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Addressing Burnout in Psychiatric Nursing: Evidence-Based Strategies Aligned with SDG 3 and SDG 10

Jasmin B. Saquing[1], Dr.Kwanta Boonvas[2], Dr. R. Babu[3], Dr. Pranav R Kurup[4]

[1]Cagayan State University,Philippines
jasminsaquing@csu.edu.ph
[2]Assistant Professor, Faculty of Nursing Shinawatra University, Thailand
kwanta.b@siu.ac.th
0000-0002-4837-8737
[3]Manager Nursing Quality & Education Department of Nursing Sakra World Hospital Bangalore India
babufranklin@gmail.com
[4]Senior Lecturer, Department of Public Health Dentistry, KM Shah Dental College and Hospital, Sumandeep Vidyapeeth Deemed to be University, Vadodara, Gujarat
Email Id: pranavkurup628@gmail.com
ORCID: 0000-0001-8372-3922

ABSTRACT

Burnout has become an occupational hazard in many sectors especially in the area of healthcare, where psyche nurses are confronted with challenging working environments full of challenging patient related roles and responsibilities. This paper highlights the prevalence, the factors that can contribute to burnout in psychiatric nursing, the impact, and what can be done to decrease burnout in psychiatric nursing based on review of available literature. The results have shown that burnout is quite high, at 40-70 percent among psychiatric nurses around the world, pointing out factors that include organizational issues like shortages in staffing, long hours at work and lack of support of leadership to them as well as patient-related stressors like patient aggression, suicidality and trauma. The effects are two-fold, hurting the wellbeing of nurses, affecting patient safety, care quality, and organizational efficiency. The approaches to reduce burnout are classified into: organizational interventions (e.g., management of working hours, strong leadership, safe working culture), individual interventions (e.g., mindfulness, resilience training, counselling, self-care) and integrated measures which are a merger of both systemic and personal methods. The discussion highlights that the reduction of burnout in psychiatric nurses is crucially important to increase job satisfaction in the organization, patient outcomes, and the sustainability of mental health services.

KEYWORDS: Burnout; Psychiatric Nurses; Mental Health Nursing; Occupational Stress; Nurse Well-being; Patient Care; Organizational Strategies; Mental health, SDG 3 (Good Health and Well-being), SDG 10 (Reduced Inequalities).

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INTRODUCTION

Burnout has emerged to be a very serious concern in the medical profession especially to those psyche nurses operating within a densely emotional and stressful setting. Described as emotional burnout, depersonalization, and diminished personal accomplishment, burnout takes a toll on the health of the nurse, the quality of patient care and the organizations where they work. Burnout is an occupational phenomenon according to the World Health Organization, given the necessity to offer solutions that can help medical workers deal with long-term stress in the workplace. Psychiatric nurses have a high risk of experiencing burnout as their profession is associated with handling intricate patient behavior, exposure to trauma, patient acuity, and ethical dilemmas (Poluboiartsev, 2023). Such requirements, merged with work shortages, working long hours, and a lack of systems to support, increase pressure and emotional burnout. Untreated, burnout can result in job dissatisfaction, absenteeism, turnover and damaged therapeutic relationships with patients in the long-term. Since psychiatric nurses have such an essential part to play in the mental health system, it is necessary to develop and utilize effective methods to help lessen the burnout. Strategies can involve organizational level action like staffing levels, management support, and workload levels along with individual strategies at level like resilience training and mindfulness, stress management and peer support networks. Well-grounded interventions to address burnout not only contribute to the well-being of the nurses but also lead to patient outcomes, work efficiencies, and sustainability of mental health services.(Abdalrahim, A. A, 2013)

