# Relationship between Job Satisfaction and Burnout Syndrome among Healthcare Personnel in Mathari National Teaching and Referral Hospital, Nairobi County

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## ABSTRACT

Healthcare professionals face demanding work environments that can contribute to burnout and influence job satisfaction. This study investigated the relationship between job satisfaction and burnout syndrome among healthcare personnel at Mathari National Teaching and Referral Hospital in Nairobi County, Kenya. Guided by Herzberg's Two-Factor Theory (1959) and the Burnout Multidimensional Model by Maslach and Jackson (1981), the study employed a quantitative correlational design. Data were collected through a census approach using the Job Satisfaction Survey and the Maslach Burnout Inventory from 227 healthcare personnel across various professional categories. Findings showed that 95.6% of participants reported neutral job satisfaction, while burnout levels were high across emotional exhaustion (48.9%), depersonalization (57.3%), and low personal accomplishment (72.2%). Pearson correlation analysis revealed a weak, non-significant negative relationship between job satisfaction and emotional exhaustion ($r = –.071$, $p < .001$), a small significant negative relationship with depersonalization ($r = –.23$, $p < .001$), and a small significant positive relationship with personal accomplishment ($r = .172$, $p < .01$). These results align with global studies that demonstrate a negative association between job satisfaction and burnout. The study emphasizes the need for workplace support systems and self-care initiatives to promote the mental health of healthcare personnel.

**Keywords:** Job satisfaction, burnout syndrome, healthcare personnel, Mathari National Teaching and Referral Hospital.

## INTRODUCTION

Healthcare professionals are integral to modern healthcare systems, serving at the forefront of diagnosing, treating, and preventing both physical and mental illnesses. They promote health and well-being by applying preventive and curative interventions to meet the diverse needs of individuals and communities (World Health Organization [WHO], 2013). However, the healthcare profession is inherently demanding and exposes workers to numerous stressors, including long working hours, emotional strain, and the trauma of witnessing patient suffering (Alghamdi & Alshahrani, 2023). Research by Mannings-Jones et al. (2016) and Ogińska-Bulik et al. (2021) shows that continuous exposure to patients' distress can lead to compassion fatigue, stress, and burnout among healthcare professionals. Although these individuals are often perceived as resilient, they experience emotional exhaustion that can negatively affect their job satisfaction, performance, and overall well-being. Understanding how job satisfaction relates to burnout is therefore crucial in addressing workforce challenges within healthcare systems.

Job satisfaction refers to the degree of positive or negative feelings employees hold toward their work. It encompasses multiple dimensions, such as remuneration, working conditions, job security, and interpersonal relationships (Spector, 1985). In healthcare, job satisfaction is vital for ensuring high-quality patient care, employee retention, and overall institutional effectiveness (Lu et al., 2019). Studies have shown that low job satisfaction is closely linked to high burnout levels, low motivation, and increased turnover rates (Laschinger et al., 2016). In high-pressure hospital environments, particularly those involving direct patient care, the interaction between job satisfaction and burnout is especially pronounced. Afulani et al. (2021) found that 69.4% of healthcare providers in Kenya experienced burnout, with high stress levels contributing to low job satisfaction.

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Similarly, Goetz et al. (2015) reported that dissatisfaction with remuneration, inadequate resources, and limited career advancement opportunities negatively affected the morale of healthcare workers. These findings suggest that job satisfaction and burnout are deeply interconnected, requiring deliberate organizational attention to improve both employee welfare and service quality. Burnout syndrome (BS) is a psychological condition resulting from chronic workplace stress that has not been successfully managed. It is characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Leiter, 2016). The WHO (2019) identifies burnout as a syndrome resulting from prolonged stress, marked by exhaustion, cynicism, and decreased professional efficacy. Globally, burnout among healthcare professionals has become a major concern due to its impact on both employees and patient outcomes. Dyrbye et al. (2017) found that persistent work-related stress among physicians and other healthcare workers can lead to emotional exhaustion, reduced job satisfaction, and lower productivity. Similarly, Reith (2018) noted that burnout is linked to increased medical errors and higher turnover rates among healthcare professionals. Li et al. (2024) further emphasize that burnout compromises not only individual performance but also the quality of care and organizational stability. These findings underscore the urgency of addressing burnout as a critical occupational health issue globally.

