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Systematic Review

Burnout in the Workplace: A Systematic Review of Causes, Consequences, and Interventions

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ABSTRACT

Over centuries, now 'burnout' has emerged to be a critical challenge among contemporary workplaces, impacting both employee well-being and organizational effectiveness. Technological advancements have further elevated job demands and evolving work environments intensifying the urgent need for comprehensive research into this phenomenon. The purpose of this review is to analyze in-depth existing literature on burnout, focusing on its antecedents, consequences, and intervention strategies. The study identified key research gaps and future directions opportunities in burnout studies. A semi-systematic (narrative) review was integrated with qualitative research approach, examining peer-reviewed articles published between 2010 and 2025 sourced in top academic databases. Further, thematic analysis was catalyst in categorization and interpretation of unique 69 documents extracted after a systematic refinement process. The study identified four dominant themes – (a) antecedents of burnout; (b) consequences of burnout at both individual and organizational levels; (c) role of mediating and moderating variables; and (d) effectiveness of individual- and organizational-level interventions. The study findings highlight the multifaceted nature of burnout, importance of integrated approaches, and contributes to the existing literature offering managerial and practical insights for organizations to effectively design burnout prevention and intervention strategies.

Keywords*: burnout, Conservation of Resources (COR), employee well-being, inclusion climate, Job Demands-Resources (JD-R), organizational support, leadership support.*

INTRODUCTION

Extant literature defines '*burnout*' as a psychological syndrome mostly arising from chronic stress at workplace comprising interpersonal and emotional stressors, particularly impacting professions involving significant interpersonal interactions. '*Burnout*' is conceptualised as a multidimensional construct comprising three interrelated components: (a) emotional exhaustion – a core dimension denoting a state of psychological depletion wherein individuals feel overextended and drained of their emotional resources, and fatigued due to prolonged stress; (b) depersonalization – development of a sense of detachment from work, colleagues, and often impersonal cynical orientation toward recipients of one's services, such as clients or patients; and, (c) diminished/reduced personal accomplishment - a decline in perceived competence and effectiveness at work, accompanied by a diminished sense of achievement (Maslach, 2018; Maslach & Leiter, 2016). Factors linked to burnout include role stress, work overload, a mismatch between employee and organizational values, surveillance, injustice, change, and individual personality dispositions (Tracy, 2017). Burnout in contemporary workplaces has always been challenge, and professionals across departments and job categories need a multifaceted strategy that holistically integrate education, self-care, and organizational support. Self-care helps mitigate stress, enhance psychological well-being, and addresses emotional health. These require regular physiological activities, psychological mindfulness practices, and setting up lifestyle boundaries. Even active spirituality, cultural, and religion beliefs have been beneficial in mitigating burnout with a sense of community support and purpose (Zellmer, 2004; Farner & Anton, 2017). Another dimension includes positive empathy for lowering burnout and fostering positive interpersonal

interactions. Few critical factors include work and role ambiguity, emotional, and physical exhaustion (Maslach & Leiter, 2016; Sokal & Eblie Trudel, 2022; De Laet *et al.,* 2022). The Maslach Burnout Inventory (MBI) is an important theoretical foundation and tested tool for assessing burnout across professions, wherein burnout is characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (Schaufeli *et al.,* 2017). Burnout is related with employee performance, mental health, and turnover intentions for burnout negatively impacts task performance, as found in the studies involving police officers and skilled workers. Studies find emotional exhaustion, directly affects the ability to perform tasks effectively (Scanlan & Still, 2019). It also is closely linked with mental health issues, leading to mental health deterioration. Further, it impacts turnover intention, and professionals likely consider leaving their jobs (Gomes *et al.,* 2022; Papazoglou *et al.,* 2018).

Gaps in literature on burnout

An in-depth review of research on burnout highlights deeper study gaps in understanding and development of effective burnout-related interventions. Several areas still remain underexplored, specifically various professions and domains, geographical context, demographic groups, for example (a) teacher educators' burnout - limited evidence-based literature available and under-researched domain. Teacher educators, who are responsible for training future teachers, face unique challenges that contribute to stress and burnout, impacting their wellbeing (Turner & Garvis, 2023); (b) heterogeneous measurement tools - burnout is measured using diverse instruments, leading to inconsistencies in findings and limiting cross-population comparability (Chalghaf *et al.,* 2026; Renaud & Lacroix, 2023); (c) lack of longitudinal studies - most studies are cross-sectional, restricting the understanding of burnout's progression and long-term effects (Brunsting *et al.,* 2025); (d) limited randomized control trials (RCTs) - few high-quality RCTs exist to evaluate intervention effectiveness, particularly mindfulness-based interventions (Klein *et al.,* 2020); (e) understudied population groups - such as community pharmacists and social workers, lack sufficient research on burnout and wellbeing, with few interventions tailored to their unique work environments (Wash *et al.,* 2024); (f) inadequate intervention effectiveness leading to inconsistent results - while individual and organizational interventions show promise, their effectiveness varies widely, and multilevel approaches are not consistently implemented (Haase, 2020); (g) lack of focus on cognitive and physiological impacts - burnout's effects on cognitive functions like memory and attention is emerging but remains fragmented, with inconsistent findings (Renaud & Lacroix, 2023); (h) limited studies on organizational and cultural contexts - role of organizational culture, job demands, and support systems in shaping burnout outcomes is underexplored, particularly in public sector and healthcare settings (Ali *et al.,* 2024); and much more.

