


### **Burnout Syndrome in Clinical Psychologists: A Demand-Resources Model**

*Síndrome de Burnout em Psicólogos Clínicos: Um Modelo Demandas-Recursos*



*Síndrome de Burnout en Psicólogos Clínicos: Un modelo de Demanda-Recursos*

*Syndrom d'épuisement Professionnel chez les Psychologues Cliniciens: Un modèle Demande-Ressources*

 10.5020/23590777.rs.v24i2.e13726

**Vanessa da Silva Marques**  

Psicóloga, Doutora em Psicologia Clínica – UNISINOS, Mestra em Gestão Educacional.

**Mary Sandra Carlotto**  

Psicóloga, Doutora em Psicologia Social – Universidade de Santiago de Compostela-USC. Professora Visitante do Programa de Pós-graduação em Psicologia Social, do Trabalho e das Organizações-UnB/Brasil. Bolsista Produtividade CNPq 1C.

#### **Abstract**

Clinical psychologists have been considered a risk category for developing burnout syndrome. based on the demands-resources model, this study aimed to verify whether emotional intelligence and professional self-efficacy play a mediating role between emotional labor and burnout syndrome, in a sample of 240 Brazilian clinical psychologists. the data were collected through an online platform, using as research instruments a sociodemographic and labor data questionnaire, the *Cuestionario para la Evaluación del Síndrome de Quemarse por el Trabajo*, the assessment questionnaire related to emotional demands and dissonance of the rule of emotion, emotional intelligence measure and the perceived general self-efficacy scale. the results, obtained through structural equation modeling, revealed that emotional labor was positively associated with burnout syndrome and that professional self-efficacy functioned as a mediating variable between emotional labor and burnout syndrome. the results indicate the need for interventions aimed at developing professional self-efficacy in clinical psychologists as a measure to prevent burnout syndrome.

**Keywords:** burnout syndrome, emotional intelligence, professional self-efficacy, emotional work, demands and resources model; clinical psychologist

#### **Resumo**

*Psicólogos clínicos têm sido considerados categoria de risco de desenvolver a síndrome de burnout. Com base no modelo de demandas-recursos, este estudo teve como objetivo verificar se a inteligência emocional e a autoeficácia profissional desempenham um papel mediador entre o trabalho emocional e a síndrome de burnout, em uma amostra de 240 psicólogos clínicos brasileiros. Os dados foram coletados por meio de plataforma on-line, tendo como instrumentos de pesquisa um questionário de dados sociodemográficos e laborais, o Cuestionario para la Evaluación del Síndrome de Quemarse por el Trabajo, o questionário de avaliação relacionado a demandas emocionais e dissonância da regra da emoção, medida de inteligência emocional e a escala de autoeficácia geral percebida. Os resultados, obtidos por meio de modelagem de equações estruturais, revelaram que o trabalho emocional se associou positivamente à síndrome de burnout e que a autoeficácia profissional funcionou como variável mediadora entre o trabalho emocional e a síndrome de burnout. Os resultados indicam a necessidade de intervenções voltadas para o desenvolvimento da autoeficácia profissional em psicólogos clínicos como medida de prevenção da síndrome de burnout.*

**Palavras-chave:** síndrome de burnout, inteligência emocional, autoeficácia profissional, trabalho emocional, modelo demandas e recursos, psicólogo clínico

## Resumen

Los psicólogos clínicos han considerado una categoría de riesgo para desarrollar el síndrome de Burnout. Basado en el modelo demandas-recursos, este estudio tuvo como objetivo verificar si la inteligencia emocional y la autoeficacia profesional desempeñan un papel mediador entre el trabajo emocional y el síndrome de burnout, en una muestra de 240 psicólogos clínicos brasileños. Los datos fueron recolectados a través de una plataforma en línea, utilizando como instrumentos de investigación un cuestionario de datos sociodemográficos y laborales, el Cuestionario para la Evaluación del Síndrome de Quemarse por el Trabajo, el cuestionario de evaluación relacionado con las demandas emocionales y la disonancia de la regla de la emoción, la inteligencia emocional medida y escala de autoeficacia general percibida. Los resultados, obtenidos a través del modelado de ecuaciones estructurales, revelaron que el trabajo emocional se asoció positivamente con el síndrome de burnout y que la autoeficacia profesional funcionó como variable mediadora entre el trabajo emocional y el síndrome de burnout. Los resultados indican la necesidad de intervenciones dirigidas a desarrollar la autoeficacia profesional en psicólogos clínicos como medida de prevención del síndrome de burnout.

**Palabras clave:** síndrome de burnout, inteligencia emocional, autoeficacia profesional, trabajo emocional, modelo de demandas y recursos, psicólogo clínico

## Résumé

Les psychologues cliniciens sont considérés comme une catégorie à risque de développer le syndrome d'épuisement professionnel. Basée sur le modèle demandes-ressources, cette étude visait à vérifier si l'intelligence émotionnelle et l'auto-efficacité professionnelle jouent un rôle médiateur entre le travail émotionnel et le syndrome d'épuisement professionnel, auprès d'un échantillon de 240 psychologues cliniciens brésiliens. Les données ont été collectées via une plateforme en ligne, en utilisant comme instruments de recherche un questionnaire de données sociodémographiques et de travail, le Cuestionario para la Evaluación del Síndrome de Quemarse por el Trabajo, le questionnaire d'évaluation lié aux exigences émotionnelles et à la dissonance de la règle de l'émotion, l'intelligence émotionnelle. Mesure et échelle d'auto-efficacité générale perçue. Les résultats, obtenus grâce à la modélisation d'équations structurelles, ont révélé que le travail émotionnel était positivement associé au syndrome d'épuisement professionnel et que l'auto-efficacité professionnelle fonctionnait comme une variable médiatrice entre le travail émotionnel et le syndrome d'épuisement professionnel. Les résultats indiquent la nécessité d'interventions visant à développer l'auto-efficacité professionnelle chez les psychologues cliniciens comme mesure de prévention du syndrome d'épuisement professionnel.

