

## Review of Burnout and Job Satisfaction on Organizational Citizenship Behavior in Nursing

Mohammed Ibrahim Mohialdeen Gubari 

Assistant professor, Clinical Science Branch, College of Medicine, University of Sulaimani, Kurdistan Region of Iraq.

	Abstract
<b>Article history:</b> Received: 8 Aug 2025 Accepted: 4 Nov 2025 Available online: 10 Nov 2025	<b>Background:</b> Organizational citizenship behavior (OCB) often shows up in those quiet, almost invisible moments when nurses choose to help others. Yet, when burnout creeps in or job satisfaction (JS) begins to erode, these voluntary, extra-mile behaviors can falter. Although many individual studies touch on these connections, their intertwined effects still feel scattered and call for a clearer synthesis. This review aims to discover the ways burnout and JS influence OCB among nurses.
<b>Keywords:</b> Organizational citizenship behavior Nurses Burnout Job satisfaction Structural empowerment Supervisor support	<b>Methods:</b> Drawing on both quantitative and qualitative research till 2025, this narrative review brings together evidence from PubMed and comparable databases, centering on studies involving registered nurses. <b>Results:</b> Higher JS consistently showed up as a reliable predictor of stronger OCB, sometimes explaining a surprisingly large share of its variance. These effects often worked through mechanisms like organizational justice, social connectivity, or nurses' own growing sense of professional capability. Meanwhile, burnout, especially its more corrosive elements such as depersonalization and emotional exhaustion, was strongly linked to declines in OCB, whereas a solid sense of personal accomplishment seemed to act like a buffer. Structural empowerment helped soften exhaustion and indirectly lifted OCB, and supportive supervisors increased nurses' commitment as well as their willingness to engage in citizenship acts. When woven together, these threads formed an integrated model accounting for about 45% of variation in OCB, with ethical climate and workload standing out as meaningful contributors. <b>Conclusion:</b> If JS is the fuel for OCB, burnout is the slow leak that drains it. Empowerment strategies, stronger supervisory support, and ethical organizational climates appear capable of preserving OCB while simultaneously holding burnout at bay, changes that ripple outward into patient care and retention.

**Cite this article as:** Gubari MIM. Review of Burnout and Job Satisfaction on Organizational Citizenship Behavior in Nursing. Humanist Stud Soc Res. 2025;1(1):8. <https://doi.org/10.22034/hssr.2025.560298.1010>

### Introduction

Organizational citizenship behavior (OCB) in nursing often takes the shape of gestures that aren't printed in any job description but nonetheless help entire units function more smoothly and compassionately—quiet acts that ripple into better patient outcomes and more cohesive teams [1]. Nurses tend to exhibit OCB at notably high rates, and these efforts frequently become the invisible glue holding healthcare settings together,

improving quality of care and day-to-day efficiency [1]. Prior work has pointed to organizational trust and heightened job satisfaction as reliable drivers of this behavior, reinforcing the idea that nurses who feel valued are more willing to lean in rather than pull back [1]. The relational landscape also matters: the dynamic between supervisors and nurses shapes OCB in significant ways, especially when infused with empowerment and a sense of organizational support

#### Correspondence:

Mohammed Ibrahim Mohialdeen Gubari

E-mail: [Mohammed.mohialdeen@univsul.edu.iq](mailto:Mohammed.mohialdeen@univsul.edu.iq)



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that shows nurses their extra efforts don't disappear into a void [2]. Even personal traits, like a naturally outgoing disposition, may elevate OCB—though burnout, like an undertow, can pull these positive tendencies downward [3].

In the years shaped by the COVID-19 pandemic, studies began highlighting new or intensified elements: autonomy, optimism, role conflicts that feel like constant stumbling blocks, and the spark of work engagement all emerged as meaningful influences on OCB [4]. Qualitative insights further reveal the lived side of these behaviors—nurses describe OCB as everything from stepping in to help a teammate to nurturing the professional development of colleagues, often in ways that grow from the emotional heartbeat of the profession rather than institutional directives [5].

But nursing, for all its meaning and purpose, demands a heavy emotional toll and long hours, which can gradually coax burnout into the picture. This state—defined by exhaustion that hits emotionally, physically, and mentally—takes aim at key aspects of the work environment, including job satisfaction and the willingness to participate in OCB [6]. Earlier research documented how destructive forces like abusive supervision can erode morale and trust, leading to reduced compliance and a host of organizational problems [7]. Burnout doesn't just dampen mood; it tends to choke off the voluntary, generous actions that make healthcare systems less brittle and more humane [1,5]. And although job satisfaction is often associated with stronger OCB, harsh workloads and weak leadership can diminish that satisfaction, feeding burnout and weakening nurses' drive to engage in those extra, socially supportive behaviors [3,8]. Understanding how these factors braid together is essential for designing interventions that not only guard against burnout but also strengthen the climate nurses rely on to thrive, stay in the profession, and deliver excellent patient care.

