

## Original Article

# Disempowerment in Healthcare Professionals: The Impact of Specific Traits on Levels of Burnout

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### Abstract

**Introduction:** Professional disempowerment has become increasingly of concern in the nursing and medical professions and now employs a wide range of researchers, scholars and clinicians from various scientific disciplines such as psychology and sociology, as well as management specialists. The aim of this study is to record and explore levels of burnout in health professionals in a Northern Greek hospital.

**Methodology:** A survey design was employed in order to attempt to record the extent to which health professionals in a hospital in Greece are experiencing professional disempowerment with corresponding poor working capacity. Data collection was performed online via Maslach's Burnout Inventory-Human Services Survey, which has been validated for use in Greece. The sample consisted of 115 healthcare professionals working in a semi-state hospital with 91 nurses, 15 doctors and 9 healthcare administrators.

**Results:** Results of this study suggest that levels of professional disempowerment in the health sector for this Greek sample showed that the dimension of 'Emotional Exhaustion' was prevalent on a weekly basis (high levels). Nevertheless, 'Personal Interests' and 'Achievements' remained at a high level. Although participants' levels of 'Depersonalization' were modest they nevertheless feel they have a sense of achievement with their job. With regard to the differences that were recorded between the sub-groups in this sample, it was evident that men showed more depersonalization than women.

**Discussion:** A notable finding was that permanent staff had a higher sense of Personal Achievement than contract staff and this may be explained because of the job stability they have. However, data on similar working situations could not be found in the international literature and a comparison is therefore difficult.

Levels of cooperation with superiors also appear to affect two out of three components of professional training. In particular, workers who consider that there is no coordination between them and their superiors have experienced both high levels of Emotional Exhaustion and low levels of feeling of Personal Achievement.

**Conclusions:** Healthcare workers declare that they feel Emotional Disempowerment. However as levels of depersonalization were modest it generally could be argued that the participants are experiencing some Professional Disempowerment but not at a high level. To the contrary, their Personal Achievements were shown to be quite high, although this has not been noted in general terms and in other studies concerning burnout in the healthcare sector. Finally, it was found that the role of superiors is also crucial in helping to prevent burnout.

**Key words:** Disempowerment, healthcare professionals, burnout

### Introduction

'Professional Disempowerment' or 'Burnout Syndrome' was first described in the mid

1970s, by H.J. Freudeburger (1974), as the mental and or moral exhaustion of a person caused by the constant use of their energy

resources. The 1970's were considered a turning point in the development of industrial psychology and since then, burnout has been systematically investigated by organizational psychologists focusing mainly on healthcare professionals who were widely studied as they were viewed as prone to intense work-related stress and professional disempowerment.

Moreover, an internationally sustained scientific and political debate began in the early 1980s which have brought researchers into conflict with regards to defining, measuring and evaluating the full extent of this phenomenon (Theofanidis & Fountouki, 2022).

In recent years, the concept of professional disempowerment has become increasingly of concern in the nursing and medical professions and now employs a wide range of researchers, scholars and clinicians from various scientific disciplines such as psychology and sociology, as well as management specialists. The subject is still of key importance to the healthcare arena due to its impact on patient outcomes, staff, organizations and the wider economy (Shoji et al., 2024).

Workplaces and their conditions play an important role in the lives of healthcare workers as they spend a significant part of their daily lives in adverse clinical environments. Moreover, according to Al-Harrasi et al., (2024), the elements characterizing each workplace can affect both the physical and mental health of workers and their satisfaction with work throughout their lives.

The realization of the expectations and visions of workers in a health facility may lead to the provision of higher quality nursing and medical care (de Lisser et al., 2024). However, there are various factors, such as individual, demographic and, above all, environmental factors which can affect a healthcare worker resulting in professional disempowerment (Li et al., 2024).

Professional burnout does not occur momentarily but rather appears after a long term of gradually escalating problems, resulting in a semi-permanent 'pathology' which may include a sense of despair and

discomfort or a sense of inadequacy with the demands of work (Dixit et al., 2024). An essential way to avoid professional disempowerment is to recognize its occurrence early and to identify symptoms which can be immediately addressed before emotional exhaustion, distancing and inertia extend to caring activities of the healthcare professional (Bae, 2024).

The concept of professional disempowerment in the field of healthcare and its link with the physical and mental health of workers is of vital importance to all employed in this domain. It is therefore essential to recognize specific factors which can create stress and to recognize that these factors can change quite suddenly with altering circumstances as demonstrated with the recent pandemic. Common factors include family circumstances, shift programs or a new pandemic outbreak (Tsolakidis et al., 2021).

The aim of this study is to record and explore levels of burnout in health professionals in a Northern Greek hospital.

