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Psychiatry

PREVALENCE OF BURNOUT IN HEALTHCARE WORKERS: A SYSTEMATIC REVIEW UTILIZING THE COPENHAGEN BURNOUT INVENTORY

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ABSTRACT **Introduction:** Burnout, a state of physical and emotional exhaustion, is prevalent among healthcare workers, especially in high-pressure environments. This study aims to assess burnout levels among various professional groups and identify key correlations to guide interventions. **Method:** A cross-sectional study was conducted among healthcare professionals, including Doctors, Intern Doctors, Nurses, and Class 4 workers, using validated burnout assessment tools. Data were analyzed to compare burnout levels and identify significant differences across groups. **Results:** Doctors and Intern Doctors exhibited significantly higher levels of Work Burnout compared to Nurses and Class 4 workers. Personal and Client Burnout scores also varied, with notable correlations between burnout dimensions in Doctors and Intern Doctors. Statistical analysis revealed significant group differences ($p < 0.05$),highlighting distinct burnout patterns among healthcare professionals. **Conclusion:** The study underscores the elevated burnout levels among Doctors and Intern Doctors, particularly in the domain of Work Burnout. These findings call for targeted strategies to mitigate burnout, enhance well-being, and improve job satisfaction, especially for high-risk groups. Addressing these issues can lead to better healthcare delivery and improved mental health outcomes for professionals.

KEYWORDS : Burnout; Healthcare Professionals; Doctors; Nurses; Mental Health; Work Stress; Intervention.

INTRODUCTION

Burnout is a psychological syndrome characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment, which occurs as a result of prolonged exposure to occupational stress. Initially identified among healthcare professionals, burnout has gained significant attention due to its profound impact on the well-being of workers and the quality of care provided to patients. Healthcare workers, by virtue of their demanding roles, are at particularly high risk of burnout owing to factors such as long working hours, emotional demands, inadequate resources, and high patient load.[1]

The consequences of burnout extend beyond individual health, affecting organizational performance and healthcare delivery systems. Burnout has been linked to increased absenteeism, higher turnover rates, and diminished patient satisfaction, making it a critical public health concern. The ongoing global health crises, including the COVID-19 pandemic, have further exacerbated the prevalence and severity of burnout among healthcare professionals, emphasizing the need for timely identification and intervention.[2]

The Copenhagen Burnout Inventory (CBI) is a validated tool widely used to assess burnout. Unlike other measures, the CBI focuses on three specific dimensions: personal burnout, work- related burnout, and client-related burnout, providing a comprehensive evaluation of the multifaceted nature of this condition. Its utility in cross-sectional studies allows for the accurate estimation of burnout prevalence and the identification of contributing factors within specific populations. [3]

This study aims to assess the prevalence of burnout among healthcare workers using the Copenhagen Burnout Inventory and identify key demographic and occupational correlates. By providing insights into the extent of burnout and its associated factors, this study seeks to contribute to the growing body of literature on burnout in healthcare settings and inform strategies to mitigate its impact.

Method

This cross-sectional study was conducted over a duration of one month at GMERS Medical College, Junagadh. The study aimed to assess the prevalence of burnout among healthcare workers utilizing the Copenhagen Burnout Inventory (CBI). A total of 205 healthcare workers, including doctors, nurses, and paramedical staff, were included in the study. Participants were recruited based on predefined inclusion and exclusion criteria.

The Copenhagen Burnout Inventory (CBI) consisted of 3 domains: personal burnout, work- related burnout, and Client-related burnout.The responses are 5-points (1: always; 2: often; 3 : sometimes; 4: seldom; 5: never). The total scores were categorised as No Burnout (less than 50), Moderate Burnout (50–74) and High Burnout (75–100).[4]

The inclusion criteria consisted of healthcare workers aged 18 years and above, who were actively working in the institution during the study period and willing to provide informed consent. Individuals who were on long-term leave, retired, or unwilling to participate were excluded from the study. Informed written consent was obtained from all participants prior to enrollment.

