

Determinants of Nurses' Emotional Well-Being: A Systematic Review

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Abstract: *This systematic review synthesises evidence on the determinants of nurses' emotional well-being across clinical settings and clarifies how occupational demands, organisational resources, relational conditions, personal capacities, ethical pressures, and work-family circumstances shape adverse and positive outcomes. A PRISMA-informed search of the predefined 11-year publication window, supplemented by a subsequent update, identified 47 eligible studies. Evidence was appraised, extracted, and coded across fourteen determinants, then examined through frequency mapping and theory-informed narrative synthesis. Excessive workload, inadequate staffing, long or irregular shifts, workplace violence, moral distress, and work-family conflict were consistently associated with exhaustion, burnout, psychological distress, or reduced satisfaction. Supportive leadership, organisational and peer support, autonomy, recognition, healthy work climates, resilience, and mindfulness generally operated as protective resources, although individual capacities offered limited protection when harmful organisational conditions persisted. The synthesis integrates Job Demands-Resources theory, Conservation of Resources theory, self-determination theory, and moral resilience scholarship. It distinguishes research frequency from evidential influence, identifies underexamined determinants, and establishes priorities for longitudinal, multilevel, comparative, intervention, and measurement-focused research on nursing workforce well-being.*

Keywords: nurses; emotional well-being; burnout; psychological distress; determinants; work environment; systematic review.

1. Introduction

Nursing entails sustained clinical judgement, surveillance, coordination, emotional labour, education, and direct care in settings where errors may have immediate consequences. Nurses are therefore exposed to high patient acuity, suffering, death, time pressure, interpersonal conflict, violence, ethical constraint, and irregular schedules. Their emotional well-being is not solely an individual concern; it is closely connected to retention, teamwork, continuity, patient experience, and care reliability. Evidence linking nurse burnout with poorer patient safety, satisfaction, and quality of care reinforces its organisational significance (Li et al., 2024). In this review, emotional well-being is treated as a multidimensional occupational condition that includes both adverse and positive functioning. Adverse manifestations include emotional exhaustion, burnout, anxiety, depressive symptoms, insomnia, compassion fatigue, and psychological distress, whereas positive manifestations include job satisfaction, engagement, compassion satisfaction, resilience, meaning, and perceived

psychological health. The literature is substantial but fragmented across distinct research traditions. Staffing and workload studies emphasise operational pressure; leadership and work-environment research examines organisational resources; violence and bullying studies address threats to safety and dignity; moral-distress research concerns ethically constrained care; and resilience, mindfulness, and work-family studies examine adaptation and recovery. Differences in concepts, measures, populations, and outcomes limit direct comparison. Reviews focused on a single determinant or outcome cannot fully explain why comparable clinical demands produce different emotional consequences across teams and settings. Burnout is better understood as the product of interacting demands and resources than as the result of one exposure (Dall'Ora et al., 2020). An integrated synthesis is therefore required to organise the evidence, preserve inconsistent findings, distinguish research attention from evidential strength, and identify conceptual and methodological omissions.

This review addresses four connected questions: which occupational, organisational, relational, ethical, personal, and work-family determinants of nurses' emotional well-being were examined in studies published within the predefined eligibility window; how can those determinants be classified within a coherent framework; which factors received the greatest research attention and showed the most consistent associations; and which theoretical, empirical, methodological, contextual, geographical, measurement, longitudinal, and comparative gaps remain? These questions require systematic mapping and interpretation rather than testing relationships in a new sample. They also permit adverse and protective factors to be compared without assuming that frequently studied determinants exert the strongest influence. Accordingly, the review aims to identify, classify, compare, and synthesise determinants of nurses' emotional well-being across clinical contexts. Its contribution is to connect fourteen recurrent determinants within an integrated demand-resource framework while retaining ethical, relational, personal, and work-family distinctions. Job Demands-Resources theory explains how sustained demands deplete energy and how resources may buffer strain (Bakker & Demerouti, 2017). Conservation of Resources theory clarifies how cumulative losses of time, safety, control, status, and support can intensify vulnerability (Hobfoll et al., 2018). Self-determination theory explains the importance of autonomy, competence, and relatedness for positive functioning (Deci et al., 2017). Moral resilience scholarship illuminates responses to ethically constrained practice without removing organisational accountability (Rushton, 2016). Integrating these perspectives provides a stronger basis for organisational action and for empirical models examining interactions among staffing, leadership, ethical climate, mistreatment, recovery, and personal resources.

2. Methodology

A PRISMA-informed systematic review was undertaken to identify, appraise, and synthesise evidence concerning determinants of nurses' emotional well-being. Identification, screening, eligibility assessment, and inclusion were organised according to the updated PRISMA reporting principles (Page et al., 2021). The review is described as PRISMA-informed rather than fully PRISMA-compliant because the original search date and every database-specific search line were not available for reproduction. The eligibility window covered publications dated within the predefined eleven-year publication period and included English-language journal articles, conference papers, and rigorous reviews. Eligible records examined registered nurses, nurse managers, or clearly separable nursing samples and analysed at least one occupational, organisational, relational, ethical, personal, or work-family determinant associated with an indicator of emotional well-being. Records were excluded when nursing-specific findings could not be distinguished, outcomes were exclusively physical, relevant determinants were not analytically examined, the evidence was editorial, or the publication type, language, or date fell outside the stated criteria. These criteria maintained alignment

between the evidence base, the review questions, and the multidimensional definition of emotional well-being.

