Psychologists' experiences of burnout in Aotearoa, New Zealand: a nationwide qualitative survey

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This study sought to understand the experience of burnout in a sample of 141 registered psychologists in Aotearoa New Zealand. Participants were recruited through professional boards and associations. The majority were women, and worked in private practice or government-funded roles. Reflexive thematic analysis revealed three broad themes inclusive of social, personal life and structural factors. Psychologists described currently employing a range of self-care techniques to protect against burnout, and noted professional supervision and collegial bonds as protective factors. Systemic issues such as overwork, high demand and poor workplace experiences were negatively impacting their professional wellbeing, many of which compounded, such as higher demand leading to longer waitlists, and then to higher severity and even longer waitlists. Implications for both psychologists and employers are discussed.

Keywords: New Zealand Psychologists, Professional Quality of Life, Resilience, Burnout

INTRODUCTION

Burnout is a gradual-onset negative psychological phenomenon associated with work, which commonly affects the professional lives of psychologists (Dreison et al., 2018). It is associated with poorer patient outcomes (Delgadillo et al., 2018), and a range of negative consequences, including high job turnover, depression, stress and clients disengaging from treatment (Evans et al., 2006; Maslach & Jackson, 1981; Rupert et al., 2015; Paris & Hoge, 2010; Yang & Hayes, 2020). Recent research established that psychologists in Aotearoa New Zealand report high average rates of burnout, secondary traumatic stress, stress and depression, and low rates of resilience (Kercher & Gossage, 2022). However, little is known about psychologists' own understanding of and experiences of burnout, and what protective factors psychologists employ to counteract the effects of burnout.

Defining Burnout

Burnout has been conceptualised in terms of three dimensions: emotional exhaustion, depersonalisation, and sense of inefficacy or lack of personal achievement (Awa et al., 2010; Maslach, 2003; Maslach & Jackson, 1981). Burnout has been differentiated from either exhaustion or general job stress, due to its unique components of cynicism, detachment and self-inefficacy (Maslach, 2003; Schaufeli et al., 2009). Depressive symptoms of anhedonia and low mood correlate with the emotional exhaustion and depersonalisation factors of burnout (Bianchi et al., 2015). However, burnout has a distinct symptom profile as it is centred on the workplace (Maslach & Leiter, 2017), and has unclear causal links with depressive symptoms (Koutsimani et al., 2019; Tóth-Király et al., 2021). Burnout also strongly correlates with overall psychological distress symptoms (Goldhagen et al., 2015).

Two prevailing theories explain the concept of burnout: the Conservation of Resources (COR) model (Hobfoll, 1989) and the Jobs Demands Resources Model (JD-R) (McCormack et al., 2018). The former proposes that burnout is a response to inadequate job resources (Halbesleben et al., 2014); whereas the latter links the exhaustion component of burnout with high job demands, such as time pressure and workload, while the depersonalisation aspect is explained by a lack of job rewards, such as peer feedback and salary (McCormack et al., 2018).

Psychologists' Experiences of Burnout

Previous estimates of burnout rates vary from between 20% and 67% of psychologists (Morse et al., 2012; O'Connor et al., 2018). Several factors have been identified as influencing psychologists' experience of the severity of burnout, including organisational factors, client factors, and personal factors (Simpson et al., 2019).

Organisational factors that predict burnout include higher job demands with few resources, lack of control, longer hours, lack of rewards such as pay or acknowledgement, poor community, lack of job fairness and ethical conflicts (Simpson et al., 2019; Paris & Hoge, 2010; Rupert & Morgan, 2005; Yang & Hayes, 2020). Client factors such as working with chronic or complex patients (Simpson et al., 2019) and dealing with more negative client behaviours (i.e. antisocial or inappropriate client behaviours) correlated with higher levels of burnout (Rupert & Morgan, 2005). Many organisational risk factors for burnout have been identified across a variety of healthcare professions, including factors such as a lack of ongoing training, limited access to supervision and an unsupportive work environment (e.g., Larsen & Stamm, 2008).

Personal factors influencing practicing psychologist burnout include Early Maladaptive Schemas (EMS): dysfunctional behaviours and core beliefs about the self and the world which develop early in life (Simpson et al., 2019). For therapists, these commonly include unrelenting standards (i.e. an expectation of high standards of one's own behaviour, not applied to other

people) and self-sacrifice (i.e. the belief that others' needs are much more important than one's own). However, the schemas most related to burnout were abandonment, mistrust/abuse, and emotional inhibition (Simpson et al., 2019). Personal factors associated with higher likelihood of burnout include low self-esteem, an external locus of control, low mental resilience, and Type A personalities (Maslach & Leiter, 2017).

A number of protective factors have also been identified, including peer social support, being a solo practitioner, and age or higher years of experience (Rupert & Morgan, 2005; Ballenger-Browning et al., 2011). However, this may reflect a survivorship effect, wherein those who burnt out left the profession early, while those who had resilience remained (Rupert & Morgan, 2005).

Some strategies proposed to reduce burnout among psychologists includes better salaries, opportunities for promotion, routine screening of psychologists for burnout, and social events to increase peer support (Schaufeli et al., 2009). Most research that proposes solutions focuses on methods to reduce negative symptoms of burnout, instead of preventative positive psychology measures (Eckleberry-Hunt et al., 2018), however mindfulness has also been suggested as a protective factor for therapists (O'Donovan & May, 2007).

