

The impact of self-care behaviors on burnout dimensions in Ibero-American clinical psychologists during COVID-19

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Self-care behaviors can be considered a preventive measure for burnout. Therefore, the aim of this paper was to study the relationship of self-care practices with burnout in Ibero-American clinical psychologists who were active during the COVID-19 pandemic. The sample consisted of 160 clinical psychologists (84.4% women) who carried out psychotherapy in different work modalities (i.e., face-to-face, online, mixed). Using different analyses (i.e., structural equation modelling, path analysis, ANOVA), the results indicate that the more self-care behaviors, the lower the levels of burnout. Specifically, self-care behaviors include participating in recreational activities with coworkers, doing physical exercise, maintaining a healthy diet, and considering the physical workspace to be adequate. A greater knowledge of the effect of self-care behaviors on burnout may facilitate the development of good practices that prepare psychologists to face unexpected situations.

Keywords: self-care, burnout, psychologist, COVID-19, clinical psychology

El impacto de las conductas de autocuidado sobre las dimensiones del burnout en psicólogos clínicos iberoamericanos durante la COVID-19

Las conductas de autocuidado pueden considerarse una medida preventiva para el burnout. Por ello, el objetivo de este trabajo fue estudiar la relación de las prácticas de autocuidado con el burnout en psicólogos clínicos iberoamericanos, ejerciendo durante el contexto de pandemia por la COVID-19. La muestra se compone de 160 psicólogos clínicos (84,4% mujeres) que realizaron psicoterapia en diferentes modalidades de trabajo (i.e., presencial, telemático, mixta). Mediante diferentes análisis (i.e., modelo de ecuaciones estructurales, análisis de sendero, ANOVA), los resultados indican que cuantas más conductas de autocuidado, menor nivel de burnout. Concretamente, destacan entre las conductas de autocuidado el participar en actividades recreativas con compañeros de trabajo, realizar ejercicio físico, mantener una alimentación saludable, considerar el espacio físico de trabajo como adecuado. Un mayor conocimiento de las conductas de autocuidado sobre el burnout, puede facilitar el desarrollo de buenas prácticas que preparen a los psicólogos a enfrentarse a las situaciones sobrevenidas.

Palabras clave: autocuidado, burnout, psicólogo, COVID-19, psicología clínica

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Self-care is defined as behavioral practices that promote and maintain physical and emotional well-being, and may include factors related to sleep, exercise, social support, emotional regulation strategies, and mindfulness (Myers et al., 2012). The origins of the self-care concept in scientific literature date back to the postulates of Dorothea Orem and the self-care deficit theory, developed in the nursing field between 1959 and 1985. It is defined as the practice of activities, carried out at specific times, with the aim of preserving personal well-being and quality of life (Queirós et al., 2014). Posluns and Gall (2020) refer to self-care best practices in mental health professionals and point out that these professionals tend to use practices that address the areas of awareness, balance, flexibility, physical health, social support, and spirituality. The self-care practices of professionals, developed on a personal (Di Benedetto and Swadling, 2014; Hricová, 2020) or organizational level, is one of the preventive measures against burnout in humanitarian service contexts (Newell and MacNeil, 2010).

Burnout is defined as a syndrome characterized by three dimensions; 1) Emotional exhaustion (EE): the experience of not being able to give more of oneself at an affective level; 2) Depersonalization (DP) (later called cynicism): the development of negative attitudes and feelings towards colleagues or patients; 3) Low personal accomplishment (PA): the tendency to negatively evaluate the work activity and its practice (Maslach and Jackson, 1981). This concept is first found in the scientific literature under the eaves of the postulates of Herbert Freudenberger (1974), who used the concept of burnout to describe the state of exhaustion and fatigue produced by submitting to excessive demands of energy, effort, and resources in a humanitarian service context. He also pointed out that burnout was characterized by a state of irritability, frustration, and suspicion, which ultimately implies that the person performing the task becomes inoperative.

