
THE IMPACT OF HEALTHCARE WORKER BURNOUT ON HOSPITAL SERVICE QUALITY: A SYSTEMATIC REVIEW

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Abstract

Burnout among healthcare workers has become a crucial issue in the healthcare system due to its significant impact on the quality of hospital services. This study aims to systematically examine the impact of healthcare worker burnout on hospital service quality, identify the most influential burnout dimensions, and summarize relevant managerial implications. The method used was a Systematic Literature Review with the PRISMA approach. A literature search was conducted through Google Scholar, PubMed, Scopus, and Web of Science databases for articles published between 2021 and 2026. Of the 66 identified articles, 10 met the inclusion criteria. The synthesis results showed that the most frequently reported burnout dimensions refer to the Maslach Burnout Inventory and Copenhagen Burnout Inventory frameworks, with emotional exhaustion and depersonalization as the dimensions most impactful on service quality. Burnout has been shown to reduce the quality of healthcare worker-patient interactions, increase the risk of medical errors, and negatively impact patient safety and the sustainability of healthcare organizations. These findings confirm that burnout is a systemic problem that requires comprehensive managerial and policy interventions to improve hospital service quality.

Keywords: *burnout, health workers, hospital service quality, systematic review.*

Introduction

Health is a key factor in supporting community well-being. To improve health, the public requires healthcare services as a supporting facility, one of which is through hospitals. (Tambaip et al., 2023). Health services provided by hospitals to patients are then assessed based on health service quality indicators. (Fachrurrozi, 2023) The quality of hospital services is the main indicator in assessing the performance of the health care system and is a determining factor in patient satisfaction and safety. (Hayati et al., 2024) Health workers play a central role in ensuring the quality of these services because they are directly involved in the process of providing care to patients. (Silaban & Indrawati, 2025). Health workers (nakes) are individuals who dedicate themselves to the health sector and have the skills and authority to carry out various health efforts. Health workers include all professionals who actively work in the health sector, whether they have completed formal or non-formal education, as long as their type of work requires certain authorities in the provision of health services. In the National Health System (SKN), health workers are seen as a key element in human resources in the health sector, which includes an integrated system in planning, education, training, and utilization of health workers in a mutually supportive manner to achieve the highest level of public health. Therefore, health workers are an important asset for health care facilities, such as hospitals and community health centers, which play a role in implementing health services, including doctors, nurses, midwives, medical

laboratory analysts, physiotherapists, pharmacists, nutritionists, radiographers, and other health professionals.

However, high work demands, long working hours, emotional stress, and limited resources often place health workers in working conditions that are at risk of experiencing work fatigue or burnout. (Carthon et al., 2024). Emotional exhaustion refers to feelings of physical and mental fatigue, loss of energy, and an individual's inability to provide optimal emotional engagement in their work. (Yang et al., 2025) Depersonalization is characterized by a negative, cynical, or emotionally distant attitude toward patients and coworkers, resulting in interactions that are unempathetic and mechanical. (Ainul et al., 2023) Meanwhile, a decline in personal achievement reflects feelings of incompetence, low satisfaction with work results, and decreased self-confidence in carrying out professional roles. (Pratomo et al., 2024).

In healthcare, burnout has very serious implications because healthcare workers are faced with high work demands, emotional stress, responsibility for patient safety, and ongoing workloads. (Parwati et al., 2023) Burnout not only impacts the psychological and physical well-being of healthcare workers, such as increasing the risk of mental disorders, chronic fatigue, and decreased work motivation, but also directly impacts the quality of healthcare services provided. (Imamah et al., 2024) Burnout can reduce the level of concentration and accuracy of healthcare workers, thereby increasing the risk of medical errors. (Al-otaibi et al., 2023). In addition, decreased empathy and quality of communication with patients can impact patient satisfaction and the effectiveness of the healing process. (Jarosz et al., 2022).

Furthermore, burnout also contributes to increased absenteeism, decreased work productivity, and high turnover rates among health workers, which can ultimately disrupt the sustainability and stability of the health service system. (Amalia et al., 2026) Therefore, burnout is a critical issue that requires serious attention from healthcare institutions through systematic prevention and intervention efforts, both at the individual and organizational levels.