Burnout is proving to become one of the most critical occupational occupations in current healthcare. Formulated as the syndrome of emotional depletion, depersonalization, and loss of personal fulfillment, burnout reflects that a certain employee is experiencing physical, mental, and emotional exhaustion caused by the extended exposure to work-related stress factors. Psychiatric nurses fall in a very exposed group because of the nature of challenges of mental healthcare. This happens because their job requires them to be emotionally involved at all times, handle unpredictable behaviors and provide care to those in deep psychological

distress, traumatized and crisis situations. Burnout rates among psychiatric nurses are quite high as compared to other specialties of nurses (Chen et al. 2022). It has been estimated that between 40-60 percent of psychiatric nurses experience moderate-to-severe burnout and can have an impact on the nurses themselves as well as patients and the health system in general. Burnout may result in poor empathy, bad decision-making, high absenteeism, and turnover rates that ultimately affect patient safety and the quality of patient care. Moreover, secondary mental illnesses have also been attributed to burnout, especially depression, anxiety, substance abuse, and compassion fatigue, all of which which form a vicious cycle of impairing not only personal health, but professional effectiveness as well. According to the results of a preliminary study, the prevalence of burnout in psychiatric nurses has been reported to be significantly higher than that of any other speciality of nurses (Marshman et al. 2022). It has been found that between 40 and 60 percent of nurses who work in the psychiatric field have experienced severe to moderate levels of burnout, which not only impacts nurses negatively, but patients and the overall healthcare field as well. Burnout has the potential to result in a lack of empathy, an inability to make decisions, absenteeism, and turnover may negatively affect patient safety and quality of care. Markedly, chronic burnout has been associated with secondary mental health disorders trained at depression, anxiety, substance use, and compassion fatigue, a recurrence that worsens personal well-being as well as performance.(Lee, H. F,2016)

With these challenges, solutions must be found faster to curb burnout among psychiatric nurses without considering their poor working conditions. There are organizational-level interventions, and individual-level interventions. Organizational strategies include efforts in the context which consists of optimum nurse-patient ratios, enabling leadership, mentorship, continuing education initiatives, and building a culture of psychological safety. Individual-level interventions focus on the development of personal resilience (i.e., mindfulness, stress management, self-care practices, peer support, and professional counseling). Notably, a mixed and congruent approach that unites both levels can be acknowledged as the most fruitful method of sustainable change (Tang et al. 2023). The aim of this research paper is to examine, discuss, and outline the strategies that are effective in minimizing burnout among psychiatric nurses with an aim of promoting the well-being of nurses and improving nurse-delivered services in terms of mental healthcare. The study will use use of existing evidence-based practices and literature to cast light on how healthcare institutions and policymakers can build resilient nursing environments whereby psychiatric nurses are empowered, supported and equipped to flourish.

RATIONALE OF THE STUDY

Burnot in psychiatric nursing has emerged as a burning issue in health care system across the globe owing to its extensive ramifications on the professionals, patients and organizations. The psychiatric nurses encounter several occupational challenges, unlike the other specialty nurses, the psychiatric nurses are exposed to highly mentally sick patients, violent patients or patients with suicidal tendencies, in addition to long-term therapeutic relationships which are emotionally draining. Such stressors along with the weaknesses of the system, including workforce shortage, high patient-nurse ratio, and insufficient institutional support also play critical roles in enhancing the burnout levels (Tang et al. 2023). The reason on why the study should be conducted is that the prevalence rates of the development of burnout among psychiatric nurses have been on the rise. Burnout not only leads to a reduction in the mental, physical and even emotional needs of a nurse, but it also has direct effects on patient outcomes. Nurses experiencing burnout may display reduced empathy, lower quality of care, and impaired therapeutic engagement, which can hinder patient recovery and overall satisfaction with mental health services. Furthermore, high turnover and absenteeism due to burnout place a financial and operational strain on healthcare institutions, exacerbating the global shortage of qualified psychiatric nursing professionals (Chen et al. 2022).

