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Burnout of Healthcare Workers and Its Implications for Hospital Organizational Performance: A Systematic Literature Review

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ABSTRACT

Purpose: This study aims to systematically review the literature on healthcare worker burnout and its implications for hospital organizational performance. It examines the role of Human Resource Management (HRM) practices and leadership effectiveness in influencing burnout and proposes three hypotheses: HRM practices significantly influence burnout, leadership effectiveness significantly influences burnout, and burnout significantly affects hospital organizational performance.

Research Method: This study employed a Systematic Literature Review (SLR) based on PRISMA guidelines. Peer-reviewed articles published between 2020 and 2026 in English and Indonesian were retrieved from Scopus, Web of Science, ScienceDirect, PubMed, ProQuest, and Google Scholar. The selected studies focused on healthcare worker burnout in hospital settings and were analyzed using a structured review matrix and thematic synthesis guided by the JD-R Model, Social Exchange Theory, Organizational Support Theory, and COR Theory.

Results and Discussion: The findings show that effective HRM practices and supportive, transformational, and caring leadership reduce burnout among healthcare workers. Burnout negatively affects hospital performance through lower productivity, reduced service quality, higher turnover intention, and weaker workforce retention.

Implications: The study highlights the need for employee-centered HRM, supportive leadership, and well-being policies to improve hospital performance.

Originality: This study positions burnout as a strategic organizational issue by integrating HRM, leadership, and performance perspectives in hospital management research.

Keywords: burnout; healthcare workers; human resource management; leadership effectiveness; hospital organizational performance.

1. Introduction

The healthcare sector is currently facing increasingly complex challenges in managing human resources amidst rising service demands, workforce shortages, technological transformation, and heightened patient expectations. Healthcare workers, particularly nurses and frontline medical personnel, are required to maintain high-quality care while coping with substantial physical, emotional, and

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psychological demands. In organizational management literature, prolonged exposure to excessive job demands without adequate organizational support often leads to burnout, a psychological syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. Burnout has emerged as a critical management issue because it affects not only employee well-being but also organizational effectiveness, service quality, patient safety, workforce retention, and overall hospital performance (Rahmah & Houghty, 2025; Batanda, 2024).

From a hospital management perspective, healthcare workers represent strategic organizational assets whose performance directly influences operational efficiency and service outcomes. When burnout occurs, organizations may experience increased absenteeism, declining productivity, higher turnover intention, reduced employee engagement, and diminished quality of patient care. Studies conducted in hospital settings have demonstrated that burnout significantly affects nurses' performance and service delivery outcomes (Najoan *et al.,* 2023; Najoan *et al.,* 2024). Consequently, burnout should no longer be viewed solely as an individual psychological problem but rather as a strategic organizational issue requiring comprehensive managerial interventions involving leadership, human resource management (HRM), organizational culture, and workforce development policies.

Recent studies have highlighted the growing prevalence and organizational consequences of burnout among healthcare workers worldwide. Batanda (2024) reported a concerning prevalence of burnout among healthcare professionals and emphasized its implications for healthcare service delivery. Similarly, Nagle *et al., (2024) identified multiple determinants of burnout*, including excessive workload, inadequate organizational support, poor work environments, role ambiguity, and insufficient managerial resources. Advances in predictive analytics have further demonstrated the significance of organizational factors, with Johnson and Shamroukh (2024) showing that perceptions of organizational culture can effectively predict burnout levels among healthcare employees. These findings suggest that organizational structures and management practices play a substantial role in either exacerbating or mitigating burnout.

The relationship between burnout and organizational outcomes has also received considerable scholarly attention. Alzoubi *et al.,* (2024) found that workload-induced burnout significantly increases turnover intention while simultaneously reducing healthcare service quality. Likewise, Boyle *et al.,* (2024) reported that workforce burnout negatively affects employee engagement and satisfaction, ultimately contributing to poorer patient outcomes, including increased mortality rates. Furthermore, Zubaidah and Budiyanto (2025) concluded that burnout represents a significant barrier to healthcare workforce retention, thereby creating long-term challenges for hospital sustainability and organizational performance. These findings reinforce the strategic importance of managing burnout within broader organizational performance frameworks.

