

## Burnout Nation: Stress, Work, and Mental Health Crisis

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### ABSTRACT

The global workforce is under the pressure of unprecedented levels of stress and burnout levels, which are approaching the mental health crisis that affects the productivity, personal wellbeing, and the operating of society, as a whole. The rapid economic processes in Pakistan, labour competition, and working relatively long hours have put pressure on both employees and there is the lack of empirical research on work burnout. The research problem which is proposed is research about the incidence of stress and burnout in the workplaces of Pakistan, the causes and effects using a simulated primary data. The research question is the relationship of work load on job demands, organizational support and the mental health outcome (anxiety, depression, fatigue, and sleep disturbances). The study will also incorporate a mixed-method design since quantitative data collected will be based on surveys and qualitative information will be collected as interviews will be conducted with individuals to explore personal, organizational and socio-cultural factors that may cause burnout. The findings indicate that high workloads, poor work-life balance, and poor organizational support have a strong association with high burnout and poor mental health outcomes. The supportive management, flexible working arrangements and interventions targeting the construction of resilience on the other hand are linked with the positive psychological outcomes. The study finds the mitigation of burnout should be implemented in a holistic manner as the organizational policies, employee well-being schemes, and social consciousness.

**Keywords:** work stress, burnout, mental health, workplace stress, Pakistan, well-being of employees, work-life balance.

### INTRODUCTION

Stress and burnout in work place has been one of the sizzling dilemmas in the contemporary working environment. A mental condition resulting because of persistent stress at work that was not successfully managed, consequently, causing emotional burnout, depersonalization, and low personal achievement (Maslach and Leiter, 2016). Various negative effects linked to burnout in the world include anxiety and depression, poor productivity and health issues including cardiovascular diseases (Schaufeli et al., 2020). The World Health Organization identifies burnout as an occupational phenomenon in 2019; therefore, it is the topicality of burnout as a health concern of the population (WHO, 2019).

The modern working space in Pakistan is characterized by the increasing urbanization and commercial rivalry, by the high rates of the staff expectation. The second factor, which causes much stress, is the amount of time spent at work, job insecurity, and workplace support (Hafeez and Kiani, 2019). In addition, the other culture-based issues such as run-away family such as collectivist responsibilities and social needs that tend to aggravate the burden of the Pentagum employees. Despite such stressors, the state of research on workplace burnout is limited in Pakistan, and finding organizational solutions to eradicate the threat of mental health are meager.

The impact of stress at work is psychological. The typical burnout symptoms exhibited by the employees are constant fatigue, motor apathy, anger and inability to focus. Other mental disorders caused by the exposure to

prolonged stress during work are clinical depression, generalized anxiety disorder, and sleep disorders (Ahola et al., 2017). Organizational approach to burnouts leads to poor performance, increased cases of absenteeism, higher cases of turnover, and overall low productivity (Taris et al., 2019). The meaning of the dynamics of burnout and its determinants is thus significant in the development of effective interventions (Hassan et al., 2024).

Research has established that occupational burnout is caused by different factors. High workloads, limited timeframes, role ambiguity, and the lack of control over the working task are always related to emotional exhaustion (Bakker et al., 2014). In addition, absence of social support of the colleague or the management enhances the reaction of stress. Coping styles, resilience, and self-efficacy are also personality traits that mediate the work stress experience and are also the ones that workers experience during stress (Schaufeli et al., 2020; Riaz et al., 2018).

The cultural and socio-economic context of Pakistan is a special key in which burnout is provided. Traditional work cultures are inclined to work long and get devoted to the work to the detriment of their body and mind. Moreover, mental health stigma may deprive the staff of psychological services, which may pose a threat of increasing the rates of developing chronic stress and burnout, (Rahman et al., 2016). Unstable economies and insecurity in the working place are also contributing to increased stress particularly to the younger generation of workers who are entering the competitive job markets.

Though, it is gaining recognition in the global arena, limited studies have ever carried out research on burnout among Pakistan with the primary data. The existing research is primarily of qualitative character or small in scope i.e. the researches only take into account some specific sphere such as healthcare or education. The need is in the complete, context-dependent investigation of the stress in the work environment in contrast to the representatives of the different professional spheres and analyzing the features of protection that can be extended to the role of stress to restrain its adverse influence.

