

Beyond the WEIRD Paradigm: Toward Inclusive Management Approaches to Burnout and Anxiety

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Abstract: The phenomena of burnout and anxiety have become a serious concern in global mental health due to their impact on individual psychological well-being and productivity. Although research on work stress continues to grow, the literature remains largely dominated by Western perspectives, leaving sociocultural aspects in non-Western populations understudied. This systematic review aims to examine how sociocultural factors influence the prevalence, manifestations, and coping strategies for burnout and anxiety in adolescents and adults across various professions. This study followed PRISMA guidelines and searched the Scopus database through 2025. A total of 103 primary studies were selected after a screening process and methodological quality evaluation using the Joanna Briggs Institute (JBI) instrument. The analysis was conducted using narrative thematic analysis and supported by bibliometric mapping using VOS viewer software. The results indicate that cultural context plays a role in shaping experiences of burnout and anxiety. Several studies in collectivistic societies reported more frequent somatization symptoms, while studies in more individualistic societies tended to show a predominance of emotional exhaustion. Furthermore, this study found a predominance of WEIRD (Western, Educated, Industrialized, Rich, and Democratic) samples in the mental health literature, indicating a limited representation of non-Western cultures. Factors such as social stigma, hierarchical structures, and demands for self-sacrifice were associated with an increased risk of burnout, particularly in caregiving professions. Conversely, communal support and spirituality were reported as adaptive coping strategies in various Eastern cultural contexts. These findings underscore the importance of developing more culturally sensitive mental health interventions and organizational policies. However, the results of this study should be interpreted with caution, as the heterogeneity of cultural characteristics and study designs analyzed may limit the generalizability of the findings. Therefore, further research with a more diverse cross-cultural approach is needed to strengthen our understanding of burnout and anxiety in a global context.

Keywords: Cultural Humility; WEIRD Paradigm; Management Approaches.

Introductions

The global phenomenon of burnout and anxiety has reached a critical juncture, significantly impacting both individual mental health and economic productivity across various professional sectors. Burnout, characterized by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment, is alarmingly prevalent among healthcare workers; notably, more than 50% of nurses, physician assistants, and physicians reported symptoms even prior to the COVID-19 pandemic (West et al., 2022). The pandemic has severely exacerbated these issues, precipitating increased rates of anxiety, depression, and burnout that are projected to persist well beyond the acute phase of the crisis (Chutiyami et al., 2022; Shechter & Norful, 2022). This psychological distress not only deteriorates individual well-being but also directly jeopardizes patient care and safety (Naidoo et al., 2020). From an economic perspective, the burden of work-related stress is substantial, with productivity losses – manifesting as absenteeism and presenteeism – accounting for 70% to 90% of total costs, while direct healthcare expenses constitute the remainder (Hassard et al., 2018; Robba et al., 2022). In the European Union, mental disorders

account for a significant portion of the global burden of disease, underlining their extensive societal impact (Trautmann et al., 2016). This situation is particularly dire in resource-constrained settings, such as KwaZulu-Natal, South Africa, where burnout among medical doctors is intricately intertwined with anxiety and depressive symptoms, further compounded by organizational deficits like inadequate support and resources (Naidoo et al., 2020). Similarly, high-stress specialties, such as anesthesiology, present unique challenges that elevate burnout risk and compromise clinical outcomes (Milenovic et al., 2020). Consequently, addressing these multidimensional issues requires a systemic approach—integrating confidential access to wellness programs, mental health support, and structural changes to organizational culture—to effectively mitigate the adverse socioeconomic and clinical impacts of occupational distress (Shechter & Norful, 2022; Surguladze et al., 2023; West et al., 2022).

To conceptualize this pervasive distress, the Job Demands-Resources (JD-R) model has served as a predominant framework in occupational psychology. Crucially, this conceptual architecture has also been successfully adapted into the Study Demands-Resources (SD-R) framework to capture the parallel epidemic of academic burnout among adolescents and young adults navigating high-stakes educational transitions (Lesener et al., 2020; Salmela-Aro & Upadyaya, 2014). The model posits that while excessive demands precipitate stress and burnout, adequate resources can buffer these adverse effects and promote overall well-being. However, the prevailing assumption that psychological responses to these demands and resources are universally uniform across different populations is increasingly being challenged. Empirical evidence highlights significant contextual variations; for instance, research on police officers indicates that specific social and organizational resources—such as a sense of community and development opportunities—are disproportionately influential in reducing burnout and enhancing job satisfaction (Rauschmayr et al., 2023). Similarly, studies involving public servants and school principals demonstrate that individual differences, including personality traits and prior job-related outcomes, moderate the impact of job demands, thereby disputing the efficacy of a one-size-fits-all conceptualization (Borst & Knies, 2023; Marsh et al., 2023). The profound influence of specific work environments is further exemplified by saturation divers, whose reliance on personal traits like mental endurance underscores how individual characteristics and unique job contexts jointly dictate stress responses (Romsbotn et al., 2022). Furthermore, the COVID-19 pandemic has illuminated profound heterogeneities in employee stress trajectories, revealing that individuals in unfavorable socio-environmental conditions experience disproportionately adverse effects (Xie et al., 2023). The literature consistently affirms that the buffering capacity of resources fluctuates significantly based on occupational typology, educational phases, and individual attributes (Brady et al., 2019). Collectively, these findings suggest that while the JD-R and SD-R models offer robust foundational frameworks, their application must be calibrated to accommodate the diverse psychological mechanisms operating across different populations and sociocultural contexts, advocating for a more nuanced paradigm in mental health (Van Veldhoven et al., 2020).

Despite this growing recognition of contextual nuances, recent bibliometric analyses underscore a fundamental gap in global academic discourse: the chronic underrepresentation of cultural factors and the overwhelming dominance of Western perspectives, predominantly drawn from WEIRD (Western, Educated, Industrialized, Rich, and Democratic) samples. This epistemological bias is pervasive across multiple scientific domains. In the psychological sciences, for example, studies pertaining to COVID-19 reveal a pronounced geographic bias toward Western authors and participants, with these publications disproportionately dominating high-impact journals and citation metrics (Puthillam, 2023). Parallel trends are observed in specialized fields such as sex research and psychosis studies, which rely almost exclusively on WEIRD societies (Burkhard et al., 2021; Klein et al., 2022). This structural bias is particularly alarming in psychometrics and clinical assessment; foundational diagnostic criteria and measurement tools for stress—such as widely utilized burnout inventories—were predominantly developed, normed, and validated within Western contexts. Consequently, their clinical utility and cross-cultural validity are severely compromised when applied to non-WEIRD populations, potentially leading to the misinterpretation of symptoms in collectivist societies (Henrich et al., 2010; Kirmayer & Ryder, 2016). Ultimately, the systemic lack of sample diversity not only skews our understanding of global psychological phenomena but also perpetuates a myopic view of human behavior, as evidenced by foundational models in social change and communication that falter when applied outside Western contexts (Bryant, 2022; Klackl et al., 2023). Addressing these entrenched gaps necessitates a concerted, structural effort to decenter WEIRD narratives and foster robust collaborations across diverse geographical and cultural landscapes (Roychowdhury et al., 2022). By broadening the scope of research to include diverse populations, academia can develop a more comprehensive and inclusive understanding of global issues.

