

**Impact of Maladaptive Perfectionism on Perceived Burdensomeness: Role of Job Burnout and Rumination in Medical Professionals**

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**ABSTRACT**

*The research was conducted to investigate relationship of Maladaptive Perfectionism, Perceived Burdensomeness, Rumination and Job Burnout in Medical Professionals. It hypothesized that there will be positive relationship between Maladaptive Perfectionism, Perceived Burdensomeness, Job Burnout and Rumination, also Rumination and Job Burnout are likely to play a mediating role between the relationship of Maladaptive Perfectionism and Perceived Burdensomeness in medical professionals. The sample consists of 250 medical professionals from Lahore, Pakistan. The correlational research study and purposive sampling technique was used. In study Big Three Perfectionism Scale-Short Form (BTPS-SF-16), Interpersonal Needs Questionnaire-10 (INQ-10), Ruminative Responses Scale-Short Form (RRS-SF-10) and Maslach Burnout Inventory General Survey (MBI-GS 9) were used. Statistical analysis included descriptive analysis, psychometric properties of scales, Pearson Product Moment Correlation and Serial Mediation analysis using Statistical Package for Social Sciences version 27 (SPSS 27). The results revealed that MP is significantly positive correlated to PB, JB and Rumination. The Rumination and Job Burnout in serial mediation partially mediated the relationship of MP and perceived burdensomeness. The study is identifying the mechanisms for preventive measures and making intervention strategies for medical professionals in future.*

**Keywords:** *Job Burnout (JB), Maladaptive Perfectionism (MP), Medical Professionals, Perceived Burdensomeness (PB), Rumination*

**INTRODUCTION**

Medical professionals use the basic principles, rules and procedures adopted in evidence based medicine and caring for populations. Accordance with the needs of the populations medical professionals investigate, diagnose, manage and try to prevent injuries, any other physical or psychological problems and disorders of human. They try to cure disorders and serve for population to provide better health results. Medical professionals also keep updated to new knowledge and treatments, they also do researches to know about evidence-based factors and treatment of disorders. Medical health professionals are also supervise by senior medical professionals for better understanding of population, their disorders and treatment (WHO 2010; Gupta 2011).

**Perfectionism**

Perfectionism is described as a high ability for work and high level of motivation to achieve goal (Karamushka, & Grubi, 2016). Perfectionism is a personality trait related with striving to be perfect, do

work without any flaws and it also involves being negatively judgmental about imperfections (Flett & Hewitt, 2002). Perfectionism is a nature of personality which is classified by working for ideal and setting excessively high standards of performance co-occur with predisposition for excessively negative analysis of performed behavior (Stoeber et al., 2020).

### **Types of Perfectionism**

#### **Adaptive Perfectionism (AP)**

AP characterized by setting of high goals and personal standards and expecting for the reinforcer connected with accomplishment while keep hold of the ability to be satisfied with performance and result (Enns et al., 2002). "Adaptive perfectionism is also known as normal perfectionism which is normal, healthy and aimed at personal achievements and goals. Healthy perfectionists set a realistic goal and try to achieve real standards in activities and always feel satisfy and comfortable with these demands." The adaptive perfectionism positively associated with problem-focused coping (Robakowska et al., 2018).

#### **Maladaptive Perfectionism (MP)**

Maladaptive perfectionism is identifying by the setting of inflexible, unrealistic and unreachably high standards, the lack of ability to satisfy in performance, not reliable and always worry about it (Enns et al., 2002). The maladaptive perfectionism as a lack of ability to feel satisfy from the work and performance; non-flexible and non-naturalistic high expectations and standards, too much generalization of the highest expectations and standards, strong feeling of fear about failure, a high concentration on the ways to stay away from flaws and mistakes, a worry and stressful attitude to the objectives, the desire to obtain the goals for increasing its own values, a cognitive distortion thinking within the "all or nothing", a judgment about performance that it is compulsory to achieve perfection, fascinating uncertainty and tendencies (Karamushka, & Grubi, 2016).

#### **Type of Maladaptive Perfectionism**

**Rigid Perfectionism (RP).** RP is explained as desire for performance from self without any fault and mistake. It includes the features self-oriented perfectionism (SOP) and self-worth contingencies (SWC) (Smith et al., 2016). SOP reveals the significance laid on, as well as strong need for perfection (Hewitt & Flett, 1991).

