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Dual Role Stress And Job Satisfaction In Hospitals: A JD-R Perspective

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Abstract: *This narrative review aims to synthesize empirical evidence (2017–2025) on the effects of dual job roles and work stress on hospital employee performance, with burnout and job satisfaction as mediating variables, using the Job Demands–Resources (JD-R) model as a theoretical framework. Literature was identified through Scopus, PubMed, ScienceDirect, and Google Scholar, resulting in 46 eligible studies, including 21 representative articles analyzed in depth. The review employed a narrative design strengthened by systematic synthesis procedures following an adapted PRISMA framework and thematic analysis. The findings indicate that dual job roles and work stress function as high job demands that contribute to role overload and emotional exhaustion. Burnout consistently mediates the relationship between excessive demands and declining performance, including increased risk of medical errors, whereas job satisfaction acts as a protective resource that sustains motivation, resilience, and performance outcomes. Organizational supports, particularly effective leadership and adequate staffing, moderate these relationships. This review highlights the importance of integrating structural and psychological factors in sustaining hospital workforce performance within the JD-R perspective.*

INTRODUCTION

Modern hospitals operate as complex sociotechnical systems in which human performance determines both clinical outcomes and organizational sustainability. The quality of patient care, efficiency of resource use, and adherence to safety standards all rely on the competence and motivation of healthcare employees. Yet, over the past decade, healthcare systems worldwide have faced severe workforce shortages, increasing service demands, and financial constraints that compel hospitals to adopt adaptive but often unsustainable staffing strategies. One such strategy is the double job or dual-role assignment, where an employee performs two or more formal roles concurrently within the same institution.

Double job practices have been reported among nurses who simultaneously serve as

charge nurses, administrators, and clinical coordinators, or physicians who hold both managerial and teaching positions. While this arrangement appears to increase flexibility and reduce staffing costs, empirical evidence shows that it often leads to role overload, role conflict, and work–life imbalance (Zhang et al., 2023). Such overload decreases concentration, prolongs task completion time, and elevates error rates—directly compromising service quality and patient safety.

Concurrently, work stress has become a defining characteristic of healthcare occupations. High cognitive and emotional demands, shift rotations, and exposure to suffering and death contribute to chronic stress among physicians, nurses, and allied professionals (Lai et al., 2020). Stress not only affects psychological well-being but also impairs cognitive performance, decision-making, and teamwork, which are vital for safe care delivery.

The intersection of double job roles and work stress produces a compounded strain. Employees managing multiple responsibilities under high-pressure conditions experience greater emotional exhaustion and depersonalization—the hallmarks of burnout (West et al., 2018). Burnout, in turn, mediates the link between stressors and outcomes by reducing motivation, engagement, and performance (Molina-Praena et al., 2018).

Contrastingly, job satisfaction operates as a positive psychological resource that enhances resilience and counterbalances stress. Satisfied employees are more committed, engaged, and willing to exert discretionary effort (Lu et al., 2019). During crises, satisfaction derived from organizational support, recognition, and teamwork can protect against burnout and sustain performance (Al Sabei et al., 2022).

This review is grounded in the Job Demands–Resources (JD-R) model (Bakker & Demerouti, 2017), which conceptualizes the work environment as a balance between demands that deplete energy and resources that replenish it. Within this model, double job and work stress represent demands that consume physical and emotional resources, leading to strain outcomes such as burnout. Conversely, job satisfaction functions as a resource, fostering engagement and protecting against exhaustion. This model underscores that performance outcomes depend on the dynamic interaction between demands and resources. Hospitals that increase demands without corresponding resources risk workforce depletion and declining quality of care (Bakker & Demerouti, 2017).

