

Emotional Labor, Psychological Resilience and Burnout Among Clinical Psychologists

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ABSTRACT

The present study aims to find out the relationship between emotional labor, psychological resilience, and burnout among clinical psychologists. The sample of the study consisted of N=300 participants, with 150 men and 150 women from different hospitals and centers, with an age range of 25-45 years. The measurement tools included the Emotional Labor Scale, Maslach Burnout Inventory, and Connor-Davidson Resilience Scale. Results show that emotional labor has a positive significant relationship with burnout, and psychological resilience has a negative correlation with burnout. The hierarchical regression findings revealed that psychological resilience negatively predicts burnout and emotional labor in clinical psychologists. Meditation pathway depicts that there is an impact of psychological resilience and emotional labor on burnout. This research demonstrates practical value because it enables developers to create specific therapeutic programs that manage psychological resilience in clinical psychologists to decrease burnout.

Keywords: Emotional labor, Psychological resilience, Burnout, Clinical psychologist.

INTRODUCTION

Clinical psychologists often deal with people who have undergone trauma, grief, anxiety, depression, interpersonal conflicts, suicidal thoughts, and many other psychological issues. While this can be personally fulfilling, constant exposure to clients' pain can put significant emotional pressure on the practitioner (O'Connor et al., 2018; Vivolo et al., 2024). Clinical psychologists should remain empathetic, calm, attentive, and professional despite feeling frustrated, sad, scared, helpless, and emotionally tired. Therefore, emotion regulation is not only a personal process for clinical psychologists but a professional one as well (Clarke et al., 2024).

Clinical psychology professionals operate in an emotionally taxing environment, where they are constantly faced with clients' traumatic experiences, stress, interpersonal problems, and psychological pain. To provide effective clinical practice, one needs to be empathic, warm, emotionally stable, and nonjudgmental. However, that can be difficult when the professional feels stressed or tired. Regulating one's emotions to fulfil professional responsibilities is called emotional labor. It consists of surface acting, when people regulate only their external display of emotion without any change in their internal state, or deep acting, when one attempts to change his or her inner state in accordance with what is

expected from the professional (Grandey, 2000; Hochschild, 1983). Though emotional regulation is essential for the process of therapy, constant application of it can deplete one psychologically.

Emotional Labor is the term used for the emotional effort put into managing emotions as per the professional expectations (Grandey & Gabriel, 2015). There are three types of emotional labor, which include surface acting, deep acting, and natural emotional expression. Surface acting happens when individuals change their visible emotional expressions but do not change how they feel while deep acting is when individuals try to evoke appropriate emotions as per the professional needs (Grandey & Gabriel, 2015). Natural emotional expression is where the individual's emotions happen to be the same as those expected of him/her professionally (Clarke et al., 2024).

Burnout is an occupational-psychological syndrome that manifests itself through emotional exhaustion, depersonalization, and lack of professional accomplishment (Maslach et al., 2001). Clinical psychologists are especially susceptible because of the emotional nature of their work combined with high caseloads, administrative burden, stressful time management, complicated ethical considerations, and exposure to trauma experienced by clients. A review of existing literature on applied psychologists has revealed that emotional exhaustion is the most common characteristic of burnout, and that workload and work environment are crucial occupational factors contributing to burnout (McCormack et al., 2018). Likewise, studies on clinical and counseling psychologists have indicated significant emotional exhaustion among participants, proving that burnout is a relevant occupational health issue for psychologists (Simpson et al., 2019).

In fact clinical psychologists face similar occupational stress, there are great differences in their reactions to emotionally stressful working situations. The term 'psychological resilience' is used to refer to an individual's ability to cope well, function psychologically, and recover from stress or traumatic experience. Psychological resilience is not a stable trait but a psychological resource that depends on coping, self-efficacy, social support, professional supervision, job circumstances, and experience. According to the Job Demands–Resources model, burnout is more probable if the occupational demands continuously exceed the individual and organizational resources at the disposal of an employee (Bakker & Demerouti, 2007). Thus, the psychological resilience of a clinical psychologist can help them adapt to stress, regulate emotions, think flexibly, and recover from stressful treatment sessions. Studies conducted in healthcare settings show that higher resilience of individuals correlates with low levels of emotional exhaustion and burnout (Lee et al., 2019; Serrão et al., 2021).

