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# PSYCHOLOGICAL AND SOCIAL DIMENSIONS OF BURNOUT AMONG HEALTHCARE WORKERS: AN APPLIED STUDY

**Fahd Mohammed Al Dawaian[1], Tariq Abdullah Al-Muqri[2], Ashraf Suleiman Al-Abdullatif[3], Mohmmed Khalid Alruways[4], Ibrahim Abdulaziz M. Alhosan[5], Motab Abdulaziz A. Binfleih[6], Abdalrhman Ibrahim Alsogairan[7], Abeer Gaed Alotaibi[8], Norah Dugellb Marzooq Alotaibi[9], Omar Saleh S. Almqni[10]**

[1]Social Worker, Dawadmi General Hospital, Third Riyadh Health Cluster, Kingdom of Saudi Arabia

[2]Psychologist, Dawadmi General Hospital, Third Riyadh Health Cluster, Kingdom of Saudi Arabia

[3]Social Worker, Dawadmi General Hospital, Third Riyadh Health Cluster, Kingdom of Saudi Arabia

[4]Speciailst Social Service, Riyadh Third Health Cluster, Kingdom of Saudi Arabia

[5]Social Care Servant, Dawadmi General Hospital, Third Riyadh Health Cluster, Kingdom of Saudi Arabia

[6]Social Care Servant, Dawadmi General Hospital, Third Riyadh Health Cluster, Kingdom of Saudi Arabia

[7]Psychologist, Dawadmi General Hospital, Third Riyadh Health Cluster, Kingdom of Saudi Arabia

[8]Social Worker, Dawadmi General Hospital, Third Riyadh Health Cluster, Kingdom of Saudi Arabia

[9]Social Worker, Dawadmi Hospital, Patient Experience Management Third Health Group, Riyadh, Kingdom of Saudi Arabia

[10]Social Worker, Dawadmi General Hospital, Third Riyadh Health Cluster, Kingdom of Saudi Arabia

## Abstract

This study aimed to identify the psychological and social dimensions of burnout among healthcare workers, determine the levels of both psychological and social burnout, identify the most prevalent dimensions of each, and examine the nature of the relationship between them. The study was based on the importance of burnout as a professional phenomenon that is increasingly widespread in healthcare environments due to accumulated occupational, emotional, and organizational pressures.

The study employed a descriptive correlational approach and was applied to a random sample of 96 healthcare workers in Riyadh, including physicians, nurses, and radiologic technologists. Data were collected using two standardized instruments: the Maslach Burnout Inventory (MBI) to measure the psychological dimensions (emotional exhaustion, depersonalization, and reduced personal accomplishment), and the Survey Work–Home Interaction–Nijmegen (SWING) to measure the social dimensions of burnout.

The results showed that the level of psychological burnout among healthcare workers was relatively high, as its three dimensions recorded mean scores indicating that burnout was experienced “often,” with depersonalization being the most prevalent psychological dimension. The results also showed that negative social burnout (negative interaction between work and home and between home and work) was at a noticeable level. In contrast, positive social burnout (positive interaction between work and home and between home and work) was moderate, tending toward “sometimes.”

The study also revealed a statistically significant positive correlation between psychological burnout and the dimensions of negative social burnout, meaning that as levels of psychological burnout increase, the intensity of negative interaction between work and family increases. In contrast, the results showed a strong negative correlation between psychological burnout and positive social burnout dimensions, indicating that positive interaction and social support protect against burnout.

The study concluded that psychological and social burnout represents a real challenge that threatens the mental health of healthcare workers and the quality of care provided. It emphasized the necessity of adopting supportive organizational and psychological strategies, including improving the work environment, strengthening social support, and achieving a balance between work and family life, to reduce the escalation of burnout.

**Keywords**

Burnout, social dimensions, work–family interaction, and healthcare workers.

**First: Introduction**

Psychological and social burnout is considered one of the most complex challenges in modern work environments, particularly in the healthcare sector, which is characterized by continuous operational and emotional pressures. The systematic study of this phenomenon began in the mid-1970s by Freudenberger, who defined it as a depletion of emotional resources and a loss of motivation toward work (Freudenberger, 1974).

Despite the classification of burnout as a global occupational crisis in the medical field, research efforts still face methodological and conceptual obstacles; it is sometimes difficult to distinguish burnout from other psychological and social stress factors, and the experience and severity of burnout vary according to demographic and professional variables such as gender, age group, medical specialty, as well as the geographical and cultural context of the training and work environment (De Hert, 2020).

The concept of burnout has evolved as a three-dimensional syndrome comprising emotional exhaustion, depersonalization, and reduced feelings of personal accomplishment (Maslach et al., 2001). Burnout is not merely an individual response, but rather the result of a dynamic interaction between the individual’s nervous system and intensive work demands, leading to reduced efficiency in information processing and professional decision-making (Ciurea, 2022). Studies confirm that this phenomenon is fueled by an imbalance between an individual’s psychological resources and surrounding social and organizational demands; excessive workload, lack of

organizational justice, and weak social support play pivotal roles in intensifying burnout (Ticu, 2008).

Healthcare practitioners who experience burnout exhibit a marked decline in job satisfaction and an increase in absenteeism, as well as a higher likelihood of incidents that compromise patient safety, most notably medical errors (Yang & Hayes, 2020). Contemporary research confirms that the escalation of burnout in this sector is attributable to the interplay of complex occupational and social factors, including excessive workload accumulation, severe time pressures, ambiguity in assigned tasks, insufficient social support, and limited autonomy in professional decision-making (De Hert, 2020). The effects of burnout do not stop at the professional level, but extend to serious personal consequences such as mental health disorders, risks of addiction, deterioration of social relationships, and, in severe cases, suicidal ideation (Abdelhafiz et al., 2020).

The impact of burnout extends beyond the individual level to affect health economics, imposing heavy financial burdens on healthcare systems due to high staff turnover, increased costs of medical malpractice litigation, and declining quality of care (De Hert, 2020). In explaining this phenomenon, organizational models—such as Karasek's job strain model and the effort–reward imbalance model—indicate that the imbalance between high job demands on one hand and low decision control and insufficient incentives on the other creates a fertile environment for the emergence of burnout (Siegrist, 2016). The specialized literature also indicates that social support is a fundamental pillar of the social dimensions available to healthcare practitioners, an external resource derived from human relationships and interactions (Lambert et al., 2010).

Taylor (2011) argues that this dimension is embodied in the individual's social experience and their sense of belonging to a system that provides care, whether from family, colleagues, or supervisors in the hospital, through practical assistance or professional guidance. Therefore, social support is considered one of the most important social job resources in the healthcare work environment (Ma et al., 2020).

Accordingly, feelings of insecurity (whether emotional or job-related) are closely associated with the emergence of burnout, as they represent a continuous stressor that depletes workers' adaptive capacities (Witte, 1999). With increasing professional uncertainty, feelings of exhaustion and depersonalization intensify, hindering healthcare practitioners' ability to restore their professional and health balance (Schaufeli & Taris, 2014). Therefore, understanding burnout requires a comprehensive perspective that integrates the individual's psychological characteristics with their social contexts within and beyond the work environment.

