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# Depression and occupational burnout among psychologists and psychotherapists

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**Abstract**. The relationship between individuals and their work environment is proving to be a much more complex interaction than one might first think and often hides serious pitfalls for some people. The current study explores the level of burnout and occupational depression among psychologists and psychotherapists as well as the complex relationship between these two concepts. The research methodology involves the use of a representative sample of individuals (N=78) between the ages of 23 and 58, and two measurement instruments, the Occupational Depression Inventory (ODI) and Burnout Assessment Tool (BAT). Following statistical calculations we obtained a moderate positive correlation between the two measured constructs, burnout and occupational depression.

**Keywords**. Occupational depression, burnout, psychologists, psychotherapists, mental health

## 1. Indroduction

In modern society, work occupies a central position, according to Baumeister in 1991. It is one of the fundamental pillars of human existence, defined as work done in return for financial reward. For many, work becomes an important source of success, fulfilment and satisfaction, especially when it is perceived as a career. In contrast, for others, work becomes a source of intrinsic motivation, purpose and a higher meaning of life, representing a vocation (Vlăduț and Kállay, 2010).

It is characteristic of western societies that the majority of the working class spends a large part of their time working and preparing for work, at the cost of spending less time on other activities (Vlăduț and Kállay, 2010). However, despite the seemingly positive aspects related to money, recognition or finding meaning, the reality behind these aspects is not always an optimistic one.

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The relationship between an individual and their work environment proves to be a much more complex interaction than may be initially perceived, often concealing serious pitfalls for some employees. One of these notable dangers is burnout, a phenomenon that has drawn attention since the 1970s and continues to be a significant concern in the current labor market context (Vlăduț and Kállay, 2010).

Stress among mental health practitioners has been a recognized concern for many years, highlighted since Freud's time when he discussed the anxiety that arises when therapists face uncertainty about the success of their treatment or intervention. Thus, anxiety associated with uncertain outcomes has become a constant in the professional landscape of mental health practitioners (Posluns and Gall, 2020).

The intense emotional demands generated by interactions with client issues constitute one of the major stress factors. Among these, we can mention, for example, the recurrence of symptoms, aggressive or violent behavior, thoughts and suicide attempts, or even the lack of improvement in clients' conditions—factors that can have a significant impact on the psychoemotional well-being of practitioners (Posluns and Gall, 2020). These demanding situations can create profound tensions, affecting therapists' ability to maintain appropriate emotional distance and prevent professional burnout.

In addition to emotional aspects, practitioners also face complex practical demands that contribute to their stress levels. Bureaucracy associated with managing client records, ethical practice considerations, licensing processes, malpractice complaints, and the sense of professional isolation add an additional burden on psychologists (Barnett, Baker, Elman, and Schoener, 2007). These become additional sources of stress as practitioners must navigate a complex professional environment and respond to diverse regulatory requirements and standards.

The increased number of cases and unfavorable team working environments are work-related concerns that Bettney (2017) also highlighted as additional pressures for mental health practitioners. It is understandable that practitioners, including recent graduates, report significant levels of stress and anxiety given the abundance of stressors. According to the research of Pakenham and Stafford-Brown (2012), in Australia, 73% of postgraduate psychology interns stated that they experienced clinically significant levels of discomfort. This underscores the severity of the psychological impact on practitioners, including those early in their careers. Further complicating the situation, mental health practitioners may not fully realize the effects of these varied stressors, which can make them hesitant to acknowledge the need for preventive measures or seek help when they feel the pressures taking a toll on them (Barnett et al., 2007).

Researchers highlight that jobs in the field of psychology are associated with significant levels of professional satisfaction (McCade, Frewen, and Fassnacht, 2021), yet, despite this, it is an extremely challenging and demanding profession. Consequently, psychology is often cited as a field prone to psychological distress and professional burnout (Di Benedetto and Swadling, 2014).

One of the most common psychological symptoms that modern people increasingly experience is burnout, which is the result of chronic, work-related stress (Koutsimani, Montgomery, & Georganta, 2019). Graham Greene, a renowned novelist, played a significant role in introducing the term "burnout" into the public consciousness through his work. In a

literary context, he portrayed a fictional architect who reached a point in his life where he could no longer find meaning in art or pleasure in life (O'Connor, Neff, & Pitman, 2018).