Although there has been increasing focus on psychologists' job well-being, relatively little attention has been paid to the investigation of emotional labor, psychological resilience, and burnout among clinical psychologists. Earlier research has revealed that emotional labor leads to emotional exhaustion (Clarke et al., 2024), while resilience is negatively associated with burnout among psychotherapists and counselors (Litam et al., 2021; Van Hoy & Rzeszutek, 2022). In other studies, the ability of resilience to moderate the effects of risk and protective factors of psychological health on burnout was demonstrated (Ruiz-Aranda et al., 2024; Serrão et al., 2021). However, there is a lack of evidence regarding the moderating role of psychological resilience in the association between emotional labor and burnout among clinical psychologists. Thus, the goal of this study is to investigate the associations between emotional labor, psychological resilience, and burnout and explore whether psychological resilience mediates the association between emotional labor and burnout among clinical psychologists.

Hypotheses

1. There will be a significant connection between emotional labor and burnout among clinical psychologists.
2. There will be a significant negative association between emotional labor and psychological resilience among clinical psychologists.
3. There will be a significant negative connection between psychological resilience and burnout among clinical psychologists.
4. Psychological resilience will predict burnout among clinical psychologists.
5. Psychological resilience will mediate the connection between emotional labor and burnout among clinical psychologists.

METHOD

Participants

A sample sized comprised of N=300 corporate workers (150 male and 150 female) from different public and private hospitals and clinic of Lahore. Purposive sampling strategy was used to select sample because participants who have clinical psychologists were selected to find out the connection among emotional labor, psychological resilience and burnout. The study will include professional psychologists working in clinical, counseling, or organizational settings, psychologists having at least 6 months to 1 year of professional experience, and participants aged between 25 and 45 years. Psychology students or interns without independent professional practice, individuals not currently practicing (e.g., on long leave or career break), and participants diagnosed with severe psychological disorders will be excluded.

Measures

The following instruments were used to measure variables. (I) Demographic Sheet: A self-constructed demographic sheet including items related to age, gender, education, and monthly income, no of family member, marital status, residential area, working experience, and socioeconomic status. (II) Emotional Labor Scale (Brotheridge & Lee, 2003): The Emotional labor Scale (Brotheridge & Lee, 2003) is a 15-item self-report instrument exhibiting robust psychometric properties across its six distinct subscales: internal consistency approximations (Cronbach's alpha) range from 0.74 to 0.91, confirmatory factor analyses support its six-factor unidimensional structure, and it demonstrates solid convergent and discriminant validity. The frequency (3 items, $\alpha = .52$), intensity (3 items, $\alpha = .81$), and variety (3 items, $\alpha = .79$) of emotional display, surface acting (3 items, $\alpha = .80$) and deep acting (3 items, $\alpha = .83$) will be statelty using the emotional labor scale. Scale was comprise of a overall of 15 items with a five-point scale (1 never to 5 always) to indicate how often they had conducted certain behaviors on an average day at work. The scales have three subscales namely surface acting (1-6 items), deep acting (7-10 items) and genuine expression (11-15 items). The overall scale score can vary from 9 to 45. Higher scores represent more emotional labor involved in one job. (III) Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003): The Connor-Davidson Resilience Scale (CD-RISC) are assessed on a 5-point (0–4) scale with 25 items; the higher the rating, the more resilience is demonstrated. Several measures of resilience are included in the Connor Davidson Resilience Scale: The capacity to adjust to change, The capacity to handle what arises, The capacity to manage stress,

The capacity to maintain concentration and think clearly, The capacity to persevere in the face of failure and the capacity to manage negative emotions like grief, anguish, or rage. All of the items on the scale are rated on a scale from 0 to 4. The CD-RISC-25 has a total range of 0 to 100, with the highest scores denoting the highest level of resilience. (IV) Maslach Burnout Inventory (Maslach & Jackson, 1981): Maslach Burnout Inventory is a standardized instrument, which was created by the Christina Maslach and her associates in 1981 to assess burnout at the human service and other workplaces. It is among the most popular tools to measure burnout, and it has a number of important elements. The inventory is composed of 22 items and three dimensions and it is well-reliable ($= 0.71$ to 0.90). The MBI generally measures three dimensions; Emotional Exhaustion (EE-9items): The feelings of being emotionally exhausted and exhausted by the demands of work. Depersonalization (DP- 5items): Cynical attitude or detached reaction towards a client or colleagues. Personal Accomplishment (PA- 8items): A sense of competence and accomplishment in work. These dimensions are measured by a set of statements rated by a Likert scale, usually with 0 (Never) at each end, and 2 (Once a month or less), 3 (A few times a month), 4 (Once a week), 5 (Several times a week) and 6 (Every day). The responses to the items are then added to give the scores of each dimension. The higher the score in EE and DP, the more burnout and the lower the score in PA, the more burnout.

