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Prevalence of Burnout Syndrome among volunteer psychologists providing psychological support in Italy during the COVID-19 pandemic: The role of workload

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Abstract

Introduction: This study aims to explore the prevalence of Burnout Syndrome (BOS) among volunteer and non-volunteer psychologists and investigate the effects of volunteer hours and the number of weekly interventions on the dimensions of burnout: Emotional Exhaustion (EE), Depersonalization (DP), and Personal Accomplishment (PA).

Methods: We analyzed a sample of individuals divided into groups of volunteer and non-volunteer psychologists. The prevalence of BOS and its dimensions were measured using the Maslach Burnout Inventory (MBI) and analyzed through MANOVA and linear regressions. A total of 468 psychologists (83.5% females; with an average age of 40.95 years \pm 8.98) participated in the study, using a non-probabilistic convenience sample.

Results: The overall prevalence of BOS was 17%, with volunteer psychologists (17.5%) and non-volunteer psychologists (16.2%). Significant results were found for the number of weekly volunteer hours and the number of weekly interventions, which were predictors of increased levels of EE and DP ($p < .005$; $p < .02$ for EE and $p < .005$; $p < .01$ for DP). For Personal Accomplishment, only volunteer hours had a significant negative impact ($p < .01$).

Conclusions: The findings suggest that the workload of volunteer activities can significantly contribute to increased emotional exhaustion and depersonalization. Organizations are recommended to moderate the workload of volunteers and implement adequate support to mitigate the risk of burnout. Further research is needed to deepen these findings and develop effective interventions.

Keywords: Burnout; COVID-19; depersonalization; emotional exhaustion; Maslach Burnout Inventory (MBI); pandemic; personal accomplishment; psychologist; psychological support; volunteer work.

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INTRODUCTION

There have been no phenomena in the history of the world that humanity, since its earliest steps, has not been able to face, adapt to, or overcome, even if they have been tragic and prolonged events. Unfortunately, where they can have a biomedical resolution, they inevitably impact mental health. Among these events is undoubtedly the recent SARS-CoV-2 pandemic, which began as a global emergency in March 2020 and saw its cessation in May 2023. As is well known, the global health emergency triggered by the COVID-19 pandemic has imposed unprecedented challenges on many sectors, including mental health. Psychologists, in particular, have been at the forefront of providing psychological support to the population, offering comfort, guidance, and support during a period characterized by uncertainty, fear of the invisible enemy, and isolation [1].

However, the intensification of the workload and the emotionally taxing nature of these interactions have made mental health professionals themselves potentially vulnerable to stress and burnout. The Burnout Syndrome [BOS], a condition of physical and emotional exhaustion often accompanied by a decreased sense of personal accomplishment and depersonalization, is a well-known occupational risk among healthcare workers, including nursing and medical staff [2].

The impact of the COVID-19 pandemic on healthcare workers has, indeed, been the subject of numerous studies and analyses, highlighting how this global event has exerted unprecedented pressure on them, both in terms of workload and emotionally [3]. With over 6,000 bibliographic research results related to the impact of the pandemic on healthcare workers, and about 1,562 specific results on burnout in this context, it is evident that the topic has been widely explored and recognized as a critical issue [4-5].

The available literature shows that healthcare workers, including doctors, nurses, and other professionals, have faced long working hours, significant exposure to the risk of contagion, and constant exposure to suffering and death, factors that have significantly contributed to increased stress levels and the risk of developing burnout syndrome.

A study conducted on an international sample of healthcare workers found high levels of anxiety, depression, and post-traumatic stress symptoms, underscoring how the pandemic has had severe repercussions on the mental health of these professionals [6].

However, when specifically looking at psychologists, research results are limited, with only 20 results, of which only 5 explore the relationship between COVID-19, burnout, and this specific category of healthcare workers. The continuous exposure to stories of suffering, the pressure to provide help in a context of limited resources, and the need to quickly adapt to new intervention methods, such as telepsychology, have imposed an unprecedented workload on psychologists.

Although the profession of psychologist includes training to manage stress and intense emotional reactions, the extent and duration of the COVID-19 crisis have posed unique challenges. Analysis of the literature shows that psychologists employed in academic medical centers have unique factors contributing to burnout, making it essential to investigate the prevalence and predictors of burnout among psychologists in academic medicine during the COVID-19 pandemic [7].

Another study focused on the impact of telework on psychologists during the pandemic, highlighting how these professionals had to quickly adapt to new tasks and working methods, also facing increased stress specifically related to COVID-19 [8].

