

Comparative Analysis of Burnout Levels across Industries Pre- and Post-COVID-19 Pandemic: A Literature Review



Mrs. Tania Jose^{1*}, Dr. Sarita Samson²

^{1*}Research Scholar at ATSS's IICMR Pune. taniajosej@gmail.com

²Research Guide and Assistant Professor at ATSS's IICMR Pune. saritasamson2225@gmail.com

Abstract

Burnout is a major occupational health issue that affects employee well-being, work performance, and organisational sustainability. It is commonly reflected through emotional exhaustion, depersonalization, and reduced personal accomplishment. Although burnout existed across industries before the COVID-19 pandemic, the pandemic intensified workplace stressors and transformed the nature of burnout. This review examines burnout levels across healthcare, education, IT/corporate, manufacturing, and services/hospitality sectors in the pre- and post-COVID-19 context. The study is based on secondary literature, including peer-reviewed journal articles, books, government reports, and institutional publications. Relevant studies were reviewed and compared sector-wise to identify changes in burnout drivers, dimensions, and outcomes. The review finds that burnout increased after the pandemic across all sectors, but the impact was not uniform. Healthcare and frontline service sectors were most severely affected due to health risks, moral distress, staffing shortages, customer aggression, and emotional demands. Education experienced burnout through digital teaching and institutional pressure, while IT/corporate employees faced remote work fatigue and blurred work-life boundaries. Manufacturing was affected by labour shortages, productivity pressure, supply-chain disruption, and job insecurity. The review concludes that post-pandemic burnout has become a systemic organisational issue requiring mental health support, workload management, role clarity, supportive leadership, and sustainable work policies.

Keywords: Employee Burnout, COVID-19 Impact, Sectoral Comparison, Organisational Mental Health Support

1. Introduction

Burnout is seen as an integral part of occupational health and is now acknowledged as an important issue in many workplaces in today's world of work. Burnout is commonly referred to as a psychological syndrome that occurs as a long-term reaction to chronic work-related stress, which has been defined in terms of three different dimensions: emotional exhaustion, depersonalisation and reduced personal accomplishment. The first dimension, namely emotional exhaustion, refers to the loss of emotional and physical energy, the second dimension, depersonalisation, is a cynically negative reaction to work, client, patients, students or coworkers and the third dimension, reduced personal accomplishment, is perceived as a loss of professional competence and effectiveness (Maslach & Jackson, 1981; Leiter & Maslach, 2024). Three dimensions support the concept that burnout is not just a tiredness phenomenon, but a much more complex occupational phenomenon which affects motivation, performance and identity and affects overall well-being. There has been an association between burnout and a number of other collective organisation-wide outcomes as well. Those who report being burned out are more likely to suffer psychological stress, physical health problems, be absent from work, be demotivated from their job, and plan to quit. Therefore, staff's burnout experience is both a well-being issue for the employee and a performance issue for the

workplace (Maslach et al., 2001; Salvagioni et al., 2017).

Job Demands-Resources model of burnout states that burnout happens when a low level of job resources (e.g., autonomy, supervisory support, role clarity and recovery opportunities) exists in conjunction with a high level of job demands (Bakker & Demerouti, 2007). The Conservation of Resources theory is that if employees need to allocate scarce resources to manage demands that they face, then they become stressed. Likewise, the Conservation of Resources theory states that the stress resulting from work experiences is due to the loss of valued resources, such as time, energy, job security, and social supports by the employee or a threat to the resources (Hobfoll et al., 2018). The three theories cited above can help explain how burnout can occur in several industrial settings. Although COVID-19 has increased the number of cases of people burning out, it is not a new phenomenon; many industries were already experiencing burnout among employees before the pandemic. Burnout was common among physicians, nurses and other front-line health care workers due to working long hours, being pressured to provide care, burdened with administration (Eurofound & European Training Foundation, 2022).

trative tasks, feeling emotionally demanded and little time to recover from providing care in the health care industry. There has been a strong association with lack of balance in health care

professionals' work-life, between their professional satisfaction, and the volume of their workloads, as found in research (Rotenstein et al., 2018; Shanafelt et al., 2015). Teachers' lack of autonomy in the education sector has resulted in emotional exhaustion caused by the pressure on their performance in the classroom, the behavioral problems of their students, their institutions' expectations of them, the demands of their curriculum, and, lack of autonomy. Other factors related to teacher burnout include self-efficacy and work load, and having positive relationships with students (Aldrup et al., 2018; Skaalvik & Skaalvik, 2010).

Burnout was present before the pandemic in other sectors like corporate, IT, manufacturing and service and hospitality. Burnout in corporate/banking organizations is attributed to the workplace pressures of performance and satisfying customers as well as the hours of work mandated in the workplace (Yavas et al., 2013). In manufacturing work environments, employees with repetitive work activities who work in a shift system, are on production pressure and have limited decision-making autonomy over their work have reported a high level of strain, particularly when the demands have been very high and their decision-making autonomy very low (Theorell, 1992; Häusser et al., 2010). Likewise, the employment of emotional labor in the field of hospitality and services, has seen high demands for its employees to show emotional labor in their work, namely for employees to control their emotions when interacting with customers and handling complaints. As in navigate Covid-19 pandemic, it can be seen work routines being disrupted, new stress factors and anxieties entering the workplace – from health issues and lockdowns, to job insecurity, remote work, hybrid work and supply chain issues, through to labour shortages and blurred boundaries between work and home life.

During the COVID-19 pandemic, healthcare workers had to deal with a number of stressors such as the possibility of contracting the illness, an increase in patient numbers, moral distress and psychological distress (Lai et al., 2020; Williamson et al., 2020). Research assessing healthcare workers in this time shows that the availability of psychosocial support as well as concerns of burden from the pandemic have had an impact on their burnout (Hannemann et al., 2022). When assessing health professionals who had a crisis situation, some psychological symptoms of the COVID-19 pandemic were reported even by those who had other crisis situations, uncertainty and high intensity level of work (Giusti et al., 2020). COVID-19 also affected burnout as in other sectors aside from health. School teachers were not prepared and supported to be able to quickly switch to online/hybrid teaching and had to experience an increased emotional exhaustion, stress and

workload pressures (Kim & Asbury, 2020; Sokal et al., 2020).

While some workers in the corporate and IT industry have been able to enjoy greater flexibility with remote working, others have suffered from digital fatigue, ever-constant need to be connected, feelings of isolation, and being unable to distinguish between work and personal life (Shao et al., 2021; Gualano et al., 2023). The manufacturing sector saw poor conditions in the work environment, due to disruptions and uncertainty in the supply chain. For manufacturing this meant that lack of continuity of operations due to supply-chain disruptions and uncertainty of production resulted in greater work pressure (Ivanov & Dolgui, 2020). In the hospitality and services sector, the stress and concerns of job insecurity and unstable employment conditions were exacerbated by customer facing risk (Kim et al., 2023; Baum & Hai, 2020). It is imperative to do a sector-based comparative study of the number of people suffering from burnout as it did not affect each sector equally.