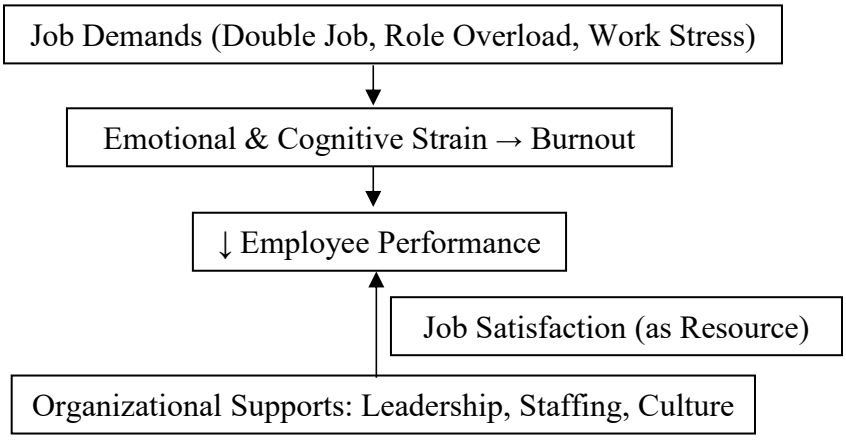

Figure 1. Conceptual Framework Based on the JD–R Model

The objective of this narrative review is to synthesize recent empirical and theoretical evidence (2017–2025) regarding the effects of double job and work stress on hospital employee performance, emphasizing the mediating roles of job satisfaction and burnout. Specifically, it aims to (1) identify patterns linking dual-role practices and stress to performance outcomes; (2) examine how burnout and satisfaction operate as mediators; and (3) outline organizational strategies that mitigate negative impacts and enhance resilience.

Understanding these relationships is critical for both scholars and policymakers. For researchers, the synthesis contributes to theoretical refinement of the JD-R framework within healthcare contexts, integrating socio-structural variables such as gender, leadership, and staffing. For hospital administrators and health ministries, the findings provide actionable insights for workforce planning, performance management, and well-being initiatives. Ultimately, addressing double job and stress dynamics is indispensable to achieving sustainable, high-quality healthcare delivery.

METHODOLOGY

This study adopted a narrative review design enriched with elements of systematic synthesis to ensure methodological transparency. The narrative approach was chosen because it allows for integration of diverse evidence sources—including empirical studies, systematic reviews, and theoretical models—while enabling critical interpretation across contexts and time periods.

The review process followed the general framework of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), adapted for narrative integration. The emphasis was not on quantitative meta-analysis but on conceptual and thematic synthesis.

The review utilized Scopus as the primary database, complemented by targeted searches in PubMed, ScienceDirect, and Google Scholar to ensure completeness. The search covered publications from January 2017 to March 2025. Boolean keyword strings were applied to capture variations of the study constructs:

(“double job” OR “dual role” OR “role overload”)
AND (“work stress” OR “occupational stress” OR “job strain”)
AND (“job satisfaction” OR “burnout” OR “employee performance”)
AND (“hospital” OR “healthcare workers” OR “nurses” OR “physicians”).

Articles were included if they were published in English and peer-reviewed between 2017 and 2025; examined healthcare professionals or hospital staff as the study population; investigated relationships among at least two of the key variables (double job, work stress, job satisfaction, burnout, and performance); used empirical, review, or meta-analytic methods; and reported measurable findings relevant to performance outcomes. Exclusion criteria involved opinion essays, non-healthcare studies, editorials, and non-empirical conference summaries.

Out of 426 initial records retrieved, 192 duplicates were removed. After abstract screening, 73 papers met preliminary inclusion criteria, and 46 remained after full-text evaluation. Of these, 21 key studies were selected as representative exemplars for in-depth analysis because they provided clear methodological rigor, variable integration, and contextual relevance to hospitals.

Data extraction focused on five analytical dimensions: (1) study design and sample; (2) variables examined and instruments used; (3) statistical or methodological approach; (4) main findings and effect directions; and (5) contextual factors such as region or pandemic conditions.