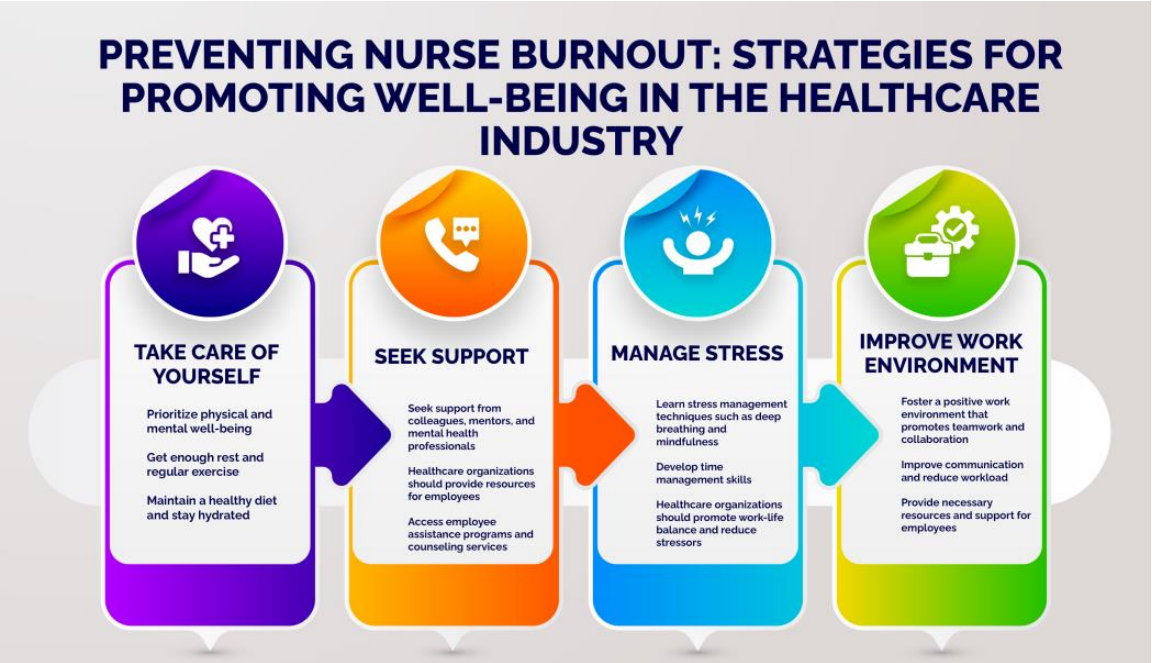
Existing literature highlights the importance of developing evidence-based strategies that target both organizational and individual dimensions of burnout prevention. However, despite growing awareness, there remains a gap in the consistent application of effective interventions across psychiatric healthcare settings. While strategies such as mindfulness training, resilience-building workshops, leadership support, and workload management have been suggested, their integration into routine practice is often limited. This study is therefore necessary to systematically explore and evaluate strategies that can be realistically implemented to reduce burnout among psychiatric nurses (Marshman et al. 2022). By focusing on strategies that are both practical and sustainable, this study will contribute to the development of supportive workplace cultures that prioritize the psychological well-being of psychiatric nurses. In turn, this can enhance staff retention, improve patient safety, and strengthen the overall quality of psychiatric care. Moreover, the findings can guide policymakers, healthcare administrators, and nursing educators in designing tailored interventions that not only alleviate burnout but also foster resilience, professional growth, and long-term career satisfaction among psychiatric nurses.(Aryankhesal, A,2019)

LITERATURE REVIEW

3.1 Concept of Burnout in Nursing

Burnout is a psychological complex that occurs as a reaction to a long-term work stress, especially in those occupations that involve interpersonal relations and emotions on a regular basis as, for example, in nursing. Burnout is particularly relevant in nursing, where the profession requires nurses to divide not only care with physical duties but also emotional services and acting as patient advocates, which does occur in situations of long working shifts, staff insufficiency, and constant exposure to pain. In psychiatric nursing, the concept is even more essential, where nurses are exposed to the additional stressors of dealing with aggression, wanting to kill oneself, and dealing with complex emotional demands, predisposing them to emotional exhaustion and depersonalization (Teymoori et al. 2024). Modern studies also emphasize the fact that burnout can be defined as a complex and multidimensional process that occurs due to organizational and personal factors, including workload and leader support and resilience and coping strategies (Hulett et al. 2024). Therefore, the phenomenon of the burnout in nursing is not only an isolated personal discomfort, but an issue of many dimensions compromising nurse well-being, quality of care, and sustenability, which

requires a specific response.



