Received: 8 August 2018 | Accepted: 4 January 2019

DOI: 10.1111/jjns.12269

JAPAN JOURNAL OF NURSING SCIENCE WILEY

REVIEW ARTICLE

Impact of social support in preventing burnout syndrome in nurses: A systematic review

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Funding information
Excellence Research Project, Grant/Award Number: P11HUM-7771; Junta de Andalucía, Spain

Abstract

Aim: Burnout is a reality in the nursing profession. It is composed of three dimensions: emotional exhaustion, depersonalization and reduced personal accomplishment, and results from being subjected to chronic stress in the healthcare context. Social support (SS), that is, the assistance and protection given by others, is a predictive and protective factor against burnout syndrome. The aim of this study is to analyze the relationship between SS, in its different forms, and burnout syndrome in nurses, and to identify the risk factors for burnout.

Methods: A systematic literature review was carried out, following the PRISMA recommendations. The databases CINAHL, PsycINFO, Proquest Platform (Proquest Health & Medical Complete), Pubmed and Scopus were consulted, using the descriptors: "burnout, professional AND social support AND nursing". To minimize potential publication bias, the search had no time or sample size limitation.

Results: Burnout was reported, to a greater or lesser extent, in all the articles analyzed, and the SS received by nurses in the workplace from supervisors and coworkers was found to play a fundamental role in preventing the syndrome. However, to date the bibliography on this issue is scant, and there is little consensus as to the degree of SS received.

Conclusions: Burnout prevention plans, with particular attention to SS, should be developed to improve nurses' quality of life and to enhance the care they provide.

KEYWORDS

burnout, coworkers, nursing, nursing care, social support, supervisor

1 | INTRODUCTION

Burnout syndrome arises in assistance-focused professions, in which there is constant interaction with other people, and in which workers are continually subjected to stressors. In the most widely accepted conceptualization, burnout is viewed as a three-dimensional syndrome giving rise to emotional exhaustion (EE), depersonalization (DP) and diminished personal accomplishment (PA). EE is the mental and physical wear and tear that results from interaction with coworkers and with beneficiaries of the service provided. DP is the development of cynical attitudes and reactions, together with irritability and reduced motivation. Finally, reduced PA occurs when carers adopt a negative view of themselves, with a lack of satisfaction and a feeling that their work is insufficiently appreciated (Cañadas-De la Fuente et al., 2015; Maslach & Jackson, 1981).

Burnout is characterized by numerous symptoms, which can be classified into four main groups: emotional symptoms (depression, helplessness, hopelessness, irritation, apathy,

disillusionment, pessimism, hostility, intolerance, accusatory attitudes toward clients and the suppression of feelings); cognitive symptoms (loss of meaning, loss of values, dashed expectations, altered self-concept, cognitive disorientation, loss of creativity, distraction, cynicism and a generalized critical outlook); behavioral symptoms (avoidance of responsibility, absenteeism, maladaptive behavior, putting off decisions, and an increased consumption of caffeine, alcohol, tobacco and drugs); and social symptoms (social isolation, interpersonal conflicts, deteriorated relations at home, adherence to critical groups and avoidance of occupational commitment) (Moreno-Jiménez, González, & Garrosa, 2001).

Burnout takes place in professions characterized by strong interaction between professionals and the beneficiaries of their work. However, in some professional fields, such as teachers, police and healthcare personnel, this syndrome evolves with greater facility and produces higher levels of malaise (Cañadas-De la Fuente et al., 2014). Several instruments have been developed to evaluate burnout, one of the most widely used being the Maslach Burnout Inventory (MBI), a scale consisting of 22 items grouped in three dimensions: EE, DP and PA (Maslach & Jackson, 1981).

Within the care professions, nursing is considered to be highly susceptible to burnout, due to specific conditions in which nurses work, during which they may be exposed to situations of pain and death, stress, lack of support from supervisors, unfulfilled expectations, inadequate physical conditions, lack of knowledge with which to make decisions or cope with difficult situations, or occupational overload (Garrosa, Rainho, Moreno-Jiménez, & Monteiro, 2010). The main causes of the development of burnout are high nurse–patient ratios, the construction of increasingly large hospitals, working in hospitalization units, shift-working or working in certain hospital services. In addition, other sociodemographic variables, including gender, marital status and personal characteristics such as reduced sociability or low emotional competence, may also play a part (Cañadas-De la Fuente et al., 2015; Gómez-Urquiza et al., 2016; Vargas, Cañadas, Aguayo, Fernández, & De la Fuente, 2014).

