

Healthcare Workforce Burnout and Wellbeing in the Post-COVID Era: A Bibliometric Analysis of Leadership and Management Research (2021–2025)

Shreesha Shubba

MHCM 2nd Semester

Atharva Business College, Bansbari Kathmandu

subbashreesh@gmail.com

Received: January 22, 2026

Revised & Accepted: March 30, 2026

Copyright: Author(s) (2026)



This work is licensed under a [Creative Commons Attribution-Non Commercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

Abstract

Background: The issue of the health care workforce's well-being has become a global priority, especially in the post-COVID-19 period. The rise of burnout, job satisfaction decline, and psychological distress among health care professionals has become a major challenge to health care workforce retention, quality of care, and sustainability of health care systems. The recent literature on health care workforce well-being has moved from individual-level to organizational-level perspectives, including health care management and HRM. However, due to the exponential growth of publications, it is challenging to identify the research trends, thematic priorities, and collaborative networks in this area.

Objectives: The aim of this study is to identify the global research landscape related to healthcare workforce burnout, wellbeing, and job satisfaction, with a focus on leadership, healthcare management, and HRM. The objectives of the study were to examine the publication trends, identify the dominant and emerging themes, and examine the leading journals, as well as the co-authorship network at the author, institution, and country levels.

Methods: A bibliometric research design was used with gold open-access journal articles retrieved from Dimensions.ai. The search strategy involved the use of keywords associated with healthcare workforce, burnout/wellbeing/job satisfaction, and management/leadership/HRM. The articles were limited to those published between 2021 and 2025. Descriptive statistics, word cloud analysis of article titles and abstracts, source title analysis, and co-author network visualization were conducted using VOSviewer.

Findings: The findings reveal a dramatic and continuous trend in the number of publications, particularly after 2022. Keyword analysis shows that the themes of burnout, job satisfaction, leadership, nursing, and hospital settings dominate the literature, emphasizing the importance

of organizational and managerial factors in explaining workforce issues. Nursing and health service publications show the highest volume of publications, whereas general public health publications show higher citation impact. Co-authorship networks reveal high international collaboration, particularly between the US and Europe, and increasingly from Asia, the Middle East, and low and middle-income countries.

Conclusion: This is supported by the bibliometric data, which shows that the concept of healthcare workforce well-being is no longer viewed purely in terms of the individual but is instead recognized as being influenced by systemic and organizational factors such as leadership, HRM, and organizational culture. It is clear that the field has matured into a globally collaborative, management-focused, and policy-relevant research domain.

Novelty: This study offers one of the most comprehensive bibliometric analyses of the phenomenon of burnout and wellbeing in the healthcare workforce in the post-pandemic period, using gold open-access literature and explicitly incorporating the perspectives of leadership and healthcare management. It also points out gaps in the research that are of relevance to low-income or developing countries like Nepal.

Keywords: Healthcare workforce; Burnout; Job satisfaction; Leadership; Bibliometric analysis

Introduction

The healthcare workforce is widely recognized as the backbone of health systems, yet it is increasingly exposed to high levels of occupational stress, burnout, and declining job satisfaction. Burnout—characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment—has been consistently reported among nurses, physicians, and allied health professionals across healthcare settings (Maslach & Jackson, 1981; Maslach et al., 2001). Prior to the COVID-19 pandemic, workforce burnout was already considered a critical challenge; however, the pandemic intensified workload demands, emotional strain, and safety concerns, transforming healthcare worker wellbeing into a global policy and research priority (World Health Organization [WHO], 2020; Shanafelt et al., 2020). As a result, scholarly attention has expanded rapidly, focusing on both individual and organizational determinants of workforce wellbeing.

Job satisfaction and wellbeing have emerged as essential indicators of healthcare system performance, directly influencing employee retention, service quality, and patient safety (Aiken et al., 2012; Lu et al., 2019). High turnover intention and absenteeism among healthcare workers have been linked to dissatisfaction with leadership, staffing levels, and organizational support (Hayes et al., 2012). In response, contemporary research increasingly frames burnout and satisfaction as organizational phenomena, shaped by work environment, management practices, and institutional culture rather than solely by individual resilience or coping capacity (Bakker & Demerouti, 2007). This shift has positioned healthcare management and human resource management (HRM) as central explanatory lenses in workforce wellbeing studies.

