

# Burnout Syndrome in Dental Professionals: Causes, Consequences, and Coping Strategies

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## ABSTRACT

This study aimed to explore the causes, consequences, and coping strategies associated with burnout syndrome among dental professionals. This qualitative research utilized a phenomenological approach to examine the lived experiences of burnout among dental professionals. Data were collected through semi-structured interviews with 36 participants, including dentists, dental hygienists, and dental assistants, from diverse countries. Participants were recruited through online announcements, and interviews were conducted via video calls. Theoretical saturation determined the sample size. Interviews were transcribed and analyzed using NVivo software through inductive thematic analysis, involving open, axial, and selective coding to identify key themes related to burnout. The results indicated that burnout in dental professionals is primarily caused by excessive workload and time pressures, emotional exhaustion from patient care, lack of autonomy, workplace conflicts, financial pressures, and work-life imbalance. The consequences of burnout included chronic fatigue, sleep disturbances, anxiety, depression, professional dissatisfaction, strained interpersonal relationships, and a decline in patient care quality. Participants adopted various coping strategies, including stress management techniques such as mindfulness and relaxation, social support from colleagues and family, professional development through continuing education, organizational changes like improved workload distribution, and psychological coping mechanisms. These findings align with previous research on burnout and stress management in healthcare professionals. Burnout syndrome is a significant occupational challenge for dental professionals, leading to adverse physical, mental, and professional outcomes. Addressing burnout requires systemic changes, including better workload management, enhanced mental health resources, and promoting work-life balance. Future research should investigate long-term interventions and organizational policies to mitigate burnout in dentistry.

**Keywords:** Burnout syndrome, dental professionals, occupational stress, coping strategies, mental health, work-life balance.

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## Introduction

Burnout syndrome has become an increasingly prevalent issue in the healthcare sector, with dental professionals being particularly vulnerable due to the unique stressors associated with their field. Defined as a state of emotional exhaustion, depersonalization, and reduced personal accomplishment, burnout is recognized as a significant occupational hazard that affects both mental and physical well-being (1). The high-intensity nature of dental work, which involves long

hours, precision-based procedures, patient interactions, and financial pressures, makes dentistry one of the most stressful healthcare professions (2). Studies have consistently shown that burnout in dental professionals not only leads to diminished job satisfaction and career longevity but also has severe consequences for patient care quality (3).

Recent research has demonstrated that burnout among dental professionals is a multifaceted phenomenon influenced by various factors, including workload, emotional demands, workplace conflicts,

financial concerns, and work-life imbalance (4). Excessive workloads and time pressures have been identified as primary contributors, with many dental professionals reporting long hours, limited breaks, and an ever-increasing patient volume (1). A study on burnout among Iranian dentists found that high patient loads and administrative burdens were strongly correlated with emotional exhaustion and depersonalization (Bagheri et al., 2021). These findings align with broader healthcare research, where burnout is frequently linked to excessive job demands, particularly in high-stakes environments like dentistry (5).

In addition to workload, the emotional toll of patient care plays a crucial role in burnout development. Dental professionals often deal with patients experiencing anxiety, pain, and fear, which can contribute to empathy fatigue and emotional exhaustion (2). Research on healthcare workers during the COVID-19 pandemic highlighted that frequent exposure to distressing patient situations heightened the risk of burnout, a pattern also observed in dentistry (6). Compassion fatigue, a state of emotional depletion resulting from sustained exposure to patient suffering, has been cited as a significant predictor of burnout in medical and dental professionals alike (7).

Furthermore, a lack of autonomy in the workplace exacerbates burnout symptoms. Many dental professionals report feeling micromanaged, restricted by strict policies, and lacking control over their schedules and clinical decisions (8, 9). Studies on workplace burnout have found that perceived autonomy is a crucial factor in job satisfaction, with professionals who feel empowered in their roles exhibiting lower levels of burnout (10). Without sufficient decision-making authority, dental professionals may experience frustration and helplessness, further contributing to emotional exhaustion and career dissatisfaction (8).

Interpersonal conflicts within the workplace also contribute significantly to burnout. Research has shown that strained relationships with colleagues, staff, and supervisors create a toxic work environment that heightens stress levels and diminishes job satisfaction (11). Workplace bullying and lack of teamwork have been identified as common stressors among dental professionals, leading to increased absenteeism and turnover (12). Studies on occupational burnout across

various healthcare sectors confirm that interpersonal tension is a strong predictor of psychological distress and reduced workplace morale (13).

