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# Predictors of Burnout Syndrome in psychologists

## *Preditores da Síndrome de Burnout em psicólogos*

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### Abstract

This study assessed the predictors of Burnout syndrome in a sample of 518 psychologists working in the state of *Rio Grande do Sul*, Brazil. The research instruments used were the *Cuestionario para la Evaluación del Síndrome de Quemarse por el Trabajo* (Job Burnout Syndrome Assessment Questionnaire); the Psychosocial Risk Assessment Battery, the COPE Inventory - scale to assess coping strategies; the Emotional Labor Scale, and a questionnaire for the assessment of sociodemographic and labor variables. Multiple Linear Regression analysis results indicate that the predictors with the greatest explanatory power of the Burnout dimensions were overwork and emotion-focused coping strategies. The predictive model reveals that the risks of developing Burnout arise from the correlation between personal and work-related variables.

**Keywords:** Burnout, Professional; Burnout syndrome; Occupational health; Psychologists.

### Resumo

*O presente estudo avaliou os preditores da Síndrome de Burnout em uma amostra de 518 psicólogos atuantes no Estado do Rio Grande do Sul, Brasil. Foram utilizados como instrumentos de pesquisa o Cuestionario para la Evaluación del Síndrome de Quemarse por el Trabajo; a Bateria de Avaliação de Riscos Psicossociais; a Escala COPE Inventory, para avaliação de estratégias de enfrentamento; a Escala de Emoções no Trabalho, para avaliação do trabalho emocional, e um questionário para as variáveis sociodemográficas e laborais. Os resultados, obtidos por meio da Regressão Linear Múltipla, apontam que os preditores de maior poder explicativo das dimensões de Burnout foram a sobrecarga laboral e o uso de estratégias de enfrentamento focadas na emoção. O modelo preditor revela que os riscos ao Burnout decorrem da interação de variáveis pessoais e do trabalho.*

**Palavras-chave:** Esgotamento profissional; Síndrome de Burnout; Saúde do trabalhador; Psicólogos.

Burnout Syndrome (BS) or Job Burnout is a psychosocial phenomenon that emerges as a response to chronic interpersonal stressors present in work-related situations (Maslach, Schaufeli, &

Leiter, 2001). Today, it has been considered a major occupational psychosocial problem, due to its physical and mental implications (Leka & Jain, 2012).

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According to the model proposed by Gil-Monte (2005), BS is composed of four dimensions. 1) Enthusiasm toward the job: defined as the individual's desire to achieve goals at work because it is considered a source of personal pleasure. Since the items in this dimension are formulated in a positive way, low scores indicate high levels of burnout. 2) Psychological exhaustion: characterized by the onset of emotional and physical exhaustion due to having to deal daily with people who present or cause problems in the workplace. 3) Indolence: presence of negative attitudes of indifference and detachment towards clients, colleagues, and the organization. Individuals with a high score in this dimension display insensibility and are not moved by issues of people who need their assistance. 4) Guilt: defined by the appearance of feelings of guilt about attitudes and behaviors that do not conform to workplace norms and to the social pressure concerning the professional role.

Three groups of Burnout risk factors have been reported in the literature: 1) Individual factors, including sociodemographic variables, such as sex, age, marital status, and level of education, and personality variables, such as traits, coping strategies, and self-efficacy; 2) Job characteristics, such as workload, time pressure, number of worked hours worked and number of clients, role conflicts, interpersonal relationships, social support, autonomy, and emotional demands; 3) Organizational characteristics, which include hierarchies, operating rules, resources, values, management model, and social, economic, and cultural aspects (Maslach et al., 2001).

Studies have shown that individual factors, which refer to sociodemographic factors, such as sex (Rupert & Kent, 2007; Rupert, Stevanovic, & Hunley, 2009), age, marital status, and children (Maslach et al., 2001) are associated to Burnout. There has also been reported a relationship between these factors and personality factors, such as self-efficacy (Brouwers, Tomic, & Boluijt, 2011) and coping strategies (Anshel, 2000).