Leadership plays a pivotal role in shaping healthcare employees' experiences of work stress, engagement, and satisfaction. Empirical studies consistently demonstrate that leadership styles—particularly transformational, ethical, and supportive leadership—are negatively associated with burnout and positively associated with job satisfaction and organizational commitment (Cummings et al., 2018; Wong et al., 2013). Effective leaders foster psychological safety, recognition, and participatory decision-making, which buffer the negative effects of high job demands (Montano et al., 2017). Consequently, leadership has become a dominant construct in healthcare workforce research, linking micro-level employee outcomes with meso-level organizational performance and macro-level health system sustainability.

The COVID-19 pandemic further accelerated scholarly interest in healthcare workforce wellbeing, highlighting systemic weaknesses in staffing, leadership preparedness, and crisis management. Studies conducted during and after the pandemic report heightened levels of anxiety, emotional exhaustion, and moral distress among healthcare workers worldwide (Pappa et al., 2020; De Kock et al., 2021). These findings reinforced the relevance of theoretical frameworks such as the Job Demands–Resources (JD-R) model, which explains burnout as an imbalance between job demands and available organizational resources, including leadership support and HRM practices (Bakker & Demerouti, 2007). As a result, post-pandemic research increasingly emphasizes organizational interventions over individual-level solutions.

Despite the rapid growth of literature, the expanding volume of publications has made it challenging to synthesize knowledge, identify collaboration patterns, and track thematic evolution in this field. Bibliometric analysis offers a systematic approach to mapping publication trends, influential keywords, leading journals, and international collaboration networks (Donthu et al., 2021). However, existing bibliometric studies on healthcare workforce wellbeing remain limited in scope, often focusing on single professions or pre-pandemic periods. Therefore, a comprehensive bibliometric analysis using recent gold open-access literature is essential to understand how research on burnout, wellbeing, and job satisfaction has evolved globally, particularly in relation to leadership and healthcare management. This study addresses this gap by mapping publication trends, thematic emphases, and co-authorship networks at the levels of authors, countries, and organizations.

Methodology

Boolean Search Strategy: The initial search was carried out on the database "Dimensions.ai" to ensure that the scope of the literature is all-encompassing and interdisciplinary. The search strategy used the Boolean operators "AND" and "OR" to combine the different groups of concepts that were relevant to the population, outcome, and intervention of interest. The entire query used to search the literature was:

("healthcare workforce" OR "healthcare workers" OR nurses OR physicians) AND (burnout OR wellbeing OR "job satisfaction") AND ("healthcare management" OR leadership OR "human resource management")

This query ensures that the literature found includes at least one term from each of the three conceptual groups. This narrows the literature to the intersection of the three concepts.

Filtration and Inclusion Criteria: The search results were filtered using the database's faceted filters to meet specific scope and quality criteria. The filtration process was carried out in a step-by-step manner as follows:

Publication Year: The search results were filtered based on a five-year publication period from 2021 to 2025. This ensured that the review would include the most recent and relevant information, especially in the post-pandemic healthcare environment.

Publication Type: The search results were filtered based on a "Publication Type" of "Article." This ensured that the review would include primary research and empirical studies from peer-reviewed academic journals, excluding review articles, books, conference papers, and editorials.

Access Status: The search results were filtered based on a "Gold" Open Access criterion. This criterion was used to ensure that all selected studies were available in full text, eliminating any access barriers.

Research Design: This study employed a bibliometric research design to examine publication patterns, thematic evolution, and collaboration networks in research on the healthcare workforce, with specific focus on burnout, wellbeing, and job satisfaction in relation to healthcare management, leadership, and human resource management. Bibliometric methods are particularly suitable for mapping intellectual structures, identifying research trends, and visualizing scholarly collaboration within a defined body of literature.

Analytical Techniques and Tools

Multiple analytical approaches were applied to address the study objectives:

Publication Trend Analysis

Annual publication trends were examined to identify growth patterns and shifts in scholarly attention over the study period (2021–2025).

Keyword Analysis (Titles and Abstracts)

Keywords were extracted from article titles and abstracts to identify dominant and emerging research themes. A word cloud visualization was generated using WordSift.org, enabling an intuitive representation of term frequency and thematic prominence.

Source Title Analysis

Analysis of source titles (journals) was conducted to identify leading publication outlets contributing to healthcare workforce research and to assess disciplinary concentration.

Co-authorship Network Analysis

VOSviewer was used to perform co-authorship analyses at multiple levels:

- Author-level networks to examine collaborative patterns among researchers;
- Country-level networks to map international research collaboration; and
- Organization-level networks to identify leading institutions and inter-institutional linkages.

In the network visualizations, nodes represent authors, countries, or organizations; node size reflects publication output or total link strength; colors denote collaboration clusters; and link thickness indicates the strength of co-authorship relationships.