**Self-Critical Perfectionism (SCP).** SCP is explained as review about imperfect or flawed performance and negative reaction towards imperfect activities and always desire for perfectionism. SCP is description of some review over mistakes, doubts about any activity performed, self-criticism, and socially described perfectionism (Blatt, et al., 1976; Frost et al., 1990; Hewitt & Flett, 1991).

**Narcissistic Perfectionism (NP).** NP is described as a concern to desire for perfection expect from others in a grandiose manner, overcritical, and privileged way (Smith et al., 2016). Narcissistic perfectionism has features of other-oriented perfectionism, unfeasible assumptions of perfection for other people (Hewitt & Flett, 1991), hypercriticism, entitlement (Nealis et al., 2015), and grandiosity (Flett et al., 2014; Stoeber et al., 2015).

#### **Perfectionism Cognition Theory (PCT)**

The PCT comes up with theory description of the cognitive procedure of perfectionism, by means of an attention on the justification of cognitive determination (Flett et al., 2016). The structure of

perfectionism cognition theory gives 3 main subject which are described as, first is that both self-oriented perfectionism and socially recommend perfectionism are associated with rumination and worry, second is that perfectionists are more suffer from inter-correlated version of cognitive determination and third is that rumination and anxiety are significant factors that partly responsible for easy target to emotional stress and physical disorders (Xie et al., 2019).

### **Perceived Burdensomeness**

Perceived burdensomeness is refers to the individual belief that it would be better if the individual was gone because one has become such a remarkable trouble for significant others. Perceived burdensomeness “comprises two dimensions of interpersonal functioning beliefs which are affectively overloaded cognitions of self-hatred and beliefs that the self is so problematic as to be a liability on others (Wilson et. al., 2017). Perceived burdensomeness is characterized by uncontrollable feelings of burdening on others, often considered a fake mental judgment that death is better than life and has been provided as an important risk factor for suicidal behavior because perceived burdensomeness is considered as a distorted cognition (Lieberman et. al., 2023).

### **Self-Determination Theory**

Self-Determination Theory which demonstrates the need for social competence is not met. The theory proposes that family conflicts, no employment, and functional difficulties and impairment (Conwell et al., 2010; Conwell et al., 2000) are correlated with suicidal thoughts across the life-time because of these components are likely to the cause of having perceptions of burdensomeness on others (Orden et. al., 2012)

### **Job Burnout (JB)**

Job Burnout is explained as a sustained reaction to determined psycho-social and work related tensions consisted of three sides which are fatigue, cynicism, and work productivity. Many years of researches show that JB is correlated with six fields of risk factors which are insufficient reinforcer or acknowledgment, weak professional cooperation, injustice in making professional decisions, work overload, lack of job control and disagreements between employees and institutional principles (Maslach & Leiter, 2016).

According to World Health Organization (WHO, 2019), 1 in 4 medical professionals have mental health issues globally and reveals that 50% of medical professionals involve in burnout. So many demographic factors such as age, gender, type of occupation, lack of career promotion opportunities, experience, working overtime, undesirable working conditions, management style, lack of social support, lack of success, and shift-work could be leading to experience burnout (Bazmi et. al., 2019).

### **Social Cognitive Theory (SCT)**

The SCT is identifying by providing a major duty to separate element which is self-efficacy, self-confidence and self-concept in the generation and establishment of JB (Pines, 2010). The burnout is triggered when the employee have confusion or doubts about own successfulness or the own group success when achieving a professional task or goal (Bandura, 2001; Cherniss, 1993).

### **Organizational Theory**

The organizational theory revealed that burnout is occur as a result of organizational and job stressors which combined with inappropriate coping strategies of a person. JB starts because of the existence of occupational distresses and risk factors which are burden of job and major capacity of doubtfulness and

some people show decrease in their organizational commitment because of inappropriate coping strategy, which is almost same to pessimism and disassociation from self. The disassociation from self will be the initial stage of JB, it will then pursued by a perceiving of less self-achievement and lastly emotional fatigue. The other approach is that the emotional fatigue because of facing occupation related distresses is the starting element of the burnout. Depersonalization is known as a coping strategy in the result of facing emotional fatigue and less one's own achievements (Cox & Leiter, 1993; Golembiewski et al., 1983).

