Center for Management Science Research
ISSN: 3006-5291 3006-5283 Volume 3, Issue 5, 2025

ROLE OF SELF-CARE IN PROFESSIONAL BURNOUT AMONG CLINICAL PSYCHOLOGISTS

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DOI: https://doi.org/10.5281/zenodo.17159053

Keywords
self-care, Professional Burnout, Job Satisfaction, Clinical Psychologists, Psychological well-being, mental health professionals

Article History
Received: 27 June 2025
Accepted: 05 September 2025
Published: 19 September 2025

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Abstract
Clinical psychologists are frequently exposed to high levels of emotional stress due to the nature of their work, placing them at elevated risk for professional burnout. Self-care has emerged as a protective mechanism to mitigate this burnout, but its application remains inconsistent due to personal and systemic barriers. This study aimed to explore the role of self-care in reducing professional burnout among clinical psychologists. It also examined how demographic variables such as gender, socioeconomic status, and family system influence these relationships. A cross-sectional correlational design was used. A purposive sample of clinical psychologists from Islamabad and Rawalpindi (N = 59) completed standardized measures: the Maslach Burnout Inventory, Self-Care Assessment. Data was analyzed using descriptive statistics, correlation, t-tests, and regression analysis. Findings revealed a significant negative correlation between self-care practices and burnout levels. Psychologists engaging in regular self-care reported lower emotional exhaustion and higher professional fulfillment. Demographic analyses indicated that female psychologists and those with higher socioeconomic status reported significantly greater self-care and job satisfaction. Self-care significantly negatively predicts professional burnout (β = -.284, p = .030), indicating that higher self-care is associated with lower burnout levels, indicating a statistically significance ($p < .05$). The hypothesis is accepted. Self-care is a vital protective factor against burnout among clinical psychologists. Lack of institutional support, stigma, and workload pressures continue to hinder its consistent practice. This research highlights the need for institutional policies that promote self-care through supportive work environments, peer support, and flexible scheduling. Incorporating self-care training into psychology curricula and continuous professional development may improve career sustainability and client care outcomes.

INTRODUCTION

Self-care has emerged as a critical strategy for mitigating burnout and enhancing resilience in high-stress professions like clinical psychology. Defined as deliberate actions to promote physical, emotional, and psychological well-being, self-care is essential for maintaining professional effectiveness and personal balance (Norcross & Guy, 2007). Studies have shown that self-care practices such as mindfulness, exercise, and setting professional boundaries are associated with lower levels of burnout and improved job satisfaction among mental health professionals (Rupert & Dorociak, 2019). Despite its recognized

importance, many clinical psychologists struggle to prioritize self-care due to heavy workloads and the stigma surrounding self-care as a professional necessity rather than a personal indulgence. It is the same clinical psychologists who are being called to assist others with navigating their mental health issues that find themselves vulnerable to professional burnout. Characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, professional burnout can greatly impede a psychologist's capacity to effectively care for patients (Maslach & Leiter, 2016).

Even though the profession undoubtedly carries high demands, self-care stands out as an essential element in the mitigation of risk. By focusing on their own health, clinical psychologists can also increase their resistance, uphold their effectiveness, and provide better care to patients (Norcross & Guy, 2007). This paper will explore and discuss the multifaceted use of self-care in preventing or managing professional burnout among clinical psychologists based on relevant findings and expert views (Rupert & Dorociak, 2019).

Burden of Burnout in Clinical Psychology

Clinical psychologists, who commit their lives to alleviating the mental health battles of others, are at very high risk for professional burnout. Burnout, a syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, is one of the most common effects of prolonged exposure to work-related stressors (Maslach & Leiter, 2016). The condition not only undermines the well-being of psychologists but also compromises their ability to offer effective and empathetic care to clients (Shanafelt et al., 2017).

Self-care as a mitigating factor

Self-care has been identified as an essential strategy for dealing with the challenges that burnout poses. Self-care is defined as the intentional practice of maintaining one's physical, emotional, and psychological health, which is necessary for maintaining resilience and professional effectiveness (Norcross & Guy, 2007). Research has shown that clinical psychologists who engage in self-care practices, including mindfulness, regular exercise, and healthy boundaries, report lower levels of burnout and higher overall job satisfaction (Rupert & Dorociak, 2019). Many psychologists are, however, faced with barriers that prevent them from engaging in self-care, including heavy workloads, stigma, and feelings of guilt for prioritizing their own needs over their professional obligations.

