

BURNOUT AND PSYCHOLOGICAL DISTRESS IN PRACTICING PSYCHIATRISTS OF LAHORE, PAKISTAN

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Abstract

The present study aimed to investigate the predictive relationship of burnout and its domains, like client-related burnout, work-related burnout, and personal burnout, with psychological distress among psychiatrists. It was hypothesized that (1)- burnout and its domains will have a significant positive correlation with psychological distress among Psychiatrists; (2)- burnout and its domains will be significant predictors of psychological distress. 51 psychiatrists aged 25-57 years ($M = 36$, $SD = 7.71$) were selected purposefully from different hospitals of Lahore, Pakistan. Participants responded to demographic Information form, Kessler Psychological Distress Scale (Kessler, 1992), and Copenhagen Burnout Inventory (PUMA, 1999). Results of Pearson's product moment correlation showed that all three domains of burnout have a significant positive correlation with psychological distress. Moreover, linear regression analysis revealed that Personal and Work-related burnout are both significant predictors of psychological distress among psychiatrists; however, Client related burnout was not a significant predictor of psychological distress. Through its limitation and suggestions for the future researchers the present study will contribute to identifying burnout as a significant predictor of psychological distress in Pakistani context and help them better understand that how the burnout can be reduced.

Keywords: Psychiatrist, Burnout, Client related burnout, Work related burnout, Personal burnout, Psychological distress.

Introduction

Routine life can be overwhelming for some people. Being a professional often adds extra burden or stress in life. Workplace stress can stem from various factors, such as hefty workloads, sense of limited control, poor work-life balance, or a toxic work environment (Madhavi & Rao, 2023). These stressors compound when one is a Mental Health professional, since this profession involves rather diverse experiences, and can result in feelings of burnout and psychological distress.

Burnout is characterized by feelings of emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Jackson, 1981). Emotional exhaustion can be defined as the tiredness, depletion and demotivation which reduces people's capacity to fully function. Depersonalization is feeling numb or distant from their own experiences. It results in having lack of empathy or negative feelings for people around. Reduced personal accomplishment means the lack of pleasure in work that leads to decreased feeling of excitement about achievement at work or overall job satisfaction (Maslach et al., 2001).

Psychological distress is another negative outcome experienced by mental health professionals. Psychological distress is an umbrella term which includes negative feeling like stress, anxiety and depression (Zhu et al., 2022). It has a series of undesirable feelings including that of hopelessness, lack of interest and alteration in sleep and dietary habits. (Kirsh et al., 2018)

The present study focuses on both of these negative outcomes as they are closely connected to each other. In fact, both tend to influence each other. Shanafelt and colleagues (2016) suggested that emotional exhaustion can lead to feelings of depression and anxiety; and this feeling of depression and anxiety can in turn result in increased burnout, as both reduce the happiness from personal accomplishment and energy for motivations.

Although both burnout and psychological distress can be experienced by people belonging to different profession, the aim of the present research is to study these variables among mental health professionals, especially among practicing psychiatrists. According to Kumar (2007) the burnout experienced by Psychiatrists are even more than other doctors and surgeons. Studies have shown that approximately 40% to 50% of psychiatrists experience burnout at some point in their careers (Shanafelt et al., 2015). In fact, the prevalence of depression and anxiety among psychiatrists is higher than in the general population (Shanafelt et al., 2016). This is because their work requires them to deal with patients who are emotionally and psychologically disturbed. Their clinics are usually overcrowded, and they possess limited resources to deal with such situations appropriately. The kind of patients they deal with are also different, as they can be even violent or suicidal (Kumar, 2007). What adds to these issues is the huge stigma related to mental health and recovery of their patients that they have to face (Wuntakal & Padmanabhi, 2023). Then, they are also blamed for improper care if something happens to their patients, without taking into consideration the problems of non-compliance on part of their patient to treatment or lack of social support (Wuntakal & Padmanabhi, 2023). Further, there might be experience of secondary trauma and vicarious trauma, which are the negative effects that result from exposure to the traumatic experiences of patients (Shanafelt et al., 2016).