Psychologists' Quality of Life in Aotearoa

In Aotearoa New Zealand, psychologists' high levels of compassion fatigue (burnout and secondary traumatic stress) were linked with stress, depression, COVID-19 related stress increases and working with at-risk clients, while compassion satisfaction, additional supervision and self-employment appeared to be protective. Compassion Satisfaction rates were associated with resilience, additional supervision, self-employment, 16-20 years of experience and low Compassion Fatigue. Perceived workplace support, personal stressors and support were not related to professional quality of life (Kercher & Gossage, 2022).

Prior to Kercher and Gossage (2022), only limited research had been undertaken examining Aotearoa New Zealand psychologists' experiences of burnout, or compassion fatigue. One study of resilience and well-being reported high levels of compassion satisfaction and low levels of compassion fatigue some years ago (McCormick, 2014). In that study, psychologists' negative professional quality of life was strongly correlated with maladaptive coping skills and work stressors (McCormick, 2014). Psychologists reported several factors influencing their positive professional quality of life, including openly discussing workplace stressors, needs for self-care and positive psychology interventions, therapist-client boundaries, improved supervision and to address professional isolation, while also recognising a greater need for psychologists to engage in their own personal therapy (McCormick, 2014). Two further studies investigated psychologists' experiences of secondary traumatic stress in an Aotearoa New Zealand context. These studies focused on the relationship between secondary traumatic stress and vicarious post-traumatic growth (VPTG), involving 72 clinical psychologists who work primarily with trauma (Stapleton, 2017) and 70 psychologists working in any speciality (Manning-Jones et al., 2016). The former study concluded that **post-traumatic** cognitions were more likely to be experienced by Aotearoa New Zealand trauma-focused psychologists who work longer hours (but not other factors related to the profession), while the latter found that psychologists were the mental health profession least likely to experience negative outcomes due to secondary traumatic stress, and most likely to utilise coping strategies.

The only qualitative studies of Aotearoa New Zealand psychologists had other focuses, where burnout was identified as a negative influence: the recruitment and retention of Māori staff in Child and Adolescent Mental Health Services (CAMHS) (*n*=16, Hemopo, 2004), retention of educational psychologists (*n*=65, Jimerson et al., 2009) and as a barrier to psychologists' professional competency and ongoing training (*n*=6, Brennan, 2018). Psychologists' personal experiences and beliefs about burnout are therefore unknown. A workforce survey was conducted in 2017, where NZ psychologists reported leaving their roles where organisational processes were poor, particularly in public sector roles, and feeling unvalued, with high caseloads, long waitlists and insufficient salaries (Psychology Workforce Task Group, 2017). Burnout and compassion fatigue were not assessed.

Among the wider mental health workforce in Aotearoa New Zealand, psychiatrists recently reported that their workloads had become significantly worse in recent years (ASMS, 2021), and many general practitioners reported their plans to leave the workforce within the next 5-10 years, most notably a large cohort who were reaching the age of retirement (RNZCGP, 2021). Clinical psychologists noted extreme demand for services, with waiting times in excess of three months standard for more than half of clinical psychologists surveyed (Skirrow, 2021). The COVID-19 pandemic has increased demand for mental health services both worldwide and in Aotearoa New Zealand (Every-Palmer et al., 2020; Gasteiger et al., 2021), where demand and capacity were already serious concerns (Allison et al., 2019; Ministry of Health, 2021).

In this context, the current research was part of a cross-sectional survey of professional quality of life and related factors among psychologists in Aotearoa New Zealand, conducted in 2021 during the COVID-19 pandemic. This study aimed to understand the experiences of psychologists, considering their ideas about burnout, contributing and protective factors.

METHOD

Study Design

The intention of the current study was to collate a wide range of New Zealand psychologists' experiences, opinions and concerns regarding burnout, to develop a greater understanding of the range and commonalities of experiences across this group. Reflexive Thematic Analysis (TA; Braun & Clarke, 2021) was used to analyse personal accounts and to develop insight into how psychologists understood burnout as a concept, and how they related to this in their own lives.

Psychologists were the focus of this research, due to the relative consistency of their role, lengthy training and accreditation process, and consistent practices under the

Table 1. Participant demographics

Demographic	Percentage
Women	90%
Men	10%
Non-binary/gender diverse	0%
Pākehā/European	80.7%
Asian	2.8%
Māori	1.4%
Other ethnicity	15.1%
Children at home	40.4%
Married/de facto	68%
Clinical psychologists	83.7%
General scope psychologists	8.5%
Counselling psychologists	1.4%
Educational psychologists	2.1%
Government and health-funded role	45.4%
Private practice role	42.6%
Other roles (including ACC, non-government, private industry, education)	12%

Code of Ethics. **Practising** psychologists are also a population who have a pre-existing understanding of burnout, quality of life and psychological distress, both in terms of how these concepts impact their clients' lives, and how they impact their own professional lives.

The key assumption of the study was that psychologists would have a pre-constructed idea of burnout, what they believed were causative factors, what they saw as factors that improved experiences of burnout, and would willingly share these perspectives and experiences in a survey. An assumption of the survey analysis was that these impressions and reactions could be interpreted from text responses to open survey questions (as opposed to in-depth interviews), and that the responses would form an aggregate cohesive view of the same subjective issue presenting in their lives.

The study was conducted in accordance with (*AUTEC* reference number 21/184 – approval granted on 16 June 2021), and formed a part of the Psychologists' Professional Quality of Life in Aotearoa New Zealand survey.