Management-related studies have increasingly emphasized the role of leadership and HRM practices in preventing burnout and improving organizational outcomes. Wei *et al.,* (2020) demonstrated that leadership style significantly influences burnout levels among nurses, while Ebrahimzade *et al.,* (2015) found that supportive nursing leadership is associated with lower burnout prevalence. Similar evidence was reported by Wati *et al.,* (2018), who found that caring leadership models effectively reduce burnout among nurses. More recent reviews by Selvia *et al.,* (2025) and Torabi *et al.,* (2026) further confirmed that transformational and supportive leadership styles contribute positively to employee well-being, organizational commitment, and performance. At the HRM level, Athamneh (2024) showed that effective HRM practices improve job satisfaction and reduce burnout, whereas ineffective HR practices may hinder hospital performance and employee productivity (Sari &

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Nurasik, 2024). These findings align with broader organizational management perspectives emphasizing the need to balance employee well-being and organizational performance objectives (van den Broek, 2024).

Despite the growing body of literature, several important gaps remain. First, previous studies have largely examined burnout from clinical, psychological, or nursing perspectives, focusing on prevalence, risk factors, and individual consequences. Although numerous studies have investigated workload, leadership, organizational culture, and job stress as antecedents of burnout, the broader implications of burnout for hospital organizational performance remain fragmented across different disciplines. Existing evidence is scattered across the healthcare management, nursing management, organizational behavior, and HRM literatures, making it difficult to develop a comprehensive understanding of how burnout affects organizational effectiveness. Second, recent systematic reviews have primarily focused on burnout predictors (Rahmah & Houghty, 2025; Nagle *et al.,* 2024), preventive interventions (Firdaus *et al.,* 2025), retention outcomes (Zubaidah & Budiyanto, 2025), or leadership influences (Wei *et al.,* 2020; Selvia *et al.,* 2025). However, few studies have systematically synthesized the multidimensional relationship between burnout and hospital organizational performance from a strategic management perspective.

Furthermore, contemporary developments in healthcare management indicate that burnout should be understood within an integrated organizational framework encompassing HRM practices, leadership effectiveness, employee engagement, retention strategies, healthcare quality, patient safety, and organizational sustainability. Emerging evidence from machine-learning studies suggests that burnout is becoming increasingly measurable and predictable through organizational variables (Shi *et al.,* 2025), creating opportunities for more proactive management approaches. Nevertheless, the literature still lacks a comprehensive synthesis that consolidates these managerial dimensions into a coherent organizational performance framework.

Based on these gaps, this study seeks to answer the following research question: How does burnout among healthcare workers influence hospital organizational performance, and what organizational factors contribute to or mitigate its impact? Accordingly, the objective of this systematic literature review is to synthesize existing empirical evidence regarding the antecedents, organizational consequences, and management strategies associated with healthcare worker burnout in hospital settings. The novelty of this study lies in its integration of burnout literature with strategic management, human resource management, organizational behavior, and hospital performance perspectives, thereby providing a comprehensive framework for understanding burnout not merely as an individual health concern but as a critical organizational performance issue that influences hospital sustainability, workforce effectiveness, and service excellence.

2. Literature Review and Hypothesis Development

2.1 *Burnout in Healthcare Organizations*

Burnout has become one of the most significant human resource management challenges facing healthcare organizations worldwide. Originally conceptualized by Maslach as a psychological syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, burnout has evolved into a strategic organizational issue due to its direct implications for workforce effectiveness and organizational sustainability. In healthcare settings, burnout frequently arises from

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excessive workload, staffing shortages, role ambiguity, emotional labor, and prolonged exposure to stressful working conditions (Rahmah & Houghty, 2025; Batanda, 2024).

Recent studies demonstrate that burnout among healthcare workers continues to increase across healthcare systems globally. Nagle *et al.,* (2024) identified workload pressure, inadequate organizational support, poor work-life balance, and ineffective management systems as the primary antecedents of burnout. Similarly, Shi *et al.,* (2025) found that organizational and occupational factors were among the strongest predictors of burnout among healthcare professionals. These findings suggest that burnout should not be viewed solely as an individual psychological problem but rather as an organizational phenomenon influenced by managerial practices and workplace environments.