Ethical Considerations: This study was based solely on secondary bibliographic data obtained from publicly accessible sources. No human participants or sensitive data were involved; therefore, ethical approval was not required. The research adhered to principles of transparency, accuracy, and responsible use of bibliometric data.

Results and Analysis

This section presents the results and analysis of the bibliometric review, highlighting key patterns and trends in the selected body of literature. The findings are organized to examine publication growth, influential source titles, and prominent research themes, providing a comprehensive overview of the intellectual structure of the field. Through descriptive indicators and visual analysis, this section offers insights into the evolution, focus, and scholarly impact of research on burnout, job satisfaction, and leadership in the healthcare context.

Publication Trends



Figure 1: Publication Trends

The figure shows a clear and accelerating growth trend in total publications over the period 2021–2025, indicating rapidly increasing scholarly interest in the field. Publications rise steadily from 91 in 2021 to 114 in 2022 and 128 in 2023, suggesting a phase of gradual consolidation. This is followed by a sharper increase to 164 in 2024 and a substantial surge to 270 in 2025, reflecting a strong expansion of research output in recent years. The pronounced growth after 2023 may be associated with heightened academic and policy attention to healthcare workforce issues, particularly in the post-pandemic context, and signals that the topic has evolved from an emerging area into a well-established and highly active research domain.

Word Cloud: Keywords from Titles



Figure 2: Word Cloud (Keywords from Titles)

Overall thematic emphasis

The word cloud of keywords extracted from article titles highlights the **core** intellectual focus of recent research on the healthcare workforce. The most prominent terms—“leadership,” “burnout,” “nurse,” “job satisfaction,” “hospital,” “healthcare,” and “study”—indicate that the literature is strongly oriented toward organizational and managerial explanations of workforce wellbeing. The dominance of these terms suggests that scholars increasingly conceptualize burnout and satisfaction not merely as individual psychological outcomes but as phenomena shaped by leadership practices and institutional environments.

Centrality of nursing and hospital settings

The high visibility of “nurse,” “nursing,” “hospital,” and “care” reflects the central role of nurses and hospital-based settings in empirical investigations. Nurses are consistently positioned as the primary population affected by burnout, stress, and job dissatisfaction, likely due to their frontline roles, workload intensity, and emotional labor. The hospital-centric focus further implies that research attention is concentrated on formal healthcare organizations, where leadership structures, staffing policies, and organizational culture are more clearly observable and measurable.

Leadership, organizational culture, and management

Keywords such as “leadership,” “organizational,” “management,” “relationship,” “support,” “culture,” and “environment” emphasize the growing influence of management and leadership theories in healthcare research. The presence of terms like “transformational,” “style,” and “role” indicates a strong interest in how leadership behaviors shape employee wellbeing, performance, and retention. This reflects a shift away from blaming individual coping deficits toward examining systemic and relational factors within healthcare organizations.

Impact of COVID-19 and psychological dimensions

The prominence of “COVID,” “pandemic,” “stress,” “psychological,” “emotional,” and “mental health” highlights the profound influence of the COVID-19 crisis on healthcare workforce research. These terms suggest that the pandemic acted as a catalyst, intensifying burnout and prompting urgent scholarly attention to wellbeing, safety, and resilience. The integration of psychological constructs alongside organizational variables demonstrates an increasingly interdisciplinary approach that combines health psychology with healthcare management.

Methodological and future research signals

Finally, keywords such as “review,” “systematic,” “qualitative,” “analysis,” “factor,” and “impact” indicate methodological maturity in the field, with growing use of evidence synthesis and diverse research designs. The strong emphasis on “job satisfaction,” “performance,” and “quality” suggests practical implications for policy and management reform. At the same time, the relative absence of terms related to primary care, community health, and low-income country contexts points to future research opportunities—particularly for countries like Nepal—to broaden the scope beyond hospitals and nurses, enriching global understanding of healthcare workforce wellbeing.

Psychological and health-related terms such as stress, mental health, emotional, resilience, quality of life, and well-being indicate that burnout is being examined not merely as a work outcome but as a broader psychosocial and health issue. The inclusion of *COVID* and *pandemic* highlights the temporal context of many studies, suggesting that recent research has been shaped significantly by crisis conditions that exacerbated stress, workload, and emotional exhaustion among healthcare workers.

