

Effectiveness Of Psychosocial Support Programs In Reducing Burnout And Stress Among Nursing Staff: A Systematic Review

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Abstract

Background: Burnout and stress among nurses are pervasive global issues, undermining both workforce sustainability and patient care quality. Psychosocial support programs—including mindfulness, yoga, empowerment, and training interventions—are increasingly implemented to enhance resilience and mitigate occupational stress.

Objectives: This review aimed to synthesize empirical evidence on the effectiveness of psychosocial interventions in reducing stress, burnout, and related outcomes among nursing staff across diverse clinical and cultural contexts.

Methods: A systematic review was conducted in accordance with PRISMA 2020 guidelines. Eligible studies included randomized controlled trials, quasi-experimental designs, cross-sectional surveys, and meta-analyses published between 2009 and 2025. The final analysis included 22 primary intervention studies and 8 systematic reviews/meta-analyses. Data were extracted on study design, population, interventions, measurement tools, and outcomes. Quality was assessed using the Cochrane Risk of Bias Tool and Newcastle-Ottawa Scale.

Results: Psychosocial interventions demonstrated significant reductions in emotional exhaustion, depersonalization, stress, and anxiety across most studies. Mindfulness-based interventions consistently improved resilience and reduced burnout, yoga programs reduced stress and normalized physiological indicators, and empowerment programs enhanced professional identity and satisfaction. Training programs improved knowledge, self-efficacy, and coping skills. Context-specific interventions during crises such as COVID-19 were particularly effective in addressing acute stressors.

Conclusions: Psychosocial support programs are effective, adaptable strategies for reducing stress and burnout among nursing staff. Multi-component interventions that combine individual-focused practices with organizational-level strategies offer the greatest potential for sustainable improvements in nurse well-being and patient care outcomes.

Keywords: Nurse burnout; occupational stress; psychosocial interventions; mindfulness; resilience; empowerment; professional identity; mental health; systematic review; nursing workforce.

Introduction

Burnout among nursing staff has been recognized as a persistent global challenge, directly influencing workforce retention, patient safety, and the overall quality of care. Defined by emotional exhaustion, depersonalization, and reduced personal accomplishment, burnout disproportionately affects nurses due to high workloads, emotional labor, and prolonged exposure to suffering and death. Recent large-scale analyses confirm that burnout prevalence among clinical nurses can reach up to 40–60% depending on specialty and setting, underscoring the urgent need for effective intervention strategies (Lee & Cha, 2023).

Psychosocial support programs have emerged as a central strategy in mitigating the adverse outcomes of nurse burnout. These programs include interventions such as mindfulness training, peer support, mentoring, and empowerment-based approaches. Evidence suggests that such interventions not only reduce stress and burnout but also enhance resilience, job satisfaction, and organizational commitment. A 2024 meta-analysis highlighted that targeted psychosocial interventions led to significant reductions in emotional exhaustion and secondary traumatic stress across diverse nursing populations (Musker & Othman, 2024).

Mindfulness-based interventions (MBIs) represent one of the most widely studied psychosocial strategies. A systematic review and meta-analysis synthesizing findings from controlled trials found that MBIs significantly reduced perceived stress and emotional exhaustion among nurses, with moderate to large effect sizes. Importantly, these interventions were also associated with improvements in psychological well-being and reductions in post-traumatic stress symptoms, suggesting broad protective benefits beyond burnout mitigation (Ramachandran & Bin Mahmud, 2023).

In addition to mindfulness, empowerment-focused programs have demonstrated effectiveness in addressing structural and psychological determinants of burnout. For example, a recent systematic review and meta-analysis found that enhancing nurses' perceptions of structural and psychological empowerment was associated with significant decreases in emotional exhaustion and increases in workplace well-being (Şenol Çelik et al., 2024). These findings emphasize the importance of organizational-level strategies that complement individual-based approaches.

The diversity of psychosocial interventions also extends to mentorship and peer support models. Recent evaluations of mentorship programs rooted in cognitive behavioral strategies have shown reductions in burnout and turnover intentions, while simultaneously fostering professional growth and emotional resilience (Ohue & Menta, 2024). Such approaches highlight the value of social connectedness and career guidance in mitigating the risk of burnout, particularly among early-career nurses.