Various studies show that burnout in health workers is negatively correlated with the quality of services provided. (Al-otaibi et al., 2023; Gniewek et al., 2023; Imamah et al., 2024; Jarosz et al., 2022) Healthcare workers experiencing burnout tend to exhibit decreased performance, less effective communication with patients, and reduced adherence to standard operating procedures. This condition can directly impact patient safety and the overall image of the hospital institution. Therefore, burnout is no longer viewed as a purely individual problem, but rather as an organizational and health system issue that requires serious attention. Although several studies have examined the relationship between healthcare worker burnout and hospital service quality, the results are scattered and use diverse methodological approaches. Differences in service contexts, respondent characteristics, and measurement instruments for burnout and service quality necessitate a comprehensive synthesis of scientific evidence. Therefore, this systematic review was conducted to systematically and in-depth examine the impact of healthcare worker burnout on hospital service quality. It is hoped that this will provide a scientific basis for developing policies and human resource management interventions in the healthcare sector.

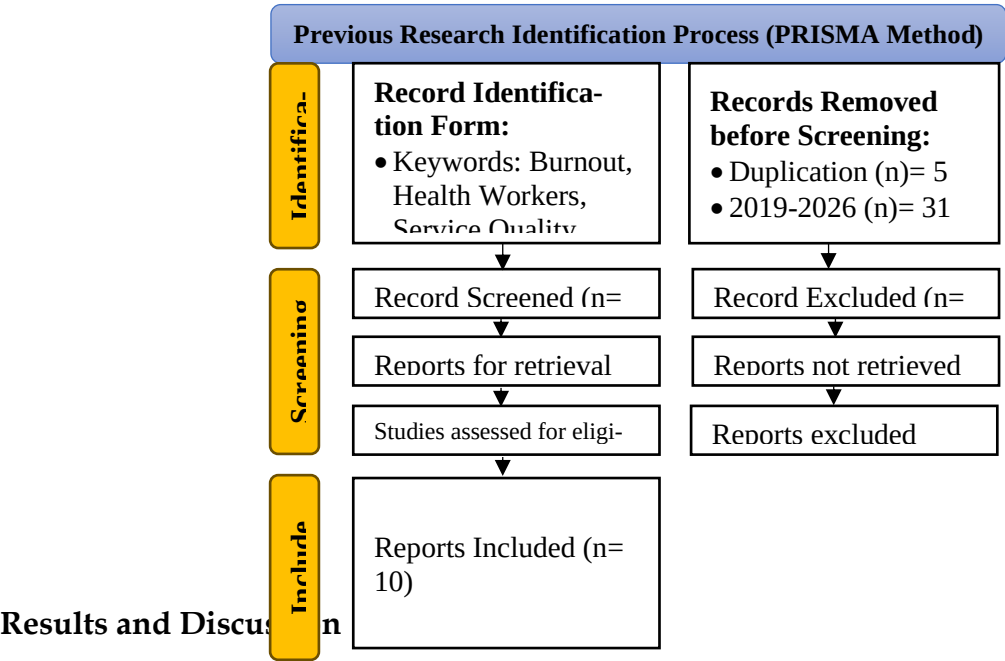
Research methods

The research method applied in this study is a Systematic Literature Review (SLR) using the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) approach. A systematic literature review is a research method that aims to identify and compile all relevant empirical evidence based on predetermined inclusion criteria to answer questions or test specific research hypotheses.(Sukayawan & Kartika, 2023)Meanwhile, PRISMA serves as a reporting guideline designed to improve transparency, quality, and consistency in the preparation of systematic reviews and meta-analyses.(Ri et al., 2025)This study specifically focuses on the influence of health worker burnout on the quality of hospital services.

