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Emotional Burnout Among Medical Social Officers: A Qualitative Study Among Officers of Northeast Punjab

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Abstract: This qualitative research endeavor summarizes the experiences of Medical Social Officers from their own perspectives regarding their emotional burnout. The MSO's general experiences based on their emotional burnout were examined by employing qualitative research design's purposive sampling research technique. The Crisis Intervention theory by Elbert R. Roberts and Allen J. Otten formed core of the study to provide it a detailed exploration. The qualitative research design was based upon Edmond Husserl's Transcendental phenomenology in present research. For qualitative data analysis, interpretive phenomenological analysis was applied. The Medical Social Officers of Lahore, Gujranwala and Sialkot, three major districts of Northeast Punjab, were the human universe of the study.

Key Words: Medical Social Officers, Emotional Burnout, Northeast Punjab

Introduction

Medical Social Work is a profound field of Social Work that focuses on assisting people, families, and communities in dealing with the problems of sickness, injury, or disability (Riaz & Granich, 2022). In any society where poverty, injustice, and a lack of understanding make it difficult to receive healthcare, Medical Social Officers give critical assistance to people, families, and communities (Bianchi, 2018). According to Browne (2019), at global level Medical Social Officers are responsible for patient counseling, resource coordination, and family assistance, all of which are important aspects of their functions in hospital settings. It intensely causes emotional burnout issues in them which hinder their performance as professionals. Medical Social Officers assist an individual as a whole person by bonding the socio-medical needs of their clients (Dillon, 2019).

Background of Study

Medical Social Officers are working to the elevate of the marginalized and inhibited people of society (Johnson & Flynn, 2021). They are working at macro, mezzo, and micro levels while working for the well-being of deserving communities, groups, and individuals (Stoeffler et al., 2020).

Problem Statement

The Medical Social Officers in public hospitals of Pakistan encounter multifaceted problems of clients and are subject to emotional burnout due to the very nature of this job. In Pakistan, this segment is amongst those directly involved in public assistance yet prone to many issues. As a developing country, Pakistani version of Medical Social Work as method of Social Work is growing specifically in public settings of government hospitals. Yet there is dire need to transform and utilize this knowledge in accordance to contextual and socio-cultural aspects of Pakistani diaspora. Also, quite a few research studies have attempted to explain their plight.

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This research endeavor is based upon theoretical and practical significance. It will add theoretical understanding in the prevailing body of knowledge and shall become a part of desk studies.

Research Gap

In context of Pakistan, only a minimal amount of knowledge base and research insights of MSOs in public hospital are available. The researcher has chosen this aspect of qualitative inquiry to commence a new domain for research in this phenomenon. None of the previous qualitative and quantitative studies in Northeast Punjab are available to give account of the actual situation of problems faced by Medical Social Officers. The studies are not conducted locally to pinpoint the pros and cons of emotional burnout to Medical Social Work services of Medical Social Officers. Therefore, Northeast Districts of Punjab i.e. Lahore, Gujranwala and Sialkot were chosen to find answers to supposed research questions so being a researcher it is objectively tempting to examine the interventions of Medical Social Officers to address their personal issues in medical setting in public hospitals.

Objective of the Study

The objective of the current study is:

- ▶ To describe the causes and effects of emotional burnout among Medical Social Officers while serving in the field.

Research Question of the Study

- ▶ What are the causes and effects of emotional burnout on Medical Social Officers?

Literature Review

Emotional burnout is defined by a variety of symptoms that impact people physically, emotionally, and behaviorally. These symptoms are the consequence of continuous stress and may have a substantial influence on both one's personal and professional life.

Emotional fatigue is a key symptom of burnout, characterized by feelings of emotional drain and depletion. Individuals suffering from emotional tiredness often feel overwhelmed and unable to manage the demands of their professional and personal lives (Leiter & Maslach, 2016). Its symptoms include persistent exhaustion, feelings of dread about work, and a lack of energy even after resting. It has a negative influence on motivation and the ability to connect emotionally with people.

Depersonalization entails adopting a distant, impersonal, and cynical attitude toward one's profession and the people affiliated with it. This symptom indicates an effort to avoid stress by taking a more callous and apathetic attitude to work (Maslach & Jackson, 1981). Its symptoms include treating coworkers and customers impersonally, feeling disconnected from work, and experiencing cynicism. Its effects include decreased empathy, compassion fatigue, and strained professional relationships.

