RESEARCH PAPER

Occupational Stress, Burnout and Job Satisfaction among Employees Working in Mental Health Setup: A Systematic Review.

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ABSTRACT
Background: Employees working in mental health setup are more likely to experience high levels of work-related stress and burnout, which can affect how satisfied they are with their jobs and their overall well-being.
Objectives: The goal of this study is to look closely at the existing research on how common stress, burnout, and job satisfaction are among mental health professionals. It also aims to find out what factors increase the risk of these issues and what actions can help reduce them.
Methods: A systematic search of PubMed, PsycINFO, Scopus, and Web of Science was conducted from 1996 to 2025. Eligible studies included observational and interventional designs that reported on stress, burnout, or job satisfaction among employee working in mental health setup.
Results: From 2,100 screened records, 200 studies met the inclusion criteria. Pooled prevalence estimates indicated high levels of emotional exhaustion, stress, and job dissatisfaction. Major risk factors included workload, unclear role expectations, and lack of supervisory support. Interventions targeting individuals (e.g., CBT, mindfulness) were more effective than organizational approaches.
Conclusion: Burnout and job dissatisfaction are common among employee working in mental health setup. Multi-level strategies are urgently needed to address both systemic and individual risk factors.
Keywords: Occupational Stress, Burnout, Job Satisfaction, Coping Strategies, Emotional Exhaustion
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INTRODUCTION

Occupational Stress

'Occupational stress' is a term frequently used to describe workplace stress. Perceived as a challenge or demand, "stress" can be both positively stimulating and desired, but in some situations, it can be harmful, leading to feelings of lower well-being and impaired performance. The fundamental tenet of this concept is that employees are subject to expectations in any work environment, and that difficulties in fulfilling these demands may result in disease and/or psychological suffering. Occupational stress is a serious health issue for both individual employees and their companies because it can result in burnout, high labour turnover rates, absenteeism, low morale, and decreased efficiency and performance (Sutherland and Cooper, 1990). Those who provide long-term care for critically ill patients may encounter emotionally taxing circumstances and severe suffering. These feelings can include the need to "rescue" patients, feelings of helplessness and frustration as the illness worsens, grief, fear of getting sick oneself, and a desire to avoid and keep a distance from patients to avoid becoming ill. These feelings are normal in routine clinical work, but they frequently impact the standard of medical care that doctors provide, as well as their own health ((Meier *et al.*, 2001). Professionals in the mental health field have been found to be at a high risk for occupational stress (Leary & Brown, 1995; Nolan *et al.*, 1995). Due to increased workloads, growing administrative responsibilities, and a lack of resources, mental health professionals who are part of community teams are currently experiencing higher levels of stress and burnout. Additional stressors include difficulty with time management, improper referrals, safety concerns, role ambiguity and conflict, lack of supervision, and a generally subpar working environment.

The three stages of a stress response are: (Selye, 1930)

Alarm - During this stage, individuals may experience symptoms such as an elevated heart rate, anxiety, or fear, triggered by physical, emotional, or mental stressors. This stage is characterized by the activation of the sympathetic nervous system, resulting in a "fight or flight" response and an adrenaline surge throughout the body. Typically, this stage is transient in the context of everyday life stressors. However, prolonged exposure to work-related stress can extend this stage, leading to the subsequent Resistance stage.

Resistance - In this stage, the body attempts to counteract the "alarm" response by increasing the production of substances such as melatonin in the brain. Nevertheless, when stress persists over an extended period, the alarm stage can overpower the resistance stage, creating a

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detrimental cycle that may result in sleep disturbances, fatigue, irritability, and concentration difficulties.

Exhaustion -The final stage, this, occurs when the body succumbs to stress after prolonged alternation between the alarm and resistance stages. At this point, the body's defences, both physical and mental, are compromised, rendering it highly susceptible to illness and infection.

Chronic, unmanaged work-related stress significantly increases the risk of various health conditions, including bacterial and viral infections, elevated hormone levels, cardiovascular disease, diabetes, and severe dermatological disorders. Addressing workplace stress is imperative for these reasons alone.

