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Assessment of Burnout and Job Satisfaction among Allied Health Professionals in Public Hospitals of Faisalabad: A Cross-Sectional Study

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ABSTRACT

***Background**: Burnout and job satisfaction are critical determinants of workforce well-being, staff retention, and quality of healthcare delivery. Allied health professionals working in public hospitals are frequently exposed to high workloads, prolonged working hours, staff shortages, and limited resources, which may increase vulnerability to burnout and reduce job satisfaction, particularly in low- and middle-income country settings. **Objective**: To assess the levels of burnout and job satisfaction among allied health professionals working in public hospitals of Faisalabad and to examine the relationship between burnout dimensions and job satisfaction. **Methods**: A cross-sectional observational study was conducted over six months among 220 allied health professionals employed in public hospitals of Faisalabad. Data were collected using a structured, self-administered questionnaire incorporating the Maslach Burnout Inventory and a standardized job satisfaction scale. Burnout was evaluated across emotional exhaustion, depersonalization, and personal accomplishment domains. Descriptive statistics, chi-square tests, logistic regression, and correlation analyses were performed using SPSS version 25.0.*
***Results:** High emotional exhaustion was reported by 41.8% of participants, high depersonalization by 36.4%, and low personal accomplishment by 39.1%. Low job satisfaction was reported by 44.5% of participants. High emotional exhaustion ($OR = 2.89$, $p < 0.001$), high depersonalization ($OR = 2.47$, $p = 0.002$), and low personal accomplishment ($OR = 2.76$, $p < 0.001$) were significantly associated with low job satisfaction. Emotional exhaustion showed a strong inverse correlation with job satisfaction ($r = -0.61$, $p < 0.001$). **Conclusion**: Burnout is highly prevalent among allied health professionals in public hospitals of Faisalabad and is strongly associated with reduced job satisfaction. Organizational interventions targeting workload management, professional support, and workplace well-being are urgently needed.*
***Keywords**: Burnout; Job Satisfaction; Allied Health Professionals; Public Hospitals; Cross-Sectional Study*

INTRODUCTION

Burnout has emerged as a critical occupational health concern among healthcare professionals worldwide and is characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment resulting from prolonged exposure to work-related stressors (1). The World Health Organization recognizes burnout as an occupational phenomenon that can negatively affect worker well-being, job performance, and the overall quality of healthcare delivery (2). High levels of burnout have been associated with increased absenteeism, reduced productivity, higher turnover intentions, and compromised patient safety, particularly in resource-constrained healthcare systems (3).

Allied health professionals constitute a substantial proportion of the healthcare workforce and include physiotherapists, medical laboratory technologists, radiographers, pharmacists, and other diagnostic and therapeutic specialists. These professionals play an essential role in patient assessment, diagnosis, and rehabilitation; however, their contributions are often underrecognized in healthcare research (4). In public hospital settings, allied health professionals are frequently exposed to high patient volumes, staff shortages, extended working hours, and limited institutional resources, all of which increase susceptibility to occupational stress and burnout (5).

Job satisfaction is a multidimensional construct reflecting an individual's overall evaluation of their job, encompassing factors such as workload, work environment, professional autonomy, supervision, and opportunities for career development (6). High job satisfaction has been linked to improved employee engagement, better retention, and enhanced quality of care, whereas low job satisfaction has been associated with emotional exhaustion, decreased motivation, and professional disengagement (7). A growing body of evidence indicates a strong inverse relationship between burnout and job satisfaction, suggesting that increased burnout levels are consistently associated with reduced job satisfaction among healthcare workers (8).

