

## The Lived Experiences of Burnout in Clinical Psychologists in Pakistan: A Phenomenological Study

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### Abstract

*Clinical psychologists are compelled to encounter the challenging conditions of psychologically ill clients in their exacerbating journey. They must bear the emotional burden of apprehension, worry, overtiredness, and mental fatigue. The adverse lived experiences of clinical sessions, psychotherapy, and counseling lead to work-related mental stress and emotional exhaustion. Consequently, burnout has been one of the main precursors that mental health professionals are constantly dealing with. The research study aims to explore the lived experiences of burnout among clinical psychologists and identify the coping strategies used by these clinical psychologists in Pakistan. The study uses the qualitative phenomenology method to evaluate the respondents' experiences. The purposive sampling technique was used to conduct semi-structured interviews with six clinical psychologists. Using interpretative phenomenological analysis, the four themes of lived experiences of burnout and the five themes of coping strategies emerged. Results suggest that clinical psychologists have encountered burnout mainly due to workplace conditions, caregivers' attitudes, a state of helplessness, and societal stereotypes. They cope with burnout because of family-work balance, a support system, religious affiliation, and determined personality traits. The findings contribute new aspects of knowledge about the burnout phenomenon and help shape mental healthcare policies. There remains a need for further rigorous investigation of burnout to establish a formal policy for the mental health of clinical psychologists.*

**Keywords:** Lived Experiences, Burnout, Clinical Psychologists, Coping Strategies, Phenomenology, Interpretative Phenomenological Analysis

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## 1. INTRODUCTION

American Psychological Association (n.d.) describes clinical psychologists as mental health professionals trained in the techniques for

diagnosing and treating various psychological disorders. They serve as consultants to other medical, legal, social work, and community relations professionals. They are the leading providers of mental and behavioral health care services that primarily diagnose and treat mental and substance abuse disorders in a wide range of treatment facilities.

Freudenberger (1974) initially defined "burnout" as wearing out, failing, or becoming exhausted due to demanding energy and resources. The World Health Organization's (2019) International Statistical Classification of Diseases and Related Health Problems (11th ed., ICD-11) does not classify burnout as an illness; it is a syndrome caused by chronic workplace stress and unmanaged mental pressure. It is conceptualized in three dimensions: energy depletion or emotional exhaustion, feelings of cynicism toward the job, and decreased professional efficacy. Similarly, the American Psychiatric Association's (2013) Diagnostic and Statistical Manual of Mental Disorders (5th ed., DSM-5) also does not consider burnout a distinct mental disorder.

Burnout is a psychological syndrome that arises from interpersonal workplace stress. Initially, research on burnout came from clinical and social psychology, which relied on psychological disorders and interpersonal relations. Succeeding industrial and organizational psychology focuses on work attitudes and job stress. Hence, the dimension of burnout has expanded (Maslach and Leiter, 2016). Additionally, burnout is a syndrome of emotional exhaustion and cynicism in individuals who work with ordinary people. Emotional exhaustion consists of a lack of energy, fatigue, emotional depletion, and debilitation. Cynicism includes feelings of depersonalization, irritability, and withdrawal. Further, inefficacy comprises low morale, a lack of productivity, dissatisfied accomplishments, and an inability to cope with one's work (Maslach and Jackson, 1981).

Most theoretical perspectives on burnout have considered the critical dimensions of exhaustion, which refer to the depletion of emotional and physical resources, primary stress, and a feeling of overextension. Moreover, exhaustion refers to the most reported component of the syndrome and the primary criterion of varied models (Maslach and Leiter, 2017). Burnout leads to long-term chronic stress (Maslach and Jackson, 1981), work-related mental health impairment (Awa *et al.*, 2010), anxiety and depression (Morse *et al.*, 2012), personal distress (Freudenberger, 1974), mental health issues (Maslach *et al.*, 2001), manifesting physical symptoms with social withdrawal (Gorgievski and Hobfoll, 2008), absenteeism (Ahola *et al.*, 2008), and reduced efficiency (Taris, 2006).

A recent study by Warlick et al. (2021) analyzed the prevalence of burnout by comparing graduate-level and professional clinicians. The findings showed that all mental health clinicians are much more at risk for personal burnout. The prevalent percentages showed 48.9% of graduate students and 39.5% of mental health clinicians reporting personal burnout. Furthermore, female clinicians were found to be at higher risk than male clinicians. Studies estimate that between 21 percent and 61 percent of mental health practitioners experience signs of burnout (Morse *et al.*, 2012). Workplace climate, caseload size, and severity of client symptoms are all linked to burnout (Acker, 2011; Craig and Sprang, 2010; Thompson *et al.*, 2014). In comparison, lower caseloads, less paperwork, and flexibility at work are associated with lower levels of burnout (Lent and Schwartz, 2012). Hence, burnout negatively affects practitioners and their clients (Kim *et al.*, 2011).

## **2. LITERATURE REVIEW**

Sciberras and Pilkington (2018) explored the lived experiences of psychologists working in mental health services in Malta. The study interviewed seven psychologists to investigate the meaning psychologists have with their work and the implications of working in mental health services. Interpretative phenomenological analysis revealed the common themes of client work as a source of satisfaction or stress, a psychologist in the multidisciplinary team, and an emphasis on self. Further, the work setting contributes significantly to the quality of the participant's experience. Negative emotions due to the system are more stressful than client work. The absence of power, failing control, and disagreeable factors contribute to distressing jobs. However, personal coping strategies help with survival in such settings.

Hammond et al. (2018) also analyzed burnout experiences among Australian solo practicing psychologists. It selected six clinical psychologists through criterion-based sampling, and their interviews were assessed using thematic analysis. The themes found that burnout is prevalent and an enduring symptom among clinical psychologists. Knowledge of risk factors and years of job experience were protective against burnout. Life stressors and excessive workload act as precursors to burnout.