**Second: Study Problem**

The problem of the study is that healthcare workers face a dangerous combination of pressures that exceed their adaptive capacities, thereby negatively affecting their personal characteristics and professional performance. The problem is clearly manifested in the transformation of occupational pressures from temporary stress into psychological and physical disorders that extend to workers' social lives and influence their interactions with patients and administrative staff (Prins et al., 2019).

The social dimensions of the problem are reflected in low control over tasks, a lack of rewards, an absence of fairness, and conflicts of professional values, which directly contribute to "depersonalization," or to treating others in a cynical and pessimistic manner (Leiter & Maslach, 2004). An imbalance between work demands and family obligations is a central factor intensifying burnout, as role conflict reduces overall well-being and increases chronic stress (Terry & Woo, 2020).

The continuation of these pressures without effective management of psychological and social risks leads to catastrophic outcomes, including increased absenteeism, reduced satisfaction with professional life, and the emergence of symptoms of depression and anxiety (Dyrbye et al., 2019). Accordingly, the present study seeks to examine the psychological and social dimensions of burnout among healthcare workers by addressing the following question: "What is the nature and level of the psychological and social dimensions of burnout among healthcare workers?" The research seeks to answer the following central question:

What is the nature and level of the psychological and social dimensions of burnout among healthcare workers?

**From this, the following sub-questions are derived:**

1. What is the level of psychological burnout among healthcare workers?
2. What is the level of social burnout among healthcare workers?
3. What are the most prevalent psychological dimensions of burnout among healthcare workers?
4. What are the most prevalent social dimensions of burnout among healthcare workers?
5. Is there a statistically significant relationship between psychological burnout and social burnout among healthcare workers?

**Third: Study Objectives**

1. To identify the level of psychological and social burnout among healthcare workers.
2. To determine the most prevalent and influential (psychological and social) dimensions affecting healthcare staff.
3. To measure the correlational relationship between psychological burnout and social burnout and the effect of each on the other.
4. To develop a proposed framework to reduce the severity of burnout by improving the work environment and psychological support.

**Fourth: Significance of the Study**

**Theoretical significance:**

It lies in providing an integrated understanding that links psychological variables (such as exhaustion and emotional security) with social variables (such as organizational support and family–work balance), thereby enriching the Arabic literature in occupational psychology.

**Practical significance:**

Providing healthcare institutions with realistic findings that help in formulating preventive programs to reduce burnout, thus ensuring the continuity of the efficiency of medical staff and protecting the quality of services provided to patients.

**Operational Definitions (Terms)**

**1. Psychological Burnout (Burnout):**

It is the excessive use of an individual's effort and energy in order to meet demands that exceed their capacity and abilities (Al-Mutairi, 2020). Operationally, it is the total score obtained by the healthcare practitioner on the Maslach Burnout Inventory (MBI), which reflects exhaustion resulting from continuous patient interactions and professional pressures.

**2. Work–Home Interaction:**

Operationally, it is the nature of the reciprocal influence between the individual's professional role and social role, measured by the Survey Work–Home Interaction–Nijmegen (SWING), where its "negative" interaction represents a fundamental social dimension of burnout.

**3. Social Dimensions of Burnout:**

In this study, these refer to the organizational and social conditions that hinder the balance between the employee's life inside the hospital and their private life, and the resulting role conflict.

**Theoretical Framework and Previous Studies**

Psychological burnout is defined as a process that passes through multiple stages, beginning with increased effort to cope with external work demands, which may lead to mental and physical exhaustion and frustrating emotional states, followed by the emergence of psychological and physical complaints, and ultimately reaching a state of depression (Nil et al., 2010). Burnout is classified as a medical or psychological condition under the ICD-10 or DSM-IV classification systems. In the ICD-10, burnout is classified under the category of problems associated with difficulties in coping with life, which affect health and require the use of health services (Korczak & Huber, 2012).

The differential diagnosis of burnout from other clinical disorders is not precise, as it requires excluding conditions with similar clinical components, such as depression, neurasthenia, chronic fatigue syndrome, chronic fatigue syndrome with benign myalgic encephalomyelitis, insomnia, or post-traumatic stress disorder (Korczak et al., 2010).

**Dimensions of Psychological Burnout**

1. Emotional exhaustion: Employees suffer from feelings of emotional depletion resulting from exhausting work, and it is the most prevalent dimension in high-pressure work environments such as emergency departments (Lim et al., 2023).
2. Depersonalization (indifference): This dimension appears when the employee begins to withdraw from their tasks or feels unable to provide effective service. Studies have shown that this dimension is closely associated with poor performance and high rates of absenteeism (Richardson et al., 2022).
3. Low self-esteem (reduced personal accomplishment): Burnout leads to a decline in self-confidence and a sense of inability to complete tasks successfully, which negatively affects the quality of work and relationships within the work environment (Gustafsson et al., 2023).

**Environmental Variables Related to the Psychological and Social Dimensions of Burnout**

The literature and previous studies indicate that burnout among healthcare workers does not arise in isolation from the professional and social context in which they work. Instead, it is influenced by a set of environmental variables that are reflected in its psychological and social dimensions, and which either contribute to the exacerbation of occupational pressures or to their reduction and the improvement of job performance, as follows:

**First: Personal Variables (Psychological Dimension) (Hafez, Dalia Nabil, 2020)**

Personal variables consist of several individual characteristics that affect the degree to which healthcare workers are exposed to burnout, such as gender, age, years of experience, level of self-confidence, emotional maturity, vocational inclinations, the degree of conviction in and satisfaction with work, and the individual's appraisal of the importance of their professional role. These variables also include thinking style, level of ambition, and compatibility with mental and psychological abilities, as well as skills in coping with stress and solving problems in the work environment. Family and financial conditions are also considered influential factors in the psychological dimension of burnout, as they may contribute to heightened tension and distress, thereby intensifying occupational pressures among healthcare workers.

**Social Dimensions of Psychological Burnout among Healthcare Workers**

The social dimensions of psychological burnout among healthcare workers are linked to job satisfaction, which results from interactions between the individual, the work environment, and the administrative organization. This satisfaction is influenced by a set of interrelated social and professional factors that contribute either to increasing or alleviating pressures, which is directly reflected in the level of burnout (Mishra, 2013), as follows:

1. Nature of work: The nature of work is one of the most prominent social factors affecting burnout. Studies indicate that jobs characterized by routine and low professional diversity are associated with lower job satisfaction. In contrast, jobs that allow positive interaction and a sense of professional importance contribute to higher satisfaction and reduced manifestations of burnout. The level of skills required for the job also plays an important role, as aligning skills with job requirements enhances workers' sense of social and professional competence. In contrast, poor alignment leads to increased tension and social pressure within the work environment.
2. Occupational status and social position: Job status and social standing are closely related to the social dimensions of burnout. Dissatisfaction increases in jobs with low social status or lacking social recognition, as reflected in negative feelings toward work and colleagues. Professional responsibilities are also influential factors, as increased responsibilities without sufficient organizational support may lead to escalating social pressures, especially in health professions that require continuous interaction with patients and work teams.
3. Organizational and administrative factors: The social dimensions of burnout also include organizational and administrative factors such as wages, working conditions, job benefits, job security, and opportunities for promotion. Inequity in the distribution of wages and other rewards, poor working conditions, and low job security intensify social pressures

within healthcare institutions, leading to lower job satisfaction and higher burnout. Limited promotion opportunities also reduce a sense of stability and professional belonging, thereby reinforcing feelings of frustration and social alienation among workers (Mishra, 2013).

