Contents lists available at Pediatrics & Nursology

Pediatrics & Nursology

Research Article

The Effect of Reminiscence Therapy on Burnout and Job Satisfaction in Intensive Care Nurses: A Randomized Controlled Study

Mustafa Durmuş [a,*], Yusuf Durmuş [b], Ömer Taşçı [c], Abdullah Gerçek [d]

[a] *Muş Alparslan University, Faculty of Health Sciences, Department of Nursing, Muş, Turkey*
[b] *Malazgirt Vocational School, Muş Alparslan University, Muş, Turkey*
[c] *Muş Alparslan University, Faculty of Health Sciences, Department of Nursing, Muş, Turkey*
[d] *Muş Alparslan University, Faculty of Health Sciences, Department of Nursing, Muş, Turkey*

[*] Corresponding author: *Muş Alparslan University, Faculty of Health Sciences, Department of Nursing, Campus, 49100, Muş, Turkey*
E-mail addresses: m.durmus@alparslan.edu.tr (M. Durmuş)

Article Info

Article History:
Received: 12 December 2025
Accepted: 11 February 2026

Highlights

- Reminiscence therapy appears to be an effective and feasible psychosocial intervention for increasing job satisfaction and reducing burnout levels among intensive care nurses.
- This therapy can be integrated at an institutional level as a regular support mechanism in intensive care units.
- Reminiscence therapy may help nurses maintain their professional satisfaction and psychological well-being, and it can also indirectly contribute to the improvement of patient care quality.

Abstract

Purpose: This randomized controlled study aimed to evaluate the effect of reminiscence therapy on burnout and job satisfaction among intensive care nurses

Design and methods: The study was conducted using a randomized controlled experimental design in the intensive care units of a state hospital in Türkiye between May and July 2025. Twenty-four intensive care nurses who met the inclusion criteria and agreed to participate in the study were randomly assigned to experimental (n=12) and control (n=12) groups. The experimental group received reminiscence therapy training, consisting of four sessions once a week for four weeks; no intervention was carried out with the control group. Data were collected using a personal information form, the Minnesota Job Satisfaction Scale, and the Short Form of the Burnout Scale in a pretest-posttest manner. Independent and paired sample t-tests and mixed-design ANOVA were used for statistical analyses, with the significance level set at $p<0.05$.

Results: The experimental and control groups were homogeneous in terms of their demographic characteristics ($p>0.05$). In the post-test, the mean job satisfaction score of the experimental group was significantly higher than that of the control group (63.25±8.10; 46.67±8.89; $p<0.001$), while the mean burnout score was significantly lower (36.16±8.78; 53.58±6.17; $p<0.001$). The results of the mixed-design ANOVA showed that both the group effect and the time*group interaction were significant for both job satisfaction and burnout, supporting the notion that reminiscence therapy increased job satisfaction and decreased burnout in the intervention group.

Conclusion: Reminiscence therapy appears to be an effective psychosocial intervention that increases job satisfaction and reduces burnout among intensive care nurses. It is recommended that reminiscence-based programs should be institutionally supported and integrated into care environments for nurses working under intense stress.

Practice implications: Integrating reminiscence therapy as a routine psychosocial support strategy within intensive care units can aid nurses in managing work-related stress, enhance job satisfaction, and reduce burnout rates. By incorporating structured reminiscence-based programs into institutional well-being initiatives, the psychological resilience of nurses may be strengthened, thereby improving the quality of patient care.

Keywords: Burnout, intensive care, job satisfaction, nurses, reminiscence therapy.

Introduction

Intensive care units represent one of the most demanding clinical environments in nursing, characterized by high levels of emotional burden, stress, and professional responsibility. Nurses working in these units frequently encounter life-threatening situations and experience high levels of psychological stress due to factors such as death, necessity for urgent decision-making, technical intensity, and time pressure (Cichoń et al., 2023). This situation gradually leads to emotional and physical exhaustion, resulting in a condition known as burnout. According to Maslach and Jackson (1981), burnout is a chronic occupational stress response that consists of emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment (Lee & Ashforth, 1990).

Burnout is not only an individual issue, but also a significant occupational hazard that affects institutional functioning and public health. Numerous studies have shown that burnout levels are high among intensive care nurses, which has negative effects on patient safety, quality of care, and the desire to leave the job (Wang et al., 2023). On the other hand, job satisfaction is seen as a protective factor that increases nurses' professional commitment, reduces the risk of burnout, and enhances their overall quality of life. Job satisfaction refers to the overall contentment an individual feels with their work and is influenced by factors such as organizational justice, social support, professional recognition, and the perception of meaningfulness (Dilig-Ruiz et al., 2018).