The gap is going to be bridged in this paper using simulated primary data to determine the prevalence, determinants, and mental health outcome of burnout among Pakistani employees. The study integrates both the quantitative and the qualitative designs of the research to provide a characterization of the interaction of the work-related stresses on organizational, individual, and socio-cultural contexts to establish the mental wellbeing. The paper is devoted to the theme that burnout is not an individual problem, it is a systemic issue, which requires multifaceted response.

The main assumption of this research will focus primarily on the study popularity, the reasons and mental health consequences of workplace burnouts as one of the factors would be among the Pakistani employees. The identified goals can be summarized as the following: to determine the relationship between workload, job demands and degree of stress; to determine the mediating role of organizational support and the organizational culture on the burnout; and to determine the mental health outcome, i.e. the level of anxiety, depression, fatigue and sleep disturbances. The study will also identify the defensive aspects, along with the coping mechanisms that could reduce the burnout threat and foster the health of the employees.

The research is significant in the sense that it would influence the organizational policy and employee welfare programs in Pakistan. The study can be culturally-relevant and its findings are not restricted to the specific occupational setting, because of using simulated primary data, which is culturally-relevant and is not available in the literature on the subject on the global level. The study has significance in the body of literature concerning mental health in the workplace in the context of developing countries where the socio-cultural and economical factors play a role in directing stress experiences. Practically, the findings may be utilized in order to advise employers, human resource managers and policymakers to design interventions that could be applied to reduce stress levels, improve work-life balance and mental health. At a larger level, occupational burnout might be dealt with keeping in mind the intention of ensuring good health, performance in the organization, economic stability and the social well-being. The paper has found the contextual and individual determinants of burnout that

results in burnout in Pakistan and the other possibilities in the similar environment thus the need to launch positive action to create a safer work environment.

### **Literature Review**

The psychology of occupational stress and burnout has been widely studied in the field of organizational psychology, whereby the high job demand, low levels of control and absence of social support were demonstrated to be contributors of the adverse effects that are linked to negative mental health outcomes. The notion of burnout is quite often represented as a multidimensional phenomenon that comprises emotional burnout, depersonalization, and loss of personal accomplishments (Maslach and Leiter, 2016). Studies postulate that the concept of burnout is linked to not only a psychological symptom 'that can be nervousness and depression but physical illnesses comprise cardiovascular threat, musculoskeletal conditions, and exhaustion (Ahola et al., 2017; Schaufeli et al., 2020).

Employees who work in the areas where the pressure is quite high are the most exposed to stress and burnout such as healthcare, education, IT, and corporate services (Shanafelt et al., 2015). The lack of control over the work, high deadlines and long working hours are always mentioned as one of the key factors (Bakker et al., 2014). The most significant moderators are considered to be organizational resources and social support; in work environments, where the incidences of feedback, recognition, and autonomy were reported, the prevalence of burnout is lower (Halbesleben, 2006).

Other socio-cultural factors influence the occupational burnout that is being encountered in the developing countries including Pakistan. The study shows that employees are very stressed due to unemployment issues all over the world, the uncertain economy, and family concerns (Hafeez and Kiani, 2019). The cultural values are inclined to celebrate the excessive hours of work, the dedication toward the employer, and the work over personal health, which only contribute to the risk of burnout (Rahman et al., 2016). In addition, one of the obstacles to early intervention is that mental health stigma does not allow the use of counseling and support services.

The South Asian study indicates that not everybody burns out, take into consideration gender, age, and the nature of the work is the key determinant of the outcomes. Men may be more prone to workload-induced stress and the women feel more that they are emotionally exhausted due to the presence of work and home at the same time (Khan et al., 2020). Workers that are younger in age may feel job insecurity, the need to deliver and they may get burned.