The principal information sources were CINAHL, MEDLINE/PubMed, Scopus, Web of Science, PsycINFO, and ScienceDirect, with Google Scholar used for supplementary citation searching. Population terms such as nurse* and nursing staff were combined with terms for emotional well-being and its adverse or positive manifestations, including psychological well-being, burnout, stress, anxiety, depression, compassion fatigue, job satisfaction, and resilience. Determinant terms included work environment, workload, staffing, shift work, leadership, organisational support, workplace violence, moral distress, mindfulness, and work–family conflict. Search syntax, Boolean operators, and field restrictions were adapted to each database, while backward reference searching and forward citation tracking supplemented structured retrieval. The supplementary update searched PubMed and publisher platforms for eligible records within the unchanged eligibility window and identified four additional studies from its final publication year. Across the combined searches, 319 records were identified, 67 duplicates were removed, 252 records underwent title and abstract screening, 99 reports proceeded to full-text assessment, and 47 studies were retained. Figure 1 summarises this reconciled selection process.

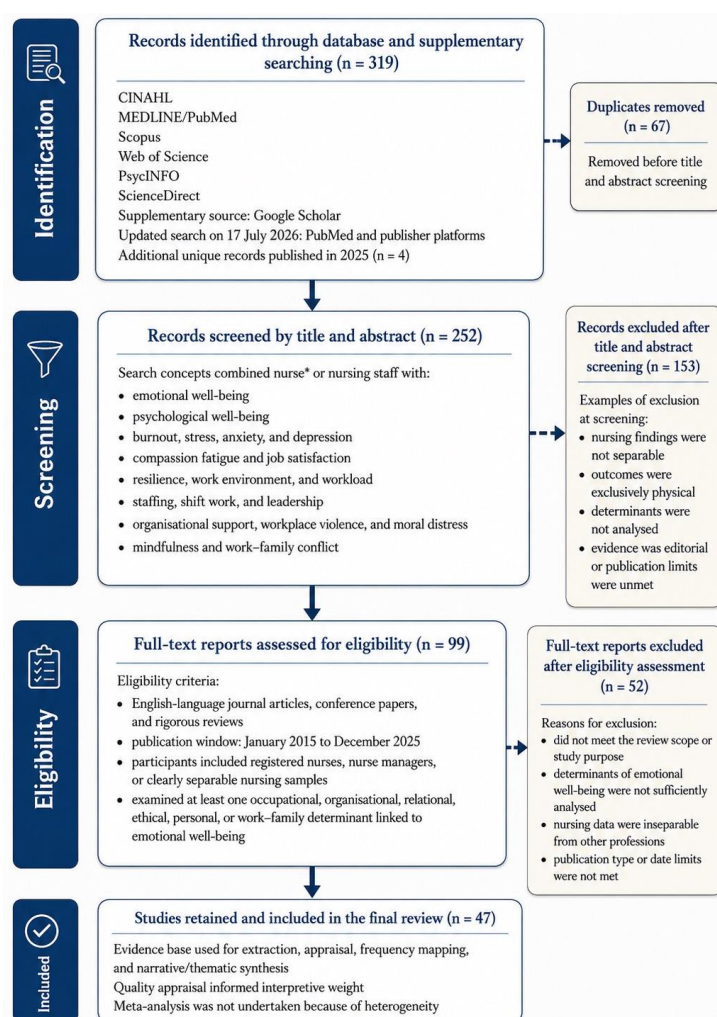


Figure 1: The Systematic Review Process

Figure 1 presents the selection pathway and confirms arithmetic consistency across identification, screening, eligibility, and inclusion. Of 319 records identified through supplementary and update searching, 67 duplicates were removed, leaving 252 records for title and abstract screening. Exclusion

of 153 records at that stage produced 99 reports for full-text assessment. A further 52 reports were excluded because they did not meet the review scope, did not analyse relevant determinants, did not provide separable nursing data, or fell outside the publication and document-type criteria. The remaining 47 studies formed the evidence base used for appraisal, extraction, frequency mapping, and narrative thematic synthesis. The flow also clarifies that the supplementary update did not extend the predefined publication window; it identified four eligible records published within that period. Analytically, the figure demonstrates transparent narrowing from broad retrieval to a heterogeneous body of evidence suitable for interpretive synthesis rather than pooling.

Review articles were appraised with the relevant AMSTAR 2 domains (Shea et al., 2017), whereas empirical and mixed-methods studies were evaluated with design-appropriate criteria from the Mixed Methods Appraisal Tool (Hong et al., 2018). Appraisal informed the interpretive weight assigned to findings rather than serving as an automatic exclusion rule. Data extraction recorded study context, design, sample characteristics, theoretical foundation, outcomes, determinants, analytical methods, and principal findings. Fourteen recurrent determinants were then binary coded in the literature review matrix to indicate whether each study substantively examined the relevant factor. Frequency analysis mapped the distribution of research attention, while narrative and thematic synthesis assessed the direction and consistency of associations, explanatory mechanisms, and contextual variation. Because the evidence base included heterogeneous primary studies and reviews, counts were interpreted as study-level coverage rather than independent effect estimates, thereby reducing the risk of treating potentially overlapping evidence as additive. Meta-analysis was not undertaken because variation in populations, designs, measures, determinants, and outcome definitions precluded defensible quantitative pooling.

3. Conceptual and Analytical Innovation

The first conceptual innovation is the treatment of nurses' emotional well-being as a multidimensional condition rather than as the absence of burnout. The synthesis connects emotional exhaustion, psychological distress, anxiety, depressive symptoms, insomnia, and compassion fatigue with positive manifestations such as job satisfaction, engagement, compassion satisfaction, resilience, meaning, and perceived psychological health. Evidence from emergency nursing shows that burnout, compassion fatigue, and compassion satisfaction can coexist under different occupational conditions (Hunsaker et al., 2015). This broader formulation recognises that determinants may operate differently across outcomes; reducing distress does not necessarily create engagement, meaning, or professional fulfilment. The review therefore organises the evidence around the balance between demands and resources while preserving the distinct significance of ethical pressure, interpersonal safety, professional autonomy, and work–family recovery. This approach avoids reducing complex nursing experiences to a single symptom measure and distinguishes mechanisms that contribute to deterioration from those that sustain positive functioning.