**Mots clés:** syndrome d'épuisement professionnel, intelligence émotionnelle, auto-efficacité professionnelle, travail émotionnel, modèle demandes et ressources, psychologue clinician

---

Burnout syndrome has been defined as the individual's response to chronic stressors present in the work context, characterized by a subjective experience in which negative feelings and attitudes occur, which results in changes, problems and psychophysiological dysfunctions, with harmful consequences for the worker and the organization (Gil-Monte, 2005, 2019). Due to its relevance, it was recently recognized by the *World Health Organization* [WHO] (2019) as an important work-related disease and included in the 11th Revision of the International Classification of Diseases (ICD-11) as an occupational phenomenon.

Healthcare professionals are exposed to numerous occupational stressors that, if persistent, can result in *burnout* (Kearney et al., 2020; Moncayo-Rizzo et al., 2024). Their susceptibility comes from the fact that their activities are directed towards people, involving close and emotional contact (Bell et al., 2024; França et al., 2014) and they deal with intense emotions, work overload and stressful situations in their daily lives (Costa et al., 2020).

Burnout syndrome consists of four distinct dimensions, namely: 1) Illusion for work, reflecting the individual desire to achieve work-related goals, understood by the individual as a source of personal satisfaction; 2) Psychological exhaustion, indicated by the feeling of emotional and physical exhaustion concerning direct contact with people who are sources or cause of problems; 3) Indolence, characterized by the presence of attitudes of indifference towards people who need to be attended to in the work environment, as well as indifference to the problems of others; 4) Guilt, indicated by the appearance of demand and feelings of guilt about the behavior and negative ways developed at work, which contradict the internal norms and social demands of the professional role.

Psychotherapists have been identified as professionals at risk of developing *burnout syndrome* (Joffe & Peters, 2024; McCormack et al., 2018; Yang & Hayes, 2020). Despite the increase in the frequency and severity of burnout syndrome in the Western world, there is little published research on the experiences of clinical psychologists who have been affected by

the syndrome (Hammond et al., 2018; Rodriguez et al., 2020). Research conducted by Spiendler et al. (2015), with clinical psychologists, identified stressors of psychological demands, emotional effort, managing patients' suffering, the need for supervision, carrying out personal psychotherapy, and the need for constant improvement. Specifically in self-employed professionals, it identified low financial gains and an excess of concomitant professional activities. Salaried professionals revealed a lack of autonomy, overload of care, little professional recognition, low remuneration, the need for effort and physical resources, and conflicts with colleagues, patients, and bosses.

The demand-resources model is used in the context of work, professions, or job characteristics and can be divided into two distinct categories: job demands and job resources (Bakker, Xanthopoulou et al., 2022; Hu et al., 2011). Demands are aspects originating from the profession and the organization that requires significant physical, cognitive, and emotional effort on the part of workers (Bakker, Xanthopoulou et al., 2022; Salanova & Schaufeli, 2009) and can be perceived in quantitative, mental, socioemotional, physical, organizational, and work-family demands (Simbula et al., 2011).

Labor resources are particularities of work that can reduce labor demands, favoring the professional in achieving objectives and goals, as well as promoting opportunities for personal growth (Bakker, Xanthopoulou et al., 2022). Thus, they can be represented through physical resources, task resources, social resources, organizational resources, and work-family resources (Moreno-Jiménez et al., 2009; Salanova & Schaufeli, 2009; Simbula et al., 2011).

Regarding work demands, the construct that contemplates emotional labor was investigated and understood as a psychological process necessary to self-regulate emotions and display desired emotions in the work context. It involves controlling or hiding negative emotions to comply with the rules or requirements of the organization and work objectives, as well as the demonstration of unmet emotions (Edú- Valsania et al., 2022; Hochschild, 2012). Emotional demands are those aspects of work that require emotional effort on the part of the worker and imply energetic, physical, or psychological costs (Bakker & Heuven, 2006). Emotion-rule dissonance is the discrepancy between the emotions displayed and felt as part of the work role (Heuven & Bakker, 2003). It is a conflict between the worker's authentic feelings and the expressed emotions necessary to perform the work (Hochschild, 2012).

Understanding emotional labor is relevant, especially in service professions, given that social interactions with clients or patients are a significant part of the work (Odonkor & Frimpong, 2020; Pujol- Cols & Dabos, 2021; Zapf & Holz, 2006). The work of the psychologist involves connecting with clients who are in personal distress, sometimes with great psychic pain. Patients who are involved in painful life circumstances and events may include stories of loss, trauma, neglect, isolation and despair, brutality, and tragedy (Saakvitne, 2008).

Although psychologists are professionally trained to set aside their own needs and concerns when engaging with clients to focus on their needs and concerns and meet their expectations from their interventions (Heinonen & Orlinsky, 2013), an intense emotional burden can be considered a major stressor and leave them vulnerable to stress and burnout (Joffe & Peters, 2024).

Suppressing legitimate emotions and creating a false emotional display has negative consequences for workers, including low job satisfaction, turnover intention, and burnout (Costakis et al., 2020). Emotional labor has been linked to burnout syndrome (Joffe & Peters, 2024; Kariou et al., 2021). Expressing superficial feelings plays an important role in the occurrence of *burnout syndrome* (Kılıçarslan & Özsoy, 2024).

Emotional intelligence and self-efficacy stand out as work resources. Emotional intelligence (EI) has been characterized as the ability to create motivation for oneself and, despite difficulties, to persevere in a goal, control impulses and wait for the satisfaction of one's desires, to maintain a good state of mind and prevent anxiety from interfering with the ability to reason, be empathetic and self-confident (Goleman, 2012). This construct includes five basic and interdependent skills, called self-awareness, self-motivation, self-control, empathy, and sociability (Goleman, 1995). A bibliographic survey of concepts related to the five emotional skills proposed by Goleman (1995), carried out by Siqueira et al. (1999), proposed a restructuring of the definitions of the five emotional intelligence skills, intending to demarcate the conceptual field of each skill.