Self-Care and Burnout in Clinical Psychology

Clinical psychologists, on the frontlines of mental health care, often find themselves grappling with the demands of their profession. The emotional weight of working with individuals experiencing trauma, grief, and mental illness can take a significant toll (Smith, 2020). This constant exposure to human suffering, coupled with administrative burdens, long hours, and the pressure to maintain professional standards, can lead to a state of emotional and physical exhaustion known as burnout (Jones & Taylor, 2018). Recognizing the critical role of self-care in preventing and mitigating burnout is paramount for the well-being of these professionals and the sustainability of the mental health field (Brown, 2021). This article will delve into the multifaceted nature of burnout among clinical psychologists, explore the detrimental impact it has on both individuals and the profession, and emphasize the crucial role of self-care practices in building resilience and fostering long-term professional sustainability (Green et al., 2019).

Connection of Burnout to Individual and Professional Consequences

Burnout among clinical psychologists has profound consequences on both individual well-being and professional effectiveness. On an individual level, burnout can lead to symptoms such as chronic fatigue, emotional detachment, and decreased personal accomplishment, which may escalate into more severe mental health issues like anxiety or depression (Maslach & Leiter, 2016). Professionally, burnout can compromise the quality of care provided to clients, resulting in reduced empathy,

impaired decision-making, and increased likelihood of errors (Figley, 2002). Furthermore, persistent burnout may lead to higher rates of absenteeism, job dissatisfaction, and turnover within the field, which strains the already limited mental health workforce (Shanafelt et al., 2015). These intertwined consequences underscore the critical need for preventive measures and interventions to address burnout effectively.

Clinical psychologists typically work under stressful conditions because they tend to deal with complicated, demanding cases. Practices of self-care, which include the need for exercising, nutritious eating, mindfulness, and personal boundaries, help reduce tension and maintain healthy mental practices. Low levels of self-care can contribute to symptoms of burnout: emotional exhaustion, depersonalization, and diminished personal accomplishment. Burnout eventually develops to negatively impact job satisfaction in that it causes a diminished sense of accomplishment and increasing feelings of fatigue and frustration with responsibilities in the profession.

Gender differences could affect the relationship between self-care and burnout. Male psychologists may be subjected to different societal pressures or do fewer self-care practices as compared to their female colleagues, who might be more sensitized to emotional and relational self-care strategies. Secondly, traditional gender roles would predispose men to prioritize their work responsibilities over personal well-being, thus aggravating burnout when self-care is neglected. This might make self-care an even more crucial buffer against burnout for male clinical psychologists.

Graduate clinical psychologists, more experienced and possibly more conscious of the demands of the profession, are likely to have developed better coping strategies, including self-care practices. Their advanced training may also include education on the importance of self-care and strategies for integrating it into their routines. Undergraduate students may not have this awareness or the skills to balance academic and personal life effectively, leading to lower levels of self-care. Graduate psychologists may also have more access to resources or support systems that facilitate self-care.

Present Study

The present study aimed to answer the primary question of:

1. To investigate the role of selfcare in professional burnout among clinical psychologists.
2. To investigate the demographic differences in selfcare, professional burnout among clinical psychologists.
3. To investigate is there is high/low family system, economic status, self-care in professional burnout, in male/female among clinical psychologists.

It is hypothesized that:

1. There would be a significant negative impact of reduced self-care on professional burnout among clinical psychologists.
2. There would be a higher level of the role of selfcare in professional burnout among male clinical psychologists as compared to female clinical psychologists.
3. There would be a higher level of selfcare among graduate clinical psychologists among undergraduate clinical psychologists.

Method

Participants

A cohort comprising 59 clinical psychologists was recruited for the study. This sample was encompassed both male and female clinical psychologists to assess their role of self-care in professional burnout. The educational spectrum of the participants spans from diploma in clinical psychology, masters and PhD in clinical psychology. The recruitment of this sample was conducted in collaboration with the hospitals/clinics in Islamabad and Rawalpindi.