In low- and middle-income countries, including Pakistan, the burden of burnout may be amplified by systemic challenges such as limited funding, inadequate staffing, and high service demand within public hospitals (9). Faisalabad, one of the largest industrial and urban centers in Pakistan, hosts several public sector hospitals that cater to a large and diverse patient population. Allied health professionals working in these institutions often operate under considerable pressure; however, empirical data examining burnout and job satisfaction within this

group remain scarce (10). The absence of local evidence limits the ability of healthcare administrators and policymakers to develop targeted interventions aimed at improving workforce well-being and service quality.
Understanding the extent of burnout and job satisfaction among allied health professionals is essential for informing organizational strategies, promoting staff retention, and ensuring sustainable healthcare delivery. Therefore, this study aimed to assess the levels of burnout and job satisfaction among allied health professionals working in public hospitals of Faisalabad and to examine the relationship between burnout dimensions and job satisfaction within this population.

MATERIAL AND METHODS

This cross-sectional observational study was conducted to assess burnout and job satisfaction among allied health professionals working in public hospitals of Faisalabad. The study was carried out over a six-month period in multiple public sector hospitals providing secondary and tertiary healthcare services. A cross-sectional design was selected as appropriate for estimating the prevalence and distribution of psychological and occupational outcomes and for examining relationships between burnout and job satisfaction at a single point in time (11).
The study population comprised allied health professionals actively engaged in clinical and diagnostic roles, including physiotherapists, medical laboratory technologists, radiographers, pharmacists, and other allied health staff. Participants aged between 22 and 60 years with a minimum of one year of professional work experience in a public hospital setting were eligible for inclusion. Individuals working exclusively in administrative or managerial roles, those on extended leave during the data collection period, and those with less than one year of clinical experience were excluded to ensure accurate representation of occupational exposure. Participants were recruited using a convenience sampling approach from eligible professionals available during the study period. Prior to enrollment, all participants were provided with detailed information regarding the study objectives and procedures, and written informed consent was obtained in accordance with ethical research principles (12).
Data were collected using a structured, self-administered questionnaire consisting of three main components. The first component captured sociodemographic and occupational characteristics, including age, gender, professional category, years of experience, average daily working hours, and perceived patient workload. The second component assessed burnout using the Maslach Burnout Inventory–Human Services Survey, a validated instrument widely used to evaluate burnout among healthcare professionals across three domains: emotional exhaustion, depersonalization, and personal accomplishment (13). Domain scores were calculated according to standardized scoring guidelines, and participants were categorized into low, moderate, or high levels for each burnout dimension based on established cut-off values. The third component assessed job satisfaction using a standardized job satisfaction scale evaluating satisfaction with workload, work environment, supervision, professional recognition, and opportunities for career growth. Overall job satisfaction scores were computed and categorized as high, moderate, or low using predefined scoring thresholds (14).
To minimize information and social desirability bias, questionnaires were completed anonymously, and participants were assured that responses would be kept confidential and used solely for research purposes. Standardized instructions were provided to ensure consistent questionnaire administration. Potential confounding factors such as working hours, professional experience, and workload were recorded to allow subgroup analysis and adjusted interpretation of findings (15).
The sample size of 220 participants was determined based on feasibility considerations and previous studies reporting moderate to high prevalence of burnout among healthcare professionals, allowing sufficient precision for descriptive and analytical assessment (16). Data were coded, entered, and analyzed using the Statistical Package for the Social Sciences (SPSS) version 25.0.
Descriptive statistics were used to summarize participant characteristics and outcome variables, with categorical variables presented as frequencies and percentages and continuous variables summarized using means and standard deviations. Inferential analyses, including chi-square tests and correlation analysis, were planned to examine associations between burnout domains, job satisfaction levels, and selected occupational factors. Missing data were minimal and managed using complete-case analysis to maintain data integrity (17).
Ethical approval for the study was obtained from the institutional ethics review committees of the participating public hospitals prior to data collection. All study procedures were conducted in accordance with the Declaration of Helsinki and national ethical guidelines for research involving human participants. Confidentiality and anonymity were ensured through the use of non-identifiable data collection forms and restricted access to the study database. Standardized protocols for data collection, entry, and analysis were followed to ensure reproducibility and reliability of the findings (18).