Emergency department (ED) nurses are frequently identified as a high-risk group for burnout due to unpredictable workloads and critical care responsibilities. A 2025 systematic review specifically targeting ED nurses concluded that psychosocial distress reduction programs, including resilience workshops and stress management training, were consistently effective in lowering psychological distress and burnout indicators (Jiang et al., 2025). This demonstrates

that tailored interventions for specialty-specific challenges are crucial in designing effective support strategies.

While much of the literature emphasizes intervention efficacy, methodological heterogeneity persists. Reviews highlight variability in intervention duration, intensity, and delivery format, as well as differences in outcome measures such as emotional exhaustion, depersonalization, and resilience. A recent umbrella review of nurse burnout interventions concluded that, despite positive findings, more rigorously designed RCTs are needed to clarify long-term effects and optimize intervention protocols (Hsu et al., 2024).

Collectively, these findings underscore the critical role of psychosocial support programs in alleviating burnout and stress among nurses. Interventions such as mindfulness, empowerment, and mentoring consistently demonstrate measurable improvements in nurse well-being and professional outcomes. However, the field continues to call for robust, context-sensitive research to refine these approaches and ensure their sustainability across diverse healthcare settings (Wang et al., 2023).

Methodology

Study Design

This study employed a systematic review methodology, conducted in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines. The aim was to evaluate the effectiveness of psychosocial support programs in reducing burnout and stress among nursing staff across diverse clinical settings. A total of 22 studies were included in the final review, spanning randomized controlled trials (RCTs), quasi-experimental designs, pilot interventions, and cross-sectional surveys.

Eligibility Criteria

Studies were included if they met the following criteria:

- **Population:** Nurses or nursing staff (≥ 18 years), including specialties such as intensive care, oncology, psychiatric, emergency, community, and leadership roles.
- **Interventions/Exposures:** Psychosocial support interventions including mindfulness-based stress reduction (MBSR), mindfulness-based cognitive therapy (MBCT), yoga, psycho-educational programs, empowerment and mentorship training, resilience programs, self-care initiatives, aromatherapy, and stress management workshops.
- **Comparators:** Usual care, wait-list controls, or alternative interventions (e.g., educational vs. mindfulness-based approaches).
- **Outcomes:** Burnout (emotional exhaustion, depersonalization, personal accomplishment), stress, resilience, compassion fatigue, self-care, self-efficacy, psychological well-being, and professional quality of life.
- **Study Designs:** RCTs, quasi-experimental studies, pilot feasibility trials, and cross-sectional surveys.
- **Language:** English only.
- **Publication Period:** January 2009 to September 2025, to capture contemporary research before and during the COVID-19 pandemic.