Burnout

Freudenberger popularized the term burnout and described it as “becoming exhausted by making excessive demands on energy, strength or resources in the workplace” (Freudenberger, 1974, p. 159). Burnout may result from long-term exposure to organizational, interpersonal, and emotional stressors at work. In the "helping professions" (e.g., doctors, medical specialists, nurses, social workers, psychologists, psychotherapists, etc.), burnout is commonly defined as "a syndrome of physical and emotional exhaustion involving the development of a negative self-concept, negative job attitudes, and a loss of concern and feeling for patients" (Pines and Maslach, 1978). Three dimensions are traditionally used to describe the syndrome: "emotional exhaustion," which is characterized by a feeling of excessive emotional stress and being depleted by social interaction; "depersonalization," which is characterized by an indifferent and insensitive response to those who typically receive social services and care; and "reduced personal accomplishment," which is defined as a decrease in one's capacity to perform, manifested through a diminished sense of competence in carrying out one's work (Maslach, 1982).

Significant hardship and upsetting emotional circumstances are commonplace among caregivers of patients with chronic and critically ill conditions. The need to "rescue" patients, feelings of helplessness in the face of illness and its consequences, grief, fear of getting sick oneself, and a desire to avoid and keep a distance from patients to avoid these emotions are some examples of these emotions. Despite being prevalent in routine clinical practice, these feelings frequently have a negative impact on doctors' well-being and the standard of care they deliver (Meier et al.,2001). Professionals in the mental health field have been found to be at high risk for burnout (Leiter & Harvie, 1996; Prosser et al., 1996; Thomsen et al., 1999) and occupational stress (Leary & Brown, 1995; Nolan et al., 1995)

Stages of Burnout: -

According to Miller and Smith (1993), the development of work-related burnout occurs in five distinct phases.

The honeymoon phase – This phase typically encompasses the first few months of employment. During this period, individuals exhibit high levels of energy and motivation, striving to integrate into the organizational culture and adapt to the work environment. This phase is characterized by an individual's capacity to effectively manage work-related pressures.

The awakening phase - This phase occurs when individuals begin to perceive the expectations associated with their work and may experience disappointment upon realizing their inability to manage the organizational demands. This phase is characterized by an imbalance within the workplace, particularly concerning workload, compensation, and recognition, which results in employees experiencing guilt regarding their work assignments and an inability to effectively manage them.

The burnout phase - The initial stage of burnout, is characterized by symptoms such as irritability, withdrawal from colleagues, grievances, negative criticism of the workplace, and a potential risk of developing alcohol addiction.

Full-scale burnout – This stage is characterized by severe exhaustion resulting from occupational demands, accompanied by feelings of discouragement, hopelessness, and diminished self-confidence. Individuals may experience a perceived inability to effectively manage tasks, leading to suboptimal work performance and a lack of enthusiasm for their professional responsibilities.

The Phoenix phenomenon - It suggests that individuals experiencing burnout can rejuvenate their energy and return to their professional and personal lives if they have access to rest, stress management, or medical therapy. These interventions, which may include positive cognitive restructuring and achieving a work-life balance, are crucial in addressing the underlying issues of burnout.

Job Satisfaction

Given that the average person works 90,000 hours during their lifetime (Stoewen, 2016), job happiness is crucial for mental and general well-being. Employees play a crucial role in achieving the objectives and vision of a company, particularly in manufacturing. To guarantee the volume and calibre of their work, employees must fulfil the performance standards established by the company. Employees require a work environment free from obstacles that could prevent them from realizing their full potential to satisfy organizational standards (Raziq and Maulabakhsh, 2015). Everyone measures their own level of job satisfaction according to different standards. Management style is one of the factors that affects it, along with compensation, schedule, perks, working hours, stress level, and flexibility. According to Abuhashesh et al. (2019), job happiness is linked to motivation, productivity, work performance, and life satisfaction; thus, this also holds true for employees' personal lives. Businesses that prioritize the well-being of their workers create a happier workplace, which lowers turnover and increases employee retention rates. Job satisfaction increases employees’ motivation, engagement, and productivity. They work together more successfully, which improves cooperation and mutual success (García-Buades et al. 2019). Lower levels of anxiety and depression have been associated with job satisfaction, and they may even lessen physical health problems, including exhaustion, shortness

of breath, and chronic pain (Nur Aqilah & Juliana, 2012). Overall life satisfaction and psychological wellness are higher among those

Types of Job Satisfaction: -

Job satisfaction can be categorized into intrinsic, extrinsic, and social types, each reflecting different sources of fulfilment at work (Herzberg, 1966; Spector, 1997).

