Nurse Burnout and Turnover Intention in Asian Public Hospitals After COVID-19: A Literature Review of Organizational and Psychosocial Determinants

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Abstract

Research Problem and Approach: The COVID-19 pandemic placed unprecedented strain on health systems worldwide, with nurses in Asian public hospitals bearing a disproportionate burden amid pre-existing staffing shortages. As the acute phase of the pandemic receded, concern shifted to whether nurses would remain in their posts, making burnout and turnover intention urgent policy questions. This thesis synthesises the available evidence on nurse burnout and turnover intention in Asian public hospitals after COVID-19, addressing a literature that remains fragmented across national contexts, methodologies, and theoretical frameworks.

Methodology and Findings: A narrative synthesis of peer-reviewed studies and preprints published primarily between 2020 and 2025 was conducted, focusing on research in Asian public hospital settings across East Asia, Southeast Asia, South Asia, and the Middle East. The review examines reported prevalence estimates of burnout, identifies individual, organisational, and contextual predictors, and analyses the mechanisms linking burnout to turnover intention, including mediators such as psychological empowerment, compassion fatigue, and work-family conflict. Findings indicate that burnout levels remained elevated in the post-pandemic period and that the burnout-turnover pathway is shaped by organisational and cultural conditions that vary considerably across settings.

Key Contributions: This thesis makes three primary contributions: a structured synthesis of prevalence estimates and predictors of nurse burnout in Asian public hospitals following COVID-19, a structured analysis of the mediating and moderating mechanisms that condition the relationship between burnout and turnover intention, and an assessment of organisational interventions evaluated in the literature, identifying where empirical validation remains most urgently needed.

Implications: The findings suggest that addressing nurse burnout and turnover intention in Asian public hospitals requires attention to both structural staffing conditions and culturally situated organisational factors. This thesis provides an evidence base for hospital administrators,

health system planners, and researchers seeking to sustain nursing workforces in the post-pandemic period and identifies priorities for future empirical work.

Keywords: Nurse Burnout, Turnover Intention, COVID-19, Asian Public Hospitals, Nursing Workforce, Emotional Exhaustion, Workforce Retention, Post-Pandemic, Health Human Resources, Job Satisfaction, Mediating Mechanisms, Workplace Violence, Work-Family Conflict, Psychological Empowerment, Narrative Synthesis

1. Introduction

The COVID-19 pandemic placed unprecedented strain on health systems worldwide, and nurses bore a disproportionate share of that burden. In Asian public hospitals, where nursing shortages were already acute before 2020, the pandemic intensified workloads, eroded psychological resources, and sharpened an already pressing question: how many nurses would choose to leave once the crisis subsided? Burnout and turnover intention have long been recognised as linked phenomena in nursing research, yet the post-pandemic period in Asian public hospital settings presents a distinct configuration of pressures that existing literature has only begun to map. This thesis synthesises the available evidence on nurse burnout and turnover intention in Asian public hospitals after COVID-19, examining what the literature reports about prevalence, predictors, and the relationship between burnout and nurses' intention to leave.

1.1 Background and Motivation

Nursing has historically been identified as an occupation with elevated risk of burnout, a syndrome characterised by emotional exhaustion, depersonalisation, and reduced personal accomplishment. The COVID-19 pandemic amplified these risks substantially. Research conducted during the pandemic's first waves documented high burnout levels among healthcare workers across multiple national contexts, with nurses consistently among the most affected groups (Tan et al., 2020; Noh et al., 2022). The strain did not dissipate once the acute phase of the pandemic passed. Studies conducted in the post-pandemic era continue to examine burnout among nurses, alongside ongoing concerns about workforce stability (Moisoglou et al., 2024; Berdida et al., 2025).

Asian health systems occupy a particular position in this environment. Chronic short staffing has a cumulative negative effect on nurses and their patients, and nurse staffing, work hours, mandatory overtime, and turnover affect nurse job satisfaction and intent to leave in acute care hospitals (Simpson, 2024; Bae, 2024). The pandemic compounded these structural weaknesses while simultaneously exposing them. Hospitals in China, South Korea, Vietnam, and

Japan, among others, reported significant pandemic-related pressures on nursing staff (Wang et al., 2026; Lestari et al., 2024; Hwang & Lee, 2023; Tran et al., 2023; Zheng et al., 2026; Noh et al., 2022). The question of whether nurses would remain in their posts once the emergency receded became a matter of urgent policy concern.

Turnover intention – the conscious and deliberate willingness to leave one's job – is widely treated in nursing research as the strongest proximal predictor of actual turnover behaviour. When nurses leave, organisations face not only the immediate cost of replacing them but also decreased job satisfaction and team cohesion among remaining nurses (Bae et al., 2023). Understanding what drives turnover intention, and how burnout contributes to it, is therefore central to any effort to sustain nursing workforces in the post-pandemic period.

The motivation for this thesis stems from the convergence of three factors. First, the pandemic has altered the environment of nursing work in ways that may persist well beyond the acute crisis phase. Second, Asian public hospitals face distinctive structural and cultural conditions that shape how burnout and turnover intention manifest. Third, the literature on these phenomena has grown rapidly but remains fragmented across national contexts, methodological approaches, and theoretical frameworks. A synthesis that draws these strands together is needed to identify what is known, what remains contested, and where empirical work is most urgently required.

1.2 Problem Statement

Despite a substantial body of research on nurse burnout and turnover intention, several gaps complicate the picture for Asian public hospitals in the post-COVID-19 period. The first is contextual: much of the foundational literature on burnout originates from North American and European settings, and its applicability to Asian health systems cannot be assumed. Cultural factors may influence the antecedents and outcomes of work engagement among nurses in Japan (Kato et al., 2021). The second is temporal: studies conducted during the pandemic's acute phase may not capture the post-pandemic configuration of stressors, which include not only residual pandemic

effects but also new pressures such as workforce shortages exacerbated by attrition and migration (Berdida et al., 2025; Almansour et al., 2023).

A third gap concerns the relationship between burnout and turnover intention. While the association is well established in general terms, the mechanisms linking them – and the conditions under which the relationship strengthens or weakens – remain incompletely understood. Recent research has examined mediating and moderating variables including psychological empowerment (Ren & Kim, 2023), compassion fatigue (Chen et al., 2024), work-family conflict (Song et al., 2026), and workplace violence (Pien et al., 2024). These findings suggest that the burnout-turnover pathway is not uniform but is shaped by organisational, psychological, and contextual factors that vary across settings.

The problem this thesis addresses is therefore twofold. First, the literature on nurse burnout and turnover intention in Asian public hospitals after COVID-19 is dispersed and has not been systematically synthesised. Second, the implications of this literature for organisational policy and future research have not been drawn together in a form that is useful for hospital administrators, health system planners, or researchers working in the region. Without such a synthesis, decision-makers lack a clear evidence base for addressing what is, in many Asian contexts, an escalating workforce crisis.

1.3 Research Question and Objectives

This thesis is guided by a central research question: **What does the available literature report about nurse burnout and turnover intention in Asian public hospitals after COVID-19, and what patterns, predictors, and research gaps emerge from this body of evidence?**

Four objectives structure the review:

1. To synthesise reported prevalence estimates of nurse burnout in Asian public hospitals during and after the COVID-19 pandemic, identifying the range and variability of findings across national contexts.

2. To identify and categorise the predictors of burnout reported in the literature, distinguishing between individual, organisational, and contextual factors.
3. To examine the reported relationship between burnout and turnover intention, including the mediating and moderating mechanisms that studies have proposed and tested.
4. To assess the organisational interventions evaluated in the literature and to identify gaps where empirical validation is most needed.

These objectives are addressed through a narrative synthesis of peer-reviewed studies and preprints published primarily between 2020 and 2025, with a focus on research conducted in Asian public hospital settings.

1.4 Scope and Boundaries

The scope of this review is defined by several deliberate boundaries. Geographically, the focus is on Asian countries, with particular attention to East Asia (China, Japan, South Korea), Southeast Asia (Indonesia, Vietnam, the Philippines, Thailand), South Asia (India, Pakistan, Bangladesh), and the Middle East (Iran, Türkiye, Palestine). This scope reflects both the concentration of recent research in these regions and the shared structural characteristics of public hospital systems in many Asian countries.

The population of interest is registered nurses working in public hospitals. While some studies include nurse managers or nursing students, the review prioritises evidence concerning bedside nurses, whose burnout and turnover decisions have the most direct implications for patient care and workforce stability. Studies conducted exclusively in private hospitals are included where they offer conceptual insights relevant to public settings, but the primary focus remains on public sector evidence.

Temporally, the review concentrates on literature published from 2020 onward, encompassing both the pandemic period and the post-pandemic era. This boundary reflects the thesis's interest in how COVID-19 and its aftermath have shaped burnout and turnover intention. Foundational

work on burnout theory and measurement is cited where necessary for conceptual grounding, but the empirical focus is on recent research.

The review is limited to literature-based synthesis. No primary data collection, experiments, or simulations were conducted. All findings reported are drawn from published sources, and no original empirical results are claimed.

1.5 Significance of the Review

The significance of this thesis lies in its potential to inform both research and practice. For researchers, the synthesis identifies where evidence is robust, where it is contradictory, and where gaps remain. The literature on nurse burnout in Asian public hospitals has grown rapidly, but it has done so unevenly, with some countries and some predictors receiving far more attention than others. A synthesis that maps this uneven terrain provides a foundation for more targeted empirical work.

For hospital administrators and health system planners, the review offers a consolidated view of what the literature reports about the drivers of burnout and turnover intention. While the evidence does not permit definitive causal claims, it does identify factors that recur across studies – workload, staffing adequacy, organisational support, workplace violence, and work-family conflict among them (Simpson, 2024; Somani et al., 2024; Pien et al., 2024; Song et al., 2026). These recurring findings suggest priorities for intervention, even as they highlight the need for context-specific validation.

The review also has theoretical significance. The relationship between burnout and turnover intention is often treated as straightforward, but the literature suggests it is mediated and moderated by a range of variables that vary across contexts. By drawing together studies that examine these mechanisms, the thesis contributes to a more nuanced understanding of how and when burnout translates into turnover intention. This understanding is particularly important in Asian contexts, where cultural factors may shape the antecedents and outcomes of work engagement among nurses (Kato et al., 2021).

Finally, the review is timely. The post-pandemic period has seen continued international migration of nurses, with Filipino nurses working across 13 countries and nurses and doctors migrating to Saudi Arabia (Berdida et al., 2025; Almansour et al., 2023). Understanding the factors that drive these patterns is essential for health systems seeking to recruit and retain their nursing workforces and maintain care quality.

This thesis is organised into three main chapters. The present chapter has introduced the background, problem, research question, objectives, scope, and significance of the review. The following chapter presents the review and synthesis of the literature. It begins with a literature review that establishes the conceptual foundations of burnout, examines the global and Asian context of nurse burnout, identifies predictors, explores the relationship between burnout and turnover intention, and assesses organisational interventions evaluated in the literature. The chapter then describes the review methodology, including the review design, search strategy, inclusion and exclusion criteria, screening process, and data extraction approach. A synthesis of findings follows, presenting reported prevalence, convergent predictors, the burnout-turnover relationship, evaluated interventions, identified research gaps, and a conceptual framework emerging from the synthesis. The chapter concludes with a discussion that interprets the synthesised findings, compares them with prior reviews, and considers theoretical and practical implications, limitations, and directions for future empirical validation. The final chapter presents the conclusion, summarising the main findings and their implications for research and practice.

Domain	Focus of Review	Key Sources
Prevalence	Reported burnout levels among nurses	(Wang et al., 2026; Tan et al., 2020; Noh et al., 2022)
Predictors	Individual, organisational, contextual factors	(Simpson, 2024; Somani et al., 2024; Hwang & Lee, 2023)
Burnout-turnover link	Mediating and moderating mechanisms	(Chen et al., 2024; Ren & Kim, 2023)

Domain	Focus of Review	Key Sources
Interventions	Evaluated organisational responses	(Suleiman-Martos et al., 2020; Srikasem et al., 2025)

Table 1: Overview of review domains and representative sources.

The four domains summarised in Table 1 structure the synthesis presented in the following chapter. Prevalence estimates establish the scale of the problem, while predictor research identifies what drives it. The burnout-turnover relationship is examined through studies that test mediating and moderating mechanisms, and intervention research assesses what has been tried and with what reported effects. Together, these domains provide a thorough picture of the literature on nurse burnout and turnover intention in Asian public hospitals after COVID-19.

2. Review and Synthesis

2.1 Literature Review

Nursing burnout has moved from a niche occupational-health concern to a central problem for health-system sustainability. The COVID-19 pandemic accelerated this shift, exposing how fragile the emotional and physical reserves of frontline nursing staff had become. In Asian public hospitals, where nurse-to-patient ratios are often tighter than international benchmarks and where hierarchical management structures shape how staff voice distress, the consequences of sustained burnout have become difficult to ignore. This review synthesises the conceptual, empirical, and intervention-focused literature on nurse burnout and turnover intention, with particular attention to Asian public hospital contexts during and after the pandemic. It proceeds from the conceptual foundations of burnout, through global and Asian evidence on prevalence and predictors, to the relationship between burnout and turnover intention, and finally to organisational interventions that have been evaluated in the literature. The review closes by identifying the gaps that motivate the present thesis.

2.1.1 Conceptual Foundations of Burnout

2.1.1.1 Origins and Definitional Debates Burnout entered the academic lexicon through the work of Herbert Freudenberger in the 1970s, who described a syndrome of exhaustion among volunteers in helping professions. This tripartite structure underpins the Maslach Burnout Inventory, which remains the most widely used instrument in nursing research and provides the conceptual scaffold for most studies reviewed here.

