

Burnout Syndrome in Occupational Contexts: A Multidimensional and Bibliometric Analysis.

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Abstract:

Burnout syndrome has become one of the main occupational health challenges in contemporary labor contexts, particularly in sectors characterized by high emotional demands, organizational pressure, and structural constraints. Despite the growing scientific interest in this phenomenon, fragmented evidence limits the comprehensive understanding of its multidimensional nature.

Objective: To analyze the evolution, risk factors, manifestations, and organizational consequences of burnout syndrome in occupational contexts through a multidimensional, systematic, and bibliometric approach.

Methods: A qualitative, descriptive, and analytical study was conducted based on a systematic review and bibliometric analysis of 218 scientific documents published between 2015 and 2025. Data were retrieved from Scopus, PubMed, SciELO, Redalyc, and Google Scholar, following PRISMA guidelines. Content analysis and scientometric techniques were applied to identify thematic patterns, collaboration networks, and conceptual trends.

Results: The findings reveal a sustained increase in scientific production on burnout, especially after 2020. Burnout is strongly associated with organizational factors such as workload overload, limited autonomy, and insufficient institutional support. The healthcare and educational sectors show the highest prevalence. Gender disparities and the vulnerability of precarized workers were also identified. Keyword networks confirm the consolidation of an interdisciplinary and integrative research approach.

Conclusions: This study contributes to occupational health and organizational research by framing burnout as a structural, systemic, and multidimensional phenomenon. The results highlight the need for comprehensive institutional interventions aimed at improving working conditions, strengthening organizational support, and promoting sustainable well-being in diverse labor contexts..

Keywords: Burnout syndrome, Occupational health, Bibliometric analysis, Systematic review, Workplace well-being..

Introduction

Burnout syndrome has become, over recent decades, one of the main challenges associated with occupational health, particularly in contexts characterized by high work demands, emotional pressure, and structural constraints. Numerous studies have shown that this phenomenon significantly affects psychological well-being, motivation, and professional performance, especially in the healthcare sector (García-Campayo et al., 2016; García-Izquierdo et al., 2018). In this regard, burnout is expressed through emotional exhaustion, depersonalization, and reduced personal accomplishment, which negatively impact service quality and organizational sustainability (Burghi et al., 2014; Bakhamis et al., 2019).

In the healthcare, education, and service sectors, the syndrome acquires particular relevance due to constant interaction with users and patients, as well as the high emotional burden inherent in these activities (Çağlıyan et al., 2013). Studies conducted in different contexts have demonstrated that factors such as work overload, resource scarcity, contractual instability, and low institutional recognition significantly increase the risk of developing burnout (Carles Hernández et al., 2006; Cuevas et al., 2023; Cadena-Povea et al., 2025). These conditions were intensified during the COVID-19 pandemic, deepening levels of professional exhaustion among healthcare personnel (Makara et al., 2019; Dimitriu et al., 2020; Olivares et al., 2022)...

From a theoretical perspective, burnout has been conceptualized as a multidimensional phenomenon arising from the interaction of individual, organizational, and contextual factors. Previous research indicates that working conditions, institutional support, and coping strategies directly influence its onset and development (Lederer et al., 2006; Konlan et al., 2022). Likewise, resilience and teamwork have been identified as protective factors against professional exhaustion (García-Izquierdo et al., 2018; Feuerhahn et al., 2013).

Despite the sustained growth of scientific production on burnout, gaps remain in the systematic integration of findings, particularly in Latin American contexts. Recent studies highlight the need to strengthen interdisciplinary and comparative approaches in order to better understand the sociocultural and institutional particularities that influence the development of the syndrome (Chumpitazi Torres & Sagástegui Cruz, 2023; Freire Palacios et al., 2024; Lis-Gutiérrez et al., 2024). The fragmentation of evidence limits the formulation of comprehensive prevention and intervention strategies.

In this context, the present study aims to analyze the evolution of scientific research on burnout syndrome in occupational settings during the period 2015–2025 through a bibliometric and systematic review. It seeks to identify the main risk factors, manifestations, and organizational consequences, as well as documented intervention strategies, in order to contribute to strengthening workplace well-being management and promoting organizational practices oriented toward mental health and sustainable performance.