## Methods

This narrative review explores how burnout and job satisfaction shape organizational citizenship behavior (OCB) among nurses. A structured search was carried out across major health and social science databases, including PubMed, CINAHL, Scopus, and Web of Science. Searches covered publications available up to early 2025. Keywords and controlled vocabulary terms were combined using Boolean operators, centering on concepts related to nursing, burnout, job satisfaction, and organizational citizenship behavior. The narrative synthesis unfolded in stages. First, studies were grouped according to their primary conceptual focus: (1) burnout

and OCB, (2) job satisfaction and OCB, or (3) integrative models involving both burnout and job satisfaction.

## Results

### *Burnout and Organizational Citizenship Behavior (OCB)*

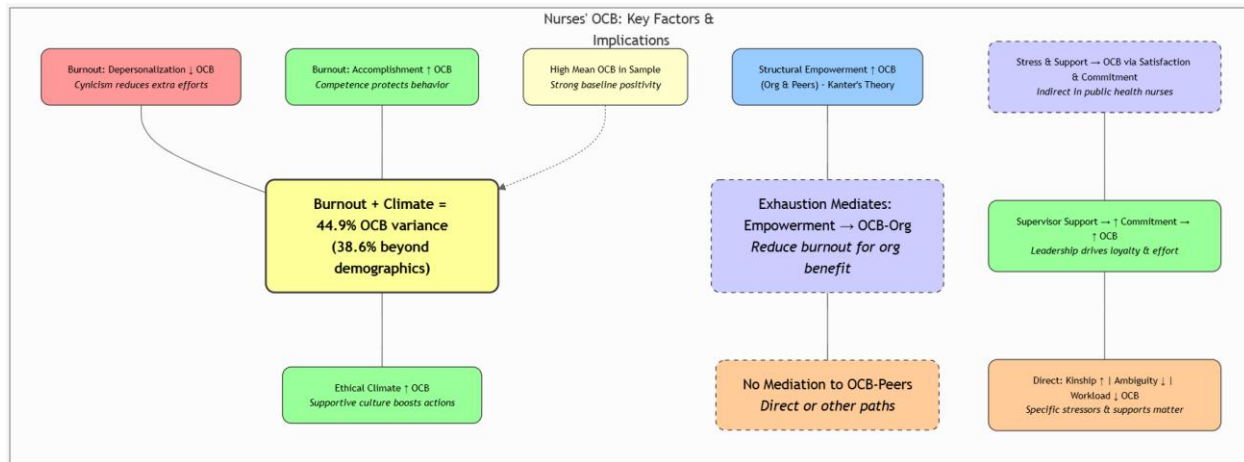
Burnout in nurses—a constellation of emotional exhaustion, depersonalization, and reduced personal accomplishment—interacts with OCB in complex and sometimes surprising ways. Among its components, depersonalization often emerges as the most potent suppressor of OCB. In one expansive survey of registered nurses, depersonalization showed a clear and troubling negative relationship with OCB levels [9]. What this suggests is that when nurses feel emotionally hollowed out or adopt a distant, cynical stance toward their work or the people they care for, their willingness to perform those “extra” supportive actions dwindles. Yet the story isn't entirely bleak: feelings of personal accomplishment—essentially the belief that one's work matters and is done competently—were connected to higher OCB, even when burnout pressures were present [9]. This means that nurses who can hold onto a sense of capability and purpose may be more likely to continue offering discretionary help.

Organizational structures often mediate how burnout translates into (or stifles) OCB. One study showed that structural empowerment increased OCB, but notably, this happened through a reduction in emotional exhaustion acting as a mediator [10]. In other words, when nurses feel empowered—granted autonomy, supported with resources, and encouraged to participate meaningfully in decision-making—the emotional wear and tear inflicted by the job appears to soften, thereby freeing them to engage in citizenship behaviors they might otherwise withhold simply out of fatigue. Other research on rural public health nurses highlighted the quiet power of social support, especially from supervisors, which indirectly raised OCB by strengthening organizational commitment [11]. Feeling backed by leadership seems to generate a sense of being valued rather than depleted, nudging nurses toward generous, voluntary behaviors.