Furthermore, Angelika and Rzeszutek (2022) critically performed a systematic review using the PRISMA framework. Thirty-eight studies examined burnout among psychotherapists, while the other 14 studied psychological well-being in this sample. Burnout and well-being among psychotherapists are related to sociodemographic (e.g., age, gender),

intrapersonal (e.g., coping, personality), and work-related characteristics, including work settings and professional support in this profession (e.g., supervision or personal therapy).

Another study by Ackerley et al. (1988) determined the level of burnout among 562 licensed doctoral-level practicing psychologists who were engaged in psychotherapy. They experienced a lack of control and overcommitment in a therapeutic setting. The Maslach Burnout Inventory (MBI) and the Psychologist's Burnout Inventory (PBI) were administered. The responses revealed that more than a third of the sample reported high levels of both burnout dimensions: emotional exhaustion and depersonalization. However, all three subscales of the MBI were significantly higher for licensed psychologists.

Farber and Heifetz (1982) conducted a qualitative study to explore the experiences of therapeutic practice among 60 psychotherapists. Two hours of semi-structured interviews were conducted. The findings revealed that therapeutic relationships are achieved through professional satisfaction. Further, burnout results from inattentiveness, irresponsibility, overburden, isolation, and discouragement in a therapeutic relationship. Appreciation and rewarding behavior in a support system are required to avoid burnout.

Huebner (1992) studied 139 school psychologists to explore burnout in terms of job satisfaction, ideal caseloads, and intent to leave the job. The MBI, School Psychologists' Stress Inventory (SPSI), and satisfaction questionnaire were administered. The findings suggested that burnout frequently occurs with feelings of emotional exhaustion and reduced personal accomplishments. The study also revealed that the sample's burnout coping methods were insufficient to cope with the situation.

Huebner (1993) investigated the levels of burnout in a heterogeneous sample of school psychologists in America. The sample responded to the MBI and a demographic and job function questionnaire. The results show that 25 percent of the sample reported high levels of emotional exhaustion, 3 percent reported high levels of depersonalization, and 12 percent reported low levels of personal accomplishment. A positive correlation was found between intervention-related competencies and personal achievements. Another study on school psychologists was conducted by Sandoval (1993) to assess the relationship between a personality trait and burnout. Personality characteristics were measured with the California Psychological Inventory (CPI), and burnout was measured with the MBI among 100 school psychologists. The findings suggest that well-integrated personalities are at a lower risk of burnout than others.

Maslach and Jackson (1982) analyzed coping with burnout to discover how people deal efficiently with coping strategies. The social psychological analysis of burnout among health professionals was assessed on the MBI and relevant resource management variables. The study indicated that various coping strategies include individual techniques at the social and institutional levels. The most common way to reduce burnout is to avoid people, which is practically impossible because burnout involves practitioners engaging in activities. However, it is noted that some personality traits may be responsible for feelings of burnout.

Furthermore, Benzur and Michael (2007) compared stress appraisals, coping strategies, social resources, and burnout among social workers, psychologists, and nurses to assess the effectiveness of appraisals and support in decreasing burnout. The sample consisted of 249 female professionals aged 25–61 years. The appraisal scales, COPE scale, Multidimensional Scale of Perceived Social Support (MSPSS), and burnout scale were used. The results indicated that control over the job was directly related to all burnout outcomes and caused less exhaustion, depersonalization, and personal accomplishment. The challenge/control appraisal was also negatively associated with emotion-focused coping, and the stress/load appraisal contributed to more exhaustion.

Rupert and Morgan (2005) conducted a comparative study of 571 doctoral psychologists. The sample was surveyed on a modified version of scales developed by Farber and Heifetz (1981), the Psychologist's Burnout Inventory (PBI), and the MBI Human Services Survey. The results showed that the rate of personal accomplishment was higher among individuals and group practitioners than in agency settings. Women also reported higher levels of emotional exhaustion in agency settings, and men revealed higher levels in group or independent settings. Overall, dealing with negative client behavior or managed care clients, working more hours, and having low control in settings contributed to greater emotional exhaustion.

Volpe et al. (2014) assessed the presence of burnout among early-career mental health professionals. One hundred professionals, 50 medical and 50 non-medical staff, are surveyed by the MBI and the Beck Depression Inventory (BDI) to confirm the symptoms of burnout. The results showed psychiatrists were at greater risk of emotional exhaustion and had a lower rate of personal accomplishments. In contrast, non-medical practitioners showed a high degree of depersonalization as a coping technique and a higher level of depression, which is linked to burnout.

Vredenburgh et al. (2007) measured the extent of burnout in 521 counseling psychologists in private and hospital practice. MBI was

administered. Multiple regression analyses computed that levels of burnout were highest in a hospital setting compared to private practice. Further, hours of client contact per week were directly related to a sense of achievement. It was also concluded that males experience more depersonalization than females.

Kahil (1986) investigated the phenomenon of burnout regarding professional expectations and social support for graduate students and clinical practitioners. The "Tedium" burnout measure, the Provisions of Social Relations (PSR) Scale, and expectations measures were run on the sample of 255 participants. Burnout was found to be related to social support from family and friends and expectations from the profession rather than to experience in the profession or expectations. It was concluded that graduate students reported more disillusionment than practitioners.

Benedetto and Swadling (2013) researched to evaluate work setting, mindfulness, burnout, and preferences for career-sustaining behavior. The sample of 167 Australian psychologists was surveyed on the Copenhagen Burnout Inventory (CBI), the Five Facet Mindfulness Questionnaire (FFMQ), and Career Sustaining Behavior (CSBs). The results showed that burnout was unrelated to mindfulness or years of experience in current work settings. Career-sustaining behavior was poorly related to burnout. It was also found that coping strategies helped prevent burnout.

In another study, Rupert et al. (2009) explored the role of work-family conflict in levels of burnout. The sample of 497 psychologists was surveyed on the Human Service Survey (MBI), the Psychologist Burnout Inventory, the Work-Family Conflict and Family-Work Conflict Scales, and the Support from Family Scale. The findings suggested no gender difference among practicing psychologists. It was also found that family support contributed to well-being at work, and work-family conflicts helped understand the influencing factors of burnout.