Self-awareness reflects the introspective actions of recognition, discrimination, evaluation, reflection, naming and identification of one's feelings and when they occur. The emotional ability of self-motivation refers to the ability to develop goals for oneself, persisting and becoming enthusiastic about personal objectives. It is the ability to resist any eventual obstacles that hinder the achievement of goals (Siqueira et al., 1999).

Knowing how to delay gratification and contain impulsiveness is related to emotional self-control. Thus, self-control refers to the ability to manage feelings and develop personal capabilities to achieve established goals. It is the ability to consider, be cautious, and control how a person reacts to unpleasant events, provocations, aggressions, insults, conflicts, disturbing feelings, and impulses. Furthermore, high scores on this factor indicate the ability to postpone momentary impulses in favor of future goals (Goleman, 2012; Siqueira et al., 1999).

Therefore, Empathy refers to the ability to identify the desires, intentions, feelings, problems, and interests of others by reading their non-verbal communication behaviors (such as tone of voice, facial expression, and body posture). Finally, there is sociability, which encompasses the ability to initiate, deepen, and maintain friendships, or in general, to have a good relationship with people. This dimension of EI is related to the ability to replace negative feelings with positive ones. Sociability also reflects the ability to make relationships true and lasting (Goleman, 2012; Siqueira et al., 1999).

The literature has revealed that workers who have high levels of emotional intelligence tend to have lower levels of *burnout* (Kant & Shanker, 2021; Chocano et al., 2020). Emotional intelligence has a negative and significant effect on burnout syndrome and a positive and significant effect on professional effectiveness (Martel & Santana, 2019). Furthermore, the development of emotional intelligence has been highlighted as a strong ally in preventing and coping with *burnout syndrome* (Domingos & Silva, 2020).

Seen as the most central mechanism of the human being, self-efficacy acts by exercising a basic function for the individual. Without the person believing that he or she can produce desired effects through his or her actions, he or she would have little incentive to act or to persevere in the face of difficulties. Believing in one’s potential is a key resource in personal development and change (Bandura, 1977).

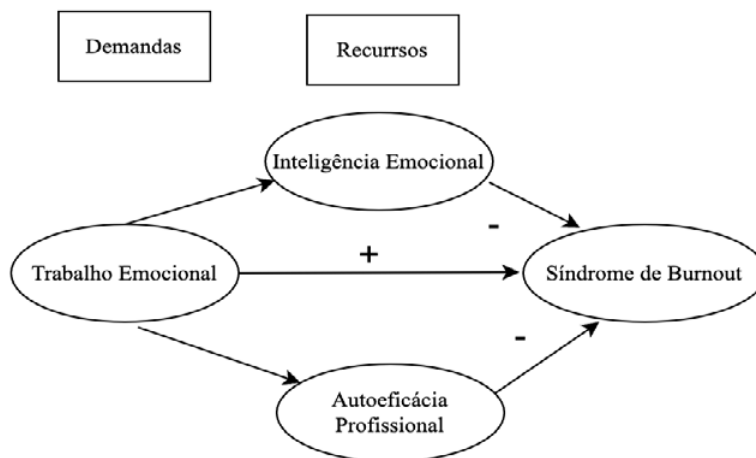
Self-efficacy is related to anticipation, selection, and preparation for action, as well as beliefs that self-efficacy influences the choice of self-regulation patterns and choices when faced with important decisions, in addition to the level of effort to be invested in a given objective (Fontes & Azzi, 2012). In this sense, self-efficacy has shown a significant mediating role between occupational stressors and burnout syndrome (Bardhoshi & Um, 2021; Shoji et al., 2016), and its mediating role between emotions at work and dimensions of burnout syndrome has been verified in psychologists (Rodriguez et al., 2017). Professional self-efficacy is an important personal resource for preventing *burnout syndrome*, being considered a protective factor for the syndrome (Unger et al., 2022).

A greater understanding of burnout syndrome among psychologists is necessary to develop new research and future interventions (Rodriguez et al. 2020; Turnbull & Rhodes, 2021). Given the above, this observational, analytical, and cross-sectional study aimed to verify whether emotional intelligence and professional self-efficacy (job resources) play a mediating role between emotional labor (job demands) and *burnout syndrome* (outcome). Based on the above, the following hypotheses were raised, which are also presented in the theoretical model hypothesized in Figure 1.

- H1: Emotional labor is positively related to *burnout syndrome*
- H2: Self-efficacy plays a mediating role between emotional labor and *burnout syndrome*
- H3: Emotional intelligence plays a mediating role between emotional labor and *burnout syndrome*

**Figure 1**

*Hypothesized theoretical model*



**Method**

**Participants**

A total of 240 Brazilian clinical psychologists participated in this study. The inclusion criterion was having more than one year of professional experience. Most participants declared themselves to be female (85%), with a steady partner (75.7%) and without children (57.3%). Their ages ranged from 22 to 64 years ( $M = 36.71$ ;  $SD = 9.73$ ) and their time of experience as a clinical psychologist ranged from 1 to 36 years ( $M = 7.5$ ;  $SD = 7.29$ ). They revealed an average salary of 4,529.92 Reais ( $SD = 2,864.42$ ); weekly workload in the last three months with an average of 26.8 hours ( $SD = 14.51$ ). Most carry out their clinical activities in the private sector (90.8%) and perform individual psychotherapy (69.4%).

## Instruments

The following instruments were used to collect data:

1. Sociodemographic data questionnaire (sex, age, marital status, children, income).
2. Work data questionnaire (workload, training time, professional time in clinical care, whether the person works in an institution or private practice).

