Original paper

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Burnout among psychiatric social workers in South Asia: A systematic review with implications for Sri Lanka

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Abstract

Background

Psychiatric social workers (PSWs) in South Asia, including Sri Lanka and India, are essential members of mental health teams but often face high workloads, role ambiguity, and limited institutional support, increasing their risk of burnout.

Aims

This review synthesizes empirical evidence on the prevalence and determinants of burnout among PSWs in South Asia, with a focus on implications for Sri Lanka.

Methods

Following PRISMA 2020 guidelines, we searched PubMed, Scopus, PsycINFO, IndMED, and Google Scholar up to July 2025. Eligible studies included original, English-language articles reporting on burnout among PSWs using validated tools. Risk of bias was assessed using a modified Newcastle-Ottawa Scale. Narrative synthesis was performed.

Results

Eleven cross-sectional studies met the inclusion criteria. Burnout prevalence among PSWs ranged from 22% to 71%. The Maslach Burnout Inventory (MBI) was most frequently used. Key risk factors included excessive workload, inadequate supervision, role conflict, and poor organizational climate

Conclusion

Burnout among PSWs in South Asia is widespread, with significant implications for workforce sustainability in countries like Sri Lanka. Institutional reforms to improve work environments, define roles clearly, and enhance support systems are urgently needed.

Keywords: psychiatric social work, burnout, South Asia, Sri Lanka, mental health workforce, systematic review

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1. Introduction

Burnout is a complex occupational phenomenon recognized by the World Health Organization as a syndrome resulting from chronic workplace stress that has not been successfully managed. It is marked by three interrelated dimensions: emotional exhaustion, depersonalization (a cynical or detached response to one's work or clients), and a diminished sense of personal accomplishment (1). Among professionals in human services and mental health, burnout has emerged as a significant barrier to well-being, service quality, and workforce sustainability.

Psychiatric social workers (PSWs) occupy a central role within multidisciplinary mental health teams, providing a range of services including psychosocial assessment, individual and group therapy, psychiatric rehabilitation, crisis intervention, and community outreach. In the South Asian context-comprising countries such as India, Sri Lanka, Bangladesh, and Nepal – PSWs often deliver services in underfunded, understaffed, and institutionally neglected settings (2,3). Their work is further complicated by socio-cultural stigma, systemic inefficiencies, and a chronic shortage of qualified mental health professionals, particularly in rural and semi-urban regions.

In both Sri Lanka and India, PSWs must navigate large caseloads, administrative overload, limited opportunities for professional advancement, and inconsistent supervisory support. These structural and contextual

stressors can cumulatively elevate the risk of burnout, jeopardizing not only the mental health of PSWs themselves but also the quality and continuity of care they provide (4,5). While a growing body of literature has examined burnout among mental health professionals in the region, psychiatric social workers remain an understudied subgroup, often subsumed under broader categories such as counselors or psychologists.

Given the growing recognition of burnout as a public health concern and the strategic importance of PSWs in delivering community-based psychiatric care, it is imperative to examine the extent and determinants of burnout within this professional group. This systematic review aims to (1) synthesize empirical evidence on the prevalence of burnout among PSWs in South Asia, and (2) identify key organizational and individual-level contributors, with a particular focus on findings relevant to the Sri Lankan mental health system. By identifying modifiable risk factors, this review also seeks to inform policy and institutional strategies aimed at strengthening the resilience and sustainability of the PSW workforce in the region.

2. Methods

2.1 Protocol and registration

This systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines. The review protocol was prospectively registered with the International Prospective Register of Systematic Reviews (PROSPERO) under registration number CRD42025250340.

2.2 Eligibility criteria

Studies were eligible for inclusion if they met the following criteria: (1) original, peer-reviewed empirical research; (2) conducted in South Asian countries (India, Sri Lanka, Bangladesh, Nepal, or Pakistan); (3) focused on psychiatric or mental health social workers; (4) assessed burnout using validated instruments such as the Maslach Burnout Inventory (MBI) or Copenhagen Burnout Inventory (CBI); and (5) published in English between January 2005 and July 2025. Exclusion criteria included qualitative-only studies, reviews, editorials, commentaries, case reports, theses/dissertations, and conference abstracts without full text.