Intrinsic Job Satisfaction: This form of satisfaction arises from the inherent pleasure an employee derives from engaging in their work. It is motivated by the fulfilment of completing tasks, utilizing skills, and achieving a sense of purpose.

Extrinsic Job Satisfaction: Extrinsic job satisfaction pertains to external factors, such as remuneration, benefits, and working conditions. Although these factors may not be directly related to the job itself, they significantly influence an employee's overall satisfaction with their work.

Social Job Satisfaction: Social job satisfaction is concerned with the degree of satisfaction an employee obtains from positive interactions with colleagues and supervisors. A supportive and amicable work environment can substantially enhance social job satisfaction.

RESEARCH METHODS

To create a systematic review, the study methodology adhered to PRISMA criteria. The PRISMA approach is generally broken down into the following steps:

Determine the source of information

Study selection

Data collection process

Determine eligibility criteria

Selection of data items

Resources and study selection

Eligibility Criteria: The following criteria were used to determine eligibility: (i) studies had to include employees working in mental health setup; (ii) they had to evaluate job satisfaction, burnout, or occupational stress; (iii) they had to employ validated measures (such the Maslach Burnout Inventory); and (iv) they had to be published in English. Case reports, abstracts from conferences, and research without extractable data were among the exclusion criteria.

Information Sources & Search Methods: Conducted a thorough search of Web of Science, PsycINFO, Scopus, and PubMed. The included studies, reference lists were also examined.

Selection Procedure: Study design, nation, professional group (employees working in mental health setup), sample size, setting, job satisfaction, burnout, and occupational stress metrics, as well as results and main findings, were among the items that were extracted.

Data Collection Method: The data collection process was conducted manually by extracting data based on content analysis, including the type of article, journal name, year of publication, topic, title, research methodology and relationship between variables.

Data Items: The main findings included job satisfaction, occupational stress, and the occurrence of burnout (emotional weariness, depersonalization, and personal accomplishment). Risk factors, intervention type, and research setting were additional data elements.

Literature Review

Numerous pressures affect psychiatrists in their personal and professional lives. Fothergill, Edwards, and Burnard's (2004) systematic review emphasized the significant psychological strain endured by psychiatric professionals. According to a study that summarized data from 23 foreign studies, psychiatrists frequently experience a great deal of stress, particularly from work-related obligations and extremely private incidents such as patient suicide. The analysis identified a severe deficit in empirical studies evaluating formal stress management therapies specifically created for psychiatrists, despite the fact that a variety of coping techniques were reported, including seeking support from colleagues and participating in extracurricular activities. This emphasizes the necessity of conducting focused intervention studies on this particular subset of medical practitioners.

There has been much empirical research on the connection between employee health and job satisfaction. A meta-analysis by Faragher, Cass, and Cooper (2005) quantified this relationship in one of the most thorough assessments to date, using data from 485 studies with 267,995 participants. Overall, the findings show a modest but significant relationship between health and job satisfaction. Although statistically significant, the correlation with physical sickness was marginally smaller than that with psychological health indicators, such as burnout, self-esteem, sadness, and anxiety. These results support the claim that job satisfaction, in addition to employee involvement, is a crucial factor in determining mental health. Therefore, to reduce the causes of discontent and promote employee health more comprehensively, the authors suggest organizational-level treatments such as stress management and workplace redesign.