A number of sectors, such as healthcare, frontline service sectors, and education (stressed by digitalisation and institutionalisation pressures), have suffered more burnouts as a result of being exposed, others, such as manufacturing, were stressed by the need to recover from the effects of the pandemic and to produce again, and those such as hospitality were affected by economic uncertainty, as well as pressure from customers (OECD, 2023). What is also true is that burnout is more common nowadays than before the pandemic, but there are different patterns in the various sectors, depending on the level of resources an individual has, and their working conditions (Bondjers et al., 2025; Eurofound, 2021). This comparative sector review of the trends in burnout will aim to achieve the following:

1. Prior to COVID-19, describe and explain how much and how spread burnout was among the five major sectors.
2. Compare and contrast the patterns of burnouts before and after the COVID-19 pandemic.
3. List workplace stressors that have been found to be common across each of the sectors and how this may be leading to the prevalence of burnout at work and help to come up with strategies to overcome post-pandemic burnout.
4. Show the difference in burnouts of the five main sectors stated above.

2. Literature Review

Burnout has become the subject of broad research as an important occupational health issue in all industries. It was first developed as a psychological syndrome by Maslach and Jackson with three components: Emotional Exhaustion, depersonalization and reduced personal

accomplishment. Emotional exhaustion is the state of being mentally and physically exhausted by work demands, depersonalization is a state of being detached or cynical from work or service recipients, and reduced personal accomplishment is a state of decreased personal effectiveness in the job (Maslach & Jackson, 1981; Maslach et al., 2001). Subsequent research built off of this idea and highlighted the fact that burnout is a problem in the workplace, as well as a problem within the individual. One of the most important theoretical model of burnout is Job Demands-Resources model, which states that the burnout results from the imbalance between the demands of the job and the resources that are available to the employees. However, the adverse consequences of challenging job demands can be mitigated by job resources such as autonomy, supervisor support, role clarity and organizational support (Bakker & Demerouti, 2007; Schaufeli & Bakker, 2004).

The Conservation of Resources theory is also relevant in explaining the experience of stress and burnout, which occurs when employees lose resources or are afraid of losing resources, such as job security, emotional energy, social support and control over work (Hobfoll et al., 2018). Therefore, burnout can be viewed as a consequence of a combination of high demands and low personal and/or organizational resources. Burnout existed prior to COVID-19, and was already a prominent issue in the healthcare industry. The emotional demands, long working hours, administrative workload and constant exposure to suffering put on by patient's of healthcare professionals was high. The studies revealed that there was an especially high risk of emotional exhaustion among physicians and nurses due to their intensity of work, complexity of patient care, and lack of institutional support (Shanafelt et al., 2017; Rotenstein et al., 2018).

Leadership and organisational climate also was shown to have a significant effect with supportive leadership and higher levels of professional autonomy associated with reduced levels of burnout for healthcare workers (Laschinger & Fida, 2014; Shanafelt et al., 2015). For educators, feelings of burnout were typically linked to exhaustion, student behavior problems, workload in the institution, and role confusion. Many teachers experienced emotional stress from aspects of classroom management, the demands to meet specified academic goals and from a lack of control on institutional expectations. Aldrup et al. (2018) and Skaalvik & Skaalvik (2010) found that student misbehavior, workload, and low self-efficacy were factors that were important to teacher burnout and intention to quit teaching. These results showed a strong association between emotional labour and organizational pressure in education with regards to

burnout. The burnout of corporate and information technology workers was also a problem prior to the pandemic, primarily stemming from the long hours, excessive workload, constant connectivity and pressure on performance.

In competitive environments, staff were expected to be always on and performing well, leading to feelings of emotional burnout and loss of efficiency at work. In the banking and corporate environments, role conflict and excess workload came out as significant predictors of burnout symptoms (Yavas et al., 2013). Technology-based work made the constant connectivity and the demands for performance even more stressful, and less time available for recovery, raising the likelihood of burnout (Hobfoll et al., 2018). For manufacturing, production goals, shift work, lack of decision making, role ambiguity, and physical fatigue were the factors associated with burnout. The demand-control model proposes that workers' strain is increased by high demands and low control regarding their decisions about work (Theorell, 1992). Working in industries, individuals were required to perform repetitive work, under close supervision and with less independence, which led to higher psychological stress.

Role conflict, resource limitations and production pressure were also reported to be correlated with emotional exhaustion and decreased work engagement in previous studies (Caplan, 1987; Häusser et al., 2010). A pattern of burnout was different in the service and hospitality sector, due to emotional labour and direct interaction with the customer. Staff were expected to manage their feelings when dealing with the customers' expectations, complaints and aggressiveness. One factor that was found to be a significant predictor of exhaustion and turnover was emotional labor, particularly in customer facing roles (Brotheridge & Lee, 2002; Hülshager & Schewe, 2011). Organizational factors, such as lack of support, fluctuating work conditions and job insecurity also made it more likely to experience burnout in hospitality and service occupations. While the COVID-19 pandemic affected the menopause experience, the causes of burnout differed by industry, with the overall rate of burnout rising during and after the pandemic. In healthcare, there are many factors that put professionals under psychological strain, such as the increase in patient numbers, risks of infection, moral damage and staffing deficiencies.

Following the emergency phase, studies revealed that healthcare workers were still having high levels of burnout, mainly because of a lack of workforce and the ongoing organizational stress (Hannemann et al., 2022; Muehlenbein, 2024). Emotional exhaustion and depersonalization were noted particularly in nurses and other health care workers

on the front lines (Galanis et al., 2023). The abrupt change to remote and blended learning environments in education has been a source of technostress, workload, and stress to adapt to digital learning. Teachers were required to cope with virtual classrooms, new norms and processes of the institution, and decreased professional autonomy. Teachers' continued feelings of unease, increasing workloads and the emotional needs of their students as the pandemic has unfolded have been found to cause teacher burnout over a sustained period of time (Collie, 2021; Kim & Asbury, 2020). Burnout was caused by remote working, too many meetings, being always connected, being monitored and the lack of boundaries between work and life for corporate and IT workers.

While remote work brought some flexibility to some employees, it also meant that they faced difficulties in terms of psychological detachment from work and/or digital exhaustion (Shao et al., 2021). For manufacturing, the inability to maintain supply chains, lack of staff, pressure on productivity, stress about job security and automation were all leading contributors to burnout post-pandemic (Ivanov, 2020; Zhang et al., 2025). In services and hospitality there was a higher emotional exhaustion, together with an increased risk of staff turnover due to workforce re-entry stress, customer aggression, erratic hours, financial insecurity and labor shortages (Baum & Hai, 2020; Brown, 2023). As a whole, literature indicates that before the COVID-19 pandemic, burnout was a mostly work structure-related issue, but after COVID-19, it is becoming a more comprehensive problem, resulting from health risks, digital transformation, and economic and organizational instability.

