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The Exhaustion Triangle: How Psychosocial Risks, Engagement, and Burnout Impact Workplace Well-Being

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The Exhaustion Triangle: How Psychosocial Risks, Engagement, and Burnout Impact Workplace Well-Being

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Abstract: Employee burnout levels have risen due to teleworking, increased job demands, and the lack of clear boundaries between personal and professional life. **(1) Background:** This study evaluated burnout levels, occupational health (through the presence or absence of psychosocial risk factors), engagement, and well-being/job satisfaction in a sample of employees aged over 18 from varying sociodemographic backgrounds. Additionally, we sought to explore the relationships among these variables and their influence on workplace well-being. **(2) Methods:** The sample comprised 112 employees aged 18 to 65 (of both genders). The instruments used included the Burnout Syndrome Scale, the DECORE multidimensional questionnaire, the UWES questionnaire, and the General Work Well-Being Questionnaire (qBLG). **(3) Results**: The results indicated that overall workplace well-being levels are high, while the presence of psychosocial risk factors and burnout levels are moderate to low. Most variables correlated with each other in the expected directions. Furthermore, job well-being was inversely predicted by cynicism and burnout and positively predicted by support, engagement, and control. **(4) Conclusions:** This study highlights the importance of workplace well-being and occupational health. Our findings suggest the need for intervention programs that include strategies to motivate employees, improve the work environment, and enhance stress coping mechanisms, among other areas.

Keywords: psychosocial risk factors; occupational well-being; burnout; engagement; occupational health

1. Introduction

In 2023, burnout levels had significantly increased compared to previous years, driven largely by telework conditions, rising job demands, and blurred boundaries between work and personal life (Costin et al.,2023; Eurofound, 2023). This trend has been further exacerbated by the COVID-19 pandemic, which transformed work practices, leading to the adoption of hybrid and remote work models. While these models initially seemed beneficial, they have introduced new challenges in managing employee well-being (Costin et al., 2023; Soto-Rubio et al., 2020). The lack of clear

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separation between work and personal life has contributed to heightened emotional exhaustion and work overload, two core components of burnout (Leiter & Maslach, 2024; Van Zoonen & Sivunen, 2021). Research indicates a strong correlation between burnout and negative affective responses (Khalkhali et al., 2024; Koutsimani et al.,2023)

As a result, workplace well-being has emerged as a critical focus within organizational psychology due to its direct impact on employee productivity, health, and overall quality of life. Studies show that promoting well-being at work enhances individual and collective performance and reduces absenteeism, turnover, and health-related costs (Lubbadeh , 2020). Psychosocial risk factors, engagement, and burnout are essential factors that significantly influence workers' well-being (Bakker & Demerouti, 2017; Maslach & Leiter, 2016; Sinclair et al., 2024).

Psychosocial risk factors refer to conditions within the work environment that can lead to stress, such as excessive workload, lack of control over tasks, and poor interpersonal relationships. When these factors are not effectively managed, they can negatively impact employees' physical and mental health, leading to symptoms such as anxiety, depression, and, ultimately, professional burnout (Demerouti et al., 2019; Leka & Nicholson, 2019; Leiter & Maslach, 2024). Burnout is a response to prolonged job stress, marked by decreased energy, emotional exhaustion, and a cynical attitude toward work, all of which diminish job performance and personal satisfaction (Leiter & Maslach, 2024; Maslach & Leiter, 2016). However, these symptoms are nonspecific and often overlap with other mental health disorders, making diagnosis challenging (Koutsimani et al.,2023; Parker & Tavella, 2021).

Conversely, engagement is a positive, fulfilling state of mind related to work, characterized by high energy levels, dedication, and absorption in daily tasks (Bakker & Demerouti, 2017). High engagement is linked to greater well-being at work, as engaged employees tend to experience higher satisfaction, better performance, and a lower likelihood of burnout (Sinclair et al., 2024). However, in environments where psychosocial factors are poorly managed, even highly engaged employees can suffer negative effects (Maung et al., 2023), highlighting the crucial role of a healthy work environment.

