stressors associated with their work (Li et al., 2022)

The impact of *burnout* on nurses can be significant and includes several aspects, such as Decreased work performance: nurses who experience *burnout* may feel unable to provide optimal care to patients. They may experience decreased motivation and productivity, which can negatively impact the quality of care provided. Poor communication: *burnout* can cause nurses to have difficulty communicating with colleagues and patients. This can lead to misunderstandings and increase the risk of errors in care. Low job satisfaction: nurses who experience *burnout* tend to have lower levels of job satisfaction. They may feel dissatisfied with their jobs and alienated from their colleagues. Intention to leave: *burnout* contributes to nurses' intention to leave their positions. Mental and physical health: *burnout* can negatively impact nurses' mental and physical health. They may experience stress, anxiety, and depression, as well as physical health problems due to prolonged stress. Interpersonal relationships: *burnout* can affect nurses' relationships with colleagues and patients. Nurses who experience *burnout* may be more likely to experience conflict with colleagues and have poor relationships with patients (Kim & Lee, 2023). Empirical evidence shows that *burnout* syndrome can have negative impacts at various levels including the individual, organizational, and service levels (Nursalam, 2020)

There is a highly statistically significant relationship between social support and burnout in nurses from the reviewed studies (Abdulmohdi, 2024; Galanis, Katsiroumpa, Sourtzi, Siskou, Konstantakopoulou, Katsoulas, & Kaitelidou, 2023; Huang et al., 2023; Kakemam, Chegini, Rouhi, Ahmadi, & Majidi, 2021; Li et al., 2022; Yanbei, Dongdong, Yun, Ning, & Fengping, 2023; H. Zhang et al., 2020; Zhang, Ye, Tang, Zou, Du, Shao, Wang, Chen, Qiao, & Mu, 2023). Social support serves as a moderating factor that can influence the impact of workload (job strain) on *burnout*. Nurses who have high social support from coworkers and superiors tend to experience lower levels of depersonalization even though they are in high workload conditions. Social support can provide a sense of comfort, appreciation, and assistance needed to cope with stress resulting from a high workload. Support from

coworkers and superiors can serve as an important protective mechanism in reducing the negative impact of work stress (Li et al., 2022)

A strategy to increase social support and reduce burnout in nurses requires a holistic approach involving the nurses themselves, hospital management, and organizational policies that support well-being and work-life balance. Appropriate preventive and intervention measures need to be implemented to reduce *burnout* rates and improve nurse well-being and the quality of care provided (Wu et al., 2023). In addition, it can also build a solid team, increase management involvement, facilities for emotional support, recognition, and appreciation, create a positive work environment, and feedback evaluation (Li et al., 2022). Psychological therapies have been reported to help nurses and doctors cope with *burnout*. Mindfulness-Based Stress Reduction (MBSR), Cognitive Behavior Therapy (CBT), Balint Group (BG), and so on (Huang et al., 2020). Compared with other studies, mindfulness has a positive effect on reducing *burnout*, especially among health professionals such as nurses (Pérez, Menéndez-Crispín, Sarabia-Cobo, de Lorena, Fernández-Rodríguez, & González-Vaca, 2022)

DISCUSSION

Our review results show that most studies discuss social support and *burnout*, social support is the help that individuals receive from others, which can be emotional, instrumental, rewarding, and informative. This support can come from various sources including family, friends, coworkers, groups, and superiors. Social support plays an important role in helping individuals cope with stress, can improve mental well-being, and reduces the risk of health problems, one of which is *burnout* (Huang et al., 2023)

The concept of the definition of *burnout* is a syndrome of emotional exhaustion, depersonalization, and decreased personal achievement (Huang et al., 2023; Li et al., 2022). Emotional exhaustion: feelings of energy depletion and exhaustion related to the emotional demands of the job. The individual feels unable to provide emotional support to others. Depersonalization: a negative or cynical attitude toward others, including coworkers and clients. The individual may begin to

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see others as objects or burdens rather than as worthy individuals. Decreased personal accomplishment: feelings of lack of accomplishment and productivity at work. The individual feels ineffective and helpless in their role (Huang et al., 2023). Most nurses experience moderate to high *burnout* due to various factors, one of which is social support. (Abdulmohdi, 2024)

Factors that influence *burnout* are personal and/or environmental factors. Apart from these factors, several factors are considered to have a significant relationship, namely marital status, length of employment, social support, family structure, responsibility, clarity of emotional stability, and fatigue (Nursalam, 2020). However, the differences in *burnout* levels in these studies can be explained by different work environments such as different units/rooms, work shifts, and workloads (Wu et al., 2023). Factors related to social support and *burnout* include workload, interpersonal relationships, work environment, availability of resources, demographic factors, perceptions of support, mental and emotional health, and social and cultural factors (Huang et al., 2023)

Burnout in nurses needs to be controlled because it can affect the performance of nurses, thus affecting the quality of services provided. Many strategies can be done to reduce *burnout*, one of which is by having social support from superiors or coworkers. Strong social support can help individuals cope with stress and life challenges, improve mental health, and reduce the risk of *burnout*, especially in demanding professions such as health care (Huang et al., 2023)

Our systematic review shows that there is a relationship between social support and *burnout* among nurses. Social support is important for nurses, this is because it can reduce stress and fatigue, increase job satisfaction, and improve the ability to cope with problems so that it can have a positive impact on nurse performance. In addition, nurse *burnout* needs to be controlled because it can affect the quality of nursing services, satisfaction, and performance.

CONCLUSION

Most studies show a positive relationship between social support and *burnout*. *Burnout* levels were moderate to high in all included studies and

affected by social support. Factors related to social support and *burnout* include workload, interpersonal relationships, work environment, resource availability, demographic factors, perceptions of support, mental and emotional health, and social and cultural factors. Some strategies that can be done to increase social support and reduce *burnout* are building a solid team, increasing management involvement, facilities for emotional support, recognition and appreciation, creating a positive work environment, and evaluating feedback.

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