*Original Research Article*

# Burnout Amongst Psychotherapists in India: A review

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**ABSTRACT**

In the mental health field, research on burnout among psychotherapists has focussed on the causes, coping strategies and certain therapist or client characteristics that might promote feelings of burnout. A majority of these studies have been conducted in Western countries, with few featuring an Indian context, and there is a paucity of research concerning the consequences and cultural factors involved in therapist burnout. The present review aims to provide an insight into therapist burnout in an Indian context, concentrating specifically on the factors contributing to burnout and their impact. Research studies conducted from the year 2000 – 2020 on Google Scholar, PubMed and EBSCO Host were reviewed, using keywords that were a combination of the terms "burnout," "psychotherapist" "therapist" "clinical psychologist" and "mental health professional" "stress in psychotherapists" and "psychotherapist well-being." The available literature emphasizes a requirement for more research on therapist burnout in Asian contexts, particularly to understand the impact of burnout along with the role of process and personality factors and culture. The review also highlights the importance of therapist wellbeing and the need for provisions to protect therapists mental health.

**Keywords:** burnout, mental health, psychotherapists, well being

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## INTRODUCTION

Therapist burnout refers to symptoms of burnout arising in therapists specifically. The three main aspects to burnout, according to the pioneer researchers Maslach and Leiter are "overwhelming exhaustion", "feelings of cynicism and detachment from the job" and a "sense of ineffectiveness and lack of accomplishment"[1]. Furthermore, the most widely used definition of burnout in the healthcare profession has been given by Maslach and colleagues and notes that it is "an experience of emotional exhaustion, depersonalization, and reduced personal accomplishment"[2]. Therapist burnout has been found in therapists who are young, old, experienced or veterans and such symptoms may arise due to therapists constantly helping others overcome their problems and treating psychological disorders.

In addition, therapist burnout is often accompanied by stress, depression and dehumanization of clients, who come to be understood as stressors [3]. Moreover, although burnout in behavioural health is often equated with mental health disorders, research consistently supports the understanding that burnout is a different construct in itself and needs to be studied as a unique issue [4]. Similarly, burnout is distinct from concepts such as compassion fatigue and vicarious trauma. Compassion fatigue is what occurs when therapists continue to give care and treatment to those who are distressed, over long periods of time, without experiencing any positive effects relating to client improvement. Vicarious trauma involves major modifications to the therapists world view, fundamental beliefs about the world and schemas, due to constant exposure to traumatic material [5].

Conversely, burnout refers to an amalgamation of stress from issues and demands that can be seen as physical, emotional and mental exhaustion and result in a reduced ability to cope with stressors. In the

Indian context especially, it becomes important to draw a distinction between burnout and mental health illness due to the stigma and discrimination attached to the latter [6]. This may prevent therapists experiencing burnout from speaking up and seeking help and there may be reservations or apprehensions in labelling burnout; together, these aspects could worsen the condition, leading to more serious mental health issues.

While the topic of therapist burnout has been investigated in Western settings, there are much fewer studies in Indian settings that have concentrated solely on therapist burnout [7]. In recent years there has also been a fluctuation in the number of studies focusing on therapist burnout and little research has detailed the causes and impact of therapist burnout. Previous studies have investigated burnout amongst healthcare professionals (HCPs) such as medical students, doctors and psychiatric nurses but there is a paucity of research on mental health professionals (MHPs) and therapists in particular [7-8]. Studies that have examined MHPs have explored the causes, rather than the impact of burnout, resulting in limited research on the consequences of burnout in therapists. This makes it difficult to pinpoint the exact effect burnout has on therapists' personal and professional lives, which becomes important to assess, as issues in these areas could hamper therapeutic practice, quality of service, personal relationships, therapist well-being and motivation to continue in the therapeutic profession[9]. Furthermore, since a majority of research has been conducted in Western countries, certain cultural factors that are unique to India might have been overlooked or omitted.

