

Impact of Professional Demands on Burnout, Sleep, and Mental Health in the Information Technology (IT) and Healthcare Sectors

Nice Mary Francis P, Aishwaki B and Hemanth N S

Prajyoti Niketan College, University of Calicut, Calicut.

The research was undertaken with IT and health professionals to examine and compare their respective levels of burnout, sleep quality, and psychological distress. The study encompassed a sample of 100 participants, comprising 55 IT professionals and 45 health professionals, selected from various institutions located in Kozhikode and Ernakulam districts of Kerala. The Copenhagen Burnout inventory, the Pittsburgh Sleep Quality Index, and the General Health Questionnaire are used to measure data. Various statistical analysis such as descriptive Statistics, independent samples t-test, and Pearson correlation were employed to interpret the data. The result shows statistically significant difference in burnout and psychological distress between IT and health professionals. Furthermore, there is a notable positive association between burnout, sleep quality, and psychological distress among IT and health professionals. These findings underscore the importance for organizations to address critical factors in mitigating burnout, improving sleep quality, and alleviating psychological distress among professionals in these sectors.

Keywords: burnout, quality of sleep, psychological distress, IT professionals, health professionals

Work stress is a growing concern in India, affecting a large portion of the population. According to recent surveys and studies, the number of Individuals suffering from work stress is alarmingly high, with significant impacts on both physical and mental health (Potdar, 2023). Stress levels in a job can vary significantly depending on individual factors, workplace conditions, and personal coping strategies. That said, some professions in India are often considered more stressful than others due to factors such as long working hours, high pressure, and demanding responsibilities. Information Technology (IT) professionals, including software developers, often work long hours to meet project deadlines, deal with technical challenges, and constantly adapt to evolving technologies. Therefore, employment opportunities in the field of IT have become

increasingly competitive and demanding, characterized by high performance expectations and rigorous requirements (Raju, Nithiya, & Tipandjan, 2022). Medical Professionals such as doctors, surgeons, and nurses often face long working hours, high-pressure situations, and the emotional burden of dealing with patients' health and lives (Most stressful jobs in India,2023). Health worker jobs entail demanding and potentially hazardous responsibilities, including exposure to infectious diseases and dealing with aggressive patients and their families. Healthcare professionals, regardless of their specialization or workplace, face enormous stress, pressure, and mental health issues due to their job demands. This is significantly more prominent in frontline workers during public health crises, particularly those serving

communities facing poverty, resource scarcity and stigma. (Sovold, et. al.,2021).

Burnout can be described as a persistent reaction to continuing emotional and interpersonal job-related pressures, which encompasses three key aspects: exhaustion, cynicism, and ineffectiveness. This condition can negatively impact both personal and professional functioning, leading to deterioration in work quality and interpersonal connections (Maslach & Leiter, 2017). poorly structured and managed work environments can have detrimental effects on employees, depleting their energy and mental reserves. Burnout can have serious damages to individuals psychosocial functioning, which result in unfavourable actions towards coworkers, users, and the job itself (Bouza et al., 2020). In recognition of this, the 11th revision of International Classification of Diseases (ICD-11) designated burnout as an work-related condition rather than a medical diagnosis. Unmanaged chronic workplace stress is the root cause of burnout. This manifests as fatigue, a cynical outlook on one's work, and a diminished professional competence.

Sleep is a physiologically induced state of active unconsciousness in which the brain is largely at rest and responds mainly to internal stimuli (Brinkman, Reddy, & Sharma, 2020). Thus, sleep is a essential for a human survival. It has an impact on health and the quality of life (Engin & Ozgur, 2000). The quality of sleep is defined as feeling healthy and energized after sleeping (Karatay et. al., 2009). Nowadays the sleep disorder is prevalent and there is a direct correlation strong between sleep and wellness. According to research, sleep deprivation impairs many bodily systems as well as several cognitive functions, including perception, coordination, memory storage, and language.

Psychological distress is described as the emotional disturbance that affects individuals social and personal functioning. It is considered as a diagnostic criterion for some mental illnesses and a sign of the intensity of symptoms. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), psychological distress encompasses a wide range of symptoms, including anxiety, impaired function, depression, and behavioral issues. This transient phenomenon is linked to specific stressors, causing sleep issues, irregular eating, headaches, bowel problems, persistent pain, anger, exhaustion, memory lapses, and decreased sexual desire. When the stressor is eliminated or the person adjusts to it, it usually lessens or disappears.