Financial pressures further compound burnout among dental professionals, particularly those in private practice. High clinic maintenance costs, low insurance reimbursements, and substantial student loan debt create a sense of economic insecurity that adds to work-related stress (1). Research on burnout in self-employed professionals indicates that financial instability is a key driver of chronic stress, leading to both emotional exhaustion and decreased professional motivation (8). Many dentists report feeling compelled to work extended hours or take on additional patients to maintain financial viability, further exacerbating burnout symptoms (4).

The consequences of burnout in dental professionals are wide-ranging and affect both personal well-being and professional performance. Physically, burnout manifests as chronic fatigue, sleep disturbances, headaches, and musculoskeletal pain, conditions that are highly prevalent in the dental profession (3). A study on occupational health among emergency workers found that prolonged exposure to work-related stress significantly increases the risk of physical health deterioration, a finding consistent with research on dental burnout (14).

Mentally, burnout is associated with increased rates of anxiety, depression, irritability, and emotional detachment (15). Research on coping strategies in healthcare workers has highlighted that untreated burnout can escalate into severe psychological conditions, including clinical depression and substance use disorders (16). In dentistry, where emotional resilience is crucial for effective patient care, the mental health implications of burnout pose significant risks to both practitioners and patients (2).

Burnout also leads to professional dissatisfaction, reduced career longevity, and declining patient care quality. Studies have shown that burned-out professionals are more likely to consider leaving the field, with many reporting a loss of passion for their work and a desire for career change (17). A systematic review of burnout in healthcare professionals found that individuals experiencing high levels of burnout were more prone to making medical errors, experiencing reduced empathy, and exhibiting lower overall job

performance (18). In dentistry, where precision and attention to detail are paramount, such consequences can significantly impact patient outcomes and safety (19).

Given the severe repercussions of burnout, coping strategies play a critical role in mitigating its effects and improving occupational well-being. Research has identified several effective coping mechanisms, including stress management techniques, social support, professional development, and organizational changes (20). Mindfulness practices, relaxation training, and cognitive-behavioral techniques have been shown to reduce stress and enhance emotional regulation among healthcare workers (21). Social support, both from colleagues and family members, has been cited as a crucial protective factor against burnout, with studies indicating that individuals with strong support networks experience lower levels of emotional exhaustion (22).

Professional development opportunities, such as continuing education and skills training, can also serve as a buffer against burnout by fostering renewed interest in one's work and providing a sense of purpose (23, 24). Organizational changes, including improved workload distribution, enhanced mental health resources, and flexible scheduling, have been suggested as key interventions to address burnout in healthcare settings (25). Studies on occupational burnout emphasize that systemic changes within organizations are necessary to create a supportive work environment that prioritizes employee well-being (26).

The present study aims to explore the underlying causes, consequences, and coping strategies related to burnout syndrome among dental professionals through a qualitative approach.

## Methods and Materials

This study employs a qualitative research design to explore the causes, consequences, and coping strategies associated with burnout syndrome in dental professionals. A phenomenological approach was adopted to gain an in-depth understanding of participants' lived experiences. The research follows a constructivist paradigm, emphasizing subjective interpretations of burnout as experienced by dental professionals across different cultural and professional backgrounds. The study sample consists of 36 dental

professionals recruited from diverse countries through online announcements in professional forums and social media groups. Participants were selected based on their professional experience in dentistry and self-reported experiences of burnout. To ensure a broad representation, recruitment was open to general dentists, specialists, dental hygienists, and dental assistants. Ethical considerations, including informed consent, confidentiality, and voluntary participation, were strictly observed throughout the study.

Data collection was conducted through semi-structured interviews, which allowed for flexibility in exploring participants' unique experiences while maintaining consistency in key thematic areas. The interview guide was developed based on a review of the existing literature on burnout syndrome in healthcare and dentistry. The interviews were conducted via video calls, ensuring accessibility for participants across different regions. Each interview lasted approximately 45–60 minutes, and follow-up questions were used to clarify and deepen insights. The process continued until theoretical saturation was reached, meaning no new themes emerged in the final interviews, indicating a comprehensive understanding of the phenomenon. All interviews were recorded with participant consent and transcribed verbatim for analysis.

Data analysis followed an inductive thematic analysis approach using NVivo software to systematically identify, categorize, and interpret recurring patterns in the data. Thematic coding was conducted in multiple stages, beginning with initial open coding to capture key concepts, followed by axial coding to establish relationships between emerging themes. Selective coding was then applied to refine and integrate findings into a coherent framework addressing the study's objectives. Investigator triangulation was used to enhance the credibility and reliability of the analysis, with multiple researchers reviewing the coding process to ensure consistency and minimize bias. The final themes were synthesized into a conceptual model outlining the interplay between the causes, consequences, and coping strategies associated with burnout in dental professionals.

