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Burnout as a Mediator Between Employee Wellbeing and Performance in Healthcare: A Systematic Review

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ABSTRACT

This systematic literature review investigates how burnout mediates the relationship between employee well-being and job performance in the healthcare sector, a relationship that remains underexplored empirically despite its strong theoretical foundation. Of the 916 initial records, 18 peer-reviewed articles (2021–2026) were analyzed following PRISMA guidelines. Only 21.1% of studies explicitly tested burnout as a mediator, and all confirmed a significant indirect effect. The remaining studies positioned burnout as a direct outcome or predictor without mediation. The findings confirm that burnout serves as a key psychological mechanism linking job demands, low satisfaction, and poor well-being to decreased job performance, but the lack of mediation studies reveals a significant research gap. Burnout consistently mediates the well-being-performance relationship in the healthcare sector. Promising interventions include self-leadership training, supportive supervision, and team psychological safety. Future research should adopt longitudinal designs and formal mediation analyses to establish causality and strengthen the evidence.

Keywords: *Burnout, Employee Performance, Mental Health, Workplace Well-being.*

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1. | INTRODUCTION

The healthcare sector is widely recognized as one of the most demanding work environments in the world. Healthcare professionals, including nurses, doctors, community health workers, and healthcare assistants, are routinely exposed to high levels of physical, emotional, and cognitive job demands. These demands have been associated with adverse psychological outcomes, including chronic stress, emotional exhaustion, and burnout. At the same time, employee well-being which encompasses the psychological, emotional, and social aspects of work life has emerged as a critical factor influencing both individual health and organizational outcomes (Cogan et al., 2026; Rokicki et al., 2026). In line with this, employee performance, which includes productivity, quality of care, and patient safety, remains a top priority for healthcare organizations worldwide.

Burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, is becoming increasingly prevalent among healthcare workers (Aldabbour et al., 2025). Research indicates that healthcare professionals experience higher levels of burnout compared to other sectors, driven by factors such as high workload, emotional labor, exposure to traumatic events, and lack of organizational support (Patynowska et al., 2025; Cogan et al., 2026). Burnout not only damages individual well-being but also impairs job performance, increases turnover intention, and compromises patient care quality. For example, Patynowska et al. (2025) found that among lone-working healthcare assistants in palliative care, higher mental well-being was negatively correlated with turnover intention, while burnout symptoms were associated with decreased performance. Similarly, Cogan et al. (2026) showed that team psychological safety as a key component of workplace well-being was strongly correlated with lower burnout and acute stress among health and social care workers.

Employee well-being, as a broader construct, includes positive states such as job satisfaction, work engagement, and psychological safety, as well as the absence of negative states such as stress and depression. Rokicki et al. (2026) reported that community health workers (CHWs) in the U.S. showed high job satisfaction in terms of supervision and peer support, but faced significant challenges including low compensation, limited career advancement opportunities, and work-related stress, which negatively impacted their mental health. These findings indicate that workplace wellbeing is a multidimensional concept that directly influences psychological outcomes. However, the mechanisms linking well-being to performance remain largely unexplored.

Although evidence linking well-being to performance continues to grow, the role of burnout as a mediating mechanism has received limited empirical attention, especially in the healthcare sector. Several studies have examined the direct relationship between well-being and performance, or between well-being and burnout, but fewer

have integrated all three variables within a single explanatory framework (Niks et al., 2013; Patynowska et al., 2025). Understanding whether burnout functions as a pathway connecting employee well-being to performance is crucial for designing effective interventions (Awashreh & AlGhunaimi, 2024). For example, if burnout fully or partially mediates the relationship between well-being and performance, then strategies aimed at reducing burnout (e.g., enhancing team psychological safety, providing adequate recovery opportunities) may be more effective than focusing only on improving well-being or performance separately.

Previous research has shown that healthcare workers experiencing burnout tend to exhibit decreased concentration, increased medical errors, and reduced empathy toward patients. Conversely, employees with good well-being and low levels of burnout are able to maintain high performance and provide safer, more patient-centered care. Niks et al. (2013), in their DIScovery intervention study design, highlighted that the balance between job demands and job resources, as well as adequate recovery opportunities, significantly determines the health, well-being, and performance of hospital workers. Nevertheless, few studies have explicitly examined how burnout serves as a mediator between employee well-being and their performance, particularly in the healthcare sector.