Self-care practices generate positive effects in professional psychologists compared to those who do not practice it (Colman et al., 2016) and are inversely related to the presence of burnout syndrome. Guerra et al. (2011), carried out a study with 159 clinical psychologists to psychometrically analyze the Self-Care Behavior Scale for Clinical Psychologists (EAP) and observed that self-care practices were directly and significantly related to the quality of life referred to general activities and with the burnout dimension of personal accomplishment. In addition, inverse and significant relationships were observed with the other dimensions of burnout, emotional exhaustion, and depersonalization.

Regarding studies on burnout and self-care in healthcare professionals in the context of the pandemic, we find works such as those by Macía-Rodríguez et al. (2021), who sought to assess the impact of the COVID-19 outbreak on mental health and the incidence of burnout in 1015 Spanish internal medicine physicians through a cross-sectional survey study. In this way, they identified that 40.1% of the participants presented burnout, 58.3% showed high emotional exhaustion, 61.5% high depersonalization, and 67.6% low personal accomplishment, concluding that it was imperative to generate interventions aimed at preventing and treating burnout in frontline doctors during the context of the COVID-19 pandemic. Abdelhafiz et al. (2020) conducted a study with 220 Egyptian doctors working during the COVID-19 pandemic, in order to assess the frequency of burnout and associated risk factors. A total of 36.36% of the participants presented burnout, 28.18% showed high emotional exhaustion, 31.82% high depersonalization, and 89.09% low personal accomplishment. High emotional exhaustion was significantly and directly related to dissatisfaction regarding the presence of personal protection elements at work, lack of public awareness about the disease, insufficient public appreciation of the work of doctors during the pandemic, and dissatisfaction with salary. In addition, through a logistic regression analysis, the need to buy personal protection items and harassment by patients' relatives were direct and significant predictors of emotional exhaustion and depersonalization, and vice versa, being significant with older age.

In the specific case of psychology professionals, we can also find some works such as that of Valdés et al. (2020), who carried out a study to analyze the relationship between self-care, emotional regulation, and burnout in 131 clinical psychologists who provided mental health services remotely during the COVID-19 pandemic. Through a correlation analysis, they observed that self-care was negatively related to emotional exhaustion and positively related to personal accomplishment (Valdés et al., 2020). Crescenzo et al. (2022) examined the prevalence and predictors of burnout syndrome in Italian psychologists after the first wave of the COVID-19 pandemic. A cross-sectional study was conducted with 323 psychologists who completed an online survey about their sociodemographic characteristics, self-care practices, and burnout levels. The results indicated a high prevalence of burnout in the sample of Italian psychologists, especially in the depersonalization dimension.

Despite the fact that there are some studies in this regard, Norcross and Phillips (2020) point out that the COVID-19 crisis has highlighted the need for time-efficient self-care, stating that almost all psychologists in the world are experiencing some negative impact on their mental health. However, there is no research reported to date that studies the relationship between self-care practices and the presence or absence of burnout in clinical psychologists who practiced psychotherapy through different modalities (online, face-to-face, mixed) during the COVID-19 pandemic context, considering an international perspective and associated sociodemographic variables. Taking into account these arguments, 4 hypotheses were proposed:

Hypothesis 1 (H1): There is a significant relationship between self-care practices and dimensions of burnout.

Hypothesis 2 (H2): There is a significant relationship between self-care practices and some socio-contextual variables (gender, years practicing psychology, and type of work during the COVID-19 pandemic)

Hypothesis 3 (H3): Specific self-care practices (e.g., exercise, healthy diet, recreational activities with colleagues) will have impact on reducing burnout dimensions in Ibero-American clinical psychologists during the COVID-19 pandemic.

Hypothesis 4 (H4): There will be differences in self-care practices and burnout levels (emotional exhaustion, depersonalization, and personal accomplishment) among Ibero-American clinical psychologists working in different modalities (online, face-to-face, mixed) during the COVID-19 pandemic.