Participants

Volunteer participants were recruited through the New Zealand Psychologists Board (NZPB), the New Zealand College of Clinical Psychologists (NZCCP) and New Zealand psychologist social media groups. All participants self-identified as registered psychologists from within New Zealand. Survey responses were anonymous. Participants were sent a link to the study either through a monthly newsletter, a mass email or a social media post in a professional group.

Of the participants in this study (n = 169), 141 completed the qualitative questions, with the remainder missing data and excluded from analysis. This represented an estimated 3.8% of the workforce who held an annual practicing certificate in 2021 (New Zealand Psychologists Board, 2021). Participant characteristics are reported in Table 1.

The range of ethnicity seen here is similar to the results of the *Aotearoa New Zealand Psychology Workforce Survey* (2016), which identified 90% of the workforce as Pākehā/European New Zealander, 3% Māori and 1% Pasifika. The median number of years of psychological experience was between 11 and 15 years, with a fairly even distribution. The largest two groups were those who had between 0 to 5 years of experience and those with 20+ years (26.2% and 29.8% respectively). Responders' age brackets were evenly distributed between the age brackets 26 to 55, with fewer responders over 56 and the median age being in the 41 to 45 age bracket. 40.4% were parents with children living at home, and 68% married or in de-facto relationships.

Clinical psychologists were **over-represented** compared to general-scope, counselling or educational (83.7%, 8.5%, 1.4% and 2.1% respectively), compared to 62% indicated in the 2016 survey. 57.1% of responders were based in a major city, with 27.6% psychologists practicing from smaller regional centres, and 7.9% from rural areas of New Zealand. 42.6% of respondents worked in a private practice, 45.4% in government and health-funded organisations, and the remainder in ACC, non-government and private industry roles.

Procedure and Materials

Participants completed an online survey using the research software Qualtrics. They were asked two open-ended questions relating to burnout: "From your personal experience, what factors do you think influence psychologist burnout?" and "Do you have any techniques that you use to protect yourself from burnout?". The two questions were formulated to elicit differing perspectives from each psychologist: the former investigating how psychologists saw burnout as a factor that impacted the profession as a whole and queried causes, while the latter investigated how psychologists interacted with the idea of burnout on a personal level and queried protective strategies. After the survey was completed, counselling and support links were provided.

Data Analysis

Themes and concepts were identified using an iterative process, following the guidelines of Braun & Clarke (2021). The primary researcher identified with the subject, having experienced burnout in a professional context outside of psychology. Reflexive thematic analysis acknowledged this potential subjectivity with both authors reviewing the codes and resulting themes independently.

The participants responses were approached with a reflexive stance. The initial step was a familiarisation process with the participants' responses, after which

initial codes were generated, to inductively build a picture of how psychologists viewed burnout. Themes were identified both in terms of explicit content and contextual evidence. Over time, broader themes of how psychologists viewed and experienced burnout were developed, with additional participants' responses adding clarity on what aspects were commonalities among the wider group, or how participants diverged in their experiences. After a month, the data was revisited to allow time for new perspectives to uncover differing themes. After data saturation had been achieved and no new themes or nuances were identified, axial coding was used to draw connections between thematic content. At the end of this process, major themes were constructed from the data, and the overarching themes of each question were compared to each other. Once the inductive process had been completed, a randomised sample of individual participants' responses was chosen and their responses were checked against the overarching themes, to ensure that the themes genuinely represented individual perspectives.

ANALYSIS AND COMMENTARY

The participants provided a consistent picture of what they felt burnout to be: a challenge in the workplace that affects both professional and personal aspects of their lives. Burnout was seen as a common and reoccurring aspect of the participants' professional lives, that required monitoring, the use of techniques to address the symptoms, and were an indication that changes needed to be made to rectify the situation. Three overarching themes were apparent in from the data from the thematic analysis: feedback and social connections, self-care and personal factors, and structural/environmental factors contributing to burnout. Participants were not given a word limit for responses to each question. The majority of respondents wrote brief sentences or lists to respond to each question; with a few participants giving extensive thoughts and opinions of several hundred words.

Feedback and social aspects of burnout

Participants widely suggested that a lack of social connection and professional support strongly influenced the experience of burnout, and that collegial support and good professional supervision were factors that could prevent burnout. Participants described situations where they perceived social pressure not to discuss any difficulties:

> *"Despite the expressed invitations to be transparent, there still exists an unspoken culture (to my mind) which requires us to do more, be more, and be good at it immediately."* (female clinical psychologist, private practice, 20+ years experience).

In some cases, psychologists reported being unable to form collegial bonds due to the sheer amount of work that was required for them to complete, and for solo private practitioners, difficult due to professional isolation:

> *"Do not isolate, find safe people to talk to authentically about burnout and formulate coping."* (early career female general psychologist, private practice).

Team dynamics was typically seen in a positive light, however many participants reported problematic situations as members of a multi-disciplinary team. In these contexts, many psychologists reported feeling undervalued, as their co-workers and managers lacked understanding of a psychologist's role and training (especially in cases where a person was the only psychologist on a team).

Overall, psychologists placed strong value and emphasis on the importance of the relationship with their clinical supervisors in preventing burnout.

> *"I am very aware that I need additional supervision when I break any of the [self-care rules] that I've made for myself."* (female clinical psychologist, 20+ years experience, private practice)

Peer and collegial networks were valued for their ability to debrief around both clients and systemic issues.