In an effort to fill this knowledge gap, this study employs a systematic literature review (SLR) approach. The SLR method was chosen because it enables a systematic, transparent, and replicable synthesis of evidence from various relevant studies. Based on the PRISMA framework, this study will identify, screen, and analyze peer-reviewed articles published between 2021-2026, focusing on three core variables: employee wellbeing, burnout, and employee performance, specifically within healthcare settings.

Therefore, this systematic literature review aims to examine the relationship between employee well-being, burnout, and employee performance among healthcare workers. Specifically, the review seeks to explore how employee well-being influences burnout levels, how burnout affects employee performance in healthcare settings, and the extent to which burnout serves as a mediating variable in the relationship between employee well-being and employee performance within the healthcare sector.

2. | LITERATURE REVIEW

Employee Well-being

Employee well-being is a broad and multidimensional concept that not only reflects the absence of illness or mental disorders but also the presence of positive psychological conditions such as feelings of happiness, job satisfaction, engagement, and the ability to function optimally in daily life. In the organizational psychology literature, well-being is often divided into two main aspects: subjective well-being (such as happiness and life satisfaction) and psychological well-being (such as self-acceptance, positive relationships with others, and environmental mastery) (Cilar Budler, 2025). In the workplace, employee well-being is strongly influenced by factors such as social support, autonomy, psychological safety, work-life balance, and role clarity.

Conversely, excessive workload, role conflict, and organizational injustice can significantly erode employee well-being.

The study conducted by Rokicki and colleagues (2026) showed that although community health workers in New Jersey reported high levels of satisfaction with supervision and peer support, they complained about low compensation, limited career advancement opportunities, and high levels of daily stress. This indicates that employee well-being is not merely an internal psychological matter but is also strongly determined by reward structures and organizational policies. Meanwhile, in the context of health and social care workers in the United Kingdom, Cogan et al. (2026) found that team psychological safety had a strong relationship with mental well-being. Their research revealed that when workers perceived a psychologically safe team environment, they tended to report higher levels of well-being, even after controlling for individual psychological safety factors. Thus, employee well-being needs to be understood as the result of interactions between individual characteristics, team dynamics, and organizational policies.

Burnout

Burnout is a psychological syndrome that emerges as a response to chronic workrelated stress that has not been successfully managed. In general, burnout consists of three main dimensions: emotional exhaustion (feelings of being drained and depleted of emotional resources), depersonalization (a cynical attitude and detachment from work, colleagues, or care recipients), and reduced personal accomplishment (feelings of incompetence and unproductiveness) (Nápoles, 2022). Burnout does not occur suddenly but develops gradually when job demands consistently exceed available resources, both internal resources (such as coping skills) and external resources (such as social support and autonomy). Burnout has been associated with various negative consequences, both for individuals (sleep disturbances, depression, cardiovascular disease) and for organizations (absenteeism, turnover, decreased work quality).

In the study by Cogan et al. (2026), burnout was measured using the Burnout Measure Short Version, and it was found that team psychological safety was the strongest predictor of burnout among health and social care workers. They reported that an increase in team psychological safety explained an additional 14% of the variance in burnout levels after accounting for individual psychological safety. This finding indicates that burnout is not merely an individual issue but is strongly influenced by the relational climate within the team. Meanwhile, Patynowska et al. (2025) observed that although the average level of mental well-being among lone-working healthcare assistants was quite high, a small proportion of them still exhibited burnout symptoms that correlated with the intention to leave their jobs. Interestingly, support from line managers was found to be the most frequently accessed and most helpful in alleviating burnout, whereas anonymous online support services were rarely used despite high levels of awareness. This suggests that the effectiveness of support mechanisms

depends heavily on the closeness of personal relationships, not merely on the formal availability of services.

Employee Performance

Employee performance refers to behaviors and work outcomes that are relevant to organizational goals, which can be measured through productivity, work quality, initiative, adherence to procedures, and contribution to team effectiveness. In industrial and organizational psychology, performance is often distinguished into task performance (carrying out core job responsibilities) and contextual performance (behaviors that support the social and psychological environment of the organization, such as helping coworkers and demonstrating commitment). Performance is influenced by various factors, ranging from individual abilities and motivation to working conditions. One of the most powerful psychological factors affecting performance is the level of stress and burnout experienced by employees.