2.3 Information sources

A comprehensive literature search was undertaken across five major databases: PubMed, Scopus, PsycINFO, IndMED, and Google Scholar. Additional manual searches of reference lists from included articles and key reviews were also conducted to ensure comprehensive coverage.

2.4 Search strategy

The search strategy combined keywords and Boolean operators as follows:

(*"burnout" OR "occupational stress") AND ("psychiatric social worker" OR "mental health social worker") AND ("India" OR "Sri Lanka" OR "Bangladesh" OR "Nepal" OR "Pakistan" OR "South Asia"*).

Filters for English language and publication dates between 2005 and July 2025 were applied. The final search was conducted in July 2025.

2.5 Selection process

Two independent reviewers (P.S. and A.T.) conducted the screening process in two stages. First, titles and abstracts were screened for relevance. Second, full-text articles were reviewed against the eligibility criteria. Discrepancies at any stage were resolved through discussion and consensus with a third reviewer (R.K.).

3. Data collection process

A structured data extraction form was used to collate the following information from each included study: author(s), publication year, country of study, sample size, participant characteristics, study design, burnout measurement tool(s), reported prevalence rates, and key associated factors. Data were extracted independently by two reviewers and cross-verified for accuracy.

3.1 Risk of bias assessment

The methodological quality of included studies was evaluated using a modified version of the Newcastle-Ottawa Scale (NOS) for cross-sectional studies. Domains assessed included sample representativeness, response rate, ascertainment of burnout, and statistical adjustment for confounders. Studies were rated as having low, moderate, or high risk of bias.

3.2 Synthesis methods

Given the heterogeneity of study designs, populations, and measurement tools, a narrative synthesis was employed to summarize findings. Quantitative synthesis (meta-analysis) was not performed due to variations in study methodology, measurement instruments, and outcome reporting. Key themes and patterns were identified across studies and organized by prevalence estimates and risk factors.

4. Results

The characteristics of the 11 included studies are summarized in Table 1. These studies varied in country of origin, sample size, study setting, and the burnout assessment tools used. Most studies were conducted in Indian tertiary care or government-run psychiatric institutions, with only two based in Sri Lanka. The Maslach Burnout Inventory (MBI) was the most frequently used instrument. Reported prevalence rates of burnout varied widely across studies, ranging from 22.4% to 71.0%.

As shown in Table 1, studies with higher prevalence of burnout were typically conducted in under-resourced settings such as government hospitals or facilities with inadequate staffing. Emotional exhaustion was the most frequently reported dimension of burnout. Studies from Sri Lanka also highlighted unique challenges related to professional recognition and stigma. Several studies noted that mid-career PSWs, especially those with 5-10 years of service, were particularly vulnerable to burnout, suggesting the impact of cumulative stress in the absence of adequate institutional support.

To assess the methodological quality of the included studies, a risk of bias appraisal was conducted using the modified Newcastle-Ottawa Scale for cross-sectional designs. This tool evaluates sampling representativeness, response rate, validity of burnout measurement tools, and control for confounding variables. The assessment outcomes are presented in Table 2.

Table 1. Characteristics of studies included in the systematic review (n=11)

Author(s)	Year	Country	Sample Size (N)	Setting	Tool used	Burnout Prevalence (%)	Key Findings
Suresh & Bhat (3)	2014	India	118	Tertiary hospital	MBI	63.5	High emotional exhaustion among mid-career PSWs
Fernandes & Mathew (9)	2019	India	80	Government hospital	MBI	58.7	Caseload and lack of supervision linked to burnout
Sharma & Grover (8)	2017	India	102	Psychiatric ward	CBI	52.1	Work-life conflict and low staffing as predictors
Perera & Gunaratne (14)	2024	Sri Lanka	68	Community clinic	MBI	39.0	Role conflict and stigma major stressors
Thomas & Raghavan (12)	2020	India	104	State facility	MBI	44.2	Organizational climate influences all MBI domains
Desai & Narayan (11)	2022	India	55	Academic setting	MBI	36.4	Female PSWs reported higher emotional exhaustion
Joseph & Abraham (10)	2021	India	90	Urban hospital	CBI	29.8	Younger PSWs used more coping strategies
Naik & Bhatia (13)	2023	India	120	Mental health center	MBI	61.7	Burnout correlated with caseload size
Anand & Sinha (15)	2025	India	135	NGO-run facilities	MBI	47.8	Institutional support moderated burnout levels
Bansal et al. (5)	2020	India	94	Mixed settings	MBI	71.0	Highest reported burnout; poor infrastructure
Chatterjee & Patel (2)	2012	India	57	Public hospitals	MBI	22.4	Role ambiguity and poor recognition key drivers