Data collection was carried out using a structured and validated questionnaire based on the Copenhagen Burnout Inventory. The CBI evaluates burnout across three dimensions: personal burnout, work-related burnout, and client-related burnout. The questionnaire was distributed in person to the participants, and adequate time was provided for completion. Demographic information, such as age, gender, and designation were collected to analyze its correlation with burnout levels.

The collected data were carefully reviewed for completeness and accuracy. The results were analyzed using appropriate statistical tools. Descriptive statistics, such as mean and standard deviation, were used to summarize continuous variables, while categorical data were expressed as frequencies and percentages. The prevalence of burnout was determined based on the scoring of the Copenhagen Burnout Inventory, and subgroup analyses were performed to explore associations between burnout levels and demographic or occupational factors.

Ethical clearance for the study was obtained from the Institutional Ethics Committee of GMERS Medical College, Junagadh, before initiating the research. Strict confidentiality was maintained throughout the study, and participants were assured that their responses would be used solely for research purposes.

RESULT

Table 1: Distribution of Burnout Types Across Different Designations

Burnout Type	Desig-nation	Low-Burnout n(%)	Moderate Burnoutn (%)	High-Burnout n(%)	Total n (%)	P Value
Personal Burnout	Class 4	8(7.2%)	6(7.8%)	0(0.0%)	14(6.8%)	0.259
	Doctor	58(52.3%)	43(55.8%)	8(47.1%)	109 (53.2%)	
	Intern Doctor	25(22.5%)	20(26.0%)	8(47.1%)	53 (25.9%)	
	Nursing Staff	20(18.0%)	8(10.4%)	1(5.9%)	29 (14.1%)	
Work Burnout	Class 4	8(6.6%)	3(4.3%)	3(23.1%)	14(6.8%)	0.021 *

	Doctor	66(54.1%)	41(58.6%)	2(15.4%)	109 (53.2%)	
	Intern	27(22.1%)	20(28.6%)	6(46.2%)	53 (25.9%)	
	Nursing	21(17.2%)	6(8.6%)	2(15.4%)	29 (14.1%)	
Client Burnout	Class 4	8(6.6%)	4(5.6%)	2(18.2%)	14(6.8%)	0.208
	Doctor	68(55.7%)	37(51.4%)	4(36.4%)	109 (53.2%)	
	Intern	25(20.5%)	24(33.3%)	4(36.4%)	53 (25.9%)	
	Nursing	21(17.2%)	7(9.7%)	1(9.1%)	29 (14.1%)	

The table presents the distribution of burnout types (Personal Burnout, Work Burnout, and Client Burnout) across different designations, showing the frequency and percentage of individuals in each burnout category. The data indicates that for Personal Burnout, the majority of Doctors (52.3%) experience low burnout, while Interns and Nursing staff show a more balanced distribution between low and moderate levels of burnout. The Class 4 group reports the least burnout across all categories. The Work Burnout distribution reveals significant differences, with Doctors and Interns experiencing higher levels of burnout compared to Class 4 and Nursing personnel, the latter showing a more balanced and lower burnout profile. In Client Burnout, most individuals in the Doctors group report low burnout, while Interns have a higher percentage of moderate burnout. The statistical analysis of P -values indicates a significant difference for Work Burnout (P = 0.021), suggesting that the burnout levels are significantly different across different designations.

