

Burnout and Psychological Well-Being among Mental Healthcare Professionals in Portugal: A Cross-Sectional Study

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INTRODUCTION & AIM

Burnout?

Chronic unmanaged workplace stress (World Health Organization, 2019)

- Emotional exhaustion
- Reduced professional efficacy
- Mental distancing from work

Limited evidence (Portugal):

- Burnout levels
- Psychological well-being
- Burnout-related knowledge
- Sociodemographic determinants

Mental Healthcare Professionals?

- Emotional demands
 - Complex patient interactions
 - Organisational pressures
- (Nagle et al., 2024; Kumar & Bhagat, 2025)

AIM

To assess burnout, psychological well-being (PWB) and their association in mental healthcare professionals in Portugal.

METHOD

Design:	Cross-sectional descriptive–correlational
Sample:	N = 199
Data collection:	Online questionnaire (Oct 2025)
Measures:	Copenhagen Burnout Inventory General Psychological Well-Being Questionnaire
Analysis:	Descriptive + inferential
Ethics:	Approved (Ref. 2025-109)

Comparison between studies in Southern Europe

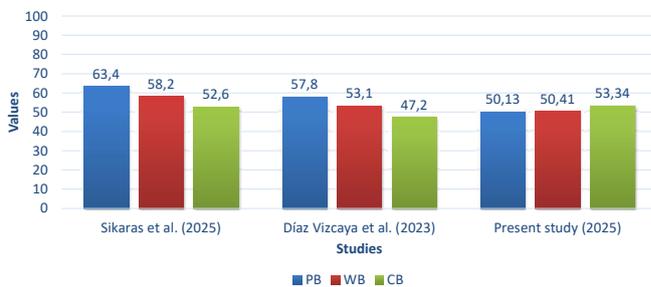


Figure 2. Mean scores of personal burnout (PB), work-related burnout (WB), and client-related burnout (CB) across studies, using the Copenhagen Burnout Inventory.

RESULTS & DISCUSSION

N = 199 mental healthcare professionals
75.4% female
78.9% nurses
 Mean age: **41.3 years**
60.8% rotating shifts
45.7% advised psychological support

Burnout ↔ Well-being: $r = -0.80$
($p < 0.001$)

Age Burnout ($r = -0.17$)
 Age Well-being ($r = 0.21$)

Rotating shift: Burnout ($p = 0.048$)

High Knowledge (>95% correct answers)
 Lower in:
 Work–life boundaries (**9% incorrect**)
 Importance of leisure (**14.6% incorrect**)

Advised psychological support:
 burnout (Total): **49.4 vs 43.0** ($p = 0.003$)
 well-being: ($p < 0.001$)

Burnout (Total): Mean 46/100 moderate
PWB: Mean 3.13 / 5 moderate level
 Higher client-related burnout in those not advised support ($p < 0.001$)

Participants advised psychological support, across burnout dimensions

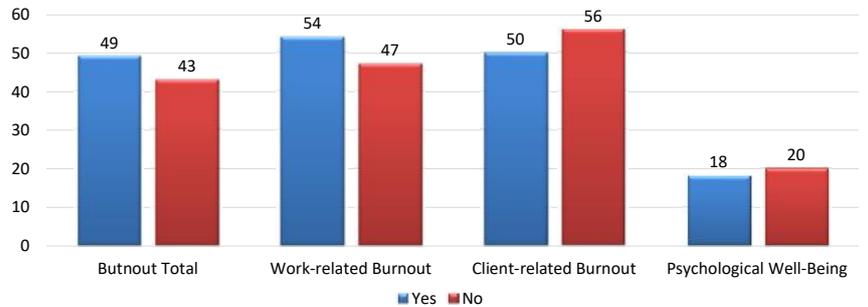


Figure 1. Comparison of mean scores between participants who recommend psychological support, across burnout dimensions (work-related burnout, client-related burnout) and psychological well-being.

Literature:

PB > WB > CB

Present study:

CB > WB PB

Higher CB:

- Emotional burden
- Continuous exposure to psychological suffering
- Specific demands of mental health settings

Lower PB:

- Adaptation mechanisms and resilience
- Organisational/contextual differences

Distinct burnout profile, with greater burden associated with patient interaction rather than personal exhaustion.

CONCLUSION

- Moderate levels of burnout and moderate PWB.
- Strong negative association burnout PWB ($r = -0.80$)
- Rotating shift work - Burnout
- Professionals advised to psychological support:
 - burnout
 - PWB

Implications for Healthcare Organisations

- Review shift systems
- Promote psychologically safe workplaces
- Mental health screening

Implications for Clinical Practice

- Strengthen therapeutic support structures
- Regular supervision and reflective spaces
- Early detection of burnout symptoms

Final Message

Burnout in mental healthcare professionals is not only a matter of workload, but fundamentally a relational and emotional phenomenon, requiring systemic and targeted responses.

For Mental Health Promotion

- Focus on behavioural change
- Reinforce:
 - work–life boundaries
 - self-care practices
 - emotional self-awareness

Scientific Contribution

- Provides context-specific evidence (Portugal)
- Supports the need for targeted, context-adapted interventions

Future Directions

- Longitudinal studies to assess relationships
- Evaluate intervention effectiveness
- Compare across systems and cultural contexts
- Explore protective factors

Limitations

- Cross-sectional design
- Convenience sampling
- Online data collection
- Predominance of nurses

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