# PSYCHOSOCIAL RISKS IN THE PROFESSION OF PSYCHOLOGIST

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**Abstract:**

The given topic focuses on the issue of psychosocial risks in the profession of psychologist, while it proceeds from the assumption that psychologists as experts in the field of mental health face specific forms of psychological burden. With regard to the nature of their work – constant contact with clients, work with emotionally demanding topics, ethical dilemmas and a high degree of responsibility – they are exposed to the risk of burnout syndrome, chronic stress, compassion fatigue or secondary traumatization. The article has as its aim systematically to map the most frequent sources of these risks, to point to their individual as well as organizational consequences, and at the same time to present possibilities how to prevent these negative phenomena effectively. The basis is theoretical analysis of available professional literature supplemented by empirical findings from the field of work psychology, clinical and counseling psychology. Attention is devoted also to protective factors, among which belong supervision, professional support, psychohygiene and self-care. The results emphasize the need of a systematic approach to the mental well-being of psychologists

as a prerequisite of quality and ethical practice in helping professions.

**Keywords:** psychologists, psychosocial risks, burnout, secondary traumatization, stress, mental health, prevention, emotional load

## Introduction

Psychology as a helping profession plays a key role in care for the mental health of individuals and of whole communities. The work of a psychologist, however, is connected not only with high demands on professional knowledge and ethical conduct, but also with intensive emotional burden. Long-term contact with clients experiencing trauma, anxiety, depression or other psychological difficulties represents a significant load also for the expert himself. The psychologist namely often finds himself in a position where he must manage strong emotional expressions of others, solve ethical dilemmas and at the same time preserve professional distance, empathy and stability.

Researches as well as clinical practice show that psychologists are to an increased degree endangered by multiple forms of psychosocial risk – especially burnout syndrome, secondary traumatization (as a consequence of listening to traumatic stories of clients), compassion fatigue and chronic stress (Šimek, 2025a). These risks negatively influence not only their mental and physical health, but also the quality of provided services, professional satisfaction and long-term sustainability in the helping profession.

Nevertheless, about the mental well-being of experts in the field of psychology in Slovakia as well as abroad, it is often spoken only marginally. Prevention of these risks is often underestimated, support mechanisms are often insufficient and many psychologists do not have created space for professional supervision or regular psychohygiene.

The aim of this contribution is to analyze the main causes of psychosocial risks in the profession of psychologist, to point to their consequences and results, and at the same time to present possibilities of prevention which can help to maintain psychological balance and professional performance. Special attention will be devoted to factors such as work environment, relationships at the workplace, institutional support, but also individual strategies of coping with stress. It proceeds from analysis of professional literature, as well as from practical findings from the field of work psychology, clinical and counseling psychology.

## Specifics of the profession of psychologist

The profession of psychologist belongs among helping occupations which are characterized by close contact with the client, high emotional demandingness and constant ethical burden (Corey, Corey, & Callanan, 2015). The psychologist must not only actively listen and empathically react, but at the same time keep professional distance and ability of rational decision-making. Precisely this duality – emotional engagement versus professional neutrality – can be a source of significant psychological burden (Skovholt & Trotter-Mathison, 2016). With the growing number of clients with severe psychological difficulties, including victims of violence, trauma or chronic illnesses, also the probability of occurrence of secondary traumatization in psychologists increases (Figley, 1995). In combination with work overload and often insufficient sources of support on the part of institutions, the profession becomes a potentially risky environment for the emergence of psychological exhaustion.

## Typology of psychosocial risks

Psychosocial risks in the profession of psychologist can be divided into several categories:

- **Burnout syndrome** - Burnout syndrome is one of the most frequently described consequences of long-term action of stressors in helping professions. According to Maslach, Jackson and Leiter (1996) it consists of three main dimensions: emotional exhaustion, depersonalization and reduced sense of personal accomplishment. In psychologists it often manifests itself as a cynical attitude toward clients, reduced empathy and increasing frustration from the "uselessness" of help.
- **Secondary traumatization** - The term secondary traumatization describes the psychological state of an expert who works long-term with traumatized clients. According to Figley (1995) it is about transferred symptoms of trauma which can manifest in the expert as anxiety, flashbacks, sleep disorders or avoidance of certain topics or situations.
- **Compassion fatigue** - Compassion fatigue is characterized by a feeling of emotional "exhaustion from empathy" and reduced ability to experience compassion with one's clients (Joinson, 1992). In psychologists it can develop from long-term work with clients with chronic suffering, without sufficient regeneration and professional support.

### Causes of psychosocial load

The occurrence of psychosocial risks in the profession of psychologist is the result of interplay of multiple factors:

### Individual factors

Some personality traits, such as perfectionism, strong need of control or tendencies to self-neglect, can increase the risk of burnout (Krasner et al., 2009). Psychologists often enter into the profession with idealistic expectations which the reality of the work environment does not fulfill.

### Work factors

Among the most significant stressors belong a high number of clients, pressure on performance, time stress, lack of space for supervision and administrative burden (Rupert & Kent, 2007). In addition, many psychologists encounter insufficient evaluation of work and low prestige of the profession.

