Jordan Journal of Nursing Research

https://jjnr.just.edu.jo/jjnr

A Scoping Review of Burnout among Nurse Case Managers: International Trends and Insights from the United Arab Emirates Context

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ARTICLE INFO

ABSTRACT

Background: Burnout is a significant concern among healthcare professionals, with profound consequences for both staff well-being and professional performance. Nurse case managers, who play a pivotal role in coordinating care, are especially vulnerable to this phenomenon. **Purpose:** This study aimed to identify the prevalence, causes, and impacts of burnout among nurse case managers through a scoping review of international literature.

Methods: The review followed the Preferred Reporting Items for Systematic Reviews and Meta-analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines. Comprehensive searches were conducted in five databases: Embase, PubMed, Web of Science, CINAHL, and Cochrane. Key search terms included *burnout*, *nurse case managers*, *work stress*, *job satisfaction*, *healthcare management*, and *occupational health*. **Results:** A total of 15 studies met the inclusion criteria. Findings revealed that nurse case managers are particularly susceptible to emotional exhaustion due to excessive workload and persistent staff shortages, which hinder their ability to meet patient care demands. Furthermore, limited organizational support, poor recognition, and low assertiveness in professional roles were consistently associated with dissatisfaction and stress. Burnout was shown to negatively affect not only the health and resilience of nurse case managers, but also organizational outcomes, including staff turnover and quality of care. **Conclusion:** Evidence underscores the urgent need for a multi-faceted approach that integrates both individual-level coping strategies and organizational reforms to mitigate burnout among nurse case managers. **Implications for Nursing:** Prioritizing adequate staffing, ensuring fair compensation, and designing sustainable shift schedules are essential steps toward reducing burnout and supporting a healthier, more effective nursing workforce.

Keywords: Nurse case manager, Burnout, Occupational stress, Work stress.

What does this paper add?

1. Former research indicated that burnout is a major problem among nurse case managers.
2. This study critically summarized and analyzed previous literature on burnout among nurse case managers.

3. The study results revealed that burnout could have serious impacts on the staff overall well-being and the quality of the provided care.

Introduction

Burnout among healthcare professionals is a

pervasive issue that significantly impacts both personal well-being and professional performance. Originally conceptualized by Freudenberger in the 1970s, burnout is characterized by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment (Schaufeli, 2021). Maslach and Jackson later refined this definition to confirm the inclusion of these three dimensions, which have since been universally adopted in subsequent research (Edú-Valsania et al., 2022).

Nurse case managers play a critical role within the healthcare system, coordinating patient care and ensuring the efficient use of resources. These professionals act as liaisons among patients, healthcare providers, and insurance companies, often facing high levels of stress due to their pivotal role in decision-making and patient advocacy (Ofei et al., 2020). The complexity of their responsibilities, coupled with the emotional demands of patient interactions, predisposes them to high risks of burnout (Flaubert et al., 2021).

The prevalence and impact of burnout in this group are well-documented, but vary significantly across different geographic regions and healthcare systems. For instance, studies in the United States and Europe have noted burnout rates ranging from moderate to high among nurse case managers, with significant implications for job turnover and patient care quality (Getie et al., 2025).

However, data from the Middle East and specifically the United Arab Emirates (UAE) is sparse, prompting a need for a scoping review of international literature to better understand global patterns and contributing factors. To illustrate, although burnout among nurses has been documented extensively in high-income settings, recent research from the Gulf and the wider Middle East indicates that evidence specific to the UAE—and particularly evidence that examines advanced nursing roles, such as nurse case managers—is limited. Several recent multi-center and regional studies have examined burnout in general nursing populations across Gulf countries, including the UAE, but these investigations typically sample bedside and clinical nurses or mixed healthcare provider groups rather than targeting case management roles specifically (e.g. a multi-center study of nurses in private tertiary hospitals across the Gulf region) (Mutair et al., 2025).

Qualitative and mixed-method work describing nurses' well-being and organizational supports in Middle Eastern settings provides valuable contextual insights, but likewise does not disaggregate findings for nurse case managers or other advanced practice/coordination roles (Marair & Slater, 2023). Recent systematic and scoping reviews of burnout and related workforce outcomes similarly highlighted the high prevalence of burnout among nurses in the region while noting substantial heterogeneity in methods and a paucity of specialty-level analyses that would allow conclusions about specific roles, such as case management (Getie et al., 2025).

Moreover, contemporary cross-sectional surveys conducted in the UAE and neighbouring Gulf states tend to aggregate nurses with other clinical staff or focus on unit-level samples (e.g. ICU, emergency), leaving a gap in knowledge about stressors and coping unique to nurse case managers whose responsibilities (care coordination, system navigation, discharge planning, and inter-professional liaison) differ in important ways from bedside nursing (Mutair et al., 2025; Qedair et al., 2022).Taken together, these recent studies indicate that while burnout is recognized as a pressing problem in the Gulf, there is a clear shortage of role-specific, locally generated evidence on nurse case managers—supporting the need for the present scoping review to synthesize international findings and identify candidate factors and measurement approaches that could be tested in UAE-based research.

The incidence of burnout among nurse case managers varies widely across different regions, reflecting both the diverse working conditions and the range of healthcare systems globally. Table 1 represent some data about the prevalence rates of burnout among case managers in selected countries. This data was retrieved from a number of recently published studies including systematic reviews and meta-analyses (Getie et al., 2025; Ofei et al., 2020).