Niks et al. (2013), in their DIScovery intervention study design, emphasized that an imbalance between job demands and job resources can lead to decreased performance through mechanisms of fatigue and lack of recovery. They proposed that cognitive, emotional, and physical job demands each require corresponding resources (matching resources) to maintain optimal performance. When resources are insufficient, performance declines, particularly in terms of concentration, decision-making, and emotional resilience. On the other hand, Patynowska et al. (2025) empirically found that higher mental well-being was negatively correlated with the intention to leave the job, where turnover intention is a proximal indicator of poor retention performance. Although they did not directly measure task performance, these findings suggest that employees with low well-being tend to withdraw from the organization, which in turn reduces collective performance. Thus, employee performance cannot be separated from underlying psychological conditions, particularly burnout and well-being.

The Role of Burnout as a Mediator

The relationship between employee well-being and employee performance is not always direct. A number of theoretical and empirical studies indicate that burnout functions as a mediating mechanism that explains how unsupportive working conditions lead to decreased performance. Conceptually, high well-being, characterized by adequate social support, autonomy, and role clarity, protects employees from chronic stress. Conversely, low well-being (for example, due to compensation injustice or excessive workload) increases vulnerability to burnout (Lee et al., 2025). Once burnout emerges, employees' psychological energy and motivation are eroded, which is then reflected in declining performance, whether in the form of low productivity, increased errors, or withdrawal from the organization.

Theoretical frameworks such as the Job Demands-Resources (JD-R) model and the Demand-Induced Strain Compensation (DISC) model provide a strong foundation for understanding this mediating role (Siahaan et al., 2026). Niks et al. (2013) explicitly

stated that job resources can strengthen well-being and prevent burnout, while burnout is the primary pathway linking uncompensated job demands to poor performance outcomes. They designed interventions aimed at increasing resources that match the type of demands (for example, emotional resources for emotional demands), with the expectation of reducing burnout and improving performance. Nevertheless, in this literature review, only a few studies have explicitly examined burnout as a mediator. Cogan et al. (2026) found that team psychological safety affects outcomes such as acute stress and burnout, but they did not test whether burnout then mediates the impact of psychological safety on performance. Similarly, Patynowska et al. (2025) reported relationships between supervisor support, well-being, and turnover intention, but no formal mediation analysis was conducted. This indicates a significant research gap: although burnout is theoretically believed to be an important mediator, empirical evidence systematically testing the chain of "well-being → burnout → performance" in the healthcare sector remains limited. Therefore, this systematic literature review is essential to synthesize the available evidence, identify patterns of relationships, and provide directions for future research.

Conceptual Framework

Based on the reviewed literature, this study proposes a conceptual framework that explains the relationship between employee well-being, burnout, and employee performance. Employee well-being is considered an important factor that shapes workers' psychological conditions, particularly in relation to their vulnerability to burnout. Supportive work environments, such as the presence of adequate social support, autonomy, psychological safety, and work-life balance, are expected to contribute to lower levels of burnout. Conversely, compensation injustice, excessive workload, and lack of role clarity can significantly increase the risk of burnout.

Furthermore, burnout plays a crucial role in influencing employee performance. Employees with low levels of burnout tend to demonstrate higher productivity, greater engagement, and better overall work effectiveness. On the other hand, high levels of burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, can lead to decreased performance, increased errors, and heightened intention to leave the organization.

In this framework, burnout is positioned as a mediating variable that connects employee well-being and employee performance. This implies that the effect of wellbeing on performance does not always occur directly, but rather through its impact on the level of burnout experienced by employees. In other words, high well-being protects employees from burnout, and low burnout in turn enhances performance. Conversely, low well-being increases vulnerability to burnout, which then leads to decreased performance. Therefore, understanding this mediating mechanism of burnout is essential to explain how workplace well-being conditions influence employee performance outcomes.

3. | RESEARCH METHOD

This study employs a Systematic Literature Review (SLR) approach to systematically identify, evaluate, and synthesize existing research on the relationship between employee well-being, burnout, and employee performance. The SLR method is particularly suitable for this study as it allows for a comprehensive and structured analysis of prior literature, enabling the identification of patterns, inconsistencies, and research gaps within the field. To support the literature selection process, the researcher utilized the Watase UAKE web tool, which facilitates automated screening and metadata extraction.