Understanding the interrelationship between psychosocial risk factors, engagement, and burnout is key to identifying the dynamics that influence workplace well-being. A work environment with high psychosocial risks can reduce engagement and increase the likelihood of burnout, ultimately impacting the health and performance of employees. Thus, effectively managing these factors is crucial to creating a work environment that promotes both well-being and productivity (Eurofound, 2020; Lubbadeh , 2020).

Considering the definitions provided and the potential relationships between variables in the workplace, the primary aim of this research is to assess burnout levels, occupational health (defined by the presence or absence of psychosocial risk factors), engagement, and well-being/job satisfaction within a sample of working adults from diverse demographic backgrounds. We expect to observe high current burnout levels and moderate well-being, health, and engagement (H1).

Furthermore, we aim to explore the relationships between the studied variables and the impact of occupational health (absence of psychosocial risks), burnout syndrome, and engagement on occupational well-being. We expect to observe relationships between all the variables, that is, inverse relationships between opposing variables and direct relationships between similar variables. Specifically, higher occupational health and well-being/job satisfaction will correlate with lower burnout and higher engagement, and vice versa (H2). Additionally, we predict that occupational well-being will be influenced by good occupational health (absence of psychosocial risk factors), low burnout, and high engagement (H3).

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2. Materials and Methods

Participants

A total of 112 individuals of both genders, aged between 18 and 65 years, participated in this study after providing informed consent (see Table 1 for sociodemographic details). The majority (63.4%) reported working between 31 and 40 hours per week, while 9.8% worked between 1 and 10 hours per week. Most participants (91.1%) were employed in the service sector.

Table 1. Sociodemographic data of the sample.

VARIABLE		N	%
Gender	Man	49	43.7
	Woman	63	56.3
Age	18 to 20 years	8	7.2
	21 to 30 years old	41	36.6
	31 to 40 years old	14	12.5
	41 to 50 years	22	19.6
	More than 50 years	27	24.1
Marital status	Single	31	27.7
	Married	48	42.9
	Divorced	8	7.1
	Widowed	0	0
	Stable couple	25	22.3
Income level (monthly)	Less than €1000	37	33
	Between 1000€ and 2000€.	54	48.2
	Between 2000€ and 3000€.	19	17
	More than 3000€.	2	1.8
Workday	1-10 hours per week	11	9.8
	11-20 hours per week	15	13.4
	21-30 hours per week	15	13.4
	31-40 hours per week	71	63.4
Educational level	No education	2	1.8
	Primary	8	7.1
	Secondary	47	42
	University students	39	34.8
	Master's/Doctorate	16	14.3
Company Type	Public	45	40.2
	Private	62	55.4
	Mixed	5	4.4
Size of company (no. of employees)	Microenterprise	23	20.5
	Small business	19	17
	Medium-sized company	47	42
	Large company	23	20.5
Sector	Primary	2	1.8
	Secondary	8	7.1
	Tertiary	102	91.1

Measures

The measurement scales used in this study, along with their key characteristics and psychometric properties, were as follows:

- Maslach Burnout Inventory – Student Survey (MBI-SS)

Developed by Maslach and Jackson (1981) and adapted to Spanish by Schaufeli et al. (2002), this scale assesses burnout syndrome through three key dimensions: Exhaustion, cynicism, and professional competence. It comprises 15 items, with five items measuring burnout, four measuring

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cynicism, and six measuring professionalcompetence. Responses are rated on a Likert-type scale from 0 (never) to 6 (always). High scores in burnout and cynicism, combined with low scores in professional competence, are taken to indicate burnout. Scores for each dimension are calculated by summing the items within each dimension and dividing by the number of items. Participants were classified into three levels of burnout—mild (burnout in one domain), moderate (burnout in two domains), and severe (burnout in all three domains). This scale demonstrates high validity and reliability, with an overall α=0.89 and subscale reliability ranging from 0.73 to 0.98.