The current review aims to provide an understanding of therapist burnout in an Indian context, highlighting the factors contributing to burnout and the impact they have. Due to the negative consequences of burnout, it becomes vital to enhance awareness regarding burnout in therapists, understand the issue, its causes and consequences to help tackle possible adverse consequences Additionally, the review allows for a comprehensive picture of existing literature, which becomes important due to the gaps, flaws and inconsistencies present in previous studies. By thoroughly examining the past, along with more current research in the areas of therapist burnout in both Western and Indian settings, this paper presents an extensive overview of the causes and impact of therapist burnout. It also highlights differences and similarities between findings in an Indian and Western context, attempts to draw cultural inferences about therapist burnout and gauges the potential implications for mental health professionals.

## METHODOLOGY OF CONDUCTING THE REVIEW

Studies between 2000 to 2020 were searched for, published on PubMed, Google Scholar and EBSCO Host. The keywords used here were a combination of the terms *'burnout' with psychotherapist, therapist, clinical psychologist* and *mental health professional*, along with phrases such as "*stress in psychotherapists*" and "*psychotherapist well-being*". The articles in this review included systematic reviews and metanalyses, critical reviews, original research papers, reports and book chapters. Research studies examining the causes and impact of burnout in clinical psychologists, psychotherapists and psychologists working with clinical populations were chosen. Similarly, articles featuring these professionals, along with other MHPs such as counsellors, psychiatrists and social workers in their samples were also included. Studies which focused on vicarious traumatization or compassion fatigue were excluded. Studies on burnout among other healthcare professionals such as physicians, nursing staff were excluded.

### Impact of Therapist Burnout

A systematic review by Paris and Hodge examining 145 articles on mental health-related burnout from 1990 to 2009 and involving mental health workers (such as clinical psychologists, psychiatrists, social workers) drew attention to the "generalized negative outlook" that emerges from burnout in behavioural health, along with the physical, mental ramifications of burnout [10].

In addition, burnout may create poor work environments and affect the quality of care provided to clients. While extremely few studies have investigated the relationship between burnout and quality of care, it is believed that burnout and turnover are likely to disturb the continuity of mental health services and drastically reduce the quality of service [11-12].

Research has further shown that therapists, psychiatrists and mental health staff with high burnout levels might not be able or willing to put in needed effort to administer the best care and interventions, and are likely to be less collaborative, attentive and empathetic, all which lead to impaired work functioning [13].

In India, a recent qualitative study on well-being amongst clinical psychologists *(n*=6), psychiatrists (*n*=7) and psychiatric social workers (*n*=4) notes that many professionals view their job as being stressful and believe that burnout is one of the most common outcomes of a career in the mental health space. Participants stated that burnout is inevitable, yet, when it occurs it usually creates a barrier between the practitioner and the client, and thus becomes one of the biggest challenges of the profession. The authors of this study went onto state that if burnout is left unaddressed, it might eventually lead to "impaired judgement" or "lack of empathy" on the part of the practitioner, which is likely to impact the services provided to the client. This study is one of the few that shed light on the qualitative aspects of burnout in Indian psychotherapists [9].

Examining research on other MHPs, such as counsellors and psychiatrists, similar experiences and impacts of burnout have been noted. Studies on Western counsellors show that burnout has a detrimental impact on their physical, emotional and mental health. A national survey by Lawson, conducted in America using the tailored design method and featuring 1,000 randomly selected American Counselling Association (ACA) registered counsellors found that extreme stress or burnout results in a loss of quality of life and reduction in physical, emotional, social and spiritual wellness of counsellors. Similarly, it leads to depression, anxiety, stress and work strain, along with feelings of emptiness, helplessness and a lack of motivation and positivity [5]. Due to this, counsellors may struggle with their roles and responsibilities at work and home and may feel unmotivated to learn new interventions and deal with difficult cases, according to an experimental study measuring burnout in Master's level counselling students in America [14]. In India, studies on school (*n*=136), mental health (*n*=30) and HIV/AIDS counsellors (*n*=41), employing semi-structured interviews and self-report questionnaires, have shown that burnout may reduce the ability of empathy, can cause psychological distress, depersonalization and emotional exhaustion, and may promote anger, irritation, fatigue, disinterest, feelings of hopelessness and depression [15-16].