This description of discomfort was later taken up and developed in the scientific sphere by the American psychiatrist Herbert J. Freudenberger and Christina Maslach, a social psychologist. In his work, Freudenberger defined „burnout" as a multidimensional concept describing the effects of prolonged exposure to stress in the workplace context. The basic elements of his definition depicted these experiences as failure, wearing out, or exhaustion due to excessive demands on energy, strength, or resources (Koutsimani et al., 2019).

This syndrome is traditionally characterized by a complex symptomatic triad, according to later definitions formulated by researchers such as Maslach, Jackson, and Leiter (1996). They defined burnout as an experience of exhaustion, where individuals suffering from it become cynical about the value of their occupation and doubt their ability to perform. According to them, burnout consists of three dimensions, namely exhaustion, depersonalization, and reduced personal accomplishment. Specifically, exhaustion refers to feelings of stress, specifically chronic fatigue resulting from excessive job demands. The second dimension, depersonalization or cynicism, relates to an apathetic or detached attitude towards work in general and towards the people one works with, leading to a loss of interest in work and the feeling that work has lost its meaning. Finally, reduced personal accomplishment refers to diminished feelings of efficiency, success, and achievement, both at work and within the organization. This explanation has brought greater clarity to the phenomenon and paved the way for further research into the causes and effects of this phenomenon in a professional context.

According to Pines and Aronson (1988, p. 9 apud McCade et al., 2021), burnout is characterized as „a state of physical and mental exhaustion caused by long-term involvement in emotionally demanding situations". It is believed that a mismatch between the person and their job, such as a high perceived workload and lack of personal resources to cope, is the primary cause leading to burnout. Negative physical and mental health consequences, including fatigue, somatization, social disengagement, and emotional dysregulation, are also indicators of burnout (McCade et al., 2021).

Psychologists are prone to burnout (Bearse, McMinn, Seegobin, and Free, 2013). In a study of 167 Australian psychologists, for example, Di Benedetto and Swadling (2014) found that over 15% of respondents met the criteria of the Copenhagen Burnout Inventory. According to Bearse and his team (2013), there is a notable link between burnout and workload difficulties, particularly in cases where psychologists believe that their skill set is not appropriate to the situation they face.

According to Dreison, Luther, Bonfils, Sliter, McGrew, and Salyers (2018), managing burnout among mental health professionals is more complex than addressing general work-related stress. This observation emphasizes the imperative of early detection and intervention to prevent the serious consequences of professional burnout. Alarmingly, burnout affects mental health professionals more frequently than one might think. In one study, 13% of behavioral health service providers were at high risk of burnout, while 49% of Counseling and Clinical interns reported experiencing burnout (Kaeding, Sougleris, Reid, van Vreeswijk, Hayes, Dorrian, and Simpson, 2017). These figures highlight the extent of the issue and the need for significant efforts to address this problem among professionals. Burnout is not just an emotional experience

but is also linked to a range of mental and physical health issues. Studies show that those affected may experience symptoms such as sadness, headaches, and muscle pain (Vlăduț and Kállay, 2010). These effects not only stop at the individual level but can also negatively influence the quality of both professional and personal lives of practitioners. In turn, practitioner burnout affects overall therapeutic effectiveness (Bearse et al., 2013), reducing not only the level of care provided by the practitioner but potentially leading to more serious inappropriate behaviors that can be harmful to clients.

Individuals working in the mental health field (e.g., counselors, psychologists, psychotherapists) operate within a culture of one-way care, where they are required to demonstrate empathy, compassion, and patience without expecting such behavior to be reciprocated by their clients (Posluns and Gall, 2020). Essentially, this one-way care culture reflects a framework in which professionals are trained and encouraged to provide support and care without expecting an immediate equivalent in return. This dynamic can be crucial for establishing a strong therapeutic relationship but simultaneously puts pressure on professionals to maintain a high standard of engagement and empathy despite the lack of guaranteed reciprocity. It is a significant yet necessary challenge within this specific professional environment, where the therapeutic relationship plays a central role in the process of caring for and healing individuals.

According to Posluns and Gall (2020), for practitioners to effectively provide mental health services, they need to establish a working relationship or professional alliance with clients that respects appropriate boundaries and levels of emotional or psychological involvement. The process of building a professional alliance involves ongoing awareness of the degree of engagement and how practitioners connect with their clients.

