

A study influence of work stress and job burnout on employee satisfaction among healthcare workers in southern Rajasthan

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Abstract

Stress and job burnout at work are emerging issues within the healthcare sector, especially affecting frontline workers, as evidenced at the regional level in Rajasthan, where raised levels of occupational stress have been observed. The present paper examines the impact of occupational stress on job burnout and the association between job burnout and occupational satisfaction amongst healthcare workers in southern parts of Rajasthan. The study was carried out in accordance with the theories of Job Demands-Resources (JD-R) and Conservation of Resources (COR) through questionnaires to gather data on 200 medical personnel on a 25-item, 5-construct structured questionnaire. The reliability analysis verified the internal consistency reliability of each construct, which was high (Cronbach's alpha coefficients range from 0.928 to 0.937). The mathematical relationship test using Pearson correlation analysis indicated that there was a moderate, positive correlation with a significant level of $p < 0.001$. H_{02} was rejected, and H_{12} , "There exists a significant relationship between the level of job burnout and employee satisfaction among healthcare workers in the southern region of Rajasthan," was accepted, where the correlation coefficient r obtained was 0.446. In addition, simple linear regression analysis showed that work stress significantly and strongly predicts job burnout level ($R = 0.830$, $R^2 = 0.689$, $\beta = 0.830$, $F = 438.781$, $p < 0.001$), thus accepting the alternative hypothesis (H_{11}) and rejecting the null hypothesis (H_{01}). The implications for hospital administration, human resource managers, and future research in mediation and case management are explored.

Keywords: Work stress, job burnout, employee satisfaction, healthcare workers, Rajasthan, job demands-resources theory

Introduction

Having been subjected to compounded occupational stress for over a decade, healthcare systems in India have become more accustomed to that pressure, and the pandemic has not changed the dynamics. To conclude, while the sustained stress of working in healthcare and the pressure to do more with fewer resources are reported on a national level in India (Maheshwari *et al.*, 2025) ^[8], researchers in Rajasthan identify the struggles of healthcare practitioners who encounter high workload, scarcity of resources, and demanding patient care responsibilities (Ali & Kumar, 2023) ^[1]. These effects are not limited to any specific hospital but are seen in over 2/3 of all healthcare workers who responded to a validated inventory with clinically meaningful burnout scores in a cross-sectional study of the Jaipur division of the state (Sidiq *et al.*, 2024) ^[14].

Work stress and job burnout are not Concepts in isolation; they influence daily life at work as a healthcare worker and ultimately their sense of satisfaction, commitment to stay, and the quality of care provided to patients (Rotenstein *et al.*, 2023; Tomaszewska *et al.*, 2024) ^[13, 16]. However, many of the existing sources examining this cascade are from health systems outside India or national-level surveys conducted in India that lack disaggregation by geography (state/sub-region). While evidence from private practices in these institutions is published elsewhere, primarily focusing on Jaipur, it is highly probable that the capitalistic nature of these clinics and the same structural pressures are also present in southern Rajasthan, which has been shown to be

comparatively under-documented in relation to other studies conducted in the state from the capital, Jaipur.

The current paper contributes to two objectives of a larger doctoral study with related hypotheses on work stress, job burnout, and patient satisfaction in healthcare-related professions in Southern Rajasthan.

- Objective 1 evaluates the impact of work stress on job burnout and can be mathematically stated as:
- Objective 2 examines the relationship between job burnout and employee satisfaction.

It is similar to the Conservation of Resources (COR) theory, which suggests that a loss of valuable resources leads to a subsequent loss of resources (Bakker & de Vries, 2021) ^[2], and to the Job Demands-Resources (JD-R) theory, which posits that uncontrolled job demands trigger strain outcomes that ultimately harm work attitudes (Demerouti, 2025) ^[3].

In the present paper the following three contributions This paper makes three contributions. The first is its contribution to the literature with specific evidence from the condition of the work stress–burnout link in the context of Southern Rajasthan, which was empirically tested using simple linear regression analysis of a sample of 200 healthcare workers. Second, it provides evidence for the relationship between burnout and satisfaction in Southern Rajasthan, which has been empirically tested using Pearson correlation analysis on the same sample used for the previous test. Third, it provides practical assistance to the administrators of hospitals and human resource practitioners in the region on

the most effective intervention along the chain between stress, burnout, and satisfaction.

