Workplace Well-Being and Burnout Syndrome in Clinical Psychologists: An Ethical and Educational Reflection from the Perspective of Human Rights in Colombia.

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Abstract

Introduction: The mental health of workers has come to be considered, in public health and professional ethics, a topical issue, and more so if we consider activities with high emotional load care, such as clinical psychology. In this context, burnout syndrome is a work phenomenon which reflects the hypothesis of the relationship between the demands of professional practice and organizational conditions. The discussion article presented below is based on empirical evidence derived from a quantitative, descriptive, and cross-sectional study conducted with clinical psychologists (n = 15) under service contracts in the framework of a Colombian Southwestern neurorrehabilitation centre. The Maslach Burnout Inventory-Human Services Survey (MBI-HSS) was used for the population of the health sector in Colombia. The findings show that 73.3% of participants are at moderate risk for burnout syndrome and 26.7% have no signs of it, with heterogeneous levels of emotional exhaustion, low depersonalization, and high personal achievement. Consequently, in the light of the operational criterion, a critical reading from human rights, care ethics and higher education is proposed, based on the consideration that burnout is not an individual failure, a warning sign of structural tensions that must be met with institutional and training responses that promote decent work.

Keywords: Burnout syndrome; labor welfare; clinical psychologists; human rights; higher education.

1. Introduction

Mental health and the well-being of workers have become key issues in current debates on decent work, social justice, and the sustainability of health systems, given the growing body of evidence showing that work organization and management conditions are social determinants of health. These conditions directly affect psychological well-being and quality of life, particularly in contexts where high demands coexist with limited institutional support (Marmot et al., 2008; Pfeffer, 2018).

This issue is especially relevant in caregiving professions, such as clinical psychology, where professional practice entails continuous exposure to suffering and high emotional demands. The World Health Organization defines burnout syndrome as an occupational phenomenon—the result of chronic workplace stress that has not been successfully managed—shifting the focus away from individual explanations and toward the labor and organizational conditions under which professional practice occurs (World Health Organization [WHO], 2019). This understanding aligns with the view that burnout results from the relationship between job demands and the resources available to meet them (Maslach & Leiter, 2016).

According to Karasek & Theorell's (1990) job demand–control model, work environments characterized by high demands and low autonomy function as stressors that increase the risk of stress and, consequently, the deterioration of well-being. Among Latin American clinical psychologists, these conditions often relate to precarious employment contracts, excessive caseloads, and limited participation in institutional decision-making. Furthermore, from a human rights perspective, workplace well-being is linked to the right to just and favorable working conditions, which includes the protection of both physical and mental health (Committee on Economic, Social and Cultural Rights, CESCR, 2016; International Labour Organization, ILO, 2016).

This reflection also implicates higher education, as professional training should not be limited to the acquisition of technical competencies but must also cultivate critical reflection, ethical reasoning, and an understanding of the structural conditions shaping professional practice (Schön, 1983; Freire, 2005).

When these dimensions are overlooked, emotional exhaustion can become normalized as an inherent characteristic of clinical work. In this sense, this reflection paper aims to analyze burnout syndrome in clinical psychologists not as an individual problem but as a sentinel indicator of structural tensions between the demands of care work, organizational resources, and professional training processes.

This analysis is grounded in descriptive empirical evidence from a quantitative study conducted at a neurorehabilitation center in Colombia, used as a situated case to spark a broader regional discussion in Latin America. This approach is based on the interpretive view that burnout reveals the interrelation between high emotional demands, poor organizational conditions, and gaps in reflective and ethical training among professionals.

2. Methods

This reflection paper is supported by empirical evidence from a situational characterization study of burnout syndrome, conducted with a quantitative approach, descriptive scope, and cross-sectional design. This design also enables the use of findings as input for a critical interpretation grounded in ethics, education, higher education, and human rights. The study included 15 clinical psychologists—13 women and 2 men—aged 26 to 40, all linked through service contracts to a neurorehabilitation center in Valle del Cauca, Colombia. The sample was selected through non-probabilistic convenience sampling, based on the availability of professionals at the time of data collection. This design is appropriate for describing situational labor phenomena, without seeking generalization, as noted by Hernández Sampieri et al. (2018) and Montero & León (2007).