The need for innovative interventions that provide psychosocial support for nurses working in high-stress environments, such as intensive care units is increasing. In

this context, reminiscence therapy has attracted considerable attention in recent years. Reminiscence therapy is a structured intervention method that strengthens cognitive integrity, self-esteem, and psychological well-being by enabling individuals to recall, share, and reinterpret their past experiences (Latha et al., 2014). Originally used to reduce depression and increase life satisfaction in elderly individuals, this therapy has recently been found to be effective in enhancing emotional resilience and improving stress management skills among healthcare professionals (Chen et al., 2022; Khan et al., 2022).

Reminiscence therapy can help reconstruct negative emotions such as loss of meaning, emotional exhaustion, and dissatisfaction that nurses encounter in their professional lives. For intensive care nurses, this approach is expected to increase their personal awareness and reshape their sense of professional meaning. Indeed, it is known that burnout is common among intensive care staff and that low job satisfaction is a significant risk factor (Elay et al., 2019; Quesada-Puga et al., 2024). However, no studies have been found in the literature that investigated the effect of reminiscence therapy on burnout and job satisfaction among intensive care nurses using a randomized controlled design.

Therefore, the present study aimed to evaluate the effectiveness of reminiscence therapy in reducing burnout levels and increasing job satisfaction among intensive care nurses. It is believed that this study will provide evidence-based contributions regarding the integration of reminiscence therapy as a psychosocial intervention into nursing practices and will guide the development of programs aimed at strengthening the mental health of healthcare workers.

Hypotheses

Hypothesis 1: There will be a significant increase in job satisfaction scores among intensive care nurses in the experimental group who received reminiscence therapy compared to those in the control group.

Hypothesis 2: There will be a significant decrease in burnout scores among intensive care nurses in the experimental group who received reminiscence therapy compared to those in the control group.

Materials and methods

Type of study

This study is a randomized controlled experimental study.

Location and time of the study

The study was conducted between May and July 2025 in the intensive care units of a state hospital in Türkiye. The study sample consisted of 24 intensive care nurses who met the inclusion criteria and agreed to participate. To prevent bias and ensure homogeneity in the experimental and control groups, an equal number of participants were selected for each group. Accordingly, there were 12 nurses in both the first and second groups. Equal distribution of nurses in the experimental and control groups was determined using a computer-based random number generator by an independent researcher who was not directly involved in the study. The study was completed by 24 nurses, with 12 in the experimental group and 12 in the control group.

The G*Power software version 3.1.9.4 (Heinrich-Heine-Universität Düsseldorf, Germany) was used to determine the sample size of the study. Based on the results of the mixed model test with two-way repeated measures ANOVA and taking a similar article as a reference, the calculated sample power ratio was determined as 10 participants per group, with $\beta = 80\%$, type I error rate $\alpha = 0.05$, and Hedges' g effect size = 1.38. Considering a 20% sample loss for follow-up, 24 participants (12 per group) were included in the study.

Inclusion criteria for the study:

- Not having been diagnosed with a psychiatric disorder,
- Being open to communication and cooperation,
- Agreeing to participate in the study,
- Not having received reminiscence therapy training within the past year.

Reminiscence therapy training

Reminiscence therapy training was administered to the experimental group by researcher. The training consisted of four sessions conducted as 60-minute group meetings (four to five nurses) once a week for four weeks. The sessions began with the theme "introduction to meeting and reminiscence," aiming to help participants get to know each other and adapt to the process by recalling past experiences in a safe environment. Next, a session titled "powerful memories and experiences of achievement" was held with the goal of enabling individuals to recognize positive life experiences and acknowledge their personal strengths. The third stage focused on the theme of "reinterpretation of challenging experiences," which aimed to help participants reframe difficult events from the past and reduce their emotional burden. The program concluded with a session titled "meaning-making, empowerment for the future, and closure," which integrated the gains achieved into future plans and empowerment strategies.

Data Collection Tools

Personal information form

The data consisted of questions developed by the researcher about participants' gender, age, educational status, marital status, family structure, and duration of employment.

Minnesota job satisfaction scale

The Minnesota Job Satisfaction Scale is a 20-item five-point Likert-type scale developed by Dawis, England, and Lofquist (1967) and adapted to Turkish by Baycan (1985). The scores obtained from the scale ranged from 20 to 100. A high score indicates a high level of job satisfaction for the individual. There were no reverse-scored items in the scale. Cronbach's alpha reliability coefficient of the scale was determined to be 0.77 (Baycan, 1985). In this study, the internal consistency coefficient of the scale is 0.83.