Table 2: Comparison of Burnout Severity Across Professional Groups

Burnout Type	Group	Mean ± SD	p-value
Personal Burnout	Class4	43.6±16.4	0.005*
	Doctor	45.1±17.9	
	InternDoctor	51.4±19.6	
	NursingStaff	35.6±23.2	
Work Burnout	Class4	49.5±22.5	<0.001*
	Doctor	41.3±15.5	
	InternDoctor	50.9±18.3	
	NursingStaff	35.2±21.7	
Client Burnout	Class4	46.2±24.0	0.021*
	Doctor	37.8±18.7	
	InternDoctor	45.8±17.5	
	NursingStaff	35.6±16.9	

The table presents the mean values for burnout levels across different professional groups, with higher values indicating more severe burnout. In terms of Personal Burnout, Intern Doctors show the highest mean burnout score (51.4 ± 19.6), followed by Doctors (45.1 ± 17.9), while Nursing Staff and Class 4 show significantly lower levels of burnout. Work Burnout follows a similar trend, with Intern Doctors experiencing the highest mean burnout (50.9 ± 18.3), and Class 4 showing the highest value among all groups (49.5 ± 22.5). Client Burnout reveals that Intern Doctors have the highest mean score (45.8 ± 17.5), while Doctors show a lower score (37.8 ± 18.7), and Class 4 has the highest average (46.2 ± 24.0). The p-values indicate statistically significant differences, particularly for Personal Burnout (p = 0.005) and Work Burnout (p < 0.001), underscoring that Intern Doctors and Class 4 show more severe burnout levels.

Table 3: Pairwise Comparison of Burnout Levels Across Professional Groups

Dependent Variable	Group Comparison	Mean Difference (I-J)	Std. Error	P value	95% CI (Lower–Upper)
Personal Burnout	Class 4 vs. Doctor	-1.48	5.42	1.000	-15.93 to 12.96
	Class 4 vs. Intern Doctor	-7.86	5.74	1.000	-23.15 to 7.43
	Class4 vs. Nursingstaff	8.02	6.22	1.000	-8.54 to 24.58
	Doctor vs. Intern Doctor	-6.38	3.20	.285	-14.90 to 2.14
	Doctor vs. Nursingstaff	9.50	3.99	.109	-1.13 to 20.14
	Intern Doctor vs. Nursingstaff	15.88*	4.41	.002*	4.13 to 27.64
Work Burnout	Class4 vs. Doctor	8.18	5.03	.632	-5.22 to 21.57
	Class 4 vs. Intern Doctor	-1.37	5.32	1.000	-15.55 to 12.81
	Class4 vs. Nursingstaff	14.26	5.76	.085	-1.10 to 29.61
	Doctor vs. Intern Doctor	-9.55*	2.97	.009*	-17.45 to-1.65
	Doctorvs.Nursingstaff	6.08	3.70	.611	-3.78 to 15.94
	Intern Doctor vs.Nursingstaff	15.63*	4.09	.001*	4.73 to 26.53
Client Burnout	Class4 vs. Doctor	8.45	5.26	.659	-5.57 to 22.48
	Class 4 vs. Intern Doctor	0.42	5.57	1.000	-14.42 to 15.27
	Class4vs.Nursingstaff	10.63	6.03	.478	-5.45 to 26.71
	Doctorvs.Intern Doctor	-8.03	3.10	.062	-16.30 to 0.24
	Doctorvs.Nursingstaff	2.18	3.87	1.000	-8.15 to 12.50
	Intern Doctor vs.Nursingstaff	10.21	4.28	.109	-1.20 to 21.62

The table presents a detailed comparison of the mean differences in burnout levels between various professional groups for three types of burnout: Personal Burnout, Work Burnout, and Client Burnout. For Personal Burnout, no significant differences were found between Class 4 and Doctor, Class 4 and Intern Doctor, and Class 4 and Nursing staff. However, there is a significant difference between Intern Doctors and Nursing staff, with Intern Doctors showing significantly higher burnout (mean difference of 15.88, p = 0.002). In terms of Work Burnout, significant differences appear between Doctors and Intern Doctors (mean difference -9.55, p = 0.009), and between Intern Doctors and Nursing staff (mean difference 15.63, p = 0.001). These indicate that Intern Doctors experience higher levels of work-related burnout than both Doctors and Nursing staff. For Client Burnout, while the differences in burnout levels are generally not statistically significant, Intern Doctors still show a trend towards higher burnout compared to Doctors (mean difference-8.03, p = 0.062), though this is not significant at the conventional 0.05 level.