The relationship between burnout and a deterioration in the quality of nursing care provided has been highlighted in previous research (Hooper, Craig, Janvrin, Wetsel, & Reimels, 2010; Kitaoka & Masuda, 2013) and therefore further studies are needed to identify risk factors and protective factors, in order to reduce the prevalence of this syndrome. Among factors that enhance resistance to burnout are certain personal and occupational resources, which tend to strengthen personal commitment, foster positive results and raise the efficiency of nursing staff (Cañadas-De la Fuente et al., 2015). One such resource is the presence of appropriate social support (SS).

Conceptually, SS is defined as assistance and protection given by others. It may be formal (immediate supervisors) or informal (family, coworkers). Four defining characteristics of SS have been described: emotional support, which is related to affection and includes attitudes such as attention, trust, empathy, civility and affection; instrumental support, that is, the provision of tangible goods or services or specific assistance; informational support, or the provision of information in times of stress; and evaluative support, by which information is provided to enable self-assessment (Shirey, 2004).

Very few studies have been conducted on the SS received by nurses, although various papers have focused on the support that patients need from those who attend them. Among various aspects of interest in the study of burnout is the relationship between the development of the syndrome and the lack of SS perceived by professionals who experience this condition (Jenkins & Elliott, 2004).

In summary, the aim of this study is to analyze the relationship between SS, in its different forms, and burnout syndrome in nurses, and to identify the risk factors for burnout.

2 | METHOD

2.1 | Information sources, search equation and inclusion criteria

A systematic literature review was carried out, following the PRISMA recommendations (Moher et al., 2015). First, the following electronic databases were consulted: CINAHL, PsycINFO, Proquest Platform (Proquest Health & Medical Complete), Pubmed and Scopus, using the following search equation with MESH descriptors: "burnout, professional AND social support AND nursing". To minimize potential publication bias, the search had no time or sample size limitation. Subsequently, references to meta-analytical studies and systematic reviews of the subject under study were reviewed, together with references cited in the studies selected.

The studies included met all of the following criteria: (a) primary studies that provided original empirical data; (b) MBI was used as a burnout measurement instrument; (c) SS was measured in the study population; (d) the study population was composed of nursing professionals; (e) the studies were written in Spanish, English, Portuguese or Italian. The following exclusion criteria were applied: (a) study populations including student nurses; (b) mixed study populations that did not provide independent information on nurses; (c) studies in languages other than those indicated above.

The literature search was completed in December 2017, after locating a total of 172 studies. After removing

duplicates and applying the inclusion and exclusion criteria, a final sample of 19 studies was obtained, which jointly described a total sample population of 6,927 nursing professionals (Figure 1).

2.2 | Data coding and analysis

A coding manual, available upon request from the corresponding author, was created to facilitate data recording. Two members of the team independently conducted the search, selection and critical reading of the articles located, and in case of disagreement a third researcher was consulted. The study variables were grouped as follows.

Publication variables: (a) authors; (b) year of publication; (c) country in which the study was conducted; (d) study language; (e) sample size; (f) male/female ratio of the study population; (g) age of the population (mean or range).

Methodological variables: (h) research design; (i) level of study evidence; (j) degree of recommendation of the study.

Burnout variables: (k) years of experience in nursing (mean or range); (l) years of experience in the present nursing service (mean or range); (m) main results on the presence of burnout in nurses: mean and standard deviation of the scores for each dimension and level of burnout presented.

2.3 | Data analysis

A descriptive analysis was made of the study variables included, since the information extracted was not sufficient as a basis for meta-analysis. The quality of the studies included is reported, following the recommendations on levels of evidence and degree of recommendation proposed by the OCEBM Levels of Evidence Working Group (2011).

3 | RESULTS

A total of 172 studies were found. After eliminating duplicates and applying the inclusion and exclusion criteria, the final sample was composed of 19 studies. The search and selection processes are detailed in the general outline of the study (Figure 1).