*Burnout syndrome.* The *Burnout Syndrome Questionnaire* was used to assess *burnout syndrome*. *Evaluation Work Burnout Syndrome (CESQT-PE)* by Gil-Monte (2005), a version translated and adapted for Brazil by Gil-Monte et al. (2010). The instrument has 20 items that are evaluated with a five-point frequency scale ( $0 = \text{never}$ ;  $4 = \text{every day}$ ). These items are distributed into four subscales called: Illusion for work (five items,  $\alpha = 0.83$ ; in the present study  $\alpha = 0.88$ ;  $\omega = 0.88$ ); item e.g.: “My work represents a stimulating challenge for me”); Psychological exhaustion (four items,  $\alpha = 0.86$ ; in the present study  $\alpha = 0.86$ ;  $\omega = 0.86$ ); item e.g.: “I think the patients’ relatives are boring”); Indolence (six items,  $\alpha = 0.89$ ; in the present study  $\alpha = 0.73$ ;  $\omega = 0.73$ ); e.g. item: “I think I treat some patients with indifference”); and Guilt (five items,  $\alpha = 0.81$ ; in the present study  $\alpha = 0.85$ ;  $\omega = 0.86$ ); e.g. item: “I feel remorse for some of my behaviors at work”).

4. Emotional labor. Assessed through two subscales: 4.1 Emotional demand from the Questionnaire on Experience and Evaluation of Work (QEEW) by Van Veldhoven et al. (2002) (six items,  $\alpha = 0.71$ ; in the present study  $\alpha = 0.70$ ;  $\omega = 0.71$ ); e.g. item: “How often in your work do you find yourself in emotionally disturbing situations?”); 4.2 Emotional dissonance from the Frankfurt Emotional Labor Scale (FEWS) by Zapf et al. (1999) (five items;  $\alpha = 0.79$ ; in the present study  $\alpha = 0.75$ ;  $\omega = 0.76$ ; e.g. item: “In the course of your work, how often do you have to express certain feelings toward people that do not resemble the feelings you feel?”). The items were answered using a five-point scale ( $1 = \text{never}$ ;  $5 = \text{always}$ ).

5. Emotional intelligence. To verify emotional intelligence, the Emotional Intelligence Measure (EIM) was used, created and validated by Siqueira et al. (1999) and which assesses five emotional intelligence skills through 59 items. The items are assessed by a four-point scale ( $1 = \text{never}$ ;  $4 = \text{always}$ ) and distributed into five dimensions: Self-awareness (10 items,  $\alpha = 0.74$ ; in the present study  $\alpha = 0.89$ ;  $\omega = 0.90$ ); item e.g.: “I evaluate my feelings to understand what I am feeling”); Self-motivation (12 items,  $\alpha = 0.82$ ; in the present study  $\alpha = 0.87$ ;  $\omega = 0.88$ ); item e.g.: “I persist in my goals even in the face of strong obstacles”); Self-control (10 items,  $\alpha = 0.84$ ); item: “I try to react cautiously when faced with provocations”); Empathy (14 items,  $\alpha = 0.87$ ; in the present study  $\alpha = 0.86$ ;  $\omega = 0.86$ ); ex. item: “I easily identify people’s feelings”); Sociability (13 items,  $\alpha = 0.82$ ; in the present study  $\alpha = 0.78$ ;  $\omega = 0.79$ ); ex. item: “I make people feel good around me.”).

6. Professional self-efficacy. The Perceived General Self-Efficacy Scale (PGSS) by Schwarzer and Jerusalém (1995) was used to assess professional self-efficacy, a version adapted for Brazil by Gomes-Valério (2016). The scale consists of 10 questions ( $\alpha = 0.86$ ; in the present study  $\alpha = 0.88$ ;  $\omega = 0.88$ ); e.g. item: “I can solve most problems if I make the necessary effort.”). The items are answered using a 4-point Likert scale ( $1 = \text{not true of me}$ ;  $4 = \text{completely true of me}$ ).

## Data collection procedures

Data collection was carried out online on the platform *SurveyMonkey*. Data collection took place between October 2019 and March 2020 through social networks (LinkedIn, WhatsApp) and contact emails of the researcher, colleagues and members of the Occupational Health Psychology research group. Access to participate in the research was only possible after acceptance of the Free and Informed Consent Form (FICF). The study was approved by the Research Ethics Committee of the Universidade do Vale do Rio dos Sinos, under the number CAAE: 16412619.2.0000.5344.

## Data analysis procedure

Initially, descriptive analyses were calculated to verify the quality of the database, to characterize the sample and the variables under study. Subsequently, analyses were performed with the IMB Amos Graphics *software (v.20)* and *Structural Equation Models* were constructed. *Equations Modeling (SEM)* to test a theory of causal order among a set of variables. Structural equation modeling was implemented from the Maximum Likelihood estimator. The adjustment indices to accept the model were: chi-square ratio by degrees of freedom ( $\chi^2/df$ ) less than 3; RMR values (*root mean square residual*) values less than 0.10; RMSEA less than 0.06, where the value of the 90% confidence interval of this indicator should not exceed 0.10 (Browne & Cudeck, 1993); *Normed Fit Index (NFI)* values, *Comparative Fit Index (CFI)* and *Tucker-Lewis Index (TLI)* greater than 0.9 (Hair et al., 2009). The non-standardized regression coefficients and standardized coefficients were estimated. For comparison purposes, higher values of standardized coefficients indicate a greater relationship between the variables. The direct, indirect, and total effects of the models with mediating variables were also calculated.

### Results

Table 1 lists the results of the descriptive analysis of the variables under study and the scoring scale. The highest index, considering the scoring scale, was the psychic exhaustion dimension of *burnout* and the self-awareness dimension of emotional intelligence.

