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Interplay of Personality Traits, Alexithymia, and Work-Life Balance in Predicting Burnout among Healthcare Professionals

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ABSTRACT: Burnout among healthcare professionals is a critical concern that impacts both employee well-being and the quality of patient care. The study aims to explore how personality traits (Big Five), alexithymia and work-life balance interact to predict burnout among medical healthcare professionals. A cross-sectional survey was conducted among healthcare professionals from both the public and private sectors. A sample of 200 healthcare professionals were analyzed in the study using standardized tools to measure burnout (Maslach Burnout Inventory), Alexithymia (Toronto Alexithymia Scale), Personality Traits (Big-Five Inventory), and work-life balance. Statistical analyses included t-test for sector comparisons, Pearson correlations, hierarchical regression, moderation analysis and structural equation modelling (SEM). The outcome suggest that burnout levels were moderate overall but significantly higher among public-sector healthcare professionals than among their private-sector counterparts. The public sector also reported higher alexithymia scores and lower work-life balance. Emotional Exhaustion correlated positively with neuroticism, alexithymia, and burnout. Along with work-life balance, it moderated the relationship between alexithymia and burnout. SEM analysis showed that both personality characteristics (Particularly neuroticism) and alexithymia directly influence burnout; work-life balance had a significant moderating role in these relationships.

1. INTRODUCTION

Burnout has emerged as one of the most critical occupational health challenges in the global healthcare sector, particularly among healthcare professionals who operate in high-pressure environments characterized by heavy workloads, emotional demands, and continuous patient care responsibilities. Burnout is defined as a psychological state characterised by emotional exhaustion, depersonalization, and a decrease in one's sense of personal accomplishment, according to Maslach & Jackson (1981). Emotional exhaustion refers to the depletion of emotional resources and is described as feeling emotionally overextended and drained. Depersonalization is a coping strategy that leads to detachment on an emotional level, commonly seen as cynicism or negativity. Lack of personal success, which is frequently viewed as an afterthought, diminishes the perception of competence and accomplishment and results in a feeling of incompetence. (Tamini & Kord.,2011). Research suggests that burnout is not only a consequence of how much we work, but also of how much we interact with our physiological and workplace conditions. Healthcare professionals experience a lot of stress at work, and this depends on the person and how they feel about things. Personality and emotional processing ability are important in this scenario, as they influence how healthcare professionals respond to situations and workplace stress. The Big Five model suggests that personality is a compatible psychological factor that influences burnout. (Johnson JA & Ostendorf, 1992; Carver & Connor-Smith, 2010). Agreeableness is described as collaboration, compassion, lenience and forgiveness to others. (McCrae, R. R., & Costa, P. T.,1987). Conscientiousness is about the discipline to follow rules and principles and to work hard towards the achievement (Costa PT, McCrae RR, 2010). Extraversion is linked to how much and how strongly a person can interact in social settings (R. R., & Costa, P. T., 1987). Neuroticism traits reflect how unstable emotions are and how much control people have over themselves

