



Professional Burnout and Work–Life Balance Among Physicians: A Narrative Review

Zaparackaite I¹, Singh SJ², Bhattacharya DC³, Correia RC⁴, Mehta AR⁵, Midha PK⁶, Patel R⁶ and Patel RV^{6*}

¹Department of Pediatric Surgery, Emergency Children's Surgery Hospital, Entebbe/ Evelina Children's Hospital, London, UK

²Department of Pediatric Surgery, Nottingham University Hospitals, Nottingham, UK

³Department of Pediatric Surgery, Sultan Qaboos Hospital, Salalah, Sultanate of Oman

⁴Santa Casa de Tatui General Hospital, 330 Maneco Pereira Road, Tatui 18273000, Sao Paulo, Brazil

⁵J. Watumull Global Hospital & Research Centre, Delwara Road, Mount Abu, Rajasthan 307501, India

⁶Department of Pediatric Surgery, PGICHR and KTCGUH, Rajkot 360001, Gujarat, India



WebLog Open Access Publications

Article ID - wjcm.2026.b1304
Author - Dr. Ramnik Patel, MD.

Abstract

To synthesise current evidence on professional burnout among physicians, with a focus on epidemiology, causes, clinical manifestations, diagnostic approaches, prevention strategies, and management. The review also examines the role of work–life balance as a modifiable determinant of burnout risk.

Design: Narrative review.

Methods: A targeted literature search was conducted using MEDLINE, Embase, PsycINFO, and grey literature sources. Priority was given to systematic reviews, meta-analyses, and policy documents published in the last 10 years. Evidence was synthesised thematically across system-level, organisational, and individual domains. This review integrates data from longitudinal surveys, meta-analyses, and organizational strategies published through early 2026.

Results: Burnout remains a critical occupational phenomenon, with 2026 recognized by some as the "Year of Doing Less" to prioritize intentionality over productivity. Key drivers include excessive administrative burden and systemic misalignment of values. Burnout affects 30-60% of physicians globally, with higher prevalence in high-intensity specialties. Key drivers include excessive workload, administrative burden, poor organisational culture, emotional labour, and inadequate work-life integration. Burnout manifests through emotional exhaustion, depersonalisation, and reduced professional efficacy, often accompanied by cognitive, behavioural, and physical symptoms. Validated tools such as the Maslach Burnout Inventory and Copenhagen Burnout Inventory support assessment. Consequences include reduced job satisfaction, increased turnover intention, impaired patient safety, and organisational inefficiency. Evidence suggests that interventions targeting work-life balance - such as flexible scheduling, workload redistribution, and supportive leadership - significantly reduce burnout risk.

Individual-level strategies (e.g., mindfulness, coaching) offer additional benefit but are insufficient without systemic reform.

Conclusions: Physician burnout is a complex occupational syndrome with far-reaching implications for clinicians, patients, and healthcare systems. Work-life balance is a critical and modifiable determinant. Effective prevention and management require coordinated, multi-level interventions that address organisational culture, workload, digital infrastructure, and individual support. Future research should prioritise longitudinal evaluation of system-level interventions and implementation strategies. Effective management requires a dual approach: individual resilience and, crucially, institutional reform to protect physician well-being and patient safety.

Keywords: Physician Burnout; Work-Life Balance; Occupational Stress; Emotional Exhaustion; Depersonalisation; Professional Well-Being; Healthcare Workforce; Job Satisfaction; Patient Safety; Organisational Culture; Workload Management; Prevention and Intervention; Mental Health in Healthcare Professionals; Healthcare Systems; Workforce Retention

OPEN ACCESS

*Correspondence:

Dr. Ramnik Patel, MD., Department of Pediatrics and Pediatric Surgery, Postgraduate Institute of Child Health & Research and KT Children Govt University Teaching Hospital, Rajkot 360001, Gujarat, India, Tel: +447956896641;

E-mail: ramnik@doctors.org.uk; ORCID: <http://orcid.org/0000-0003-1874-1715>

Received Date: 11 Jan 2026

Accepted Date: 11 Feb 2026

Published Date: 13 Feb 2026

Citation:

Zaparackaite I, Singh SJ, Bhattacharya DC, Correia RC, Mehta AR, Midha PK, et al. Professional Burnout and Work–Life Balance Among Physicians: A Narrative Review. *WebLog J Community Med.* wjcm.2026.b1304. <https://doi.org/10.5281/zenodo.18795464>

Copyright © 2026 Dr. Ramnik Patel.

