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Occupational burnout in trauma-intensive services among psychotherapists and psychological counsellors in the Western Balkans

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The focus of this paper is occupational burnout among psychotherapists and psychological counsellors working in trauma-oriented services in the Western Balkans. The aim was to describe burnout levels (Maslach Burnout Inventory (MBI): emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA)) and to examine differences by gender, age, trauma training, length of professional experience, and time spent in the current position. A quantitative cross-sectional study (N=243) was conducted between April and June 2024 using the Maslach Burnout Inventory and a professional-demographic questionnaire. Analyses included descriptive statistics, t-tests, and one-way ANOVA. The results indicate a moderate level of emotional exhaustion, a moderate to low degree of depersonalization, and a relatively high proportion of low personal accomplishment. Women reported higher levels of EE, while trauma training and mid-career stage (6–10 years) were associated with higher EE and DP, but also with higher PA. These findings highlight the need to consider the balance between demands and resources within trauma-intensive services.

Keywords: *occupational burnout, psychotherapists, psychological counsellors, trauma-focused services, Maslach Burnout Inventory, Western Balkans.*

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Introduction

The global level of mental disorders is very high; estimates indicate that in 2019, one in eight individuals worldwide (approximately 970 million people) was living with a mental disorder, with anxiety and depressive disorders being the most commonly reported (World Health Organization – WHO, 2022). Following 2019, during the first year of the COVID-19 pandemic, a substantial increase in these disorders was recorded globally (the incidence of anxiety rising by approximately 26% and depression by about 28%) (WHO, 2022). This sharp increase in the number of individuals with mental health difficulties has placed additional strain on mental health systems and professionals providing psychological support. At the same time, existing healthcare systems lacked sufficient resources to meet the growing demand. Data indicate that this situation has not substantially improved to date, meaning that the majority of people with mental disorders still lack access to adequate and effective care. Moreover, even when patients do receive some form of help, it is often insufficient or of suboptimal quality, largely due to overburdened systems and limited capacity (WHO, 2022).

Building on this context, this study examines levels of burnout among psychotherapists and psychological counsellors, and explores differences across three dimensions (emotional exhaustion, depersonalization, and personal accomplishment) in relation to gender, age, specialized trauma training, length of psychotherapeutic experience, and time spent in a service-providing role. In doing so, the study aims to complement the existing understanding of risks within helping professions and to identify subgroups for whom targeted forms of support may be particularly important (Davies et al., 2022; Simionato & Simpson, 2018).

Theoretical framework

The position of professionals providing psychological support, particularly psychological counsellors, has increasingly research attention. The literature consistently highlights that these professionals are exposed to high emotional demands, confronted with difficult and traumatic narratives, and work under conditions of limited resources and organizational pressures, which leads to the so-called "phenomenon of occupational burnout" (Glomazić &

Mikić, 2022; Kindermann et al., 2017; Maslach et al., 2001). It is therefore unsurprising that some authors report burnout as a frequent and clinically relevant phenomenon within this professional group (Davies et al., 2022; Simionato & Simpson, 2018).

According to the data, a high percentage of surveyed psychotherapists report experiencing "burnout" in their professional roles, with some authors even stating that "burnout is a common phenomenon among psychological counsellors and psychotherapists" (Davies et al., 2022: 67). Given that this is also reported for the psychological counsellors and psychotherapists at the beginning of their careers, it can be concluded that a substantial number of professionals in this field encounter the burnout syndrome at some point during their career (Davies et al., 2022). It is important to emphasize, however, that burnout is clearly defined as an occupational phenomenon rather than a mental disorder, in line with the International Classification of Diseases ICD-11 classification (WHO, 2019).

Burnout – Definition and Characteristics

Burnout is defined as a psychological state resulting from chronic occupational stress, particularly in professions that involve intensive interaction with people (Freudenberger, 1974; Maslach & Jackson, 1981; Ratcliff, 2024). The term was first introduced by Herbert Freudenberger in the mid-1970s, when he described burnout among professionals working in health and social services. Freudenberger defined burnout as a condition marked by negative feelings in helping professionals, arising from prolonged exhaustion, loss of interest, and a diminished sense of personal accomplishment at work (Freudenberger, 1974).