Burnout scale

The Short Form of the Burnout Scale was developed by Ayala Malach Pines to measure symptoms of burnout and

adapted into Turkish by Tümkaya et al. (2009) (Malach-Pines, 2005; Tümkaya et al., 2009). The scale consists of 10 items and is a seven-point Likert-type scale. Each item on the scale can be scored between 1 and 7 points, and the total score that can be obtained from the scale ranges from 10 to 70 points. A high total score indicates an increase in an individual's burnout. Tümkaya et al. determined the Cronbach's alpha reliability coefficient for the scale items as 0.91, and the test-retest coefficient to be 0.70 (Tümkaya et al.,2009). In this study, the Cronbach's alpha reliability coefficient was found to be 0.87.

Data collection process

Randomization was performed using a simple randomization procedure generated by a computer-based random number sequence (www.randomizer.org). First, a pre-test was administered to both groups. The nurses did not know which group they were in—that is, whether they belonged to the experimental or the control group—until the educational intervention took place. This was intended to prevent participants from knowing their group assignment at the beginning of the study, thereby aiming to reduce the risk of bias. The same pre-test was given to both groups, regardless of whether they were in the experimental or control group. After the reminiscence therapy training was completed, post-test data were collected by an independent researcher who had not participated in the training process and did not know which nurses were in the experimental group and which were in the control group. In this way, it was ensured that no biases toward any group would affect the data collection during the post-test. Data were collected through face-to-face interviews conducted by researchers

Data analysis

Data were analyzed using the SPSS software. First, descriptive statistics were calculated, and the chi-squared test was used to compare the baseline characteristics of the groups. The compliance of the data with a normal distribution was evaluated using Skewness and Kurtosis values. If the Skewness and Kurtosis values are between −2 and +2, the data can be considered normally distributed. Independent sample t-test and paired sample t-test were used to evaluate the pre-test and post-test results. Cohen's d values were calculated for the effect size. In addition, a mixed-design ANOVA was used to examine the time, group, and time × group interaction. The level of statistical significance was set at $p<0.05$.

Ethical Principles

Approval was obtained from the Ethics Committee of Muş Alparslan University for this research (No: E-10879717-050.01.04-40409), and written permission was obtained from the relevant institution. Informed consent was obtained from all participants and the principles of confidentiality, autonomy, and voluntariness were upheld. All stages of the study strictly adhered to the principles of the Declaration of Helsinki. The data were securely stored on a password-protected computer and accessible only to the research team.

Results

Table 1.

Comparison of the clinical and descriptive characteristics of individuals according to intervention and control groups

Feature	Category	experimental (n=12)	Control (n=12)	Total (n=24)	χ^2	p
Gender	Male	6 (50%)	6 (50%)	12 (50%)	0.00	1.000[a]
	Female	6 (50%)	6 (50%)	12 (50%)		
Marital Status	Maried	7 (58.3%)	8 (66.7%)	15 (62.5%)	0.178	0.673[a]
	Single	5 (41.7%)	4 (33.3%)	9 (37.5%)		
Education Status	Associate's Degree	3 (25%)	2 (16.7%)	5 (20.8%)	0.267	0.875[a]
	Bachelor's Degree	7 (58.3%)	8 (66.7%)	15 (62.5%)		
	Graduate Degree	2 (16.7%)	2 (16.7%)	4 (16.7%)		
Family Structure	Extended	5 (41.7%)	6 (50%)	11 (45.8%)	0.168	0.682[a]
	Nuclear	7 (58.3%)	6 (50%)	13 (54.2%)		
		Mean±SS	Mean±SS			
Age		41.85 ± 5.46	47.80 ± 11.28		t= -2.122, p= 0.062[b]	
Working years		7.92 ± 4.27	8.58 ± 4.10		t= -0.390 p= 0.700[b]	

[a]chi-squared test; [b]Independent sample test

As shown in Table 1, there were no significant differences between the demographic characteristics of the experimental and control groups. The sex distribution in both groups was equal (50% female, 50% male; p = 1.000). In terms of marital status, 58.3% of the experimental group and 66.7% of the control group were married (P = 0.673). Regarding educational status, 58.3% of the experimental group and 66.7% of the control group had bachelor's degrees (p = 0.875). In terms of family structure, 58.3% of the experimental group and 50% of the control group lived in nuclear families (p = 0.682). No significant differences were found between the groups in terms of age (p = 0.062) or working years (p = 0.700). These findings indicate that the groups were demographically homogeneous and that the outcomes of the intervention were independent of the demographic characteristics (p > 0.05) (Table 1).