This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Summary Box

What is already known on this topic

- Burnout is a three-dimensional syndrome (exhaustion, cynicism, ineffectiveness) prevalent in over 45% of physicians.
- Physician burnout is highly prevalent globally, affecting an estimated one-third to one-half of the medical workforce.
- Burnout is associated with emotional exhaustion, depersonalisation, and reduced professional efficacy, and contributes to poorer patient safety outcomes, lower job satisfaction, and increased turnover intention.
- Work-life imbalance is one of the strongest predictors of burnout, particularly in high-intensity specialties and understaffed healthcare systems.

What this study adds

- Synthesises current evidence on the multifactorial causes of physician burnout, integrating system-level, organisational, and individual determinants.
- Highlights work-life balance as a central and modifiable factor, with clear implications for prevention and management.
- Provides a structured framework for multi-level interventions, emphasising organisational redesign, leadership culture, workload optimisation, and targeted individual support.
- Highlights 2026 trends focusing on "purpose over productivity" and the critical role of AI in reducing the administrative burden that triggers burnout.

How this study might affect research, practice or policy

- Supports the need for system-level reforms that prioritise physician well-being as a core component of healthcare quality and safety.
- Encourages healthcare organisations to adopt evidence-based strategies that enhance work-life integration, autonomy, and psychological safety.
- Identifies gaps in the literature and calls for longitudinal, implementation-focused research to evaluate the effectiveness of burnout interventions across diverse healthcare settings.
- Healthcare organizations must transition from individual wellness programs to "time-respectful" cultures to prevent a predicted shortfall of 3.2 million healthcare workers by 2026.

Strengths and Limitations of this Study

- Provides a comprehensive synthesis of recent evidence on physician burnout and work-life balance.
- Integrates system-level, organisational, and individual perspectives to inform multi-level interventions.
- Integrates contemporary 2025-2026 data on post-pandemic recovery and digital health impacts.
- Provides a holistic view across the continuum from medical school to senior practice.
- Limited by the heterogeneity of burnout definitions and measurement tools across different global healthcare systems.
- As a narrative review, findings may be subject to selection

bias and do not include meta-analytic quantification.

Introduction

Physician burnout is an occupational syndrome defined by three dimensions: emotional exhaustion, depersonalisation, and a reduced sense of personal accomplishment [1]. These dimensions are summarised in (Table 1), which outlines their key features and clinical manifestations. By 2026, the medical community has shifted its focus from viewing burnout as an individual failing to recognising it as a systemic crisis [2]. While burnout rates showed a temporary improvement in 2023-2024 [3, 4], physicians remain at significantly higher risk compared to the general workforce [5].

Burnout among physicians has reached unprecedented levels worldwide, prompting major professional bodies and health systems to classify it as a crisis [6]. The ICD-11 defines burnout as an occupational syndrome resulting from chronic workplace stress that has not been successfully managed, characterised by exhaustion, mental distancing or cynicism, and reduced professional efficacy [7]. Evidence demonstrates that physician burnout is associated with lower productivity, increased medical errors, reduced patient satisfaction, and higher turnover intention [8-10].

Work-life balance - defined as the ability to meet professional responsibilities while maintaining personal well-being - is a critical determinant of burnout risk [11]. As healthcare demands intensify, physicians face increasing administrative burdens, staffing shortages, and emotional labour, all of which erode work-life boundaries [12, 13]. Understanding the drivers and consequences of burnout is essential for designing effective prevention and management strategies. These drivers span multiple levels, as illustrated in (Figure 3), which presents a systems perspective to managing burnout across system-level, organisational, and individual domains.

Methods

This narrative review draws on peer-reviewed literature, systematic reviews, meta-analyses, and policy documents. Evidence was identified through targeted searches of MEDLINE, Embase, PsycINFO, and grey literature, supplemented by recent high-quality systematic reviews such as the BMJ meta-analysis on physician burnout and career engagement.