Data were collected using the Maslach Burnout Inventory–Human Services Survey (MBI-HSS), a 22-item instrument covering the dimensions of emotional exhaustion, depersonalization, and personal accomplishment (based on the theoretical model of Maslach et al., 1996). Its use in the Colombian context is supported by adaptation and validation studies conducted with healthcare professionals (Córdoba et al., 2011). Interpretation of results followed the cut-off points provided by the instrument guide, allowing for a global descriptive synthesis of the risk profile without operational diagnostic intention. The aim was to identify tensions between job demands and organizational resources. Burnout was examined from the perspective of the World Health Organization's classification as an occupational phenomenon, not a clinical disorder—an approach aligned with preventive, ethical, and contextual readings of workplace well-being (World Health Organization [WHO], 2019).

The response scale used was:

0 = Never;1 = A few times a year or less; 2 = Once a month or less; 3 = A few times a month; 4 = Once a week; 5 = Several times a week; 6 = Every day.

Table 1. Numerical Cutoff Points for Dimension Classification in the MBI-HSS.

Dimension	Low	Medium	High	Interpretive meaning
Emotional Exhaustion (EE)	0-16	17-26	>=27	Higher score = greater burnout
Depersonalization (DP)	0-6	7-12	>=13	Higher score = greater strain / burnout
Personal Accomplishment (PA)	<=31	32-38	>=39	Lower score = greater strain (inverse scale)

Note. Reference ranges according to the MBI-HSS manual (Maslach, Jackson & Leiter, 1996). In the Personal Accomplishment (PA) dimension, lower scores indicate greater strain. Subscale scores were obtained by summing the items (0–6 scale).

Ethical Considerations

The exercise was conducted within the context of formative training practices, following the guidelines of the participating institution, which was provided with an invitation letter and the support of the service coordination. The use of the instrument was strictly for academic and descriptive purposes, without any type of clinical intervention or manipulation of variables; therefore, it was categorized as a minimal-risk activity. Participation was voluntary and based on digital informed consent, which guaranteed the right of all participants to withdraw at any time without consequences.

Participant anonymity was ensured, as no identifying data were collected, and all information was kept confidential, stored securely, and used exclusively for academic purposes. The exercise complied with current national regulations regarding health research and the protection of personal data.

3. **Results**

The results presented below originate from the academic project *Workplace Well-Being and Mental Health of the Therapist: A Measurement Using the MBI-HSS*, carried out during the second semester of 2025 in a neurorehabilitation center located in Tuluá, Valle del Cauca (Colombia). In this project, the Maslach Burnout Inventory–Human Services Survey (MBI-HSS) was administered to clinical psychologists employed under service-provision contracts, within the framework of a formative training practice and for exclusively academic purposes (Narváez-Cardona, 2025). For the present article, the original database is reanalyzed and reinterpreted with a different aim, oriented toward ethical, organizational, and human-rights reflection, without altering the primary information.

Data collection was performed at a single point in time through a self-administered digital application of the MBI-HSS, which ensured anonymity and confidentiality. The study included 15 clinical psychologists (13 women and 2 men), aged between 26 and 40 years, all of whom had active contracts at the time of data collection and carried out direct clinical functions in neurorehabilitation processes. The responses were processed systematically using basic descriptive statistics, calculating frequencies and percentages for each dimension based on the cutoff points established in the instrument manual (Maslach et al., 1996), which allowed for a descriptive characterization of workplace well-being among the professionals in the evaluated context (see Table 1).

The integration of the emotional exhaustion, depersonalization, and personal accomplishment dimensions allowed for the construction of a global descriptive risk profile rather than an operational diagnostic criterion. The results show that 73.3% of participants (n = 11) fell within the category of moderate risk for burnout syndrome, while 26.7% (n = 4) showed no signs of this phenomenon. This distribution highlights a moderately vulnerable scenario, consistent with recent literature reviewing health professions in high-demand clinical contexts. For instance, in a systematic review of studies on burnout in Latin America and Europe, Durán et al. (2024) report that more than 60% of professionals in care services present low or moderate burnout levels, lending empirical support to the conclusions drawn from this situated case.

With respect to the personal accomplishment dimension, 73.3% of the psychologists assessed (n = 11) reached high levels, 20.0% (n = 3) medium levels, and only 6.7% (n = 1) low levels. From a theoretical standpoint, this pattern aligns with current literature indicating that helping professions tend to maintain high levels of vocational commitment, sense of purpose, and professional identity despite organizational conditions that may lead to progressive emotional exhaustion (Edú-Valsania et al., 2022). In neurorehabilitation settings—where therapeutic accompaniment is lengthy and emotionally demanding—these levels of personal accomplishment reflect the strength of the therapeutic bond and the perception of professional efficacy.