3. Research Methodology

3.1 Research Design

The type of the research used in this research is descriptive and comparative literature research which is a secondary data research. The study is designed to explore the level of burnout in selected

industries pre and post the COVID-19 pandemic, thus a review-based approach is appropriate to synthesise academic and institutional evidence on the subject. The descriptive nature of the methodology assists in the explanation of the concept, dimensions, causes and nature of employee burnout in different sectors. The comparative aspect is used to highlight the differences in the burn-out patterns between the two time periods, namely, pre-COVID-19 and during/after-COVID-19. This study does not include data that is gathered first-hand from the employees and organizations. Rather, it relies on published studies to gain an understanding of the trend of burnout by industry (e.g., healthcare, education, information technology, manufacturing, services). This review highlights the key dimensions of burnout (emotional exhaustion, depersonalisation and lowered personal achievement) as well as the key stressors that have been found to contribute to burnout (workload, role ambiguity, organizational support, and lack of organizational support, digital fatigue, emotional labour, job insecurity).

3.2 Sources of Data and Selection Criteria

Secondary data was obtained from peer reviewed journals, books, Government reports and institutional publications. Various academic databases, especially from Scopus, Web of Science, PubMed and Google Scholar were evaluated to identify relevant studies. The literature focused on the fields of occupational health, organizational psychology, human resource management, education, healthcare management and workplace well-being was prioritized. The Studies selected were relevant to employee burnout, stressors specific to each industry and the effects of COVID on mental health at work. The studies were included when they dealt with the concept of burnout within the selected sectors, dimensions of burnout and/or workplace demands and resources. Empirical research as well as review based was taken into account to gain a wider picture of the subject.

Table 1: Inclusion and Exclusion Criteria for Selection of Literature

Criteria	Inclusion	Exclusion
Topic relevance	Studies related to employee burnout and occupational stress	Studies focused only on general stress or non-workplace stress
Time period	Studies published before, during, and after COVID-19	Studies with no relevance to pre- or post-COVID workplace conditions
Sector focus	Healthcare, education, IT, manufacturing, services, and hospitality	Studies unrelated to the selected industries
Source type	Peer-reviewed articles, books, government reports, institutional publications	Opinion pieces, blogs, and unsupported non-academic sources
Content focus	Burnout dimensions, drivers, outcomes, and sectoral trends	Duplicated, irrelevant, or incomplete sources

3.3 Method of Analysis and Limitations

The literature collected was analysed by grouping and comparing them by sectors. The studies were first grouped based on the time period of the study (pre-COVID-19 and during/post-COVID-19). Second, they were split by industry sector – healthcare, education, corporate/IT, manufacturing and services/hospitality. Thirdly, the studies were analyzed with regard to the dimensions of burnout that are common in most studies and the main stressors that are related to each dimension. The analysis is based on change in burnout drivers

between different industries. Before the pandemic, burnout primarily was associated with factors such as workload, role ambiguity, emotional workload, and lack of organizational support. Burnout after the pandemic, on the other hand, was linked to further stressors like fear of being infected, boredom at home because of work from home, technostress, lack of staffing, lack of job security, and economic insecurity. Themes and patterns in each of the sectors were identified and used to create an understanding of burnout trends across the sectors.

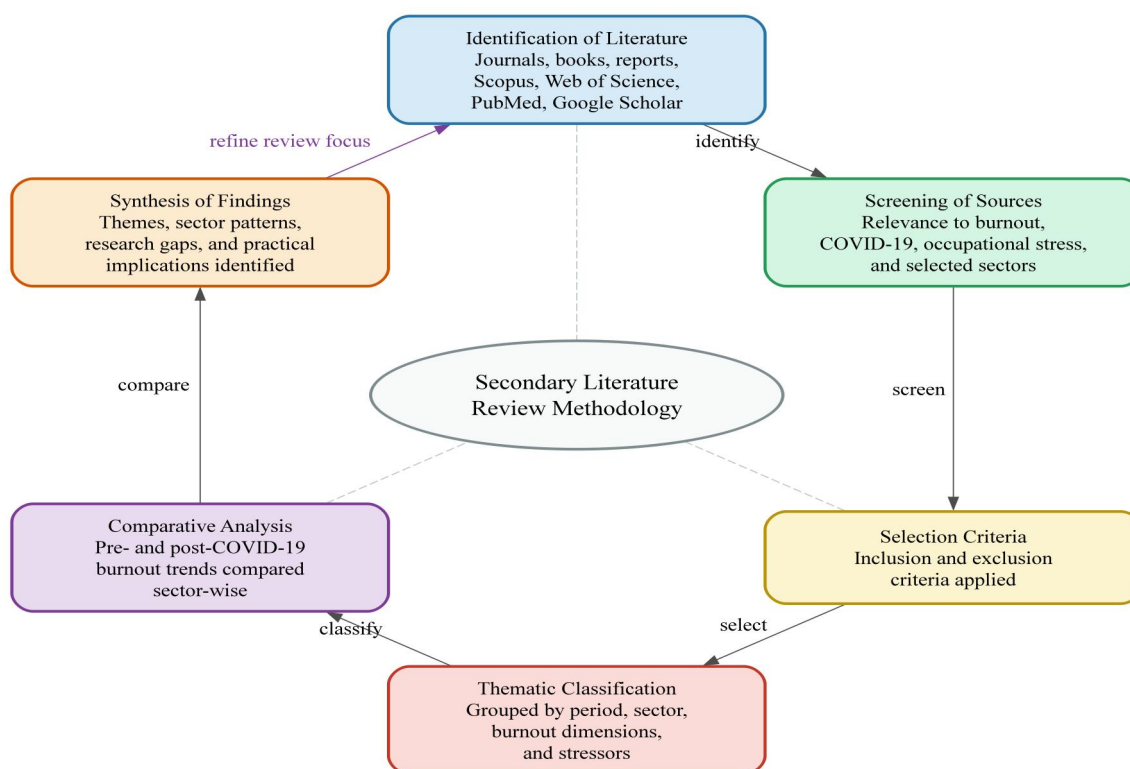


Figure 1: Literature Selection and Analysis Process

Note. The figure shows the methodological process used to identify, screen, classify, compare, and synthesize secondary literature for the sector-wise analysis of burnout before and after COVID-19.

There are some limitations in the study as it is based on secondary data. The results are based on past published research, and the quality, quantity and representativeness of those studies. Due to varying sample sizes between the countries, the context in which they are gathered, the tools and the industry classification, direct comparison may be affected. There was no primary survey nor interviews conducted, therefore the study does not directly measure current level of burnout. In the context of this review, however, it is helpful to systematically and usefully synthesise the literature to gain an understanding of the trend of burnout in each sector before and after COVID-19.