- General Work Well-Being Questionnaire (qBLG in its Spanish acronym)

Created by Blanch, Sahagún, Cantera, and Cervantes (2010), this scale consists of 55 items across six subscales: Affect (10 items), competence (10 items), expectation (22 items), somatization (5 items), burnout (4 items), and alienation (4 items). Responses are rated on a Likert scale from 1 (never) to 5 (always) in this study. The affect, competence, and expectation scales assess basic well-being, while the somatization, burnout, and alienation scales address collateral effects. Scores are calculated by summing the items in each subscale, with overall scores divided into basic well-being and collateral effects. This scale shows high validity and reliability, with an overall α=0.90 and subscale reliability ranging from 0.85 to 0.93.

- DECORE Multidimensional Questionnaire

The DECORE questionnaire, developed by Luceño et al. (2005, 2006), consists of 40 items rated on a five-point Likert scale (1 = strongly disagree to 5 = strongly agree), assessing workers' perceptions of psychosocial risks. It includes four subscales: Organizational support (12 items), rewards (11 items), control (9 items), and cognitive demands (8 items). Total scores range from 40 to 200, with higher scores indicating a higher perception of psychosocial risk factors. This questionnaire demonstrates high validity and reliability, with an overall α=0.85 and subscale reliability ranging from 0.62 to 0.84.

- Utrecht Work Engagement Scale (UWES)

Developed by Schaufeli, Salanova, González-Romá, and Bakker (2002), the UWES consists of 17 items measuring three engagement dimensions: Vigor (6 items), dedication (5 items), and absorption (6 items). Responses are rated on a Likert scale from 0 (never) to 6 (always). Scores for vigor, dedication, and absorption are obtained by summing the items within each dimension. This scale shows high validity and reliability, with an overall α=0.94 and subscale reliability ranging from 0.79 to 0.88.

Procedure

For the purposes of this study, we first created a questionnaire using Google Forms, which included the self-report measures mentioned earlier. The questionnaire consisted of three sections. The first section collected sociodemographic data, provided basic information about the study, and a consent statement outlining the voluntary nature of participation, the confidentiality of participant responses, and the absence of liability for participants. The second section included questions about burnout and general job satisfaction, while the third section focused on occupational health and engagement.

After the questionnaire had been created, it was distributed through social media platforms (Facebook, WhatsApp, Instagram, and Email), inviting workers from various sectors to participate. Participants were required to be of legal age and currently employed under a valid contract, regardless of the company or sector. They completed the measures individually in a single session.

This study adheres to the Declaration of Helsinki and does not involve medical experimentation, so it was not subject to approval by a local bioethics committee.

Statistical Analysis

This study adopted a cross-sectional correlational design.

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To conduct the analyses presented in the study, we first performed preliminary and exploratory analyses. This step was necessary to detect and, if required, correct any data entry errors, missing values, or outliers and verify the assumptions for parametric testing.

The normality test revealed that most variables did not follow a normal distribution (Kolmogorov-Smirnov test, $p<0.05$). The Levene test confirmed the homogeneity of variances for most variables ($p>0.05$), allowing us to proceed with parametric tests for statistical analyses.

In addition to descriptive analyses, we conducted Pearson's r correlations and stepwise multiple regression analysis. The significance level for all tests was set at $p<0.05$.

3. Results

The descriptive statistics for all the psychosocial variables are displayed in table 2.

The results for the three dimensions of burnout show the following: the mean level of current professional efficacy is 4.25 (SD=1.51), burnout is 2.24 (SD=1.43), and cynicism is 1.32 (SD=1.19). For well-being/job satisfaction, the basic well-being scale, which combines the affect, competence, and expectations scales, showed a mean score of 161.64 (SD=25.83). In contrast, the collateral effects scale, which includes somatization, burnout, and alienation, has a mean of 19.54 (SD=7.48), notably lower than the basic well-being scale.