Table 4: Paired Comparisons of Burnout Types Within Professional Groups

Designation	Pair	Correlation	Sig.
Class4 Worker	Personal Burnout & Work Burnout	-0.286	0.322
	Work Burnout & Client Burnout	0.709	0.005*
	Client Burnout & Personal Burnout	-0.082	0.780
Doctor	Personal Burnout & Work Burnout	0.652	<0.001*
	Work Burnout & Client Burnout	0.512	<0.001*
	Client Burnout & Personal Burnout	0.365	<0.001*
Intern Doctor	Personal Burnout & Work Burnout	0.613	<0.001*
	Work Burnout & Client Burnout	0.496	<0.001*
	Client Burnout & Personal Burnout	0.485	<0.001*
Nursing Staff	Personal Burnout & Work Burnout	0.540	0.002*
	Work Burnout & Client Burnout	0.566	0.001*
	Client Burnout & Personal Burnout	0.339	0.072

The table compares burnout levels between Personal Burnout, Work Burnout, and Client Burnout within different professional groups. For Class 4 Workers, no significant differences are observed between the burnout types. The p- values for all pairs (Personal Burnout vs. Work Burnout, Work Burnout vs. Client Burnout, and Client Burnout vs. Personal Burnout) are all above 0.05, indicating that burnout levels between these categories do not differ significantly for this group. For Doctors, significant differences are found. Work Burnout is significantly higher than Personal Burnout (p = 0.007), and Client Burnout is significantly lower than Personal Burnout (p < 0.001). Additionally, there is a notable difference between Work Burnout and Client Burnout (p = 0.032). In the case of Intern Doctors, there are significant differences between Work Burnout and Client Burnout (p = 0.044), as well as between Client Burnout and Personal Burnout (p = 0.034). However, the comparison between Personal Burnout and Work Burnout is not statistically significant (p = 0.806). For Nursing Staff,

all paired comparisons fail to show significant differences, as indicated by p -values much higher than 0.05, suggesting that burnout levels are relatively similar across the three categories in this group.

Table 5: Correlation of Burnout Types Across Various Designations

Designation	Pair	Paired Difference (Mean)	t	df	Pvalue
Class 4 Worker	PersonalBurnout-WorkBurnout	-5.93	- 0.706	13	0.493
	WorkBurnout-ClientBurnout	3.29	0.690	13	0.502
	ClientBurnout-PersonalBurnout	2.64	0.328	13	0.748
Doctor	PersonalBurnout-WorkBurnout	3.73	2.762	108	0.007*
	WorkBurnout-ClientBurnout	3.56	2.173	108	0.032
	ClientBurnout-PersonalBurnout	-7.29	- 3.688	108	<0.001*
Intern Doctor	PersonalBurnout-WorkBurnout	0.57	0.247	52	0.806
	WorkBurnout-ClientBurnout	5.08	2.060	52	0.044*
	ClientBurnout-PersonalBurnout	-5.64	- 2.175	52	0.034*
Nursing Staff	PersonalBurnout-WorkBurnout	0.31	0.077	28	0.939
	WorkBurnout-ClientBurnout	-0.34	- 0.100	28	0.921
	ClientBurnout-PersonalBurnout	0.03	0.008	28	0.994

The table examines how different types of burnout (Personal, Work, and Client) are related across various professional groups. Among Class 4 Workers, there is a notable connection between Work Burnout and Client Burnout ($r = 0.709$, $p = 0.005$), but no significant relationship with Personal Burnout. For Doctors, all three burnout types are positively connected: Personal Burnout and Work Burnout ($r = 0.652$, $p < 0.001$), Work Burnout and Client Burnout ($r = 0.512$, $p < 0.001$), and Client Burnout with Personal Burnout ($r = 0.365$, $p < 0.001$). Similarly, Intern Doctors show significant positive correlations between all burnout types. In Nursing Staff, there is a significant positive link between Personal Burnout and Work Burnout ($r = 0.540$, $p = 0.002$), as well as between Work Burnout and Client Burnout ($r = 0.566$, $p = 0.001$). However, no significant relationship is found between Personal Burnout and Client Burnout.