Social support is a fundamental social dimension that plays a vital role in reducing burnout among healthcare workers. It provides external resources derived from human relationships and interactions, whether with family, colleagues, or supervisors, which enhance the healthcare practitioner's sense of belonging and care (Lambert et al., 2010; Taylor, 2011; Ma et al., 2020).

The impact of social support on the trajectory of burnout is manifested through several integrated pathways. First, the emotional and social pathway, in which social integration and access to support strengthen human bonds and protect medical staff from social isolation, which often precedes burnout. It also helps to confer a sense of "meaning" on daily interactions with patients, thereby reducing emotional exhaustion resulting from work pressures (Iliffe & Steed, 2000; Pines, 2018).

Second, team dynamics, as a form of social support, reflects the quality of mutual trust within the medical team. When an employee faces field pressures and finds solidarity from colleagues, this environment provides opportunities to discuss clinical problems and exchange technical expertise to solve complex tasks, thereby preventing the development of "depersonalization" or detachment from the social work environment (Kim et al., 2018; Lambert et al., 2010).

Third, empowerment and professional growth, whereby support derived from the social work environment enhances employees' self-efficacy, transforming ambiguous professional challenges into opportunities for career advancement rather than becoming social pressures that hinder their professional trajectory (Lee & Ashforth, 1996).

**Theories Explaining the Psychological and Social Dimensions of Burnout among Workers**

**First: Psychosocial Stress–Burnout Theory (Joseph Blase)**

This theory, developed by Joseph Blase, is based on an interpretive model that links psychological and social variables to understand the phenomena of stress and burnout. The theory views burnout as an inevitable outcome of individuals' responses to stress, whether these responses are transient (short-term) or prolonged (long-term). However, the defining characteristic of burnout is its cumulative negative impact on the individual's adaptive capacities and coping strategies. The theory indicates that stressors—whether arising from internal psychological conflicts or from the surrounding external environment—are closely associated with work-related variables that drain the individual's energy and time, thereby generating a state of continuous tension. When an individual's coping mechanisms fail to contain these pressures, manifestations of emotional exhaustion, frustration, boredom, and loss of motivation appear. The persistence of this negative emotional state over extended periods is considered the primary indicator of burnout (Al-Qasir, 1993).

**Second: General Adaptation Syndrome (GAS) Theory by Hans Selye**

Hans Selye is considered the pioneer in using the term "stress," starting from a purely physiological perspective and later expanding it to include psychological dimensions. Selye proposed the

General Adaptation Syndrome (GAS) model, which explains the series of physical and psychological responses that an organism initiates to defend itself against stressful situations through three basic stages (Al-Rashidi, 1999):

1. Alarm Reaction Stage: This is the immediate response to a threatening situation, during which the body mobilizes its physiological defenses, leading to clear biological changes such as increased secretion of adrenaline, accelerated heart rate and breathing, and muscle tension.
2. Resistance Stage: In this stage, the individual attempts to restore balance and use defensive strategies to confront the threat and reach a state of adaptation. If the stress continues without achieving balance, signs of strain and depletion begin to appear.
3. Exhaustion Stage: This is the critical stage in which resistance collapses due to excessive use of coping mechanisms and repeated exposure to stress, leading to the depletion of vital energy and reaching a state of complete psychological and physical exhaustion.

**Previous Studies**

**Previous Studies on the Psychological Dimensions of Burnout**

The study by Ben Yahia and Zenad (2018) examined psychological burnout among nurses working in oncology departments, which are characterized by a high-pressure work environment due to heavy workloads, patients' suffering and deaths, professional conflicts, and nursing staff shortages. The study aimed to assess the level of burnout among nurses working in healthcare institutions in Algiers and Blida Provinces. It used the descriptive method and was applied to a sample of 100 male and female nurses using the Maslach Burnout Inventory, with SPSS used for statistical processing. The results showed that nurses experience burnout to varying degrees, reflecting the impact of psychological and social pressures inherent to the nature of work in these departments.

Chemali et al. (2019) conducted a systematic review aimed at examining the prevalence of burnout among healthcare providers in Middle Eastern countries, and identifying the tools used, the affected healthcare sectors, and the associated factors. The study analyzed (138) quantitative studies addressing burnout among physicians, nurses, healthcare workers, and medical students. The results showed that the Maslach Burnout Inventory was the most commonly used instrument and that burnout prevalence rates generally ranged between 40% and 60%. The findings also revealed that burnout is associated with stressful work environments, exposure to violence and emotional distress, and low social support, which confirms the great importance of social dimensions in explaining burnout among healthcare workers.

The study by Kariri and Al-Jouni (2024) aimed to examine the relationship between emotional deprivation and professional burnout among healthcare workers, as well as to test the predictive ability of emotional deprivation in explaining burnout. The study used the descriptive correlational method and was applied to a sample of (401) male and female healthcare workers. The researchers used the Emotional Deprivation Scale and the Maslach Burnout Inventory. The results revealed a high level of emotional deprivation and professional burnout, as well as a statistically significant positive correlation between the two variables, with the possibility of predicting burnout through

emotional deprivation, highlighting the central role of social and emotional dimensions in the healthcare work environment.

The study by Szczerbińska et al. (2024) sought to assess the prevalence of burnout and its associated factors among hospital workers during the COVID-19 pandemic. The study used a descriptive cross-sectional design and was conducted on a large sample of (1,412) healthcare workers, including (748) nurses. The researchers used the Maslach Burnout Inventory along with tools to measure mental health and professional preparedness. The results showed a marked prevalence of emotional exhaustion, depersonalization, and reduced personal accomplishment, especially among nurses and physicians. It was also found that organizational support, training, and the availability of protective equipment were associated with lower levels of burnout.

Fernandes et al. (2025) aimed to examine the predictive role of work-related psychosocial risks in the development of burnout among healthcare workers. The study used a descriptive analytical cross-sectional design and was conducted on a sample of (154) healthcare workers. Data were collected using a psychosocial risk factors scale and a burnout assessment tool. The results showed that long working hours, social relationships at work, emotional demands, and work values were among the most prominent predictors of burnout symptoms, confirming the direct impact of social and organizational dimensions in the healthcare work environment.

