E-Journal of Humanities, Arts and Social Sciences (EHASS)
ISSN – Online 2720-7722 | Print 2821-8949
Volume 7 Issue 3 2026 pp 651 - 665
Available online at: https://noyam.org/journals/ehass/
DOI: https://doi.org/10.38159/ehass.2026731

Utilising the Maslach Burnout Inventory to address Mental Health challenges among Health Academics in a Developing African University

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ABSTRACT

In this paper, the authors used the Maslach Burnout Inventory to investigate critical issues of occupational burnout and mental health among health professional academics in a developing university in Africa. The research systematically examined the factors that contribute to these challenges and analysed their significant implications for both individual well-being and academic effectiveness. The applicability of the Maslach Burnout Inventory (MBI) framework is fundamental to this investigation, which seeks to explore the intricate nature of occupational burnout among health academic staff. Using a quantitative research design, the findings from participant engagement highlight the multifaceted nature of burnout in academia and underscore the critical need for comprehensive support measures to improve working conditions. The findings also demonstrated the urgent need for robust institutional support mechanisms and effective coping strategies to improve mental health and resilience among this essential group of healthcare professionals. Data indicated that a considerable majority of respondents (70.2%) did not exhibit symptoms of burnout; however, it was evident that health professional academic staff are either at substantial risk for occupational burnout or currently experiencing moderate levels of burnout. In conclusion, the study recommends a variety of strategies to mitigate or eliminate burnout among academics, including staff development initiatives, workshops, and training programs tailored to leadership and general staff. These measures aim to promote improved communication and operational efficiency within the faculty.

Keywords: Occupational Burnout, Stress, Maslach Burnout Inventory, Health Professional Academics

INTRODUCTION

The current literature on academic occupational burnout is overwhelmingly skewed toward established universities, where the dynamics and challenges are significantly different from those faced by emerging and developing institutions. The role of academics has expanded significantly due to increased demands from various stakeholders, including university administrations, research councils, and government

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PUBLICATION HISTORY - Received : 25th July, 2025 | Accepted: 22nd February, 2026 | Published: 15th April, 2026.
TO CITE THIS ARTICLE – Pillay, Charmaine Devinee; Sylvia Nompucuko Nkanyuza; Constance Sewani-Rusike." Utilising the Maslach Burnout Inventory to address Mental Health challenges among Health Academics in a developing African University," *E-Journal of Humanities, Arts and Social Sciences* 7, no.3 (2026): 651 - 665. https://doi.org/10.38159/ehass.2026731

bodies.[1] Researchers have noted a rise in responsibilities that now include teaching, research, academic duties, and other service roles.[2] This increase in workload is attributed to growing student populations, increased demands for research output, and the adoption of performance-based funding model.[3] Consequently, this surge in workload has raised concerns, pushing academics into emotional distress and leading to occupational stress and burnout, a critical area of research in South Africa.[4] Although institutions benefit significantly from the increased workload of academic staff, the same cannot be said for the academics themselves.

Although all areas of academic spheres are affected by occupational burnout, the health profession is the most impacted due to its important but demanding work, accompanied by a lack of improvement in working conditions for staff. Occupational burnout among academic faculty is an urgent issue that fundamentally undermines both individual well-being and institutional effectiveness. A one-size-fits-all approach to addressing burnout is ineffective as different universities possess distinct dynamics that necessitate tailored and transdisciplinary strategies. Therefore, there is a significant knowledge gap in these critical niche areas, particularly when considering small and emerging universities.

The primary objective of this paper is to identify the everyday stressors that contribute to occupational burnout among health professional academic staff at a developing university in the Eastern Cape, South Africa. Emerging from the primary objective will be research questions related to the examination of stressors that lead to the risk of burnout. These emerging universities face persistent issues such as staff shortages and inadequate compensation, challenges that are greater than those faced by more established institutions. Addressing this issue requires strategies that build emotional resilience and foster healthy self-care habits in professional settings. These challenges highlight the broader impact of burnout, which can disrupt team cohesion, hinder organisational productivity, and contribute to increased workplace tensions.

This paper presents a literature review on occupational stress and mental health, followed by an application of the Maslach Burnout Inventory as a diagnostic tool within a theoretical framework. It also outlines the methodology, ethical considerations, data findings, discussions, recommendations, and conclusion.

LITERATURE REVIEW

Occupational Stress and Mental Health

The genealogy and etymology of the term ‘stress’ can be traced to the Latin language, where it was originally called *estrictia*.[5] By the 17th century, its usage had expanded to describe a range of personal hardships, such as tragedy, anxiety, and sorrow. Although remnants of these earlier meanings still exist, the concept has evolved significantly to reflect psychological strain and emotional pressure in contemporary contexts.[6] Thus, the concept of personal negativity, captured by the term "burnout," has undergone significant evolution over time. While the original essence of the word remains, its meaning has shifted to encompass psychological deterioration, particularly in response to pressure and stress, since the 18th and 19th centuries.[7] In the 21st-century workplace, burnout is strongly associated with feelings of despondency. Scholars like Maslach and Leiter argue that prolonged exposure to high levels

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[2] N. H. Abdullah et al., “Does Academics’ Workload Affect Research Performance?’,” *Internafional Journal of Scienfific & Technology Research* 9, no. 2 (2020): 5840–45.

[3] Abdullah et al., “Does Academics’ Workload Affect Research Performance?’.”

[4] C. Penn and J. Watermeyer, *Communicating Across Cultures and Languages in the Health Care Setting* (Oxford: Oxford University Press, 2018).

[5] H. Tekiner and B. Tavas, “Historical Development of the Concept of Stress: A Comprehensive Review.,” *International Journal of Stress Management* 23, no. 2 (2016): 173–89.

[6] Iryna Dorosh, “Conceptual Aspects of the Etymology of the Concept Stress in the Context of the Paradigm of Public Administration,” *Publishing House “Baltija Publishing,”* 2023.