Table 1. Prevalence of burnout among nurse case managers in selected countries

Country	Prevalence rate
United States	40 %
Canada	35 %
European countries, such as Sweden	22 %
United Arab Emirates	N/A

Despite These insights, Table 1 illustrates that there is a notable gap in the literature concerning the Middle

East, particularly the UAE, where rapid healthcare transformations and increasing demands on nurse case managers suggest the potential for significant, yet unquantified, burnout rates. This gap highlights the critical need for a scoping review that not only maps out the global incidence of burnout, but also sets the stage for an in-depth study within the UAE to guide targeted interventions.

The significance of this study lies in its potential to illuminate the patterns and predictors of burnout among nurse case managers globally, and particularly in the UAE, offering a foundation for preventive and remedial strategies. Understanding these aspects is crucial for improving job satisfaction, reducing turnover rates, and enhancing patient care outcomes (Lee et al., 2021). Moreover, the findings from this review can provide healthcare policymakers and administrators with the necessary data to develop more effective support systems for nurse case managers, thereby enhancing the overall quality of healthcare services (Davies et al., 2022).

Goal and Objectives

Goal

This study aims to understand the causes and impacts of burnout among nurse case managers through a scoping review of international literature. Additionally, it seeks to identify strategies that could effectively mitigate these issues.

Objectives

1. Assessing the impact of burnout on nurse case managers by analyzing contributing factors as reported in the literature. This includes focusing on work-related stressors, such as workload, patient complexity, administrative responsibilities, and the work environment to identify which factors are associated with high levels of burnout among nurse case managers.
2. Assessing the quality of published research on nurse case managers, identifying gaps in research design and methodology. This will highlight areas for improvement and guide future studies to enhance reliability and effectiveness.
3. Identifying the possible strategies used in the international literature to mitigate burnout among nurse case managers.

Methods
Study Design

This scoping review was structured to critically analyse and synthesize published research on burnout among nurse case managers. The review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines, which outline a rigorous methodological framework for identifying, evaluating, and summarizing the scientific evidence in a transparent and reproducible manner. This methodological approach involved several key phases: defining a clear set of research questions, specifying inclusion and exclusion criteria, systematically searching for relevant studies, using explicit criteria for selecting articles, critically appraising the quality of included studies, extracting data, and synthesizing the findings qualitatively. The PRISMA framework ensures comprehensive coverage of the literature, minimizes bias, and facilitates the replication of the review process, providing a robust foundation for conclusions and recommendations derived from the aggregated data.

Databases and Search Terms

The used databases used for this review were: Embase, PubMed, Web of Science, CINAHL, and Cochrane. These databases were selected, because they include a wide range of publications and periodicals on psycho-social topics, such as burnout. Key search terms used included: "burnout", "nurse case managers", "work stress", "job satisfaction", "healthcare management", and "occupational health". We combined these terms using the operator "OR" within each domain and "AND" across different domains. The search was primarily conducted in healthcare- and technology-focused databases, like PubMed, Web of Science, and PsycINFO, with the timeframe restricted to 2021 literature, aligning with the relevance and evolution of the subject matter. In selecting our literature search timeframe, we focused on studies published in the last five years.

Inclusion and Exclusion Criteria
Inclusion Criteria

Studies included in this review met the following criteria:

- Published in English.
- Published in peer-reviewed journals between January 2021 and December 2025.
- Focused on nurse case managers or similar roles within healthcare settings.
- Included empirical data on burnout prevalence, causes, or impacts.

Exclusion Criteria

Studies were excluded based on the following criteria:
- Non-English publications.
- Grey literature, including conference papers, theses, and dissertations.
- Studies focusing exclusively on healthcare professionals other than nurse case managers, unless they provided specific data relevant to this group.

Data Extraction

Data extraction was performed using a standardized form designed to capture essential information, including authors, publication year, study location, sample size, design, main findings, and methodologies. This form also collected data on theoretical frameworks, statistical tools, and any study limitations or biases. This thorough and systematic process ensured consistent information gathering across studies, enhancing the reliability of the analysis. It facilitated an effective synthesis of the findings, providing a solid foundation for drawing conclusions about global burnout trends among nurse case managers and devising evidence-based mitigation strategies applicable across diverse healthcare settings.

Critical Appraisal

The critical appraisal of the included studies was conducted using the Joanna Briggs Institute (JBI) "Critical Appraisal Checklist for Analytical Cross-sectional Studies" (Moola et al., 2017). This appraisal tool is designed to assess the methodological quality of each study and determine the extent to which a study has addressed the possibility of bias in its design, conduct, and analysis. Each study that met the initial inclusion criteria underwent a detailed evaluation by two independent reviewers to ensure robustness and rigor in the analysis. The outcomes from this critical appraisal were crucial in informing the synthesis and interpretation of the results. Disagreements between reviewers were systematically resolved by consulting a third independent reviewer, guaranteeing a comprehensive and unbiased review process. Results of the quality appraisal and assessment are presented in Table 2.

