

## Personality Traits as Predictors of Burnout and Work-Life Balance in Healthcare Practitioners

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### ABSTRACT

Healthcare professionals face immense psychological and emotional challenges due to the demanding nature of their work. Burnout and work-life balance are pressing concerns that significantly impact their well-being and job performance. This review explores the role of personality traits in predicting burnout and work-life balance, drawing on empirical studies and theoretical perspectives such as the Job Demands-Resources (JD-R) model. The findings indicate that neuroticism is a significant risk factor for burnout, while conscientiousness, extraversion, and agreeableness act as protective factors. The review also highlights gaps in the literature, including the need for longitudinal studies, cross-cultural research, and intervention-based approaches tailored to individual personality profiles. Addressing these gaps can help develop targeted strategies to enhance resilience and well-being among healthcare professionals.

**Keywords:** *Burnout, Work-Life Balance, Personality Traits, Healthcare Professionals, Job Demands-Resources Model, Doctors*

### 1. INTRODUCTION

Healthcare professionals, especially nurses and doctors, must work in high-pressure settings that demand strong interpersonal skills, flexibility, and the ability to bounce back from challenges. It is crucial to look into the elements that influence their professional well-being, since their work puts them under significant psychological and emotional stress. Personality traits have become essential in shaping how people tackle challenges at work, among these factors. This review explores the existing literature on burnout and work-life balance in healthcare, focussing on future research possibilities and how personality traits may predict these experiences.

Burnout and work-life balance have emerged as crucial research domains, especially among healthcare professionals as they frequently encounter high-stress settings due to the intrinsically demanding nature of patient care, extended working hours, and the burden of life-and-death decisions. Burnout is a psychological condition marked by emotional exhaustion, depersonalisation, and a reduced sense of personal achievement, as delineated by Maslach and Jackson (1981). Emotional exhaustion is defined as fatigue and energy depletion associated with occupational demands. Depersonalisation is a coping mechanism that results in emotional detachment from work, frequently manifested as cynicism or negativity. Lastly, a decline in professional efficacy stems from dissatisfaction with work-related achievements, resulting from a reduced sense of personal success (Maslach et al., 1997). Burnout results from ongoing personal and environmental stressors, such as significant health issues, family difficulties, and extended periods of hardship (Grossi et al., 2015). Burnout syndrome and stress-related conditions are prevalent in the healthcare sector, impacting a range of professionals including nurses (Kelly, Gee, & Butler, 2021; Khatatbeh et al, 2022), intensive care unit (ICU) physicians (Sanfilippo et al., 2020; Shanafelt et al., 2015) and emergency room doctors (Bragard, Dupuis, & Fleet, 2015). Numerous elements play a role in doctors' burnout, such as demographic factors (age, sex, and marital status), individual personality traits, experience in the ICU, workplace environment, workload, shift patterns, ethical challenges, and decisions related to end-of-life care (Chuang et al., 2016).

Burnout impacts not only individual practitioners but also has significant repercussions for healthcare institutions and patient outcomes. Studies indicated that healthcare workers experiencing burnout are at an increased risk of making medical errors, which can adversely impact patient safety (Gracia et al., 2019; Fahrenkopf et al., 2008; Tawfik et al., 2018). Furthermore, the phenomenon of physician burnout is associated with heightened absenteeism, diminished productivity (Dewa et al., 2014; Dyrbye et al., 2010; Rathert et al, 2018), and compromised team dynamics (Devi, 2011). These factors collectively lead to a deterioration in healthcare standards and an escalation in medical expenses (Maslach & Leiter, 2016; Williams & Skinner,

2003). The financial impact of burnout on healthcare institutions is significant, as it leads to lost productivity and heightened recruitment expenses, thereby placing additional pressure on healthcare systems (Shanafelt et al., 2017). Burnout among nurses often arises due to a combination of factors, including heavy workloads, a disconnect between personal and professional values, limited autonomy in their roles, restricted decision-making power, an unsupportive workplace, and insufficient recognition or rewards (Dall'Ora et al., 2020).