**Table 1**

*Descriptive analysis of study variables*

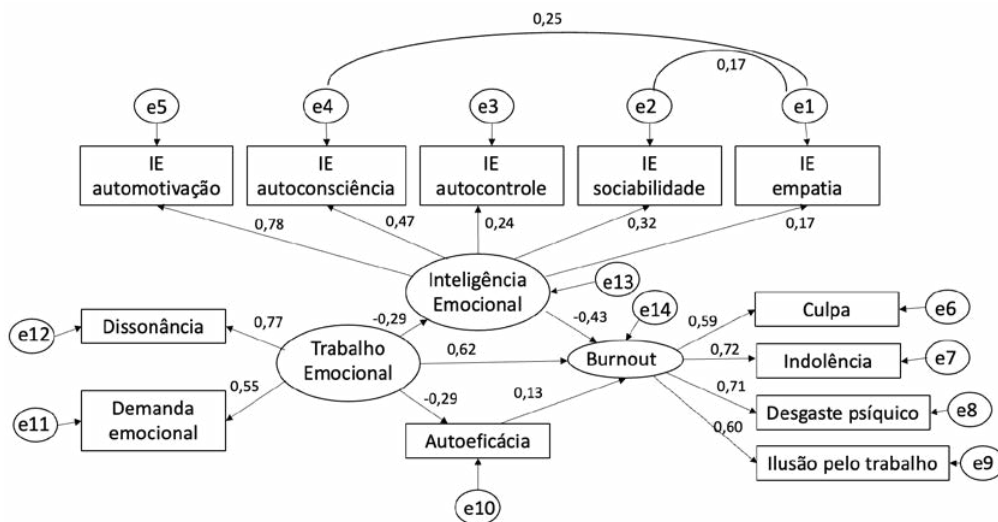
Variables	Scale	M	DP
<i>Burnout syndrome</i>	0-4		
Illusion through work		1.75	0.65
Psychic wear and tear		2.80	0.89
Indolence		1.92	0.52
Blame		1.94	0.69
<i>Emotional labor</i>	1-5		
Emotional demand		3.05	0.49
Dissonance		2.47	0.64
<i>Self-efficacy</i>	1-4	2.82	0.48
<i>Emotional intelligence</i>	1-4		
Empathy		3.22	0.38
Sociability		2.73	0.43
Self-motivation		3.17	0.43
Self-control		3.05	0.47
Self-awareness		3.48	0.39

Regarding the model adjustment, the results reveal that the goodness-of-fit index (*GFI*) was 0.91 and the adjusted goodness-of-fit index was 0.85, *RMR* was equal to 0.022 (*RMR* < 0.1), and *RMSEA* was equal to 0.087, with a maximum limit of 0.105. The other adjustment indices were: *NFI* = 0.79; *TLI* = 0.79; and *CFI* = 0.85.

Regarding the mediation effects, Figure 2 shows the construction scheme of the proposed model with the standardized coefficients. The results of the study confirmed hypothesis H1 that emotional labor (IV) is related to the dimensions of *burnout syndrome* (outcome) (*p* < 0.001) (H1), and that self-efficacy (*MV*) has a mediating function between emotional labor (IV) and *burnout syndrome* (outcome). (*p* < 0.001) (H2). Regarding the mediating role of emotional intelligence between emotional labor (IV) and SB, it was found to be non-significant (*p* = 0.09), not confirming H3.

**Figure 2**

*Standardized recursive model of Structural Equation Analysis.*



## Discussion

This study sought to verify whether emotional intelligence and professional self-efficacy (job resources) play a mediating role between emotional labor (job demands) and burnout syndrome. As predicted in the hypothesized theoretical model, hypothesis H1 was confirmed, as a positive association was found between emotional labor and the dimensions of burnout syndrome, corroborating the results of empirical studies that have revealed that emotional labor has an important impact on burnout syndrome (Andela & Truchot, 2016; Mendonça et al., 2023). High levels of emotional demands and emotional dissonance are related to higher levels of burnout (Kim et al., 2020; Vignoli et al., 2021).

Emotional labor has been considered as a new work stressor in modern society that leads to burnout syndrome (Jeung et al., 2018; Kılıçarslan & Özsoy, 2024). A study conducted with 24 psychologists by Clarke et al. (2020) sought to investigate the perceived effects of emotional labor on psychologists who provide individual psychotherapy. Participants reported feelings of burnout and exhaustion and the desire for a space free from people and work-related emotions.

The results also supported hypothesis H2, which states that self-efficacy plays a mediating role between emotional labor and burnout syndrome. A similar result was identified in a study by Rodriguez et al. (2017) with psychologists. In this study, self-efficacy acted as a mediator between emotion regulation and the dimensions of burnout syndrome.

Self-efficacy is related to anticipation, selection and preparation for action and influences self-regulation. Thus, self-efficacy beliefs influence choices when faced with important decisions, in addition to the level of effort to be invested in each objective (Fontes & Azzi, 2012).

In this sense, self-efficacy has played a significant mediating role between occupational stressors and burnout syndrome (Bardhoshi & Um, 2021), and its mediating role between emotions at work and dimensions of *burnout* syndrome has been verified in psychologists (Rodriguez et al., 2017).

Regarding H3, the results did not identify mediation of emotional intelligence between emotional labor and burnout syndrome, contradicting the literature that indicates that emotional intelligence is a mediating variable between occupational stressors and burnout syndrome (Peña-Sarrionandia et al., 2015; Srivastava et al., 2019). It can be thought that this personal resource helps to combat the deleterious effects of occupational stressors but does not reduce the effects of emotional demands. Another possibility may be related to the training of psychologists, which is based on the idea of emotional and psychological preparation to deal with personal and work demands (Matos & Borowski, 2019). According to Matos and Borowski (2019), clinical psychologists recognize different emotions and can assess which certain strategies are more efficient. In this sense, it can be thought that emotional intelligence is already a construct developed in the training of psychologists, as well as in individual psychotherapy, carried out by most of the sample psychologists, not having played a different mediation role than professional self-efficacy, which is a construct that is constituted throughout training and professional experience.

## Conclusion

The results of this study revealed that emotional labor is positively associated with burnout syndrome and that professional self-efficacy acts as a mediating variable between emotional labor and burnout syndrome. Contrary to what was hypothesized, emotional intelligence had no effect on the relationship between emotional labor and burnout syndrome.