The balance of this paper This paper is divided into five parts. In section 2, the theoretical and empirical literature is reviewed, and two hypotheses are developed. Section 3 of the paper explains the research methodology, including details about the research sample, instrument, and analysis. The results are presented in Section 4, starting with the analysis of reliability, followed by empirical hypothesis testing about the relationship between work stress and burnout and the relationship between burnout and satisfaction. Section 5 covers the findings, implications, and limitations and, in effect, concludes the paper.

1. Literature Review and Hypothesis Development

Theoretical Framework

The Job Demands-Resources (JD-R) model is the most popular model used to explain how job demands relate to the well-being of employees (Galanakis & Tsitouri, 2022) ^[5]. Two processes are proposed: a motivational process under which job resources have motivational effects on regard for work and a health-impairment process under which job demands deplete physical and psychological resources, leading to burnout, here defined as the stress syndrome (Bakker & de Vries, 2021) ^[2]. However, a recent integrative treatment of the JD-R model together with Conservation of Resources (COR) theory suggests that the two are not mutually exclusive but can be linked: The former helps to articulate the operational vocabulary of the JD-R model, and the latter explains why resource loss is self-perpetuating and disproportionately salient when compared to resource gain within a given work context (Demerouti, 2025) ^[3]. These frameworks indicate that healthcare workers identifying with long hours or job demands (job stress) will have fewer coping resources, leading to job burnout (coping depletion), which will further affect favouring work attitudes (employee satisfaction).

2. Work Stress and Job Burnout

Much recent research has been published connecting work-related stress to feelings of burnout in staff in health care settings. One of the strongest predictors of burnout was stress among healthcare workers in a large Polish sample, with stressed healthcare workers experiencing almost a 4-fold increase in the risk of burnout compared to those who were not (Izdebski *et al.*, 2023) ^[6]. As was anticipated, Marković *et al.*, in a comparative study of 40 job positions in Belgrade, also presented a sector with the highest degree of stress among all the professions analysed, namely, the health care sector (Marković *et al.*, 2024) ^[9]. For example, to confirm the relationship between stress and job burnout and mental health after the acute COVID-19 crisis, Jiang *et al.* (2023) ^[7] employed a bidirectional mediation design, suggesting that the stress–burnout relationship is not just restricted to crisis situations. Moreover, there was evidence of work overload's strong predictive power of burnout among all healthcare workers (Rotenstein *et al.*, 2023) ^[13].

This trend is supported by data from India. Burnout symptoms were reported in 68.1% of healthcare workers in the Jaipur division of Rajasthan, and work experience or working hours were found to be correlated with burnout symptoms after the third wave of the COVID-19 pandemic (Sidiq *et al.*, 2024) ^[14], while a study on Indian healthcare

practitioners revealed that all healthcare practitioners reported burnout symptoms across all specialities and practice settings (Maheshwari *et al.*, 2025) ^[8]. In another cross-sectional study in a district hospital of Rajasthan, workplace stress factors were also shown to be significantly related to the coping difficulty of healthcare workers (Ali & Kumar, 2023) ^[1]. Overall, the literature takes a strong stance in support of the idea that work stress is an important precursor to job burnout among healthcare workers, which is consistent with the JD-R health-impairment process (Objective 1, H11).

3. Job Burnout and Employee Satisfaction

There also exists a parallel body of literature, which relates to the lower job satisfaction or satisfaction of the employee with the job. In some, occupational burnout was shown to be associated with decreased job satisfaction and with increased restrictions of nursing, which serves as an indicator of nursing care reduced to minimum levels, a proxy for decreased ability to provide the desired level of nursing care (Tomaszewska *et al.*, 2024). ^[16] the present result is similar to an earlier study conducted in the same group of participants, who also demonstrated a joint impact of burnout, satisfaction, and care rationing (Uchmanowicz *et al.*, 2020) ^[17]. In China, the perceived organisational support and perceived professional benefits are conceptually related to broader employee satisfaction, with both being strongly related to hospital nurses' burnout (Zhang *et al.*, 2024) ^[20]. Similarly, for nurses in intensive care units, the relationship between work-related strain and burnout has been moderated by perceived organisational support, suggesting that organisational supports can help buffer, but do not rule out, the link between work-related strain and burnout (Yanbei *et al.*, 2023) ^[19].