In subsequent research, Maslach and colleagues conceptualized burnout through three interrelated dimensions: emotional exhaustion (a sense of being emotionally and physically depleted by work), depersonalization (the development of a cynical, detached attitude toward clients or one's work), and reduced personal accomplishment (a diminished perception of success and competence in professional performance) (Maslach & Jackson, 1981; Maslach et al., 2001). These components are regarded as the core features of the burnout syndrome to this day.

Professions such as psychotherapists, counsellors, social workers, nurses, and other helping roles have been found to be particularly susceptible to burnout (Morse et al., 2012; Ratcliff, 2024; Simpson et al., 2019). These occupations are characterized by high levels of emotional engagement with clients, substantial job demands and responsibility, often accompanied by limited resources and support (Davies et al., 2022; Ratcliff, 2024; Schaufeli & Enzmann, 1998). Such working conditions place these professionals at elevated risk for developing burnout, which can have significant consequences both for the practitioners themselves and for the quality of services they provide (Maslach & Leiter, 2016).

Risk Factors and Theoretical Models of Burnout

The development of burnout is usually a gradual process caused by an imbalance between job demands and an individual's resources to meet those demands (Bakker & Demerouti, 2007). One of the most influential theoretical frameworks is the *Job Demands–Resources (JD-R) model*, which posits that stress and burnout occur when job demands (e.g., workload, emotional demands) chronically exceed the employee's available resources (e.g., support, control over work). According to the JD-R model, high levels of job demands lead to the depletion of employees' energy, whereas adequate resources can mitigate the effects of these demands and foster work engagement (Bakker & Demerouti, 2017).

A complementary approach was offered by Leiter and Maslach (1999) through the *Six Areas of Worklife* model. They identified six key aspects of the work environment in which a mismatch between the individual and the job can lead to burnout: workload, control, reward, community, fairness, and values. The greater the imbalance in these areas, the higher the likelihood of experiencing burnout (Leiter & Maslach, 1999).

In the present study, these theoretical models were used as a framework for understanding burnout among psychotherapists and psychological counsellors working in trauma-intensive contexts. The JD–R model allows burnout to be conceptualized as a consequence of an imbalance between high emotional and organizational job demands and available personal and professional resources, while the Six Areas of Worklife model further emphasizes the importance of alignment between employees and their work environment.

Although job demands and resources were not directly operationalized through specific instruments in this study, the analysed sociodemographic and professional characteristics (gender, age, trauma-specific training, length of experience, and time spent in the service provider role) may be viewed as indirect indicators of the relationship between demands, resources, and professional adjustment. In this way, these theoretical frameworks provide a basis for the formulation of the study's hypotheses and for the interpretation of the obtained findings.

Prevalence of Burnout in Helping Professions

Numerous studies confirm that burnout is widespread among professionals in helping occupations. Global data indicate prevalence rates ranging from 21% to as high as 67%, depending on the sample and measurement criteria (Morse et al., 2012). Psychotherapists and counsellors are no exception - although they have been studied less extensively than physicians or nurses, available data shows that these professions are also at high risk (Van Hy et al., 2022; Simionato & Simpson, 2018).

Meta-analyses indicate that across different countries, between 6% and 54% of therapists exhibit signs of professional burnout (Van Hy et al., 2022). Such a wide range suggests that the work context (e.g., cultural differences, employment conditions) significantly influences the prevalence of burnout in this profession. In the United Kingdom, a study among social workers found that as many as 73% of participants reported elevated levels of emotional exhaustion, while approximately 26% exhibited high levels of depersonalization (Ratcliff, 2024).