(Carver & Connor-Smith,2010). In most of the studies, people who are high on neuroticism tend to get really exhausted and feel lonely from the inside. For instance, (Scholtz et al.,2024) illustrate that neuroticism can make one feel burned out and vulnerable to these problems, whereas conscientiousness and extraversion play protective roles. Conscientious people display better coping mechanisms and management techniques. Whereas extraverts gain emotional strength from relationships or enjoy mental well-being through social connections. Another piece of evidence from (Mumuni 2020 & Zhang et al.,2021) indicates that people with different personalities may deal with work stress in different ways. Although many studies support the influence of openness and agreeableness, there are also conflicting findings about the personality traits in certain situations. The model's variance of the models incorporates moderation rather than relying on personality as a predictor. Additionally, other important psychological factors that contribute to burnout are alexithymia, which can be defined as difficulty in identifying and regulating emotions. Healthcare professionals who are at a high level of alexithymia are less likely to express emotions and are less vulnerable to stress and burnout. Some studies show a strong relationship (Li et al.,2025), indicating that alexithymia makes nurses highly susceptible to stress. Likewise,(Tariq et al.,2024&Javadzadeh et al.,2024) found that emotional awareness predicts the severity of their burnout. In addition, work-life balance is a very important individual factor that has emerged as an organisational determinant of burnout. In addition, the disparity between work responsibilities and personal life leads to stress and job dissatisfaction. Likewise, an awful WLB is steadily associated with greater emotional exhaustion and lower job satisfaction (Dousin et al.,2019 & Permarupan et al.,2020), and an imbalance affects health and performance, thereby triggering burnout. Moreover, healthcare settings like the ICU and emergency healthcare professionals are on duty hours because they do not have enough staff and the emotional toll it takes (Kumar et al.,2021 & Khandi et al.,2024). Burnout was considerably high among ICU practitioners during the time of COVID-19.(Gribben & Semple.,2021) highlights excessive workload and emotional stress as the main causes of burnout among oncology nurses. Differences in organisational structure, workload pressure, and staff accessibility between the public and private healthcare sectors also affect how these sectors manage the stressors. From a theoretical perspective, this study integrates the Job Demands–Resources (JD–R) Model (Demerouti et al., 2001) and Transactional Stress Theory (Lazarus & Folkman, 1984) to provide a comprehensive understanding of burnout. Within the JD–R framework, job demands (e.g., workload, emotional pressure) increase strain and contribute to burnout, while job and personal resources (e.g., work–life balance, adaptive personality traits) mitigate these effects. Simultaneously, Transactional Stress Theory explains burnout through cognitive appraisal and coping processes, in which personality traits influence stress perception and alexithymia impairs emotional regulation, thereby intensifying stress responses. The current research mainly focused on healthcare professionals in public and private hospitals, where they analyzed burnout as the primary factor. It explores the roles of personality traits, often called the Big Five, alexithymia and work-life function as independent variables in their effects on burnout in both sectors. The proposed model visualises personality traits as a private resource, whereas alexithymia is viewed as mediating the lack of emotional regulation. On the other hand, work-life balance is a great help according to the JD-R model and transactional stress frameworks (Demerouti et al.,2001 & Lazarus & Folkman,1984). By combining these variables into one model to understand burnout, we can gain a better understanding of psychological and organizational factors in healthcare settings. Burnout has become the most common problem in the healthcare profession due to long working hours, heavy workloads and greater exposure to emotionally demanding situations, which can impair decision-making. In this study, personal differences like personality traits and their ability to handle emotions, particularly issues in understanding your own feelings, are known as alexithymia. Moreover, work-life balance is very important for medical workers to stay happy and healthy at work, especially when they are dealing with heavy workloads in both public and private sectors. Therefore, both mental and environmental factors have a combined impact on burnout, which intensifies the healthcare professional's happiness, patient treatment, and upholds the general well-being of healthcare systems.



Figure 1: Burnout in Healthcare Professionals

Figure 1 represents the theoretical framework, which shows how burnout has control over the personal, organizational and outcome factors. In the middle is “Burnout in Healthcare Professionals”, which relies on four areas. First, Psychological factors such as personality play a role in how we deal with stress and view problems at work. Certain traits strengthen resilience while others improve weakness. Healthcare Professionals struggle to identify their own emotions. This intensifies the vulnerability it limits their ability to regulate feelings. Besides these internal factors, work-life balance is important too because it reflects the balanced interaction between specialized demands and home life responsibilities. If these domains are not well balanced, they can also cause stress and emotional exhaustion. The framework also differentiates between public and private hospitals, as these settings vary in workload, resources and pressure. Burnout has an extreme impact on both organizational and professionals, which reduces the quality of care they provide and leads to job dissatisfaction.

1.1 Burnout Is a Critical Occupational Health Issue

The concept of burnout is now recognised as an occupational issue with significant psychological, physiological, and organisational impacts. It is a well-known problem among healthcare professionals and directly affects outcomes, including patient safety (Dewa et al., 2017; Hall et al., 2016). Burnout has three dimensions i.e emotional exhaustion, depersonalisation, and personal accomplishment, which can endanger patient safety and impair caliber for both patients and healthcare professionals. For healthcare facilities- public and private- addressing burnout is crucial to maintaining a productive and healthy workforce, especially given the high stress involved. Identifying the psychic and environmental factors that contribute to burnout is urgently needed. The study indicates several interrelated variables affecting burnout: Personality traits, alexithymia and work-life balance. Personality traits (OCEAN) influence several stability, coping mechanisms whereas neuroticism vulnerability is stress responses, but conscientiousness offers protection. Alexithymia reduces the emotional awareness and perception, worsens the emotional burnout and depersonalizations. The moderator factor work-life balance increases stress when it is bad, and the risk of burnout. The public and private sectors affect the daily routine life of healthcare professionals who face many problems due to fatigue, emotional exhaustion and low job satisfaction.