The second innovation is the classification of fourteen determinants into connected analytical domains. Workload, staffing, and shift work constitute structural and temporal demands, while violence and moral distress threaten safety, dignity, and professional integrity. Leadership, organisational support, peer relationships, autonomy, and work climate function as organisational and relational resources; resilience and mindfulness represent adaptive capacities; and work–family conditions influence recovery beyond the workplace. The framework is theoretically grounded rather than mechanically imposed. Job Demands–Resources theory explains how demands consume energy and how resources may buffer strain (Bakker & Demerouti, 2017). Conservation of Resources theory explains why repeated losses of time, safety, status, and support can create escalating vulnerability (Hobfoll et al., 2018). Self-determination theory clarifies how autonomy, competence, and

relatedness support sustained functioning (Deci et al., 2017). Moral resilience scholarship explains responses to ethically constrained practice while retaining attention to the organisational conditions that generate moral adversity (Rushton, 2016). Together, these perspectives explain why similar demands may produce different outcomes across organisations, specialities, roles, and career stages.

The third innovation is the explicit separation of research frequency from evidence of influence. The matrix records whether each study examined a determinant and therefore maps scholarly attention without treating check marks as effect sizes or causal weights. Organisational support appeared in 35 studies, workload in 28, work climate and peer support in 25 each, leadership in 23, resilience in 22, and staffing in 20. Shift work appeared in 15 studies, autonomy in 14, work–family conditions in 12, violence in 10, mindfulness in five, and moral distress in three. These distributions identify dominant and neglected domains, but interpretation must also consider direction, consistency, design quality, measurement, and context. This distinction is essential because frequently investigated determinants may rest largely on cross-sectional self-report evidence, whereas less frequently examined factors may remain clinically and theoretically important. The synthesis therefore advances beyond simple ranking by distinguishing what researchers have chosen to study from what the available evidence suggests about nurses' emotional well-being.

Table 1: Literature Review Matrix

No.	Author(s) and Year	Workload	Staffing	Shift Work	Violence	Moral Distress	Leadership	Org Support	Peer Support	Autonomy	Work Climate	Resilience	Mindfulness	Work-Family	Well-Being
1	Rushton et al. (2015)	✓				✓			✓			✓	✓		✓
2	Dall'Ora et al. (2015)	✓	✓	✓										✓	✓
3	Hunsaker et al. (2015)	✓			✓				✓			✓			✓
4	Cañadas-De la Fuente et al. (2015)	✓	✓	✓			✓		✓		✓	✓			✓
5	Dall'Ora et al. (2016)	✓	✓	✓										✓	✓
6	Abualrub et al. (2016)		✓				✓	✓		✓	✓				✓
7	Adriaenssens et al. (2017)	✓	✓				✓	✓		✓	✓	✓		✓	✓
8	McDowall et al. (2017)			✓										✓	✓
9	Kelly and Lefton (2017)						✓	✓	✓		✓				✓
10	Boamah et al. (2018)						✓	✓		✓	✓				✓
11	Cummings et al. (2018)						✓	✓	✓	✓	✓				✓
12	Lown (2018)						✓	✓	✓		✓	✓			✓
13	Foster et al. (2019)	✓			✓				✓		✓	✓	✓		✓
14	Lake et al. (2019)	✓	✓				✓	✓	✓	✓	✓				✓
15	Yu et al. (2019)	✓					✓	✓	✓	✓	✓	✓			✓
16	Duan et al. (2019)				✓			✓	✓		✓				✓
17	Ghawadra et al. (2019)							✓				✓	✓		✓
18	Kelly et al. (2019)	✓					✓	✓				✓		✓	✓
19	S. D. Al Sabei et al. (2020)	✓	✓				✓	✓		✓	✓				✓
20	Dall'Ora et al. (2020)	✓	✓	✓	✓		✓		✓	✓	✓			✓	✓
21	Labrague and de los Santos (2020)	✓						✓	✓			✓			✓

No.	Author(s) and Year	Workload	Staffing	Shift Work	Violence	Moral Distress	Leadership	Org Support	Peer Support	Autonomy	Work Climate	Resilience	Mindfulness	Work-Family	Well-Being
22	Hu et al. (2020)	✓	✓	✓	✓			✓				✓			✓
23	Sampaio et al. (2020)	✓		✓				✓	✓					✓	✓
24	Lai et al. (2020)	✓	✓	✓	✓			✓							✓
25	Mo et al. (2020)	✓	✓	✓				✓	✓						✓
26	Kelly et al. (2021)	✓					✓	✓			✓	✓			✓
27	Jun et al. (2021)	✓	✓				✓	✓	✓	✓	✓				✓
28	Galanis et al. (2021)	✓	✓	✓	✓			✓	✓			✓			✓
29	Labrague and de los Santos (2021)	✓						✓	✓			✓		✓	✓
30	Green and Kinchen (2021)											✓	✓		✓
31	Niinihuhta and Häggman-Laitila (2022)						✓	✓	✓	✓	✓				✓
32	Aloweni et al. (2022)	✓	✓	✓				✓	✓			✓			✓
33	Lee and Chang (2022)			✓				✓		✓	✓			✓	✓
34	Luo et al. (2022)						✓	✓			✓	✓			✓
35	Dall'Ora et al. (2023)	✓	✓	✓										✓	✓
36	Bruyneel et al. (2023)	✓	✓				✓	✓		✓	✓				✓
37	Cohen et al. (2023)						✓	✓	✓		✓	✓	✓		✓
38	Molero Jurado et al. (2023)				✓			✓	✓			✓			✓
39	Ventovaara et al. (2021)		✓			✓	✓	✓	✓	✓	✓				✓
40	Abdulmohdi (2024)	✓						✓	✓			✓			✓
41	Quesada-Puga et al. (2024)	✓	✓	✓			✓	✓			✓				✓
42	Li et al. (2024)	✓	✓				✓	✓			✓				✓
43	Yan et al. (2024)				✓			✓	✓					✓	✓
44	S. D. Al Sabei et al. (2025)	✓	✓				✓	✓		✓	✓				✓
45	Peng et al. (2025)				✓							✓			✓
46	Wu et al. (2025)					✓	✓	✓	✓		✓	✓			✓
47	Zheng et al. (2025)			✓										✓	✓