Reduced personal accomplishment is defined by emotions of inefficacy and a perceived lack of success in one's job. Individuals who exhibit this symptom often feel inept and doubt the worth and significance of their profession (Schaufeli et al., 2009). Its symptoms include poor self-evaluation, feelings of failure, and dissatisfaction with one's accomplishments. Its consequences include decreased productivity, poorer job satisfaction, and even disengagement from work activities.

Emotional burnout may also emerge physiologically, with a range of symptoms indicating the toll stress has on the body (Melamed et al., 2006). Its symptoms include headaches, digestive problems, muscular tension, sleep disruptions, and an increased susceptibility to disease. Its consequences include chronic health issues, increased absenteeism, and a reduced capacity to execute work responsibilities successfully.

Cognitive symptoms of emotional burnout impair an individual's capacity to think effectively and make judgments (Leiter & Maslach, 2016). Its symptoms include trouble focusing, memory issues, indecisiveness, and a shorter attention span. Its effects include decreased work performance, more mistakes, and difficulties finishing tasks.

Individuals suffering from emotional burnout often exhibit behavioral changes, which may involve a variety of acts and dispositions (Maslach & Leiter, 2016). Withdrawal from work or social activities, increased irritation, procrastination, and disregard of tasks are common symptoms. The consequences include bad work relationships, lower productivity, and the possibility of job termination.

Emotional dysregulation refers to difficulties regulating and reacting to emotional events. Burnout may cause powerful and variable emotions that are out of proportion to the circumstances (Gross & John, 2003). Its symptoms include heightened irritability, mood fluctuations, greater susceptibility to stress, and frequent emotional outbursts. Its consequences include strained interpersonal connections, poor job performance, and the possibility of workplace conflict escalation.

A considerable drop in motivation is an indication of burnout. This is often associated with the belief that one's efforts are not having a significant influence (Schaufeli & Taris, 2005). Its symptoms include a lack of initiative, diminished excitement for job activities, procrastination, and an overall feeling of indifference. Its effects include decreased productivity, missing deadlines, and worse overall work satisfaction.

Individuals suffering from burnout often retreat socially in order to cope with their weariness and stress (Halbesleben & Buckley, 2004). Its symptoms include less engagement with coworkers, avoidance of social activities, isolation, and diminished involvement in team activities. Its effects include impaired professional networks, reduced support systems, and increased feelings of loneliness and isolation.

Burnout may cause considerable cognitive deficits, affecting everyday functioning and professional performance (Leiter et al., 2014). Its symptoms include difficulties in problem-solving, decreased judgment, forgetfulness, and a loss in concentration. Its consequences include a higher chance of mistakes, worse decision-making ability, and decreased job completion efficiency.

Research Methodology

Research methodology is a systematic way and rational blueprint to resolve a given research problem. It highlights the data type and its sources from where they are going to analyze their research process (Jansen & Warren, 2023).

Philosophical Stance of the Study

According to Mason (2002) the ontological stance (nature of reality) is profoundly mind-dependent. As per this stance, reality is understandable by means of denotations which are socially constructed and shaped through human mind. So, this study is a constructivist approach to reach mind – dependent reality (Blaikie, 2007). On the other hand, the epistemological stance (how we can come to know about the truth) of this study includes the current research endeavor is to apply an interpretive viewpoint. It means an explanation of the cultural locale in a certain manner which explains the reality through social setting's insights (Ritchie et al., 2013).

Qualitative Research Approach

Often inductive reasoning is applied to qualitative research since it moves from specific observations about a single person to generalization and theories (Mason, 2002). Therefore, the researcher applied qualitative research approach in the present study to inspect the lived experiences of Medical Social Officers.

Albert R. Roberts and Allen J. Otten's Theory of Crisis Intervention

This theory has been instrumental in Medical Social Work for shaping our understanding of how professionals should respond to their personal issues. The researcher explored how Medical Social Officers see a crisis can disrupt their equilibrium, but it also provides an opening for intervention and possibility for positive transformation.