Analysis of the context of implementation and burnout among psychotherapists in the Department of Veterans Affairs before and during the COVID-19 pandemic revealed longitudinal changes in burnout levels, suggesting the importance of monitoring and intervening in these aspects over time [9].

Finally, another study highlighted how psychotherapists can reduce symptoms of burnout through self-care practices during the COVID-19 era, emphasizing the importance of personal well-being in such a demanding and stressful context [10].

Two previous works highlighted the strong relationship between coping strategies [11] and personality traits in the development of BOS [12]. Given these premises, a thorough reflection on the role of workload in the development of burnout among psychologists and the necessary prevention and intervention strategies to support the well-being of these professionals is necessary.

METHODS

Study design

This study employed a cross-sectional design to assess the prevalence of BOS among psychologists during the COVID-19 pandemic. The study focused on volunteer psychologists to identify the predictive role of frequency and duration of psychological support in the development of BOS.

Study participants

A total of 468 psychologists participated in the study, using a non-probabilistic convenience sample. The sample comprised 77 males (16.5%) and 391 females (83.5%), with an average age of 40.95 years (SD = 8.98) and an age range from 26 to 72 years. Among them, 392 (83.76%) were independent practitioners, while the remaining 76 (16.24%) were employees. Of the total sample, 239 psychologists (51.07%) provided free psychological telematic support during the total lockdown in Italy during lockdown (from March to May 2020), whereas the non-volunteers offered psychological support only as part of their regular professional activities. Geographically, the sample was distributed across four great regions: North (35.3%), Centre (13%), South (49.4%), and Islands (2.4%).

Study procedure

Data were collected from 10 June to 10 July 2020 via an online questionnaire, 20 days after the end of the first Italian lockdown. Participants were recruited through public emails from Italian psychologists and an advertising campaign on major social networks, including Twitter (actually X), Facebook, and LinkedIn. In the first screening, 48 incomplete questionnaires were excluded, resulting in a final sample of 468 participants. Given the significant differences between volunteers and non-volunteers, linear regression was applied to understand the predictive role of weekly volunteer hours

on BOS. Correlation, MANOVA, and regression analyses were conducted using SPSS V.27 (IBM).

Study measures

Maslach Burnout Inventory (MBI)

The MBI (Sirigatti & Stefanile, 1993) [13] consists of 22 items where participants evaluate how often a given event occurs on a seven-point Likert scale (from 0 “Never” to 6 “Every day”). It measures burnout across three dimensions: Emotional Exhaustion (EE, Cronbach’s Alpha = .88), Depersonalization (DP, Cronbach’s Alpha = .70), and Personal Accomplishment (PA, Cronbach’s Alpha = .83) (Maslach & Jackson, 1981; Sirigatti & Stefanile, 1993) [13,14]. The Italian validation of the MBI questionnaire established the following ranges for determining burnout severity: high EE ≥ 24 , DP ≥ 9 , PA ≥ 37 ; average EE = 15–23, DP = 4–8, PA = 30–36; and low EE ≤ 14 , DP ≤ 3 , PA ≤ 29 . High scores in the EE and DP scales indicate emotional exhaustion and depersonalization, respectively, while high scores on the PA scale indicate a positive sense of personal accomplishment.

Ethical Considerations

The study was conducted in accordance with the ethical principles of the Declaration of Helsinki. Informed consent was obtained from all participants, ensuring their voluntary participation and confidentiality of their responses. This study was approved by the Ethics Committee of *Syn-cronia Association* by external experts, with the protocol number a08062020. Participants were informed about the study’s aims, procedures, and their right to withdraw at any time without any consequences.

RESULTS

Participants reported spending between 1 and 25 hours per week on volunteer activities, with an average (mean) of approximately 5.65 hours per week. The data indicate considerable variation in the number of hours spent volunteering, as shown by a standard deviation of about 4.93. This suggests that while some participants volunteer only a minimal amount of time each week, others are significantly more involved. Regarding the number of weekly interventions, participants reported between 0 (no interventions) and 15 interventions per week, with an average of about 3.66 interventions. The standard deviation for this measure is 3.12, which, like the volunteer hours, indicates a significant spread in the data. Some participants are not involved in any interventions during the week, whereas others are quite active.

Overall, the statistics illustrate a wide range of engagement levels among participants in terms of both the time spent volunteering and the number of interventions carried out each week.