**Previous Studies on the Social Dimensions of Burnout**

Suleiman (2021) conducted a study that aimed to examine the relationship between job demands and burnout among nurses, and to investigate the moderating role of both emotion regulation and social support in this relationship. The study used the descriptive correlational method and was applied to a sample of (90) nurses working in government hospitals in Egypt. The results showed a statistically significant negative relationship between social support and burnout, in addition to the protective role of social support in reducing the effect of job demands on burnout.

Chen et al. (2024) sought to analyze the relationships between social support, psychological capital, and the dimensions of job burnout, in addition to examining the effect of burnout on turnover intention among primary medical staff. The study adopted a descriptive analytical approach using path analysis and structural equation modeling and was applied to a sample of (1,132) primary healthcare workers in China. The researchers used a self-administered questionnaire that included measures of social support, psychological capital, and job burnout. The results showed a negative relationship between social support and all dimensions of job burnout, while job burnout was positively associated with turnover intention, reflecting the importance of social support in enhancing job stability among healthcare workers.

Moisoglou et al. (2024) aimed to examine the protective role of both social support and psychological resilience in confronting COVID-19–related burnout and job burnout among nurses in the post-pandemic period. The study used a descriptive correlational cross-sectional design and included a sample of (963) nurses in Greece. Data were collected using the Multidimensional Scale of Perceived Social Support, the Brief Resilience Scale, the COVID-19 Burnout Scale, and the Job Burnout Scale. The results indicated a statistically significant negative relationship between social support and resilience on one hand, and levels of pandemic-related burnout and job burnout on the

other, highlighting the protective role of social dimensions in reducing burnout among nursing staff.

Li et al. (2025) examined the effect of perceived social support and psychological detachment on job burnout among nurses, while testing the mediating role of psychological detachment in this relationship. The study adopted a descriptive correlational approach using a cross-sectional questionnaire-based design and was conducted on a sample of (325) nurses selected by convenience sampling between October 2023 and March 2024 in China. The researchers used a general information questionnaire, the Maslach Burnout Inventory, the Psychological Detachment Scale, and the Social Support Scale. The results showed a statistically significant negative relationship between both social support and psychological detachment on one hand, and job burnout on the other. It was also found that psychological detachment mediated the relationship between social support and emotional exhaustion, confirming the importance of social support as an effective social dimension in reducing burnout levels among nurses.

**Commentary on Previous Studies and the Position of the Current Study**

Previous studies indicate that burnout is one of the common occupational problems among healthcare workers, especially in environments characterized by high psychological and social pressures. A review of these studies reveals several points of agreement and difference with the current study, which can be explained as follows:

1. In terms of objectives, the current study agrees with a number of previous studies in focusing on identifying the level of burnout among healthcare workers, such as the study by Ben Yahia and Zenad (2018), which aimed to determine the degree of burnout among nurses working in oncology departments, and the study by Chemali et al. (2019), which sought to estimate the prevalence of burnout among healthcare providers in the Middle East. The current study also overlaps with other studies that aimed to analyze factors associated with burnout, such as the study by Kariri and Al-Jouni (2024), which focused on emotional deprivation, and the study by Fernandes et al. (2025), which addressed work-related psychosocial risks. However, the current study is distinguished by its explicit focus on the psychological and social dimensions of burnout together, rather than examining a single variable only.
2. In terms of the sample, some previous studies were limited to a specific professional group, such as the study by Ben Yahia and Zenad (2018), which was limited to nurses, and the study by Kariri and Al-Jouni (2024), which included healthcare workers without distinguishing between specialties. In contrast, other studies relied on large and diverse samples, such as the study by Szczerbińska et al. (2024), which included more than one thousand healthcare workers, and the study by Chemali et al. (2019), which reviewed studies involving physicians, nurses, healthcare workers, and medical students. The current study differs from some of these studies in the nature and size of its sample, as it seeks to represent healthcare workers in a manner consistent with its applied purpose and its analysis of the psychological and social dimensions of burnout.

3. In terms of methodology, most previous studies agreed with the current study in using the descriptive approach, whether descriptive-analytical, correlational, or cross-sectional. The study by Ben Yahia and Zenad (2018) used the descriptive method, while the study by Kariri and Al-Jouni (2024) used the descriptive correlational method. Foreign studies such as Fernandes et al. (2025) and Szczerbińska et al. (2024) used cross-sectional designs with advanced statistical analyses. The current study aligns with this methodological trend, while differing in the type of statistical analysis used in a way that serves its research objectives.
4. In terms of setting, previous studies were conducted in diverse geographical contexts, including Algeria as in the study by Ben Yahia and Zenad (2018), Middle Eastern countries as in the review by Chemali et al. (2019), and European countries during the COVID-19 pandemic as in the study by Szczerbińska et al. (2024). The current study is distinguished by its application within a specific contextual setting in the healthcare sector (according to the scope of the study), allowing for a deeper understanding of the specificity of the psychological and social dimensions of burnout in this context.
5. In terms of results, most previous studies agreed on the presence of moderate to high levels of burnout among healthcare workers. The study by Ben Yahia and Zenad (2018) showed that nurses in oncology departments suffer from burnout to varying degrees, while the study by Kariri and Al-Jouni (2024) demonstrated a statistically significant positive correlation between emotional deprivation and burnout. Chemali et al. (2019) showed that low social support and stressful work environment characteristics are among the most prominent factors associated with burnout. Fernandes et al. (2025) confirmed that social relationships at work, emotional demands, and long working hours are strong predictors of burnout, which is consistent with the orientation of the current study in highlighting the importance of psychological and social dimensions in explaining this phenomenon.

Based on the above, it can be concluded that the current study agrees with previous studies in confirming the prevalence and seriousness of burnout among healthcare workers, and differs from them in its analytical perspective and its integrated focus on psychological and social dimensions, as well as in its applied context, thereby contributing to filling an existing research gap and providing findings that can be practically utilized to improve the healthcare work environment.

**Study Variables**

The study adopts the descriptive correlational method, as it is suitable for examining the relationship between psychological burnout and work–family interaction as one of the social dimensions.

**Data were collected using two standardized instruments:**

First: Maslach Burnout Inventory (MBI): This is the most widely used instrument worldwide and measures three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment.

Second: Survey Work–Home Interaction–Nijmegen (SWING): This is a comprehensive scale that measures the social dimensions of burnout through four axes:

- Negative interaction from work to family (the effect of work pressures on home).
- Negative interaction from family to work (the effect of home pressures on job performance).
- Positive interaction from work to family.
- Positive interaction from family to work.

**Study Limits**

1. Subject-matter limits: The study addresses two main variables:
   - Psychological burnout among healthcare workers, which includes psychological dimensions such as emotional exhaustion, depersonalization, and reduced personal accomplishment.
   - The social dimensions of burnout among healthcare workers, represented by social support, the nature of professional relationships, and social interaction within the healthcare work environment and their role in confronting burnout.
2. Spatial limit: The study is limited to healthcare workers in institutions affiliated with Riyadh.
3. Human limit: The study is limited to healthcare workers (such as physicians, nurses, and radiology technicians), excluding administrative staff, because the study aims to reveal the psychological and social dimensions of burnout among them due to the nature of their direct involvement in providing healthcare.
4. Temporal limit: The study instruments will be applied during the year (2026).