Table 1: Key Dimensions and Impacts of Burnout Among Healthcare Professionals

Dimension	Description	Impact on Healthcare Professionals	Impact on Healthcare System
Emotional Exhaustion	Feeling drained, fatigued, and emotionally depleted due to continuous work pressure	Increased stress, reduced energy, loss of motivation	Lower productivity, higher absenteeism
Depersonalization	Developing negative, detached, or cynical attitudes toward patients	Reduced empathy, emotional numbness, strained patient–care interactions	Lower patient satisfaction, increased complaints
Reduced Personal Accomplishment	Perception of inefficiency, low achievement, and inability to meet professional standards	Low self-esteem, dissatisfaction, hopelessness	Decline in quality of care and performance outcomes
Psychological Strain	Anxiety, depression, irritability, and emotional instability	Greater risk of mental health disorders	Higher need for mental health interventions
Physical Symptoms	Headaches, sleep disturbances, chronic	Poor physical health, increased medical leave	Increased healthcare costs and staffing shortages

Dimension	Description	Impact on Healthcare Professionals	Impact on Healthcare System
	fatigue, somatic complaints		
Professional Consequences	Errors, decreased concentration, poor decision-making	Increased medical errors and malpractice risk	Compromised patient safety
Turnover Intentions	Desire to leave job or profession	High attrition among skilled staff	Workforce shortages, increased recruitment burden

1.2 Conceptual Gap

Despite research on burnout, most studies have examined personality, alexithymia or work-life balance separately. Additionally, there are fewer studies on the private and public healthcare sectors, which remain under-researched and under-theorised. Only a few studies have used the JD-R model to look at personal weakness and organizational resources across healthcare contexts. To close this gap, an integrated predictive model of burnout among public and private healthcare systems. The Job Demands-Resources (JD-R) framework suggests that burnout occurs when job demands outweigh the psychological and organizational resources. Individual differences, affective processing capacity and institutional conditions influence the effect of burnout. Thus, the literature can be combined across three major predictive domains: personality traits, alexithymia and work-life balance.

1.3 Integrative Insights and Research Gaps

Numerous studies emphasise the importance of mediating and moderating mechanisms alongside specific factors. For example, Li et al. (2025) showed mediation via workplace conflict, whereas Jesus et al. (2023) showed that self-esteem becomes a buffering factor against burnout and negative effects like suicidal thoughts. Likewise, Herrera (2023) and Garcia-Rivera et al. (2022) highlight that spirituality and resilience serve as protective roles. Advances in predictive modelling, including the application of neural networks (Casella et al., 2025), indicate that burnout is a multidimensional phenomenon that incorporates the psychological, behavioural and organisational factors;

Despite these contributions, the literature reveals three major gaps:

- Lack of integrated models combining personality, alexithymia, and WLB simultaneously
- Limited examination of interaction and buffering effects (moderation/mediation)
- Insufficient comparative analysis across the public and private healthcare sectors using confirmatory approaches

1.4 Problem Statement

Among healthcare professionals, burnout has become a common problem in both the public and private sectors due to heavy workloads, long working hours and constant role pressure. However, the process of burnout is uneven and varies among people: it is influenced by essential psychological and personal factors such as personality characteristics, alexithymia (difficulty in identifying emotions), and work-life equilibrium. All these factors play an important role in examining their contributions to burnout among health care professionals in both public and private sectors. Due to a shortage of comparative research, there is a critical gap in the development of targeted mental health interventions and strategies in organizations. The proposed study seeks to investigate the connections between work-life balance and to examine if their collective influence predicts burnout among medical professionals in both the public and private healthcare sectors.

