Industrial and Organizational Psychology (2021), **14**, 71–75
doi:10.1017/iop.2021.6

CAMBRIDGE UNIVERSITY PRESS

COMMENTARY

Pandemics and burnout in mental health professionals

Nurcan Ensari

Alliant International University
Corresponding author. Email: nensari@alliant.edu

"I wish I was an expert at dealing with my own stress. I am not immune to stress. I find that I'm far better at guiding people to manage their stress than I am at taking my own advice, and managing my own," a clinical psychologist during the corona pandemic said (Tartakovsky, 2015). Anxiety, fear, isolation, and stress due to the corona pandemic increased the need for mental health protection. To meet the mental health needs, mental health professionals (MHPs, including psychiatrists, psychologists, clinical social workers, psychiatric nurses, and marriage and family therapists) started to put more hours to work. As a result of excessive workload, greater exposure to intensive emotional and physical suffering, and changes of work conditions (e.g., providing virtual services), MHPs have started to show signs of burnout. As Rudolph et al.'s (2021) focal article focuses on the effects of the pandemic on the future of work and people working in organizations, this commentary seeks to draw attention to its effects on job burnout among MHPs and their patients and to give strategies to prevent and reduce burnout.

Even before the pandemic, burnout among MHPs was widespread. Past reports have indicated that 21–67% of mental health workers experience high levels of burnout (Morse et al., 2012) and 74.3% of psychotherapists suffer job stress (Guy et al., 1989). Traumatization and secondary traumatic stress among MHPs result mainly from working with trauma patients (Baum, 2016). They struggle with excessive workload, job instability, difficult clients, coping with administrative requirements, financial concerns, and understaffing, which all contribute to emotional exhaustion (Johnson et al., 2018). Especially during increased stress, such as the current pandemic, the therapeutic or service relationships can be quite stressful due to working long hours until patient's needs are met and until clients are helped.

Reasons for job burnout in MHPs

There are different sources of burnout in MHPs. Constant worry and focus on patient's problems may lead therapists to neglect their own well-being and own situation. Burnout may also happen as a result of mismatches or person–job imbalances (Leiter & Maslach, 2004), such as when MHPs have more patients than they can manage and help effectively or when the compensation does not equate the efforts. MHPs who are under pressure to meet conflicting or contradictory demands (from supervisors, patients, or clients) from multiple authorities or to meet demands that contradict their own values and ethics may not exercise effective job control (Leiter & Maslach, 2004). Additionally, MHPs who do not receive support or help from others at work, who do not have emotional exchanges, who don't socialize with coworkers, or who have unresolved or chronic conflicts with others at work lose a sense of community, which may result in isolation, frustration, and poor interpersonal relationships (Leiter & Maslach, 2004). When MHPs perceive unfairness at work (e.g., inequity of workload or pay, disrespect, cheating, favorability, harassment, or bullying), they are likely to lose their respect and self-worth and alienate themselves from the community.

© The Author(s), 2021. Published by Cambridge University Press on behalf of the Society for Industrial and Organizational Psychology.

https://doi.org/10.1017/iop.2021.6 Published online by Cambridge University Press

There are also organizational factors that contribute to MHPs' burnout, including changes in workload and working conditions, time urgency, low autonomy, poor management, inadequate supervision, work-life conflict, inadequate rewards and unfair treatment, incivility, unpredictability, safety concerns, and the lack of control over services (Bowden et al., 2014; Maslach & Leiter, 2016; Upadyaya et al., 2016; Veage et al., 2014; Yanchus et al., 2017). Economic fluctuations add to the financial strain that MHPs experience, on top of the stress due to job instability and understaffing (Honberg et al., 2011; Sørgaard et al., 2007). Finally, medical errors, incompetent procedures, and mediocre mental health services are primary ethical concerns that lead to the sense of unfairness in mental health organizations.

Signs of burnout in MHPs

When therapists feel that they do not have the emotional resources that are needed to show empathy or understanding of others, they show negative and cynical attitudes toward clients and a tendency to self-evaluate negatively with respect to their work with clients (Maslach & Jackson, 1981; Maslach & Leiter, 2008). There are also physical (e.g., cardiovascular diseases, hypertension, high cholesterol) and psychological (e.g., anxiety, low self-esteem, guilt feelings, and low tolerance of frustration and insomnia) signs of burnout (Salvagioni et al., 2017). Not only MHPs but also their clients are adversely affected by burnout: empathy toward the patients and the quality of care are reduced (Aronsson et al., 2017; Volpe et al., 2014); unhelpful and rejecting feelings toward patients emerge (Holmqvist & Jeanneau, 2006); and tardiness, spacing out during sessions, declines in active listening and canceling sessions are observed.