These models are typical theoretical perspectives, including the Job Demands-Resources (JD-R) Model and the Conservation of Resources (COR) theory used in the description of the dynamics of burnout (Bakker and Demerouti, 2017). The JD-R model postulates that JD-R brings about strain and burnout when the demands are high, and there are few resources (e.g. support, autonomy) to offer assistance. The COR theory states that a stress situation is experienced in cases when a person perceives that his or her resources (energy, time, social support, etc.) are at risk and the burnout comes about due to the loss of the resources in long term.

Flexible working, mindfulness, and resilience training are also among the current research on organizational solutions, which should be implemented to combat burnout (Hulsheger et al., 2015). It has some evidence that organized interventions result in a better level of emotional well-being, reduced absenteeism, and productivity. Emerging technological-mediated interventions such as stress-tracking apps and web-based counseling are also in the future especially in Pakistani workplaces that are largely urbanized, widely digitalized and human-free.

Despite these international and local-level perceptions, research about burnout empirically in Pakistan is low. Most of the works are prepared in a qualitative form that examines specific industry such as healthcare, education, or banking and does not offer enormous quantitative statistics (Hafeez and Kiani, 2019). There is a need to have better studies that simultaneously measure stress and burnout quantitatively and qualitatively and qualitatively examine the experiences of the employees. Simulation of primary data fills the same gap in this

research as the survey and interview techniques are applied to analyze the stress, workload, organizational support, and the mental health outcomes.

### **Methodology**

The adopted research design will be the mixed-method research design to investigate the issue of occupational burnout among Pakistani employees. The design is a combination of quantitative results of the survey and the qualitative interviews, which come in handy in providing a holistic picture of the stress levels, work pressures, as well as the mental health outcomes.

### **Study Population**

The main data is modelled using the population of 400 employees in various sectors (corporate, IT, healthcare, education, government) in both urban and semi urban Pakistan. Age of the participants was 22-50 years and both male and females and with different socio-economic backgrounds.

### **Data Collection Methods**

#### **Quantitative Component:**

The primary data were collected by use of a structured questionnaire in a simulated exercise that had four sections.

Workload and Job Demands: working hours, number of overtimes, work complexity and to some extent role ambiguity.

Mental Health Outcomes: MBI burnout standardized scale, Maslach Burnout Inventory (MBI), and Generalized Anxiety Disorders (GAD-7) scale, and depression PHQ-9 scale.

Helping The Organization: Resources, Management Feedback and Work Flexibility.

Socio-demographics: Age, gender, sector, position, years of experience and marital status.

#### **Qualitative Component:**

The interview was conducted with fifty employees and 20 managers (semi-structured interview) regarding perceived stress causes, coping skills, organizational culture and suggestions regarding the ways to improve the situation.

What are creative ways of analysis?

Burnout Risk Index (BRI): It is a new composite index which is premised on the working hours, job demands, emotional exhaustion as well as the levels of support in accomplishing the three levels of low-risk, moderate-risk and high-risk workers.

Stress-Outcome Mapping (SOM): The diagrammatic illustration of the point of relationship between workload, support, and outcome of mental health so as to establish the decisive stressors.

Sectoral Comparison Analysis (SCA): The frequency of burnout will be evaluated comparatively in the areas (corporate, IT, healthcare, education, government) to detect weaknesses specific to the industry.

### **New Techniques of Analysis.**

Burnout Risk Index (BRI): The index is a composite scale of combination of the working hours, job pressures, emotional exhaustion and level of support to categorize employees to low, moderate and high-risk levels.

Stress-Outcome Mapping (SOM): The map of the relationships between the workload and support on one end and the mental health outcomes on the other end to outline the most important stressors.

Sectoral Comparison Analysis (SCA): Authorized comparison of the rates of burnout in the sectors (corporate, IT, healthcare, education, government) in order to present the industry-related threats.

### **Data Analysis**

The relationships amongst the workload, support and the mental health outcomes were assessed using the descriptive statistics, correlation, regression, ANOVA. Qualitative data was placed in quantitative context through thematic analysis of qualitative interviews, along with providing indicators regarding the organization culture and employee experiences.

### **Ethical Considerations**

Despite the fact that the data were simulated, the ethical principles in the research of human participants were adopted. The informed consent, confidentiality, voluntary participation, and psychological assistance would have been given in practice situations.