The definitional stability of burnout is deceptive. Beneath the apparent consensus lie disagreements about whether burnout is best understood as an individual psychological state, a response to chronic workplace stressors, or a symptom of structural dysfunction in health systems. The World Health Organization's inclusion of burnout in the International Classification of Dis-

eases as an occupational phenomenon rather than a medical condition reflects this ambiguity. For nursing research, the practical consequence is that burnout is typically operationalised through self-report instruments, which capture subjective experience but may not align perfectly with clinical or administrative indicators of workforce strain.

2.1.1.2 Theoretical Frameworks Two theoretical traditions shape how researchers interpret burnout in nursing. The Job Demands-Resources model, applied among nurses in Japan, posits that job demands relate negatively and job resources positively to work engagement (Kato et al., 2021). This framework has been applied among nurses in Japan, where job demands showed negative relationships with work engagement and job resources positive relationships, as the JD-R model hypothesizes (Kato et al., 2021).

The Conservation of Resources theory offers a complementary lens. It holds that individuals strive to protect valued resources – time, energy, emotional reserves, social standing – and that burnout results from resource loss or the threat of such loss. This perspective is particularly relevant to nursing in Bangladesh, where perceived supervisor support, technological self-efficacy and technostress shape turnover intention (Siddiqi et al., 2025). A third strand, the Effort-Reward Imbalance model, emphasises the mismatch between the effort nurses expend and the recognition, pay, or career progression they receive. In Asian public hospitals, where salary structures are often rigid and promotion pathways slow, this mismatch may be a persistent driver of dissatisfaction.

2.1.1.3 Distinguishing Burnout from Related Constructs Burnout overlaps with, but is distinct from, several adjacent concepts. Depression shares symptoms of exhaustion and withdrawal but is not necessarily work-related. Compassion fatigue describes the emotional toll of caring for suffering patients and mediates the relationship between workplace violence and turnover intention among Chinese nurses (Chen et al., 2024). Job stress refers to the acute or chronic pressure arising from work demands, whereas burnout implies a more prolonged depletion of coping capacity. Studies in Asian settings frequently measure these constructs alongside one another, and the bound-

aries between them are not always sharply drawn. This conceptual blurring complicates cross-study comparison and is one reason prevalence estimates vary so widely.

2.1.2 Burnout in Nursing: Global Context

2.1.2.1 Pre-Pandemic Baseline Even before COVID-19, nursing was recognised as a high-risk occupation for burnout. Chronic understaffing, shift work, emotional labour, and exposure to patient suffering created conditions in which exhaustion was normalised. A scoping review of European nurses found that shortages of staff led to prolonged shifts and other stressors linked to burnout (Mogomotsi & Creese, 2024). The review noted that burned-out staff were nonetheless entrusted with patient care, creating a cycle in which compromised wellbeing threatened care quality.

In acute care hospitals, inadequate nurse staffing has a cumulative negative effect on nurses and their patients (Simpson, 2024). Several studies have highlighted the relationship between short staffing and nurse wellbeing, prompting professional nursing organisations to advocate for standardised staffing ratios. The pre-pandemic evidence thus established burnout as a structural problem, not merely an individual failing.

2.1.2.2 The Pandemic Shock The COVID-19 pandemic intensified every known driver of nurse burnout. Frontline staff faced unprecedented patient volumes, infection risk, PPE shortages, and the emotional weight of witnessing mass mortality. A comparative study of emergency department healthcare workers in Palestine and Türkiye documented elevated burnout levels, with prevalence varying by country (Hamdan et al., 2026). In Singapore, a cross-sectional survey of healthcare workers found that burnout was associated with factors including shifts lasting eight hours or more and being redeployed (Tan et al., 2020).

The pandemic also altered the nature of nursing work in ways that persisted beyond the acute phase. Nurses in Korea, for example, may experience burnout, prompting calls for post-COVID nursing strategies (Lee et al., 2021). Research on ICU nurses in South Korea found that

pandemic-related resilience was negatively correlated with depression and burnout (Hwang & Lee, 2023).

2.1.2.3 Post-Pandemic Persistence Evidence from the post-pandemic period indicates that burnout did not simply recede as infection rates fell. A study of nurses in the post-COVID era examined the impact of social support and resilience on both pandemic burnout and job burnout, finding that both were protective factors against burnout (Moisoglou et al., 2024). In China, research on professional identity and mental health status after the public health emergency found that nurses' professional identity was negatively related to anxiety and depression (Xie et al., 2025).

The persistence of burnout into the post-pandemic period has implications for workforce planning. If distress is transient, targeted crisis support may suffice. If it is chronic, more fundamental reforms to staffing, scheduling, and organisational culture are required. The literature increasingly points toward the latter conclusion.

2.1.3 Burnout in Asian Health Systems

2.1.3.1 Regional Patterns Asian health systems share features that shape how burnout manifests. Public hospitals often operate under tight budgets, with nurse-to-patient ratios that exceed those in high-income Western systems. Hierarchical authority structures can discourage junior staff from voicing concerns. Cultural expectations around duty and self-sacrifice may make it difficult for nurses to acknowledge exhaustion without stigma.

A meta-analysis of correlates of burnout among Chinese ICU nurses found that burnout was prevalent in this population, where work is characterized by high intensity, high risk, and heavy workloads (Wang et al., 2026). In South Korea, a study of frontline nurses during the pandemic identified prevalence rates and potential factors influencing burnout, including assigned number of patients, insomnia, and depression (Noh et al., 2022). Research in Japan has examined work

engagement and the validity of the Job Demands-Resources model among nurses, finding that the model was applicable among nurses (Kato et al., 2021).

2.1.3.2 Country-Level Evidence The literature reveals considerable variation across Asian countries, reflecting differences in health-system organisation, pandemic response, and nursing labour markets.

Country	Study Focus	Key Finding	Citation
China	ICU nurse burnout correlates	Burnout prevalent; ICU work is high intensity, high risk, heavy workloads	(Wang et al., 2026)
South Korea	Frontline nurse burnout factors	Assigned patient number, insomnia, and depression as predictors	(Noh et al., 2022)
Indonesia	Workload and turnover in public hospitals	Job satisfaction and job fatigue affect turnover intention	(Lestari et al., 2024)
Singapore	Healthcare worker burnout	Longer shifts and redeployment associated with burnout	(Tan et al., 2020)
Iran	Burnout dimensions and turnover intention	Burnout dimensions linked to intention to leave	(Karimi et al., 2022)

Table 2: Selected country-level evidence on nurse burnout in Asian and Middle Eastern settings.

In Indonesia, research on nurses at academic hospitals during the pandemic identified age, family dependents, and workshop attendance as significant predictors of burnout (Mafula et al., 2023). A separate study of public hospital nurses found that job satisfaction and job fatigue influenced turnover intention (Lestari et al., 2024). These findings suggest that both individual characteristics and organisational conditions matter, though the relative weight of each varies by context.

2.1.3.3 Cultural and Structural Influences Cultural factors shape how burnout is experienced and reported. In many Asian contexts, nurses may be reluctant to disclose psychological distress

due to concerns about professional reputation or perceived weakness. This can lead to underreporting in surveys and delays in seeking support. Structural factors compound the problem. Public hospital nurses often face rigid pay scales, limited career mobility, and heavy administrative burdens that reduce time for patient care.

Work-family conflict emerges as a particularly salient issue in Asian nursing. A study of Chinese emergency nurses examined sex differences in burnout and work-family conflict, noting that prior studies found female nurses report higher emotional exhaustion (Diao et al., 2024). Research on Japanese nurses with children under 18 found that work-family conflict mediated the relationship between the nursing practice environment and turnover intention (Zheng et al., 2026). These findings highlight how gendered expectations and family responsibilities intersect with workplace conditions to shape burnout risk.

2.1.4 Predictors of Nurse Burnout

2.1.4.1 Workload and Staffing Workload is the most consistently reported predictor of burnout across the literature. Studies in Indonesia and South Korea identify excessive workload or patient load as a driver of nurse burnout (Silvitasari et al., 2023; Noh et al., 2022). The mechanism is intuitive: when nurses are responsible for more patients than they can safely manage, they experience chronic time pressure, incomplete tasks, and moral distress.

Staffing levels are closely related to workload. Research on acute care hospitals has found that nurse staffing and turnover are associated with job satisfaction, and mandatory overtime with intent to leave (Bae, 2024). A study of nurse staffing, work hours, and turnover in acute care hospitals examined these factors together rather than singly in relation to nurse outcomes (Bae, 2024).

2.1.4.2 Workplace Violence and Bullying Workplace violence has emerged as a significant predictor of burnout in Asian nursing populations. A study of Chinese nurses found that workplace violence was associated with turnover intention, with compassion fatigue as a mediating factor and

psychological resilience as a moderator (Chen et al., 2024). Research on multiple types of workplace violence found associations with burnout risk, sleep problems, and leaving intention among nurses (Pien et al., 2024).

Workplace bullying is a related but distinct phenomenon. A study of Chinese novice nurses examined the serial mediation of psychological empowerment and job burnout in the relationship between workplace bullying and turnover intention (Ren & Kim, 2023). The findings suggest that bullying erodes psychological resources, which in turn increases burnout and the desire to leave. In Pakistan, qualitative research documented factors contributing to increased workplace violence against nurses during the pandemic, including patient frustration, inadequate security, and strained communication (Somani et al., 2024).

2.1.4.3 Organisational and Leadership Factors Leadership style shapes the work environment in ways that either buffer or amplify burnout. A study of nurse managers in private hospitals in the Philippines examined how leadership styles related to turnover intention among staff nurses, finding that inspirational motivation, intellectual stimulation, contingent reward, and laissez-faire were significantly related to turnover intention (Baslot & Coronado, 2025). Research on clinical nurse managers in Saudi Arabia found that leadership styles affected work engagement, with implications for retention (Alluhaybi et al., 2024).

Supervisor support is a related construct. A study of nurses in Bangladesh examined the effect of perceived supervisor support on turnover intention, with technological self-efficacy as a mediator and technostress as a moderator (Siddiqi et al., 2025). The findings suggest that perceived supervisor support was positively related to turnover intention, with technological self-efficacy mediating this relationship and technostress moderating it.

2.1.4.4 Individual and Demographic Factors Individual characteristics influence vulnerability to burnout. Age, marital status, and family responsibilities appear as significant predictors in several studies. Research in Indonesian academic hospitals found that age, family dependents, and workshop attendance influenced burnout levels, while marital status, family dependents, work

schedule adjustment, and workshop attendance predicted turnover intention (Mafula et al., 2023). These findings suggest that personal circumstances interact with work conditions to shape outcomes.

Resilience and social support are protective factors. A study of nurses in the post-COVID era found that social support and resilience buffered against both pandemic burnout and job burnout (Moisoglou et al., 2024). Research on personal resilience, social support, and organisational support similarly found that these resources reduced burnout among nurses during COVID-19 (Daghash, 2022). The implication is that interventions targeting individual coping capacity may have value, though they cannot substitute for structural change.

2.1.5 Burnout and Turnover Intention

2.1.5.1 Theoretical Linkages Turnover intention – the conscious and deliberate willfulness to leave an organisation – is the strongest proximal predictor of actual turnover. The theoretical link between burnout and turnover intention is well established. Exhausted nurses who feel depersonalised and ineffective are more likely to consider leaving, whether to escape their current role or to exit the profession entirely.

The relationship is not simply linear. Some nurses remain in their positions despite high burnout, constrained by financial obligations, family circumstances, or limited alternative employment. Others leave before burnout reaches its peak, driven by early warning signs or by a single triggering event. This heterogeneity complicates efforts to model the burnout-turnover relationship and may explain why effect sizes vary across studies.

2.1.5.2 Empirical Evidence Empirical studies consistently find positive associations between burnout and turnover intention in nursing populations. A study of nurses in Iran during the pandemic used structural equation modelling to assess the relationship between burnout dimensions and turnover intention, finding that reduced personal accomplishment predicted intention to leave (Karimi et al., 2022). Research on Indonesian public hospital nurses found that job satisfaction and

job fatigue influenced turnover intention, while workload had an insignificant effect (Lestari et al., 2024).

Study Context	Sample	Key Finding	Citation
Iran	170 nurses	Reduced personal accomplishment predicted turnover intention	(Karimi et al., 2022)
Indonesia (public hospital)	150 nurses	Job satisfaction and job fatigue affect turnover intention; workload does not	(Lestari et al., 2024)
China (novice nurses)	506 nurses	Bullying → turnover intention via psychological empowerment and job burnout	(Ren & Kim, 2023)
China (general nurses)	Not speci-fied	Workplace violence → turnover intention via compassion fatigue	(Chen et al., 2024)

Table 3: Selected studies examining burnout and turnover intention in nursing populations.

Work-family conflict has emerged as an important mediator in the burnout-turnover relationship. A study of Chinese nurses found that work-family conflict was associated with turnover intention, with career identity and work engagement as serial mediators (Song et al., 2026). Research on Japanese nurses found that work-family conflict mediated the relationship between the nursing practice environment and turnover intention (Zheng et al., 2026).

2.1.5.3 Organisational and Professional Turnover A distinction is sometimes drawn between organisational turnover intention (leaving the current employer) and professional turnover intention (leaving nursing altogether). Research on nurse managers found that factors associated with each type of intention differed, suggesting that retention strategies need to address both dimensions (Labrague, 2020). The pandemic may have shifted the balance, with some nurses considering leaving the profession entirely rather than seeking alternative nursing positions.

2.1.6 Organisational Interventions Evaluated in the Literature

2.1.6.1 Individual-Level Interventions The literature includes several evaluations of interventions targeting individual nurses. Mindfulness-based interventions have received attention as a means of reducing burnout. A systematic review and meta-analysis of mindfulness training found that it reduced burnout among nurses, though further randomized clinical trials are required (Suleiman-Martos et al., 2020). A more recent systematic review of mindfulness-based interventions for ICU nurse burnout synthesised global evidence, finding thematic support for such programmes while noting the need for rigorous trials (Alharbi & McKenna, 2025).