Procedure

The study was employing a quantitative research design to investigate the connection among emotional labor, psychological resilience and burnout among clinical psychologists. Data was collected using standardized measures, including the Emotional labor scale, Connor-Davidson resilience scale and Maslach burnout inventory. Researchers were provided participants with an data sheet outlining the study's purpose, risks and benefits. Descriptive statistics (means, standard deviations, frequencies) were calculated to summarize participant characteristics and study variables. Inferential statistics were including independent samples t-tests to compare mean differences in study variable between males and females. Correlation Research design was examined the bivariate relationships between emotional labor, psychological resilience and burnout. Multiple linear regression analysis was used to test the predictive affiliation among resilience and burnout (outcome variable). Mediation analysis through Process was used to find out the mediating effect of psychological resilience on emotional labor and burnout. Statistical analyses were performed using SPSS software, with alpha set at 0.05 to determine statistical significance. Researchers personally approached workers in comfortable settings, explaining the study's purpose in simple terms and creating a welcoming atmosphere where participants felt valued as contributors to psychological research. Participants were given flexible options to complete the questionnaires either through secure online platforms from their own space or in face-to-face sessions with supportive research assistants who maintained an approachable, non-judgmental demeanor throughout the process.

RESULTS

Table 1: Psychometric Properties of Study Variables

Scale	<i>M</i>	<i>SD</i>	Range	Cronbach's <i>a</i>
CD-RISC	49.70	28.14	0-13	.98
Occupational	27.13	14.53	0-4	.93
Depersonalization	15.30	8.40	0-5	.89
Personal	23.89	13.10	0-4	.93
Emotional labor	44.56	17.03	8-40	.96

M= Mean, *SD*=Standard Deviation, CD-RISC= Conner-Davidson resilience scale,

Table 1 shows the psychometric property of all the study variables. The results shows that the reliability of scale Conner-Davidson Resilience Scale (CD-RISC), the subscale of the Emotional Labor Scale, and the Maslach Burnout Inventory is $>.70$.

Table 2: Pearson Correlation for Study Variables (N=300)

Variable	1	2	3	4	5	6
Emotional labor	-					
Resilience	-.71***	-				
Occupational ex	.75**	-.78***	-			
Depersonalization	.73***	-.76**	.90***	-		
PAB	-.75***	.76***	-.93**	-.90***	-.72***	
Burnout	-.07	.14*	-.16**	-.70***	.88***	

Note. , PAB= Personal accomplishment assessment

* $p < .05$, ** $p < .01$, *** $p < .001$

A bivariate correlation was conducted to find out the relationship between all the study variables. The correlation analysis was conducted by Pearson's correlation coefficient for exploring the interrelationship between score emotional labor, psychological resilience and burnout among clinical psychologists. Table showed that emotional labor had a negative significant relationship with resilience ($r = -.71, p = .00$) and personal accomplishment assessment ($r = -.75, p = .00$). The result also showed that emotional labor had a positive association with occupational exhaustion ($r = .75, p = .00$) and depersonalization ($r = .73, p = .00$). Furthermore resilience had a negative significant association with occupational exhaustion ($r = -.78, p = .00$) and depersonalization ($r = -.76, p = .00$) but had a positive significant relationship with personal accomplishment assessment ($r = .76, p = .00$). Moreover result also indicated that occupational had a positive association with depersonalization ($r = .90, p = .00$) but negative association with personal accomplishment assessment ($r = -.93, p = .00$). Result showed that people who experienced emotional labor had a greater burnout and decrease resilience.

Table 3: Simple Linear Regression Results for Burnout

Predictor	B	SE	β	95% CI	R^2	ΔR^2
Constant	65.96	2.52		61.00,70.92		.
Emotional labor	0.21	0.04	.33	.14, .28		
Psychological resilience	-0.18	0.02	-.47	-.23, -.14		
					.55	.56

Note * $p < .05$, ** $p < .01$, *** $p < .001$

Table 3 shows regression analysis to determine the predictors of psychological resilience. In Step, the R^2 value of .55 revealed that emotional labor and psychological resilience showed 55% variance in burnout, with $F(2, 297) = 177.61, p < .000$. The results showed that emotional labor ($\beta = .33, p < .000$) was a significant positive predictor of resilience. Furthermore, the finding revealed that resilience ($\beta = -.47, p < .00$) significant negative predictor of burnout.