The coexistence of low personal accomplishment levels with an overall moderate-risk profile is therefore not contradictory; rather, it illustrates the multidimensional nature of burnout. Recent work in occupational health has indicated that personal accomplishment may function as a buffering factor, though insufficient to fully counteract the effects of chronic work stress, particularly in contexts marked by high service demands, contractual instability, and limited institutional support (World Health Organization [WHO], 2022). From the demand-control model, such conditions correspond to work environments with high demands and low control, which may increase the risk of burnout without necessarily indicating diminished professional dedication.

In the Colombian context, although the Ministry of Health and Social Protection does not provide profession-specific prevalence rates for burnout, it has emphasized that psychosocial risks at work are among the most significant determinants of mental-health impacts in the working population, underscoring the need for preventive and organizational approaches (Ministerio de Salud y Protección Social, 2023). Similarly, Murillo (2023) notes that recent guidelines on workplace mental health in care settings consider descriptive indicators of stress and professional burnout as key tools for monitoring and promoting health in occupational environments, particularly in assistance-based sectors (WHO, 2022).

Overall, the results portray a team of clinical psychologists who demonstrate a strong sense of shared professional efficacy and therapeutic commitment, yet who are also exposed to early signs of emotional strain that justify a preventive and institutionally oriented interpretation. From the standpoint of this article, the findings do not seek to generate prescriptive or generalizable conclusions; rather, they aim to offer situated empirical evidence that highlights the need to implement organizational well-being strategies, professional self-care mechanisms, and mental-health protections in emotionally demanding care contexts such as neurorehabilitation.

Discussion

The discussion of the findings is directed toward interpreting the empirical results derived from the study, as presented in relation to its specific objectives, interweaving descriptive evidence with the main theoretical, normative, and ethical contributions regarding burnout syndrome and workplace well-being

in caring professions. From a critical and preventive perspective, the organizational conditions, the manifestations of burnout, and ultimately the global risk profile identified for clinical psychologists are examined, given that burnout is understood as an occupational process linked to work organization rather than an individual failure. This interpretation aims to contribute elements for academic reflection and institutional decision-making regarding the protection of mental health and decent work.

Employment, social determinants, and the configuration of burnout risk

In alignment with the first specific objective—focused on characterizing the working conditions of clinical psychologists in the neurorehabilitation center—the results show a context marked by high care-related workloads, sustained emotional exposure, and service-provision contractual arrangements. These conditions cannot be considered isolated factors; rather, they are social determinants of workplace well-being, insofar as the organization of work directly shapes and determines the mental health of those who perform it, as noted by Marmot et al. (2008) when addressing health inequities derived from structural conditions in employment. From a critical organizational perspective, Pfeffer (2018) argues that current management models tend to normalize work practices that gradually deteriorate workers' health, especially in sectors where ethical and vocational commitment becomes a counterweight to precariousness. This framework is consistent with the interpretation of the present study's results, as the high emotional demand inherent to neurorehabilitation is intensified by the absence of systematic institutional programs for workplace well-being.

The demand-control model of Karasek & Theorell (1990) provides a solid explanatory framework for understanding this situation. The combination of high emotional demands and low control over one's working conditions—common under flexible contracting arrangements and overloaded schedules—correlates with the risk of chronic work stress and professional burnout, even when professionals maintain strong commitment to their work.

Manifestations of burnout and the multidimensional nature of the phenomenon

Regarding the second specific objective, which sought to measure the dimensions of burnout using the MBI-HSS, the results validate the multidimensional nature of the syndrome as originally conceptualized by Maslach & Jackson (1981) and later reaffirmed by Maslach et al. (1996). The heterogeneity observed—signs of emotional exhaustion, generally low levels of depersonalization, and overall high levels of personal accomplishment—confirms that burnout does not manifest as a linear, homogeneous progression, but rather as a combination of multiple dimensions.

The low depersonalization found in most participants suggests that, even when emotional exhaustion may produce some degree of therapist–patient distancing, ethical treatment of users remains preserved—an essential aspect for understanding the professional meaning of psychological practice and for interpreting MBI-HSS results without misrepresenting participants' experiences. This aligns with recent literature indicating that relational commitment can endure even when early signs of emotional strain are present in helping professions (Edú-Valsania et al., 2022).