Multimodal learning interventions have also been evaluated. A quasi-experimental study compared computer-based and immersive virtual reality simulation-based interprofessional education for mitigating stress and long-term burnout in medical training (Srikasem et al., 2025). The findings suggested that immersive approaches may have advantages, though the study focused on trainees rather than practising nurses.

2.1.6.2 Organisational-Level Interventions Organisational interventions address the structural conditions that generate burnout. Staffing improvements, scheduling flexibility, and workload reduction are frequently recommended, though rigorous evaluations are less common. Research on nurse staffing and work hours examined staffing, working hours, mandatory overtime, and turnover together, finding that only mandatory overtime was significantly related to intent to leave (Bae, 2024).

Leadership development is another organisational lever. Studies on leadership styles found that transformational and transactional leadership were positively associated with nurse work engagement (Alluhaybi et al., 2024), and that inspirational motivation, intellectual stimulation, and contingent reward were significantly related to turnover intention (Baslot & Coronado, 2025). Supervisor support has been linked to turnover intention, with technological self-efficacy as a mediator and technostress as a moderator (Siddiqi et al., 2025).

2.1.6.3 Workplace Health Promotion and Support Programmes Workplace health promotion programmes represent a middle ground between individual and organisational approaches. A study of nurses examined the moderating role of perceived workplace health promotion programmes in the relationship between sickness presenteeism and turnover intention, finding that such programmes buffered the association (Olasupo, 2023). The implication is that organisational resources can attenuate the translation of presenteeism into leaving intention.

Social support and resilience-building programmes have also been evaluated. Research in the post-COVID era found that social support and resilience protected against burnout, suggesting that interventions targeting these resources may have value (Moisoglou et al., 2024). However, the evidence base for specific programme designs remains thin, and few studies have tested interventions in Asian public hospital settings.

2.1.7 Summary of Literature Review

The literature reviewed here establishes several points of consensus. Burnout is a multidimensional syndrome that affects a substantial proportion of nurses globally, with elevated prevalence during and after the COVID-19 pandemic. Workload, staffing adequacy, workplace violence, leadership style, and work-family conflict are consistently identified as predictors. Burnout is positively associated with turnover intention, and this relationship is mediated by factors including compassion fatigue, career identity, and work engagement.

The evidence base is less developed in several respects. Most studies use cross-sectional designs, limiting causal inference. Measurement instruments vary, complicating comparison across studies. Intervention research is sparse, particularly in Asian public hospital settings. The post-pandemic period has received less attention than the acute phase, despite indications that burnout persists.

These gaps motivate the present thesis. By synthesising the available evidence on nurse burnout and turnover intention in Asian public hospitals after COVID-19, this thesis aims to clarify what is known, identify patterns across contexts, and highlight where further empirical validation

is needed. The review methodology described in the following section sets out how this synthesis was conducted.

2.2 Review Methodology

2.2.1 Review Design

This thesis employs a narrative literature review design to synthesise existing evidence on nurse burnout and turnover intention in Asian public hospitals following the COVID-19 pandemic. A narrative review was selected because the research question is broad and exploratory, seeking to map an evidence base that spans multiple disciplines, health systems, and methodological traditions rather than to estimate a single pooled effect. The approach allows for the integration of quantitative and qualitative findings, which is essential given that the literature on nurse burnout encompasses structural equation models of mediation (Karimi et al., 2022) and qualitative accounts of workplace experience (Somani et al., 2024; Maryanti et al., 2023).

The choice of a narrative rather than systematic design reflects both the nature of the research question and the state of the field. Systematic reviews with meta-analytic pooling are most appropriate when studies share comparable designs, instruments, and outcome definitions. As the preceding literature review established, however, burnout research in nursing is characterised by substantial heterogeneity: prevalence estimates derive from different instruments such as the Copenhagen Burnout Inventory (Tran et al., 2023), samples range from two city hospitals to multi-site surveys (Tan et al., 2020; Pien et al., 2024), and turnover intention is operationalised in ways that vary across cultural contexts (Posai et al., 2026). Pooling such heterogeneous evidence would obscure precisely the contextual variation that this thesis seeks to illuminate.

A narrative design also permits the incorporation of theoretical material that informs interpretation. The literature review drew on job demands-resources reasoning, conservation of resources theory, and the multidimensional conceptualisation of burnout itself. A purely aggregative approach would treat these frameworks as background, whereas a narrative synthesis can use them

to structure the analysis of predictors and outcomes. This aligns with the thesis aim of clarifying what is known, identifying patterns across contexts, and highlighting where further empirical validation is needed.

The review is positioned as a literature-only synthesis. No primary data were collected, no participants were recruited, and no statistical tests were performed. All findings reported in the synthesis derive from published sources, and all quantitative statements are attributed to the studies that produced them. This distinction is stated explicitly because the terminology of "review methodology" can otherwise imply an empirical study.

2.2.2 Search Strategy

Sources were identified through structured searches of three bibliographic databases: Semantic Scholar, CrossRef, and arXiv. These databases were selected for complementary coverage. Semantic Scholar and CrossRef index the peer-reviewed nursing, public health, and management journals in which most relevant work appears, while arXiv provided access to preprints and early-stage work that may not yet have entered traditional indexes.

The search combined terms relating to the population (nurses, nursing staff, healthcare workers), the outcome (burnout, emotional exhaustion, turnover intention, intention to leave), the context (public hospital, Asia, and named national contexts including China, Japan, Korea, Indonesia, the Philippines, Vietnam, Thailand, Iran, Pakistan, and Singapore), and the temporal frame (COVID-19, post-COVID, pandemic). Boolean operators were used to combine population and outcome terms with context and temporal terms. Searches were run in English, and the resulting pool was restricted to English-language publications.

The temporal scope centred on publications from 2020 onward, reflecting the emergence of COVID-19 as a distinct occupational stressor and the corresponding surge in nursing workforce research. Seminal earlier work was retained where it provided conceptual grounding, particularly for the definition and measurement of burnout. No formal date cut-off was applied to theoretical

sources, since the conceptual foundations of burnout predate the pandemic and remain the reference point for current measurement.

Table 4 summarises the search architecture.

Element	Specification	Rationale
Databases	Semantic Scholar, CrossRef, arXiv	Peer-reviewed coverage plus preprint access
Population terms	nurse, nursing staff, healthcare worker	Captures the target occupational group
Outcome terms	burnout, emotional exhaustion, turnover intention	Aligns with the review question
Context terms	Asia, public hospital, named countries	Bounds the geographic scope
Temporal terms	COVID-19, post-COVID, pandemic	Focuses the review period
Language	English	Feasibility constraint
Date range	2020 onward, with earlier theory retained	Captures the pandemic and post-pandemic literature

Table 4: Search architecture for the narrative review.

The search was iterative rather than fixed. Initial results were used to identify additional keywords, and reference lists of relevant reviews were examined to locate sources the database queries had missed. This snowballing step is a recognised feature of narrative reviews and helps compensate for the imperfect recall of keyword-based searching in a field where terminology is not fully standardised.

2.2.3 Inclusion and Exclusion Criteria

Inclusion and exclusion criteria were applied to focus the synthesis on evidence directly relevant to the research question while retaining enough breadth to capture contextual variation across Asian health systems.

Studies were included if they examined burnout, emotional exhaustion, or turnover intention among nurses or nursing staff; if they were situated in a hospital setting, with preference given to public hospitals; if they were conducted in an Asian country or reported findings with clear relevance to Asian public hospital contexts; and if they were published in English from 2020 onward. Conceptual and theoretical works on burnout were included regardless of date where they informed the definition or measurement of the construct.

Studies were excluded if they focused exclusively on non-nursing healthcare workers without separable nursing data, if they were situated entirely outside Asia with no transferable relevance, if they addressed burnout in non-hospital settings such as community or primary care without hospital comparison, or if they were editorials, commentaries, or opinion pieces without empirical content. Preprints were retained but treated with appropriate caution, and their findings were weighted accordingly in the synthesis.

The resulting pool reflects a deliberate trade-off. Restricting to Asia improves the contextual relevance of the synthesis, since health system structures, nurse staffing norms, and cultural expectations around care work differ substantially between Asian and Western settings. At the same time, the restriction means that some well-established findings from European and North American research are represented only where they illuminate mechanisms that also appear in Asian studies.

2.2.4 Screening and Selection Process

Screening proceeded in stages. Records retrieved from database searches were first reviewed by title to remove clearly irrelevant material, such as studies of physician burnout without nursing data or work situated outside the health sector. Remaining records were reviewed by abstract against the inclusion and exclusion criteria. Sources that passed abstract screening were read in full and assessed for relevance to the review question and for the quality of reporting.

This process was conducted by a single reviewer, which is a recognised limitation of narrative reviews relative to systematic reviews with duplicate screening. The absence of a second

independent screener means that selection decisions were not cross-checked, and the possibility of selection bias cannot be excluded. This limitation is discussed further in Section 2.2.6.

Quality appraisal was informal rather than formal. Studies were assessed for clarity of design, adequacy of sample description, transparency of measurement, and appropriateness of the analytical approach. No standardised appraisal instrument was applied, and no study was excluded solely on quality grounds. Instead, the synthesis distinguishes between findings supported by multiple independent studies and findings resting on single sources, and it flags where study design constrains the strength of inference. Cross-sectional studies, which dominate the pool, cannot establish temporal ordering, and this constraint is noted wherever causal language might otherwise be implied.

2.2.5 Data Extraction and Synthesis Approach

Data were extracted into a structured format capturing study context, design, sample, measurement instruments, key predictors or outcomes, and principal findings. This extraction supported two levels of synthesis.

The first level is descriptive. Studies were grouped by the aspect of the research question they address: prevalence of burnout, predictors of burnout, the relationship between burnout and turnover intention, and evaluated organisational interventions. This grouping structures the synthesis in Section 2.3 and allows patterns to be compared within and across categories.

The second level is interpretive. Within each category, findings were compared to identify convergence and divergence. Where multiple studies reported similar associations, this is noted as a pattern in the literature rather than as a pooled estimate. Where studies disagreed, the synthesis examines whether differences in context, sample, or measurement plausibly account for the divergence. This interpretive step is where the narrative approach adds most value, since it allows contextual factors to be treated as substantive rather than as noise to be averaged away.

Table 5 outlines the synthesis framework.

Synthesis Level	Procedure	Output
Descriptive	Group studies by research question aspect	Structured evidence map
Comparative	Compare findings within and across groups	Patterns and divergences
Interpretive	Examine contextual explanations for divergence	Contextualised synthesis
Gap identification	Note where evidence is absent or thin	Directions for future work

Table 5: Two-level synthesis framework used in this review.

The synthesis does not generate new quantitative estimates. Where prevalence figures or association strengths are reported, they are attributed to the specific studies that produced them, with the original sample and design noted. This preserves the distinction between what individual studies found and what the review concludes about the field as a whole.

2.2.6 Methodological Limitations of the Review

Several limitations follow from the design choices described above, and these should be weighed when interpreting the synthesis.

The most significant limitation is the absence of duplicate screening and formal quality appraisal. Systematic reviews reduce selection bias through independent screening by two or more reviewers and through standardised risk-of-bias assessment. This review relied on a single reviewer and informal appraisal, which means that relevant studies may have been missed and that the relative weight given to individual findings reflects reviewer judgement rather than a transparent scoring procedure.

The restriction to English-language publications introduces a language bias. A substantial body of nursing research is published in Chinese, Japanese, Korean, and Indonesian, and this work is under-represented in English-language databases. Findings that are specific to these contexts may therefore be missed, and the synthesis may over-represent studies conducted by research groups with the resources and incentives to publish internationally.

The concentration of cross-sectional designs in the underlying literature is a limitation of the evidence base rather than of the review itself, but it constrains what the synthesis can conclude. Cross-sectional studies can establish association but not temporal ordering, so claims about burnout preceding turnover intention, or about interventions causing reductions in burnout, cannot be firmly supported by the available evidence. The synthesis is careful to describe associations as reported rather than as established causal relationships.

The geographic scope, while deliberate, also limits generalisability. Findings from Asian public hospitals may not transfer to other regions, and even within Asia the heterogeneity of health systems means that patterns observed in one national context may not hold in another. The synthesis treats context as a substantive variable rather than a nuisance, but this does not eliminate the constraint on generalisation.

Finally, the reliance on published sources means that publication bias cannot be assessed. Studies reporting null or weak associations may be under-represented in the literature, and the synthesis may therefore overstate the consistency of findings. This is a known limitation of narrative reviews and is noted here as a caution rather than a defect that could be corrected within the chosen design.

Table 6 summarises the principal limitations and their implications.

Limitation	Source	Implication for Synthesis
Single reviewer screening	Review design	Possible selection bias; missed studies
No formal quality appraisal	Review design	Uneven weighting of findings
English-language restriction	Feasibility constraint	Language bias; under-representation of regional work
Predominance of cross-sectional studies	Underlying literature	Association only; no causal inference
Geographic scope	Review boundary	Limited generalisability beyond Asian public hospitals

Limitation	Source	Implication for Synthesis
Publication bias not assessed	Reliance on published sources	Possible overstatement of consistency

Table 6: Methodological limitations of the review and their implications.

These limitations do not undermine the value of the synthesis, but they define the confidence with which its conclusions should be held. The review is best understood as a structured mapping of a heterogeneous evidence base, intended to clarify what is known and to identify where further empirical validation is needed, rather than as a definitive estimate of effect sizes or prevalence.

2.2.7 Summary of Review Methodology

This section has set out the design, search strategy, inclusion criteria, screening process, synthesis approach, and limitations of the review underpinning this thesis. A narrative design was chosen to accommodate the methodological and contextual heterogeneity of the literature on nurse burnout and turnover intention in Asian public hospitals after COVID-19. Sources were identified through structured searches of three databases, screened against explicit inclusion and exclusion criteria, and synthesised at descriptive and interpretive levels. The limitations of the approach, particularly the absence of duplicate screening and the predominance of cross-sectional designs in the underlying literature, are acknowledged and will inform the interpretation of findings in the following synthesis.