McCormack et al. (2018) reviewed quantitative and qualitative investigative studies to examine the prevalence and causes of burnout among applied psychologists. Results indicate that emotional exhaustion was the most cited dimension of burnout. Workload and work settings were the most contributing factors to burnout. The study concluded that burnout was a concerning factors for all psychological interventions.

## **2.1. Research Significance**

In recent years, it has been observed that workload and personal stress have also increased due to the increasing demand for clinical psychologists.

Clinical psychologists in Pakistan are facing day-to-day challenges in the clinical field. However, limited research explores the lived experiences of clinical practice related to burnout. The present study will fill in the literature gap by highlighting the perspective of Pakistani clinical psychologists regarding burnout experiences and their coping strategies. This study will explore the perspectives of clinical psychologists who are directly involved in giving psychotherapy.

Studying the underlying factors contributing to burnout in mental health clinicians in our society will help the government and policymakers reduce the situational factors leading to burnout. Further, the present study can also aid in developing a culture-specific burnout inventory for assessing burnout among Pakistani clinicians. The research purpose is two-fold since it will highlight healthy coping strategies that benefit other psychologists.

In a nutshell, the significance of conducting research is that the findings will aid in formulating informal policies about the mental health of clinical psychologists in the Pakistani context. The government can take preventive measures to guard clinical psychologists, which have potential applicability for mental health practitioners and researchers.

### **3. METHOD**

#### **3.1. Research Design**

This study considered a qualitative research method with an interpretative phenomenological approach (IPA). It aimed to explore the lived experiences of burnout and coping strategies used by Pakistani clinical psychologists; therefore, phenomenological research design was used to seek the meaning of life events and human interactions. The phenomenology approach centers on the attempt to achieve a sense of the meaning that others give to their situations (Eatough and Smith, 2017). Guest et al. (2014) also recommended a phenomenological study to explore individuals' lived experiences, perceptions, and feelings.

#### **3.2. Sample and Sampling Strategy**

The purposive sampling technique was used to conduct this research study in Pakistan. Purposive sampling is a non-probability sampling technique that selects participants with specific desired characteristics easily and quickly (Crossman, 2020). The participants were recruited by consulting private clinical centers to find the best-suited sample. The selected psychologists from

varied clinics were contacted for interviews because their preliminary information aligned with the study objectives. A sample of six with ages ranging from 28 years and onward was selected through this sampling technique. Morse (1994) guided the use of six sample sizes for IPA. Smith (2007) also suggested a minimal number of participants for IPA studies. Creswell (2014) recommended a sample size between 3 and 10. A small number of cases (less than 20) will ease the researcher's close association with the respondents and enhance the validity of in-depth inquiry in naturalistic settings (Crouch and McKenzie,2006).

### **3.3. Inclusion Criteria**

Clinical pswaslogists with at least an MS and two years of working experience were included. They were all selected from different private institutes.

### **3.4. Exclusion Criteria**

Clinical psychologists who had no experience and were not practicing were excluded. Physically and psychologically impaired psychologists were also excluded.

### **3.5. Data Collection**

The preliminary information of participants was collected through a demographic form, and then an interview guide was used to address research questions.

### **3.6. Demographic Form**

This section holds information regarding qualifications, relevant experience, practicing institute, working domain, and impairments.

### **3.7. Interview Guide**

Based on previous literature and theories on the present topic, an interview guide was developed for clinical psychologists. The researcher conducted semi-structured interviews in which open-ended questions were asked to the six selected participants in their solo interviews. In-depth interviews are the sole data source in qualitative research to seek personal information, lived experiences, perspectives, and occupational knowledge



(Johnson and Rowlands, 2012). The in-depth interview also reveals real-life queries and provides enriched information (Crouch and McKenzie, 2006).

The interviewing techniques of Kvale and Flick (2007) were used in conducting interviews. Introductory questions were asked to introduce the topic of research. For example, can you tell me about your burnout-related experiences? Follow-up questions were added to encourage the participant to provide vivid details. For example, tell me more about the precursors related to specific burnout experiences. Probing questions further revealed an in-depth inquiry. For example, can you give me a more detailed description of what happened? Direct questions were asked to get specific information. For example, what are the typical symptoms that you experience during burnout? How do you manage yourself after burnout? Interpreting questions are used to ensure confirmation between the researcher and the interviewee. For example, what does this expression mean to you as (expression explained)? Is that correct?

### **3.8. Data Verification**

For data verification, the interview guide was checked thoroughly by two primary researchers to ensure the quality of the questions. In peer review, the data and research method are reviewed by someone with expertise in the researched phenomenon (Creswell and Miller, 2000). Goodwin (1984) also suggested peer debriefing to ensure content validity. The respondent feedback on the transcripts was taken from the interviewees for transcription quality. Bloomberg and Volpe (2012) emphasized member checking for accurate data. The bracketing and external audit were also used for quality and validity in data analysis (Vicary *et al.*, 2017). These methods were followed in the present study.

### **3.9. Procedure**

At first, research approval was sought from the institutional review board of the University of Central Punjab, Lahore. Then, permission was obtained from the concerned clinical institutes to collect data. After seeking permission from the institutes, six female psychologists were recruited via purposive sampling. The primary aim of conducting the research was explained to the participants. Then, the researcher got written consent from the participants. The researcher conducted the interview after assuring privacy rights and getting permission to record the interviews. When using in-depth interviews, ethical guidelines must be followed (Allmark *et al.*, 2009). Rapport

building was established to calm the participant. Rapport is the central aspect that enhances honest data in face-to-face interactive interviews (Horsfall *et al.*, 2021).