From a management perspective, burnout is a critical indicator of organizational health, reflecting the organization's ability to balance job demands with available resources. According to the Job Demands-Resources (JD-R) Model, employees experience burnout when job demands exceed the physical, psychological, and organizational resources available to them. Consequently, healthcare organizations that fail to provide adequate support systems are more likely to experience workforce burnout, resulting in diminished employee performance and organizational effectiveness. Despite extensive research examining burnout prevalence and determinants, much of the literature remains fragmented across nursing, psychology, and occupational health disciplines. Less attention has been devoted to understanding burnout as a strategic management issue affecting organizational performance outcomes. This limitation highlights the need for a broader organizational perspective that links employee well-being to hospital performance and sustainability.

2.2 *Human Resource Management Practices and Burnout*

Human Resource Management (HRM) plays a crucial role in shaping employee well-being and organizational outcomes. Strategic HRM practices such as workforce planning, performance management, employee development, compensation systems, and employee support programs are intended to optimize organizational performance while maintaining employee well-being. In healthcare organizations, effective HRM practices are particularly important due to the labor-intensive nature of healthcare services. Athamneh (2024) demonstrated that effective HRM practices significantly improve healthcare workers' job satisfaction while reducing burnout. Conversely, ineffective HR policies can contribute to employee dissatisfaction, increased stress, and declining organizational performance (Sari & Nurasik, 2024). Similarly, van den Broek (2024) emphasized that modern HRM systems must balance organizational productivity objectives with employee well-being to achieve sustainable performance outcomes.

The Social Exchange Theory provides a useful explanation for this relationship. The theory suggests that employees reciprocate organizational support through positive attitudes and behaviors. When healthcare workers perceive that organizational policies support their professional development, work-life balance, and psychological well-being, they are more likely to exhibit greater engagement and lower burnout. Conversely, inadequate organizational support may increase stress and emotional exhaustion. Previous studies consistently support the protective role of HRM practices against burnout. However, many studies have focused on employee-level outcomes such as satisfaction and engagement while paying limited attention to the broader organizational consequences. Therefore, understanding how HRM practices influence burnout and ultimately affect organizational performance remains an important area for further investigation.

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2.3 *Leadership and Burnout in Hospital Organizations*

Leadership represents another critical organizational factor influencing healthcare worker burnout. Hospital leaders are responsible for creating supportive work environments, allocating resources effectively, facilitating communication, and maintaining workforce motivation. Consequently, leadership behavior directly affects employees' psychological well-being and work experiences. Wei *et al.,* (2020) found that leadership styles significantly influence nurse burnout, with supportive and transformational leadership associated with lower burnout levels. Similar findings were reported by Ebrahimzade *et al.,* (2015), who demonstrated that positive leadership behaviors reduce emotional exhaustion among nurses. Wati *et al.,* (2018) further showed that caring leadership models effectively decrease burnout and improve employee well-being. More recent studies continue to support these findings. Selvia *et al.,* (2025) concluded that transformational leadership contributes significantly to reducing burnout among nurses, while Torabi *et al.,* (2026) found that effective leadership positively affects organizational commitment and reduces job burnout. Leadership also influences organizational culture, communication quality, and employee empowerment, all of which are recognized antecedents of burnout.

The relationship can be explained by Organizational Support Theory, which suggests that employees form perceptions of how much the organization values their contributions and cares about their well-being. Leaders serve as organizational representatives, meaning their actions significantly shape employees' perceptions of organizational support. Consequently, supportive leadership may function as an important organizational resource that mitigates burnout. Although leadership has been widely studied in nursing management, limited evidence has systematically connected leadership, burnout reduction, and hospital organizational performance within a comprehensive management framework.

2.4 *Burnout and Hospital Organizational Performance*

Hospital organizational performance reflects the extent to which healthcare institutions achieve operational, financial, clinical, and human resource objectives. In contemporary healthcare management, organizational performance is increasingly recognized as being closely linked to employee well-being and workforce sustainability. Several studies have demonstrated the detrimental effects of burnout on organizational outcomes. Najoan *et al.,* (2023) found that burnout negatively affects nurse performance in hospital settings. Similar findings were reported by Najoan *et al.,* (2024), who identified a significant relationship between burnout and nursing performance. Alzoubi *et al.,* (2024) further showed that burnout increases turnover intention while simultaneously reducing healthcare quality. These findings indicate that burnout undermines both workforce stability and service effectiveness.