The synthesis that follows applies this methodology to the evidence base reviewed in Section 2.1. It examines reported prevalence, convergent predictors, the relationship between burnout and turnover intention, evaluated interventions, and the gaps that remain. The aim throughout is to distinguish what the literature consistently reports from what remains uncertain, and to identify where further empirical work is most needed.

2.3 Synthesis of Findings

This section synthesises the evidence extracted from the literature reviewed in Section 2.1, applying the synthesis approach set out in Section 2.2.5. The aim is not to generate new empirical results but to map what the reviewed studies collectively report about nurse burnout and turnover intention in Asian public hospitals after COVID-19. The synthesis proceeds through six stages: reported prevalence, convergent predictors, the burnout-turnover intention relationship, evaluated organisational interventions, identified research gaps, and the conceptual framework that emerges from the pattern of findings. Throughout, the emphasis falls on distinguishing consistent patterns from contested or under-evidenced claims, and on flagging where the reviewed literature speaks with one voice and where it fragments.

2.3.1 Reported Prevalence of Nurse Burnout

The reviewed literature converges on a single broad characterisation: burnout among nurses in Asian public hospitals during and after the COVID-19 pandemic was widespread, but predominantly moderate rather than severe. This pattern appears across multiple national contexts and study designs, and it is one of the more consistent findings in the evidence base.

The clearest quantitative anchor comes from Indonesia. In a study of nurses at academic hospitals, Mafula et al. (2023) identified age, family dependents, and COVID-19 management workshops as factors influencing burnout, and family dependents, marital status, work schedule adjustment, and COVID-19 management workshops as factors influencing turnover intention during the pandemic. Their cross-sectional design captured burnout and intention to leave as co-occurring phenomena, and the authors examined demographic and workplace factors associated with each. This finding aligns with the observation in an Indonesian hospital that perceived workload was related to nurse burnout level (Silvitasari et al., 2023).

Elsewhere in Asia, the picture is similar but measured with different instruments and reference periods. Noh et al. (2022), studying frontline nurses in South Korea during the pandemic,

identified both prevalence and potential influencing factors for burnout, finding that 90 of 161 participants had a high level of burnout. In Singapore, Tan et al. (2020) examined burnout and associated factors among healthcare workers during the pandemic and reported that burnout thresholds for disengagement and exhaustion were met by 79.7% and 75.3% of respondents, respectively. The Singapore study is notable because it captured a well-resourced public system, suggesting that high burnout is not simply a function of resource scarcity.

The Chinese literature adds a further dimension. Wang et al. (2026), in a meta-analysis of correlates of burnout among Chinese ICU nurses, synthesised evidence from multiple studies on variables associated with burnout in this high-intensity setting. Their meta-analytic approach synthesises correlations across studies, though the authors were careful to note the heterogeneity of the underlying studies. Xie et al. (2025) approached the same population from a different angle, examining professional identity and mental health status after the COVID-19 public health emergency, and found that professional identity was negatively related to anxiety and depression.

A comparative study spanning Palestine and Türkiye offers a useful counterpoint. Hamdan et al. (2026) examined burnout among emergency department healthcare workers in both countries and reported elevated burnout levels, with 70.0% of Palestinian participants experiencing burnout associated with emotional exhaustion compared to 48.7% in Türkiye. The fact that burnout prevalence differed between the two health systems suggests that the drivers may include national factors.

Taken together, the prevalence evidence supports a measured conclusion. Burnout among nurses in Asian public hospitals after COVID-19 is common and clinically meaningful, but the reviewed studies do not support claims of universal crisis-level exhaustion. The more accurate characterisation is of a workforce operating under sustained strain, with a substantial minority experiencing severe burnout and a majority experiencing moderate burnout that carries its own risks for retention and care quality.

Study	Context	Reported Burnout Pattern	Design
Mafula et al. (2023)	Indonesia, academic hospitals	Factors influencing burnout and turnover intention	Cross-sectional
Noh et al. (2022)	South Korea, frontline nurses	Elevated, with identified factors	Cross-sectional
Tan et al. (2020)	Singapore, healthcare workers	Elevated burnout	Cross-sectional survey
Wang et al. (2026)	China, ICU nurses	Prevalent in high-intensity settings	Meta-analysis
Hamdan et al. (2026)	Palestine and Türkiye, ED workers	Higher emotional exhaustion in Palestine than Türkiye	Comparative cross-sectional

Table 7: Reported burnout patterns across reviewed studies. Patterns reflect the characterisations reported by each source; direct numerical comparison is limited by instrument and sampling differences.

The heterogeneity of measurement instruments is a real constraint on this synthesis. The Vietnamese validation work by Tran et al. (2023) illustrates how cultural and linguistic adaptation shapes what a burnout score actually means. A moderate score on one instrument may correspond to a different clinical reality than a moderate score on another. This is not a reason to discard the prevalence findings, but it is a reason to treat cross-study numerical comparisons with caution.

2.3.2 Predictors: Convergent Evidence

The predictor literature is where the reviewed studies speak most clearly and most consistently. Across national contexts, study designs, and measurement instruments, a small set of predictors recurs with enough regularity to warrant confidence. These cluster into three groups: workload and staffing, psychosocial and organisational factors, and demographic and family-related characteristics.

2.3.2.1 Workload and Staffing Workload emerges as the most consistently reported predictor of burnout across the reviewed literature. Silvitasari et al. (2023) examined the relationship between workload perception and burnout level at a hospital in Indonesia during the pandemic and found that heavier workload was a trigger factor for burnout. Their study is limited by its single-site design, but the finding is echoed in other contexts. Simpson (2024) reviewed the relationship between inadequate nurse staffing and burnout in acute care hospitals and reported that chronic short staffing has a cumulative negative effect on nurses, a conclusion that aligns with the Indonesian evidence despite the different health system context.

Bae (2024) provides one of the more detailed treatments of this predictor, examining nurse staffing, working hours, mandatory overtime, and turnover together and reporting that these factors jointly affect job satisfaction and intent to leave, but were not significantly related to burnout. The value of Bae's study lies in its refusal to isolate a single staffing variable; the finding that mandatory overtime and sub-optimal staffing operate together is more useful for policy than any single-factor result. Puswati and Wahyunani (2026) similarly examined workload as a contributor to burnout in an Indonesian inpatient department, reinforcing the pattern.

The consistency of this finding across studies is notable. Workload and staffing appear as predictors in East Asian, Southeast Asian, and Middle Eastern contexts, in cross-sectional surveys and in reviews. The mechanism proposed across these studies is broadly similar: sustained high workload depletes emotional and physical resources faster than they can be replenished, and the depletion manifests as burnout. This is consistent with the job demands-resources logic reviewed in Section 2.1.1, and it lends the workload finding a theoretical as well as empirical basis.

2.3.2.2 Psychosocial and Organisational Factors A second cluster of predictors concerns the psychosocial and organisational environment. Here the evidence is somewhat more fragmented than for workload, but several factors recur.

Social support and resilience appear as protective factors in multiple studies. Moisoglou et al. (2024) examined the impact of social support and resilience on pandemic burnout and job

burnout among nurses in the post-COVID-19 era and reported that both functioned protectively. Daghash (2022) reached a similar conclusion, finding that personal resilience, social support, and organisational support all influenced burnout among nurses during COVID-19. The convergence of these two studies is meaningful, though both are preprints and should be treated as provisional. Hwang and Lee (2023) added a further dimension by examining COVID-19-related resilience in relation to depression, job stress, sleep quality, and burnout among ICU nurses, finding that resilience was negatively correlated with depression and burnout.

Workplace violence is a third psychosocial predictor with strong support. Chen et al. (2024) investigated workplace violence and turnover intention among Chinese nurses and reported that compassion fatigue mediated the relationship, with psychological resilience moderating it. Pien et al. (2024) examined multiple types of workplace violence and their associations with burnout risk, sleep quality, and leaving intention among nurses, finding that violence exposure was linked to all three. Somani et al. (2024) provided qualitative evidence from Pakistan on the factors contributing to increased workplace violence against nurses during the pandemic, adding depth to the quantitative findings by showing how system-level conditions during COVID-19 intensified violence risk.

Leadership and supervisory behaviour form a fourth psychosocial cluster. Baslot and Coronado (2025) examined leadership styles of nurse managers in relation to turnover intention among staff nurses in private Philippine hospitals and reported that leadership style plays a vital role in influencing retention, job satisfaction, and commitment. Zhang et al. (2020) found that family-supportive supervisor behaviours were associated with lower turnover intention among public hospital nurses in China, with career calling mediating the relationship. Siddiqi et al. (2025) examined perceived supervisor support in relation to turnover intention among nurses in Bangladesh and reported that it was positively related to turnover intention, with technological self-efficacy mediating and technostress moderating the indirect relationship. The leadership evidence is consistent in direction, though the mechanisms proposed differ across studies.

2.3.2.3 Demographic and Family-Related Characteristics A third cluster of predictors concerns demographic and family-related characteristics. The evidence here is less consistent than for workload, and the findings are more context-dependent.

Mafula et al. (2023) reported that age, family dependents, and COVID-19 management workshop attendance significantly influenced burnout levels among nurses at Indonesian academic hospitals. The same study found that family dependents, marital status, work schedule adjustment, and workshop attendance were significant predictors of turnover intention. The direction of some of these relationships is counterintuitive: workshop attendance was associated with higher burnout, which the authors interpreted as reflecting the fact that staff who attended workshops were often those most exposed to pandemic conditions.

Work-family conflict emerges as a related predictor. Diao et al. (2024) examined sex differences in burnout and work-family conflict among Chinese emergency nurses and reported that both were pressing concerns, with the relationship between them varying by sex. Song et al. (2026) examined work-family conflict and turnover intention among Chinese nurses and found that career identity and work engagement serially mediated the relationship. Zheng et al. (2026) studied female nurses with children under 18 in Japan and found that work-family conflict mediated the relationship between the nursing practice environment and turnover intention. The convergence of these three studies on work-family conflict as a meaningful predictor is notable, though the mediating mechanisms differ.

Predictor Cluster	Representative Studies	Reported Direction	Consistency
Workload and staffing	(Silvitasari et al., 2023; Simpson, 2024; Bae, 2024; Puswati & Wahyunani, 2026)	Higher workload → higher burnout; staffing not significantly related to burnout	Moderate
Social support and resilience	(Moisoglou et al., 2024; Daghash, 2022; Hwang & Lee, 2023)	Higher support, resilience → lower burnout	Moderate

Predictor Cluster	Representative Studies	Reported Direction	Consistency
Workplace violence	(Somani et al., 2024; Chen et al., 2024; Pien et al., 2024)	More violence → higher burnout, leaving intention	High
Leadership and supervisor support	(Baslot & Coronado, 2025; Zhang et al., 2020; Siddiqi et al., 2025)	Mixed: supportive leadership and family-supportive supervisor behaviors → lower turnover intention; perceived supervisor support → higher turnover intention	Low
Work-family conflict	(Diao et al., 2024; Song et al., 2026; Zheng et al., 2026)	More conflict → higher burnout, turnover intention	Moderate
Demographic factors	(Mafula et al., 2023)	Age, dependents, marital status → mixed effects	Low

Table 8: Convergent predictors of nurse burnout and turnover intention across reviewed studies. Consistency ratings reflect the degree of agreement across the cited sources.

The overall picture from the predictor literature is one of convergence on structural and relational factors, with demographic factors playing a secondary and less consistent role. This has practical implications: interventions targeting workload, staffing, violence prevention, and supervisory support are more likely to be effective than interventions targeting individual demographic characteristics.

2.3.3 Burnout and Turnover Intention: Reported Relationships

The relationship between burnout and turnover intention is the conceptual core of this thesis, and the reviewed literature addresses it from several angles. The consistent finding is that burnout and turnover intention are positively associated, with burnout frequently functioning as a mediator or predictor of intention to leave.

Karimi et al. (2022) provide one of the clearest structural examinations. Their study assessed the dimensions of professional burnout and turnover intention among nurses in Iran during the pandemic using a structural model, and they reported associations between burnout dimensions and turnover intention. The use of structural modelling allows for the examination of multiple pathways simultaneously, and the finding that burnout dimensions relate to turnover intention through distinguishable pathways is important for intervention design.

Lestari et al. (2024) examined the impact of workload, job satisfaction, and job fatigue on turnover intention among nurses in an Indonesian public hospital and reported that job satisfaction and job fatigue influenced intention to leave, while workload did not. Their study is notable for its public hospital setting, which aligns with the focus of this thesis. Amanda et al. (2021) reached a related conclusion, finding that job stress and job satisfaction affected nurse turnover intention at a hospital in Indonesia, while compensation did not. The convergence of these Indonesian studies on the burnout-turnover pathway is meaningful, though the studies differ in which additional predictors they include and in whether those predictors reach significance.

Ren and Kim (2023) examined the relationship between workplace bullying and turnover intention among Chinese novice nurses, with psychological empowerment and job burnout as serial mediators. Their finding that burnout mediates the bullying-turnover relationship positions burnout as a mechanism through which workplace experiences translate into intention to leave. This is consistent with the broader mediation literature and adds specificity to the general burnout-turnover association.

The relationship is not always direct. Olasupo (2023) examined the association between emotional exhaustion and turnover intention, with sickness presenteeism explaining the association and workplace health promotion programmes moderating it. This suggests that the burnout-turnover relationship is not always a simple direct effect but can be shaped by additional workplace factors.

The distinction between organisational and professional turnover intention appears in several studies. Labrague (2020) examined factors associated with both organisational and profes-

sional turnover intention among nurse managers, finding job satisfaction, job stress, and work-family conflict predicted both outcomes. This distinction matters for Asian public hospitals, where a nurse who leaves one hospital for another (organisational turnover) represents a different policy problem than a nurse who leaves the profession entirely (professional turnover). The reviewed literature does not consistently separate these two outcomes, which is a limitation of the evidence base.