[7] Tekiner and Tavas, “Historical Development of the Concept of Stress: A Comprehensive Review.”

of stress can increase the likelihood of experiencing burnout over time.[8] Additionally, research by Salami describes stress as an unsettling feeling related to one's job, which negatively affects emotional and psychological well-being.[9]

In modern occupational settings, stress has become increasingly associated with psychological distress and deterioration of mental health. Maslach and Leiter, contend that sustained exposure to high levels of stress can substantially increase the risk of burnout, characterised by emotional exhaustion, cynicism, and reduced professional efficacy.[10] Ovsiannikova et al. also defines stress as a distressing emotional response to work-related demands, which negatively impacts an individual's emotional and psychological well-being.[11] This aligns with the conceptualization of stress as arising when workplace pressures exceed an individual's capacity for coping, often culminating in mental or emotional breakdown. Both Kalmykova et al. and Ovsiannikova et al. emphasise that prolonged stress can lead to significant harm to mental and physical health.[12] The World Health Organization has identified stress as a global health threat, comparable to a mental health pandemic, calling for urgent scholarly and policy-level intervention, given its significant implications for the mental well-being of populations worldwide.[13]

The relationship between stress, burnout, and psychological distress has attracted increasing academic interest, often overshadowing other dimensions of overall well-being. Since the early 2000s, a growing body of literature has highlighted stress as a critical global concern, signalling a shift towards prioritizing mental health within workplace environments.[14] This changing landscape is due to the recognition that mental health is intrinsically linked to employee performance, satisfaction, and retention.

Burnout, characterized by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment, often arises from chronic stress that is not adequately managed. Research indicates that when employees are exposed to prolonged periods of stress without appropriate coping mechanisms or support structures, burnout can ensue.[15] This phenomenon not only adversely affects individual employees but can also reverberate throughout organizations, leading to decreased productivity, increased absenteeism, and higher turnover rates.

Addressing workplace stress has become imperative, not only for safeguarding employee mental health but also for enhancing organizational effectiveness. Strategies such as stress management programs, mindfulness training, and fostering a strong sense of community among employees can serve as effective preventative measures. Moreover, organizations are increasingly recognizing the importance of promoting a healthy work-life balance, providing flexible work arrangements, and ensuring employees access mental health resources. Therefore, an organization's culture, leadership style, and policies can either mitigate or exacerbate stress levels among employees. For example, a supportive workplace that prioritizes open communication and provides resources for mental health can buffer against stress and reduce the risk of burnout.

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[8] Christina Maslach and Michael P. Leiter, "It's Time to Take Action on Burnout," *Burnout Research* 2, no. 1 (March 2015): iv–v, https://doi.org/10.1016/j.burn.2015.05.002.

[9] S. O. Salami, "Stress and Emotional Intelligence: The Moderating Role of Emotional itelligence in the Relationship between Stress and Psychological Well-Being," *Journal of Organizational Behavior* 32, no. 3 (2011): 393–412.

[10] Christina Maslach, Susan E Jackson, and Michael P Leiter, *Maslach Burnout Inventory*, 2nd ed. (Scarecrow Education, 1997).

[11] Yanina Ovsiannikova et al., "Peculiarities of the Impact of Stress on Physical and Psychological Health," 2024.

[12] Larysa Kalmykova et al., "Psychological Features of the Development Speech Motives and Speech Motivation of 5–6-Year-Old Children," *Psychological Studies* 68, no. 3 (September 25, 2023): 404–20, https://doi.org/10.1007/s12646-023-00732-8; Ovsiannikova et al., "Peculiarities of the Impact of Stress on Physical and Psychological Health."

[13] World Health Organization, "COVID-19 Pandemic Triggers 25% Increase in Prevalence of Anxiety and Depression Worldwide," 2022; https://www.who.int/news/item/02- 03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide. Lene E Søvold et al., "Prioritizing the Mental Health and Well-Being of Healthcare Workers: An Urgent Global Public Health Priority," *Frontiers in Public Health* 9 (2021): 679397.

[14] Susan Guthrie et al., "Understanding Mental Health in the Research Environment: A Rapid Evidence Assessment," *Rand Health Quarterly* 7, no. 3 (2018): 2.

[15] Giuseppa Maresca et al., "Coping Strategies of Healthcare Professionals with Burnout Syndrome: A Systematic Review," *Medicina* 58, no. 2 (2022): 327.

Recent scholarly consensus also suggests that workplace stress can be effectively mitigated through the implementation of efficient time management strategies.[16] In this framework, time management refers to the structured and purposeful allocation of time, enabling individuals to organize their activities more effectively. These practices not only enhance productivity but also reduces stress levels by facilitating better management of daily responsibilities.[17] In support of this, Mata et al. assert that time management aids in maintaining control over tasks and meeting organisational expectations, thus serving as a buffer against occupational stress.[18] Additionally, researchers have highlighted the importance of setting boundaries and declining non-essential tasks. According to Panigrahi, acquiescing to irrelevant or minor demands that do not align with primary job responsibilities can increase both workload and psychological strain.[19] Therefore, assertiveness and prioritisation are key elements in reducing workplace stress. Further strategies include effective career planning and development, performance-based remuneration systems, and the establishment of clear communication channels within organisations. These combined efforts aim to create a more sustainable and mentally healthy working environment.

In summary, the nexus between stress, burnout, and psychological distress is complex and multifaceted. A proactive approach that includes understanding the factors that contribute to stress, creating supportive work environments, and implementing effective interventions is essential to promote overall employee well-being. As research continues to evolve, it becomes increasingly clear that addressing these issues is not only a moral obligation but also a strategic imperative for organizations seeking long-term success and sustainability.