The mean job satisfaction score of the experimental group was 53.25 (SD = 13.27), while that of the control group was 52.75 (SD = 14.10), and no statistically significant difference was found between the groups [$t(22) = 0.77$, $p = 0.351$, $\eta^2 = 0.031$]. This indicates that the job satisfaction levels in both groups were similar before the intervention. The mean job satisfaction score of the experimental group was 63.25 (SD = 8.10), while that of the control group was 46.67 (SD = 8.89), and the difference between the groups was statistically significant [$t(22) = 4.77$, $p < 0.001$, $\eta^2 = 0.950$]. This finding indicate a statistically and clinically significant improvement in job satisfaction in the experimental group, accompanied by a large effect size ($\eta^2 = 0.950$). The 95% confidence interval [10.36, 23.62] indicated that the difference was strong and positive.

When examining levels of burnout; the mean burnout score of the experimental group was 51.08 (SD = 4.96), while that of the control group was 47.00 (SD = 15.79), and this difference was not statistically significant [$t(22) = -0.79$, $p = 0.436$, $\eta^2 = 0.195$]. Burnout levels were similar between the two groups, with no differences at baseline. The mean

burnout score of the experimental group was 36.16 (SD = 8.78), while that of the control group was 53.58 (SD = 6.17), and the difference between the groups was statistically significant [t(22) = -5.62, p < 0.001, η^2 = 0.92]. This finding shows that the level of burnout in the experimental group decreased significantly and demonstrated a large effect size (η^2 = 0.92). The 95% confidence interval [-23.37, -11.34] indicated that the difference was negative and clinically significant. (Table 2.)

Table 2.

Comparison of pretest–posttest mean scores of job satisfaction and burnout for the experimental and control groups

Scale	Measurement	Group	n	$\bar{X}$	SS	t	df	p	η^2	95% CI (Lower–Upper)
Job Satisfaction	**pretest**	Experimental	12	53.25	13.27	0.77	22	0.351	0.031	[-13.01, 14.01]
		Control	12	52.75	14.10					
	posttest	Experimental	12	63.25	8.10	4.77	22	<0.001	0.950	[10.36, 23.62]
		Control	12	46.67	8.89					
Burnout	**pretest**	Experimental	12	51.08	4.96	-0.79	22	0.436	0.195	[-6.59, 14.76]
		Control	12	47.00	15.79					
	posttest	Experimental	12	36.16	8.78	-5.62	22	<0.001	0.92	[-23.37, -11.34]
		Control	12	53.58	6.17					

. $\bar{X}$;mean, ss;standard deviation, df; degrees of freedom, p;significance level, η^2;eta squared (effect size), 95% CI;Confidence interval (Lower–Upper)

Table 3.

Repeated measures anova results regarding job satisfaction and burnout levels

Variable	Effect	SS	df	MS	F	p	Partial η^2
Job Satisfaction	Time (pre-post test)	46.02	1	46.02	0.302	.588	.014
	Group (Experimental-Control)	875.52	1	875.52	5.00	.036	.185
	Time*Group	776.02	1	776.02	5.09	.034	.188
	Error	3348.45	22	152.20			
Burnout	Time (pre-post test)	208.33	1	208.33	2.07	.164	.086
	Group (Experimental-Control)	533.33	1	533.33	4.58	.044	.172
	Time*Group	1386.75	1	1386.75	13.82	.001	.386
	Error	2206.91	22	100.31			

SS; Sum of Squares, df; Degrees of Freedom, MS;Mean Square, F; Mixed Design ANOVA