**Methodology and Study Procedures**

**Introduction**

The applied study methodology aimed to determine the study population and sample and the method of sample selection. The researcher relied on the random sampling method within the time frame specified for the research. The researcher also distributed the questionnaire electronically. In preparation for measuring the internal consistency of the questionnaire items and the reliability of its instrument, the applied study focused on the psychological and social dimensions among healthcare workers. In order to test the study hypotheses, a set of statistical methods was used through the SPSS program. To achieve the study objectives and test its hypotheses, this chapter was divided as follows:

**1. Study Design**

The researcher adopted the descriptive method in this study because of its suitability for the nature of the topic aimed at analyzing and interpreting the relationships among the study variables. The study was conducted in the field through the design of a questionnaire based on previous studies related to the subject of the study, which was then distributed to a selected sample from the study population.

**2. Study Population and Sample**

The study population consists of healthcare workers (physicians, nurses, and radiology technicians) from various departments and medical levels in hospitals and healthcare centers in Riyadh. The researcher relied on the simple random sampling method to determine the sample size according to the time frame of the study.

**3. Data Collection Instruments**

Data were collected through the preparation and review of the questionnaire. To overcome the problems of data collection associated with the use of questionnaires (such as low objectivity), an expert review study was conducted in light of the study variables and hypotheses. Accordingly, the final form of the questionnaire was approved without any modifications or deletion of items.

**4. Data Collection Procedures**

The researcher prepared the questionnaire using the Google Drive platform and created an electronic link for it. This link was distributed and published on the official websites of hospitals and healthcare centers, as well as on their associated social media platforms. A total of 96 valid and fully completed questionnaires were collected.

**5. Data Analysis Methods**

The researcher used the four-point Likert scale in order to apply weighted scores to the responses and to achieve flexibility in evaluating the relative weight of each variable as a basic input for inference and statistical testing of the applied study hypotheses.

**6. Internal Consistency and Reliability Testing of the Study Instrument**

Cronbach's alpha was used to assess the reliability of the two study dimensions (psychological burnout and social burnout) at the overall level. Before conducting this analysis, it was decided to exclude any variable with an overall coefficient less than 0.60, relative to the other variables in the same scale, at the 95% confidence level. To assess construct validity (internal consistency among items) for the instrument, which comprises two dimensions, the researcher calculated Spearman's correlation coefficients between items and their respective dimensions, along with the corresponding statistical significance. The researcher decided to exclude any item that had a correlation coefficient of less than 0.30 and was not statistically significant, as shown in the following two tables.

**Table No. (1)**

**Results of the Internal Consistency and Reliability Coefficient Test for the Dimensions of Psychological Burnout**

| **Dimensions** | **Item No.** | **Internal Validity** | | **Reliability** |
|---|---|---|---|---|
| | | Correlation Coefficient | Significance | |
| **Emotional Exhaustion** | 1 | 0.961** | 0.000 | 0.979 |
| | 2 | 0.906** | 0.000 | |
| | 3 | 0.942** | 0.000 | |

| Dimensions | Item No. | Internal Validity | | Reliability |
|---|---|---|---|---|
| | 4 | 0.931** | 0.000 | |
| | 5 | 0.923** | 0.000 | |
| | 6 | 0.927** | 0.000 | |
| | 7 | 0.923** | 0.000 | |
| | 8 | 0.939** | 0.000 | |
| | 9 | 0.946** | 0.000 | |
| **Depersonalization** | 1 | 0.958** | 0.000 | |
| | 2 | 0.963** | 0.000 | 0.955 |
| | 3 | 0.900** | 0.000 | |
| | 4 | 0.919** | 0.000 | |
| | 5 | 0.929** | 0.000 | |
| **Reduced Personal Accomplishment** | 1 | 0.796** | 0.000 | 0.983 |
| | 2 | 0.972** | 0.000 | |
| | 3 | 0.952** | 0.000 | |
| | 4 | 0.969** | 0.000 | |
| | 5 | 0.959** | 0.000 | |
| | 6 | 0.952** | 0.000 | |
| | 7 | 0.951** | 0.000 | |
| | 8 | 0.970** | 0.000 | |

**Table No. (2)**

**Results of the Internal Consistency and Reliability Coefficient Test for the Dimensions of Social Burnout**

| Dimensions | Item No. | Internal Validity | | Reliability |
|---|---|---|---|---|
| | | Correlation Coefficient | Significance | |
| **Negative Work–Home Interaction** | 1 | 0.858** | 0.000 | 0.957 |
| | 2 | 0.910** | 0.000 | |
| | 3 | 0.949** | 0.000 | |
| | 4 | 0.932** | 0.000 | |

| Dimensions | Item No. | Internal Validity | | Reliability |
|---|---|---|---|---|
| | 5 | 0.870** | 0.000 | |
| | 6 | 0.888** | 0.000 | |
| | 7 | 0.918** | 0.000 | |
| | 8 | 0.926** | 0.000 | |
| | 9 | 0.561** | 0.000 | |
| **Negative Home–Work Interaction** | 1 | 0.944** | 0.000 | |
| | 2 | 0.858** | 0.000 | 0.948 |
| | 3 | 0.926** | 0.000 | |
| | 4 | 0.933** | 0.000 | |
| | 5 | 0.927** | 0.000 | |
| | 6 | 0.851** | 0.000 | |
| **Positive Work–Home Interaction** | 1 | 0.971** | 0.000 | 0.981 |
| | 2 | 0.978** | 0.000 | |
| | 3 | 0.914** | 0.000 | |
| | 4 | 0.980** | 0.000 | |
| | 5 | 0.919** | 0.000 | |
| | 6 | 0.959** | 0.000 | |
| **Positive Home–Work Interaction** | 1 | 0.944** | 0.000 | 0.960 |
| | 2 | 0.917** | 0.000 | |
| | 3 | 0.901** | 0.000 | |
| | 4 | 0.925** | 0.000 | |
| | 5 | 0.799** | 0.000 | |
| | 6 | 0.982** | 0.000 | |

It is clear from the above tables that the results of the reliability analysis using Cronbach's alpha for the variables ranged between (0.955–0.983) for the psychological burnout dimension and (0.948–0.981) for the social burnout dimension, which are indicators of a high level of reliability. The Cronbach's alpha coefficients obtained indicate high reliability and internal consistency of the scales used in social research. This was also reflected in construct validity, as correlation coefficients between the dimensions of psychological burnout and their

respective items exceeded 0.30, and the dimensions of the work–life interaction scale also exceeded 0.30, with statistical significance less than 0.001. This indicates the high reliability of the questionnaire content based on the opinions of the study sample; therefore, it can be relied upon in the statistical analysis stages of this study.