At the same time, direct stressors like overwhelming workload and role ambiguity showed clear negative consequences for OCB, reminding us that burnout isn't an abstract emotional state—it is shaped by concrete job conditions that organizations can alter or ignore [11]. A synthesized model pulling together these findings has suggested that about 44.9% of OCB variation in nursing can be explained through the interplay of burnout facets, ethical climate, structural empowerment, and supervisory dynamics. Depersonalization and heavy workload drag OCB downward, while personal accomplishment, strong supervisor support, and a

positive ethical climate pull it upward. Emotional exhaustion specifically mediates how empowerment influences organization-focused OCB, but not peer-focused OCB, pointing to an intriguing distinction: some

aspects of citizenship may depend more on leadership and structural support, while others grow primarily from interpersonal culture and team identity [9–11].



**Figure 1.** Predictors of Organizational Citizenship Behavior (OCB) in Nurses: Burnout, Empowerment, Support, and Ethical Climate. A concise conceptual diagram integrating evidence on influences on nurses' OCB, with nodes for predictors (burnout elements, ethical climate, empowerment, support, stressors), mediation routes (through exhaustion, commitment, satisfaction), and variance explained (44.9%). Arrows denote influence direction; green for positive, red for negative, yellow for variance, and blue for mediated paths.

**Job Satisfaction (JS) and Organizational Citizenship Behavior (OCB)**

In numerous studies across diverse nursing contexts, job satisfaction (JS) consistently demonstrates a positive relationship with OCB. Although pathways vary—including organizational justice, trust, social connections, patient views, or professional skills—JS often stands out as a primary facilitator of enhanced OCB in nursing teams. These collective insights stress the value of prioritizing JS to cultivate a more committed and collaborative workforce, which ultimately improves patient experiences and institutional performance.

**Discussion**

Our study, synthesizing findings core investigations spanning 2006 to 2024, posits that job satisfaction serves as a primary catalyst for organizational citizenship behavior (OCB) in nursing, acting through pathways involving justice perceptions, social support, and personal efficacy, while simultaneously suggesting that burnout, particularly its exhaustion and depersonalization facets, significantly undermines these positive discretionary actions, a relationship potentially buffered by personal accomplishment. This complex interplay finds partial external validation in the broader literature, which, while not exclusively focused on nurses, provides critical context for understanding the antecedents of similar prosocial workplace behaviors. For instance, a recent meta-analytic synthesis [20]

confirms that job satisfaction is significantly associated with a range of citizenship behaviors, although it also highlights that factors often linked to burnout, such as abusive supervision and job stress, can foster compulsory forms of citizenship [Yildiz et al. 2023], which stand in stark contrast to the voluntary nature of OCB we emphasize and are arguably detrimental to both employee well-being and organizational health. Furthermore, the integrative review [21] directly echoes our findings, identifying positive psychological resources, supportive leadership, and ethical organizational climates as key promoters of nurses' citizenship behaviors, while burnout and negative leadership detract from them, and underscores the crucial role of structural empowerment in mitigating exhaustion [Watson et al. 2025]. Similarly, our identification of job satisfaction as a direct and powerful predictor, alongside specific burnout components and empowerment factors, aligns with the broader understanding that prosocial behaviors, like OCB, are influenced by complex work environments [22]. Our study contributes a nuanced layer by specifically examining how burnout's distinct dimensions interact with job satisfaction and empowerment to predict OCB variance, finding, for example, that personal accomplishment can partially counteract the negative effects of burnout, a finding not explicitly detailed in the reviews but implicitly supported by the literature noting factors like organizational commitment and justice as

barriers to compulsory citizenship [20]. Ultimately, while acknowledging that the literature base [20-22] highlights the prevalence of potentially coerced or harmful forms of high performance expectations in certain contexts, our synthesis underscores that fostering environments characterized by supportive leadership, structural empowerment, ethical climates,

and high job satisfaction is crucial not only for curbing burnout but also for cultivating the positive, voluntary organizational citizenship behaviors essential for sustaining a high-quality nursing workforce and patient care, suggesting these factors hold significant promise for targeted interventions.