However, the set of variables that are most frequently related to Burnout refer to work-related characteristics, including emotional aspects

(Çagliyan, Findik, & Doganalp, 2013; Matteson & Miller, 2013), overwork (Almeida, 2012; Shirom, Nirel, & Vinokur, 2006), weekly workload (Rupert, Hartman, & Miller, 2013; Rupert & Kent, 2007), the number of people psychologists provide services to (Roque & Soares, 2012), years of experience (Thomas, Kohli, & Choi, 2014) and the type of employment (Emery, Wade, & McLean, 2009; Senter, Morgan, Serna-McDonald, & Bewley, 2010). Autonomy (Olivier & Williams, 2005) and role conflict (Konukman et al., 2010) have also been identified as Burnout predictors.

Burnout in psychologists, specifically, may be related to matters linked to the nature of their work, which is influenced by intense emotional demands as they have direct contact with people who are suffering (Moreno-Jiménez, Meda-Lara, Morante-Benadero, Rodríguez-Munõz, & Palomera-Chávez, 2006) and also due to the current employment scenario, which has allowed many possibilities of insertion, with perspectives of action and intervention in individual and collective spheres and in multiple contexts (Conselho Federal de Psicologia, 1992). At the same time that these changes provide new professional opportunities, they also cause an increase in occupational stress and in the degree of job complexity, thus increasing psychologists' chance of getting sick (American Psychological Association, 2010a; Lasalvia et al., 2009).

In recent years, Psychology has gone through changes that have led to the substitution of the clinical model of assistance for a social intervention model, thus facilitating the insertion of professionals into contexts of health promotion in public and private spheres, with more than one job and in various Psychology fields (Bastos & Gondim, 2011). However, these changes have also resulted in new demands and tensions for psychologists, such as increased workload, number of people assisted, involvement in administrative issues, and financial uncertainties, as well as an increased loss of professional autonomy and of control over work (Rupert & Morgan, 2005). Accordingly, psychologists are also challenged with teamwork, whether they are unidisciplinary or multidisciplinary, which causes new conflicts arising from relationships established

with clients, families, colleagues, and leaders (Martins & Puente-Palacios, 2011).

Burnout in mental health professionals may incur costs and losses in the quality of the service provided (Santos & Cardoso, 2010) and in the professionals' health (Smith & Moss, 2009). Thus, considering that identifying factors associated to BS can contribute to the development of actions towards the prevention and reduction of occupational damages, this study sought to identify the individual variables and job characteristics that can predict BS in psychologists.

## Method

### Participants

The non-probabilistic sample was composed of 518 psychologists who had been working in this occupation for more than one year in *Rio Grande do Sul*, Brazil. Most participants were female (77.6%), with no children (57.5%), in a stable union (60.2%), and on average 34.7 years old ( $SD = 7.79$ ). Their family income ranged from 3 to 6 minimum wages (51.6%), they worked on average 33 hours per week ( $SD = 13.09$ ), and most of them worked in the Clinical Psychology area (61.4%), followed by Organizational and Labor Psychology (37.6%), Community Psychology (12.9%), Hospital Psychology (9.7%), School Psychology (9.3%), Legal Psychology (6.9%), Transit (2.1%), and Sports (0.8%). In terms of level of education, 50.5% of the psychologists stated having postgraduate level; 24.3% had master's degree and/or had completed their PhD.

### Instruments

Data was collected using self-administration instruments:

1) Questionnaire of sociodemographic data (sex, age, marital status, number of children, salary, and level of education) and job data (years of professional experience, area(s) of practice in

psychology, type of employment, having another professional activity, weekly workload, number of people they provide services to);

2) *Cuestionario para la Evaluación del Síndrome de Quemarse por el Trabajo (CESQT*, Job Burnout Syndrome Assessment Questionnaire), version adapted for use in Brazil by Gil-Monte, Carlotto, and Câmara (2010). This instrument is composed of 20 items distributed into four subscales: Enthusiasm toward the job (5 items,  $\alpha = 0.72$ ); Psychological exhaustion (4 items,  $\alpha = 0.86$ ); Indolence (6 items,  $\alpha = 0.75$ ); and Guilt (5 items,  $\alpha = 0.79$ ). The items are assessed using a 5-point Likert scale, in which 0 - never, 1 - rarely, 2 - sometimes, 3 - often, and 4 - always.