This can lead to a reduction in work satisfaction and an increase in absenteeism and turnover (Shanafelt et al., 2016). It can also lead to early retirement or even brain drain. All this contributed to more distress or burnout since this leads to shortage of practicing psychiatrists (Wuntakal & Padmanabhi, 2023), and more burden on the ones still practicing. In addition, this burnout and psychological distress can negatively impact the quality of care provided to patients (Shanafelt et al., 2016).

The Job Demands-Resources (JR-D) model of Burnout proposes that demands of job and resources of work available tend to interact resulting in the experience of burnout. Job demands refer to workload, time pressure, work environment and other physical and/or psychological demands of a job, while job resources refer to the feedbacks, rewards, security and other resources available to support employees (Demerouti, 2001). When the job demands increase and there are reduced job resources available, this can lead to burnout; while the reverse can lead to engagement and well-being (Bakker & Demerouti, 2007). There are other research evidences to support this notion. For example, Tims et al (2011) found a burnout to be positively associated with job demand and negatively with job resources. The model not only explains burnout in employees, but psychological distress as well. Burke et al., (1999) found an increase in psychological distress as a result of increased job demand and reduced organizational support.

Similar patterns of research evidence exist among psychiatrist of Pakistan. Hameed and Arif (2013) found that more than 50% of practicing psychiatrists scored high levels of burnout and

symptoms of depression. The reasons found by them were also similar to the global literature, including increased amount of workload, lack of support, exposure to trauma and presence of stigma. In addition, psychiatrists in Pakistan face limited resources and opportunities for continuing education and professional development in the field (Hameed & Arif, 2013).

The present research is being conducted on psychiatrists in the city of Lahore, Pakistan. The aim is to understand the dynamics of burnout and psychological distress among them so as to develop a better understanding and policy for Psychiatrists that can help them help their patients easily. With the improved mental health among psychiatrists, the quality of health-care services their patients will get will be better. The following hypotheses were formulated based on literature review:

- There will be a significant positive correlation between types of burnouts and psychological distress in psychiatrists.
- Burnout will act as a significant predictor of psychological distress in psychiatrists.

Methodology

Study Design

A correlational research design was used to assess the connection between psychological distress and burnout among practicing psychiatrists.

Participants and Sampling Strategy

A sample of 51 psychiatrists, aged 25-57 years ($M = 36$, $S.D = 7.71$), was selected. This sample of psychiatrists was collected through the purposive sampling technique. The participants' demographic characteristics are mentioned (See Table 1). Psychiatrists were included in this study only if they were: practicing currently in the hospitals and were residents of Lahore. Those psychiatrists were excluded who were divorced or separated.

Table 1

Participants' Demographic Characteristics

Variables	Frequency	Percentage
<i>Academic Qualification</i>		
Graduation	24	47.1
Masters	27	52.9
<i>Years of Experience</i>		
1-5	19	37.3
6-10	14	27.5
11-15	12	23.5
16-20	2	3.9
21-25	1	2.0
26-30	3	5.9
<i>Marital Status</i>		
Single	13	25.5
Married	38	74.5
<i>Family System</i>		
Joint	17	33.3
Nuclear	34	66.7
<i>Monthly Income of Family</i>		
Lower Class	2	3.9
Middle class	32	62.7

Upper Class	17	33.3
<i>Birth Order</i>		
First Born	15	29.4
Middle Born	27	52.9
Last Born	6	11.8
Only Child	3	5.9
<i>Type of Workplace</i>		
Private	8	15.7
Government	43	84.3
<i>Working hours per day</i>		
Minimum Working Hours	4	82.4
Maximum Working Hours	9	17.6

Measures

Informed Consent Form

The participants were explained about the purpose behind the conduction of the study in the informed consent form, and they were asked for their voluntary participation. Moreover, their written agreement for their participation was also be included in this form.

Demographic Information Form

Demographic information form included all the rudimentary and basic information of the participants, i.e., name (optional), age, gender, qualification, years of experience, marital status, family system, socioeconomic status, birth order, presence of any medical issue, physical disability and diagnosed psychiatric illness, religion, name of the workplace and working hours per day.