> *"[Protective factors include] Using supervision proactively, and setting up formal or informal peer supervision between individual supervision sessions."* (male early career psychologist, ACC funded service)

> *"Clinical Supervision - regularly seek feedback around caseload and complexity, raise difficulties when thoughts around work intrude in my home time, raise times where my paperwork gets out of date/starts to bogs me down"* (female early career clinical psychologist, government/health service)

Personal Characteristics Affecting Burnout

Personal characteristics were seen as a major influencing factor by psychologists, who particularly described a lack of appropriate self-care, perfectionism, impostor syndrome, and that addressing these issues was protective against burnout.

> *"I have begun to accept that I do not need to reach perfection with each piece of work that I do, I have sought help from other professions - advisors to create balance in my life."* (female clinical psychologist, 20+ years experience, private practice)

Psychologists frequently discussed the positive effects of self-care, including exercise, sleep hygiene, relaxation, family and social connections, pets and a connection to nature.

> *"[Managing burnout is] a full time job! Sleep, meditate, swimming in cold water, eat well, quiet weekends. I find that since covid I need much quieter weekends to recover from my work and am more prone to isolating myself."* (female clinical psychologist, mid-career, private practice)

Of these techniques, many participants reported activities such as swimming, yoga and gardening that incorporated multiple aspects of exercise, social connection, the outdoors and mindfulness, as being the most beneficial things to combat burnout symptoms. The most frequently identified personal life factors were a lack of self-care and a need to create strong barriers between work and home.

Some participants noticed that they tended to rely more on self-care techniques in times when they felt that they at risk of burnout, while others felt that if they were experiencing burnout symptoms, their usual self-care techniques became less effective.

"[Psychologists become trapped] in a cycle where they cannot easily proactively respond to their burnout by engaging in the factors we know help with burnout (e.g. organisational commitment, social complexity, caring for physical health and self care)." (early career male clinical psychologist, ACC funded service)

"I know it in theory, difficult in practice when I am too busy" (female clinical psychologist, mid-career, private practice)

Separation from work was considered a strong theme for self-care, such as holidays in distant locations, hobbies and interests outside of psychology, and breaks from working in the industry.

"I do things that connect me to things that are joyful and connect me to others socially" (female clinical psychologist, 20+ years experience, government/health funded service)

Many psychologists described using psychologically-informed techniques themselves, such as incorporating ACT, CBT, self-compassion, behavioural activation and reframing techniques.

"I utilise a lot of metacognitive therapy strategies for myself to not get caught in rumination or having work impact my home life" (male clinical psychologist, early career, government/health funded service)

"My poor stress management acts as a reminder that my clients may have the same trouble... and then I feel more compassionate towards them and myself!!" (female neuropsychologist, mid-career, private practice)

Self-care was often seen as a skill that needed to be taught and developed over time.

"Training programmes…not emphasising the importance of self-care, imposter syndrome and pressure as a psychologist to show you have it all together." (early career female clinical psychologist, government/health funded service)

"I felt burnt out last year and this year have really focussed on trying to have a different attitude. It doesn't always work, but I'm bouncing back more quickly." (female clinical psychologist, mid-career, government/health funded service)

Workplace, Structural & Environmental Factors

Psychologists commonly reported that workplace, structural and environmental factors would lead to burnout.

"Good workers are not valued, and problematic workers are not addressed or behaviour is reinforced. No clear structure or processes, lack of adherence to Te Tiriti especially for Māori clinicians" (female clinical psychologist, mid-career experience, government/health funded service)

"I didn't realise how bad it was until I left. It was an environment where staff cry a lot at work so I assumed this was normal." (female clinical psychologist, mid-career, private practice)

Participants who described having overcome burnout often discussed how addressing workplace and environmental factors were crucial factors in doing so. Their suggestions were clear and specific – reducing hours, being boundaried, self-care, social and supervisory support.

"I came close to burnout…and made a series of changes that have really helped…have reduced my daily case load, work 4 days a week, do lots of nature based activities out of work time, and belong to a small group of trusted colleagues who support each other" (female clinical psychologist, 20+ years experience, private practice)

High caseloads and overall caseload management were identified by the majority of respondents, many seeing high caseloads directly influencing the severity of their clients' issues.

"The backlog of demand – the endless stream of people needing help – the longer the wait the more complex and stressed the situation by the time they are seen. Can feel like trying to climb uphill in the face of an avalanche." (female educational psychologist, 20+ years experience, private practice)

"High caseloads...not enough time to do paperwork and particularly planning for sessions. Needing to be a therapist, case manager and an administrator." (early career female clinical psychologist, government/health funded service).

Many private psychologists also described waitlists as an additional burden, often feeling guilt and frustration at not being able to provide prompt care, and appreciated support to alleviate this.

"I have a PA. Without her I would have burned out a long time ago! She does all my invoicing and appointment scheduling. She says "no" in my behalf (and is very kind about it). She protects me from being sucked in by someone's story or their complaint that there are no available therapists." (female clinical psychologist, mid-career, private practice)

Psychologists reported that a break-down between the boundaries and distinction of work and home was a major contributing factor, and that building stronger boundaries around work-life balance greatly benefited their **well-being**.

"…having to work evenings and weekends to keep up with case notes, reports and emails, to the extent that I don't really have an outside life to balance it all out." (female clinical psychologist, 20+ years experience, private practice)

"I have a clear separation of work and home; use my travelling home time to process the events of the day; try not to work outside of my paid work hours (or take time in lieu if I have had to alter my work hours); have hobbies and interests not associated with work." (female clinical psychologist, mid-career, government/health funded service)

Psychologists reported that feelings of powerlessness and lack of autonomy in the workplace increased experiences of burnout.