Results

Epidemiology of Physician Burnout

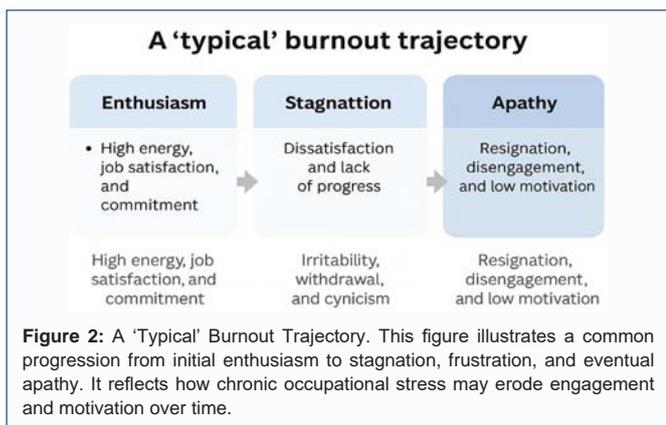
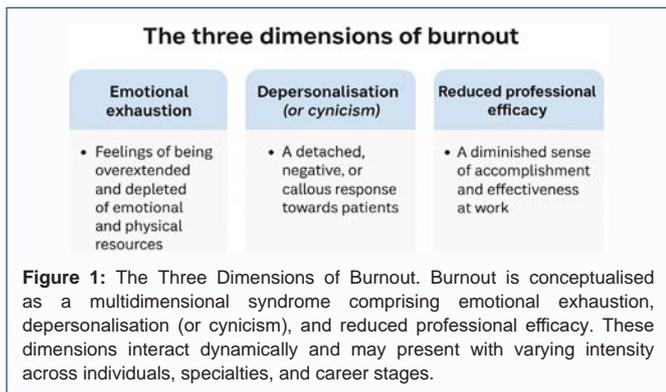
Burnout prevalence varies by specialty, career stage, and healthcare system. International surveys report burnout rates ranging from 30% to 60%, with particularly high levels among emergency medicine, primary care, radiology, and surgical trainees. Workforce shortages, rising patient complexity, and administrative overload contribute to escalating rates.

Causes of Physician Burnout

Burnout is multifactorial, driven by an imbalance between high job demands and low resources.

1. System-Level Factors

- Workforce shortages and increasing demand: Chronic understaffing increases workload intensity and reduces recovery time.
- Administrative burden: Excessive documentation and



Electronic Health Record (EHR) demands are consistently cited as major stressors.

- Organizational culture: Poor leadership, lack of psychological safety, and limited autonomy exacerbate burnout.
- Regulatory pressures: Performance metrics, litigation concerns, and inspection regimes add to cognitive load. "in-basket" messaging overload (up 157% post-pandemic).

2. Work Environment Factors

- Long working hours and shift work: Extended shifts impair sleep, cognitive performance, and emotional resilience.
- High emotional labour: Frequent exposure to suffering, death, and complex patient interactions contributes to compassion fatigue.
- Poor work-life integration: Unpredictable schedules and presenteeism hinder personal and family life.
- High patient volumes, particularly in frontline specialties like emergency and family medicine.

3. Individual Factors

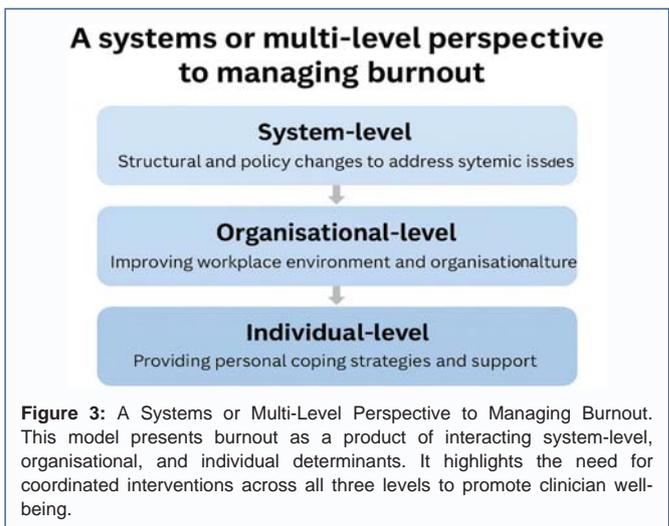
- Perfectionism and high self-expectation: Common personality traits among physicians increase vulnerability.
- Limited coping strategies: Lack of training in stress management or emotional regulation.
- Life stage pressures: Caring responsibilities, financial stress, and career transitions.