Table 2. The results of quality appraisal

Category/criterion	Outcomes
Overview	A total of 15 studies were subjected to a quality assessment using appraisal tool (i.e., JBI Critical Appraisal Checklist). The studies were evaluated for methodological rigor, relevance, and risk of bias. The quality scores ranged from low to high based on the utilized evaluation criteria.
Quality Distribution High-quality Studies	Six studies were categorized as high quality, meeting most or all of the appraisal criteria. These studies generally had robust designs, appropriate sample sizes, and well-documented methodologies. They provided strong evidence for the identified burnout among nurse case mangers (Efa et al., 2024; Hackney & Surgenor, 2025; Luo et al., 2022; Membrive-Jiménez et al., 2022; Mutair et al., 2025; Ribeiro et al., 2021).
Moderate-quality Studies	Five studies were rated as moderate quality. While these studies were generally well-conducted, they had some methodological limitations, such as smaller sample sizes, potential biases, or incomplete reporting of results. These limitations may impact the generalizability of their findings (Maxudova et al., 2025; Montgomery et al., 2022; Qedair et al., 2022; Yang et al., 2024; Zhang et al., 2024).
Low-quality Studies	Four studies were identified as low quality due to significant methodological weaknesses, such as high risk of bias, poor study design, or inadequate data analysis. The results from these studies should be interpreted with caution (Al-Shammar et al., 2024; Guttormson et al., 2022; Khan et al., 2022; Lee

	et al., 2024).
Common Methodological Strengths Study Design	Most high-quality studies utilized rigorous study designs, such as mixed method approaches or large-scale studies (Hackney & Surgenor, 2025; Luo et al., 2022; Membrive-Jiménez et al., 2022).
Data Collection	A majority of studies used validated instruments for assessing burnout, enhancing the reliability of the findings (Hackney & Surgenor, 2025; Luo et al., 2022; Zhang et al., 2024).
Clear Reporting	High-quality studies provided clear and detailed reporting of their methods, including participant selection criteria, data collection procedures, and statistical analyses (Efa et al., 2024; Mutair et al., 2025; Ribeiro et al., 2021).
Common Methodological Weaknesses Small Sample Sizes	Several studies had small sample sizes, limiting the statistical power and generalizability of the findings (Al-Shammar et al., 2024; Membrive-Jiménez et al., 2022; Montgomery et al., 2022).
Risk of Bias	Some studies exhibited a high risk of bias due to issues, such as non-randomized designs, lack of blinding, or incomplete follow-up data (Khan et al., 2022; Lee et al., 2024; Maxudova et al., 2025; Montgomery et al., 2022).
Heterogeneity	The studies varied in their definitions of burnout and the tools used for assessment, contributing to heterogeneity in the results (Guttormson et al., 2022; Qedair et al., 2022; Yang et al., 2024).
Conclusion	The quality assessment highlighted a mix of high-, moderate-, and low-quality studies within the literature on burnout among nurse case managers. While high-quality studies provided reliable evidence, the findings from lower-quality studies should be interpreted cautiously.

Selection of Studies

Covidence was utilized for the systematic selection and screening of studies to enhance the efficiency and transparency of the process. Following the removal of duplicates, two independent reviewers systematically screened titles and abstracts against pre-determined inclusion and exclusion criteria to identify potentially eligible studies. This initial screening was critical to ensure the relevance and focus of the articles included in the review. Any discrepancies or conflicts encountered during this stage were resolved through open dialogue, aimed at reaching consensus. In instances where agreement could not be readily achieved, a third independent reviewer was called upon to mediate and provide an impartial decision.

Results

Outcome of Databases' Search

The PRISMA flow diagram illustrates the process of selection and inclusion of studies for the scoping review. Initially, a total of 595 studies were identified through database searches, with the majority sourced from Embase (n=182), PubMed (n=132), Web of Science (n=82), CINAHL (n=65), Cochrane (n=31), and Hand Searches (n=18), along with 103 studies from unspecified databases. In addition, references from other sources contributed to 21 studies, including citation searching (n=5) and grey literature (n=3). Duplicates were removed, with 20 identified manually and 200 by Covidence, along with one study marked as ineligible by automation tools, totaling 321 excluded references. This initial filtration left 246 studies screened, from which 200 were excluded based on the screening criteria.