The initial stage of the research was conducted by searching for articles related to the topic of healthcare worker burnout and hospital service quality. Data extraction was conducted using primary databases such as Google Scholar, PubMed, Scopus, and Web of Science. The search was limited to articles published between 2021 and 2026 using the keywords "burnout" and "hospital service quality," resulting in a total of 66 articles initially. Subsequently, a screening process was conducted based on inclusion and exclusion criteria. This stage included the removal of duplicate articles, articles without abstracts, articles published outside the study period (2019–2026), articles that did not specifically address healthcare worker burnout and hospital service quality, and articles not indexed in reputable Q1 or Q2 journals based on the Scimago Journal Rank (SJR). After the screening process, 10 relevant articles were obtained.

This study aims to identify the dimensions of burnout that most influence service quality, understand the variation in findings based on service context and healthcare worker characteristics, and summarize managerial implications that can serve as a basis for developing policies and interventions for human resource management in the healthcare sector. Based on this, the research questions are formulated as follows:

- RQ1: What are the dimensions of health worker burnout reported in previous studies?
RQ2: How does burnout among healthcare workers affect the quality of hospital services?



Research result

Summary of Previous Research

Table1. Comparative Summary of Research Articles

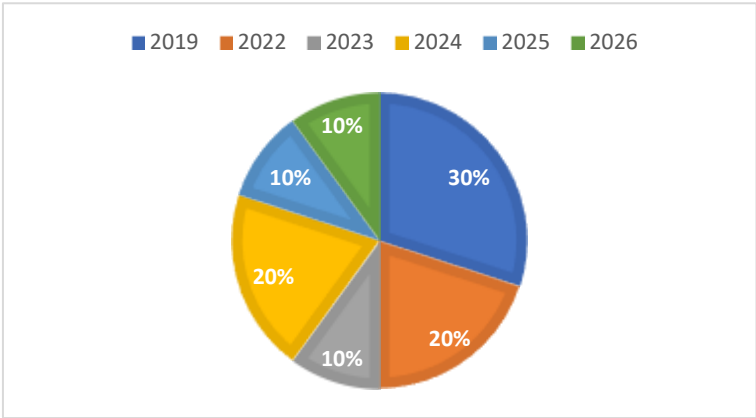
Researchers	Research methods	Research Focus	Research result
(Rocha et al., 2019)	<i>Cross-sectional</i>	Burnout of health workers and its impact on the quality of services provided	The study shows that burnout among healthcare workers has an impact on the quality of hospital services, especially through the dimensions of emotional exhaustion (EE) and depersonalization (DP).
(Omotayo et al., 2025)	<i>Cross-sectional</i>	Burnout of health workers and its impact on the quality of services provided	The results of this study showed that 62.6% experienced high levels of burnout. Contributing factors included lack of adequate equipment availability, work-life imbalance, unmet work expectations, poor working relationships within the surgical team, and increased workload. No significant relationship was found between burnout and peri-operative care quality (t/f = 1.981; p = 0.161). Despite high levels of burnout, surgical care quality was maintained because healthcare workers were able to manage fatigue and maintain job satisfaction.
(Tawfik et al., 2019)	<i>Systematic Review and Meta-analysis</i>	Health Worker Burnout and Health Service Quality	A literature review shows that burnout in healthcare workers is associated with decreased quality of care. Quality of care is classified into five categories: best practices, communication, medical errors, patient outcomes, and quality and safety. The relationship between burnout and quality of care shows significant heterogeneity.
(Hodkinson et al., 2022)	<i>Meta-analysis</i>	Health Worker Burnout and Health Service Quality	This meta-analysis provides strong evidence that physician burnout is associated with decreased function and sustainability of healthcare organizations, primarily through its contribution to career disengagement and high physician turnover rates, and indirectly through decreased quality of patient care. Burnout is also a strong predictor