How to prevent job burnout

One approach to preventing burnout is to reduce factors that contribute to burnout (i.e., demands) and to increase resources that reduce stress (see the job demands–resources theory by Bakker & Demerouti, 2014). There are preventative measures that MHPs can take and interventions that organizations can implement to combat burnout.

Suggested self-care methods include healthy diet; spiritual practice; regular exercise; time in nature; proper sleep; time with loved ones; regularly scheduled breaks; vacation away from work; hobbies and interests unrelated to work; avoidance of excessive work hours; participation in peer support; and relaxation activities such as mindfulness, meditation, yoga, reading, painting, and music (Case, 2001). One effective way of coping with burnout is self-compassion, which provides individuals with coping skills against distress and rumination by promoting awareness, resilience, a sense of interconnectedness, and community-mindedness, and by regulating emotions (McGowan, 2020; Neff, 2003). There are also effective initiatives that are intended to enhance practitioners' resilience and mindfulness, such as "Improving Access to Psychological Therapies" (IAPT; Clark, 2011), which follows a stepped-care service model wherein low intensity, brief, and less restrictive interventions (e.g., guided self-help) are delivered first, followed by high intensity and lengthy interventions (e.g., cognitive-behavior therapy and counseling) based on patients' needs and responses to treatment. A healthy balance among professional, social, and personal life needs maintenance, which comes with an awareness of ones' emotional stress and challenges. It is recommended that MHPs engage in an ongoing practice of self-care and personal restoration.

There are also organization-directed interventions that can help to reduce burnout. Proper job training and education allow employees to strengthen their skills and self-efficacy and improve performance (Gilbody et al., 2006; Morse et al., 2012). MHPs who have continuous training can keep on the cutting edge of the transforming mental health services and even become candidates for leadership positions. To reduce excessive workload demands, MHPs should be given an opportunity to negotiate workload and to set realistic career goals. Another important contributor to

https://doi.org/10.1017/iop.2021.6 Published online by Cambridge University Press

work exhaustion is lack of role clarity. It is critical for organizations to prepare job roles and descriptions for all employees and share this information transparently within the organization. To maintain organizational fairness and to reduce job demands, mental health institutions should directly address ethical and legal concerns by providing adequate orientation regarding coverage, billing, ethical and legal requirements, and standards; provide the necessary health care, billing, insurance, and other business-related resources; eliminate unnecessary bureaucratic procedures and delays; and have procedures for grievance or dispute resolution in place.

The opportunity to shape one's work environment is critical for stress management. Control over decisions with respect to functions of a position, how you will perform tasks, prioritize work, setting own deadlines, or delegate responsibilities to others gives people job autonomy. Mental health organizations can consider ways in which professionals can have autonomy in their ability to customize their practice and work more efficiently with the organization. Mental health organizations are encouraged to eliminate unnecessary bureaucratic procedures and competing priorities, build strong relationships with the administration, develop an efficient organizational structure where different departments communicate and work well with each other.

Social support is critical in preventing burnout. It can stem from different sources, such as support from one's workplace, coworkers, supervisor, and family. Support from the workplace can be provided in different ways, such as starting coworker support groups, offering continuing education opportunities to bolster competence, encouraging breaks and social hours, arranging physical activity opportunities, providing self-care training, and encouraging social support throughout the workday. When MHPs have what they need to bring the most value possible, they will be more equipped to safeguard their mental health. Support from family (including parents, partners, etc.) is critical because stressors from work and home may spill over such that stressors from home affect work performance and frustrations at work are often aired at home (Moore & Cooper, 1996). Supportive supervisors recognize the value of employees' contributions, provide assistance and advice on how to handle conflicts, show appreciation, protect against mistreatment, and care for their well-being (Choi et al., 2012). Past research has shown that nurses who have supportive supervisors are more likely to use effective emotion regulation strategies under stress (Goussinsky & Livne, 2019). Finally, colleagues can be a source of social support: meeting colleagues worldwide, becoming a member of professional associations, and reading publications and stories where challenges in MHOs are discussed can create a sense of community, keeping the professionals engaged and informing them about recent developments in the field.