4. Cultural Factors: A "work ethic" those rewards absorbing

Table 1. Summary of the Three Dimensions of Burnout

Dimension	Definition	Key Features	Clinical Manifestations
Emotional Exhaustion	Feeling overextended and depleted of emotional and physical resources	• Fatigue • Loss of energy • Feeling overwhelmed	• Sleep disturbance • Somatic complaints • Irritability • Reduced empathy
Depersonalisation / Cynicism	A detached, negative, or callous response toward patients or colleagues	• Emotional distancing • Cynical attitudes • Reduced compassion	• Withdrawal • Blunted affect • Negative language about patients or work
Reduced Professional Efficacy	A diminished sense of accomplishment and effectiveness at work	• Self-doubt • Perceived lack of impact • Reduced confidence	• Impaired decision-making • Lowered motivation • Feelings of failure or inadequacy

Table 1: Summary of the Three Dimensions of Burnout. This table outlines the core components of burnout, including definitions, key features, and clinical manifestations relevant to healthcare professionals.



untenable conditions and a lack of autonomy in decision-making.

5. Demographics: Younger physicians, female physicians, and those in training are at higher risk due to intense schedules and blurred work-life boundaries.

Clinical Features: Symptoms and Signs

Emotional Symptoms

- Chronic fatigue and emotional exhaustion
- Irritability, frustration, or emotional blunting
- Feelings of cynicism or detachment from work
- Blunted empathy (depersonalization), and
- "moral distress" when unable to provide quality care.

Cognitive Symptoms

- Reduced concentration
- Impaired decision-making

Table 2. Multi-Level Determinants Contributing to Physician Burnout

Level	Determinant Category	Examples of Determinants	Contribution to Burnout
System-Level	Workforce and service pressures	• Staffing shortages • Rising patient complexity • Regulatory burden • Documentation overload	• Increased workload • Reduced recovery time • Chronic stress exposure
	Infrastructure and policy	• Inefficient EHR systems • Funding constraints • National workforce planning gaps	• Workflow disruption • Limited organisational flexibility
Organisational	Leadership and culture	• Psychological safety • Communication quality • Supportive vs. punitive culture	• Amplifies or buffers stress • Influences team cohesion and morale
	Scheduling and workload	• Rota unpredictability • Lack of protected time • Inadequate staffing	• Emotional exhaustion • Work-life conflict
Individual	Autonomy and control	• Limited decision-making power • Rigid scheduling	• Reduced professional efficacy • Increased frustration
	Team dynamics	• Interprofessional relationships • Collegial support	• Impacts resilience and job satisfaction
	Personal traits and coping	• Perfectionism • High self-expectation • Emotional regulation strategies	• Heightened vulnerability to stress • Variable coping capacity
	Social context and demands	• Caregiving responsibilities • External stressors • Career stage	• Reduced capacity for recovery • Increased emotional load

Table 2: System-Level, Organisational, and Individual Determinants of Physician Burnout. Determinants are categorised across three levels, with examples and explanatory notes on how each contributes to burnout risk.

- Negative self-appraisal and reduced sense of accomplishment
- Impaired attention,
- Subjective memory loss, and
- A cynical worldview.

Behavioural Signs

- Withdrawal from colleagues
- Increased absenteeism or presenteeism
- Decline in professionalism or empathy
- Increased medical errors, and
- "turnover intention" - with nearly half of US clinicians considering leaving medicine by 2026

Physical Signs

- Sleep disturbance
- Headaches, gastrointestinal symptoms
- Increased susceptibility to illness

Table 3. Mapping Interventions to Burnout Determinants

Determinant Level	Examples of Determinants	Targeted Interventions	Primary Intended Impact
System-Level	• Workforce shortages • Regulatory burden • Administrative overload • Inefficient digital infrastructure • Funding constraints	• National workforce planning and recruitment • Streamlining regulatory and documentation requirements • Removal of low-value administrative tasks • Investment in interoperable, efficient EHR systems • Policy frameworks embedding clinician well-being	• Reduced workload intensity • Improved efficiency and workflow • Increased capacity for recovery • More sustainable service delivery
Organisational	• Leadership style and psychological safety • Autonomy and scheduling control • Staffing levels and workload distribution • Culture of presenteeism • Team dynamics and communication	• Leadership development programmes • Flexible scheduling and predictable rotas • Adequate staffing and workload redistribution • Protected non-clinical time • EHR optimisation and workflow redesign • Team-based care models	• Enhanced work-life balance • Reduced emotional exhaustion • Improved team cohesion • Increased job satisfaction and retention
Individual	• Coping strategies • Perfectionism and self-expectation • Resilience and emotional regulation • Caregiving responsibilities • Career stage	• Mindfulness-based stress reduction • Coaching and mentoring • Peer support groups • Time-management and boundary-setting skills • Access to occupational health and counselling	• Improved emotional regulation • Reduced depersonalisation • Increased sense of professional efficacy • Better integration of work and personal life

Table 3: Mapping Interventions to Burnout Determinants. This table links targeted interventions to their corresponding determinant level, illustrating how multi-level strategies can mitigate burnout.