4. Data Analysis and Comparative Discussion

4.1 Pre-COVID-19 Burnout Trends

Burnout was already a significant problem in the workplace, affecting all industries, prior to the COVID-19 pandemic. It was found that the literature identifies the following as the major sources of burnout in the workplace: job demands, organizational resources, role ambiguity, emotional labor, long working hours and lack of organizational support. The burnout framework indicated that the following three core dimensions of chronic occupational stress were experienced by employees: emotional exhaustion, depersonalization, and loss of personal accomplishment (Maslach & Jackson, 1981; Maslach et al., 2001). These dimensions were seen in all sectors, but were more pronounced and had different causes depending on the type of work. Burnout was relatively high in healthcare even prior to the pandemic as doctors, nurses, and other

healthcare providers faced emotional demands, administrative obligations, and always having to be on call to assist with patient care. Physician burnout was related to workload pressure, documentation demands, and a lack of control over work in one study (Shanafelt et al., 2017) and to workload pressure and documentation demands in another (Rotenstein et al., 2018).

In the same way, supportive leadership and organizational supports were found to have a negative effect on emotional exhaustion, indicating that burnout was an individual problem, as well as resulting from the systems of the workplace (Laschinger & Fida, 2014). In educational settings, burnout was primarily associated with stress related to role ambiguity, classroom management challenges, stress to meet institutional goals and teacher workload. Teachers suffered from emotional exhaustion because of the continuous interactions with students, students' behaviour and insufficient autonomy in academic decision making (OECD, 2023). Two factors that were associated with high levels of student misbehavior and low teacher self-efficacy were shown to have a strong association with burnout and intentions to leave the profession (Aldrup et al., 2018; Skaalvik & Skaalvik, 2010). Task overload, performance pressure, being always connected, and long working hours were all found to have a strong correlation with burnout in the corporate and IT fields. Banking, finance, consulting and technology styled professions had to keep people busy and accessible outside of their official work hours.

For banking, finance, consulting and technology work, employees were expected to be productive and available after work was done. In the business world, role conflict and measurable overwork was important among the predictors of burnout (Yavas et al., 2013). This phenomenon can be illustrated by the Conservation of Resources theory which proposes that when these resources are constantly lost from personal and professional life, employees become burnt out (Hobfoll et al., 2018). Production targets, shift work, physical tiredness, repetitive work and lack of decision-making powers are examples of how manufacturing employees suffered from burnout.

The demand-control model (Theorell 1992), which predicts that a high level of work demands and low level of control over work leads to strain, among employees. Likewise, in industrial settings emotional exhaustion and lower level of work engagement was related to role ambiguity and resource shortages (Caplan, 1987; Häusser et al., 2010). For those working in service and hospitality, there was a strong association with emotional labour, customer aggression, feeling insecure and feeling a lack of support from the service organisation. Staff members were required to

regulate their emotions for dealing with customers and complaints and also with the pressures of service. In service jobs emotional labour was always found to be associated with emotional exhaustion and employee turnover (Brotheridge & Lee, 2002; Hülshager & Schewe, 2011).

4.2 Post-COVID-19 Burnout Trends

Burnout has been exacerbated by the COVID-19 pandemic, both by the addition of stressors associated with the pandemic and by the exacerbation of existing stressors in the workplace. These new post-pandemic factors for burnout are shifting to include health risks, digital fatigue, economic uncertainty, labour shortages, job insecurity, disruption of the supply chain, and a rise in customer aggression. While burnout prior to the pandemic was mostly connected with an organization's workload and job stress, post-pandemic burnout was more complex and systemic. Patient overload, risk of infection, moral injury, and staff shortages were significant factors in healthcare causing a steep rise in the incidence of burnout. (Eurofound & European Training Foundation, 2022) Emotional distress in healthcare workers could be attributed to not only having to work longer hours, but also because of other concerns like fear of getting infected and making difficult decisions while working in crisis care. The psychological distress, emotional exhaustion and risk of long-term mental health effects among healthcare workers during COVID-19 were high (Lai et al., 2020; Hannemann et al., 2022). Despite the Emergency phase, the hospital was faced with high rates of burnout, due to the scarcity of staff, patient backlogs, and staff turnover (Muehlenbein, 2024; Prasad et al., 2021).

In education, the pandemic brought about a change in the way in which burn out is perceived, from stress in the classroom to stress in the digital world and recovery stress. Teachers needed to rapidly implement new online and hybrid teaching methods, many of which were not prepared for in terms of supporting technology or training. This led to technostress, heavy workload and a lack of boundaries between work and life, as well as a lack of autonomy in the workplace. Researchers noted that teachers had high levels of stress as schools closed and continued to have high levels of stress after returning to in-person learning when teaching the material they missed and when students were having behavioral problems and when schools were uncertain about the future. Teachers reported high levels of stress during school closures, and high levels of stress after the return to in-person learning due to the need to teach the material they missed, students' behavioral challenges, and institutional uncertainty (Kim & Asbury, 2020; Collie, 2021).

Post pandemic Burnouts of corporate/IT employees were experienced as Remote Work Fatigue,

Overload of Meetings, Digital Surveillance, Overuse of being connected all the time, and absence of psychological detachment from work. Flexibility of work at home also brought about boundarylessness between work and life. Poults and staff members' welfare was found to be impacted by isolation, information overload, and a lack of work-life balance (Shao et al., 2021). Also, despite easing of the lockdown restrictions, technostress remained a significant predictor of emotional exhaustion. Manufacturing suffered due to disruption of the supply chain, labour shortage, pressure on productivity, pressure of inflation and stress due to automation. The pandemic has upset production systems and put workers in an uncertain situation. Recovery pressures, later on, led to the raising of production targets and of work intensity. COVID-19 (Ivanov, 2020) greatly affected industries as a result of the instability of its supply chain.

Other studies from more recent years indicated that automation anxiety and job insecurity led to manufacturing workers feeling exhausted, especially on an emotional level (Parker et al., 2024; Zhang et al., 2025). Burnout was exacerbated in the services and hospitality sector by stress of workforce re-entry, aggressive customer behavior, variable schedules and financial security, and labor shortages. Staff were losing their jobs and their incomes were uncertain during the pandemic and they were under pressure once their shops reopened to reopen customers and were short of staff. In the study on Job insecurity and Customer incivility, emotional exhaustion and Burnout has been correlated (Kim et al., 2023; Mathias et al., 2021). Hospitality workers' burnout was helped to be reduced by organizational support (Brown, 2023).