Accordingly, this study is guided by a set of research questions aimed at structuring a comprehensive and integrative analysis of burnout in occupational contexts. Specifically, it seeks to examine how scientific research on burnout evolved between 2015 and 2025 in terms of theoretical frameworks, methodological approaches, and thematic orientations (RQ1). It also explores the main organizational, psychosocial, and contextual factors associated with burnout across different occupational sectors, as documented in the international literature (RQ2). Furthermore, the study analyzes how intervention strategies and preventive models have been conceptualized and empirically evaluated in recent research (RQ3). In addition, it investigates the patterns of scientific collaboration, knowledge production, and thematic clustering that characterize burnout research at global and regional levels (RQ4). Finally, the research assesses the extent to which current scientific evidence supports a multidimensional and structural understanding of burnout beyond individual-level explanations (RQ5).

Background

Burnout syndrome was initially introduced by Herbert Freudenberger in 1974 to describe the physical and emotional exhaustion observed among professionals exposed to high work demands, particularly in caregiving and service-oriented settings (Freudenberger, 1974). His conceptualization emerged from clinical observations of volunteer workers in community care centers who experienced a progressive loss of energy, frustration, and demotivation. Subsequently, Christina Maslach and Susan Jackson consolidated the construct through a three-dimensional conceptualization consisting of emotional exhaustion, depersonalization, and reduced personal accomplishment, which led to the development of the Maslach Burnout Inventory (MBI), an instrument that became an international benchmark for empirical measurement (Maslach & Jackson, 1981; Maslach, Schaufeli, & Leiter, 2001). This formulation made it possible to distinguish burnout from related constructs such as general stress or occupational fatigue by recognizing it as a specific response to chronic interpersonal stress at work (Pastores, 2016).

In its early stages, burnout was primarily associated with service-oriented professions, such as medicine, nursing, psychology, social work, and teaching. Constant interaction with users and the emotional burden inherent in these occupations facilitated its initial study in healthcare and social service sectors. However, with the development of organizational studies and the transformation of the world of work, the phenomenon began to be examined across multiple productive sectors, including business, industrial, and administrative environments, highlighting its transversal nature and its impact on job performance, organizational climate, and workers' mental health (Schaufeli & Enzmann, 1998).

During the 1980s and 1990s, research focused mainly on the psychological dimension of burnout, linking it to chronic work-related stress, emotional overload, and processes of individual exhaustion (Maslach, 1993). At this stage, a clinical perspective predominated, emphasizing the identification of symptoms, personality factors, and individual vulnerability. However, from the early 2000s onward, the analysis evolved toward organizational and systemic approaches, incorporating structural variables such as leadership, organizational culture, work climate, contractual conditions, and human resource management policies (Leiter & Maslach, 2004). This theoretical shift made it possible to understand burnout not merely as

the result of personal weaknesses, but as a manifestation of structural imbalances within contemporary labor systems (Ramírez-Elvira et al., 2021).

In this context, explanatory models such as the Job Demands–Resources (JD-R) model emerged, proposing that the imbalance between job demands (workload, time pressure, emotional demands) and available resources (social support, autonomy, recognition) constitutes a key determinant in the development of burnout (Demerouti et al., 2001; Bakker & Demerouti, 2017). This model expanded the understanding of the phenomenon by integrating organizational variables and proposing intervention strategies based on the optimization of job resources.

Institutional recognition of burnout was consolidated in 2019, when the World Health Organization included it in the International Classification of Diseases (ICD-11) as an occupational phenomenon specifically linked to the work context (World Health Organization [WHO], 2019). Although it was not classified as a medical disorder, its inclusion strengthened its scientific legitimacy and promoted the design of public policies and prevention programs aimed at enhancing workplace well-being. At the same time, empirical studies established consistent relationships between burnout and variables such as staff turnover, absenteeism, reduced organizational commitment, workplace errors, and performance deterioration (Maslach & Leiter, 2016; Salvagioni et al., 2017).