Kvale and Flick's (2007) interview techniques were used to explore the lived experiences of clinical psychologists. The introductory, follow-up, direct questions, and other prompts extract more information. Bryman (2004) allows the interviewer to add probes for further exploration while developing rapport at the same time. Each interview took approximately 30 to 40 minutes. The interview process was completed within two months. The researcher was advised to use understandable language for interviewees (Bryman, 2001). The participants' native language was mainly used throughout the interview. The notes were taken during interviews to ensure the context of the discussion. The interviews were recorded side by side to cover every detail. After conducting the interviews, the data were transcribed by listening to the recording as soon as possible to prevent any information decay. Kvale and Brinkmann (2009) guided the transcription of a single interview in five hours to ensure the meaning displayed by interviewees.

### **3.10. Data Analysis**

The interpretative phenomenological analysis (IPA) approach was used to analyze the data. IPA helps the researcher understand a phenomenon and extract rich, detailed information (Smith, 2007). Once the data was fully transcribed, it was then coded. Codes are the keywords used to categorize data in qualitative research. Throughout the coding process, the data was analyzed, categorized, and organized into themes and sub-themes (Sarantakos, 1998). The inductive coding was done by staying close to the data to generate possible interpretations. Any bias during the whole process of data analysis was kept in mind. The influence of researcher bias should be minimized throughout the coding process (Larkin and Thompson, 2012). Smith and Osborn (2003) proposed steps of IPA for qualitative studies used in this research study. These steps comprised seven stages, as follows:

1. The process started with the conduct of semi-structured interviews for data collection.
2. The analysis began with familiarising transcripts by reading and re-reading them several times. The left-hand margin of transcripts was utilized to note significant points.

3. The next step was identifying the themes, in which the right-hand margin was used for noting themes in phrases.
4. Next, the superordinate themes were created by grouping similar themes in clusters. In doing this, the connection between themes based on similarity was most important.
5. In the last section, the table was made by listing clusters and their subordinate themes. The table was ordered based on important superordinate themes.
6. The process was continued with further transcripts. The themes from the first transcript were used to look at similar themes in other data—a final table of all the themes made.
7. Writing the analysis was the final step. The essential themes with verbatim extracts were described in the result section.

#### **4. RESULTS**

The complete qualitative analysis explored a range of experiential themes; the following categories were chosen to elaborate on the significant elements of participants' experiences of burnout and coping strategies: Table 1 showed the themes with verbatim extracts regarding clinical psychologists' lived experiences of burnout, and Table 2 presented the themes with verbatim extracts concerning coping strategies used by these clinical psychologists. Figures 1 and 2 present the codebook that defines each central theme and subthemes that emerged during the analysis.

##### **4.1. The Lived Experiences of Burnout**

The study's findings revealed four significant themes in the lived experiences of burnout among clinical psychologists. The first theme concerned field challenges faced by clinical psychologists. The second theme explored their work dynamics. The third theme is related to psychological indicators. The fourth theme examined societal stigmatization. These themes are explained in this section using indicative quotations from the interview transcript.

Table 1. Lived Experiences of Burnout

Super-ordinate Themes	Sub-ordinate Themes	Example Quotes
Field Challenges	Client related issues	Ahhh... people need proper awareness. They have such fixed mindsets that they do not understand how rigid their behaviour.... especially regarding therapeutic interventions for their children. Even if we try our best to make them understand certain situations, they do not pay single attention to changing their mind patterns. Hmmm, this is because of class differences. Maybe... (pause) The biggest ISSUE is CLASS!!...
Work Dynamics	Hectic Schedule	When I deal with clients, I experienced burnout due to my tight schedule, hectic consecutive hours, and job. Whenever I feel emotionally exhausted is because of my work routine.
	Work Rumination	Generally speaking, no one has time. There is no me time. The ones who are professionals.... just want to apply therapeutic interventions all day, they completely indulge in it. As, after listening to problematic stories from clients, we also feel these overwhelming situations we do not have any buffer that filters these conditions from ourselves.... they automatically reside in ourselves. At times, we are mentally weak. These things create panic in us, too.
Psychological Indicators	Work Ethics	I want to add something that (pause) ..... the biggest issue I felt..... ethics are not followed in this field. Ahhh! regarding my colleagues.
	Stress	In addition..... when I have to work on my cognition to make people understand that I am not judging you!! this is the burnout challenge I have to face... If I talk about the individual level, then..... when I have to change my thought pattern to make them comprehend that I completely empathize with you.
	Emotional Disturbances	It is stressful when you start your clinic..... things will change a little bit. It is not like those things will not affect you today, it is still affecting us especially when you emotionally connect to any client. This is so triggering! I had a client who was in the same situation as I was when my father was ill then I felt emotional disturbance at my level too.
	Helplessness	See... the burnout I felt is because of..... Ummm..... when I talk about my personal experience (pause) I practice privately now, so I experience burnout..... when I am unable to do something for the client! Even not only in a helpless state but also when you try to understand their caregivers but..... they are not willing to understand.

Societal Stigmatization	Societal Expectations	In such circumstances, burnout experiences are due to..... when everyone expects that you are a clinical psychologist in every field in every situation.
	Social Stereotypes	"OHH! So, if you are a clinical psychologist, then you will read our minds. You will know what is going on in our minds. Tell me what are my intentions? (Miserable tone) They do not understand that we are not magicians... no one knows the intention of another person

**Theme 1: Field Challenges**

All clinical psychologists indicated that their clinical roles are challenging and demanding. They must encounter extensive client issues, clinical trials, and workplace challenges in this field. The tiresome workload of therapy and counseling leads to problematic aspects of their professional and social lives. These conditions are prone to burnout. There are three subordinate themes in the field challenges:

**Client-related Issues:** The clients' issues are the biggest challenge that clinical psychologists face in an everyday setting. Participant 1 implied the negative side of clients:

"Ahhh, people do not have proper awareness!" They have such fixed mindsets that they do not understand rigid behavior, especially regarding therapeutic interventions for their children. Hmmm, this is because of class differences. "Maybe... (pause) The biggest issue is class."