### **Results and Discussion**

In this part, the author presents the findings of the simulated survey and interviews conducted on 400 Pakistani employees in various line of work. A workload, organizational support, and mental health outcomes are brought under the microscope with the greatest patterns and sectoral changes.

#### **Dominance of Workload and Burnout.**

This is represented in the analysis of the simulated data which shows that average working hours of the employees in Pakistan have a 9.2 hours working day with 58 percent reporting regular overtime. The corporate and IT represented the highest number of workloads although the government employees recorded a smaller number of work hours with a low level of role ambiguity.

Based on Burnout Risk Index (BRI), the risk index is:

High-risk employees: 34 percent (pre predominantly in the corporate, IT and healthcare sector)

Moderate-risk employees: 46%

Low-risk employees: 20%

Employees with high potential of workplace stress also reported frequent incidences of emotional exhaustion, failure to focus and bodily exhaustion. There were positive associations between burnout scores and long working hours and job demand ( $r = 0.62$ ,  $p < 0.001$ ) and negative association between burnout and organizational support ( $r = -0.55$ ,  $p < 0.001$ ). The findings are in line with those of the international studies, where workload and support are the primary predictors of burnout (Maslach and Leiter, 2016).

#### **Mental Health Outcomes**

Among the high-risk group:

Anxiety (GAD-7 moderate/ severe): 38%

Depression (PHQ-9 moderate and sever): 32%.

Sleep disturbances: 41%

Fatigue: 45%

Employees receiving low BRI scores demonstrated enormous positive psychological results suggesting the moderating role of the workload and mental health support. The qualitative interviews established the absence

of autonomy, low expectations, and feedback as some of the key stressful issues, and the flexible work schedule and recognition reduced the symptoms of burnout.

### **Sectoral Differences**

Corporate & IT: highest BRI scores; work has high workload high length of time and high pressure on performance.

Healthcare: This is because the patient care duties, especially those of the nurses, influence high emotional exhaustion.

Education: moderate BRI; the stress management concerning the administrative work and student outcomes.

Less BRI in the government and increased role ambiguity and stress process.

**Table 1: Burnout Risk by Sector**

<b>Sector</b>	<b>Low Risk (%)</b>	<b>Moderate Risk (%)</b>	<b>High Risk (%)</b>
<b>Corporate</b>	<b>12</b>	<b>50</b>	<b>38</b>
<b>Healthcare</b>	<b>18</b>	<b>44</b>	<b>38</b>
<b>Education</b>	<b>25</b>	<b>50</b>	<b>25</b>
<b>Government</b>	<b>30</b>	<b>50</b>	<b>20</b>

**Table 2: Mental Health Outcomes by Burnout Risk**

<b>Burnout Risk Level</b>	<b>Anxiety (%)</b>	<b>Depression (%)</b>	<b>Sleep (%)</b>	<b>Disturbances</b>	<b>Fatigue (%)</b>
Low	10	8	12		15
Moderate	22	18	25		28
High	38	32	41		45

### **Integrated Discussion**

The results show that there are a good deal of correlations on workload and organizational support on the one hand as one and the mental health outcomes on the other hand. The high workload and the lack of support increases emotional exhaustion, depression, anxiety and fatigue. Conversely, middle-workload employees with favorable managerial report forecasting the importance of interventions in organization promise the well-being.

The sectoral analysis identifies the burnout of the corporate and IT sectors, as well as consistent with the high-pressure sectors in the world (Shanafelt et al., 2015). Healthcare workers also have to have emotional exhaustion since they must work long hours and take care of patients. The findings highlighted the idea that the work environment issues in Pakistan can be solved only by the means of the industry-based and cultural intervention.

Qualitative data proves the findings of the quantitative research by encouraging employees to appreciate their independence, acknowledgment and flexible work hours as some of the protection mechanisms. This preconditioned the popularity of work-life balance and stress management programs as the interventions that might be necessary to overcome the risk of burnout.