Between 2015 and 2025, scientific production on burnout experienced significant expansion, driven by structural transformations in work, such as digitalization, automation, teleworking, and contractual flexibilization (Eurofound, 2020). The COVID-19 pandemic further intensified research interest, particularly in the healthcare sector, where high levels of emotional exhaustion and occupational stress were reported (Pappa et al., 2020; Shanafelt et al., 2020). Consequently, recent studies have broadened their focus to include dimensions such as transformational leadership, organizational resilience, comprehensive well-being, and sustainable human talent management (Vieira et al., 2006).

In parallel, growing interest has emerged in interdisciplinary approaches integrating organizational psychology, management, public health, and sociology of work, enabling a more comprehensive understanding of burnout as a multidimensional phenomenon derived from the interaction of individual, organizational, and contextual factors (Schaufeli, 2017). Nevertheless, limitations persist in the literature, including conceptual fragmentation between clinical and managerial perspectives, a scarcity of longitudinal studies, and limited integration between systematic reviews and bibliometric analyses (Rotenstein et al., 2018).

These gaps highlight the need for research that systematically articulates diverse theoretical and methodological approaches, offering a structural view of the field. In particular, integrating systematic review and scientometric analysis is essential for identifying patterns of scientific production, thematic dynamics, and processes of conceptual evolution (Zupic & Čater, 2015). In this sense, the present study is justified as a contribution aimed at understanding the current configuration of knowledge on burnout syndrome in occupational contexts, as well as identifying its main trends, challenges, and future projections in occupational health and organizational management.

Objective

The primary objective of this study is to develop and consolidate an integrative analytical framework for understanding burnout syndrome in occupational contexts through the combined application of bibliometric and systematic review methods. By examining scientific production between 2015 and 2025, the research seeks to analyze how individual, organizational, and contextual factors interact in shaping the emergence, development, and consequences of burnout. The study aims to demonstrate that burnout is not merely an individual psychological condition, but a structural and multidimensional phenomenon embedded in institutional practices, work organization, and resource allocation systems, particularly in environments characterized by high emotional demands and limited support mechanisms. In doing so, it contributes to strengthening evidence-based strategies for sustainable organizational performance and workplace well-being.

Method

The present study was conducted under a qualitative, descriptive, and analytical approach through a systematic review of the scientific literature related to burnout syndrome in occupational contexts. This approach made it possible to rigorously identify, organize, and interpret the available empirical evidence in order to understand the main trends, associated factors, and consequences of the phenomenon. The review was guided by the principles of transparency, replicability, and systematicity, which are fundamental in

scientific synthesis studies (Petticrew& Roberts, 2006; Snyder, 2019).

The literature search was carried out in recognized academic databases, including Scopus, PubMed, SciELO, Redalyc, and Google Scholar, selected for their interdisciplinary coverage and relevance in the fields of health, psychology, and social sciences. Combinations of keywords in Spanish and English were used, such as "burnout syndrome," "síndrome de burnout," "occupational stress," "work exhaustion," "health professionals," "teachers," and "mental health." The search was limited to studies published between 2015 and 2025 in order to ensure the currency and relevance of the analyzed evidence.

As a result of this process, and following the guidelines established by the PRISMA model for systematic reviews, 218 documents were initially identified, forming the database for the bibliometric analysis. Subsequently, through the rigorous application of inclusion and exclusion criteria related to thematic relevance, empirical focus, methodological quality, and full-text availability, the sample was refined for the systematic review, resulting in a final selection of 69 scientific articles. This procedure ensured the transparency, traceability, and reproducibility of the selection process. The bibliometric analysis made it possible to examine the temporal evolution of scientific production, co-authorship patterns, keyword co-occurrence networks, and the predominant thematic clusters in the field.

The inclusion criteria comprised articles published in peer-reviewed scientific journals, written in Spanish or English, that explicitly addressed burnout syndrome in occupational settings and presented clear methodological information. Duplicate documents, studies with poorly defined samples, reports lacking empirical support, and works that did not establish direct relationships between burnout and organizational or psychosocial variables were excluded. The selection process was carried out in three stages: title screening, abstract review, and full-text assessment, which allowed for the progressive refinement of the final sample.