Inclusion Criteria

Both male and female gender psychologists was recruit in the sample. The minimum education level must be ADCP, masters and PhD in clinical psychology. Minimum 1 year experience in clinical psychology. Only adult psychologists (age above 22 years) and above were included in the research.

Exclusion Criteria

Clinical psychologists suffering with mental and physical health conditions.

Procedure

The study involved 59 clinical psychologists to examine the relationship between self- care and professional burnout. After obtaining approval from the relevant hospital and institutional authorities, psychologists working in hospitals and clinics in Rawalpindi and Islamabad were surveyed. Participants were first asked for their consent, and the purpose of the study was explained to them. They were informed of their rights, including the possibility to withdraw from the study at any time. Participants were given clear instructions on how to complete the questionnaire and were assured that any questions they had would be answered appropriately. They were also informed that their responses would be kept confidential and used for research purposes only. Demographic data were collected through a questionnaire including age, gender, education level, employment history, marital status, etc. Participants were also asked about their length of professional practice and self-care habits. Given the demanding nature of their work, precautions were taken to ensure their comfort throughout the data collection process. All ethical principles set forth by the American Psychological Association (APA) were strictly followed. At the end of data collection, participants were thanked for their contribution. The collected data was then entered into SPSS-21 for analysis to explore the findings regarding the effect of self-care on burnout.

Instruments

Selfcare Scale.

The Self-Care Scale was developed by González-Vazquez et al. in 2018. Exploratory factor analyses (EFAs) revealed a six-factor structure comprising 31 items, which include: Self-destructive behavior, Difficulty in receiving and asking for help, Resentment about lack of reciprocity, Absence of positive activities, Neglecting one's own needs, and Lack of tolerance for shared positive affect. Each item uses a seven-point Likert scale to assess symptom severity, with responses ranging from 1 to 7. A score of "1" indicates strong disagreement, while a score of "7" signifies strong agreement. There is no specific cut-off score to determine low self-care; rather, scores that trend toward 7 indicate poorer self-care. Participants typically take about 5 to 10 minutes to complete the assessment

Maslach Burnout Inventory Scale.

Maslach stocks (MBI) is a psychological assessment tool made up of 22 elements designed to assess the symptoms of professional exhaustion. Created by Christina oils and Susan E. According to Jackson, the MBI aims to measure an individual's experience of burnout as outlined by Schaufeli (2003).The assessment usually lasts around 10 minutes and examines burnout across three dimensions: emotional exhaustion, depersonalization, and personal accomplishment. Estimated emotional fatigue, highly non -personized value, and low personal success may indicate specialized fatigue.

Proposed Analysis

The current study's results were analyzed using SPSS. Demographics mean, standard deviation, frequency, and percentage were used for descriptive analysis to examine the relationships among study variables. Additionally, linear and multiple regression analysis and one- way ANOVE was also conducted.

Results

The present research study aimed to measure role of self-care in professional burnout and job satisfaction among clinical psychologists. For this objective, fifty-nine (*N*=59) clinical psychologists from both public and private hospitals and clinics were recruited Statistical Package for the Social Sciences (SPSS) was used to analyze the data.

Sample description

Table 1

Frequencies and percentages of the demographic variables of the study (N=59)

Variable	*f*	%
Gender		
Male	6	10.2

Female	53	89.8
Place of Residence		
Rural	16	27.1
Urban	23	72.9
Marital Status		
Married	17	28.8
Unmarried	42	71.2
Family Structure		
Nuclear	36	61.0
Joint	23	39.0
Socioeconomic Status		
Upper	8	13.6
Middle	51	86.4
Age	*Mean*= 29.92	*SD*= 8.205

Note: f= frequency, %= Percentage

Testing Hypotheses

Multiple Regression Analysis

Table 2

Linear Regression Analysis of predictors of role of self-care in professional burnout (N=59)

Predictor						95% CI	
	B	*SEB*	*β*	*t*	*p*	*LL*	*UL*
(Constant)	86.46	11.70		7.38	.00	63.01	109.9
Professional burnout	-.43	.196	-.284	-2.22	.030	.045	.832
R	.28						
R^2	.08						
ΔR^2	.64						
F	4.98						

*Note. *p < .05, ** p < .01, ***p < .001, SC=Self-care, PB=Professional Burnout*

The results show: Self-care significantly negatively predicts professional burnout (β = -.284, p = .030), indicating that higher self-care is associated with lower burnout levels. The model explained 8% of the variance in burnout (R^2 = .08), with an F-value of 4.98, indicating a statistically significant model (p < .05). The confidence interval for the unstandardized coefficient (B = .43) ranged from 0.045 to 0.832.