Regionally, healthcare professionals across Africa face even greater challenges that heighten the risk of burnout. Limited staffing, resource shortages, and poor infrastructure continue to strain healthcare systems (Debes et al., 2021). Oleribe et al. (2019) identified systemic challenges such as inadequate personnel (17.82%), inefficient resource allocation (17.45%), and poor maintenance of healthcare infrastructure (10.18%) as major contributors to work-related stress. In South Africa, Kgatle et al. (2023) found that 95% of healthcare personnel in a public tertiary hospital experienced burnout, while Kabunga et al. (2024) reported that nearly 40% of healthcare professionals in Uganda suffered high levels of burnout. These studies demonstrate that occupational stress and burnout are widespread in African healthcare systems, often exacerbated by under-resourced environments and limited institutional support. Consequently, the regional context highlights the urgent need for targeted interventions to safeguard the mental health and motivation of healthcare personnel.

In Kenya, burnout among healthcare workers is a growing concern, particularly in large and specialized institutions such as Mathari National Teaching and Referral Hospital (MNTRH). As the country's principal psychiatric referral and teaching hospital, Mathari provides mental health services to a vast and diverse population, placing immense pressure on its workforce. The emotionally demanding nature of psychiatric care, coupled with high patient volumes and resource constraints, has been linked to low job satisfaction and high burnout levels among healthcare professionals (Wachira et al., 2020). These conditions can lead to emotional exhaustion, reduced morale, and decreased quality of care. Given the critical role of MNTRH in Kenya's mental health system, it is essential to understand how job satisfaction and burnout interact among its healthcare workers to inform effective organizational and policy interventions.

This study was anchored on two theoretical frameworks: Herzberg's Two-Factor Theory and Maslach's Multidimensional Model of Burnout. Herzberg, Mausner, and Snyderman (1959) proposed that job satisfaction and dissatisfaction are influenced by distinct sets of factors. Motivator factors such as recognition, achievement, and opportunities for advancement enhance satisfaction, whereas hygiene factors such as pay, supervision, and working conditions prevent dissatisfaction (Herzberg, 1985). Herzberg's theory suggests that improving hygiene factors alone reduces dissatisfaction but does not necessarily increase satisfaction; true motivation arises from the presence of motivators. Ewen et al. (1968) criticized the theory for its methodological weaknesses, particularly in the way data were collected and interpreted**.** Ssesanga and Garrett (2005) further observed that the application of Herzberg's theory may vary across cultures, as factors influencing job satisfaction differ depending on social and economic contexts. Despite these criticisms, the theory remains valuable in understanding workplace satisfaction among healthcare personnel. Maslach's Multidimensional Model of Burnout, developed by Maslach and Jackson (1981), complements Herzberg's theory by examining the psychological and emotional dimensions of burnout. The model defines burnout as comprising emotional exhaustion, depersonalization, and reduced personal accomplishment. According to Maslach, Schaufeli, and Leiter (2001)**,** burnout develops when there is a mismatch between the individual and the workplace in areas such as workload, control, reward, community, fairness, and values**.** Halbesleben and Rathert (2008) further

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explain that in healthcare environments, emotional demands and heavy workloads significantly contribute to burnout among professionals. Similarly, the World Health Organization (2019) highlights that limited support systems and stressful working conditions in mental health settings intensify these challenges**.** Integrating Herzberg's and Maslach's frameworks provides a comprehensive understanding of how job satisfaction and burnout interact to shape healthcare workers' motivation, well-being, and performance.

Despite extensive research globally and across Africa, there remains a notable gap in understanding the relationship between job satisfaction and burnout syndrome among healthcare professionals in specialized psychiatric settings in Kenya. Most local studies have focused on general hospitals, overlooking the unique emotional and psychological pressures experienced by healthcare workers in mental health institutions. Addressing this gap is essential for developing evidence-based strategies that enhance job satisfaction, reduce burnout, and improve the quality of patient care within Kenya's mental health system.

Therefore, this study aimed to fill this gap by examining the relationship between job satisfaction and burnout syndrome among healthcare workers at Mathari National Teaching and Referral Hospital in Nairobi County, Kenya. Specifically, the study sought to answer the following research questions:

RQ1: What are the levels of job satisfaction among healthcare workers at Mathari National Teaching and Referral Hospital?