The data for this study were collected from reputable academic databases, including Scopus, Emerald Insight, and Garuda to ensure the credibility and quality of the selected articles. The search process was conducted using a combination of keywords related to the main variables of the study, such as ("employee well-being" OR "employee wellbeing" "worker well-being" or "staff well-being" OR "wellness at work" OR "psychological well-being" OR "subjective well-being" OR "work-related well-being") AND (burnout OR "job burnout" OR "emotional exhaustion" OR "depersonalization" OR "professional burnout") AND ("employee performance" OR "job performance" OR "work performance" OR "task performance" OR "contextual performance" OR "productivity" OR "work effectiveness").

To enhance the rigor of the search process, Boolean operators (e.g., AND, OR) were applied to refine the search results and ensure that relevant studies addressing the relationships among the variables were captured. The search was limited to articles published between 2021 and 2026 to ensure that the findings reflect recent developments and contemporary workplace conditions. The pre-determined inclusion criteria were: (1) the article was a peer-reviewed journal; (2) published in English; (3) discussed at least two of the three main variables (employee well-being, burnout, or employee performance); (4) the research context was in the health sector (hospital, community health center, palliative care, or other health facility); and (5) full text was available.

After the initial screening, full-text articles were retrieved and assessed for eligibility. Studies that did not explicitly measure burnout as a variable, those that used only one dimension of burnout (e.g., emotional exhaustion alone) without referencing the full construct, or those that did not report any relationship between the variables of interest were excluded. The selection process is documented using a PRISMA flow diagram, which reports the number of records identified, screened, excluded, and finally included in the review.

4. | RESULTS

PRISMA Flow

The literature selection process followed the PRISMA 2020 framework. The initial search on the Scopus database using keywords related to employee well-being, burnout,

and employee performance yielded 916 records. After removing duplicates and applying eligibility criteria, 18 peer-reviewed studies were included in the final review. Figure 1 presents the PRISMA flow diagram of the study selection process.