Among mental health professionals (MHPs), burnout is a common problem that has a substantial impact on their well-being and clinical effectiveness. O'Connor, Neff, and Pitman (2018) conducted a thorough systematic review and meta-analysis that combined the results of 62 studies published between 1997 and 2017, using meta-analytic data from 33 studies with a total of 9,409 participants. The findings showed a startlingly high frequency of burnout symptoms: depersonalization affected 22% of MHPs, emotional exhaustion affected 40%, and low personal accomplishment was reported by 19% of MHPs. High emotional exhaustion (mean = 21.11), moderate depersonalization (mean = 6.76), and preserved personal accomplishment (mean = 34.60) were indicated by the Maslach Burnout Inventory (MBI) scores.

In occupational health research, the link between psychosocial pressures at work and sick leave related to mental health issues has become crucial. Duchaine et al. (2022) examined the relationship between different workplace psychosocial stressors, including job pressure, insufficient social support, and organizational unfairness, and sick leave, especially caused by clinically diagnosed mental disorders, in a seminal systematic review and meta-

analysis. Based on a large body of research, the authors discovered that employees exposed to psychosocial stressors were up to 76% more likely to miss work due to illness than their counterparts who were not. This study is significant because it highlights the more severe end of the mental health spectrum by concentrating on sick leave resulting from diagnosed mental disorders, rather than self-reported symptoms. The results highlight the need for clinician awareness and workplace-level interventions. Comprehending the characteristics and consequences of psychosocial stressors can help guide workplace regulations and clinical assessments and ultimately help avert serious mental health consequences among workers.

Efforts to alleviate burnout among mental health providers (MHPs) have garnered increasing attention; however, the efficacy of these interventions remains variable. In a meta-analysis encompassing 35 years of intervention research, Dreison et al. (2018) conducted a quantitative assessment of the impact of burnout interventions on MHPs. By analyzing 27 distinct samples comprising 1,894 mental health professionals, the study identified a small yet statistically significant effect of interventions in reducing burnout (Hedges' $g = 0.13$, $p = .006$). Significantly, the moderator analyses of the study demonstrated that person-directed interventions, such as mindfulness training and cognitive-behavioral strategies, were more efficacious than organization-directed interventions in mitigating emotional exhaustion. Within organizational strategies, job training and education were identified as the most effective subtypes. The findings further indicated that lower baseline levels of burnout were correlated with smaller gains from interventions, underscoring the importance of early and proactive measures. The meta-analysis concluded that, despite extensive research, the field has achieved limited progress in addressing burnout on a large scale, highlighting the necessity for more customized, long-term interventions tailored to specific organizational and staff contexts.

Burnout is a widespread issue in professions characterized by significant emotional labor, and applied psychologists are no exception. McCormack et al. (2018) conducted a systematic review of 29 studies investigating the prevalence and causes of burnout among applied psychologists. The review identified emotional exhaustion as the most frequently reported and examined dimension of burnout, appearing in over one-third (34.48%) of the reviewed studies. This study critically identifies job demands, such as workload and clinical setting, as significant contributors to burnout. It further emphasizes that personal characteristics—including age, gender, and years of experience—alongside resource-related factors, such as supervisory and organizational support, influence burnout levels. Notably, the review observes that numerous studies in this field have employed atheoretical approaches, indicating a lack of consistent conceptual frameworks in burnout research among psychologists. This systematic review provides compelling evidence that burnout constitutes an occupational hazard for psychologists in clinical settings. The authors advocate for targeted organizational strategies and further research grounded in established psychological theories to enhance the effectiveness of burnout interventions within this population group.

The intersection and differentiation between burnout and depression have been the focus of ongoing scholarly discourse, particularly within high-demand environments such as psychiatric and forensic mental health settings. Chabinska (2017) conducted a systematic review to investigate the relationships between burnout, depression, and job satisfaction among professionals employed in acute inpatient psychiatric and secure mental health facilities. The review encompassed seven studies and identified emotional exhaustion as the burnout dimension most strongly and consistently associated with depression. In contrast, depersonalization and diminished personal accomplishment exhibited weaker correlations with depression and were more closely related to factors such as anxiety and transformational leadership styles. Although the severity of depression was generally mild and burnout levels were categorized as average, the review underscored service-specific variations contingent upon the clinical context. A notable finding was that, despite the reviewed studies often lacking methodological rigor in areas such as inclusion-exclusion criteria, they demonstrated strength in their utilization of burnout measurement tools. Chabinska's research highlights the complex interplay between burnout and depression, indicating the necessity for more focused investigations within psychiatric and forensic settings, where personnel are frequently subjected to intense stressors.