Table 4: Mediation Analysis between Emotional Labor, Psychological Resilience and Burnout among Clinical Psychologists

Consequences								
			M(PR)	95%CI		Y(B)		95%CI
Antecedent		B	SE	LL-UL		B	SE	LL-UL
Emotional labor(X)	A	-1.17**	.07	-1.31, -1.04	c'	.21***	.04	.13, .28
PR (M)					B	-.18***	.02	-.23, -.14
Constant		101.94	3.22	95.60, 108.27		65.96	2.52	61.00, 70.92
Total effect		.43	.04	.14, .28				
EL → PR → B		.21***	.03	.16, .23				
Sobel Z		6.57***						
		$R^2 =$	.50***			$R^2 =$	.54***	

Note * $p < .05$, ** $p < .01$, *** $p < .001$

Table 4 showed mediation analysis through Hayes PROCESS Macros using model 4 to find out whether psychological resilience mediates the relationship between emotional labor and burnout. In path a R^2 value of .50 shown that predictors described 50% variance in the outcome with [$F(1, 298) = 301.84, p < .001$]. The result revealed that emotional labor was negatively associated with psychological resilience ($b = -1.17, p < .001$) showed that greater level of emotional labor predicted lower psychological resilience. Moreover, in path b R^2 value of .54 discovered that predictors clarified 54% variance in the outcome with [$F(2, 297) = 177.67, p < .001$]. Psychological resilience was negatively linked with burnout ($b = -.18***, p < .001$), representing that lower levels of psychological resilience were linked with higher burnout. When controlling for psychological resilience, the direct effect of emotional labor on burnout also significant ($b = .21***, p < .001$), demonstrating partial mediation. The indirect effect of emotional labor on burnout through psychological resilience was also significant ($b = .21***$). This finding revealed that emotional labor impacts burnout indirectly by reducing psychological resilience, which in turn, contributes to greater burnout.

DISCUSSION

In the current research, it was hypothesized that there would be a noteworthy relationship among emotional labor, psychological resilience and burnout among clinical psychologists. The results showed that there were important associations between emotional labor, psychological resilience and burnout. Emotional labor was found to be positively related to burnout; psychological resilience was found to be negatively related to burnout and was related to healthier emotional functioning.

The results of this study support Hochschild's (1983) theory that occupations that demand constant emotional management create emotional dissonance and psychological strain in the employee. While

being empathetic and emotionally stable with clients, clinical psychologists are expected to have emotional control and restraint, and therefore are more prone to emotional fatigue. Likewise, according to Kinman and Leggetter (2016), emotional labor has been shown to consistently predict emotional exhaustion and burnout as psychological resources become exhausted through the prolonged suppression of true emotions. In particular, a tendency towards surface acting has been shown to be the single most effective predictor of burnout, while emotional expression is related to greater psychological well-being.

Specific studies amongst psychologists also validate these results. In the study by Clarke et al. (2020), Emotional Labor was described as being professionally fulfilling as well as psychologically stressful. Prolonged emotional regulation led participants to report feeling emotionally exhausted after engaging in emotional regulation and noted that their emotional resources were depleted when it was engaged consistently throughout therapy. More recently, Joffe and Peters (2024) investigated the association among emotional labor and psychological outcomes of Australian psychologists and found significant associations with psychological states of burnout, depression, anxiety and stress. Those psychologists who “acted” their emotions at a high level had significantly more emotional exhaustion than those who had natural emotions.

The second hypothesis was also confirmed. Psychological resilience was a significant predictor of emotional labor and burnout. Clinical psychologists who were more resilient had lower levels of burnout and were more likely to use healthier emotion regulation strategies. The results are consistent with the Job Demands Resources (JD-R) Model that suggests that personal resources like resilience diminish the negative impact of challenging work conditions by helping them cope adaptively and manage their emotions (Bakker & Demerouti, 2007).

Similar results were also found with health-care workers. A multi-centre study exploring emotional labour, resilience and burnout amongst nurses showed that resilience was a significant predictor of lesser burnout and healthier emotional labour practices. Those who were more resilient had more positive psychological adaptation and significantly less emotional exhaustion. Conservation of Resources Theory (CRT) is another theory that could explain this predictive aspect of resilience, suggesting that those who have more psychological resources can better defend themselves against future resource loss. This means that emotionally challenging therapeutic experiences are more likely to cause resilient psychologists to recover and are less likely to lead to chronic burnout.

Mediation analysis was used to confirm the third hypothesis by showing that psychological resilience mediated the link between emotional labor and burnout. This is a new insight that indicates emotional labor can affect burnout both directly and indirectly by affecting resilience. More specifically, over time, the more emotional labor there is, the more psychological resources that are required to be used up, and so fewer remain for the individual to utilize for resilience. Lower resilience then leads to greater vulnerability to burn out. But psychologists with greater resilience can break this cycle through their ability to cope with occupational stress and to stay psychologically well.