By shedding light on the factors contributing to burnout, sleep disturbances, and psychological distress, this study can empower health professionals and IT professionals to prioritize self-care and seek appropriate support. Addressing these issues can lead to a healthier and more engaged workforce, ultimately translating to improved work nature. The findings will contribute valuable insights to improve individual well-being and assist in the development of effective treatment approaches within the system. Also, it will be effective to inform the development of evidence-based policies and interventions aimed at promoting a conducive workplace atmosphere for both professionals.

Objectives

- To understand the level of burnout, quality of sleep and psychological distress among IT and health professionals.
- To determine the association between burnout, quality of sleep and psychological distress among IT and health professionals.

Hypotheses

- There is no significant difference in Burnout, Quality of sleep and psychological distress among IT professionals and Health professionals.
- There is no significant relationship between Burnout, Quality of Sleep and Psychological distress among IT professionals.
- There is no significant relationship between Burnout, Quality of Sleep and Psychological distress among Health professionals.

Method

Sample

A sample of 100 individuals (55 IT professionals and 45 health professionals) aged 24-38, from various institutions in Kozhikode and Ernakulam districts of Kerala, were recruited using random sampling for this correlational research. IT professionals such as software developers in the private sector, as well as health professionals including physicians, dentists, and nurses in private hospitals, between the ages of 24 and 38, with 0-10 years of experience, are eligible to participate in the study. Individuals who are self-employed and working in government sector, have less than one year of experience, have mental health issues, or refuse to provide informed consent were excluded from the study.

Measures

The Copenhagen Burnout Inventory: was developed by Kristensen et al. in 2005 to assess the burnout status of the respondents. The scale covers three domains of burnout: personal, work-related, and client-related burnout. Each domain scored on a 0-4 scale, where 0 means never and 4 means always. Scores above 90 are interpreted as severe burnout, between 75

and 90 are high, between 50 and 74 are moderate, and below 50 is low burnout. The scale shows sufficient psychometric properties with an internal consistency (Cronbach alpha value of 0.936) and test-retest reliability of 0.754. All three domains have a Cronbach alpha value above 0.75.

The Pittsburgh Sleep Quality Index: Daniel J. Buysse developed this scale in 1989, which uses a 4-point Likert scale to assess perceived sleep quality. The scale's overall score falls between 0 and 2. The quality of sleep decreases as the score rises. The interpretation of the score, ranging between 0-5, is good sleep quality, and the range between 6-21 is poor sleep quality. The scale has strong internal consistency, with a Cronbach's alpha score of 0.76, as well as criterion validity.

General Health Questionnaire: was a 12-item screening instrument for common mental disorders, developed by Goldberg & Williams in 1988. The 4-point Likert scale evaluates the intensity of a mental issue throughout the last several weeks. The score range between 0-15 is low psychological distress, 16-20 is moderate distress, and 21-36 is severe distress. The psychometric properties of the above tests were found to be good and suitable for the samples of the present study.

Procedure

Data collection involved IT and health professionals from specific organizations and hospitals. Permissions were obtained from each organizational authority, and informed consent was taken from the participants, ensuring voluntary involvement. Rapport was built, and the study's purpose was explained to each participant. Clear instructions were given to complete the questionnaires. Participants were reminded to answer quickly and honestly, with reassurance of confidentiality and anonymity. Completed questionnaires were then collected for scoring and analysis.

Results and Discussion

The different statistical analysis tests, such as t-tests and correlation analysis, were carried out to analyze the calculated data, and the results obtained are discussed under the following sections. The burnout levels among IT and Health professionals in this study varied across four categories: Severe, High, Moderate, and Low. For IT professionals (total N = 55), no individuals reported Severe burnout (greater than 90).

Two individuals experienced High burnout (scores between 75 and 90), while 24 participants fell in the Moderate range (scores between 50 and 74). The largest group—29 individuals—reported Low burnout (below 50). Among Health professionals (total N = 45), only 1 individual experienced Severe burnout. There were no cases of High burnout in this group. 15 individuals experienced Moderate burnout, and, like the IT group, the majority of 29 participants reported Low burnout levels.

Table 1: Descriptive statistics for the study variables between the IT and Health professionals.