Occupational stress and burnout represent significant global challenges within the healthcare profession, with their impact often exacerbated in low- and middle-income countries due to systemic limitations. A comprehensive systematic review and meta-analysis conducted by Mengist et al. (2021) evaluated the national prevalence of occupational stress and burnout among healthcare workers in Ethiopia. Utilizing both published and unpublished observational studies and adhering to PRISMA guidelines, the review revealed that over 50% of healthcare workers experienced occupational stress, while more than one-third suffered from clinical burnout. The study identified various sociodemographic and occupation-related factors contributing to these outcomes, including poor job satisfaction, limited career development opportunities, and insufficient access to continuing education. These findings highlight the structural challenges within the Ethiopian healthcare system, while also reflecting global trends, particularly concerning the role of systemic support in mitigating burnout. The authors advocate for strategic interventions aimed at job enrichment, professional development, and the enhancement of workplace support systems to effectively address these issues. The study conducted by Mengist et al. provides essential insights into the relationship between workforce well-being and the performance of health systems, emphasizing the importance of implementing stress reduction strategies that are sensitive to the context of low-resource healthcare settings.

Burnout is notably prevalent among psychiatrists, with work-specific stressors exacerbating their susceptibility. A systematic review and meta-analysis conducted by Bykov et al. (2022) examined 36 studies encompassing 5,481 psychiatrists, revealing a pooled burnout prevalence of up to 50.3%, contingent upon the measurement tool employed. The study also reported high levels of emotional exhaustion (43.5%), depersonalization (28.2%), and low personal accomplishment (32.4%). Although European psychiatrists exhibited slightly lower emotional exhaustion scores, the findings highlighted significant heterogeneity in burnout definitions and measurement, underscoring the necessity for standardized assessment and targeted interventions.

Job satisfaction is a pivotal factor in employee well-being. A comprehensive meta-analysis conducted by Faragher, Cass, and Cooper (2005), which included 485 studies and over 267,000 participants, identified a moderate correlation between job satisfaction and overall health. The most pronounced associations were observed with mental health outcomes, such as burnout, depression, anxiety, and self-esteem. This study underscores job satisfaction as a crucial determinant of psychological well-being, advocating for workplace policies aimed at addressing dissatisfaction to enhance health outcomes.

Author (Year)	Country/ Region	Study Type	Population	Sample Size	Measurement Tools	Key Findings
Fothergill et al. (2004)	UK (Review)	Systematic review	Psychiatrists	23 studies	Various stress/burnout scales	High stress due to workload and patient suicide; lack of stress-management intervention studies.
Faragher et al. (2005)	Multi-country	Meta-analysis (485 studies)	General employees incl. health workers	267,995	Job satisfaction & health measures	Job satisfaction moderately correlated with psychological and physical health.
O'Connor et al. (2018)	Multi-country	Systematic review + meta-analysis (62 studies)	Mental health professionals (MHPs)	9,409	Maslach Burnout Inventory (MBI)	High prevalence of emotional exhaustion (40%), depersonalization (22%), low accomplishment (19%).
Duchaine et al. (2020)	Canada/International	Systematic review + meta-analysis	Employees (focus on psychosocial stressors)	Multiple cohorts	Psychosocial stressor indices	Psychosocial stressors linked to 76% higher risk of sick leave due to mental disorders.
Dreison et al. (2018)	USA/International	Meta-analysis (27 samples)	Mental health professionals	1,894	Burnout (MBI)	Interventions reduced burnout modestly (Hedges' g = 0.13); individual-focused approaches more effective.
McCormack et al. (2018)	Multi-country	Systematic review (29 studies)	Applied psychologists	Varies	Burnout (MBI)	Emotional exhaustion most frequent; workload and personal factors key contributors.
Chabinska (2017)	UK	Systematic review (7 studies)	Psychiatric & forensic staff	Varies	Burnout & depression measures	Emotional exhaustion strongly linked to depression; depersonalisation weaker.