3.1 | Levels of burnout

All the articles included in this review used the MBI to quantify the burnout of nursing professionals. Table 1 describes the data, stating the mean and standard deviation values obtained for each dimension (Hiscott & Connop, 1990, only reported the mean values).

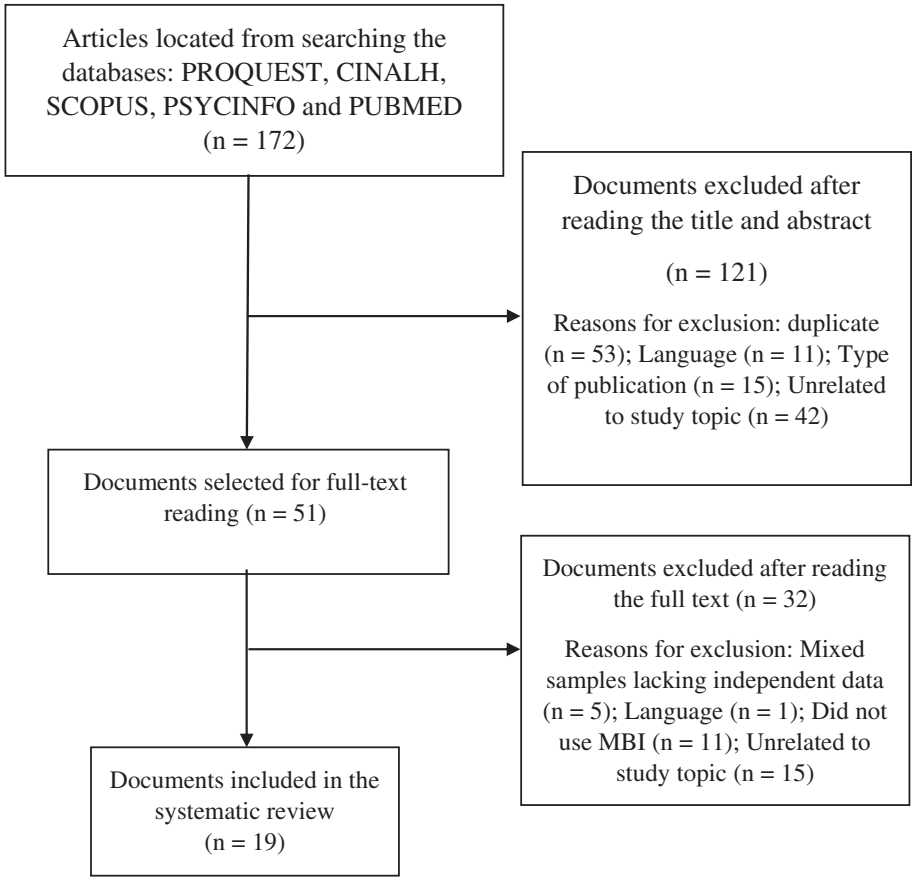

FIGURE 1 Flow diagram of the study search process. MBI, Maslach Burnout Inventory

TABLE 1 Mean, standard deviation and grade of Maslach Burnout Inventory (MBI) subscales

Study		EE		DP		PA	
		Mean	SD	Mean	SD	Mean	SD
Davis, Lind, and Sorensen (2013)		19.40	9.90	4.60	4	40.10	5
Fradelos et al. (2014)	Mental/psychiatric	17.88	9.22	12.79	9.57	32.01	8.95
	General	18.72	9.38	12.70	7.71	32.28	10.31
García and Ríos (2012)		1.88	1.41	1.49	1.32	5.13	1.04
García-Sierra, Fernández-Castro, and Martínez-Zaragoza (2016)		2.46	1.18	1.13	0.90		
Goong, Xu, and Li (2016)		3.33	0.60	2.56	0.63	2.50	0.43
Hamaideh (2011)		23.96	13.91	6.98	7.07	31.58	11.52
Hiscott and Connop (1990)		11.60		1.90		32.80	
Lee and Henderson (1996)		23.74	10.61	17.97	7.95	22.47	6.09
Leiter (1988)		26.30	12.54	8.14	5.89	17.97	7.40
Melchior et al. (1997)		17.22	7.67	6.51	4.02	31.97	4.14
Molassiotis and Haberman (1996)		19.90	8.20	7.60	5.90	37.30	6.70
Nicholson, Leiter, and Laschinger (2014)				1.66	1.30		
Pisanti, Van der Doef, Maes, Lazzari, and Bertini (2011)	Italy	20.83	10.84	5.70	5.81	33.50	6.70
	Netherlands	11.84	7.93	4.07	3.27	28.83	6.17

DP, depersonalization; EE, emotional exhaustion; PA, personal accomplishment.