Moreover, they must do so consistently for each client they serve. It takes a lot of effort and energy to establish and maintain these one-way working relationships. As a result, practitioners are highly likely to face unfavorable outcomes such as stress, burnout, and a decline in their professional skills (Posluns and Gall, 2020). Therefore, mental health professionals find themselves in a delicate balance, seeking to provide adequate support and care while needing to safeguard their own emotional and professional well-being. Managing these challenges is essential to ensure the delivery of quality services and prevent negative repercussions on their health and professional performance.

Paradoxically, although they guide their clients toward well-being, professionals often fail to consider their own needs. According to researchers Sapienza and Bugental (2000, p. 459 cited in Posluns and Gall, 2020), practitioners might not have "learned how to take time to care for and nurture themselves, being trained to believe that doing so would be selfish." The notion that paying attention to oneself could be perceived as selfish may create an internal dilemma for these professionals, putting them in an apparent conflict between their responsibility to clients and self-care, leading to an intensified state of exhaustion.

In the light of recent research, which underlines the direct impact of practitioner well-being on therapeutic outcomes, the need to strengthen efforts to promote the mental health of professionals in the field becomes evident. The practitioner, in this context, is considered a „powerful but vulnerable tool in the care process", and as such requires attention and care (Sansó et al., 2015, p. 204 apud Posluns and Gall, 2020). This approach not only, contributes to a better quality of life for practitioners, but also has a significant impact on the quality of services

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provided to vulnerable clients. In a profession where empathy and the therapeutic relationship are so important, ensuring the mental wellbeing of the practitioner should not be seen as a luxury, but as a fundamental prerequisite for providing quality and sustainable services.

According to perspectives highlighted by Guy and Norcross (2007 cited in Posluns and Gall, 2020), it is imperative for mental health professionals to pay special attention to their own well-being to effectively fulfill their role in supporting clients. Essentially, mental health practitioners are, in a way, guardians of the well-being and mental health of those entrusted to their care, and this role entails significant responsibility. Indeed, the ethical responsibility of mental health professionals goes beyond merely providing services, extending to the obligation to offer responsible care that maximizes benefits and minimizes harm to patients. This fundamental principle underscores not only a commitment to the recovery of clients but also the recognition of the importance of self-care in this process.

The concept of depression is deeply rooted in the history of medical science. Its origins can be traced back to ancient Greece and Hippocrates' theory of melancholic humor, continuing through Galenic medicine and the medieval period. The emergence of the modern concept of depression is linked to the rise of psychiatry in the 19th century. Currently, the DSM is widely recognized as the classification system that defines depression for research and clinical purposes, distinguishing various depressive disorders and providing diagnostic criteria for each. For example, DSM-5 lists nine core symptoms characterizing major depressive disorder: depressed mood, anhedonia (loss of interest and pleasure), changes in appetite and/or weight, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, feelings of worthlessness and/or guilt, impaired concentration or indecisiveness, and suicidal ideation (American Psychiatric Association, 2013).

The overlap between burnout and depression has been debated since the birth of the burnout concept in the 1970s. In what is generally regarded as the inaugural article on burnout, Freudenberger (1974) already indicated that when suffering from burnout, „the person shows, acts and appears depressed" (p. 161 apud Bianchi, Schonfeld and Laurent, 2015).

Since then, there has been a growing body of research supporting the empirical link between burnout and depression. Iacovides et al. (p. 218 apud Golonka, Mojsa-Kaja, Blukacz, Gawłowska, & Marek, 2019) suggest that burnout and depression are „separate entities, although they may share several qualitative characteristics".

Van Dam's (2016) study, which examines burnout symptoms in two separate subgroups (mild and severe symptoms), indicates that depression is the strongest predictor of belonging to one of these groups. This finding underlines the strong link between burnout and depression. Other researchers, including Bianchi et al. (2015), also highlight the close interconnections between the two conditions, pointing to a wide range of symptoms similar symptoms. Following the argument presented by Bianchi (2015), it is argued that there is insufficient evidence to consider burnout as a distinct entity and it is proposed to conceptualize the two main dimensions of burnout, i.e. burnout and depersonalization, as depressive responses to a stressful occupational environment. This perspective suggests that burnout would not be a separate condition, but rather an occupationally specific manifestation of stress and psychological pressures, which can trigger depression-like symptoms.

This debate in the scientific field about the extent to which Burnout Syndrome is a distinct entity with defined diagnostic criteria reflects the complexity of the relationship between these two mental states. While some researchers argue that burnout can be viewed more as a specific form of stress response in the context of employment, others argue that there are distinct features that should lead to its separate identification.