Method

Participants

The participants in this study were Ibero-American clinical psychologists who exercised their profession during the context of the pandemic caused by COVID-19. Intentional non-probability sampling was used, convenience or judgement. The inclusion criteria to participate were: 1) Qualified psychologist practicing psychotherapy in the clinical area; 2) actively practicing psychotherapy during the context of the COVID-19 pandemic. While the exclusion criteria were: 1) Diagnosed with anxiety or depressive disorder.

The initial sample consisted of 177 clinical psychologists. A total of 17 people were removed from the sample; six people declared that they had not exercised psychotherapy during the COVID-19 pandemic and 11 declared that they had a clinical diagnosis of anxiety and/or depression. With this, the final sample was composed of 160 clinical psychologists (84.4% women) who issued valid responses. Table 1 describes the sociodemographic characteristics.

Table 1

Sociodemographic characteristics of the sample

Variables	N	M	SD
Sex			
Female	135		
Male	25		
Age		37.98	8.5
Nationality			
Chile	60		
Spain	31		
Other	69		
Civil status			
Single	51		
Married	45		
In a relationship	42		
Divorced	17		
Widowed	5		
Educational level			
Bachelor's degree or equivalent	41		
Master's degree or equivalent	73		
Vocational training	39		
Doctorate	7		
Years practicing psychotherapy			
< 1 year	13		
1-3 years	28		
3-5 years	29		
5-7 years	16		
7-10 years	12		

Variables	N	M	SD
10-15 years	23		
>15 years	39		
Contract			
Independent	77		
Indefinite contract	36		
Fixed term contract	27		
Professional fees	20		
Working hours per week < 11 hours	23		
12-22 hours	20		
23-35 hours	35		
36-45 hours	55		
> 45 hours	27		
Modality of work during COVID-19 Face-to-face	20		
Online	51		
Mixed	89		

Instruments

Sociodemographic variables

The following data was collected in the questionnaire: age, sex, nationality, country of residence, marital status, educational level, experience practicing psychotherapy in years, current contractual status, working hours per week, type of work during the COVID-19 pandemic. In addition, the data were used to verify the inclusion-exclusion criteria, namely, being over 18 years of age, being a psychologist, having practiced psychotherapy during the COVID-19 pandemic, and not having been diagnosed with any anxiety and/or depressive disorder.

Self-Care Behaviors

Assessed using the Self-Care Behaviors Scale for Clinical Psychologists (EAP) (Guerra et al., 2008), this self-applied scale seeks to measure the frequency of self-care behaviors in clinical psychologists and the frequency in which the work environment favors self-care conditions. The scale is composed of 10 items, answered using a 5-point Likert scale (0 = never, 4 = very frequently). The scale has been previously validated by Guerra et al. (2008, 2011), where it already showed adequate indices of reliability, construct validity and convergent validity, as well as the existence of a single factor.

Burnout

Evaluated using the *Maslach Burnout Inventory – Human Service Survey for Medical Professionals* (MBI-HSS-MP; Maslach et al., 2018), a 22-item self-report scale to measure burnout in health professionals. The questionnaire has 3 dimensions that evaluate: 1) Emotional exhaustion (9 items); 2) Depersonalization (5 items); 3) Job efficacy (8 items). Each item is scored using a 7-point Likert scale that assesses how often each item is experienced by the respondent, from never (0) to every day (6).

Procedure

A questionnaire was created with the Forms tool and disseminated via email among associations, groups, and professional colleges of psychology, as well as through social networks. Following the Declaration of Helsinki, all participants were duly informed of the research, the use of their data for research, as well as its confidentiality. In addition, all participants gave their written informed consent. Data collection was carried out between the months of May and June 2021.

Analysis of data

First, using the SPSS 23.0 program, descriptive analyses, Pearson's bivariate correlations, and internal consistency indices (i.e., Cronbach's α)

were calculated for the self-care and burnout scale (H1, H2). Second, the AMOS program was used to perform a structural equation model (SEM), as well as a *path analysis*, with the aim of testing the hypotheses (H3). Finally, an ANOVA was conducted according to the work modality used during the pandemic (online, face-to-face, and mixed), in order to determine if there were differences in the variables evaluated (burnout, self-care) (H4).