Table 1 shows that the literature is concentrated around organisational resources and operational demands rather than evenly distributed across the fourteen determinants. Organisational support is most frequently represented, followed by workload, work climate, peer support, leadership, resilience, and staffing. This pattern indicates that emotional well-being is usually interpreted through the conditions of practice and the intensity of work. The lower frequencies for shift work, autonomy, work–family conditions, violence, mindfulness, and especially moral distress reveal neglected domains involving recovery, interpersonal harm, intervention, and ethical integrity. The distribution should not be read as a ranking of causal importance because the matrix records whether a determinant was examined, not the magnitude of its association. It combines heterogeneous designs and outcome measures. Analytically, Table 1 supports an interpretation in which structural, relational, ethical, and personal factors interact, while highlighting priorities for research on less examined determinants and their connections with organisational conditions.

4. Discussion

The evidence most consistently positions workload, staffing, and temporal organisation as an interconnected risk system. High patient loads, inadequate staffing, missed breaks, long shifts, night work, and unpredictable schedules increase sustained effort while restricting recovery. Twelve-hour shifts have been associated with greater exhaustion and intention to leave (Dall'Ora et al., 2015). Shift work has also been linked to poorer sleep quality among nurses (McDowall et al., 2017). Across the wider burnout literature, high demands, limited control, weak support, and poor leadership recur as important predictors (Dall'Ora et al., 2020). Recent critical-care evidence similarly indicates that occupational stress is associated with greater emotional exhaustion, whereas sufficient staffing, resources, structural empowerment, and supportive management are associated with lower exhaustion (S. D. Al Sabei et al., 2025). Workload cannot therefore be addressed through coping strategies alone because its effects arise partly from organisational design. Nevertheless, the evidence does not establish a universal harmful threshold. Patient acuity, skill mix, task complexity, team coordination, and recovery opportunities may alter the relationship, while predominantly cross-sectional designs constrain causal inference. The most defensible conclusion is that persistent demand–resource imbalance undermines emotional functioning and should be treated as a workforce-safety issue. This interpretation shifts responsibility from isolated nurses toward systems that allocate labour, time, information, and recovery opportunities.

Violence, bullying, patient mistreatment, and moral distress demonstrate that emotional harm also arises from threats to safety, dignity, and professional integrity. Workplace violence has been associated with burnout, lower job satisfaction, and stronger turnover intention (Duan et al., 2019). Aggression has likewise been linked to burnout among nurses (Molero Jurado et al., 2023). Patient mistreatment may generate emotional exhaustion and spill over into work–family conflict, with perceived organisational support and social sharing shaping the pathway (Yan et al., 2024). Psychological capital appears to offer diminishing protection as workplace bullying intensifies, suggesting that severe interpersonal harm can overwhelm personal resources (Peng et al., 2025). Moral distress is less frequently examined but remains analytically important because it occurs when nurses recognise appropriate care yet cannot provide it because of scarcity, hierarchy, or policy. Moral distress has been linked to burnout in high-intensity nursing settings (Rushton et al., 2015). Ethical climate and moral resilience may mediate this relationship (Wu et al., 2025). Mistreatment and ethical constraint should therefore not be reduced to generic stressors: they involve loss of safety, control, status, and moral agency. Effective responses require prevention, trustworthy reporting systems, ethical consultation, participatory decision-making, and leadership accountability rather than counselling alone. Future work should determine whether organisational support reduces exposure, mitigates consequences, or performs both functions.

Leadership, organisational support, peer relationships, autonomy, recognition, and work climate form the central protective resource cluster. Relational leadership can influence staffing advocacy, communication, fairness, professional development, conflict management, psychological safety, and access to assistance. Transformational leadership has been associated with structural empowerment and job satisfaction (Boamah et al., 2018). Systematic evidence also identifies favourable workforce and work-environment outcomes across relational leadership approaches (Cummings et al., 2018). Leadership style is consequently linked to nurses' work-related well-being, although effects vary by context and measurement (Niinihuhta & Häggman-Laitila, 2022). Organisational support is the most frequently coded determinant, but its broad use creates conceptual ambiguity because it may refer to perceived concern, material resources, staffing, communication, recognition, or institutional responsiveness. Healthy work environments are associated with better nurse outcomes (Lake et al., 2019), while meaningful recognition is associated with lower burnout and greater compassion satisfaction (Kelly & Lefton, 2017). These findings support resource buffering and the importance of

autonomy, competence, and relatedness, but organisational resources are not interchangeable. Recognition without adequate staffing may become symbolic, and collegial support cannot indefinitely compensate for unsafe systems. Protection is likely strongest when resources are cumulative, credible, and embedded in coherent organisational practice. Future comparative models should therefore examine resource bundles and their sequencing rather than estimating each supportive feature in isolation.