Regarding engagement, the dimensions of vigor (22.19), absorption (20.56), and dedication (22.96) show moderate-to-high values, with results being broadly similar across these dimensions. Finally, the mean score for occupational health is 114.43 (SD=20.44), indicating a moderately low presence of risk factors in the sample studied.

Table 2. Descriptive results for all psychosocial variables measured.

VARIABLES	Min	Max	Mean	SD
Professional competence	0	7	4.25	1.51
Exhaustion	0	7	2.24	1.43
Cynicism	0	7	1.32	1.19
Affect Scale	10	70	37.41	6.70
Competency Scale	10	70	40.14	7.44
Expectations Scale	21	147	94.09	13.47
Somatization Scale	1	7	2.00	1.23
Burnout Scale	3	15	8.28	3.32
Alienation Scale	4	28	9.27	3.90
Well-being	41	287	161.64	25.83
Collateral Effects	8	56	19.54	7.48
Vigor	0	30	22.19	6.56
Absorption	0	36	20.56	6.67
Dedication	0	30	22.96	9.27
Engagement	0	96	65.71	19.01
Occupational health	40	200	114.43	20.44
Control	8	40	23.19	5.85
Support	12	60	41.95	7.92
Rewards	11	55	21.12	7.02
Cognitive Demands	9	45	21.04	7.97

Next, Table 3 presents the correlations between all the psychosocial variables studied and well-being/job satisfaction. It is evident that basic well-being is inversely correlated with cynicism and burnout and directly correlated with occupational health, indicating the absence of risk factors. Additionally, the collateral effects scale is inversely correlated with engagement, while the dimensions of engagement (vigor, dedication, and absorption) are directly correlated. However, it is important to note that the collateral effects scale does not correlate with one dimension of burnout—professional competence. The remaining significant correlations are detailed in Table 3.

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Table 3. Correlations between the measured psychosocial variables (p<0.05*; p<0.01**).

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1 Efficacy	-														
2 Exhaustion	0.35**	-													
3 Cynicism	0.25**	0.63**	-												
4 Affect		-0.47**	-0.50**	-											
5.Competencies		-0.38**	-0.41**	0.81**	-										
6 Expectations		-0.45**	-0.46**	0.77**	0.83**	-									
7 Burnout		0.63**	0.39**	-0.35**	-0.27**	-0.33**	-								
8 Alienation		0.51**	0.45**	-0.45**	-0.42**	-0.44**	0.72**	-							
9 Somatization	-0.25**	0.25**	0.20*		-0.22*		0.59**	0.48**	-						
10 Basic Wellbeing.		-0.47**	-0.49**	0.89**	0.93**	0.96**	-0.34**	-0.47**	-0.19*	-					
11 Collat-effects		0.59**	0.44**	-0.42**	-0.37**	-0.40**	0.92**	0.92**	0.68**	-0.43**	-				
12 Vigor	0.31**		-0.25**	0.34**	-0.35**	0.44**				0.42**		-			
13 Absorption	0.24*				0.22*	0.29**				0.25**		0.74**	-		
14 Dedication	0.42**		-0.20*	0.34**	0.36**	0.47**				0.44**		0.88**	0.75**	-	
15 Occup-Health .		-0.20*	-0.26**	0.20*	0.28**	0.34**		-0.21*		0.31**	-0.21*				-
16 Control		-0.29**	-0.26**	0.34**	0.40**	0.41**	-0.30**	-0.42**	-0.22**	0.42**	-0.39**				0.76**
17 Support	0.30**		-0.30**	0.35**	0.40**	0.47**	-0.25**	-0.39**	-0.21**	0.45**	-0.35**	0.24*	0.26**	0.24*	0.81**
18 Rewards		-0.27**	-0.24**	0.20*	0.30**	0.32**	-0.29**	-0.26**	-0.24**	0.30**	-0.30**				0.71**
19 Cog-demands															0.38**

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Finally, we analyzed the impact of the studied psychosocial variables on occupational well-being using stepwise multiple linear regression. The results showed that basic well-being was inversely predicted by cynicism (marginally significant) and burnout, while the absence of control and lack of support were direct predictors of basic well-being (see Table 4).