Purposive Sampling Technique to Recruit Research Participants

To develop a sample size purely by the researcher, the purposive sampling technique is employed. Creswell (2007) contends that such a sample is selected on the nature of study and due to the target interviewees. As per the demand

of the current study, purposive sampling was used to recruit two groups of population. Main urban government hospital based Social Welfare and Bait-ul-Mall department's MSO employees were visited in person by the researcher herself to obtain actual and factual understanding based information of their emotional burnout experiences.

Size of Sample

A small ratio of participants is found in a phenomenological study (Creswell, 2013) but it ought to be sufficiently defining the phenomenon of concentration. Saturation was achieved to the specific number of sample size. While confirmation about the number of sample size was prepared when data reached at saturation point where no more data was needed for exploration (Hennink & Kaiser, 2019).

Data Gathering Tool

In this qualitative research study, the researcher used an In – Depth Interview Guide as a tool and a semi – structured interview guide to obtain data from study participants. After peer review and expert consultation to make sure that trustworthiness of pilot testing of the research idea took place at Jinnah Hospital Lahore's Social Welfare and Bait – ul – Mall department. The researcher focused on accessing the interventions prepared by them to address their own issues and to what extent their role is important in coping with the problems to gain more detailed insights of the phenomenon.

Study's Delimitations

The current study had some delimitations listed below:

1. This research was comprised of both males and female Medical Social Officers.
2. This study was narrowed down only for convenient and approachable participants (both women and men MSOs along with various stakeholders).
3. Medical Social Officers working in Social Welfare Department hailing from diverse normative groups were encompassed.
4. This research was directed to those geographical urban areas where Social Welfare Services on governmental level are provided within hospital setting.

Study's Limitations

The current study had some limitations as enlisted below:

1. Gatekeepers i.e. concerned authorities were taken into compliance by sharing thorough understanding about purpose, aims and concerns of entire research endeavor prior to investigation of research questions from study participants.
2. Another limitation of this qualitative enquiry is that with specification to similar contexts the theoretical generalization could be employed but it can't be utilized in statistical and empirical domains.
3. A natural limitation in terms of applicability is study's phenomenological research design which forms main theme of this qualitative study.

Findings

Emotional Burnout

Regular counseling sessions and peer support programs may assist to reduce burnout among Medical Social Officers. Emotional and psychological support programs have been demonstrated to lessen burnout symptoms while improving general well-being (Fallon et al., 2023). Mindfulness and stress management training is becoming more popular as a burnout prevention strategy. According to research, Medical Social Officers that practice mindfulness on a regular basis experience less stress and emotional tiredness (Janssen et al., 2020).

Feelings of Stress & Overburden

The research interviewees from government sector explained that quite often they feel overburdened with tasks and call services provided to their clients. Because of such reasons they feel less able to carry out their services to ever



increasing clients beyond their capacity. The Medical Social Officers from Public hospitals of Punjab face multifarious issues and have dynamic Feelings.

I: Do you ever feel stressed and overburdened? If yes, what do you do?

P1: *"With regard to the long journey of my experience here as Medical Social Officer, I got to experience higher stress levels while dealing with Critical clients and not being able to cope stress on my own. In such situations I seek help from senior MSOs and their suggestions assist me to overcome my issues."*
(Male interviewee, 14th interview session)

Review of Experience at Hospital

There were significant differences in each Medical Social Officer's experiences at the public hospitals of Punjab. Even access to facilities among Medical Social Officers also differed.

I: How is your experience at this hospital?

P5: *"All praise and thanks to Almighty Lord who has enabled me to have extraordinary experience as a Medical Social Officer."*(Female MSO, 13th interview session)

Mindfulness

The Medical Social Officers had sense of understanding about the concept of mindfulness. Sometimes in carrying out of their daily tasks, they were able to experience mindfulness.

I: Do you perform your daily tasks with mindfulness?

P10: *"I always feel better when my senior Medical Social Officer's advice help me during my functioning at hospital. They guide me in such a way that I feel mindful to their guidance. So, in daily routine tasks, I experience mindfulness while dealing with my clients."*(Male interviewee, 15th interview session)

Extra Workload

The Medical Social Officers had experiences stress through their services at public hospitals. They were aware of the fact that stressful situations had negative consequences upon themselves. In this emerging theme, it was focused that the study participants should Share their genuine experiences. All of them suffered from the issue of extra workload.