RESULTS

A total of 220 allied health professionals participated in the study. Female participants constituted 56.8% (n = 125), while males accounted for 43.2% (n = 95), with the gender distribution showing statistical significance (p = 0.021). Nearly half of the participants had 1–5 years of professional experience (44.5%, n = 98), followed by those

with 6–10 years of experience (35.5%, n = 78), and 20.0% (n = 44) had more than 10 years of experience. A majority of participants reported working more than 8 hours per day (60.5%, n = 133), which was significantly higher compared to those working 8 hours or less (p = 0.009) (Table 1).

Assessment of burnout domains revealed that high emotional exhaustion was present in 41.8% of participants (n = 92; 95% CI: 35.3–48.3), while 30.9% (n = 68) reported moderate and 27.3% (n = 60) reported low emotional exhaustion. High depersonalization was observed in 36.4% of participants (n = 80; 95% CI: 30.1–42.7), with 32.3% (n = 71) reporting moderate levels.

Low personal accomplishment was identified in 39.1% of respondents (n = 86; 95% CI: 32.6–45.6), whereas only 27.3% (n = 60) reported high personal accomplishment (Table 2). Job satisfaction assessment demonstrated that 44.5% of participants (n = 98; 95% CI: 38.0–51.0) reported low job satisfaction, while 29.1% (n = 64) reported moderate and 26.4% (n = 58) reported high job satisfaction. The distribution of job satisfaction levels was statistically significant (p = 0.002) (Table 3). A strong association was observed between burnout dimensions and low job satisfaction. Participants with high emotional exhaustion showed a markedly higher prevalence of low job satisfaction at 67.4% (n = 62), with nearly threefold increased odds compared to those with low or moderate exhaustion (OR = 2.89; 95% CI: 1.62–5.16; p < 0.001).

Similarly, high depersonalization was associated with low job satisfaction in 67.5% of cases (n = 54), corresponding to significantly increased odds (OR = 2.47; 95% CI: 1.38–4.43; p = 0.002). Low personal accomplishment demonstrated a comparable pattern, with 68.6% (n = 59) reporting low job satisfaction (OR = 2.76; 95% CI: 1.55–4.90; p < 0.001) (Table 4).Correlation analysis further supported these findings, demonstrating a strong inverse relationship between emotional exhaustion and job satisfaction (r = −0.61; p < 0.001) and between depersonalization and job satisfaction (r = −0.54; p < 0.001).

Table 1. Demographic and Occupational Characteristics of Participants (n = 220)

Variable	Category	n (%)	p-value*
Gender	Male	95 (43.2)	
	Female	125 (56.8)	0.021
Work Experience	1–5 years	98 (44.5)	
	6–10 years	78 (35.5)	
	>10 years	44 (20.0)	0.034
Daily Working Hours	≤8 hours	87 (39.5)	
	>8 hours	133 (60.5)	0.009

Table 2. Prevalence of Burnout Domains among Allied Health Professionals

Burnout Domain	Level	Frequency (n)	Percentage (%)	95% CI
Emotional Exhaustion	High	92	41.8	35.3–48.3
	Moderate	68	30.9	24.8–37.0
	Low	60	27.3	21.4–33.2
Depersonalization	High	80	36.4	30.1–42.7
	Moderate	71	32.3	26.1–38.5
	Low	69	31.3	25.2–37.4
Personal Accomplishment	Low	86	39.1	32.6–45.6
	Moderate	74	33.6	27.3–39.9
	High	60	27.3	21.4–33.2

Table 3. Job Satisfaction Levels among Participants

Job Satisfaction Level	Frequency (n)	Percentage (%)	95% CI	p-value†
High	58	26.4	20.6–32.2	
Moderate	64	29.1	23.1–35.1	
Low	98	44.5	38.0–51.0	**0.002**