THEORETICAL FRAMEWORK

The Maslach Burnout Inventory (MBI) as a Diagnostic Tool

The Maslach Burnout Inventory (MBI) originated from foundational research by Maslach and Jackson and has since become a seminal instrument in assessing occupational burnout (Maslach & Jackson, 1986, as cited in Beer et al., 2024; Schaufeli, 2018).[20] Its wide application in numerous professional settings has made it a cornerstone in organisational psychology for evaluating burnout and its impact on employee well-being.[21]

The MBI is designed to assess burnout as a multifaceted syndrome characterised by prolonged emotional, physical, and mental exhaustion in response to chronic stress.[22] It examines three core dimensions: Emotional Exhaustion, Depersonalisation, and Personal Accomplishment.[23] Emotional exhaustion refers to a depletion of emotional resources that reduces an individual's ability to perform effectively at work. Depersonalisation describes a cynical and detached response towards colleagues and clients, which can hinder interpersonal relationships and negatively impact service quality.[24] Personal Accomplishment assesses self-perceived competence and effectiveness in one's role; a

[16] S. Smikle, "Managing Stress and Burnout: A Crucial Element for Your Life and Business," *Atlas LLC*, 2023; T. Enebe, " Managing Stress and Burnout at Work," 2024, https://www.researchgate.net/profile/Tobechukwu-Enebe-2?_tp=eyJjb250ZXh0Ijp7ImZpcnN0UGFnZSI6InB1YmxpY2F0aW9uIiwicGFnZSI6InB1YmxpY2F0aW9uIn19.

[17] M. Brown and R. Davis, "Strategies for Stress Management: Enhancing Well-Being," *Journal of Counselling Psychology* 67, no. 2 (2021): 89–104.

[18] Nuno Neves Mata et al., "The Relationship Between Time Management, Work Stress and Work Performance-A Quantitative Study in Portugal," *Academy of Strategic Management Journal* 20 (September 5, 2021): 1–11.

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[20] Christina Maslach and Susan E Jackson, "The Measurement of Experienced Burnout," *Journal of Organizational Behavior* 2, no. 2 (1981): 99–113; W.B. Schaufeli, "Professional Burnout: Recent Developments in Theory and Research," 2018.

[21] Leon T De Beer et al., "Maslach Burnout Inventory—General Survey: A Systematic Review and Meta-Analysis of Measurement Properties.," *European Journal of Psychological Assessment*, 2024.

[22] Wilmar Schaufeli and Hans De Witte, "Burnout Assessment Tool (BAT) A Fresh Look at Burnout," in *International Handbook of Behavioral Health Assessment* (Springer, 2023), 1–24.

[23] Keri J S Brady et al., "Describing the Emotional Exhaustion, Depersonalization, and Low Personal Accomplishment Symptoms Associated with Maslach Burnout Inventory Subscale Scores in US Physicians: An Item Response Theory Analysis," *Journal of Patient-Reported Outcomes* 4, no. 1 (2020): 42.

[24] Eric S Williams, Cheryl Rathert, and Sandra C Buttigieg, "The Personal and Professional Consequences of Physician Burnout: A Systematic Review of the Literature," *Medical Care Research and Review* 77, no. 5 (2020): 371–86.

diminished sense of accomplishment often signals the onset of burnout and reduced professional efficacy.[25]

To accommodate diverse occupational contexts, the MBI includes three primary versions. The Human Services Survey targets professionals in healthcare, education, and social services, while the Educators Survey focuses on teaching professionals. A third, general version applies to broader occupational groups.[26] According to Smith and Johnson, the MBI provides a theoretical framework that integrates individual, occupational, and organisational variables to facilitate a deeper understanding of burnout.[27] Specifically, within the academic healthcare sector, it enables the identification of factors such as job demands, available resources, and personal attributes that influence stress and burnout.

This comprehensive approach highlights the potential of MBI to inform evidence-based strategies to mitigate burnout among health profession academics. Through its multidimensional analysis, the MBI supports efforts to promote employee well-being and improve institutional outcomes in education and healthcare.

METHODOLOGY

A descriptive cross-sectional research design was used to assess occupational burnout among health professional academics at a South African higher education institution in the Eastern Cape. The research employed a modified Maslach Burnout Inventory (MBI) questionnaire to collect data from a sample of forty-seven health professional academics, to assess their risk of stress and burnout.

The modified Maslach Burnout Inventory (MBI) self-test, using a Likert scale, was distributed to health professional academics via questionnaires, accompanied by a consent form. Codes were assigned to respondents to ensure confidentiality and anonymity. The modified Maslach Burnout Inventory was used to explore three dimensions, employing a Likert scale to assess the risk level of burnout among health academic professionals, ensuring face and content validity.

The three dimensions of the modified MBI were Emotional Exhaustion (EE), Depersonalisation (DP), and Personal Accomplishment (PA). The percentile method was employed to categorise the levels of burnout among health professional academic staff. This method was chosen to create population-specific cut-off points that reflect the unique characteristics and stressors of this professional group.

Percentile analysis: Data were analysed using statistical software (SPSS), and the 25th, 50th, and 75th percentiles were calculated for each dimension. Percentiles were selected to divide the sample into meaningful categories, with thresholds representing low, moderate, and high levels of burnout. This method was chosen to create population-specific cut-off points that reflect the unique characteristics and stressors of this professional group.

Rationale for the percentile method: The percentile method allows for population-specific cut-off points that account for variations in burnout levels across different professional groups. It ensures that the categorisation reflects the distribution of scores within the studied population rather than relying on general thresholds that may not fully capture the unique burnout patterns in academic staff.

Integration into Overall Burnout Categories:

The scores across the three dimensions were combined to form the following four overall categories:

- Severe Burnout: High EE + High DP + Low PA
- Moderate Burnout: High EE + (High DP or Low PA)
- At Risk of Burnout: High EE or High DP
- No Burnout: Scores do not meet any of the above criteria.