### **Rumination**

Rumination is a proportionally fixed maladaptive coping strategy that contained of “focusing on the problems and the feasible factors and outcomes of those problems” and it is differentiated from problem solving by the lack of actions aimed at exchanging the circumstances or decreasing stress (Nolen-Hoeksema, 1991, 2004). Ruminating is a type of thinking pattern which is creating repetitive neural pathways and perpetually activating thinking that becomes deeply fixed in the brain of individual. Rumination can become an issue due to excessive negative self-talk which can affect mental health and behaviors of individual. Rumination can leads to uncontrollable worry about future, anticipatory anxiety about a trouble or threat, ruminate could be about past, future or present situations. However the fact is that rumination negatively affects the well-being of individual (Peterson, 2024).

### **The Response Styles Theory (RST)**

The RST was developed by S. Nolen- Hoeksema in 1991. This theory explained that how an individual responds to negative emotions. There are three different styles of response that people might involve in when participating in negative feelings, the ruminative response style (RSS), the distractive response style (DRS) and the problem-solving response style (PSRS). The RRS is about “behaviors and thinking that concentrate on individual's focus, individual's psychological problems and on the applications of the problems” (Nolen-Hoeksema, 1991). The ruminative responses are assumed to be extend and aggressive period of psychological disorders. Other than the RRS, the DRS is explained as a method of moving an individual's focus away from the condition of psychological disorders by involving in thinking and that type of actions which are neutral or interesting for individual (Nolen-Hoeksema & Morrow, 1993).

### **LITERATURE REVIEW**

According to some research theoretical literature which explained that impractical greater assumptions and criterion, blaming self, poor self respect, perception of insufficiency and not competent, successive inconsistency about self and personal ascription of self might tend to long for avoidance go with perceived burdensome or self harming behavior (Baumeister, 1990; Shneidman, 1993, 1998). A research study explained that a person's failure to meet assumptions might tend to emotions of worthlessness and believing self as a burden on others. The relationship of MD and PB with perception of worthlessness after failure to achieve goals predicts that PB is an underlying interpersonal mediator of the association between perfectionism and suicidal behavior (Joiner, 2005).

A study showed that rumination has played a mediating effect on association between maladaptive perfectionism and symptoms of depression. Findings of the study showed who scored greater on MP also reported greater level signs of depression with a response process of rumination (Harris et al., 2008). A cross-sectional study was conducted to evaluate that perfectionism is correlated to both rumination and external worry. The results revealed that perfectionists were more prone to involve in rumination and were as a consequence of more prone to face social anxiety (Abdollahi, 2019).

The study was conducted to analyze aspects of perfectionism, (self-oriented (SOP), other-oriented (OOP), socially prescribed perfectionism (SPP)) has positively and negatively influence on JB and occupational ineffectiveness through job obsession. The outcomes revealed that SOP and OOP were directly correlated with job obsession, and was also directly correlated with JB. The job obsession plays a mediating role in the association in SOP, OOP and JB. However the SOP had a bad direct influence on burnout, the MP demonstrates a direct influence on JB and occupational ineffectiveness (Falco et al., 2014). Some studies showed that burnout is common in medical professionals and has harmful effects on patient care and medical professional's health. This study investigated the relationship between demographics, perfectionism, personality traits, and burnout among practicing medical professionals. The result revealed that medical professionals (physicians) reported either high emotional exhaustion burnout or depersonalization burnout. It was also revealed that the high self-critical perfectionism anticipated both high emotional exhaustion burnout and depersonalization burnout (Martin et al., 2022).

Research was conducted to investigate association between MP, PB, JB and psychological problems in medical professionals in a private hospital. The outcomes of research were arranged in a manner which showed professions of participants, doctors versus nurses, with 2 type of analysis. The result revealed correlation in MP, PB, JB and psychological problems in medical professionals were directly and statistically correlated. The amount of distress perceived by nurses was higher associated with physiological problems and aggressive behavior, on other hand PB by physicians was poorly correlated with responsiveness and depressive signs (Craiovan, 2014).