At the organizational level, Boyle *et al.,* (2024) reported that employee burnout reduces workforce engagement and satisfaction while contributing to adverse patient outcomes. Zubaidah and Budiyanto (2025) also identified burnout as a major factor influencing healthcare worker retention, which has important implications for workforce planning and organizational sustainability. Furthermore, Epriyanto *et al.,* (2026) concluded that job stress and burnout significantly reduce employee performance, thereby affecting overall organizational effectiveness. The Conservation of Resources (COR) Theory provides a theoretical explanation for these relationships. According to the theory,

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individuals strive to obtain and preserve valuable resources. When employees experience resource depletion due to prolonged occupational stress, burnout emerges, leading to reduced productivity, diminished engagement, and lower job performance. At the organizational level, these individual outcomes accumulate and negatively affect overall organizational performance.

Despite substantial evidence linking burnout to employee-level outcomes, studies integrating burnout with broader dimensions of hospital organizational performance remain limited. Existing research often focuses on clinical outcomes or workforce retention without examining burnout as a determinant of strategic organizational performance. This gap suggests the need for a comprehensive synthesis of the relationship between healthcare worker burnout and hospital performance. Conclude this section by summarizing how the literature review and hypotheses align with your research aims, emphasizing the study's potential contributions to theory, practice, or policy. Therefore, based on this relationship, the hypothesis proposed in this study is as follows:

H1: *Human resource management practices significantly influence burnout among healthcare workers in hospital organizations.*

H2: *Leadership effectiveness significantly influences burnout among healthcare workers in hospital organizations.*

H3: *Burnout among healthcare workers negatively influences hospital organizational performance.*

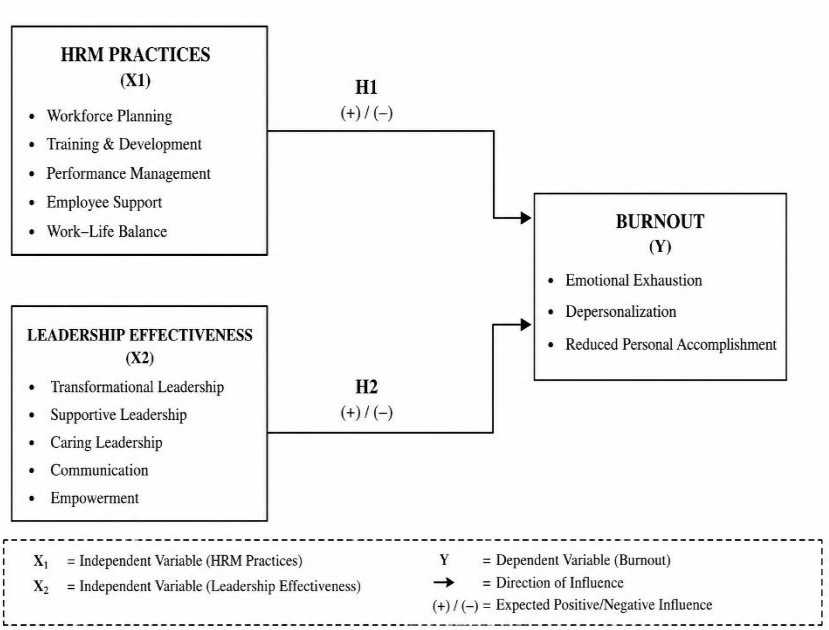

Figure 1. Conceptual Framework

3. Research Method

We conducted a literature review using a reliable and replicable research protocol, which enabled us to extract articles from PubMed, ProQuest, and Google Scholar. The literature search was conducted using several major academic databases, including Scopus, Web of Science, ScienceDirect, PubMed, ProQuest, and Google Scholar. To capture relevant studies, combinations of keywords and Boolean operators were utilized, including: "burnout," "healthcare workers," "nurses," "hospital staff," "human resource

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management," "HRM practices," "leadership effectiveness," "organizational performance," "employee performance," "hospital performance," "workforce retention," and "healthcare quality." The search focused on peer-reviewed journal articles published between January 2020 and May 2026 to reflect recent developments in healthcare workforce management and organizational performance research.