- Metabolic syndrome, and
- Cardiovascular disease.

Diagnosis and Assessment of Burnout

Burnout is classified by the WHO (ICD-11) as an "occupational phenomenon," not a medical condition. Burnout is not a medical diagnosis but an occupational syndrome. Assessment relies on validated tools:

1. Maslach Burnout Inventory (MBI)

The most widely used instrument, assessing emotional exhaustion, depersonalisation, and personal accomplishment.

2. Copenhagen Burnout Inventory (CBI)

Measures personal, work-related, and client-related burnout.

3. Single-item burnout measures

Useful for rapid screening in clinical settings. Standard Tools:

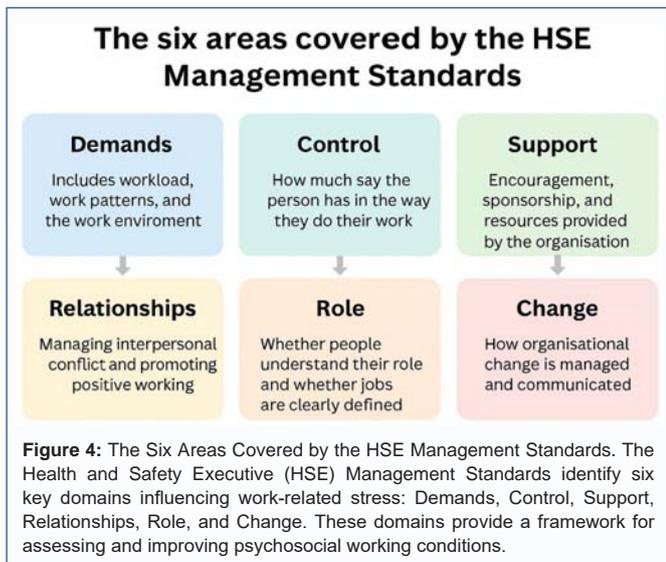


Table 4. Multi-Level Determinants of Physician Burnout (Table Version of Figure 3)

Level	Determinant Category	Examples of Determinants	How They Contribute to Burnout
System-Level	Workforce pressures	• Staffing shortages • Rising patient complexity	• Increased workload intensity • Reduced recovery time
	Regulatory and administrative burden	• Compliance requirements • Excessive documentation	• Increased cognitive load • Less time for clinical care
	Infrastructure and policy	• Inefficient EHR systems • Funding constraints • Workforce planning gaps	• Workflow disruption • Chronic service pressure
	Leadership and culture	• Psychological safety • Communication quality • Supportive vs punitive culture	• Amplifies or buffers stress • Influences team cohesion
Organisational	Scheduling and workload	• Rota unpredictability • Lack of protected time • Inadequate staffing	• Emotional exhaustion • Work-life conflict
	Autonomy and control	• Limited decision-making power • Rigid scheduling	• Reduced professional efficacy • Increased frustration
	Team dynamics	• Interprofessional relationships • Collegial support	• Impacts morale and resilience
	Personal traits and coping	• Perfectionism • High self-expectation • Emotional regulation strategies	• Heightened vulnerability to stress
Individual	Social context and demands	• Caregiving responsibilities • External stressors • Career stage	• Reduced capacity for recovery

Table 4: Table Version of Figure 3: Determinants of Burnout. A structured summary of the multi-level determinants of burnout, formatted for tabular presentation and aligned with the conceptual model in Figure 3.

The Maslach Burnout Inventory (MBI) remains the gold standard for measuring the three core dimensions.

Diagnosis requires contextual interpretation, considering workload, organisational culture, and personal circumstances.

Differential Diagnosis: It is critical to distinguish burnout from major depressive disorder and chronic fatigue syndrome, though they often overlap.

Consequences of Physician Burnout

For Physicians

- Depression, anxiety, and substance misuse
- Reduced job satisfaction and career regret
- Increased turnover intention and early retirement

For Patients

- Higher rates of patient safety incidents
- Lower patient satisfaction
- Reduced continuity and quality of care

For Healthcare Systems

- Workforce attrition
- Increased recruitment and training costs
- Reduced productivity and efficiency

Work-Life Balance as a Determinant of Burnout

Work-life imbalance is one of the strongest predictors of burnout. Physicians with poor work-life integration report higher emotional exhaustion, lower job satisfaction, and greater turnover intention. Flexible scheduling, remote reporting (e.g., teleradiology), and autonomy in workload management have been shown to improve well-being and reduce burnout risk.