A review examining literature pertaining to the health and well-being of Western psychiatrists by Firth-Cozens highlights that these professionals are at an increased risk for substance abuse, depression, suicide and "dysfunctional behaviour". Additionally, stress and feelings of burnout could exacerbate or trigger such behaviours and may cause MHPs to leave the profession altogether. Notably, burnout can further be linked with negative attitudes and feelings towards those consuming mental health services [17].

A study focussing on assessing the relationship between burnout and Swedish psychiatric workers feelings towards patients found that those with elevated levels of emotional exhaustion and depersonalization were more likely to have negative attitudes towards consumers; such negative attitudes have been associated with poor patient outcomes in those with serious mental illness [18]. Similarly, burnout may impair the practitioner's ability to administer interventions competently and practice ethically [8].

Burnout may also negatively impact the morale of other workers which reveals that burnout may have the potential to affect others working alongside burnt-out professionals [19]. Burnout may also increase absences connected with mental and behavioural disorders and diseases of the "respiratory, circulatory and musculoskeletal systems" [20]. Similarly, Acker highlights through a study that social workers in America working with clinical populations and experiencing high levels of burnout, particularly in the forms of emotional exhaustion and depersonalization reported more symptoms linked to the flu and gastroenteritis [21]. Such findings are likely to be noted in other MHPs as well.

As can be inferred from the existing literature the impact of burnout on MHPs draws attention to the adverse effects of burnout at both individual and organizational level. However, despite the prevalence of burnout across various careers and disciplines, little attention has been allocated to investigating the impact of burnout, especially on psychotherapists in India. A large majority of research has focussed on the causative or preventive factors in MHPs, usually psychiatrists, but a negligible amount of methodologically sound studies have examined the consequences that burnout can have on psychotherapists and their clients. In addition, studies that have examined therapists have included them in conjunction with other MHPs and few study psychotherapists exclusively. Furthermore, due to the lack of longitudinal data, much of what is understood as the impact of burnout has been derived from cross-sectional literature or anecdotal reports. It, therefore, becomes difficult to gauge causality from such work, as most of it involves opinions of authors

or states certain consequences without fully providing insight into the evidence that such consequences are based on.

**Factors contributing to therapist burnout**

While there is a paucity of literature regarding the impact of burnout amongst therapists, comparatively much more research exists broaching the factors implicated in therapist burnout, particularly in the West. Broadly, the factors promoting burnout can be categorized into therapist characteristics, job-related factors, client characteristics and interpersonal factors.

**Therapist characteristics**

In recent years, research has tried to understand the personal factors that contribute to therapist burnout. Therapist qualities have been a big focus point here, and studies have found that therapists who lack subjective confidence in their abilities and display perfectionism, anxiety, neuroticism, low extraversion and agreeableness are at risk for burnout. A systematic review by Simionato and Simpson examining 40 articles from 1986 to 2016 and featuring professionals mainly trained in clinical or counselling skills who provided therapy to reduce psychopathology and distress found that one reason for these characteristics being linked to burnout is because individuals with such traits often lacked strong support [22]. Other therapist qualities could include resilience, optimism and emotional intelligence. These qualities may help therapists persevere in the face of negative outcomes, reduce feelings of extreme stress and promote well-being and compassion satisfaction. Moreover, therapists high in emotional intelligence may think more before responding emotionally and may have a better understanding of their emotions, as well as their client's. This may help therapists gauge when they are extremely stressed or upset, allow them to monitor their emotional resources, along with their client's and learn to recognize and cope with burnout.

Skovholt and Yoo further discuss "high touch hazards" or those characteristics that make therapists more susceptible to burnout; they include- an inability to say no, constant empathy, interpersonal sensitivity and one way caring [23]. Therapists who become over-involved with clients, putting in a great deal of emotional effort and personal resources to help the client are thought to be at major risk for burnout; a meta-analysis focussing on 17 articles from 1988 to 2008 dealing with the antecedent and consequent variables in therapist burnout highlighted that over-involvement was significantly connected to depersonalization and lack of personal accomplishment [24]. Additionally, psychotherapists that display a deep need to acquire existential significance from the work they engage in, along with therapists who constantly worry and display anxiety about clients, are distracted by other people's problems and display helplessness or a sense of inefficiency particularly when treatment is prolonged are prone to burnout [25-26].