1.5 Proposed Work

The aim of the proposed research is to create a comprehensive analytical model to explore how Personality, Alexithymia and Work-life balance contribute to Burnout in public and private healthcare settings.

The research entails measuring major personality dimensions, level of emotional awareness, and perceived work-life balance using standardised psychological measures. The comparative sector-oriented analysis (public and private) will aid in establishing structural, environmental, and psychological differences in the burnout risk. The proposed study aims to determine whether personality traits and alexithymia predict burnout, and to examine the moderating effect of work-life balance on these two variables, by comparing private- and public-sector healthcare professionals.

2. OBJECTIVES

1. To assess and model the levels of burnout among public and private sector healthcare professionals.
2. To examine the direct, mediating, and moderating effects of personality trait, alexithymia, and work-life balance on burnout.
3. To compare burnout and associated psychological constructs (personality traits, alexithymia, and work-life balance) between public and private healthcare professionals.

3. PROPOSED HYPOTHESES

H1: Personality traits will be significantly influenced by burnout among healthcare professionals.

H2: Alexithymia will be significantly associated with burnout among healthcare professionals.

H3: Alexithymia will significantly mediate the relationship between personality traits and burnout.

H4: Work-life balance will be significantly associated with burnout among healthcare professionals.

H5: Work-life balance will be significantly correlated with personality traits and alexithymia.

H6: Personality traits, alexithymia, work-life balance, and burnout differ significantly among public and private healthcare professionals.

Research Design and Setting

A cross-sectional, comparative survey design was adopted to examine burnout and its associated psychological and organisational predictors. The study was conducted in the Delhi-NCR, covering public- and private-sector hospitals. A stratified sampling technique was employed to ensure balanced representation across sectors (public vs private) and professional roles (doctors vs nurses).

Participants

The sample included 200 healthcare professionals, classify as follows:

- Public sector: 100 healthcare Professionals
- Private sector: 100 healthcare professionals

Both male and female professional participants were included with different levels of clinical experience, ensuring diversity in demographic and occupational traits.

Inclusion and Exclusion Criteria

Table 2: Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Medical healthcare professionals registered to work in public or private hospitals	Healthcare professionals in administrative or non-clinical roles
Currently engaged in direct patient care	Interns, trainees, or professionals with less than one year of experience

Inclusion Criteria	Exclusion Criteria
Willingness to participate with informed consent	Participants with incomplete or inconsistent questionnaire responses
Both male and female professionals with varying levels of clinical experience	Individuals unwilling to provide informed consent

Tool Used

Sociodemographic & Occupational: Age, gender, years of experience, speciality, work hours, shift patterns, sector (public/private).

Maslach Burnout Inventory (MBI): developed by Maslach & Jackson, was used to measure burnout. The scale consists of 22 items divided into three dimensions: Emotional Exhaustion (9 items), Depersonalization (5 items), and Personal Accomplishment (8 items). Responses are measured on a 7-point Likert scale ranging from 0 (Never) to 6 (Every day).

Big Five Inventory (BFI): developed by Oliver P. John and Srivastava's scale consists of 44 items measuring five personality dimensions: Openness to Experience, Conscientiousness, Extraversion, Agreeableness, and Neuroticism. Responses are recorded on a 5-point Likert scale ranging from 1 (Strongly disagree) to 5 (Strongly agree).

Toronto Alexithymia Scale (TAS-20): developed by Bagby, Parker, and Taylor (1994). The TAS-20 consists of 20 items measuring three dimensions: Difficulty Identifying Feelings (7 items), Difficulty Describing Feelings (5 items), and Externally Oriented Thinking (8 items). Responses are rated on a 5-point Likert scale ranging from 1 (Strongly disagree) to 5 (Strongly agree)—measures difficulty in identifying and expressing emotions.

Work–Life Balance Scale: developed by Jeremy Hayman (2005). The scale assesses individuals' ability to balance professional and personal responsibilities across three dimensions: time balance, involvement balance, and satisfaction balance. It consists of multiple items rated on a 5-point Likert scale ranging from 1 (Strongly disagree) to 5 (Strongly agree).