The consequences of this WEIRD-centric paradigm are most acutely felt in the development and deployment of clinical intervention strategies, revealing critical knowledge deficits regarding how local norms, values, and stigmas shape stress manifestation and management in collectivist societies. Collectivism, as a

foundational cultural orientation, fundamentally dictates coping mechanisms; for instance, Asian and African American populations frequently utilize collective coping behaviors that are deeply embedded in communal and relational norms rather than individual autonomy (Kuo, 2013). This cultural paradigm also modulates mental health stigma. In the Pacific Rim, intersecting values of collectivism, Confucianism, and familism profoundly construct stigmatizing attitudes toward mental illness (Ran et al., 2021), while in Pakistan, sociocultural-religious beliefs necessitate highly tailored awareness programs to facilitate help-seeking behaviors (Ciftci et al., 2012).

Consequently, the effective implementation of evidence-based interventions (EBIs) in diverse communities is consistently hindered by the omission of localized cultural factors in mainstream literature, limiting their adaptation and success (Bernal et al., 2009; Kohrt et al., 2014; Raposa et al., 2023). The necessity of cultural contextualization was further reinforced during the pandemic, where dimensions such as uncertainty avoidance and masculinity significantly moderated the efficacy of coping styles and psychological symptoms (Wang et al., 2020). Crucially, cultural values function distinctly across demographics – family obligation serves as a protective factor for emotional well-being in Korean students, contrasting with the experiences of European American cohorts (Ben et al., 2014), while culturally specific idioms of distress, such as "tension" in Bangladesh, dictate how psychological pain is communicated and treated (Karasz et al., 2013). Similarly, among Chinese internal migrants, a collectivistic orientation has proven effective in mitigating depression by buffering acculturative stress (Du et al., 2014). Given the global mental health movement's historical tendency to impose rigid biomedical models that often alienate diverse populations (Kirmayer & Pedersen, 2014), there is an urgent imperative to systematically decode and integrate these cultural variables into clinical practice to ensure their effectiveness in collectivist societies.

To bridge these critical epistemological and clinical gaps, this study employs a robust dual-methodological approach. By integrating advanced bibliometric mapping to empirically unmask the structural geographic biases within the literature, alongside a profound narrative thematic synthesis of 103 selected studies, this systematic review aims to map the intricate influence of cultural factors on mental health. Specifically, this review seeks to elucidate how sociocultural determinants shape the prevalence, symptom presentation, and effectiveness of burnout and anxiety coping strategies among adolescents and adults across diverse global contexts. By moving beyond the universalist assumptions of the JD-R model and the WEIRD paradigm, this study endeavors to provide a culturally grounded foundation for the development of more inclusive, accurate, and efficacious mental health interventions worldwide.

Method

Formulation of the Research Question

This systematic literature review was initiated by formulating a precise research question utilizing the Population, Concept, and Context (PCC) framework. The target population encompassed the developmental spectrum from adolescents to adults across various occupational sectors, with a particular emphasis on high-touch and caregiving professions that exhibit pronounced vulnerability to occupational stress. The core concept investigated centered on the clinical manifestations, coping mechanisms, and management strategies pertaining to burnout and anxiety. Concurrently, the context of this review was specifically framed by sociocultural determinants to evaluate how cultural norms, hierarchies, values, and stigmas operate as moderating variables that either exacerbate or buffer these psychological conditions. This architectural framework guided the inquiry to systematically determine how cultural factors dictate the presentation of symptoms and influence the efficacy of coping strategies globally.

Literature Search Strategy

To identify relevant empirical literature with high methodological rigor, a comprehensive search strategy was exclusively executed on the Scopus academic database. Scopus was purposively selected as the sole database due to its unparalleled multidisciplinary breadth, comprehensively bridging the psychological, medical, and sociological domains. This macro-level indexing is fundamentally crucial for this specific review, as research concerning cultural determinants and occupational stress frequently traverses diverse academic disciplines, extending far beyond the parameters of strictly clinical repositories. The search strategy was subsequently conducted without a lower date boundary to capture the complete historical trajectory of the discourse, with the inclusion period extending up to the year 2025. The search string was meticulously developed using a combination of targeted keywords, index terms, and variations to capture the multidimensionality of burnout, mental health, and cross-cultural dynamics. The specific search query deployed was: (burnout OR "occupational burnout") AND (adolescent OR adult OR "young adult" OR "working adult") AND (culture OR "cultural context" OR "cultural factors" OR "cross-cultural" OR "ethnic difference") AND (anxiety OR "mental health"). This initial search yielded a total of 268 potential papers. To ensure the retrieval of high-quality, peer-reviewed, and accessible data, rigorous filtering parameters were subsequently applied. The search was restricted to final-stage journal articles published

in the English language and operating under a full open-access publishing model. Following the application of these predetermined filters, the search results were refined to a corpus of 136 articles ready for the screening phase.

Study Selection Process

Although a formal review protocol was not prospectively registered in a public database (e.g., PROSPERO), the screening and selection procedure adhered strictly to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to guarantee maximal methodological transparency and minimize selection bias. The entire screening process was conducted independently by two reviewers (the primary investigator and a co-reviewer). Initially, the 136 retrieved articles underwent a rigorous title and abstract screening by both reviewers to eliminate publications that explicitly fell outside the established PCC parameters. Articles that advanced past this initial stage were then subjected to a comprehensive full-text review based on a priori-defined inclusion and exclusion criteria. The inclusion criteria mandated that the studies present empirical investigations into the interaction between cultural variables and occupational mental health outcomes. Conversely, studies lacking clear cultural considerations, opinion pieces, narrative reviews, and publications without validated assessment tools were systematically excluded. Any discrepancies or disagreements between the two reviewers during the screening phases were resolved through a rigorous consensus discussion. An exceptionally high level of initial concordance was observed between both reviewers; thus, all minor diagnostic and inclusion discrepancies were effectively harmonized without necessitating third-party arbitration, until a unanimous agreement was reached. Through this multi-layered screening trajectory, an attrition occurred wherein a final sample of 103 primary research articles was successfully retained as the eligible cohort for the synthesis.

Methodological Quality Assessment

To safeguard data integrity and ensure the validity of the synthesized findings, each of the 103 included articles underwent a standardized methodological quality assessment. This critical appraisal process adopted the specific evaluation instruments provided by the Joanna Briggs Institute (JBI), calibrated to the respective research designs of the primary literature. The evaluation rigorously scrutinized potential biases, the appropriateness of the study design, the psychometric validity of the applied measurement tools, and the robustness of the statistical analyses. Rather than applying an arbitrary numerical threshold, a qualitative exclusion criterion was employed; studies were excluded only if they exhibited fatal methodological flaws – such as the use of unvalidated assessment instruments, severe selection biases, or inappropriate statistical modeling – that fundamentally compromised the integrity and reliability of their findings. Only studies that demonstrated a high degree of methodological resilience and maintained transparency regarding their limitations were retained, thereby ensuring that the final synthesis was constructed upon a profoundly solid empirical foundation.

Data Extraction

Data retrieval from the 103 selected articles was systematically executed utilizing a structured extraction matrix specifically engineered for the architecture of this review. This comprehensive matrix consisted of twelve extraction dimensions designed to capture the methodological and thematic essence of the literature. The extracted components encompassed basic publication metadata, study design configurations, geographic distribution, and detailed demographic profiles of the samples. More fundamentally, the process extracted specific clinical and cultural parameters, including the assessment instruments utilized, the cultural context underpinning the sample, the primary findings regarding symptom presentation, and the precise identification of implemented coping strategies and culturally adapted interventions. The extraction protocol also systematically recorded the study limitations acknowledged by the original authors to serve as critical inputs for evaluating literature gaps during the synthesis phase.