[25] Christina Maslach, Wilmar B Schaufeli, and Michael P Leiter, "Job Burnout," *Annual Review of Psychology* 52, no. 2001 (2001): 397–422.

[26] De Beer et al., "Maslach Burnout Inventory—General Survey: A Systematic Review and Meta-Analysis of Measurement Properties."

[27] J. Smith and A. Johnson, "Challenges Faced by Academic Personnel in Zimbabwe: A Qualitative Study ," *Journal of Educational Research*, 2023, 150–68.

Within the overall burnout categories are four components, which are age groups, gender, academic position, and work experience in healthcare academics. These components indicate the separate total P value for each by obtaining the mean standard deviation for EE, DP, and PA. The P-value indicates the predetermined statistical significance, which embodies the MBI. Based on a threshold, a significance level of (alpha) is conventionally set at 0.05 before conducting the study to judge significance. Analysis of Variance (ANOVA) was employed to compare mean burnout scores across multiple categorical independent variables. In effect, the P value is used to evaluate the statistical significance of the differences between the components.

Therefore, by employing the above approach, the analysis would provide a more accurate representation of burnout levels within the study population, ensuring that the findings are relevant and actionable for this specific context. However, it is noted that the application of a multitude of data analysis techniques and the derivation of findings through the methodological processes does exhibit 'statistical thoughtfulness'. [28]

Ethical considerations

Ombaka and Muturi state that the importance of ethical conduct in research cannot be overemphasized in safeguarding the norms and standards of behaviour .[29] Baed on the principles of ethical conduct, the researcher observed several critical features that underpin this research. This included core principles such as respect, anonymity, confidentiality, and informed consent. The ethical aspects of this research involved ensuring that participants' identities remained undisclosed through anonymity, which protected their personal information. This was achieved by employing pseudonyms and codes to hide and identify specific individuals. The importance of anonymity lies in its role in guarding participants against potential harm or embarrassment, making it a fundamental element of ethical research .[30] Anonymity was preserved by not identifying respondents; questionnaires were coded. Before analysis, all personal identifiers were removed from the data. The data were stored in a secure location inaccessible to unauthorized individuals and kept in a locked cupboard. To ensure anonymity of the respondents, the questionnaires featured numbers, codes, and pseudonyms. Confidentiality also included safeguarding the privacy of the information shared by participants. [31]

PRESENTATION OF DATA AND FINDINGS

Data and Findings

To understand the results obtained, it is essential to elucidate the percentage analysis, the rationale that underlies the percentile method and the establishment of 'cut-off points' in alignment with the methodological framework. The percentile method was used to categorize the levels of burnout experienced by professionals in the academic health sector. This approach facilitates a nuanced understanding of burnout prevalence among these individuals, allowing for a systematic classification based on established thresholds.

[28] Ronald L Wasserstein, Allen L Schirm, and Nicole A Lazar, "Moving to a World Beyond," *American Statistician* 7, no.1(2019): 1–19.
[29] Beatrice Ombaka and Moses Muturi, "Importance of Ethics in Safeguarding and Ensuring High Quality Research," *J. Afr. Interdiscip. Stud.* 8 (2023): 89–100.
[30] K. Kaiser, "Protecting the Anonymity of Research Participants," *Journal of Research Ethics* 12, no. 3 (2008): 213–24.
[31] K. A. Adams and E. K. McGuire, *Research Methods, Statistics, and Applications* (Sage Publications, 2022).

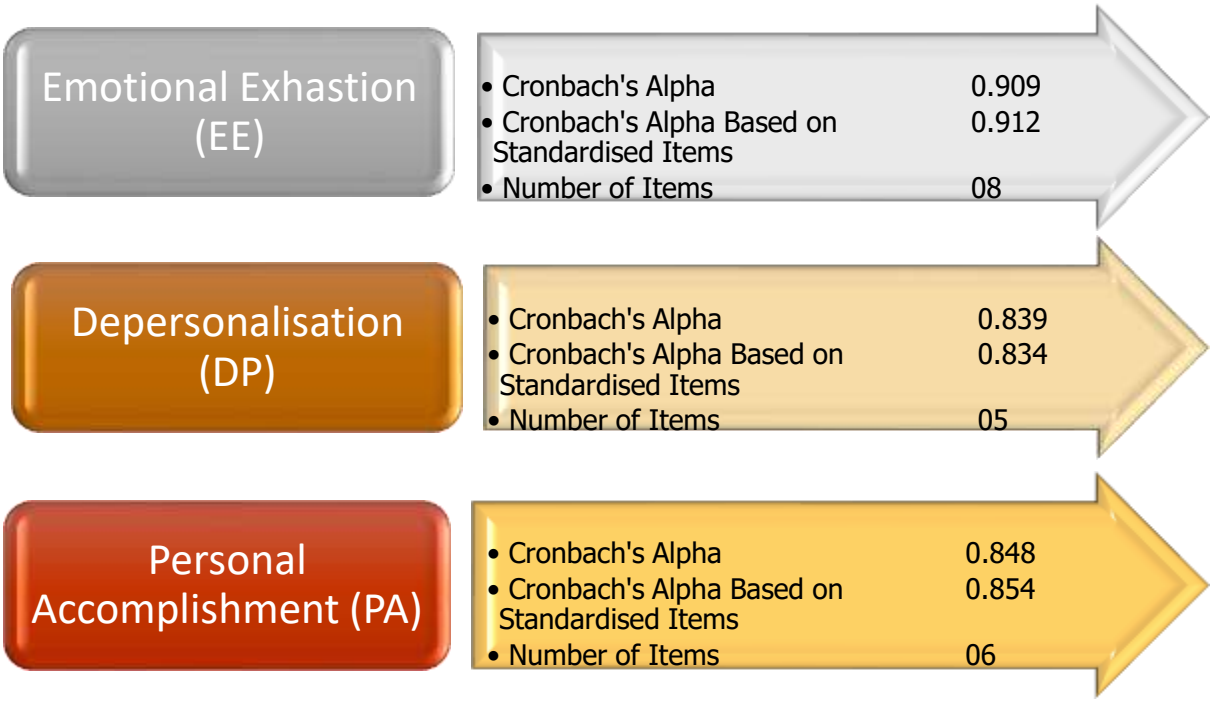

Figure 1: Emanating from the indicators of the MBI that provide Cronbach's Alpha values for the reliability statistics of the three burnout dimensions