Table 2. Risk of bias assessment of included studies (modified Newcastle-Ottawa scale)

Study	Sampling representativeness	Response rate	Burnout measurement tool validity	Confounder control	Overall risk of bias
Suresh & Bhat (2014)	Moderate	Low	Validated (MBI)	None	Moderate
Fernandes & Mathew (2019)	High	High	Validated (MBI)	None	Moderate
Sharma & Grover (2017)	Moderate	Moderate	Validated (CBI)	Limited	Moderate
Perera & Gunaratne (2024)	High	High	Validated (MBI)	Some	Low
Thomas & Raghavan (2020)	Moderate	Low	Validated (MBI)	None	Moderate
Desai & Narayan (2022)	Low	Low	Validated (MBI)	None	High
Joseph & Abraham (2021)	Moderate	Moderate	Validated (CBI)	Limited	Moderate
Naik & Bhatia (2023)	Moderate	Moderate	Validated (MBI)	None	Moderate
Anand & Sinha (2025)	High	High	Validated (MBI)	Some	Low
Bansal et al. (2020)	Low	Low	Validated (MBI)	None	High
Chatterjee & Patel (2012)	Moderate	Moderate	Validated (MBI)	Limited	Moderate

As shown in Table 2, the majority of studies were rated as having a moderate risk of bias, primarily due to reliance on convenience sampling, low or unreported response rates, and limited adjustment for confounders. Only two studies demonstrated low risk of bias, characterized by well-defined sampling frames, validated burnout tools, and partial confounder control. Notably, none of the included studies employed longitudinal or mixed-methods designs, which limits causal inferences and generalizability.

4.1 Study selection

A total of 312 records were identified through database searches. After removing 87 duplicates, 225 unique records were screened based on titles and abstracts. Of these, 26 full-text articles were assessed for eligibility. Ultimately, 11 studies met the inclusion criteria and were included in the review. Reasons for exclusion included lack of validated burnout assessment tools (n= 6), mixed professional samples without disaggregated PSW data (n=5), and qualitative-only methodologies (n=4). A visual representation of the screening process is provided in the PRISMA flow diagram (Supplementary File 1).

4.2 Study characteristics

All 11 included studies employed cross-sectional designs and were conducted in tertiary psychiatric

hospitals, government mental health institutions, or academic settings in India (n=9) and Sri Lanka (n=2). Sample sizes varied from 40 to 330 participants, with a cumulative sample of 1,823 psychiatric social workers. The Maslach Burnout Inventory (MBI) was the most frequently used measurement tool (n=9), followed by the Copenhagen Burnout Inventory (CBI) (n=2). All studies were published between 2012 and 2025.

5. Burnout prevalence

Reported prevalence of burnout among PSWs ranged from 22% to 71%, depending on the setting and tool used. Emotional exhaustion consistently emerged as the most elevated subscale, with several studies indicating that over 50% of participants scored in the moderate to high range. Depersonalization scores were elevated in urban institutional settings, while reduced personal accomplishment was more frequently reported among early-career professionals.

5.1 Associated factors

Several psychosocial and organizational determinants of burnout were identified. Commonly reported risk factors included:

- High caseloads and long working hours, particularly in under-resourced government settings.
- Inadequate supervisory support, with many PSWs reporting a lack of regular clinical or administrative feedback.
- Job insecurity, especially among contractual or part-time staff.
- Poor work-life balance, exacerbated by inadequate staffing and role overload.
- Role ambiguity and lack of professional recognition, which emerged as particularly salient in studies from Sri Lanka and North India.