DISCUSSION

Our study findings align with previous research demonstrating varying burnout levels across healthcare professions. Specifically, we observed that the majority of doctors (52.3%) experience low personal burnout, while interns and nursing staff showed a more balanced distribution between low and moderate levels. The Class 4 group consistently reported the least burnout across all categories. These results highlight how different roles within healthcare exhibit unique burnout patterns.

The work burnout domain revealed significant differences, with doctors and interns showing higher levels of burnout compared to nursing staff and class 4 workers. [5] This aligns with studies like Caesar et al. (2020),[6] which reported that junior doctors and general surgeons in a UK trauma center exhibited the highest burnout scores, primarily due to demanding Workload. Similarly, Ilić et al. (2017) [7] noted that physicians in emergency services were significantly affected by work-related burnout, further supporting our findings of increased susceptibility among doctors and interns.

In the client burnout domain, we observed a predominance of low burnout in doctors, whereas interns reported higher levels of moderate burnout. These trends resonate with the work of Wright et al. (2011),[8] who found mild to severe personal burnout in 22% of pediatric physicians, and Chu et al. (2023), [9]who noted moderate burnout levels among nurses, driven by long working hours and sleeplessness.

The statistical significance of work burnout ($P = 0.021$) in our study emphasizes the need for targeted interventions, particularly for doctors and interns, who consistently experience higher burnout levels. The use of the Copenhagen Burnout Inventory (CBI) has been validated in studies worldwide, such as those by Ogunsuji et al. (2022) [10]and Klein et al. (2010), [11] demonstrating its utility in identifying burnout dimensions across professions. These tools, combined with interventions addressing work-life balance, could mitigate burnout and enhance overall well-being among healthcare professionals.

Our study highlights significant disparities in burnout levels among healthcare professionals, with Intern Doctors exhibiting the highest mean scores across all burnout dimensions. Specifically, Personal Burnout was most pronounced in Intern Doctors (51.4 ± 19.6), followed by Doctors (45.1 ± 17.9), while Nursing Staff and Class 4 workers reported significantly lower levels. This pattern aligns with Caesar et al. (2020), [6] where junior doctors demonstrated the highest overall burnout scores (53.42 ± 5.21), emphasizing the vulnerability of early-career healthcare professionals to burnout due to high workloads and limited autonomy.

For Work Burnout, our findings revealed that Intern Doctors had the highest mean score (50.9 ± 18.3), closely followed by Class 4 workers (49.5 ± 22.5). This differs from studies such as Ilić et al. (2017), which found physicians significantly more affected by work-related burnout than nurses. The elevated scores for Class 4 workers in our study may reflect unique occupational stressors, including job insecurity and physically demanding tasks, which are less frequently explored in the literature.

In Client Burnout, Intern Doctors again led with a mean score of 45.8 ± 17.5, while Class 4 workers reported the highest overall score (46.2 ± 24.0). This finding diverges from previous studies that primarily focus on doctors and nurses, such as Wright et al. (2011), [8]which reported lower patient-related burnout (8%) among academic pediatric physicians.

Our study identified statistically significant differences for Personal Burnout ($p = 0.005$) and Work Burnout ($p < 0.001$), underscoring the variability of burnout across occupational roles. These findings are consistent with Caesar et al. (2020),[6] where general surgeons had the highest burnout scores, and Myhren et al. (2013),[12] which reported no significant differences in burnout levels between nurses and physicians. However, the lack of detailed data on Class 4 workers in prior research highlights a gap that our study helps address.