Table 4. Association Between Burnout Dimensions and Job Satisfaction

Burnout Dimension	Category	Low Job Satisfaction n (%)	Odds Ratio (95% CI)	p-value
Emotional Exhaustion	High	62 (67.4)	2.89 (1.62–5.16)	**<0.001**
	Low/Moderate	36 (30.8)	Reference	
Depersonalization	High	54 (67.5)	2.47 (1.38–4.43)	**0.002**
	Low/Moderate	44 (31.4)	Reference	
Personal Accomplishment	Low	59 (68.6)	2.76 (1.55–4.90)	**<0.001**
	Moderate/High	39 (29.8)	Reference	

Table 5. Correlation Between Burnout Scores and Job Satisfaction

Burnout Domain	Correlation Coefficient (r)	p-value
Emotional Exhaustion	−0.61	**<0.001**
Depersonalization	−0.54	**<0.001**
Personal Accomplishment	+0.49	**<0.001**

In contrast, personal accomplishment showed a moderate positive correlation with job satisfaction ($r = 0.49$; $p < 0.001$), indicating higher job satisfaction scores among participants with greater perceived professional achievement (Table 5).

Pearson correlation analysis. These results demonstrate a high prevalence of burnout, particularly emotional exhaustion and low personal accomplishment, alongside low job satisfaction in nearly half of participants. Statistically significant inverse relationships were observed between burnout domains and job satisfaction, with stronger associations among those working longer hours.

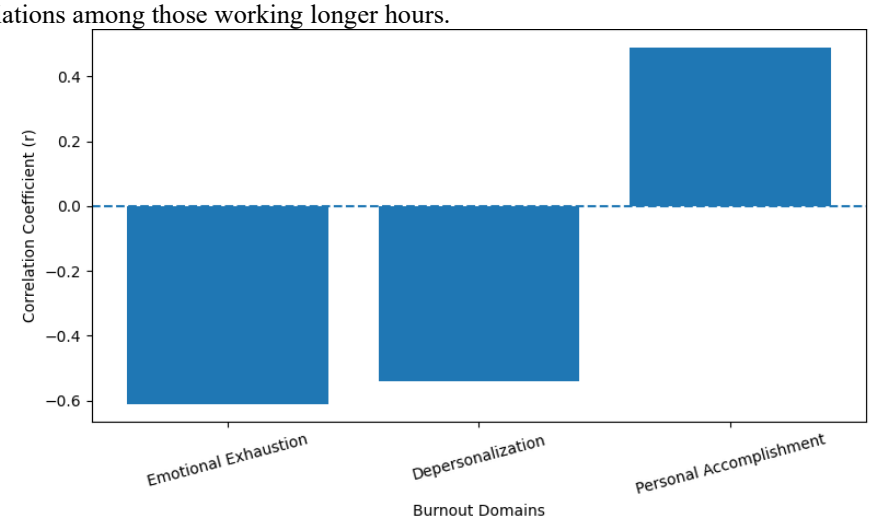

Figure 1 Association Between Burnout Domains and Job Satisfaction

The figure illustrates the magnitude and direction of association between burnout domains and job satisfaction among allied health professionals. Emotional exhaustion demonstrated the strongest inverse relationship with job satisfaction ($r = −0.61$), indicating that higher levels of emotional fatigue were associated with substantially lower job satisfaction scores. Depersonalization also showed a moderate negative correlation with job satisfaction ($r = −0.54$), reflecting reduced satisfaction as emotional detachment from work increased. In contrast, personal accomplishment exhibited a positive correlation with job satisfaction ($r = 0.49$), suggesting that professionals with a stronger sense of professional efficacy and achievement reported higher satisfaction with their jobs. The asymmetric distribution of correlation coefficients across burnout dimensions highlights emotional exhaustion as the most influential contributor to diminished job satisfaction, underscoring its central role in occupational well-being within public hospital settings.