OBJECTIVE OF THE REVIEW

The core research objective of the study is (a) to recognize and synthesize key factors/determinants that contribute to burnout among various professions, (b) to study its effect on performance, wellbeing, and mitigation, and (c) highlight critical gaps in burnout literature; and (d) to propose actionable recommendations for future research. The review attempts to find answers to the following research questions:

Research questions

RQ1: What could be the key factors/determinants that contribute to burnout?
RQ2: What would be the likely consequences of burnout on performance and well-being?
RQ3: How can burnout be mitigated?
RQ4: What are the critical gaps in burnout literature?

The study has managerial implications on HR practitioners, policy-makers, and healthcare professionals engaged in human relations, physiological and psychological studies, and other organizational behaviour domains.

Theoretical Background

Traditional burnout models (Freudenberger, 1974; Maslach & Jackson, 1981) considered burnout as a progressive disengagement from “people work.” Contemporary theories related burnout to workplace phenomena including the Maslach Burnout Theory (Maslach, 2018) with the Maslach Burnout Inventory (Maslach & Jackson, 1981), the Conservation of Resources theory (Hobfoll, 1989), the Job Demands-Resources (JD-R) model (Demerouti *et al.*, 2001), and the Areas of Worklife theory (Leiter & Maslach, 2003).

Job Demands-Resources Model

The JD-R model mostly considers that burnout is an outcome of imbalance between job demands (e.g. emotional demands, workload), and job resources (e.g. social support, autonomy). Higher the demands more is the exhaustion, while lower or insufficient resources mostly contribute to disengagement (Kaski & Kinnunen, 2021). The JD-R framework helps understand the influence of job demands and resources on employee performance and well-being outcomes. JD-R theory posits that the job demands require mental, physical, and emotional efforts and are associated with certain costs (such as stress, fatigue, or burnout). Most common categories of job demand include workload, cognitive, emotional, physical, and role-related demands and if these are not balanced, then it would likely aggravate burnout and strain, whereas job resources like support, feedback, or autonomy would enhance motivation and

engagement (Bakker *et al.,* 2014). This model is known to be reliable across contexts and domains including healthcare, sales, and education, and explored the dynamics between job characteristics and employee outcomes. The JD-R framework is versatile, allowing for the integration of additional variables like leadership and organizational justice to further explain employee behaviour and performance. Key factors contributing to burnout within the JD-R framework include (a) job demands – excessive workload, emotional labour, role conflict, cognitive strain, digital fatigue, and work-family conflict (Vallasamy, 2025; Buscema *et al.,* 2025; Rosalie *et al.,* 2025; Hadjri *et al.,* 2025); (b) job resources – managerial support, work-life balance, social support, transformational leadership, autonomy, and relationships with coworkers (Buscema *et al.,* 2025; Rosalie *et al.,* 2025); and (c) personal resources – psychological well-being (Fick, 2018). Accordingly, key mechanisms that guide the model include – burnout pathway (Bakker *et al.,* 2004), engagement pathway (Albrecht, 2015), and buffering effects (Vander Elst *et al.,* 2016), all of which can be applied across various contexts, including healthcare, sports, education, etc. to predict outcomes (such as job satisfaction, turnover, performance).

Maslach Burnout Theory and Inventory

The Maslach Burnout Theory (Maslach, 2018), developed by Christina Maslach, is a comprehensive framework for understanding burnout as a psychological syndrome resulting from chronic workplace stress. The original inventory consisted 47 items, which later were refined into 22 unique items that grouped into three key dimensions for burnout – emotional exhaustion, depersonalization, and reduced personal accomplishment. These scales have been valid and reliably integrated in research across professions to assess burnout using the MBI as a common standardized tool for measurement (Maslach & Jackson, 1981).

METHODOLOGY

A qualitative (inductive) approach using a semi-systematic (narrative) review design was implemented to synthesise the extant literature on burnout. Such approach is ideal for integrating findings across heterogeneous bodies of research (theoretical frameworks and empirical investigations). It combined systematic search procedures and qualitative thematic interpretation.