Resilience and mindfulness are generally associated with better emotional outcomes, but their interpretation requires caution. Resilience is more accurately conceptualised as a person–environment process than as a fixed individual trait (Foster et al., 2019). Its development reflects both personal and workplace antecedents (Yu et al., 2019). Mindfulness-based stress reduction has shown promising effects on psychological distress among nurses (Ghawadra et al., 2019). Mindfulness meditation has also been associated with reduced stress and burnout (Green & Kinchen, 2021). Broader intervention evidence indicates that well-designed workplace programmes can improve professional well-being (Cohen et al., 2023). These findings support emotional regulation, reflective awareness, recovery skills, and psychological resources, but they do not justify transferring responsibility for harmful conditions to individual nurses. The reduced buffering observed under severe bullying illustrates the limits of personal capital when organisational harm persists (Peng et al., 2025). Moral resilience is likewise most meaningful when accompanied by a supportive ethical climate (Wu et al., 2025). Intervention effectiveness may depend on protected time, voluntary participation, facilitator competence, trust, and manageable workload. Resilience and mindfulness should therefore complement, rather than replace, safe staffing, schedule redesign, responsive supervision, confidential psychological services, and mechanisms through which nurses can influence decisions. Combined interventions are needed to test whether personal capacities amplify structural improvements without implying that occupational distress reflects individual inadequacy.

Work–family conflict and sleep connect organisational conditions with recovery beyond work and help explain cumulative emotional consequences. Long or irregular shifts, overtime, unresolved clinical events, and mistreatment consume time and energy needed for caregiving, relationships, rest, and restoration. Nurse leaders experience substantial associations among burnout, satisfaction, and work–life balance (Kelly et al., 2019). Patient mistreatment can also spill over into family life through emotional exhaustion and negative-event sharing (Yan et al., 2024). Sleep disturbance may partly transmit the relationship between work–family conflict and burnout among shift nurses, identifying a plausible recovery mechanism (Zheng et al., 2025). Scheduling autonomy, predictable leave, overtime limits, adequate recovery periods, and family-sensitive policies are therefore integral components of workforce well-being. Across all determinant categories, however, the evidence remains heterogeneous. Burnout, anxiety, depression, satisfaction, compassion satisfaction, engagement, and psychological health are related but not interchangeable, and the included evidence spans reviews, interventions, qualitative studies, cross-sectional surveys, and longitudinal designs. Pandemic pressures, critical-care and emergency settings, managerial roles, national staffing systems, and cultural expectations may modify both exposure and response. The integrated evidence consequently supports a multilevel explanation in which structural demands, social resources, ethical climate, personal capacities, and recovery conditions interact over time. This perspective also explains why an intervention effective in one speciality or country may not transfer directly unless local staffing, cultural, ethical, and family conditions are considered.

5. Research Gaps and Future Research Directions

The review identifies interrelated evidence and review-level limitations. Causal and temporal inference remains constrained because cross-sectional, self-reported studies dominate, including the

four studies identified through the supplementary update, all of which fell within the predefined publication window. Conceptual and measurement inconsistency further restricts comparison: burnout, distress, anxiety, depression, compassion fatigue, satisfaction, engagement, resilience, and psychological health overlap but are not equivalent, while organisational support and work climate are defined inconsistently. Studies rarely integrate individual, team, organisational, and policy levels within one design, and moral distress, mindfulness, violence, and work–family conditions receive substantially less attention than workload or organisational support. Evidence is concentrated in selected countries and clinical settings, which limits transferability. Few studies test interactions, mediators, moderators, implementation conditions, costs, sustainability, or differential effects across structurally disadvantaged nursing groups. At the review level, incomplete reporting of the original search date and database-specific strategies limits reproducibility, while the absence of a study-by-study appraisal table reduces transparency about methodological variation. These limitations constrain conclusions about causal ordering, comparative strength, and the combinations of resources most capable of offsetting persistent demands.

Future research should prioritise longitudinal cohorts, repeated-measures designs, natural experiments, and rigorous evaluations of staffing, scheduling, leadership, anti-violence, and ethical-climate reforms. Multilevel models should examine how personal resources interact with team relationships, managerial practices, hospital structures, and regulation. Mediation and moderation analyses should test mechanisms involving sleep, autonomy, psychological safety, moral resilience, and work–family spillover. Greater conceptual precision is needed through clearly defined outcomes, validated measures, and core reporting sets that distinguish positive well-being from the absence of distress. Comparative studies should include underrepresented countries, sectors, specialities, employment arrangements, career stages, and nursing groups. Intervention research should report participation, fidelity, barriers, cost, equity, sustainability, and unintended effects, and should compare isolated wellness programmes with integrated organisational reforms. Rather than positioning resilience as an alternative to structural change, future programmes should combine personal support with workload redesign, safe staffing, scheduling autonomy, responsive leadership, violence prevention, ethical consultation, meaningful recognition, and accessible mental-health services. Systematic reviews should also report complete search strategies, search dates, study-level appraisal findings, and procedures for managing overlap between primary studies and reviews so that conclusions are reproducible and evidential weight is transparent.

6. Conclusion

This systematic review integrated 47 studies published within the predefined eligibility window and organised fourteen determinants of nurses' emotional well-being within a multilevel framework. Emotional well-being reflects the dynamic balance between sustained occupational demands and the resources available to meet them and recover from them. Excessive workload, inadequate staffing, long or irregular shifts, workplace violence, moral distress, and work–family conflict generally function as risks. Supportive leadership, organisational and peer support, autonomy, meaningful recognition, healthy work climates, resilience, and mindfulness generally function as protective resources. Organisational support and workload received the greatest research attention, whereas moral distress and mindfulness remained comparatively underexamined. The review's central contribution is to distinguish frequency of examination from the direction, consistency, or strength of reported influence and to connect structural, relational, ethical, personal, and recovery processes without treating them as isolated predictors. Job Demands–Resources theory, Conservation of Resources theory, self-determination theory, and moral resilience scholarship jointly clarify why comparable demands can produce different emotional outcomes across settings and why personal resources cannot fully compensate for persistent organisational harm.