On the other hand, attaining a balance between work and personal life is acknowledged as crucial for maintaining the physical and mental well-being of healthcare professionals, which in turn improves their effectiveness in their roles and overall contentment. Work-life balance denotes the harmony that individuals seek to attain between their professional responsibilities and personal commitments (Greenhaus et al., 2003). The concept is characterised by the attainment of enriching experiences across various facets of life, necessitating a range of resources such as energy, time, and commitment, which are distributed throughout all areas (Kirchmeyer, 2000). In the healthcare sector, attaining this equilibrium is especially difficult because of the rigorous demands of the profession. Several studies found that excessive work demands significantly create an imbalance between professional and personal life (Geurts & Demerouti, 2003; Wallace, 1997). Factors related to one's job that affect work-life balance encompass the amount and timing of working hours (Geurts et al., 1999; Moen & Yu, 2000), lack of decision-making autonomy (Grzywacz & Marks, 2000), and inadequate social support from colleagues (Carlson & Perrewé, 1999). The working hours of medical doctors have emerged as a significant issue worldwide, leading various nations to adopt policies designed to decrease work hours and guarantee sufficient rest periods (Temple, 2014). In the United States, Accreditation Council for Graduate Medical Education (ACGME) has implemented regulations that aimed at mitigating the adverse effects of prolonged working hours on resident physicians. In accordance with these regulations, residents must engage in work ranging from 40 to 80 hours each week, contingent upon their specific speciality rotation (Philibert et al., 2013). The COVID-19 pandemic highlighted the essential significance of maintaining a work-life balance within the medical field. During this global crisis, medical doctors faced immense challenges, as they managed an overwhelming number of patients, contended with limited resources, and coped with the psychological impact of unprecedented mortality rates (Melnikow et al., 2022). The experiences have prompted wider conversations regarding the structural and individual elements that influence physicians' capacity to maintain their well-being as they carry out their professional responsibilities. Research from cross-sectional studies indicates that work-life balance has a considerable effect on psychosomatic health problems, depressive symptoms, and fatigue (Kinnunen & Mauno, 1998). A meta-analysis conducted by Allen, Herst, Bruck, and Sutton (2000) revealed a weighted mean correlation of 0.29 between work-life balance and indicators of general psychological strain.

Healthcare professionals, including doctors and nurses, who face challenges in achieving work-life balance are more susceptible to mental health issues, substance abuse, and suicidal thoughts (Dyrbye et al., 2017). Moreover, an inadequate work-life balance adversely affects family dynamics, leading to diminished life satisfaction and heightened interpersonal conflicts (Greenhaus et al., 2001). Studies indicate that female physicians frequently face greater challenges in achieving work-life balance, largely due to increased family responsibilities, which further intensifies gender disparities within the field of medicine (Guille et al., 2017).

### ***Burnout and Work-Life Balance***

The JD-R model (Demerouti et al., 2001) is a well-established framework for understanding tiredness and work-life balance through the examination of the interplay between job demands and job resources. Burnout transpires when workplace demands, such as excessive workload, time constraints, emotional labour, and insufficient autonomy, exceed the available job resources, which encompass professional development chances, autonomy, and social support, as per this model. Emotional exhaustion, depersonalisation, and less personal success are the repercussions of this imbalance (Maslach & Leiter, 2016). The JD-R model posits that the adverse effects of elevated job demands can be alleviated by the availability of adequate job resources, hence fostering a more advantageous work-life balance and diminishing the likelihood of burnout (Bakker & Demerouti, 2007).

In healthcare environments, physicians and nurses often face considerable professional demands, including emotionally taxing circumstances, substantial patient volumes, and prolonged working hours. Studies indicate that these pressures lead to weariness in the absence of adequate resources. Schaufeli and Bakker (2004) found that weariness in healthcare professionals was positively connected with elevated job demands, although job resources, including autonomy and supervisory support, mitigated its impacts. Similarly, Van der Heijden et al. (2019) conducted a study revealing that job demands significantly predicted burnout in nurses, although job resources, such as role clarity and collaboration, served as protective factors. The JD-R model also offers insights on work-life balance. This theory asserts that work-home interference (WHI) may arise from excessive workplace demands, adversely affecting personal life and general well-being (Geurts & Demerouti, 2003). Employees who cannot balance their professional and personal obligations due to insufficient employment resources, including flexible scheduling, work autonomy, and social support, encounter heightened stress and diminished life satisfaction (Ten Brummelhuis & Bakker, 2012). Crawford et al. (2010) performed a meta-analysis demonstrating that job demands are adversely connected with work-life balance, but job resources positively correlated with job satisfaction and general well-being.

Furthermore, studies indicate that weariness intensifies work-life conflicts, leading to emotional depletion and reduced involvement in personal relationships (Greenhaus et al., 2001). Dyrbye et al. (2017) found that physicians with high levels of tiredness are more likely to express difficulties in balancing their professional and personal responsibilities. Kalliath and Brough (2008) performed a meta-analysis demonstrating that burnout is significantly intensified by work-life imbalance, leading to emotional and physical tiredness due to extended exposure to professional pressures. Longitudinal studies indicate that interventions targeting work-life imbalances can significantly reduce fatigue and improve job satisfaction among healthcare workers (Sonnentag & Fritz, 2015).