4.3 Sector-Wise Comparative Analysis

Table 2: Comparative Analysis of Pre and Post COVID-19 Burnout Trends across Industries

Industry Sector	Pre COVID-19 Burnout	Post COVID-19 Burnout	Main Shift	Business Implications
Healthcare	High emotional exhaustion, long working hours, administrative burden	Chronic workforce strain, moral injury, staffing shortages	Crisis burnout to structural exhaustion	Higher turnover, reduced care quality, need for workforce planning
Education	Teaching workload, student behavior issues, role ambiguity	Technostress, hybrid workload, recovery pressure, attrition risk	Classroom stress to digital and recovery stress	Teacher retention challenges, need for digital training and workload control
Corporate/IT	Deadlines, task overload, performance pressure	Remote work fatigue, meeting overload, monitoring fatigue	Work pressure to invisible exhaustion	Lower engagement, reduced productivity, need for boundary management
Manufacturing	Shift work, production pressure, low autonomy	Labor shortages, supply-chain instability, automation stress	Routine strain to recovery pressure	Productivity risk, absenteeism, need for job security and reskilling
Services/Hospitality	Emotional labor, customer-facing stress, turnover	Customer aggression, financial instability, irregular schedules	Emotional labor to economic and re-entry stress	High attrition, service quality decline, need for support systems

There is a disparity between the sectors in the incidence of burnout. The healthcare and services industries saw the largest growths due to the risk, emotional strain and contact with people of

employees in these industries. The education sector saw a moderate to high growth due to the digital transformation, students' recovery and institutional uncertainty (OECD, 2023). The signs of burnout

were more subtle for corporate and IT workers, with a lack of engagement, excessive meetings and work-life balance issues all being signs of burnout. Economic recovery pressures, labor shortages and

labor insecurity due to automation, were the factors that caused manufacturing workers to experience burnout.

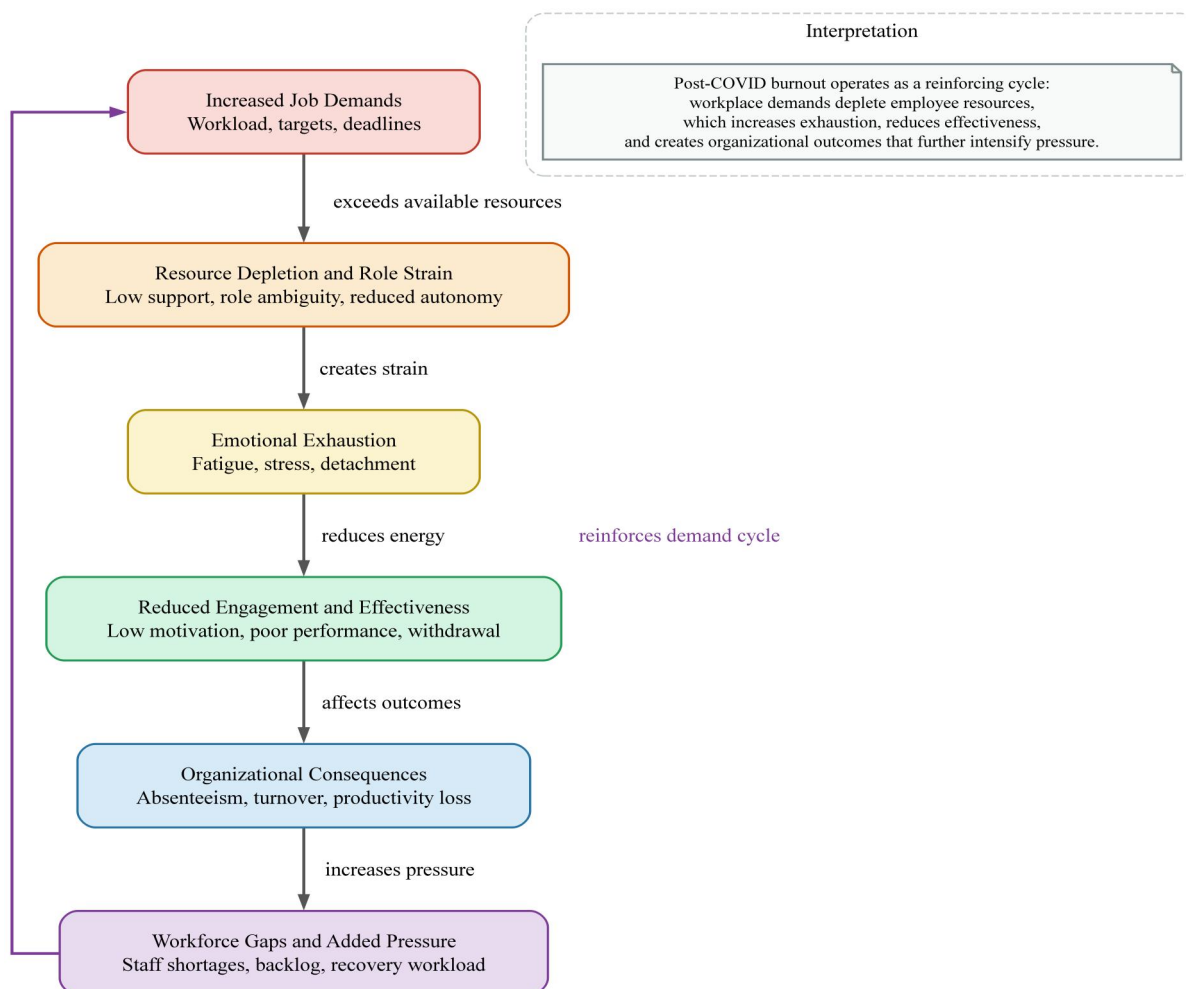


Figure 2: Circular Flow of Burnout Drivers in the Post-COVID-19 Work Environment

Note. The figure illustrates burnout as a reinforcing cycle in which increased job demands reduce employee resources, leading to emotional exhaustion, reduced engagement, organizational consequences, and further workforce pressure.

As can be seen in Figure 2, the drivers of burnout have grown to include what can be classified as systemic factors as well as the more traditional workplace factors. Prior to COVID burnout was primarily linked to job design, and organizational support. Health uncertainty, uncertainty regarding technology, economy and labor market are all part of post-COVID burnout. It is not possible to manage burnout simply at the level of the individual and with individual-based wellness programs. They require structural changes including realistic workload, staffing support, flexible, but bounded work policies, mental health systems, leadership training, and communication. The business side of things is directly affected by burnout on issues like

productivity, absenteeism, engagement, service quality, turnover and sustainability.

According to the literature, the personnel with burnout tendencies are more prone to leave the organization, to decrease their performance or to withdraw from work (Salvagioni et al., 2017). Hence, dealing with burnout must be considered as not just a health problem, but a human resource-related strategic problem as well. Workload management, autonomy, psychological safety and employee support are the key factors that can help organizations to keep their skilled employees and sustain their productivity in the post-pandemic work world (Schaufeli, 2020).