The synthesis has direct implications for research, management, and policy. Improving nurses' emotional well-being requires organisational strategies that reduce excessive demands through safe staffing, manageable workloads, predictable scheduling, protected recovery, violence prevention, ethical support, and responsive leadership. Recognition, participation, collegial support, psychological services, resilience development, and mindfulness may strengthen adaptation and recovery, but they cannot substitute for structural reform when harmful conditions persist. For scholarship, the evidence supports longitudinal, multilevel, comparative, and intervention-focused designs, together with clearer definitions, consistent measurement, complete search reporting, and transparent appraisal. For practice, it supports integrating workforce well-being with retention, occupational safety, and care quality rather than treating it as a separate wellness initiative. By mapping dominant determinants, exposing neglected domains, and identifying interactions among demands and resources, the review provides a structured foundation for empirical models and context-sensitive policies. Its conclusions should nevertheless be interpreted in light of heterogeneous designs, measures, and settings and the limited reproducibility of the original search. Sustainable improvement will depend on aligning personal support with credible organisational and policy change.

References

- Abdumohdi, N. (2024). The relationships between nurses' resilience, burnout, perceived organisational support and social support during the second wave of the COVID-19 pandemic: A quantitative cross-sectional survey. *Nursing Open*, 11(1), e2036. <https://doi.org/10.1002/nop2.2036>
- Abualrub, R. F., El-Jardali, F., Jamal, D., & Abu Al-Rub, N. (2016). Exploring the relationship between work environment, job satisfaction, and intent to stay of Jordanian nurses in underserved areas. *Applied Nursing Research*, 31, 19–23. <https://doi.org/10.1016/j.apnr.2015.11.014>
- Adriaenssens, J., Hamelink, A., & Van Bogaert, P. (2017). Predictors of occupational stress and well-being in first-line nurse managers: A cross-sectional survey study. *International Journal of Nursing Studies*, 73, 85–93. <https://doi.org/10.1016/j.ijnurstu.2017.05.007>
- Aloweni, F., Ayre, T. C., Teo, I., Tan, H. K., & Lim, S. H. (2022). A year after COVID-19: Its impact on nurses' psychological well-being. *Journal of Nursing Management*, 30(7), 2585–2596. <https://doi.org/10.1111/jonm.13814>
- Al Sabei, S. D., Labrague, L., Cayaban, A., Al-Rawjafah, O., Burney, I., & AbulRub, R. (2025). Emotional exhaustion among critical care nurses and its link to occupational stress, structural empowerment, and perceived work environment: Is there a generational difference? *Journal of the Intensive Care Society*, 26(3), 326–333. <https://doi.org/10.1177/17511437251328991>
- Al Sabei, S. D., Labrague, L. J., Miner Ross, A., Karkada, S., Albashayreh, A., Al Masroori, F., & Al Hashmi, N. (2020). Nursing work environment, turnover intention, job burnout, and quality of care: The moderating role of job satisfaction. *Journal of Nursing Scholarship*, 52(1), 95–104. <https://doi.org/10.1111/jnu.12528>
- Bakker, A. B., & Demerouti, E. (2017). Job demands–resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology*, 22(3), 273–285. <https://doi.org/10.1037/ocp0000056>
- Boamah, S. A., Laschinger, H. K. S., Wong, C., & Clarke, S. (2018). Effect of transformational leadership on job satisfaction and patient safety outcomes. *Nursing Outlook*, 66(2), 180–189. <https://doi.org/10.1016/j.outlook.2017.10.004>

- Bruyneel, A., Bouckaert, N., Maertens de Noordhout, C., Detollenaere, J., Kohn, L., Pirson, M., Sermeus, W., & Van den Heede, K. (2023). Association of burnout and intention-to-leave the profession with work environment: A nationwide cross-sectional study among Belgian intensive care nurses after two years of pandemic. *International Journal of Nursing Studies*, 137, 104385. <https://doi.org/10.1016/j.ijnurstu.2022.104385>
- Cañadas-De la Fuente, G. A., Vargas, C., San Luis, C., García, I., Cañadas, G. R., & De la Fuente, E. I. (2015). Risk factors and prevalence of burnout syndrome in the nursing profession. *International Journal of Nursing Studies*, 52(1), 240–249. <https://doi.org/10.1016/j.ijnurstu.2014.07.001>
- Cohen, C., Pignata, S., Bezak, E., Tie, M., & Childs, J. (2023). Workplace interventions to improve well-being and reduce burnout for nurses, physicians and allied healthcare professionals: A systematic review. *BMJ Open*, 13(6), e071203. <https://doi.org/10.1136/bmjopen-2022-071203>
- Cummings, G. G., Tate, K., Lee, S., Wong, C. A., Paananen, T., Micaroni, S. P. M., & Chatterjee, G. E. (2018). Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. *International Journal of Nursing Studies*, 85, 19–60. <https://doi.org/10.1016/j.ijnurstu.2018.04.016>
- Dall’Ora, C., Ball, J., Recio-Saucedo, A., & Griffiths, P. (2016). Characteristics of shift work and their impact on employee performance and wellbeing: A literature review. *International Journal of Nursing Studies*, 57, 12–27. <https://doi.org/10.1016/j.ijnurstu.2016.01.007>
- Dall’Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2020). Burnout in nursing: A theoretical review. *Human Resources for Health*, 18, 41. <https://doi.org/10.1186/s12960-020-00469-9>
- Dall’Ora, C., Ejebu, O.-Z., Ball, J., & Griffiths, P. (2023). Shift work characteristics and burnout among nurses: Cross-sectional survey. *Occupational Medicine*, 73(4), 199–204. <https://doi.org/10.1093/occmed/kqad046>
- Dall’Ora, C., Griffiths, P., Ball, J., Simon, M., & Aiken, L. H. (2015). Association of 12 h shifts and nurses’ job satisfaction, burnout and intention to leave: Findings from a cross-sectional study of 12 European countries. *BMJ Open*, 5(9), e008331. <https://doi.org/10.1136/bmjopen-2015-008331>
- Deci, E. L., Olafsen, A. H., & Ryan, R. M. (2017). Self-determination theory in work organizations: The state of a science. *Annual Review of Organizational Psychology and Organizational Behavior*, 4, 19–43. <https://doi.org/10.1146/annurev-orgpsych-032516-113108>
- Duan, X., Ni, X., Shi, L., Zhang, L., Ye, Y., Mu, H., Li, Z., Liu, X., Fan, L., & Wang, Y. (2019). The impact of workplace violence on job satisfaction, job burnout, and turnover intention: The mediating role of social support. *Health and Quality of Life Outcomes*, 17, 93. <https://doi.org/10.1186/s12955-019-1164-3>
- Foster, K., Roche, M., Delgado, C., Cuzzillo, C., Giandinoto, J. A., & Furness, T. (2019). Resilience and mental health nursing: An integrative review of international literature. *International Journal of Mental Health Nursing*, 28(1), 71–85. <https://doi.org/10.1111/inm.12539>
- Galanis, P., Vraika, I., Fragkou, D., Bilali, A., & Kaitelidou, D. (2021). Nurses’ burnout and associated risk factors during the COVID-19 pandemic: A systematic review and meta-analysis. *Journal of Advanced Nursing*, 77(8), 3286–3302. <https://doi.org/10.1111/jan.14839>
- Ghawadra, S. F., Abdullah, K. L., Choo, W. Y., & Phang, C. K. (2019). Mindfulness-based stress reduction for psychological distress among nurses: A systematic review. *Journal of Clinical Nursing*, 28(21–22), 3747–3758. <https://doi.org/10.1111/jocn.14987>