The main research questions are:

1. what is the level of emotional exhaustion participants experience; which demographic characteristics appear to have a greater influence on the levels of work-related stress and which working environment appears to have a greater impact on the levels of professional disempowerment for participants.

### **Methodology**

This case-study, employed a survey design, in an attempt to record the extent to which health professionals in a hospital in Greece are experiencing professional disempowerment with corresponding poor working capacity. Data collection was performed online via Maslach's Burnout Inventory-Human Services Survey (MBI-HSS) which has been validated for use in Greece (Anagnostopoulos & Papadatou, 1992). The MBI-HSS questionnaire consists of 22 items and was designed for professionals in healthcare services. It is appropriate for use with respondents working in a diverse array of healthcare posts, including nurses, physicians, health aides, social workers and health counselors. The MBI-HSS contains three key

aspects of job burnout, i.e. emotional exhaustion, depersonalization, and lack of personal accomplishment. The structure of the MBI-HSS explores the impact of occupational stress on both the physical and mental health of healthcare professionals.

Thus, the study attempts to uncover and test the following research hypothesis: does gender play a key role in levels of burnout? Which family circumstances influence working capacity? Does work experience have an effect on levels of burnout? Does contract staff have higher levels of work stress and does shift work influence levels of burnout?

The sample consisted of 115 healthcare professionals working in a semi-state hospital in northern Greece with 91 nurses, 15 doctors and 9 healthcare administrators partaking to the study.

Statistical analysis included the use of both description and inferential tests. Cronbach's alpha tests and a number of cross-reference checks were also carried out on the scores of the questionnaire by each dimension, with demographic and additional questions provided. Statistical significance was set at  $p < 0.05$ .

## **Results**

In terms of sample demographics, 83.5% were female and 16.5% were male. The great majority (80.9%) had a permanent contract while the remaining (19.1%) were on short term contracts. Moreover, their mean age was 46 years. With regards to their work experience 9.6% had < 5 years, 22.6%: 5-15 years, 54.8%: 16-25 years and 4.3% > 25 years, with a mean working experience of 21 years. Finally, 87 individuals (75.6%) were on a rota shift work, while 28 (24.4%) were working morning shifts only.

The great majority of participants in the survey had a tertiary education degree (87.8%) with 51.3% of them holding a postgraduate qualification, while 11.2 had a secondary education professional title and only one (1%) had completed only school compulsory education.

A reliability check was carried out on the replies to the weighted Maslach Burnout Inventory questionnaire (table 1). The test

relates to 22 questions and the results are noted below, where the value of 0.82 is considered to be sufficiently high, which means that there is high internal consistency to the sample's answers.

In response to the question: '*Are you satisfied with the working conditions in the hospital where you work?*' the majority (63.5%) of the participants are far from satisfied while 36.5% are quite satisfied.

In terms of pay, the great majority (80.9%) of participants were dissatisfied while only 19.1% said they were quite satisfied compared to their efforts.

Exhaustion, both physical and mental was another item of investigation whereby more than half of the sample (55.7%) felt work-related exhaustion once week up to every day, while 25.2% experience exhaustion once a month or less. Also, 19.1% feel mental exhaustion two to three times a month.

When asked if they can easily understand how their patients feel about what has happened to them, the majority (64.3%) of the sample found it easy to understand how their patients felt, 23.5% said they rarely felt this, only experiencing this once a month or less. However, only 12.2% shared empathy with their patients, two to three times a month.

As shown in table 2 below, when respondents were challenged as to how they were treating patients (i.e. whether inhumanly as if they were objects), most (52.2%) of them felt that they never feel this way but, if so, less than once a month while 34.7% stated that they feel so, once a week up to daily. Also, 13% feel that they are engaged in this particular behavior two to three times a month.

With regards to feeling exhausted by their job, the majority of the participants, (59.2%) experienced exhaustion at least once a week if not every day. Yet, 23.5% rarely or never felt this way. Also, 17.4% experienced exhaustion two to three times a month as shown in table 3 below.

According to the post hoc analysis in table 4 below, the differences observed are:

- Workers who are 'little satisfied' with working conditions in the hospital show a statistically higher level of feelings of

personal achievements than those dissatisfied ( $p < 0.05\%$ )

- Workers who are ‘quite satisfied’ with working conditions in the hospital show a higher level of how they experience personal achievements than those who are dissatisfied ( $p < 0.05\%$ ).
- Workers who are ‘very satisfied’ with working conditions in the hospital show a higher level of how they experience personal achievements on average than those who are dissatisfied ( $p < 0.05\%$ ).

**ANOVA emotional exhaustion**

- A one-way analysis of variance (ANOVA) was performed on work conditions and was found to be highly significant at a p-value  $< .001$  as shown in table 5 below. So there is a statistically significant difference in how the four work conditions variants experience emotional exhaustion.