The highest levels of EE were reported by Leiter (1988), and the lowest levels of PA, by Goong et al. (2016). The highest levels of DP were found in the study of US nurse supervisors by Lee and Henderson (1996).

3.2 | Measuring social support

Various scales, subscales and questionnaires have been used to quantify the SS received by nurses. Although most studies measure SS on scales according to its origin, Molassiotis and Haberman (1996) used the Norbeck Social Support Questionnaire (Norbeck, Lindsey, & Carrieri, 1981), which measures the total support network, total functional support and total loss of SS.

Jenkins and Elliott (2004), Hamaideh (2011) and Constable and Russel (1986) all used the Social Support Scale developed by House and Wells (1978). This scale quantifies SS in terms of the support received from four sources: immediate supervisor, coworkers, partner/spouse and friends/family.

However, in some studies only the SS perceived from supervisors and coworkers is evaluated. Such is the case of Pisanti et al. (2011) and of Sundin, Hochwälder, and Lisspers (2011), who used two items in this respect derived from the Swedish Work Environment Survey. The study by Nicholson et al. (2014) quantified trust and civility, as forms of SS, using the Trust Scale proposed by Cook and Wall (1980) and two questionnaires on the SS received from supervisors and coworkers. Leiter and Maslach (1986) based their study on a contact-rating scale, measuring emotional and instrumental support from the direct supervisor and from coworkers.

Finally, Fradelos et al. (2014) used the 12-item Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1988), which only quantifies the SS perceived from family, friends and partner/spouse (Table 2).

3.3 | Relation between burnout and SS

According to Melchior et al. (1997), burnout levels are low in work environments where there is good SS, good feedback and good leadership. Similarly, Fradelos et al. (2014) concluded that a network of SS has a positive effect on nurses' working lives, by giving them a sense of security and enhanced self-esteem.

The study by Molassiotis and Haberman (1996) was the only one of those analyzed which did not observe a significant relation between SS and burnout among nurses. However, these authors did find an association between low levels of burnout and the existence of a psychosocial support team in the hospital.

Most of the studies examined considered the relationship between burnout and SS for each of the dimensions of the syndrome. The association between SS and high PA was always found to be positive, that is, the greater the SS

perceived, the higher the level of PA. In contrast, the relations SS-DP and SS-EE are always inverse in nature; in other words, the greater the SS perceived, the lower the levels of DP and of EE (Hamaideh, 2011; Jenkins & Elliott, 2004).

Tummers, Landeweerd, and van Merode (2002) only recorded an inverse association between SS and EE, corroborating Pisanti et al. (2011). However, the latter authors also found a positive relation between SS and PA. On the other hand, Hamaideh (2011) observed a relation between SS and each of the three dimensions of burnout, this relation being negative between SS and EE or DP, and positive between SS and PA. Finally, García and Ríos (2012) considered the absence of SS to be one of the five main stress-inducing factors suffered by nurses and, therefore, a predictor of the development of burnout.

3.4 | SS in the workplace

The main relationship observed in the studies analyzed was that between SS from coworkers and DP, followed by the SS-EE relation. In both cases, the association was inverse. Thus, the higher the levels of SS perceived by the nurses, the lower their levels of DP and EE. In none of the papers reviewed was any significant relationship found between SS received from coworkers and PA.

Nicholson et al. (2014) conducted a longitudinal study of the DP-civility and DP-confidence relationships. These authors concluded that although the level of confidence expressed by coworkers had no impact on DP, the absence of civility from coworkers was predictive of high levels of DP, approximately 1 year later. Thus, greater civility among coworkers helps prevent DP in the workplace and contributes to maintaining employee quality, heads off intentions to resign and in general improves the effort and job performance of nurses.