3) COPE Inventory - Inventory to assess coping strategies, proposed by Carver, Scheier, and Weintraub (1989). It is a self-administered inventory composed of 60 items that comprise 15 scales (active coping; planning; suppression of competing activities; restraint coping; seeking of instrumental social support; seeking of emotional social support; positive reinterpretation and growth; acceptance; turning to religion; focus on and venting of emotions; denial; behavioral disengagement; mental disengagement; humor; and use of substances), which are grouped into three categories of coping strategies: problem-focused ( $\alpha = 0.77$ ); emotion-focused strategies ( $\alpha = 0.80$ ); and avoidance ( $\alpha = 0.87$ ). It was assessed using a 4-point Likert-type scale, in which 1 = "I never do it", 2 = "I do it rarely", 3 = "I do it occasionally" and 4 = "I always do it".

4) Psychosocial Risk Assessment Battery (Unipisco, *Unidad de Investigación Psicosocial de La Conducta Organizacional*), proposed by Gil-Monte (2005), which assesses: autonomy (5 items,  $\alpha = 0.84$ ); role conflict (5 items,  $\alpha = 0.76$ ); overwork (6 items,  $\alpha = 0.79$ ); and self-efficacy (8 items,  $\alpha = 0.79$ ). All items are assessed on a 4-point Likert scale ranging from 0 ("never") to 4 ("everyday");

5) The Emotional Labor Scale (ELS) proposed by Brotheridge and Lee (2003). The original scale has 15 items distributed into five dimensions: frequency, intensity, variety, surface acting, and deep

acting. The adaptation of this instrument by Confirmatory Factor Analysis resulted in a scale composed of 12 items distributed into four dimensions: frequency (3 items,  $\alpha = 0.67$ ); intensity (2 items,  $\alpha = 0.78$ ); variety (3 items,  $\alpha = 0.84$ ); and emotional control (4 items,  $\alpha = 0.79$ ). These items were assessed using a 5-point Likert scale ranging from never (1) to always (5).

## Procedures

The data were collected through an online survey, and the invitations to participate in the study were sent via e-mail. The participants were recruited using the Respondent Driven Sampling (RDS) technique, which combines snowball sampling (Goodman, 1961) with contact networks to compensate for the fact that the sample was collected in a non-random way (Heckathorn, 1997). In a first moment, seeds of the sample were identified, that is, individuals that belonged to the target population of the study and that could recruit new participants. Thus, the first participants (1st wave) were psychologists that had their e-mail addresses mapped from association websites, from the Regional Council of Psychology, from labor unions, and from other Psychology representative organs. A 2nd wave was obtained with the help of the Regional Council of Psychology and from two professional networking sites, which included researchers. Additionally, a 3rd wave was obtained through the mapping of virtual phone numbers (Goel & Salganik, 2009; Heckathorn, 1997).

Prior to the multiple linear regression analysis (Stepwise method), the assumptions multicollinearity, linearity, homoscedasticity, independence of residuals, and outliers were tested, and no violations that contraindicated their use were identified. The dependent variables used were the Burnout Syndrome dimensions, and the independent variables were as follows: coping, psychosocial risks, emotional labor, sociodemographic, and labor-related variables. In the selection of predictor variables, those with  $p < 0.05$  were considered statistically significant. In the regression analysis, the statistical

power was obtained using standardized regression coefficients and was calculated for each final model, in accordance with Field (2009).

The present study was approved by the Research Ethics Committee of the *Pontifícia Universidade Católica do Rio Grande do Sul* (Pontifical Catholic University of Rio Grande do Sul) (Protocol nº 445.847). It was carried out based on the ethical standards set forth in the Resolution nº 466 of the National Health Council for conducting research involving human beings (Brasil, 2012).

## Results

Table 1 shows the results of the multiple linear regression analysis for each Burnout dimension. The analysis of the predictors of the Enthusiasm toward the job dimension evidenced an explanatory model composed of nine variables that altogether explained 57.6% of the variance of this dimension, and overwork was the variable with the greatest explanatory power (34.7%). The set of variables demonstrates that: the greater the overwork, the use of emotion-focused coping strategies, and the effort to express feelings that are adequate to the work context, the lesser the Enthusiasm toward the job; and the greater the autonomy at work, the use of problem-focused strategies, the salary, self-efficacy, emotional variations, and the more areas of work, the greater the Enthusiasm toward the job.