(Heidari al., 2022)	et	<i>Cross-sectional</i>	Health Worker Burn-out and Health Service Quality	of physician career disengagement and decreased quality of patient care. Burnout, particularly in the dimensions of emotional exhaustion (EE) and depersonalization (DP), has been shown to have a significant negative relationship with the quality of nursing care, with higher levels of burnout indicating lower quality of care. High levels of MI can mitigate the negative impact of burnout on the quality of nursing care.
(Flynn et al., 2024)		<i>Systematic Review</i>	Health Worker Burn-out and Health Service Quality	The findings of this systematic review demonstrate that a significant relationship between burnout, attitudes toward patient safety, and job satisfaction was clearly identified in the studies analyzed. Furthermore, a link between burnout and adverse events was postulated. These findings are of serious concern because they suggest that pediatric nurses experiencing burnout tend to have negative perceptions of patient safety.
(Al-otaibi al., 2023)	et	<i>Cross-sectional</i>	Health Worker Burn-out and Health Service Quality	During the COVID-19 pandemic in Kuwait, this nationwide online survey revealed a high prevalence of burnout among healthcare workers, which has a detrimental impact on increased medical errors. Burnout was predicted by frontline healthcare worker (HCW) roles (OR 1.28; CI = 0.14–2.55) and sleep deprivation (OR 3.93; CI = 1.88–8.22).
(Khasne al., 2026)	et	<i>Cross-sectional with Questionnaire-based survey</i>	Health Worker Burn-out and Health Service Quality	Burnout among healthcare workers can lead to suboptimal service delivery, thus reducing patient satisfaction. Furthermore, burnout increases the risk of medical errors, potentially endangering patient safety and leading to lawsuits and malpractice claims. Furthermore, burnout also harms healthcare organizations by reducing productivity due to increased presenteeism and absenteeism.
(Markovi al., 2024)	et	<i>Cross-sectional</i>	Health Worker Burn-out and	The detrimental impact of burnout on healthcare workers, experts, associate professionals, and social workers has

	Health Service Quality	been demonstrated, including on the quality of services they provide, patient safety, and the sustainability of the healthcare system.
(Chemali et al., 2019)	<i>Systematic review</i>	Health Worker Burn-out and East region leads to low quality healthcare services.
	Health Service Quality	

Table 1 presents a comparative summary of several previous studies highlighting burnout among healthcare workers, ultimately leading to a decline in the quality of patient care in a hospital. All studies used a cross-sectional and systematic review approach, focusing on the factors contributing to burnout and its impact on hospital service quality.

Summary of Publication Year



Picture1. Journal Publication Year

Based on Figure 1, the distribution of journal publication years shows that the most articles were published in 2019, accounting for 30%. Furthermore, 2022 and 2024 each accounted for 20% of the total publications. Meanwhile, publications in 2023, 2025, and 2026 each had a similar proportion, at 10%.

Publisher

Table2. Research Article Publisher Summary

Publisher	Amount
American College of Physicians (ACP)	1
Associação Nacional de Medicina do Trabalho (ANAMT)	1
BioMed Central (Springer Nature)	1
BMJ Publishing Group	1
Elsevier	3
Indian Society of Critical Care Medicine	1
MDPI (Multidisciplinary Digital Publishing Institute)	1
SAGE Publications	1
Total	10

In Table 1, Elsevier is the dominant publisher of research articles, with three articles published. Meanwhile, other publishers, such as the American College of Physicians (ACP), the National Association of Traditions Medicine (ANAMT), BioMed

Central (Springer Nature), BMJ Publishing Group, the Indian Society of Critical Care Medicine, MDPI, and SAGE Publications, each published only one article.