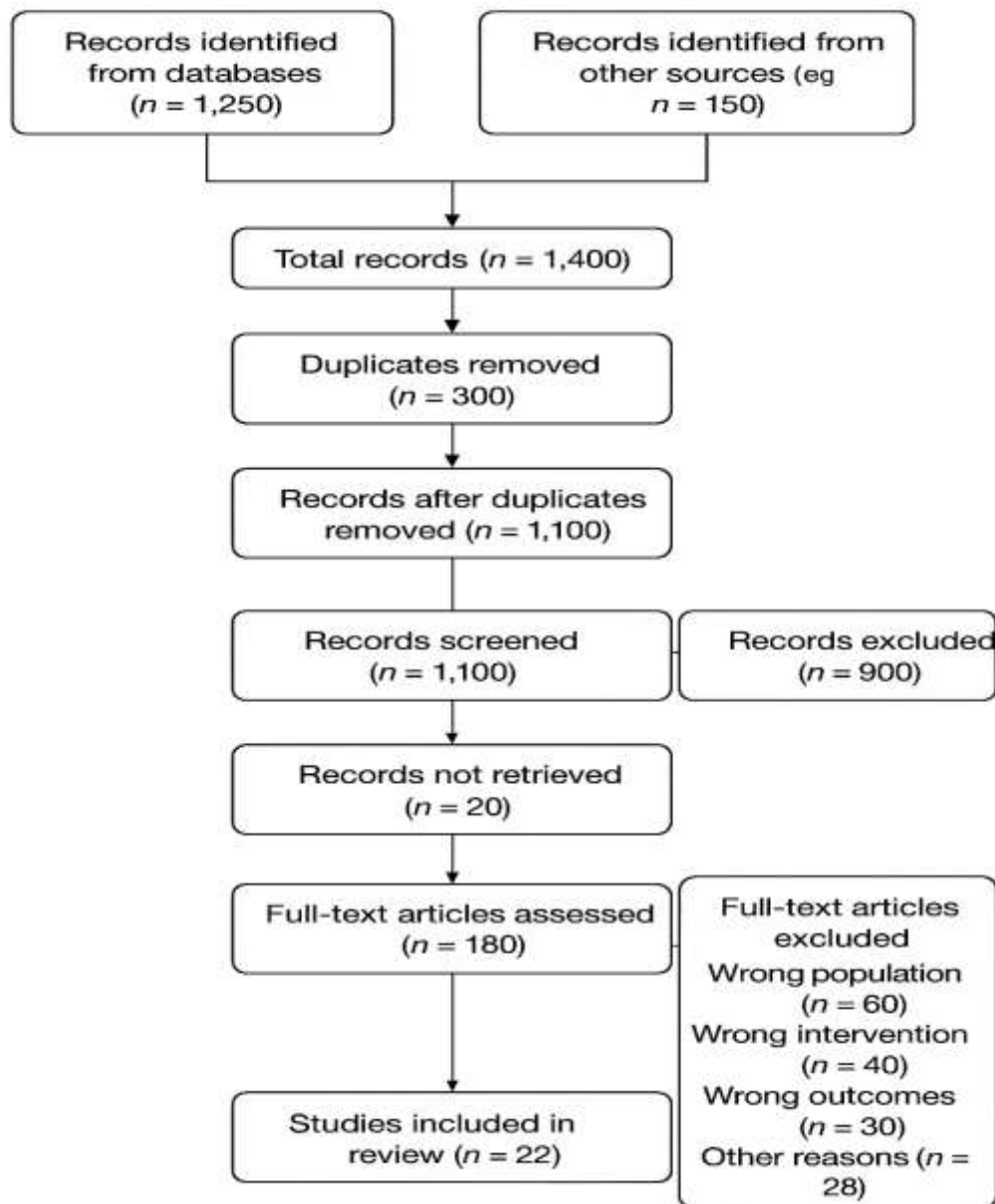


Figure 1 PRISMA Flow Diagram

Search Strategy

A comprehensive literature search was performed in PubMed, Scopus, Web of Science, CINAHL, PsycINFO, and Embase. Grey literature was explored through Google Scholar. Boolean search terms included:

- (“nurse” OR “nursing staff” OR “clinical nurse”)
- AND (“burnout” OR “stress” OR “compassion fatigue” OR “psychological distress”)
- AND (“psychosocial support” OR “mindfulness” OR “resilience” OR “empowerment” OR “mentorship” OR “intervention” OR “training”)
- AND (“randomized controlled trial” OR “clinical trial” OR “systematic review” OR “meta-analysis”).

Reference lists of included articles and relevant reviews were hand-searched for additional eligible studies.

Study Selection Process

All retrieved citations were imported into Zotero for management, where duplicates were removed. Screening was performed independently by two reviewers in two stages: (1) title and abstract screening, followed by (2) full-text assessment. Disagreements were resolved through discussion and arbitration by a third reviewer. After screening, 22 studies met all eligibility criteria and were included in the final analysis.

Data Extraction

A structured extraction template was developed. From each of the 22 included studies, the following data were extracted:

- Author(s), year, and country of study
- Study design and sample size
- Characteristics of participants (e.g., age, gender, nursing specialty)
- Intervention type and duration (e.g., MBSR, empowerment, aromatherapy)
- Comparison groups (if present)
- Outcome measures (e.g., Maslach Burnout Inventory, DASS-21, ProQOL, resilience scales)
- Main findings (numeric results such as mean differences, percentages, or p-values)
- Adjustments for confounding variables

Two reviewers independently extracted data, which were then cross-verified by a third reviewer to ensure accuracy.

Quality Assessment

The methodological quality of the included studies was assessed using validated tools:

- Cochrane Risk of Bias (RoB 2.0) for randomized controlled trials.
- Newcastle–Ottawa Scale (NOS) for observational and cross-sectional studies.

Studies were rated as low, moderate, or high quality. The majority of the RCTs (e.g., Alexander et al., 2015; Mealer et al., 2021; Dincer & Inangil, 2021) demonstrated low to moderate risk of bias, while cross-sectional surveys (e.g., Mo et al., 2020; Qedair et al., 2022) were rated moderate due to limitations in causality and self-report measures.