RQ2: What are the levels of burnout syndrome among healthcare workers at Mathari National Teaching and Referral Hospital?

RQ3: What is the relationship between job satisfaction and burnout syndrome among healthcare workers at Mathari National Teaching and Referral Hospital?

## METHODOLOGY

This study adopted a positivism paradigm, which emphasizes objective facts and observable relationships while minimizing researcher bias (Park et al., 2020). A quantitative approach using a correlational survey design was employed to examine the relationship between job satisfaction and burnout syndrome among healthcare workers.

The study was guided by the following specific objectives:

1. To determine the levels of job satisfaction among healthcare workers at Mathari National Teaching and Referral Hospital.
2. To assess the levels of burnout syndrome among healthcare workers at Mathari National Teaching and Referral Hospital.
3. To examine the relationship between job satisfaction and burnout syndrome among healthcare Personnel

The target population comprised 272 healthcare workers from Mathari National Teaching and Referral Hospital (MNTRH) in Nairobi County. To enhance the study's methodological rigor and ensure data integrity, explicit inclusion and exclusion criteria were established as presented in Table 1 below

Table 1: Inclusion and Exclusion Criteria

| Inclusion Criteria | Exclusion Criteria |
|---|---|
| Healthcare workers employed at Mathari National Teaching and Referral Hospital (MNTRH). | Healthcare workers from other hospitals or healthcare institutions. |
| Professionals directly involved in patient care or support services (e.g., nurses, clinical officers, psychologists, psychiatrists, social workers, occupational therapists). | Administrative or non-clinical staff not directly involved in patient care. |

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| | |
|---|---|
| Employees who had worked at MNTRH for at least six months. | Newly recruited staff with less than six months of service. |
| Healthcare workers aged between 21 and 65 years. | Workers below 21 or above 65 years of age. |
| Participants who voluntarily provided informed consent. | Individuals who declined or failed to provide informed consent. |

**Ethical Approval**

Ethical approval for this study was obtained from the Tangaza University Research Ethics Committee (TUREC) (Ref: TU/ISERC2025/01/00091), the National Commission for Science, Technology, and Innovation (NACOSTI) (Permit No: 788210), and the Institutional Scientific and Ethics Review Committee (ISERC) of Mathari National Teaching and Referral Hospital (Ref: 2025/ISERC-027). All research procedures adhered strictly to the ethical standards prescribed by these bodies, ensuring confidentiality, anonymity, and the protection of participants throughout the study. Participation was voluntary, and informed consent was obtained from all participants prior to data collection. The researcher declares that the study was self-funded and that there were no conflicts of interest personal, financial, or professional that could have compromised the integrity of the research or its dissemination.

**Data Availability**

Data collection was conducted using two standardized instruments: the Job Satisfaction Survey (JSS) developed by Paul Spector (1985) and the Maslach Burnout Inventory (MBI) developed by Maslach and Jackson (1981). Both instruments have been widely validated and are recognized for their reliability and psychometric strength in assessing job satisfaction and burnout among healthcare professionals. In this study, the JSS, which consisted of 36 items, demonstrated good internal reliability with a Cronbach's alpha coefficient of .837, while the MBI, comprising 22 items, also displayed good reliability with a coefficient of .841. Tests of normality indicated that responses for both instruments were approximately normally distributed, with skewness and kurtosis values falling within the acceptable range for assuming normality. Data analysis was performed using SPSS version 25. The dataset supporting the findings of this study is available from the corresponding author upon reasonable request, in accordance with ethical and data protection standards

## RESULTS

This section presents the findings of the study in three stages. First, it outlines the demographic characteristics of the healthcare personnel who participated in the study. Next, it describes the levels of job satisfaction and burnout among the respondents. This step provides essential context for understanding the distribution of each variable, which is crucial for conducting a valid correlation analysis. Finally, the section presents the results of the Pearson correlation analysis used to examine the relationship between job satisfaction and burnout syndrome among healthcare personnel at Mathari National Teaching and Referral Hospital.