Integration into Overall Burnout Categories:

Cut-off points: Based on the percentile values, low levels corresponded to scores below or equal to the 25th percentile; moderate levels were defined as scores between the 26th and 75th percentiles, and high levels were assigned to scores above the 75th percentile. Using the three components of the modified MBI were Emotional Exhaustion (EE), Depersonalisation (DP), and Personal Accomplishment (PA), whose thresholds were:

- Emotional Exhaustion (EE): Low (≤11), Moderate (12–24), High (≥25)
- Depersonalisation (DP): Low (≤2), Moderate (3–10), High (≥11)
- Personal Accomplishment (PA): Low (≤5), Moderate (6–16), High (≥17)

Cronbach's Alpha measures internal consistency, indicating how well the items within each dimension measure the same construct. The Emotional Exhaustion (EE) dimension demonstrates an impressive Cronbach's Alpha of 0.909, indicating its exceptional reliability in assessing this construct. This indicates that the eight items within the EE scale consistently measure the underlying concept of Emotional Exhaustion. Furthermore, the standardized alpha value of 0.912 indicates minimal variation in item scaling, thereby stressing the strong internal consistency of scale. These results support the dimension of validity of the EE as a dependable measure in psychological research. Emotional Exhaustion exhibits the highest alpha, demonstrating that its items are the most cohesive and reliable for evaluating burnout within this dimension.

The Depersonalization (DP) dimension has a Cronbach's Alpha of 0.839, demonstrating good reliability. The five items effectively capture the construct. While the alpha is slightly lower than that of Emotional Exhaustion, this can be attributed to the fewer items and slight variations in how each item contributes. Nevertheless, the value is still comfortably within the acceptable limits for internal consistency.

The Personal Accomplishment (PA) dimension exhibits a Cronbach's Alpha of 0.848, indicating a high level of reliability among the six items designed to assess this construct. Additionally, the standardized alpha value of 0.854 is closely aligned with the original alpha, suggesting a strong internal consistency and minimal variation in the scaling of the items. This strong reliability underscores the effectiveness of the measurement in capturing the nuances of personal accomplishment.

All three dimensions demonstrate high internal consistency ($\alpha > 0.8$), indicating that the items within each dimension are well-correlated and collectively measure the intended burnout construct.

P Values Embodying the MBI dimensions

Table 1: P Values from One-way ANOVA for Age Group Component

Variables	EE	DP	PA
Age group	Mean (SD)	Mean (SD)	Mean (SD)
18-30 (02 respondents)	13.50 (4.95)	5.00 (2.83)	12.00 (1.41)
31-40 (06 respondents)	22.67 (10.31)	8.83 (7.03)	11.67 (7.31)
41-50 (21 respondents)	17.14 (9.70)	6.52 (5.60)	9.24 (7.25)
51-60 (05 respondents)	23.20 (12.32)	7.80 (6.06)	11.40 (6.11)
> 60 (13 respondents)	15.31 (12.02)	3.92 (4.94)	6.46 (6.69)

Burnout scores by age group (47 respondents) show that Emotional Exhaustion (EE) ranges from a mean of 13.50 in the 18-30 age group, the lowest, to 23.20 in the 51-60 age group, the highest, suggesting older participants (51-60) experience more emotional strain. Depersonalization (DP) scores range from 3.92 in the >60 group, the lowest, to 8.83 in the 31-40 group, the highest, indicating greater detachment or cynicism in middle-aged participants. Personal Accomplishment (PA) scores range from 6.46 in the >60 group, the lowest, to 12.00 in the 18-30 group, the highest, reflecting greater feelings of accomplishment among younger participants. However, the p-values for all dimensions (EE: 0.466, DP: 0.414, PA: 0.467) indicate no statistically significant differences across age groups.

Table 2: P Values from One-Way ANOVA for Gender Group Component

Variables	EE	DP	PA
Gender	Mean (SD)	Mean (SD)	Mean (SD)
Male (28 respondents)	17.96 (10.28)	6.54 (5.37)	9.18 (7.17)
Female (19 respondents)	17.63 (11.39)	5.63 (6.06)	9.05 (6.64)

Burnout scores stratified by gender reveal that males (n = 28) exhibit slightly higher mean scores than females (n = 19) across all dimensions: Emotional Exhaustion (EE) at 17.96 compared to 17.63, Depersonalization (DP) at 6.54 versus 5.63, and Personal Accomplishment (PA) at 9.18 as opposed to 9.05. These findings suggest that males report marginally greater levels of emotional strain, detachment, and feelings of accomplishment. However, the p-values associated with each dimension (EE: 0.917, DP: 0.593, PA: 0.952) indicate that these differences do not reach statistical significance. Thus, one can conclude that there are no meaningful differences in burnout scores between males and females in this sample.