### ***The Impact of Personality Traits on Work-Life Balance and Burnout***

An individual's susceptibility to burnout is significantly influenced by their personality characteristics, which influence their perception, response, and management of workplace stress. Work-life harmony is also substantially influenced by these characteristics (McManus et al., 2004). McCrae and Costa (1997) define personality as a multifaceted concept that is defined by consistent patterns of emotions, thoughts and behaviours that influence the way in which individuals perceive and interact with their environment. One of the most extensively researched personality models is known as the Five-Factor Model (FFM) model. Openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism are the five main dimensions that the Five-Factor Model (FFM) classifies. According to this model, these dimensions are foundational components of an individual's personality that influence their emotional responses, cognition, and behaviour (Eysenck, 1984, 1985; Maher & Maher, 1994). The management of the demands of their profession and the attainment of work-life balance by medical physicians can be significantly influenced by each of these characteristics. The relationship between exhaustion and work-life balance is also influenced by conscientiousness, which is characterized by self-discipline, organisation, and goal orientation. On the one hand, physicians who are conscientious exhibit exceptional time management abilities and a strong sense of accountability, which mitigate the risk of exhaustion. Alarcon et al. (2009) discovered that medical practitioners who prioritized tasks and minimized inefficiencies were less likely to experience emotional exhaustion or reduced personal accomplishment. Nevertheless, Krasikova et al. (2018) emphasized that doctors who are excessively conscientious frequently neglect personal requirements and exacerbate burnout by overcommitting to professional responsibilities. This excessive dedication, which is termed "workaholism", has been linked to diminished work-life balance (WLB) and elevated stress levels (Bakker et al., 2011). Individuals with a high level of neuroticism are more likely to experience negative emotions, including stress and anxiety. Individuals who exhibit emotional instability and heightened sensitivity to workplace stressors are more likely to experience burnout, which is significantly correlated with neuroticism (Swider & Zimmerman, 2010). In the high-pressure environment of medicine, this trait can exacerbate the emotional burden of work and impede the ability to disengage from professional responsibilities, thereby compromising work-life balance (Krasner et al., 2009). This result is consistent with Ferguson et al. (2006), who stated that physicians with high levels of neuroticism experienced difficulty disengaging from work-related issues, resulting in persistent tension and impaired recovery during non-working hours. Allen et al. (2012) observed that the tendency of neurotic individuals to ruminate on negative events further exacerbates their challenges in attaining work-life balance. Neurotic doctors reported pronounced spillover effects of workplace stress into their personal lives. Conversely, extraversion, which is defined by sociability and positive affectivity, has been recognized as a safeguard against exhaustion. Doctors who are extraverted are more inclined to participate in social support networks and active coping strategies, which can help alleviate the pressure of their demanding jobs. Bakker et al. (2006) demonstrated that extraverted practitioners exhibited higher engagement and lower levels of emotional exhaustion, even in high-stress environments, as a result of their capacity to derive energy from social interactions and collaborative effort. Langelaan et al. (2006) also observed that extraversion facilitated effective recuperation after stressful shifts, as extraverted individuals frequently seek social connections and engage in leisure activities outside of work. Bakker et al. (2008) found that extraverted physicians maintained stronger boundaries between work and personal life, which enhanced their WLB and resilience to burnout. This is consistent with their findings. In the context of burnout and WLB, agreeableness, which is defined by empathy and cooperation, exhibits conflicting effects. Maslach and Leiter (2016) found that physicians who were agreeable were less likely to experience depersonalisation, as their patient-centered approach and strong interpersonal skills encouraged meaningful professional interactions. Nevertheless, Piedmont (1993) discovered that highly agreeable physicians frequently encountered difficulty asserting themselves in the presence of excessive work demands, resulting in emotional exhaustion and overwork. Innovative coping strategies that enhance WLB and reduce fatigue risks have been associated with openness to experience, a trait that is associated with creativity, adaptability, and intellectual curiosity. Zellars et al. (2000) found that open doctors were more likely to experiment with flexible approaches to work-life conflicts, such as delegating duties or adopting non-traditional schedules. This adaptability frequently resulted in improved work-life balance and reduced fatigue rates. Nevertheless, Sharma et al. (2021) discovered that in restrictive healthcare environments, excessive openness may result in dissatisfaction and frustration, which could ultimately undermine its protective effects.