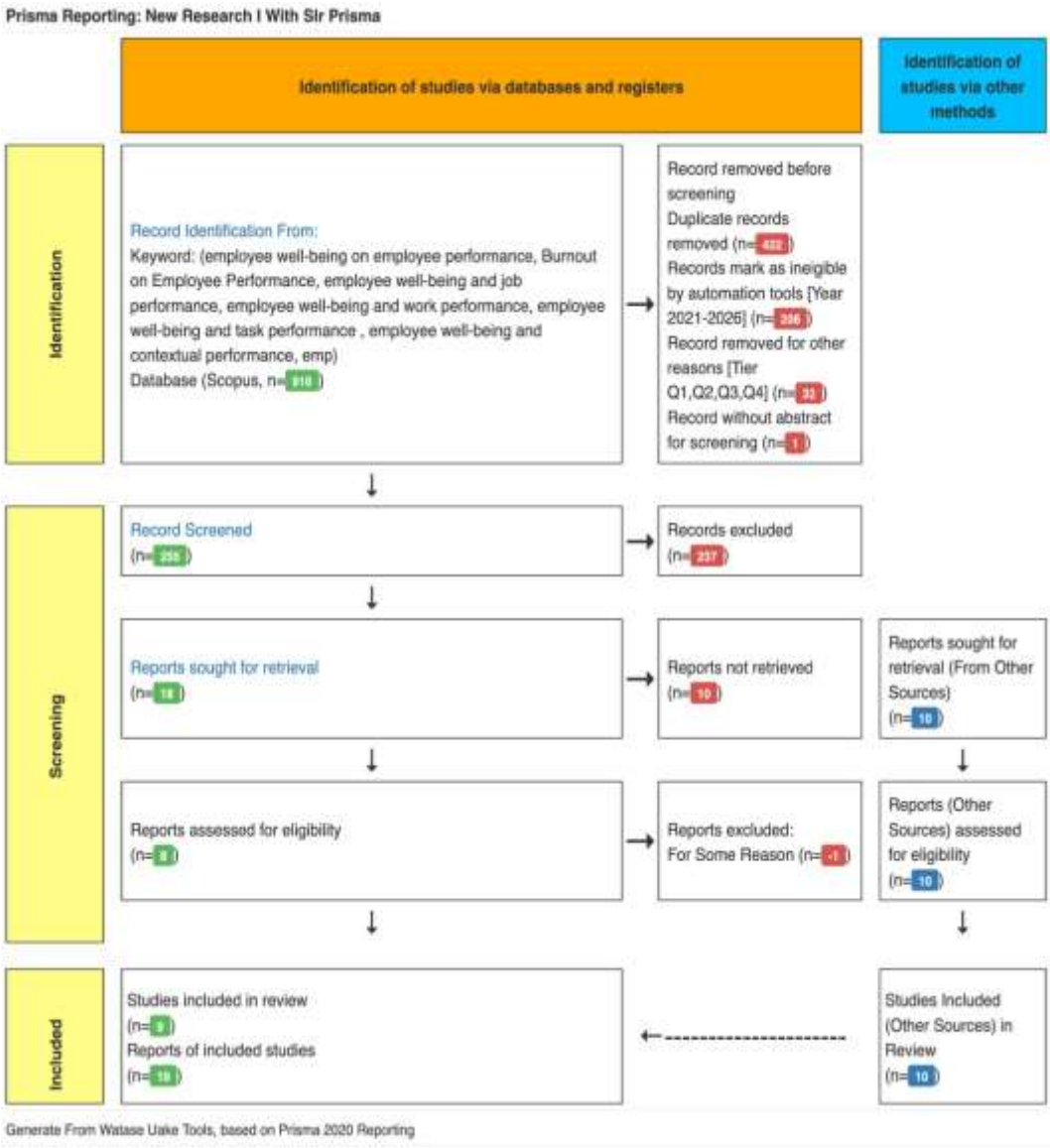

Figure 1. PRISMA Flow Diagram of the Systematic Literature

The selection process resulted in 18 articles being included in the final synthesis. A detailed PRISMA flowchart is presented in Figure 1. The literature selection process followed the PRISMA 2020 framework. The initial search on the Scopus database using keywords related to employee well-being, burnout, and employee performance yielded 916 records. After removing duplicates (n=422), screening by publication year (2021–2026) (n=206), journal qualification (Q1–Q4) (n=32), and records without abstracts (n=1), 255 records remained for screening. Subsequently, 237 records were not retrieved because they did not meet the eligibility criteria, leaving 18 full-text records

assessed for eligibility. Adding 10 studies from other sources (e.g., Google Scholar, manual searching), a total of 18 peer-reviewed articles were analyzed in this systematic review.

The included studies were conducted across various countries, including China, Pakistan, Thailand, Iran, Saudi Arabia, Egypt, Slovenia, the United Kingdom, and the United States. The samples mainly consisted of healthcare professionals, such as nurses, physicians, pharmacists, social workers, community health workers, nursing assistants, and other healthcare personnel. Most studies employed quantitative cross-sectional designs, while several adopted longitudinal, panel, mixed-method, and predictive correlational approaches. Burnout was predominantly measured using the Maslach Burnout Inventory (MBI) and its variants.

Table 1. Summarizes The Characteristics, Methodological Approaches, And Principal Findings of The Included Studies

No.	Article Title (Author & Year)	Research Design	Finding
1.	Examining the impact of psychosocial safety climate on working conditions, well-being, and safety of healthcare providers (Amoadu et al., 2025)	Qualitative, cross-sectional survey	stress, emotional exhaustion.
2.	Job satisfaction, mental health, and workplace wellbeing of community health workers: a cross-sectional study (Rokicki et al., 2026)	Quantitative cross-sectional	CHWs' job satisfaction is high in supervision and peer support, low in compensation; 23% stressed, 21% emotionally drained.
3.	Workplace Spirituality, Employee Well-Being, and Individual Work Performance in Healthcare: A Gender-Integrated Model (Elshaer et al., 2026)	Quantitative cross-sectional (SEM)	WS → EW → IP; EW moderates WS-IP; gender moderates (only females significant).
4.	Workplace support, wellbeing, and intention to leave among lone working healthcare assistants providing palliative and end-of-life care in the community: A mixed methods study (Patynowska et al., 2025)	Mixed methods (explanatory sequential)	80% average to high mental wellbeing; line manager support reduces intention to leave; burnout mentioned as potential consequence.
5.	Individual and Team Psychological Safety, Well Being, Burnout, and Acute Stress in Health and Social Care Workers: A Cross-Sectional Predictive Study (Cogan et al., 2026)	Quantitative predictive correlational	TPSS is strongest predictor of burnout (β=0.67); NPSS and TPSS associated with well-being, burnout, acute stress.
6.	How Did Work-Related Depression, Anxiety, and Stress Hamper Healthcare Employee Performance during COVID-19? The	Quantitative cross-sectional (SEM, bootstrap)	Stress, depression, anxiety → burnout → performance; burnout