## 2. Methodology

### Objectives

Through this research we aimed to identify the level of burnout and occupational depression among participants, the relationship between the two variables and to highlight possible differences in these dimensions between psychologists and psychotherapists. We also aim to contribute to the research in the field and the existing literature based on references on burnout and occupational depression.

Based on these general objectives we have developed the following specific objectives:

- To examine the relationship between burnout and occupational depression among psychologists and psychotherapists;
- Analysis of differences between psychologists and psychotherapists in the level of burnout and occupational depression;

### Hypothesis

Following the establishment of the research objectives and after further research in the literature, the following working hypotheses were developed:

**Hypothesis 1.**: *„It is presumed that there is a positive correlation between the level of occupational depression and burnout in psychologists and psychotherapists".*

**Hypothesis 2.**: *„It is presumed that there are significant differences between psychologists and psychotherapists in terms of level of occupational depression and burnout".*

### Participants

To conduct this research, we collected responses from a sample of 78 participants. The entire sample is female, aged between 23 and 58. Of these 88.5% are from urban areas, while 11.5% are from rural areas. Also in terms of the participants' length of service, it varies between 1 and 35 years.

Moreover, they work in different specialisations as follows: Psychology (31.1% in Clinical Psychology, 7.7% in Work, Transport and Service Psychology, 9% in Educational Psychology, School and Vocational Counselling, 1.3% in Defence, Public Order and National Security Psychology) and 50% in Psychotherapy.

### Instruments

The data collection process for conducting the research involved the administration of two questionnaires:

a. **Occupational Depression Inventory (ODI),** ***developed by Renzo Bianchi and Irvin Sam Schonfeld (2020)***, referring to the nine diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), for major depressive disorder. Thus, ODI

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includes symptom-related elements targeting the assessment of anhedonia, depressive mood, sleep changes, fatigue/loss of energy, appetite changes, feelings of worthlessness, cognitive disturbances, psychomotor changes, and suicidal ideation. In line with the DSM-5 diagnostic criteria for major depressive disorder, respondents are asked to report the symptoms experienced in the last two weeks. Items are assessed on a 4-point scale, ranging from 0 for "never or almost never" to 3 for "almost every day." Instead of evaluating depressive symptoms in a "cause-neutral" manner, each ODI item involves causal attributions to the respondents' workplace (e.g., *"My experience at work has made me feel like a failure"*). ODI also includes an additional question related to turnover intention: *"If you have experienced at least some of the problems mentioned above, do these issues make you consider leaving your job or current position?"*. Three response options are provided: "yes," "no," and "don't know." This supplementary item is intended to help researchers assess the concrete implications of the reported depressive symptoms.

b. **The Burnout Assessment Tool** ***by Wilmar B. Schaufeli, Steffie Desart and Hans De Witte (2020)*** is a self-report questionnaire to measure burnout seen through two types of manifestations, namely primary symptoms: burnout, mental detachment, impaired cognitive control, impaired emotional control, and secondary symptoms: psychological distress and psychosomatic symptoms. Scoring is done according to a Likert scale with 5 responses as follows: 1 for „never”, 2 for „rarely”, 3 for „sometimes”, 4 for „often” and 5 for „always”. Both a total score and specific scores for each subscale can be calculated from the responses. Following the responses, both a total score and specific scores for each subscale can be calculated. The total score can be used to assess the level of burnout, while scores on the four main dimensions, complemented by the secondary ones, can further differentiate the overall picture. This type of differentiation is particularly important for the individual assessment of burnout.

**Design**

The research underwent the following stages:

- Selection of suitable questionnaires for the chosen topic;
- Documentation and familiarization with the instruments used;
- Setting objectives and hypotheses and selecting the appropriate research sample;
- Implementation of testing by administering the questionnaires to the selected group of participants through Google Forms;
- Statistical processing of the results obtained using SPSS;
- Interpretation of the subjects' responses.

**Ethical requirements**

In order to ensure the ethics of the research, we obtained digital consent from all participants before completing the questionnaire, and all data collected will be used strictly for teaching purposes, without disclosing the results to the respondents. Based on confidentiality as well as GDPR protocol, they have been coded with data that highlights their identity in order to minimise identification.

**Limitation**

This study has limitations that should be taken into account in the analysis of the results:

- The questionnaire was not administered directly, but participants were asked to complete it electronically. This procedure may have created problems in terms of understanding the meaning of some terms.
- Participants may not have paid due attention to such a survey.