Data Synthesis and Analysis

The complex integration of the literature findings was executed using a mixed-synthesis approach that integrated quantitative bibliometric mapping with narrative thematic analysis. To establish an objective macroscopic view of the research landscape, an advanced bibliometric analysis was operationalized using VOSviewer software. Bibliographic data were visualized to unpack the architecture of the scientific network through the analysis of author keyword co-occurrence, text data co-occurrence from titles and abstracts, and the hegemony of country co-authorship. Concurrently, the textual data from the extraction matrix were qualitatively analyzed to identify converging patterns, divergent clinical manifestations, and the efficacy of cross-cultural interventions. These qualitative insights were subsequently distilled into six principal analytical themes. The methodological triangulation between the bibliometric visual mapping and the profound thematic synthesis facilitated the drawing of robust conclusions regarding the current state of the literature while concurrently validating the novelty of the present study.

Findings and Discussion

Study Selection and PRISMA Flow

The systematic search and study selection process was executed in rigorous adherence to the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines, as delineated in the flow diagram (see Figure X). The initial systematic search across the Scopus database yielded a total of 136 records. As no duplicate records or automation-flagged ineligible records were identified prior to the screening phase, all 136 records proceeded directly to the title and abstract evaluation. During this preliminary screening, 14 records were excluded for failing to align with the apriori-defined inclusion criteria. Consequently, 122 reports were sought for full-text retrieval. Of these, 15 reports could not be successfully retrieved, leaving a corpus of 107 articles to be comprehensively assessed for eligibility. Following an in-depth full-text appraisal, an additional 4 reports were systematically excluded due to fatal methodological flaws and a lack of explicit cultural context. Ultimately, a final cohort of 103 empirical studies successfully met all rigorous inclusion parameters and were retained for the systematic data extraction and thematic synthesis. The ensuing sections present the bibliometric mapping of this cohort, followed by a profound narrative synthesis categorized into six principal analytical themes.

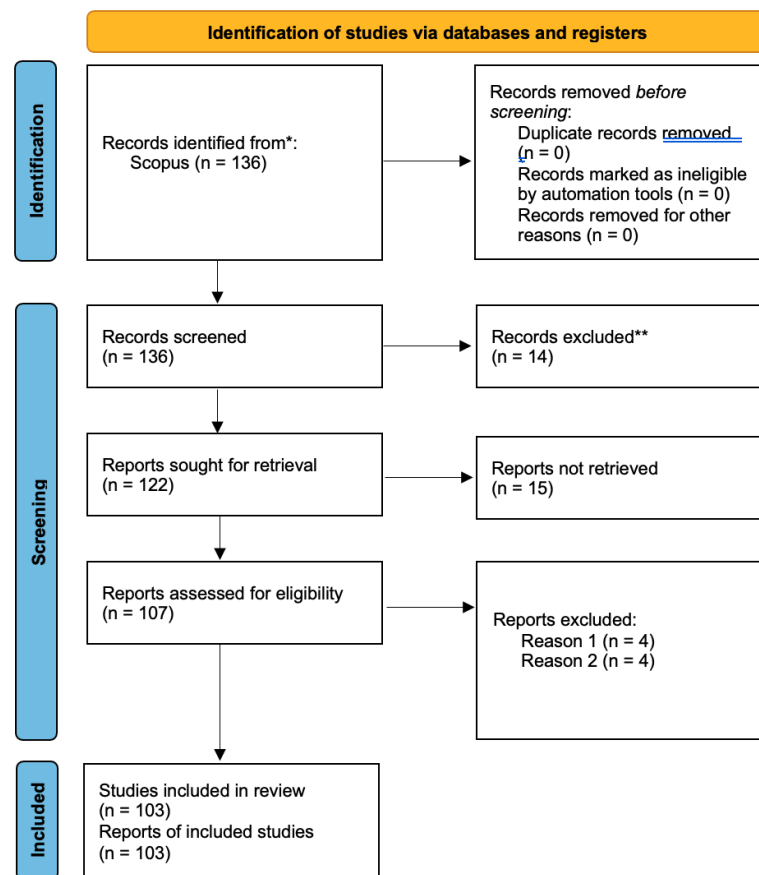


Figure 1. PRISMA Flow Diagram of Study Selection

Thematic Synthesis

- a. Theme 1: Baseline Prevalence and Clinical Manifestations of Burnout and Anxiety Across Populations
 1) Baseline Prevalence: The Escalation of the Global Mental Health Crisis

A review of the extracted literature demonstrates that burnout and anxiety are no longer isolated phenomena within specific sectors; rather, they have expanded into a global occupational health crisis. Overall, the data indicate a significant surge in prevalence, particularly when accelerated by external crises such as pandemics and natural disasters.

This condition is most evident in high-touch professions or the healthcare sector. For instance, an analysis of critical care nurses in Scotland and the United Kingdom revealed that 75% of healthcare workers experienced psychological distress, with 50% reaching the phase of clinical burnout due to an extreme imbalance between job demands and depleted resources (Rattray et al., 2024). Similar cumulative pressures were identified among healthcare workers in Australia

confronting dual crises, compelling institutions to redesign workplace-based restorative health programs to sustain staff satisfaction and resilience (Olcoñ et al., 2022).

Beyond the healthcare sector, other demographic groups, such as university students and young adults, also exhibit alarming baseline levels of anxiety. For example, a comparative study among students in helping professions in Israel and Malta confirmed that the fear of external crises significantly affected well-being and triggered high levels of burnout, highlighting the urgency of interventions for populations in the transitional phase of young adulthood (Yehudai et al., 2023). Collectively, these findings assert that regardless of the specific context, burnout prevalence transcends demographic boundaries, rendering it a high-urgency issue that demands a systemic approach rather than mere individual treatment.

2) The Geocultural Dimension in Clinical Symptom Presentation

Although the prevalence of burnout and anxiety is globally pervasive, this review finds that the clinical manifestation and presentation of symptoms are profoundly shaped by a cultural lens. The symptoms reported by individuals do not merely represent their psychophysiological conditions but also reflect what is deemed socially "acceptable" within their specific cultural milieu.

In Western populations or predominantly individualistic cultures, burnout is more frequently expressed explicitly through psychological and emotional complaints. Individuals in these contexts tend to be more assertive in reporting emotional exhaustion, depersonalization, and a diminished sense of professional meaning. This is evident among professionals in European countries, such as Switzerland, who report significantly higher levels of depersonalization and general psychological distress compared to their Asian counterparts (Winblad et al., 2018), as well as nurses in Spain who openly report the impact of psychosocial risks on their high rates of psychosomatic complaints (Soto-Rubio et al., 2020). This openness is often facilitated by higher mental health literacy and the availability of structured staff support programs.