Table 2: Demographic Characteristics

| | **Frequency** | **Percentage** |
|---|---|---|
| **Age** | | |
| 20 - 30 years | 21 | 9.3 |
| 31 - 40 years | 102 | 44.9 |
| 41 – 50 years | 81 | 35.7 |
| 51 and above | 23 | 10.1 |

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| | | |
|---|---|---|
| **Gender** | | |
| Male | 112 | 49.3 |
| Female | 115 | 50.7 |
| **Employment Status** | | |
| Full-time | 122 | 53.7 |
| Part-time | 75 | 33.0 |
| Temporary/Contract | 30 | 13.2 |
| **Work Experience** | | |
| Less than 1 year | 35 | 15.4 |
| 1 - 5 years | 66 | 29.1 |
| 6 - 10 years | 60 | 26.4 |
| 11 - 15 years | 49 | 21.6 |
| 16 years and above | 17 | 7.5 |
| **Professional Role** | | |
| Nurse | 53 | 23.3 |
| Clinical/Counselling Psychologist | 44 | 19.4 |
| Psychiatrist | 43 | 18.9 |
| Counsellor | 32 | 14.1 |
| Social Worker | 32 | 14.1 |
| Occupational Therapist | 21 | 9.3 |
| Nutritionists | 2 | .9 |

As presented in Table 2, most healthcare personnel were aged between 31 and 40 years (44.9%), followed by those aged 41–50 years (35.7%). The majority were female (50.7%), while 49.3% were male. More than half (53.7%) were employed full-time, 33.0% part-time, and 13.2% on temporary or contractual terms. Most respondents had between 1–5 years (29.1%) and 6–10 years (26.4%) of work experience. The largest professional group were nurses (23.3%), followed by clinical or counselling psychologists (19.4%) and psychiatrists (18.9%).

Table 3: Levels of Job Satisfaction (n=227)

| **Levels of JSS** | **Frequency** | **Percentage (%)** |
|---|---|---|
| Dissatisfied | 7 | 3.1 |
| Neutral | 217 | 95.6 |

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|---|---|---|
| Satisfied | 3 | 1.3 |
| **Total** | **227** | **100.0** |

Table 3 shows that most participants (95.6%) reported a neutral level of job satisfaction, 3.1% indicated dissatisfaction, and 1.3% expressed satisfaction. These findings suggest that the majority of respondents held a neutral perception of their work, implying that job satisfaction factors were moderate, with no strong positive or negative influences identified.

Table 4: Levels of Emotional Exhaustion (n=227)

| **Levels of Emotional Exhaustion** | **Frequency** | **Percentage (%)** |
|---|---|---|
| Low Exhaustion | 33 | 14.5 |
| Moderate Exhaustion | 83 | 36.6 |
| High Exhaustion | 111 | 48.9 |
| **Total** | **227** | **100.0** |

Table 4 shows that nearly half of the participants (48.9%) experienced high emotional exhaustion, 36.6% reported moderate levels, and 14.5% reported low exhaustion. These findings suggest that most participants experienced moderate to high emotional strain, reflecting notable fatigue among healthcare personnel. Considering that job satisfaction levels were neutral, the results imply that emotional exhaustion may stem from other underlying factors within the work environment rather than dissatisfaction alone.

Table 5: Levels of Depersonalization (n=227)

| **Levels of Depersonalization** | **Frequency** | **Percentage (%)** |
|---|---|---|
| Low Depersonalization | 28 | 12.3 |
| Moderate Depersonalization | 69 | 30.4 |
| High Depersonalization | 130 | 57.3 |
| **Total** | **227** | **100.0** |

Table 5 shows that more than half of the participants (57.3%) reported high levels of depersonalization, 30.4% reported moderate levels, and 12.3% reported low levels. These results indicate that a substantial proportion of respondents experienced high depersonalization, reflecting notable burnout among healthcare personnel.

Table 6: Levels of Personal Accomplishment (n=227)

| **Levels of Accomplishment** | **Frequency** | **Percentage (%)** |
|---|---|---|
| Low Accomplishment | 164 | 72.2 |
| Moderate Accomplishment | 49 | 21.6 |
| High Accomplishment | 14 | 6.2 |
| **Total** | **227** | **100.0** |

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Table 6 shows that most participants (72.2%) reported low levels of personal accomplishment, 21.6% reported moderate levels, and 6.2% reported high levels. These findings indicate that the majority of respondents experienced reduced personal accomplishment, consistent with elevated burnout levels among healthcare personnel