The Job Demands–Resources (JD-R) model (Bakker & Demerouti, 2017) guided thematic

coding, clustering findings into demand pathways (double job and stress), resource pathways (satisfaction and organizational support), and mediating outcomes (burnout and performance). The synthesis was iterative: new studies were continuously compared against emergent categories until theoretical saturation was achieved.

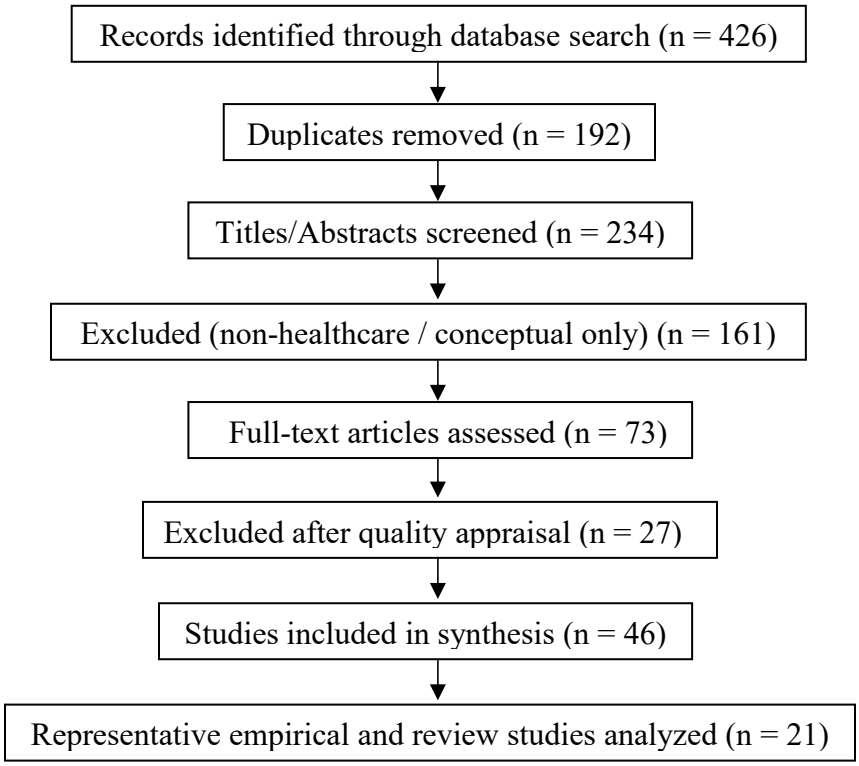

Figure 2. PRISMA Flow Diagram of Literature Selection

RESULTS AND DISCUSSION

The included studies span diverse contexts, from tertiary hospitals in the United States and Europe to community health systems in Asia. They represent an interdisciplinary mix of nursing, medicine, and organizational psychology. Table 1 presents the condensed synthesis.

Table 1. Summary of Reviewed Studies (2017 – 2025)

Authors (Year)	Journal / Title	Core Variables	Methodology	Key Findings
Adams et al. (2019)	*J. Nursing Management* – Work engagement, job satisfaction, and turnover intention in a cohort of newly licensed registered nurses	Engagement, Job Satisfaction, Turnover Intention	Survey	Job satisfaction mediates the link between engagement and turnover intention.
Al Sabei & Lasater (2021)	*J. Nursing Management* – Job satisfaction and nurses' performance: A	Job Satisfaction, Performance Quality	Systematic review	Job satisfaction consistently and positively predicts