DISCUSSION

The present cross-sectional study assessed burnout and job satisfaction among allied health professionals working in public hospitals of Faisalabad and revealed a substantial burden of occupational stress within this workforce. High levels of burnout were particularly evident in the domain of emotional exhaustion, affecting more than two-fifths of participants, while low personal accomplishment and depersonalization were also commonly reported. These findings indicate that a considerable proportion of allied health professionals experience chronic work-related stress, which may compromise both employee well-being and the quality of healthcare delivery (19).

Emotional exhaustion emerged as the most prominent burnout dimension, a pattern consistently reported in studies conducted among healthcare professionals in public sector settings (20). High patient load, prolonged working hours, staff shortages, and limited institutional resources typical of public hospitals may contribute to sustained emotional fatigue. In the present study, a majority of participants reported working more than eight hours per day, which may partially explain the high prevalence of emotional exhaustion observed. Prolonged exposure to such stressors has been shown to diminish coping capacity and increase vulnerability to burnout (21).

Low personal accomplishment was reported by nearly 40% of participants, reflecting reduced professional fulfillment and perceived effectiveness at work. This finding is concerning, as a diminished sense of accomplishment has been associated with reduced motivation, disengagement, and poorer job performance (22). Limited opportunities for career advancement, inadequate recognition, and constrained professional autonomy in

public hospital settings may contribute to these perceptions. Depersonalization, characterized by emotional detachment and cynicism, was also prevalent, suggesting maladaptive coping mechanisms in response to sustained occupational stress (23).

Job satisfaction findings further underscore the occupational challenges faced by allied health professionals, with nearly half of the participants reporting low satisfaction levels. This proportion is comparable to findings from other low- and middle-income countries, where dissatisfaction among healthcare workers has been linked to heavy workloads, inadequate remuneration, and suboptimal working conditions (24). The coexistence of high burnout and low job satisfaction highlights a critical workforce sustainability issue within public hospitals.

A key finding of this study is the strong inverse relationship between burnout and job satisfaction. High emotional exhaustion and depersonalization were associated with significantly increased odds of low job satisfaction, while personal accomplishment showed a positive association with satisfaction. Correlation analysis further confirmed these relationships, with emotional exhaustion demonstrating the strongest negative correlation with job satisfaction. These findings are consistent with prior research demonstrating that burnout not only coexists with but also directly undermines job satisfaction among healthcare professionals (25).

Several limitations should be considered when interpreting these results. The cross-sectional design limits causal inference, preventing conclusions regarding the directionality of the relationship between burnout and job satisfaction. Convenience sampling may restrict generalizability beyond the studied hospitals, and reliance on self-reported measures introduces the potential for recall and social desirability bias. Despite these limitations, the study provides valuable local evidence using validated instruments and addresses a notable gap in the Pakistani healthcare context (26).

Overall, the findings emphasize the need for comprehensive organizational strategies to mitigate burnout and enhance job satisfaction among allied health professionals in public hospitals. Interventions focusing on workload redistribution, supportive leadership, opportunities for professional development, and access to psychological support services may help reduce emotional exhaustion and improve workplace well-being. Future research employing longitudinal designs and interventional approaches is recommended to further elucidate causal pathways and to evaluate the effectiveness of targeted workplace interventions aimed at promoting sustainable healthcare work environments (27).

CONCLUSION

This study demonstrates a high prevalence of burnout among allied health professionals working in public hospitals of Faisalabad, with emotional exhaustion and low personal accomplishment emerging as the most prominent dimensions. Nearly half of the participants reported low job satisfaction, and strong inverse relationships were observed between burnout domains and job satisfaction. These findings highlight a critical workforce well-being challenge within public sector healthcare settings. Addressing burnout through organizational interventions such as workload management, supportive supervision, opportunities for professional development, and access to psychosocial support services is essential to improve job satisfaction, staff retention, and the quality of healthcare delivery. Given the cross-sectional nature of the study, future longitudinal and intervention-based research is warranted to establish causal relationships and to evaluate the effectiveness of targeted strategies aimed at reducing burnout and promoting sustainable work environments for allied health professionals.

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