Davis et al. (2013) affirmed that SS from coworkers is a coping strategy to prevent EE and DP. In confirmation of this, studies by Jenkins and Elliott (2004) and by Lee and Henderson (1996) both documented a markedly inverse relationship between EE and SS. In this line, too, Lee and Henderson (1996) argued that nurse supervisors who had few opportunities to regularly meet their fellow nurses presented higher levels of EE. These authors proposed that positive coping strategies should be included in training programs for nurse supervisors.

Leiter (1988) also observed a relationship between DP and the SS received from coworkers. However, no significant relationship was found between EE and SS, although this fatigue was considered to be an immediate reaction to the effect of stressors, which might evolve into more advanced stages of burnout if support were inappropriate or not available.

Only two of the studies reviewed analyzed the relation between the role played by SS from supervisors and burnout among nursing staff. Leiter (1988) reported the existence of an association between DP and SS from the supervisor, while Constable and Russel (1986) concluded that inadequate support from supervisors was a clear predictor of EE and therefore of burnout, and affirmed that appropriate support might help nurses cope with the negative aspects of their work. Other researchers, too, have suggested that appropriate support from supervisors can limit the development of burnout, and that programs should be implemented to help nurses manage stress, develop coping abilities or increase knowledge and skills (Hamaideh, 2011; Jenkins & Elliott, 2004).

To foster SS, Hiscott and Connop (1990) suggested the creation of support-oriented groups as a buffer against work-related stressors. Such groups could discuss problems arising in the workplace and help resolve them or reduce their impact (Table 3).

4 | DISCUSSION

SS can be measured by means of various scales designed for this purpose, together with items in other scales of a more general nature. It is generally agreed that the most important support is that provided by the supervisor (Huang, Wu, Wang, & Tang, 2015) and by coworkers (Whitebird, Asche, Thompson, Rossom, & Heinrich, 2013), in the view that burnout is a disorder that arises in the workplace, an environment presenting multiple risk factors (Cañadas-De la Fuente et al., 2015; Vargas et al., 2014), as well as the characteristics inherent to stress-inducing services such as accident and emergency (Albendín et al., 2016) or oncology (Gómez-Urquiza et al., 2016).

Levels of burnout differ, but the syndrome is present in all the studies analyzed, to a greater or lesser extent, and is particularly apparent as EE and low PA. Nurses are especially vulnerable to stress because of the empathy they develop with their patients, depending on the degree and duration of contact and the commitment inspired in each case. Involvement heightens nurses' vulnerabilities, since this source of stress favors the onset of burnout (Epp, 2012).

Healthcare personnel are among the professional sectors most commonly affected by burnout, due to their close contact with the beneficiaries of their work. According to Vargas et al. (2014), the greater the contact, the greater the possibility of developing the syndrome. Moreover, studies have shown that burnout among nursing staff has a direct impact on patient care (Chana, Kennedy, & Chessel, 2015; Spence Laschinger & Leiter, 2006). In short, burnout is

TABLE 2 Demographic and occupational characteristics of the nurses

Study	Study population	Women	Men	Age	Experience (year)	Years in the medical service
Bruyneel, Thoelent, Adriaenssens, and Sermeus (2017)	292	157	135	37	10	
Davis et al. (2013)	74	71	3	22–39	6–20	0–5 (Oncology)
Fradelos et al. (2014)	139	97	42			
García and Ríos (2012)	191	132	52	39.35	13	
García-Sierra et al. (2016)	100	90	10	40.58	17.29	
Goong et al. (2016)	286			32.55	10.07	
Hamaideh (2011)	181	80	101	30.94	8.29	5.85 (Mental health)
Hiscott and Connop (1990)	41	23	18	39	13.7	3.6 (Mental health)
Jenkins and Elliott (2004)	57	38	19	37.1	9.3	2.8 (Mental health)
Lee and Henderson (1996)	78	73	5	31–40		12.7 (Management)
Leiter (1988)	906	884	9	31–40	11–20	
Melchior et al. (1997)	361			35		13.5 (Mental health)
Molassiotis and Haberman (1996)	40	34	6	39.4		9.9 (Marrow transplant)
Nicholson et al. (2014)	322	308	12	42.6		
Pisanti et al. (2011)	1,482	1,208	274	37.75	9	
Sundin et al. (2011)	775	731	44	42.37	14.31	
Tummers et al. (2002)	1,204	1,023	181	35.7	15.5	6.8
Woodhead, Northrop, and Edelstein (2016)	250	216	34	37.0		7.5 (Nursing homes)

considered to be a social problem, and not merely a theoretical one; epidemiological data show it is highly prevalent and has very negative personal and occupational consequences (Kitaoka & Masuda, 2013).