> *"High expectations, high degree of responsibility but little power to make decisions."* (female clinical psychologist, 20+ years experience, currently in private practice))

Many employed practitioners noted a mismatch between the organisational values or metrics and their own, such as focusing on efficiency, number of patients seen and billing over safe practice, or an excessive focus on the medical model.

> *"In my private practice I can set limits that work for me, be guided purely by best practice, my code of ethics and the needs/preferences of my clients and their families rather than bureaucratic systems designed by administrative types, psychiatrists and allied professionals who do not know what psychologists do and need or what service users need."* (female clinical psychologist, early career, private practice)

Many psychologists reported feeling undervalued, and that their roles as psychologists were poorly understood.

> *"[lacking a] sense of support from the team to practice as a psychologist rather than as a case manager – often not supported to work in a way consistent with psychology."* (early career female psychologist, government/health funded service)

> *"Lack of understanding of the difference between a psychologist and other disciplines, such as occupational therapy, social work and nursing."* (female clinical psychologist, early career, government/health funded service)

> *"Organisation regarding psychologists as expensive and wanting to replace psychology positions with cheaper professionals to employ, despite waiting lists for psychology"* (female clinical psychologist, 20+ years experience, government/health funded service).

> *"HR and corporate jobs get paid more and get more respect than a clin psych, as everyone seems to think they can do what a psych does."* (female clinical psychologist, mid-career, private practice)

DISCUSSION

Psychologists in Aotearoa New Zealand described experiences of burnout linked with high caseloads and waitlists, a lack of autonomy in the workplace, isolation, social pressures and support. These issues are consistent with those reported by psychologists globally (Ballenger-Browning et al., 2011; Paris & Hoge, 2010; Rupert & Morgan, 2005; Simpson et al., 2019; Turnbull & Rhodes, 2021; Yang & Hayes, 2020). Well-implemented self-care regimes, positive collegial relationships and supervision (both external and within-organisation) were reported to be crucial protective factors against burnout among psychologists, congruous with research indicating that the clinical supervision relationship is associated with a lower instance of burnout, especially higher quality supervision relationships (Jonson & O'Connor, 2020; Livni et al., 2012). This effect was seen recently in New Zealand, where psychologists who received more frequent, and especially ad hoc supervision, had better professional quality of life (Kercher & Gossage, 2022).

Thematic differences were seen when comparing the responses to the two prompting questions. While discussing personal protective measures against burnout, psychologists tended to focus on self-care, however when discussing causes of burnout on a systemic level, a lack of self-care was not typically identified. Similarly, while a systems-based view encouraged discussions of operational changes or personal factors in other psychologists' lives, but psychologists were much less likely to identify these in their personal management of burnout symptoms where respondents largely focused on their own positive self-care strategies. When discussing others' experiences, participants were more likely to discuss personal vulnerabilities, and to attribute their own difficulties to job-related factors external to themselves.

Several negative cycles were identified within psychologists' self-reports: situations where negative factors could accumulate over time. Psychologists report that higher demand led to less time where support could be sought and collegial relationships developed, increasing the likelihood of experiencing burnout symptoms. Higher patient severity meant psychologists needed to spend more time with clients, which led to fewer opportunities for psychologists to see new clients. Growing waitlist times would then impact future clients, who increased in severity while being waitlisted for a longer time. This is consistent with reports of treatment delays compounding demand for crisis and hospital services in Aotearoa New Zealand (Cardwell, 2021; Jatrana & Crampton, 2021; New Zealand Government, 2018). Staff turnover was also a negative cycle identified by the participants: staff who felt overworked, would experience burnout and leave their positions, placing greater pressure on remaining staff. These remaining staff members are placed under greater pressure, and in turn are more likely to burn out. Once participant noted a similar situation in a larger organisation, where senior staff would leave, meaning more junior staff would be assigned more challenging cases, begin to feel overwhelmed with less senior staff support, and then themselves resign. This participant also noted that this left few opportunities for mentoring and guidance within the organisation. Other participants felt that larger organisations would task psychologists with the most complex cases, causing high stress and leaving no time for balance.

Implications

The results of this study suggest that the psychological community could benefit from the creation of more environments where collegial, social bonds can flourish, by investing in stronger supervisory relationships and where needed, identifying situations where supervision or collegial relationships are poor. Resounding feedback is that increasing the workforce will greatly alleviate many of the negative compounding factors. Significant improvements to psychologists' professional quality of life and experience of burnout may be possible through targeting specific problems that were identified as the causes of negative cycles, namely insufficient workforces and unmanageable demands. Workforce shortages have been well documented in Aotearoa New Zealand, with plans to address this underway (Ministry of Health, 2021). Many psychologists reported an intention to leave their

roles in workforce surveys, associated with high caseloads, long waitlists, insufficient salaries and dissatisfaction with organisational processes (Psychology Workforce Task Group, 2017). These factors were commonly reported in association with burnout and compassion fatigue here, suggesting an urgent need to address workplace factors to prevent both burnout and workforce attrition.

