ORIGINAL ARTICLE

Journal of Emergency Health Care. 2026;15(1): 9
https://doi.org/10.22034/jehc.15.1.9

Burnout and its Impact on the Quality of Romantic Relationships in Treatment Staff

, Zakieh Sadeghi, Mahnaz Sanjari

Department of Clinical Psychology, Islamic Azad University, Garmsar Branch, Semnan, Iran.

Article history:

Received: 8 Mar 2026
Accepted: 14 May 2026
Available online: 25 Jun 2026

Keywords:

Burnout
Quality of romantic relationships
Couple relationships
Treatment staff

Abstract

Purpose: The present study aimed to investigate burnout and its effect on the quality of romantic relationships among treatment staff.
Method: The research method is applied in terms of purpose and is descriptive-survey in terms of nature and research method. The statistical population of this study includes medical staff members working in teaching and private hospitals in Kashan in 2025 who are in a romantic relationship (marriage or stable emotional relationship). Data collection in this study was done through the Meslach Burnout Questionnaire (1981) and the Kondy et al. (2016) Interaction Quality Questionnaire. Data analysis was also done through descriptive and inferential statistics.
Results: The findings of the study indicate that burnout subscales including emotional exhaustion, depersonalization, sense of personal efficacy, and conflict play a significant role in the quality of romantic relationships among treatment staff. Emotional exhaustion, depersonalization, and conflict decrease, and a sense of personal adequacy improves the quality of romantic relationships in treatment staff.
Conclusion: Occupational and emotional mental health of treatment staff are two inseparable dimensions, and simultaneous attention to both areas is necessary to maintain their job performance and personal satisfaction.

Cite this article as: Sadeghi Z , Sanjari M. Burnout and its Impact on the Quality of Romantic Relationships in Treatment Staff. J Emerg Health Care. 2026;15(1):9. https://doi.org/10.22034/jehc.15.1.9.

Introduction

In recent years, with increasing workload, heavy responsibilities, and numerous challenges in the field of healthcare, attention to the mental and emotional health of treatment staff has become a serious necessity. Treatment staff includes doctors, nurses, psychologists, paramedics, and other staff who are in direct contact with patients and human suffering (1). This constant contact with pain, anxiety, death, and illness exposes them to severe emotional and psychological stress. Such conditions, if not managed properly, can lead to burnout, a phenomenon that not only weakens professional performance but also has a direct impact on the personal dimensions of individuals' lives (2). One of the areas that is severely affected by burnout is people's emotional and romantic relationships, because mental and emotional fatigue often leads to a decrease in intimacy, mutual understanding, and satisfaction in relationships (3).

Burnout is a concept first proposed by Herbert Freudenberger in the 1970s, and later defined by Maslak as a psychological syndrome consisting of three main dimensions: emotional exhaustion, depersonalization (or insensitivity to others), and a decreased sense of personal efficacy (4). Emotional exhaustion refers to a state in which a person feels tired and empty due to prolonged work pressure. Depersonalization refers to a state in which a person develops a cold, indifferent, and even negative attitude towards clients or colleagues. In contrast, a decrease in the sense of personal efficacy is related to the perception of inability to perform tasks

Correspondence:
Zakieh Sadeghi
E-mail: Nawhid.Psychologist@gmail.com

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effectively and a loss of a sense of professional worth. These three dimensions, in interaction with each other, cause the individual not only to experience a decline in performance in the workplace, but also to experience emotional turmoil in his or her personal life (5).

The quality of romantic relationships is also a multidimensional construct that includes the level of satisfaction, intimacy, commitment, mutual understanding, emotional support, and effective communication. Healthy, high-quality romantic relationships are considered the main source of psychological support and peace for individuals and play an important role in mental health and life satisfaction. However, in stressful jobs such as healthcare, work pressures and burnout can disrupt emotional communication (6). When a person is psychologically depleted due to emotional exhaustion or depersonalization, their ability to empathize, actively listen, and express affection decreases. In the long run, this can lead to couples drifting apart and increased marital conflict (7).