The inclusion criteria consisted of: (1) empirical studies published in peer-reviewed journals; (2) articles written in English or Indonesian; (3) studies examining burnout among healthcare workers in hospital settings; (4) studies investigating organizational factors such as leadership, human resource management, workload, organizational culture, employee engagement, retention, or performance; and (5) full-text articles accessible through academic databases. Exclusion criteria included: (1) editorials, conference proceedings, books, dissertations, and non-peer-reviewed publications; (2) studies conducted outside healthcare settings; (3) articles focusing solely on clinical or medical outcomes without organizational implications; and (4) duplicate publications.

We identified 150 of 1,000 articles based on the keywords. The Reviewers independently screened titles and abstracts reviewed the full texts of relevant articles, and excluded 40 based on relevance; 30 were books and proceedings, and 60 were excluded due to duplication. Therefore, 20 potential articles were obtained for review, and the thematically synthesized data were presented as shown in Diagram 1. The overall review process is presented in the PRISMA flow diagram (Figure 2).

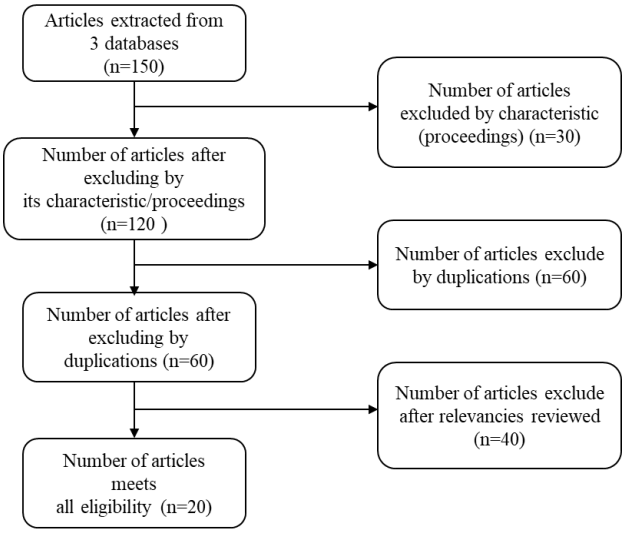

Figure 2. Research Flow Diagram

4. Results and Discussion

4.1 Analysis Results

4.1.1 *Human Resource Management Practices and Burnout*

The reviewed literature consistently demonstrated that Human Resource Management (HRM) practices significantly influence burnout among healthcare workers. Effective HRM systems were found to provide organizational resources that help employees cope with workplace demands and psychological pressures. Several studies emphasized the importance of workforce planning, training and development, performance management, employee support programs, and work-life balance initiatives in reducing burnout. Athamneh (2024) reported that healthcare organizations implementing effective HRM

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practices experienced higher employee satisfaction and lower burnout levels. Similarly, van den Broek (2024) argued that balancing organizational performance goals with employee well-being is a critical function of strategic HRM. In contrast, Sari and Nurasik (2024) found that ineffective HR practices contribute to increased work stress, employee dissatisfaction, and declining organizational performance.

The findings suggest that HRM serves as an important organizational mechanism for mitigating burnout. Organizations that invest in employee development, psychological support, and fair performance management systems are more likely to create resilient workforces capable of effectively managing workplace demands. Therefore, the findings support H1, indicating that Human Resource Management Practices significantly influence burnout among healthcare workers.

4.1.2 *Leadership Effectiveness and Burnout*

Leadership effectiveness emerged as another critical determinant of healthcare worker burnout. The reviewed studies consistently emphasized that leadership styles influence employee well-being through the quality of communication, emotional support, empowerment, and organizational climate. Wei *et al.,* (2020) found that transformational leadership is associated with lower burnout levels among nurses. Similar findings were reported by Ebrahimzade *et al.,* (2015), who identified a negative relationship between supportive leadership and burnout. Wati *et al.,* (2018) demonstrated that caring leadership models reduce emotional exhaustion and improve psychological well-being among healthcare workers. More recent evidence reinforces these findings. Selvia *et al.,* (2025) concluded that transformational leadership significantly reduces the incidence of burnout among nurses, while Torabi *et al.,* (2026) found that effective leadership strengthens organizational commitment and reduces burnout levels. Leadership was also found to shape organizational culture and employee perceptions of organizational support, both of which are important predictors of burnout.

The thematic synthesis indicates that leadership effectiveness functions as an organizational resource that buffers the negative effects of workplace stressors. Consequently, healthcare organizations led by supportive and transformational leaders are more likely to experience lower rates of employee burnout. Therefore, the findings support H2, indicating that Leadership Effectiveness significantly influences burnout among healthcare workers.