Conclusion

This commentary draws attention to the growing risk of burnout among MHPs in the times of corona pandemic, reviews the roots and the consequences of burnout, and offers preventive methods and suggestions for both individuals and organizations as briefly as possible. It is clear that burnout has adverse consequences for MHPs' personal, social, and work lives that can also spread to their family members, friends, and even patients. Emotional and social pressures that are experienced by MHPs, especially during the corona pandemic, become detriments to their productivity as well as to the quality of patient treatment.

There is no formula for a stress-free work life; after the corona age is over, there will be other sources of burnout. Engaging in self-care practices should be an ongoing endeavor throughout our careers. MHPs should remember to look out for warning signs and self-assess and self-reflect to ensure that their self-care needs are adequately being met as their life circumstances change over time. Mental health organizations should do their best to create an organizational culture in which professionals are treated with respect and politeness, a sense of community with appropriate actions for recognitions and awards is created, and the necessary procedures and rules are in place to address unfair and unethical practices.

https://doi.org/10.1017/iop.2021.6 Published online by Cambridge University Press

References

Aronsson, G., Theorell, T., Grape, T., Hammarström, A., Hogstedt, C., Marteinsdottir, I., & Hall, C. (2017). A systematic review including meta-analysis of work environment and burnout symptoms. *BMC Public Health*, **17**(1), Article 264. https://doi.org/10.1186/s12889-017-4153

Bakker, A. B., & Demerouti, E. (2014). Job demands-resources theory. In P. Y. Chen & C. L. Cooper (Eds.), Work and wellbeing, Vol. III. (pp. 37–64). Wiley Blackwell. https://doi.org/10.1002/978111853941

Baum, N. (2016). Secondary traumatization in MHPs: A systematic review of gender findings. *Trauma, Violence, & Abuse*, **17**, 221–235.

Bowden, G. E., Smith, J. C., Parker, P. A., & Boxall, M. J. (2014). Working on the edge: Stresses and rewards of work in a front-line mental health service. *Clinical Psychology & Psychotherapy*, **22**(6), 488–501. https://doi.org/10.1002/cpp.1912

Case, P. W. (2001). Spiritual coping and well-functioning among psychologists. *Journal of Psychology & Theology*, **29**(1), 29–41.

Choi, S., Cheong, K., & Feinberg, R. (2012). Moderating effects of supervisor support, monetary rewards, and career paths on the relationship between job burnout and turnover intentions in the context of call centers. *Managing Service Quality: An International Journal*, **22**, 492–516. https://doi.org/10.1108/09604521211281396

Clark, D. M. (2011). Implementing NICE guidelines for the psychological treatment of depression and anxiety disorders: The IAPT experience. *International Review of Psychiatry*, **23**(4), 318–327. https://doi.org/10.3109/09540261.2011.606803

Gilbody, S., Cahill, J., Barkham, M., Richards, D., Bee, P., & Glanville, J. (2006). Can we improve the morale of staff working in psychiatric units? A systematic review. *Journal of Mental Health*, **15**(1), 7–17. https://doi.org/10.1080/09638230500512482

Goussinsky, R., & Livne, Y. (2019). The role of coping resources in the relationship between mistreatment and job burnout: Evidence across two healthcare settings. *Journal of Aggression, Maltreatment & Trauma*, **28**(10), 1250–1268. http://dx.doi.org/10.1080/10926771.2018.1473905

Guy, J. D., Poelstra, P. L., & Stark, M. J. (1989). Personal distress and therapeutic effectiveness: National survey of psychologists practicing psychotherapy. *Professional Psychology: Research and Practice*, **20**(1), 48–50. https://doi.org/10.1037/0735-7028.20.1.48

Holmqvist, R., & Jeanneau, M. (2006). Burnout and psychiatric staffs' feelings towards patients. *Psychiatry Research*, **145**(2–3), 207–213. https://doi.org/10.1016/j.psychres.2004.08.012

Honberg, R., Kimball A., Diehl, S., Usher L., & Fitzpatrick M. (2011). *The Cambridge handbook of applied psychological ethics*. Cambridge University Press.