According to studies Burnout influence negatively more physicians and dentistry professionals. The medical field is might make people with greater quality of perfectionism, that is correlated to psychological dysfunctions (depressed mood, worry, exhaustion), by increasing repetitive negative thinking (RNT). Perfectionism had important direct and indirect effects on Burnout, which mediated by Repetitive Negative Thinking and Psychological Distress (Costa, 2022).

Some studies indicate that maladaptive perfectionism creates a foundation for a continuous cycle of negative thinking and emotional distress. The inflexible and self-critical characteristics of this trait make individuals susceptible to rumination when they notice failures or shortcomings (O'Connor et al., 2007). Individuals with perfectionistic tendencies tend to dwell more on past experiences, with the content of their ruminations being largely self-critical, which heightens negative emotions (Flett & Hewitt, 2007; O'Connor et al., 2007). Perfectionism may contribute to the onset of burnout by heightening ruminative thinking and depressive symptoms/PB. This research sought to explore the connections between burnout, perfectionism, rumination, and depressive symptoms. The findings showed that perfectionism contributes to an increase in burnout by way of ruminative thoughts and heightened depressive symptoms/PB (Misir, & Yazar, 2025).

### **Rationale**

Medical Professionals experience high levels of stress, anxiety, and burnout due to job demands and clinical responsibilities so there is need to think about the mental health of medical professionals because this is an important profession. There is no chance of error in this field that why maladaptive perfectionism effect mental health of medical professionals and professionals. Perfectionism is demand of medical field. Maladaptive perfectionism is prevalent among medical professionals, leading to perceived burdensomeness.

When all maladaptive perfectionism not fulfill then it could leading to a brutal cycle of perpetuating self-doubt, job burnout, rumination and perceived burdensomeness. Clinical responsibilities, Patient care, night shifts, and high-pressure situations may be reasons of burnout. And the burnout leads to rumination and

perceived burdensomeness. By addressing job burnout in medical professionals, for promote their well-being and future career satisfaction. All these cognitive and behavioral mechanisms through targeted interventions can help break this cycle.

According to World Health Organization (WHO, 2019), Mental health issues affect 1 in 4 medical professionals globally and according to American Medical Association (AMA, 2020), 50% of medical professionals experience burnout. Limited international studies have investigated the association in maladaptive perfectionism, job burnout, rumination, and perceived burdensomeness in medical professionals, there is need to focus on mental health of medical professionals of Pakistan. The mediating role of job burnout and moderating effect of rumination on this relationship remain uninvestigated. To identifying the mechanisms underlying maladaptive perfectionism's impact on perceived burdensomeness and informing prevention and intervention strategies for medical professionals.

### **Objective**

- To investigate the relationship between maladaptive perfectionism and perceived burdensomeness in medical professionals.
- To investigate the relationship between maladaptive perfectionism and rumination.
- To investigate the relationship between maladaptive perfectionism and job burnout
- To investigate the relationship between Rumination and perceived burdensomeness
- To investigate the relationship between Job Burnout and perceived burdensomeness
- To investigate the relationship between Rumination and JB
- To investigate the mediating role of Rumination and Job burnout in between Maladaptive Perfectionism and Perceived Burdensomeness.

### **Hypothesis**

Following are hypothesis of the research study

**H1:** Maladaptive perfectionism will positively correlate to perceived burdensomeness

**H2:** Maladaptive perfectionism will positively correlate to Rumination

**H3:** Maladaptive perfectionism will positively correlate to Job burnout.

**H4:** Rumination will positively correlate to perceived burdensomeness.

**H5:** Job Burnout will positively correlate to perceived burdensomeness

**H6:** Rumination will positively correlate to JB

**H7:** Rumination and Job burnout will mediate the relationship between maladaptive perfectionism and perceived burdensomeness.