The results align with the resource-depletion paradigm of COR theory, which restates that once job burnout has already occurred, feelings of the inadequacy it brings will leave healthcare workers feeling less self-fulfilled in their work even if they have additional resources or supports outside of their working lives to help them with this feeling (Demerouti, 2025) ^[3]. The literature offers theoretical and empirical support for Objective 2 and its corresponding hypothesis (H12), which posits that there is a significant relationship between job burnout and employee satisfaction among healthcare workers in Southern Rajasthan.

4. Organizational Support and Workload as Contextual Constructs

Although the present paper centers on the work stress–burnout–satisfaction chain, the broader instrument from which its data are drawn also captures workload and perceived organizational support, two constructs repeatedly implicated in the wider burnout literature. Workload has been treated as a core job demand within JD-R research (Rotenstein *et al.*, 2023) ^[13], while organizational support functions as a job resource capable of moderating the strain–burnout relationship (Yanbei *et al.*, 2023; Zhang *et al.*, 2024) ^[19, 20]. Their inclusion in the reliability analysis reported in Section 4 reflects their role as adjacent constructs within the parent instrument, even though their substantive relationships are not the focus of the hypotheses tested here.

5. Hypotheses

Based on the theoretical and empirical review above, the following hypotheses are advanced and examined in this paper:

H₀₁: Work stress does not significantly influence job burnout among healthcare workers in Southern Rajasthan.

H₁₁: Work stress significantly influences job burnout among healthcare workers in Southern Rajasthan.

H₀₂: There is no significant relationship between job burnout and employee satisfaction among healthcare workers in Southern Rajasthan.

H₁₂: There is a significant relationship between job burnout and employee satisfaction among healthcare workers in Southern Rajasthan.

Research Methodology

This study was based on a quantitative, cross-sectional, correlational research design to explore the interrelationships between work stress, job burnout, and satisfaction among health care workers in the southern region of Rajasthan. A quantitative approach was very appropriate, as the variables of this study and hypotheses could be measured objectively in statistics. The 200 healthcare workers (including doctors, nurses, and paramedical or allied health staff) from public and private healthcare institutions were identified, and data were gathered using a structured self-administered questionnaire. Vitals consisted of 25 items representing 5 constructs: Workload, Work Stress, Organizational Support, Job Burnout, and Employee Satisfaction, each of which has 5 items adapted from established and validated scales

developed by Spector and Jex (1998), Parker and DeCotiis (1983), Eisenberger *et al.* (1986), Maslach and Jackson (1981), and Weiss *et al.* (1967) [4, 10, 12, 15, 18]. Responses were made on a Likert-type scale from very Strong disagree (1) to very Strong agree (5). All the participants had given their informed consent, and total confidentiality with anonymity was ensured throughout the study. All the data gathered were analyzed by SPSS. To measure internal consistency reliability, Cronbach's alpha was used, and values more than 0.70 were deemed acceptable. The simple linear regression analysis method was used to observe the influence of work stress on job burnout (hypothesis 1), and Pearson's product-moment correlation method was used to explore the relationship between job burnout and employee satisfaction (hypothesis 2). All analyses were evaluated at a 5% significance level ($p < 0.05$).

Results and Analysis

1. Reliability Analysis

Before hypothesis testing, it was decided to test the internal consistency of each construct through Cronbach's alpha measures. In Table 1, all five constructs were found to be satisfactory reliability indicators by reaching an alpha index higher than 0.92, referred to as “excellent” in Nunnally (1978) [11]. The internal consistency of the measurement instrument used in this study, which reflects the internal consistency of the Work Stress and Job Burnout scale used in the hypotheses tested in this study, also suggests high internal consistency in healthcare workers from the southern part of Rajasthan.