The present finding is in line with Conservation of Resources Theory, which suggests that burnout occurs when an individual's psychological resources are depleted on a regular basis, which they are unable to get back. Emotional labor consumes emotional energy, resilience replenishes and protects. There is also some empirical support for this mediation process. In emotional labor occupations, research has shown that resilience has a significant impact in mitigating negative effects of occupational stress on burnout and that resilience is an important protective mechanism.

REFERENCES

- Bakker, A. B., & Demerouti, E. (2007). The job demands–resources model: State of the art. *Journal of Managerial Psychology*, 22(3), 309–328. <https://doi.org/10.1108/02683940710733115>
- Clarke, J. J., Rees, C. S., Breen, L. J., & Heritage, B. (2023). Managing emotional labour in the provision of psychotherapy—What matters most. *Australian Psychologist*, 58(1), 42–54. <https://doi.org/10.1080/13284207.2022.2121644>
- Clarke, J. J., Rees, C. S., Breen, L. J., & Heritage, B. (2024). Emotional labor and emotional exhaustion in psychologists: Preliminary evidence for the protective role of self-compassion and psychological flexibility. *Journal of Contextual Behavioral Science*, 31, Article 100734. [Article record](#)
- Clarke, J. J., Rees, C. S., Mancini, V. O., & Breen, L. J. (2024). Emotional labor and emotional exhaustion in psychologists: Preliminary evidence for the protective role of self-compassion and psychological flexibility. *Journal of Contextual Behavioral Science*, 31, 100724. <https://doi.org/10.1016/j.jcbs.2024.100724>
- Grandey, A. A. (2000). Emotion regulation in the workplace: A new way to conceptualize emotional labor. *Journal of Occupational Health Psychology*, 5(1), 95–110. <https://doi.org/10.1037/1076-8998.5.1.95>
- Grandey, A. A., & Gabriel, A. S. (2015). Emotional labor at a crossroads: Where do we go from here? *Annual Review of Organizational Psychology and Organizational Behavior*, 2, 323–349. <https://doi.org/10.1146/annurev-orgpsych-032414-111400>
- Hochschild, A. R. (1983). *The managed heart: Commercialization of human feeling*. University of California Press.
- Lee, Y. R., Lee, J. Y., Kim, J. M., Shin, I. S., Yoon, J. S., & Kim, S. W. (2019). A comparative study of burnout, stress, and resilience among emotional workers. *Psychiatry Investigation*, 16(9), 686–694. <https://doi.org/10.30773/pi.2019.07.1>
- Litam, S. D. A., Ausloos, C. D., & Harrichand, J. J. S. (2021). Stress and resilience among professional counselors during the COVID-19 pandemic. *Journal of Counseling & Development*, 99(4), 384–395. <https://doi.org/10.1002/jcad.12391>
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52, 397–422. <https://doi.org/10.1146/annurev.psych.52.1.397>
- 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, Article 1897. <https://doi.org/10.3389/fpsyg.2018.01897>
- O’Connor, K., Muller Neff, D., & 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>
- Ruiz-Aranda, D., García-Guiu, C., & Pino, R. M. (2024). Therapist self-compassion and compassion fatigue: The mediating role of resilience. *Current Psychology*.

Serrão, C., Duarte, I., Castro, L., & Teixeira, A. (2021). Burnout and depression in Portuguese healthcare workers during the COVID-19 pandemic—The mediating role of psychological resilience. *International Journal of Environmental Research and Public Health*, 18(2), Article 636. <https://doi.org/10.3390/ijerph18020636>

Serrão, C., Duarte, I., Castro, L., & Teixeira, A. (2021). Burnout and depression in Portuguese healthcare workers during the COVID-19 pandemic—The mediating role of psychological resilience. *International Journal of Environmental Research and Public Health*, 18(2), Article 636. <https://doi.org/10.3390/ijerph18020636>

Simpson, S., Simionato, G., Smout, M., van Vreeswijk, M. F., Hayes, C., Sougleris, C., & Reid, C. (2019). Burnout amongst clinical and counselling psychologists: 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>

Van Hoy, A., & Rzeszutek, M. (2022). Burnout and psychological wellbeing among psychotherapists: A systematic review. *Frontiers in Psychology*, 13, Article 928191. <https://doi.org/10.3389/fpsyg.2022.928191>

Vivolo, M., Owen, J., & Fisher, P. (2024). Psychological therapists' experiences of burnout: A qualitative systematic review and meta-synthesis. *Mental Health & Prevention*, 33, 200253. <https://doi.org/10.1016/j.mhp.2022.200253>