Results

Table 2 shows the means, standard deviations, internal consistency indices and bivariate correlations for all the variables. Cronbach's α values were between .67 and .92, while the bivariate correlations determined a significant relationship between the variables. In addition, self-care practices were significantly related to the years working as a psychologist.

SEM analyses revealed that self-care practices were significantly related to perceived burnout ($-.72$; $*** p < .001$). Specifically, the more self-care practices, the lower the level of burnout. See Figure 1.

Table 2

Mean, standard deviation, internal consistency, and intercorrelations

Variables	M	SD	1	2	3	4	5	6	7
1. Self-care	2.30	.49	(.67)	-.27**	-.28**	.43**	-.09	.24**	.07
2. Emotional exhaustion	2.53	1.26	-	(.92)	.40**	-.29**	.15	.08	.07
3. Depersonalization	.78	.73	-	-	(.67)	-.33**	.01	-.15	.05
4. Job efficacy	4.67	.78	-	-	-	(.86)	-.03	.11	-.00
5. Sex	1.84	.36	-	-	-	-	-	.07	.09
6. Years practicing	4.32	2,093	-	-	-	-	-	-	.09
7. Work modality	2.24	.91	-	-	-	-	-	-	-

Note. Consistency indices can be found along the diagonal. * $p < .05$, ** $p < .01$, *** $p < .001$

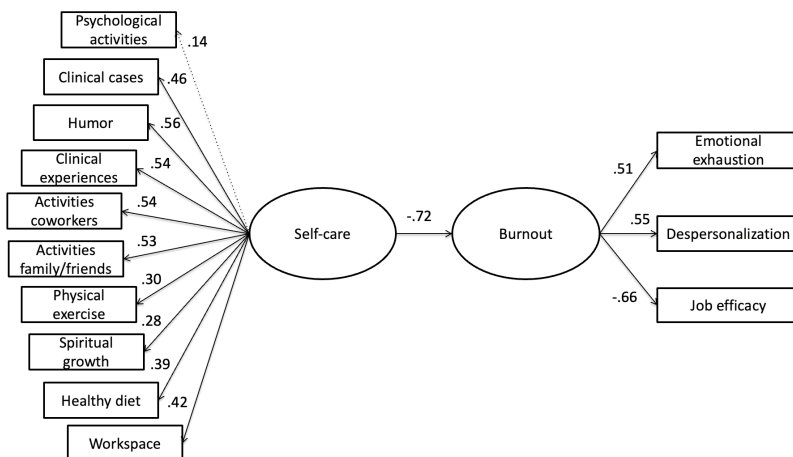


Figure 1. Standardized results of the structural equation model (Hypothesis 1)

Note. The dotted line is a non-significant relationship.

However, to verify the relative impact of each of the self-care practices on each of the burnout dimensions, a *path analysis was carried out*. The results determined that not all self-care practices were relevant. In fact, the practices related to “participating in recreational activities with coworkers”, “doing physical exercise” and “considering the physical workspace to be adequate” were related to emotional exhaustion, while the practices related to “participating in recreational activities with coworkers”, “doing physical exercise” and “maintaining a healthy diet” were associated with depersonalization. In terms of practices related to “performing physical exercise” the result goes against what was expected. Finally, regarding job efficacy, the self-care practices that were determined to be statistically significant were related to “having a sense of humor in the work environment”, “participating in recreational activities with coworkers”, “participating in recreational activities with friends and family members”, “maintaining a healthy diet” and “considering the physical workspace to be adequate”. See Figure 2.