Table 4. Significant predictors of well-being at work.

	Predictors	$R^{2}_{cor.}$	$\beta_{stand.}$	t	p
Basic Wellbeing (*F=19*.558, p=0.000)**	Cynicism	0.234	-0.173	-1.837	0.069
	DECORE Support	0.329	0.197	2.244	0.027*
	Engagement	0.394	0.293	4.040	0.000**
	Exhaustion	0.439	-0.246	-2.666	0.000*
	DECORE_Control	0.455	0.176	2.035	0.044*

p<0.05*; p<0.01**.

4. Discussion and Conclusion

The general objective of this research was to assess the levels of burnout, occupational health (presence or absence of psychosocial risk factors), engagement, and well-being/job satisfaction in a sample of working adults with various sociodemographic characteristics. It was hypothesized that burnout levels would be high while well-being, health, and engagement levels would be moderate. However, our results do not support the initial hypothesis. In our sample, burnout levels were not high, while levels of occupational health, absence of psychosocial risks, engagement, and well-being/job satisfaction were moderately high. This suggests that the current changes in work models are not having a significant negative impact on workers' well-being.

We believe this could be due to the current "business-as-usual" situation, as organizations and employees have had time to adapt to new circumstances. They have also developed strategies to address risk factors introduced by the COVID-19 pandemic, such as hybrid and remote working models (Maung et al., 2023). Hybrid work, for instance, offers flexibility and improves work-life balance, helping to reduce stress and burnout (Krajčík et al., 2023). Additionally, many organizations have begun implementing psychological support measures and fostering more collaborative work environments, further contributing to employee well-being (Leka & Nicholson, 2019). Research also indicates that the experiences gained during the pandemic have strengthened workers' resilience in facing workplace challenges. By managing stress and communicating effectively, employees are now better equipped to handle psychosocial risks in their work environments (Gemine et al., 2021; Lubbadeh , 2020).

We also aimed to determine whether there was a relationship between the various variables studied. Our hypothesis posited that there would be a relationship among all the variables, according to our expectations: opposing variables would have an inverse relationship, while similar variables would show a positive correlation. Specifically, we expected that higher levels of occupational health and well-being/job satisfaction would correspond to lower levels of burnout and higher levels of engagement, and vice versa. Our findings support this hypothesis. Most variables and their dimensions correlate with one another, as expected. These findings align with those of Maslach and Leiter (2016), who describe an inverse relationship between burnout and engagement, existing on a continuum of workplace well-being. Burnout represents the negative end, while engagement represents the positive end. This continuum was confirmed in our study, with burnout dimensions—such as exhaustion and cynicism—negatively correlating with engagement and its dimensions. Moreover, prior studies have confirmed that burnout dimensions, such as exhaustion and cynicism, are negatively related to the components of engagement, such as dedication and vigor (Schaufeli & Bakker, 2004; Salanova et al., 2010; Lubbadeh , 2020). This inverse relationship suggests that excessive job demands without sufficient resources may increase burnout, decreasing engagement (Bakker & Demerouti, 2017).

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Additionally, the relationship between burnout and occupational health can be observed through the associations between cynicism, exhaustion, and professional competence. Higher levels of cynicism and exhaustion correspond to lower levels of occupational health, defined as the absence of psychosocial risk factors. Conversely, higher levels of professional competence are associated with better occupational health, highlighting the relationship between burnout and occupational health. Specifically, increased cynicism and burnout among employees result in diminished occupational health, understood as the absence of psychosocial risk factors (Leka & Nicholson, 2019; Jain et al., 2021). Cynicism, characterized by a negative attitude toward work and the organization, fosters a toxic work environment that amplifies stress and lowers job satisfaction (Leiter & Maslach, 2024). Conversely, when employees feel competent in their roles, they report lower levels of burnout and cynicism, leading to improved occupational health (Döbler et al., 2022; Lubbadeh , 2020). These dynamics underscore the importance of investing in skills development and resource allocation to enhance employee performance and promote overall well-being.