Kessler psychological distress scale

10 items are present in Kessler psychological distress scale (K10) and it was developed by Ronald C. Kessler in 1992. It is used to determine psychological distress. Each item's response scale is five levels. The scoring is from 1 = none of the time to 5 = all of the time. The minimum score is 10, and the maximum score is 50. The Kessler Psychological Distress Scale is a reliable instrument, with the kappa scores lying between 0.42 and 0.74 (Kessler et al., 2003)

Copenhagen Burnout Inventory

Copenhagen burnout inventory is a scale of 19 items, and it was a PUMA project started in Demark 1999 (Kristensen et al., 2005). It is used to determine burnout among participants, and it has three subscales. Personal burnout has six items. Burnout related to work has seven items. And burnout related to client has 6 items. The response categories for these three subscales are 5. Response categories for the personal burnout subscale are from Never = 0 to Always = 5. The same goes for the last four items of the work-related burnout subscale, but its first three items have response ranges from 1= to a shallow degree – 5= to a very high degree. Moreover, its last item is reverse scored. The first four items are scored from 1= to a shallow degree for client-related burnout – 5= to a very high degree. And the last two items are scored from never = 0 to always = 5. This inventory has good reliability and validity.

Procedure

First of all, a brief introduction was given about the current study, and then consent was taken from HODs (Head of the Department) of related hospitals. The sample was collected via purposive sampling techniques from various government and private hospitals in Lahore. They were given informed consent, and then the purpose of the study and the time taken to complete the questionnaire was explained to them. They filled the demographic sheet, and then they were asked to complete the Kessler Psychological Distress Scale and Copenhagen Burnout Inventory. These

scales were used after ensuring the permission was granted by the authors. In the end, appropriate statistics were applied, and results were extracted.

Statistical Analysis

Stepwise regression was applied to determine the association among Study variables and predictive association of burnout with mental health and suicidal ideation. IBM SPSS Statistics 24 was applied to conduct this analysis.

Ethical Considerations

The ethical considerations were followed very carefully during the conduction of this research. The concerned authorities and participants signed approval. Informed consent was taken, and the participants were told that they could withdraw from the participants if they wanted at any time. No emotional or physical harm was attached to the participants while participation was ensured. And the research was conducted after getting approval from the Approval and Ethical Committee of the Department of Humanities, COMSATS University Islamabad, Lahore Campus.

Results

Table 2

Relationship between Person-related Burnout, Burnout related to work, Burnout related to client and Psychological Distress in Psychiatrists

Measure	Psychological distress	Personal Burnout	Burnout related to work	Burnout related to client
Psychological distress	1	.816**	.782**	.729**
Personal burnout		1	.825**	.754**
Work-related burnout			1	.716**
Client-related burnout				1

Note. $p < .05$ or $p < .01$, $N = 50$

It is shown that a positive significant association exists between psychological distress and personal burnout $r = .82$, $p < .05$. It indicates a significant positive association between burnout related to work and psychological distress $r = .78$, $p < .05$ and a positive significant association between burnout related to client and psychological distress $r = .73$, $p < .05$.

Table 3

Linear Regression Analysis and Analysis of Variance Statistics of Person-related Burnout, Burnout related to work, Burnout related to client and Psychological Distress in Psychiatrists

Model	R	R ²	Adj. R ²	SS	df	MS	F	P
Personal Burnout	.816	.666	.659	1274.9	1	1274.9	97.7	.000
Work-related Burnout	.839	.703	.691	1346.3	2	673.2	56.9	.000
Client-related Burnout	.848	.720	.702	1377.8	3	459.3	40.2	.000

Note. $p < .05$ or $p < .01$, $N = 50$

Linear analysis regression between domains of burnout and psychological distress indicates a significant predictive relationship between personal burnout & burnout related to work and psychological distress. It also shows an insignificant predictive relationship between client-related burnout and psychological distress in psychiatrists.