Table 1: Reliability Analysis – Cronbach's Alpha

Construct	Scale Source	Items	Cronbach's α	Reliability
Workload	Spector & Jex (1998) [15]	5	0.931	Excellent
Work Stress	Parker & DeCotiis (1983) [12]	5	0.937	Excellent
Organizational Support	Eisenberger <i>et al.</i> (1986) [4]	5	0.928	Excellent
Job Burnout	Maslach & Jackson (1981) [10]	5	0.929	Excellent
Employee Satisfaction	Weiss <i>et al.</i> (1967) [18]	5	0.931	Excellent

Note: $\alpha > 0.70$ = Acceptable; $\alpha > 0.80$ = Good; $\alpha > 0.90$ = Excellent (Nunnally, 1978) [11].

2. Hypothesis 1: Work Stress and Job Burnout

Table 2: Model Summary – Work Stress → Job Burnout

Model	R	R Square	Adjusted R Square	Std. Error
1	0.830	0.689	0.687	0.419

$R^2 = 0.689$ indicates Work Stress explains 68.9% of the variance in Job Burnout.

Interpretation

The simple linear regression analysis was performed to investigate the effect of work stress on job burnout among healthcare workers in Southern Rajasthan and is summarized in Table 2. The correlation coefficient value ($R = 0.830$) revealed that work stress and job burnout had a very strong positive correlation, meaning that the increase of work stress was strongly associated with the increase of job burnout among healthcare employees. The coefficient of determination ($R^2 = 0.689$) shows that the regression model explains 68.9% of the total variance in job burnout, indicating a high level of explanatory power and suggesting that work stress is among the leading contributors to burnout among healthcare employees. The adjusted R^2 value of 0.687 is very close to the R^2 value, indicating good stability

and reliability of the regression model with only a small margin of estimation error. Additionally, the Standard Error of Estimate (SEE = 0.419) is relatively low, suggesting that the difference between predicted and observed job burnout values is small. Table 4.25a therefore confirms the association of work stress with job burnout among healthcare professionals and indicates that work stress is a strong and reliable predictor of job burnout in this sample.

Table 3: ANOVA – Work Stress → Job Burnout

Model	Source	SS	df	MS	F	Sig.
1	Regression	76.868	1	76.868	438.781	0.000
	Residual	34.687	198	0.175		
	Total	111.555	199			

Predictors: (Constant), Work Stress (Mean Score).
Dependent Variable: Job Burnout (Mean Score).

Interpretation

The results of the ANOVA test for the overall significance and goodness of fit of the regression model examining the effect of work stress on job burnout are presented in Table 3. The Regression Sum of Squares (SS = 76.868) reflects the variance in job burnout accounted for by work stress, while the Residual Sum of Squares (SS = 34.687) reflects the variance attributable to factors not captured by work stress. The F statistic (F = 438.781) is very high, indicating strong predictive capability of the regression model. The significance value (p = 0.000) is smaller than the accepted significance level (p = 0.05), indicating that the model is statistically significant and suitable for predicting job burnout among healthcare workers. These findings show that the relationship between work stress and job burnout is not random and that the level of work stress significantly influences the level of burnout. The Mean Square Regression (76.868) is also substantially larger than the Mean Square Residual (0.175), further supporting that the model accounts for a large share of the variance in job burnout. Table 4.25b therefore confirms the adequacy, suitability, and statistical significance of the regression model.

Table 4: Coefficients – Work Stress → Job Burnout

Variable	B	Std. Error	Beta (β)	t	Sig.
(Constant)	0.784	0.142	—	5.535	0.000
Work Stress (Mean Score)	0.780	0.037	0.830	20.947	0.000

Dependent Variable: Job Burnout (Mean Score).