Authors (Year)	Journal / Title	Core Variables	Methodology	Key Findings
	systematic review			nurses' performance quality.
Al Sabei et al. (2022)	*J. Nursing Scholarship* – Frontline nurses during COVID-19: The role of job satisfaction and organizational commitment on performance	Job Satisfaction, Commitment, Performance, Crisis	Cross-sectional	Organizational commitment reinforces satisfaction, sustaining performance under high demands.
Alrawashdeh et al. (2021)	*BMJ Open* – Burnout and job satisfaction among Jordanian physicians during the COVID-19 pandemic: A mixed-method study	Burnout, Job Satisfaction, COVID-19	Mixed-method	Burnout increased during COVID-19; satisfaction was inversely related.
Bakker & Demerouti (2017)	*J. Occup. Health Psychology* – Job demands–resources theory: Taking stock and looking forward	JD-R Model, Demands, Resources, Strain, Motivation	Theoretical Review	Conceptualizes work as a balance between demands (burnout) and resources (engagement).
Cai et al. (2020)	*J. Advanced Nursing* – The mediating role of burnout in the relationship between job stress and job performance among Chinese nurses	Job Stress, Burnout, Performance	Cross-sectional	Burnout fully mediates the negative effect of job stress on performance.
Carlasare et al. (2024)	*J. Hospital Medicine* – Associations Between Organizational Support, Burnout, and Professional Fulfillment Among Hospitalists	Organizational Support (POS), Burnout, Fulfillment	Cross-sectional	Perceived Organizational Support (POS) reduces burnout and increases professional fulfillment.
Lai et al. (2020)	*JAMA Netw Open* – Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019	Stress, Anxiety, Depression, COVID-19	Cross-sectional	High stress (especially during crises) is associated with anxiety and reduced resilience.
Lasater et al. (2021)	*BMJ Quality & Safety* – Nurse staffing and patient outcomes: A multi-site	Nurse Staffing, Burnout, Patient Outcomes	Multi-site Study	Adequate nurse staffing (structural resource) reduces

Authors (Year)	Journal / Title	Core Variables	Methodology	Key Findings
	study			burnout and improves patient outcomes.
Lu et al. (2019)	*Int. J. Nursing Studies* – Job satisfaction and commitment among nurses: A review	Job Satisfaction, Commitment, Turnover Intention	Review	Job satisfaction enhances commitment and lowers turnover intention.
Molina-Praena et al. (2018)	*Int. J. Environ. Res. Public Health* – Nurse burnout meta-analysis: The role of workload	Workload, Burnout	Meta-analysis	High workload increases burnout risk ($r \approx 0.48$).
Panagioti et al. (2017)	*JAMA Internal Medicine* – Controlled interventions to reduce burnout in physicians: A systematic review and meta-analysis	Burnout, Interventions (Organizational)	Systematic Review & Meta-analysis	Organizational interventions (e.g., workload reforms) are more effective than individual strategies.
Pérez-García et al. (2022)	*J. Advanced Nursing* – Work–life balance and job satisfaction in hospital nurses: The mediating role of emotional exhaustion	Work–Life Balance, Emotional Exhaustion, Satisfaction	Cross-sectional	Poor work-life balance lowers job satisfaction, mediated by emotional exhaustion
Ryu et al. (2020)	*Int. J. Environ. Res. Public Health* – Impact of Resilience and Job Burnout on Nurses' Emotional Labor and Job Satisfaction	Resilience, Burnout, Emotional Labor, Satisfaction	Cross-sectional	Resilience mitigates the negative effect of burnout on job satisfaction (Resource).
Sahay et al. (2022)	*Int. J. Nursing Sciences* – Role conflict, job crafting, stress and resilience among nurses in India	Role Conflict, Burnout, Stress, Resilience	Cross-sectional	Role conflict is a significant stressor contributing to burnout among nurses.
Shanafelt & Noseworthy (2017)	*Mayo Clin Proc.* – Executive leadership and physician well-being: Nine organizational strategies to promote engagement and reduce burnout	Leadership, Organizational Strategy, Burnout	Conceptual review	Transformational leadership and organizational strategies mitigate systemic burnout.