Results

Dimensions of health worker burnout reported in research

Table3.Dimensions of burnout in health workers

Researchers	Dimensions of Burnout
(Rocha et al., 2019)	1. <i>Emotional exhaustion (EE)</i> 2. <i>Depersonalization (DP)</i> 3. <i>Personal accomplishment (PA)</i>
(Omotayo et al., 2025)	1. <i>Emotional exhaustion (EE)</i> 2. <i>Depersonalization (DP)</i> 3. <i>Personal accomplishment (PA)</i>
(Tawfik et al., 2019)	1. <i>Emotional exhaustion (EE)</i> 2. <i>Depersonalization (DP)</i> 3. <i>Personal accomplishment (PA)</i>
(Hodkinson et al., 2022)	1. <i>Emotional exhaustion (EE)</i> 2. <i>Depersonalization (DP)</i> 3. <i>Personal accomplishment (PA)</i>
(Heidari et al., 2022)	1. <i>Emotional exhaustion (EE)</i> 2. <i>Depersonalization (DP)</i> 3. <i>Personal accomplishment (PA)</i>
(Flynn et al., 2024)	1. <i>Emotional exhaustion (EE)</i> 2. <i>Safety climate attitude score</i> 3. <i>Depersonalization (DP)</i> 4. <i>Personal accomplishment (PA)</i>
(Al-otaibi et al., 2023)	1. <i>Emotional exhaustion (EE)</i> 2. <i>Depersonalization (DP)</i> 3. <i>Loss of accomplishment</i>
(Khasne et al., 2026)	1. <i>Personal burnout</i> 2. <i>Work-related burnout</i> 3. <i>Pandemic-related burnout</i>
(Markovi et al., 2024)	1. <i>Personal burnout</i> 2. <i>Work-related burnout</i> 3. <i>Client-related burnout;</i>
(Chemali et al., 2019)	1. <i>Emotional exhaustion (EE)</i> 2. <i>Depersonalization (DP)</i> 3. <i>Personal accomplishment (PA)</i>

In the table above, most studies, such as those conducted by Rocha et al. (2019), Omotayo et al. (2025), Tawfik et al. (2019), Hodkinson et al. (2022), Heidari et al. (2022), and Chemali et al. (2019), use three main dimensions of burnout that refer to the Maslach Burnout Inventory (MBI) concept: emotional exhaustion, depersonalization, and personal accomplishment. Emotional exhaustion is a condition of emotional exhaustion due to prolonged work demands, high work pressure, and intense emotional involvement, especially in healthcare. Research by Rocha et al. (2019) shows that emotional exhaustion is the most prominent aspect of burnout in this study. Healthcare workers working in the Intensive Care Unit (ICU) showed a higher average emotional

exhaustion compared to those in the Emergency Department (ED), reflecting the high workload, clinical pressure, and demands for rapid and high-risk decision-making in the ICU. In addition, research by Omotayo et al. (2025) added that 57.2% of respondents were surgical ward nurses and Intensive Care Unit (ICU) specialists, indicating a predominance of healthcare workers with high levels of exposure to work stress, particularly significant emotional exhaustion. 34.9% of respondents felt emotionally drained several times a month and 34.1% felt very tired after a long workday. Furthermore, approximately 29% of respondents feared facing the next surgery day, and 28.8% stated that the high number of surgeries increased work stress periodically. However, 41.9% of respondents stated that they never felt frustrated with their work, indicating coping skills and professionalism amidst high work pressure.

Research by Tawfik et al. (2019), Hodkinson et al. (2022), Heidari et al. (2022), and Chemali et al. (2019) also explains the aspect of depersonalization. The depersonalization dimension describes a negative, cynical, or emotionally distant response to patients and colleagues. In healthcare settings, depersonalization often emerges as a coping mechanism to deal with chronic stress, especially when healthcare workers are continuously exposed to critical situations, patient suffering, and organizational pressures. Research by Hodkinson et al. (2022) explains that some doctors experience depersonalization where they tend to show an emotional distance from patients, act colder or apathetic, and view clinical tasks mechanically without adequate empathic engagement. Research by Chemali et al. (2019) found that emotional exhaustion contributes to increased depersonalization among healthcare workers in complex healthcare settings in the Middle East.

Furthermore, the personal accomplishment dimension relates to an individual's perception of competence, effectiveness, and success in their work. Decreased personal accomplishment reflects feelings of inadequacy, low professional achievement, and reduced work meaning. Heidari et al. (2022) emphasized that low personal accomplishment is not only related to burnout but also significantly associated with a decline in the quality of nursing care. Al-Otaibi et al. (2023) adopted a similar concept through the term loss of accomplishment, emphasizing the loss of a sense of accomplishment as a result of burnout, particularly in crisis situations such as the COVID-19 pandemic. Research by Rocha et al. (2019) illustrated that this low work achievement results from high productivity and efficiency demands, which act as ongoing stressors that have the potential to reduce the work motivation of healthcare workers. Their study also added that the lowest level of personal accomplishment was found among unmarried respondents, particularly in the younger age group with high professional expectations. Burnout is known to influence attitudes toward patient safety through various adverse conditions it creates, such as increased workload and job dissatisfaction, which are reflected in the safety climate attitude score, a measure of staff perceptions of the safety climate in the clinical environment (Bilal). In line with this, Flynn et al.'s (2024) study included the safety climate attitude score as a dimension associated with burnout, thus broadening the understanding that burnout is not only an individual psychological condition but also influences healthcare workers' attitudes toward patient safety.