Following this exclusion, 46 studies were sought for retrieval. All 46 studies were successfully retrieved and assessed for eligibility. Of these, 30 studies were excluded for various reasons not specified in the diagram, leaving 16 studies to be fully assessed. The final phase of the selection process involved a detailed eligibility assessment, which led to the exclusion of additional 6 studies. The culmination of this rigorous selection process resulted in 15 studies being included in the review (Figure 1).
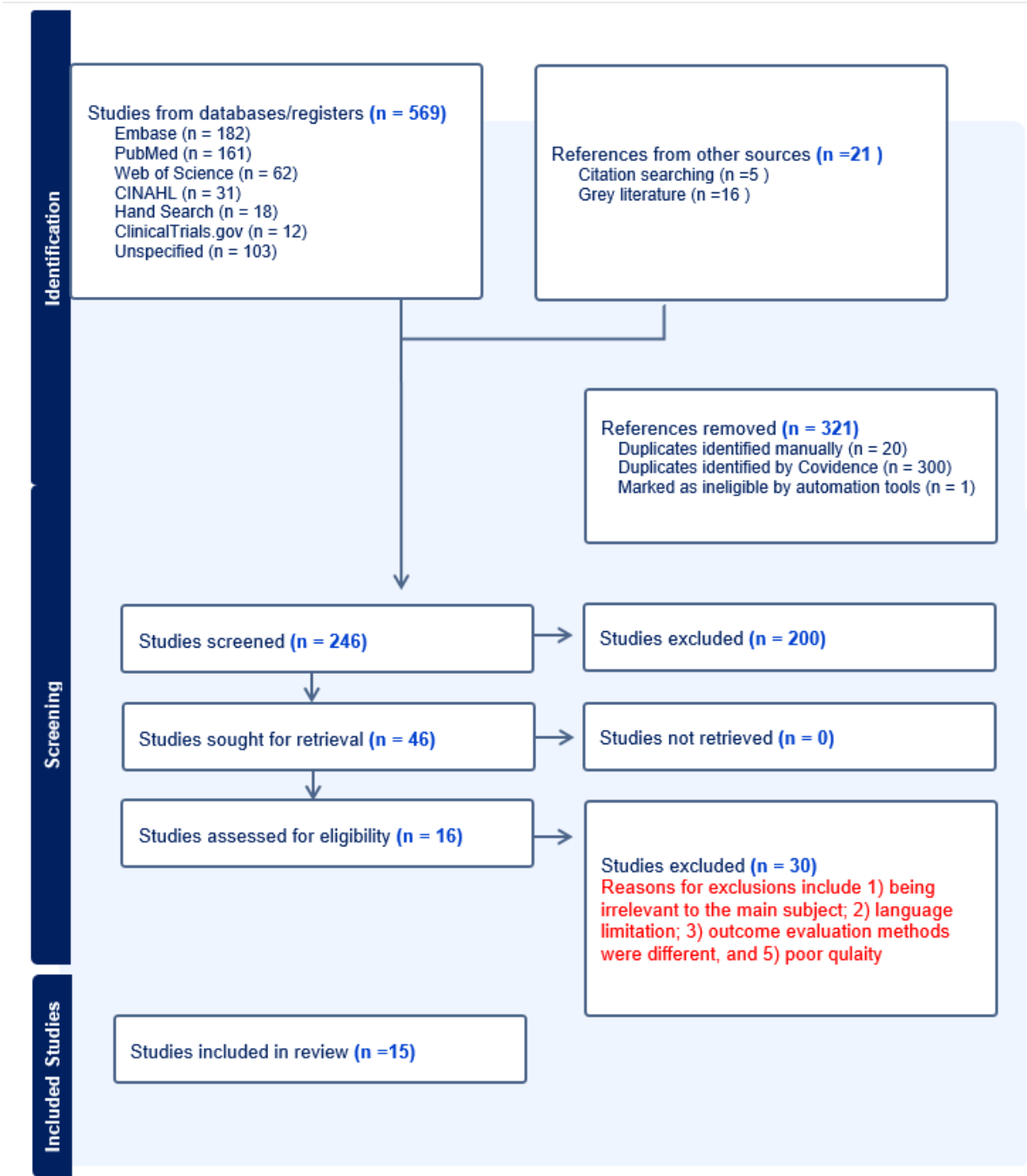
Figure 1. PRISMA flow diagram for the selection and inclusion of studies on burnout among nurse case managers: A scoping review

General Characteristics of Included Studies

Table 3 summarizes the included studies about burnout among nurse case managers and other nursing specialties and roles. Fifteen studies published between 2021 (e.g. Ribeiro et al., 2021) and 2025 (e.g. Maxudova et al., 2025) were included, representing diverse regions, such as the United States (e.g. Guttormson et al., 2022), China (e.g. Zhang et al., 2024), UAE (Mutair et al., 2025), Ethiopia (Efa et al., 2024), Brazil (Ribeiro et al., 2021), Belgium (Khan et al., 2022), and New Zealand (Hackney & Surgenor, 2025). Sample sizes ranged from fewer than 100 participants in single-unit surveys (e.g. Al-Shammar et al., 2024) to more than 4,000 in national or multi-hospital studies (e.g. Khan et al., 2022). Most

observational cross-sectional designs were used with convenience or purposive sampling, often through self-administered questionnaires. A few studies applied mixed-method approaches (Efa et al., 2024), but longitudinal or experimental designs were rare. Data collection was clustered between 2021 and 2025, with several studies conducted during or after the COVID-19 pandemic (e.g. Lee et al., 2024), which many authors noted as affecting both responses and burnout levels.

Participants included general nurses (e.g. Al-Shammar et al., 2024), emergency and critical care nurses (e.g. Guttormson et al., 2022), infection-control staff or nurses (Lee et al., 2024), and nurse case managers (e.g. Montgomery et al., 2022), with most studies based in hospital settings, such as ICUs, tertiary centers, and community hospitals. Some multi-center studies compared public and private facilities or were stratified by hospital level (e.g. Membrive-Jiménez et al., 2022). Burnout was usually measured with the Maslach Burnout Inventory (e.g. Maxudova et al., 2025), while some studies used the Copenhagen Burnout Inventory or similar validated scales (e.g. Montgomery et al., 2022). Most instruments demonstrated good reliability and were culturally adapted.

Table 3: Data Extraction

Author(s), Year	Country	Study Design	Sample Size	Instrument	Main Results
Al-Shammar et al. (2024)	Kingdom of Saudi Arabia	Descriptive exploratory	56	Self- developed tool	About 35 % of the participants suffered from burnout.
Efa et al. (2024)	Ethiopia	An institution-based embedded mixed study	360	Maslach Burnout Inventory-Human Services Survey (MBI-HSS).	A half of the Ethiopian nurses complained of burnout. Poor satisfaction, night shift, anxiety, depression and low social support lead to burnout.
Guttormson et al. (2022)	United States	Descriptive cross-sectional	488	Burnout Sub-scale of the Professional Quality of Life Scale (PROQOL-5).	Critical care nurses working in the United States experienced a moderate level of burnout. Burnout could lead nurses to leave their practice area and profession.
Hackney & Surgenor (2025)	New Zealand	Descriptive cross-sectional survey	116	MBI-HSS	Nurses who work in the Progressive Care Unit suffered from higher burnout degrees than those working in the Intensive Care Unit.
Khan et al. (2022)	Belgium	Descriptive cross-sectional	4552	MBI-HSS	About 70 % of the respondents had burnout. Dealing with COVID-19 patients, changes in perceived workload and lack of protective equipment were risk factors.
Lee et al. (2024)	South Korea	Descriptive cross-sectional	203	MBI-HSS	Providing care for those patients with COVID-19 is associated with burnout incidence.
Luo et al. (2022)	China	Descriptive cross-sectional	458	MBI-HSS	There is a negative association between organizational support and burnout.
Maxudova et al. (2025)	Kazakhstan	Descriptive cross-sectional	284	MBI-HSS	About 62 % of the participants suffered from burnout.
Membrive-Jiménez et al. (2022)	Spain	Multi-center cross-sectional study	86	MBI-HSS	About one third of the participants had burnout.
Montgomery et al. (2022)	United States	Descriptive cross-sectional	56	Copenhagen Burnout Inventory (CBI)	Nurse leaders had high levels of burnout. Resilience negatively impacted burnout.
Mutair et al. (2025)	Kingdom of Saudi Arabia and the United Arab Emirates	Cross-sectional multi-center study	616	MBI-HSS	The prevalence of burnout is about 67%.