Hypothesized Model of Research

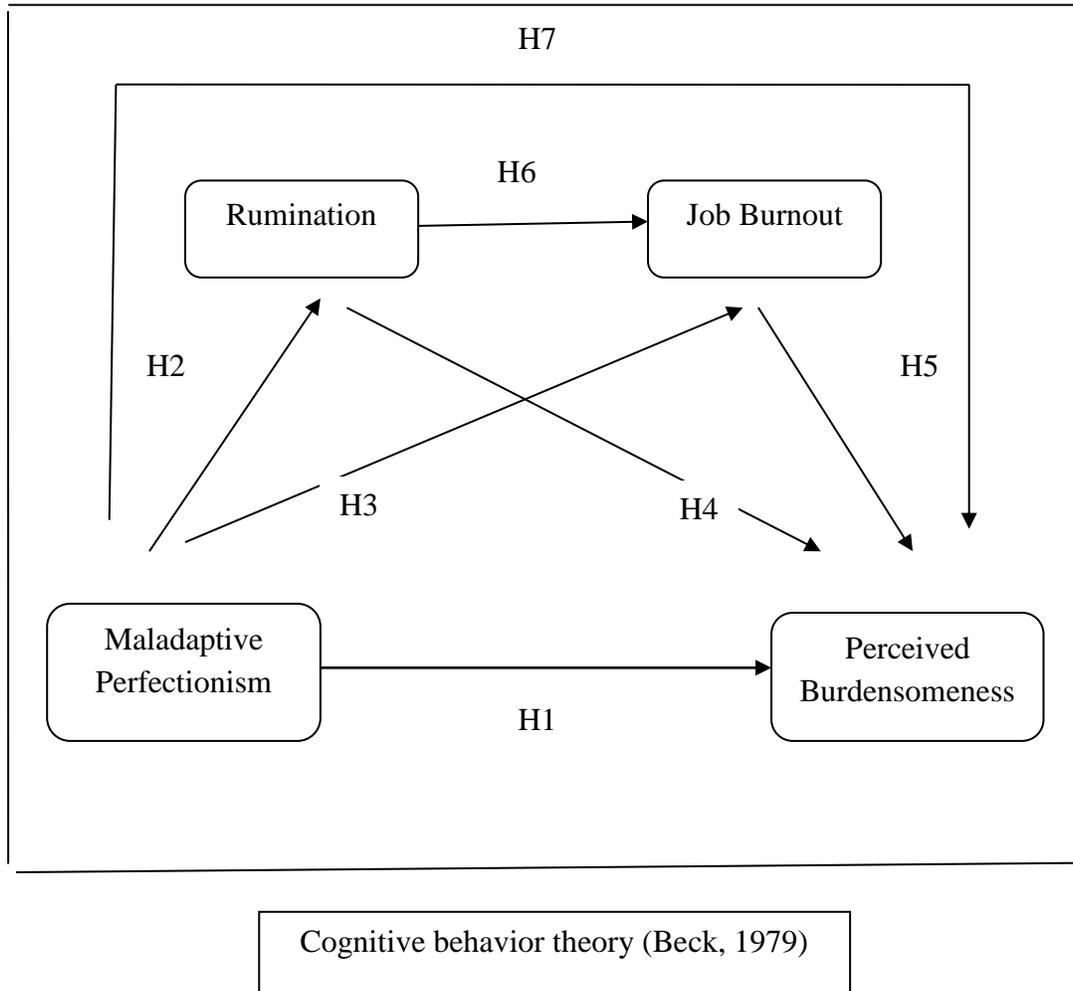


Figure 1: Hypothesized Model of Research

**METHOD**

**Research Design**

The Correlational Research Design with self administered questionnaires was used to explore the relationship between Maladaptive Perfectionism, Perceived Burdensomeness, Job Burnout and Rumination.

**Participants**

The sample size of the study was 250 medical professionals age range was 25-45 years. The sample size of the study contained 130 male and 120 female of working medical professionals of Lahore Pakistan. The Data was collected through Online Google forms and manual forms. The purposive sampling technique was used for research study.

**Inclusive Criteria**

For the current research study the medical professionals MBBS, Nurse, DPT, Nutrition, Dentist with age of 25-45 years were included which have at least 1 year working experience. Professionals who daily interacted with patients and working in professional settings.

**Exclusive Criteria**

Some people in medical professionals like psychiatrist and laboratory professionals, professionals with physical disabilities, professionals, Professionals who do not interact daily with patients, who have experienced traumatic events in the past 6 months and professionals who have previously participated in similar studies were excluded.