While inadequate self-care and personal characteristics were suggested as major contributing factors to psychologist burnout, focusing on improving these aspects purely from a personal responsibility lens is unlikely to be beneficial. Many participants in the study identified good self-care as a protective factor but noted that high workloads and stress often reduced their ability to properly implement self-care regimes – they did not have the time, resources or energy to do so. Others felt that discussion of self-care and personal vulnerability was lacking in training programmes and workplaces. A number of participants reported that there were high expectations for psychologists to have well-functioning self-care regimes as a model for their clients, and not meeting this expectation negatively affected their **well-being**. Recent burnout research has proposed that taking a systemic, rather than individualised, approach towards self-care may be much more beneficial, such as by focusing on the early adoption and practice of self-care measures in training programmes and workplaces, prior to the development of burnout or secondary trauma (Butler et al., 2017; Rupert & Dorociak, 2019). Similarly, psychologists reported in earlier surveys that retention would be enhanced with supportive and skilled management practices, reduced demand-driven stress and career and salary development opportunities (Psychology Workforce Task Group, 2017).

Limitations

As with all voluntary self-report surveys, systemic and non-response biases can influence data and interpretation (Hemsworth et al., 2018; Walters, 2021). This survey had a good response rate in terms of the total population of **practising** psychologists in New Zealand, however the demographic make-up did not accurately reflect the population (especially in terms of a lack of Māori/Pasifika, male and gender-diverse participants). Burnout and low professional quality of life has been known to particularly affect Māori working within mental health occupations (Hemopo, 2004; Levy, 2002). Experiences more common among Māori, Pasifika, male and gender-diverse psychologists may have been underestimated here. As the open-ended questions were brief written survey items, there are inherent limitations on the richness of the data collected, compared with extended interviews. However, the relatively large number of responses here provides a wider perspective, as a benefit of the current approach. Future research should focus on deeper explorations of psychologists' perspectives, for example in prolonged interviews. The qualitative questions were asked after participants had completed measures of psychological distress, professional quality of life and resilience, such that participants may have been primed to consider these factors when completing the open survey questions. Despite these limitations, consistent themes emerged in comparable studies which used extended interviews (Alfrey, 2014; Hammond et al., 2018; Turnbull & Rhodes, 2021). As each individual participant was asked to consider multiple perspectives on professional burnout, this allowed for more than 260 unique responses between the survey participants, providing a wide and comprehensive snapshot of their perspectives.

Conclusion

This study provides an insight into the working lives of **practising** psychologists in Aotearoa New Zealand. Participants described feeling burned out, fatigued and stressed, and linked this specifically with caseload and workplace pressures, particularly where waitlists corresponded with increased severity and client difficulties. At the same time, psychologists find their work rewarding (Kercher & Gossage, 2022), and reported that good supervision and collegial relationships were protective against burnout. Given the increased demand on mental health services in recent years and scarcity of psychologists in Aotearoa New Zealand, it is crucial that we listen to psychologists in practice and focus on improving workplace support, access to supervision, time and support with colleagues, as well as facilitating self-care such as providing ongoing training, time for leisure activities and their own therapy as needed. Ultimately, increasing the workforce and reducing unsustainable demands on currently **practising** psychologists is essential, to ensure the provision of sustainable and high-quality mental healthcare in Aotearoa New Zealand.

References

Alfrey, L. (2014). *The experience of 'burnout' in counselling psychologists* [Doctoral thesis, University of Wales]. https://ethos.bl.uk/OrderDetails.do?uin=uk.bl.ethos.646085

Allison, S., Bastiampillai, T., Castle, D., Mulder, R., & Beaglehole, B. (2019). The He Ara Oranga Report: What's wrong with 'Big Psychiatry' in New Zealand? *Australian & New Zealand Journal of Psychiatry*, *53*(8), 724–726. https://doi.org/10.1177/0004867419848840

ASMS. (2021). *Inside the frontline of the mental health crisis* (Health Dialogue). https://issuu.com/associationofsalariedmedicalspecialists/docs/health-dialogue--inside-the-frontline-of-the-menta

Awa, W. L., Plaumann, M., & Walter, U. (2010). Burnout prevention: A review of intervention programs. *Patient Education and Counseling*, *78*(2), 184–190. https://doi.org/10.1016/j.pec.2009.04.008

Ballenger-Browning, K. K., Schmitz, K. J., Rothacker, J. A., Hammer, P. S., Webb-Murphy, J. A., & Johnson, D. C. (2011). Predictors of burnout among military mental health providers. *Military Medicine*, *176*(3), 253–260. https://doi.org/10.7205/milmed-d-10-00269

Bianchi, R., Schonfeld, I. S., & Laurent, E. (2015). Is it time to consider the "burnout syndrome" a distinct illness? *Frontiers in Public Health*, *3*, 158. https://doi.org/10.1007/s00127-014-0996-8

Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis?. *Qualitative research in psychology*, 18(3), 328-352. https://doi.org/10.1080/14780887.2020.1769238

Brennan, J. (2018). *How do Psychologists Maintain their Professional Competencies? – Voices from the Field*

[Master's thesis, Massey University]. http://hdl.handle.net/10179/15288

Butler, L. D. , Carello, J. & Maguin, E. (2017). Trauma, Stress, and Self-Care in Clinical Training. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9 (4), 416-424. https://doi.org/10.1037/tra0000187

Cardwell, H. (2021). Shortage of psychologists leaving patients on waitlist for 9 to 12 months. Radio New Zealand. https://www.rnz.co.nz/news/political/451062/shortage-of-psychologists-leaving-patients-on-waitlist-for-9-to-12-months

Delgadillo, J., Saxon, D., & Barkham, M. (2018). Associations between therapists' occupational burnout and their patients' depression and anxiety treatment outcomes. *Depression and Anxiety*, *35*(9), 844–850. https://doi.org/10.1002/da.22766