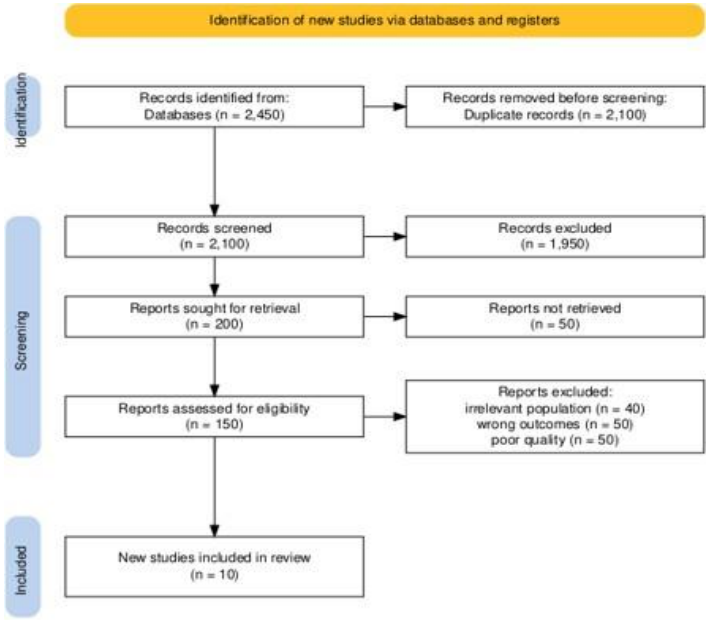
pTable 1 *Characteristics of included studies on occupational stress, burnout, & job Satisfaction*

Author (Year)	Country/ Region	Study Type	Population	Sample Size	Measurement Tools	Key Findings
Mengist et al. (2021)	Ethiopia	Systematic review + meta-analysis	Healthcare workers	Multiple	Stress/burnout scales	>50% reported stress; >33% burnout; systemic factors like poor job satisfaction & limited career growth
Bykov et al. (2022)	Multi-country	Systematic review + meta-analysis (36 studies)	Psychiatrists	5,481	Burnout (MBI + others)	Burnout prevalence up to 50.3%; emotional exhaustion 43.5%, depersonalization 28.2%, low accomplishment 32.4%.
Roy (2022)	India	Observational study	Mental health professionals	Varies	Stress & burnout scales	High occupational stress and burnout linked to reduced commitment.
Lasalvia (2011)	Italy	Book chapter (review)	Psychiatrists		Narrative	Overview of stress, burnout, and job satisfaction among psychiatrists.
Lasalvia & Tansella (2011)	Italy	Empirical study	Mental health workers		Stress & burnout tools	Stress and burnout prevalent; organizational factors emphasized.
Rössler (2012)	Switzerland	Narrative review	Mental health workers		Narrative synthesis	Stress, burnout, and dissatisfaction common; calls for structural reforms.
Ogresta et al. (2008)	Croatia	Observational	Mental health workers	237	Burnout & job satisfaction scales	Negative correlation between burnout and job satisfaction.
Prosser et al. (1996)	UK	Observational	Hospital & community-based mental health staff		Stress & burnout scales	Significant burnout and low job satisfaction among hospital/community staff.