Unlike the MBI approach used in the aforementioned studies, Khasne et al. (2026) and Marković et al. (2024) employed the Copenhagen Burnout Inventory (CBI)

framework, which encompasses personal burnout, work-related burnout, and pandemic-related or client-related burnout. The CBI framework is based on the understanding that burnout is essentially a state of prolonged physical and psychological exhaustion, but can arise from different contexts. Therefore, the CBI divides burnout into several main dimensions: personal burnout, work-related burnout, and client-related burnout. The personal burnout dimension refers to the level of physical and emotional exhaustion felt by an individual in general, without directly linking it to a specific job. This dimension reflects a state of overall exhaustion that can be influenced by various factors, such as life demands, health conditions, psychological distress, and prolonged stress. Khasne et al. (2026) reported that the prevalence of personal burnout among healthcare workers reached 44.6%, reflecting high levels of general physical and psychological exhaustion. This condition is triggered by various psychological factors, including the possibility of having to undergo quarantine, fear of contracting infectious diseases, concerns for personal and family safety, increased work stress, interpersonal isolation, perceived stigma from the surrounding environment, and fear of carrying out unfamiliar tasks, especially among non-ICU and non-ER healthcare workers. In line with these findings, Marković et al. (2024) emphasized that doctors, nurses, counselors, and social workers routinely deal with the trauma and suffering of others, making them vulnerable to indirect trauma or empathy fatigue. This repeated and prolonged emotional exposure exacerbates the psychological burden on professionals, especially when the demands of empathy are not balanced with adequate psychosocial support.

Furthermore, work-related burnout refers to exhaustion that is specifically associated with work and the work environment. Within the CBI framework, work-related burnout emphasizes that work can be a primary source of exhaustion, particularly when work demands are out of balance with an individual's resources, support, or control. Khasne et al. (2026) explain that burnout in paramedics is likely triggered by long working hours, job insecurity, low recognition of their role as workers, inadequate remuneration systems, and lack of support from superiors. These conditions create ongoing work pressure and increase the risk of physical and psychological exhaustion. In line with these findings, Marković et al. (2024) found that healthcare workers who work more than 60 hours per week have a risk of experiencing work-related burnout syndrome (WBS) twice as high as those who work a standard 40-hour work week. This finding strengthens the argument that excessive work duration is a major determinant of burnout, especially in dimensions directly related to work. The third dimension, client-related burnout, focuses on exhaustion arising from intensive and sustained interactions with clients, patients, or service recipients. In service-based professions, such as healthcare workers, educators, or social workers, highly emotional interactions with clients can be a source of stress in themselves. (Marković et al., 2024). In special situations, such as a pandemic, this dimension is often modified to pandemic-related burnout to capture fatigue directly related to the health crisis, including fear of contagion, increased workload, emotional distress, and prolonged uncertainty due to the pandemic. (Khasne et al., 2026).

Burnout of health workers on the quality of hospital services

Burnout in healthcare workers is a condition of prolonged physical, emotional, and mental exhaustion due to high work demands and continuous exposure to stress.

Various studies have shown that healthcare worker burnout is strongly linked to the quality of hospital services. A cross-sectional study by Rocha et al. (2019) confirmed that healthcare worker burnout impacts the quality of hospital services, particularly through the dimensions of emotional exhaustion and depersonalization. These two dimensions play a significant role in reducing the quality of healthcare worker-patient interactions, thus directly impacting perceived service quality. Slightly different findings were shown by Omotayo et al. (2025). Although this cross-sectional study found that 62.6% of healthcare workers experienced high levels of burnout due to various factors such as limited equipment, work-life imbalance, increased workload, and poor surgical team relationships, no significant relationship was found between burnout and the quality of perioperative care. This suggests that under certain conditions, healthcare workers are still able to maintain quality care through coping mechanisms and job satisfaction, despite experiencing high levels of fatigue.