This result sheds light on the importance of professional self-efficacy, since, among personal resources, self-efficacy has been repeatedly identified as one of the most prominent factors from the perspective of the Demand-Resources model (Bardhoshi & Um, 2021).

### *Strengths, limitations and suggestions for further studies*

The study's strengths include the relevance of the proposed theme, both in terms of the health of clinical psychologists and the impact it can have on the care provided to their clients. In addition, the proposed *demand-resources model* is based on the use and application of a consistent theoretical model used in different studies.

The study has two important limitations that must be considered when understanding its results. The first concerns its cross-sectional design, which prevents causal inferences, and the second concerns the use of a non-probabilistic sample, which prevents the generalization of its results.

As new research possibilities, it is suggested that longitudinal studies be carried out, with randomly selected samples, which empirically analyze the relationship between work demands and resources between the dimensions of burnout syndrome, aiming to clarify how its progression occurs and its impact on the performance of the clinical psychologist.

### Implications for practice

As implications for practice, it is important to recognize and consider emotional labor as a dynamic process inherent to the work of the clinical psychologist, as this is a risk factor for the development of burnout syndrome.

It is suggested that the professional category invests in continuing education in the form of updating knowledge, participating in courses, events, and professional supervision, and individual psychotherapy as a measure for the development of professional self-efficacy, a personal resource necessary for managing the emotional stressors present in the profession.

### References

- Andela, M., & Truchot, D. (2016). Emotional dissonance and burnout: The moderating role of team reflexivity and re-evaluation. *Stress and Health, 33* (3), 179-189. <https://doi.org/10.1002/smi.2695>
- Bakker, A.B., & Heuven, E. (2006). Emotional dissonance, burnout, and in-role performance among nurses and police officers. *International Journal of Stress Management, 13* (4), 423-440. <https://doi.org/10.1037/1072-5245.13.4.423>
- Bakker, A.B., Xanthopoulou, D., & Demerouti, E. (2022). How does chronic burnout affect dealing with weekly job demands? A test of central propositions in JD-R and COR-theories. *Applied Psychology, 72* (1), 1–22. <https://doi.org/10.1111/apps.12382>
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84* (2), 191-215. <https://doi.org/10.1037/0033-295X.84.2.191>
- Bardhoshi, G., & Um, B. (2021). The effects of job demands and resources on school counselor burnout: Self-efficacy as a mediator. *Journal of Counseling & Development Research, 99* (3), 289-301. <https://doi.org/10.1002/jcad.12375>
- Bell, C., Roberts, G.L., Milliar, P.M., Allen, A., Wood, A.P., Kannis- Dymand, L., Jona, C.M., & Mason, J. (2024). The emotionally exhausted treating the mentally unwell? A systematic review of burnout and stress interventions for psychologists. *Clinical Psychology & Psychotherapy, 31* (1), e2909. <https://doi.org/10.1002/cpp.2909>
- Browne, M. W., & Cudeck, R. (1993). Alternative ways of assessing model fit. In KA Bollen and JS Long (Eds.), *Testing structural equation models* (pp. 136-162). Sage.
- Chocano, Oh. G., López-Barajas, DM, & García-Martínez, I. (2020). Relationship between vital satisfaction, burnout and emotional intelligence of professionals providing direct care to people with intellectual disabilities. *Electronic Journal of Research in Educational Psychology, 18* (52), 425-446. <https://doi.org/10.25115/ejrep.v18i52.3080>
- Clarke, J.J., Rees, C.S., Breen, L.J., & Heritage, B. (2020). The perceived effects of emotional labor in psychologists providing individual psychotherapy. *Psychotherapy, 58*(3), 414-424. <https://doi.org/10.1037/pst0000351>
- Costa, F. J. L. S., Oliveira, L. A. M., Alvarenga, L. A. M. O., Oliveira, C. P., Martins, C. R., Assis, J. T., Oesterreich, S. A., Costa, E. S., & Loreti, E. H. (2020). Occurrence of Burnout syndrome in health professionals in Brazil. *Research, Society and Development, 9* (9), 1-21. <http://dx.doi.org/10.33448/rsd-v9i9.7269>
- Costakis, H.R., Gruhlke, H., & Su, Y. (2020). Implications of emotional labor on work outcomes of service workers in not-for-profit human service organizations. *Human Service Organizations: Management, Leadership & Governance, 45* (1), 29-48. <https://doi.org/10.1080/23303131.2020.1818157>
- Domingos, SFP, & Silva, JC da. (2020). Emotional intelligence in the prevention and coping of burnout syndrome in higher education teaching. *VEREDAS-Interdisciplinary Journal of Humanities, 3* (5), 125-149. <https://revistas.unisa.br/index.php/veredas/article/view/100>
- Edú- Valsania, S., Laguía, A., & Moriano, JA (2022). Burnout: A Review of Theory and Measurement. *International Journal of Environmental Research and Public Health, 19* (3), 1-27. <https://doi.org/10.3390/ijerph19031780>