When Table 3 is examined, according to the ANOVA results for repeated measures on the job satisfaction variable, the effect of time was found to be insignificant (F(1,22)=0.302, p=.588). This finding indicates that the levels of job satisfaction did not show a significant change from pretest to posttest in either the experimental or the control group. However, the group effect was significant (F(1,22)=5.00, p=.036, η^2=.185); job satisfaction scores in the experimental group were higher than those in the control group. Additionally, the time × group interaction was significant (F(1,22)=5.09, p=.034, η^2=.188). This result suggests that reminiscence therapy training had a positive effect on job satisfaction in the experimental group, while there was no notable change in the control group. The effect of time on burnout levels was not statistically significant (F(1,22)=2.07, p=.164), indicating that there was no marked change between the pretest and posttest for all participants. However, the group effect was significant (F(1,22)=4.58, p=.044, η^2=.172), showing that burnout levels in the experimental group were lower than those in the control group. One of the strongest findings of this study was the significant time × group interaction (F(1,22)=13.82, p=.001, η^2=.386). The non-significant main effect of time indicates that changes over time were not uniform across groups. However, the significant time × group interaction demonstrates that the intervention effect differed between the experimental and control groups, with meaningful changes occurring only in the intervention group. This interaction demonstrated that reminiscence therapy training significantly reduced burnout levels in the experimental group, whereas there was no significant change in burnout levels in the control group. Overall, these results clearly show that reminiscence therapy training is an effective intervention for increasing job satisfaction and reducing burnout among intensive care nurses (Table 3).

Table 4.

Comparison of pre-test and post-test scores within the experimental and control groups

Variable	Group	n	Pre test $\bar{X}$ (SS)	Post test $\bar{X}$ (SS)	t	df	p	Cohen's d
Job satisfaction	Experimental	12	53.25 (13.27)	63.25 (8.10)	**–2.265**	11	**.045**	**0.65**
	Control	12	52.75 (18.25)	46.67 (8.89)	**1.088**	11	.300	**0.31**
Burnout	Experimental	12	51.08 (8.28)	36.17 (8.78)	**3.550**	11	**.005**	**1.02**
	Control	12	47.00 (15.79)	53.58 (6.17)	**–1.657**	11	.126	**0.47**

X; Mean, SS; Standard error, t; Dependent sample t-test (paired t-test), degrees of freedom (df)

When Table 4 is examined, it shows that reminiscence therapy training significantly affected both job satisfaction and burnout in the experimental group. In the experimental group, job satisfaction scores showed a significant increase from pre-test to post-test ($t(11) = -2.27$, $p = .045$, $d = 0.65$). This medium-level effect indicated that the intervention was effective in increasing job satisfaction. However, in the control group, job satisfaction scores did not change significantly ($p > .05$). Regarding burnout levels, a significant decrease was observed from pre-test to post-test in the experimental group ($t(11) = 3.55$, $p = .005$, $d = 1.02$). This large effect size demonstrates that reminiscence therapy training is a strong intervention to reduce burnout. No significant change was observed in burnout scores in the control group ($p > .05$).

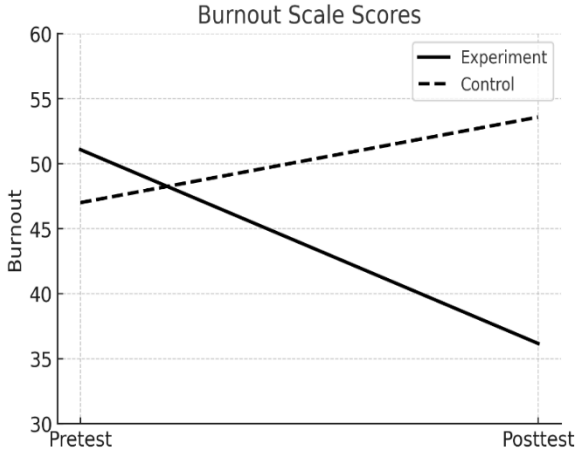

Fig.1. Burnout scale scores (Line chart)

Fig.2. Job satisfaction scale scores (Line chart)

Discussion

This randomized controlled trial was conducted to evaluate the effect of reminiscence therapy training on job satisfaction and burnout among intensive care nurses. These findings indicate that reminiscence therapy significantly increases job satisfaction and markedly reduces burnout.

Nurses' job satisfaction and burnout are of great importance in terms of their professional performance and psychological health. While high job satisfaction increases motivation, high burnout can also lead to emotional exhaustion and dissatisfaction. This situation can affect both nurses' health and the quality of healthcare provided. Training programs, psychological support, and improvements in the work environment that increase job satisfaction and reduce burnout are important at both individual and institutional levels (Green et al., 2020; Westbrook et al., 2022).