Additionally, Muntean et al. (2022) conducted a cross-sectional study that included 280 Romanian doctors. The results indicated that stress-related factors, including work-life balance, were substantially correlated with traits such as emotional stability and agreeableness. The results indicate that physicians who exhibit higher levels of emotional stability and agreeableness are more adept at managing work-related stressors, which may improve their work-life balance. This

correlation underscores the significance of personality traits in influencing the experiences of medical professionals in high-stress environments. The surgical field is renowned for its rigorous demands, which can exacerbate burnout among understudies. It presents unique challenges. Also, Johnson et al. (2021) conducted a critical review of the trends in burnout among surgical trainees, observing that the impact of the COVID-19 pandemic on this demographic is not yet completely understood, despite the fact that there has been no clear linear increase in burnout levels over the past decade. Their results suggest that mentorship and supportive training environments can reduce burnout, which implies that personality characteristics may affect the way trainees perceive and react to stressors in their workplace. In addition, the digitalisation of healthcare has introduced new dynamics that have a significant impact on work-life balance. Zammit et al. (2023) investigated the potential of digital virtual consultations to improve the adaptability of medical practice. Although these consultations can mitigate certain logistical obstacles, they also present a danger to work-life balance if they exceed the standard working hours. This duality underscores the necessity for medical professionals to possess adaptive personality traits that allow them to effectively manage the boundaries between their personal and professional lives. Employee satisfaction in healthcare is of paramount importance, as it is directly correlated with the efficacy of patient care. Gulmez et al. (2024) developed a mathematical model that optimises the work-life balance of healthcare personnel by integrating employee preferences into scheduling decisions. Their methodology implemented swarm intelligence algorithms to establish more adaptable work arrangements, which may potentially enhance the overall well-being and job satisfaction of medical professionals. This model emphasizes the significance of taking into account the unique personality characteristics and preferences of each individual when addressing work-life balance issues in the healthcare sector.

The review highlights that burnout and work-life balance are significant issues for healthcare practitioners, having considerable effects on their psychological well-being and effectiveness at work. Burnout, which is characterized by emotional exhaustion, depersonalisation, and reduced personal accomplishment, is a common occurrence among physicians and nurses. This condition can result in negative consequences, including high turnover rates, increased medical errors, and decreased job satisfaction. Stress is further exacerbated by work-life imbalance, which affects interpersonal relationships and mental health. Research suggests that physicians and nurses who exhibit inadequate work-life balance exhibit elevated levels of anxiety, melancholy, and job dissatisfaction. Neuroticism is a substantial risk factor for burnout, while conscientiousness, extraversion, and agreeableness function as protective factors. These personality traits are powerful predictors of both burnout and work-life balance. Furthermore, emotional intelligence is essential for the preservation of work-life balance by improving stress regulation and adaptive coping mechanisms. Organisational interventions, including cognitive-behavioral strategies customised to personality profiles, mindfulness training, and flexible scheduling, have demonstrated potential for enhancing work-life balance and reducing fatigue. Nevertheless, systemic obstacles, such as institutional constraints and personnel shortages, continue to pose substantial obstacles.

## 2. GAPS IN THE LITERATURE AND FUTURE RESEARCH DIRECTIONS

Despite extensive research on burnout, work-life balance, and personality traits among healthcare professionals, several gaps remain unaddressed. Firstly, most studies rely on cross-sectional designs, limiting the ability to establish causality between personality traits, burnout, and work-life balance. Future research should incorporate longitudinal studies to better understand these relationships over time. Secondly, existing studies predominantly focus on Western healthcare settings, with limited research exploring these dynamics in diverse cultural contexts, particularly in India where healthcare professionals face unique stressors. Examining cultural variations can offer a more comprehensive understanding of burnout and work-life balance. Thirdly, while the Five-Factor Model (FFM) has been widely used to study personality traits in relation to burnout, emerging personality frameworks, such as HEXACO, remain underexplored. Investigating additional personality dimensions, such as honesty-humility, may provide deeper insights into individual differences in burnout susceptibility. Additionally, research has primarily examined individual-level predictors, neglecting the role of organizational structures and systemic factors in shaping burnout experiences. Future studies should adopt a multilevel approach that integrates personal, organizational, and policy-level influences on work-life balance and burnout. Lastly, intervention-based research remains limited, with few studies testing the effectiveness of personality-tailored interventions in mitigating burnout.

## 3. CONCLUSION

Personality traits significantly predict burnout and work-life balance in healthcare practitioners. Neuroticism heightens burnout susceptibility, while conscientiousness, extraversion, and agreeableness serve as protective factors. Understanding these relationships can guide targeted interventions to improve occupational well-being in healthcare settings. Future research should explore longitudinal interventions that assess the long-term effectiveness of personality-based strategies in mitigating burnout and enhancing work-life balance.

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