- Fontes, A.P., & Azzi, R.G. (2012). Self-efficacy beliefs and resilience: notes from the sociocognitive literature. *Psychology Studies*, 29 (1), 105-114. <https://doi.org/10.1590/S0103-166X2012000100012>
- França, TLB, Oliveira, ACBL, Lima, LF, Melo, JKF, & Silva, RAR (2014). Burnout syndrome: Characteristics, diagnosis, risk factors and prevention. *Nursing Journal UFPE on-line*, 8 (10), 3539-3546. <https://doi.org/10.5205/reuol.6039-55477-1-ED.0810201434>
- Gil-Monte, PR (2005). *The syndrome of burning out of work* . Pyramid.
- Gil-Monte, PR (2019). *CESQT: Cuestionario para la Evaluación del Síndrome de Quemarse por el Trabajo* [SBI: The Spanish Burnout Inventory ] (Version 2). TEA Ediciones.
- Gil-Monte, P. R., Carlotto, M. S., & Câmara, S. G. (2010). Validation of the Brazilian version of the Questionnaire for the Assessment of Work-Related Burnout Syndrome in Teachers . *Journal of Public Health*, 44 (1), 140-147 . <https://doi.org/10.1590/S0034-89102010000100015>
- Goleman, D. (1995). *Emotional intelligence* . Objective.
- Goleman, D. (2012). *Emotional intelligence: The revolutionary theory that redefines what it means to be intelligent* . Objective.
- Gomes-Valério, J. (2016). *General Perceived Self-Efficacy Scale: Final Brazilian version* . <http://userpage.fu-berlin.de/~health/brazilian.pdf>
- Hammond, T. E., Crowther, A., & Drummond, S., A. (2018). Thematic inquiry into the burnout experience of Australian solo-practicing clinical psychologists. *Frontiers in Psychology*, 19 (8), 1996. <https://doi.org/10.3389/fpsyg.2017.01996>
- Hair, J. F., Jr., Black, W. C., Babin, B. J., Anderson, R. E., & Tatham, R. L. (2009). *Multivariate data analysis* (6th ed., pp. 688). Bookman.
- Heinonen, E., & Orlinsky, DE (2013). Psychotherapists' personal identities, theoretical orientations, and professional relationships: Elective affinity and role adjustment as modes of congruence. *Psychotherapy Research*, 23 (6), 718-731. <https://doi.org/10.1080/10503307.2013.814926>
- Heuven, E., & Bakker, A. (2003). Emotional dissonance and burnout among cabin attendants. *European Journal of Work and Organizational Psychology*, 12 (1), 81-100. <https://doi.org/10.1080/13594320344000039>
- Hochschild, A. R. (2012). *The managed heart: Commercialization of human feelings*. University of California Press. <https://doi.org/10.1002/pam.4050030365>
- Hu, Q., Schaufeli, W. B., & Taris, T. W. (2011). The job demands–resources model: An analysis of additive and joint effects of demands and resources. *Journal of Vocational Behavior*, 79 (1), 181-190. <https://doi.org/10.1016/j.jvb.2010.12.009>
- Jeung, DY, Kim, C., & Chang, S. J. (2018). Emotional labor and burnout: A literature review. *Yonsei Medical Journal*, 59 (2), 187–193. <https://doi.org/10.3349/ymj.2018.59.2.187>
- Joffe, A.D., & Peters, L. (2024). The association between emotional labor, affective symptoms, and burnout in Australian psychologists. *Australian Psychologist*, 1-13. <https://doi.org/10.1080/00050067.2023.2299668>
- Kant, R., & Shanker, A. (2021). Relationship between emotional intelligence and burnout: An empirical investigation of teacher educators. *International Journal of Evaluation and Research in Education*, 10 (3), 966-975. <https://doi.org/10.11591/ijere.v10i3.21255>
- Kariou, A., Koutsimani, P., Montgomery, A., & Lainidi, O. (2021). Emotional labor and burnout among teachers: A systematic review. *International Journal of Environmental Research and Public Health*, 18 (23), 1-15. <https://doi.org/10.3390/ijerph182312760>

- Kearney, C., Dunne, P., & Wales, W. J. (2020). Entrepreneurial orientation and burnout among healthcare professionals. *Journal of Health Organization and Management*, 34 (1), 16-22. <https://doi.org/10.1108/JHOM-09-2019-0259>
- Kılıçarslan, K., & Özsoy, E. (2024). Which type of emotional labor leads to burnout? *Kocatepeİibfd*, 26 (1), 101-108. <https://doi.org/10.33707/akuiibfd.1373396>
- Kim, H. J., Ha, J. H., & Jue, J. (2020). Compassion satisfaction and fatigue, emotional dissonance, and burnout in therapists in rehabilitation hospitals. *Psychology*, 11 (1), 190-203. <https://doi.org/10.4236/psych.2020.111013>
- Martel, M., J.S., & Santana, J., D.M. (2019). Influence of the sociodemographic profile of university professors on emotional intelligence and burnout. *Education XXI*, 22 (2), 93-117. <https://doi.org/10.5944/educxx1.22514>
- Matos, M. da S., & Borowski, SBV (2019). Emotional experiences and emotional regulation strategies of psychologists clinical trials : A qualitative study. *Interdisciplinary Studies in Psychology*, 10 (3), 160-180. <https://doi.org/10.5433/2236-6407.2019v10n3p160>
- McCormack, H.M., MacIntyre, T.E., O'Shea, D., Herring, M.P., & Campbell, M.J. (2018). The prevalence and cause(s) of burnout among applied psychologists: A systematic review. *Frontiers in Psychology*, 9, Article 1897. <https://doi.org/10.3389/fpsyg.2018.01897>
- Mendonça, NRF, Santana, AN, & Bueno, JMH (2023). The relationship between burnout and emotional intelligence: A meta-analysis. *Journal of Psychology: Organizations and Work*, 23 (2), 2471-2478. <https://doi.org/10.5935/rpot/2023.2.23748>
- Moncayo-Rizzo, J., Alvarado-Villa, G., & Cossio-Urbe, C. (2024). The impact of illegitimate tasks on burnout syndrome in a healthcare system: A cross-sectional study. *International Journal of Nursing Studies Advances*, 6, 100185. <https://doi.org/10.1016/j.ijnsa.2024.100185>
- Moreno-Jiménez, B., Hernández, E.G., Carvajal, RR, Gamarra, MM, & Puig, RF (2009). University professor burnout and abandonment intentions: A multi-example study. *Revista de Psicología del Trabajo y de las Organizaciones*, 25 (2), 149-163. <https://doi.org/10.4321/s1576-59622009000200005>
- Odonkor, S. T., & Frimpong, K. (2020). Burnout among healthcare professionals in Ghana: A critical assessment. *BioMed Research International*, 2020 (1), 1-8 . <https://doi.org/10.1155/2020/1614968>
- Peña-Sarrionandia, A., Mikolajczak, M., & Gross, J. J. (2015). Integrating emotion regulation and emotional intelligence traditions: A meta-analysis. *Frontiers in Psychology*, 6 (160), 1-27. <https://doi.org/10.3389/fpsyg.2015.00160>
- Pujol- Cols, L., & Dabos, GE (2021). Differential responses to the emotional demands of work: A review of the literature on individual characteristics and emotional work. *Estudios Gestãoles*, 37 (160), 472-491. <https://doi.org/10.18046/j.estger.2021.160.4088>
- Rodriguez, SYS, Carlotto, MS, & Câmara, SG (2017). Impact of emotion regulation at work on the dimensions of Burnout in psychologists: The moderating role of self-efficacy. *Análise Psicológica*, 35 (2), 191-201. <https://doi.org/10.14417/ap.1147>
- Rodriguez, SYS, Marques, V. da S., Taube, ME, & Carlotto, MS (2020). Burnout syndrome in psychologists : Review systematic review of the literature. *Clinical Contexts*, 13 (3), 967- 991. <https://doi.org/10.4013/ctc.2020.133.12>
- Saakvitne, K. (2008). Occupational vulnerability for psychologists. *American Psychological Association* . <https://www.apaservices.org/practice/ce/self-care/vulnerability>
- Salanova, M., & Schaufeli, W. (2009). *Engagement in work : When work becomes a passion* . Editorial Alliance.
- Schwarzer, R., & Jerusalem, M. (1995). General Self-Efficacy Scale (GSE) [Database record]. APA PsycTests . <https://doi.org/10.1037/t00393-000>