The consequences of burnout are multiple and serious. At the individual level, burnout can lead to a deterioration of both mental and physical health, as well as reduced work performance (Stamm, 2010). At the organizational level, it is associated with higher rates of absenteeism, staff turnover, and decreased productivity (Maslach & Leiter, 2016). In psychotherapy and counselling, professionals exposed to occupational burnout often experience a diminished capacity to maintain high-quality therapeutic relationships, which can negatively affect treatment outcomes (Simionato & Simpson, 2018).

Predictors of Burnout among Psychotherapists and Psychological Counsellors

Systematic reviews consistently show that younger age and shorter professional experience are associated with higher levels of burnout, particularly emotional exhaustion. These findings are explained by the fact that the early career period is marked by increased vulnerability, especially when high-quality supervision and realistic case-load distribution are lacking (Davies et al., 2022; Simionato & Simpson, 2018). In several studies included in the review by Van Hoy and Rzeszutek (2022), younger age and shorter experience were significant predictors of burnout, while working in the public sector (as opposed to private practice) was linked to higher risk. The authors attribute this to lower control over the work environment and greater bureaucratization. In contrast, a sense of job control and a supportive organizational climate mitigate the impact of job demands (O'Connor et al., 2018; Van Hoy & Rzeszutek, 2022).

As the data indicate, for therapists working with trauma, secondary traumatic stress (STS) and overinvolvement in clients' problems further contribute to exhaustion and depersonalization, whereas supervision can have a protective effect (Van Hoy & Rzeszutek, 2022). Additionally, working in trauma centres and continuous exposure to clients' traumatic narratives increases the risk of secondary traumatization (Glomazić et al., 2025; Kindermann et al., 2017).

In addition to job demands, intrapersonal characteristics significantly contribute to variability: neuroticism and an emotion-focused coping style are associated with higher burnout, whereas resilience, self-compassion, and problem-focused coping serve as protective factors (Bakhshi et al., 2021; Van Hoy & Rzeszutek, 2022). A review focused on personal factors among psychotherapists highlights that overinvesting in clients' problems and lower personal resources are linked to higher levels of burnout, while older and more experienced therapists are generally more protected.

This pattern aligns with broader findings in mental health professionals, where clear roles, professional autonomy, and fair treatment serve as protective factors against high job demands (O'Connor et al., 2018).

Method

The research was conducted as a quantitative cross-sectional empirical study employing a descriptive–analytical approach. The research subject was

occupational burnout among psychotherapists and psychological counsellors in the countries of the Western Balkans (Serbia, Montenegro, Bosnia and Herzegovina, North Macedonia, Kosovo[1], and Albania), with a focus on differences across burnout dimensions in relation to relevant personal and professional characteristics.

The aim of the study was to describe levels of burnout among psychotherapists and psychological counsellors and to examine differences across its three dimensions - emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA) - in relation to gender, age, specific trauma-related training, duration of psychotherapeutic experience, and length of time in the service-providing role.

In line with the theoretical framework and previous findings, hypotheses were formulated and operationalized according to the dimensions of the Maslach Burnout Inventory (MBI).

The general hypothesis states the following: Burnout levels (MBI: EE, DP, PA) are influenced by the sociodemographic (gender, age) and professional characteristics (specific trauma training, length of psychotherapeutic experience, duration in the service provider role) of psychotherapists and psychological counsellors in Serbia.

Specific hypotheses:

H1 – There are differences in EE, DP, and PA based on gender and across age groups, with women and younger professionals expected to show higher levels of EE and DP.

H2 – There are differences in EE, DP, and PA based on specific trauma training, length of psychotherapeutic experience, and time spent in the service provider role, with it being expected that individuals without specific trauma training and those with longer professional experience and longer time spent in the service provider role will show higher levels of EE and DP, as well as lower levels of PA.

Sample

The sample consisted of N = 243 psychotherapists and psychological counsellors working in the Western Balkans. Participants were professionals

[1] This designation is without prejudice to positions on status, and is in line with UNSC 1244 and the ICJ Opinion on the Kosovo declaration of independence.

employed in reception centres, women's shelters, migrant centres, and non-governmental organizations providing psychosocial support to asylum seekers, migrants, victims of violence, and other traumatized populations.