Johnson, J., Hall, L. H., Berzins, K., Baker, J., Melling, K., & Thompson, C. (2018). Mental healthcare staff well-being and burnout: A narrative review of trends, causes, implications, and recommendations for future interventions. *International Journal of Mental Health Nursing*, **27**(1), 20–32. https://doi.org/10.1111/inm.12416

Leiter, M., & Maslach, C. (2004). Areas of worklife: A structured approach to organizational predictors of job burnout. *Research in Occupational Stress and Well Being*, **3**, 91–134.

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior*, **2**(2), 99–113. https://doi.org/10.1002/job.4030020205

Maslach, C., & Leiter, M. P. (2008). Early predictors of job burnout and engagement. *Journal of Applied Psychology*, **93**(3), 498–512. https://doi.org/10.1037/0021-9010.93.3.498

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, **15**(2), 103–111. https://doi.org/10.1002/wps.20311

McGowan, P. C. (2020). *Examining self-compassion and inclusion as resources to reduce burnout among MHPs*. (Unpublished doctoral dissertation). Alliant International University, San Diego, CA.

Moore, K., & Cooper, C. L. (1996). Stress in MHPs: A theoretical overview. *International Journal of Social Psychiatry*, **42**(2), 82–89.

Morse, G., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C. (2012). Burnout in mental health services: A review of the problem and its remediation. *Administration and Policy in Mental Health*, **39**(5), 341–352. https://doi.org/10.1007/s10488-011-0352-1

Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, **2**(2), 85–101. https://doi.org/10.1080/15298860309032

Rudolph, C. W., Allan, B., Clark, M., Hertel, G., Hirschi, A., Kunze, F., Shockley, K., Shoss, M., Sonnentag, S., & Zacher, H. (2021). Pandemics: Implications for research and practice in industrial and organizational psychology. *Industrial and Organizational Pyschology: Perspectives on Science and Practice*, **14**(1), 1–35.

Salvagioni, D., Melanda, F. N., Mesas, A. E., González, A. D., Gabani, F. L., & Andrade, S. M. (2017). Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. *PloS ONE*, **12**(10), Article 0185781. https://doi.org/10.1371/journal.pone.0185781

Sørgaard, K. W., Ryan, P., Hill, R., & Dawson, I. (2007). Sources of stress and burnout in acute psychiatric care: Inpatient vs community staff. *Social Psychiatry and Psychiatric Epidemiology: The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services*, **42**(10), 794–802. https://doi.org/10.1007/s00127-007-0228-6

https://doi.org/10.1017/iop.2021.6 Published online by Cambridge University Press

Tartakovsky, M. (2015, July 6). *Beating stress*. Urban Balance. https://urbanbalance.com/beating-stress-advice-from-the-pros/

Upadyaya, K., Vartiainen, M., & Salmela-Aro, K. (2016). From job demands and resources to work engagement, burnout, life satisfaction, depressive symptoms, and occupational health. *Burnout Research*, **3**(4), 101–108. https://doi.org/10.1016/j.burn.2016.10.001

Veage, S., Ciarrochi, J., Deane, F. P., Andresen, R., Oades, L. G., & Crowe, T. P. (2014). Value congruence, importance and success and in the workplace: Links with well-being and burnout amongst mental health practitioners. *Journal of Contextual Behavioral Science*, **3**(4), 258–264. https://doi.org/10.1016/j.jcbs.2014.06.004

Volpe, U., Luciano, M., Palumbo, C., Sampogna, G., Del Vecchio, V., & Fiorillo, A. (2014). Risk of burnout among early career MHPs. *Journal of Psychiatric and Mental Health Nursing*, **21**(9), 774–781. https://doi.org/10.1111/jpm.12137

Yanchus, N. J., Periard, D., & Osatuke, K. (2017). Further examination of predictors of turnover intention among MHPs. *Journal of Psychiatric and Mental Health Nursing*, **24**(1), 41–56. https://doi.org/10.1111/jpm.12354

Cite this article: Ensari, N. (2021). Pandemics and burnout in mental health professionals. *Industrial and Organizational Psychology* **14**, 71–75. https://doi.org/10.1017/iop.2021.6

https://doi.org/10.1017/iop.2021.6 Published online by Cambridge University Press