**Table 1.** Evidence on Job Satisfaction and Organizational Citizenship Behavior in Nursing

Study ID	Design	Population / Setting	Key Finding / Stat (JS & OCB)
Özlük Bilgen et al 2020 [1]	Descriptive	429 Nurses, Private Hospital (Turkey)	JS showed a significant positive association with OCB ( $p < 0.001$ ), explaining 80.9% of OCB variance.
Tsai et al 2022 [12]	Correlational	164 Nurses, Various Departments (Turkey)	JS positively impacted OCB ( $p < 0.001$ ); workplace bullying reduced JS ( $p < 0.001$ ), affecting OCB indirectly through JS.
Liu et al 2023 [13]	Cross-sectional Survey	254 Nurses, 2 Hospitals (China)	JS exerted a positive influence on OCB via structural equation modeling, forming part of a chain with social network centrality.
Shimamura et al 2021 [14]	Cross-sectional Survey	322 Nurses, Japan	JS correlated positively with OCB ( $r = 0.696$ ); interactional justice linked strongly to JS ( $r = 0.590$ ), aiding JS and OCB enhancement.
Biagioli et al 2018 [15]	Cross-sectional Survey	107 Palliative Care Nurses (Italy)	Professional competency related positively to JS ( $\beta = 0.39$ ) and OCB ( $\beta = 0.53$ ), with higher competency improving both.
Chang et al 2011 [16]	Cross-sectional Survey	232 Nurses (Taiwan)	Patient-oriented perception tied positively to OCB ( $\gamma = 0.795$ , $p < 0.05$ ); OCB linked to JS ( $\beta = 0.681$ , $p < 0.05$ ), suggesting JS rises with perception.
Bakeer et al [year incomplete] [17]	Cross-sectional Survey	175 Nurses, 2 Hospitals (Egypt)	JS correlated positively with OCB; moderate organizational justice perceived by nurses drove JS and OCB.
Huang et al 2012 [18]	Cross-sectional Survey	352 Nurses (various hospitals)	Specific JS aspects (e.g., coworkers) and organizational commitment elements positively shaped OCB.
Lin et al 2015 [19]	Cross-sectional Survey	386 Nurses, 1 Hospital (Taiwan)	JS positively moderated the commitment-OCB relationship ( $\Delta\chi^2 = 26.397$ , $p < 0.01$ ), amplifying commitment's effect at high JS levels.

Our study largely concurs with the overarching conclusions drawn by Watson et al. [23] in their expansive integrative review, which identified factors like psychological resources, ethical leadership, and supportive organizational climates as crucial enablers of nurses' discretionary professional and organizational citizenship activities; indeed, our research pinpointed job satisfaction, mediated pathways involving organizational justice, and structural empowerment as significant predictors of OCB, directly aligning with the importance placed by Watson et al. on supportive environments and positive psychological states [23]. Furthermore, the phenomenon of burnout, characterized by exhaustion and depersonalization, which our analysis found detrimental to OCB, resonates powerfully with critiques regarding the impact of organizational language and culture on nursing practice, as highlighted by Richman and Mercer [24]; their article, while critiquing the perceived inauthenticity of modern management jargon ("newspeak") within the National Health Service context, implicitly underscores the potential disconnect that such communication styles can create between staff well-being (and resultant burnout)

and the espoused values of care, potentially contributing to the erosion of supportive climates necessary to counteract burnout's negative effects, although they do not directly measure OCB [2]. Finally, our findings regarding the positive correlation between nurse OCB and improved work environments, patient safety, and retention, as well as the call for interventions targeting these behaviors, find strong reinforcement in the third selected article; Feather et al.'s [25] integrative review emphasized the link between nurses' prosocial behaviors (akin to OCB) and enhanced organizational performance, work environments, and quality of care, suggesting that fostering these behaviors is vital not only for patient outcomes but also for managing staff turnover and optimizing workplace dynamics, areas also highlighted, albeit differently, in our exploration of burnout's negative impact and job satisfaction's protective role [25].

## Conclusion

Overall, the evidence suggests that nurses' willingness to go beyond their formal duties is shaped less by isolated job conditions and more by the deeper

emotional and relational climate of their workplaces, where job satisfaction strengthens a sense of purpose and connection while burnout erodes the psychological capacity needed for generosity and engagement. When nurses feel valued, supported, and ethically grounded, they appear more inclined to act in ways that uplift their teams and patients; conversely, when exhaustion or detachment take hold, even the most committed professionals may withdraw from these discretionary acts, not out of unwillingness but because their emotional reserves have been depleted. Interpreting

these patterns together points to an important insight: organizational citizenship behavior is not simply an individual choice but a reflection of the organization's ability to cultivate meaning, fairness, and empowerment amid demanding clinical environments. Thus, investing in supportive leadership, respectful communication, and structural conditions that prevent burnout is not merely a strategy for boosting performance—it is a prerequisite for sustaining the humane, collaborative, and ethically grounded culture that high-quality nursing care depends on.

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