According to the post hoc analysis above, the differences observed are:

- Workers who are not satisfied with the working conditions in the hospital show a higher level of how they experience emotional exhaustion compared with those who are slightly satisfied.
- Workers who are not satisfied with the working conditions in the hospital show a higher level of how they experience emotional exhaustion on average of those who are quite satisfied.
- Workers who are not satisfied with working conditions in the hospital show a higher level of how they experience emotional exhaustion on average of those who are very satisfied.
- Workers who are a little satisfied with working conditions in the hospital show a higher level of how they experience emotional exhaustion on average of those who are not satisfied.

**Table 1: Reliability Statistics**

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.820	.817	22

**Table 2: ‘I feel like I'm treating some patients inhumanly as if they were objects’**

	Frequency	Percent	Valid Percent	Cumulative Percent
Never happens to me	25	21.7	21.7	21.7
A few times a year	22	19.1	19.1	40.9
Once a month or less	13	11.3	11.3	52.2
Two-three times a month	15	13	13	65.2
Once a week	22	19.1	19.1	84.3
Sometimes/week	13	11.3	11.3	95.7
Every day	5	4.3	4.3	100
Total	115	100	100	

**Table 3: ‘I feel exhausted by my job’**

	Frequency	Percent	Valid Percent	Cumulative Percent
Never happens to me	2	1.7	1.7	1.7
A few times a year	18	15.7	15.7	17.4
Once a month or less	7	6.1	6.1	23.5
Two-three times a month	20	17.4	17.4	40.9
Once a week	18	15.7	15.7	56.5
Sometimes/week	30	26.1	26.1	82.6
Every day	20	17.4	17.4	100
Total	115	100	100	

**Table 4: Feelings of Personal Achievements**

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
None	11	21.55	10.643	3.209	14.40	28.70	2	33
A little bit	62	29.52	9.403	1.194	27.13	31.90	5	48
Enough	36	31.08	8.392	1.399	28.24	33.92	12	48
A lot	6	33.67	6.377	2.603	26.97	40.36	26	40
Total	115	29,46	9.405	.877	27.72	31.20	2	48

**ANOVA: Personal Achievements**

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	890.279	3	296.760	3.583	.016
Within Groups	9194.294	111	82.831		
Total	10084.574	114			

**Table 5: emotional exhaustion**

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
None	11	42.55	9.081	2.738	36.44	48.65	22	53
A little bit	62	28.90	11.645	1.479	25.95	31.86	5	53
Much	36	25.69	10.828	1.805	22.03	29.36	11	45
A lot	6	16.33	9.480	3.870	6.38	26.28	1	28
Total	115	28.55	12.212	1.139	26.29	30.80	1	53

**ANOVA emotional exhaustion**

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	3351.368	3	1117.123	9.085	.0
Within Groups	13649.119	111	122.965		
Total	17000.487	114			

**Discussion**

Results of this study show that levels of professional disempowerment in the health sector for this Greek sample were high for 'Emotional Exhaustion' which was prevalent on a weekly basis. Nevertheless, 'Personal Interests' and 'Achievements' remained at a

high level too. Although participants' levels of 'Depersonalization' were modest they nevertheless felt they had a sense of achievement with their job. These findings are in line with many studies from the international literature which have demonstrated similar results for healthcare professionals (Fountouki & Theofanidis,

2021; Choi & Kim, 2024; Tomaszewska et al., 2024; Zhang et al., 2024). Moreover, the results of this study appear to be in line with those of Molina-Praena et al. (2018), who demonstrated that health professionals exhibit high levels of 'Emotional Exhaustion'. Yet, there seems to be a disagreement on the issue of depersonalization, since Molina-Praena et al. (2018) found high levels in their sample, while our study showed marginally modest levels. However, this may be due to demographic factors and could easily change from sample to sample. With regard to the differences that were recorded between the sub-groups in this sample, it was evident that men showed more depersonalization than women.

As for gender differences in burnout levels, Chemali et al. (2019) found that women have higher levels of burnout than men, but our findings are not consistent with this. This should be observed in the light of the work by Maslach (1989). In order for a group to be considered as having a higher burnout than another group, it should prevail in at least 2 of its 3 key aspects of job burnout, i.e. emotional exhaustion, depersonalization, and lack of personal accomplishment.

Family circumstances were connected with a number of statistically significant differences in the key components of burnout. For example, single and married (without children) employees, appeared to be experiencing greater depersonalization than married (with children). In addition, married (with children) seemed to experience

Personal Achievements to a greater extent than unmarried (with children). This finding requires more thorough investigation in order to identify the root causes in Greece as it does not seem to be substantiated by earlier studies.