Finally, the selected studies were analyzed using a qualitative content analysis technique aimed at identifying thematic categories, recurring patterns, and conceptual divergences. For this purpose, an analytical matrix was constructed, including variables such as study context, methodological design, population, main findings, and intervention proposals. This procedure facilitated the systematic integration of results and strengthened the interpretive validity of the study, enabling the formulation of well-grounded conclusions on burnout in different occupational environments.

Table X. Identification, Screening, and Inclusion Process of Studies According to the PRISMA Model

Phase	Process Stage	Description	Number of Records (n)
Identification	Database search	Records retrieved from Scopus, PubMed, SciELO, Redalyc, and Google Scholar	218
	Additional records	Manual search and reference checking	0
	Total records identified	Initial records	218
Screening	Duplicate removal	Duplicate records removed	20
	Records after duplicate removal	Unique documents for initial assessment	198
	Title and abstract screening	Preliminary relevance assessment	198
	Records excluded	Not directly related to occupational burnout	102

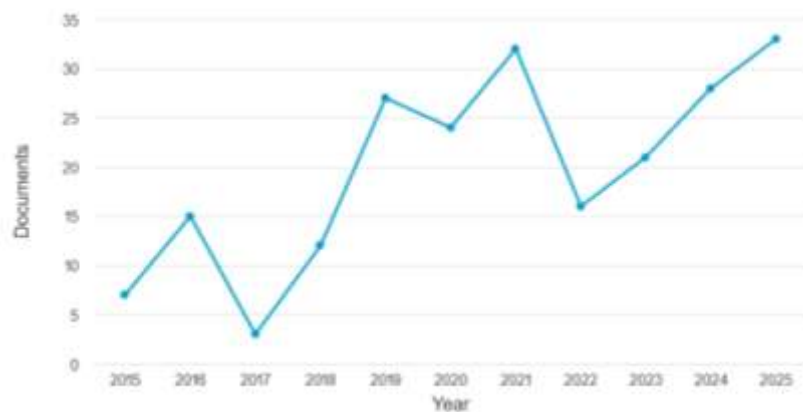
Eligibility	Full-text articles assessed	Documents reviewed in full	96
	Full-text articles excluded	Did not meet methodological or thematic criteria	27

Results

The results of the scientometric analysis are derived from the bibliometric examination of 218 documents published between 2015 and 2025 on burnout syndrome in occupational contexts, retrieved from specialized academic databases. This documentary corpus made it possible to identify patterns of scientific production, collaboration dynamics, thematic structures, and processes of conceptual evolution within the field, in accordance with the principles of bibliometric analysis applied in the social and health sciences (Zupic & Čater, 2015; Donthu et al., 2021).

Annual Scientific Production

First, the analysis of annual scientific output reveals an upward trend in publication volume throughout the period under study, with sustained growth beginning in 2018 and a marked increase after 2020, coinciding with the impact of the COVID-19 pandemic and the strengthening of interest in mental health at work. This pattern is consistent with findings reported in recent studies, which indicate a significant rise in burnout-related research in healthcare and organizational contexts during the global health crisis (Pappa et al., 2020; Shanafelt et al., 2020; Salari et al., 2020). Moreover, this trend reflects the progressive consolidation of burnout as a central object of interdisciplinary research and as a priority in scientific and organizational agendas, particularly in relation to well-being management, occupational resilience, and sustainable human capital development (Maslach & Leiter, 2016; Schaufeli, 2017).