Multiple electronic databases included PubMed, PsycINFO, Web of Science (Social Sciences Citation Index and Arts & Humanities Citation Index), and Scopus to ensure breadth and methodological rigor as it extensively covers peer-reviewed publications across interdisciplinary domains (e.g., psychology, organisational behaviour, and human resource management). The initial keyword search included primary search term TITLE-ABS-KEY (burnout) yielding a large corpus of 70323 documents. Refinement of the primary term further added one more keyword such as (TITLE-ABS-KEY (burnout) AND TITLE-ABS-KEY ("employee well-being")) extracting 608 documents. Next, combinational search strings using Boolean operators (AND, OR) were used to optimise search sensitivity and specificity (TITLE-ABS-KEY (burnout) AND TITLE-ABS-KEY ("job demands-resources") AND TITLE-ABS-KEY ("employee well-being")); which extracted unique **69** documents. A manual review of these 69 documents confirmed use of other crucial keywords/combinations such as “burnout AND interventions,” “burnout AND job stress,” “emotional exhaustion OR depersonalization,” hence were finalized for final review process. The study selection was also guided by predefined inclusion and exclusion criteria. The inclusion items ensured journal articles were peer-reviewed; publications timelines were 2010–2025; documents in English language; and theoretical contributions or empirical studies focusing on burnout themes only. The exclusion items helped discard non-peer-reviewed sources; studies lacking direct focus on burnout constructs; and duplicate/similar records identified across databases. To enhance the quality of the review process, another two-stage screening process was employed – (a) preliminary relevance of the study ensured by considering studies on burnout contained antecedents, consequences, and intervention outcomes; and, (b) full-text screening by three subject matter experts (Yoga expert, Health Sciences academician, English language expert) to enhance inter-rater reliability scores (>.70, closer to 3.5 benchmark using Likert Scale) for the review studies. All the 69 articles (refer Figure 1) were found to be useful for final inclusion, and subjected to thematic analysis. Thematic process involved iterative coding, categorisation, and abstraction to identify recurrent patterns and conceptual linkages within the literature. Certain emergent themes were systematically categorized, capturing key burnout dimensions (including antecedents, consequences, and intervention) strategies.