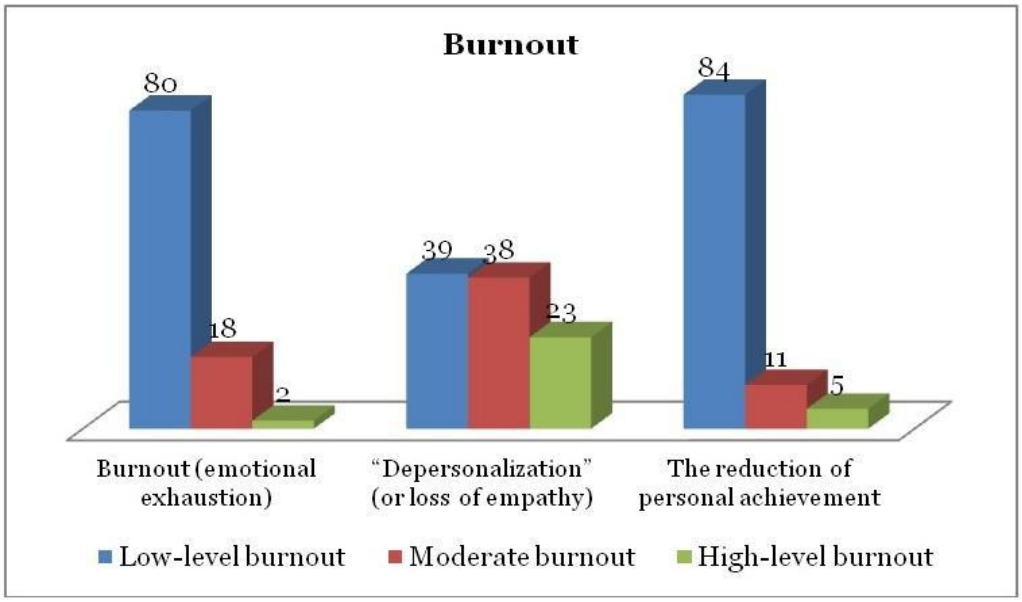
Burnout is a multi- dimensional mental complication caused by persistent occupational stress and is actively widespread in the nursing field given the emotionally demanding and manually insatiating scope of the explicit career. The clinical practice in the nursing profession adds an extra layer to these dimensions, where a nurse is responsible of accompanying patients on their bedside, attending to their physical and emotional needs, and in many cases, act as the main point of contact of frustrated and broken individuals and families. In contrast to the experience of other medical workers, nurses have to accommodate a high number of technical duties with a great amount of emotional work that often occurs within the framework of staffing shortages, long shifts, and an overall lack of organizational support, making them more vulnerable to burnout. Within psychiatric nursing, the conceptualization of burnout is even more critical, as nurses regularly encounter patients with severe mental illnesses, behavioral disturbances, aggression, and suicidality, which demand sustained emotional engagement and resilience. Literature increasingly acknowledges burnout as a multidimensional and dynamic process shaped by the interplay of organizational factors, such as workload, leadership, and resource availability, and personal factors, including coping mechanisms, resilience, and professional identity (Hulett et al. 2024). Thus, in the context of nursing, burnout must be understood as more than simple fatigue or stress—it represents a multidimensional occupational hazard that threatens nurse well-being, patient outcomes, and the long-term sustainability of healthcare services, thereby reinforcing the necessity of effective and evidence-based strategies to address and prevent it.