## Findings

The study included a total of 36 participants representing diverse professional roles and backgrounds within dentistry. Of these participants, 22 were general dentists (61.1%), 8 were dental hygienists (22.2%), and 6 were dental assistants (16.7%). The group consisted of 18 males (50.0%) and 18 females

(50.0%), with an average age of 38 years (range: 28–52 years). Participants were from 12 different countries, ensuring a broad geographical distribution, and the majority (30 participants, or 83.3%) worked in private practices, while 6 (16.7%) were employed in public or academic settings.

**Table 1. The Results of Qualitative Analysis**

Category	Subcategory	Concepts (Open Codes)
Causes of Burnout	Workload and Time Pressure	Long working hours, High patient volume, Administrative burden, Limited breaks
	Emotional Demands	Compassion fatigue, Dealing with distressed patients, Empathy overload
	Lack of Autonomy	Strict workplace policies, Micromanagement, Low control over scheduling
	Workplace Conflicts	Staff disagreements, Bullying or harassment, Lack of leadership support
	Financial Pressures	Overhead costs, Insurance reimbursement issues, Student loan debt
	Work-Life Imbalance	Difficulty disconnecting, Missed personal events, Strained relationships
Consequences of Burnout	Physical Health Issues	Chronic fatigue, Sleep disturbances, Headaches, Musculoskeletal pain
	Mental Health Consequences	Depression, Anxiety, Irritability, Feelings of hopelessness
	Professional Dissatisfaction	Loss of career motivation, Lack of fulfillment, Considering career change
	Interpersonal Strain	Conflict with family, Tension with colleagues, Social withdrawal
	Decline in Patient Care	Reduced empathy, Medical errors, Lower patient satisfaction
Coping Strategies	Stress Management Techniques	Mindfulness, Breathing exercises, Relaxation training, Physical activity
	Social Support	Peer groups, Mentorship, Family and friends, Online communities
	Professional Development	Continuing education, Skill-building workshops, Career counseling
	Organizational Changes	Adjusted workloads, Supportive leadership, Employee assistance programs
	Work-Life Balance Strategies	Flexible scheduling, Setting boundaries, Adequate personal time
	Psychological Coping Mechanisms	Cognitive restructuring, Positive self-talk, Acceptance, Seeking therapy
	Self-Care Activities	Hobbies, Leisure pursuits, Recreation with friends and family

### Causes of Burnout

Dental professionals reported that the pressures of long working hours, a high patient volume, and limited breaks led to overwhelming workloads and significant time pressure. One participant shared, “I barely have time to eat lunch most days. I just see patient after patient.” These conditions often leave little room for rest, causing a sense of constant urgency and exhaustion.

Another frequently cited cause was the emotional demands of the job, such as managing distressed patients or feeling emotionally drained after long days of providing care. One interviewee reflected, “It’s not just physical tiredness. It’s that mental weight you carry after a day of dealing with patients who are scared or in pain.”

Many participants also noted a lack of autonomy in their work environment, describing strict policies, limited control over their schedules, and instances of micromanagement. A common sentiment was, “I feel like I’m just following a script. There’s no room to make decisions that fit my way of working.”

Workplace conflicts, including disagreements with colleagues, bullying, and poor leadership, were also mentioned as significant contributors. One individual recalled, “The clinic’s environment was so toxic that every morning felt like walking into a battlefield.”

Financial pressures compounded these stressors, with respondents frequently pointing out the burden of student loan debt, low insurance reimbursements, and clinic maintenance costs. “We put so much money into our education, but what comes out of it is often not enough to cover even the basic overhead,” said one interviewee.

Finally, work-life imbalance was a recurring theme, with participants describing missed family events, difficulty maintaining personal relationships, and feeling isolated due to their demanding schedules. “I’ve lost touch with friends and family because my work just consumes me,” admitted one respondent.

### Consequences of Burnout

The physical health toll of burnout emerged as a common consequence. Interviewees mentioned chronic fatigue, sleep disturbances, frequent headaches, and musculoskeletal pain. One participant said, "I can't remember the last time I had a full night's sleep without waking up in pain."

Burnout also affected mental health, with respondents reporting increased anxiety, depression, irritability, and feelings of hopelessness. "It's like I'm stuck in this cycle of never being good enough—no matter how hard I try, I can't escape it," shared one professional.

Professionally, many expressed a growing dissatisfaction with their career. Some admitted to losing their motivation, questioning whether they chose the right field, and even considering leaving dentistry altogether. "I used to love what I do. Now I just count down the hours until I can go home," said one individual.