I: Do you feel or experience extra workload? (If yes) share your thoughts.

P14: *"Yes. at times I feel myself engaged in time demanding tasks at hospital tasks due to which I am unable to get rid of low self – esteem issues."*(Male participant, 15th session)

Coping with emotional Burnout

When the researcher asked government sector study participants about this study theme, they had mixed reactions.

I: "If emotional burnout is real, what do you do to overcome it?"

P15: *"Yes. The emotional burnout is actual. In order to overcome it I visit my senior colleagues and share my concern with them."*(Female participant, 14th session)

Discussion

These demonstrate the associations of findings with methodology framework. In agreement with crucial themes which emerged from study findings, central themes are grounded in consideration with Medical Social Work theory which was concerned with convergence of practice according to Medical Social Officers efficacy and emotional burnout experiences.

The Medical Social Officers perspectives on their personal efficacy and emotional burnout are discussed in the light of theoretical framework regarding Medical Social Work particularly, Medical Social Officers experiences and their viewpoints about the efficacy and emotional burnout issues are given a detailed account. In this chapter the conclusions highlight the opinions about actual findings of the research.

Emotional Burnout

Emotional burnout is defined by various ways that impact Medical Social Officers physically, emotionally, and behaviorally. It's mainly the consequence of continuous stress and have a substantial influence on both their personal and professional lives.

Medical Social Officers suffering from emotional tiredness often feel overwhelmed and unable to manage the demands of both their professional and personal lives. Its symptoms include persistent exhaustion, feelings of dread about work, and a lack of energy even after resting. Emotional burnout among Medical Social Officers is a serious problem, typically caused by the high expectations and pressures of their career. This scientific study has identified numerous major elements contributing to emotional burnout in this profession.

The research interviewees from government sector explained that quite often they feel overburdened with tasks and call services provided to their clients. Because of such reasons they feel less able to carry out their services to ever increasing clients beyond their capacities. The Medical Social Officers from Public hospitals of Punjab face multifarious issues and have dynamic feelings. In some cases, the Medical Social Officers faced difficulties in managing their stress and felt over-burdened. The Medical Social Officers usually experienced higher stress levels, lower productivity and needed counselling for themselves while dealing with critical clients and needed support to cope with stress. There were significant differences in each Medical Social Officer's experiences at the public hospitals of Punjab. Even access to facilities among Medical Social Officers also differed and it contributed to rising emotional burnout in some cases.

The Medical Social Officers had sense of understanding about the concept of mindfulness. Sometimes in carrying out their daily tasks, they experienced mindfulness. The study also revealed that Medical Social Officers coped with emotional burnout through seeking guidance from their senior colleagues, by sharing with their friends from same profession and by sharing their professors at universities for better understanding and handling it.

The responsibilities of managing numerous cases at once, together with the emotional involvement necessarily, contribute considerably to emotional burnout. It has also been discovered that excessive workload and case complexity are significant indicators of emotional burnout in Medical Social Workers. Inadequate resources and support mechanisms inside public hospitals increase stress levels among Medical Social Officers. This study found that limited access to required resources, inadequate personnel, and a lack of administrative assistance all impede their capacity to function efficiently, resulting in emotional burnout. Frequent exposure to clients' traumatic events, as well as the subsequent vicarious trauma have a significant impact on the emotional well-being of Medical Social Officers working in government sector hospitals of Punjab. This exposure causes secondary traumatic stress, a forerunner to emotional burnout.

Conclusion

On the whole, it was evident from study findings that Medical Social Officers suffered from stress, emotional burnout and efficacy problems due to unavailability of support for them. It is the very nature of this profession that the Medical Social Officers agonized from mental health issues. The social relationships they built and positive relationship with peer groups provided them the opportunities to reflect upon their day-to-day issues.

In conclusion, the findings of research present that Medical Social Officers had anxiety, stress and emotional burnout problems based upon relationships with their clientele and hospital staff, supporting debate of Blackman and Newman (2021) that efficacy and emotional burnout is a serious problem among Medical Social Officers. The overall experiences of Medical Social Officers indicated that the government should make serious efforts to provide up to date facilities and staff to them. There should be opportunities for Medical Social Officers, service related trainings and refresher courses to uplift their condition. Some Medical Social Officers shared their personal issues with their friends and sought relief in their company.

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