3.2 Prevalence of Burnout Among Psychiatric Nurses

Burnout is highly prevalent among psychiatric nurses, with research consistently indicating that they experience higher rates of emotional exhaustion and depersonalization compared to nurses working in other specialties. Studies have shown that between 40% and 60% of psychiatric nurses report moderate to severe levels of burnout, a prevalence that surpasses many other areas of nursing due to the unique emotional and psychological demands of mental health care. Burnout Inventory compared to medical-surgical nurses, largely due to the intensity of patient interactions and frequent exposure to aggression, trauma, and suicidality (Tao et al. 2024). In global contexts, prevalence rates vary, but the trend remains consistent: in the United States, burnout among psychiatric nurses has been reported at rates exceeding 50%, while studies in Europe and Asia indicate similarly high levels, reflecting the universal challenges of psychiatric nursing. In low- and middle-income countries, including India, where there is a lack of resources in terms of mental health services, the workload may be compounded by work-related stress and fatigue, facility-related stress and fatigue, and social stigma regarding psychiatric services and patient recovery. Moreover, community setting psychiatric nurses have different pressures associated to this organization: heavy workload, poor support and organizational culture and long-term interactions of patients and the resultant lack of emotional status also lead to high burnout rates. Notably, the prevalence of burnout cannot be reduced to individual cases as there is a systemic problem in the mental health systems involving organizational and contextual factors (Lobo et al. 2024). The high prevalence rates manifest a dire need to combat burnout among psychiatric nurses given that it has been perpetuated in psychiatric nursing and may compromise nurse retention, quality of care delivery to patients, and sustainability of psychiatric services in the world.

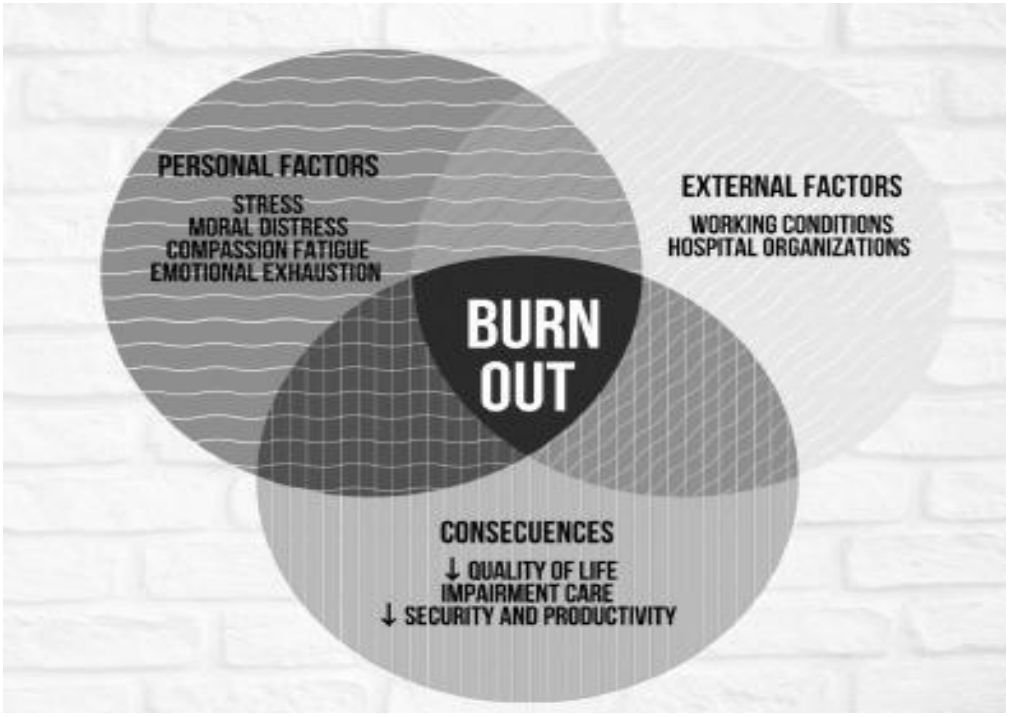
In middle- and low-income countries, which India belongs to, the situation is no less worrying yet here the burnout cases are as high as 65% due to low or even absent mental health resources, limited numbers of personnel to cover the patient load, and social stigmatization of mental healthcare. The burnout is also serious among community psychiatric nurses who have to deal with a high number of patients, often working in seclusion, and experience emotional fatigue with the no-longer-fresh relationships with patients. These results are the evidence that the problem of burned out in psychiatric nursing is not country specific but it is an