The results revealed a significant increase in job satisfaction among nurses who participated in reminiscence therapy. Nurses are healthcare professionals who face a high risk of job dissatisfaction and burnout due to their intense and stressful work environments (Uchmanowicz et al., 2020). The process of recollection helps individuals regulate their emotional processes by enabling them to reconnect with meaningful, empowering, or positive experiences from the past. From a theoretical perspective, reminiscence therapy could enhance job satisfaction and reduce burnout by helping individuals find meaning and reinforcing their professional identity. By recalling positive work experiences and reinterpreting challenging situations, nurses can restore their sense of purpose and personal accomplishment, which are crucial psychological resources for alleviating work-related stress.This interaction allows a person to remember their strengths, achievements, and sources of resilience in the face of stress and emotional burdens (Hallford et al., 2022; Yanagida et al., 2024). This process not only strengthens nurses' professional commitment, but can also indirectly improve the quality of patient care. Increased job satisfaction helps nurses feel valued and maintain professional fulfillment.

The findings highlight the importance of reminiscence therapy in improving nurses' psychological well-being and professional performance. Nurses working in intensive care and other clinical settings who operate under high

stress and emotional burden especially need interventions that increase job satisfaction and reduce burnout (Abdullah Sharin et al., 2024; Notarnicola et al., 2024). Reminiscence therapy can be applied both individually and institutionally; as an effective method, it can increase nurses' job satisfaction and psychological resilience. In this context, reminiscence therapy in nursing-specific practices can be considered a strategic tool for enhancing professional satisfaction. The research results indicate that burnout levels significantly decrease in nurses who participate in reminiscence therapy. Nurses, especially those working in high-stress environments, such as intensive care units, are more exposed to the risks of emotional exhaustion, loss of motivation, and job dissatisfaction (Alotaibi et al., 2024; Wudarczyk et al., 2025). Reminiscence therapy helps individuals reassess their past experiences from a more balanced perspective, thereby reducing stress levels and consequently alleviating symptoms of burnout. The reprocessing of negative emotional content decreases emotional burden and contributes to the development of a more resilient attitude to burnout (Li & Liu, 2022; Tarugu et al., 2019). This process helps nurses enhance their ability to cope with workloads, increase their professional satisfaction, and alleviate the negative effects of burnout.

This study demonstrates that reminiscence therapies implemented to enhance nurses' professional resilience can improve their psychological health and elevate their professional performance both at the individual and institutional levels. Reduced levels of burnout not only strengthen nurses' commitment to their work, but can also positively influence the quality of patient care and the efficiency of healthcare services. In this context, reminiscence therapy can be considered an effective intervention to reduce nurses' risk of burnout and increase their job satisfaction.

This study showed that reminiscence therapy is an effective method for reducing burnout levels and increasing job satisfaction among intensive care nurses. These findings clearly indicate that psychosocial support programs need to be developed in highly stressful clinical environments, such as intensive care units. The results of this study provide important evidence for nursing management, workplace well-being programs, and professional resilience training programs.

Limitations

The study presents a few possible limitations. The intervention's brief duration, consisting of four-week sessions, and the lack of long-term follow-up raise questions about whether the improvements in job satisfaction and burnout will endure. Additionally, since the research was carried out at a single location, specifically a hospital in Türkiye, the findings may not be widely applicable to other healthcare settings.

Conclusion and recommendations

The results of this study showed that reminiscence therapy is an effective and feasible psychosocial intervention for increasing job satisfaction and reducing burnout among intensive care nurses. These findings, obtained through a randomized controlled trial, demonstrate that the intervention provides both statistically and clinically significant improvements. In light of the findings of this study, it is recommended that reminiscence therapy be integrated at an institutional level as a regular support mechanism in intensive care units. In this way, not only can nurses' professional satisfaction and psychological well-being be protected, it may also indirectly contribute to improving the quality of patient care. Additionally, monitoring the long-term effects of this therapy method and exploring its adaptability through digital platforms would be beneficial to broaden its application area and better understand its impact mechanisms. In conclusion, reminiscence therapy is considered a valuable tool for coping with the challenging conditions of the nursing profession, and it is recommended that such psychologically based interventions gain a broader place within healthcare systems.

Ethics approval statement

Approval was obtained from the Ethics Committee of Muş Alparslan University for this research (No: E-10879717-050.01.04-40409), and written permission was obtained from the relevant institution. Informed consent was obtained from all participants and the principles of confidentiality, autonomy, and voluntariness were upheld. All stages of the study strictly adhered to the principles of the Declaration of Helsinki. The data were securely stored on a password-protected computer and accessible only to the research team.

Patient consent statement

The nurses were informed about the purpose of the study. Informed consent has been approved by all participants.

Consent for publication

Not applicable.

Funding

No financial support has been received.