Table 3: P Values from One-Way ANOVA for Academic Positions Component

Variables	EE	DP	PA
Position	Mean (SD)	Mean (SD)	Mean (SD)
Lecturer (13 respondents)	18.69 (11.54)	6.15 (7.20)	10.77 (7.25)
Senior Lecturer (16 respondents)	17.19 (11.09)	6.13 (5.83)	10.06 (8.09)
Associate Professor (13 respondents)	18.08 (11.03)	6.85 (4.74)	7.62 (5.52)
Full Professor (05 respondents)	17.00 (8.22)	4.60 (2.70)	5.80 (4.15)

Burnout levels differentiated by academic position indicate that Emotional Exhaustion (EE) scores are generally consistent across roles, with values ranging from 17.00 for Full Professors (n = 5) to 18.69 for Lecturers (n = 13) and Senior Lecturers (n = 16), revealing no statistically significant total

differences at p = 0.982. Similarly, Depersonalization (DP) scores span from 4.60 for Full Professors to 6.85 for Associate Professors (13), suggesting a marginally higher prevalence of detachment or cynicism among Associate Professors. However, these differences lack statistical total significance (p = 0.907), as shown in diagram 2. Notably, Personal Accomplishment (PA) scores show a decline correlating with seniority, starting from 10.77 for Lecturers and decreasing to 5.80 for Full Professors, which implies that individuals in higher academic ranks may perceive a diminished sense of accomplishment. Nevertheless, the observed differences in PA scores also do not reach statistical significance (p = 0.430), as shown in diagram 2 below.

The parallel scores across academic positions indicate that the emotional strain experienced by individuals remains consistent, irrespective of their hierarchical status. This observation suggests that the workload and associated stressors may not vary substantially between Lecturers, Senior Lecturers, and Full Professors. Although Associate Professors demonstrate a slight increase in levels of detachment or cynicism relative to their peers, the absence of statistical significance implies that these differences are not robust. Consequently, overall levels of detachment appear to be relatively uniform across positions. The discernible decline in PA scores with increasing seniority further suggests that higher-ranking academics, such as Full Professors, may experience a reduced sense of efficacy or achievement compared to their junior counterparts. However, the lack of statistical significance indicates that this trend may not be consistent or strong enough to warrant definitive conclusions.

Table 4: P Values from One-way ANOVA for Working Experience (years) Component

Variables	EE	DP	PA
Working experience (years)	Mean (SD)	Mean (SD)	Mean (SD)
1-5 (3 respondents)	12.67 (3.79)	4.00 (2.65)	1.33 (0.58)
6-10 (3 respondents)	18.67 (9.82)	5.67 (2.52)	1.33 (0.58)
11-15 (9 respondents)	21.78 (9.01)	7.11 (6.28)	1.67 (0.87)
16-20 (8 respondents)	16.75 (11.72)	6.38 (5.83)	1.75 (0.89)
>20 (24 respondents)	17.25 (11.64)	6.08 (5.85)	1.54 (0.83)

Burnout levels by working experience indicate that Emotional Exhaustion (EE) scores generally rise with years of experience, starting at 12.67 for those with 1-5 years of experience 03 respondents), peaking at 21.78 for individuals with 11-15 years of experience (09 respondents), and then slightly declining for those with over 16 years of experience. Nevertheless, the absence of statistical significance (p = 0.730), as shown in Diagram 2, indicates that the component trend of EE is not robust or universally applicable across work experiences.

Similarly, Depersonalization (DP) scores increase from 4.00 in the 1–5-year group to 7.11 in the 11-15 year group, before slightly decreasing among those with 16+ years, though these differences are also not significant (p = 0.951). This might suggest that mid-career academics (11-15 years) experience higher detachment or cynicism, potentially due to the demands of their profession. However, the insignificant differences imply that DP levels are relatively stable in experience levels.

Personal Accomplishment (PA) scores remain uniformly low across all experience levels, ranging from 1.33 for those with 1-5 and 6-10 years of experience to 1.75 for individuals with 16-20 years of experience, with no observable statistically significant differences observed (p = 0.905). Therefore, the consistently low PA scores at all levels of experience indicate a widespread issue in which academics, regardless of their years of experience, feel a diminished sense of effectiveness or achievement. This may suggest systemic factors in the academic environment that impact feelings of accomplishment.