Table 4

Coefficient statistics of Person-related Burnout, Burnout related to work, Burnout related to client and Psychological Distress in Psychiatrists (N=51)

<i>Model</i>	<i>Unstandardized Coefficient</i>		<i>Standardized Coefficient</i>		
	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>	<i>Sig.</i>
(Constant)	6.34	1.43		4.443	.000
Personal Burnout	.487	1.7	.431	2.871	.006
Work-related Burnout	.266	1.33	.282	1.996	.052
Client-related Burnout	.225	1.35	.202	1.661	.103

Note. $p < .05$ or $p < .01$, $N = 50$

The table shows that person-related burnout is the strongest medium of psychological distress. Burnout related to work is a strong predictor of psychological distress, whereas there is an insignificant predictive relationship between client-related burnout and psychological distress.

Discussion

Human life is commonly divided in three major domains, personal life, social life and work life all three domains are at the same time mutually exclusive as well as inclusive. One well managed domain can play a positive role to manage the other and in long run play a pivotal role in a balanced life and wellbeing. In contrary to the well managed and stress-free life if anyone of the aforementioned aspects of life is getting disrupted or imbalanced, it can break the smooth flow of managed life and wellbeing. There are multiple factors which can impact the personal social and work life of the individuals negatively and increase the psychological distress such as economic hardships, relationship conflicts, poverty, workload, environmental changes, socio political stressors and cultural and ethnic diversities and many more. One of these crucial factors is burnout.

Burnout is a term usually used when an individual feels depersonalized, physically or emotionally exhausted and primarily unable to accomplish set goals. (Maslach, 2001). From last many decades researchers are interested to find out the reasons, and impacts of burnout on human functioning such as physical and psychological wellbeing, personal and work-life balance, relationship satisfaction etc. Moreover, burnout have also been studied as a potential contributing factor for the development of psychological distress characterized by anxiety and depression (Malik et. al 2023). Many other researchers found a significant positive relationship between burnout and psychological distress. For example, a study by Shao, et al (2020) found that individuals experiencing burnout were significantly more likely to experience symptoms of depression and anxiety.

Burnouts are variably affecting mental health of working individuals mainly because of two factors. One is the type of profession with the sub dimensions of socio-economic position, work environment and work-related resources. Whereas, second is based on types of burnouts. Such as *Personal burnout*, *work related burnout*, and *client related burnout*. By keeping the significance of the said topic in mind present study aimed to investigate the predictive relationship of burnout and its domains, like Client Related Burnout, Work related burnout, and Personal burnout, with psychological distress among psychiatrists. First hypothesis of the study was “Client Related Burnout, Work related burnout, and Personal burnout will have a significant positive correlation with Psychological Distress among Psychiatrists” which has been proved; whereas second hypothesis was “Client Related Burnout, Work related burnout, and Personal Burnout will be significant predictors of psychological distress” which has been partially proved as work related

burnout and personal burnout were proven to be significant predictors of psychological distress however client related burnout have not been proved as a significant predictor of psychological distress among psychiatrists.

To understand the results more meaningfully it is essential to interpret the results first. Present study showed the predictive relationship between work related burnout and personal burnout with psychological distress which shows that personal burnout is a state of exhaustion in terms of general fatigue, loss of energy and depletion whereas work related inefficacy can be explained in terms of lack of motivation to produce, low morale and an inability to cope can significantly contribute to develop psychological distress which clinically interpreted as anxiety and depression. Whereas, in general this distress can be manifested as change in work related attitudes and behaviors. This indicates the higher vulnerability of the psychiatrists to experience high levels of personal burnout or work-related burnout leading toward the symptoms of psychological distress. (Maslach & Michael, 2016).