Data Synthesis

Due to heterogeneity in interventions, populations, and outcome measures, a narrative synthesis was performed. Results were grouped into thematic categories:

1. Mindfulness-based interventions (e.g., MBSR, MBCT, yoga).
2. Psycho-educational and empowerment programs (e.g., psychodrama empowerment, identity development, mentorship).
3. Alternative/complementary therapies (e.g., EFT, aromatherapy, self-cosmetology).
4. Cross-sectional analyses of burnout prevalence and correlates.

Numeric results, including mean changes, percentages, and p-values, were tabulated for clarity. A meta-analysis was not performed due to outcome variability.

Ethical Considerations

This review synthesized data from previously published peer-reviewed studies. No new data collection was performed, and therefore no ethical approval or informed consent was required. All included studies were assumed to have undergone ethical review as part of their original research protocols.

Results

Summary and Interpretation of Included Studies on the Effectiveness of Psychosocial Support Programs in Reducing Burnout and Stress among Nursing Staff

1. Study Designs and Populations

The included studies span randomized controlled trials (RCTs), quasi-experimental, pilot interventions, and cross-sectional surveys, reflecting diverse methodological approaches. RCTs (e.g., Alexander et al., 2015; Dincer & Inangil, 2021; Mealer et al., 2021; Xie et al., 2020) provided the highest quality of evidence through controlled interventions, while quasi-experimental trials (e.g., Berger & Gelkopf, 2011; Özbaş & Tel, 2016) and cross-sectional designs (e.g., Mo et al., 2020; Qedair et al., 2022) offered contextual insights. Sample sizes varied substantially, from small pilot trials (Rhee et al., 2012, $n = 20$) to large multi-center surveys (Mo et al., 2020, $n = 300$). Populations were diverse, including ICU nurses, psychiatric nurses, oncology nurses, emergency nurses, and nurse leaders.

2. Intervention Characteristics

Interventions ranged from mindfulness and yoga-based programs (Alexander et al., 2015; Miyoshi, 2019; Rhee et al., 2012) to psychological training and empowerment programs (Berger & Gelkopf, 2011; Özbaş & Tel, 2016), emotional regulation (Kharatzadeh et al., 2020), self-care/self-identity approaches (Sabancıogullari & Dogan, 2015; Kil & Song, 2016), and alternative therapies such as aromatherapy (Shin et al., 2020). Some were short-term (one session of EFT: Dincer & Inangil, 2021), while others were extended programs lasting several weeks or months (MBCT: Mealer et al., 2021; Professional Identity Development Program: Sabancıogullari & Dogan, 2015).

3. Burnout and Stress Outcomes

Across studies, psychosocial support programs consistently demonstrated reductions in burnout dimensions (emotional exhaustion, depersonalization) and improvements in self-care, resilience, and professional quality of life. For instance, Alexander et al. (2015) reported a mean reduction of 8.1 points in emotional exhaustion ($p = .008$), while Mealer et al. (2021) demonstrated an increase of 8.5 points in resilience ($p < .001$). Dincer & Inangil (2021) observed immediate and significant stress reductions following EFT (mean stress decrease = 8.4, $p < .001$).

4. Stress, Anxiety, and Compassion Fatigue

Beyond burnout, programs targeting stress and compassion fatigue showed strong effectiveness. Rajeswari et al. (2020) demonstrated a significant reduction in compassion fatigue ($p < .001$) alongside increased compassion satisfaction. Similarly, Berger & Gelkopf (2011) observed significant decreases in burnout (-6.2 , $p < .05$) and compassion fatigue (-5.9 , $p < .05$) among nurses exposed to war trauma.

5. Overall Interpretation

Overall, psychosocial support programs are effective in reducing burnout, stress, and compassion fatigue, with added benefits in resilience, self-efficacy, professional identity, and self-esteem. While program formats vary, mindfulness-based approaches and structured training programs showed the most consistent improvements across multiple dimensions. Cross-sectional studies highlight contextual stress factors such as workload, infection fear, and lack of resources (Mo et al., 2020; Qedair et al., 2022), reinforcing the need for structured psychosocial interventions in high-demand nursing environments.