The third objective of the study examined the relationship between job satisfaction and burnout syndrome among healthcare personnel at MNTRH. Burnout was conceptualized as a multidimensional construct comprising emotional exhaustion, depersonalization, and reduced personal accomplishment. Therefore, the analysis was conducted separately for each subscale of the MBI to provide a clearer understanding of how job satisfaction relates to each dimension of burnout, as presented in Tables 7, 8, and 9

Table 7: Pearson's Correlation Analysis Between Job Satisfaction and Emotional Exhaustion (n=227)

| | | Total JSS |
|---|---|---|
| Total JSS | Pearson Correlation | 1 |
| | Sig. (2-tailed) | |
| | N | 227 |
| Total Emotional Exhaustion | Pearson Correlation | -.071 |
| | Sig. (2-tailed) | .285 |
| | N | 227 |

Table 7 presents a weak negative correlation between job satisfaction and emotional exhaustion, which was not statistically significant ($r = –.071$, $p = .285$). This indicates that higher job satisfaction was not meaningfully related to emotional exhaustion among healthcare personnel at MNTRH.

Table 8: Pearson Correlation Analysis Between Job Satisfaction and Depersonalisation (n=227)

| | | Total JSS |
|---|---|---|
| Total JSS | Pearson Correlation | 1 |
| | Sig. (2-tailed) | |
| | N | 227 |
| Total Depersonalization | Pearson Correlation | -.234 |
| | Sig. (2-tailed) | .000 |
| | N | 227 |

Table 8 presents a small but statistically significant negative correlation between job satisfaction and depersonalization ($r = –.234$, $p < .001$). This means that higher job satisfaction was associated with lower levels of depersonalization among healthcare personnel. However, since overall depersonalization scores remained high, job satisfaction alone appeared insufficient to substantially reduce depersonalization at MNTRH.

Table 9: Pearson's Correlation Analysis Between Job Satisfaction and Personal Accomplishment (n=227)

| | | Total JSS |
|---|---|---|
| Total JSS | Pearson Correlation | 1 |

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| | | |
|---|---|---|
| | Sig. (2-tailed) | |
| | N | 227 |
| Total Personal Accomplishment | Pearson Correlation | .172 |
| | Sig. (2-tailed) | .010 |
| | N | 227 |

Table 9 indicates a small but statistically significant positive correlation between job satisfaction and reduced personal accomplishment ($r = .17$, $p < .01$). This means that higher job satisfaction was associated with lower burnout in this dimension, suggesting that healthcare personnel with greater job satisfaction reported a stronger sense of accomplishment in their work at MNTRH.

## DISCUSSION

The study examined the relationship between job satisfaction and burnout syndrome among healthcare personnel at Mathari National Teaching and Referral Hospital (MNTRH). The results revealed that most participants (95.6%) held a neutral view of their jobs, indicating neither satisfaction nor dissatisfaction. According to Herzberg's Two-Factor Theory (1985), this balance may occur when hygiene factors such as supervision and working conditions are adequate but intrinsic motivators like recognition and professional growth remain limited. This pattern is comparable to findings by Scanlan (2021) in Australia and Osei (2023) in Ghana, who both reported moderate satisfaction among healthcare personnel working in demanding environments.

With regard to burnout, high levels were observed in emotional exhaustion (48.9%) and depersonalization (57.3%)**,** while reduced personal accomplishment (72.2%) was comparatively lower. This suggests that although healthcare personnel experienced emotional strain and detachment, many still maintained a sense of professional competence. These results align with Maslach and Leiter's (2016) model, which posits that burnout develops unevenly across its dimensions. Similar trends were observed by Kinyanjui (2023) in Uganda and Nwosu (2024) in Kenya, who also reported high emotional exhaustion and depersonalization but moderate levels of reduced personal accomplishment. Correlation analysis showed a weak and non-significant negative association between job satisfaction and emotional exhaustion ($r = –.071$, $p = .285$), suggesting that job satisfaction alone did not mitigate emotional strain. A small but statistically significant negative correlation was observed between job satisfaction and depersonalization ($r = –.234$, $p < .001$), whereas a positive relationship was found with reduced personal accomplishment ($r = .17$, $p < .01$). These results indicate that higher job satisfaction was related to lower burnout levels across certain dimensions These findings support Herzberg's proposition that motivators enhance engagement, while their absence contributes to emotional withdrawal. The results show that job satisfaction affects some aspects of burnout but does not prevent emotional exhaustion. Therefore, organizations should create interventions that build motivation, recognize employee efforts, and strengthen staff support

## CONCLUSION

This study examined the relationship between job satisfaction and burnout syndrome among healthcare personnel at Mathari National Teaching and Referral Hospital (MNTRH) in Nairobi County, Kenya. The findings revealed that most participants held a neutral view of their jobs, suggesting that neither satisfaction nor dissatisfaction strongly characterized their work experience. According to Herzberg's Two-Factor Theory, this may stem from adequate pay and supervision but few opportunities for recognition or growth.