Recently, social support has further emerged as an important factor implicated in burnout. Social support may help therapists keep stress at bay or use effective coping strategies. In Indian settings, social support has been examined with relation to burnout amongst human service professionals; results have shown that professionals who view their social support systems as helpful have lower anxiety and burnout levels [27]. Strong social support may also encourage adaptive coping strategies and self-care, might enhance self-esteem and personal accomplishment and could act as an important source of emotional support.

The study of personal factors has also gone onto investigate socio-demographic aspects such as age, experience and education. With relation to age and experience, an increase in age is thought to result in lowered levels of burnout; studies have shown that younger therapists report more burnout than older practitioners because with age therapists learn when to conserve and spend their emotional energy. Older therapists further noted lower levels of emotional exhaustion and depersonalization and went through less client connected, work-related and personal burnout, according to a quantitative study on 87 clinical psychologists based in Australia [28]. Another study including 116 therapists from the UK noted that age and not experience protected best from depersonalization and burnout [29].

Yet, Farber in his qualitative study featuring 60 clinical psychologists based in America, notes that therapists with little experience are at more at risk for burnout as they are not as prepared to deal with particularly stressful therapeutic interventions or clients, and often "carry their work back home with them"- they continue to worry about patients after sessions, tend to over-involve themselves and usually bring home feelings of frustration, anger or bewilderment [30-31].

Similarly, the amount of education received by therapists could be connected with burnout. There appear to be conflicting opinions, with some research highlighting that less education might lead MHPs, such as counsellors, psychiatrists and therapists to quit their jobs over issues such as poor pay and working conditions. Those MHPs with inadequate education may further go onto developing more trauma associated symptoms and experience higher levels of vicarious trauma or compassion fatigue [22-32]. However, more education may increase chances of burnout as well, because of higher responsibilities and expectations, leading to increased stress [3, 33-34]. Therapists in India may struggle with obtaining the necessary education for their profession- this might occur due to financial constraints or lack of support from family, amongst other factors and could contribute to burnout.

Research on factors contributing to therapist burnout emphasizes that there are certain differences in causes of burnout in Indian and Western contexts. Therapists in India may need to deal more with issues such as stigma, lack of facilities, awareness and education, poor training, fewer opportunities for education and training, lack of financial resources, over-involvement of family and a huge workload. However, factors such as reduced autonomy, working in a public setting, poor social support, high work demands, poor pay and demanding clients are likely to be faced by both Indian and Western therapists.

**Job-related factors**

When examining the work-related factors, two models, namely the Jobs Demands Resources Model and the Conservation of Resources Model are used to study how the work environment could be creating feelings of burnout. Both theories also highlight that resources at the workplace and personal resources can help reduce or prevent burnout; examples of these include an encouraging and supportive supervisor, positive feedback, self-efficacy and resilience, and support from family and peers [35]. Maslach and Leiter have indicated that burnout can be caused by too much work and a lack of resources, not having any influence or power, lack of pay, appreciation and satisfaction, facing ostracization, conflict and lack of respect, dealing with favouritism and discrimination, and breach of ethics. They further emphasize that burnout can arise due to a "mismatch" between a person and their job/career [36].

Job demands can also play a role; if job demands, such as physical, emotional or cognitive tasks, consistently remain high, a person may experience burnout in the form of constant fatigue and work avoidance [37]. In addition, a study including 487 married licensed clinical psychologists living in America, accredited by the American Psychological Association (APA) found that factors at work may eventually affect a therapist's personal life. The sample consisted of 205 males and 287 females, with almost all participants being White. The amount of time spent working, high work demands, long work hours, lack of freedom and autonomy in decision making and worrying over clinical work may all contribute to high levels of emotional exhaustion that could lead to conflicts at home and exacerbate burnout [38].