Bae et al. (2023) approached the relationship from the opposite direction, examining how workgroup processes mediate the relationship between nurse turnover and nurse outcomes. Their study treats turnover as a cause rather than an outcome, and the finding that turnover affects the nurses who remain through workgroup processes adds a systemic dimension to the burnout-turnover relationship. This is a useful corrective to the tendency in the literature to treat turnover intention as a terminal outcome.

Study	Population	Reported Relationship	Mediating or Moderating Factor
Karimi et al. (2022)	Iranian nurses	Burnout dimensions associated with turnover intention	Structural pathways
Lestari et al. (2024)	Indonesian public hospital nurses	Job satisfaction and job fatigue influenced turnover intention	None
Ren & Kim (2023)	Chinese novice nurses	Bullying linked to turnover intention via serial mediation	Psychological empowerment and job burnout
Olasupo (2023)	Nurses	Emotional exhaustion associated with turnover intention	Presenteeism, health promotion
Bae et al. (2023)	Hospital nurses	Turnover affected remaining nurses' outcomes	Workgroup processes

Table 9: Reported relationships between burnout and turnover intention across reviewed studies. The table summarises reported associations rather than effect sizes, which were not consistently reported across sources.

The overall conclusion from this body of evidence is that burnout and turnover intention are reliably associated, but the relationship is mediated and moderated by a range of additional factors. This has implications for intervention design: reducing burnout is likely to reduce turnover intention, but the effect may be attenuated or amplified by factors such as job satisfaction, presenteeism, and workgroup processes.

2.3.4 Evaluated Organisational Interventions: Reported Outcomes

The intervention literature is the thinnest part of the evidence base reviewed in this thesis. Where studies exist, they tend to evaluate individual-level interventions rather than organisational-level changes, and the outcomes reported are often short-term.

Mindfulness-based interventions have received the most attention. Suleiman-Martos and colleagues (Suleiman-Martos et al., 2020) conducted a systematic review and meta-analysis of the effect of mindfulness training on burnout syndrome in nursing and reported that mindfulness training was associated with reduced burnout. Alharbi and McKenna (2025) reviewed mindfulness-based interventions specifically for ICU nurse burnout and synthesised the global evidence thematically, finding support for these interventions in high-stress settings. Both reviews are limited by the predominance of small studies in the underlying literature, and the Alharbi and McKenna review is a preprint.

More recent work has begun to evaluate multimodal and technology-supported interventions. Srikasem et al. (2025) evaluated a multimodal learning approach integrating movies, MOOCs, and computer- or virtual reality-based simulations with co-debriefing for reducing burnout and stress among future health care professionals. Their quasi-experimental design represents a methodological step up from the predominantly cross-sectional literature, though the study population was in training rather than in practice.

Organisational-level interventions are less well evidenced. Lee et al. (2021) outlined nursing strategies for the post-COVID-19 era in Korea, but their paper is a strategic commentary rather than an evaluation. The gap between the identified predictors (workload, staffing, violence, leader-

ship) and the evaluated interventions (largely mindfulness and training) is one of the most significant findings of this synthesis. The factors most consistently associated with burnout are structural, but the interventions most commonly evaluated are individual-level.

Intervention Type	Representative Studies	Reported Outcome	Evidence Strength
Mindfulness training	(Suleiman-Martos et al., 2020; Alharbi & McKenna, 2025)	Reduced burnout in reviewed studies	Moderate (small studies)
Multimodal simulation education	(Srikasem et al., 2025)	Evaluated for reducing burnout and stress among future health care professionals	Emerging
Strategic and policy guidance	(Lee et al., 2021)	Proposed strategies, not evaluated	Commentary
Structural interventions	Not directly evaluated in reviewed sources	–	Gap

Table 10: Evaluated interventions and reported outcomes in the reviewed literature. The table highlights the predominance of individual-level interventions and the relative absence of evaluated structural interventions.

This asymmetry is worth stating plainly. The reviewed literature identifies workload, staffing, and workplace violence as the most consistent predictors of burnout, yet it evaluates mindfulness and training as the most common interventions. If the predictors are structural and the interventions are individual, the evidence base is not yet matched to the problem. This is not an argument against individual-level interventions, which may have real benefits, but it is an argument for caution in claiming that the intervention literature addresses the drivers identified in the predictor literature.

2.3.5 Research Gaps Identified

The synthesis surfaces several gaps that are consistent across the reviewed literature. These gaps are not merely absences; they are patterns in what the literature has and has not examined, and they motivate the directions for future work discussed in Section 2.4.6.

The first gap concerns study design. The overwhelming majority of the reviewed studies are cross-sectional. Mafula et al. (2023), Noh et al. (2022), Tan et al. (2020), Karimi et al. (2022), Lestari et al. (2024), and many others all rely on cross-sectional designs. This design is well suited to identifying associations but cannot establish temporal order or causality. The finding that burnout is associated with turnover intention, for example, is consistent with burnout causing intention to leave, with intention to leave causing burnout, and with both being driven by a third factor. Longitudinal designs are needed to disentangle these possibilities, and they are largely absent from the reviewed literature.

The second gap concerns the evaluation of structural interventions. As noted in Section 2.3.4, the interventions most commonly evaluated are individual-level, while the predictors most consistently identified are structural. Studies that evaluate changes to staffing models, workload distribution, violence prevention programmes, or leadership development are rare in the reviewed literature. This gap is significant because it means that the evidence base does not yet speak directly to the interventions most likely to address the identified drivers.

The third gap concerns the distinction between organisational and professional turnover intention. Labrague (2020) is one of the few studies to examine both, and most of the reviewed literature treats turnover intention as a single construct. For Asian public hospitals, where retention within the public system may be a distinct policy goal from retention within the profession, this distinction matters.

The fourth gap concerns the post-pandemic period specifically. Much of the reviewed literature examines burnout during the acute phase of COVID-19. Studies that examine whether burnout and turnover intention have persisted, worsened, or improved after the acute phase are less common. Xie et al. (2025) examine mental health status after the public health emergency, and Moisoglou et

al. (2024) examine the post-COVID-19 era, but the post-pandemic evidence base remains thinner than the pandemic-era evidence base.

The fifth gap concerns the geographic distribution of the evidence. The reviewed literature is dominated by studies from China, Indonesia, Korea, and Japan, with smaller contributions from Singapore, Iran, Pakistan, Bangladesh, Palestine, Türkiye, and the Philippines. Some Asian public hospital contexts, particularly in South Asia and Central Asia, are underrepresented. This matters because health system structures, nursing hierarchies, and cultural expectations about care work vary across the region.

Gap	Description	Representative Evidence of Gap
Design	Predominance of cross-sectional studies	(Mafula et al., 2023; Karimi et al., 2022; Noh et al., 2022)
Intervention	Few evaluations of mindfulness and simulation-based interventions	(Suleiman-Martos et al., 2020; Srikasem et al., 2025)
Outcome	Organisational and professional turnover distinguished	(Labrague, 2020)
Period	Limited post-pandemic evidence	(Moisoglou et al., 2024; Xie et al., 2025)
Geography	Underrepresentation of some Asian contexts	Reviewed corpus

Table 11: Research gaps identified in the synthesis. Representative evidence indicates where the gap is visible in the reviewed corpus, not that the cited studies are deficient in themselves.

These gaps are not independent. The predominance of cross-sectional designs limits what can be inferred about intervention effects, and the focus on individual-level interventions limits what can be concluded about structural change. Addressing any one gap would strengthen the evidence base; addressing them together would allow the field to move from describing the problem to evaluating solutions.

2.3.6 Conceptual Framework Emerging from the Synthesis

The synthesis supports a conceptual framework that organises the reviewed findings into a coherent structure. This framework is not proposed as a tested model but as an interpretive summary of the patterns that recur across the literature. It is offered to guide future empirical work rather than to stand as a validated account.

The framework has three layers. The first layer consists of structural and organisational antecedents: workload, staffing levels, mandatory overtime, workplace violence, leadership behaviour, and the practice environment. Workload, inadequate staffing, and workplace violence are identified as predictors of nurse burnout across the reviewed literature (Silvitasari et al., 2023; Simpson, 2024; Pien et al., 2024). These factors are largely outside the individual nurse's control and are amenable to organisational intervention.

The second layer consists of individual and relational mediators: burnout, work-family conflict, social support, resilience, and psychological empowerment. These factors sit between the structural antecedents and the outcome of interest. Studies such as Ren and Kim (2023) provide evidence for mediation, showing that workplace bullying operates on turnover intention partly through psychological empowerment and job burnout.

The third layer consists of outcomes: organisational turnover intention, professional turnover intention, and the downstream effects on remaining staff and patient care. Bae et al. (2023) show that turnover affects the nurses who remain, and Mogomotsi and Creese (2024) review the relationship between nurse burnout and patient safety, suggesting that the consequences of burnout extend beyond the individual nurse.

Layer	Components	Representative Studies
Structural antecedents	Workload, staffing, violence, leadership, practice environment	(Silvitasari et al., 2023; Simpson, 2024; Pien et al., 2024; Bae, 2024)

Layer	Components	Representative Studies
Individual and relational mediators	Burnout, work-family conflict, support, resilience, empowerment	(Song et al., 2026; Ren & Kim, 2023; Moisoglou et al., 2024)
Outcomes	Organisational and professional turnover intention, patient safety	(Bae et al., 2023; Mogomotsi & Creese, 2024; Labrague, 2020)

Table 12: Conceptual framework emerging from the synthesis. The framework organises reported patterns; it is not a tested model.

The framework has several implications. First, it suggests that interventions targeting only the individual layer (for example, resilience training) may be insufficient if the structural layer remains unchanged. Second, it suggests that the distinction between organisational and professional turnover intention should be maintained, because the mediators may differ. Third, it suggests that the consequences of burnout extend beyond the individual, which matters for how the problem is framed in policy terms.

The framework also highlights where the evidence is thinnest. The structural antecedents are well documented, but the pathways from structural antecedents to outcomes are only partially traced. The mediation evidence is suggestive but not thorough, and the moderating conditions under which the pathways operate are largely unexplored. This is consistent with the gaps identified in Section 2.3.5 and points toward the empirical work that would most strengthen the field.

The synthesis presented in this section has mapped what the reviewed literature reports about prevalence, predictors, the burnout-turnover relationship, interventions, and gaps. The picture is one of a substantial and consistent evidence base on the nature of the problem, coupled with a much thinner evidence base on solutions.

2.4 Discussion

The findings synthesised in section 2.3 reveal a field that has documented the problem of nurse burnout in Asian public hospitals with considerable consistency, while leaving the solution side of the equation comparatively underdeveloped. This discussion interprets those synthesised findings in relation to the conceptual and empirical literature reviewed in section 2.1, considers their theoretical and practical implications, acknowledges the limitations of this thesis, and identifies the empirical work that would most strengthen the field. Throughout, the discussion remains grounded in what the reviewed literature reports; no new data are presented, and no causal claims are advanced beyond what the cited studies support.

2.4.1 Interpretation of Synthesised Findings

2.4.1.1 The Convergence of Structural Predictors The most robust pattern to emerge from the synthesis in section 2.3 is the convergence of structural predictors across diverse Asian public hospital settings. Workload intensity, inadequate staffing, and workplace violence appear as correlates of burnout (Silvitasari et al., 2023; Simpson, 2024; Pien et al., 2024). This convergence is notable because the studies span different countries, different measurement instruments, and different phases of the pandemic. The consistency across these variations strengthens confidence that the underlying relationships are real rather than artefacts of particular research designs.

What stands out here is the layered nature of these structural predictors. Staffing levels are not simply one variable among many; they shape the conditions under which other predictors operate. A nurse working in an understaffed unit faces elevated workload, has less time to recover between shifts, and may be more vulnerable to the psychological impact of violent incidents when they occur. The synthesis in section 2.3.2 captures this interdependence, and it aligns with the conceptual foundations discussed in section 2.1.1, where burnout is understood as a response to prolonged occupational stress rather than a discrete event.

The convergence also extends to the direction of the relationships. Studies report that violence is associated with higher burnout (Chen et al., 2024; Pien et al., 2024), while the assigned number of patients, insomnia, and depression are associated with burnout (Noh et al., 2022). This pattern matters for intervention design. It suggests that efforts to reduce burnout cannot focus solely on mitigating negative exposures; they must also attend to the conditions that protect against burnout in the first place.

2.4.1.2 The Mediating Role of Individual and Relational Factors The synthesis in section 2.3.3 identified a second pattern: individual and relational factors appear to mediate the relationship between structural antecedents and turnover intention. Psychological empowerment and work-family conflict feature in the reviewed literature as pathways through which workplace bullying and work-family conflict translate into intentions to leave (Song et al., 2026; Ren & Kim, 2023). This mediation evidence is suggestive rather than definitive, but it carries important implications.

If structural conditions affect turnover intention partly through individual and relational mediators, then interventions that target those mediators may have value even when structural conditions remain unchanged. Higher resilience is associated with lower burnout among nurses (Moisoglou et al., 2024; Hwang & Lee, 2023). However, the mediation evidence also implies a limit to such approaches. If the structural antecedents remain severe, the mediators may be overwhelmed. A nurse whose resilience is depleted by chronic understaffing and repeated exposure to violence may not benefit from training designed to strengthen coping capacity.

The distinction between organisational and professional turnover intention, discussed in section 2.1.5, adds another layer of complexity. The synthesis suggests that job satisfaction, job stress, and work-family conflict predict organisational and professional turnover intention (Labrague, 2020). A nurse who intends to leave the organisation but remain in nursing may be responding to factors such as poor management or inadequate compensation, while a nurse who intends to leave the profession entirely may be responding to deeper questions about the meaning and sustainability of the work. Research by Labrague (2020) on nurse managers found

that organisational and professional turnover intention had partially distinct correlates, and this distinction deserves more attention in future work.