She further added:

"Ummm..the biggest challenge people have nowadays is Google.. (pause) Then it becomes very difficult to tell them because they already have read the starting steps and questioned about how it is like that. Why is this not a reason? "So, this is the biggest challenge—to understand these types of people."

Participant 2 stated that the issues mostly raised from the caregiver side:

"The parents have high demands regarding their special needs children." They always want to admit their children to mainstream schools. These caregivers do not understand the problematic aspects of their child's issues, and they do not know that they are slow learners, so they proceed at a slow pace.

**Hectic Schedule:** Participant 4 continued to experience burnout due to workplace scenarios:

"When I dealt with the clients, I experienced burnout due to my tight schedule, hectic consecutive hours, and job. "Whenever I feel emotionally exhausted, it's because of my workplace routine."

She also mentioned the aspect of the lack of mental health facilities in workplace conditions.

"I observed that the biggest flaw in our society is that no organization pays attention to the mental health of therapists. These organizations do not signify the worth of a psychologist! Our sessions have no break, and we have to serve for long duty hours."

### **Theme 2: Work Dynamics**

Some clinical psychologists noted the overindulgence in clinical tasks and the impact of ethics violations on work. The following two subordinate themes of work dynamics are:

**Work Rumination:** Participant 3 outlined the absence of leisure time in life:

"Generally speaking, no one has time." There is no me time. The ones who are professionals just want to apply therapeutic interventions all day; they completely Indulge in it. They primarily engage with clients all day. "At times, we are mentally weak, and then these things create panic in us too."

**Ethics Violation:** Participant 2 further described the internal problems of her field by mentioning the issue of ethics violation:

"I want to add something that (pause) ..... the biggest issue I felt..... ethics are not followed in this field. Ahhh! regarding my colleagues..."

### **Theme 3: Psychological Indicators**

Burnout affects clinical psychologists by increasing their stress levels, disturbing their emotional state, and leading to hopelessness. The three subordinate themes of psychological indicators are as follows:

**Stress:** Participant 6 described her condition of burnout due to stressful situations:

"In addition, when I have to work on my cognition to make people understand that I am not judging you! This is the burnout challenge I must face. If I talk about the individual level, then when I have to change my thought pattern to make them comprehend that I completely empathize with you, (sigh)."

She, later, adds that:

"And one more thing is that it is hard to tell people that you need therapy; even a fully educated person does not easily know." Believe me! I have to send voice notes to tell them that I need a session. You should take a session. You should go! (Aggressive tone)"

**Emotional Disturbances:** Participant 6 revealed her emotional disturbances as:

"It is stressful when you start your clinic. Things will change a little bit." It is not like those things will not affect you today; they are still affecting us, especially when you emotionally connect with any client. "This is so triggering."

**Helplessness:** Further, another participant found herself in a state of helplessness in clinical practice when:

"See, the burnout I felt is because of... Ummm, when I talk about my personal experience (pause), I practice privately now, so I experience burnout when I am unable to do something for the client! Even in a helpless state, when you try to understand their caregivers, they are unwilling to understand."

#### **Theme 4: Societal Stigmatization**

The impact of society cannot be denied in the core areas of psychological effects that directly interfere with our lives. While interviewing clinical psychologists, it became evident that they all had faced societal pressure in their lives. The two subordinate themes of societal stigmatization are:

**Societal Expectations:** Participant 5 described the role of parents in our society as demanding:

"Due to the attitudinal problems of children's parents, I sometimes feel that I should quit this field. As I also have a duty to visit homes in my job, I must face many issues regarding the demands of parents. I have also faced travel issues where my parents do not understand why I come late. "Then I do not know why they ask. They expect a lot."

Participant 3 highlighted the societal expectations of being a clinical psychologist in every domain:

"In such circumstances, burnout experiences are due to... when everyone expects that you are a clinical psychologist in every field

in every situation. Everyone assumes you must be an active listener in every case."

**Social Stereotypes:** Participant 3 further revealed the stereotypical views of our Pakistani society:

"OHH! So, if you are a clinical psychologist, then you will read our minds. You will know what is going on in our minds. Tell me, what are my intentions? (Miserable tone) "They do not understand that we are not magicians. No one knows the intention of other people."

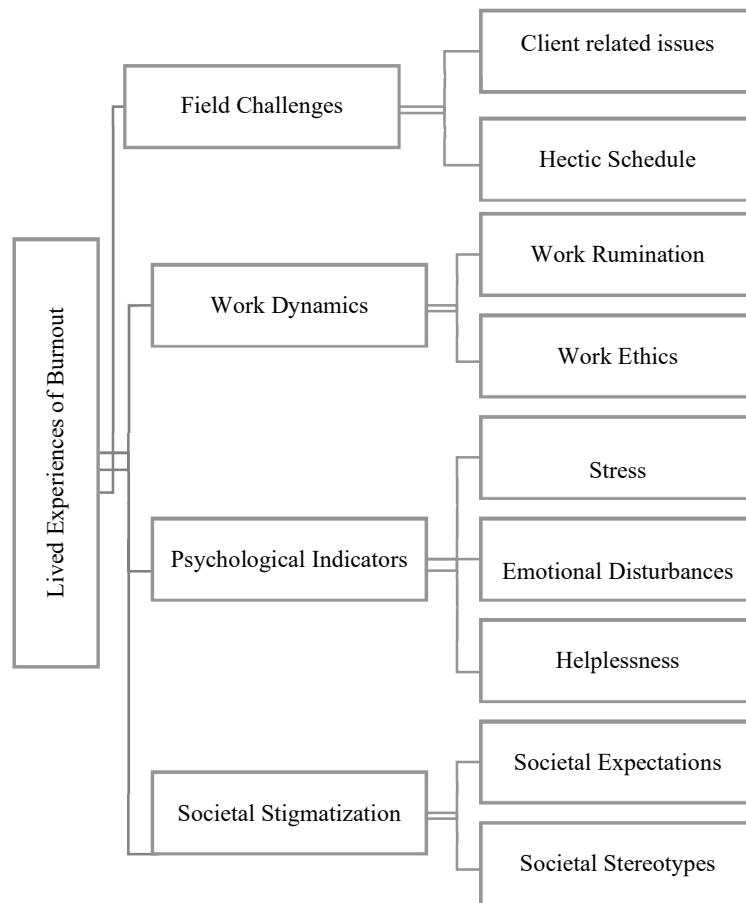
Participant 6 also noted that:

"When you look at society, there is stigmatization. As I was talking about, even families start to stigmatize certain disorders. There is no societal acceptance. (feeling exhausted)."