Researchers in Indian settings have further gone onto emphasizing certain work-related burnout factors that are likely to be more prominent in Indian practice and psychotherapeutic work; these include issues of uncertainties pertaining to their therapeutic skills, inadequacies in training and professional education and a low priority of therapy in India. This may lead to lowered confidence, less belief and faith in the process of therapy and vulnerabilities. In their research examining self-perceived strengths and weaknesses of therapists in India, Bhola and colleagues used the consensual qualitative research (CRQ) method to gauge the experiences of 250 therapists, working in diverse settings who had been practicing therapy for at least 1 year. Here, 126 identified as professional psychologists, with 142 females and 73 males. Their findings indicated that therapists are also required to deal with social and cultural factors like ignorance about psychotherapy and associated stigma in the population, poverty, low literacy rates and few professional resources, which may lead to burnout [7].

Moreover, an experimental study assessing 97 mental health providers in military settings in America, featuring 29 psychologists, discovered that therapists who had more than 10-15 patients per week on average, experienced lowered feelings of personal accomplishment- a key feature of burnout [39]. Similarly, research investigating burnout and coping amongst psychologists, social workers and nurses highlighted that perceived stress or workload is likely to cause feelings of burnout [40].This has been supported by research on school psychologists where school psychologists who work at multiple schools revealed a much higher level of burnout compared to those who only worked at one school [41]. Isolation in the work setting

may also worsen feelings of burnout, but therapists continue to isolate themselves daily and see this isolation as a vital condition for achieving goals and completing work [31].

Studies examining the work setting and burnout link find that therapists working in the private sector and able to exercise control over the number of clients, work hours and administrative work display lower levels of burnout than those in the non-private sector [42]. A meta-analysis focussing on 15 articles from 1988 to 2008 in areas such as psychotherapy and psychology found that therapists working in agency settings reported higher levels of depersonalization and lack of personal accomplishment, as compared to those working in private settings [43]. Notably, in India many prefer to work in public, government-run or agencies or institutions for higher stability and job satisfaction, but these studies highlight that working in non-private settings might actually be increasing job dissatisfaction and burnout.

A systematic review analysing the prevalence and causes of burnout among applied psychologists examined 29 articles prior to 2017, focussing on peer-reviewed papers featuring original data, burnout measures and those providing psychological services but not trained in medicine. Studies were excluded if they examined healthcare professionals, such as nurses and doctors, even if these professionals worked in a mental health set up. The findings displayed that institutionally based practitioners, especially those with less experience are believed to be more prone to burnout due to reduced feelings of efficacy, longer working hours and more chronic or resistant clients [8]. Furthermore, these therapists often have to deal with many other issues not faced as much in private practices such as administrative issues, poor working conditions, and budget issues [31]. Similar findings have been noted in India, where the workplace can be a space that may pose certain obstacles, and those therapists who face difficult institutional conditions, bureaucratic regulations and work overload because of poor human resources tend to experience high levels of stress [7].

Studies on psychiatrists, clinical psychologists and other MHPs in both Indian and Western contexts have supported such results, and emphasize that workplace issues such as too much work, lack of supervision or guidance on job performance, performance demands being set too high, unnecessary red tape or bureaucracy, a lack of support from and poor relationships with colleagues or the management, are especially stressful [44–47].

**Client related factors**

Factors specific to clients have also been probed, in order to identify qualities in clients or the type of clients that promote feelings of burnout. Working with clients who are demanding, uncooperative and put therapists down, or working very closely with the client's family have been shown to lead to burnout [27]. In India, like most other collectivistic cultures, there is a huge emphasis on family, and the family is often quite involved in the activities of its members with members also being dependent on the family. It is likely that therapists may have to deal with over-involved family members of a client, which may exacerbate burnout [48].

Notably, a recent meta-analysis focussing on 27 studies from 2006 to 2018 on environmental factors and therapist burnout found that negative clientele (angry, suspicious) was the strongest predictor of therapist burnout amongst all the environmental factors [49]. Yet, unlike in the West, therapists in India also have to work more frequently with clients from a variety of socio-economic backgrounds, religions and communities. They are required to be culturally sensitive and aware and adept at adopting a multicultural view to understand the person, taking into account the different worldviews of people from other cultural and socioeconomic backgrounds. In some cases, this may prove to be emotionally challenging and mentally taxing, which could promote burnout.