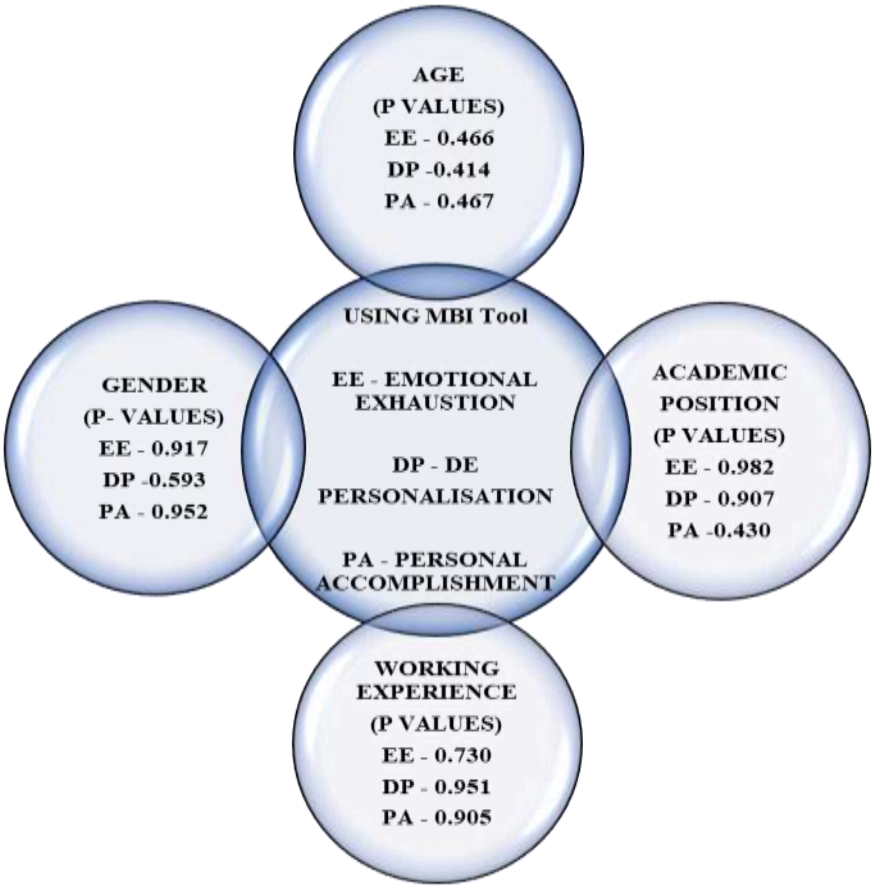

Figure 2: Total P Values of Components of EE, DP and PA Dimensions

There is no statistically significant difference in burnout dimensions across age groups (P value = EE: 0.466, DP: 0.414, PA: 0.467), gender (P value= EE: 0.917, DP: 0.593, PA: 0.952), type of degree (P value = EE: 0.909, DP: 0.657, PA: 0.939), academic position (P value = EE: 0.982, DP: 0.907, PA: 0.430), work experience (P value = EE: 0.730, DP: 0.951, PA: 0.905).

Overall, respondents experience moderate levels of emotional exhaustion (46.8%), low to moderate levels of depersonalization (40.4%), and moderate levels of personal accomplishment (42.6%).

In particular, the findings revealed significant levels of emotional and physical exhaustion, frustration, and disruptions in personal life due to work-related stress. Although most respondents did not meet the burnout criteria, a substantial number were identified as at risk. Overall, the reliability statistics for these burnout dimensions are crucial for validating the effectiveness of the measurement tools used and ensuring they provide accurate reflections of individuals' experiences with burnout.

DISCUSSION

This paper highlights the urgent need to address occupational burnout among health professional academic staff at a developing university in the Eastern Cape, South Africa, using the Maslach Burnout Inventory (MBI). The Maslach Burnout Inventory (MBI) Likert scale questionnaire was used to achieve the main goal of this paper. The paper aimed to identify the daily stressors that lead to occupational burnout among academic health professional staff, which is the foundation of the research question derived from this objective, a focal research question.

Chronic stress experienced by these academic professionals underscores the pressing need for targeted interventions that focus on effective workload management and the provision of sufficient recovery time after shifts. Furthermore, respondents felt emotionally drained, which serves as a concerning precursor to burnout and may contribute to a decline in engagement and motivation. Both

Kalmykova et al. and Ovsiannikova et al. adhere to the notion that chronic stress can inflict major damage on both mental and physical health.[32]

According to Smikle, burnout cannot occur without the presence of stress, but it is possible to experience stress without reaching the point of burnout.[33] The factors that differentiate stress from burnout were highlighted by Smikle as a crucial element for both life and business, as illustrated below.

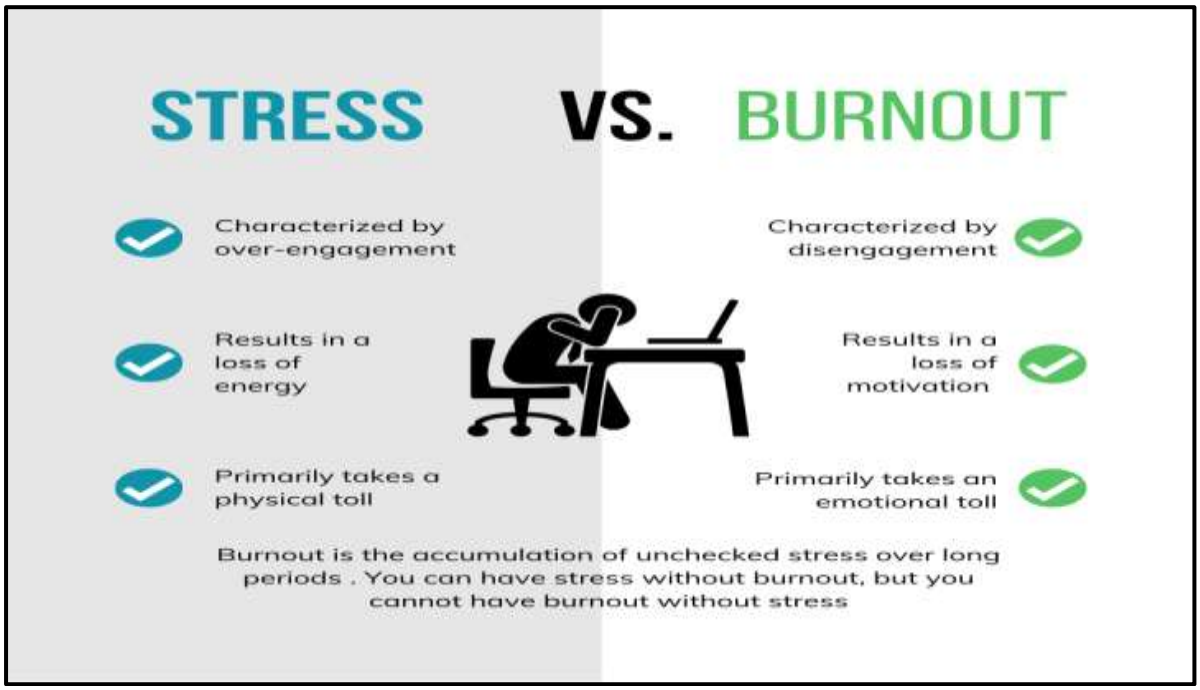

Figure 3: A crucial element for your life and business (Smikle, 2023)

This perspective aligns with the notion that stress arises when workplace demands exceed a person's ability to manage them, often resulting in mental or emotional distress. To reiterate, Maslach and Leiter asserted that continuous exposure to high stress levels significantly increases the risk of experiencing burnout.[34] Additionally, Ovsiannikova et al. characterize stress as an emotional reaction to work-related pressures that negatively affects an individual's psychological and emotional health.[35]