4.1.3 *Burnout and Hospital Organizational Performance*

The analysis further revealed that burnout has substantial implications for hospital organizational performance. The reviewed studies consistently reported that burnout negatively affects employee productivity, healthcare quality, workforce retention, organizational commitment, and overall organizational effectiveness. Najoan *et al.,* (2023) identified a significant relationship between burnout and nurse performance, demonstrating that increasing burnout levels correspond with declining work performance. Similar results were reported by Najoan *et al.,* (2024), who found that burnout adversely affects nurses' ability to perform clinical and organizational responsibilities. Epriyanto *et al.,* (2026) further concluded that burnout resulting from prolonged work stress reduces employee productivity and performance outcomes.

At the organizational level, Alzoubi *et al.,* (2024) found that burnout increases turnover intention and negatively influences healthcare quality. Boyle *et al.,* (2024) reported that workforce burnout

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reduces employee engagement and satisfaction while contributing to poorer patient outcomes. Likewise, Zubaidah and Budiyanto (2025) identified burnout as a major factor affecting workforce retention, creating long-term challenges for hospital sustainability and human resource planning. The thematic synthesis demonstrates that burnout creates both direct and indirect organizational costs. Direct consequences include reduced employee performance and healthcare quality, while indirect consequences include increased turnover, recruitment costs, staffing shortages, and decreased organizational competitiveness. These findings confirm that burnout should be viewed as a strategic management issue rather than merely an individual psychological problem. Therefore, the findings support H3, indicating that burnout negatively influences hospital organizational performance.

4.2 Discussion

The findings of this systematic literature review demonstrate that burnout among healthcare workers is not merely an individual psychological phenomenon but a strategic organizational issue that significantly affects hospital performance. The synthesis of the reviewed studies indicates that Human Resource Management (HRM) practices and leadership effectiveness serve as critical organizational determinants of burnout. In contrast, burnout itself directly influences various dimensions of hospital organizational performance. These findings support the proposed hypotheses and align with the Job Demands–Resources (JD-R) Model, which posits that the balance between job demands and organizational resources determines employee well-being. Across the reviewed literature, excessive workload, inadequate staffing, insufficient organizational support, and ineffective management systems were consistently identified as primary contributors to burnout among healthcare workers (Rahmah & Houghty, 2025; Nagle *et al.,* 2024; Batanda, 2024). This suggests that burnout emerges not only because healthcare workers face demanding work environments but also because organizational systems often fail to provide adequate resources to cope with those demands.

The review findings further reveal that HRM practices play a fundamental role in mitigating burnout. Studies by Athamneh (2024), van den Broek (2024), and Sari and Nurasik (2024) indicate that strategic HRM practices, including workforce planning, employee development, performance management, and work-life balance initiatives, significantly influence employee well-being. These findings support Social Exchange Theory, which argues that employees reciprocate organizational support through positive work attitudes and behaviors. When healthcare workers perceive that hospitals invest in their professional development, provide adequate support mechanisms, and implement fair management practices, they are more likely to experience lower levels of emotional exhaustion and psychological strain. Conversely, ineffective HRM systems contribute to dissatisfaction, increased stress, and ultimately burnout. This finding extends previous burnout research by highlighting that HRM should be viewed not only as an administrative function but also as a strategic mechanism for protecting employee well-being and sustaining organizational performance.

Leadership effectiveness emerged as another important organizational factor influencing burnout. The reviewed studies consistently demonstrated that transformational, supportive, and caring leadership styles contribute to lower levels of burnout among healthcare workers (Wei *et al.,* 2020; Selvia *et al.,* 2025; Torabi *et al.,* 2026). These findings are consistent with Organizational Support Theory, which emphasizes that employees develop perceptions regarding organizational care and support through interactions with leaders. In healthcare settings characterized by high workloads and emotional demands, leaders serve as critical organizational resources, providing guidance, empowerment,

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recognition, and psychological support. As a result, effective leadership helps reduce emotional exhaustion and strengthens employees' ability to cope with workplace stressors. The findings also reinforce earlier studies conducted by Ebrahimzade *et al.,* (2015) and Wati *et al.,* (2018), confirming that leadership quality remains one of the most influential managerial factors affecting workforce well-being in healthcare organizations.