**Table 1**

Demographic details with Frequency and Percentage the study sample (N = 250)

Demographics	Frequency	Percentage
Age (in years)		
25-30	208	83.2%
31-35	34	13.6%
36-40	8	3.2%
Gender		
Male	130	52%
Female	120	48%
Marital Status		
Single	185	74%
Married	65	26%
Socioeconomic Status		
Lower Class	7	2.8%
Middle Class	222	88.8%
Upper Class	21	8.4%
Profession/Specialty		
MBBS	161	64.4%
Nurse	89	35.6%
Experience		
1-3 years	196	78.4%
4-6 years	39	15.6%
7-10 years	15	6%
Work Setting		
Public Hospital	199	79.6%
Private Hospital	30	12%
Clinic	21	8.4%
Monthly Income		
50k-70k	128	51.2%
71k-1 Lac	86	34.4%
1.1 Lac-1.5 Lac	30	14.4%
Working Hours per Week		
30-40 Hours	97	38.8%

41-50 Hours	72	28.8%
51-60 Hours	33	13.2%
61-70 Hours	18	7.2%
71-80 Hours	30	12%

## **Instruments**

### **Big Three Perfectionism Scale-Short Form (BTPS-SF-16)**

Big Three Perfectionism Scale- Short Form (Feher, et al., in 2019) is brief version of the 45 items self reported Big Three Perfectionism Scale-Short Form which measuring rigid, self-critical, and narcissistic perfectionism. The Big Three Perfectionism Scale-Short Form (BTPS-SF) has total 16 items with 1 to 5 Likert scale (1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree). The coefficient alpha value for BTPS-SF is ranging from 0.78 to 0.90.

### **Interpersonal Needs Questionnaire-10 (INQ-10)**

The Interpersonal Needs Questionnaire-10 is shorter version of the Interpersonal Needs Questionnaire-25 developed by Van Orden in 2009. INQ-10 is 10 items self-reported questionnaire used to assess perceived burdensomeness. Each item is rated on a 5-point Likert scale ranging from 1 to 5 (1 = Not at all true for me, 2 = Some-what not true for me, 3 = Neutral, 4 = Somewhat true for me, 5 = Very true for me). The higher scores represents perceived burdensomeness in individuals. The coefficient of Cronbach's alpha range is 0.91.

### **Maslach Burnout Inventory General Survey (MBI-GS 9)**

The MBI-GS 9 is a special version of the MBI Human Services Survey which is developed by Christina Maslach & Susan E. in 1981. The MBI Human Services Survey is made to measure that how individuals working in medical professional settings feel exhausted or burnt out. The MBI-GS 9 contains 9 items divided in three dimensions: Emotional Exhaustion (three items), Personal Accomplishment (three items), and Depersonalization (three items). The response scales are rated on a 5-point Likert scale ranging from 1 to 5 (1 = Never, 2 = Some Of The Times, 3 = Neutral, 4 = Oftently, 5 = Always). The higher scores indicate a higher level of burnout in individual. The coefficient of Cronbach's alpha range is 0.5 to 0.7.

### **Ruminative Response Scale-Short Form (RRS-SF-10)**

The Ruminative Response Scale-Short Form developed by Treynor and his colleagues in 2003. It contain of 10 items from the original version of 22 which was developed by Nolen-Hoeksema and Morrow in 1991. The items in RRS-SF scale was selecting by the highest item-total associations with the total score. The short version is highly associated to the original version of the scale ( $r = .90$ ) and has a high level of internal reliability Cronbach's  $\alpha = 0.85$ . Each item is scored on 4-point Likert scale ranging from 1 to 4 (1 = Almost never, 2 = Sometimes, 3 = Often and 4 = Almost always).

