

Workplace Stress as a Predictor for Burnout in Mental Health Professionals: A Covid-19 Study

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ABSTRACT

The job of mental health professionals (MHPs) is essential because they aid those who are afflicted by mental health disorders and support them in fostering much-needed optimistic outlooks. Following Covid-19, the situation for MHPs is now one of increased work pressure as they provide tele-counseling and treatment to more and more individuals every day. The purpose of this study was to see if this increased level of stress is causing burnout syndromes in various MHPs. Standardized scales were used to measure workplace stress & burnout among MHPs. The MHPs taken into consideration were clinical psychologists, psychotherapists, and counselors between the ages of 25 and 35. Results found that workplace stress is significantly and positively correlated to occupational exhaustion and depersonalization, further through linear regression it was found that workplace stress is a significant predictor of occupational exhaustion. Usage of humor, journalling, mindful meditation, taking breaks, following a regular schedule, creating healthy boundaries, having self-care measures, and being under supervision are all strategies that can help to avoid burnout.

Keywords: Workplace Stress, burnout, Mental Health Practitioners, Covid-19

“In the middle of difficulty lies opportunity.” – Albert Einstein

The COVID-19 pandemic has had significant and far-reaching impacts, making it one of the most significant worldwide catastrophes in centuries. The number of people seeking psychological assistance increased as a result of the epidemic's emotional toll, stress, and loneliness. The assault of COVID-19 has a severely detrimental effect on people's mental health. Mental health professionals (MHP) are frequently the first to offer support to those who are suffering from mental illnesses, helping them as they learn how to overcome their challenges and adjust to life after diagnosis. Although a lot of individuals find this adjustment difficult, MHPs are there to provide unwavering support and assurance. Major depressive disorder and anxiety disorder instances increased by 27.6% and 25.6%, respectively as a result of COVID-19 (GBD, 2020), it was also discovered that places with high rates of COVID-19 infection per day had the greatest rates of major depressive disorder and anxiety disorder, and India had the highest number of Covid-19 fatalities in the world at

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528,273 (WHO, 2022). The demand for MHP was considerably greater during these challenging times and they are vastly outnumbered, according to Math et al., (2019), providing care for India's 1.3 billion people will take 42 years for psychiatrists, 74 years for psychiatric nurses, 76 years for psychiatric social workers, and 76 years for clinical psychologists. Since the COVID-19 epidemic, MHPs have been accepting an increasing number of clients, initially via telephonic and video counseling, but now things are shifting back to offline session mode.

Contrary to what one would believe, this increased workload affects them greatly. Doan et al., (2021) found that 44% of MHPs felt burnout and 41% indicated dissatisfaction with the therapy they had provided throughout the pandemic and with remote consultations. Also, Due to the nature of their employment, mental health practitioners are more likely to experience stress and burnout. When one cannot fully match the expectations of their surroundings, stress results. The main causes of stress are coping with patients' suffering, feeling overworked, undervalued, and under-resourced. Burnout was more prevalent among consultants who felt they had received inadequate management and communication training (Ramirez et al., 1996). Although burned-out MHPs make an effort to keep care quality high at their own expense, burnout-causing work environments are linked to worse care quality. Access to care is decreased because burned-out MHPs are more likely to abandon their practice.

Workplace stress

WHO (2003) states that workplace stress is “the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope”. HSE (2021) defines Work related stress as “a harmful reaction that people have to undue pressures and demands placed on them at work”.

(Barnett et al. 2007) Stressors for psychologists include the heavy emotional demands associated with client presentations, such as client lack of improvement, symptom relapse, suicidal ideation and attempts, aggressive or violent behavior, as well as the practical demands associated with paperwork, ethical practice, licensing, malpractice complaints, and professional isolation. Clinicians are an especially sensitive group when it comes to stress susceptibility due to the depleting, demanding, and gruelling nature of psychotherapy. Additionally, it has been determined that overall stress is positively associated with digestive disorders, immune system impairment, and cardiovascular diseases. This can cause extended strain and deplete personal resources, which has a substantial impact on the quality of their patient care (Di Martino, 1992).

Burnout

Leiter et. al., (2015) “Burnout refers to the emotional depletion and loss of motivation that result from prolonged exposure to chronic emotional and interpersonal stressors on the job”. Maslach, Jackson & Leiter (1997, p.192) defined it as “Burnout is a psychological syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur in every individual who works with other people in some capacity”. In this study, three aspects of burnout—emotional weariness, depersonalization, and decreased personal accomplishment—are examined. Emotional fatigue is the state of feeling overextended and emotionally spent by others. The process of being cynical and demeaning toward individuals who receive one's services is known as depersonalization. Reduced personal accomplishment refers to a decline in one's opinion of their own skill and success in their careers (Vercambre, 2009).

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In a research conducted by Spännargrd et. al., (2022), 62% of psychotherapists experienced moderate or severe levels of burnout symptoms, with personal and work-related burnout substantially greater than client-related burnout. Practitioner burnout, in turn, has an impact on total therapeutic efficacy (Bearse et. al., 2013), not only diminishing the amount of care offered by the practitioner but also potentially leading to more significant inappropriate behaviors that can be damaging to clients.

Purpose

The purpose is to study the causal relationship between workplace Stress and Burnout (emotional exhaustion, depersonalization, and reduced personal accomplishment) of Mental Healthcare Professionals.

Hypothesis

- There is a significant relationship between workplace stress and Burnout
- Workplace stress is a significant predictor for Burnout

METHODOLOGY

Sample

The sample consisted of 30 MHPs which consisted of clinical psychologists, psychotherapists, and counselors from 25-35 years of age from Delhi.