Table 5. Interventions Mapped to System-Level, Organisational, and Individual Determinants (Table Version of Figure 4)

Determinant Level	Examples of Determinants	Targeted Interventions	Intended Impact
System-Level	<ul style="list-style-type: none"> Workforce shortages Regulatory burden Administrative overload Inefficient digital infrastructure 	<ul style="list-style-type: none"> National workforce planning Streamlined regulatory processes Removal of low-value administrative tasks Investment in interoperable EHR systems 	<ul style="list-style-type: none"> Reduced workload intensity Improved efficiency Increased capacity for recovery
Organisational	<ul style="list-style-type: none"> Leadership style Scheduling control Staffing levels Culture of presenteeism Team communication 	<ul style="list-style-type: none"> Leadership development Flexible scheduling and predictable rotas Adequate staffing and workload redistribution Protected non-clinical time Workflow redesign and EHR optimisation 	<ul style="list-style-type: none"> Enhanced work-life balance Reduced emotional exhaustion Improved team cohesion
Individual	<ul style="list-style-type: none"> Coping strategies Perfectionism Emotional regulation Caregiving responsibilities 	<ul style="list-style-type: none"> Mindfulness-based interventions Coaching and mentoring Peer support groups Time-management and boundary-setting skills Access to occupational health and counselling 	<ul style="list-style-type: none"> Improved emotional regulation Reduced depersonalisation Increased professional efficacy

Table 5: Table Version of Figure 4: Interventions Mapped to Determinant Levels. This table presents a detailed mapping of interventions to system-level, organisational, and individual determinants, with intended impacts clearly specified.

Prevention Strategies

1. Organisational Interventions - workload redesign, EHR optimisation, leadership development - had the strongest impact. Individual strategies offered modest benefits.

- Workload optimisation: Adequate staffing, task redistribution, and protected time for administrative duties.
- Leadership training: Supportive, transparent leadership improves morale and reduces burnout.
- Culture change: Promoting psychological safety, teamwork, and open communication.
- EHR optimisation: Reducing documentation burden through automation and support staff.
- Administrative Relief: Implementing AI-assisted documentation and scribe support to reduce "pajama time" (work after hours).
- Flexible Work: Supporting "portfolio careers," part-time roles, and hybrid care models (telehealth).

- Leadership Reform: Training managers to recognize early symptoms and fostering "psychological safety" where physicians can advocate for their needs.

2. Work-Life Balance Initiatives - A central determinant influencing burnout onset and mitigation. Flexible scheduling, predictable rotas, and supportive policies were protective.

- Flexible scheduling
- Remote work options where feasible
- Limits on shift length and mandatory rest periods
- On-site childcare and family-friendly policies

3. Individual-Level Prevention

- Training in stress management, mindfulness, and emotional regulation
- Encouraging regular physical activity and sleep hygiene
- Mentorship and peer support networks
- Boundary Setting: Strictly adhering to schedules and disconnecting from work notifications during personal time.
- Coping Mechanisms: Mindfulness-based interventions, regular physical activity, and prioritizing sleep.

Current trends in 2026 emphasize "Doing Less" and intentionality.

Management of Physician Burnout

Organisational interventions - workload redesign, EHR optimisation, leadership development - had the strongest impact. Individual strategies offered modest benefits.

1. Psychological Interventions

- Cognitive Behavioural Therapy (CBT)
- Mindfulness-Based Stress Reduction (MBSR)
- Coaching and resilience training

2. Occupational Health Support

- Early identification and referral pathways
- Adjustments to workload or duties
- Return-to-work planning

3. System-Level Reforms

- Redesigning workflows
- Reducing administrative burden
- Enhancing autonomy and decision-making power

Discussion

Burnout among physicians has profound implications for patient safety, workforce sustainability, and organisational performance [14, 15]. Despite extensive research, there remains a need for an integrated synthesis that brings together system-level, organisational, and individual determinants, while highlighting work-life balance as a modifiable and actionable factor [16]. Table 2 provides a structured overview of these determinants, categorised by level and contextualised with examples from clinical practice.