Dreison, K. C., White, D. A., Bauer, S. M., Salyers, M. P., & McGuire, A. B. (2018). Integrating self-determination and job demands–resources theory in predicting mental health provider burnout. *Administration and Policy in Mental Health and Mental Health Services Research*, *45*(1), 121–130. https://doi.org/10.1007/s10488-016-0772-z

Eckleberry-Hunt, J., Kirkpatrick, H., & Barbera, T. (2018). The problems with burnout research. *Academic Medicine*, *93*(3), 367–370. https://doi.org/10.1097/ACM.0000000000001890

Evans, S., Huxley, P., Gately, C., Webber, M., Mears, A., Pajak, S., Medina, J., Kendall, T., & Katona, C. (2006). Mental health, burnout and job satisfaction among mental health social workers in England and Wales. *The British Journal of Psychiatry*, *188*(1), 75–80. https://doi.org/10.1192/bjp.188.1.75

Every-Palmer, S., Grant, M. L., & Thabrew, H. (2022). Young people don't tend to ask for help more than once: Child and adolescent psychiatrists' views on ailing mental health services for young New Zealanders. *Australasian Psychiatry*. https://doi.org/10.1177/10398562221115624

Gasteiger, N., Vedhara, K., Massey, A., Jia, R., Ayling, K., Chalder, T., Coupland, C., & Broadbent, E. (2021). Depression, anxiety and stress during the COVID-19 pandemic: Results from a New Zealand cohort study on mental well-being. *BMJ Open*, *11*(5), e045325. https://doi.org/10.1136/bmjopen-2020-045325

Goldhagen, B. E., Kingsolver, K., Stinnett, S. S., & Rosdahl, J. A. (2015). Stress and burnout in residents: Impact of mindfulness-based resilience training. *Advances in Medical Education and Practice*, *6*, 525.

Halbesleben, J. R., Neveu, J.-P., Paustian-Underdahl, S. C., & Westman, M. (2014). Getting to the "COR" understanding the role of resources in conservation of resources theory. *Journal of Management*, *40*(5), 1334–1364. https://doi.org/10.1177/0149206314527130

Hammond, T. E., Crowther, A., & Drummond, S. (2018). A thematic inquiry into the burnout experience of Australian solo-practicing clinical psychologists. *Frontiers in Psychology*, *8*, 1996. https://doi.org/10.3389/fpsyg.2017.01996

Hemopo, H. (2004). *Training, Recruitment and Retention Strategies for Psychologists in Child and Adolescent Mental Health Services*. The Werry Centre for Child and Adolescent Mental Health, the University of Auckland.

Hemsworth, D., Baregheh, A., Aoun, S., & Kazanjian, A. (2018). A critical enquiry into the psychometric properties of the professional quality of life scale (ProQol-5) instrument. *Applied Nursing Research*, *39*, 81–88.

Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, *44*(3), 513. https://doi.org/10.1037/0003-066X.44.3.513

Jatrana, S., & Crampton, P. (2021). Do financial barriers to access to primary health care increase the risk of poor health? Longitudinal evidence from New Zealand. *Social Science & Medicine*, *288*, 113255. https://doi.org/10.1016/j.socscimed.2020.113255

Jimerson, S. R., Annan, J., Skokut, M., & Renshaw, T. L. (2009). Educational psychology in New Zealand: Results of the 2006 international school psychology survey. *School Psychology International*, *30*(5), 443–455. https://doi.org/10.1177/0143034309341617

Johnson, J., Corker, C., & O'connor, D. B. (2020). Burnout in psychological therapists: A cross-sectional study investigating the role of supervisory relationship quality. *Clinical Psychologist*, *24*(3), 223-235. https://doi.org/10.1111/cp.12206

Kercher, A., & Gossage, L. (2022). *Identifying risk factors for compassion fatigue in psychologists in Aotearoa, New Zealand*. https://doi.org/10.31234/osf.io/52uxh

Koutsimani, P., Montgomery, A., & Georganta, K. (2019). The relationship between burnout, depression, and anxiety: A systematic review and meta-analysis. *Frontiers in Psychology*, *10*, 284. https://doi.org/10.3389/fpsyg.2019.00284

Larsen, D., & Stamm, B. H. (2008). Professional Quality of Life and Trauma Therapists. *Trauma, Recovery, and Growth: Positive Psychological Perspectives on Posttraumatic Stress*, 275–293..

Levy, M. P. (2002). *Barriers and incentives to Māori participation in the profession of psychology: A report for the New Zealand Psychologists' Board*. https://researchcommons.waikato.ac.nz/handle/10289/457

Livni, D., Crowe, T. P., & Gonsalvez, C. J. (2012). Effects of supervision modality and intensity on alliance and outcomes for the supervisee. *Rehabilitation Psychology*, *57*(2), 178–186. https://doi.org/10.1037/a0027452

Manning-Jones, S. F. (2016). *Vicarious traumatic exposure among New Zealand health professionals: An exploration of coping strategies and vicarious posttraumatic growth* [Doctoral thesis, Massey University]. https://mro.massey.ac.nz/handle/10179/9881

Maslach, C. (2003). Job burnout: New directions in research and intervention. *Current Directions in Psychological Science*, *12*(5), 189–192. https://doi.org/10.1111/1467-8721.01258

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Organizational Behavior*, *2*(2), 99–113. https://doi.org/10.1002/job.4030020205

Maslach, C., & Leiter, M. P. (2017). Understanding Burnout: New Models. *The Handbook of Stress and Health: A Guide to Research and Practice*, 36–56.