Data Collection Procedure

Data were collected from selected public and private hospitals through a survey. After obtaining institutional permission, participants were approached during duty breaks and informed about the study's purpose. Questionnaires were administered in paper and online formats, depending on participant availability. Participation was voluntary, and informed consent was obtained before data collection.

DATA ANALYSIS

Data have been analysed using multi-stage statistical methods to explore relationships among four variables (personality traits, alexithymia, work-life balance, and burnout) in healthcare professionals. Descriptive statistics were assessed. To examine differences between public and private-sector healthcare professionals t-test was applied for categorical variables. Correlation analysis was conducted to explore relationships among different variables (Personality, Alexithymia, Work-life balance and burnout). Analyses included hierarchical multiple regression to determine predictors of different burnout dimensions (emotional exhaustion, depersonalization, and Personal Accomplishment). To further validate interaction effects, moderation analysis was conducted using interaction terms within regression models. Work–life balance was tested as a moderator in the relationship between psychological factors (personality traits and alexithymia) and burnout. An integrated model was tested using Structural Equation Modelling (SEM) to simultaneously examine direct, mediating, and moderating relationships among variables.

RESULT AND DISCUSSION

The Results and Discussion section presents the empirical findings of the research examining the interrelations between personality traits, alexithymia, work-life balance, and burnout among healthcare professionals working in the public and private sectors. In this section, statistical outputs, tables and figures are combined to highlight the most important patterns, strong associations, and differences among sectors. The findings largely support the postulated research model while also revealing

further insight into the interplay among emotional-processing challenges, personality traits, and employment-life situations in relation to burnout risk. The results of the discussions, related to the existing literature, provide meaningful implications and recommendations for enhancing occupational well-being in healthcare settings.

Descriptive Statistics of Study Variables

Table 3 presents findings from healthcare professionals, including mean scores, standard deviation, burnout dimensions, alexithymia, personality, and work-life balance.

Table 3: Descriptive Statistics

Variable	Mean	SD
Emotional Exhaustion	27.4	9.6
Depersonalization	9.8	5.1
Personal Accomplishment	32.3	7.4
Alexithymia	54.2	10.3
Openness	3.3	0.6
Conscientiousness	3.7	0.8
Extraversion	3.1	0.6
Agreeableness	3.5	0.7
Neuroticism	3.4	0.7
Work–Life Balance	2.75	0.65

There was a moderate level of burnout among healthcare professional, specifically emotional exhaustion ($M=27.4$, $SD=9.6$). This suggests that many participants experience occasional mental and emotional exhaustion due to work-related concerns. A moderate level of depersonalization was observed ($M = 9.8$, $SD = 5.1$) among respondents, indicating some detachment a lack of personal connection in their workplace relationships. However, scores on personal accomplishment are also moderate ($M=32.3$, $SD=7.4$), indicating a generally healthy sense of effectiveness in their roles. A moderate level of Alexithymia ($M=54.2$, $SD=10.3$) indicates difficulties in identifying and expressing feelings, which may increase vulnerability to stress. Regarding personality traits, participants show a moderate level of conscientiousness, suggesting they are responsible and fairly organised.

Comparison Between Public and Private Sector Professionals ($M=9.8$, $SD=5.1$)

Table 4 presents the results of the group comparison between participants in the public and private sectors. Levels of burnout and alexithymia were higher in the public sector, which an increased workload, overcrowding, and insufficient resources may explain. Workers in the private sector reported high work-life balance, which was probably attributed to organised, well-timed scheduling and more favourable staffing. Comparative research also highlights that public-sector healthcare professionals often report higher burnout due to workload. The already considerable association between alexithymia and burnout may be much more pronounced in work-related situations, by (Tariq et al., 2024; Javadzadeh et al., 2024)

Table 4 Sector-wise Comparison (Independent t-test)

*Note: *p < .05. Effect size (alpha): Small = 0.2, Medium = 0.5, Large = 0.8*

Variable	Public (Mean ± SD)	Private (Mean ± SD)	t-value	p-value	Interpretation
Emotional Exhaustion	29.1 ± 9.8	25.6 ± 9.2	2.39	0.018*	Public > Private
Depersonalization	10.4 ± 5.3	8.9 ± 4.9	2.05	0.041*	Public > Private
Alexithymia	55.8 ± 10.7	52.4 ± 9.8	2.30	0.022*	Public > Private
Work–Life Balance	2.61 ± 0.68	2.92 ± 0.62	-2.42	0.016*	Private > Public