The variation of the Psychological exhaustion dimension is explained in 39.4% by a model composed of six variables, and overwork once again was the variable with the greatest explanatory power, with a variance of 23%. The variables that contributed to the increase in the psychological exhaustion were overwork, role conflict, effort to express feelings adequate to the work context, amount of service provided daily, and decrease in self-efficacy. Males present greater psychic exhaustion.

In the final model for Indolence, five variables had explanatory power, namely: emotion-focused strategies, self-efficacy, role conflict, overwork, and frequency of emotions, and altogether they

explained 32.8% of the variance of this dimension; emotion-focused coping strategy had the greatest explanatory power (63.9%). Therefore, it can be said that the greater the role conflict and overwork, and the use of emotion-focused coping strategies, the greater the indolence. Indolence reduces with increased self-efficacy and with frequent use of emotions.

Finally, the multiple regression analysis for the Guilt dependent variable revealed the following predictor variables: emotion-focused coping strategies, and self-efficacy, and the final model was

able to explain 25.2% of the total variance of this dimension. The variable with the greatest explanatory power was emotion-focused coping strategy (24.4%). The results show that Guilt increases with the use of emotion-focused coping strategies and decreases with the increase in self-efficacy.

The statistical power obtained were considered high, varying from  $R^2 = 0.208$  to  $R^2 = 0.573$ , indicating that the relationships identified will possibly be present in the target population of psychologists (Table 1).

Table 1  
Multiple linear regression model of Burnout dimensions

Variables	$R^2$	$R^2$ Adjusted	$R$ change	$B$	$SE$	$\beta$	$t$	$p$
<i>Enthusiasm toward the job</i>								
Overwork	0.347	0.344	0.347	-0.231	0.058	-0.230	-3.956	0.001**
Autonomy	0.448	0.443	0.101	0.267	0.049	0.265	5.483	0.001**
Focus on emotion	0.486	0.479	0.038	-0.460	0.110	-0.201	-4.191	0.001**
Focus on problem	0.520	0.513	0.035	0.407	0.100	0.180	4.086	0.001**
Emotional regulation	0.545	0.536	0.025	-0.120	0.041	-0.164	-2.910	0.001**
Compensation	0.561	0.551	0.017	0.116	0.046	0.111	2.532	0.004**
Working in more than one area	0.573	0.561	0.012	0.197	0.072	0.128	2.728	0.001**
Self-efficacy	0.584	0.570	0.010	0.157	0.063	0.111	2.479	0.001**
Variability of emotions	0.591	0.576	0.007	0.073	0.036	0.089	2.026	0.041*
Model $F$				39.578**				
<i>Psychic exhaustion</i>								
Overwork	0.230	0.227	0.230	0.348	0.072	0.302	4.859	0.001**
Role conflict	0.316	0.310	0.086	0.147	0.036	0.220	4.037	0.001**
Sex <sup>a</sup>	0.349	0.341	0.033	0.280	0.085	0.164	3.281	0.001**
Self-efficacy	0.370	0.360	0.022	-0.300	0.083	-0.185	-3.626	0.001**
Emotional regulation	0.393	0.381	0.022	0.173	0.053	0.205	3.241	0.001**
Amount of assistance	0.408	0.394	0.015	0.006	0.003	0.126	2.516	0.028*
Model $F$				28.683**				
<i>Indolence</i>								
Focus on emotion	0.211	0.208	0.639	0.101	0.360	0.639	6.308	0.001**
Self-efficacy	0.276	0.270	-0.256	0.061	-0.234	-0.256	-4.186	0.001**
Role conflict	0.315	0.306	0.071	0.025	0.157	0.071	2.840	0.002**
Overwork	0.330	0.319	0.118	0.048	0.152	0.118	2.481	0.003**
Frequency of emotions	0.341	0.328	-0.109	0.053	-0.114	-0.109	-2.058	0.003**
Model $F$				25.990**				
<i>Guilt</i>								
Focus on emotion	0.244	0.241	0.244	0.906	0.101	0.485	8.935	0.001**
Self-efficacy	0.258	0.252	0.014	-0.137	0.063	-0.118	-2.183	0.005**
Model $F$				44.073**				

Note: \* $p < 0.05$ ; \*\* $p < 0.01$ ; \*1-Female, 2-Male.