The above quotations describe the social consequences of being in the clinical field since they demonstrate how people in our society negatively view the job of clinical psychologists. Our society does not appreciate the work of clinical psychologists. The people in our community undermine their values and label social stereotypes for the affected ones, their families, and the person treating them.



Figure 1. Themes of Burnout



Note. The figure explains the superordinate and subordinate themes of lived experiences of burnout among clinical psychologists.

#### 4.2. Coping Strategies

Clinical psychologists used various coping methods to manage their caseloads, workplace burdens, and emotional exhaustion. The five main themes of coping strategies are as follows: The first theme concerns maintaining work-life balance in clinical psychology. The second theme explored emotional regulation by clinical psychologists. The third theme is related to areas of spirituality. The fourth theme examined reasons for motivation, and the fifth theme focused on having future hopes. These themes are discussed using indicative quotations from the interview transcript.

Table 2. Coping Strategies

Super-ordinate Themes	Sub-ordinate Themes	Example Quote
Work-Life Balance	Maintaining stamina	One should maintain balance in life. You must give time to your family, social settings, and clinic. So, in such situations, when you overburden yourself, you will ultimately burn out. But I manage my time accordingly.
	Leaving Emotional Baggage at Clinic	Ummm.... I also told you earlier about that.... My mentor in an internship once said that you should leave your clinic at its place; otherwise, your family life will be affected. From that day onwards until seven years now, I have followed these words. I made mental compartments in my mind regarding emotional stories from clients who resided only in the clinic.
Emotional Regulation	Catharsis	If I am stuck, I share it with my colleagues. Those hints are beneficial to me in client management and therapeutic plans. In this way, catharsis helps a lot.
	Self-Acceptance	Ahmm! Now, I have enough time in this field to understand the perpetuating factors, family response, and their output after two to three sessions. But..... yes, in the beginning, I stressed out why their family behaved in a certain way. Now, I have learned self-acceptance. I only focus on playing my active role. What family contributes..... they are answerable to them; I signify my part.
Spirituality	Patience	Hmmm... when I talked about coping... so in this, you need a lot.....a lot of patience and patience. You must discuss new ideas with others as you meet new concepts and learn from their perspectives. But patience is the foremost way of coping.
	Religious Affiliation	The coping strategy is only this ... you must actively play your part. You have to give your maximum potential after that and have faith in Allah.
Motivation	Human Welfare	At times, you are fed up. But... then, as a psychologist, your inner voice speaks... you should help someone. Humanity is my purpose.
	Intrinsic Motivation	The positive effects I felt..... I learned to manage time, have patience, and control anger. That intrinsically motivates me to continue to use this field.
Future Hopes	Extrinsic Motivation	The feedback from parents motivates you. When you observe any changing response from children, it is encouraging for you. The children's response has positively affected me.
	Inclination towards field	To deal with the human mind.... It is such an amazing thing to continue in your field. I will continue under any circumstances.
	No Intention to Quit	Hmm. I will not quit under any circumstances. In sha Allah! And another thing I want to say.... I want to do something for the people and will continue in this field.

### Theme 1: Work-Life Balance

All clinical psychologists focus on maintaining a work-life balance. They added that by keeping a balance in your life, one can effectively manage work and family life. The two subordinate themes of work-life balance are:

**Maintaining Stamina:** Participant 3 elaborated on her experience of work-life balance in her life:

"In my opinion, one should maintain balance in life. You must give time to your family, social settings, and clinic. So, in such situations, if you overburden yourself, you will ultimately burn out, but I manage my time accordingly."

Participant 4 elicited that:

"Hmmm... it is noted that only one can do a hectic job and manage a routine if they are physically and mentally fit. "So, in this way, I believe that being physically and mentally fit has great importance, and I have such stamina that I work in hectic situations."

**They were leaving Emotional Baggage at the Clinic:** Participant 6 pointed out leaving the emotional baggage of clients' stories at your clinic to cope with the emotional burden.

"Ummm.... I also told you earlier about that... My mentor in an internship once said that you should leave your clinic at its place; otherwise, your family life will be affected. From that day onward until seven years ago, I followed these words. "I made mental compartments in my mind regarding emotional stories from clients that reside only in the clinic."

### Theme 2: Emotional Regulation

Clinical psychologists regulate their emotions through catharsis, family support, and their persistent personality traits. Three subordinate themes are as follows:

**Catharsis:** Participant 3 managed emotions through catharsis.

"If I am stuck at any moment, I share it with my colleagues. Those hints are beneficial to me in client management and therapeutic planning. "In this way, catharsis helps a lot."

Participant 6 also pointed out the same way of coping:

"I do share with colleagues that these types of problems are arising. Then, they also share their stories. In this way, you understand that your colleagues are also facing a similar situation."

As you have heard, you feel relaxed when you listen to someone's grief. When you encounter other people in the same situation, your stress level also lessens. "This is the coping mechanism I follow."

**Self-Acceptance:** Participant 3 learned to shut off her anxieties through self-acceptance.

"Ahmm! Now that I have enough time in this field, I understand the perpetuating factors, family responses, and their output after two to three sessions. But, yes, in the beginning, I stressed why their family behaved in a certain way. Now, I have learned self-acceptance. I only focus on playing my active role. What family contributes... they are answerable to them. "I just signify my part."