This challenge is more evident in the treatment staff community than in other groups, because in addition to work pressure, they deal with harsh human realities such as death, pain, patient anxiety, and client dissatisfaction. These pressures not only exacerbate burnout, but also prevent the individual from emotionally rebuilding at home and in their personal lives (8).

Many nurses and doctors do not have enough time for emotional interaction with their spouses or life partners due to long working hours, night shifts, and dealing with critical cases. On the other hand, depersonalization and insensitivity, which are the main symptoms of burnout, can lead to coldness and emotional distance in romantic relationships. This situation not only reduces marital satisfaction in the long term, but can also lead to serious psychological problems such as depression, anxiety, or feelings of loneliness (9). Accordingly, the present study aims to investigate burnout and its impact on the quality of romantic relationships among treatment staff.

Hatita et al. (2024) presented a study titled "Investigating the relationship between job burnout and quality of life, mediated by job satisfaction in preschool teachers (4-6) in the cities of Joghata and Jovin." The results showed that there was a negative and significant relationship between burnout and quality of life and a negative and significant relationship between burnout and job satisfaction. Burnout had an impact on quality of life both directly and indirectly through the mediation of job satisfaction. Therefore, burnout can directly affect job satisfaction and quality of life of preschool teachers. Therefore, it is essential that planners and policymakers make the necessary efforts to increase teachers' job satisfaction on the one hand and to reduce burnout and ways to improve it on the other hand, so that the quality of life can also improve (10).

Sharifian et al. (2022) predicted nurses' burnout based on personality traits, work-family conflict, and social support during the COVID-19 pandemic. The results of the multiple regression model showed that the two predictor variables, extraversion and work-family conflict, were able to predict the emotional exhaustion component. The direction of the effect of extraversion on emotional exhaustion was positive, and the direction of the effect of work-family conflict was negative. The greatest effect on emotional exhaustion was related to extraversion. Perceived social support did not show a significant effect on burnout. The direction of the effect of neuroticism and work-family conflict on depersonalization was positive, and agreeableness had the greatest effect on depersonalization. The direction of the effect of extraversion and conscientiousness on individual success was positive, and the direction of the effect of work-family conflict was negative. Work-family conflict had the strongest effect on individual success (11).

Danesh et al. (2020) conducted a study to phenomenologically explain the role of job burnout in reducing marital adjustment among female elementary school teachers. The results of data analysis showed that the categories of interference between home and work, work-related fatigue, and the impact of workplace problems on relationships within the home were of the highest importance to the interviewees. Therefore, by adopting measures to revive the workplace on the one hand, and providing necessary training to women working in education as teachers, it is possible to increase their marital adjustment while creating a balance between work and family (12).

Meng et al. (2024) conducted a study to investigate whether work motivation is significantly different between single and married groups, and network analysis was used to test the difference in marital status in the relationship between work motivation and burnout. Results showed that married individuals scored significantly in higher work motivation ($p < 0.001$) and in lower burnout ($p < 0.01$). There was no difference between marital status in overall power ($S = 0.019$, $p = 0.931$). However, network structure ($M = 0.158$, $p = 0.01$) differed between the two networks. Specifically, edge-specific strength analysis showed that the negative association of work motivation with burnout was more pronounced in the married network. Notably, 98% of the study participants were male, which may limit the applicability of the results to women. Hence, these results suggested that, at least for male workers, work motivation may play a role in the burnout difference between single and married groups, and that

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being married and work motivation may be considered protective factors against burnout (13).