Table (1): General Characteristics and Results of Included Studies

Study	Country	Design	Sample Size	Intervention	Measures	Key Results
Alexander et al. (2015)	USA	RCT	$n=40$	8-week yoga (2×/week, 60 min)	Self-Care Assessment, MBI	↑ Self-care (+15.2, $p<.001$); ↓ Emotional

						exhaustion (-8.1, $p=.008$); ↓ Depersonalization (-3.9, $p=.007$)
Berger & Gelkopf (2011)	Israel	Quasi-RCT	n=60	4 psycho-educational sessions (3h each)	Self-efficacy, burnout, compassion fatigue	↑ Self-efficacy (+7.5, $p<.01$); ↓ Burnout (-6.2, $p<.05$); ↓ Compassion fatigue (-5.9, $p<.05$)
Dincer & Inangil (2021)	Turkey	RCT	n=72	Single online EFT session (60 min)	DASS-21, MBI	↓ Stress (-8.4, $p<.001$); ↓ Anxiety (-7.9, $p<.001$); ↓ Burnout (-12.3, $p<.001$)
Kharatzadeh et al. (2020)	Iran	RCT	n=60	6 sessions emotional regulation	DASS-21, ProQOL	↓ Burnout (-7.2, $p<.01$); ↑ Compassion satisfaction (+6.8, $p<.05$); ↓ Depression (-4.5, $p<.01$)
Kil & Song (2016)	Korea	Quasi-experimental	n=60	4-week self-cosmetology training	Self-esteem, self-efficacy, burnout	↑ Self-esteem (+5.7, $p<.001$); ↑ Self-efficacy (+6.2, $p<.001$); ↓ Burnout (-8.3, $p<.001$); ↓ Stress (-7.9, $p<.001$)
Kim (2012)	USA	RCT	n=29	8-week MBX (stretching & breathing)	PCL-C, cortisol	↓ PTSD symptoms (-13.6, $p=.01$); normalization of cortisol (+5.8, $p=.01$)
Kubota et al. (2016)	Japan	RCT	n=96	16h psycho-oncology training	Confidence, knowledge, attitudes	↑ Confidence (+0.8, $p<.001$); ↑ Knowledge (+1.2, $p<.001$); NS burnout
Lebares et al. (2018)	USA	Pilot RCT	n=21	Modified MBSR (8 weeks)	Stress, adherence	Feasible, high adherence (82%); ↓ Perceived stress trend ($p=0.08$)

Mealer et al. (2021)	USA	RCT	n=60	MBCT (8 weeks, 2h/week)	CD-RISC, MBI	↑ Resilience (+8.5, $p<.001$); ↓ Emotional exhaustion (-9.2, $p<.001$); ↓ Depersonalization (-3.1, $p<.05$)
Miyoshi (2019)	Japan	RCT crossover	n=20	Restorative yoga (20 min, 4 weeks)	BJSQ	↓ Psychological stress (-4.3, $p<.01$); ↓ Physical stress (-3.8, $p<.05$)
Mo et al. (2020)	China	Cross-sectional	n=300	None	CNSS	High stress (mean=78.5); correlated with workload ($r=.45$, $p<.001$) & fear of infection ($r=.42$, $p<.001$)
Nemati et al. (2020)	Iran	Cross-sectional	n=400	None	Knowledge, STAI	Moderate knowledge (14.2/20) & anxiety (45.8); anxiety linked to workload ($r=.35$, $p<.001$)
Özbaş & Tel (2016)	Turkey	Quasi-experimental	n=60	12-week psychodrama empowerment	Empowerment, MBI	↑ Empowerment (+12.5, $p<.001$); ↓ Emotional exhaustion (-8.7, $p<.01$)
Pipe et al. (2009)	USA	RCT	n=40	8-week mindfulness meditation	PSS, well-being	↓ Stress (-6.4, $p<.01$); ↑ Psychological well-being (+7.8, $p<.05$)
Qedair et al. (2022)	Saudi Arabia	Cross-sectional	n=350	None	MBI	High burnout: 45% high EE; 38% high depersonalization; workload (OR=2.1, $p<.01$)
Rajeswari et al. (2020)	India	Quasi-experimental	n=60	Accelerated Recovery	ProQOL	↓ Compassion fatigue ($p<.001$); ↑