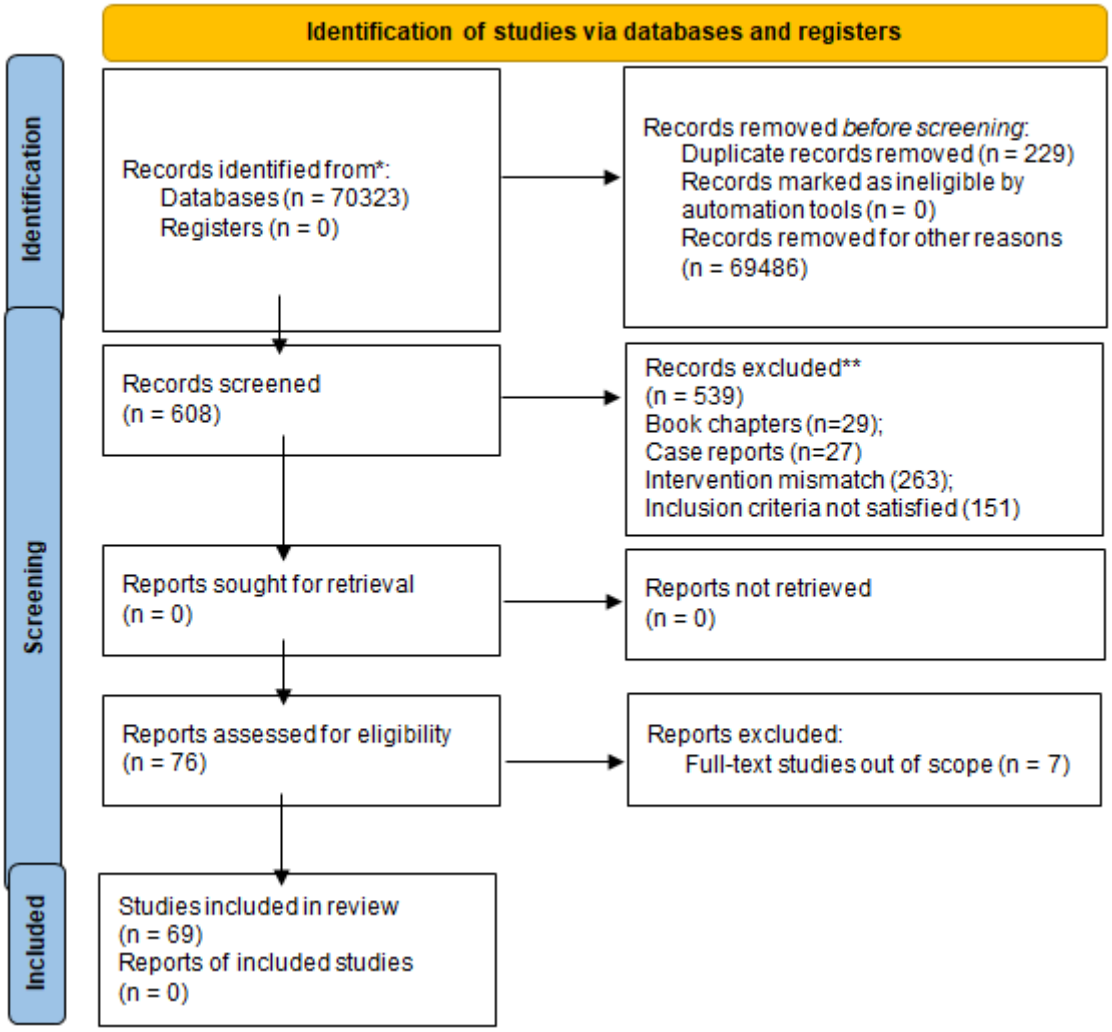

Figure 1. PRISMA Flow Diagram for Study Selection

Thematic Analysis

The extant literature on burnout spanned multiple study disciplines (e.g., organizational behaviour, HRM, psychology, etc.). Contemporary studies have integrated seminal works by Christina Malsach by examining burnout using the MBI and JD-R model, thus respecting the dynamism of interplay between job demands and resources. A detailed thematic analysis of the selected studies reveals four dominant strands: (i) antecedents of burnout, (ii) consequences of burnout, (iii) mediating and moderating mechanisms, and (iv) intervention strategies.

Antecedents of Burnout

The antecedents of burnout comprise several nested levels – individual (e.g., coping, demographics, personality), job (e.g., role stress, workload, support, autonomy, leadership, security, rewards), organizational (staffing, culture/climate, work life balance, policies), and contextual (profession-specific stressors, economic shocks, pandemic effects).

The ***individual-level*** factors include – (a) cognitive competence and big-five personality traits – with correlations for neuroticism (positive, r≈0.1–0.64), agreeableness (negative, r ≈ –0.12 to –0.35), conscientiousness (negative, r ≈ –0.12 to –0.36), extraversion (negative, r ≈ –0.03 to –0.33), and openness (negative, r ≈ –0.18 to –0.24) with high confidence levels associated with burnout (Angelini, 2023); (b) demographics – Review studies and meta-analysis find younger workers tend to report higher rates of burnout, with emotional exhaustion often diminishing with age. Gender and age have smaller effects with women show slightly higher exhaustion (Cohen's d ≈ +0.10), while men slightly higher cynicism (d ≈ –0.19) (Purvanova & Muros, 2010; Edú-Valsania *et al.,* 2022). The study also finds that in case of marriage/family factors, single individuals (especially men) often burnout more and working women with heavy home responsibilities may be at increased risk with small effects (typically d<0.2) (Purvanova & Muros, 2010; Edú-Valsania *et al.,* 2022); (c) coping and mental health – a history of psychological challenges can increase vulnerability to burnout (Yang & Hayes, 2020). Meta-analysis cohort studies (36 studies, N≈9,700) found coping style is crucial, where problem-focused coping is protective (active problem solving, planning) and inversely correlated with all burnout dimensions,

whereas emotion-focused coping and dysfunctional coping (avoidance/venting) positively correlated and increase burnout (Shin *et al.,* 2014). Some "good" emotion-coping (support-seeking, cognitive reappraisal, religious coping) even correlate with lower burnout, whereas maladaptive acceptance/passivity correlates with higher burnout. The effect sizes were for problem-focused (negative, r ≈ –0.2 to –0.4), and for avoidant coping (positive, r ≈ 0.2 to 0.4) (Shin *et al.,* 2014) (d) demoralization / overcommitment - excessive effort and neglecting personal needs are significant contributors to burnout, particularly in professions requiring high emotional labour (Szigeti *et al.,* 2023; Yang & Hayes, 2020). Excessive perfectionism or workaholism (over-commitment to work) correlate with high burnout, and low emotional intelligence or alexithymia (difficulty identifying feelings) predict worse coping with stress and higher burnout (Edú-Valsania *et al.,* 2022); (e) social/lifestyle – few cross-sectional studies found non-work stressors (family conflict, life events) and poor health habits (sleep deprivation, poor work–life balance, shift/night work disrupts balance) can indirectly contribute by reducing resilience to work stress (Edú-Valsania *et al.,* 2022).