Another demographic characteristic that appears to create statistically significant variations is the additional skills that participants may have. For example, it is a characteristic finding that doctors who are specialized in the subject and those who participate in a postgraduate course have higher levels of depersonalization than those who do not have specialization and postgraduate qualifications respectively.

The first example could probably be explained by the fact that specialists have acquired the so-called kind of 'immunity' in the face of the difficulties experienced by their patients and have managed to move emotionally away from them. In the latter case, it is not easy to give a certain interpretation, but it could be noted that the academic development of an individual removes them emotionally from working conditions which may increase his stress or fatigue. A notable finding was that permanent staff had a higher sense of Personal Achievement than contract staff and this may be explained because of job stability.

However, data on similar working situations could not be found in the international literature and a comparison is therefore difficult. (Chemali et al., 2024; McIntyre et al., 2024).

The issue of shifts, however, appeared to offer several variations, since all categories of workers with fewer than 8-night shifts on a monthly basis have proved to have a higher sense of Personal Achievement than those working 8 or more-night shifts per month. Night shifts have always been a difficult time for any worker, and this may affect the sense of efficiency felt by a worker but a greater sense of achievement in their job (Mao et al., 2024; Üzen Cura et al., 2024).

Satisfaction with the working conditions at the hospital is also a parameter that appeared to negatively affect some components of burnout as in line with the results of Praena et al., (2018). For example, healthcare workers who stated that they did not feel or had feeling of very low satisfaction with the working conditions at the hospital, had higher levels of Emotional Exhaustion and also Depersonalization than workers who felt even relative satisfaction with them. It is also clear that a worker who is satisfied with the workplace environment feels less burdened and less tired than colleagues who are dissatisfied with their working conditions.

Those who are most satisfied with working conditions at the hospital said they feel higher levels of Personal Achievement. In fact, the greater satisfaction with working conditions the higher was the feeling of Personal Achievement. This indicates a significant Professional Empowerment of those who feel

low satisfaction with working conditions at the hospital, compared to those who feel higher, since as Maslach (1989) argues above, Professional Empowerment is located in a group when it has negative levels in at least 2 of the 3 components. This result is in line with the findings of Trigo et al. (2018) and Molina-Praena et al. (2018), who also used the MBI questionnaire and both investigated its components separately in healthcare professionals.

Finally, levels of cooperation with superiors also appear to affect two out of three components of professional training. In particular, workers who consider that there is no coordination between them and their superiors have experienced both high levels of Emotional Exhaustion and low levels of feeling of Personal Achievement. (Appelbom et al., 2024). Therefore, this scenario causes burnout at considerably high levels and deserves attention. This can be seen as understandable because when a healthcare worker finds it difficult to either reach agreement with his/her superior or establish a good level of communication, more effort is needed and greater mental resources are required to fulfill their duties (Dyrbye et al., 2024).

Overall, our results suggest that occupations in the field of healthcare services can at times involve quite traumatic working experiences. However, the vast majority of the studies, including the present one, suggest that there are high levels of Emotional Empowerment in this sector, whereas Depersonalization and Personal Achievements are met on a case-by-case basis in hospital settings (Bambi & Lucchini., 2024).

Yet, healthcare workers in this study declare that they feel Emotional Disempowerment, which is one of the three components of Professional Disempowerment. (Marczak & Milecka, 2024; Martins et al., 2024). However, in order to consider that a worker is experiencing burnout he must also give negative scores on another component, i.e. a total of two out of three components. As levels of depersonalization were modest it generally could be argued that the participants are experiencing some Professional Disempowerment but not at a high level. To the contrary, their Personal Achievements

were shown to be quite high, although this has not been noted in general terms and in other studies concerning burnout in the healthcare sector.

**Conclusions:** Perhaps the most important points of this study are the differences noted between the sample sub-groups, with depersonalization being the most prevalent component. It has been shown that men experience higher levels of depersonalization than women, while the same applies to single and married (without children), versus married (with children).

Medical staff and participants with postgraduate degrees also proved to have higher De-personalization scores, while in terms of type of work, permanent staff seem to feel that they experienced higher Personal Achievements than contract staff. On the other hand, the issue of night shifts and the satisfaction of workers from their job environment have proved to be particularly significant important factors for the components of burnout. In particular, the fewer monthly night shifts a healthcare worker serves the higher personal achievements he seems to achieve. The same is true with satisfaction with working conditions where the workers with low scores in this dimension of the questionnaire declared both very high Emotional Exhaustion and Depersonalization, and were therefore at greater risk of burnout. In contrast, high satisfaction with working conditions has been linked to a sense of high Personal Achievements.

Finally, it was found that the role of superiors is also crucial in helping to prevent burnout among healthcare workers since a lack of coordination leads workers in the health sector to experience high levels of Emotional Exhaustion and low levels of Personal Achievement which ultimately can lead to burnout and lower standards of care delivery.

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