Variables	IT professionals (N=55)		Health professionals (N=45)		t value	p value
	Mean	S. D	Mean	S. D		
Personal burnout	50.69	14.992	48.22	14.466	0.830	0.409
Work burnout	50.273	16.8440	50.467	14.8180	0.061	0.951
Client burnout	38.782	18.2317	48.200	20.6305	2.392*	0.019
Burnout Total	47.236	13.2007	51.156	20.3425	1.115	0.269
Quality of sleep	6.473	4.0086	6.111	3.2067	0.501	0.617
Psychological distress	14.200	5.7619	11.778	4.2367	2.419	0.019

Note: *p<0.05

The descriptive statistics for the study variables are displayed in Table 1. From the data, there is no significant difference found in personal burnout, work burnout and total burnout (since $p > 0.05$) among IT professionals and Health professionals. There is a significant difference in client burnout (since $p < 0.05$) among IT professionals and Health professionals. Here client burnout is higher in health professionals than IT professionals. This can be attributed to their job profile, which often involves high-stress environments, life-and-death situations, and emotional labor associated with patient care. A study conducted by Kulkarni et al. (2020) on "Burnout among healthcare workers during Covid-19 pandemic in India" with a sample size of 2026 health care workers indicated

that pandemic-related burnout was more prevalent in health care professionals. The health care workers were prone to infections as they are in direct contact with the client because of the pandemic. These differs health care workers from IT professionals as they don't have any life-threatening issues from their clients. So, it could cause client burnout more among health professionals.

The quality of sleep among IT and Health professionals in this study was categorized as either Good (scores 0-5) or Poor (scores 6-21). For IT professionals (total N = 55), 29 individuals (52.7%) reported having good sleep quality, while 26 individuals (47.2%) experienced Poor sleep quality. In the Health professionals' group (total N = 45), 21 individuals (46.6%) reported good sleep quality, whereas a slightly higher portion—

24 individuals (53.3%)—reported Poor sleep quality.

Overall, while both groups had a substantial number of participants experiencing Good and Poor sleep quality, a greater proportion of Health professionals reported Poor sleep quality compared to IT professionals. Kivisto et al. (2008) conducted a study on “Work-related factors, sleep debt and insomnia in IT professionals” indicated that 16% reported insomnia. These professionals deal with long working hours, prolonged exposure to screen, high job demands and tight deadlines leads to insomnia.

The psychological distress levels of IT and Health professionals were categorized into Severe (scores 21-36), Moderate (scores 16-20), and Low (scores 0-15). For IT professionals (total N = 55), 10 individuals (18.18%) experienced Severe psychological distress. 11 individuals (20%) experienced Moderate psychological distress. The majority, 34 individuals (61.8%), reported Low levels of psychological distress. In contrast, among Health professionals (total N = 45), no individuals reported Severe

psychological distress. 9 individuals (20%) experienced Moderate distress. A significant majority, 36 individuals (80%), reported Low levels of psychological distress. This indicates that while both groups had a substantial proportion of participants with low distress levels, IT professionals showed a higher rate of severe distress compared to Health professionals, who reported no severe distress. This may be due to the nature of their work, which often involves full time work pressure, constant thought of target accomplishment, and lack of resting time which altogether leads to psychological distress.

Among Health professionals, 20% experience moderate psychological distress. (Belay, Guangul, Niguse, & Mesafint, 2021) conducted a study on “Prevalence and Associated Factors of Psychological Distress among Nurses in Public Hospitals, Southwest, Ethiopia: A cross-sectional study” demonstrated psychological distress was reported by 27.7% of nurses. Workload and dealing with patients suffering, death, the responsibility of making critical decisions that affect patients’ lives can be a constant source of stress.

Table 2. Correlation between burnout, quality of sleep and psychological distress among IT professionals.

Variable	Personal Burnout	Work Burnout	Client Burnout	Burnout Total	Psychological distress
Quality of Sleep	0.524**	0.359**	0.204	0.387**	0.454**
Psychological distress	0.597**	0.566**	0.374**	0.632**	-

Note. N=55, **p<0.01

Table 2 shows a statistically significant relationship between burnout (personal, workout and total burnout), quality of sleep, and psychological distress among IT professionals. Burnout has a significant positive correlation with scores of sleep quality. That is, higher burnout was correlated with worse sleep. When burnout increases poor sleep quality occurs. The connection between poor sleep quality and

burnout observed in this study is consistent with previous research by Raju, Nithiya, & Tipandjan (2022) on “Relationship between burnout, effort-reward imbalance, and insomnia among Informational Technology professionals” reveals that burnout and insomnia is positively correlated with significance. Tight deadlines, high expectations, long working hours, work overload can disrupt sleep patterns and

contribute to stress and burnout. Professionals experiencing burnout may have increased levels of stress hormones like cortisol, which can interfere with sleep. The psychological strain associated with burnout, such as emotional exhaustion and depersonalization, can make it difficult to relax and wind down, leading to insomnia or disrupted sleep. This can lead to diminished productivity and increased errors at work, which can elevate stress levels and contribute to feelings of burnout.