Methodologically, words like study, analysis, survey, questionnaire, results, cross-sectional, and factor suggest that the literature relies heavily on quantitative research designs, particularly survey-based and cross-sectional studies. This indicates an emphasis on identifying associations and predictors of burnout and job satisfaction rather than long-term causal relationships. Overall, the word cloud reflects a mature and policy-relevant body of research that connects individual well-being, leadership practices, and organizational structures within healthcare systems.

Table 1: Source Titles

Name	No of Publications	Citations	Mean
BMC Nursing	33	310	9.39
Healthcare	27	234	8.67
BMC Health Services Research	26	366	14.08
Frontiers in Public Health	20	198	9.9
International Journal of Environmental Research and Public Health	19	673	35.42
PLOS ONE	16	170	10.63
Nursing Open	15	279	18.6
BMJ Open	13	138	10.62
Journal of Healthcare Leadership	9	159	17.67
Health Leadership and Quality of Life	9	6	0.67

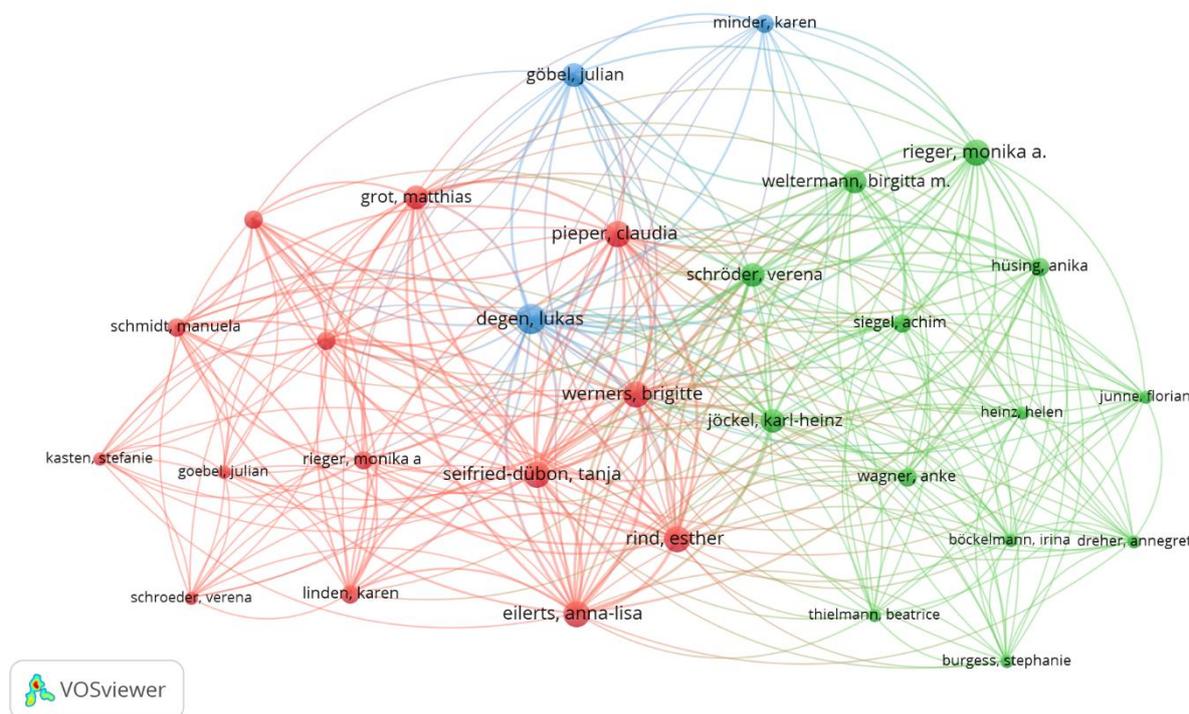
The distribution of publications across source titles indicates that research on burnout, job satisfaction, and leadership in healthcare is largely concentrated in specialized nursing and health services journals. *BMC Nursing* leads in terms of publication volume (33 articles), suggesting that nursing-focused outlets are primary platforms for disseminating research on workforce well-being. Similarly, *Healthcare* and *BMC Health Services Research* show strong productivity, reflecting sustained scholarly interest in organizational and service-level factors affecting healthcare professionals.

In terms of citation impact, the *International Journal of Environmental Research and Public Health* stands out markedly, with 19 publications generating 673 citations and a very high mean citation rate (35.42). This suggests that articles published in this journal have broader interdisciplinary reach and higher visibility, possibly due to its wide scope, open-access model,

and relevance to public health policy. *Nursing Open* and *Journal of Healthcare Leadership* also demonstrate relatively strong mean citation scores (18.6 and 17.67 respectively), indicating that leadership-oriented and practice-focused studies tend to attract consistent academic attention despite lower publication counts.