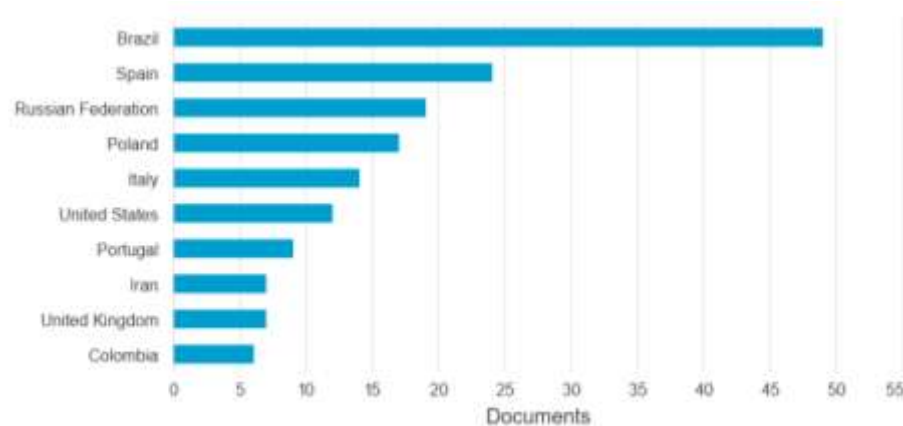
Company and Participant Profile

Geographic distribution of scientific production

Regarding the geographic distribution of scientific production, the results reveal a marked concentration in a small group of countries, a phenomenon characteristic of bibliometric studies in emerging and consolidating research fields (Zupic & Čater, 2015; Donthu et al., 2021). In this context, Brazil clearly leads publication volume, with approximately fifty documents, consolidating its position as the main reference in research on burnout syndrome in occupational settings during the analyzed period. This dominant position is consistent with the sustained development of research in public health, organizational psychology, and occupational medicine in Latin America, particularly within the Brazilian academic system (Borges et al., 2019; Silva et al., 2021).

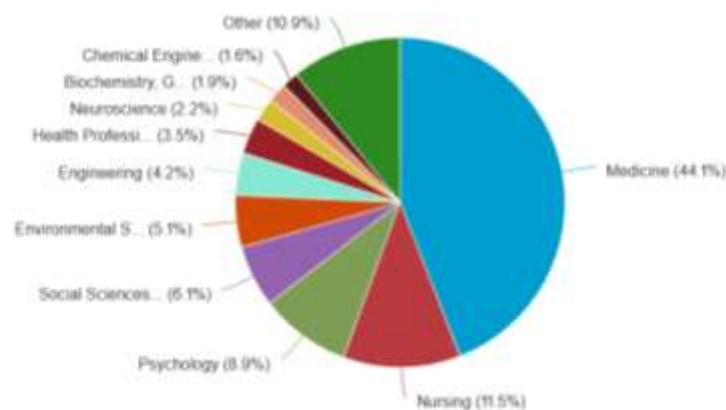
Spain ranks second, with nearly twenty-four publications, followed by the Russian Federation and Poland, with approximately twenty and eighteen documents, respectively. This pattern reflects the consolidation of research networks in occupational stress and occupational health in Eastern and Western Europe (Schaufeli, 2017; Salvagioni et al., 2017). Italy and the United States show intermediate levels of production, with around fourteen and twelve publications, indicating sustained interest in the study of burnout from psychological, organizational, and public health perspectives (Maslach & Leiter, 2016; Shanafelt et al., 2020).

Portugal, Iran, and the United Kingdom exhibit moderate participation, with approximately eight, seven, and six documents, respectively, which aligns with trends observed in previous studies on psychosocial risk research and workplace well-being (Eurofound, 2020; Pappa et al., 2020). Finally, Colombia falls within the group of countries with lower levels of scientific output, with approximately five publications, reflecting an emerging presence in this research field. This situation has been identified by several authors as an opportunity to strengthen occupational health research agendas in Latin America (García-Campayo et al., 2016; Freire Palacios et al., 2024).



Distribution of Publications by Subject Areas

The disciplinary distribution of the analyzed publications shows a clear predominance of the medical field, which accounts for 44.1% of total scientific output, reflecting the strong clinical and occupational health orientation in burnout research. This is followed by nursing (11.5%) and psychology (8.9%), which have become key disciplines in understanding occupational exhaustion. Social sciences (6.1%), environmental sciences (5.1%), and engineering (4.2%) reflect a gradual incorporation of organizational and productive perspectives, while other specialized fields show more limited participation. Overall, these results confirm the predominantly biomedical orientation of the field, accompanied by a growing trend toward interdisciplinary diversification (Zanatta & Lucca, 2015).