Chen et al. (2022) investigated the effect of marriage on burnout among healthcare workers during the COVID-19 pandemic. After analysis, marriage was found to be an independent risk factor for postpartum depression. However, the effect of marriage on postpartum depression was not significant after controlling for risk factors. Having children, consuming less alcohol, sleeping less than six hours, working less overtime, working less shift work, and participating in recreational activities with family and friends were identified as mediators between marriage and lower levels of postpartum depression. In addition, chronic illnesses, frequent neck pain, and shoulder pain were suppressive factors. In summary, marriage was associated with an increased risk of postpartum depression. Married individuals maintain higher levels of postpartum depression due to changes in family roles, living conditions, and work circumstances. Overall, helping healthcare workers maintain well-being in their marriage or family life may be effective in reducing burnout during the COVID-19 pandemic (14).

Research Method

The research method used in this study is descriptive-survey. The statistical population of this study includes treatment staff members working in teaching and private hospitals in Kashan in 2025 who are in a romantic relationship (marriage or stable emotional relationship) (about 1200 people). Using the Cochran formula, the sample size was estimated to be 290 people. The members of the statistical sample were selected using simple random sampling and participated in the study. The data collection tools in this study are:

Mezlach Burnout Questionnaire (1981): This questionnaire includes 4 subscales: emotional exhaustion, depersonalization, sense of personal efficacy, and conflict. For scoring each question, two scores are considered: a frequency score and a severity score, such that each person receives a score from 1 to 6 for frequency and a score from 1 to 7 for severity. Finally, each subtest is calculated separately according to the questions (15). The Cronbach's alpha coefficient of the questionnaire in the present study was 0.79.

Interaction Quality Questionnaire: The Couple Relationship Quality Questionnaire was designed and developed by Kondi et al. (2016) to measure the quality of couple relationships. It was also validated in Iran by Taghizadeh Firoujai et al. (2017) to measure the quality of couple relationships. This questionnaire has 9 questions and measures the quality of couples' relationships based on a Likert scale with questions such as (I am satisfied with our relationship). Each item has a 5-point Likert scale from completely disagree (1) to completely agree (5), with a score range of 0 to 45 (the scoring of item 3 of this tool is reversed). The higher the instrument score, the better the quality of the couple's interaction (16). Descriptive and inferential statistics were used to analyze the data.

Results

The results of examining the research hypotheses are presented as follows:

Emotional exhaustion reduces the quality of romantic relationships among treatment staff.

To examine the significance of the mean difference between the reduction in the quality of romantic relationships of treatment staff and emotional exhaustion, a one-sample t-test was used.

Table 1: One-sample t-test for the reduction in the quality of romantic relationships.

Decreased quality of romantic relationships	Mean	T	Degree of freedom	Significance level
Emotional exhaustion	4.3135	35.348	77	0.000

The results, as can be seen, indicate that at a significance level of 0.05, there is a significant relationship between the average emotional exhaustion and the decrease in the quality of romantic relationships of treatment staff.

2. Depersonalization reduces the quality of romantic relationships in treatment staff.

To examine the significance of the mean difference between the reduction in the quality of romantic relationships of treatment staff and depersonalization, a one-sample t-test was used.

The results, as can be seen, indicate that at a significance level of 0.05, there is a significant relationship between the average depersonalization and the decrease in the quality of romantic relationships of the treatment staff.

3- A sense of personal efficacy improves the quality of romantic relationships among treatment staff.

To examine the significance of the mean difference between the improvement in the quality of romantic relationships of treatment staff and the sense of personal efficacy, a one-sample t-test was used.

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Table 2. One-sample t-test for the decrease in the quality of romantic relationships.

Decreased quality of romantic relationships	Mean	T	Degree of freedom	Significance level
depersonalization	3.7521	15.286	77	0.000

Table 3. One-sample t-test for improving the quality of romantic relationships

improvement in the quality of romantic relationships	Mean	T	Degree of freedom	Significance level
Sense of personal efficacy	3.8462	11.605	77	0.000

The results, as can be seen, indicate that at a significance level of 0.05, there is a significant relationship between the average sense of personal efficacy and the improvement in the quality of romantic relationships of the treatment staff.