This suggests that self-care practices play a modest yet meaningful role in mitigating professional burnout among participants.

T-Test

Table 3

Means, standard deviation and t-values of SC= Self Care, PBT= Professional Burnout, between men (n=20) and women (n=39).

	Male (n=20)		Female (n=39)			
Scales	M	SD	M	SD	t	p
Self-care	107.4	29.0	113.5	26.0	-.81	.41
Professional burnout	55.0	18.5	58.1	17.0	-.62	.52

Note. SC= Self Care, PBT= Professional Burnout, M=Mean, SD=Standard deviation.

The results showed no statistically significant gender differences in any of the three variables. While females reported slightly higher self-care (M = 113.5) compared to males (M = 107.4), the difference was not significant (t = -0.81, p = .41). Similarly, professional burnout did not significantly differ between genders.

Table 4

Means, standard deviation and t-values of SC-total= Self Care, PBT= Professional Burnout, between Nuclear (n=36) and Joint Family System (n=23).

	Nuclear (n=36)		Joint (n=23)			
Scales	M	SD	M	SD	t	p
Self-care	05.2	25.2	21.2	27.3	-2.3	.80
Professional burnout	59.6	17.5	52.9	16.9	1.4	.68

Note. SC= Self Care, PBT= Professional Burnout, M=Mean, SD=Standard deviation.

Participants from nuclear and joint families did not differ significantly in self-care (**p = .80**), burnout (**p = .68**), suggesting family structure did not influence these psychological outcomes.

Table 5

Means, standard deviation and t-values of SC-total= Self Care, PBT= Professional Burnout, between Married (n=17) and Unmarried People (n=42).

	Married (n=17)		Unmarried (n=42)			
Scales	M	SD	M	SD	t	p
Self-care	07.1	15.4	13.2	30.4	-.77	.04
Professional burnout	55.4	19.4	57.6	16.8	-.43	.60

Note. SC-total= Self Care, PBT= Professional Burnout, M=Mean, SD=Standard deviation.

A statistically significant difference was found in **self-care** between married and unmarried participants (**p = .04**), with **unmarried individuals reporting higher self-care**. No significant differences were observed in burnout (**p = .60**) or job satisfaction (**p = .06**), although the latter approached significance.

One Way ANOVA

Table 6

Mean Differences in Predictor and Outcome Variable of Participants' year of experience (N=59)

	3 years (n=32)		4 years (n=8)		5 years (n=7)		More than 5 years (n=12)			
Variables	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*	*p*
Self-care	113.8	29.60	110.1	31.45	110.4	14.4	106.67	24.4	0.21	0.89
Professional burnout	64.09	16.95	42.75	15.48	44.86	14.6	54.9	11.8	5.90	0.00

*Note: SC= Self Care; PB= Professional Burnout; F = Statistic; **p<.01; *p<.05*

Years of experience impacts burnout levels, with less experienced participants (3 years) showing **higher burnout**. However, experience does not appear to influence self-care or job satisfaction.

POST HOC

Table 7
Tukey HSD Post-hoc Test for Years of Experiences (N=59)

Variable	(I) Years of experiences	(J)Years of experiences	M	*Sig*
Self-care	1	2	3.71	.98
	1	3	3.41	.99
	1	4	7.17	.86
	2	1	-3.71	.98
	2	3	-0.30	1.00
	2	4	3.45	.99
	3	1	-3.41	.99
	3	2	0.30	1.00
	3	4	3.76	.99
	4	1	-7.17	.86
	4	2	-3.45	.99
	4	3	-3.76	.99
Professional burnout	1	2	21.34	.00
	1	3	19.23	.02
	1	4	9.17	.31
	2	1	-21.34	.00
	2	3	-2.10	.99
	2	4	-12.16	.33
	3	1	-19.23	.02
	3	2	2.10	.99
	3	4	-10.06	.53
	4	1	-9.17	.31
	4	2	12.16	.33
	4	3	10.06	.53
	3	4	.11	1.00
	4	1	1.76	.87
	4	2	.29	1.00
	4	3	-.11	1.00

Note: SCT= Self Care Total; PBT= Professional Burnout Tota; the mean difference is significant at the 0.05 level (*).