$F$ : Test of equality of variances;  $R^2$ : Explained variance;  $B$ : Unstandardized regression coefficient;  $SE$ : Standard Error;  $\beta$ : Standardized regression coefficient;  $t$ :  $t$ -value.



## Discussion

This study, which aimed to identify the individual variables (sociodemographic and personality-related) and variables associated with job characteristics (related to work and to psychosocial risks) that can predict BS in psychologists, identified explanatory models composed of both types of variables. Such finding corroborates that of other studies that have also identified Burnout as the result of a combination of individual and work-related factors (Ebling & Carlotto, 2012; Maslach & Leiter, 1997; Queirós, Carlotto, Kaiseler, Dias, & Pereira, 2013; ).

The variables with the greatest explanatory power for BS were overwork, for Enthusiasm toward the job and Psychological exhaustion dimensions, and emotion-focused coping strategy for Indolence and Guilt dimensions. This result for both variables corroborates that of studies that have shown their impact on Burnout (Garrosa, Moreno-Jiménez, Liang, & González, 2008; Shin et al., 2014).

Self-efficacy was present in all Burnout dimensions, indicating that its development can delay the onset of this syndrome (Fernet, Austin, Trépanier, & Dussault, 2013). Studies have shown a negative association between self-efficacy and BS (Aftab, Shah, & Mehmood, 2012; Fernet et al., 2013).

The explanatory model for Enthusiasm toward the job indicates that the desire and motivation to achieve professional goals are predicted by individual variables (self-efficacy and coping strategies), form of emotional regulation, psychosocial risks derived from the way that the work is performed (overwork and autonomy), reward in the form of salary, and activities in more than one psychology field. It can be said that feeling competent to do work and using problem-focused strategies can increase the sense of professional accomplishment. The type of strategies used, focused on the problem or on the emotion, influences the prevention or occurrence of the BS (Gil-Monte, 2005). People that believe in their capabilities and deal with hard tasks, seeing the latter as challenges to be faced and responded to,

can control stressors properly (Bandura, 1997). The results found in this study corroborate the findings of other studies (Mella & Boutin, 2013; Montero-Marín, Prado-Abril, Demarzo, Gascon, & García-Campayo, 2014) and can be understood in the light of the professional development process. Throughout their professional practice, psychologists are constantly stimulated to adopt a self-critical and reflexive attitude, which leads to the development of competencies for awareness of stress and tension-generating aspects inherent in the profession. Therefore, actions aimed at the planning of alternatives by taking successive steps to counter, mitigate, or magnify the effects of stressors are important to prevent BS.

From the perspective of the emotional work which is part of the daily routine of psychologists, the results obtained demonstrate that the greater the effort to control emotions at work, the lesser the Enthusiasm toward the job. A study carried out with healthcare professionals found that emotional labor was a BS predictor variable and that its presence was associated with the loss of personal satisfaction at work (Çagliyan et al., 2013).

It can be assumed that the lesser the effort that professionals need to make to modulate and regulate their emotions in order to meet social expectations inherent in the practice of psychology, the more consistent and genuine the emotional expressions, and that being able to adopt authentic professional practice can contribute to improve wellbeing and personal satisfaction with the job.

As for overwork, autonomy, and salary, it can be said that when psychologists provide services with a workload perceived as adequate, they are able to make decisions about how they can earn more as a reward for work accomplished. According to the motivation model proposed by Hackman and Oldham (1980), in order for work to be a challenge, it has to provide opportunities to use and develop several skills with autonomy and rewards. This model can explain the fact that working in more than one area, in addition to promoting the development of different skills and experiences boosts the feeling of competence and reward.

In the Physical exhaustion dimension, the group of predictor variables was composed of overwork, role conflict, decreased self-efficacy, need to modulate emotions and amount of service provided. Psychologists are affected neoliberal logics that have caused changes in the labor world and dictated the pace and pressures of the everyday practice (Heloani, Macêdo, & Cassiolato, 2011). However, the increase in work demands may result in role conflicts that prevent the professional from performing his or her tasks in due time and with the available resources. In the case of the psychologist, it can be assumed that there is a conflict between the quantitative and the qualitative overwork (Kahn, 1978). Such situation may have an influence on the feeling of inefficacy since it requires an intense amount of emotional effort in order for them to handle the ordinary needs of the profession. It also affects professionals' sense of competence, leading to physical and emotional exhaustion.