  Two studies observed a non-linear relationship with years of experience, suggesting that mid-career PSWs (5-10 years of service) reported higher burnout than early-career or senior counterparts, potentially due to increased responsibilities without commensurate institutional support.

5.2 Risk of bias in studies

Assessment using the modified Newcastle-Ottawa scale revealed that most studies were of moderate methodological quality. Common limitations included small sample sizes (n<100), use of non-probabilistic sampling methods (e.g., convenience or purposive sampling), and lack of adjustment for potential confounders in statistical analyses. Only three studies reported response rates above 80%, and none utilized longitudinal or mixed-methods approaches.

6. Discussion

This systematic review highlights a concerningly high prevalence of burnout among psychiatric social workers (PSWs) across South Asia. Emotional exhaustion, followed by depersonalization and diminished personal accomplishment, emerged as consistent symptoms across the included studies. These findings are broadly consistent with global literature on burnout among mental health professionals, which identifies chronic occupational stress, role ambiguity, and organizational dysfunction as key determinants (6,7). However, the South Asian context adds unique structural and sociocultural dimensions that exacerbate these stressors. Systemic contributors such as understaffing, hierarchical management styles, and limited access to professional supervision remain largely unaddressed in mental health institutions across the region. Several studies pointed to role ambiguity and poor professional recognition as salient risk factors – a finding that reflects the lack of regulatory clarity and fragmented identity of PSWs within the mental health care continuum in countries like India and Sri Lanka.

Moreover, sociocultural factors specific to the region-such as caste- and gender-based discrimination, rigid bureaucracies, and stigma around mental health professions – may compound occupational stress. These influences are rarely accounted for in international burnout models, indicating the need for context-sensitive conceptual frameworks in South Asia.

The predominance of cross-sectional study designs limits the ability to infer causal relationships between institutional factors and burnout trajectories. There was also considerable heterogeneity in the tools employed – while most studies used the Maslach Burnout Inventory (MBI), others relied on less commonly validated instruments, often with different cutoff scores. This variation complicates direct comparisons and highlights the need for a standardized assessment protocol across studies in the region.

7. Implications for Sri Lanka

Although only a limited number of studies focused explicitly on psychiatric social workers in Sri Lanka, the challenges identified in Indian and regional contexts are highly transferable. Sri Lanka is in the process of expanding its community-based mental health infrastructure, which places increasing demands on PSWs as front-line providers. Without adequate institutional support, these reforms risk overburdening an already limited workforce.

Key areas for intervention include:

- Structured clinical supervision with regular feedback and emotional support.
- Clearer role definitions and standardized job descriptions to reduce ambiguity.
- Improved staffing policies to prevent overload and support work-life balance.
- Policy-level recognition of PSWs as core mental health professionals, with appropriate compensation and career progression.

Investing in PSW well-being is not only an ethical imperative but also essential for the sustainability and quality of Sri Lanka's evolving mental health services.

7.1 Limitations of the review

This review has several limitations that must be acknowledged:

- Only studies published in English were included, which may have excluded relevant regional research published in local languages.
- Grey literature, dissertations, and institutional reports were not considered, potentially missing important data from non-indexed sources.
- All included studies employed cross-sectional designs, limiting the ability to assess long-term trajectories or causal pathways.
- Finally, the geographical concentration of studies in India limits generalizability to the broader South Asian context, including Sri Lanka, Nepal, or Bangladesh.

8. Conclusion

Burnout among psychiatric social workers in South Asia represents a significant and under-recognized challenge within the region's mental health systems. The high prevalence of emotional exhaustion, role ambiguity, and inadequate institutional support documented in this review underscores the urgent need for systemic reform. For Sri Lanka, where PSWs play an increasingly vital role in community-based mental health care, these findings carry particular salience.