2.4.1.3 The Thin Evidence Base on Interventions The third major pattern from the synthesis is the relative scarcity of rigorously evaluated organisational interventions. Section 2.3.4 reported that while some studies have examined the effects of mindfulness-based programmes, the evidence base is fragmented and the methodological quality varies (Alharbi & McKenna, 2025; Suleiman-Martos et al., 2020). Few studies have tested structural interventions such as staffing model changes or violence-prevention programmes, and even fewer have done so in Asian public hospital settings.

This asymmetry between the evidence on problems and the evidence on solutions is the central finding of this thesis. The literature has documented what causes burnout with reasonable consistency, but it has not yet established what reliably reduces it. The interventions that have been evaluated tend to target individual nurses rather than the organisational conditions that the synthesis identifies as primary drivers. This mismatch between the identified causes and the evaluated solutions is a critical gap.

The numbers are telling. Across the reviewed studies, structural predictors such as staffing and workload appear far more frequently as significant correlates than intervention studies appear as rigorous evaluations. This is not a marginal imbalance; it shapes what the field can confidently recommend to policymakers and hospital administrators.

2.4.2 Comparison with Prior Reviews

2.4.2.1 Alignment with Existing Syntheses The patterns identified in this thesis align with several prior reviews and meta-analyses. The meta-analysis by Wang et al. (2026) on burnout correlates among Chinese ICU nurses synthesised correlates such as psychological capital, social support, work-family conflict, and moral distress. Similarly, the scoping review by Mogomotsi and Creese (2024) on European nurses found that burnout was associated with patient safety outcomes,

a finding that resonates with the synthesis presented here regarding the consequences of burnout extending beyond the individual nurse.

The alignment with prior reviews is reassuring. It suggests that the patterns identified in this thesis are not idiosyncratic to the particular studies reviewed but reflect broader trends in the literature. The convergence also strengthens the case for treating the structural predictors as established correlates, even if the causal mechanisms remain incompletely understood.

2.4.2.2 Points of Divergence and Nuance Where this thesis diverges from some prior work is in its emphasis on the Asian public hospital context. Much of the burnout literature has been generated in North American and European settings, where nurse-to-patient ratios, management structures, and professional autonomy may differ substantially from those in Asian public hospitals. The studies reviewed here (Mafula et al., 2023; Tan et al., 2020; Noh et al., 2022) identify factors associated with burnout and turnover intention among nurses during the COVID-19 pandemic.

The synthesis also highlights a nuance that some prior reviews have underemphasised: the distinction between organisational and professional turnover intention. Labrague's work (2020) on nurse managers demonstrated that these two outcomes have partially distinct predictors, and the studies reviewed in section 2.3.3 support this distinction. A nurse who is considering leaving the organisation may be responding to fixable problems such as poor scheduling or unsupportive supervision, while a nurse who is considering leaving the profession may be responding to more fundamental concerns about the sustainability of nursing work. Conflating these outcomes may obscure important differences in the underlying processes.

2.4.2.3 Extension of Prior Work This thesis extends prior reviews in two ways. First, it focuses explicitly on the post-pandemic period, a phase that earlier reviews could not address because the pandemic was still ongoing. The study reviewed here (Moisoglou et al., 2024) suggests that nurses experienced moderate levels of COVID-19 pandemic burnout and job burnout in the post-COVID-19 era. This finding challenges the assumption that burnout is a transient response to crisis conditions and points toward more enduring structural problems.

Second, this thesis organises the literature around a conceptual framework that distinguishes structural antecedents, individual and relational mediators, and outcomes. This framework, presented in section 2.3.6, provides a structure for thinking about where the evidence is strong and where it is thin. It also suggests hypotheses that future empirical work could test, a point developed further in section 2.4.6.

2.4.3 Theoretical Implications

2.4.3.1 Support for Job Demands-Resources Framing The synthesised findings lend support to a job demands-resources framing of nurse burnout. This framing, discussed in section 2.1.1, holds that burnout arises when job demands consistently exceed the resources available to meet them. The convergent structural predictors identified in section 2.3.2 can be understood as demands (workload, violence, staffing inadequacy) that tax nurses' capacity, while the protective factors identified in the literature (social support, resilience, supportive leadership) can be understood as resources that buffer against those demands.

The mediation evidence reviewed in section 2.3.3 is consistent with this framing. Social support and resilience appear to function as resources linked to lower burnout (Moisoglou et al., 2024), while psychological empowerment and job burnout serially mediate the relationship between workplace bullying and turnover intention (Ren & Kim, 2023). When these resources are depleted, the pathway from demands to turnover intention strengthens. When they are replenished, the pathway weakens.

The job demands-resources framing also helps explain why individual-level interventions may have limited effectiveness when structural demands remain high. Resilience training adds to a nurse's resource stock, but if the demands are overwhelming, the additional resource may be insufficient to change the outcome. This is not an argument against individual-level interventions; it is an argument for pairing them with structural changes that reduce demands.

2.4.3.2 The Need for a Dynamic Perspective A limitation of the job demands-resources framing, as applied in much of the reviewed literature, is its relatively static character. Most studies measure demands, resources, and outcomes at a single point in time, which limits what can be inferred about how these relationships evolve. The research gaps identified in section 2.3.5 include the need for longitudinal evidence that tracks burnout and turnover intention over time.

A dynamic perspective would attend to the processes by which demands accumulate, resources are depleted, and turning points are reached. The concept of turning points, suggested in the research gap analysis, is particularly relevant here. At what point does a nurse who has been coping with high demands decide that the situation is no longer sustainable? What events or accumulations of events trigger that decision? These questions cannot be answered with cross-sectional data, but they are central to understanding how burnout trajectories unfold.

The reviewed literature offers some hints. Studies of workplace violence (Chen et al., 2024; Pien et al., 2024) suggest that exposure to violence is associated with higher turnover intention, which implies that the pathway from demands to outcomes is not smooth but punctuated by critical events. Studies of the post-pandemic period (Moisoglou et al., 2024; Xie et al., 2025) suggest that burnout and mental health problems remain relevant after the acute phase, which implies that the effects of demands may be cumulative rather than immediately reversible.

2.4.3.3 Implications for Conceptualising Turnover Intention The synthesis also has implications for how turnover intention is conceptualised. The distinction between organisational and professional turnover intention, discussed in section 2.1.5, is not merely a measurement detail; it reflects different underlying processes. A nurse who intends to leave the organisation is making a choice about where to work. A nurse who intends to leave the profession is making a choice about whether to continue in nursing at all.

The reviewed literature suggests that these two intentions may have different antecedents and different consequences. Organisational turnover intention may be more responsive to factors such as job stress and job satisfaction (Amanda et al., 2021), while professional turnover intention

may be more responsive to factors such as career calling (Zhang et al., 2020). Future research that treats these outcomes separately is likely to yield more precise insights than research that combines them.

2.4.4 Practical Implications

2.4.4.1 Implications for Hospital Management The synthesised findings carry several implications for hospital management in Asian public hospital settings. The most immediate is that staffing and workload are not merely operational concerns; they are determinants of nurse wellbeing and retention. Managers who treat staffing as a budget line item rather than a retention strategy may be making a false economy. The literature reviewed here (Simpson, 2024; Bae, 2024) links inadequate staffing to burnout and turnover intention, though findings on burnout are mixed.

A second implication concerns the management of workplace violence. The reviewed studies (Somani et al., 2024; Chen et al., 2024; Pien et al., 2024) suggest that violence is not an isolated problem but a contributor to burnout and turnover intention. Hospitals that lack clear reporting mechanisms, supportive responses to incidents, and preventive measures may be inadvertently signalling to nurses that their safety is not a priority. Addressing violence requires both immediate responses to incidents and systemic efforts to reduce their occurrence.

A third implication concerns leadership. The reviewed literature (Baslot & Coronado, 2025; Alluhaybi et al., 2024; Siddiqi et al., 2025) suggests that supervisory support and leadership style shape nurses' experiences of work. Managers who are accessible, fair, and supportive may buffer some of the effects of structural demands. This does not mean that leadership can substitute for adequate staffing, but it does mean that leadership development may be a worthwhile investment alongside structural reforms.

Implication Area	Key Finding from Literature	Recommended Focus
Staffing and workload	Inadequate staffing linked to burnout (Simpson, 2024) and to job satisfaction (Bae, 2024)	Treat staffing as retention strategy, not cost centre
Workplace violence	Violence is associated with turnover intention (Chen et al., 2024)	Establish reporting mechanisms and preventive measures
Leadership	Perceived supervisor support is positively related to turnover intention (Siddiqi et al., 2025)	Invest in leadership development alongside structural reform
Individual support	Resilience and social support protect against burnout (Moisoglou et al., 2024; Hwang & Lee, 2023)	Offer support programmes but do not rely on them alone

Table 13: Practical implications derived from synthesised literature.

The table above summarises the practical implications that emerge from the synthesis. These implications are derived from the reviewed literature rather than from original empirical work, and they should be treated as hypotheses for local validation rather than as prescriptions. The evidence base supports the general directions indicated, but the specific forms that interventions should take will depend on local context.

2.4.4.2 Implications for Policy At the policy level, the synthesis suggests that nurse retention is not solely a human resources issue but a health-system sustainability issue. The reviewed literature links burnout to turnover intention (Karimi et al., 2022; Ren & Kim, 2023), and turnover to reduced job satisfaction and team cohesion (Bae et al., 2023). Policies that address nurse staffing, working conditions, and violence prevention may therefore have effects that extend beyond the nursing workforce.

The post-pandemic context adds urgency to these considerations. The studies reviewed in section 2.3.1 report moderate levels of burnout among nurses (Moisoglou et al., 2024). Policies that assume a return to pre-pandemic normalcy may be insufficient to address the current situation.

2.4.4.3 Implications for Nursing Education The synthesis also has implications for nursing education. If resilience and social support function as protective factors (Moisoglou et al., 2024; Hwang & Lee, 2023), then educational programmes that prepare nurses for the realities of practice may have value. This could include content on stress management, peer support, and recognising signs of burnout in oneself and colleagues.

However, the synthesis also cautions against placing too much emphasis on individual preparation. If the structural conditions of work are overwhelming, even well-prepared nurses may struggle. Educational interventions should therefore be part of a broader strategy that includes organisational change, not a substitute for it.

2.4.5 Limitations of This Thesis

2.4.5.1 Limitations of the Review Methodology This thesis is a narrative literature review, not a systematic review. As acknowledged in section 2.2.6, the search strategy was designed to identify relevant sources rather than to exhaustively capture all available evidence. The selection of sources involved judgement about relevance and quality, and another reviewer might have made different choices. These methodological choices limit the claims that can be made about comprehensiveness.

The reliance on abstracts and summaries for some sources is a further limitation. Where full texts were not available, the synthesis relied on the information provided in abstracts, which may omit important details about methodology, sample characteristics, or findings. This limitation is particularly relevant for the intervention studies reviewed in section 2.3.4, where methodological details matter for assessing the strength of evidence.

2.4.5.2 Limitations of the Evidence Base The limitations of this thesis are compounded by limitations in the underlying evidence base. Many of the reviewed studies are cross-sectional, which

limits what can be inferred about causal direction. The associations between structural predictors and burnout are consistent, but whether poor staffing causes burnout or burned-out nurses are more likely to perceive staffing as inadequate cannot be determined from cross-sectional data.

The evidence base is also geographically uneven. While the review focused on Asian public hospitals, the available studies cluster in certain countries, particularly China, Indonesia, and South Korea. Evidence from other Asian contexts, including South Asia and Southeast Asia beyond Indonesia, is thinner. This unevenness limits the generalisability of the synthesis to the full range of Asian public hospital settings.

The intervention evidence is particularly limited. As noted in section 2.3.4, few studies have rigorously evaluated organisational interventions in Asian public hospital settings. The studies that exist tend to focus on individual-level interventions such as mindfulness training, and even these are often evaluated with weak designs. The evidence base does not support strong conclusions about which interventions work.

2.4.5.3 Limitations of the Synthesis The synthesis presented in section 2.3 involved combining findings from studies that used different measurement instruments, different sampling strategies, and different analytical approaches. This heterogeneity limits the precision of the synthesis. While the convergent patterns are reassuring, the specific estimates reported in individual studies cannot be pooled or compared directly.

The conceptual framework presented in section 2.3.6 is an organising device rather than a tested model. It was developed inductively from the reviewed literature and has not been validated empirically. The framework should therefore be treated as a heuristic for thinking about the relationships among variables, not as a definitive account of how burnout and turnover intention operate.

2.4.6 Directions for Future Empirical Validation

2.4.6.1 Longitudinal Designs The most pressing need identified by this thesis is for longitudinal research that tracks nurse burnout and turnover intention over time. The research gaps identified in section 2.3.5 include the absence of evidence on how burnout trajectories evolve from the acute pandemic phase through the post-pandemic period. Longitudinal designs would allow researchers to examine whether the relationships identified in cross-sectional studies hold over time, whether protective factors maintain their effects as conditions change, and whether there are identifiable turning points at which nurses decide to leave.

Longitudinal designs would also allow for stronger causal inferences. By measuring predictors before outcomes, researchers can reduce the risk of reverse causation that plagues cross-sectional studies. This would strengthen the evidence base for intervention design by clarifying which factors are most promising as targets for change.

2.4.6.2 Intervention Studies The second major need is for rigorous evaluation of organisational interventions. The synthesis in section 2.3.4 found that the intervention evidence is fragmented and methodologically weak. Future research should test structural interventions such as staffing model changes, violence-prevention programmes, and leadership development initiatives, using designs that can support causal conclusions.

Intervention studies should also attend to the distinction between organisational and professional turnover intention. An intervention that improves working conditions may reduce organisational turnover intention without affecting professional turnover intention, or vice versa. Understanding these differential effects would help target interventions more precisely.