Qedair et al. (2022)	Ethiopia	Descriptive cross-sectional study	1300	MBI-HSS	A half of the participants complained from burnout.
Ribeiro et al. (2021)	Brazil	Analytical, cross-sectional	83	MBI-HSS	Burnout influences nurses' quality of life negatively.
Yang et al. (2024)	China	Descriptive cross-sectional online survey	380	Stress Overload Scale	Nurse managers are susceptible to work stress. Organizational support has a positive impact on work stress.
Zhang et al. (2024)	China	Descriptive cross-sectional		MBI-HSS	Participants suffered from high levels of burnout. Burnout negatively correlated with perceived professional benefits.

Global Prevalence of Nurse Case Managers' Burnout

The studies consistently showed high, though variable, prevalence of burnout. Emotional exhaustion (EE) was the most common symptom, with reported prevalence ranging from about 40% in community settings (e.g. Qedair et al., 2022) to over 80% in high-acuity or private-sector hospitals (e.g. Mutair et al., 2025). Depersonalization (DP) levels also varied widely, from around 45% to more than 70%, while low personal accomplishment (PA) affected roughly a half of participants across several studies (e.g. Efa et al., 2024). Overall burnout prevalence ranged between 35% (Al-Shammar et al., 2024) and 70% (Khan et al., 2022) depending on the sample.

Differences between studies were substantial and appeared linked to contextual factors, such as unit type, health system resources, and timing during the pandemic. Nurses in ICUs, oncology units, and under-resourced facilities reported higher burnout rates than those in general or community settings (e.g. Guttormson et al., 2022). Pandemic-related pressures, including heavier workloads and infection fears, also contributed to elevated prevalence (Khan et al., 2022). Within-country variability was noted, with organizational culture, staffing, and resource availability influencing outcomes. Collectively, evidence suggests that between one-third and two-thirds of nurse case managers in diverse global contexts experience clinically significant burnout.

Determinants of Nurse Case Managers' Burnout

Multiple determinants were identified across the studies. Organizational and work-related factors were the most consistent: high workload, night-shift duty, long hours, lack of resources, poor working conditions, and low job satisfaction were strongly associated with burnout (Efa et al., 2024; Khan et al., 2022). Insufficient

organizational support and poor leadership were also frequently reported as significant contributors (Luo et al., 2022).

Psycho-social factors played a major role, with anxiety, depression, poor social support, and dissatisfaction with personal life all linked to higher burnout, especially in EE and PA dimensions (Efa et al., 2024; Membrive-Jiménez et al., 2022). Some studies found that more than a half of participants had symptoms of anxiety or depression, which were directly associated with burnout (e.g. Guttormson et al., 2022).

Socio-demographic and career characteristics also influenced outcomes. Younger nurses, those with less experience, and non-citizen staff often reported higher EE and DP (Guttormson et al., 2022; Hackney & Surgenor, 2025). Marital and parental status were less consistent, but sometimes associated with burnout in specific contexts (Mutair et al., 2025; Zhang et al., 2024).

Other recurrent stressors included role conflict, strained relationships with physicians or supervisors, lack of recognition or promotion opportunities, and exposure to workplace violence (Yang et al., 2024). These were highlighted as important targets for organizational interventions, such as improving staffing levels, offering recognition programs, and strengthening leadership.

Finally, the COVID-19 pandemic was identified as an amplifying factor, with increased patient load, infection fears, and disrupted workflows leading to higher EE and overall burnout (Lee et al., 2024). Several studies recommended mental health support, staffing adjustments, and better resource provision as strategies to mitigate post-pandemic burnout (e.g. Khan et al., 2022). Table 4 presents a critical appraisal of analytical cross-sectional studies using the Joanna Briggs Institute (JBI) checklist.

Table 4. Joanna Briggs Institute (JBI) checklist for analytical cross-sectional studies

JBI Critical Appraisal Checklist	Guttormson, et al. (2022)	Membrive-Jiménez et al. (2022)	Hackney & Surgenor (2025)	Lee et al. (2024)	Khan et al. (2022)	Zhang et al. (2024)	Efa et al. (2024)	Luo et al. (2022)	Yang et al. (2024)	Ribeiro et al. (2021)	Maxudova et al. (2025)	Mutair et al. (2025)	Qedair et al. (2022)	Montgomery et al. (2022)	Al-Shammar et al. (2024).
Were the criteria for inclusion in the sample clearly defined?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Were the study subjects and the setting described in detail?	✓	✓	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗
Was the exposure measured in a valid and reliable way?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Were objective, standard criteria used for measurement of the condition?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Were confounding factors identified?	✗	✓	✓	✗	✗	✗	✗	✗	✓	✓	✗	✓	✓	✗	✗