Overall, our findings corroborate the high prevalence of burnout among healthcare professionals, particularly among Intern Doctors, as reported in existing literature. However, the elevated scores for Class 4 workers underscore the need for further exploration of burnout in non-clinical staff, who may face distinct stressors contributing to their vulnerability. Addressing these disparities requires targeted interventions tailored to the unique demands of each professional group to improve well-being and reduce burnout.

In our study, significant differences in burnout levels were observed among healthcare workers across different categories, highlighting the unique challenges faced by specific groups. For Personal Burnout, we found no significant differences between Class 4 staff and Doctors, Intern Doctors, or Nursing staff. However, Intern Doctors reported significantly higher levels of personal burnout compared to Nursing staff (mean difference 15.88, $p = 0.002$). This finding aligns with previous research indicating that junior doctors, including Interns, are particularly vulnerable to burnout. For instance, Caesar et al. (2020)[6] reported that junior doctors exhibited higher overall burnout scores compared to senior physicians, emphasizing the stress associated with the early stages of a medical career.

In terms of Work Burnout, our study revealed significant differences between Doctors and Intern Doctors (mean difference -9.55, $p = 0.009$), and between Intern Doctors and Nursing staff (mean difference 15.63, $p = 0.001$), with Intern Doctors experiencing the highest levels of work-related burnout. This observation is consistent with Ilić et al. (2017), [7] noted that physicians, particularly those in demanding roles, experienced greater work-related burnout compared to nurses. While Myhren et al. (2013) [12] no significant differences in mean burnout scores between nurses and physicians, our study highlights that Intern Doctors, a subgroup of physicians, experience significantly higher burnout than their nursing counterparts. This suggests that the transitional phase of medical training, characterized by long hours and high expectations, may be a critical factor contributing to burnout.

For Client Burnout, our study observed no statistically significant differences between groups. However, there was a notable trend of

higher burnout among Intern Doctors compared to Doctors (mean difference -8.03, p = 0.062). Although this did not reach statistical significance, it mirrors findings from Wright et al. (2011), [8] reported substantial levels of patient-related burnout among physicians. Such trends underscore the cumulative stress faced by Intern Doctors, who often manage high patient load while adapting to clinical responsibilities. These findings highlight the variability in burnout levels across different healthcare roles and emphasize the need for targeted interventions. While previous studies, such as those by Caesar et al. (2020) [6]and Ilić et al. (2017),[7] focus on physicians and nurses, our study extends the scope to include non-clinical staff, such as Class 4 workers. Despite showing no significant differences in burnout compared to clinical staff, the inclusion of this group underscores the importance of addressing burnout across all healthcare roles.

In our study, Class 4 Workers showed no significant differences between the three types of burnout (Personal, Work, and Client), as evidenced by p-values exceeding 0.05 across all comparisons. This suggests that burnout among Class 4 Workers remains relatively uniform across domains, potentially reflecting the nature of their roles, which may involve less variation in emotional and work-related stress compared to clinical staff. Similarly, Nursing Staff demonstrated no significant differences in burnout levels across the three categories, further indicating consistency in their experiences of burnout. Conversely, significant differences were observed among Doctors, where Work Burnout was significantly higher than Personal Burnout ($p = 0.007$), and Client Burnout was significantly lower than Personal Burnout ($p < 0.001$). Additionally, a notable difference was found between Work Burnout and Client Burnout ($p = 0.032$), emphasizing the impact of work-related stress on doctors. These findings align with those of Wright et al. (2011),[8] which reported higher rates of personal and work-related burnout among academic pediatric physicians. Ilić et al. (2017) [7] also highlighted the greater vulnerability of physicians to work-related burnout, particularly in high-pressure environments such as Emergency Medical Services.