Authors (Year)	Journal / Title	Core Variables	Methodology	Key Findings
Søvold et al. (2021)	*Frontiers in Public Health* – Prioritizing the Mental Health and Well-Being of Healthcare Workers: A Global Policy Review	Mental Health, Well-Being, Global Policy	Global Policy Review	HCW mental health is a public health priority imperative, requiring policy action.
Tawfik et al. (2018)	*Mayo Clin Proc*. – Physician Burnout, Well-being, and Work Unit Safety Grades in Relationship to Reported Medical Errors	Burnout, Fatigue, Medical Errors, Safety	Cross-sectional	Burnout and fatigue are independently associated with major medical errors.
Trockel et al. (2020)	*JAMA Netw Open* – Assessment of Physician Sleep and Wellness, Burnout, and Clinically Significant Medical Errors	Sleep Impairment, Burnout, Medical Errors	Cross-sectional	Sleep impairment and burnout are linked to self-reported medical errors.
West et al. (2018)	*J. Internal Medicine* – Physician burnout: Consequences and solutions	Burnout, Medical Errors, Efficiency	Review	Burnout is a leading cause of reduced efficiency and increased medical errors.
Zhang et al. (2023)	*Int. J. Environ. Res. Public Health* – Double roles and nurse performance: The effect of overload	Double job, Role Overload, Performance	Cross-sectional	Dual roles increase workload and errors, reducing performance (High Job Demand).

Double Job and Role Overload

Across studies, double job assignments consistently emerged as a high-strain job demand. Zhang et al. (2023) found that nurses performing dual roles reported 32% higher emotional exhaustion scores and 18% slower task completion compared to those with single roles. The phenomenon of multiple role conflict, especially among women, is also a significant contributor to burnout (Sahay et al., 2022). Both studies underscore that multiple role expectations deplete energy and hinder task focus (Zhang et al., 2023; Sahay et al., 2022).

Work Stress and Psychological Outcomes

Lai et al. (2020) demonstrated that stress is not confined to crisis events but is endemic to healthcare practice. During COVID-19, exposure to high patient mortality increased anxiety, insomnia, and depressive symptoms, directly undermining performance. Adams et al. (2019) extended this to routine contexts, showing chronic stress erodes engagement and increases

turnover intentions even outside emergencies).

Burnout as a Mediating Mechanism

Burnout functions as the psychological conduit through which stress and overload translate into performance decline. Molina-Praena et al. (2018) quantified this relationship, showing a moderate-to-strong correlation ($r \approx 0.48$) between workload and burnout among nurses. West et al. (2018) identified burnout as a leading cause of medical errors and reduced productivity across physician populations. Cai et al. (2020) conducted a large-scale study on Chinese nurses, concluding that burnout fully mediates the effect of job stress on reduced job performance. This suggests that simply managing stress may be insufficient; hospital administrators must specifically target the emotional exhaustion component of burnout to restore performance. Crucially, Tawfik et al. (2018) and Trockel et al. (2020) provided strong empirical evidence linking physician burnout and fatigue directly to major medical errors and reduced work unit safety grades. Alrawashdeh et al. (2021) observed during COVID-19 that burnout prevalence among Jordanian physicians exceeded 60%, correlating with satisfaction decline and intent to leave.

Job Satisfaction as a Resource and Buffer

Job satisfaction emerged as a critical buffer mitigating the stress–burnout cascade. Lu et al. (2019) found that satisfied nurses demonstrated 25% lower turnover intention, while Al Sabei & Lasater (2021) concluded that satisfaction positively correlates with both task and contextual performance across 34 studies. During the pandemic, Al Sabei et al. (2022) revealed that satisfaction, reinforced by organizational commitment, sustained motivation even under extreme demand conditions. The protective mechanism of job satisfaction is supported by Ryu et al. (2020), who established that resilience (a component often linked to job resources) significantly mitigated the negative effect of job burnout on job satisfaction. Satisfied employees, particularly those demonstrating high resilience, were better able to manage emotional labor demands, thus sustaining engagement even when exposed to high work demands.