Discussion

This review examined evidence from fifteen studies to provide an overview of nurse burnout, its prevalence, and contributing factors across different healthcare settings worldwide. The findings highlight that burnout remains a pressing occupational health concern, with consistently high rates reported, particularly in high-acuity and resource-limited environments. Emotional exhaustion was the most frequently reported dimension, followed by depersonalization and reduced personal accomplishment, underscoring the significant psychological and professional toll on nurses. Importantly, the studies identified a combination of organizational, psychosocial, and individual determinants that collectively shape burnout experiences. Factors, such as workload, staffing shortages, poor leadership support, and the additional pressures of the COVID-19 pandemic were repeatedly associated with higher burnout risk. These results provide a foundation for interpreting the implications of burnout on nursing practice, patient care, and health system sustainability, while also informing strategies to address its root causes through organizational and policy-level interventions.

Inclusion of Other Nursing Sub-specialties or Roles

In interpreting the findings of this review, it is important to clarify the rationale for including studies that were not exclusively focused on nurse case managers, but instead addressed broader groups of nurses, such as general nurses, critical care nurses, general nurse managers, or other specialized nursing roles. This decision was made for two reasons. First, the literature specifically targeting burnout among nurse case managers in the United Arab Emirates and the wider region remains very limited. To provide a more comprehensive understanding of the phenomenon, it was necessary to draw on adjacent nursing roles that share comparable responsibilities, including patient advocacy, care coordination, leadership tasks, and inter-professional collaboration—all of which are central components of case management practice. Second, burnout is a multi-faceted construct that is not unique to nurse case managers, and evidence from related nursing populations can offer valuable insights into common stressors, coping strategies, and organizational factors that may also be relevant for case managers. Therefore, while we acknowledge that these studies did not focus solely on nurse case managers, their inclusion allowed us to highlight shared patterns of risk and resilience in nursing practice and to identify potential areas where future research can build a more case manager–specific evidence base.

Workload and Staffing Factors

Across the included studies, workload consistently emerged as a leading driver of burnout among nurses. Heavy patient assignments, long shifts, and mandatory night duty were strongly associated with emotional exhaustion and depersonalization. Nurses working in

intensive care, oncology, and emergency settings—where patient acuity is high—reported the greatest strain. Limited staffing further compounded this burden, with nurses describing frequent role overload and reduced capacity to provide safe care. These findings mirror global literature showing that nurse-to-patient ratios are directly linked to burnout levels (Brassington et al., 2025; Shah et al., 2021). Importantly, workload was not only a quantitative issue, but also qualitative, as inadequate time for rest, recovery, or professional development eroded personal accomplishment. Several studies indicated that high workload during the COVID-19 pandemic amplified these pressures, with increased admissions, infection-related fears, and staff shortages converging to create unsustainable working conditions (Khan et al., 2022; Lee et al., 2024). Together, evidence highlights workload as a central, modifiable determinant of nurse burnout.

Organizational Support and Work Environment

A second prominent issue was the role of organizational support and the quality of the work environment. Nurses who reported strong leadership, supportive supervision, and adequate resources were less likely to experience burnout. Conversely, lack of recognition, limited career advancement, poor communication with supervisors and physicians, and resource shortages were significant contributors to emotional exhaustion and depersonalization. Several multi-center studies found notable differences in burnout between hospitals, underscoring that organizational culture and management practices are decisive in shaping outcomes (Membrive-Jiménez et al., 2022; Mutair et al., 2025). Nurses in facilities with transparent communication, clear role expectations, and fair promotion systems described higher professional satisfaction and lower burnout (Efa et al., 2024). In contrast, those exposed to workplace bullying, role conflict, or limited autonomy reported significantly poorer outcomes (Hackney & Surgenor, 2025). These findings suggest that organizational interventions—such as leadership training, recognition programs, and resource allocation—are critical levers for mitigating burnout and improving both staff well-being and patient care.

Psychosocial and Individual Factors

This scoping review also highlighted the strong influence of psychosocial and individual factors. Symptoms of anxiety and depression were consistently associated with higher burnout scores, especially in the domains of emotional exhaustion and reduced personal accomplishment. Nurses who lacked social support, reported dissatisfaction with their personal life, or those who struggled to balance work and family demands were particularly vulnerable. Demographic and career-related factors also played a role. Younger nurses, those early in their careers, and expatriate staff were more likely to report burnout, reflecting both limited coping resources and added pressures related to job security and cultural adjustment. Marital status and parental responsibilities were linked to burnout in some studies, though these associations were less consistent. These findings are consistent with other systematic reviews that emphasized the impact of psychosocial and individual factors on the perceived burnout degrees (Khatatbeh et al., 2022; Li et al., 2024). Overall, evidence underscores that burnout is not solely an occupational phenomenon, but is also shaped by the interaction of personal resilience, social networks, and workplace demands, highlighting the need for holistic support strategies.

Conclusion

This scoping review synthesized evidence from fifteen studies to examine burnout among nurse case managers and related nursing roles. The findings confirm that burnout is a widespread and persistent issue, with emotional exhaustion emerging as the most common and debilitating dimension. Contributing factors were multi-faceted, spanning heavy workload, insufficient staffing, limited organizational support, and poor working conditions, as well as psychosocial pressures, such as anxiety, depression, and lack of social support. Younger and less experienced nurses, along with expatriate staff, were particularly vulnerable, highlighting the role of demographic and career factors.