- Green, A. A., & Kinchen, E. V. (2021). The effects of mindfulness meditation on stress and burnout in nurses. *Journal of Holistic Nursing*, 39(4), 356–368. <https://doi.org/10.1177/08980101211015818>
- Hobfoll, S. E., Halbesleben, J., Neveu, J.-P., & Westman, M. (2018). Conservation of resources in the organizational context: The reality of resources and their consequences. *Annual Review of Organizational Psychology and Organizational Behavior*, 5, 103–128. <https://doi.org/10.1146/annurev-orgpsych-032117-104640>
- Hong, Q. N., Pluye, P., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., Gagnon, M.-P., Griffiths, F., Nicolau, B., O’Cathain, A., Rousseau, M.-C., & Vedel, I. (2018). Mixed Methods Appraisal Tool (MMAT), version 2018. McGill University.
- Hu, D., Kong, Y., Li, W., Han, Q., Zhang, X., Zhu, L. X., Wan, S. W., Liu, Z., Shen, Q., Yang, J., He, H.-G., & Zhu, J. (2020). Frontline nurses’ burnout, anxiety, depression, and fear statuses and their associated factors during the COVID-19 outbreak in Wuhan, China: A large-scale cross-sectional study. *EClinicalMedicine*, 24, 100424. <https://doi.org/10.1016/j.eclinm.2020.100424>
- Hunsaker, S., Chen, H.-C., Maughan, D., & Heaston, S. (2015). Factors that influence the development of compassion fatigue, burnout, and compassion satisfaction in emergency department nurses. *Journal of Nursing Scholarship*, 47(2), 186–194. <https://doi.org/10.1111/jnu.12122>
- Jun, J., Ojemeni, M. M., Kalamani, R., Tong, J., & Crecelius, M. L. (2021). Relationship between nurse burnout, patient and organizational outcomes: Systematic review. *International Journal of Nursing Studies*, 119, 103933. <https://doi.org/10.1016/j.ijnurstu.2021.103933>
- Kelly, L. A., Gee, P. M., & Butler, R. J. (2021). Impact of nurse burnout on organizational and position turnover. *Nursing Outlook*, 69(1), 96–102. <https://doi.org/10.1016/j.outlook.2020.06.008>
- Kelly, L. A., & Lefton, C. (2017). Effect of meaningful recognition on critical care nurses’ compassion fatigue. *American Journal of Critical Care*, 26(6), 438–444. <https://doi.org/10.4037/ajcc2017471>
- Kelly, L. A., Lefton, C., & Fischer, S. A. (2019). Nurse leader burnout, satisfaction, and work-life balance. *Journal of Nursing Administration*, 49(9), 404–410. <https://doi.org/10.1097/NNA.0000000000000784>
- Labrague, L. J., & de los Santos, J. A. A. (2020). COVID-19 anxiety among front-line nurses: Predictive role of organisational support, personal resilience and social support. *Journal of Nursing Management*, 28(7), 1653–1661. <https://doi.org/10.1111/jonm.13121>
- Labrague, L. J., & de los Santos, J. A. A. (2021). Fear of COVID-19, psychological distress, work satisfaction and turnover intention among frontline nurses. *Journal of Nursing Management*, 29(3), 395–403. <https://doi.org/10.1111/jonm.13168>
- Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., Wu, J., Du, H., Chen, T., Li, R., Tan, H., Kang, L., Yao, L., Huang, M., Wang, H., Wang, G., Liu, Z., & Hu, S. (2020). Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA Network Open*, 3(3), e203976. <https://doi.org/10.1001/jamanetworkopen.2020.3976>
- Lake, E. T., Sanders, J., Duan, R., Riman, K. A., Schoenauer, K. M., & Chen, Y. (2019). A meta-analysis of the associations between the nurse work environment in hospitals and four sets of outcomes. *Medical Care*, 57(5), 353–361. <https://doi.org/10.1097/MLR.0000000000001109>