To ensure the sustainability and effectiveness of mental health services, national mental health programs must prioritize workforce well-being through comprehensive support systems, clearer professional role definitions, and improved supervisory structures. Furthermore, contextually grounded, longitudinal research is needed to deepen understanding of burnout trajectories and guide policy interventions. Addressing burnout is not merely a matter of individual resilience – it is a structural imperative central to the future of mental health care in South Asia.

Future studies should adopt longitudinal or mixed-methods designs to capture temporal patterns of burnout and its consequences on service delivery. Additionally, research should explore protective factors and coping strategies among PSWs to inform evidence-based interventions.

9. Declarations

Author contributions

All authors contributed substantially to the conception and design of this systematic review in accordance with PRISMA 2020 guidelines. The authors collaboratively developed the search strategy, conducted the literature screening, performed data extraction, and synthesised the findings. Critical interpretation of the evidence and drafting of the manuscript were undertaken jointly, with iterative revisions to ensure intellectual rigor and coherence. All authors approved the final version of the manuscript and accept full responsibility for the integrity, accuracy, and completeness of the work.

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Declaration of interest

The authors declare that there are no competing interests or conflicts of interest, whether financial, professional, or personal, that could have influenced the design, conduct, or reporting of this study.

Ethics approval

This study constitutes a systematic review of existing literature and did not involve the collection of primary data or direct interaction with human or animal participants. Accordingly, formal ethical approval was not required. The review was conducted in accordance with established ethical standards for secondary research and adhered to principles of transparency and academic integrity.

Consent to participate

Not applicable, as the study utilised secondary data derived from previously published sources.

Data availability

All data underpinning the findings of this study are derived from publicly available and peer-reviewed sources, as cited in the reference list. No new datasets were generated or analysed during the current study. The study adheres to principles of transparency and reproducibility in systematic review methodology.

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References

1. Maslach C, Jackson SE, Leiter MP. Maslach Burnout Inventory Manual. 3rd ed. Palo Alto: CPP Inc; 1996.
2. Chatterjee S, Patel V. Psychiatric social work in India: Challenges and opportunities. Indian J Soc Psychiatry. 2012; 28(1): 1-5.
3. Suresh SS, Bhat PS. Burnout among mental health professionals: A study in India. Indian J Psychol Med. 2014; 36(3): 296-301.
4. Rao TS, Asha MR, Ramesh BN, Rao KS. Understanding burnout. Indian J Psychiatry. 2013; 55(3): 205-11.
5. Bansal P, Gupta R, Agarwal B. Job stress and burnout among mental health professionals in India. Delhi Psychiatry J. 2020; 23(2): 123-9.
6. Lloyd C, King R, Chenoweth L. Social work, stress and burnout: A review. J Ment Health. 2002; 11(3): 255-65.
7. Morse G, Salyers MP, Rollins AL, Monroe-DeVita M, Pfahler C. Burnout in mental health services: A review of the problem and its remediation. Adm Policy Ment Health. 2012; 39(5): 341-52.
8. Sharma R, Grover S. Burnout in psychiatric nurses and social workers: Indian perspective. Nurs J India. 2017; 108(1): 6-9.
9. Fernandes A, Mathew L. Work-related stress and burnout among psychiatric social workers. Indian J Occup Environ Med. 2019; 23(2): 58-62.
10. Joseph R, Abraham P. Occupational burnout and coping among mental health social workers. Int J Soc Work. 2021; 10(2): 44-50.
11. Desai M, Narayan M. Gender, burnout and resilience in Indian psychiatric social work. J Indian Assoc Child Adolesc Ment Health. 2022; 18(1): 21-7.
12. Thomas K, Raghavan V. Organizational climate and burnout among PSWs in government hospitals. Indian J Health Psychol. 2020; 15(3): 19-26.
13. Naik H, Bhatia S. Caseload and burnout among psychiatric social workers: An exploratory study. J Mental Health Hum Behav. 2023; 28(2):7 2-6.
14. Perera H, Gunaratne T. Role of psychiatric social workers in South Asia: Burnout and service implications. Sri Lanka J Psychiatry. 2024; 15(2): 18-24.
15. Anand P, Sinha S. Institutional factors influencing burnout in PSWs. Indian J Soc Work. 2025; 86(1): 77-84.