Conversely, in Eastern populations or collectivist cultures, clinical presentation often takes the route of somatization. Due to social stigma or cultural norms that perceive emotional complaints as a sign of weakness, individuals are more inclined to manifest anxiety through physical ailments. This is particularly prominent in China, where self-stigma and a cultural "moral obligation" to persistently appear resilient in the workplace significantly deter professionals from acknowledging mental health issues or seeking peer support (Fan et al., 2024; Yao & Zhang, 2024). As a consequence of this emotional repression, professionals in the Asian region, such as midwives in Japan, record the highest levels of cumulative burnout (pervasive occupational exhaustion) cross-nationally, despite reporting lower explicit psychological distress compared to Western countries (Winblad et al., 2018). These cross-cultural findings highlight the risk of under-diagnosis in clinical practice if assessment instruments solely focus on standard emotional exhaustion without accommodating culture-based variations in symptom presentation.

b. Theme 2: Cultural Moderators of Burnout and Anxiety

1) Social Norms, Hierarchy, and the Burden of Cultural Expectations

The culture and social norms enveloping a workplace or society act as potent moderators that dictate how individuals internalize stress. This literature review identifies that cultural expectations—both at the macro (societal) and micro (institutional culture) levels—often create invisible pressures that accelerate the burnout phase.

In work environments steeped in hierarchical culture, the expectation of absolute compliance with authority frequently culminates in severe emotional exhaustion. This phenomenon is clearly captured among junior doctors in Australia who feel marginalized within the medical hierarchical structure; compounded by a culture of presenteeism—an unwritten expectation where workers feel guilty for taking rest leave—which ultimately drastically suppresses their well-being (Hunter et al., 2022). In the United Kingdom, this norm materializes as a "culture of invincibility," where professionals are demanded to perpetually appear flawlessly resilient, thereby sacrificing their

personal boundaries (Riley et al., 2018).

Beyond workplace culture, heritage culture values also moderate anxiety, particularly among immigrant populations or minority groups. A study concerning immigrant women highlights how acculturative stress, clashing with the values of familismo (extreme loyalty and dedication to the extended family), becomes the primary determinant of high psychological distress (Bekteshi, 2024). Furthermore, organizational failure in managing diversity, allowing structural racism or exclusion to go unaddressed, is proven to directly trigger stress, chronic anxiety, and physical health problems among workers (Kearney et al., 2022). This underscores that the expectation to assimilate into the dominant culture often exhausts individuals' cognitive and emotional resources.

2) The Role of Institutional and Cultural Stigma in Deterring Help-Seeking Behavior

The second most dominant cultural moderator in the literature is stigma. Although burnout and anxiety are natural physiological and psychological responses to prolonged stress, interventions are often impeded by cultural stigma that labels mental health disorders as a disgrace or incompetence.

In collectivist cultures, this stigma frequently mutates into self-stigma. Cross-cultural comparative studies reveal that in China, there is a deeply rooted "moral obligation" where individuals must bear burdens independently to maintain group harmony (Wu et al., 2014; Zhong, 2024). Rigid traditional relationship patterns and the scarcity of open mental health discourse in society lead individuals with depression or burnout to avoid disclosing their conditions (Fan et al., 2024).

However, the findings of this SLR also indicate that the destructive effects of stigma do not occur exclusively in Eastern cultures. In European countries, rigid system structures also engender institutional stigma. In Slovenia, for instance, a hierarchical nursing system directly contributes to the fear among medical staff of seeking professional psychological help, where burnout levels positively correlate with a heightened fear of such stigma (Smajlović & Cilar Budler, 2025). Overall, the literature substantiates that when cultural norms stigmatize psychological vulnerability, individuals will resort to maladaptive defense mechanisms, which paradoxically accelerate the transition from mild anxiety to debilitating clinical burnout.

c. Theme 3: Comparative Dynamics Based on Profession and Age

1) Professional Sector Dynamics: The Burden of "Self-Sacrifice" in Caregiving Professions

This literature review consistently underscores that vulnerability to burnout and anxiety is not distributed uniformly across all professions. High-touch or caregiving professions—such as healthcare workers, social workers, and health science students—confront significantly more intensive exposure to psychosocial risks. This condition is profoundly influenced by cultural expectations that demand boundless self-sacrifice.

In the medical profession, dedication to patient safety is frequently romanticized, which paradoxically compromises the mental health of the practitioners themselves. For example, a study on nurses in Slovakia demonstrated that elevated levels of emotional exhaustion directly correlate with a decline in patient safety quality and an increase in adverse medical events (Smajlović & Cilar Budler, 2025). This occupational pressure manifests differently across cultures. A comparative analysis of midwives indicated that those in Switzerland reported higher levels of depersonalization and psychological distress compared to midwives in Japan, even though Japan recorded the highest accumulation of generalized fatigue (Winblad et al., 2018). This suggests that the professional culture within the Western caregiving sector may predominantly trigger cynicism (depersonalization), whereas Eastern culture encourages self-restraint that ultimately culminates in extreme physical exhaustion.

Beyond the conventional medical sector, professions or roles steeped in humanitarian values are also highly susceptible to compassion fatigue. Among social activists in Europe (Germany and Greece), constant exposure to humanitarian emergencies—coupled with intercultural conflicts within groups—triggers unique stressors termed "prefigurative betrayal" and "lifeworld fragmentation" (Gauditz, 2025). This phenomenon asserts that whenever a role or profession demands intense emotional and moral involvement, the accompanying cultural norms frequently fail to provide an adequate psychological safety net.

2) Generational Disparities: Youth Transition vs. Adult Demands

In addition to profession, age and developmental phases serve as critical predictors in the burnout experience. The extracted data reveal a paradigm shift in vulnerability: while burnout among adult workers is predominantly driven by workload conflicts and institutional hierarchical structures, burnout among late adolescents and young adults is intricately tied to identity transition, academic expectations, and loneliness.

Among late adolescent populations, geocultural differences create contrasting landscapes of anxiety. A cross-continental study found that late adolescents in the UK reported significantly higher levels of loneliness—particularly among adolescent girls—compared to their peers in Asia (China and Hong Kong) during social lockdown crises (Jen et al., 2024). Interestingly, cultural expectations heavily influenced their discussion topics; Asian adolescents tended to limit conversations about mental health due to high cultural stigma associating anxiety with "incompetence," whereas high-achieving adolescents diverted their anxiety toward macro-social issues (Jen et al., 2024).

At the higher education level (young adults), external crisis threats such as the pandemic created country-based disparities in resilience. Female students in helping professions in Israel exhibited higher resilience levels than those in Malta, although both cohorts were similarly impacted by the fear of COVID-19 (Yehudai et al., 2023). This indicates that the macro socio-political and cultural environment of a country equips its youth with divergent innate coping mechanisms. Consequently, academic burnout among university students—whether linked to interpersonal trauma in Iran (Azadfar et al., 2022) or mitigated through physical activity routines in Canada (Babenko & Mosewich, 2017)—necessitates specifically tailored well-being approaches aligned with their transitional phase to adulthood, rather than merely adopting adult occupational stress interventions.

d. Theme 4: Coping Strategies and Cultural Adaptation of Interventions

1) The Spectrum of Individual Coping vs. Community-Based Resilience

The coping strategies adopted by individuals to mitigate burnout and anxiety are heavily dictated by their cultural orientation. This review identifies a spectrum ranging from self-directed handling mechanisms to approaches rooted in collective and communal support.

