

PERSONALITY PROFILES AND BURNOUT DIMENSIONS AMONG EMERGENCY CARE PROFESSIONALS IN HUNGARY: A CROSS-SECTIONAL STUDY

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OBJECTIVES

Emergency care professionals are exposed to substantial psychological strain, while individual personality characteristics may influence the subjective experience of work-related stress and burnout risk. This study examined the associations between personality types and burnout dimensions among emergency care professionals exposed to high psychological strain.

METHODS

A cross-sectional study was conducted between 28 February and 1 September 2025 at the Emergency Department of the Petz Aladár University Teaching Hospital, Győr, Hungary (n = 129). Burnout was assessed using the Maslach Burnout Inventory (MBI), while personality profiles were identified using the Myers-Briggs Type Indicator (MBTI). Descriptive statistics were performed, followed by independent samples t-tests, Mann-Whitney U tests, one-way ANOVA, and Spearman's rank correlation (p<0.05) using SPSS version 29.0.

RESULTS

Most participants exhibited moderate burnout (62%), while severe burnout was identified in 23.3% and 14.7% showed no signs of burnout. Guardians represented the largest subgroup (60.4%), followed by Rationalists (20.9%), Idealists (17.1%), and Artisans (1.5%) (Figure 1). Rationalists demonstrated significantly higher Emotional Exhaustion (mean: 24.48±8.39) than Guardians (mean: 13.82±8.24; p<0.001), with similarly unfavorable results observed for Depersonalization (mean: 21.96±8.74 vs. 12.06±8.48; p<0.001) (Table 3). Artisan types reported higher Personal Accomplishment than Rationalists (mean: 41.00±1.41 vs. 28.96±8.01; p=0.035). Individuals preferring Intuition showed higher Emotional Exhaustion (mean: 21.94±8.76 vs. 13.85±8.14; p<0.001) and Depersonalization (mean: 19.22±9.90 vs. 12.04±8.38; p<0.001), along with lower Personal Accomplishment compared with Sensing types (mean: 30.51±8.36 vs. 34.41; p=0.012) (Table 1&2).

CONCLUSIONS

Personality profiles are significantly associated with burnout dimensions in emergency care settings. Accordingly, personality-focused, targeted approaches may play a key role in enhancing the effectiveness of burnout prevention programs.

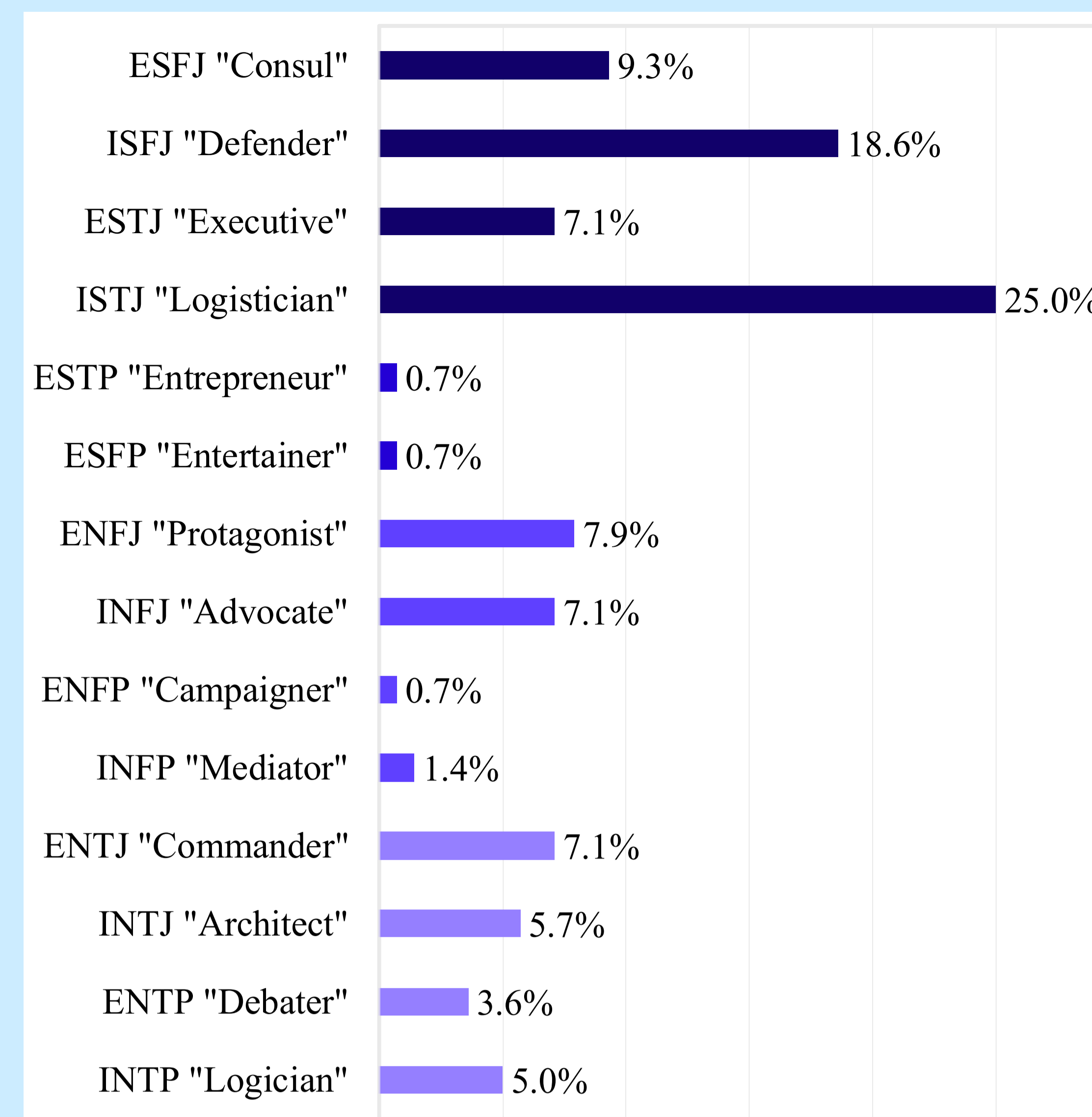


Figure 1. Distribution of MBTI Personality Types Among Emergency Care Professionals (n = 129)