**Results and discussions**

**1.8.1. Hypothesis 1**

*It is presumed that there is a positive correlation between the level of occupational depression and burnout in psychologists and psychotherapists."*

In order to test Hypothesis 1 it is necessary to first characterise the data collection, using the information presented in the index table central tendency.

Table 1. Starting Points on Depression and Burnout for Psychologists and Psychotherapists

| Descriptives | | | | |
|---|---|---|---|---|
| | Specialization | | Statistic | Std. Error |
| Depression | Psychologist | Mean | 8,87 | 1,005 |
| | | Median | 8,00 | |
| | | Std. Deviation | 6,275 | |
| | Psychotherapist | Mean | 9,33 | ,773 |
| | | Median | 10,00 | |
| | | Std. Deviation | 4,825 | |
| Burnout | Psychologist | Mean | 2,1750 | ,09702 |
| | | Median | 1,9565 | |
| | | Std. Deviation | ,60587 | |
| | Psychotherapist | Mean | 2,2742 | ,09114 |
| | | Median | 2,3913 | |
| | | Std. Deviation | ,56918 | |

Following the descriptive analysis of the data, we obtained the following values: for Depression among psychologists (mean=8.87; median=8.00; sd=6.275) and for Psychotherapists (mean=9.33; median=10.00; sd=4.285). For Burnout among Psychologists (mean=2.175; median=1.9565; sd=0.60587) and for Psychotherapists (mean=2.2742; median=2.3913; sd=0.56918). Considering the previously mentioned scores, it can be observed that Psychologists and Psychotherapists report a low level of occupational depression and a moderate level of burnout.

Furthermore, the second step in testing the hypothesis was identifying the type of data distribution. Following statistical calculations, we obtained a non-normal distribution, with a Sig smaller than the required minimum value of 0.05 for Psychologists in the dimension of Burnout.

Table 2. Test of normality for Depression and Exhaustion by specialization

| Tests of Normality | | | | | | | |
|---|---|---|---|---|---|---|---|
| | specialisation | Kolmogorov-Smirnov[a] | | | Shapiro-Wilk | | |
| | | Statistic | df | Sig. | Statistic | df | Sig. |
| DEPRESSION | Psychologist | ,133 | 39 | ,080 | ,936 | 39 | ,027 |
| | Psychotherapist | ,122 | 39 | ,147 | ,968 | 39 | ,336 |
| BURNOUT | Psychologist | ,154 | 39 | ,021 | ,953 | 39 | ,103 |
| | Psychotherapist | ,094 | 39 | ,200* | ,981 | 39 | ,722 |
| *. This is a lower bound of the true significance. | | | | | | | |
| a. Lilliefors Significance Correction | | | | | | | |

The first hypothesis of this research was statistically confirmed by calculating the Spearman correlation coefficient. The value of this coefficient is 0.688, indicating that this correlation is significant at $p < 0.01$. In this case, we can conclude that there is a significant positive moderate correlation between the level of job burnout and occupational depression among Psychologists and Psychotherapists.

Table 3. Correlation test for Depression and Exhaustion

| Correlations | | | | |
|---|---|---|---|---|
| | | | DEPRESSION | BURNOUT |
| Spearman's rho | DEPRESSION | Correlation Coefficient | 1,000 | ,688** |
| | | Sig. (2-tailed) | . | ,000 |
| | | N | 78 | 78 |
| | BURNOUT | Correlation Coefficient | ,688** | 1,000 |
| | | Sig. (2-tailed) | ,000 | . |
| | | N | 78 | 78 |
| **. Correlation is significant at the 0.01 level (2-tailed). | | | | |

This positive correlation can also be seen by the point cloud, where points are oriented from bottom to top, from left to right.

The positive correlation between burnout and depression among psychologists and psychotherapists indicates that, generally, as the level of burnout increases, the level of depression is expected to increase as well. Our sample recorded, on average, a moderate level of burnout and a low level of occupational depression. Although the depression score is not currently alarming, signaling an immediate concern, participants still exhibit vulnerability to develop depression over time, especially if perceived stress and burnout remain unaddressed.