Conversely, journals such as *Health Leadership and Quality of Life* show low citation performance despite contributing multiple publications, which may indicate limited indexing coverage, narrower readership, or more recent publication timelines. Overall, the analysis reveals a clear distinction between productivity and impact: while nursing and healthcare service journals dominate in volume, broader public health and leadership-focused journals tend to achieve higher citation influence. This highlights the strategic importance of journal selection for researchers aiming to maximize both scholarly visibility and citation impact.

Co-authorship Networks



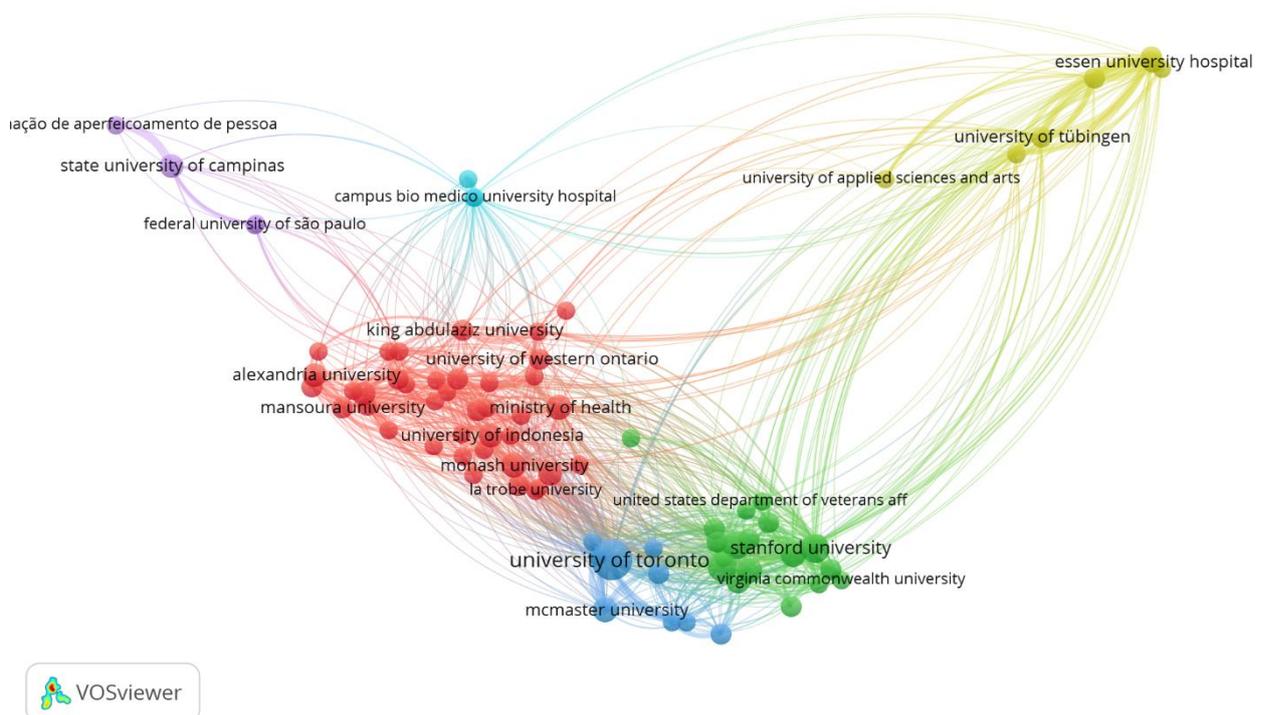
The co-authorship network was created using VOSviewer to examine collaboration patterns among authors in the selected literature (Figure 5). Each node represents an author, and links show co-authorship relationships. Larger nodes indicate authors with more publications or stronger collaboration links. The overall network is dense, showing that most authors are connected through joint research work.

Three main collaboration clusters are visible in the network. These clusters are shown in different colors, indicating groups of authors who work closely together. The presence of multiple clusters suggests that the research field includes several active research teams rather than isolated individuals. The clusters are connected, which shows cooperation across groups.

The red color represents a cluster of core collaboration with high internal connections. Seifried-Dubon, Tanja; Rind, Esther; Eilerts, Anna-Lisa; Pieper, Claudia are prominent authors in this cluster as indicated by large node sizes and a high number of connections.

Another strong research group is the green cluster, which contains authors such as Rieger, Monika A.; Weltermann, Birgitta M.; Siegel, Achim; and Wagner, Anke. This cluster shows much collaboration among the authors. There are also several connections to the red cluster. This shows that the authors in this cluster are contributing significant complementary research and collaborating well among themselves.