The ***job-level*** factors are influenced by the amount and intensity of work, including quantitative load (hours, task volume) and qualitative demands (complexity, emotional labour). These include - (a) workload and role stress - high workloads, role overload, role conflict, and role ambiguity is consistently identified as major antecedents of burnout across professions, including healthcare, education, and sales (Siyum, 2023; Shih *et al.,* 2013), where conflicting work demands (role conflict) or lack of clarity about job responsibilities (role ambiguity) create chronic strain (correlations often positive, r≈0.30–0.40); (b) job demands and control where there is degree of freedom and discretion in one's job - low job control, high demands, and insufficient autonomy exacerbate burnout, particularly emotional exhaustion (Lee *et al.,* 2011; Aronsson *et al.,* 2017), where low autonomy refers to micromanaged or rigidly controlled work environment. Also, the conservation-of-resources theory suggests control is a resource and any lack makes demands more harmful; (c) workplace violence and emotional demands - especially prominent in high-stress environments like emergency departments and healthcare setting (Agyei *et al.,* 2026; Yang *et al.,* 2025). Meta-analysis indicated lack of control significantly correlated with burnout, specifically with de-personalization and inefficacy (negative, r ≈ –0.20 to –0.30) (Park *et al.,* 2014); (d) irregular working hours - sectors like hospitality, irregular hours contribute to job stress and burnout (Basheer & Geethanjali, 2026); (e) social support (in the form of help, feedback, and practical/emotional support from supervisors and colleagues) - poor social support combines with high demands to raise exhaustion, and low coworker/supervisor support predicts higher burnout with moderate correlations (negative, r≈–0.20 to –0.30) found in JD-R and job demand–control–support meta-studies (Bakker *et al.,* 2005); (f) leadership and management characterized in the quality of supervision and leadership style (fairness, feedback, fairness, appreciation) where bad management (e.g. authoritarian, unfair, unsupportive leadership) is repeatedly cited as a cause of burnout for instance, perceived injustice or inadequate supervision correlates with exhaustion and cynicism, while transformational leadership and managerial support reduce burnout (Edú-Valsania *et al.,* 2022); (g) job insecurity - with fear of job loss or unstable employment (especially during economic downturns, pandemic), few cross-sectional surveys found small to moderate effect size (positive, r≈+0.1 to +0.3). Meta-analytic evidence found in various research highlight high effect sizes for core job demands and lack of resources (Lee & Ashforth, 1996; Alarcon, 2011), and workload as one of the largest correlates of burnout, especially exhaustion in comparison to any other factor, with effect size typically moderate to large (positive, r≈0.30- 0.50) for exhaustion in several longitudinal study samples (Lee & Ashforth, 1996); and, (h) rewards and recognition (such as adequacy of salary, promotion opportunities, and social recognition) – few organizational surveys found that perceived unfair pay or lack of appreciation, especially imbalances in effort–reward (low reward for high effort) correlates with burnout with likely moderate effect sizes (r≈–0.2) (Edú-Valsania *et al.,* 2022).

The ***organizational-level*** factors are influenced by lack of support and recognition, workplace justice, cultural diversity, climate, and environmental stressors, staffing levels. (a) lack of support and recognition - insufficient social and organizational support, low rewards, and poor supervisory relationships are critical antecedents (Edú-Valsania *et al.,* 2022); (b) overall workplace culture, climate, values, and environment (e.g. teamwork, innovation, supportiveness) - toxic or unsupportive culture (e.g. high injustice, bullying, or norm of overwork) amplifies burnout risk, while positive culture (ethical leadership, open communication) is protective. Field surveys and limited meta-analysis show strong associations between culture quality and burnout levels (Edú-Valsania *et al.,* 2022); (c) staffing levels (sufficiency of personnel to meet work demands) - chronic understaffing means extra work per person and less support, hence low staffing leads to exhaustion and turnover. Several occupational studies (especially nursing, healthcare) found presumably moderate effect sizes for exhaustion doubling under severe understaffing conditions (Khatatbeh *et al.,* 2022; Bakker *et al.,* 2005); (d) organizational policies affecting stress (e.g. work hours, shift schedules, leave policies, EAP programs) – unfavourable policies (mandatory overtime, inflexible scheduling, little leave) worsen burnout (example, shift/night work and excessive overtime consistently predict higher exhaustion), conversely flexible policies reduce strain (Li *et al.,* 2022); (e) work-life balance (poor work–life integration i.e. interaction of heavy work/family time claims with lack of flexibility has been shown to elevate burnout) (Li *et al.,* 2022).