Emotional exhaustion is a key factor that contributes to burnout in this demanding academic environment. Data reveal widespread job-related frustration, linked to job insecurity and inadequate benefits, which can lead to increased turnover and decreased morale in healthcare settings. Emotional exhaustion affects not only individuals but also team dynamics and quality of patient care, with work-related stress intruding on personal relationships. Respondents reported a widespread sense of job-related frustration, frequently linked to determinants such as job insecurity and inadequate benefits. Addressing these crucial issues is essential, as unresolved job frustration can escalate turnover rates and erode morale within healthcare settings. The ramifications of emotional exhaustion extend beyond individual well-being, exerting a detrimental influence on team dynamics and the overall quality of patient care. Additionally, respondents noted that work-related stress affected their quality time with family, thereby highlighting the broader societal implications of burnout and its deleterious effects on personal relationships.

` Although depersonalisation scores were comparatively lower, they did not indicated a sense of futility in work efforts, therefore negatively impacting job satisfaction and suggesting a trend in which

[32] Kalmykova et al., "Psychological Features of the Development Speech Motives and Speech Motivation of 5–6-Year-Old Children"; Ovsiannikova et al., "Peculiarities of the Impact of Stress on Physical and Psychological Health."
[33] Smikle, "Managing Stress and Burnout: A Crucial Element for Your Life and Business."
[34] Maslach and Leiter, "It's Time to Take Action on Burnout."
[35] Ovsiannikova et al., "Peculiarities of the Impact of Stress on Physical and Psychological Health."

individuals may begin to perceive those they serve as objects rather than as human beings. The reliability statistics for depersonalisation provide insights into the consistency of respondents' feelings of detachment and suggest the prevalence of this disengagement within the studied cohort.

Establishing a culture that emphasises recognition and provides opportunities to professional development can help alleviate the feelings of undervaluation expressed by respondents. Moreover, chronic fatigue, characterised by a notable lack of energy in the mornings, represents a significant barrier to productivity and overall performance. Structural changes that promote a healthier work-life balance are therefore crucial to mitigate this problem.

Despite encountering various challenges, a significant proportion of respondents showed a strong aspiration for personal achievement, reflecting a long commitment to their professional roles. This dimension contrasts the previously examined constructs, as high scores in personal accomplishment reveal a significant sense of fulfilment and effectiveness. The reliability statistics about personal accomplishment emphasise the extent to which individuals perceive themselves as competent and valued in their roles, as well as the stability of these perceptions across diverse populations and settings.

RECOMMENDATION

Emotional exhaustion among healthcare academics significantly affects their capacity to exercise empathy toward both students, colleagues, and clients, resulting in a deterioration of care quality. Addressing this critical issue requires implementing evidence-based strategies that cultivate emotional resilience and promote healthy self-care practices within professional settings. The challenges posed by burnout underline the broader implications, which extend beyond individual well-being to impact team cohesion, organizational productivity, and the overall work environment. Enhancing institutional support for mental health and resilience can lead to improved outcomes for healthcare professionals, thus strengthening the overall efficacy of the healthcare system. Researchers such as Panigrahi argue that declining unnecessary requests is important; agreeing to irrelevant and minor demands that are not crucial can increase workload and stress.[36] In this context, fostering an environment that prioritizes mental health not only benefits individual practitioners but also contributes to a more cohesive and effective healthcare delivery system.

To improve employee well-being and job satisfaction, the organization must address the underlying issues of fatigue and feelings of futility while ensuring employees continue to fulfill their responsibilities.

A critical component of this process is to foster a culture of recognition, in which employees feel valued for their contributions. By implementing consistent feedback systems and providing opportunities for professional development, organizations can effectively reduce feelings of inefficacy and disengagement. Ultimately, prioritizing these initiatives will create a more positive and productive work environment.

Personal accomplishment indicates that many respondents remain motivated to improve their performance, even when faced with significant challenges. However, it also reveals a discrepancy between their energy levels and their ambitions. This highlights not only their strong dedication to their work but also the essential need for support in their professional journeys. To address this gap and promote healthier work-life balance, implementing strategic initiatives could be extremely beneficial. For instance, offering stress management workshops can equip individuals with tools to better handle workplace pressures. Additionally, creating mentorship opportunities can provide valuable guidance and encouragement, helping academics navigate their challenges more effectively. Strengthening institutional support systems will also be key in empowering individuals to pursue their professional goals with renewed energy and effectiveness. By investing in these initiatives, institutions can cultivate a more supportive environment, allowing academics to thrive both personally and professionally.

[36] Panigrahi, Srivastava, and Sharma, "Online Learning: Adoption, Continuance, and Learning Outcome—A Review of Literature."

CONCLUSION

In conclusion, emotional exhaustion is a critical challenge in the demanding landscape of healthcare, significantly impacting not only individual well-being but also team dynamics and patient care quality. The prevailing job-related frustrations rooted in insecurity and inadequate benefits highlight the need for systemic change to foster a more supportive work environment. Addressing these issues, along with improving recognition and professional development opportunities, is essential to improve morale and reducing turnover rates. Although depersonalization indicates some detachment from the work, there is a notable desire for personal achievement among healthcare professionals, highlighting their commitment and potential to fulfill in their roles. Ultimately, implementing structural changes that encourage a healthier work-life balance can mitigate chronic fatigue and restore a sense of purpose, benefiting both employees, patients, and the students they serve.

Furthermore, using resources such as stress management training and mentorship programs could empower academic professionals, facilitating a better alignment between their aspirations and current capabilities. Initiatives aimed at promoting work-life balance, including flexible scheduling, may further improve the overall quality of life of healthcare professionals. Thus, this paper highlights the urgent need for strategic interventions to address burnout and promote a healthier, more supportive work environment for healthcare academics.

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