CRediT authorship contribution statement

M. Durmuş: Conceptualization, Funding acquisition, Conception and design of study, Writing - original draft, Formal analysis, Writing - review & editing. **Y. Durmuş:** Conceptualization, Funding acquisition, Conception and design of study, Writing - original draft, Writing - review & editing. **Ö. Taşçı:** Conceptualization, Funding acquisition, Formal analysis, Writing - original draft, Writing - review & editing. **A. Gerçek:** Conceptualization, Funding acquisition, Data collecting, Formal analysis, Interpretation of data, Writing - original draft, Writing - review & editing.

Data availability statement

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Declaration of competing interest

The authors declare that they have no competing interests.

Acknowledgments

Authors are grateful to all the participants who voluntarily offered their time, conscientiously provided honest and thoughtful responses.

References

Abdullah Sharin, I., Jinah, N., Bakit, P., Adnan, I. K., Zakaria, N. H., Mohmad, S., Ahmad Subki, S. Z., Zakaria, N., & Lee, K. Y. (2024). Psychoeducational Burnout Intervention for Nurses: Protocol for a Systematic Review. *JMIR Research Protocols*, *13*, e58692. https://doi.org/10.2196/58692

Alotaibi, K. M., Alotaibi, A. M., Almutairi, I. F., Mohammad, W., Alqahtani, A., Mohammed, W., Al-Moflah, A., Almutairi, R. F., Abd, Y., Altawal, R. A., Aljarbooa, S. A., Alsaihati, S. M., Kadeah, A., Bishi, A., Ghazi, S., Alosaimi, A., Aliyani, K. N., Ali, L., Hakami, H., … Jaferi, E. (2024). A review of job satisfaction and burnout among Intensive care unit nurses. *Journal of International Crisis and Risk Communıcatıon Research, 7,* 139. https://doi.org/10.63278/jicrcr.vi.284

Baycan, A. (1985). Analysis of Several Effects of Job Satisfaction between Different Occupational Groups. Boğaziçi University Institute of Social Science.

Chen, L., Yang, X., Ren, X., & Lin, Y. (2022). Reminiscence therapy care program as a potential nursing intervention to relieve anxiety, depression, and quality of life in older papillary thyroid carcinoma patients: A randomized, controlled study. *Frontiers in Psychology, 13,* 1064439. https://doi.org/10.3389/FPSYG.2022.1064439/BIBTEX

Cichoń, J., Płaszewska-Żywko, L., & Kózka, M. (2023). Emotional intelligence and coping strategies among intensive care unit nurses. Nursing in Critical Care, 28(2), 322–328. https://doi.org/10.1111/nicc.12839

Dilig-Ruiz, A., MacDonald, I., Demery Varin, M., Vandyk, A., Graham, I. D., & Squires, J. E. (2018). Job satisfaction among critical care nurses: A systematic review. *International Journal of Nursing Studies, 88*, 123–134. https://doi.org/10.1016/j.ijnurstu.2018.08.014

Elay, G., Bahar, I., Demirkiran, H., & Oksüz, H. (2019). Severe burnout among critical care workers in Turkey. *Saudi Medical Journal, 40*(9), 943. https://doi.org/10.15537/SMJ.2019.9.24520

Green, S., Markaki, A., Baird, J., Murray, P., & Edwards, R. (2020). Addressing Healthcare Professional Burnout: A Quality Improvement Intervention. *Worldviews on Evidence-Based Nursing, 17*(3), 213–220. https://doi.org/10.1111/wvn.12450

Hallford, D. J., Hardgrove, S., Sanam, M., Oliveira, S., Pilon, M., & Duran, T. (2022). Remembering for Resilience: Brief Cognitive-Reminiscence Therapy Improves Psychological Resources and Mental Well-Being in Young Adults. *14,* 1004–1021. https://doi.org/10.31234/osf.io/u9wbr

Khan, A., Bleth, A., Bakpayev, M., & Imtiaz, N. (2022). Reminiscence Therapy in the Treatment of Depression in the Elderly: Current Perspectives. *Journal of Ageing and Longevity, 2*(1), 34–48. https://doi.org/10.3390/jal2010004

Kim, H.-Y. (2012). Statistical notes for clinical researchers: assessing normal distribution(1). *Restorative Dentistry & Endodontics, 37*(4), 245–248. https://doi.org/10.5395/rde.2012.37.4.245

Latha, K. S., Bhandary, P. V., Tejaswini, S., & Sahana, M. (2014). Reminiscence Therapy : An Overview. *Middle East Journal of Age and Ageing, 11*(1), 18–22. https://doi.org/10.5742/meaa.2014.92393