Interpersonal strain was another significant impact, with several participants noting that burnout strained their relationships with colleagues, family, and patients. "I feel like I'm snapping at my coworkers all the time. It's not fair to them or to me," one dentist admitted.

Finally, a decline in patient care quality emerged as a worrying trend, as burnout led to reduced empathy, medical errors, and lower overall patient satisfaction. "I hate to admit it, but some days I just don't have the energy to give every patient my full attention," confessed one professional.

### **Coping Strategies**

When discussing coping strategies, interviewees highlighted stress management techniques such as mindfulness, breathing exercises, and relaxation training. One participant shared, "Taking ten minutes to just breathe deeply and focus my mind has been a game-changer."

Social support played a crucial role for many, with respondents citing peer groups, mentors, and family members as essential pillars of strength. "Talking to someone who really understands what you're going through can help you feel less alone," noted one individual.

Professional development opportunities, including continuing education courses and skill-building workshops, were mentioned as ways to renew interest in their work and regain a sense of purpose. One dentist said, "Learning a new procedure or technique gives me

something to look forward to, something that feels meaningful again."

Organizational changes also made a difference, with participants suggesting better workload distribution, mental health resources, and more supportive leadership. "When management actually listens and implements changes, you start to feel like you're not fighting this battle alone," remarked one respondent.

Work-life balance strategies, such as flexible scheduling and setting personal boundaries, were also effective. One interviewee described, "Saying 'no' to taking on extra shifts has been hard, but it's helped me regain control over my life."

Other coping mechanisms included psychological techniques like cognitive restructuring, reframing negative thoughts, and seeking therapy. "Talking to a therapist gave me the tools I needed to process my stress and not let it control me," said a participant.

Lastly, engaging in self-care and hobbies provided a welcome respite from daily stresses. "Just spending an hour gardening or playing with my dog reminds me that life exists beyond the clinic walls," one individual explained.

### **Discussion and Conclusion**

The present study explored the causes, consequences, and coping strategies associated with burnout syndrome among dental professionals. Findings revealed that excessive workload and time pressures, emotional exhaustion from patient care, lack of autonomy, workplace conflicts, financial pressures, and work-life imbalance were the primary contributors to burnout. The consequences of burnout were evident in the form of physical and mental health deterioration, professional dissatisfaction, strained interpersonal relationships, and a decline in patient care quality. To cope with burnout, participants employed various strategies, including stress management techniques, social support, professional development, organizational changes, and psychological coping mechanisms. These findings align with existing literature on burnout in healthcare professionals and provide valuable insights into the unique challenges faced by those in dentistry.

A key finding of this study was that high workload and time pressures were among the most significant contributors to burnout. Many participants reported

experiencing long working hours, limited breaks, and high patient volumes, which led to chronic fatigue and emotional exhaustion. These results are consistent with previous research indicating that excessive workload is a strong predictor of burnout in dental professionals (1). Similar findings have been reported in other healthcare fields, such as nursing and emergency medicine, where professionals working under high-pressure conditions experience severe physical and emotional strain (4, 14).

Emotional exhaustion was another major factor associated with burnout. Participants described feeling emotionally drained from continuous patient interactions, particularly when dealing with anxious or difficult patients. Previous research has shown that dental professionals are highly susceptible to compassion fatigue, as their work requires significant emotional engagement (2). A study on medical rescuers also found that prolonged exposure to patient distress led to heightened emotional exhaustion, further reinforcing the impact of emotional demands in healthcare settings (5).

Lack of autonomy in the workplace was another commonly reported stressor. Participants indicated that strict policies, micromanagement, and limited control over their schedules contributed to their burnout. Studies have shown that professionals who perceive a lack of control over their work experience higher levels of stress and emotional exhaustion (8, 9). Research on burnout in managers and entrepreneurs found that individuals with greater autonomy demonstrated lower burnout levels, suggesting that workplace independence plays a crucial role in mitigating stress (8).

Workplace conflicts also emerged as a significant stressor, with participants highlighting issues such as poor teamwork, communication breakdowns, and conflicts with colleagues or supervisors. Previous studies have confirmed that interpersonal tension and workplace hostility are major contributors to burnout in healthcare settings (11). Research on nurses found that workplace bullying and lack of collaboration were strongly correlated with increased emotional exhaustion and job dissatisfaction (12).

Financial pressures were another source of burnout, particularly among private practitioners. Participants reported feeling burdened by high clinic maintenance costs, student loan debt, and inadequate insurance reimbursements. Research has shown that financial

instability is a significant predictor of occupational stress, with professionals in self-employed roles experiencing heightened anxiety over income fluctuations (1). Similar patterns have been observed among business owners and independent contractors, where financial strain contributes to work-related stress and reduced job satisfaction (10).