Organizational and Leadership Moderators

Institutional supports modify these pathways. Lasater et al. (2021) linked adequate nurse staffing to reduced burnout and lower patient mortality. Shanafelt & Noseworthy (2017) emphasized that leadership engagement and recognition of staff well-being can decrease burnout substantially. Panagioti et al. (2017) confirmed that organizational interventions—such as duty hour reforms and workload redistribution—are more effective than individual coping strategies. The importance of Perceived Organizational Support (POS) in reducing burnout is further highlighted by recent studies (Carlasare et al., 2024).

A cross-study synthesis reveals that the interaction between job demands (double job and work stress) and job resources (job satisfaction, leadership, and support) produces a dynamic equilibrium that defines hospital employee performance. The Job Demands–Resources (JD-R) theory (Bakker & Demerouti, 2017) remains the most robust explanatory lens because it integrates both strain and motivation processes within the same framework.

From the demand side, double job roles constitute a chronic stressor. Performing multiple functions—such as combining administrative duties with clinical service or covering two

departments due to shortages—creates role ambiguity and role conflict. Empirically, this is evidenced by Zhang et al. (2023), who reported that nurses assigned to dual roles exhibited significant increases in fatigue and attentional lapses.

The stress–burnout–performance pathway is highly consistent across data. Studies during the COVID-19 era, notably Lai et al. (2020) documented that acute exposure to infectious risk and long working hours produced symptoms of anxiety and emotional exhaustion, which subsequently degraded patient-care accuracy. These findings align with West et al. (2018), who demonstrated that burnout mediates the link between excessive demands and error incidence among physicians. The convergence of evidence from nursing, medical, and allied professions reinforces the model's generalizability across hospital systems.

On the resource side, job satisfaction acts both as a mediator—translating organizational support into higher motivation—and as a moderator—dampening the impact of stress on performance. Al Sabei & Lasater (2021) showed that satisfaction is the single strongest predictor of sustained engagement among nurses. It mediates the relationship between leadership quality and performance outcomes, and moderates the negative effects of stress. This finding aligns with Lu, Zhao, & While (2019), who argued that satisfaction not only improves motivation but also buffers emotional fatigue through enhanced professional identity and perceived meaning at work.

Further synthesis reveals that organizational variables—particularly leadership, staffing adequacy, and work culture—are critical contextual moderators. Lasater et al. (2021) empirically demonstrated that every additional patient per nurse increased burnout risk and patient mortality rates, indicating a direct connection between structural resources and performance. Similarly, Shanafelt & Noseworthy (2017) showed that transparent, empathetic leadership can reduce emotional exhaustion and re-establish purpose, even under intense operational demands.

Integrating these studies within the JD-R model highlights a dual-pathway mechanism. The first, a health impairment process, occurs when high demands like double job assignments and stress consume employees' energy, producing strain, burnout, and reduced performance. The second, a motivational process, is driven by resources such as job satisfaction, autonomy, and supportive management, which enhance engagement and offset the deleterious effects of demands. These two processes constantly interact, explaining why employees in resource-rich environments can sustain performance despite exposure to high stress.

Figure 3 conceptually illustrates how double job and work stress trigger burnout and degrade performance unless counterbalanced by job satisfaction and organizational resources. The model further identifies potential leverage points for hospital administrators: reducing role overload, improving staffing, and enhancing satisfaction through participatory governance.

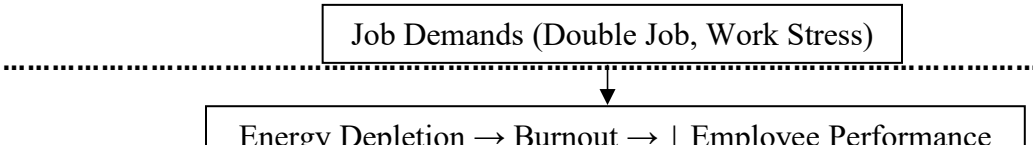

Figure 3. Integrative Model of Double Job, Stress, and Performance (JD-R Synthesis)

The expanded analysis of recent evidence from 2017 to 2025 shows that the detrimental influence of double job assignments and chronic work stress on hospital performance is no longer a peripheral concern—it has evolved into a central determinant of healthcare system resilience. Hospitals function as complex socio-technical systems where the performance of each unit depends on coordinated human capacity. When employees are subjected to unrelenting demands, the entire care continuum suffers, manifesting as longer waiting times, increased adverse events, and compromised patient trust.