The blue cluster is relatively smaller, and the authors in this cluster are mainly Göbel, Julian; Minder, Karen; and Degen, Lukas. These authors are the bridges that connect the other clusters. From the position of these authors in the network, it is clear that they are the ones that bring different research teams together. This shows that the research field is well organized and mature.



Overview of the network

The VOSviewer map visualizes institutional co-authorship patterns in *gold open-access journal articles* published between 2021–2025 on healthcare workforce issues, specifically focusing on burnout, wellbeing, job satisfaction, and their links with healthcare management, leadership, and human resource management. Each node represents an institution, node size reflects publication output or link strength, colors indicate collaboration clusters, and connecting lines show the intensity of co-authorship ties. Overall, the map demonstrates a highly interconnected global research network, indicating that workforce wellbeing in healthcare has become a strongly collaborative and internationally shared research agenda.

Dominant clusters and geographic concentration

Several prominent clusters are visible, notably those centered in North America, Europe, the Middle East, Asia, and Latin America. Institutions such as Stanford University, University of Toronto, McMaster University, and Virginia Commonwealth University form a strong North American cluster, suggesting leadership in empirical and management-oriented healthcare workforce research. European institutions, including University of Tübingen, Essen University Hospital, and Universities of Applied Sciences and Arts, appear as another dense cluster, reflecting Europe's strong engagement with occupational wellbeing, leadership, and health systems management.

Role of bridging institutions

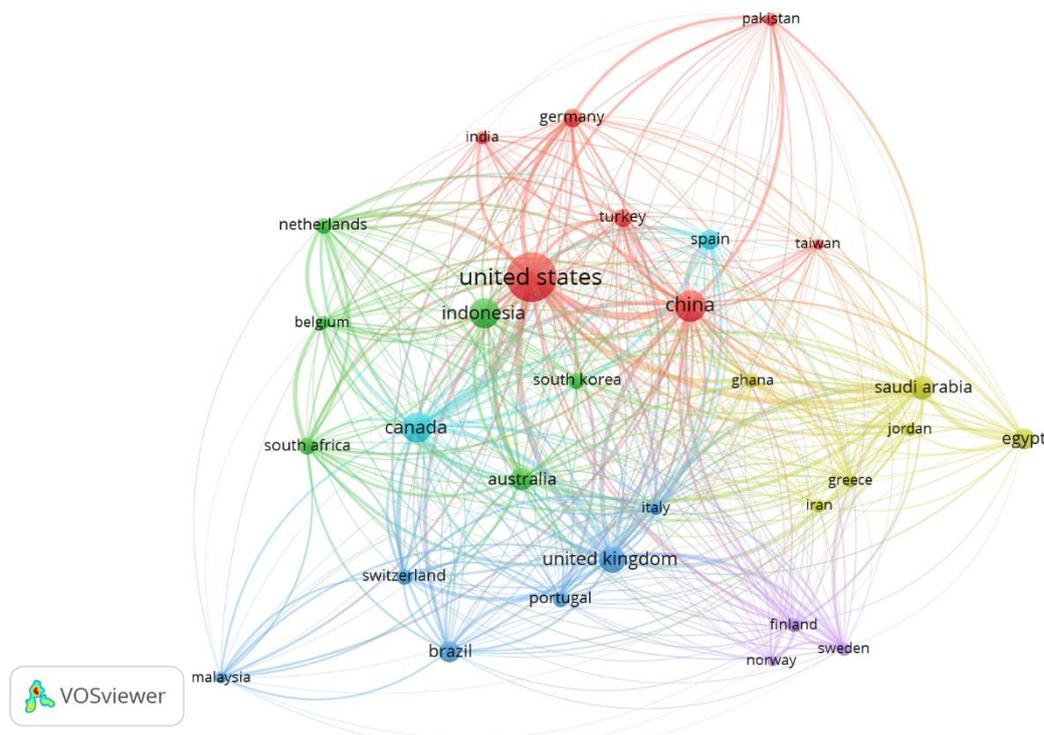
Certain institutions act as *bridges* connecting otherwise separate regional clusters. For example, Campus Bio-Medico University Hospital and University of Western Ontario occupy central positions, linking European, North American, and Middle Eastern networks. These bridging nodes indicate interdisciplinary and cross-national collaborations, often associated with large-scale surveys, comparative health system studies, or leadership and HRM frameworks applied across different healthcare contexts. Such institutions play a critical role in knowledge diffusion and methodological standardization in burnout and wellbeing research.