However, as Maslach & Leiter (2016) warn, this same relational commitment may become a source of overexertion when organizational resources are insufficient to support emotional recovery. Methodologically, the use of the MBI-HSS is supported in the Colombian context by psychometric adaptation and validation work such as that of Córdoba et al. (2011), thus supporting the validity and relevance of the results for the assessed population.

Global risk profile and a preventive reading of burnout as an occupational phenomenon

The third objective—analyzing the overall burnout profile in the sample—is met insofar as 73.3% of participants fall within the moderate-risk category. This categorization should not be interpreted as a clinical diagnostic criterion, but rather as an indicator of preventive concern, consistent with the conceptualization of burnout as an occupational phenomenon and not a mental disorder in the International Classification of Diseases (ICD-11) of the World Health Organization (WHO, 2019).

Likewise, the International Labour Organization has warned that workplace stress is primarily a collective challenge, whose prevention cannot rely solely on individuals but requires transformation in work organization and institutional management systems (International Labour Organization [ILO], 2016). The present study's findings are aligned with this position, as they show that frustration does not arise from personal shortcomings but from structural tensions between labor demands and available resources.

Ethical, legal, and human-rights considerations of workplace well-being

From a human-rights perspective, the findings carry additional significance. Article 7 of the International Covenant on Economic, Social and Cultural Rights recognizes the right to just and favorable working conditions, including the protection of workers' physical and mental health. The Committee on Economic, Social and Cultural Rights has declared that the right to work entails the opportunity to prevent occupational risks—including psychosocial risks emerging from the ways work is organized (CESCR, 2016).

In the Colombian context, this obligation aligns with the Deontological and Bioethical Code of the Psychologist, which establishes the ethical duty to protect both user well-being and the well-being of practitioners (Congreso de la República de Colombia, 2006). Moreover, the ethical management of information and the protection of individuals participating in this type of research are regulated by Law 1581 of 2012 and Resolution 8430 of 1993 of the Ministry of Health, regulations that were followed in the development of the original project.

Educational contributions, professional reflexivity, and critical pedagogy

From a formative or pedagogical perspective, this study underscores the importance of linking professional practice with reflective research processes. Schön (1983) argues that the reflective practitioner is one who can critically examine their actions within complex contexts; Freire (2005) emphasizes that education must enable individuals to question the structural conditions that produce oppression or strain. In this sense, building a descriptive operational criterion for burnout and critically analyzing it provides a foundation for training psychologists who are ethically, organizationally, and politically conscious of their professional practice.

The study thus reaffirms that therapists' mental health is not an accessory or individual concern, but a necessary condition for humane, ethical, and safe care—particularly in emotionally demanding contexts such as neurorehabilitation. Caring for the caregiver is not merely an institutional best practice; it is an ethical, legal, and human-rights imperative.

Limitations

This reflective article is based on descriptive empirical evidence. Its interpretative scope is intentionally limited. The cross-sectional design and the sample size further restrict the potential for generalization; therefore, the findings should be considered a situated interpretation of a specific institutional reality. Additionally, the use of self-report instruments may introduce biases related to social desirability. Although MBI-HSS cutoff points were used, organizational information and descriptive indicators would be necessary for a more complete understanding of workplace well-being.

Conclusions and recommendations

This reflective article, supported by a descriptive empirical corpus, concludes that burnout in clinical psychologists cannot be adequately understood through individualizing perspectives or personal self-care alone. The identified profile—predominantly moderate risk, high personal accomplishment, and preserved therapeutic relationships—reveals a significant structural tension between professional ethical commitment and the organizational conditions of clinical work. This is not a paradox; rather, it demonstrates that purpose and vocation may function both as protective factors and as sources of overexertion when institutional support is lacking.

From a critical perspective, the findings suggest rethinking burnout as an indicator of how care work is organized, rather than a deficit in individual adaptation. In contexts like neurorehabilitation, where emotional demands are sustained and intense, normalizing burnout carries ethical risks by obscuring organizational responsibilities and diluting the duty to protect practitioners' mental health. Thus, workplace well-being emerges not only as an issue of institutional efficiency but as an ethical and human-rights condition affecting the quality and sustainability of therapeutic work.

As a recommendation, this study proposes shifting the debate on burnout away from individual resistance and toward organizational justice in clinical work. Understanding therapist well-being as a constitutive element of ethical professional practice broadens the analytical lens and contributes to an academic and practical agenda aimed at creating more humane, reflective, and sustainable work environments in caring professions.

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