### Institutional factors

Organizational culture, which does not give space for psychohygiene, sharing or supervision, significantly contributes to chronic stress. As Barnett et al. (2007) state, many workplaces still do not perceive the mental well-being of experts as a priority.

### Consequences of psychosocial load

Long-term action of the above-mentioned factors can lead to deterioration of the mental health of the psychologist. Often appear:

- Anxiety, depression, somatic problems
- Reduced work performance
- Faulty decision-making in therapy (e.g. emotional disconnection from the client)

- Personality change (apathy, cynicism)
- Departure from the profession or limitation of practice (Maslach et al., 1996)

These consequences have a secondary influence also on the client, who may feel reduced quality of care and uncertainty in the therapeutic relationship (Norcross & Guy, 2007; Šimek, 2025b).

## Prevention and protective factors

### Individual strategies

An important part of prevention is the ability of the psychologist to recognize own limits, to maintain a regular regime of psychohygiene and to use supportive sources. Self-reflection, mindfulness, regular rest and professional development contribute to resilience against stress (Shapiro, Brown, & Biegel, 2007).

### Supervision and support

Supervision represents one of the most important protective mechanisms. Regular contact with an experienced expert enables the psychologist to process demanding cases, verify procedures and obtain feedback (Bernard & Goodyear, 2019).

### Institutional responsibility

Employers should create a work environment supporting the mental well-being of employees, including availability of supervision, possibility of flexible working time and recognition of the importance of professional regeneration (Rupert et al., 2012).

## Statistical analysis of psychosocial risks in psychologists

### Aim of the analysis

The aim of the quantitative analysis was to identify the rate of occurrence of psychosocial risks among psychologists, especially burnout syndrome, compassion fatigue and secondary traumatization, and to determine the relation between these variables and selected sociodemographic characteristics (age, practice, work environment).

### Research sample

The research was participated in by 128 psychologists working in various areas (clinical, counseling, school, organizational psychology). The average age of respondents was 36.7 years (SD = 8.2), while 85% were women. The average length of practice was 9.4 years (SD = 6.5). Participation was anonymous and voluntary.

### Methodology of data collection

There was used the standardized questionnaire Maslach Burnout Inventory – Human Services Survey (MBI-HSS) (Maslach, Jackson & Leiter, 1996), which measures three dimensions of burnout:

- Emotional exhaustion
- Depersonalization
- Reduced personal accomplishment

Each dimension contained several items evaluated on a 7-point Likert scale (0 = never, 6 = every day). A supplementary module measured frequency of supervision and subjective perception of work load.

### Results of the analysis

1. Overall rate of burnout

- 45.3% of respondents reached high score in the dimension of emotional exhaustion (M = 27.4; SD = 9.1), which according to Maslach's classification represents a high rate of risk.
- Depersonalization was higher in psychologists working with traumatized clients (M = 12.8; SD = 5.3), compared to others (M = 9.1; SD = 4.9), $t(126) = 2.89$, $p < 0.01$.
- Reduced personal accomplishment was reported by 31.2% of respondents, which correlates with high emotional exhaustion ($r = -0.61$, $p < 0.001$).

**Table 1: Average scores of burnout dimensions (MBI)**

| Burnout dimension | Average score (M) | Standard deviation (SD) | High risk (%) |
|---|---|---|---|
| Emotional exhaustion | 27.4 | 9.1 | 45.3 % |
| Depersonalization | 10.7 | 5.2 | 37.5 % |
| Reduced personal accomplishment | 29.6 | 6.3 | 31.2 % |

2. Relation between practice and burnout
   - Psychologists with practice over 10 years showed a higher level of burnout (M = 30.2) than those with shorter practice (M = 24.8), $t(126) = 2.11$, $p < 0.05$.
   - Correlation analysis showed a slightly positive correlation between length of practice and emotional exhaustion ($r = 0.32$, $p < 0.01$).

**Table 2: Comparison of burnout according to length of practice**

| Length of practice | Emotional exhaustion (M ± SD) | Depersonalization (M ± SD) | Personal accomplishment (M ± SD) |
|---|---|---|---|
| Up to 10 years | 24.8 ± 8.5 | 9.2 ± 4.7 | 31.1 ± 5.9 |
| Over 10 years | 30.2 ± 9.4 | 12.1 ± 5.3 | 28.2 ± 6.6 |
| t-test (p-value) | $p < 0.05$ | $p = 0.04$ | $p = 0.03$ |

3. Influence of supervision
   - Regular supervision (at least once monthly) was associated with lower values of emotional exhaustion (M = 22.5) compared to those who do not use supervision (M = 29.7), $t(126) = -3.01$, $p < 0.005$.
   - Similar differences also appeared in the score of personal accomplishment ($p < 0.05$), which supports the findings of Bernard & Goodyear (2019) that supervision reduces the risk of burnout.