Greater well-being at work is strongly associated with better occupational health, confirming a positive relationship between the two variables. Higher levels of well-being predict higher levels of occupational health and vice versa. In contrast, occupational health correlates negatively with the collateral effects scale, indicating that when occupational health decreases, negative effects may spill over into other areas of life. Various studies have substantiated this relationship, emphasizing the importance of creating work environments that foster job satisfaction and promote employees' physical and mental health (Demerouti et al., 2014; Sinclair et al., 2024). For instance, research by Bakker and Demerouti (2017) found that employees who experience high job satisfaction report fewer symptoms of burnout and greater engagement with their work. This supports the notion that higher baseline well-being is closely associated with better occupational health. Similarly, findings by Jain et al. (2021) suggest that job satisfaction not only enhances physical and mental health but also reduces the likelihood of experiencing negative collateral effects such as stress and burnout. Conversely, when well-being is low, there is a notable increase in negative outcomes, such as heightened stress, anxiety, and burnout. These adverse effects ultimately impair employees' overall health and job performance (Döbler et al., 2022; Martínez et al., 2023; Sonnentag & Fritz, 2015).

Regarding the impact of psychosocial variables on well-being, the two negative dimensions of burnout—cynicism and exhaustion—are shown to have a detrimental effect on workplace well-being. As levels of cynicism and exhaustion rise, a negative correlation with work well-being becomes evident, meaning employees experience reduced satisfaction and health in their work environment (Leiter & Maslach, 2024; Sinclair et al., 2024). On the other hand, engagement acts as a protective factor, along with social support and control. Research indicates that engagement, combined with social support and control, can help mitigate the adverse effects of burnout (Bakker & Demerouti, 2017; Shahwan et al., 2024; Sonnentag & Fritz, 2015). Social support provides employees with a network of resources to navigate stressful situations, while control refers to employees' ability to influence their work environment. These factors foster a sense of autonomy and capability, enhancing workplace well-being (Döbler et al., 2022; Jain et al., 2021).

Despite the results obtained, this study has certain limitations. The sample size (112 participants) is relatively small and should be expanded in future research to ensure more robust findings. Efforts should also be made to balance the number of participants across the various sociodemographic, personal, and work-related variables studied. Additionally, data collection relied on self-reporting via online surveys. While practical, this approach may have excluded workers with limited access to technology or those with less technological knowledge. Incorporating alternative techniques in future studies could allow for broader participation and provide a more accurate assessment of participants' working conditions.

In summary, our findings show that burnout — particularly the dimensions of exhaustion and cynicism — negatively impacts employee well-being. As these symptoms intensify, engagement decreases, emphasizing the importance of promoting a healthy work environment to improve employee engagement. Psychosocial factors, such as inadequate social support and lack of control, if

poorly managed, can exacerbate the negative effects of burnout. Conversely, fostering a supportive and communicative workplace can mitigate these effects and improve occupational health. In this regard, engagement emerges as a critical protective factor against burnout. Engaged employees report higher levels of satisfaction and well-being, and professional efficacy is positively associated with occupational health. These findings suggest that developing the coping skills of employees and providing necessary resources are key to promoting workplace well-being. Therefore, organizations should implement strategies that enhance well-being, such as social support initiatives and programs that increase employee autonomy and control. Such measures could reduce burnout, boost engagement, and improve occupational health. Moreover, organizations should consider these relationships to create healthier and more productive work environments. For instance, it may be possible to enhance employee well-being and prevent burnout by managing psychosocial factors and encouraging engagement. Finally, implementing organizational strategies focused on employee well-being not only benefits employees but also positively impacts productivity and the workplace culture.

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Informed Consent Statement: Informed consent was obtained from all individual participants included in the study.

Data Availability Statement: The data that support the findings of this study are not publicly available. The data are, however, available from the authors upon reasonable request.

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