- Lee, H.-F., & Chang, Y.-J. (2022). The effects of work satisfaction and work flexibility on burnout in nurses. *Journal of Nursing Research*, 30(6), e240. <https://doi.org/10.1097/jnr.0000000000000522>
- Li, L. Z., Yang, P., Singer, S. J., Pfeffer, J., Mathur, M. B., & Shanafelt, T. (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>
- Lown, B. A. (2018). Mission critical: Nursing leadership support for compassion to sustain staff well-being. *Nursing Administration Quarterly*, 42(3), 217–222. <https://doi.org/10.1097/NAQ.0000000000000302>
- Luo, D., Song, Y., Cai, X., Li, R., Bai, Y., Chen, B., & Liu, Y. (2022). Nurse managers' burnout and organizational support: The serial mediating role of leadership and resilience. *Journal of Nursing Management*, 30(8), 4251–4261. <https://doi.org/10.1111/jonm.13852>
- McDowall, K., Murphy, E., & Anderson, K. (2017). The impact of shift work on sleep quality among nurses. *Occupational Medicine*, 67(8), 621–625. <https://doi.org/10.1093/occmed/kqx152>
- Mo, Y., Deng, L., Zhang, L., Lang, Q., Liao, C., Wang, N., Qin, M., & Huang, H. (2020). Work stress among Chinese nurses to support Wuhan in fighting against COVID-19 epidemic. *Journal of Nursing Management*, 28(5), 1002–1009. <https://doi.org/10.1111/jonm.13014>
- Molero Jurado, M. D. M., Gázquez Linares, J. J., Pérez-Fuentes, M. D. C., & Martos Martínez, Á. (2023). Aggression and burnout in nurses during COVID-19: A cross-sectional study. *Nursing & Health Sciences*, 25(1), 130–140. <https://doi.org/10.1111/nhs.13001>
- Niinihuhta, M., & Häggman-Laitila, A. (2022). A systematic review of the relationships between nurse leaders' leadership styles and nurses' work-related well-being. *International Journal of Nursing Practice*, 28(5), e13040. <https://doi.org/10.1111/ijn.13040>
- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., ... Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*, 372, n71. <https://doi.org/10.1136/bmj.n71>
- Peng, X., Ma, J., Chen, Y., Han, Y., Zhou, H., Gong, A., Peng, F., Sun, X., Wang, X., Xiong, X., Li, L., Huang, M., & Zeng, Q. (2025). The moderating effect of psychological capital on the relationship between nurses' perceived workplace bullying and emotional exhaustion: A cross-sectional study. *BMC Nursing*, 24, 103. <https://doi.org/10.1186/s12912-025-02763-0>
- Quesada-Puga, C., Izquierdo-Espin, F. J., Membrive-Jiménez, M. J., Aguayo-Estremera, R., Cañadas-De La Fuente, G. A., Romero-Béjar, J. L., & Gómez-Urquiza, J. L. (2024). Job satisfaction and burnout syndrome among intensive-care unit nurses: A systematic review and meta-analysis. *Intensive and Critical Care Nursing*, 82, 103660. <https://doi.org/10.1016/j.iccn.2024.103660>
- Rushton, C. H. (2016). Moral resilience: A capacity for navigating moral distress in critical care. *AACN Advanced Critical Care*, 27(1), 111–119. <https://doi.org/10.4037/aacnacc2016275>
- Rushton, C. H., Batcheller, J., Schroeder, K., & Donohue, P. (2015). Burnout and resilience among nurses practicing in high-intensity settings. *American Journal of Critical Care*, 24(5), 412–420. <https://doi.org/10.4037/ajcc2015291>

- Sampaio, F., Sequeira, C., & Teixeira, L. (2020). Nurses' mental health during the COVID-19 outbreak: A cross-sectional study. *Journal of Occupational and Environmental Medicine*, 62(10), 783–787. <https://doi.org/10.1097/JOM.0000000000001987>
- Shea, B. J., Reeves, B. C., Wells, G., Thuku, M., Hamel, C., Moran, J., Moher, D., Tugwell, P., Welch, V., Kristjansson, E., & Henry, D. A. (2017). AMSTAR 2: A critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both. *BMJ*, 358, j4008. <https://doi.org/10.1136/bmj.j4008>
- Ventovaara, P., af Sandeberg, M., Räsänen, J., & Pergert, P. (2021). Ethical climate and moral distress in paediatric oncology nursing. *Nursing Ethics*, 28(6), 1061–1072. <https://doi.org/10.1177/0969733021994169>
- Wu, S., Sun, Y., Zhong, Z., Li, H., Ding, B., & Deng, Q. (2025). The effect of moral distress on emergency nurses' job burnout: The mediating roles of hospital ethical climate and moral resilience. *Frontiers in Public Health*, 13, 1562209. <https://doi.org/10.3389/fpubh.2025.1562209>
- Yan, W., Cheng, Z., Xiao, D., Wang, H., Du, X., Li, L., & Song, C. (2024). Patient mistreatment, emotional exhaustion and work-family conflict among nurses: A moderated mediation model of social sharing of negative work events and perceived organizational support. *BMC Medical Education*, 24, 1041. <https://doi.org/10.1186/s12909-024-06022-9>
- Yu, F., Raphael, D., Mackay, L., Smith, M., & King, A. (2019). Personal and work-related factors associated with nurse resilience: A systematic review. *International Journal of Nursing Studies*, 93, 129–140. <https://doi.org/10.1016/j.ijnurstu.2019.02.014>
- Zheng, D., Chen, Y., Cao, J., Li, H., Chu, W., & Yan, C. (2025). Sleep disorders mediate the relationship between work family conflict and burnout in shift nurses. *Scientific Reports*, 15, 41708. <https://doi.org/10.1038/s41598-025-25658-1>