**Table 3: Influence of supervision on dimensions of burnout**

| Frequency of supervision | Emotional exhaustion (M ± SD) | Depersonalization (M ± SD) | Personal accomplishment (M ± SD) |
|---|---|---|---|
| Regular (≥1×/month) | 22.5 ± 7.6 | 8.4 ± 4.1 | 33.5 ± 5.3 |
| Irregular/none | 29.7 ± 9.3 | 12.6 ± 5.7 | 28.1 ± 6.1 |
| t-test (p-value) | $p < 0.01$ | $p = 0.02$ | $p < 0.05$ |

## Discussion

The findings confirm that almost half of psychologists show signs of burnout syndrome, especially in the area of emotional exhaustion. Higher risk of burnout was recorded in those who:

- have longer professional practice,
- work with clients with trauma,
- do not have access to regular supervision.

These results are consistent with studies e.g. by Rupert & Kent (2007) or Shapiro et al. (2007), which emphasize the importance of support, psychohygiene and supervision for prevention of risks.

The presented results of quantitative analysis confirm that the profession of psychologist is connected with increased occurrence of psychosocial risks, while the most pronounced are in the area of emotional exhaustion and reduced personal accomplishment. These findings are in line with several foreign as well as domestic studies which warn of exhaustion of experts in helping professions (Maslach, Jackson & Leiter, 1996; Skovholt & Trotter-Mathison, 2016). From the analytical findings we can state that emotional exhaustion as a central symptom is in more than 45% of respondents, and in our research reached a high score of emotional exhaustion. This indicator represents one of the strongest predictors of burnout syndrome and is closely connected with intensive work with people, especially in the area of mental health. Similarly high values are also reported by foreign studies. For example, Rupert & Kent (2007) identified a high rate of emotional exhaustion in more than 40% of American psychologists.

Exhaustion arises as a consequence of chronic imbalance between work load and available resources – especially with long-term exposure to emotionally demanding cases without adequate feedback, regeneration and supervision (Shanafelt et al., 2002). In every case we must point to the importance of supervision

and support. A significant difference in the level of burnout was recorded between psychologists who regularly use supervision and those who do not have it or use it only sporadically. Respondents without supervision showed higher scores in all three dimensions of MBI, which confirms the importance of supervision as a protective factor (Bernard & Goodyear, 2019). Supervision provides space for processing demanding cases, emotional venting and professional reflection. In addition, it helps the development of professional identity and prevention of emotional isolation, which experts in individual practice often feel (Norcross & Guy, 2007).

Lack of supervisory and supportive mechanisms, however, shows itself as a chronic problem especially in the state sector or in education, where psychologists often work without adequate team background (Kováčová, 2020).

Last but not least, also the influence of length of practice and professional development is important. An interesting finding was that higher scores of emotional exhaustion and depersonalization appeared in psychologists with longer professional practice. This phenomenon can be connected with the so-called "accumulation effect of load," but also with decline of motivation in long-term performance of work without sufficient changes, recognition or professional growth (Skovholt & Trotter-Mathison, 2016). A similar trend is reported also by the study of Ackerley et al. (1988), where long-term practice in combination with high case load and low control over the work environment led to increased risk of burnout.

At the same time it shows that precisely psychologists of middle and higher age group are less willing to seek support or to change work setting, which can increase the risk even more (Rupert et al., 2012). This can also lead to depersonalization and reduced accomplishment as secondary phenomena. Although depersonalization is less frequent than emotional exhaustion, its occurrence signals serious disruption of professional attitude. Psychologists with high score in this area can feel alienation toward clients, which directly threatens the quality of their work and the ethics of the therapeutic relationship (Figley, 1995).

Reduced personal accomplishment – that is, the feeling that the work is not meaningful or sufficiently effective – was present in more than 30% of participants. This phenomenon often relates to a work environment which does not provide feedback or insufficiently appreciates the work of the expert (Maslach et al., 1996).

### Limits of the analysis

It is necessary to emphasize that the research has several limits. The sample was non-probabilistic and based on voluntary participation, which may distort the generalizability of the results. At the same time, longitudinal monitoring of the development of burnout over time is missing. Nevertheless, the findings correspond with international trends and point to the urgent need for systemic solutions in the area of prevention of mental exhaustion of experts.

### Recommendations for practice and institutions

On the basis of the results several recommendations can be formulated:

- Introduce mandatory supervision in certain professional areas of psychology (especially work with trauma clientele).
- Create institutional frameworks of psychohygiene which would allow regular breaks, professional growth and emotional "airing out."
- Strengthen education about the risks of burnout already during university study, including training in coping with stress.
- Institutions should monitor indicators of psychological load of their employees and offer support in time (e.g. coaching, workshops, flexibility).

### Conclusion

The contribution and data show the need of systematic prevention of burnout in psychologists – especially through accessible supervision, regulation of work load and support of self-reflection. The results at the same time indicate that professional practice without protective mechanisms increases the probability of negative consequences on the mental health of experts. From the above it follows that burnout of psychologists is not an exceptional phenomenon, but a systemic problem which requires professional as well as social attention. Work with people is indeed meaningful, but the psychologist needs adequate tools in order to be able to function in it long-term and healthily. The key is a combination of personal responsibility for psychohygiene and institutional support, which will not leave the expert alone in his burden.

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