The results showed a strong correlation between IT professional's quality of sleep and their psychological distress. There is a direct relationship between psychological distress and sleep quality. That is higher scores in quality of sleep indicate poor sleep, which indicate higher psychological distress. According to a study by Buxton et al. (2016) titled "Work-Family Conflict and Employee Sleep: Evidence from IT Workers in the Work, Family and Health Study", work-family life significantly influenced the prediction of irregular nighttime sleep length. It illustrates how daily range of nighttime sleep duration increased with work-family life conflict. IT professionals working in high-pressure atmosphere are caught in a vicious cycle of sleep deprivation in order to manage and adapt to increasing workloads. Burnout is strongly associated with poor sleep quality.

A person's capacity to handle emotional difficulties is influenced by both the amount and quality of their sleep. The impact of happy emotions is lessened by sleep deprivation and disruptions, which can cause negative emotional reactivity. IT professionals who experience poor sleep quality may have reduced cognitive function, slower reaction times, and decreased emotional regulation.

Furthermore, there is a significant relationship between burnout and psychological distress among IT professionals. Burnout was positively correlated with psychological distress. Thus, when burnout increases psychological distress also increases. The study "Health problems and stress in Information Technology and Business Process Outsourcing employees" by Padma et.al. (2015) found that stress was higher in employees with health problems which are both physiological and psychological. Burnout and psychological distress are related but distinct concepts, and their relationship can be quite complex. It is often suggested that burnout might be a precipitating factor for psychological distress. The chronic workplace stress that results in burnout may lead to or exacerbate symptoms of psychological distress and overall mental wellness.

Table 3. Correlation between burnout, quality of sleep, and psychological distress among health professionals.

Variable	Personal burnout	Work burnout	Client burnout	Total burnout	Psychological distress
Quality of sleep	0.452**	0.202**	0.355**	0.235**	0.421**
Psychological distress	0.581**	0.506**	0.334*	0.364**	-

Note. N=45, **p<0.01

Table 3 showed a statistically significant correlation between burnout (personal burnout and client burnout), quality of sleep, and psychological distress among Health professionals. Sleep quality scores showed a favourable correlation with burnout. That

is, worse sleep was linked to higher levels of burnout. When burnout increases poor sleep quality occurs. Membrive-Jiménez et al. (2022) studied "Relation between Burnout and Sleep Problems in Nurses: A Systematic Review with Meta-Analysis" with a total of 12

studies concluded that nurses who had high degrees of burnout and those who displayed daytime drowsiness were positively and significantly correlated. There is a bidirectional relationship where burnout can lead to sleep disturbances, and sleep disturbances can contribute to feelings of burnout. This cyclical effect suggests that addressing one could have a beneficial impact on the other. Experiencing burnout can lead to difficulties in getting quality sleep. Conversely, Insufficient or poor-quality sleep can exacerbate feelings of burnout by affecting cognitive functioning, such as concentration, memory, vigilance, attention, and response time.

The findings indicated a significant relationship between quality of sleep and psychological distress among Health professionals. Sleep quality and psychological distress are positively connected. That is higher scores in quality of sleep indicate poor sleep, which indicate higher psychological distress. Wang et.al. (2021) studied "The relationship between sleep quality and psychological distress and job burnout among Chinese psychiatric nurses" shows a strong positive connection between sleep quality and psychological distress. The relationship between quality of sleep and psychological distress among health professionals is a significant concern, as both are closely related and can influence each other. Insufficient or poor-quality sleep can result in increased psychological distress. Health professionals who do not get enough restorative sleep may experience heightened levels of anxiety, depression, irritability, and other forms of psychological distress. Conversely, mental health conditions including stress, worry, and depression can interfere with sleep cycles, making it hard for medical professionals to get to sleep or stay asleep.