The review also demonstrated how organizational culture and leadership practices can either exacerbate or buffer burnout, with pandemic-related pressures amplifying existing risks. These insights reinforce the urgent need for coordinated strategies that address workload, strengthen leadership, and provide accessible mental health support. Overall, the study underscores that tackling burnout among nurse case managers is essential not only for workforce well-being, but also for

ensuring the delivery of safe, high-quality, and sustainable patient care.

Limitations

Despite providing valuable insights, several limitations of these studies must be acknowledged. Many studies are cross-sectional, limiting the ability to establish causality; therefore, longitudinal research is needed to understand the long-term impact of burnout and interventions. Variations in sample sizes and settings affect the generalizability of findings, suggesting the need for larger and more diverse samples. Another limitation of this review relates to the cultural and geographic variability of the included studies. While our aim was to examine burnout among nurse case managers within the context of the United Arab Emirates, the majority of available studies were conducted in diverse international settings, each shaped by its own cultural norms, healthcare systems, and organizational structures. Cultural differences in how nurses perceive stress, report burnout, and access coping resources may significantly influence the findings. For example, factors, such as societal expectations of the nursing role, availability of family and community support, and institutional approaches to workload management, can vary widely across countries. Consequently, the transferability of these findings to the UAE must be interpreted with caution. The UAE's unique multi-cultural workforce, reliance on expatriate nurses, and evolving healthcare reforms may create distinct challenges and protective factors that are not fully captured in studies from other regions. This underscores the need for future research that is conducted locally and is sensitive to the cultural and organizational context of the UAE to better inform targeted interventions for nurse case managers. The reliance on self-reported measures introduces potential biases, highlighting the need for objective measures and data triangulation. Lastly, the focus on specific nurse groups may not fully represent the broader population of nurse case managers, indicating the need for studies with a wider range of participants.

Implications for Nursing

The findings of this review carry important implications for nursing practice, management, and policy. High prevalence rates of burnout among nurses highlight an urgent need for strategies that address both organizational and individual contributors. Workload and staffing shortages were repeatedly linked to emotional exhaustion and depersonalization, suggesting that safe nurse-to-patient ratios and equitable shift scheduling should be prioritized to protect workforce well-being and patient safety. Similarly, the association between poor organizational support and higher burnout underscores the role of leadership in creating supportive environments. Investment in recognition systems, transparent communication, and career development opportunities may help reduce disengagement and strengthen retention.

At the individual level, the strong links between burnout, anxiety, and depression point to the importance of accessible mental health resources and resilience-building programs. Tailored interventions that consider vulnerable groups, such as younger or expatriate nurses, are particularly important. Finally, the pandemic experience revealed systemic weaknesses in supporting frontline staff during crises, reinforcing the need for long-term policies that integrate workload management, mental health support, and adequate resource allocation. Together, these findings call for coordinated, multi-level action to reduce burnout and promote a healthier, more sustainable nursing workforce.

REFERENCES

Al-Shammar, H., Al-Shammari, H., & Al-Rashidi, H. (2024). Job burnout among nursing staff. *Egyptian Journal of Health Care, 15*(2), 1358- 1363.

Brassington, S., Thomas-Hawkins, C., Johansen, M.L., de Cordova, P.B., Cimiotti, J.P., & Zha, P. (2025). Impact of registered nurse staffing, workload, and the practice environment on burnout in emergency nurses. *Journal of Emergency Nursing, 51*(4), 684-691. DOI:10.1016/j.jen.2025.01.007

Davies, E.L., Pollock, D., Graham, A., Laing, R.E., Langton, V., Bulto, L., & Kelly, J. (2022). Reporting of patient journey mapping in current literature: A scoping review protocol. *JBI Evidence Synthesis*, *20*(5), 1361-1368. DOI: 10.11124/JBIES-21-00226

Edú-Valsania, S., Laguía, A., & Moriano, J.A. (2022). Burnout: A review of theory and measurement. *International Journal of Environmental Research and Public Health, 19*(3), 1780., 1-127. DOI:10.3390/ijerph19031780

Efa, A.G., Lombebo, A.A., Nuriye, S., & Facha, W. (2024). Prevalence of burnout and associated factors among nurses working in public hospitals, southern Ethiopia: A multi-center embedded mixed study. *Scientific Reports*, *14*(1), 31268-31271. DOI: 10.1038/s41598-024-82703-1

Flaubert, J.L., Le Menestrel, S., Williams, D.R., Wakefield, M.K., & National Academies of Sciences, Engineering, and Medicine. (2021). Supporting the health and professional well-being of nurses. In: *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. National Academies Press (US). https://www.ncbi.nlm.nih.gov/books/NBK573 902/

Getie, A., Ayenew, T., Amlak, B.T., Gedfew, M., Edmealem, A., & Kebede, W.M. (2025). Global prevalence and contributing factors of nurse burnout: An umbrella review of systematic reviews and meta-analyses. *BMC Nursing, 24*(1), 596-609. DOI: 10.1186/s12912-025-03266-8

Guttormson, J.L., Calkins, K., McAndrew, N., Fitzgerald, J., Losurdo, H., & Loonsfoot, D. (2022). Critical care nurse burnout, moral distress, and mental health during the COVID-19 pandemic: A United States survey. *Heart & Lung, 55*, 127-133. DOI:10.1016/j.hrtlng.2022.04.015

Hackney, L.H., & Surgenor, L.J. (2025). Relationship between coping strategies, burnout, bullying, and

distress in intensive- and progressive- care nurses: A single-centre cross-sectional survey. *Australian Critical Care, 38*(5), 101288-101297. DOI: 10.1016/j.aucc.2025.101288