No.	Article Title (Author & Year)	Research Design	Finding
	Mediating Role of Job Burnout and Mental Health (Sun et al., 2022)		significantly mediates the relationship.
7.	Job demands, resources, and task performance in Chinese social workers: Roles of burnout and work engagement (Tu et al., 2022)	Quantitative cross-sectional (SEM)	Job demands → burnout → task performance; job resources → work engagement → task performance; burnout partially mediates.
8.	Relationships between job satisfaction, organizational commitment, burnout and job performance of healthcare professionals in a district level health care system of Shenzhen, China (Wang et al., 2022)	Quantitative cross-sectional (PROCESS macro)	Burnout serves as a parallel mediator between job satisfaction and job performance (indirect effect=0.37).
9.	Physician burnout, associated factors, and their effects on work performance throughout first-year internships during the COVID-19 pandemic in Thailand: a cross-sectional study (Surawattanasakul et al., 2025)	Quantitative cross-sectional (logistic regression)	Burnout is associated with poor work performance (aOR=2.14); burnout as predictor, not mediator.
10.	The Relationship Between Nurses' Psychological WellBeing and Their Work Productivity Loss: A Descriptive Correlational Study (Hussein et al., 2024)	Quantitative descriptive correlational	Poor psychological well-being predicts productivity loss; burnout mentioned only in literature review.
11.	The Relationship Between Pharmacist Resilience, Burnout, and Job Performance (Weiss et al., 2023)	Quantitative crosssectional (linear regression)	Resilience → burnout (β=-0.701) and → job performance (β=0.35); burnout as outcome.
12.	Decoding technostress: impact on wellbeing and performance of employees in the hospitality industry (Ertaş et al., 2026)	Quantitative crosssectional (PLS-SEM)	Technostress → emotional exhaustion; emotional exhaustion does not mediate performance.
13.	Effects of internal service quality on nurses' job satisfaction, commitment, well-being and job performance (Abdullah et al., 2021)	Quantitative crosssectional (PLS-SEM)	ISQ → well-being → performance; wellbeing as mediator; burnout not measured.
14.	The role of self-leadership in mitigating burnout and enhancing in-role performance (Naveed et al., 2025)	Quantitative two-wave (SEM, PROCESS)	Burnout fully mediates job demands → in-role performance; selfleadership moderates.

No.	Article Title (Author & Year)	Research Design	Finding
15.	The job performance and job burnout relationship: a panel data comparison of four groups of academics' job performance (Lei et al., 2025)	Quantitative panel data (fixed effect regression)	Job performance → burnout (reverse direction); burnout as dependent variable.
16.	Junior doctors' workplace well-being and the determinants based on ability-motivationopportunity (AMO) theory: Educational and managerial implications from a three-year longitudinal observation after graduation (Lin et al., 2024)	Quantitative longitudinal (path analysis)	Burnout as outcome; AMO factors influence burnout, compassion satisfaction, job performance.
17.	Examining the Mutual Gains Model of Well-Being-Oriented HRM: Evidence From the Healthcare Sector (Pak & Mehralian, 2025)	Quantitative longitudinal, time-lagged, multilevel	WBHRM → self-efficacy → burnout; burnout as outcome, then predictor of care quality.
18.	The impacts of workplace bullying, emotional exhaustion, and psychological distress on poor job performance of healthcare workers in Thailand during the COVID19 pandemic (UI Haq & Huo, 2024)	Quantitative cross-sectional (PLS-SEM)	WB → EE → PJP; EE (one dimension of burnout) partially mediates; CBO moderates.

Characteristics of the Studies and Burnout as a Mediating Variable

All 18 studies employed quantitative approaches, consisting of cross-sectional (13 studies), longitudinal/panel (3 studies), mixed methods (2 studies), and predictive correlational (1 study) designs. The studies focused primarily on healthcare workers, including nurses, doctors, community health workers, pharmacists, nursing assistants, and social workers from various countries such as China, Pakistan, Thailand, Iran, Slovenia, Egypt, Saudi Arabia, the United Kingdom, and the United States. The most frequently used instrument for measuring burnout was the Maslach Burnout Inventory (MBI) and its variants.