In Western populations, self-directed coping strategies frequently take the forefront. Medical students in Canada, for instance, demonstrated that engagement in physical activity and sports significantly and negatively correlated with academic burnout, concurrently reducing maladaptive achievement goals (Babenko & Mosewich, 2017). This focus on self-efficacy is also evident in findings from the United States, where the implementation of individual behavioral interventions such as mindfulness meditation, self-compassion training, and a Culture of Wellness course significantly enhanced graduate students' confidence in managing their mental health (O'Malley et al., 2024). Furthermore, for practicing physicians in the UK, coping strategies emphasized the importance of self-awareness and the provision of safe spaces for individuals to process the emotional labor induced by their work (Riley et al., 2018). These approaches align seamlessly with individualistic values that prioritize personal autonomy and cognitive interventions in managing well-being.

Conversely, in societies with collectivist cultures or strong familial values, psychological recovery relies heavily on relational equilibrium and community-based resilience. In China, the effectiveness of peer support programs in psychiatric facilities was largely determined by social network dynamics and the fulfillment of a sense of community, where individuals felt validated as integral parts of their social group (Fan et al., 2024). Similar patterns were found among Mexican immigrant women, where the preservation of cultural traditions, strengthening of social support networks, and family-based interventions proved to be the most crucial factors in reducing acculturative stress and dampening psychological distress (Bekteshi, 2024). Even in emergency crises, communal interventions proved more potent; a study on medical personnel affirmed that reuniting staff with their families and forming supportive backup teams substantially lowered additional stress levels compared to purely clinical approaches (Lie et al., 2021). This array of evidence confirms that in specific cultural contexts, coping strategies that integrate social ecosystems, families, and cultural identity are far more essential and effective than isolated clinical interventions.

2) Intervention Effectiveness and Institutional Cultural Modification

The most crucial finding from the extracted literature is that psychological interventions are unsustainable if they solely target individual resilience without restructuring the workplace or academic culture itself. Cultural adaptation in interventions demands institutions to transform from punitive to nurturing systems.

In the healthcare sector, initiatives such as Schwartz Centre Rounds in the UK have proven effective in promoting safe collegial discourse, which gradually deconstructs the "culture of invincibility" and normalizes help-seeking behavior among medical practitioners (Riley et al., 2018). A similar place-based approach was applied through the SEED Wellness Program in Australia, where interventions were participatively designed to create safe spaces across hierarchies, culminating in universally enhanced staff resilience and satisfaction (Olcoñ et al., 2022).

In the realm of education and student character development, integrating well-being into formal curricula shows highly promising results. The implementation of a Culture of Wellness course for graduate students in the US not only significantly improved mental health but also built students' confidence to apply post-course coping strategies (O'Malley et al., 2024). In Malaysia, professionalism training was proven effective in reducing negative coping strategies and enhancing empathy among students (Sattar et al., 2024). This body of evidence asserts that the most effective interventions are systemic modifications proactively integrated into institutional curricula or policies, rendering them a new cultural habituation rather than merely reactive programs.

e. Theme 5: Literature Gaps and Methodological Limitations

1) Demographic Bias and the Dominance of WEIRD Populations

Although the literature on burnout and anxiety has proliferated, this review identifies a fundamental gap in demographic representation. Mainstream literature remains overwhelmingly dominated by samples from WEIRD (Western, Educated, Industrialized, Rich, and Democratic) populations. Large-scale studies frequently rely on majority racial or ethnic groups in Western countries, which indirectly diminishes the external validity of these findings when applied to a global context.

For instance, explorations of medical staff well-being programs in Australia and the United Kingdom explicitly acknowledge limitations regarding sample homogeneity, where participants are predominantly white with minimal representation of ethnic minorities (Olcoñ et al., 2022; Rattray et al., 2024). This disparity creates an academic blind spot, where the specific stress dynamics experienced by migrant workers, ethnic minorities, or populations in low- and middle-income countries (LMICs) have yet to be comprehensively mapped. Therefore, the claims of "universality" regarding burnout symptoms traditionally upheld by Western literature must be re-evaluated through a more inclusive cross-cultural lens.

2) Gaps in Cultural Validity of Measurement Instruments

A second critical gap lies within the psychometric aspect. This review finds that the majority of cross-national studies still utilize standard burnout and anxiety measurement instruments (such as the Maslach Burnout Inventory or the Beck Anxiety Inventory) that were fundamentally developed under Western psychological paradigms. Unfortunately, the adaptations performed are frequently limited to linguistic translation without undergoing rigorous cultural validation processes.

However, empirical evidence from this review asserts that cultural determinants directly influence the "behavior" of instruments and their factor structures (Matavovszky et al., 2024). Because individuals from collectivist cultures tend to rely on somatization and are reluctant to report emotional complaints explicitly due to social desirability bias and stigma (Zhong, 2024), Western instruments that heavily rely on the reporting of emotional exhaustion potentially yield massive under-reporting. The absence of specific assessment instruments capable of capturing culture-based burnout manifestations—such as spiritual exhaustion or the loss of relational harmony—constitutes a pressing literature gap that must be bridged immediately.

3) Overreliance on Cross-Sectional Designs

From a methodological standpoint, the majority of the extracted literature continues to rely on cross-sectional designs or one-time surveys. While this design is effective for capturing baseline prevalence, this methodology fails to capture the causal trajectory of how cultural expectations

gradually erode individuals' mental resilience over time.

The processes of acculturation, stigma internalization, and burnout escalation are dynamic, longitudinal phenomena. The scarcity of longitudinal studies and pure experimental designs that directly compare cultural groups restricts the current literature's capacity to definitively establish causal directions. Furthermore, the reliance on self-reported data to measure cultural factors and burnout is highly susceptible to recall bias. Future literature necessitates more mixed-methods approaches that integrate objective clinical assessments, longitudinal monitoring, and ethnographic interviews to unearth the deepest layers of culture-based stress.

f. Theme 6: Practical and Clinical Implications

1) Transforming Organizational Policy: From Individual Resilience to a Nurturing Ecosystem

Practically, the findings of this systematic review urge a paradigm shift in occupational health and educational management. The traditional approach that focuses solely on individual resilience training—seemingly placing the burden of recovery entirely on the shoulders of workers or students—has proven inadequate and unsustainable (Surguladze et al., 2023). Organizations, whether healthcare institutions, corporations, or universities, must begin adopting system-level interventions that restructure the workplace culture itself.

For workplace policymakers, institutional culture modification must be directed toward dismantling toxic hierarchies and the "culture of invincibility" that hinder help-seeking behavior (Riley et al., 2018). The creation of psychological safety, such as the implementation of Schwartz Center Rounds or place-based wellness programs, must be institutionalized as standard operational procedures rather than mere reactive post-crisis responses (Olcoñ et al., 2022; Riley et al., 2018). Meanwhile, in the academic sphere, universities are urged to proactively integrate mental health literacy and coping training into mandatory curricula (e.g., Culture of Wellness manuals or professionalism training) (O'Malley et al., 2024; Sattar et al., 2024). This systemic integration has been proven not only to reduce academic burnout but also to equip the young adult generation with culturally sensitive emotion regulation foundations before they enter a high-pressure professional world.

2) Cultural Competence in Clinical Psychology Assessment and Intervention

Clinically, these findings provide crucial guidance for psychologists, psychiatrists, and mental health practitioners treating multicultural populations. Practitioners are required to cultivate cultural humility to prevent misdiagnosis and the under-reporting of burnout and anxiety symptoms (Hook et al., 2013).