5. Findings

The review suggests that there was a significant rise in burnout symptoms in all the sectors reviewed following the onset of the COVID-19 pandemic, but the level of burnout, cause and organizational impact varied by sector. Prior to COVID-19, burnout

was primarily found to be linked to structural work-related factors like excessive workload, role ambiguity, long working hours, lack of autonomy, emotional labor and lack of managerial support. The relatively high burnout in healthcare and education was due to emotional demands and frequent human interaction, while performance pressure, production targets, repetitive work, and customer facing stress caused burnout in the corporate and IT, manufacturing, and service sectors. Burnout was more pronounced and complicated during COVID-19. In addition to regular stressors of the job the key drivers include health risks, digital fatigue, job insecurity, labour shortage, economic instability, disruption in the supply chain, and lack of work-life boundaries.

Emotional exhaustion was the most prevalent burnout dimension in all 5 sectors. The most significant gain was seen in healthcare, moving from high levels of workload related burnout to chronic strains of the workforce as a result of patient backlog, staffing low and the risk of infection and the feeling of moral injury. In addition, there were heightened instances of financial insecurity, labor shortages, erratic work hours, and customer rage on the part of frontline service/hospitality workers. The results also reveal a differential impact on the sectors. Conditions such as health risks and emotional pressure, direct exposure to which led to the highest growth in burnout among healthcare and frontline workers, saw the most growth in burnout. A paradigm change occurred in education from classroom stress to digital stress, hybrid stress and recovery-related stress. There was mixed but increasing burnout in the corporate and IT sectors, primarily from working remotely, meeting overload, always on access and performance monitoring.

The regular strain that manufacturing workers felt as part of the production process was replaced by an insecurity of being made to recover as a result of unstable supply chains, labour shortages, productivity goals, and insecurity due to automation. One of the main results is the development of the dimensions of burnout. All of the sectors saw an increase in emotional exhaustion, and it continued as the most prevalent symptom. This depersonalisation was more apparent in health care and educational environments, with a tendency to emotional distancing as a coping mechanism to stress.

The use of remote and hybrid work made the reduction in personal accomplishment more prevalent, as they could not be as well supported by feedback processes, social interaction was weaker, and the demarcation between work and personal life was less obvious. The moderating factor of organizational support came up. Burnout was relatively lower in sectors and workplaces where leaders' support and role clarity, workload control,

autonomy, and mental health systems were stronger. Conversely, low scores on institutional support exacerbated feelings of exhaustion, disengagement, absenteeism, intent to leave the organization, and less productivity. Thus, burnout should be seen as a problem on the employee wellbeing agenda as well as a business performance problem impacting employee retention, customer service, continuity and sustainability of business operations. In addition to the identification of gaps in the methodology, the review focuses on the identification of areas that need to be addressed. Most of the current studies do not rely on longitudinal or objective measurements, thus preventing causal conclusions. The studies that are available are limited in scope and are generally longitudinal, multi-country or sector-comparative studies, particularly in the manufacturing, hospitality and frontline services sectors.

7. Discussion

7.1 Burnout as a Long-Term Organizational Problem

The results indicate that rather than being viewed solely as an individual reaction to stress, burnout is a more complex phenomenon related to interactions between the individual, the environment, and the organization. Burnout is now a systemic organizational problem that impacts the design of workloads, the availability of resources, leadership styles, staffing and technological change in the context of post-COVID-19 work environment. The Job Demands-Resources model of burnout identifies the process in which this occurs as the result of a high demand-low resource imbalance, which means less autonomy, less support, less clarity about the job, and less opportunity for recovery (Bakker & Demerouti, 2007; Schaufeli & Bakker, 2004).

Likewise, the Conservation of Resources theory suggests that workers get burnt out as they are losing the resources they value, like emotional energy, job security, control, and social support (Hobfoll et al., 2018). This interpretation is crucial because employee burnouts have an impact on the well-being of employees as well as the performance of the organizations. Psychological strain, health issues, absenteeism, decreased engagement, decreased productivity and intention to leave the job have been linked to burnout (Maslach et al., 2001; Salvagioni et al., 2017). So, the increase in burnout that took place after the pandemic must be looked at as a human resource strategic problem, not as a one-time mental health problem. Burnout can lead to a drop in service quality, increased turnover, decreased engagement, and decreased sustainability for organizations.

7.2 Sector-Specific Nature of Burnout

The review reveals that, as there are varied experiences during the pandemic and its impact, across different sectors burn out is different. For health care providers, burnout is often associated with contact with patients, risk of patients becoming infected, moral harm, administrative stress, and staffing shortages. The pandemic-induced stress on health workers was exacerbated by the strain of having to provide care for too many patients, fear of infection and the emotional challenges of making difficult decisions (Lai et al., 2020; Hannemann et al., 2022). Following the acute stage, there was high burnout due to staffing problems, backlogs and staff turnover plans (Muehlenbein, 2024; Prasad et al., 2021). This is a sign of structural burn-out instead of crisis burn-out in health care systems. As many others have noted, in education, stress shifted from the traditional classroom to digital and institutional stress.

Prior to the pandemic, teacher burnout was linked to students' misbehavior, role ambiguity, workload and self-efficacy (Aldrup et al., 2018; Skaalvik & Skaalvik, 2010). Teacher exhaustion grew more pronounced in the pandemic and online/ hybrid learning, as well as in curriculum recovery, handling behavioral issues, and due to teacher autonomy during and after COVID-19 (Kim & Asbury, 2020; Collie, 2021). This indicates that a pedagogical/educational approach is required for addressing teacher burnout, alongside an organizational approach. In corporate and IT, the number of employees who burned out was increasing, though it was not so prominent. Prior to COVID-19, burnout has been associated with role conflict, deadlines, excessive working hours, and stress of performance (Yavas et al., 2013).

The shift to hybrid working, brought on by Covid, led to an increase in constant connection, overloaded meetings, digital fatigue, and the lack of boundaries between work and life. While remote work can help promote flexibility, it is important to establish boundaries, otherwise it can make it more difficult to experience psychological detachment and may lead to emotional exhaustion (Shao et al., 2021). A pattern for manufacturing burnout is another example. In the pre-pandemic period, the following factors were associated with pre-pandemic strain: shift work, production target, low control, repetitive tasks, and physical fatigue. The demand-control perspective proposes that high levels of demands, together with low levels of decision making, lead to increased level of employee strain (Theorell, 1992; Häusser et al., 2010). Following COVID-19, disruption in the supply chain, productivity pressure, labour shortages and insecurity due to job automation put additional pressure on manufacturing jobs (Ivanov, 2020; Parker et al., 2024). In the industries of services and hospitality, emotional labour, job insecurity, customer

aggression and financial insecurity exacerbated the effects of burnout (Brotheridge & Lee, 2002; Brown, 2023).