Keyword Co-occurrence Analysis

The literature review indicates that the healthcare sector represents one of the occupational contexts with the highest prevalence of burnout syndrome. Studies conducted in different countries consistently report that clinical demands, constant emotional pressure, and responsibility for human life create a highly stressful environment (Muñoz et al., 2018; Amiri et al., 2024; Pappa et al., 2020). These conditions promote

the progressive development of emotional exhaustion, depersonalization, and reduced professional accomplishment (Maslach et al., 2001; Schaufeli, 2017).

In the Spanish context, the meta-analysis by Pujol-de Castro et al. (2024) revealed a significant prevalence of burnout among physicians, demonstrating that even consolidated healthcare systems present deficiencies in protecting occupational well-being. Complementarily, Soto-Moreno et al. (2024) identified high levels of emotional exhaustion among medical residents, indicating that the phenomenon emerges at early stages of professional training.

In Latin America, Vera-Lituma (2024) documented a worsening of burnout during the COVID-19 pandemic, associated with work overload, resource scarcity, and institutional collapse. These findings reinforce the notion that burnout in healthcare primarily responds to structural and organizational factors rather than individual variables, requiring comprehensive interventions based on institutional well-being policies (Bakker & Demerouti, 2017; Salvagioni et al., 2017).

4.2 Burnout and Gender

Gender emerges as a relevant dimension in the analysis of burnout syndrome. Alvarado-Rodríguez and Quinde-Alvear (2024) reported a higher prevalence of emotional exhaustion and occupational fatigue among women in the healthcare sector, especially in high-demand contexts. This pattern is associated with the overload of roles and responsibilities faced by many women, who simultaneously combine professional, family, and social activities.

Several studies suggest that women display higher levels of emotional involvement in their work, increasing their vulnerability to psychological exhaustion (Maslach & Leiter, 2016; Schaufeli, 2017). Furthermore, wage inequalities, limited access to leadership positions, and contractual precariousness deepen this gender gap (Eurofound, 2020).

In this regard, burnout cannot be analyzed solely from an organizational perspective, but must also be understood through social and cultural lenses. Evidence indicates that preventive strategies should incorporate differential approaches that recognize the specific conditions affecting women in different productive sectors (WHO, 2019; Vera-Lituma, 2024).

4.3 Burnout in Invisibilized Sectors

A relevant contribution of recent literature is the inclusion of sectors traditionally excluded from academic analysis. Osorio et al. (2024) examined burnout among domestic workers in Colombia, identifying moderate levels of emotional exhaustion and depersonalization associated with labor informality, contractual instability, and low social valuation.

These results demonstrate that burnout is not exclusive to highly qualified professions, but also affects workers in conditions of structural vulnerability characterized by employment precarization, lack of social protection, and economic dependence (Salvagioni et al., 2017; Schaufeli, 2017).

The inclusion of these sectors broadens the understanding of burnout as a transversal phenomenon closely linked to labor inequalities. It also highlights the need for public policies aimed at employment formalization, strengthening labor rights, and promoting decent working environments as preventive mechanisms (Eurofound, 2020; WHO, 2019).

4.4 Burnout in the Educational Sector

In educational settings, burnout primarily affects teachers exposed to high emotional, administrative, and evaluative demands arising from continuous interaction with students and institutional requirements related to quality standards, accreditation processes, and accountability. Carlotto and Câmara (2017) identified high-risk profiles characterized by emotional exhaustion, progressive demotivation, and loss of professional meaning, which tend to intensify in contexts marked by resource limitations, contractual instability, and insufficient institutional support.

Specialized literature indicates that factors such as administrative overload, simultaneous management of large and heterogeneous groups, pressure for measurable academic outcomes, and limited institutional recognition significantly contribute to professional exhaustion (Bakker & Demerouti, 2017; Maslach & Leiter, 2016). This is compounded by the growing bureaucratization of educational work, which

shifts pedagogical emphasis toward administrative tasks, reporting, and standardized evaluations, reducing opportunities for didactic innovation and professional development.