Psychological exhaustion was higher among men, which may be due to socialization. Women are socialized to be have roles related to provide others with assistance, care, and attention (Purvanova & Muros, 2010); thus, performing roles with emotional demands may require a greater effort from men, which, as a consequence, leads to physical and psychological exhaustion inherent in the profession.

Indolence was explained by a model composed of job characteristic variables, such as overwork, role conflict, and the frequency of use of emotions, and personality-related variables, such as self-efficacy and use of emotion-focused strategies. Therefore, a decrease in self-efficacy and use of emotion-focused strategies and an increase in work demands, role conflict and use of emotion-focused strategies, result in increased professional detachment or distance between the professional and his or her patients, colleagues, and the organization.

Thus, it can be inferred that when feeling overloaded or having to activate their emotions frequently, psychologists may assume a role conflict since their training recommends provision of

assistance based on the quality of their relationships, rather than on the amount of assistance provided. The attempt to deal with interpersonal stressors by using emotion-focused strategies temporarily relieves the tension, but it does not solve the problem and may be one of the possible consequences of the decrease in the feeling of competence at work. Similar results have been found in studies conducted by Gould, Watson, Price, and Valliant (2013) and Machado, Sathyanarayanan, Bhola, and Kamath (2013).

The Guilt dimension was explained only by variables involving personality, emotion-focused coping strategies, and self-efficacy. Thus, it can be said that, when professional capability and the ability to handle the required profession's activities and practices are an issue to professionals themselves, they hinder the possibility to tackle them, making it difficult for them to regulate their emotional state associated with stress. Such condition can produce a negative sensation concerning the professional role that the psychologist should play, resulting from self-pressure and guilty feelings due to negative attitudes that differ from those expected from psychologists.

The results of this study showed a predictive model for the onset of Burnout with variables associated with job characteristics, such as overwork, autonomy, and role conflict and individual characteristics, such as self-efficacy and use of coping strategies, reinforcing that psychologists' occupational vulnerability results from the interaction of personal and work-related aspects (American Psychological Association, 2010a; Maslach et al., 2001).

Learning about the BS predicting factors enable the development of prevention measures. From this viewpoint, it is possible to consider actions that can contribute to the better training of future psychologists, aiming at the development of professional competences and problem-focused strategies. In terms of work, the adequate coping with demands, stimulation, autonomy, and the handling of conflicts resulting from the professional role of psychologists are alternatives that can reduce Burnout Syndrome risks. It is worth highlighting the



importance of self-care (American Psychological Association, 2010b), which, although essential is oftentimes neglected by psychologists (American Psychological Association, 2010a), considering that the desire to help others may lead professionals to ignore their personal limitations, failing to perceive their own needs for attention and care (Carvalho, 2003).

The present study has some limitations that should be taken into consideration. Firstly, it has a cross-sectional design, which does not allow for causal conclusions. Secondly, it refers to the “healthy worker effect”, a peculiar matter in cross-sectional studies on occupational epidemiology that oftentimes exclude an eventual ill worker (McMichael, 1976).

This situation may underestimate the magnitude of the identified risks since the most affected professionals might have been on leave and were not available to answer the online instrument. The third limitation is the geographic location of the assessed sample, considering that this study assessed psychologists from a specific geographic region that may have a different professional reality. The fourth limitation refers to the use of self-report measures only, which may cause some type of bias due to the social desirability of certain type of issues, such as in the case of Burnout, the Indolence dimension. Psychologists may find it difficult to admit that they draw themselves at some distance from those who need professional treatment, treating them in an impersonal manner

Therefore, further longitudinal studies with probabilistic samples should be carried out in different regions of Brazil. Moreover, we also suggest further studies on the risk factors including organizational variables, such as climate, management models, and socioeconomic and cultural aspects.

### Contributors

All authors contributed equally to the conception and design of this study, data analysis, and final editing.

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