7.3 Shift from Acute Crisis to Chronic Stress

A key analytical insight is that of a transition from acute crisis burnout to chronic stress due to the pandemic. Burnout was primarily associated with emergency conditions (lockdowns, risk of infection, forced transition to virtual learning, fear of losing their jobs, and disruption of the routine of work) during the COVID-19 pandemic. But, following crisis phase, burnout didn't just go down. Rather, it was maintained by restructuring, labor shortages, pressure to be more productive, the increased complexity of hybrid working, and economic uncertainty. These studies in healthcare, education, hospitality, and remote work reveal that the immediate emergency did not help to alleviate emotional exhaustion (Galanis et al., 2023; Kim et al., 2023). A functioning post-pandemic workplace is no longer a short-term adjustment to a crisis, but a sustained reality in the world of work. This is not a temporary, crisis response factor – this is a reality of the workplace.

7.4 Practical Implications

The results underscore the importance of having a planned approach and evidence-based support for mental health in organizations, monitoring workload, clarifying roles, improving staffing and training managers. There are tools to help prevent employee exhaustion and turnover, such as employee assistance programs, leadership support, realistic scheduling and early signs and symptoms of employee burnout. Influential leadership is crucial as it can help support the employee's resilience and relieve emotional stress (Laschinger & Fida, 2014). These are key for employees to practice in hybrid and remote environments: boundary setting, help-seeking, and stress-management practices, as well as work-life balance. The study recommends more physical health regulations, a mental health policy for each industry, and funding for studies on employee mental health following the pandemic for policy makers.

7.5 Research Gaps and Future Scope

Additionally, the review highlights key areas of research that are needed. A large number of studies are based on cross-sectional and self-reported data, and therefore cannot be used to make inferences about causality. Very little research exists in the literature for comparison of pre- and post-COVID burnout particularly for manufacturing, hospitality and frontline service occupations. Further, comparative studies across countries and intervention research across the various industries is needed. Poster issues such as Gig workers,

informal workers, Hybrid workers, and workers impacted by AI and automation should be explored in future research. Research should also assess the effectiveness of mental health at the workplace programs and sector-wise model to reduce the incidence of burn-out. The directions provided here can guide the organization and/or policymaker to create interventions which are grounded in the research literature for long-term employee wellness and organizational effectiveness.

8. Conclusion

It can be concluded from this literature review that pre-COVID-19, burnout was already a major occupational health issue but during COVID-19, the occurrence of burnout increased in severity, expanded in its causes and changed its nature in various industries. Prior to the pandemic, burnout has been primarily linked to structural factors at work, including workload, working long hours, unclear job role, emotional labour, lack of autonomy, and lack of organisational support. But in the post-pandemic era, burnout became more complicated, as it was shaped by job demands, as well as by health risks, digital fatigue, economic uncertainty, labour shortages, uncertainty with regard to one's job, and changing work arrangements. The review reveals that certain sectors were not impacted by burnout the same way as others. The crisis had the greatest impact on healthcare and frontline service workers who had to deal with the health risks of the patients, emotional distress, pressure from patients or clients, and staff shortages. The education sector was burnt out by the quick and drastic digital transition, hybrid teaching, higher workload and the pressure of institutions. Burnout was experienced by corporate and IT workers because of being constantly connected, being over booked on meetings, having their work performance monitored and not knowing the boundaries between work and personal life. Worry related to productivity, a shortage of workers, disruption of the supply chain and uncertainty about automation among manufacturing workers. Financial instability, varying work hours, customer aggression, and gaps in the workforce made things worse in the hospitality and services sector, leading to a greater sense of emotional exhaustion. In all industries, emotional exhaustion was the most prominent aspect of burnout, while depersonalization and diminished professional efficacy were more easily observed in jobs that felt uncertain and were characterized by long-term stressors. The bottom line is that post-pandemic burn out no longer happens in crisis situations. It is now a long-term problem of the organization which has a direct linkage with the well-being, productivity, service quality, retention and sustainability of the organization. Hence, systematic and preventive

strategies should be used for managing burnout in the organizations. Reducing workload, having a good definition of roles, supportive leadership, flexible (but bounded) working arrangements, and employee assistance programs are key components of sustaining good workplaces. If left unaddressed, burnout could further impact the performance of the workforce and institutional sustainability in the post-COVID-19 work environment.

References

1. Aldrup, K., Klusmann, U., Lüdtke, O., Göllner, R., & Trautwein, U. (2018). Student misbehavior and teacher well-being: Testing the mediating role of the teacher-student relationship. *Learning and instruction, 58*, 126-136.
2. Bakker, A. B., & Demerouti, E. (2007). The job demands-resources model: State of the art. *Journal of managerial psychology, 22*(3), 309-328.
3. Baum, T., & Hai, N. T. T. (2020). Hospitality, tourism, human rights and the impact of COVID-19. *International Journal of Contemporary Hospitality Management, 32*(7), 2397-2407.
4. Bondjers, K., Hyland, P., Atar, D., Christensen, J. O., Nilsen, K. B., Reitan, S. K., Rosseland, L. A., Wentzel-Larsen, T., Wøien, H., Zwart, J. A., Dyb, G., & Stensland, S. (2025). Burnout trajectories among healthcare workers during a pandemic, and predictors of change. *BMC health services research, 25*(1), 757. <https://doi.org/10.1186/s12913-025-12802-w>
5. Brotheridge, C. M., & Lee, R. T. (2002). Testing a conservation of resources model of the dynamics of emotional labor. *Journal of occupational health psychology, 7*(1), 57.
6. Brown, A. D. (2023). *Strategies to Increase Volunteer Retention in Protestant Churches*. Walden University.
7. Caplan, R. D. (1987). Person-environment fit theory and organizations: Commensurate dimensions, time perspectives, and mechanisms. *Journal of Vocational behavior, 31*(3), 248-267.
8. Collie, R. J. (2021). COVID-19 and teachers' somatic burden, stress, and emotional exhaustion: Examining the role of principal leadership and workplace buoyancy. *Aera Open, 7*, 2332858420986187.
9. Eurofound & European Training Foundation. (2022). *Living, working and COVID-19 in the European Union and 10 EU neighbouring countries*. Publications Office of the European Union. <https://doi.org/10.2806/4427253>
10. Eurofound. (2021). *Working conditions and sustainable work: An analysis using the job quality framework*. Publications Office of the European Union. <https://www.eurofound.europa.eu/en/publicati>