occupation-related health epidemic with severe consequences for human resource retention, patient care and mental health system efficacy. The findings on a sustained high prevalence indicate the necessity of tailored evidence-based interventions whose focus is on organizational and individual-level antecedents of burnout among psychiatric nurses.



3.3 Contributing Factors to Burnout in Psychiatric Nursing

The contributory factors to burnout in the area of psychiatric nursing are complex and multi-factorial, as they occur based on the interconnection of the organizational, patient, and person factors that increase the emotional and psychological burden of this profession. Organizational resources are at the core of these effects, therefore, the inadequate staffing of the organization coupled with the large workload, long shifts and mandatory over time is often referred to as the primary stressors that provide nurses with scarce opportunity to take a break and recharge. Poor resources, managerial support, professional development and bureaucracy make morale lower and also pose the threat of emotional exhaustion (Zhang et al. 2024). The impact of patient-related causes is also significant, and the psychiatric nurses will regularly face individuals with severe mental conditions, aggression, suicidal tendencies, and individuals who may have unpredictable behavioural breaks and require a constant ability to maintain emotional control. The exposure to traumas, violence, and other moral issues in psychiatric care settings increases the chances of compassion fatigue or depersonalization when exposure is repeated. The stigma on mental health care does not only affect the patients but also the psychiatric nurses because they feel less appreciated in the wider health care system, thus, making them less engaged by the sense of personal achievement.



Younger age, lack of clinical experience, low levels of resilience, inefficient coping strategies and inadequate social support are also among the main individual characteristics and professional indicators that predispose to burnout, whereas experienced nurses tend to demonstrate more adaptability and resilience. In addition, there are gender roles and cultural expectations that can determine burnout, and female nurses often negotiate between work burns and home hospitality that contributes to emotional pressure (Xue et al. 2024). The overall combination of these organizational, patient-related, and personal factors leads to the high vulnerability of psychiatric nurses to the burnout development, which once again proves the necessity of complex approaches that can deal with the inefficient systems in the facilities but also develop coping and resilience in individuals.

3.4 Consequences of Burnout in Psychiatric Nurses

The implications of burnout among psychiatric nurses are deep-rooted not only on the side of the nurses themselves but also on the patients, health care organizations and the mental health system in general. Individually, burnout is linked to a number of psychological and physical health complications like anxiety, depression, sleep disturbances, substance abuse, cardiovascular and poor immune response, which further hinder the capability of nurses to work efficiently. Indicatively, professionally, burnout has a negative effect, namely, causing emotional depletion, depersonalization, and lessening empathy, which can compromise therapeutic relationships, worsen patient care standards, and trigger medical error risks (Yang et al. 2024). In terms of patients, this will result in a poorer treatment compliance, reduction in satisfaction and worse recovery results as a nurse in a state of burnout can find it hard to maintain a consistent delivery pattern, care, and empathy, as well as safety. At the organizational level, burnout has caused high absenteeism, presenteeism, staff turnover, and reduced productivity, which over-burden an already scarce psychiatric nursing workforce, and cost the healthcare operator more money.