Similar kind of phenomenon have been supported by Park and Kim (2021) who found that burnout related to work and burnout related to clients both have strong correlation with psychological distress. More over Snarr & Beasley (2022) found that in service-based professions there are more severe cases of personal burnout as compare to work related or client related burnouts. Additionally, Jain, Kumar, & Saini (2020) also supported the concept especially with reference to psychiatrists. The main reason of these significant positive relationship of psychological distress with all types of burnout could be many for example the mental health care professionals like psychologist, psychiatrist and nursing staffs are providers or expected to be providers of multiple services such as emotional support, psychiatric care, therapies, kind listening and sometimes financial and legal guidance also which is not only keeps the profession more noble and respectfully prominent but also overwhelming and stressful. Moreover, with reference to Pakistan this job is high in demand and low in resources because of a very low number of psychiatrists in the field. According to WHO "Pakistan has only 0.19 psychiatrists per 100,000 inhabitants" (WHO, 2025). Therefore, it can be assumed that big influx of patients in psychiatric units dealt by limited number of professionals can be a potential risk factor for physical and mental fatigue and exhaustion leading to personal and work-related burnouts.

Other than the workload lack of control among psychiatrists can also be linked with burnout and psychological distress (Maslach & Michael, 2016). According to a study on physicians, when health service providers are having least control over management, they can report minimum control and significantly higher imbalance between expected and experienced stress which can fairly be linked to burnout (Dennis & Swartz, 2015). Though the term "sense of control" is subjective but it can be suggested that when the psychiatrists or mental health care professionals are working under management must be bound to obey certain rules and regulations to comply with the system such as fee structure, allocated or average time of a session, working hours, and work environment. Sometime these restrictions have to be overruled because of mental health conditions of the client which are more mental and emotional rather physical. This particular scenario of lack of professional autonomy might be a potential risk to develop lack of control and burnout.

Moreover, the mental health is going to be considered as a selfless profession in which the professional has to be available sometimes more than their capacity. As a collectivistic culture Pakistani professionals might be more pressurized to follow their cultural values of care and sympathies which as mentioned before can be rewarding but at the same time overwhelming and demanding. (Jamil & Baseer, 2023).

Previous explanations can also be linked with the further findings of the research that client related burnout is not a significant predictor of psychological distress among psychiatrist the results can be attributed to Pakistani culture which is a combination of collectivistic value system and a society dominated by Islamic values and teachings. In Islam helping others and serving humanity in terms of saving a human life is going to be considered as most precious good deed which believed to promising for a big reward from almighty Allah. This basic believe creates a whole value system which in a nut shell makes the health care providers more respectful and Noble because they are life savers. Islamic teachings in Pakistan are dominantly blended and aligned with values of collectivistic culture. As Soomro, & Memon (2010) mentioned in their comparative analysis that according to many studies, Pakistan is dominated by collectivistic societal structure and collectivistic cultures are preferring values of cooperation, equality, honesty, self-sacrifice, politeness, and family security. (Preston et al., 1993; Triandis et al., 1985; 1990 cited by Soomro and Memon 2010). Therefore, it can be assumed that the psychiatrist takes their profession not only as a noble profession as around the world but also deal their clients as their selfless duty and a way to get reward in their eternal life and that is way their client related burnout is not common or influential that much to develop psychological distress.

At the end it can be concluded that there was a significant positive relationship found of all types of burnouts (work related, personal and client related) with psychological distress. Moreover, work related burnout and personal burnout were proven to be significant predictors of psychological distress. On the other hand, the results indicated an insignificant predictive relationship between client-related burnout and psychological distress which shows that though client-related burnout might be significant correlate of psychological distress but may not cause the psychological distress.

The findings are strongly indicating toward the importance of burnout and its psychological and functional impacts like psychological distress at workplace, more specifically in the professions which are more stressful and demanding. The results of this linear regression analysis provide further evidence of the significant predictive relationship between burnout and psychological distress, particularly personal burnout and burnout related to work, in psychiatrists. Moreover, these finding can be a motivation to prevent the development of psychological distress.

Furthermore, the practical implication of this research will help the future researchers, therapists, mental health care providers like psychologists and psychiatrist policy makers and organizational head of medical units and hospitals to be more attentive toward the critical impacts of burnout on professional mental health and well-being and take the effective preventive measures for improvement of a fraternity who is always ready to help others to make the individual and society healthy.

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