Interpretation

Table 4 presents the regression coefficients showing the direction, magnitude, and significance of the relationship between work stress and job burnout among healthcare workers. Holding other factors constant, job burnout increases by 0.780 units for every one-unit increase in work stress (B = 0.780), confirming a strongly positive work stress–burnout relationship. The standardized beta coefficient (β = 0.830) further indicates a very large effect size, with work stress emerging as a powerful predictor of job burnout among healthcare workers. The t value (t = 20.947) is statistically significant at p = 0.000, indicating that work stress significantly and meaningfully predicts the level of burnout. The constant (B = 0.784) represents the baseline level of job burnout when work stress is absent. The resulting regression equation is:

$$\text{Job Burnout} = 0.784 + 0.780 \times \text{Work Stress}$$

This equation indicates that greater work stress is associated with greater job burnout among healthcare workers. Employees facing elevated work demands, emotionally taxing patient care, and sustained mental fatigue appear to be at higher risk of emotional exhaustion and psychological strain. These results indicate that work stress is one of the most important occupational factors linked to the mental health and well-being of healthcare workers in Southern Rajasthan. Since the significance value is less than 0.05, the null hypothesis (H01) is rejected and the alternative hypothesis (H11) is accepted, confirming that work stress has a significant effect on job burnout among healthcare workers in Southern Rajasthan.

3. Hypothesis 2: Relationship Between Job Burnout and Employee Satisfaction

Table 5: Pearson Correlation – Job Burnout and Employee Satisfaction

	Job Burnout	Employee Satisfaction
Job Burnout (Mean Score)	1.000	0.446
Employee Satisfaction (Mean Score)	0.446	1.000
N	200	200

Pearson r = 0.446 | R² = 0.461 | Sig. (2-tailed) = 0.000 | N = 200.

Interpretation

The results of Pearson correlation analysis show that there is a moderate positive statistically significant relationship (r = 0.446, p < .001) between job burnout and employee satisfaction. The coefficient of determination (R² = 0.461) indicates a substantial variation in employee satisfaction attributable solely to job burnout, excluding other variables. The positive coefficient shows that both constructs were assessed to measure the degree of satisfaction and burnout together as psychological outcomes in the work context of healthcare workers in Southern Rajasthan, indicating that they are closely interdependent. Based on this result, the null hypothesis H₀₂ is rejected at the 5% level of significance, and the alternative hypothesis H₁₂, "There exists a significant relationship between the level of job burnout and employee satisfaction among healthcare workers in the southern region of Rajasthan", is accepted. " is accepted.

Discussion and Conclusion

1. Discussion of Findings

Our empirical findings in section 4 confirm that a moderate statistically significant relationship between job burnout and

employee satisfaction among the employees in the health care sector of the southern region, Rajasthan, was obtained, supporting H12, and this is in accordance with the broader literature reviewed in section 2 (Tomaszewska *et al.*, 2024; Uchmanowicz *et al.*, 2020; Zhang *et al.*, 2024) [16, 17, 20]. The strength of the correlation is informative too — moderate, not strong. Based on the above, it is suggested that though burnout is a meaningful correlate of satisfaction, this does not explain all of the variance in the job satisfaction of healthcare workers; rather, it is likely that other factors relating to the job as measured by the wider instrument do account for this. Based on the above, it is suggested that though satisfaction with burnout is meaningful, it does not explain all variance in the job satisfaction of healthcare workers; rather, it is likely that other factors relating to the job as measured by the wider instrument do explain this (Yanbei *et al.*, 2023; Zhang *et al.*, 2024) [19, 20]. This aligns with the focus on resource caravans emphasised in the COR theory, which posits that interplaying resources and demands (but no single resource) is the source of well-being outcomes (Demerouti, 2025) [3].

The work stress–burnout pathway (H11): Empirical research using simple linear regression also supported the work

stress–burnout pathway (H11). by empirical research that was conducted using simple linear regression. The level of work stress predicted the level of job burnout with good strength and high statistical significance, which were consistent with the converging results found in various regions and throughout the world ($R = 0.830$; $R^2 = 0.689$; $\beta = 0.830$, $p < 0.001$). The results from the aforementioned studies are consistent with the JD-R health impairment process to support the proposition, as stated earlier, that work stress is a major upstream contributor to job burnout in healthcare contexts, as in ten countries, including Poland (Izdebski *et al.*, 2023); Serbia (Marković *et al.*, 2024); China (Jiang *et al.*, 2023); and even Rajasthan (Ali & Kumar, 2023; Sidiq *et al.*, 2024) [6, 1, 7, 9, 14].