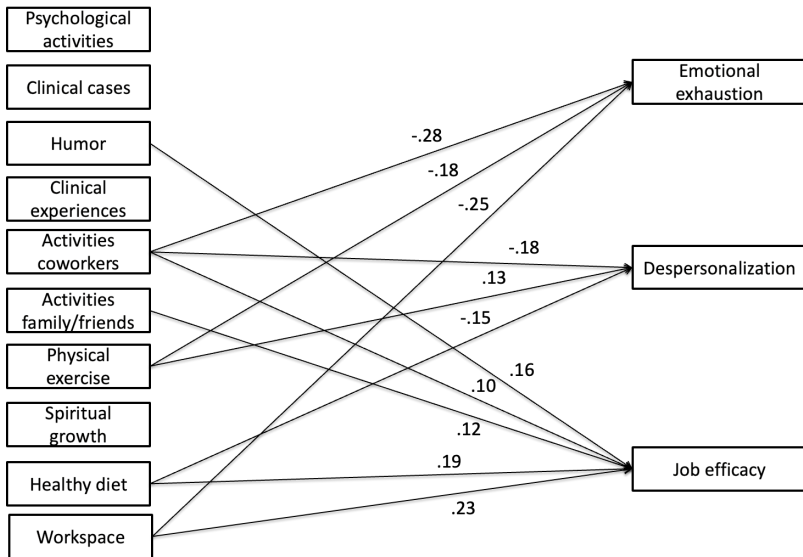


Figure 2. Standardized Path analysis results (Hypothesis 2)

Note. To facilitate the understanding of the results, only statistically significant relationships have been represented.

Finally, an ANOVA was carried out based on the work modalities used during the pandemic (online, face-to-face, and mixed), in order to determine if there were any differences in the variables evaluated, both according to dimension (burnout) and practice (self-care). The results determined only differences in depersonalization ($F = 11.823$; $p < 0.00$) and job efficacy ($F = 4.605$; $p < 0.01$). In both cases, the face-to-face psychologists differed statistically from the mixed and online ones. Specifically, in depersonalization, the face-to-face psychologists present an average of 1.45 (DT = 1.02), the mixed-method psychologists .72 (DT = .65), and the online psychologists .59 (DT = .57). Regarding professional effectiveness, the face-to-face psychologists present an average of 4.18 (DT = 1.12), the mixed-method psychologists 4.72 (DT = .66), and the online psychologists 4.76 (DT = .75).

In summary, the face-to-face psychologists present a higher level of depersonalization, but lower levels of job efficacy, compared to psychologists who work in other modalities.

Discussion

The first aim of this study was to examine the relationship between self-care behaviors and levels of burnout among Ibero-American clinical psychologists working during the COVID-19 pandemic. Previous literature had already highlighted the importance of considering the relationship between burnout syndrome and self-care as an individual prevention variable, but this relationship had not been addressed in the context of the COVID-19 pandemic and with the characteristics of the sample studied, which represented a knowledge gap that makes this work relevant.

In line with previous research (Guerra et al., 2011; Valdés et al., 2020), the results confirmed the relationship between self-care practices and the reduction of burnout (Hypothesis 1). This finding is relevant, given that the study was carried out in an exceptional context, which suggests that even in complex situations, self-care practices can contribute to mitigating burnout. There are recent studies that have addressed this issue in other healthcare professionals, for example, Chen et al. (2021) found that self-care practices such as physical exercise and meditation were associated with lower levels of burnout in healthcare workers during the COVID-19 pandemic, or Shanafelt et al. (2020), who found that self-care practices, such as adequate sleep and regular exercise, were associated with lower levels of burnout in healthcare workers. Our study reinforces the idea that self-care practices are important to prevent burnout in stressful situations such as the COVID-19 pandemic, in a very specific population of workers dedicated to mental health, such as clinical or health psychologists. Moreover, it was found that years of practice have a positive relationship with self-care, suggesting that professional experience may influence the adoption of healthy practices for psychological well-being (confirming Hypothesis 2).