Table 1 *Characteristics of included studies on occupational stress, burnout, and job satisfaction among employees working in mental health setup*

Author (Year)	Study Type	Risk of Bias	Notes
Fothergill et al. (2004)	Systematic review	Moderate	Review lacked explicit search strategy and bias assessment.
Faragher et al. (2005)	Meta-analysis	Low	Large dataset (485 studies), transparent methodology, robust synthesis.
O'Connor et al. (2018)	Systematic review + meta-analysis	Low	Comprehensive search, clear criteria, rigorous statistical synthesis.
Dreison et al. (2020)	Systematic review + meta-analysis	Low	Strong methods, multiple cohorts; slight heterogeneity in measures.
Dreison et al. (2018)	Meta-analysis	Moderate	Well conducted but limited by small number of intervention studies.
McCormack et al. (2018)	Systematic review	Moderate	Quality appraisal limited; some included studies atheoretical.
Chabinska (2017)	Systematic review	Moderate–High	Few studies (n=7), methodological limitations in included works.
Mengist et al. (2021)	Systematic review + meta-analysis	Low	PRISMA-adherent, broad data sources, strong analysis.
Bykov et al. (2022)	Systematic review + meta-analysis	Low	Rigorous methods, but heterogeneity in burnout definitions.
Roy (2022)	Observational study	Moderate–High	Single study, cross-sectional design, limited generalizability.
Lasalvia (2011)	Narrative review (book chapter)	High	No systematic methodology reported.
Lasalvia & Tansella (2011)	Empirical study	Moderate	Observational design, limited generalizability.
Rössler (2012)	Narrative review	High	Non-systematic, expert opinion style.
Prosser et al. (1996)	Observational study	Moderate	Early study, small sample, limited methodology.

Table 2. *Risk of bias assessment of included studies*



PRISMA Flow Chart

DISCUSSION

The results from this review paper support the increasing evidence that employees working in mental health setup experience higher levels of work-related stress and burnout compared to other professions. Emotional exhaustion was found to be the most commonly reported part of burnout in various studies (McCormack et al., 2018; Bykov et al., 2022), which shows how emotionally demanding their work can be. Although depersonalization and low personal accomplishment were reported less frequently, they still pose serious risks to the well-being of healthcare professionals and the quality of patient care.

Work-related stressors such as heavy workload, unclear job roles, lack of support from supervisors, and exposure to traumatic events or suicide are major factors that lead to stress and burnout (Fothergill et al., 2004; Duchaine et al., 2020). These stressors also contribute to job dissatisfaction, which is linked to psychological distress and poor health outcomes in the workplace (Faragher et al., 2005). The combined effects of burnout and dissatisfaction can reduce job performance and increase turnover, putting extra pressure on already stretched healthcare systems.

The literature also highlights the lack of effective, well-designed interventions. While personal-focused approaches like mindfulness, cognitive behavioural therapy, and resilience training show some benefit (Dreison et al. ,2018), organizational-level solutions are not widely used or properly implemented. Research from low-resource areas (Mengist et al. ,2021) shows that structural issues such as limited career advancement and lack of educational opportunities worsen burnout, particularly in healthcare systems that are still developing.

Overall, these findings suggest that improving the well-being of mental health workers needs a two-part approach: using proven individual coping strategies and changing organizational policies to increase autonomy, support, and job satisfaction. Using established models, such as the Job Demand-Control model (Karasek, 1979) or the Effort-Reward Imbalance model (Siegrist, 1996), can help in creating more effective and reliable interventions.

Limitations: The lack of defined definitions of burnout, variation in measurement methods and results, and possible publication bias are the limitations of this review. Another restriction is the lack of a registered protocol. Implications for Practice: Individual-level coping mechanisms must be supplemented by organizational adjustments such role clarification, workload reduction, and supervisory support.

Future Research: To prove causation and pinpoint long-term methods for lowering burnout, longitudinal studies and carefully planned intervention trials are required.

CONCLUSION

This study confirms that occupational stress and burnout are widespread among employees working in mental health steup, caused by both system-wide and personal factors. Emotional exhaustion is a key sign of burnout in these fields, often linked with feelings of dissatisfaction at work and higher levels of psychological distress. Although some steps have been taken to acknowledge and deal with these problems, existing solutions are not very effective and are not well-coordinated. Future efforts should focus on comprehensive, research-backed approaches that consider both the mental health needs of professionals and the structures of the organizations they work in. Policies that promote independence in practice, help manage workload, and offer organized support from supervisors are crucial in reducing burnout and improving job satisfaction in mental health environments

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