Emerging and regional contributors

The red and purple clusters highlight growing contributions from Middle Eastern, Asian, African, and Latin American institutions, such as King Abdulaziz University, Alexandria University, Mansoura University, University of Indonesia, Monash University, La Trobe University, and Brazilian federal and state universities. Their dense internal connections suggest strong regional collaboration, while their links to Western institutions reflect increasing integration into global research discourse. This trend indicates that healthcare workforce burnout and job satisfaction are no longer viewed as issues confined to high-income countries but as global management and HR challenges.

Scholarly and practical implications

Collectively, the network reveals that research on healthcare workforce wellbeing is multidisciplinary, globally distributed, and management-oriented. The dominance of universities and university hospitals underscores the academic-clinical interface in addressing burnout through leadership practices and HRM strategies. The strong cross-cluster connections imply growing consensus on the importance of organizational and managerial solutions rather than purely individual-level interventions. For future research, the map suggests opportunities for deeper South-South collaboration and more inclusive leadership models tailored to diverse healthcare systems, strengthening both theoretical development and policy relevance in healthcare management literature.



Overall structure of the collaboration network

The VOSviewer map presents a country-level co-authorship network for gold open-access articles published between 2021 and 2025 on healthcare workforce issues, particularly burnout, wellbeing, job satisfaction, and their relationship with healthcare management, leadership, and human resource management. Each node represents a country, node size indicates publication volume or total link strength, and the connecting lines reflect the intensity of international collaboration. The dense web of connections demonstrates that research on healthcare workforce wellbeing has evolved into a highly globalized field with extensive cross-border cooperation.

Central role of the United States and major hubs

The United States appears as the most dominant and central node, indicating the highest research output and strongest international collaboration links. It maintains extensive co-authorship ties with countries across Europe (e.g., United Kingdom, Germany, Italy, Netherlands), Asia (China, India, South Korea, Taiwan), the Middle East (Saudi Arabia, Egypt), and Africa (Ghana, South Africa). This central positioning suggests that the U.S. functions as a global hub for theory development, methodological leadership, and large-scale empirical studies in healthcare management and workforce wellbeing.

European and Asia–Pacific collaboration patterns

European countries form multiple interconnected clusters, with the United Kingdom, Germany, Italy, Spain, Switzerland, Finland, Sweden, and Norway showing strong internal collaboration. These countries often emphasize organizational wellbeing, leadership models, and health system performance. In parallel, the Asia–Pacific cluster, including China, India, Indonesia,

Australia, South Korea, Malaysia, and Taiwan, demonstrates growing research productivity and increasing collaboration with both the U.S. and Europe. This pattern reflects the expanding academic focus on workforce stress, leadership challenges, and HRM reforms in rapidly developing and resource-diverse healthcare systems.

Middle Eastern, African, and emerging contributors

Countries such as Saudi Arabia, Egypt, Jordan, Iran, Pakistan, Ghana, and South Africa appear as important emerging contributors, often forming regionally dense clusters while remaining well connected to global research hubs. Their strong links with the United States and European countries suggest capacity-building collaborations, joint surveys, and comparative studies on healthcare workforce burnout and job satisfaction. This indicates a shift toward more inclusive global scholarship, where workforce wellbeing is examined across diverse cultural, economic, and institutional contexts.

Implications for future research and policy

Overall, the network highlights a multinational and management-oriented research landscape, with strong interdependence between high-income and developing countries. The extensive cross-country links imply growing consensus that healthcare workforce wellbeing is a systemic and organizational issue requiring leadership and HRM interventions rather than isolated individual-level solutions. For future research, the map suggests opportunities to strengthen South-South collaborations, expand longitudinal and policy-oriented studies, and develop culturally sensitive management frameworks that can inform both global health policy and local healthcare workforce reforms.

Conclusion

Research on healthcare worker burnout, wellbeing, and job satisfaction has grown very quickly since COVID-19. The main ideas in this research now focus on leadership and management as key causes and solutions. Recent studies treat burnout not just as a personal problem, but as a system-wide issue. It is connected to things like having enough staff, good leaders, a positive work environment, and fair human resources policies. Most of this research comes from wealthy countries. However, some new studies from developing countries show that concern about healthcare worker wellbeing is becoming a global priority for health systems. A major gap remains: there is still very little research focused on low-income countries and local community health settings. This shows that the evidence we have doesn't yet cover all parts of the world.

Funding: This study received no specific financial support.

Transparency: The author declares that the manuscript is honest, truthful and transparent, that no important aspects of the study have been omitted and that all deviations from the planned study have been made clear. This study followed all rules of writing ethics.