Burnout dimensions	dichotomy	n	M ± SD	p-value
emotional exhaustion	intuition	49	21.94 ± 8.76	<0.001
	sensing	80	13.85 ± 8.14	
depersonalization	intuition	49	19.22 ± 9.90	<0.001
	sensing	80	12.04 ± 8.38	
personal accomplishment	intuition	49	30.51 ± 8.36	0.012
	sensing	80	34.41 ± 8.51	

Table 1. Relationship Between Maslach Burnout Dimensions and Intuition-Sensing Preference

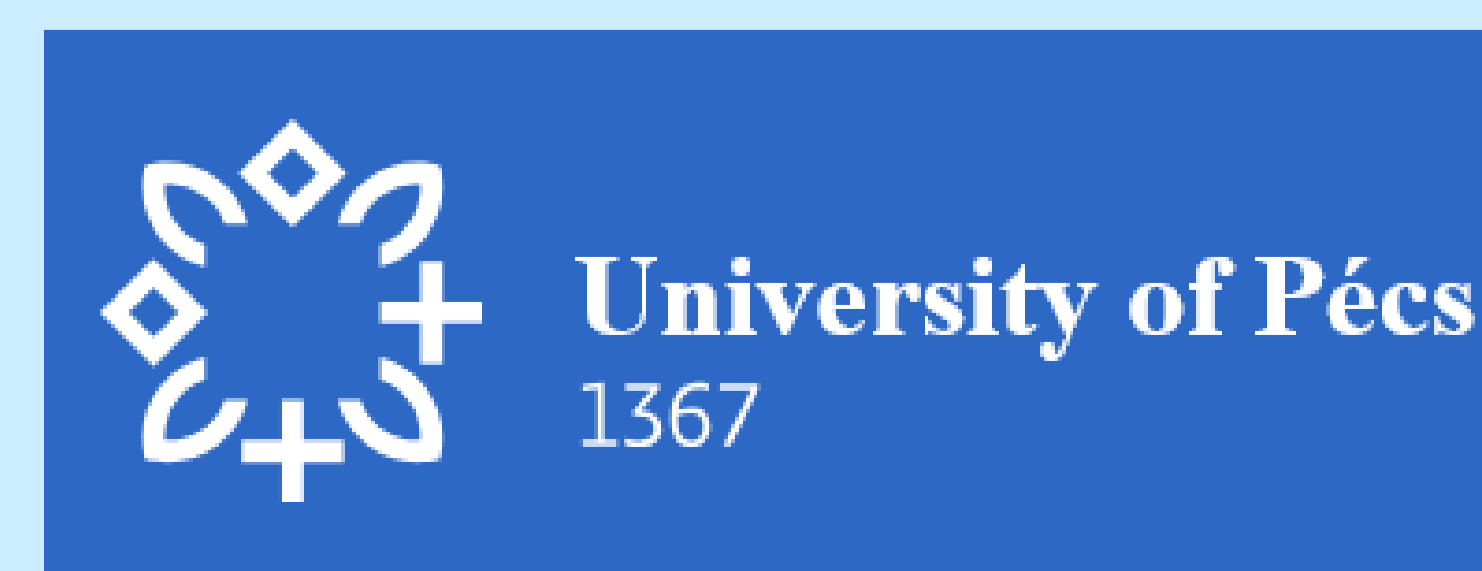
Burnout dimensions	dichotomy	n	M ± SD	p-value
emotional exhaustion	perceiving	17	24.94 ± 6.87	<0.001
	judging	112	15.71 ± 8.95	
depersonalization	perceiving	17	22.00 ± 8.40	<0.001
	judging	112	13.67 ± 9.34	
personal accomplishment	perceiving	17	29.29 ± 9.54	0.062
	judging	112	33.48 ± 8.39	

Table 2. Relationship Between Maslach Burnout Dimensions and Perceiving-Judging Preference

		n	Burnout Dimensions		
			emotional exhaustion	depersonalization	personal accomplishment
			mean ± SD	mean ± SD	mean ± SD
MBTI group	rationalists	27	24.48 ± 8.39	21.96 ± 8.74	28.96 ± 8.01
	idealists	22	18.82 ± 8.35	15.86 ± 10.40	32.41 ± 8.56
	artisans	2	15.00 ± 1.41	11.00 ± 2.83	41.00 ± 1.41
	guardians	87	13.82 ± 8.24	12.06 ± 8.48	34.24 ± 8.55
total		129	16.92 ± 9.23	14.77 ± 9.61	32.93 ± 8.63
ANOVA p-value			p < 0.001	p < 0.001	p = 0.023
eta-squared (η ²)			η ² = 0.22	η ² = 0.17	η ² = 0.07

Table 3. Distribution of Burnout Dimensions by MBTI Personality Types

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