2.4.6.3 Contextual and Cultural Factors The third need is for research that attends more carefully to contextual and cultural factors. The reviewed literature suggests that the core relationships hold across Asian contexts, but the specific forms that burnout takes and the specific resources that

protect against it may vary. Research that examines these contextual variations would help tailor interventions to local conditions.

Cultural factors may be particularly important in Asian public hospital settings, where hierarchical management structures, collectivist norms, and expectations about professional deference may shape how nurses experience and respond to workplace stressors. The reviewed literature offers some hints about these dynamics (Somani et al., 2024; Siddiqi et al., 2025), but more focused research is needed.

2.4.6.4 Testing the Conceptual Framework Finally, future research should test the conceptual framework presented in section 2.3.6. The framework proposes relationships among structural antecedents, individual and relational mediators, and outcomes. Testing these relationships with appropriate designs would clarify whether the framework is a useful guide for research and intervention or whether it requires revision.

Testing the framework would require studies that measure multiple constructs simultaneously, use designs that can support causal inferences, and attend to the moderating conditions under which the relationships hold. This is a substantial research agenda, but it is the agenda that the current state of the literature most clearly demands.

Research Direction	Rationale from Synthesis	Suggested Design
Longitudinal tracking	Meta-analytic and cross-sectional evidence cannot establish causal direction (Wang et al., 2026; Bae, 2024)	Cohort study following nurses over 12+ months
Intervention evaluation	Few rigorous evaluations of mindfulness-based interventions (Alharbi & McKenna, 2025)	Controlled trial or quasi-experimental design
Contextual analysis	Evidence base geographically uneven	Multi-site study across Asian contexts

Research Direction	Rationale from Synthesis	Suggested Design
Framework testing	Conceptual framework not empirically validated	Structural equation modelling with longitudinal data

Table 14: Directions for future empirical validation derived from research gaps.

The table above summarises the research directions that emerge from the synthesis. These directions are derived from the gaps identified in the reviewed literature rather than from original empirical work. They represent the questions that the current evidence base cannot answer but that are most important for advancing understanding and improving practice.

2.4.6.5 Closing Reflection The findings synthesised in this thesis present a picture of a field that has made substantial progress in documenting the problem of nurse burnout in Asian public hospitals but has not yet made comparable progress in solving it. The structural predictors are well established, the relationship between burnout and turnover intention is consistently reported, and the need for intervention is clear. What remains unclear is what works.

This thesis has synthesised the available evidence, identified the gaps, and proposed directions for future research. It has not conducted original empirical work, and it does not claim to have done so. Its contribution lies in organising what is known, highlighting what is not known, and providing a framework for thinking about what should be done next. The empirical validation of that framework, and the rigorous evaluation of interventions that it implies, is the work that lies ahead.

As discussed in section 2.1, burnout is not a new concern, but the pandemic has brought it into sharper focus. The question now is whether the attention will translate into action. The literature reviewed in this thesis suggests that the problem is real, the consequences are significant, and the solutions are not yet established. Addressing that gap is the task for the next phase of research.

3. Conclusion

3.1 Restatement of the Problem and Purpose

This thesis set out to synthesise the literature on nurse burnout and turnover intention in Asian public hospitals in the period following the COVID-19 pandemic. The motivation for this review rested on a simple but consequential observation: the pandemic did not create the conditions that produce burnout among nurses, but it intensified them to a degree that made the sustainability of the nursing workforce in many Asian health systems an urgent policy concern. Public hospitals in the region operate under constraints that are not always visible in global literature – tight nurse-to-patient ratios, hierarchical management cultures that discourage upward communication of distress, and resource environments in which staffing decisions are frequently reactive rather than planned. Understanding how burnout develops, what sustains it, and how it translates into turnover intention in these specific settings was the central purpose of this review.

The review was guided by a research question concerning the predictors of nurse burnout in Asian public hospitals after COVID-19 and the mechanisms through which burnout relates to turnover intention. Answering this question required moving beyond a simple inventory of risk factors. It required tracing the conceptual lineage of burnout, examining how measurement traditions shape what is found, and considering how organisational context conditions the relationship between emotional exhaustion and the decision to leave. The synthesis that emerged from this process offers both a consolidated account of what the literature reports and a candid assessment of what it does not yet establish.

3.2 Summary of Key Findings

The literature reviewed here converges on several findings that appear robust across national contexts and study designs. Burnout among nurses is widely reported, with studies documenting elevated burnout during the COVID-19 pandemic in academic and ICU hospital settings (Mafula

et al., 2023; Wang et al., 2026). Emotional exhaustion, depersonalisation, and reduced personal accomplishment are all reported among nurses, with reduced personal accomplishment predicting turnover intention (Karimi et al., 2022; Noh et al., 2022). This pattern matters because it suggests that the most immediate target for intervention may be workload and recovery, rather than the more diffuse task of rebuilding professional meaning.

Workload emerges as a frequently reported predictor of burnout across the reviewed studies (Silvitasari et al., 2023; Bae, 2024). This finding is not novel in itself – the relationship between workload and exhaustion is intuitive – but the consistency with which it appears, often alongside reports of mandatory overtime and difficulty retaining experienced staff, points to a structural rather than individual-level problem (Bae, 2024; Ghobeishipour et al., 2026). The literature also identifies workplace violence as a significant and under-addressed contributor to burnout and turnover intention (Chen et al., 2024; Pien et al., 2024). Studies from China and Taiwan report associations between exposure to violence and both burnout risk and leaving intention, with compassion fatigue and psychological resilience acting as mediating and moderating factors respectively (Chen et al., 2024; Pien et al., 2024).

The relationship between burnout and turnover intention is reported as positive across the reviewed studies (Karimi et al., 2022; Ren & Kim, 2023). Job satisfaction shows a negative and significant association with turnover intention, while job stress shows a positive and significant association (Lestari et al., 2024; Amanda et al., 2021). What the literature does not yet resolve is the extent to which turnover intention translates into actual turnover in Asian public hospital contexts, where employment protections and pension structures may create friction between intention and behaviour. Studies examining actual turnover are comparatively rare, and those that exist tend to focus on single institutions or short time frames (Ghobeishipour et al., 2026).

Finding Area	Consistent Evidence	Contested or Limited Evidence
Burnout prevalence	High burnout levels reported among nurses during the COVID-19 pandemic (Mafula et al., 2023; Noh et al., 2022)	Comparative prevalence across countries
Primary predictors	Inadequate nurse staffing (Simpson, 2024)	Relative weight of each predictor
Burnout-turnover link	Positive association with turnover intention (Karimi et al., 2022; Ren & Kim, 2023)	Translation into actual turnover behaviour
Protective factors	Social support and resilience (Moisoglou et al., 2024)	Durability of effects over time
Intervention evidence	Mindfulness training shows promise (Suleiman-Martos et al., 2020)	Structural interventions rarely evaluated

Table 15: Summary of consistent and contested findings across the reviewed literature.

The table above summarises the pattern that emerged from the synthesis. Consistent evidence supports the prevalence of burnout, the role of workload and violence as predictors, the positive association between burnout and turnover intention, and the protective function of social and supervisory support. Contested or limited evidence characterises cross-national prevalence comparisons, the relative contribution of individual predictors, the translation of intention into behaviour, the durability of protective effects, and the evaluation of structural interventions. This distribution of evidence is itself informative: it suggests that the field has developed a reasonably stable descriptive account of the problem but has not yet produced a comparable body of evidence on what works to address it.

3.3 Contribution of the Thesis

This thesis contributes to the literature in three ways. First, it consolidates evidence from Asian public hospital settings that is often dispersed across national journals and language-specific

publications, making it more accessible for comparative analysis. The synthesis draws together studies from China, Singapore, and South Korea, revealing both shared patterns and context-specific variations that are not always visible when studies are read in isolation (Wang et al., 2026; Tan et al., 2020; Noh et al., 2022).

Second, the review identifies a conceptual framework that links structural conditions, psychological mediators, and behavioural intentions. This framework positions workload, staffing, and workplace violence as upstream determinants; emotional exhaustion and compassion fatigue as mediating psychological states; and turnover intention as a downstream outcome conditioned by organisational support and professional identity. The framework is not presented as a tested model but as a synthesis of relationships reported across the reviewed studies, intended to guide future empirical work.

Third, the review makes explicit the gap between evidence on predictors and evidence on interventions. The literature contains numerous studies documenting what predicts burnout but comparatively few that evaluate what reduces it in public hospital settings (Suleiman-Martos et al., 2020). Where intervention studies exist, they tend to focus on individual-level approaches such as mindfulness training or resilience building, rather than structural changes to staffing, scheduling, or governance (Alharbi & McKenna, 2025; Suleiman-Martos et al., 2020). This asymmetry between problem description and solution evaluation is one of the most significant findings of the review.

3.4 Implications for Practice and Policy

The findings of this review carry implications for hospital administrators and health system policymakers in Asian public hospitals. The consistency with which workload appears as a predictor of burnout suggests that interventions focused solely on individual coping will be insufficient if structural conditions remain unchanged (Simpson, 2024). Improving nurse-to-patient ratios, reducing mandatory overtime, and ensuring adequate rest periods between shifts are not novel recommendations, but the evidence reviewed here suggests they remain under-implemented in many settings.

The identification of workplace violence as a significant predictor of burnout and turnover intention points to the need for reporting systems that are trusted by staff and for organisational responses that are visible and consistent (Chen et al., 2024; Pien et al., 2024). Where nurses perceive that violence is normalised or that reporting leads to no meaningful action, the psychological cost of exposure is compounded. The literature on workplace violence reporting culture suggests that organisational responses shape the relationship between violence exposure, burnout, and patient safety (Kim et al., 2022).

Social support and resilience emerge as protective factors that may buffer burnout (Moisoglou et al., 2024). This finding suggests that investments in nurse support and resilience-building may yield returns in retention even when structural constraints cannot be immediately addressed. The evidence on family-supportive supervisor behaviours indicates that the quality of day-to-day management relationships matters for turnover intention (Zhang et al., 2020).

3.5 Limitations of the Thesis

Several limitations qualify the conclusions of this review. The synthesis is based on a narrative review of the literature rather than a systematic review with formal quality appraisal. While this approach allowed for broad coverage of studies across multiple Asian contexts, it does not provide the same level of methodological rigour as a systematic review would. The absence of formal quality appraisal means that studies of varying methodological strength are given comparable weight in the synthesis, and findings from weaker designs may be overrepresented in the conclusions.

The literature itself has limitations that constrain what can be concluded. Many studies rely on cross-sectional designs, which cannot establish causal direction between burnout and its predictors (Mafula et al., 2023; Lestari et al., 2024). The relationship between workload and burnout, for example, may be bidirectional: nurses experiencing burnout may perceive their workload as more burdensome, or may reduce their hours, altering the objective workload they face. Longitudinal studies that track burnout and its predictors over time are comparatively rare in the reviewed literature.

Measurement heterogeneity also limits comparability across studies. Studies also use the Copenhagen Burnout Inventory, as shown by the validation of the Vietnamese version among hospital nurses (Tran et al., 2023). This variation means that prevalence estimates are not directly comparable across studies, and the synthesis reported here should be read as indicating patterns rather than precise magnitudes.

Finally, the review is limited by the availability of literature in languages accessible to the author. Studies published in Chinese, Japanese, Korean, and other Asian languages may not be fully represented in the international databases searched, potentially introducing a selection bias toward studies that have been published in English-language journals.

3.6 Directions for Future Research

The gaps identified in this review suggest several priorities for future empirical work. The most pressing is the need for intervention studies that evaluate structural changes rather than individual-level programmes. Studies that examine the effects of staffing ratio mandates, scheduling reforms, or workplace violence prevention programmes on burnout and turnover in Asian public hospitals would address a significant gap in the literature (Simpson, 2024; Bae, 2024). Such studies would need to be designed with sufficient power and duration to detect changes in burnout, which is a relatively stable construct that may not respond quickly to intervention.

Longitudinal research that tracks nurses over time is also needed to establish the causal ordering of relationships between workload, burnout, and turnover. Studies that examine novice nurses' burnout and turnover intention would be particularly valuable, given evidence that novice nurses may be especially vulnerable to burnout and turnover (Ren & Kim, 2023). Such studies could also examine how burnout trajectories vary across different hospital types, regions, and career stages.

Research that examines the translation of turnover intention into actual turnover behaviour is another priority. The literature reviewed here focuses heavily on intention as an outcome, but studies of actual nurse turnover identify reasons for leaving that include workload, staffing short-

ages, and low salaries (Ghobeishipour et al., 2026). Studies that link survey data on intention with administrative data on actual turnover would help clarify the practical significance of intention as a predictor.

Finally, comparative research across Asian countries would help distinguish between context-specific and generalisable findings. The studies reviewed here suggest both shared patterns – such as the role of workload – and context-specific factors, such as the influence of hierarchical management cultures or the prevalence of workplace violence. Systematic comparative designs would help disentangle these influences and identify which interventions are likely to transfer across settings.

3.7 Concluding Remarks

The COVID-19 pandemic brought nurse burnout and turnover intention into sharper focus, but the underlying conditions that produce them are not new. This review has synthesised evidence indicating that burnout among nurses in Asian public hospitals remains elevated in the post-pandemic period, that workload and staffing inadequacy are consistent predictors, and that burnout is positively associated with turnover intention. The literature also identifies protective factors, including social support and supervisory behaviours, that may buffer these relationships.

What the literature does not yet provide is a robust evidence base on how to reduce burnout through structural intervention in these settings. The predominance of cross-sectional studies, the heterogeneity of measurement, and the relative scarcity of intervention research limit what can be concluded about effective responses. Addressing these gaps is not merely an academic exercise. In health systems where nursing shortages already constrain service delivery, understanding how to retain nurses and sustain their wellbeing is a precondition for delivering care to the populations that depend on public hospitals. The evidence reviewed here suggests that the problem is well described; the task now is to build the evidence base for solutions.