Corresponding effect sizes (Cohen's d), calculated from the reported t-values and equal group sizes (n = 100 per sector), were: Emotional Exhaustion, d = 0.34; Depersonalization, d = 0.29; Alexithymia, d = 0.33; Work–Life Balance, d = 0.34. All four fall in the small-to-medium range by conventional benchmarks, indicating that while the sector differences are statistically significant, the practical magnitude of the differences is modest.

Table 5 Sector-wise Comparison of Key Variables

Variables	EE	DP	PA	Alexithymia	Neuroticism	Conscientiousness	WLB
Emotional Exhaustion (EE)	1	.61**	-.43**	.54**	.58**	-.32**	-.41**
Depersonalization (DP)		1	-.37**	.49**	.52**	-.28**	-.35**
Personal Accomplishment (PA)			1	-.33**	-.41**	.44**	.39**
Alexithymia				1	.47**	-.29**	-.25**
Neuroticism					1	-.36**	-.30**
Conscientiousness						1	.42**
Work–Life Balance (WLB)							1

*Note: **p < .01. EE = Emotional Exhaustion; DP = Depersonalization; PA = Personal Accomplishment; WLB = Work–Life Balance.*

CORRELATION BETWEEN PERSONALITY, ALEXITHYMIA, WORK–LIFE BALANCE, AND BURNOUT

Table 5 presents the correlation table showing the strength and direction of relationships between variables. It helps identify strong correlations, e.g., between alexithymia and emotional exhaustion or between neuroticism and depersonalization. Further analysis will be conducted. It involves variations in burnout levels, work-life balance scores, and psychological attributes, which provide insight into the stressors and protective factors associated with the sector. There were strong positive associations between Alexithymia and emotional exhaustion and depersonalization, which confirmed its importance as an essential psychopathological risk factor. Neuroticism predicted vulnerability, while both conscientiousness and high work-life balance served as protective factors. According to Scholtz et al. (2024), neuroticism is a strong predictor of increased stress and psychosomatic disorders, confirming the concept of neuroticism as a risk factor. Similarly, studies by Berse & Karacan (2024) show that alexithymia among oncology nurses is associated with comparison fatigue and low professional satisfaction, while De Berardis et al. (2023) establish a relationship between emotional dysregulation and burnout.

Regression and Moderation Analysis

The results of the regression and moderation analyses are presented in Table 6, which reveals that personality traits and alexithymia predict burnout, and a work-life balance modulates these correlations. This table is important to prove the proposed research model.

Table 6: Regression Results Predicting Emotional Exhaustion

Predictor	β	SE	t-value	p-value	95% CI
Model Summary: $R^2 = 0.48$, $F(6,193) = 29.41$, $p < .001$					
Neuroticism	0.42	0.06	6.85	<.001***	[0.29, 0.54]
Alexithymia	0.31	0.05	5.72	<.001***	[0.19, 0.43]
Conscientiousness	-0.18	0.07	-2.47	.014*	[-0.32, -0.04]
Work–Life Balance	-0.26	0.08	-3.32	.001**	[-0.41, -0.11]
Sector (Public=1)	0.15	0.07	2.10	.037*	[0.01, 0.28]

*Note: * $p < .05$; ** $p < .01$; *** $p < .001$*

The moderating effect of work-life balance on the relationship between alexithymia and burnout is shown in Figure 4. The visual demonstrates the Buffering or weakening effect of emotional-processing difficulties on the risk of burnout.