The relationship between SS and the presence or absence of burnout is well established in the results of the present studies. The findings corroborate those of Ariapooran (2014), who emphasized the important role played by this variable in reducing the symptoms of burnout. Thus, the lack of SS is related to the main dimensions of the syndrome and, moreover, to significant levels of depression, which underlines the view that the well-being of nursing staff is of crucial importance in the provision of high-quality care to patients (Chana et al., 2015).

The most significant relationships found in the articles analyzed were between SS and EE and between SS and DP (Garrosa et al., 2010), together with those between SS and the stress to which nurses are subjected and which can lead to the development of burnout (Garrosa et al., 2010; Liu, While, Li, & Ye, 2015). In this respect, Chana et al. (2015) concluded that SS in the workplace is strongly and inversely related to EE and DP, through its indirect effect in reducing the negative effects of stressors in the work context (Ariapooran, 2014).

The nursing profession is one in which working conditions can have a strongly negative influence, in areas such as shift-working (Alsaraireh, Griffin, Ziehm, & Fitzpatrick, 2014), the type of employment contract imposed (Mauno & Ruokolainen, 2017) or a significant degree of work overload (Vander Elst et al., 2016). In addition to stress, these situations can generate considerable job dissatisfaction, which contributes to the onset of burnout (Vander Elst et al., 2016). However, SS makes a significant contribution to minimizing the impact upon personnel subjected to these adverse conditions (Davey, Arcelus, & Munir, 2014), especially at the organizational level, whether provided by the supervisor or by coworkers (Huang et al., 2015; Whitebird et al., 2013).

An important limitation to be observed in comparing different studies of SS is the great diversity of scales and questionnaires used in its measurement. Each study was designed for use with a specific population, and the studies widely varied. This observation was made previously by Terol et al. (2004), who noted that each questionnaire or scale used evaluated different aspects of SS, making it difficult to unify evaluation and assessment criteria, as would be required for a meaningful comparison of SS levels.

As mentioned earlier, there is evidence that support from coworkers and supervisors can help reduce burnout (Huang et al., 2015; Whitebird et al., 2013), and thus raise the quality of health care. This support in the workplace is very important, and is often more significant than that provided by other sources, such as family or friends. When there is

TABLE 3 Characteristics of each study included in the review

Authors (year)	Country	Design	Sample	Results	Level of evidence	Degree of recommendation
Bruyneel et al. (2017)	Belgium	Descriptive, transversal	292	The relation between SS from supervisors and shift work is mediated by job satisfaction and EE	2c	B
Constable and Russel (1986)	USA	Descriptive, transversal	310	The main predictors of burnout are poor promotion and job advancement, pressures of work and lack of support from supervisors	2c	B
Davis et al. (2013)	USA	Descriptive, transversal	74	SS from coworkers is the main coping strategy employed to prevent EE and DP	2c	B
Fradelos et al. (2014)	Greece	Descriptive, transversal	139	SS reduces levels of burnout. It is inversely related to EE and DP and positively related to PA	2c	B
García and Ríos (2012)	Spain	Descriptive, transversal	191	The lack of SS is related to MBI scales. There is a positive relation with cynicism and exhaustion and a negative one with personal efficacy	2c	B
García-Sierra et al. (2016)	Spain	Descriptive, transversal	100	SS is inversely related to exhaustion on the MBI scale	2c	B
Goong et al. (2016)	Korea	Descriptive, transversal	286	SS is inversely related to EE and DP and positively related to PA	2c	B
Hamaideh (2011)	Jordan	Descriptive, transversal	18	SS is inversely related to EE and DP	2c	B
Hiscott and Connop (1990)	Canada	Descriptive, transversal	41	The creation of SS groups helps reduce burnout	2c	B
Jenkins and Elliot (2004)	UK	Descriptive, transversal	57	The presence of high levels of SS from coworkers is related to low levels of EE	2c	B
Lee and Henderson (1996)	USA	Descriptive, transversal	78	A low level of EE is associated with greater SS from the organization	2c	B
Leiter (1988)	Canada	Descriptive, transversal	906	SS modifies the work environment. SS from supervisors and coworkers is related to lower levels of burnout	2c	B
Melchior et al. (1997)	Netherlands	Descriptive, transversal	361	Levels of burnout are low in workers with adequate SS	2c	B
Molassiotis and Haberman (1996)	USA	Descriptive, transversal	40	No relation found between burnout and SS, but levels of burnout are lower when support programs exist	2c	B
Nicholson et al. (2014)	Canada	Observational, longitudinal, by cohorts	323	Low levels of civility among coworkers is a predictor of high levels of cynicism in nurses 1 year later	2b	B
Pisanti et al. (2011)	Italy/ Netherlands	Descriptive, transversal	1,482	A low level of SS from the supervisor is associated with greater EE and less PA	2c	B