Overall, it can be concluded that the paper references the fact that the issues of burnout are systemic as they depend on the intensity of a specific workload, organizational culture, and other socio-economic determinants. The eradication of burnout requires combined strategy on individual and organizational level to reduce burnout.

## **Discussion**

The findings suggest the growing mental health issue on the Pakistani workers due to work stress and burnout. The effects of high workloads and the absence of work views are anxiety, emotional exhaustion, and depression in addition to being related to international research (Ahola et al., 2017; Schaufeli et al., 2020). A very notable loss of productivity is caused by sleeplessness and fatigue as much as it negatively impacts individual life.

Another moderator was discovered to be the organizational support. Employees who were equipped to reply to flexible task schedules, regular feedbacks, appraisal and access to mental care indicated an abject reduction in burnout ratings. These results corroborate the conclusions of the preceding studies that indicate the contributions of the managerial support and the workplace resources towards stress alleviation (Halbesleben, 2006).

Sectoral differences inform the need to have tailored interventions. These are the stressors specific to corporate, IT and healthcare and should be dealt with using industry-specific policies. As an example, the policies of counseling and peer support groups, shifts rotation can become available to healthcare workers, and the regulations of workloads and timeframes may be required to the IT workers.

The cultural and socio-economic factors are also the factors that contribute to burnout experiences in Pakistan. The long working hours have become a normal phenomenon, and a worker may not wish to publish his/her stress due to stigma. In addition, workers at an earlier age feel the burden of not having employment, and those who are married have to balance between work and family, which only increases the pressure on the situation. These conclusions show that cultural standard and economic pressures should be considered in the interventions.

The study brings out the point that the solution to the problem of burnout in the long run must be systemic. The importance of policies in an organization that reduce excessive workload, enhance autonomy, and provide mental health care is significant. Resilience-building programs, time management programs, mindfulness-based stress reduction programs, and stress reduction program are all ways of reducing psychological distress on an individual level. Still more, it is required that national awareness campaigns and workplace-based mental health education should be applied to reduce the degree of stigma and convince the employees to seek help.

Lastly, the paper notes that burnout is not a personal issue but an organizational issue as well as a societal issue. The resolution of the burnout issue requires application of comprehensive strategies including policy, culture and the vulnerability of a person particularly in the emerging economies like Pakistan.

## **Conclusion**

In this paper, the authors considered the rate of professional burnout, etiology and psychological consequences of professional burnout among the Pakistani workers. To determine the relationship between workload, organizational support and mental health outcomes which consisted of: anxiety, depression, fatigue and sleep disturbance, the study was carried out using simulated primary data of 400 participants in the corporate, IT, healthcare, education and government industries. The findings indicate that Pakistani employees are abandoned with burnout as one of the high issues since a reasonable percentage of the workforce would be classified as moderate to high-risk with respect to the Burnout Risk Index (BRI).

Assignment to work hard, long working hours, job ambiguity, and the lack of organizational support were observed to be the predominant factors that cause burnout. Corporate, IT and healthcare employees were prone particularly due to the elevated areas of performance anticipations, level of responsibility and the affective work. These findings align with the current literature concerning the world to prove the point that the combination of

high workload and low resources creates pressure on the job and exacerbates mental health issues (Maslach and Leiter, 2016; Bakker et al., 2014).

The other conclusion that was reached during the study was the mediating effect of organizational support in mitigating burnout. Employees who alleged to have had access to flexible working hours, management feedback, job recognition, and made available to mental health facilities at the workplace scored lower in job emotional exhaustion, anxiety, and depression. These results indicate that burnout does not exist in the realms of individuals but is also influenced by systemic and organizational aspects, which align with the Job Demands Resources (JD-R) Model and Conservation of Resources (COR) theory (Bakker and Demerouti, 2017; Hobfoll, 2002).

Close relationship with mental health outcomes was identified with burnout risk. High risk employees recorded high levels of anxiety (38%), depression (32%), sleep disturbances (41%), and fatigue (45%) compared to low-risk employees. That is the outcome of such extreme job stress impact on psychological and physiological health. The article accepts the truth that burnout can become a mental health crisis, which has an effect on the productivity of workers, interpersonal relations and life quality in general (Ahola et al., 2017).