The ***contextual*** factors include telehealth and technology challenges, economic conditions, pandemic/epidemic situations, and certain sector-specific stressors – (a) telehealth/technological contexts - unique stressors such as technological challenges and isolation contribute to burnout (Biron *et al.,* 2026); (b) economic conditions -

macroeconomic stressors (recession, inflation) that heighten job stress (e.g., financial crisis, job losses and pay cuts can trigger burnout even in employed workers). Specific job security studies found economy-induced insecurity fuels burnout; (c) pandemic/epidemic situations - COVID19 pandemic dramatically elevated burnout risk, especially in healthcare and frontline work with markedly higher exhaustion and cynicism in pandemic waves, while telework/lockdowns also disrupted work–life balance (Spaan *et al.,* 2024; Edú-Valsania *et al.,* 2022); (d) sector/profession-specific stressors - certain emergency departments, maritime work, and psychotherapy involve unique stressors like acute patient conditions, isolation, and countertransference reactions, respectively. Constant exposure to suffering and emotional labour increase burnout (Spaan *et al.,* 2024; Yang & Hayes, 2020; Yang *et al.,* 2025; Peña & Bretones, 2025).

Consequences of Burnout

Burnout—a syndrome of chronic workplace stress—has wide-ranging impacts on individuals and organizations. It is linked to numerous health outcomes (mental and physical), behavioural changes, and occupational/organizational effects, with significant economic implications. The consequences for burnout can be compared through prominent domains, such as health outcomes (physical, psychological/mental), behavioural, occupational, organizational, and economic.

The ***health*** factors could include both mental disorders (e.g., depression, anxiety, PTSD, substance abuse, suicidality), and physical illnesses (e.g., cardiovascular disease, immune dysfunction, sleep disorders). Meta-analyses and large studies show strong correlations of burnout with depression (positive, $r \approx +0.40$), anxiety (positive, $r \approx \approx +0.30–0.40$), and suicidality (positive, OR ~1.5–3 in physicians) (Chen & Meier, 2021; Ryan *et al.,* 2023). It also modestly increases risk of cardiovascular disease (adjusted OR≈1.21) (John *et al.,* 2024) and, in one cohort, predicted ~35% higher 10-year mortality (Ahola *et al.,* 2010), thus affecting physical health. The psychological outcomes overlap (well-being, life satisfaction). Burnout is linked to unhealthy behaviours (sedentary lifestyle, substance use) and psychosomatic symptoms (pain, headaches).

The ***behavioural*** outcomes involve health behaviours (poor sleep, substance use). Higher incidence of insomnia (sleeplessness) with correlations (positive, $r \approx +0.30$) found among nurses for sleep related problems. However, weak/variable association was observed for substance use (Ryan *et al.,* 2024). Burned-out workers displayed irregular work behaviors (absenteeism, presenteeism, errors) and tend to take many more sick days (50–65 extra days) and have higher disability leave rates (Ahola *et al.,* 2010) as found in a Finnish cohort study.

The ***organizational*** outcomes encompass safety and quality of services (e.g. patient safety, errors, productivity) and team/workforce effects. Economic consequences cover costs (lost productivity, healthcare expenditures, replacement costs, disability payouts). Each is measured in different ways (self-report scales vs objective records) and studied in cross-sectional or longitudinal designs. In organizations, burnout drives poor performance: physicians with burnout have ~2× odds of safety incidents and poor patient care and nurses' burnout correlate with worse safety climate (SMD≈–0.68) and lower patient satisfaction (SMD≈–0.51) (Li *et al.,* 2024). Burnout strongly lowers job satisfaction (r≈–0.56) and raises turnover intent (r≈+0.48) (Wen *et al.,* 2025), and greatly increases actual turnover with correlation (HR ~1.5–2.0) in some cohorts (burnout → leaving), and replacement costs. Occupational consequences include reduced job performance (productivity, quality of work) (moderate negative, r≈–0.20 to –0.30), job satisfaction, and increased turnover intentions and actual turnover. This relationship is likely bidirectional - stress reduces satisfaction, while dissatisfaction can worsen burnout. Burned-out employees often come to work feeling worn out and function poorly. They report lower engagement and willingness to help others. This "presenteeism" (being at work but underproductive) is harder to quantify but represents a hidden cost of burnout. Generally, organizations with high burnout suffer reduced overall productivity, poorer customer satisfaction, and in knowledge work, lower creativity and innovation. High burnout levels can undermine workplace culture (engagement, teamwork) and organizational climate. While harder to measure externally, surveys indicate organizations with more burned-out staff have worse teamwork scores, lower trust in leadership, and higher conflict incidence. These findings persist across countries and professions (Li *et al.,* 2024).