For Intern Doctors, significant differences were found between Work Burnout and Client Burnout ($p = 0.044$) and between Client Burnout and Personal Burnout ($p = 0.034$), while the comparison between Personal Burnout and Work Burnout was not statistically significant ($p = 0.806$). This suggests that while Intern Doctors experience varying levels of burnout, the transition from medical training to clinical practice places substantial stress on managing patient-related responsibilities. This finding resonates with Caesar et al. (2020),[6] who reported higher burnout scores among junior doctors compared to senior physicians. In comparison, Gonçalves et al. (2021)[13] found that 46% of palliative care nurses experienced high levels of Personal Burnout, 44% experienced Work Burnout, and 22% experienced Client Burnout, highlighting significant stress in specialized nursing roles. Mahmoudi et al. (2020) [14] further observed that critical care nurses face significantly higher burnout levels than medical- surgical nurses, though specific data for each category were not provided. Interestingly, our study found no significant differences in burnout among Nursing Staff, suggesting a relatively balanced experience of stress across domains in this group. Overall, the variability in burnout levels across healthcare roles underscores the importance of targeted interventions. Doctors and Intern Doctors, who demonstrated higher levels of work-related burnout, may benefit from stress management programs and mentorship initiatives. Meanwhile, consistent burnout levels in Class 4 Workers and Nursing Staff point to the need for generalized support systems to maintain well-being. Burnout in healthcare is multifactorial, influenced by work environment, specialty, and role-specific challenges, as evidenced by studies like those of Ilić et al. (2017) [7]and Nimer et al. (2021). [15] strategies are essential to address the unique stressors faced by each group and enhance overall healthcare workforce resilience.

In our study, the correlation between burnout types varies among different healthcare professional groups. Among Class 4 Workers, a strong positive correlation is observed between Work Burnout and Client Burnout ($r = 0.709$, $p = 0.005$), suggesting that client-related stress significantly contributes to work-related stress in this group. However, Personal Burnout does not show a significant relationship with the other two dimensions, indicating a distinct experience of personal stress that is less connected to work or client interactions. For Doctors, all three burnout dimensions are positively correlated. A strong association exists between Personal Burnout and Work Burnout ($r = 0.652$, $p < 0.001$), as well as between Work Burnout and Client Burnout ($r = 0.512$, $p < 0.001$). Additionally, Client Burnout is moderately correlated with Personal Burnout ($r = 0.365$, $p < 0.001$). These findings align with Wright et al. (2011), [8] which reported high levels of personal burnout among physicians and suggested interconnectedness between burnout dimensions. The strong correlation highlights how stress in one area, such as work, can amplify stress in others, particularly in high-stakes roles like that of doctors. Intern Doctors exhibit significant positive correlations across all burnout types, further emphasizing the interdependence of stressors during the early stages of clinical practice. The shared stress among all burnout dimensions reflects the transitional challenges faced by interns, as they balance personal, work, and client-related responsibilities. For Nursing Staff, significant positive correlations are found between Personal Burnout and Work Burnout ($r = 0.540$, $p = 0.002$) and between Work Burnout and Client Burnout ($r = 0.566$,$p = 0.001$). However, no significant relationship exists between Personal Burnout and Client Burnout, suggesting that while personal and work-related stress are interlinked, client-related burnout is influenced by other factors. These findings resonate with Montgomery et al. (2021),[16] who reported that burnout dimensions among nurses are inversely related to experience and age, underscoring the role of work environment and professional tenure. Additionally, Mahmoudi et al. (2020) [14] found that critical care nurses experience higher burnout levels compared to medical-surgical nurses, highlighting the impact of work environment on burnout.

CONCLUSION

The study reveals significant differences in burnout levels across various professional groups, with Doctors and Intern Doctors experiencing higher levels of burnout compared to Class 4 workers and Nursing staff. Work Burnout showed the most marked differences, particularly between Doctors and Intern Doctors. Statistically significant correlations were observed between Personal, Work and Client Burnout in most professional groups, particularly in Doctors and Intern Doctors. The findings highlight the need for targeted interventions to address burnout, particularly in high-risk groups such as Doctors and Interns, to improve mental health and job satisfaction.

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