Additionally, the results showed a strong correlation between health workers'

psychological distress and burnout. Burnout was positively correlated with psychological distress among health professionals. Thus, when burnout increases psychological distress also increases. Watson (2023) studied "The Relationship Between Psychological Distress of Nursing Faculty with Burnout" with a sample size of 150 nurses concluded that psychological distress and burnout were significantly and positively correlated. Health professionals experiencing burnout may report feelings of anxiety, depression, and other mental health conditions as a result of prolonged exposure to job-related stress. Inconducive workplace atmosphere can exacerbate psychological distress and burnout in Health professionals. These stressors can simultaneously fuel both burnout and psychological distress. On the flip side, Individuals who are experiencing psychological discomfort can be more susceptible to the negative consequences of burnout.

Conclusion

The study reveals significant differences in burnout and psychological distress between IT and health professionals, with health professionals experiencing higher client burnout and IT professionals facing more psychological distress. Overall, a positive correlation was found between burnout, sleep quality, and psychological distress across both IT and health sectors. The study's small sample size suggests that future research could benefit from including participants from a broader range of locations. Additionally, potential confounding variables that might influence the relationships under investigation were not fully accounted for, which may impact the findings. Relying solely on quantitative data may have limited the study's ability to capture the nuanced experiences of individuals facing burnout, sleep disturbances, and psychological distress. Incorporating more

socio-demographic parameters such as age, income, socioeconomic status, family type, occupational role, and specialty within IT and health sectors could enhance the comprehensiveness of future studies. Moreover, the findings were based on a single self-report instrument used to assess burnout, sleep quality, and psychological distress, potentially limiting the depth of insights gathered. The findings of the study can contribute to the understanding of how burnout, sleep quality, and psychological distress interact and can help identify potential risk factors for IT and health professionals. Understanding the effects of burnout can help organizations address its impact on productivity, job satisfaction, and employee retention. These findings help workplace policies to take initiatives to reduce burnout and promote better sleep and mental health among professionals in these sectors. Organizations can use the study's findings to foster a supportive and healthy organizational culture. This may include raising awareness on self-care, stress management techniques, and strategies to improve sleep hygiene. At a broader level, the study could influence policy changes at organizational levels to create healthier work environments. This might include regulations on working hours, mandatory rest periods, or mental health support. The study underscores the need for robust mental health support systems within the workplace, including wellness programs, counseling services, and peer support.

References

- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders: DSM-5™, 5th ed. Retrieved from psychnet.apa.org website: <https://psychnet.apa.org/record/2013-14907-000>
- Belay, A. S., Guangul, M. M., Niguse, W., & Mesafint, G. (2021). Prevalence and Associated Factors of Psychological Distress among Nurses in Public Hospitals, Southwest, Ethiopia: a cross-sectional Study. *Ethiopian Journal of Health Science*, 31(6), 1247–1256. <https://doi.org/10.4314/ejhs.v31i6.21>
- Bouza, E., Gil-Monte, P. R., Palomo, E., Bouza, E., Cortell-Alcocer, M., Del Rosario, G., ... Soriano, J. B. (2020). Síndrome de quemarse por el trabajo (burnout) en los médicos de España. *Revista Clínica Española*, 220(6), 359–363. <https://doi.org/10.1016/j.rce.2020.02.002>
- Brinkman, J.E., Reddy, V., & Sharma, S. (2023). *Physiology of Sleep*. StatPearls Publishing.
- Buxton, O. M., Lee, S., Beverly, C., Berkman, L. F., Moen, P., Kelly, E. L., ... Almeida, D. M. (2016). Work-Family Conflict and Employee Sleep: Evidence from IT Workers in the Work, Family and Health Study. *Sleep*, 39(10), 1911–1918. <https://doi.org/10.5665/sleep.6172>
- Buysse, D. J., Reynolds, C. F., Monk, T. H., Berman, S. R., & Kupfer, D. J. (1989). The Pittsburgh sleep quality index: A new instrument for psychiatric practice and research. *Psychiatry Research*, 28(2), 193–213. [https://doi.org/10.1016/0165-1781\(89\)90047-4](https://doi.org/10.1016/0165-1781(89)90047-4)
- Engin, E., & Ozgur, G. (2000). The relationship of sleep patterns to job satisfaction of intense care nurses. *Journal of Ege University School of Nursing*, 20(2), 45–55.
- Goldberg, D. P. (2011). General Health Questionnaire-12. *PsycTESTS Dataset*. <https://doi.org/10.1037/t00297-000>
- Karatay, G., Bas, N.G., Aldemir, H., Akay, M., Bayir, M., & Onayli, E. (2009). Examining the sleep habits of nursing department students and the affective factors. *HSP*, 3(1), 44-49.
- Kulkarni, A., Khasne, R. W., Dhakulkar, B. S., & Mahajan, H. C. (2020). Burnout among Healthcare Workers during COVID-19 Pandemic in India: Results of a