Competing Interests: The author declares that they have no competing interests.

Authors' Contributions: The author has solely completed this work.

References

- Aiken, L. H., Sermeus, W., Van den Heede, K., Sloane, D. M., Busse, R., McKee, M., ... Kutney-Lee, A. (2012). Patient safety, satisfaction, and quality of hospital care: Cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. *BMJ*, *344*, e1717. <https://doi.org/10.1136/bmj.e1717>
- Bakker, A. B., & Demerouti, E. (2007). The Job Demands–Resources model: State of the art. *Journal of Managerial Psychology*, *22*(3), 309–328. <https://doi.org/10.1108/02683940710733115>
- Cummings, G. G., Tate, K., Lee, S., Wong, C. A., Paananen, T., Micaroni, S. P. M., & Chatterjee, G. E. (2018). Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. *International Journal of Nursing Studies*, *85*, 19–60. <https://doi.org/10.1016/j.ijnurstu.2018.04.016>
- De Kock, J. H., Latham, H. A., Leslie, S. J., Grindle, M., Munoz, S. A., Ellis, L., ... O'Malley, C. M. (2021). A rapid review of the impact of COVID-19 on the mental health of healthcare workers. *BMJ Open*, *11*(2), e043886. <https://doi.org/10.1136/bmjopen-2020-043886>
- Dhital, P., Shrestha, R., & Neupane, D. (2025). Self-comparison and self-esteem among healthcare students. *International Journal of Atharva*, *3*(1), 176-191.
- Donthu, N., Kumar, S., Mukherjee, D., Pandey, N., & Lim, W. M. (2021). How to conduct a bibliometric analysis: An overview and guidelines. *Journal of Business Research*, *133*, 285–296. <https://doi.org/10.1016/j.jbusres.2021.04.070>
- Gurung, M., Thapa, N., Khadka, M., Karki, T. B., & Neupane, D. (2020). Access the Quality Service of Ganeshman Singh Memorial Hospital and Research Center. *Nepal Journal of Multidisciplinary Research*, *3*(3), 51-63.
- Hayes, L. J., O'Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes, F., ... North, N. (2012). Nurse turnover: A literature review. *International Journal of Nursing Studies*, *49*(7), 887–905. <https://doi.org/10.1016/j.ijnurstu.2011.10.001>
- Lu, H., Zhao, Y., & While, A. (2019). Job satisfaction among hospital nurses: A literature review. *International Journal of Nursing Studies*, *94*, 21–31. <https://doi.org/10.1016/j.ijnurstu.2019.01.011>
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior*, *2*(2), 99–113. <https://doi.org/10.1002/job.4030020205>
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, *52*, 397–422. <https://doi.org/10.1146/annurev.psych.52.1.397>
- Montano, D., Reeske, A., Franke, F., & Hüffmeier, J. (2017). Leadership, followers' mental health and job performance in organizations: A comprehensive meta-analysis. *Journal of Organizational Behavior*, *38*(3), 327–350. <https://doi.org/10.1002/job.2124>
- Neupane, D., & Lourdasamy, A. (2024). Bibliometric Analysis of Human Aggression Research: Trends, Collaborative Networks and Emerging Themes in the Last Decade. *International Journal of Atharva*, *2*(2), 10-23.
- Pappa, S., Ntella, V., Giannakas, T., Giannakoulis, V. G., Papoutsis, E., & Katsaounou, P. (2020). Prevalence of depression, anxiety, and insomnia among healthcare workers during the

- COVID-19 pandemic: A systematic review and meta-analysis. *Brain, Behavior, and Immunity*, 88, 901–907. <https://doi.org/10.1016/j.bbi.2020.05.026>
- Shanafelt, T., Ripp, J., & Trockel, M. (2020). Understanding and addressing sources of anxiety among health care professionals during the COVID-19 pandemic. *JAMA*, 323(21), 2133–2134. <https://doi.org/10.1001/jama.2020.5893>
- Wagle, N., Neupane, D., Nyaupane, N. P., & Timalsena, C. (2024). Compassionate Care: Exploration of the Nurse-Patient Relationship and Behavioral Dynamics in Healthcare Settings. *International Journal of Atharva*, 2(1), 65-77.
- World Health Organization. (2020). *State of the world's nursing 2020: Investing in education, jobs and leadership*. WHO.

Views and opinions expressed in this article are the views and opinions of the author(s), *International Journal of Atharva* shall not be responsible or answerable for any loss, damage or liability etc. caused in relation to/arising out of the use of the content.