The results also demonstrate that burnout has substantial implications for hospital organizational performance. Studies reviewed in this research consistently reported that burnout negatively affects employee productivity, healthcare service quality, workforce retention, organizational commitment, and patient outcomes (Najoan *et al.,* 2023; Najoan *et al.,* 2024; Alzoubi *et al.,* 2024; Boyle *et al.,* 2024). These findings support the Conservation of Resources (COR) Theory, which posits that prolonged resource depletion reduces individual and organizational effectiveness. Healthcare workers experiencing burnout often display decreased motivation, lower work engagement, diminished job performance, and increased turnover intention. At the organizational level, these consequences accumulate into broader challenges, including staffing instability, declining service quality, higher recruitment costs, and reduced organizational sustainability. Therefore, the findings indicate that burnout should be considered a key organizational performance indicator rather than merely an employee health issue.

Furthermore, the review highlights the interrelationships among HRM practices, leadership effectiveness, burnout, and hospital organizational performance. The evidence suggests that strategic HRM and effective leadership serve as organizational resources that reduce burnout, while lower burnout levels contribute to improved organizational outcomes. This integrated perspective supports the theoretical assumptions of the JD-R Model, which emphasizes that organizational resources can buffer the negative effects of job demands and improve both employee well-being and organizational performance. The findings also extend prior research by synthesizing evidence from human resource management, leadership, organizational behavior, and healthcare management, thereby providing a more comprehensive understanding of burnout in hospital organizations.

Compared with previous studies that primarily focused on burnout prevalence, psychological symptoms, or clinical outcomes, this review contributes by positioning burnout within a broader organizational management framework. The findings suggest that hospitals seeking to improve organizational performance should prioritize workforce well-being through strategic HRM initiatives, supportive leadership practices, employee assistance programs, and organizational policies that reduce excessive job demands. Consequently, burnout management should be integrated into hospital strategic planning and human resource management systems to ensure sustainable organizational performance, workforce retention, service quality improvement, and long-term organizational resilience.

5. Concluding Remarks and Recommendation

This systematic literature review examined the relationship between healthcare worker burnout and hospital organizational performance, with particular attention to the roles of Human Resource Management (HRM) practices and leadership effectiveness. The findings indicate that organizational factors, including workload management, HRM practices, leadership approaches, and organizational support mechanisms, influence burnout. The reviewed studies consistently demonstrate that effective

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HRM practices and supportive leadership contribute to lower levels of burnout. In contrast, burnout is associated with reduced employee performance, decreased workforce retention, lower healthcare service quality, and weakened organizational effectiveness. These findings provide a comprehensive response to the research questions by highlighting the interconnections among organizational management practices, employee well-being, and hospital performance outcomes.

This study contributes to the healthcare management literature by integrating evidence from human resource management, leadership, and organizational behavior perspectives into a unified framework. Unlike many previous studies that primarily approached burnout as an individual psychological or occupational health issue, this review positions burnout as a strategic organizational concern with implications for workforce sustainability and organizational performance. The findings offer practical value for hospital administrators, healthcare managers, and policymakers by emphasizing the importance of employee-centered HRM strategies, supportive leadership practices, and organizational well-being initiatives as part of broader performance improvement efforts. The review also provides a conceptual foundation for developing management policies that simultaneously promote employee well-being and organizational effectiveness.

Several limitations should be acknowledged. First, this review relied exclusively on published studies available in English and Indonesian, which may limit the representation of findings from other linguistic and regional contexts. Second, the reviewed studies employed diverse methodologies, healthcare settings, and measurement approaches, which may affect the comparability of findings across studies. Third, as a systematic literature review, this study synthesizes existing evidence and does not generate primary empirical data. Future research may expand this work by conducting meta-analyses, longitudinal studies, or cross-country comparative research to examine causal relationships among HRM practices, leadership effectiveness, burnout, and hospital organizational performance. Further investigation into emerging organizational factors, such as digital transformation, workforce resilience, and employee well-being programs, may also enrich the understanding of burnout management in contemporary healthcare organizations.

Statement of Use of Generative AI

During the preparation of this work, the author used generative artificial intelligence tools to support the scientific writing process. Grammarly was used to check grammar, refine writing style, and improve clarity in scientific writing. All interpretations, analyses, and conclusions presented in this study are the sole responsibility of the author.

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