## **Procedure**

In the present research study the sample size of 250 medical professionals (i.e doctors, nurses) working in professional settings were approached. The researcher individually approached the participants in Lahore, Pakistan and purposive sampling was used for data collection with self reported questionnaires. In the current research study, Big Three Perfectionism Scale-Short Form (BTPS-SF-16), Interpersonal Needs

Questionnaire-10 (INQ-10), Maslach Burnout Inventory General Survey (MBI-GS 9) and Ruminative Responses Scale-Short Form (RRS-SF-10) were administered on the sample for data collection. All the participants were given detailed instructions about research and how to fill the questionnaires, the participants were ensure about confidentiality was insured and they were told that the information would be used for the research purpose only. Informed Consent was attached with the questionnaires and the participants had the right to withdraw at any time if they want. There was no time limit for the completion of questionnaires and participants completed all questionnaires on their ease. The data was used in order to meet the objectives and hypothesis of the present research study. The Statistical Package of Social Sciences (SPSS) was used to test the hypothesis. The data was statistical analyzed after collection with many higher statistical tests (correlation analysis and serial mediation) to test the hypothesis. Descriptive statistics were calculated including mean, standard deviation and internal consistency.

**Ethical Consideration**

The research idea was purposed to Institutional Review Board, after the approval the permissions were taken from the authors for using scales in research. The research was designed to minimize potential physical, emotional or psychological harm to participants. For data collection permission was taken from the head of concerned department of Hospital. The participants were fully informed about the research purpose, risks, benefits and all information about research was provided with written informed consent form. Participants were ensured that their participation in this research would be voluntary and they could withdraw at any time. The participant's personal information was kept confidential and anonymous to maintain privacy. Participants were ensured that their responses would only be used for research purpose only.

**Method**

**Table 2**

Pearson Product Moment Correlation, Inter-correlations for Maladaptive Perfectionism, Perceived Burdensomeness, Rumination and Job Burnout in Medical Professionals (N = 250)

Variables	MP	PB	R	JB
MP	-	.38**	.48**	.35**
PB	-	-	.52**	.42**
R	-	-	-	.51**
JB	-	-	-	-

Note. MP = Maladaptive Perfectionism, PB = Perceived Burdensomeness, R = Rumination, JB = Job Burnout, \*\*p<.01

**Table 3**

The Indirect Effect of Maladaptive Perfectionism on Perceived Burdensomeness through Rumination and Job Burnout

Paths	Effect	SE	95 % CL	
			Lower	Upper
MP → R → PB	.16	.03	.09	.24
MP → JB → PB	.02	.01	-.004	.06
MP → R → JB → PB	.03	.01	.01	.07

*Note.* MP = Maladaptive Perfectionism, PB = Perceived Burdensomeness, R = Rumination, JB = Job Burnout, \*\*\* $p < .001$ , N= 250