Moreover, frequent changes in educational policies, curricula, and teaching modalities—particularly the accelerated expansion of virtual and hybrid environments—have increased job uncertainty, continuous adaptation demands, and technological pressure, intensifying occupational stress (Schaufeli, 2017). This process has required teachers to assume multiple simultaneous roles, such as tutors, counselors, administrative managers, and digital mediators, often without adequate institutional training and support mechanisms.

In this context, findings indicate that burnout in education not only compromises teachers' physical and psychological well-being, but also negatively affects instructional quality, school climate, student motivation, and academic outcomes. Reduced work engagement, absenteeism, and teacher turnover emerge as indirect effects of professional exhaustion, undermining educational project stability and pedagogical continuity. Therefore, addressing burnout requires comprehensive institutional strategies focused on strengthening pedagogical support, rationalizing bureaucratic workloads, promoting continuous professional development, and ensuring symbolic and material recognition of teaching work (Salvagioni et al., 2017).

Discusión

The results of the present study confirm that burnout syndrome constitutes a structural, systemic, and transversal problem across multiple occupational sectors, particularly those characterized by high emotional demands, organizational pressure, and persistent institutional constraints. This interpretation not only aligns with the Job Demands–Resources model (Demerouti et al., 2001; Bakker & Demerouti, 2017), but is also reinforced by contemporary empirical evidence demonstrating that prolonged imbalances between organizational demands and resources significantly increase the likelihood of emotional exhaustion and functional deterioration (Feuerhahn et al., 2013; García-Izquierdo et al., 2018). Consistent with the classical conceptualization proposed by Maslach et al. (2001), the findings reaffirm that burnout cannot be interpreted as individual fragility, but rather as the result of structural mismatches between workers and their occupational environments.

In the healthcare sector, the reviewed literature shows remarkable consistency in identifying risk factors such as clinical workload overload, ethical pressure, resource scarcity, and prolonged exposure to human suffering (Almhana et al., 2019; Bakhamis et al., 2019; Kotb et al., 2014). Recent studies conducted in hospital settings during and after the pandemic confirm a high prevalence of emotional exhaustion, particularly in intensive care units and hospitals with structural limitations (Dimitriu et al., 2020; Ibraheim et al., 2025; Olivares et al., 2022). This trend is consistent with the arguments of Maslach and Leiter (2016), who maintain that insufficient organizational support and workload imbalance are robust predictors of professional exhaustion. Moreover, recent research warns that burnout among healthcare professionals not only compromises individual health, but also affects patient safety and care quality (Ferraiuolo, 2025; Saleh et al., 2025), thereby extending its impact to systemic dimensions of institutional functioning.

From a neuropsychological and physiological perspective, studies such as those by Khammissa et al. (2022) and Konlan et al. (2022) demonstrate that burnout is associated with alterations in stress regulation mechanisms and allostatic load systems, suggesting that the phenomenon transcends the emotional domain to become a comprehensive health risk. Likewise, longitudinal research indicates that variables such as insomnia and loneliness may act as mediators in the progression of professional exhaustion (Świtaj et al., 2025), highlighting the multifactorial complexity of the phenomenon.

With regard to gender, the findings support evidence indicating greater female vulnerability to emotional exhaustion, especially in contexts of high clinical demand and accumulated domestic workload (Alvarado-Rodríguez & Quinde-Alvear, 2024; Lis-Gutiérrez et al., 2024). This situation is intensified in modalities such as teleworking, where role overlap increases psychological pressure (Rodríguez-López et al., 2021). These results confirm that burnout must be analyzed from an intersectional perspective that incorporates structural inequalities, power asymmetries, and sociocultural dynamics.

The inclusion of historically invisibilized sectors broadens the interpretive framework of the phenomenon. Studies involving domestic workers, administrative personnel, and non-clinical staff reveal that labor informality, contractual precarization, and low social recognition constitute significant determinants of exhaustion (Freire Palacios et al., 2024; Osorio et al., 2024). Similar patterns are observed in specialized and surgical medical professions, where performance pressure and technical responsibility

intensify exhaustion levels (Prendergast et al., 2016; Lesic et al., 2009). Thus, burnout emerges as an expression of broader structural inequalities within contemporary labor systems.