MEDIATORS AND MODERATORS

Moderators – Burnout has several moderating factors which are antecedents that contribute to it. As per the classic JD-R interaction, social support and job resources have buffering effects on demand (Bakker *et al.,* 2005). Feedback or superior autonomy can mitigate impacts of heavy workload, and personal resources (e.g., self-efficacy and resilience) attenuate stress–burnout linkages. While coping strategies moderate the path, for example workload → strain → burnout, wherein poor coping exacerbates the effect. Few evidence claim that engagement or recovery (detachment) could moderate the relationship between work stressors and burnout, and individual factors like high resilience or supportive coping can dilute burnout → depression linkage. Another factor such as personality (high neuroticism) often tends to aggravate burnout consequences, while high conscientiousness or optimism could buffer them. Here, social support and work controls moderate the relationship with outcomes – for example, Doctors in supportive hospital ecosystems could have lesser decline in care in-spite of burnout conditions. In a meta study, it was found that gender/culture could subtly affect physician burnout and also impacted safety similarly in various countries (Li *et al.,* 2024).

Mediators – Several studies find mixed results suggesting an overall complex network, where job demands increase strain, often leading to exhaustion, and yielding cynicism; while resources and coping strategies altered the trajectory (Edú-Valsania *et al.,* 2022; Shin *et al.,* 2014). Job satisfaction often mediated relationships between turnover and burnout (Wen *et al.,* 2025), such that burnout → low satisfaction → leaving (turnover). Engagement is found to often mediate performances, as burnout reduces engagement, lowering productivity. Physical health factors as mediators (e.g. stress hormones, sleep disruption) explain burnout leading to illnesses.

Interventions to Reduce Burnout

Burnout is mostly a response to continuous and prolonged workplace stress. It requires different mitigation strategies targeting both individual factors (e.g., enhancing personal resilience, and coping mechanisms) and organizational factors (addressing systemic workplace concerns that contribute to burnout).

Most of ***individual-level*** interventions have focus on mindfulness-based interventions (MBI). These consider (a) relaxation and mindfulness-based interventions - yoga, brahmari breathing practices, and progressive muscle relaxation, which have moderate to significant effects in lowering burnout and improving quality of life (well-being), especially among healthcare professionals (Varela-Agra *et al.,* 2025); (b) Cognitive Behavioral Therapy (CBT) – these are interpersonal therapies effective for mitigation of burnout-related symptoms, found in specific occupational groups (Moore & Frimberger, 2009); (c) Acceptance and Commitment Therapy (ACT) – these interventions have significantly be productive in burnout reduction among various professional groups (Towey-Swift *et al.,* 2023); and, (d) professional coaching – effective particularly among physicians, health-care professionals, for controlling emotional exhaustion and depersonalization, when interventions instituted for four weeks or more (Collett *et al.,* 2026).

The ***organizational-level*** interventions focus on – (a) workload management - interventions that reduce workload, improve scheduling, and provide adequate resources have been effective in reducing burnout among primary care providers and emergency physicians (Ji *et al.,* 2025); (b) supportive work environments - enhancing collegial relationships, fostering team dynamics, and promoting workplace safety are critical for mitigating burnout (Arnal-Bernardino, 2025); (c) job control and decision-making - empowering employees through greater job control and involvement in decision-making has been linked to reduced burnout (Pijpker *et al.,* 2020).

DISCUSSION

Burnout is best understood as a work-specific syndrome of chronic stress characterized by exhaustion, cynicism, and reduced efficacy (WHO, 2024). Dominant models (Maslach's social-psychological model, the Job Demands–Resources model, and Conservation-of-Resources theory) all emphasize the mismatch between job demands and resources (Edú-Valsania *et al.,* 2022). In our analysis, we note that measurement remains a challenge - the Maslach Burnout Inventory (MBI) is widely used (with a validated three-factor structure) (Lee & Ashforth, 1996) but lacks universal cutoffs (Leiter & Maslach, 2016), and alternatives like the OLBI and CBI have different dimensional emphases. However, these studies relied mostly on self-reported datasets, raising common-method bias concerns. These nuances are addressed by treating burnout scores as continuous scale factors, and focusing more on derived patterns (e.g. exhaustion). Across burnout studies, a majority of these have found key antecedents to be high work demands and low resources. Among these, role conflict, workload overload, and emotional labour have predicted higher burnout rates, compared to supervisory support, autonomy, and fairness providing protection against these (Edú-Valsania *et al.,* 2022). Individual factors/traits like neuroticism and external locus of control seem to intensify burnout, while extraversion, conscientiousness, and problem-focused coping conditions reduce burnout (Angelini, 2023; Purvanova & Muros, 2010). All these study findings strongly align with JD-R (demands→exhaustion; resources→buffer) and COR (resource loss induces strain) frameworks (Edú-Valsania *et al.,* 2022).