Khan, Y., Bruyneel, A., & Smith, P. (2022). Determinants of the risk of burnout among nurses during the first wave of the COVID-19 pandemic in Belgium: A cross-sectional study. *Journal of Nursing Management, 30*(5), 1125-1135. DOI: 10.1111/jonm.13624

Khatatbeh, H., Pakai, A., Al-Dwaikat, T., Onchonga, D., Amer, F., Prémusz, V., & Oláh, A. (2022). Nurses' burnout and quality of life: A systematic review and critical analysis of measures used. *Nursing Open*, *9*(3), 1564-1574. DOI: 10.1002/nop2.936

Lee, J.E., Kim, S.R., & Chun, B.C. (2024). Impact of the COVID-19 pandemic on infection control nurses: A path analysis of job stress, burnout, and turnover intention. *American Journal of Infection Control, 52*(6), 683-687. DOI: 10.1016/j.ajic.2024.01.001

Lee, S.E., Choi, J., Lee, H., Sang, S., Lee, H., & Hong, H.C. (2021). Factors influencing nurses' willingness to speak up regarding patient safety in East Asia: A systematic review. *Risk Management and Healthcare Policy*, *14*, 1053-1063. DOI:10.2147/RMHP.S297349

Li, L.Z., Yang, P., Singer, S.J., Pfeffer, J., Mathur, M.B., & Shanafelt, T. (2024). Nurse burnout and patient safety, satisfaction, and quality of care: A systematic review and meta-analysis. *JAMA Network Open*, *7*(11), e2443059-e2443059. DOI:10.1001/jamanetworkopen.2024.43059

Luo, D., Song, Y., Cai, X., Li, R., Bai, Y., Chen, B., & Liu, Y. (2022). Nurse managers' burnout and organizational support: The serial mediating role of leadership and resilience. *Journal of Nursing Management, 30*(8), 4251-4261. DOI: 10.1111/jonm.13852

Marair, S.A., & Slater, N. (2023). Middle Eastern nurses' views/experiences of work and well-being with the support measures during past disease outbreaks and COVID-19: A qualitative systematic review. *BMC Nursing, 22*(1), 230.

Maxudova, M., Ospanova, D., Stavropoulou, A., Alibekova, L., Sultanova, G., Veklenko, G., & Tobzhanova, K. (2025). Burnout among hospital nurses in Kazakhstan. *Nursing Reports*, *15*(3), 92-104. DOI: 10.3390/nursrep15030092

Membrive-Jiménez, M. J., Velando-Soriano, A., Pradas-Hernandez, L., Gomez-Urquiza, J.L., Romero-Béjar, J.L., Cañadas-De la Fuente, G.A., & De la Fuente-

Solana, E.I. (2022). Prevalence, levels and related factors of burnout in nurse managers: A multi-centre cross-sectional study. *Journal of Nursing Management, 30*(4), 954-961. DOI:10.1111/jonm.13575

Montgomery, A.P., & Patrician, P.A. (2022). Work environment, resilience, burnout, intent to leave during COVID-19 pandemic among nurse leaders: A cross-sectional study. *Journal of Nursing Management, 30*(8), 4015-4023. DOI: 10.1111/jonm.13831

Mutair, A.A., Alsaleh, K., Alrasheeday, A., Almadani, N., Alyami, H., Daniyal, M., & Almahmoud, S. (2025). Prevalence and associated factors of burnout among nurses at private tertiary hospitals in the Gulf region: A cross-sectional multicenter study. *SAGE Open Nursing, 11*, 23779608251350578. DOI: 10.1177/23779608251 350

Qedair, J.T., Balubaid, R., Almadani, R., Ezzi, S., Qumosani, T., Zahid, R., & Alfayea, T. (2022). Prevalence and factors associated with burnout among nurses in Jeddah: a single-institution cross-sectional study. *BMC Nursing, 21*(1), 287-295. DOI: 10.1186/s12912-022-01070-2

Ofei, A.M., Paarima, Y., Barnes, T., & Kwashie, A.A. (2020). Stress and coping strategies among nurse managers. *Journal of Nursing Education and Practice, 10*(2), 39-48. DOI:10.5430/jnep.v10n2p39

Ribeiro, E.K.D.A., Santos, R.C.D., Araújo-Monteiro, G.K.N.D., Brandão, B.M.L.D.S., Silva, J.C.D., & Souto, R.Q. (2021). Influence of burnout syndrome on the quality of life of nursing professionals: quantitative study. *Revista Brasileira de Enfermagem, 74*, e20200298-e20200314. DOI:10.1590/0034-7167-2020-0298

Schaufeli, W. (2021). The burnout enigma solved?. *Scandinavian Journal of Work, Environment & Health, 47*(3), 169-170. DOI:10.5271/sjweh.3950

Shah, M.K., Gandrakota, N., Cimiotti, J.P., Ghose, N., Moore, M., & Ali, M.K. (2021). Prevalence of and factors associated with nurse burnout in the US. *JAMA Network Open, 4*(2), e2036469. DOI:10.1001/jamanet workopen.2020.36469

Yang, Z., Huang, H., & Li, G. (2024). Status and influencing factors of work stress among nurse managers in western China: A cross-sectional survey study. *BMC Nursing, 23*(1), 68-76. DOI:10.1186/ s12912-024-01731-4

Zhang, H., Hoe, V.C.W., & Wong, L.P. (2024). The association between burnout, perceived organizational support, and perceived professional benefits among nurses in China. *Heliyon, 10*(20), e39371-e39381. DOI:10.1016/j.heliyon.2024.e39371