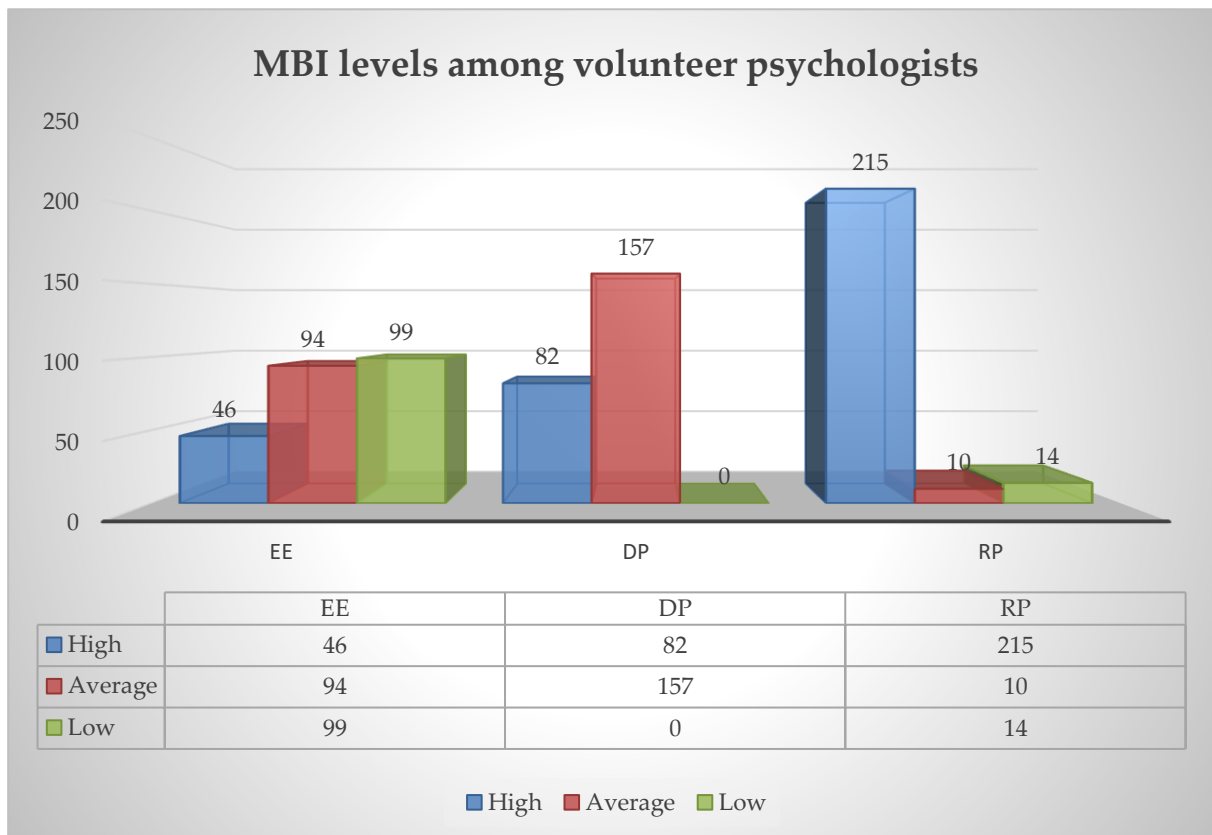
Table 1 presents regression analysis results for three dimensions of burnout: Emotional Exhaustion (EE), Depersonalization (DP), and Personal Accomplishment (PA). Each row includes coefficients (B and Beta), standard errors, t-statistics, and significance levels (p-values), measuring the impact of weekly volunteer hours and the number of weekly interventions on these dimensions, in bold significant values.

Table 1. Regression analysis of weekly volunteer hours and weekly interventions on burnout

dimensions.

Regression Analysis	Unstandardized Coefficients	Standard Error	Standardized Coefficients	t-statistic	Significance (p-value)
B					
Beta					
EE					
Constant	18.870	1.178		16.022	.000
Weekly Volunteer Hours	.518	.184	.217	2.818	.005
Number of Weekly Interventions	.639	.291	.169	2.200	.029
DP					
Constant	6.182	.583		10.613	.000
Weekly Volunteer Hours	.255	.091	.214	2.803	.005
Number of Weekly Interventions	.364	.144	.193	2.531	.012
PA					
Constant	49.010	.873		56.114	.000
Weekly Volunteer Hours	-.347	.136	-.202	-2.541	.012
Number of Weekly Interventions	-.143	.216	-.053	-.665	.507

Figure 1. Burnout levels among psychologists by MBI dimension.