Lee, R. T., & Ashforth, B. E. (1990). On the Meaning of Maslach's Three Dimensions of Burnout. *Journal of Applied Psychology, 75*(6), 743–747. https://doi.org/10.1037/0021-9010.75.6.743

Li, A., & Liu, Y. (2022). Reminiscence therapy serves as an optional nursing care strategy in attenuating cognitive impairment, anxiety, and depression in acute ischemic stroke patients. *Irish Journal of Medical Science, 191*(2), 877–884. https://doi.org/10.1007/S11845-021-02600-8

Malach-Pines, A. (2005). The burnout measure, short version. *International Journal of Stress Management, 12*(1), 78–88. https://doi.org/10.1037/1072-5245.12.1.78

Notarnicola, I., Duka, B., Lommi, M., Grosha, E., De Maria, M., Iacorossi, L., Mastroianni, C., Ivziku, D., Rocco, G., & Stievano, A. (2024). Transformational Leadership and Its Impact on Job Satisfaction and Personal Mastery for Nursing Leaders in Healthcare Organizations. *Nursing Reports, 14*(4), 3561–3574. https://doi.org/10.3390/nursrep14040260

Quesada-Puga, C., Izquierdo-Espin, F. J., Membrive-Jiménez, M. J., Aguayo-Estremera, R., Cañadas-De La Fuente, G. A., Romero-Béjar, J. L., & Gómez-Urquiza, J. L. (2024). Job satisfaction and burnout syndrome among intensive-care unit nurses: A systematic review and meta-analysis. *Intensive and Critical Care Nursing, 82,* 103660. https://doi.org/10.1016/j.iccn.2024.103660

Tarugu, J., Pavithra, R., Vinothchandar, S., Basu, A., Chaudhuri, S., & John, K. R. (2019). Effectiveness of structured group reminiscence therapy in decreasing the feelings of loneliness, depressive symptoms and anxiety among inmates of a residential home for the elderly in Chittoor district. *International Journal Of Community Medicine And Public Health, 6*(2), 847–854. https://doi.org/10.18203/2394-6040.ijcmph20190218

Tümkaya, S., Çam, S., & Çavuşoğlu, İ. (2009). Turkish adaptation of the burnout snydrome ınventory short version. Çukurova Üniversitesi Sosyal Bilimler Enstitüsü Dergisi, 18(1), 387–398.

Uchmanowicz, I., Karniej, P., Lisiak, M., Chudiak, A., Lomper, K., Wiśnicka, A., Wleklik, M., & Rosińczuk, J. (2020). The relationship between burnout, job satisfaction and the rationing of nursing care—A cross-sectional study. *Journal of Nursing Management, 28*(8), 2185–2195. https://doi.org/10.1111/jonm.13135

Villasán-Rueda, A., Sánchez-Cabaco, A., Mejía-Ramírez, M., Afonso, R. M., & Castillo-Riedel, E. (2023). Transcultural Pilot Study of the Efficacy of

Reminiscence Therapy for Mexican and Spanish Older Adults with Different Levels of Cognitive Decline. *Journal of Cross-Cultural Gerontology, 38*(4), 371–388. https://doi.org/10.1007/S10823-023-09486-2

Wang, T., Abrantes, A. C. M., & Liu, Y. (2023). Intensive care units nurses' burnout, organizational commitment, turnover intention and hospital workplace violence: A cross-sectional study. *Nursing Open, 10*(2), 1102–1115. https://doi.org/10.1002/nop2.1378

Weiss, D. J. (1967). Minnesota satisfaction questionnaire. University of Minnesota, industrial relations Center, work adjustment project.

Westbrook, K. W., Nicol, D., Nicol, J. K., & Orr, D. T. (2022). Effects of Servant Leadership Style on Hindrance Stressors, Burnout, Job Satisfaction, Turnover Intentions, and Individual Performance in a Nursing Unit. *Journal of Health Management, 24*(4), 670–684. https://doi.org/10.1177/09720634221128100

Wudarczyk, B., Krupa-Nurcek, S., Czapla, M., & Uchmanowicz, I. (2025). Factors influencing burnout, stress levels, and coping strategies among nursing staff in intensive care units. *Frontiers in Public Health, 13*, 1530353. https://doi.org/10.3389/fpubh.2025.1530353

Yanagida, N., Yamaguchi, T., & Matsunari, Y. (2024). Evaluating the Impact of Reminiscence Therapy on Cognitive and Emotional Outcomes in Dementia Patients. *Journal of Personalized Medicine, 14*(6), 629. https://doi.org/10.3390/jpm14060629