2. Theoretical Implications

By placing both the JD-R and the COR relationship in the same area of mediation as part of a single mediation chain among the employee group for which they were developed and widely researched (healthcare workers), the current paper adds to research literature in both disciplines. The current paper adds to research literature in both the JD-R and the COR literature by situating both frameworks in the same area of mediation – namely work stress, job burnout, and employee satisfaction – among an occupational group for which they were developed and widely researched: healthcare workers. This excellent reliability for all five constructs (rows of Table 4.8) provides additional support for the cross-cultural applicability of long-standing Western constructs (Spector & Jex, 1998; Parker & DeCotiis, 1983; Eisenberger *et al.*, 1986; Maslach & Jackson, 1981; Weiss *et al.*, 1967) [4, 10, 12, 15, 18] in a sample of healthcare workers from India.

3. Practical and Managerial Implications

Results indicate a potential for efficacy of interventions aimed at reducing job burnout for HR and hospital management professionals around Southern Rajasthan, where employees are worried more about them when they become burnt out. Structured ways to redistribute workload during peak demand periods (Rotenstein *et al.*, 2023) [1]; increasing the perceived organisational support by making it visible and implemented by managers and staffing (Yanbei *et al.*, 2023; Zhang *et al.*, 2024) [19, 20]; and creating structured reporting pathways for healthcare workers to report stress before it becomes burnout (Izdebski *et al.*, 2023) [6] are examples of practical measures advocated in the literature. With the high prevalence of evidence-based relationships between work stress and burnout, it is possible that upstream interventions to manage stress exposure can be more cost-effective than downstream interventions targeting only the occurrence of burnout.

4. Limitations

There are several constraints of this paper. First, its cross-sectional design does not allow inferences about causality, even when the hypothesised causal language is used. Second, the relationship between work stress and burnout (H1) and burnout and satisfaction (H2) was tested separately (simple linear regression and Pearson correlation, respectively) instead of jointly in a single mediation model (to which readers wishing to carry out this integrated testing are referred in the parent doctoral thesis). Third, common method variance and social desirability bias are possible due

to the use of self-report. Fourthly, the sampling is limited to one subregion of the state of Rajasthan, thus hampering generalisability for the rest of the region or country.

5. Directions for Future Research

The present study should be extended in future studies to examine the full mediation model (work stress—job burnout—employee satisfaction) in one structural equation modelling within one sample; that is, H11 and H12 pathways, as well as the indirect effect of work stress on employee satisfaction via job burnout, can be tested simultaneously. Longitudinal designs would also assist in the determination of the temporal ordering suggested by the hypotheses and would better explain the variance which is not accounted for by this moderate correlation reported in Section 4.3 should organisationally support and workload be added as a further moderating and/or additional mediating variable.

Conclusion

To address the problem of work stress and job burnout among the health workers in the southern part of Rajasthan and to examine two objectives: Firstly, to investigate the stress assessment of healthcare workers in the southern region of Rajasthan, and secondly, to study healthcare workers in relation to their job burnout and satisfaction. All five constructs measured in the current study were found to have excellent reliability, as confirmed by reliability analysis. The empirical test of Objective 2 revealed a positive, moderate, and statistically significant relationship between job burnout and employee satisfaction ($r = 0.446$, $p < .001$, $N = 200$), and the H_{02} was rejected, and the H_{12} was accepted. An empirical verification of objective 1 showed that the work stress significantly and strongly predicted the job burnout ($R = 0.830$, $R^2 = 0.689$, $\beta = 0.830$, $p < .001$), rejecting H_{01} and accepting H_{11} , thus correlating with the broader empirical and theoretical body of literature reviewed in section 2, which also indicated a similar relationship. These results add to the importance of work stress and job burnout as complementary rather than distinct issues in the health sector for

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