4- Conflict reduces the quality of romantic relationships among treatment staff.

To examine the significance of the mean difference between the reduction in the quality of romantic relationships of treatment staff and engagement, a one-sample t-test was used.

Table 4. One-sample t-test for the decrease in the quality of romantic relationships.

Decreased quality of romantic relationships	Mean	T	Degree of freedom	Significance level
Conflict	3.8463	13.343	77	0.000

The results, as can be seen, indicate that at a significance level of 0.05, there is a significant relationship between the average level of conflict and the decrease in the quality of romantic relationships of treatment staff.

Discussion

The present study aimed to investigate job burnout and its effect on the quality of romantic relationships in treatment staff. To examine the significance of the difference between the mean quality of romantic relationships of treatment staff and the burnout subscales, a one-sample t-test was used. The results of this test indicate that at a significance level of 0.05, there is a significant relationship between the mean of the burnout subscales and the quality of romantic relationships of treatment staff, which means that the variables play a significant role in reducing or improving the quality of romantic relationships in the studied population, depending on the degree of influence (17).

The results of testing the research hypotheses are as follows:

1. Emotional exhaustion reduces the quality of romantic relationships among treatment staff.

The results indicate that at a significance level of 0.05, there is a significant relationship between the mean emotional exhaustion and the reduction in the quality of romantic relationships of treatment staff.

2. Depersonalization reduces the quality of romantic relationships in treatment staff.

The results indicate that at a significance level of 0.05, there is a significant relationship between the average of depersonalization and the reduction in the quality of romantic relationships of treatment staff.

3. A sense of personal efficacy improves the quality of romantic relationships among treatment staff.

The results indicate that at a significance level of 0.05, there is a significant relationship between the average sense of personal efficacy and the improvement in the quality of romantic relationships of treatment staff.

4. Conflict reduces the quality of romantic relationships among treatment staff.

The results indicate that at a significance level of 0.05, there is a significant relationship between the average level of conflict and the reduction in the quality of romantic relationships of treatment staff.

Conclusion

The results of the present study showed that burnout has a direct and significant effect on the quality of romantic relationships of treatment staff. The findings indicate that emotional exhaustion, depersonalization, and job involvement, as three negative components of burnout, cause a significant decline in the quality of emotional relationships and intimacy among people working in the field of treatment. In other words, work pressures, high volume of responsibility, constant exposure to patients, and environmental stresses (18, 19) make people emotionally drained and less inclined to interact positively with their romantic partners. In the long run, this situation can lead to reduced marital satisfaction, increased interpersonal conflicts, and even emotional distance (7). In particular, emotional

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exhaustion and depersonalization, which are the two main components of burnout, have shown a deep connection with the inability to express affection, emotional indifference, and coldness in romantic relationships.

On the other hand, the results showed that a sense of personal efficacy plays a protective and constructive role in the quality of romantic relationships. People who feel more effective and successful in their work usually show higher self-confidence in social and emotional interactions and are able to transfer positive emotions to their romantic relationships. This sense of adequacy can somewhat neutralize the negative effects of other dimensions of burnout (20) and lead to increased satisfaction and intimacy in the relationship. Therefore, it seems that improving working conditions, reducing psychological stress, and enhancing organizational support for treatment staff can indirectly improve the quality of their romantic relationships. Overall, the findings emphasize that occupational and emotional mental health of treatment staff are two inseparable dimensions and that simultaneous attention to both areas is essential to maintain their job performance and personal satisfaction.

The use of a questionnaire as a data collection tool is considered a limitation of the study due to the possibility of individual bias in answering the questions. It is suggested that the mediating or moderating role of psychological variables such as resilience, social support, or job satisfaction should also be examined.

Funding

None

Authors contribution

Authors conceptualized the study objectives and design.

Acknowledgment

None

Ethics

None

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