4. Appendices

Appendix A: Conceptual Framework

A.1 Purpose and Scope of the Framework

The conceptual framework developed in this thesis synthesises the relationships reported across the reviewed literature on nurse burnout and turnover intention in Asian public hospitals after COVID-19. It is not an empirical model tested with primary data; rather, it is a conceptual integration of patterns that recur across the cited studies. The framework organises the literature's reported relationships into three layers: contextual antecedents, mediating psychological and organisational processes, and turnover intention as the outcome of interest. A review of work engagement among nurses in Japan classified antecedents and outcomes using the Job Demands-Resources model (Kato et al., 2021).

The framework's central proposition is that pandemic-era working conditions in Asian public hospitals operated as a set of compounding demands that depleted nurses' psychological resources, while the organisational supports that might have buffered these demands were frequently absent or insufficient. Burnout was associated with stronger turnover intention in some reviewed studies (Karimi et al., 2022).

A.2 Framework Components

The framework comprises four interacting domains. Contextual demands capture the structural pressures reported in the literature, including inadequate staffing and mandatory overtime (Simpson, 2024; Bae, 2024). Organisational and social resources capture the buffering factors that studies report as protective, including social support and resilience (Moisoglou et al., 2024). Burnout captures a syndrome of work fatigue affecting nurses in academic hospitals during the COVID-19 pandemic (Mafula et al., 2023). Turnover intention captures the reported intention to leave either the organisation or the profession (Labrague, 2020).

Domain	Representative Constructs	Reported Direction of Effect	Key Sources
Contextual demands	Workload, staffing shortfalls, mandatory overtime, workplace violence	Increases burnout and turnover intention	(Silvitasari et al., 2023; Chen et al., 2024)
Organisational resources	Supervisor support, family-supportive supervision, workplace health promotion	Reduces turnover intention	(Zhang et al., 2020; Olasupo, 2023)
Personal resources	Resilience, psychological empowerment	Buffers burnout effects	(Moisoglou et al., 2024; Ren & Kim, 2023)
Burnout	Job burnout	Mediates workplace bullying-turnover pathway	(Ren & Kim, 2023)
Turnover intention	Organisational and professional leaving intention	Final outcome of interest	(Lestari et al., 2024; Labrague, 2020; Zheng et al., 2026)

Table A.1: Core domains of the conceptual framework and their reported relationships in the reviewed literature.

The table summarises the directional relationships that recur across studies. Contextual demands occupy the leftmost position in the causal chain because the reviewed literature consistently positions them as exogenous pressures that nurses cannot individually control. Resources, by contrast, are positioned as moderators or buffers: their presence does not eliminate demands, but studies report that social support and resilience weaken burnout among nurses (Moisoglou et al., 2024).

A.3 Mediating Pathways

A notable feature of the reviewed literature is the frequency with which burnout is positioned as a mediator rather than a terminal outcome. Studies report serial and multiple mediation models in which workplace bullying operates through psychological empowerment and burnout to influence turnover intention (Ren & Kim, 2023). This mediation structure matters conceptually because it implies that interventions targeting turnover intention directly may be less effective than interventions that reduce the upstream demands or strengthen the intervening resources.

The framework therefore depicts three reported mediating pathways. The first runs from workplace violence through compassion fatigue to turnover intention (Chen et al., 2024). The second runs from work-family conflict through career identity and work engagement sequentially to turnover intention (Song et al., 2026). The third runs from workplace bullying through psychological empowerment and burnout to turnover intention (Ren & Kim, 2023). Each pathway shares burnout or a closely related depletion construct as a common node, reinforcing the framework's central claim that burnout is the important mechanism linking adverse working conditions to leaving intentions.

A.4 Framework Boundaries and Caveats

The framework is deliberately bounded. It applies to public hospital nursing contexts in Asian health systems during and after the COVID-19 period, and it draws on cross-sectional evidence that cannot establish temporal ordering. The reviewed studies predominantly use self-report instruments, which introduces common-method variance as a potential artefact. The framework should therefore be read as a heuristic synthesis rather than a validated causal model, and its propositions await empirical testing in longitudinal designs.

Appendix B: Supplementary Data Tables

B.1 Reported Prevalence of Burnout Across Reviewed Studies

The reviewed literature reports substantial variation in burnout prevalence, reflecting differences in measurement instruments, sampling frames, and pandemic timing. The table below consolidates prevalence figures reported by studies that explicitly quantified burnout among nurse samples in Asian or Asian-relevant contexts.

Study	Context	Sample	Instrument	Reported Prevalence
(Tan et al., 2020)	Singapore healthcare workers	Multi-professional	Oldenburg Burnout Inventory	Elevated burnout during pandemic
(Noh et al., 2022)	South Korean frontline nurses	161 nurses	Not reported	90 of 161 had high burnout
(Karimi et al., 2022)	Iranian hospital nurses	170 nurses	Maslach Burnout Inventory	Burnout dimensions linked to turnover
(Wang et al., 2026)	Chinese ICU nurses	Meta-analytic	Multiple instruments	Correlates synthesised
(Diao et al., 2024)	Chinese emergency nurses	Cross-sectional	Maslach Burnout Inventory	Sex differences reported

Table B.1: Reported burnout prevalence and correlates across selected reviewed studies.

The variation in reported prevalence is not simply a function of true differences in burnout levels. It also reflects instrument choice, with the Maslach Burnout Inventory dominating but the Copenhagen Burnout Inventory appearing in validation work relevant to Asian contexts (Tran et al., 2023). Cut-off conventions differ across studies, and some report mean scores rather than prevalence thresholds. These methodological differences limit direct numerical comparison and are discussed further in the thesis's treatment of review limitations.

B.2 Predictors Reported Across Studies

The table below groups predictors by domain and lists the studies that report each predictor as significantly associated with burnout or turnover intention. This grouping supports the convergent-evidence claim developed in the synthesis chapter.

Predictor Domain	Specific Predictor	Reported Association	Key Sources
Workload	Inadequate staffing	Higher burnout	(Simpson, 2024)
Workload	Mandatory overtime	Higher intent to leave	(Bae, 2024)
Violence	Workplace violence	Higher burnout and leaving intention	(Chen et al., 2024; Pien et al., 2024)
Work-family	Work-family conflict	Higher turnover intention	(Diao et al., 2024; Song et al., 2026; Zheng et al., 2026)
Support	Supervisor support	Lower turnover intention	(Zhang et al., 2020)
Support	Social support	Lower burnout	(Moisoglou et al., 2024; Daghash, 2022)
Personal	Resilience	Buffers burnout	(Moisoglou et al., 2024; Hwang & Lee, 2023)
Personal	Professional identity	Associated with mental health	(Xie et al., 2025)

Table B.2: Predictors of burnout and turnover intention reported across reviewed studies.

The predictors cluster into two broad categories: demands that intensify burnout and resources that attenuate it. This clustering is consistent with the Job Demands-Resources framing that several reviewed studies adopt explicitly (Kato et al., 2021). What the table also reveals is the relative scarcity of studies examining predictors specific to public-sector employment conditions in Asia, such as civil-service pay structures or hierarchical promotion systems. This scarcity is one of the research gaps identified in the synthesis.

B.3 Intervention Outcomes Reported in the Literature

The reviewed literature reports a limited set of evaluated organisational interventions. The table below summarises the intervention types and the outcomes reported.

Intervention Type	Mechanism Targeted	Reported Outcome	Sources
Mindfulness-based training	Individual stress regulation	Reduced burnout dimensions	(Alharbi & McKenna, 2025; Suleiman-Martos et al., 2020)
Multimodal simulation learning	Stress and burnout mitigation	Reduced burnout and stress	(Srikasem et al., 2025)
Workplace health promotion	Organisational buffering	Moderated presenteeism-turnover link	(Olasupo, 2023)
Family-supportive supervisor behaviors	Relational resource	Lower turnover intention	(Zhang et al., 2020)
Staffing standardisation	Demand reduction	Advocated, limited evaluation	(Simpson, 2024)

Table B.3: Organisational and individual interventions reported in the reviewed literature.

A striking feature of this table is the imbalance between individually focused interventions and organisationally focused ones. Mindfulness approaches have been evaluated in some depth, whereas staffing standardisation is advocated in the literature but less frequently subjected to formal evaluation (Simpson, 2024; Suleiman-Martos et al., 2020). This imbalance matters for Asian public hospital contexts, where the most binding constraints are often structural rather than individual.

Appendix C: Glossary of Terms

Burnout. A psychological syndrome arising from chronic workplace stress, characterised by emotional exhaustion, depersonalisation or cynicism, and reduced personal accomplishment.

Copenhagen Burnout Inventory (CBI). An alternative burnout instrument that conceptualises burnout as fatigue and exhaustion rather than adopting the tripartite Maslach structure. A Vietnamese version has been validated among hospital nurses (Tran et al., 2023).

Depersonalisation. The second dimension of the Maslach burnout framework, referring to a detached, cynical, or callous response toward patients and colleagues. Sometimes labelled cynicism in later formulations.

Emotional exhaustion. The first and most extensively studied dimension of burnout, referring to feelings of being emotionally overextended and depleted by one's work.

Job Demands-Resources (JD-R) model. A theoretical framework that classifies working conditions into demands that deplete employee energy and resources that sustain engagement. The model has been applied to nurses in Asian contexts, including Japan (Kato et al., 2021).

Maslach Burnout Inventory (MBI). The most widely used burnout measurement instrument in nursing research, operationalising the tripartite burnout definition.

Presenteeism. The phenomenon of attending work while unwell, which has been examined as a mediator between emotional exhaustion and turnover intention among nurses (Olasupo, 2023).

Professional turnover intention. An employee's reported intention to leave the profession entirely, as distinct from leaving a specific organisation. Studies distinguish these two forms of intention (Labrague, 2020).

Resilience. The capacity to recover from or adapt to adversity. Reviewed studies report resilience as a protective factor against burnout among nurses (Moisoglou et al., 2024; Hwang & Lee, 2023).

Turnover intention. The conscious and deliberate intention to leave an organisation or profession. It is widely treated as the strongest proximal predictor of actual turnover, though the reviewed studies measure intention rather than behaviour.

Work-family conflict. A form of inter-role conflict in which pressures from work and family domains are mutually incompatible. Work-family conflict is associated with turnover intention among nurses in China (Song et al., 2026) and Japan (Zheng et al., 2026).

Workplace violence (WPV). Any incident in which a person is abused, threatened, or assaulted in circumstances related to their work. Reviewed studies report WPV as a predictor of burnout and leaving intention among nurses (Chen et al., 2024; Pien et al., 2024).

Appendix D: Additional Resources

D.1 Measurement Instruments Referenced in the Literature

Researchers pursuing empirical follow-up to this thesis will encounter several instruments repeatedly in the reviewed studies. The Maslach Burnout Inventory remains the dominant tool for measuring the tripartite burnout construct, though its length has prompted interest in shorter alternatives. The Copenhagen Burnout Inventory offers a fatigue-centred alternative and has been culturally adapted for Asian nurse populations (Tran et al., 2023). The Turnover Intention Scale has been translated and psychometrically validated for Thai nursing professionals, providing a regionally appropriate instrument for future work in Southeast Asia (Posai et al., 2026). Researchers should note that instrument choice materially affects reported prevalence and that cross-study comparison requires attention to measurement invariance.

D.2 Conceptual Frameworks for Future Empirical Work

The reviewed literature draws on several theoretical traditions that could structure future empirical validation. The Job Demands-Resources model has been applied to demand-resource dynamics among nurses in Japan (Kato et al., 2021). Conservation of resources theory is one of the theories drawn on in studies of nurses' turnover intention (Siddiqi et al., 2025). Social exchange theory appears in work linking supervisor support to turnover intention (Siddiqi et al., 2025). Studies of the work-family conflict pathway examine work-family conflict and turnover intention among nurses (Song et al., 2026). Researchers designing primary studies would benefit from selecting a framework that matches the specific pathway they intend to test, rather than adopting a single framework across all hypotheses.

D.3 Priority Directions for Empirical Validation

The synthesis in this thesis identifies several gaps that warrant empirical attention. Longitudinal designs are needed to establish the temporal ordering of demands, burnout, and turnover intention, since the reviewed evidence is overwhelmingly cross-sectional. Studies specific to public-sector employment conditions in Asian health systems would address the relative scarcity of research on civil-service pay structures, promotion hierarchies, and their effects on nurse retention. Comparative work across Asian countries could clarify whether reported patterns reflect shared regional conditions or country-specific policy environments. Finally, professional nursing organizations are advocating for mandated evidence-based nurse-to-patient ratios linked to hospital reimbursement and required by hospital accrediting agencies (Simpson, 2024).

D.4 Databases and Search Resources

Researchers extending this review may find the following resources useful for locating additional primary studies. Semantic Scholar, CrossRef, and arXiv were the principal databases used in this thesis's review methodology, and they index the majority of the cited sources. PubMed and CINAHL provide complementary coverage of nursing-specific journals that may not be fully indexed elsewhere. Regional databases, including national health research repositories in China, Japan, Korea, and Southeast Asia, can surface locally published studies that international databases may underrepresent. Search terms combining ”nurse burnout,” ”turnover intention,” and country names for major Asian health systems yielded the reviewed corpus, and researchers replicating or extending the search should consider both English and local-language search terms to reduce language bias.

D.5 Limitations of This Appendix

This appendix is intended as a navigational aid for readers and as a starting point for researchers rather than as a extensive resource inventory. The instruments, frameworks, and databases listed are those that appear in or directly support the reviewed literature. Readers

seeking exhaustive treatment of measurement or theory should consult the primary methodological literature rather than relying on this summary. The glossary definitions are deliberately concise and reflect usage within this thesis; alternative definitions exist in the broader literature and may be more appropriate for other research contexts.

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