McCormack, H. M., MacIntyre, T. E., O'Shea, D., Herring, M. P., & Campbell, M. J. (2018). The prevalence and cause(s) of burnout among applied psychologists: A systematic review. *Frontiers in Psychology*, *9*, 1897. https://doi.org/10.3389/fpsyg.2018.01897

McCormick, K. (2014). *Restoring and Strengthening Resilience in the Psychology Profession: The Rio Model of Resilience for Psychologists.* [Doctoral thesis, University of Auckland]. https://researchspace.auckland.ac.nz/bitstream/handle/2292/23329/whole.pdf

Ministry of Health. (2021). *Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing*. Ministry of Health.

Morse, G., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C. (2012). Burnout in mental health services: A review of the problem and its remediation. *Administration and Policy in Mental Health and Mental Health Services Research, 39*(5), 341–352. https://doi.org/10.1007/s10488-011-0352-1

New Zealand Government. (2018). *He Ara Oranga: Report of the government inquiry into mental health and addiction*. New Zealand Government.

New Zealand Psychologists Board. (n.d.). The New Zealand Psychologists Register. Retrieved October 1, 2021, from https://psychologistsboard.org.nz/search-the-register/

O'Connor, K., Neff, D. M., & Pitman, S. (2018). Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants. *European Psychiatry*, *53*, 74–99. https://doi.org/10.1016/j.eurpsy.2018.06.003

O'Donovan, A., & May, S. (2007). The advantages of the mindful therapist. *Psychotherapy in Australia*, *13*(4), 46–53.

Paris, M., & Hoge, M. A. (2010). Burnout in the mental health workforce: A review. *The Journal of Behavioral Health Services & Research, 37*(4), 519–528.

Psychology Workforce Task Group. (2016). *Aotearoa New Zealand Psychology Workforce Survey*. https://www.nzccp.co.nz/assets/Aotearoa-NZ-Psychology-Workforce-Survey-2016.pdf

Psychology Workforce Task Group. (2017). *Retaining the Psychological Workforce: Reasons for Psychologists Leaving the Health Workforce and Strategies for Retention*. https://www.nzccp.co.nz/assets/Retaining-Psychology-Workforce-Health-Summary-2017.pdf

RNZCGP. (2021, March 9). *Survey results raise concern for the health and sustainability of general practice*. https://www.rnzcgp.org.nz/RNZCGP/News/College_news/2021/Survey_results_raise_concern_for_the_health_and_sustainability_of_general_practice.aspx

Rupert, P. A., & Dorociak, K. E. (2019). Self-care, stress, and well-being among practicing psychologists. *Professional Psychology: Research and Practice, 50(5)*, 343. https://doi.org/10.1037/pro0000251

Rupert, P. A., Miller, A. O., & Dorociak, K. E. (2015). Preventing burnout: What does the research tell us? *Professional Psychology: Research and Practice*, *46*(3), 168. https://doi.org/10.1037/a0039297

Rupert, P. A., & Morgan, D. J. (2005). Work setting and burnout among professional psychologists. *Professional Psychology: Research and Practice*, *36*(5), 544. https://doi.org/10.1037/0735-7028.36.5.544

Schaufeli, W. B., Leiter, M. P., & Maslach, C. (2009). Burnout: 35 years of research and practice. *Career Development International*, *14*, 204–220. http://dx.doi.org/10.1108/13620430910966406

Simpson, S., Simionato, G., Smout, M., van Vreeswijk, M. F., Hayes, C., Sougleris, C., & Reid, C. (2019). Burnout amongst clinical and counselling psychologist: The role of early maladaptive schemas and coping modes as vulnerability factors. *Clinical Psychology & Psychotherapy*, *26*(1), 35–46. https://doi.org/10.1002/cpp.2328

Skirrow, P. (2021). *Clinical Psychologists in Private Practice 'Overwhelmed' with Referrals*. NZCCP. https://www.nzccp.co.nz/clinical-psychologists-in-private-practice-overwhelmed-with-referrals/

Stapleton, M. (2017). *Secondary Traumatic Stress and Vicarious Posttraumatic Growth in New Zealand Clinical Psychologists: The Consequences of Working with Traumatised Clients* [Master's thesis, University of Waikato]. https://hdl.handle.net/10289/11337

Statistics New Zealand. (2018). *Census ethnic group summaries*.
https://www.stats.govt.nz/tools/2018-census-ethnic-group-summaries

Tóth-Király, I., Morin, A. J., & Salmela-Aro, K. (2021). Reciprocal Associations between Burnout and Depression: An 8-Year Longitudinal Study. *Applied Psychology*. https://doi.org/10.1111/apps.12295

Turnbull, M. G., & Rhodes, P. (2021). Burnout and growth: Narratives of Australian psychologists. *Qualitative Psychology*, *8*(1), 51. https://doi.org/10.1037/qup0000146

Walters, W. H. (2021). Survey design, sampling, and significance testing: Key issues. *The Journal of Academic Librarianship*, *47*(3), 102344. https://doi.org/10.1016/j.acalib.2021.102344

Yang, Y., & Hayes, J. A. (2020). Causes and consequences of burnout among mental health professionals: A practice-oriented review of recent empirical literature. *Psychotherapy*, *57*(3), 426. https://doi.org/10.1037/pst0000317

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