**Patience:** Participant 2 focused on the importance of patience during clinical hours.

"Hmmm... when I talked about coping... So, in this case, you need a lot of patience. You must discuss new ideas with others as you meet new ideas and learn from their perspective. "But patience is the foremost way of coping."

### Theme 3: Spirituality

Some clinical psychologists highlighted the domain of spiritual connection with Allah. Two subordinate themes in this domain are:

**Religious Affiliation:** Participant 3 described that:

"The coping strategy is only this: You must actively play your part. You must give your maximum potential and have faith in Allah after that. You cannot control everything and do not have power over things. Things take time. It would help if you did not vent to anyone. "Just believe in Almighty Allah."

**Human Welfare:** For some clinical psychologists, the caseload of clients was managed by driving themselves with the purpose of humanity. Participant 6 described that:

"Hmmm... this seems bookish, but I genuinely feel like doing something for the sake of people and society. "I want to do something for humanity and change people's narrative."

Participant 1 stated that:

"At times, you get fed up. But then, as a psychologist, your inner voice speaks, and you should help someone. Humanity is my purpose. "As I work with special needs children that do not even

perform simple tasks if they learn due to my efforts, it is a big achievement for me."

#### **Theme 4: Motivation**

Motivation from clients, supportive remarks from families, and the learning attitude help the clinical psychologists to continue their work with a new spirit. Two subordinate themes are:

***Intrinsic Motivation:*** Participant 5 highlighted the positive aspects of being in the field of clinical psychology:

"The positive effects I felt... I learned to manage time, have patience, and control anger. That intrinsically motivates me to continue in this field.

***Extrinsic Motivation:*** Participant 5 added that:

"The feedback from parents motivates you. When you observe any changing responses from children, it is motivating for you. The children's response has positively affected me."

Participant 1 highlighted the change in child behavior as a motivating force:

"Any little achievement from children is highly motivating for me. These things help me to work with them further. That is how I deal with my stress."

#### **Theme 5: Future Hopes**

Some clinical psychologists coped with burnout through their hopes for the future in this field. Two subordinate themes are explained as follows:

***Inclination towards the field:*** For example, Participant 4 addressed that:

"To deal with the human mind is such an amazing thing to continue in your field. I will continue under any circumstances."

Participant 6 expressed her interest in the clinical field:

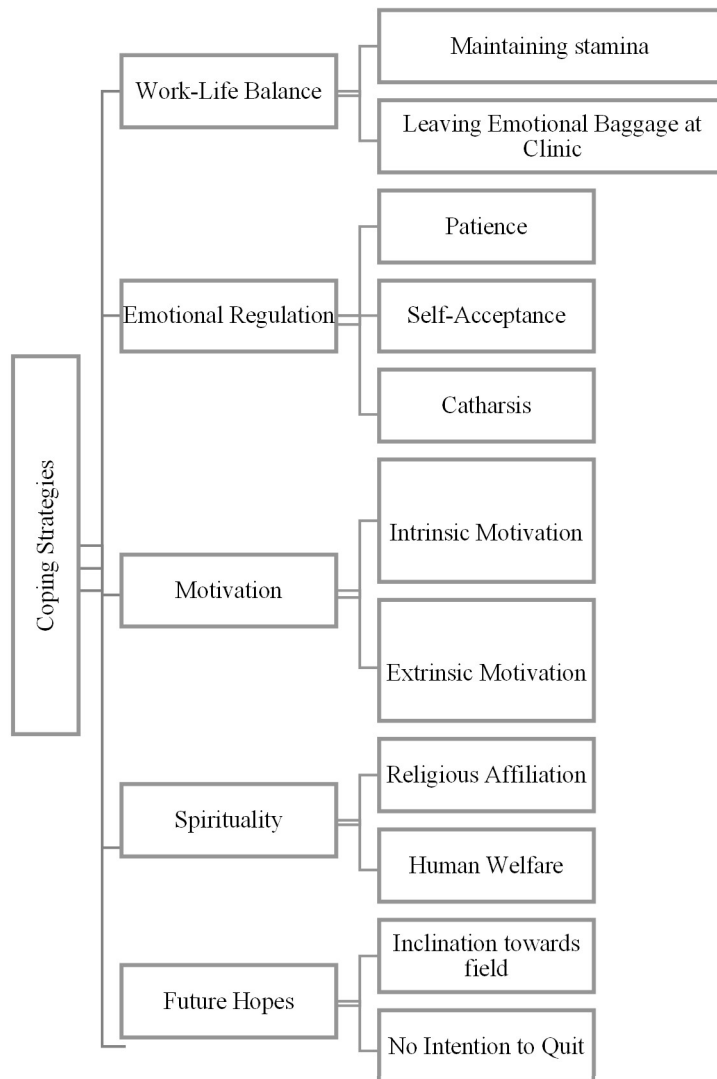
"I am a people person, so when you are a people person, you become socially intelligent in certain ways. So, according to my personality, I know this is the field that I am in, and psychology is the word that attracts."

***No Intention to Quit:*** Participant 6 pointed out with great emphasis that:

"Hmm. I will not quit under any circumstances. In sha Allah! Another thing I want to say is, "I want to do something for the people so that I will continue in this field."

Participant 3 also gave the same thought: "I do not have any intention to quit."

Figure 2. Themes of Coping



*Note.* The figure illustrates the superordinate and subordinate themes of coping strategies used by clinical psychologists.

## 5. DISCUSSION

Considering the research objectives, the findings are consistent with the existing literature. In this study, clinical psychologists reported burnout due to workplace conditions, caseloads, hectic schedules, clients' irresponsible attitudes, and societal demands. Some of them also highlighted the role of clients' families in increasing their stress and emotional exhaustion. Further, clinical psychologists suggested using coping mechanisms to return to their everyday lives after the emotional exhaustion of clinical sessions. Some of them mentioned the cause of humanity and the role of supportive families in continuing their work. Others pointed out that they gained motivation from the client's recovery and positive feedback from their families.