The overall prevalence of BOS in the study sample was approximately 17%, respectively the

volunteer group at 17.5% prevalence and the non-volunteer group at 16.2%. MANOVA and linear regressions revealed statistically significant effects of the number of weekly volunteer hours and the number of weekly interventions on levels of Emotional Exhaustion (EE) ($p < .005$; $p < .02$) and Depersonalization (DP) ($p < .005$; $p < .01$), identifying them as predictors of increased EE and DP. Conversely, for Personal Accomplishment (PA), only the number of weekly volunteer hours had a significant impact ($p < .01$), reducing it. Figure 1 shows that a significant portion of volunteer psychologists experience a high level of Emotional Exhaustion (EE) and Depersonalization (DP) and Reduced Personal Accomplishment (RP), respectively.

DISCUSSION

In this study, we investigated the role of Weekly Volunteer Hours and Weekly Interventions among a representative sample of psychologists who volunteered to offer psychosocial support to the Italian population. We examined the impact of volunteer activities, and the hours dedicated to these activities on the mental health of participants, focusing on the three dimensions of burnout: Emotional Exhaustion (EE), Depersonalization (DP), and Personal Accomplishment (PA).

The overall prevalence of BOS risk in the volunteer sample was nearly 17,5%, 1,3% more than in non-volunteer psychologists. This data can be interpreted in different ways. The first is that, for the first time, psychosocial support was provided to users while the psychologists themselves were experiencing the same emergency as the users. This would justify a percentage. Similarly, it is possible to attribute this to the sudden use of tele-support as an intervention methodology, and therefore to dealing with a different way of working as shown in previous works [11,12].

During the first wave of COVID-19 in Italy, volunteer and non-volunteer psychologists engaged in tele-support developed various strategies to prevent and predict burnout syndrome (BOS), highlighting the importance of adaptability and resilience in crisis contexts [11]. A subsequent study analyzed the prevalence and personality traits predicting burnout among Italian psychologists, identifying traits associated with higher burnout rates and underscoring the need for targeted interventions to support these professionals' well-being [12].

However, significant correlations emerged when examining the effects of the number of weekly volunteer hours and the number of weekly interventions on Emotional Exhaustion (EE) and Depersonalization (DP). Specifically, both the number of hours and the number of weekly interventions were significant predictors of increased EE and DP. Conversely, for Personal Accomplishment (PA), only the weekly volunteer hours had a significant impact, reducing this aspect of well-being ($p < .01$). This result suggests that greater involvement in volunteering, while potentially increasing exhaustion and depersonalization, tends to diminish volunteers' sense of personal accomplishment.

These findings suggest several important implications for managing burnout in volunteer contexts. The association between a higher number of volunteer hours and interventions with increased levels of EE and DP suggests that workload and frequency of engagements may be critical elements to monitor and manage. These results highlight the need for targeted support strategies for volunteers to prevent emotional exhaustion and depersonalization.

Given the findings, it would be prudent for organizations utilizing volunteers to implement policies limiting the number of weekly hours and interventions, while also providing adequate psychological support. Training and awareness programs on recognizing and managing burnout

symptoms could be equally crucial [15,16].

Limitations and strengths

Like any study, this one has limitations, including possible variability in the working conditions of volunteer psychologists and the types of volunteer activities. Future research could explore these variables with a larger and more diverse sample, extending the analysis to other contexts and populations. Additionally, the reliance on self-reported data may introduce response biases, and longitudinal studies could better capture the dynamics of burnout over time.

Despite these limitations, the study's strengths include robust sample size and using validated measures to assess burnout, providing valuable insights into the specific impact of volunteer workload on mental health.

Implications for research and policymakers

The findings underscore the need for organizations and policymakers to consider the workload of volunteer psychologists carefully. Implementing strategies to moderate volunteer hours and providing ongoing support can mitigate the risk of the development of burnout. Further research should focus on identifying the most effective interventions and support mechanisms to sustain the mental health of volunteer professionals in crises.

CONCLUSIONS

The necessity of providing continuous psychological support during and beyond the pandemic, coupled with the risk of burnout among mental health professionals, exemplifies how managing a prolonged crisis may require long-term adaptation and support strategies [17-19]. Given these findings, it is crucial to implement prevention and support strategies, such as better workload distribution, to ensure the well-being of psychologists involved in volunteering activities. Implementing these strategies can help mitigate burnout risks and promote sustained mental health among these essential professionals [20-27].

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