Among the 18 studies, only four (21.1%) explicitly examined burnout as a mediating variable. Sun et al. (2022) found that burnout mediated the relationship between stress, depression, anxiety, and employee performance among healthcare workers in Pakistan ($p < 0.01$; bootstrap 5000). Tu et al. (2022) reported that burnout and work engagement partially mediated the relationship between job demands–resources and task performance among social workers in China using SEM. Wang et al. (2022) demonstrated that burnout acted as a parallel mediator between job satisfaction and performance among healthcare professionals in China (indirect effect = 0.37; $p < 0.05$; PROCESS macro). Similarly, Naveed et al. (2025) showed that burnout fully mediated the relationship between physical and emotional job demands and in-role performance among nurses in Pakistan (indirect effect = –0.082 and –0.126; bootstrap 95% CI).

In contrast, 15 studies (78.9%) did not investigate burnout as a mediator. Burnout was more commonly treated as a dependent variable (Cogan et al., 2026; Surawattanasakul et al., 2025; Weiss et al., 2023) or as a direct predictor. Several studies used emotional exhaustion as a mediator instead of overall burnout (Ertaş et al., 2026; UI Haq et al., 2024), while others employed employee well-being as the mediating construct (Elshaer et al., 2026; Abdullah et al., 2021). Despite the limited number of mediation studies, the overall findings revealed a consistent pattern in which burnout was negatively associated with employee performance ($r = –0.41$ to $–0.73$) and was influenced by factors such as low psychological safety, high workload, lack of supervisor support, and professional dissatisfaction. Across these studies, regression models explained between 21% and 59% of the variance in burnout.

Emerging Patterns Across Studies

Beyond the studies that formally tested mediation effects, several consistent patterns emerged across the reviewed literature. One of the most prominent findings was the strong negative association between burnout and employee performance. Studies consistently reported that higher levels of burnout were associated with poorer work outcomes, reduced productivity, lower quality of care, and decreased job effectiveness. For example, Surawattanasakul et al. (2025) found that physician burnout was significantly associated with poor work performance, while Weiss et al. (2023) reported that resilience reduced burnout and indirectly contributed to better job performance. These findings suggest that burnout represents a critical psychological condition that may undermine both individual and organizational effectiveness within healthcare settings.

Another recurring pattern concerns the importance of psychosocial and organizational resources in protecting employees from burnout. Cogan et al. (2026) identified team psychological safety as the strongest predictor of burnout, indicating that supportive and psychologically safe work environments may substantially reduce burnout risk. Similarly, Patynowska et al. (2025) highlighted the role of workplace support and managerial assistance in promoting employee well-being and reducing turnover intentions. Rokicki et al. (2026) also reported that community health workers experienced higher job satisfaction when receiving adequate supervision and peer support, although compensation-related concerns remained prevalent. These findings collectively suggest that workplace support mechanisms play an important role in maintaining employee well-being and preventing emotional strain.

The reviewed studies further demonstrated that excessive job demands, workplace stressors, and adverse organizational conditions frequently contributed to burnout and emotional exhaustion. Amoadu et al. (2025) reported associations between psychosocial working conditions and emotional exhaustion, while Ertaş et al. (2026) found that technostress increased emotional exhaustion among employees. Likewise, UI Haq and Huo (2024) showed that workplace bullying and psychological distress

contributed to poor job performance through emotional exhaustion. Although emotional exhaustion represents only one dimension of burnout, these findings reinforce the broader argument that chronic occupational stress constitutes a major antecedent of burnout-related outcomes.

The reviewed evidence indicates that burnout occupies a central position within the relationship between workplace conditions, employee well-being, and performance. Nevertheless, most studies continued to treat burnout primarily as a dependent variable rather than as an explanatory mechanism. The predominance of studies examining antecedents of burnout rather than mediation pathways suggests that the field remains focused on identifying burnout risk factors. Consequently, substantial opportunities remain for future research to investigate more comprehensive models in which employee well-being influences performance indirectly through burnout, particularly within healthcare organizations where occupational stressors are especially prevalent.

5. | DISCUSSION

The findings of this systematic review highlight the growing importance of burnout as a key construct in understanding employee outcomes within healthcare settings. Across the 18 reviewed studies, burnout consistently emerged as a significant factor associated with employee well-being, psychological functioning, and work performance. However, despite the substantial body of research examining burnout among healthcare professionals, only four studies explicitly tested burnout as a mediating variable (Sun et al., 2022; Tu et al., 2022; Wang et al., 2022; Naveed et al., 2025). This finding suggests that current healthcare research remains largely focused on identifying the antecedents and consequences of burnout rather than examining the mechanisms through which burnout links workplace conditions to performance outcomes.