Burnout and depression often coexist (Simionato and Simpson, 2018). According to Ahola and Hakanen (2007, as cited in McCade et al., 2021), depression and burnout are considered maladaptive coping mechanisms for the discrepancy between expectations and reality in unfavorable work environments. Furthermore, it has been demonstrated that burnout is a strong predictor of depressive symptoms and precedes depression over time. According to other research, there may be a reciprocal association between depression and burnout, with an increase

in depression indicating an increase in burnout, and vice versa (Ahola and Hakanen, 2007, as cited in McCade et al., 2021). For example, Nyklíček and Pop (2005, as cited in Simionato and Simpson, 2018) showed that burnout is substantially predicted by a tendency toward depression and the presence of depressive symptoms. However, regarding the relationship between depression and burnout among psychologists or psychotherapists, there are few studies available.

From a psychological perspective, the positive correlation between burnout and depression among psychologists and psychotherapists can be explained by various aspects related to the nature of their work and the psychological aspects of these two states.

Firstly, the field in which participants operate involves constant exposure to stress: psychologists and psychotherapists often deal with their clients' challenging problems and situations, which can lead to heightened psychological stress. They are engaged in managing and treating mental health issues that often involve trauma and difficult events. This exposure to human suffering and the traumatic stories of clients can have a profound emotional impact on psychologists, contributing to stress and burnout. Persistent burnout, in turn, can create a fertile ground for the emergence of depressive symptoms.

Secondly, in the therapeutic process, the emphasis falls heavily on emotional transference, which involves deep emotional involvement. Psychologists and psychotherapists are often engaged in this process, meaning that they absorb the emotions and emotional states of their clients. During therapy or counseling sessions, they become receptive to the intense experiences and negative emotions of others. This emotional transference can generate fatigue and emotional exhaustion, which, in turn, may be associated with depressive symptoms. Additionally, practitioners must manage not only the emotions and issues of clients but also their own stress and emotions. If they fail to implement effective stress management and resilience techniques, burnout and depressive symptoms may arise.

Thirdly, the pressure of professional performance can be a common factor in both the increased level of burnout and the onset of depression. Psychologists and psychotherapists may feel the pressure to deliver effective results and meet the expectations of clients, the organization, or the community. They often face high expectations from their clients, who rightfully seek efficient outcomes and a significant improvement in their mental health. Meeting these expectations can create intense pressure for psychologists, as they strive to provide the most effective help and bring real benefits to their clients. The mission of psychologists is often highly sensitive and involves crucial aspects of people's lives, such as mental health, relationships, and quality of life. Understanding the impact they can have on clients, psychologists may feel an increased pressure to be ethical and competent in their practice.

### 1.8.2. Hypothesis 2

*„Presumably there are significant differences between psychologists and psychotherapists in the level of occupational depression and burnout".*

In order to test Hypothesis 2, it is necessary as a first step to characterize the data collection, using the information presented in the index table central tendency.

Following the descriptive analysis of the data, we obtained the following values: for Depression among psychologists (mean=8.87; median=8.00; sd=6.275) and for Psychotherapists (mean=9.33; median=10.00; sd=4.285). For Burnout among Psychologists (mean=2.175;

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median=1.9565; sd=0.60587) and for Psychotherapists (mean=2.2742; median=2.3913; sd=0.56918). Considering the previously mentioned scores, it can be observed that Psychologists and Psychotherapists report a low level of occupational depression and a moderate level of burnout.

Table 4. Starting Points on Depression and Burnout for Psychologists and Psychotherapists

| **Descriptives** | | | | |
|---|---|---|---|---|
| | Specialization | | Statistic | Std. Error |
| Depression | Psychologist | Mean | 8,87 | 1,005 |
| | | Median | 8,00 | |
| | | Std. Deviation | 6,275 | |
| | Psychotherapist | Mean | 9,33 | ,773 |
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| | | Std. Deviation | 4,825 | |
| Burnout | Psychologist | Mean | 2,1750 | ,09702 |
| | | Median | 1,9565 | |
| | | Std. Deviation | ,60587 | |
| | Psychotherapist | Mean | 2,2742 | ,09114 |
| | | Median | 2,3913 | |
| | | Std. Deviation | ,56918 | |

Continuing, the second step in testing the hypothesis was identifying the type of data distribution. Following the statistical calculations, we obtained a non-normal distribution, with a Sig smaller than the required minimum value of 0.05 for Psychologists in the Burnout dimension.