With regard to Hypothesis 3 (specific self-care practices such as exercise, healthy diet, recreational activities with colleagues, will have impact on reducing burnout dimensions in Ibero-American clinical psychologists during the COVID-19 pandemic), results partially confirmed it. Specifically, engaging in recreational activities with colleagues has been observed to positively affect all three dimensions of burnout. These recreational activities serve as an outlet for emotional release, contribute to a decrease in depersonalization, and foster an increase in personal accomplishment (Güzel et al., 2020). In other contexts, beneficial self-care practices such as physical exercise and healthy eating have also been found in previous studies in other contexts (Silva et al., 2021; Villaquirán et al., 2020). Even a sense of humor and recreational activities with the family have been shown to be related to greater personal accomplishment. This could be explained because a sense of humor and recreational activities improve self-efficacy and the ability to face difficult situations, which in turn can contribute to greater personal accomplishment (Chen & Huang, 2017; Kuo & Yang, 2018). However, in this study, self-care practices more related to the job role and performance do not seem to have any effect on burnout. This may be due to a change in self-motivation towards the work task (Hennekam et al., 2021), and the need to adapt to an exceptional situation and to new roles, both at work and in the family (Santamaría-Vázquez et al., 2021). Therefore, these findings suggest that in situations such as confinement, people prioritize recreational activities for their general well-being (including work) instead of focusing on their professional development or growth.

Finally, in relation to the Hypothesis 4 (there are differences in the self-care and burnout, considering the different work modalities, online, face-to-face, mixed, practiced by Ibero-American clinical psychologists), the results partially confirmed it. Significant differences were found in depersonalization and job efficacy, suggesting that the work modality may influence the development of burnout. Taking into account the COVID-19 recommendations (interpersonal distance, mask, protective screens...) for face-to-face workers, these results could be logically understood: Depersonalization could be a result of complying these regulations,

as well as the lack of contact could lead to increase the perception of not working properly. Similarly, in a study during the 2009 flu-influenza A/H1N1 pandemic conducted with nurses, it was found that the greater the risk perceived by professionals of being able to endanger their relatives or themselves, the less they wanted to care for sick people, decreasing their predisposition to work (Martin, 2011). Also, it is important to note that, this difference was not found in emotional exhaustion, which is considered the beginning of burnout (Gil-Monte, 2011; Gil-Monte and Peiró, 1997; Gil-Monte and Peiró, 1999)

Theoretical and practical implications

Having a greater knowledge of the importance of self-care behaviors in the dimensions of burnout in specific contexts such as the pandemic and confinement can facilitate the development of interventions or guidelines that can be used in future similar situations, preparing psychology professionals to better deal with these situations. Thus, in general, and specifically in these situations, it should be recommended that psychology professionals participate in recreational activities with coworkers, engage in physical exercise, and follow a healthy diet. In addition, the promotion of recreational activities with family and friends, and a sense of humor is encouraged.

Limitations and future studies

This study has a number of limitations that need to be discussed. First, the information collected was obtained through self-reported questionnaires, which can lead to problems derived from a common variance bias. To minimize this problem, different Likert-type response scales were used (Podsakoff et al., 2012)

Second, these data were collected at a single point in time, so we cannot establish causality between the variables. Although there is enough literature to confirm this relationship (self-care → burnout) (Guerra et al., 2011), it would be advisable to collect data at different times of the pandemic, to assess its possible evolution.

Third, it must be taken into account that this study was carried out only with active clinical psychology professionals, therefore, caution must be exercised when generalizing these results to other professions.

Finally, although we propose that only some practices have an effect on burnout, it is possible that certain practices have an effect when combined with others. Future studies could follow this direction. For example, Gómez-Borges et al. (2022) confirmed that physical exercise or mindfulness alone had no effect on well-being, but when combined they did have an effect.

Highlights

The most important self-care practices in a pandemic and confinement situation in general health psychologists seem to be related to recreational activities, and therefore associated with distraction. In this context, characterized by a high need for protection, higher levels of depersonalization were found in face-to-face care, given that professionals had to comply with a series of measures such as social distancing or avoiding direct contact. This in turn seems to generate a worse perception of job efficacy.

It is necessary to continue investigating the relationship between self-care practices and their specific impact on each dimension of burnout, in special contexts or situations.

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