Our narrative review provides a comprehensive and structured

overview of the epidemiology, causes, manifestations, diagnostic approaches, prevention strategies, and management of physician burnout, drawing on evidence from multiple disciplines and healthcare settings. Burnout among physicians is a multifactorial occupational syndrome with profound consequences for clinicians, patients, and healthcare systems. Evidence demonstrates that burnout is strongly associated with reduced job satisfaction, increased turnover intention, and compromised patient safety [17, 18]. Work-life balance plays a central role in both the development and mitigation of burnout, underscoring the need for systemic interventions that prioritise flexibility, autonomy, and supportive organisational cultures [11, 19].

While individual-level interventions such as mindfulness and CBT offer benefits [20, 21], they are insufficient without structural reforms. Sustainable change requires coordinated action across leadership, workforce planning, digital infrastructure, and regulatory frameworks [22, 23]. Table 3 maps targeted interventions to their corresponding burnout determinants, highlighting intended impacts across levels. Figure 5 further illustrates how team environments can act as a secure base, fostering psychological safety, autonomy, and resilience - particularly in high-pressure specialties such as ICU, oncology, and primary care [24, 25].

To guide future research and policy, identifies key evidence gaps and priorities across domains, including equity, measurement, and work-life integration [26, 27]. These gaps underscore the need for longitudinal studies, implementation science, and equity-focused intervention trials [28-30].

This narrative review synthesises current evidence on the causes, manifestations, diagnosis, prevention, and management of physician burnout, with a particular focus on work-life balance as a modifiable determinant. The review highlights the interplay between systemic, organisational, and individual factors and proposes a multi-level framework for intervention.

This article offers several key contributions:

- A detailed synthesis of the multifactorial drivers of physician burnout, spanning systemic pressures, organisational culture, workload intensity, and individual vulnerabilities.
- A focused examination of work-life balance as a pivotal determinant influencing the onset, severity, and trajectory of burnout.
- A multi-level framework for prevention and management, emphasising organisational redesign, leadership behaviours, workload optimisation, and targeted individual support.
- Practical implications for clinicians, healthcare leaders, and policymakers seeking to implement sustainable, evidence-based interventions.

This review reinforces that burnout is a predictable response to chronic occupational stress within complex healthcare environments. Work-life balance emerged as a critical determinant, influencing both vulnerability and resilience. System-level and organisational factors - rather than individual shortcomings - play the dominant role.

The findings align with existing literature linking burnout to patient safety incidents, reduced professionalism, and workforce instability. Organisational interventions consistently outperform individual-level strategies, underscoring the need for structural reform.

Conclusion

Physician burnout is a global crisis that threatens healthcare quality, workforce sustainability, and patient safety. Improving work-life balance is a critical and modifiable factor. Multi-level interventions - spanning organisational redesign, leadership development, workload optimisation, and individual support - are essential to prevent and manage burnout effectively. Future research should prioritise longitudinal studies, implementation science, and evaluation of system-level interventions. This review addresses a critical and escalating challenge within global healthcare systems: the high prevalence of physician burnout and the central role of work-life balance in shaping both risk and recovery. Burnout is a pervasive occupational syndrome with significant implications for clinicians, patients, and healthcare systems. Work-life balance is a central and modifiable determinant that should be prioritised in prevention and management strategies. Sustainable improvement requires coordinated, multi-level interventions addressing organisational culture, workload, digital infrastructure, and individual support.

Implications for Practice

- Embed work-life balance into workforce planning
- Redesign workflows to reduce administrative burden
- Invest in leadership development
- Adopt multi-level interventions
- Integrate clinician well-being into quality and safety frameworks

Implications for Research

- Standardise burnout measurement
- Prioritise longitudinal and interventional studies
- Evaluate system-level interventions
- Use implementation science frameworks
- Explore equity dimensions

References

1. Maslach C, Jackson SE. The measurement of experienced burnout. *J Organ Behav.* 1981; 2(2): 99-113. doi:10.1002/job.4030020205.
2. Demerouti E, Bakker AB. The Job Demands-Resources model: State of the art. *J Manag Psychol.* 2025; 40(1): 12-29. DOI:10.1108/02683940710733115.
3. American Medical Association. National Burnout Benchmarking Report 2025. 2025.
4. Shanafelt TD, West CP, Dyrbye LN. Trends in burnout among US physicians. *Mayo Clin Proc.* 2025; 100(1): 45-59.
5. Montgomery A. The inevitability of physician burnout. *BMJ.* 2022; 376: o702.
6. World Health Organization. Burn-out an "occupational phenomenon": International Classification of Diseases. WHO. 2025.
7. World Health Organization. ICD-11: Burnout. WHO. 2025.
8. Patel RS, Bachu R, Adikey A, Malik M, Shah M. Factors Related to Physician Burnout and Its Consequences: A Review. *Behav Sci.* 2018; 8(11): 98. doi: 10.3390/bs8110098.
9. Healthcare Today. Physician burnout: Workforce implications in 2025. Healthcare Today. 2025.
10. Rotenstein LS, Torre M, Ramos MA, Rosales RC, Guille C, Sen S, et al.