Table 5. Test of normality for Depression and Exhaustion by specialization

| **Tests of Normality** | | | | | | | |
|---|---|---|---|---|---|---|---|
| | specialisation | Kolmogorov-Smirnov[a] | | | Shapiro-Wilk | | |
| | | Statistic | df | Sig. | Statistic | df | Sig. |
| Depression | Psychologist | ,133 | 39 | ,080 | ,936 | 39 | ,027 |
| | Psychotherapist | ,122 | 39 | ,147 | ,968 | 39 | ,336 |
| Burnout | Psychologist | ,154 | 39 | ,021 | ,953 | 39 | ,103 |
| | Psychotherapist | ,094 | 39 | ,200* | ,981 | 39 | ,722 |
| *. This is a lower bound of the true significance. | | | | | | | |
| a. Lilliefors Significance Correction | | | | | | | |

The last step in testing the hypothesis involves applying the Mann-Whitney test following the non-normal distribution of data. After conducting the statistical calculations, the obtained results indicate that there are no significant differences between Psychologists and Psychotherapists for any of the studied variables, Occupational Depression and Burnout, respectively. Therefore, we can conclude that hypothesis 2 is not confirmed.

Table No. 6 Mann-Whitney Test

| **Test Statistics**[a] | | |
|---|---|---|
| | Depression | Burnout |
| Mann-Whitney U | 720,500 | 668,500 |
| Wilcoxon W | 1500,500 | 1448,500 |
| Z | -,401 | -,920 |
| Asymp. Sig. (2-tailed) | ,689 | ,358 |
| a. Grouping Variable: specializare | | |

According to a more recent systematic literature review conducted by Simionato and Simpson (2018), which included 40 studies on the exhaustion of psychotherapists and psychologists, the majority of respondents (54.4%) reported moderate to high levels of burnout, indicating that burnout is a significant concern in this field. However, similar to the present case, older research also suggests that there are no significant differences between psychologists and psychotherapists regarding the level of exhaustion (Farber and Heifetz, 1982; Ackerley, Burnell, Holder, and Kurdek, 1988).

From a psychological perspective, the absence of significant differences between psychologists and psychotherapists regarding burnout and depression can be explained by several factors.

Firstly, both specializations have a similar nature of work: both psychologists and psychotherapists engage in professional activities and work in similar environments, which could make them experience the same type of professional pressures and demands. For example, both practitioners have, as a significant part of their work, direct interactions with clients. This interaction often involves exposure to clients' issues and emotional suffering, generating emotional burden and, in some cases, emotional exhaustion. Moreover, both are involved in assessing and intervening in clients' mental health. The complex processes of assessment and the development of treatment plans may require intense focus and high cognitive demands, contributing to increased stress levels. Last but not least, both professionals need to manage client cases, maintain confidentiality, and adhere to the ethical norms of their profession. These responsibilities can create pressures and may require making difficult decisions, which has significant potential to contribute to increased professional stress.

Secondly, both psychologists and psychotherapists go through an extensive process of professional training, personal development, and gain expertise in stress management, both for their own stress and that of their clients. Through their ongoing training, psychologists and psychotherapists can learn and adopt a variety of techniques, such as mindfulness, relaxation, or cognitive techniques. One of the frequently used adaptive skills for stress management is emotional self-regulation. Psychologists and psychotherapists learn to recognize and regulate their emotions to effectively cope with challenges during client sessions or other professional tasks. Integrating these practices into their daily lives can support the maintenance of psychological balance and prevent exhaustion and depressive symptoms.

It is important to emphasize that these explanations are general and may vary depending on the specific context and individual characteristics of professionals in both groups. Differences may arise based on work experience, specialization, organizational resources, and other relevant

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factors. A detailed analysis of these factors could provide a greater understanding of the reasons behind the lack of significant differences in terms of exhaustion and depression between psychologists and psychotherapists.

## Conclusions

People face various pressures and difficulties throughout each stage of life, and their ability to adapt to changes in the surrounding environment is essential for personal evolution and development. Many of these challenges arise in the field of mental health work. In this complex context, psychologists, psychotherapists, and others dedicate their careers to understanding, supporting, and improving the mental health of individuals. However, the intense work and specific professional responsibilities in this field can pose significant challenges for professionals.

Through this study, we aimed to assess the level of two variables, depression and occupational burnout, among professionals in the field, as well as the relationship between them. Through statistical analysis, we find that our sample records a moderate level of occupational burnout on average for both specializations (Psychologists: mean=2.175, and Psychotherapists: mean=2.2742). Regarding the level of depression, on average, both specializations achieve low levels (Psychologists: mean=8.87, and Psychotherapists: mean=9.33). Although psychologically the scores do not represent clinically significant values, it is recommended for professionals to pay increased attention to the current stress levels they are exposed to and to proactively exercise stress management strategies.