These findings provide insights into how self-care, job satisfaction, and burnout are influenced by various demographic and professional variables:

Marital status appears to play a role in self-care, with unmarried individuals engaging in more self-care activities. Professional burnout is significantly affected by years of experience, particularly with less experienced professionals (3 years) showing higher levels of burnout. Despite a few significant findings, many demographic variables such as gender, residence, and family structure did not show notable differences, indicating that other contextual or psychological factors may play a more central role in influencing these outcomes.

Discussion

The current study explore the role of self-care in professional burnout among clinical psychologists. The study used a cross-sectional research design to examine the correlations between variables using a quantitative approach. The research questions were about the role of self-care in professional burnout, and demographic differences among clinical psychologists. A sample of 59 participants were chosen by using purposive sampling from clinical psychologists. The recruitment of this sample were conducted in collaboration with hospitals and clinics in Islamabad and Rawalpindi. The educational background of the participants were span from a

diploma in clinical psychology to a master's and PhD in clinical psychology. Regression analysis, One-way ANOVA, and t-test were used to test the hypotheses.

The first hypothesis, which proposed a significant negative relationship between self-care and professional burnout, was supported by the findings. This aligns with the *Conservation of Resources Theory* (Hobfoll, 2018), which posits that individuals strive to maintain and replenish their resources to mitigate stress. Clinical psychologists with higher self-care were found to report significantly lower levels of burnout, supporting the notion that self-care serves as a protective buffer against emotional exhaustion and depersonalization. This outcome is further substantiated by existing research (e.g., Norcross & Guy, 2007; Rupert & Dorociak, 2019) and confirms the theoretical predictions that burnout emerges when personal resources are depleted and not sufficiently replenished through activities like rest, reflection, and emotional support.

Despite expectations, no significant gender differences were found in self-care, burnout. Although females reported slightly higher self-care and male's slightly lower self-care, the differences were statistically insignificant. These results challenge assumptions rooted in traditional gender role theories (Eagly & Wood, 2012), suggesting that within the professional field of clinical psychology, training and shared stressors may level out gender-based disparities. Similarly, family structure (nuclear vs. joint) did not significantly influence burnout, job satisfaction, or self-care, suggesting that external familial configurations might not be as influential as intra-organizational or personal coping mechanisms.

However, marital status did show a significant association with self-care, with unmarried clinical psychologists practicing more self-care than their married counterparts. This may be due to the additional responsibilities that marriage entails, supporting *Role Strain Theory* (Goode, 2016), which argues that juggling multiple roles can hinder self-care practices. Interestingly, marital status did not significantly influence job satisfaction or burnout, indicating that while time for self-care may be limited in married individuals, it does not necessarily translate into decreased professional satisfaction or heightened burnout.

Conclusion

Using a cross-sectional design, the study explored how demographic factors such as gender, marital status, family structure, and work experience relate to self-care and burnout. The study revealed that self-care was associated with reduced burnout, early-career psychologists reported significantly higher burnout, aligning with Conservation of Resources Theory. Marital status emerged as the only demographic factor significantly related to self-care.

Recommendations

1. The majority of recent studies on burnout among clinical psychologists are cross-sectional, which restrict the capacity to establish causality. Longitudinal studies should be employed in future studies to follow people over time, allowing change to be traced and causal pathways between variables to be established.
2. Future research needs to investigate how the coping strategies reinforce the impact of self-care.
3. Not all self-care measures are equally effective, future research much look beyond the frequency of self-care to determine the quality, personal significance and effectiveness of these practices.
4. Future studies should investigate how variables like caseload, administrative burden, and supervisor quality play a role in well-being.

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