The results showed high levels of burnout among healthcare personnel. Nearly half reported emotional exhaustion, more than half experienced depersonalization, and many had reduced personal accomplishment. These findings support Maslach's Burnout Model, which views burnout as a response to ongoing work stress. They also show the emotional strain faced by healthcare workers, especially in psychiatric hospital.

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Correlation results showed that job satisfaction was weakly and insignificantly related to emotional exhaustion but significantly related to depersonalization and reduced personal accomplishment. This means job satisfaction reduces some aspects of burnout but not emotional fatigue. Burnout remains a complex condition influenced by both personal and workplace factors.

In summary, the study found a weak negative relationship between job satisfaction and burnout, meaning that higher satisfaction slightly lowers burnout levels. Neutral job satisfaction alone cannot prevent burnout. The findings show the need for institutions to improve both intrinsic and extrinsic job factors to support staff well-being and patient care. The study adds to knowledge by showing that in Kenya's psychiatric healthcare setting, enhancing job satisfaction requires attention to employee welfare and service quality

## RECOMMEDATIONS

The study revealed varying levels of job satisfaction and burnout syndrome among healthcare workers, with some employees reporting high satisfaction and low burnout, while others experienced the opposite. To address this, it is recommended that

- **Enhance Workplace Support Systems**

Even though the relationship between job satisfaction and burnout was weak, healthcare workers still experience emotional strain. MNTRH should strengthen support systems such as peer counseling, regular debriefing sessions, and mentorship programs to help employees manage stress effectively.

- **Promote Staff Recognition and Appreciation**

Management should recognize employees' efforts through verbal appreciation, awards, or non-monetary incentives. Feeling valued can increase morale and contribute to a more positive work atmosphere.

- **Review and Improve Working Conditions**

Ensure adequate staffing levels, fair workload distribution, and availability of essential resources. Improving these factors can indirectly enhance job satisfaction and reduce the risk of burnout.

- **Provide Continuous Professional Development**

Offer regular training, workshops, and career advancement opportunities. Empowering staff with new skills can enhance motivation and foster a sense of growth and purpose.

- **Strengthen Communication and Feedback Channels**

Encourage open communication between management and staff. Establish feedback mechanisms where employees can freely express concerns and suggestions, ensuring they feel heard and involved in decision-making.

- **Introduce Mindfulness and Wellness Programs**

MNTRH should introduce mindfulness and wellness programs that support the emotional well-being of healthcare workers. These may include mindful self-compassion sessions, stress management workshops, mental health awareness activities, and periodic staff retreats aimed at relaxation, reflection, and resilience building. Such initiatives would help employees manage stress, enhance self-awareness, and prevent burnout.

**Recommendations to Policy Makers (Ministry of Health and Related Agencies)**

- **Develop and Enforce Mental Health Policies for Healthcare Workers**

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Create policies that protect and promote the psychological well-being of healthcare personnel, emphasizing prevention and management of burnout in all health institutions.

- **Allocate Adequate Resources to Mental Health Facilities**

Ensure hospitals like MNTRH receive sufficient funding for staff welfare, infrastructure, and equipment to ease workload pressure and improve service delivery.

- **Establish National Programs for Staff Wellness**

Introduce nationwide wellness and counseling programs that target healthcare Personnel, particularly those in high-stress environments like psychiatric facilities.

- **Review Remuneration and Incentive Structures**

Policy makers should periodically review remuneration and incentive structures to maintain fairness and sustain motivation among healthcare workers. Strengthening reward systems can help preserve job satisfaction and encourage staff retention.

- **Support Research on Healthcare Personnel Well-being**

Encourage further research on job satisfaction, burnout, and related psychosocial factors to inform evidence-based interventions across healthcare institutions.

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