In educational settings, evidence confirms that administrative overload, evaluative pressure, and institutional demotivation represent significant risk factors (Cadena-Povea et al., 2025; Copková, 2021). Recent studies among university and school teachers show that teleworking and accelerated virtualization have intensified emotional exhaustion (Lis-Gutiérrez et al., 2024). Furthermore, Feuerhahn et al. (2013) demonstrate that emotional exhaustion negatively affects cognitive performance, thereby compromising instructional quality.

Overall, the findings reinforce the multidimensional conception of burnout and are consistent with research emphasizing the need for systemic organizational interventions (García-Campayo et al., 2016; Iserson, 2018). Although individual strategies such as mindfulness or active coping may partially mitigate negative effects (García-Izquierdo et al., 2018), evidence indicates that interventions focused exclusively on self-care are insufficient when not accompanied by structural transformations in work management.

In this regard, recent literature suggests that organizational policies oriented toward ethical leadership, workload redesign, institutional support, and the strengthening of collaborative networks are more effective in reducing exhaustion (Bilhimer et al., 2020; Karakolias, 2025). Likewise, comparative studies indicate that organizational culture and management practices directly influence burnout prevention (Fullerton et al., 2014; Zarei&Dabaghi, 2019).

Finally, this review highlights the need to advance toward integrated models that articulate organizational psychology, public health, labor economics, and strategic human talent management. As suggested by recent studies (Vafae-Najar et al., 2023; Khammissa et al., 2022), only an interdisciplinary approach will enable the design of contextualized, sustainable, and culturally sensitive interventions. Consequently, burnout should be understood not only as a clinical or psychological phenomenon, but also as a critical indicator of the structural balance of contemporary labor systems.

Conclusions

The present analysis confirms that burnout syndrome constitutes a structural occupational health problem with significant effects on professional performance, service quality, and workers' overall well-being. The reviewed evidence demonstrates that its emergence is closely linked to organizational factors such as workload overload, role ambiguity, limited autonomy, and insufficient institutional support, which operate cumulatively and systemically. Furthermore, burnout is not limited to the healthcare sector, but also manifests in educational settings and precarized labor contexts, highlighting its transversal and multicausal nature. These findings reinforce the need to understand professional exhaustion as an organizational and social phenomenon rather than merely an individual condition.

Consequently, preventing and mitigating burnout requires comprehensive interventions that combine institutional strategies with actions aimed at strengthening personal resources. Organizations should implement human talent management policies focused on equitable workload redistribution, professional recognition, psychosocial support, and the promotion of healthy organizational cultures. At the same time, future research should deepen longitudinal analyses of the phenomenon and evaluate evidence-based preventive programs, incorporating differential and contextual approaches to design more effective and sustainable responses to occupational exhaustion.

Future Research Directions

Future research on burnout syndrome in occupational contexts should advance toward more integrative, longitudinal, and context-sensitive approaches that allow for a deeper understanding of its dynamic and structural nature. In particular, there is a need to increase the number of longitudinal and mixed-method studies capable of capturing causal relationships and temporal trajectories between job demands, organizational resources, and professional exhaustion, overcoming the limitations of predominantly cross-sectional designs.

Further studies should strengthen comparative and cross-cultural analyses, especially in underrepresented regions such as Latin America, Africa, and parts of Asia, in order to examine how institutional frameworks, labor regulations, and sociocultural norms shape the manifestation and

management of burnout. This would contribute to the development of more contextually grounded and transferable intervention models.

In addition, future research should expand the focus on organizational and systemic determinants, including leadership styles, governance structures, digitalization processes, and human talent management policies. Evaluating how these factors interact with individual characteristics will facilitate the construction of multilevel explanatory models that better reflect the complexity of contemporary work environments.

Another relevant direction involves the systematic assessment of preventive and intervention programs. More rigorous experimental and quasi-experimental studies are required to evaluate the effectiveness, scalability, and sustainability of organizational-level strategies aimed at reducing burnout, moving beyond individual-focused approaches centered exclusively on coping or self-care..

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