Several previous studies, including Rupert and Morgan (2005) and Vredenburg et al. (1999), highlighted the role of work settings in experiencing burnout. The theme of field challenges relates to the most recent research studies by Angelika and Rzeszutek (2022) and Sciberras and Pilkington (2018). Both studies mention the challenging aspects of the workplace. Similarly, the issue of workload and work environment is significantly noted in the present study. Hammond et al. (2018) also support the critical findings of excessive workload and life stressors. McCormack et al. (2018) mention that the work setting contributes most to burnout. Their conclusions are parallel to the present study.

The theme of work dynamics highlights the issue of work rumination and ethics violations causing burnout. The work rumination in free time leads to burnout. It is strongly associated with work disengagement. The findings are consistent with the study on the relationship between personality, work, and personal factors and burnout (Allwood *et al.*, 2022). Psychological indicators play a crucial role in causing burnout. The presence of stress among clinical psychologists and disturbed emotional states due to clients' stories is a significant theme in interview transcripts. Similarly, Benzur and Michael (2007) theorized that stress mainly leads to burnout. The high challenge of the job is directly related to burnout among psychologists.

The theme of societal stigmatization is not present in the existing literature review. Due to Pakistan's development, people in Pakistan often stigmatize the social roles of psychologists and deny the psychological effects of mental illness. People mostly believe in superstitions and internalize negative stereotypes when seeking mental health. In Pakistan, people are not aware of mental health issues and deny the existence of any disorder in their child or any family member. Due to the lack of knowledge regarding mental

health care, families in Pakistan require substantial support for their emotionally disturbed family members.

The work-life balance helps the clinical psychologist cope with their emotional exhaustion. It is consistent with Sandoval (1993), who studies the effect of personality traits on burnout. It showed that well-integrated personalities are less prone to burnout. The regulation of emotions is the most critical component in establishing a balanced state of mind. A study of nearly 600 psychologists also indicated the coping strategies of self-awareness and balancing work and time with family (Rupert and Kent, 2007). McCormack et al. (2015) highlight the role of workplace social support rather than external sources in maintaining oneself.

The theme of emotional regulation through catharsis and family support is consistent with these research findings. Similarly, Benzur and Michael (2007) report that co-worker support negatively correlates with burnout. Rupert et al. (2009) also found that the role of the family is essential in coping mechanisms. Family and work conflicts influence burnout at work, and family support is crucial to well-being. The practical support systems of family help individuals with demanding aspects of work. The most important coping mechanisms were the support of a loved one and colleagues (Dallender *et al.*, 1999).

Furthermore, the theme of spirituality is common among religious-affiliated psychologists. The findings are not identified in the literature review. Since Muslim psychologists are interviewed, they usually have a stronger religious affiliation with their religion and a strong connection with the supreme power of Allah. However, the studies in the literature do not represent Muslim communities.

The clinical psychologists interviewed in the present study shared that even little achievements from clients and positive feedback from caregivers helped them cope with the mental pressure of their workload. Similarly, the theme of motivation in coping strategies is identified in Farber and Heifetz's (1982) research study. It indicates that appreciation and support systems are resistant to burnout. Sim et al. (2016) also reports similar client improvement and appreciation findings.

Some clinical psychologists have hopes for the future regarding their field and work that will help them move on. Their persistent personality traits allowed them to continue their fieldwork. This finding is consistent with the research study by Kahil (1986). The study concludes that career expectations provide supportable coping mechanisms. Hence, the literature review supports the major contributing factors to burnout and the use of coping strategies among



clinical psychologists. Some of the distinct findings exist because of cultural differences, professional barriers, and a need for more awareness at the community level.

## **6. CONCLUSION**

The study's key findings explain that burnout mainly affects the professional lives of clinical psychologists. Field challenges are occurring in the lives of clinical psychologists due to the ineffective system of clinical centers. Moreover, psychological stressors lead to exhaustion. Societal pressure arises because of social stereotypes and stigmas associated with mental health. However, work-life balance, religious connection, support systems, and positive criticism make clinical psychologists determined to work for this more significant cause. The persistent personality trait conveys more support to cope with the stressors of clinical work.

The present study encourages mental health care practitioners to take appropriate action to prevent burnout severity and intensity among clinicians. Universities should construct self-care programs in clinical psychology programs to address the importance of mental health. The government can implement mental health care policies for the well-being of both clients and psychologists. As such, burnout affects the personal lives of both clinicians and clients. Therefore, research has implications for the well-being of clients and clinicians. The results lead to exploring the cross-sectional study of burnout and its causes.

The research study provided in-depth insight into the clinical experience of a selective sample of psychologists. A fundamental limitation is the small sample size of qualitative research, which does not represent a diverse population from rich cultural backgrounds. The small sample size and a more significant proportion of female participants limit the study, and findings cannot be generalizable to large data sets. It also does not provide quantitative statistical data that can be generalized to a broader population.

Future research can build on a mixed-methods approach to enhance the number of clinical psychologists. Another sampling technique can also be utilized to increase the probability of data. Further, longitudinal studies can be used to examine the long-term effects of burnout. There remains to be a gap in understanding clinical psychologists' underlying personal reasons for experiencing burnout at large. The absence of research on the personal impacts of clinicians can be explored. The prevalence of burnout is also under-researched, which can be highlighted in further studies.

### Conflict of Interest Statement

The authors declare no conflict of interest.

### Data Availability Statement:

The authors will make data and materials, including codes, available to any qualified researcher without undue reservation. A significant portion of interview transcripts are given in the form of tables and figures.

### Ethics and permissions

The Institutional Research Board and Ethical Review Committee of the Department of Psychology, University of Central Punjab, approved the research proposal. Peers and colleagues reviewed this study. Informed consent was taken from all participants.

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