**Statistical Model of Mediation**

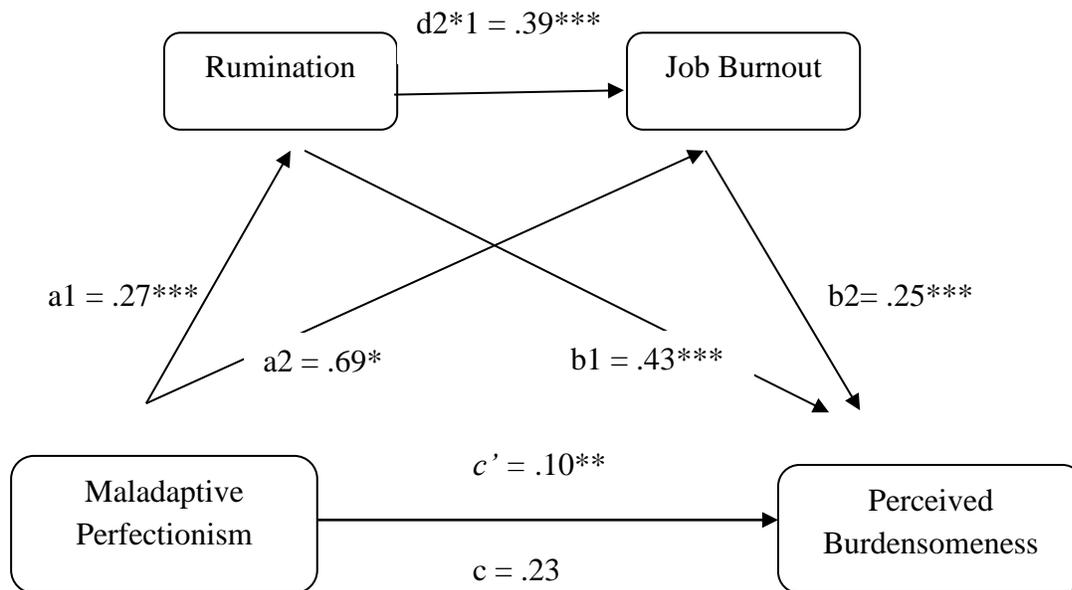


Figure 2: Statistical Model of Serial Mediation

**DISCUSSION**

The results of Pearson Product Movement Correlation analysis for medical professionals revealed a significant positive correlation in Maladaptive Perfectionism, Perceived Burdensomeness, Rumination and Job burnout showed in table 4.1. The results findings are supported by pervious researches which explained that impractical greater assumptions and criterion, blaming self, poor self respect, perception of insufficiency and not competent, successive inconsistency about self and personal ascription of self might tend to long for avoidance go with perceived burdensome or self harming behavior (Baumeister, 1990; Shneidman, 1993, 1998). The result of another study revealed that MP is positively correlated with thwarted belongingness and PB (Emily, 2022). The results findings are supported by pervious researches which revealed that rumination response style is a significant mechanism which play important role in association between maladaptive perfectionism and distress (O'Connor et al., 2007). The results findings are supported by pervious researches which shown that the perfectionistic concerns and MP revealed medium-to-large or medium positive association with total burnout and symptoms of burnout. By controlling the association between dimensions of perfectionism, “pure” perfectionistic strivings and MP showed markedly larger negative association with burnout (Hill & Curran, 2015).

The serial mediation analysis revealed that maladaptive perfectionism significantly influences perceived burdensomeness showed in table 4.2. This effect is not only direct but also primarily channeled through two mediating pathways. First, rumination was identified as a key mediator, suggesting that maladaptive perfectionism contributes to increased perceived burdensomeness by promoting repetitive, negative thought patterns. Second, a significant sequential mediation was established, where maladaptive perfectionism leads to rumination, which subsequently fuels job burnout, and ultimately results in higher levels of perceived

burdensomeness. The results of study supported with some studies which indicate that maladaptive perfectionism creates a foundation for a continuous cycle of negative thinking and emotional distress. The inflexible and self-critical characteristics of this trait make individuals susceptible to rumination when they notice failures or shortcomings (O'Connor et al., 2007). Many studies suggest that medical professionals are vulnerable to burnout. Perfectionism may contribute to the onset of burnout by heightening ruminative thinking and depressive symptoms/PB. This research sought to explore the connections between burnout, perfectionism, rumination, and depressive symptoms. The findings showed that perfectionism contributes to an increase in burnout by way of ruminative thoughts and heightened depressive symptoms/PB (Misir, & Yazar, 2025).

## **CONCLUSION**

It is concluded that the purpose of the research study was to investigate relationship of Maladaptive Perfectionism, Perceived Burdensomeness, Job Burnout and Rumination. Maladaptive perfectionism is prevalent among medical professionals, leading to perceived burdensomeness. The results revealed that MP is importantly positive correlated to PB, Job Burnout and Rumination which indicates that medical professionals who have high MP are more prone toward PB, Job Burnout and Rumination. The outcomes indicated that Rumination and Job burnout partially mediating the relation of MP and perceived burdensomeness.

## **LIMITATIONS**

It was very difficult to collect data from medical professionals because of their busy routine and permission issue in public hospitals

- The self-report questionnaire cause biasness because of short time
- There is lack of longitudinal studies to critically focus on medical professionals
- Limited and short versions of scales were used because of limited time given by medical professionals
- Lack of diversity to explore other professionals

## **Implications**

The study highlighted the experience and mental health of medical professionals. Clinical responsibilities, Patient care, night shifts, and high-pressure situations may be reasons of burnout. And the burnout leads to rumination and perceived burdensomeness. Maladaptive Perfectionism, Perceived Burdensomeness, Job Burnout and Rumination are uninvestigated in medical professionals of Pakistan so it is important to investigate for promote well-being and future career satisfaction of medical professionals. All these cognitive and behavioral mechanisms through targeted interventions can help break this cycle. To identifying the mechanisms underlying maladaptive perfectionism's impact on perceived burdensomeness and informing prevention and intervention strategies for medical professionals.

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