Measure

- **Workplace Stress Scale** (The Marlin Company and The American Institute of Stress, 2009) measures stress experienced at the workplace consisting of 8 items on 5-point Likert scale ranging from Never to Very Often.
- **The Maslach Burnout Inventory:** (Maslach et al., 1997) is a measurement of work-related burnout composed of the three subscales of emotional exhaustion (9 items), depersonalization (5 items), and accomplishment (PA) (8 items). It ranges from 0= Never to 6= Every Day.

Procedure

The participants were informed about the purpose of the research and the questionnaires were filled through Google forms. The participants were assured of the confidentiality of the information to elicit their honest responses without any fear or inhibitions. Standardized psychological tests were administered to participants.

ANALYSIS OF RESULT

Results

The participants' responses was analyzed using Pearson's correlation and Linear regression to see the relationship and effect between elements of burnout and workplace stress. Mean and Standard deviation data are presented in table1, table 2 shows the correlation between workplace stress, emotional exhaustion, depersonalization, and reduced personal accomplishment, and table 3 shows the results of linear regression of Workplace stress and Burnout.

Table 1: N, Mean and SD of all the variables

	Occupational Exhaustion	Depersonalization	Personal accomplishment	Workplace Stress
N	30	30	30	30
Mean	20.6	8.53	30.8	22.0
Standard deviation	10.1	7.08	9.75	5.79

Table 2: Correlation between all the variables

	Occupational Exhaustion	Depersonalization	Personal Accomplishment	Workplace Stress
Occupational Exhaustion	—			
Depersonalization	0.558**	—		
Personal Accomplishment	-0.540**	-0.346	—	
Workplace Stress	0.576***	0.508**	-0.242	—

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 3: Results of Linear Regression of Burnout and Workplace Stress

Predictor	β	t	p	r^2	F	p
Occupational Exhaustion (Burnout)	0.576	3.728	<.001	0.332	14	<.001

Dependent variable: Workplace Stress

DISCUSSION

The results found that workplace stress was significantly and positively correlated to occupational exhaustion ($r=0.576$, $p<.001$), and depersonalization ($r=0.508$, $p<.001$). As a result, our first hypothesis is accepted and aligning with a previous study as well which was conducted by Saravanabavan et. al., (2019) on Healthcare Professionals in an Indian Tertiary Care Hospital who discovered a significant correlation between the level of stress and the emotional exhaustion and depersonalization domains of the Maslach burnout inventory. According to Table 3, regression analysis indicated that workplace stress is a significant predictor ($\beta= 0.576$, $p<.001$) of occupational exhaustion (Burnout). The coefficient of determinants ($r^2=0.332$) showed that variation in workplace stress can explain 33.2% variation in Burnout, Thus our second hypothesis is accepted as well.

Our recent findings are also clearly consistent with earlier studies, Gómez-Acosta et al., (2022) discovered in a survey of Columbian psychologists high degrees of emotional tiredness and depersonalization; low levels of physical, psychological, and social stress; and statistically significant variations according to sociodemographic characteristics, years of work experience and graduation, and kind of work contract. Analyses revealed that emotional tiredness and personal realization were associated with work-related symptoms. These findings suggest that a rise in psychological symptoms is connected with greater levels of perceived stress and weariness, but that these can be alleviated by the existence of

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certain characteristics, both sociodemographic and academic and job background. Volpe et al., (2014) MHPs earlier in their career are more prone to burnout. Yang et. al., (2015) discovered that mental health care providers with fewer than five years of experience, as well as those with the lowest yearly salary, had the greatest levels of stress and burnout.

Individual risk factors for burnout, according to the American Thoracic Society (2016), include low self-esteem, maladaptive coping strategies, younger individuals with an idealistic worldview, unreasonably high expectations, and financial concerns. Workload, control and professional autonomy, reward and recognition, a sense of community, fairness, and organisational goals are all root causes of burnout. Interventions that address these factors would operate as a preventative measure against burnout. As a result, it is critical that MHPs engage in continual self-care. Activities for improving one's emotional, physical, interpersonal, and spiritual or religious well-being are referred to as self-care. Continual self-care could even be considered an ethical need. According to Rupert and Dorociak (2019), self-care is most effective when practised proactively, as a preventative intervention aimed at reducing stress and thereby avoiding the development to adverse outcomes such as burnout while increasing good outcomes such as life satisfaction. Furthermore, comparisons of the proportionate relevance of various types of self-care to well-being outcomes show that life balance, cognitive awareness, and daily balance are especially important to psychologists' personal and professional success.

CONCLUSION

MHPs are dedicated to helping people who are dealing with emotional, mental, and behavioural difficulties and problems. Their duties usually overlap with those of nurses and medical assistants and vary depending on the demands of their patients. Workplace stress has been shown to have a significant effect and to be a predictor of burnout in MHPs. Additionally, young MHPs in the field are more vulnerable to burnout symptoms than those with more years of experience. For the purpose of fostering individual well-being and productive collaboration in mental health settings, the danger of developing burnout should be adequately addressed in the training curriculum, and ways to overcome it should be consistently taught. Reduced workload, improved time management, team cohesiveness support, a sufficient reward for one's job, excellent organizational communication, supervision, and chances for professional growth are some methods to lessen burnout among MHPs. In the realm of mental health work, training programmes and professional associations can help to foster a self-care mindset. The most popular self-care practises include using meditation and prayer, participating in social events with friends, playing a variety of professional roles, keeping close links to one's family as well as with friends, and partaking in relaxing hobbies.

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Conflict of Interest

The author declared no conflict of interest.

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