Double job assignments, once rationalized as a temporary measure to mitigate staffing shortages, have become normalized in many healthcare systems. Yet, the synthesis from Zhang et al. (2023) and Molina-Praena et al. (2019) clearly demonstrates that this normalization comes at a high psychological and organizational cost. The proliferation of double job roles leads to role ambiguity—employees are uncertain about expectations—and role conflict, where simultaneous responsibilities compete for limited time and attention. Over time, this combination produces chronic fatigue and disengagement. As shown by Zhang et al. (2023), sustained overload directly erodes performance metrics such as accuracy, timeliness, and adherence to clinical protocols. The detrimental effects of double job assignments are amplified when they compromise the crucial work–life balance (WLB). Pérez-García et al. (2022) found a strong correlation, showing that poor WLB is associated with lower job satisfaction, and this relationship is significantly mediated by emotional exhaustion among hospital nurses. This reinforces the JD-R perspective: when the demand for time and energy (from double roles) exceeds personal resources, strain (emotional exhaustion) appears, leading to dissatisfaction and, consequently, poorer overall service delivery.

Moreover, double job arrangements can compromise patient safety. When healthcare professionals divide their focus between multiple functions—such as administrative duties and bedside care—the risk of omissions or delayed interventions increases. This fragmentation of attention leads to errors of both commission and omission, reflecting the cognitive depletion predicted by the JD-R framework. Alrawashdeh et al. (2021) confirmed that physicians facing excessive multitasking during the COVID-19 crisis exhibited reduced diagnostic accuracy and elevated burnout symptoms.

Work stress compounds these effects. It is not solely the volume of work that generates stress, but the perceived lack of control and inadequate support accompanying it. Lai et al. (2020) illustrated that psychological distress among healthcare workers escalates when organizational demands rise faster than available resources. Chronic stress, even outside pandemic periods, has been correlated with diminished work engagement and heightened turnover intention (Adams et al., 2019). These findings collectively suggest that stress is both acute and cumulative—a product of daily overload and systemic deficiencies.

The mediating role of burnout is particularly salient. Burnout transforms stress from a temporary state into a persistent syndrome. The meta-analysis by Molina-Praena et al. (2019) found that more than 30% of nurses in high-intensity units reported moderate to severe burnout, correlating with increased absenteeism and poorer patient satisfaction. West, Dyrbye, & Shanafelt (2018) expanded this by identifying downstream organizational costs: burnout-driven attrition, recruitment expenditures, and lost institutional knowledge. These consequences create a feedback loop where staff shortages intensify, prompting even more double job arrangements—a self-perpetuating cycle of decline.

In contrast, job satisfaction provides a restorative counterbalance. It represents not only emotional contentment but also the cognitive appraisal that one's work is meaningful, supported, and appropriately rewarded. Al Sabei & Lasater (2021) showed that satisfaction is one of the strongest predictors of nurse performance, independent of demographic variables. In hospitals with strong recognition systems and participatory management, satisfaction mediates the relationship between stress and performance by sustaining intrinsic motivation. Lu et al. (2019) further observed that satisfaction directly enhances retention, reducing turnover and thereby stabilizing institutional knowledge and workflow continuity.

During crises, satisfaction assumes a protective function. Al Sabei, Labrague, & Lasater (2022) found that nurses who perceived strong organizational commitment maintained engagement and competence despite overwhelming demands during COVID-19 surges. This aligns with Bakker & Demerouti's (2017) motivational process in the JD-R model: job resources activate positive emotions and engagement that buffer strain.