- <https://doi.org/10.3390/su15065377>
- <https://doi.org/10.1111/jan.14839>
11. Galanis, P., Vraka, I., Fragkou, D., Bilali, A., & Kaitelidou, D. (2021). Nurses' burnout and associated risk factors during the COVID-19 pandemic: A systematic review and meta-analysis. *Journal of advanced nursing*, 77(8), 3286–3302. <https://doi.org/10.1111/jan.14839>
 12. Giusti, E. M., Pedroli, E., D'Aniello, G. E., Stramba Badiale, C., Pietrabissa, G., Manna, C., ... & Molinari, E. (2020). The psychological impact of the COVID-19 outbreak on health professionals: a cross-sectional study. *Frontiers in psychology*, 11, 1684.
 13. Gualano, M. R., Santoro, P. E., Borrelli, I., Rossi, M. F., Amantea, C., Daniele, A., & Moscato, U. (2023). TElewoRk-RelATed stress (TERRA), psychological and physical strain of working from home during the COVID-19 pandemic: a systematic review. *Workplace Health & Safety*, 71(2), 58–67.
 14. Hannemann, J., Abdalrahman, A., Erim, Y., Morawa, E., Jerg-Bretzke, L., Beschoner, P., ... & Albus, C. (2022). The impact of the COVID-19 pandemic on the mental health of medical staff considering the interplay of pandemic burden and psychosocial resources—A rapid systematic review. *PLoS One*, 17(2), e0264290.
 15. Häusser, J. A., Mojzisch, A., Niesel, M., & Schulz-Hardt, S. (2010). Ten years on: A review of recent research on the Job Demand–Control (-Support) model and psychological well-being. *Work & Stress*, 24(1), 1–35.
 16. Hobfoll, S. E., Halbesleben, J., Neveu, J. P., & Westman, M. (2018). Conservation of resources in the organizational context: The reality of resources and their consequences. *Annual review of organizational psychology and organizational behavior*, 5, 103–128.
 17. Hülshager, U. R., & Schewe, A. F. (2011). On the costs and benefits of emotional labor: a meta-analysis of three decades of research. *Journal of occupational health psychology*, 16(3), 361.
 18. Ivanov, D., & Dolgui, A. (2020). Viability of intertwined supply networks: extending the supply chain resilience angles towards survivability. A position paper motivated by COVID-19 outbreak. *International journal of production research*, 58(10), 2904–2915.
 19. Kim, L. E., & Asbury, K. (2020). 'Like a rug had been pulled from under you': The impact of COVID-19 on teachers in England during the first six weeks of the UK lockdown. *British journal of educational psychology*, 90(4), 1062–1083.
 20. Kim, Y.-S., Shin, D.-J., & Kim, B.-K. (2023). Effect of COVID-19-Induced Changes on Job Insecurity, Presenteeism, and Turnover Intention in the Workplace—An Investigation of Generalized Anxiety Disorder among Hotel Employees Using the GAD-7 Scale. *Sustainability*, 15(6), 5377. <https://doi.org/10.3390/su15065377>
 21. Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., ... & Hu, S. (2020). Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA network open*, 3(3), e203976–e203976.
 22. Laschinger, H. K. S., & Fida, R. (2014). Burnout Research.
 23. Leiter, M. P., & Maslach, C. (2024). Job burnout.
 24. Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of organizational behavior*, 2(2), 99–113.
 25. Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual review of psychology*, 52(2001), 397–422.
 26. Mathias, M. A. S., Fu, N., & Oliveira, O. J. (2021). Structuring a training-oriented high performance work system: a systematic review on frontline employees in the service sector. *Human Resource Development Review*, 20(4), 399–435.
 27. Muehlenbein, L. A. (2024). *Physician Burnout and the Marital Relationship: Spouse Perspective* (Doctoral dissertation, Walden University).
 28. OECD. (2023). *Education at a Glance 2023*. OECD Publishing.
 29. Parker, S. K., & Kho, M. C. (2025). Digital technologies and emerging psychosocial risks: a work design perspective. In *Research Handbook on Psychosocial Conditions at Work* (pp. 44–64). Edward Elgar Publishing.
 30. Prasad, K., McLoughlin, C., Stillman, M., Poplau, S., Goelz, E., Taylor, S., Nankivil, N., Brown, R., Linzer, M., Cappelucci, K., Barbouche, M., & Sinsky, C. A. (2021). Prevalence and correlates of stress and burnout among U.S. healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study. *EClinicalMedicine*, 35, 100879. <https://doi.org/10.1016/j.eclinm.2021.100879>
 31. Rotenstein, L. S., Torre, M., Ramos, M. A., Rosales, R. C., Guille, C., Sen, S., & Mata, D. A. (2018). Prevalence of burnout among physicians: a systematic review. *Jama*, 320(11), 1131–1150.
 32. Salvagioni, D. A. J., Melanda, F. N., Mesas, A. E., González, A. D., Gabani, F. L., & De Andrade, S. M. (2017). Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. *PLoS one*, 12(10), e0185781.
 33. Schaufeli, W. B., & Bakker, A. B. (2004). Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior*, 25(3), 293–315.

34. Schaufeli, W., & Enzmann, D. (2020). *The burnout companion to study and practice: A critical analysis*. CRC press.
35. Shanafelt, T. D., Dyrbye, L. N., & West, C. P. (2017). Addressing physician burnout: the way forward. *Jama*, *317*(9), 901-902.
36. Shanafelt, T. D., Hasan, O., Dyrbye, L. N., Sinsky, C., Satele, D., Sloan, J., & West, C. P. (2015, December). Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. In *Mayo clinic proceedings* (Vol. 90, No. 12, pp. 1600-1613). Elsevier.
37. Shao, Y., Fang, Y., Wang, M., Chang, C. H. D., & Wang, L. (2021). Making daily decisions to work from home or to work in the office: The impacts of daily work-and COVID-related stressors on next-day work location. *Journal of Applied Psychology*, *106*(6), 825.
38. Skaalvik, E. M., & Skaalvik, S. (2010). Teacher self-efficacy and teacher burnout: A study of relations. *Teaching and teacher education*, *26*(4), 1059-1069.
39. Sokal, L., Trudel, L. E., & Babb, J. (2020). I've had it! Factors associated with burnout and low organizational commitment in Canadian teachers during the second wave of the COVID-19 pandemic. *International Journal of Educational Research Open*, *2*, 100023. <https://doi.org/10.1016/j.ijedro.2020.100023>
40. Theorell, T. (1992). *Healthy work: Stress, productivity and the reconstruction of working life*. Basic Books..
41. Williamson, V., Murphy, D., & Greenberg, N. (2020). COVID-19 and experiences of moral injury in front-line key workers. *Occupational medicine*, *70*(5), 317-319.
42. Yavas, U., Babakus, E., & Karatepe, O. M. (2013). Does hope moderate the impact of job burnout on frontline bank employees' in-role and extra-role performances?. *International Journal of Bank Marketing*, *31*(1), 56-70.
43. Zhang, Q., Dai, W., Chen, J., Gu, Y., & Zhao, Y. (2025). The 'side effects' of digitalization: A study on role overload and job burnout of employees. *PloS one*, *20*(4), e0322112.