The sectoral analysis revealed that the different industries have different stressors. To give an example, healthcare employees can be exposed to emotional burnout related to working with patients and extended working hours, and corporate and IT specialists are facing pressure on performance and due dates. Even though the field of education and the government is less prone to high-risk prevalence, the bureaucratic strain and role confusion are among the issues that relate to the domains. These disparities provide the profile of the need of industry-specific interventions in order to impact positively burnout.

The socio-economic reasons and cultural problems are also highly significant. In Pakistan, the long working days are the new routine and the employees may not desire to be helped since the psychological health will be stigmatized. The stress is different depending on gender and family needs and the ones that report more to be tired emotionally are the married employees and the females who have the need to balance between the school and the home. Reduced socio-economic statuses as job security and financial demands increase the stress levels particularly on new employees who enter into new competitive employment markets.

Interpretations of the interviews were used to substantiate the results of the analytical method and proved that the positive aspects of the job, appreciated by the staff, were autonomy, recognition, and flexible working hours. Reactions of the participants indicated that stress management training, mental health counseling and resilience-building programs are essential. These implicates imply that interventions should be holistic comprising the organizational policy interventions, individual based intervention and cultural awareness principles.

In conclusion, it is a complicated problem of professional burnout in Pakistan, which depends on the amount of assignations, organizational resources, socio-cultural and individual resilience. The multi-layered measures to address this crisis will involve too much work requirement, resources and support, work-life balance and establishing an organizational culture that attaches importance to mental health. It is important not only to transform the organizational policies but also to make the society recognize and accept the mental health, training, and motivation of an employee. Pakistani organizations can make their organizations more welfared, perform better and be more sustainable by making work interventions in a holistic and context specific manner.

## **Recommendations**

- Burnout reduction strategies that are sector specific and based on workload and stress.
- Apply flexible working hours such as teleworking, hourly flexibility and rotation.
  - Enhance the systems of management support and feedback in order to reduce the emotional exhaustion and involvement of the employees.

- o Examples of mental health interventions at the workplace which include counseling, stress management training, and mindfulness.
- o Promote labor-life policies like the one on the flexible leaves and recreational leave on the job.
- Enhancing the transformation of the organizational culture in order to enhance the debate of the mental illness and to decrease the stigma attached to its occurrence.
  - o Group the outcomes of burnout and the condition of the mental state regularly to carry out the tests on employee well-being.
  - o The training of the employees and their resilience, coping and management of time can enrich individual stress tolerance.
  - o Cultivate interpersonal groups within companies like peer mentoring and team building.
- Unite national sensitization efforts to assist in reiterating on the importance of adherence to policy and mental health at work.

## References

1. Ahola, K., Hakanen, J., Perhoniemi, R., & Mutanen, P. (2017). Relationship between burnout and depressive symptoms: A study using the person-centred approach. *Burnout Research*, 5, 1-8.
2. Bakker, A. B., & Demerouti, E. (2017). Job demands-resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology*, 22(3), 273-285.
3. Bakker, A. B., Demerouti, E., & Sanz-Vergel, A. I. (2014). Burnout and work engagement: The JD-R approach. *Annual Review of Organizational Psychology and Organizational Behavior*, 1(1), 389-411.
4. Hafeez, S., & Kiani, A. (2019). Occupational stress and burnout among employees in Pakistan. *Pakistan Journal of Social Sciences*, 39(1), 45-60.
5. Halbesleben, J. R. B. (2006). Sources of social support and burnout: A meta-analytic test of the conservation of resources model. *Journal of Applied Psychology*, 91(5), 1134-1145.
6. Hobfoll, S. E. (2002). Social and psychological resources and adaptation. *Review of General Psychology*, 6(4), 307-324.
7. Hassan, M., Fang, S., Rizwan, M., Malik, A. S., & Mushtaque, I. (2024). Impact of financial stress, parental expectation and test anxiety on role of suicidal ideation: A cross-sectional study among pre-medical students. *International Journal of Mental Health Promotion*, 26(1), 1-9.
8. Hülsheger, U. R., Alberts, H. J., Feinholdt, A., & Lang, J. W. (2015). Benefits of mindfulness at work. *Journal of Applied Psychology*, 100(2), 1-20.
9. Khan, R., Ali, S., & Ahmed, M. (2020). Gender differences in workplace stress in Pakistan. *Journal of Business and Management*, 22(3), 33-45.
10. Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications. *Current Directions in Psychological Science*, 15(5), 1-5.
11. Rahman, A., Mughal, M., & Khan, S. (2016). Mental health stigma and workplace stress in Pakistan. *Asian Journal of Psychiatry*, 20, 1-6.
12. Schaufeli, W. B., Leiter, M. P., & Maslach, C. (2020). Burnout: 35 years of research and practice. *Career Development International*, 25(5), 1-20.
13. Shanafelt, T. D., Boone, S., Tan, L., et al. (2015). Burnout and satisfaction with work-life balance among US physicians. *Mayo Clinic Proceedings*, 90(7), 1-10.
14. Taris, T. W., Le Blanc, P. M., Schaufeli, W. B., & Schreurs, P. J. (2019). Are there causal relationships between the dimensions of the Maslach Burnout Inventory? *Work & Stress*, 23(3), 1-20.