- Shoji, K., Cieslak, R., Smoktunowicz, E., Rogala, A., Benight, C. C., Luszczynska, A. (2016). Associations between job burnout and self-efficacy: a meta-analysis. *Anxiety Stress Coping*, 29(4), 367-386. <http://doi.org/10.1080/10615806.2015.1058369>
- Spiendler, S., Carlotto, M., Ogliari, D., & Giordani, K. (2015). Occupational stressors in psychologists Brazilian clinicians . *Psychogente*, 18 (33), 104-116. <http://doi.org/10.17081/psico.18.33>
- Srivastava, S., Jain, A. K., & Sullivan, S. (2019). Employee silence and burnout in India: The mediating role of emotional intelligence. *Personnel Review*, 48 (4), 1045-1060. <https://doi.org/10.1108/PR-03-2018-0104>
- Simbula, S., Guglielmi, D., & Schaufeli, W. B. (2011). A three-wave study of job resources, self-efficacy, and work engagement among Italian schoolteachers. *European Journal of Work and Organizational Psychology*, 20 (3), 285–304. <https://doi.org/10.1080/13594320903513916>
- Siqueira, MMM, Barbosa, NC, & Alves, MT (1999). Construction and Factorial Validation of a Measure of Emotional Intelligence. *Psychology: Theory and Research*, 15 (2), 143-152. <https://doi.org/10.1590/S0102-37721999000200007>
- Turnbull, M. G., & Rhodes, P. (2021). Burnout and growth: Narratives of Australian psychologists. *Qualitative Psychology*, 8 (1), 51-61. <https://doi.org/10.1037/qup0000146>
- Unger, A., Papastamatelou, J., Vowinkel, J., Klamut, O., & Heger, A. (2022). Time is the fire in which we burn (out): How time perspectives affect burnout tendencies in health care professionals via perceived stress and self-efficacy. *Psychological Studies*, 67, 150-163. <https://doi.org/10.1007/s12646-022-00640-3>
- Van Veldhoven, M., Jonge, J. de, Broersen, S., Kompier, M., & Meijman, T. (2002). Specific relationships between psychosocial job conditions and job-related stress: A three-level analytic approach. *Work & Stress*, 16 (3), 207–228. <https://doi.org/10.1080/02678370210166399>
- Vignoli, M., Mazzetti, G., Converso, D., & Guglielmi, D. (2021). How workers' emotional dissonance explains the association between customers' relations, burnout and health in an Italian supermarket chain. *Medicina del Lavoro*, 112 (3), 200-208. <https://doi.org/10.23749/mdl.v112i3.9907>
- World Health Organization [WHO]. (2019, May 28). *Burn-out an “occupational phenomenon”*: *International Classification of Diseases* . [https://www.who.int/mental\\_health/evidence/burn-out/en/](https://www.who.int/mental_health/evidence/burn-out/en/)
- Yang, Y., & Hayes, J. A. (2020). Causes and consequences of burnout among mental health professionals: A practice-oriented review of recent empirical literature. *Psychotherapy*, 57 (3), 426–436. <https://doi.org/10.1037/pst0000317>
- Zapf, D., & Holz, M. (2006). On the positive and negative effects of emotion work in organizations. *European Journal of Work and Organizational Psychology*, 15 (1), 1-28. <https://doi.org/10.1080/13594320500412199>
- Zapf, D., Vogt, C., Seifert, C., Mertini, H., & Isic, A. (1999). Emotion work as a source of stress: The concept and development of an instrument. *European Journal of Work and Organizational Psychology*, 8 (3), 371-400. <https://doi.org/10.1080/135943299398230>

**How to cite:**

Marques, V. S., & Carlotto, M. S. (2024). Burnout syndrome in clinical psychologists: A Demand-Resources model. *Revista Subjetividades*, 24(1), e13726.  
<https://doi.org/10.5020/23590777.rs.v24i2.e13726>

---

**Mailing address**

Vanessa da Silva Marques  
E-mail: [vanessapsico.marques@gmail.com](mailto:vanessapsico.marques@gmail.com)

Mary Sandra Carlotto  
E-mail: [mscarlotto@gmail.com](mailto:mscarlotto@gmail.com)



**Received:** 06/27/2022  
**Revised:** 10/24/2023  
**Accepted:** 04/22/2024  
**Published:** 05/28/2024