The employee turnover rate is especially costly in mental health services where the establishment of a therapeutic continuity with patients and a trusting relationship is of paramount importance. What is more, burnout may contribute to unhealthy working environments, where people have low morale, lack collaboration, and communication, which also increases the burnout experienced by the remaining employees. The long-term impacts of being discredited as a psychiatric nurse also include the implications to the professional identity and career of the nurse, as many quit the profession too early and contribute to the development of the shortage of qualified psychiatric nursing professionals, thus, the term effect results. The overall effect of the mentioned consequences is that burnout is not a mere personal problem but a problem spreading throughout the system, ruining the well-being of nurses, patient safety, organizational efficiency, and the general efficiency of mental health care delivery (Ubom, 2024). In the longer-term, however, burnout can lead to experienced psychiatric nurses retiring early out of the field resulting in a loss of expertise which, in turn, adds to the shortage challenges already facing mental health systems with respect to qualified personnel. The overall consequence of burnout is therefore far-reaching beyond an individual nurse ultimately depressurizing the quality of healthcare, patient health, and endorsing the earlier need of specific, evidence-based solutions towards safeguarding and empowering psychiatric nurses and reinforcing the sphere of mental health.

METHODOLOGY

The aim of the study was to determine the strategies to reduce burnout among psychiatric nurses by undertaking a qualitative literature review. The review was informed by the purpose of summarizing the available evidence on the prevalence of burnout, the factors that may lead to burnout, its implications and possible interventions that can address burnout in psychiatric nursing. Inclusion criteria outlined included researching on the burnout as pertinent to the scenario of the psychiatric or mental health nursing occupation only, whereas other nursing specialties were weeded out unless they were able to give comparative insights. Information in some of the studies was found, summarized, and grouped as four themes namely: prevalence, contributive factors, consequences, and strategies to curb burnout. The data were interpreted thematically to bring out trends, comparable and contrasting in different geographical locations. This methodological strategy allowed the review to capture a wide range of evidence, which would make it possible to know thoroughly about burnout among psychiatric nurses and it would also help in opening a discussion on evidence-based measures that could be implemented to limit the effects of burnout.

RESULTS AND DISCUSSION

The literature review indicates that burnout is a widespread and multidimensional issue that negatively affects the personal health of the medical staff and the quality of patient care as well as the performance of a particular institution. In all the studies, the rate of burnout was between 40 and 70 per cent and was therefore the highest in psychiatric nurses in the field of healthcare. This prevalence is explained by a complex of organizational stressors (e.g., personnel shortages, long shift hours, low resources, etc.), patient-related stressors (e.g., dealing with aggression, suicidality, etc.), and individual factors (e.g., a limited coping mechanism, lack of resilience, a lack of social support) (Zhang et al. 2024). The description of contributing factors is supplemental to the idea that burnout is not an inherent shortcoming of the individual but a systemic occupational risk that unfolds because of the structural inefficiencies in mental health-based services. There are organizational factors like high patient-to-nurse ratios, too much work, and deficient managerial support that always show up as leading causes of burnout. Moreover, a diminished awareness of the psychiatric nursing due to the stigma of mental health care lowers the perceived level of depersonalization and personal achievement (Tao et al. 2024). Such results are also in line with the World Health Organization declaring the burnout as a workplace illness phenomenon that is associated with unexplored workplace stress.

Table: Summary of Results and Discussion on Burnout in Psychiatric Nurses

Theme	Findings from Literature	Discussion/Implications
Prevalence	Burnout affects 40–70% of psychiatric nurses globally, higher than in most other nursing specialties. Rates are consistently high in the	Indicates burnout is a global health crisis, not confined to a single region. Highlights urgent need for targeted, evidence-based