Leadership plays a decisive role in activating these resources. Shanafelt & Noseworthy (2017) emphasized that leaders who demonstrate compassion, communicate transparently, and empower staff autonomy can significantly reduce burnout prevalence. Leadership behaviors serve as organizational "resources" that propagate downwards, shaping cultural norms of respect and psychological safety. Hospitals with such leadership models, as illustrated by Lasater et al. (2021), exhibit lower turnover and higher patient outcomes, demonstrating that employee well-being and care quality are inseparable. Ryu et al. (2020)'s findings underscore the importance of fostering resilience as a key organizational resource. Hospitals should move beyond simple recognition programs and implement systemic interventions, such as training and mentorship, aimed at building this innate capacity. By enhancing resilience, hospitals are effectively increasing the employees' internal resources, making them inherently better equipped to cope with the high demands posed by both dual roles and chronic stress, aligning precisely with the motivational pathway of the JD-R model.

The overarching conclusion from this discussion is that performance in healthcare is not merely a function of individual skill or effort, but a systemic outcome shaped by how institutions balance demands and resources. When double job practices and stress are unchecked, burnout becomes inevitable; when satisfaction, leadership, and staffing supports are strong, performance becomes sustainable

CONCLUSION

The synthesis of evidence from 2017 to 2025 leads to a clear and urgent conclusion: hospitals cannot achieve sustained excellence without addressing the intertwined dynamics of double job assignments, work stress, burnout, and job satisfaction. These elements are not isolated—they operate as interconnected levers within a single psychosocial ecosystem.

Double job roles, although often adopted as a pragmatic response to workforce shortages, generate unintended consequences. They produce role overload and cognitive strain, undermine

job clarity, and heighten the risk of medical errors. Over time, these effects erode both employee well-being and institutional performance. Work stress amplifies this vulnerability, functioning as both a proximal cause of burnout and a distal cause of organizational instability.

Burnout emerges as the most powerful mediating mechanism in this network. It translates chronic demands into measurable performance deficits, increases turnover, and damages team cohesion. In contrast, job satisfaction acts as the primary protective mediator—an internal resource that buffers stress, enhances engagement, and sustains high performance even under adverse conditions.

Organizational leadership and staffing adequacy determine which side of this equation prevails. Hospitals that nurture supportive environments, acknowledge employee contributions, and maintain safe workload ratios transform satisfaction into resilience. Conversely, institutions that ignore well-being metrics risk perpetuating cycles of exhaustion and disengagement.

For healthcare systems globally, the implications are profound. Policymakers must regulate working-hour limits, enforce minimum staffing standards, and embed well-being indicators into accreditation frameworks. At the institutional level, hospital leaders should adopt evidence-based strategies such as flexible scheduling, peer support programs, and transparent communication. Such systemic reforms can convert job satisfaction from a reactive byproduct into a proactive organizational asset.

Future research should prioritize longitudinal and intervention studies to identify causal mechanisms and effective strategies for mitigating double job pressures. Incorporating gender, cultural, and generational perspectives will enrich understanding of differential stress experiences. Moreover, as artificial intelligence and digital workload management systems emerge, evaluating their effects on stress, satisfaction, and performance will be crucial.

Ultimately, this narrative review reaffirms that hospital performance is human performance. Technology, infrastructure, and policy all depend on the sustained energy and engagement of people. Protecting healthcare workers from overload, empowering them through satisfaction, and preventing burnout are therefore not optional enhancements—they are prerequisites for a resilient and ethical health system.

Despite offering an integrated synthesis of existing evidence, this review is limited by the interpretative nature of narrative reviews, which rely on the authors' judgement in selecting, organizing, and interpreting findings across heterogeneous studies. The reliance on literature available only within selected databases—primarily Scopus—and the inclusion of studies published in English may have excluded relevant research from other regions or languages. In addition, variations in study design, measurement tools, and contextual differences across healthcare systems limit the ability to generalize conclusions universally. Future reviews employing systematic or meta-analytic methods could provide a more exhaustive and quantitatively robust understanding of the relationships examined.

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