**7. Demographic Characteristics of the Study Sample**

**Table No. (4)**

**Frequencies of the Demographic Characteristics of the Study Sample**

| Demographics | Categories | Frequency | Percentage |
|---|---|---|---|
| **Gender** | Male | 49 | 51.0 |
| | Female | 47 | 49.0 |
| **Age** | Less than 25 years | 7 | 7.3 |
| | 25–34 years | 53 | 55.2 |
| | 35–44 years | 28 | 29.2 |
| | 45 years and above | 8 | 8.3 |
| **Educational Level** | Bachelor’s | 23 | 24.0 |
| | Master’s | 53 | 55.2 |
| | Doctorate | 20 | 20.8 |
| **Years of Experience** | Less than 5 years | 26 | 27.1 |
| | 5–10 years | 40 | 41.7 |
| | 11–15 years | 21 | 21.9 |
| | More than 15 years | 9 | 9.4 |
| **Occupation** | Physician | 55 | 57.3 |
| | Nurse | 21 | 21.9 |
| | Radiology Technician | 20 | 20.8 |
| **Total** | | 96 | 100% |

The demographic table describes the study sample as follows: the highest response rate was among males at 51%. By age group, the highest percentage was in the 25–34 years group at 55.2%, whereas the lowest was in those under 25 years at 7.3%. By educational level, the highest percentage was among those holding a master’s degree (55.2%), whereas the lowest was among those holding a doctorate (20.8%). Regarding years of experience, the highest percentage was among those with 5–10 years (41.7%), whereas the lowest was among those with more than 15 years (9.4%). Regarding occupation, the highest percentage was among physicians (57.3%), while the lowest was among radiologic technicians (20.8%), with nurses at 21.9%.

**8. Answers to the Study Questions**

**To answer the question: What is the level of psychological burnout among healthcare workers?**

The researcher used both the mean (as a measure of central tendency) and the standard deviation (as a measure of dispersion) to identify the general trend of the study sample's responses regarding the dimensions of psychological burnout, as follows:

**Table No. (5)**

**Descriptive Statistics of the Items of the Psychological Burnout Dimension**

| Dimension | Item No. | Mean | Std. Deviation | Rating |
|---|---|---|---|---|
| **Emotional Exhaustion** | 1 | 3.00 | 0.98 | Often |
| | 2 | 2.82 | 1.11 | Often |
| | 3 | 3.04 | 0.96 | Often |
| | 4 | 3.02 | 1.05 | Often |
| | 5 | 3.04 | 0.93 | Often |
| | 6 | 2.94 | 1.05 | Often |
| | 7 | 2.95 | 1.03 | Often |
| | 8 | 3.09 | 0.86 | Often |
| | 9 | 3.14 | 0.90 | Often |
| | **Total** | 3.00 | 0.92 | Often |
| **Depersonalization** | 1 | 2.99 | 1.02 | Often |
| | 2 | 2.96 | 0.99 | Often |
| | 3 | 2.96 | 1.07 | Often |
| | 4 | 3.00 | 0.97 | Often |
| | 5 | 3.14 | 0.90 | Often |
| | **Total** | 3.01 | 0.91 | Often |
| **Reduced Personal Accomplishment** | 1 | 3.17 | 0.91 | Often |
| | 2 | 2.95 | 1.05 | Often |
| | 3 | 2.99 | 1.05 | Often |
| | 4 | 2.91 | 1.09 | Often |
| | 5 | 2.99 | 1.05 | Often |
| | 6 | 2.92 | 1.04 | Often |
| | 7 | 3.06 | 1.06 | Often |
| | 8 | 2.98 | 1.02 | Often |

| Dimension | Item No. | Mean | Std. Deviation | Rating |
|---|---|---|---|---|
| | **Total** | 2.99 | 0.98 | Often |

Table 5 presents the overall pattern of the study sample’s responses regarding the psychological burnout dimension. For emotional exhaustion, responses showed a general trend toward “often,” with a mean of 3.00 and a standard deviation of 0.92. For depersonalization, responses also showed a general trend of “often” with a mean of (3.01) and a standard deviation of (0.91). For reduced personal accomplishment, responses showed a general trend of “often” with a mean of (2.99) and a standard deviation of (0.98).

**To answer the question: What is the level of social burnout among healthcare workers?**

The researcher used the mean and standard deviation to identify the general trend of the study sample’s responses regarding the dimensions of social burnout, as follows:

**Table No. (6)**

**Descriptive Statistics of the Items of the Social Burnout Dimension**

| Dimension | Item No. | Mean | Std. Deviation | Rating |
|---|---|---|---|---|
| **Negative Work–Home Interaction** | 1 | 2.73 | 1.14 | Often |
| | 2 | 2.93 | 1.04 | Often |
| | 3 | 2.88 | 1.06 | Often |
| | 4 | 2.91 | 1.05 | Often |
| | 5 | 2.75 | 1.12 | Often |
| | 6 | 2.91 | 1.05 | Often |
| | 7 | 3.00 | 0.92 | Often |
| | 8 | 2.99 | 0.92 | Often |
| | 9 | 2.76 | 1.00 | Often |
| | **Total** | 2.87 | 0.89 | Often |
| **Negative Home–Work Interaction** | 1 | 2.84 | 1.07 | Often |
| | 2 | 2.74 | 1.14 | Often |
| | 3 | 2.96 | 1.05 | Often |
| | 4 | 2.91 | 1.05 | Often |
| | 5 | 2.94 | 0.96 | Often |
| | 6 | 2.82 | 1.04 | Often |
| | **Total** | 2.87 | 0.94 | Often |

| Dimension | Item No. | Mean | Std. Deviation | Rating |
|---|---|---|---|---|
| **Positive Work–Home Interaction** | 1 | 2.06 | 1.04 | Sometimes |
| | 2 | 1.99 | 0.99 | Sometimes |
| | 3 | 1.94 | 1.01 | Sometimes |
| | 4 | 2.00 | 1.01 | Sometimes |
| | 5 | 2.08 | 1.07 | Sometimes |
| | 6 | 2.08 | 1.02 | Sometimes |
| | **Total** | 2.03 | 0.98 | Sometimes |
| **Positive Home–Work Interaction** | 1 | 1.96 | 0.99 | Sometimes |
| | 2 | 1.94 | 0.99 | Sometimes |
| | 3 | 1.94 | 1.01 | Sometimes |
| | 4 | 2.00 | 1.05 | Sometimes |
| | 5 | 1.91 | 0.96 | Sometimes |
| | 6 | 2.08 | 1.06 | Sometimes |
| | **Total** | 1.97 | 0.93 | Sometimes |

Table 6 presents the overall trend in the study sample's responses regarding the social burnout dimension. For negative work–home interaction, responses showed a general trend of "often" with a mean of 2.87 and a standard deviation of 0.89. For negative home–work interaction, responses also showed a general trend of "often" with a mean of (2.87) and a standard deviation of (0.94). For positive work–home interaction, responses showed a general trend of "sometimes" with a mean of 2.03 and a standard deviation of 0.98. Finally, for positive home–work interaction, responses showed a general trend of "sometimes" with a mean of (1.97) and a standard deviation of (0.93).