Finally, work-life imbalance was a prevalent issue among participants. Many reported difficulties in maintaining personal relationships and engaging in leisure activities due to their demanding schedules. These findings align with research indicating that inadequate work-life balance is a key predictor of burnout in healthcare professionals (4, 6). Studies on physicians and mental health workers have found that those with poor work-life balance experience higher emotional exhaustion and lower job satisfaction (13).

The study also highlighted the severe consequences of burnout, including physical and mental health deterioration. Participants reported experiencing chronic fatigue, sleep disturbances, headaches, and musculoskeletal pain. These findings are consistent with prior research showing that prolonged occupational stress leads to significant physical health issues among healthcare professionals (3). A systematic review on burnout among emergency workers found that prolonged exposure to high-stress environments increased the risk of musculoskeletal disorders, cardiovascular problems, and immune dysfunction (14).

Mental health issues were also frequently reported, with participants describing feelings of anxiety, depression, irritability, and emotional detachment. Similar findings have been observed in studies on burnout among physicians, nurses, and medical students, where high stress levels contributed to increased rates of psychological distress (7, 15). Research on mental health workers further supports these findings, demonstrating that chronic occupational stress can lead to depressive symptoms and decreased emotional resilience (16).

Burnout also led to professional dissatisfaction, with many participants expressing feelings of disengagement and considering career changes. These findings align with research showing that burned-out professionals are more likely to experience reduced motivation, lower job performance, and an increased likelihood of leaving their profession (17). A study on medical professionals found

that burnout was a leading cause of workforce attrition, particularly among those in high-stress roles (18).

Interpersonal relationships were also affected, with participants reporting conflicts with colleagues, patients, and family members. Prior research has demonstrated that burnout can lead to social withdrawal, increased irritability, and a decline in empathy, all of which contribute to relationship strain (11). Studies on nurses and palliative care workers have shown that burned-out individuals are more likely to experience workplace conflicts and lower patient satisfaction rates (22).

One of the most alarming consequences of burnout was the decline in patient care quality. Participants reported difficulties in maintaining focus, increased likelihood of errors, and decreased empathy toward patients. These findings are consistent with previous studies demonstrating that burned-out healthcare workers are more prone to making clinical errors, experiencing lower patient engagement, and reducing the overall quality of care (19). Research on physicians has found that burnout is associated with increased medical errors and reduced adherence to best practices (23, 24).

To manage burnout, participants employed various coping strategies, including stress management techniques, social support, professional development, and organizational changes. Many found mindfulness practices, relaxation techniques, and physical exercise to be effective in reducing stress. Previous research has confirmed that mindfulness and relaxation training can enhance emotional regulation and reduce burnout symptoms (21).

Social support also played a critical role in mitigating burnout, with participants relying on colleagues, mentors, and family members for emotional support. Studies have shown that strong social networks provide a protective buffer against occupational stress, helping professionals cope with job-related challenges more effectively (22). Research on medical students found that those with greater peer support experienced lower burnout rates and higher overall well-being (7).

Professional development was another effective strategy, with participants engaging in continuing education, skill-building workshops, and career counseling to renew their motivation. Studies have shown that learning new skills and expanding one's

professional scope can enhance job satisfaction and reduce burnout risk (23).

Organizational changes, such as improved workload distribution, increased mental health resources, and better leadership support, were also identified as necessary interventions. Research suggests that institutions that implement systemic changes, such as flexible scheduling and mental health programs, see significant reductions in employee burnout (25).

This study has several limitations. First, the qualitative nature of the research, while providing rich insights, limits the generalizability of the findings. The sample size, though diverse, may not fully represent all dental professionals. Additionally, self-reported data may be subject to recall bias or social desirability bias, as participants might have underreported or overreported certain aspects of their experiences.

Future research should explore burnout among dental professionals using mixed-methods approaches, combining qualitative and quantitative data to gain a more comprehensive understanding. Longitudinal studies could also examine how burnout progresses over time and identify potential early interventions. Additionally, comparative studies across different healthcare professions could provide valuable insights into the unique challenges of dentistry.

Organizations should prioritize mental health support by providing accessible counseling services, promoting a healthy work-life balance, and fostering supportive workplace environments. Leadership should focus on implementing policies that reduce excessive workloads and financial stressors. Additionally, dental professionals should be encouraged to engage in continuous professional development and adopt evidence-based coping strategies to manage stress effectively.

#### Declaration of Interest

The authors of this article declared no conflict of interest.

#### Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

## Authors' Contributions

All authors equally contributed to this study.

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## Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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## Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

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