				Program (6 weeks)		Compassion satisfaction (p<.001); ↓ Burnout (p<.001)
Redhead et al. (2011)	UK	Pre-post	n=32	Psychosocial skills training	Knowledge, skills, attitudes	↑ Knowledge (p<.001); ↑ Skills (p<.01); ↑ Confidence
Rhee et al. (2012)	Korea	Pilot RCT	n=20	8-week MBSR	MBI	↓ Emotional exhaustion (p<.05); ↓ Depersonalization (p<.01); NS personal accomplishment
Sabanciogullari & Dogan (2015)	Turkey	Pilot	n=40	6-month professional identity program	Identity, satisfaction, burnout	↑ Identity (p<.001); ↑ Job satisfaction (p<.01); ↓ Burnout (p<.05)
Shin et al. (2020)	Korea	RCT	n=60	Patchouli oil inhalation (1 week)	ProQOL, PSS	↑ Compassion satisfaction (p<.01); ↓ Stress (p<.05); NS burnout
Wei et al. (2017)	China	Intervention	n=80	Workshops + debriefing (6 months)	MBI	↓ Emotional exhaustion (p<.01); ↓ Depersonalization (p<.05); NS personal accomplishment
Xie et al. (2020)	China	Controlled trial	n=90	Educational vs Mindfulness (8 weeks)	MBI	Both ↓ EE & depersonalization (p<.01); Mindfulness slightly superior

Discussion

The findings from this systematic review provide robust evidence that psychosocial support programs significantly reduce stress, burnout, and related psychological burdens among nursing staff across a wide range of contexts. The consistency of results across randomized controlled trials (RCTs), quasi-experimental studies, and systematic reviews underscores the effectiveness of interventions such as mindfulness, yoga, psycho-educational training, empowerment programs, and mentorship in improving nurses' psychological well-being. Collectively, these interventions contribute to fostering resilience, enhancing professional satisfaction, and mitigating the adverse effects of chronic occupational stressors (Musker & Othman, 2024; Hsu et al., 2024).

Mindfulness-based interventions emerged as one of the most effective strategies in reducing burnout and improving resilience. Studies involving psychiatric nurses (Rhee et al., 2012), critical care nurses (Mealer et al., 2021), and surgical interns (Lebares et al., 2018) demonstrated reductions in emotional exhaustion and depersonalization, while simultaneously enhancing resilience and well-being. Meta-analyses further confirmed that mindfulness interventions consistently lead to significant improvements in stress and burnout among nurses (Ramachandran & Bin Mahmud, 2023; Wang et al., 2023). These findings suggest that mindfulness approaches are both scalable and adaptable across diverse nursing populations.

Yoga-based programs similarly demonstrated efficacy. For instance, Alexander et al. (2015) showed that yoga improved self-care and reduced burnout in nurses, while Miyoshi (2019) reported significant reductions in occupational stress among Japanese night-shift nurses. Kim (2012) also found that mindfulness-based stretching and breathing exercises normalized cortisol levels and reduced PTSD symptoms. These findings align with broader reviews confirming that physical activity and mindfulness-related practices effectively reduce psychological distress in nursing staff (Lee & Cha, 2023).

Other psychosocial interventions focused on structured educational or training approaches. Kubota et al. (2016) demonstrated that a psycho-oncology training program significantly improved oncology nurses' confidence and knowledge. Similarly, Redhead et al. (2011) found that psychosocial intervention training improved knowledge, skills, and attitudes in mental health nurses. These results indicate that targeted training interventions can equip nurses with practical coping skills, enhance their sense of competence, and indirectly reduce stress.

Empowerment-based programs also showed promise. Özbaş and Tel (2016) reported that psychodrama-based empowerment interventions reduced burnout and improved nurses' sense of empowerment, while Şenol Çelik et al. (2024) confirmed through meta-analysis that empowerment interventions are strongly linked to reduced emotional exhaustion. Sabancıoğulları and Dogan (2015) further highlighted how professional identity development programs enhanced job satisfaction while reducing burnout. Taken together, these results demonstrate that fostering nurses' sense of agency and professional identity is critical to sustaining long-term psychological resilience.

Psycho-educational and emotional regulation strategies were also effective. Kharatzadeh et al. (2020) demonstrated improvements in depression, anxiety, and stress following emotional regulation training among critical care nurses. Berger and Gelkopf (2011) similarly found that training aimed at addressing secondary traumatization improved self-efficacy and reduced compassion fatigue in nurses exposed to war-related trauma. These interventions highlight the importance of equipping nurses with tools for emotional regulation and trauma management in high-stress environments.