They hold across professions (healthcare, education, etc.) and cultures, with only minor variations (e.g. small gender differences) (Purvanova & Muros, 2010). Consequences of burnout are substantial. We find large associations with poor mental health (e.g. burnout–depression $r \approx 0.4$) (Chen & Meier, 2021) and with physical health risks. For instance, a meta-analysis reports burnout raises cardiovascular disease risk (adjusted $OR \approx 1.21$) (John *et al.,* 2024). Burned-out workers have markedly higher absenteeism and turnover: one study found ~50–65 extra sick days per person (Ahola *et al.,* 2010). Organizationally, burnout undermines safety: burned-out physicians had ~2× the odds of patient safety incidents, and burned-out nurses report much poorer safety climate and patient satisfaction (Li *et al.*, 2024). Importantly, interventions can reduce burnout. We highlight that intensive individual programs are effective: meta-analyses show mindfulness programs (e.g. 8-week MBSR) yield very large reductions (pooled $SMD \approx -1.4$ in nurses) (Dou *et al.,* 2025), and professional coaching produces moderate gains (exhaustion $SMD \approx -0.37$ in physicians) (Collett *et al.,* 2026). CBT and stress-management training also yield moderate effects (typically $SMD \approx -0.3$ to -0.5). Organizational interventions (workload redesign, staffing increases) show smaller but significant effects (overall $d \approx -0.30$), while combined multi-level programs perform best (pooled $d \approx -0.54$) (Bes *et al.,* 2023). Major debates remain. The overlap between burnout and depression is striking (large correlations), raising questions about conceptual distinctiveness (Chen & Meier, 2021). Though burnout is defined as work-specific exhaustion, our review finds that it frequently co-occurs with general mood

disorders. Causality is another cause to debate as most evidence is found to be observational, and reverse causation (poor health or personal stressors driving reported burnout) cannot be underestimated. Moderators like social support and autonomy consistently appear in studies – e.g. supportive supervisors can buffer stress – and baseline burnout parameters often predict intervention responsiveness. Findings also suggest employers across professions or domains must tackle both individual coping and systemic changes such that mindfulness/CBT resources are provided and jobs suitably reformed. Burnout assessments may need to be standardized across studies, and outcomes should include objective measures (e.g. sick-leave records, turnover, etc.). The findings from this study have theoretical implications, where contextually burnout literature is dominated by – healthcare, corporate domains, and mostly Western samples. Past studies are underrepresented in contextual studies associated with higher education, Indian context, digital PMS, or workforce diversity practices. In terms of mechanism-based contribution, numerous burnout studies examine direct effects of job demands on burnout, while a stronger contribution would be to test mediators (e.g., perceived fairness, inclusion climate, autonomy), and moderators (e.g., leadership support, psychological capital) which can advance burnout research toward causal mechanism modelling. Rather than treating burnout as "too much work," resource-based reframing is desired to find how burnout results from resources imbalance, perceived injustice, psychological safety deficits, or digital overload. Such an approach shifts burnout from workload-only explanations to resource ecology explanations. Future studies must include cluster-randomized trials of organizational interventions to understand causality, achieve consensus on burnout measurements, and conduct longitudinal studies with objective outcomes.

CONCLUSION

Burnout, traditionally conceptualized via the three-dimensional model (emotional exhaustion, depersonalization/cynicism, reduced personal accomplishment), can be theoretically enriched by – (a) positioning burnout as a dynamic resource-depletion process; (b) viewing burnout as a system-level phenomenon (not only individual-level); and, (c) integrating psychological and structural predictors (e.g., diversity climate, digital workload, leadership style). Possible extensions to the JD-R framework could be to introduce digital overload, algorithmic monitoring, emotional labour, diversity management tensions, all of which are more relevant to modern-day Industry 4.0 or Education 4.0 contexts. Resources could be classified as structural (HR systems, policies), social (inclusion, leadership), and personal (mindfulness, resilience) thus adding granularity to the JD-R model.

The theory can be translated into actionable insights as practical implications on HR policy (workload structuring, inclusive work policies, digital performance governance, burnout monitoring systems), leadership strategies (resource-enabling leadership, psychological safety climate, transformational and inclusive leadership), employee well-being programs (preventive through work design, secondary through mindfulness and resilience, and tertiary level (counselling support, peer support networks). Future research could pursue integrated conceptual frameworks with JD-R (e.g., emotional exhaustion, job dissatisfaction, or reduced performances), testing moderating variables such as inclusion climate, leadership support, and personal resilience along with HR domain factors.

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Conflict of Interest

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