	U.S., Europe, Asia, and India.	interventions in psychiatric nursing.
Contributing Factors	- Organizational: staff shortages, heavy workload, long shifts, inadequate resources, lack of managerial support. - Patient-related: aggression, suicidality, trauma exposure, unpredictable behavior. - Personal: low resilience, poor coping mechanisms, limited support, younger/inexperienced staff. - Societal: stigma reduces recognition of psychiatric nursing.	Burnout is multifactorial and systemic. Solutions must address both structural inefficiencies and individual coping skills, while also combating stigma associated with psychiatric care.
Consequences	- Nurses: emotional exhaustion, depression, anxiety, compassion fatigue, physical health problems, job dissatisfaction. - Patients: reduced empathy, medical errors, lower care quality, poor adherence to treatment, weaker recovery outcomes. - Organizations: high turnover, absenteeism, presenteeism, recruitment/training costs, toxic workplace culture.	Burnout negatively impacts all levels of healthcare—individuals, patients, and systems. Without intervention, it worsens workforce shortages and undermines quality of psychiatric care.
Strategies to Reduce Burnout	- Organizational: adequate staffing, workload management, flexible scheduling, supportive leadership, mentorship, safe workplace culture. - Individual: mindfulness, resilience training, peer support, counseling, self-care practices. - Integrated: combining organizational reforms with personal interventions shows most effective, sustainable results.	Effective burnout prevention requires a holistic, two-level approach. Organizations must take accountability for systemic change, while also empowering nurses with tools to build resilience and cope with emotional demands.

The consequences outlined in the literature reveal that burnout has multidimensional impacts. For nurses, it leads to psychological distress, physical health problems, and compassion fatigue. For patients, it results in reduced empathy, increased medical errors, lower therapeutic engagement, and weaker recovery outcomes. For organizations, burnout generates high turnover, absenteeism, presenteeism, and increased financial costs related to recruitment and training (Ubom, 2024). Collectively, these outcomes threaten the sustainability of psychiatric services and exacerbate the global shortage of skilled mental health professionals. In terms of strategies to address burnout, the results indicate that both organizational and individual-level interventions are essential. Organizational strategies such as adequate staffing, flexible scheduling, leadership support, mentorship, and fostering psychologically safe workplace cultures have been shown to reduce stressors that contribute to burnout. Personal initiatives such as mindfulness training, resilience, building workshops, peer support concentrations, counseling, and self-care measures assist nurses in creating more effective coping techniques as well as handling emotional stress. Notably, combined systems (systemic workplace reform and individual resilience interventions) have proven to be more effective since they combat the cause of the issue (the workplace) as well as individual personal experiences of it (resilience) (Yang et al. 2024). In debate, it is clear burnout among presidential nurses is not a personal problem and it is not an isolated case because it is an occupational health disaster in the world. The sustained high prevalence rates across settings indicates that interventions have to be specific to both the availability of resources and to the cultural considerations whilst keeping a central theme of organizational accountability and empowerment of the nurse. Sustainable strategies to reduce burnout are not only of importance in improving nurse well-being, but also patient outcomes and ensuring a stronger mental health care environment.

CONCLUSION

The issue of burnout among psychiatric nurses evolves to be a major occupational health issue with impending consequences to the individuals, patients, and healthcare organization. The literature shows that the rate of burnout among psychiatric nursing is extremely high with the figures varying between 40-70 percent and it is due to organizational, patient, personal and societal factors. The aftermaths are multidimensional, bringing about poor well-being of nurses, poor quality patient care, and system level workforce unsteadiness. There is evidence that there should be a multifaceted approach in managing burnout. Approaches at the organization level, which are needed to avoid systemic stressors, include enhancing staffing ratios, providing leadership, and developing positive, supportive organizational culture, whereas measures at the individual level, needed to improve personal coping resources, include mindfulness, resilience building, peer support, and professional counseling. Significantly, combined systemic reforms with personal resilience training have shown the most solid results. The problem of burnout in psychiatric nurses is both crucial to the increased well-being of the nurses and job satisfaction, and to the provision of high-quality mental health care and healthcare system long-term sustainability.

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