**To answer the question: Is there a significant relationship between social and psychological burnout?**

The researcher used Spearman's rho to analyze correlations between the dimensions of social burnout and those of psychological burnout to determine the strength, direction, and significance of the relationship between them. The closer the correlation coefficient is to one, the stronger the relationship between the study variables. A positive sign indicates a direct relationship, whereas a negative sign indicates an inverse relationship.

**Table No. (7): Correlation Matrix between the Study Dimensions**

| Dimensions | Emotional Exhaustion | Depersonalization | Reduced Personal Accomplishment | Negative Work–Home Interaction | Negative Home–Work Interaction | Positive Work–Home Interaction | Positive Home–Work Interaction |
|---|---|---|---|---|---|---|---|
| **Emotional Exhaustion** | **1** | | | | | | |
| **Depersonalization** | **0.976**** | **1** | | | | | |
| **Reduced Personal Accomplishment** | **0.957**** | **0.967**** | **1** | | | | |
| **Negative Work–Home Interaction** | **0.755**** | **0.756**** | **0.740**** | **1** | | | |
| **Negative Home–Work Interaction** | **0.909**** | **0.882**** | **0.868**** | **0.910**** | **1** | | |
| **Positive Work–Home Interaction** | **-0.965**** | **-0.945**** | **-0.946**** | **-0.806**** | **-0.938**** | **1** | |
| **Positive Home–Work Interaction** | **-0.941**** | **-0.932**** | **-0.939**** | **-0.786**** | **-0.929**** | **0.976**** | **1** |

The table above shows a significant relationship between the study dimensions ($p < 0.01$). There is a direct relationship between the dimensions of psychological burnout and each of the following: negative work–home interaction (positive correlation coefficients ranging from 0.740 to 0.756) and negative home–work interaction (positive correlation coefficients ranging from 0.882 to 0.909). That is, whenever psychological burnout represented by its dimensions increases by 100%, this leads to a decrease in negative social burnout by an amount ranging between (74%; 90.9%).

On the other hand, there is an inverse relationship between the dimensions of psychological burnout and each of the following: positive work–home interaction, with negative correlation coefficients ranging between (-0.946; -0.965), and positive home–work interaction, with negative correlation coefficients ranging between (-0.939; -0.941). That is, whenever psychological burnout, represented by its dimensions, increases by 100%, this leads to an increase in positive social burnout by an amount ranging between (-93.9%; -965%).

**9. Summary of Results**

The study results showed the study sample's awareness and perceptions of the psychological and social dimensions, with a general tendency in responses toward “often” for psychological burnout and negative social burnout, and toward “sometimes” for positive social burnout.

The results also showed that the most prevalent psychological dimension of burnout is depersonalization, and the most prevalent social dimension among healthcare workers is negative home–work interaction.

The results further showed a statistically significant direct relationship between psychological burnout and negative social burnout, whereas there was an inverse relationship between psychological burnout and positive social burnout in the study sample.

**References**

Dawood, Nisreen. (2016). Job burnout among nurses working in Al-Assad University Hospital. *Tishreen University Journal for Research and Scientific Studies: Health Sciences Series*, Vol. 38, No. 5, pp. 81–98. https://search.emarefa.net/detail/BIM-824449

Ben Yahia, Fatima, & Zenad, Dalila. (2018). Psychological burnout among nurses working in oncology departments. *Journal of Social Studies and Research*, 6(1), 19–33.

Hafez, Dalia Nabil. (2020). Problem-solving skills as a moderating variable of the relationship between work stress and psychological burnout among a sample of human physicians. *Journal of Psychological Service*, Issue 13, 263–316. Retrieved from: http://search.mandumah.com/Record/1092774

Al-Rashidi, Haroun. (1999). *Psychological stress: Its nature, theories, and self-help programs in its treatment*. Anglo-Egyptian Bookshop, Cairo.

Suleiman, Ayatullah Abdu Suleiman Ahmed. (2021). The role of emotion regulation and social support in moderating the relationship between job demands and psychological burnout among nurses. *Arab Studies in Psychology*, 20(4), 527–600. https://doi.org/10.21608/assj.2023.163085.1039

Al-Qasir, Jassim Mohammed. (1993). *Determinant variables of psychological burnout among intermediate school teachers* (Master’s thesis). College of Education, Al-Mustansiriya University, Baghdad.

Kariri, Hadi Dhafer Hassan, & Al-Jouni, Zulfa Abdullah Al-Hassan. (2024). Emotional deprivation and its relationship to professional psychological burnout among healthcare workers. *Journal of Psychological Counseling*, 79(4), 363–389. https://doi.org/10.21608/cpc.2024.374978

Al-Mutairi, A. Nami. (2020). Psychological burnout among public relations practitioners. *Arab Journal of Media and Communication*, 23, 177–224.

Abdelhafiz, A. S., Ali, A., Ziady, H. H., Maaly, A. M., Alorabi, M., & Sultan, E. A. (2020). Prevalence, associated factors, and consequences of burnout among Egyptian physicians during COVID-19 pandemic. Frontiers in Public Health, 8:590190. https://doi.org/10.3389/fpubh.2020.590190

Chemali, Z., Ezzeddine, F. L., Gelaye, B., et al. (2019). Burnout among healthcare providers in the complex environment of the Middle East: A systematic review. BMC Public Health, 19, 1337. https://doi.org/10.1186/s12889-019-7713-1

Chen, G., Wang, J., Huang, Q., et al. (2024). Social support, psychological capital, multidimensional job burnout, and turnover intention of primary medical staff: A path analysis drawing on conservation of resources theory. Human Resources for Health, 22, 42. https://doi.org/10.1186/s12960-024-00915-y

Ciurea, A.V. Sănătatea Creierului Pe Înțelesul Tuturor; Bookzone: Bucharest, Romania, 2022; ISBN 978-606-96396-9-6

Dyrbye, L.N.; Shanafelt, T.D.; Johnson, P.O.; Johnson, L.A.; Satele, D.; West, C.P. A cross-sectional study exploring the relationship between burnout, absenteeism, and job performance among American nurses. BMC Nursing 2019, 18(1), 57.

Fernandes, C., Barros, C., & Baylina, P. (2025). Burnout among healthcare workers: Insights for holistic well-being. Healthcare, 13(24), 3298. https://doi.org/10.3390/healthcare13243298

Freudenberger, H.J. Staff Burn-Out. J. Soc. Issues 1974, 30, 159–165. https://doi.org/10.1111/j.1540-4560.1974.tb00706.x

Gustafsson, L., et al. (2023). Burnout and performance among healthcare professionals: A systematic review. Journal of Healthcare Psychology.