The four mediation studies reviewed provide consistent evidence that burnout functions as an important explanatory pathway between workplace experiences and employee performance. Sun et al. (2022) demonstrated that burnout mediated the effects of stress, depression, and anxiety on employee performance, while Tu et al. (2022) found that burnout partially mediated the relationship between job demands–resources and task performance. Similar findings were reported by Wang et al. (2022), who identified burnout as a parallel mediator between job satisfaction and performance, and by Naveed et al. (2025), who showed that burnout fully mediated the effects of physical and emotional job demands on in-role performance. Collectively, these findings suggest that unfavorable working conditions do not necessarily reduce performance directly; rather, they first contribute to burnout, which subsequently impairs employees' ability to perform effectively.

The broader evidence extracted from the reviewed studies further supports this interpretation. Several studies identified workplace factors such as psychological safety, workplace support, supervision quality, resilience, and self-leadership as important protective resources against burnout (Cogan et al., 2026; Patynowska et al.,

2025; Weiss et al., 2023; Naveed et al., 2025). In contrast, adverse conditions including workplace stress, excessive job demands, workplace bullying, psychological distress, and technostress were repeatedly associated with higher levels of burnout or emotional exhaustion (Amoadu et al., 2025; Ertaş et al., 2026; UI Haq & Huo, 2024). These findings indicate that burnout represents a critical psychological response to prolonged exposure to demanding work environments and insufficient organizational resources.

Another notable finding is that several studies examined emotional exhaustion as a mediating construct rather than burnout as a multidimensional syndrome (Ertaş et al., 2026; UI Haq & Huo, 2024). Although emotional exhaustion is widely recognized as the core dimension of burnout, relying solely on this dimension may not fully capture the broader psychological processes associated with burnout. Similarly, other studies positioned employee well-being as the mediating variable instead of burnout (Elshaer et al., 2026; Abdullah et al., 2021). While these studies contribute valuable insights regarding the role of positive psychological states in influencing performance, they do not directly address the specific mechanism through which burnout operates between well-being and performance outcomes.

The findings reveal a clear gap in the literature. Although burnout is frequently examined as an outcome variable, relatively few studies have investigated its mediating role between employee well-being and performance within healthcare organizations. This gap is particularly important given the demanding nature of healthcare work and the substantial consequences of burnout for both employees and service quality. Future research should therefore employ longitudinal designs, stronger causal methodologies, and formal mediation analyses to better understand how employee well-being influences performance through burnout. Such evidence would contribute to more effective organizational interventions aimed not only at improving well-being but also at reducing burnout and enhancing sustainable performance among healthcare professionals.

The practical implication of these findings is that interventions to improve healthcare worker performance are insufficient if they only enhance well-being or reduce stress; they must directly target burnout. Strategies proven effective in the reviewed studies include improving team psychological safety (Cogan et al., 2026), supportive clinical supervision (Lin et al., 2024; Patynowska et al., 2025), developing self-leadership (Naveed et al., 2025), and providing direct supervisor support (Rokicki et al., 2026). Hospitals and healthcare facilities in Indonesia, which face similar burnout challenges, can adopt these programmes with local contextual adjustments. Thus, understanding that burnout is not merely an outcome but also a strategic mediator will help healthcare managers design more effective policies to sustainably improve the well-being and performance of healthcare workers.

6. | CONCLUSION

This study concludes that the mediating role of burnout in the relationship between employee well-being and employee performance in the healthcare sector is rarely tested empirically**.** Only 4 out of 18 analyzed studies explicitly confirmed burnout as a mediator, while the remainder treated burnout as a dependent variable or direct predictor. Those four studies consistently proved that burnout serves as a critical pathway translating job pressure, low job satisfaction, and emotional/physical demands into decreased performance. The contribution of this research is to provide a literature map identifying evidence gaps and a foundation for future research. For future studies, recommendations include: (1) using longitudinal or experimental designs; (2) testing burnout mediation with bootstrap and SEM methods; (3) expanding the context to countries with diverse healthcare systems, including Indonesia; (4) integrating moderator variables such as self-leadership or organizational support.

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Declaration of Conflicting Interests

The authors declare that there is no conflict of interest.

Ethical Approval and Originality Statement

Ethical approval was obtained for this study. The manuscript represents original work and has not been previously published, nor is it under consideration by another journal.

Data Disclosure Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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