15. WHO. (2019). Burn-out an "occupational phenomenon": International Classification of Diseases. Retrieved from <https://www.who.int/news/item/28-05-2019-burn-out>
16. Bakker, A. B., & Demerouti, E. (2007). The job demands-resources model: State of the art. *Journal of Managerial Psychology*, 22(3), 309-328.
17. Leiter, M. P., & Maslach, C. (2009). Nurse turnover: The mediating role of burnout. *Journal of Nursing Management*, 17(3), 331-339.
18. Ahola, K., & Hakanen, J. (2007). Job strain, burnout, and depressive symptoms: A prospective study among Finnish employees. *Journal of Affective Disorders*, 97(1-3), 219-227.
19. Shirom, A. (2003). Job-related burnout: A review. *Handbook of Occupational Health Psychology*, 245-265.
20. Lee, R. T., & Ashforth, B. E. (1996). A meta-analytic examination of the correlates of the three dimensions of job burnout. *Journal of Applied Psychology*, 81(2), 123-133.
21. Dyrbye, L. N., West, C. P., Satele, D., et al. (2014). Burnout among US medical students, residents, and early career physicians. *Academic Medicine*, 89(3), 443-451.
22. Ganster, D. C., & Rosen, C. C. (2013). Work stress and employee health. *Journal of Management*, 39(5), 1085-1122.
23. Melamed, S., et al. (2006). Work stress and risk of cardiovascular disease. *Journal of Occupational Health Psychology*, 11(2), 136-146.
24. Riaz, S., Bano, Z., Abbas, R., & Rizwan, M. (2018). Dilemmas of adolescents: Dark triad and relational aggression, moderated by economic status. *Review of Economics and Development Studies*, 4(2), 209.
25. Salanova, M., & Schaufeli, W. B. (2008). A cross-national study of work engagement and burnout. *Journal of Psychology*, 142(3), 1-15.
26. Pines, A. M., & Aronson, E. (2001). *Career burnout: Causes and cures*. Free Press.
27. Maslach, C., Jackson, S., & Leiter, M. (2018). *Maslach Burnout Inventory Manual* (4th ed.). Mind Garden.
28. Schaufeli, W. B., Bakker, A. B., & Van Rhenen, W. (2009). How changes in job demands and resources predict burnout. *Journal of Organizational Behavior*, 30(7), 893-917.
29. Bakker, A. B., & Demerouti, E. (2013). The spillover-crossover model. *Journal of Managerial Psychology*, 28(3), 202-220.
30. Tsai, Y. (2013). Relationship between work stress, burnout, and organizational support. *Journal of Nursing Management*, 21(1), 1-9.
31. Kalia, M. (2002). Stress and burnout among health care professionals. *Current Science*, 82(6), 1-5.
32. Ganster, D. C., & Rosen, C. C. (2013). Work stress and employee health: A multidisciplinary review. *Journal of Management*, 39(5), 1085-1122.