Iliffe G, Steed LG. Exploring the counselor's experience of working with perpetrators and survivors of domestic violence. J Interpers Violence. 2000;15(4):393-412. https://doi.org/10.1177/0886260000150040

Jerg-Bretzke, L., Limbrecht-Ecklundt, K., Walter, S., Spohrs, J., & Beschoner, P. (2020). Correlations of the "work–family conflict" with occupational stress—A cross-sectional study among university employees. Frontiers in Psychiatry, 11, 134.

Kim B, Jee S, Lee J, et al. Relationships between social support and student burnout: a meta-analytic approach. Stress Health. 2018;34(1):127-34. https://doi.org/10.1002/smi.2771

Kim, J.-H., Kim, A.-R., Kim, M.-G., Kim, C.-H., Lee, K.-H., Park, D., & Hwang, J.-M. (2020). Burnout syndrome and work-related stress in physical and occupational therapists working in different types of hospitals: Which group is the most vulnerable? International Journal of Environmental Research and Public Health, 17, 5001.

Korczak, D., & Huber, B. (2012). Burn-out. Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz, 55, 164-171. https://doi.org/10.1007/s00103-011-1378-6

Korczak, D., Huber, B., & Kister, C. (2010). Differential diagnostic of the burnout syndrome. GMS Health Technology Assessment, 6, Doc09. Retrieved January 7, 2026, from http://www.egms.de/static/pdf/journals/hta/2010-6/hta000087.pdf

Lambert EG, Altheimer I, Hogan NL. Exploring the relationship between social support and job burnout among correctional staff. Crim Justice Behav. 2010;37(11):1217-36. https://doi.org/10.1177/0093854810379552

Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal and coping. Springer Publishing Company.

Lee RT, Ashforth BE. A meta-analytic examination of the correlates of the three dimensions of job burnout. J Appl Psychol. 1996;81(2):123. https://doi.org/10.1037/0021-9010.81.2.123

Leiter, M. P., & Maslach, C. (2004). Areas of worklife: A structured approach to organizational predictors of job burnout. In P. L. Perrewé & D. C. Ganster (Eds.), Emotional and physiological processes and positive intervention strategies (Vol. 3, pp. 91–134). Elsevier Science/JAI Press.

Li, C., Ding, Y., Wang, D., & Deng, C. (2025). The effect of nurses' perceived social support on job burnout: The mediating role of psychological detachment. Journal of Advanced Nursing, 81(10), 6380–6391. https://doi.org/10.1111/jan.16761

Lim, W. Y., Ong, J., Ong, S., et al. (2023). The Abbreviated Maslach Burnout Inventory and its application in emergency departments. J Clin Med.

Ma H, Qiao HF, Qu HT, et al. Role stress, social support and occupational burnout among physicians in China: a path analysis approach. Int Health. 2020;12(3):157-63. https://doi.org/10.1093/inthealth/ihz054

Maslach, C. Finding Solutions to the Problem of Burnout. Consult. Psychol. J. Pr. Res. 2017, 69, 143–152.

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. Journal of Organizational Behavior, 2(2), 99–113. https://doi.org/10.1002/job.4030020205

Maslach, C.; Jackson, S.E. The Measurement of Experienced Burnout. J. Organ. Behav. 1981, 2, 99–113.

Maslach, C.; Schaufeli, W.B.; Leiter, M.P. Job Burnout. Annu. Rev. Psychol. 2001, 52, 397–422.

Moisoglou, I., Katsiroumpa, A., Malliarou, M., Papathanasiou, I. V., Gallos, P., & Galanis, P. (2024). Social support and resilience are protective factors against COVID-19 pandemic burnout and job burnout among nurses in the post-COVID-19 era. Healthcare, 12(7), 710. https://doi.org/10.3390/healthcare12070710 De Hert, S. (2020). Burnout in healthcare workers: prevalence, impact and preventative strategies. Local and Regional Anesthesia, 13, 171–183. https://doi.org/10.2147/LRA.S240564

Nil, R., Jacobshagen, Schächinger, H., Baumann, P., Höck, P., Hüttenschwiler Ramseer, F., Sefit, Holbor, & Tischler. (2010). Bumout mung. Schweiz Arch Naruto Plychium, 161, 72-77.

Pines AM. Burnout: an existential perspective. In: Professional burnout: recent developments in theory and research. Boca Raton: CRC Press; 2018. p. 33-51. ISBN 978-0-20-374182-5.

Prins, D. J., Van Vendeloo, S. N., Brand, P. L. P., Van Der Velpen, I., De Jong, K., Van Den Heijkant, F., Van Der Heijden, F. M. M. A., & Prins, J. T. (2019). The relationship between burnout, personality traits, and medical specialty. A national study among Dutch residents. Medical Teacher, 41, 584–590.

Reis, H. I. S., Vale, C., Camacho, C., Estrela, C., & Dixe, M. D. A. (2018). Burnout among occupational therapists in Portugal: A study of specific factors. Occupational Therapy in Health Care, 32, 275–289.

Richardson, B., et al. (2022). Psychological implications of burnout on emergency workers. Journal of Occupational Mental Health.

Scanlan, J. N., & Hazelton, T. (2019). Relationships between job satisfaction, burnout, professional identity and meaningfulness of work activities for occupational therapists working in mental health. Australian Occupational Therapy Journal, 66, 581–590.

Schaufeli, W.B.; Taris, T.W. A (2014).Critical Review of the Job Demands-Resources Model: Implications for Improving Work and Health. In Bridging Occupational, Organizational and Public Health; Springer: Dordrecht, The Netherlands,; pp. 43–68. ISBN 978-94-007-5639-7.

Siegrist, J. (2016). "Effort-reward imbalance model" in Stress: Concepts, cognition, emotion, and behavior, ed. G. Fink. San Diego, CA: Elsevier Academic Press, 81–86

Szczerbińska, K., Barańska, I., Kijowska, V., et al. (2024). Factors associated with burnout among hospital-based healthcare workers during the COVID-19 pandemic. Journal of Clinical Nursing, 33(1), 304–321. https://doi.org/10.1111/jocn.16654

Taylor SE. Social support: a review. In: Friedman HS, editor. The Oxford Handbook of Health Psychology. Oxford: Oxford University Press; 2011. p. 189-214.

Terry, D. L., & Woo, M. J. (2020). Burnout, job satisfaction, and work–family conflict among rural medical providers. Psychology, Health & Medicine, 26, 196–203.

Ticu, C. Analiza climatului organizațional, în volumul Psihologie organizațional managerială. Tendințe actuale (coord. Avram E. şi Cooper C. L.), Editura Polirom, Iaşi, 2008, pp. 171–196.

Witte, H. D. (1999). Job insecurity and psychological well-being: Review of the literature and exploration of some unresolved issues. European Journal of Work and Organizational Psychology, 8(2), 155–177. https://doi.org/10.1080/135943299398302

Yang, Y., & Hayes, J. A. (2020). Causes and consequences of burnout among mental health professionals: a practice-oriented review of recent empirical literature. Psychotherapy, 57, 426–436. https://doi.org/10.1037/pst0000317