First, during the assessment phase, clinicians must recognize that patients from collectivist cultural backgrounds (such as Asia or the Middle East) may not explicitly report "emotional exhaustion" or "anxiety" due to high self-stigma (Fan et al., 2024). Instead, psychosomatic complaints (such as chronic fatigue or medically unexplained physical pain) must be critically explored as potential manifestations of cultural burnout (Kirmayer & Ryder, 2016). The use of standard Western screening instruments must always be accompanied by a profound anamnesis regarding family expectations, social role burdens, and the acculturation dynamics experienced by the patient.

Second, during the intervention phase, conventional psychotherapy that is highly individualistic (such as an exclusive focus on autonomy and personal boundaries) may need modification when applied to patients from cultures with strong communal ties. Clinical practitioners are recommended to integrate a systems-based approach, which involves social network mediation, extended family (*familismo*) support, as well as spiritual or local community approaches as anchors for recovery (Bekteshi, 2024). By adapting interventions to align with patients' cultural values, the therapeutic alliance will be strengthened, and the effective management of burnout and anxiety can be achieved optimally and holistically.

Bibliometric Analysis

a. Co-Occurrence Author Keyword

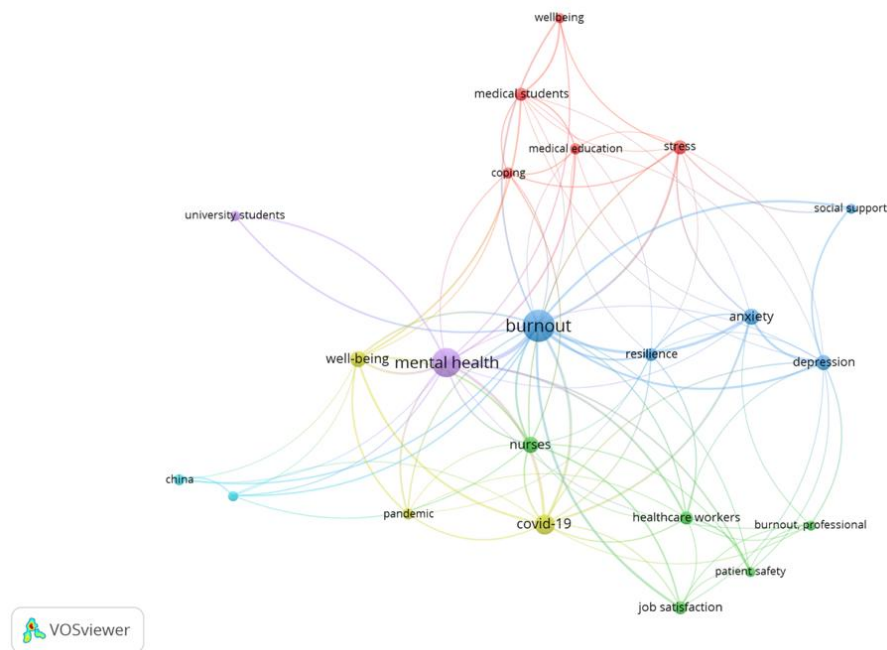


Figure 2. Co-occurrence analysis of author keywords

The co-occurrence analysis of author keywords visualizes a thematic landscape predominantly centered on occupational health crises triggered by external pressures. The central nodes that dominate the network – such as burnout, anxiety, mental health, and COVID-19 – exhibit robust link strengths with high-touch profession clusters (healthcare workers, nurses, medical students). This constellation confirms that recent global research trajectories have been highly crisis-reactive, focusing primarily on mapping clinical comorbidities (depression, stress) and identifying protective variables (resilience, well-being, job satisfaction). Bibliometrically, this pattern illustrates that scholars consistently conceptualize burnout as a systemic occupational syndrome critically threatening the healthcare and education sectors.

However, the most compelling and fundamental finding from this mapping lies in the glaring absence of cultural variables at the core of the discourse. The lack of prominent nodes representing cultural determinants (e.g., cross-cultural, stigma, or cultural factors) at the network's epicenter provides irrefutable quantitative confirmation of a severe research gap. This visualization elegantly validates the central argument of this systematic review: while mainstream literature has profoundly dissected the correlation between occupational stress and resilience, the role of culture as a moderator shaping these experiences remains an academic blind spot. This visual evidence justifies the urgency and novelty of this study in shifting the burnout research paradigm toward a more cross-culturally sensitive approach.

b. Text Data Co-Occurrence (Title and Abstract)

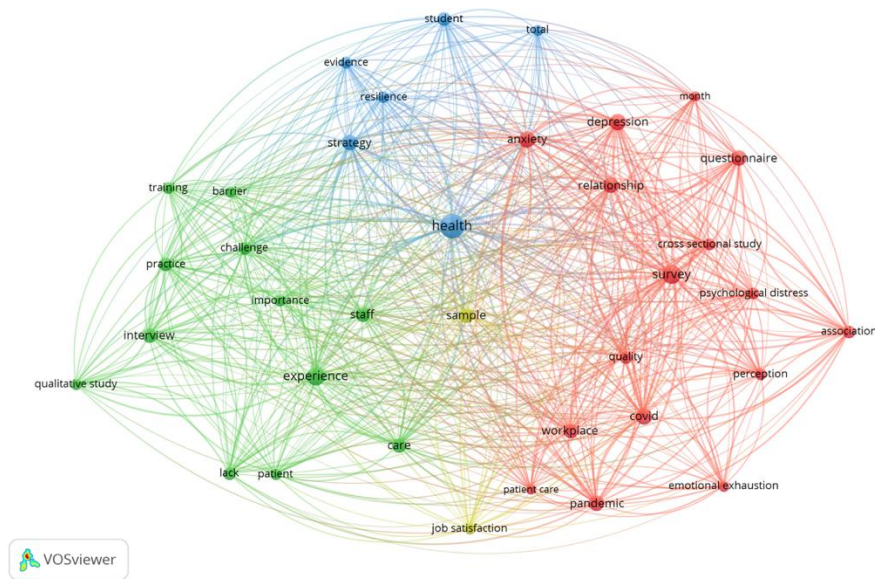


Figure 3. Text data co-occurrence analysis of titles and abstracts

The text data co-occurrence analysis of titles and abstracts further accentuates the mechanistic pattern prevalent in current burnout literature. The graph demonstrates the dominance of observational methodologies, represented by thick nodes such as cross sectional study, survey, and questionnaire, which are linearly connected to specific clinical outcomes (psychological distress, emotional exhaustion, depression, anxiety). The emergence of contextual clusters centered around workplace, patient care, lack, covid, and pandemic indicates that global research predominantly frames burnout narrowly as a consequence of situational crises and operational deficits in the workplace, rather than exploring the sociocultural roots that construct these vulnerabilities.