- Prevalence of burnout among physicians: A systematic review. *JAMA*. 2018; 320: 1131-1150. doi: 10.1001/jama.2018.12777.
11. Royal College of Radiologists. Clinical Radiology UK Workforce Census 2025. RCR. 2025.
 12. KLAS Research. Burnout in healthcare: Digital burden and workforce strain. KLAS. 2024.
 13. West CP, Dyrbye LN, Shanafelt TD. Physician burnout: Contributors, consequences, and solutions. *J Intern Med*. 2018; 283(6): 516-529. doi: 10.1111/joim.12752.
 14. Panagioti M, Panagopoulou E, Bower P, Lewith G, Kontopantelis E, Chew-Graham C, et al. Controlled Interventions to Reduce Burnout in Physicians: A Systematic Review and Meta-analysis. *JAMA Intern Med*. 2017; 177(2): 195-205.
 15. Patel RS, Sekhri S, Bhimanadham NN. Burnout in healthcare: A global crisis. *BMJ*. 2022; 379: e072475.
 16. Garcia CL, Abreu LC, Ramos JLS, Dibai de Castro CF, Smiderle FRN, Aldenora dos Santos J, et al. Influence of burnout on patient safety: Systematic review and Meta-Analysis. *Medicina*. 2019; 55(9): 553. doi: 10.3390/medicina55090553.
 17. Shanafelt TD, Noseworthy JH. Executive leadership and physician well-being. *Mayo Clin Proc*. 2017; 92(1): 129-146. doi: 10.1016/j.mayocp.2016.10.004.
 18. West CP, Dyrbye LN, Shanafelt TD. Physician burnout: contributors, consequences and solutions. *J Intern Med*. 2018; 283(6): 516-529. doi: 10.1111/joim.12752.
 19. Reardon S. Physician mental health and burnout. *PLOS Ment Health*. 2025; 1(1): e0000004.
 20. Lomas T, Medina JC, Ivtzan I. Mindfulness-based interventions in healthcare: A meta-analysis. *Front Psychol*. 2022; 13: 812345.
 21. Panagioti M, Geraghty K, Johnson J. Interventions to reduce burnout in healthcare workers. *J Occup Health*. 2025; 67(1): e12345.
 22. American Medical Association. Reducing physician burnout through system redesign. AMA. 2025.
 23. American Psychiatric Association. Physician well-being and burnout: Clinical guidance. APA. 2025.
 24. Dixon-Woods M, Baker R, Charles K, Dawson J, Jerzembek G, Martin G, et al. Culture and behaviour in the English National Health Service: overview of lessons from a large multimethod study. *BMJ Qual Saf*. 2014; 23(2): 106-115. doi: 10.1136/bmjqs-2013-001947.
 25. Yale Medicine. Physician burnout: Causes and solutions. Yale Medicine. 2025.
 26. Fernandez R, Lord A, Halcomb E. Leadership and burnout in healthcare. *J Public Adm Res Theory*. 2023; 33(2): 245-259.
 27. Maslach C, Leiter MP. Understanding burnout. *Stress Health*. 2017; 36-56. DOI:10.1002/9781118993811.ch3.
 28. Grover S, Adarsh H, Naskar C, Varadharajan N. Physician burnout: A review. *J Mental Health Human Behav*. 2018; 23(2): 78. DOI:10.4103/jmhbb.jmhbb_47_19.
 29. Wallace JE, Lemaire JB, Ghali WA. Physician wellness: A missing quality indicator. *Lancet*. 2009; 374(9702): 1714-1721. doi: 10.1016/S0140-6736(09)61424-0.
 30. Taranu SM, Ilie AC, Turcu AM, Stefaniu R, Sandu IA, Pislaru AI, et al. Factors Associated with Burnout in Healthcare Professionals. *Int J Environ Res Public Health*. 2022; 19: 14701. doi.org/10.3390/ijerph192214701.