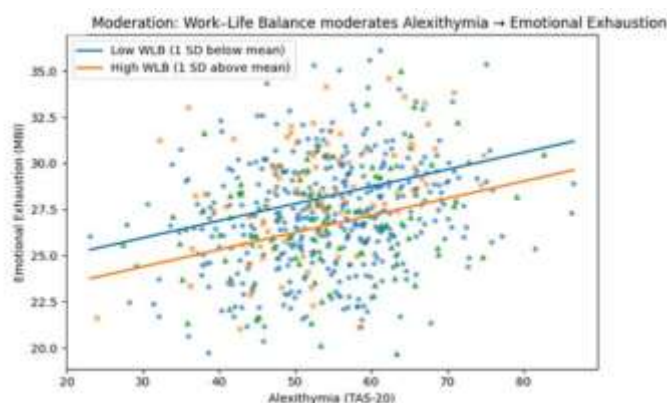


Figure 4 Moderation Plot (Work–Life Balance $\times$ Alexithymia)

One moderator was work-life balance. The burnout levels among people with inadequate work-life balance were high, and alexithymia was also high; hence, the stress-buffering model was supported. Risk was increased by personality characteristics, including neuroticism, and decreased by conscientiousness. Another study revealed that neuroticism is the strongest predictor of job burnout, while conscientiousness and neuroticism are the most influential personality factors in predicting it, according to (Kim HJ, Kang HS & Swanger, 2024)

Hierarchical Multiple Regression Table

Table 7: Hierarchical Regression Predicting Emotional Exhaustion

Predictor	β	SE	t-value	p-value	95% CI
Model Summary: $R^2 = 0.48$, $F(6,193) = 29.41$, $p < .001$					
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Work–Life Balance	-0.26	0.08	-3.32	.001**	[-0.41, -0.11]
Sector (Public=1)	0.15	0.07	2.10	.037*	[0.01, 0.28]

Note: * $p < .05$; ** $p < .01$; *** $p < .001$

Interaction Term	β	SE	t-value	p-value	ΔR^2	Interpretation
Alexithymia $\times$ Work–Life Balance	-0.21	0.08	-2.67	.008**	0.06	Buffering Effect

Note: ** $p < .01$. ΔR^2 = incremental variance explained by the interaction term.

Plot — Work–Life Balance Moderates the Alexithymia → Emotional Exhaustion Relationship

Structural Equation Modelling (SEM) Findings

The overall predictive framework has been incorporated in a structural equation model (SEM) as illustrated in Figure 5. It shows the direct and indirect roles of personality in alexithymia in the development of burnout and the sectoral (public vs. private) difference in path strength.

Table 8: SEM Path Coefficients by Sector

Path	β (Overall)	β (Public)	β (Private)	Significance
Personality Traits → Burnout	.38	.44	.31	$p < .001$
Alexithymia → Burnout	.42	.49	.36	$p < .001$
Work–Life Balance (Moderator)	Significant	Stronger	Moderate	$p < .01$

Figure SEM Path Model (Described)

- Personality → Burnout ($\beta = .38$)

- Alexithymia $\rightarrow$ Burnout ($\beta = .42$)
- Work–Life Balance moderates both paths
- Sector differences: Public-sector path coefficients are stronger

Collectively, the numbers provide a consistent visual overview of the researcher's analytical paradigm of burnout's multifactorial nature and support the significance of psychological and organisational support networks in alleviating emotional burnout among staff in health care organisations. The structural equation model confirmed the proposed theoretical framework.

Among the predictors examined, alexithymia emerged as the strongest predictor of burnout, performing on par with, or even surpassing, personality traits in its predictive power. Additionally, work-life balance significantly moderated the relationship within the model across both sectors, with this moderating effect being notably stronger among employees in the public sector.

CONCLUSION

The research highlights that burnout in healthcare professionals is associated with personality characteristics and work-life balance. Personality traits like elevated neuroticism, diminished conscientiousness, and alexithymia are associated with greater stress and emotional exhaustion, whereas better work-life balance is associated with lower burnout. As this study used a cross-sectional design, these relationships should be interpreted as associations rather than causal effects; longitudinal or experimental designs would be needed to establish direction of causality. The differences among healthcare providers in the public and private sectors, drawn from the Delhi-NCR region, serve as an illustrative example of how organizational expectations and demands are associated with varying levels of burnout. The JD-R model is supported by these findings, which show that work environment and personality traits interact to cause burnout. As such, targeted efforts to develop emotional intelligence, alleviate stress,

and establish policies that support a healthy balance between work and personal life are crucial for enhancing the well-being and productivity of healthcare professionals.

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