The most crucial pattern in this mapping is the persistent "discursive void" regarding culture at the title and abstract level. Although nodes representing narrative exploration exist (e.g., experience, perception, and qualitative study), not a single terminology representing cultural elements (e.g., stigma, culture, values, or beliefs) emerged as a major node across the hundreds of analyzed literatures. This mapping definitively confirms our argument regarding methodological gaps: global literature is heavily saturated with cross-sectional surveys measuring symptoms but suffers a severe deficit in culturally sensitive investigations. This dual VOSviewer output provides absolute quantitative justification for this SLR manuscript to illuminate the largest blind spot in contemporary occupational mental health studies.

c. **Country Co-Authorship**

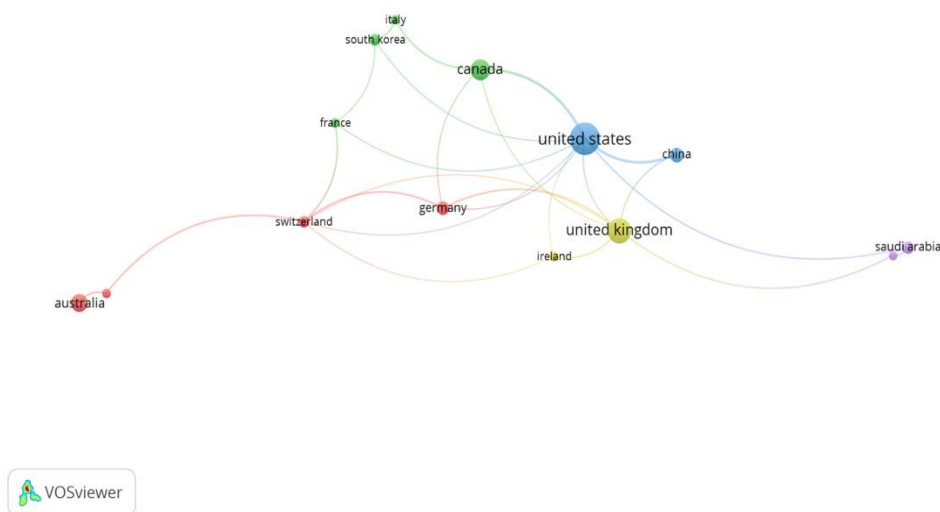


Figure 4. Bibliometric mapping of country co-authorship networks

The bibliometric analysis based on country co-authorship provides extraordinary visual confirmation of the demographic bias previously critiqued. This mapping explicitly illustrates a geographical hegemony in the global knowledge production regarding burnout. The epicenter of the collaboration network is absolutely dominated by Western countries or WEIRD populations, with giant nodes such as the United States, United Kingdom, Australia, and Canada serving as the primary axes. The profound thickness of the connecting lines among these Western nations indicates a highly active and mutually reinforcing exchange of academic discourse, ultimately validating that the current theoretical foundation of burnout is exclusively shaped through the lens of individualistic cultures and Global North work ecosystems.

Conversely, the participation patterns of non-Western countries representing collectivist cultures (e.g., China, South Korea, and Saudi Arabia) present a distinct irony. Although present in the network, their positions are predominantly peripheral or only unilaterally connected to Western axes, failing to form an independent and robust South-South collaboration cluster. This skewed co-authorship structure asserts that cross-cultural research on occupational mental health is not yet fully decentralized. This serves as the ultimate justification for our SLR: to genuinely comprehend burnout manifestations universally, the global academic community must dismantle the dominance of Western-centric collaborations and initiate space for knowledge production led by researchers from Asian, African, and Latin American demographics.

Diskusi

This systematic literature review, synthesizing empirical evidence from 103 meticulously appraised studies, provides compelling confirmation that cultural context operates far beyond the periphery of occupational mental health; it is a fundamental determinant that profoundly shapes the etiology and trajectory of burnout and anxiety. Addressing the primary research question, the findings robustly demonstrate that sociocultural paradigms do not merely act as auxiliary variables or statistical confounders. Rather, they serve as foundational architects that dictate prevalence rates, clinical symptom manifestations, and the operational efficacy of coping mechanisms among professionals and transitioning youth globally. By charting the intersection of occupational stress and cultural orientation, this review fundamentally challenges the prevailing universalist assumptions embedded in traditional occupational frameworks, such as the Job Demands-Resources (JD-R) model. Ultimately, the synthesized evidence underscores that the cognitive appraisal of stressors, the conceptualization of psychological safety, and the mobilization of individual and collective resilience are intrinsically bound to the cultural ecosystems—ranging from ingrained hierarchical norms to localized institutional stigmas—within which individuals navigate their daily realities.

A critical interpretation of the synthesized data reveals a profound geocultural dichotomy in how burnout and anxiety are clinically presented, fundamentally challenging the purported universality of Western-centric diagnostic criteria. Consistent with the findings of Winblad et al. (2018) and Soto-Rubio et al. (2020), individuals in individualistic societies readily articulate psychological distress through explicit cognitive and emotional channels, such as emotional exhaustion and depersonalization. Conversely, in collectivist contexts, pervasive self-stigma and deeply ingrained moral obligations to preserve group harmony dictate that psychological distress is frequently sublimated into somatization (Fan et al., 2024; Zhong, 2024). This phenomenon aligns seamlessly with established cross-cultural psychiatric frameworks regarding "idioms of distress," wherein physical symptoms serve as culturally sanctioned expressions of emotional pain that might otherwise invite social ostracization (Kirmayer & Ryder, 2016). Consequently, if contemporary occupational assessments—which overwhelmingly prioritize explicit emotional exhaustion—continue to be applied uniformly across diverse populations, clinical practitioners risk systematic under-diagnosis and the structural invalidation of occupational trauma within non-Western demographics.

Beyond geographical distinctions, this review elucidates how specific cultural expectations surrounding professional and developmental roles operate as pervasive systemic stressors that frequently eclipse individual resilience. Within high-touch and caregiving professions, an ingrained cultural ethos of boundless self-sacrifice paradoxically accelerates psychological deterioration, culminating in severe compassion fatigue and compromised clinical outcomes (Gauditz, 2025). This "culture of invincibility" (Riley et al., 2018) structurally invalidates the psychological boundaries of practitioners, weaponizing their humanitarian dedication against their own well-being. A parallel systemic vulnerability emerges among adolescents and young adults navigating high-stakes academic and identity transitions. For these demographics, cultural stigmas equating psychological distress with incompetence—coupled with escalating normative pressures for flawless achievement—exacerbate feelings of profound isolation and academic burnout (Jen et al., 2024; Yehudai et al., 2023). Thus, whether confronting the moral burdens of caregiving or the intense academic pressures of youth, it becomes evident that when cultural norms romanticize perpetual resilience or perfectionism (Curran & Hill, 2019), they effectively neutralize innate

coping capacities. This renders systemic and institutional intervention an absolute necessity, rather than a mere secondary clinical option.

The divergence in clinical manifestations logically necessitates a fundamental recalibration of therapeutic and coping interventions. The synthesized evidence demonstrates that the efficacy of coping strategies is inextricably bound to an individual's cultural orientation, rendering universal, "one-size-fits-all" mental health protocols critically inadequate in a multicultural landscape. Within Western paradigms, interventions inherently prioritize individual autonomy, self-efficacy, and cognitive reframing—evidenced by the success of self-directed physical routines, mindfulness, and self-awareness training in North America and Europe (Babenko & Mosewich, 2017; O'Malley et al., 2024; Riley et al., 2018). Conversely, within collectivist frameworks, psychological equilibrium is predominantly achieved through relational and communal anchors. Peer support networks, family-based interventions (*familismo*), and communal reintegration serve as the primary mechanisms for mitigating acculturative stress and severe psychological distress in Eastern and Latin communities (Bekteshi, 2024; Fan et al., 2024; Lie et al., 2021). This dichotomy firmly suggests that therapeutic models imposing Western-centric individualism upon collectivist populations may not only be ineffective but potentially alienating, inadvertently bypassing the community-based mechanisms that these populations naturally rely upon for psychological restoration.