A more comprehensive approach was taken by Tawfik et al. (2019) through a systematic review and meta-analysis. This study showed that burnout in healthcare workers is generally associated with a decline in the quality of healthcare services. Quality of care was classified into five categories: best practices, communication, medical errors, patient outcomes, and quality and safety. Furthermore, a meta-analysis by Hodgkinson et al. (2022) provided strong evidence that burnout in physicians negatively impacts the function and sustainability of healthcare organizations. Burnout contributes to increased career disengagement and high physician turnover rates, which indirectly reduce the quality of patient care. Burnout was also identified as a strong predictor of a decline in the quality of care provided. Research by Heidari et al. (2022) reinforced these findings by demonstrating a significant negative relationship between burnout, particularly the dimensions of emotional exhaustion and depersonalization, and the quality of nursing care. The higher the level of burnout, the lower the quality of nursing care. However, this study also highlighted the role of moral intelligence, which can mitigate the negative impact of burnout on service quality, thus functioning as a protective factor. In a systematic review of patient safety, Flynn et al. (2024) found a clear relationship between burnout, attitudes toward patient safety, and job satisfaction. Burnout was also postulated to be associated with increased adverse events. This finding is of significant concern, particularly for pediatric nurses, who tend to have negative perceptions of patient safety when experiencing burnout.

Research by Al-Otaibi et al. (2023) conducted during the COVID-19 pandemic in Kuwait demonstrated a high prevalence of burnout among healthcare workers and its impact on increased medical errors. Burnout was predicted by frontline healthcare roles and sleep deprivation, which significantly increased the risk of fatigue and decreased patient safety. Khasne et al. (2026) emphasized that burnout not only impacts service quality and patient satisfaction but also increases the risk of medical errors, which can compromise patient safety and lead to lawsuits and malpractice claims. Furthermore, burnout harms healthcare organizations through decreased productivity due to increased presenteeism and absenteeism. Similarly, Marković et al. (2024) demonstrated that the impact of burnout extends beyond healthcare workers to specialists, associate professionals, and social workers. Burnout has been shown to negatively impact service quality, patient safety, and the sustainability of the healthcare

system as a whole. Finally, a systematic review by Chemali et al. (2019) emphasized that in complex healthcare environments, particularly in the Middle East, burnout among healthcare providers contributes to low quality healthcare services.

Conclusion and Suggestions

Based on a synthesis of previous research, the dimensions of healthcare worker burnout are generally reported through two main conceptual frameworks: the Maslach Burnout Inventory (MBI) and the Copenhagen Burnout Inventory (CBI). Most studies use the MBI framework, which encompasses three main dimensions: emotional exhaustion, depersonalization, and personal accomplishment. In general, research results indicate that healthcare worker burnout has a significant negative impact on the quality of hospital services, both directly and indirectly. Burnout, particularly in the dimensions of emotional exhaustion and depersonalization, has been shown to reduce the quality of healthcare worker interactions with patients, weaken empathy, and reduce thoroughness and consistency in care delivery. These impacts are reflected in a decline in the quality of nursing and medical services, an increased risk of medical errors, worsened communication, and decreased patient safety. In addition to clinical impacts, burnout also affects service quality through organizational channels, such as increased career disengagement, turnover, presenteeism, and absenteeism, which ultimately disrupt the sustainability of the healthcare system.

Hospital management requires systematic efforts to prevent and reduce burnout among healthcare workers by improving working conditions. This can be achieved by managing workloads more proportionally, limiting excessive working hours, and providing adequate staffing to prevent chronic fatigue. Furthermore, organizational support, such as supportive leadership, open communication, and fair reward and remuneration systems, needs to be strengthened to increase the sense of appreciation and work engagement among healthcare workers. Hospitals are advised to integrate mental health support programs for healthcare workers, such as psychological counseling, peer support, stress management training, and improving coping skills.

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