- Questionnaire-based Survey. *Indian Journal of Critical Care Medicine*, 24(8), 664–671. <https://doi.org/10.5005/jp-journals-10071-23518>.
- Kivisto, M., Harma, M., Sallinen, M., & Kalimo, R. (2008). Work-related factors, sleep debt and insomnia in IT professionals. *Occupational Medicine*, 58(2), 138–140. <https://doi.org/10.1093/occmed/kqm150>
- Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *Work & Stress*, 19(3), 192–207. <https://doi.org/10.1080/02678370500297720>
- Maslach, C., & Leiter, M. P. (2017). Understanding Burnout. *The Handbook of Stress and Health*, 36–56. <https://doi.org/10.1002/9781118993811.ch3>
- Membrive-Jiménez, M. J., Gómez-Urquiza, J. L., Suleiman-Martos, N., Velando-Soriano, A., Ariza, T., De la Fuente-Solana, E. I., & Cañadas-De la Fuente, G. A. (2022). Relation between Burnout and Sleep Problems in Nurses: A Systematic Review with Meta-Analysis. *Healthcare*, 10(5), 954. <https://doi.org/10.3390/healthcare10050954>
- Padma, V., Anand, N. N., Gurukul, S. M. G. S., Javid, S. M. A. S. M., Prasad, A., & Arun, S. (2015). Health problems and stress in Information Technology and Business Process Outsourcing employees. *Journal of Pharmacy & Bioallied Sciences*, 7(Suppl 1), S9–S13. <https://doi.org/10.4103/0975-7406.155764>
- Potdar, M. (2023). The Impact of Work Stress in India: Statistics, Case Studies, and Research Reports. India Sales Lead. [linkedin.com/pulse/impact-work-stress-india-statistics-case-studies-research-potdar](https://www.linkedin.com/pulse/impact-work-stress-india-statistics-case-studies-research-potdar)
- Raju, A., Nithiya, D. R., & Tipandjan, A. (2022). Relationship between burnout, effort-reward imbalance, and insomnia among Informational Technology professionals. *Journal of education and health promotion*, 11, 296. https://doi.org/10.4103/jehp.jehp_1809_21
- Sovold, L. E., Naslund, J. A., Kousoulis, A. A., Saxena, S., Qoronfleh, M. W., Grobler, C., & Münter, L. (2021, May 7). Prioritizing the Mental Health and Well-Being of Healthcare Workers: An Urgent Global Public Health Priority. *Front Public Health*, 9(679397).10.3389/fpubh.2021.679397
- Tesfaye, W., Ayechech Adera Getu, Baye Dagne, Lemma, A., & Yigizie Yeshaw. (2024). Poor sleep quality and associated factors among healthcare professionals at the University of Gondar Comprehensive Specialized Hospital, Northwest Ethiopia. *Frontiers in Psychiatry*, 15. <https://doi.org/10.3389/fpsy.2024.1225518>
- Wang, B., Lu, Q., Sun, F., & Zhang, R. (2021). The relationship between sleep quality and psychological distress and job burnout among Chinese psychiatric nurses. *Industrial health*, 59(6), 427–435. <https://doi.org/10.2486/indhealth.2020-0249>
- Watson, M. F. (2023). The Relationship Between Psychological Distress of Nursing Faculty With Burnout. *SAGE Open Nursing*, 9.
- World Health Organization. (2022). ICD-11: International classification of diseases (11th ed.). <https://icd.who.int/>

Nice Mary Francis P, Associate Professor, Department of Psychology, Prajyoti Niketan College, Pudukad, Kerala, e-mail: nicemaryfrancis@prajyotinetan.edu.in

Aishwaki B, M.Sc Clinical Psychology student, Department of Psychology, Prajyoti Niketan College, Pudukad, Kerala, e-mail: aishu92b@gmail.com

Hemanth N S, Guest Lecturer, Department of Psychology, Prajyoti Niketan College, Pudukad, Kerala, e-mail: hemanthns2015@gmail.com