TABLE 3 (Continued)

Authors (year)	Country	Design	Sample	Results	Level of evidence	Degree of recommendation
Sundin et al. (2011)	Sweden	Observational, longitudinal, by cohorts	775	A low level of SS from coworkers is associated with DP	2b	B
Tummers et al. (2002)	Netherlands	Descriptive, transversal	1,204	Good work by the supervisor tends to increase SS	2c	B
Woodhead et al. (2016)	USA	Descriptive, transversal	250	Nurses with high levels of SS have low levels of EE and DP and high levels of PA	2c	B

DP, depersonalization; EE, emotional exhaustion; MBI, Maslach Burnout Inventory; PA, personal accomplishment; SS, social support.

little or no exchange of ideas and experiences with coworkers, when relationships with supervisors are poor and when there is a lack of positive feedback, then burnout can more readily emerge. SS minimizes feelings of isolation that can arise when problems arise in nurses' day-to-day work, and helps create a network for the exchange of experiences and the learning of coping strategies to deal with stress-inducing situations. Moreno (2007) proposed that all nursing professionals should be given appropriate training and that burnout be prevented through the development of an optimum environment with good interprofessional communication and effective organization. In this context, interprofessional communication refers to the SS provided by supervisors and coworkers.

Finally, it should not be forgotten that SS in itself does not solve burnout, but merely helps alleviate its effects. Other preventive actions are also necessary, such as avoiding work overload or providing incentives for good work in order to motivate staff (Spence Laschinger & Leiter, 2006). It is surprising that so few studies have considered the impact of the latter protective factor, in the nursing context. Further studies should be undertaken in this respect, in relation to each dimension of burnout and focusing on the different classes of SS, especially that provided by coworkers and direct supervisors. This would ultimately benefit all concerned within a shared space of experiences and knowledge, and foster the acknowledgment of work well done, an outcome that always contributes to improving relationships.

5 | CONCLUSIONS

It would be of great interest to conduct longitudinal studies to determine the effect of SS on nurses' work (by means such as support groups, ongoing training courses or programs on coping strategies), taking into account the major differences between stress-inducing agents present according to the medical service and nursing specialty in question.

The existence or otherwise of social support does not affect the reality of a stress situation, such as an excessive burden of work, but SS provides emotional and affective assistance, reducing the stress faced by nurses and hence the possibility of their developing burnout, and changing perceptions of work-related problems. In working to reduce burnout among nurses, it is vital to focus not only on stressors such as workload, but also to take into account personal factors, such as coping strategies and how to manage patients, and in these areas SS can be of great help.

COMPETING INTEREST

The authors declare that they have no competing interest.

AUTHORS' CONTRIBUTIONS

The study was designed by AVS, EOC, JLGU, EIDF and GACF. AVS, EOC, LRB, GACD extracted and analyzed the data. AVS, EOC, JLGU and GACF commented on the data extraction and analysis. AVS, EOC, JLGU, LRB, EIDF and GACF wrote the paper. All authors have approved the final manuscript. All authors are in agreement with the manuscript.

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How to cite this article: Velando-Soriano A, Ortega-Campos E, Gómez-Urquiza JL, Ramírez-Baena L, De La Fuente EI, Cañadas-De La Fuente GA. Impact of social support in preventing burnout syndrome in nurses: A systematic review. *Jpn J Nurs Sci*. 2020;17:e12269. https://doi.org/10.1111/jjns.12269