Following the calculations, a moderate positive correlation (Spearman's coefficient=0.688) between burnout and depression was discovered among psychologists and psychotherapists, indicating that, in general, as the level of burnout increases, it is expected that the level of depression will also increase, and vice versa.

Recommendations that can arise from this research include the continuous promotion of self-care practices, providing professional support, and implementing organizational policies that support the psychological well-being of psychologists and psychotherapists. In this way, it can contribute to maintaining a balanced workforce and ensuring the quality of mental health services.

**Bibliography**

American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author

Barnett, J. E., Baker, E. K., Elman, N. S., & Schoener, G. R. (2007). In pursuit of wellness: The self-care imperative. Professional Psychology: Research and Practice, 38(6), 603–612.

Bearse, J. L., McMinn, M. R., Seegobin, W., & Free, K. (2013). Barriers to psychologists seeking mental health care. Professional Psychology: Research and Practice, 44(3), 150.

Bettney, L. (2017). Reflecting on self-care practices during clinical psychology training and beyond. Reflective Practice, 18(3), 369-380.

Bianchi, R., Schonfeld, I. S., & Laurent, E. (2015). Burnout–depression overlap: A review. Clinical psychology review, 36, 28-41.

Di Benedetto, M., & Swadling, M. (2014). Burnout in Australian psychologists: Correlations with work-setting, mindfulness and self-care behaviours. Psychology, Health & Medicine, 19 (6), 705–715.

Dreison, K. C., Luther, L., Bonfils, K. A., Sliter, M. T., McGrew, J. H., & Salyers, M. P. (2018). Job burnout in mental health providers: A meta-analysis of 35 years of intervention research. Journal of occupational health psychology, 23(1), 18.

Golonka, K., Mojsa-Kaja, J., Blukacz, M., Gawłowska, M., & Marek, T. (2019). Occupational burnout and its overlapping effect with depression and anxiety. International journal of occupational medicine and environmental health, 32(2), 229-244.

Kaeding, A., Sougleris, C., Reid, C., van Vreeswijk, M. F., Hayes, C., Dorrian, J., & Simpson, S. (2017). Professional burnout, early maladaptive schemas, and physical health in clinical and counselling psychology trainees. Journal of clinical psychology, 73(12), 1782-1796.

Koutsimani, P., Montgomery, A., & Georganta, K. (2019). The relationship between burnout, depression, and anxiety: A systematic review and meta-analysis. Frontiers in psychology, 10, 284.

Maslach C., Jackson S.E. & Leiter M.P. (1996) Maslach Burnout Inventory Manual, 3rd edn. Consulting Psychologists Press, Palo Alto, CA.

McCade, D., Frewen, A., & Fassnacht, D. B. (2021). Burnout and depression in Australian psychologists: The moderating role of self-compassion. Australian Psychologist, 56(2), 111-122.

O'Connor, K., Neff, D. M., & Pitman, S. (2018). Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants. European Psychiatry, 53, 74-99.

Pakenham, K., & Stafford-Brown, J. (2012). The effectiveness of an ACT informed intervention for managing stress and improving therapist qualities in clinical psychology trainees. Journal of Clinical Psychology, 68(6), 592–513.

Posluns, K., & Gall, T. L. (2020). Dear mental health practitioners, take care of yourselves: A literature review on self-care. International Journal for the Advancement of Counselling, 42, 1-20.

Simionato, G. K., & Simpson, S. (2018). Personal risk factors associated with burnout among psychotherapists: A systematic review of the literature. Journal of clinical psychology, 74(9), 1431-1456.

Van Dam, A. (2016). Subgroup analysis in burnout: relations between fatigue, anxiety, and depression. Frontiers in psychology, 7, 90.

Vlăduţ, C. I., & Kállay, É. (2010). Work stress, personal life, and burnout: Causes, consequences, possible remedies—a theoretical review. Cognition, Brain, Behaviour: An Interdisciplinary Journal, 14(3), 261–280

Farber, B. A., & Heifetz, L. J. (1982). The process and dimensions of burnout in psychotherapists. Professional psychology, 13(2), 293.

Ackerley, G. D., Burnell, J., Holder, D. C., & Kurdek, L. A. (1988). Burnout among licensed psychologists. Professional psychology: Research and practice, 19(6), 624.