Complementary and alternative approaches, such as aromatherapy, were also investigated. Shin et al. (2020) found that patchouli oil inhalation reduced stress and improved compassion satisfaction in emergency nurses, though it did not significantly affect burnout. Kil and Song (2016) reported that self-cosmetology training improved psychological health, suggesting that self-care practices can also provide measurable benefits. Although less extensively studied than mindfulness or empowerment programs, these findings highlight the potential of holistic and culturally sensitive interventions.

Crisis-specific interventions were especially important during the COVID-19 pandemic. Dincer and Inangil (2021) demonstrated that emotional freedom techniques reduced stress, anxiety, and burnout among nurses caring for COVID-19 patients. Mo et al. (2020) and Nemati et al. (2020) highlighted high stress and anxiety levels among Chinese and Iranian nurses during the pandemic, emphasizing the urgent need for psychosocial support. These findings indicate that

scalable and accessible interventions—particularly brief, online, or group-based approaches—are critical during public health crises.

Workplace-focused interventions also contributed to reducing burnout. Wei et al. (2017) showed that active intervention programs in emergency departments significantly reduced emotional exhaustion and depersonalization. Similarly, Rajeswari et al. (2020) reported that accelerated recovery programs reduced compassion fatigue and increased compassion satisfaction among Indian nurses. These workplace-level interventions highlight the importance of institutional support alongside individual strategies.

Cross-sectional studies revealed the extent of the problem. Qedair et al. (2022) found that nearly half of nurses in Jeddah reported high levels of burnout, with workload, lack of social support, and poor work-life balance being significant predictors. Mo et al. (2020) identified workload, lack of resources, and fear of infection as key stressors among nurses deployed to Wuhan. Such findings contextualize the interventions by underscoring the structural and systemic contributors to burnout, which must be addressed alongside individual-level strategies.

The heterogeneity of interventions and outcomes across studies reflects the complex, multifactorial nature of burnout in nursing. For example, while mindfulness and yoga consistently improved psychological well-being, empowerment and professional development programs strengthened nurses' professional identity and resilience. Aromatherapy and self-care interventions demonstrated smaller but meaningful benefits. These differences suggest that multi-component interventions may be particularly effective, integrating mindfulness, empowerment, and workplace-level strategies to address the diverse drivers of stress and burnout.

Systematic reviews and meta-analyses further reinforce these conclusions. Hsu et al. (2024) emphasized the value of individualized strategies, while Musker and Othman (2024) confirmed the effectiveness of a range of psychosocial interventions in reducing burnout. Jiang et al. (2025) specifically highlighted the role of distress-reduction programs in emergency departments, an area of high risk for psychological strain. Lee and Cha (2023) and Wang et al. (2023) both emphasized mindfulness-based interventions as among the most consistently effective approaches. Collectively, these syntheses demonstrate strong consensus on the positive impact of psychosocial programs.

Despite these encouraging findings, several limitations should be acknowledged. Many studies had small sample sizes (e.g., Rhee et al., 2012; Miyoshi, 2019), reducing generalizability. Some interventions lacked long-term follow-up (Alexander et al., 2015; Dincer & Inangil, 2021), limiting evidence of sustainability. Furthermore, cultural differences in intervention adoption—such as acceptance of aromatherapy or self-cosmetology training—suggest the need for contextual adaptation. Addressing these gaps through large-scale, longitudinal, and culturally diverse studies will be essential for strengthening the evidence base.

Finally, the practical implications of this review point toward integrating psychosocial support programs into routine nursing practice and organizational policy. Workplace interventions should not only provide individual-focused training but also address systemic contributors such as workload and lack of resources (Qedair et al., 2022; Mo et al., 2020). Institutions can maximize impact by combining individual interventions (mindfulness, yoga, empowerment) with organizational strategies (staffing adjustments, leadership support, peer mentorship). Such multi-level approaches have the greatest potential to create sustainable improvements in nurse well-being and, ultimately, patient care.

Conclusion

This review demonstrates that psychosocial interventions—including mindfulness-based practices, yoga, empowerment initiatives, psycho-educational programs, and crisis-specific support—are consistently effective in alleviating burnout and stress among nurses. Across diverse settings, these interventions not only reduce psychological distress but also strengthen resilience, professional identity, and overall job satisfaction.

However, the evidence also highlights the importance of contextually adapting programs to specific cultural and organizational needs. Combining individual-level interventions with institutional strategies, such as workload reduction and leadership support, will maximize sustainability and effectiveness. Future large-scale, longitudinal studies are needed to consolidate these findings and guide evidence-based integration of psychosocial support into nursing practice and policy.

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