Crucially, this review further establishes that regardless of cultural orientation, individual coping strategies remain inherently unsustainable if deployed within a punitive or toxic organizational culture. The literature unequivocally advocates for a paradigm shift away from merely building individual resilience—which problematically places the burden of recovery entirely on the victim—toward forging nurturing, psychologically safe institutional ecosystems. Systemic interventions that successfully deconstruct rigid hierarchies and normalize vulnerability, such as the Schwartz Centre Rounds and participatory place-based wellness programs, yield far superior and enduring outcomes across both clinical and academic settings (Olcoñ et al., 2022; Riley et al., 2018). This aligns seamlessly with contemporary occupational health critiques which argue that burnout is primarily a structural malfunction of the workplace environment, not a deficit of individual psychological endurance (Maslach & Leiter, 2016). Therefore, sustainable intervention demands profound cultural modification at the institutional level, transforming well-being from a reactive individual pursuit into a proactive organizational standard.

The pervasive marginalization of cultural determinants in both the assessment and mitigation of occupational stress is not merely an academic oversight; it is a symptom of a profound epistemological imbalance within global scientific discourse. The bibliometric analysis embedded in this review provides striking visual and quantitative confirmation of this structural bias. The country co-authorship and text co-occurrence mappings explicitly expose a geographic hegemony, wherein the theoretical foundation of occupational mental health is almost exclusively produced and validated within a WEIRD echo chamber, predominantly led by the United States, the United Kingdom, and Australia. The glaring absence of cultural nodes within mainstream discourse, coupled with the peripheral positioning of researchers from the Global South, creates a critical "discursive void". This methodological myopia ensures that the prevailing literature continues to frame burnout narrowly as a consequence of operational deficits, systematically ignoring the macro socio-cultural scaffolding that constructs an individual's vulnerability. To genuinely comprehend occupational distress as a universal phenomenon, the global academic community must actively dismantle this WEIRD-centric dominance, fostering robust South-South collaborations to accurately decenter the narrative of global mental health (Muthukrishna et al., 2020).

Clinically, the insights derived from this review necessitate a profound recalibration of psychological assessment and intervention strategies. Mental health practitioners must actively cultivate cultural humility—recognizing that Western diagnostic criteria are not universally applicable—to prevent systematic misdiagnosis and the under-reporting of occupational trauma (Hook et al., 2013). During the assessment phase, clinicians must be vigilant that individuals from collectivist backgrounds may not explicitly report "emotional exhaustion" or "anxiety" due to profound self-stigma; instead, their distress frequently masquerades as medically unexplained psychosomatic complaints. Consequently, applying standard Western screening tools without a thorough anamnesis regarding familial expectations, social role burdens, and acculturation dynamics risks severe diagnostic oversight. Furthermore, psychotherapeutic interventions that exclusively champion individual autonomy and personal boundaries must be heavily modified when applied to populations with robust communal ties. To achieve optimal and holistic outcomes, practitioners are urged to integrate systems-based approaches that leverage social network mediation, extended family support (*familismo*), and localized spiritual or community anchors as the primary vehicles for psychological restoration.

At the systemic level, these findings issue an urgent imperative for organizational and educational policymakers to transition from promoting individual resilience toward engineering nurturing ecosystems.

Interventions that implicitly place the onus of stress management entirely on the worker or student are ultimately unsustainable and potentially iatrogenic (harmful). Institutions must actively dismantle toxic hierarchies and the pervasive "culture of invincibility" by institutionalizing psychological safety. Initiatives such as Schwartz Centre Rounds and participatory, place-based wellness programs must be embedded as standard operational procedures rather than reactive post-crisis measures. Concurrently, within academic spheres, universities are urged to proactively weave mental health literacy and culturally sensitive emotion regulation training into mandatory curricula. This systemic integration is vital not only to mitigate current academic burnout but to fortify transitioning youth with robust, culturally congruent coping mechanisms prior to entering high-pressure professional arenas.

Despite the robust dual-methodological approach—triangulating bibliometric mapping with a profound narrative synthesis across 103 rigorously appraised studies—this systematic review acknowledges several limitations. First, the primary literature is heavily saturated with cross-sectional designs; while this effectively captures baseline prevalence, it precludes the establishment of definitive causal trajectories regarding how cultural expectations gradually erode mental resilience over time. Second, the predominant reliance on self-reported data renders the measurement of burnout highly susceptible to recall and social desirability biases, particularly in cultures where admitting psychological vulnerability is heavily stigmatized. Third, the bibliometric text co-occurrence analysis was computationally restricted to titles, abstracts, and author keywords; thus, implicit cultural discourses embedded deeply within the full-text methodologies or findings of the primary studies might have been underrepresented in the VOSviewer spatial mapping. Finally, confining the search parameters to English-language publications indexed in Scopus may have inadvertently excluded pertinent indigenous psychological studies published in local languages, thereby slightly circumscribing the global comprehensiveness of the synthesis.

In conclusion, this systematic review firmly establishes that mental health interventions must transcend universalist models and adopt a deeply culturally sensitive paradigm. The prevailing WEIRD-centric epistemology in occupational health has created a pervasive academic blind spot that invalidates the lived experiences of non-Western demographics. To bridge this chasm, future research must prioritize the development and rigorous cross-cultural validation of psychometric instruments capable of capturing indigenous manifestations of burnout, such as relational disharmony or spiritual exhaustion. Furthermore, the academic community must champion longitudinal and mixed-methods approaches—integrating ethnographic interviews with clinical assessments—to fully unearth the socio-cultural architecture of occupational stress. Only by embracing this epistemological shift can global mental health initiatives move beyond the WEIRD paradigm to provide truly inclusive, accurate, and efficacious care worldwide.

Congclusions

This systematic literature review and bibliometric analysis definitively unmasks the critical cultural blind spots prevalent in contemporary occupational mental health research. By synthesizing empirical evidence from 103 studies, this review demonstrates that burnout and anxiety are not universally uniform experiences; rather, they are profoundly moderated by sociocultural paradigms—from the somatization of distress in collectivist societies to the systemic pressures of "self-sacrifice" in caregiving professions. Furthermore, the bibliometric mapping explicitly exposes a severe epistemological imbalance, highlighting how the overwhelming dominance of WEIRD (Western, Educated, Industrialized, Rich, and Democratic) populations in mainstream literature has marginalized indigenous coping mechanisms and community-based resilience.

To effectively mitigate the global escalation of occupational stress and academic burnout, it is imperative that the academic and clinical communities move beyond Western-centric universalist models. Embracing cultural humility in psychometric assessments and restructuring organizational policies to foster psychologically safe, nurturing ecosystems are no longer secondary options, but absolute necessities. Ultimately, the future of global mental health relies on dismantling these structural biases, decentering the WEIRD paradigm, and prioritizing the development of cross-culturally validated, systems-based interventions that honor the lived realities of diverse populations worldwide.

DECLARATIONS / COMPETING INTERESTS

Author Contributions:

A.B.A. conceptualized the study, designed the methodology, performed the primary literature search, executed the bibliometric mapping, and wrote the original manuscript. **I.N.S. and AHC** acted as the independent second reviewer during the literature screening process to mitigate selection bias, assisted in data validation, and provided critical revisions to the final manuscript. Both authors read and approved the final submitted version.

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Data Availability Statement:

The datasets generated and/or analyzed during the current study (including the VOSviewer bibliometric mapping files and PRISMA extraction matrix) are available from the corresponding author on reasonable request.

Declaration of Competing Interest:

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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