**Interpersonal factors**

Besides therapist, client and other characteristics, certain additional factors play a role in burnout. According to a survey-based study in India on 250 psychotherapists and counsellors in different settings, out of which 156 identified as psychologists, high workloads became a "psychological burden" for therapists and left them less time for self-reflection [50]. This self-reflection in turn may help therapists gauge if they are fatigued, emotionally exhausted or unable to provide adequate care to clients, which might go a long way in preventing burnout. Therapists in India may in general also have a greater workload and more clients due to the sheer strength of the population in the country.

Autonomy is thought to be a big contributor to feelings of burnout, with those with less autonomy at their workplace feeling more burnt out. Therapists experiencing greater autonomy, in turn, derive more satisfaction and accomplishment from their work, along with higher self-efficacy. Meta-analyses have consistently highlighted this- one such paper examining the effectiveness of burnout interventions in mental health professionals, including therapists, featuring 27 studies across 35 years, and another reviewing 29 studies on the prevalence and causes of burnout in applied psychologists prior to 2017 have discussed how aspects like "supervisory autonomy support" and "self-efficacy" have been connected with reduced emotional exhaustion and stress [8,51].

Therapists may also fail to take into account the consequences of working with clients dealing with serious mental illness constantly or working with clients for whom they are not well suited. This "superhuman" attitude, of trying to work with everyone may also contribute to burnout. Such feelings may result in personal inadequacy and failure when their interventions do not produce the expected outcomes and this failure may be seen as a reluctance to change treatments for clients, transfer clients to other MHPs, or terminate sessions [52].

Examining psychotherapy in India, researchers highlight the profession is still upcoming and less established than in the West. There is greater awareness and acceptance of therapy in Western society, but in India, many still view therapy and therapists with suspicion and are reluctant to trust these professionals. Adding to that, discrimination and stigma surround mental illness in India and there is a lack of education in the population about mental health and appropriate mental health treatment [53-54]. This often means that therapists need to overcome many additional hurdles to develop a good relationship with the client and provide the necessary treatment, which may eventually cause feelings of burnout or exhaustion. However, future research should focus on examining these aspects in order to conclusively determine if they contribute to burnout in Indian settings.

## CONCLUSION

The present review aimed to provide an understanding of therapist burnout, with a focus on the Indian context, highlighting the factors leading to burnout and the impact it has. It draws attention to several aspects , such as how being a therapist requires great expenditure in the form of time, money and energy and how therapists tend to struggle with resources, facilities and salary, all of which could be precursors to burnout. Moreover, the importance of therapists well-being, the need for employers to provide provisions to safeguard therapists mental health and the costs incurred and gains made by therapists are additional insights that emerge.

The review has important implications for research and practice. Appropriate societal structures and support need to be in place to address the emotional and financial strain that the profession poses, there is a need for greater funding to provide therapists with better amenities at their workplace and more accessible and affordable education and training needs to be made available. Guidelines for supervisors to identify and address risk factors of burnout in young therapists, enhancing peer support/supervision groups, encouraging regular training and regulating the number of clients seen by each therapist can be helpful in this context.

Future research should focus more on the epidemiology and prevalence of therapist burnout in India and the West, more qualitative research on the experiences of therapist burnout to understand the idiosyncratic experiences in detail, and experimental studies on MHPs featuring a higher representation of psychotherapists. In addition, comparative studies between therapists and other MHPs in different settings and with different populations could be carried out to understand differences and similarities in burnout, with studies aiming to explore the causal and cultural factors involved in burnout. Further research could also examine if the returns in the psychotherapeutic profession are perceived to be worthwhile and equal to the costs, or if therapists tend to change professions due to low levels of satisfaction. Lastly, the review emphasizes a need for research in the areas of process factors and personality factors contributing to burnout, especially in an Asian context and encourages a dialogue to understand the impact of issues such as stigma, poor education, training and supervision, financial restrictions and societal structure on therapist burnout.

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