The sample was a convenience sample, recruited through professional networks and partner organizations. Eligibility criteria included possession of appropriate higher education qualifications for psychotherapeutic or counselling practice, as well as active involvement in providing psychosocial services at the time of data collection.

Given the sampling method, the results cannot be fully generalized to the entire population of psychotherapists and counsellors in the region; however, they provide a relevant insight into patterns of burnout in trauma-intensive work contexts.

Procedure

The study was conducted between April and June 2024 using an online questionnaire distributed through professional networks and partner organizations.

Prior to participation, respondents were provided with information about the aims of the study, data processing procedures, anonymity, and the voluntary nature of participation, and they gave their informed consent to take part in the research.

Data were collected anonymously, without recording any identifying information, and were used exclusively for scientific research purposes, in accordance with ethical principles governing research in the social sciences.

Instruments

Professional burnout was assessed using the standardized Maslach Burnout Inventory – Human Services Survey (MBI-HSS), which consists of 22 items organized into three subscales: emotional exhaustion (9 items), depersonalization (5 items), and personal accomplishment (8 items).

Responses are given on a seven-point Likert-type frequency scale ranging from 0 ("never") to 6 ("every day").

Both Serbian and English versions of the instrument were used, depending on the language proficiency of participants from different Western Balkan countries. The author holds official permission to use the instrument.

In addition to the MBI-HSS, an online questionnaire was administered to collect sociodemographic and professional data, including gender, age, trauma-specific training, length of psychotherapeutic experience, and time spent in the service provider role.

The internal consistency of the instrument in this sample was satisfactory to high (Cronbach's α = 0.81–0.90).

Statistical analysis

The analyses were performed using IBM SPSS Statistics, version 25. Frequencies and percentages were reported for sociodemographic and professional variables. Internal consistency was evaluated using Cronbach's α. For numerical variables, the range, mean, and corresponding standard deviation were presented, whereas categorical variables were described using frequencies and percentages. Differences between groups were examined using independent samples t-tests and one-way analysis of variance (ANOVA), followed by appropriate post hoc tests where applicable.

Research results

An overview of the research findings is presented in the following text:

Table 1. *General information about the participants*

	N = 243	
	f	*%*
Gender		
Male	66	27,2%
Female	177	72,8%
Age		
23 - 33	46	18,9%
34 - 43	130	53,5%
44 - 53	35	14,4%
54 - 67	32	13,2%

The sample consists of 243 participants. The majority are women (n=177; 72.8%), while men make up 27.2% (n=66). In terms of age, the most represented group is 34–43 years (n=130; 53.5%), followed by participants aged 23–33 years (n=46; 18.9%), 44–53 years (n=35; 14.4%), and 54–67 years (n=32; 13.2%). Thus, more than half of the sample falls within the 34–43 age group, while slightly over a quarter are older than 43 years (44–53 and 54–67: total 27.6%).

Table 2. *Professional experience of psychotherapists and counsellors*

	f	*%*
Specific trauma training		
Yes	124	51,0%
No	119	49,0%
Length of experience in psychotherapy practice (years)		
≤ 1	18	14,5%
2 – 5	53	42,7%
6 - 10	14	11,3%
11 - 25	39	31,5%
Time spent in the role of service provider (years)		
≤ 1	0	0,0%
2 – 5	80	35,1%
6 - 10	69	30,3%
11 - 29	79	34,6%

The sample is almost evenly divided: 51.0% of participants have completed specific trauma training (n=124), while 49.0% have not (n=119). The most represented group in terms of psychotherapeutic experience is those with 2–5 years (n=53; 42.7%), followed by 11–25 years (n=39; 31.5%). Fewer participants reported less than one year (n=18; 14.5%) or 6–10 years of experience (n=14; 11.3%). Regarding time spent in the role of service provider, no participants reported less than one year of work experience. The remaining three categories are roughly evenly represented: 2–5 years (n=80; 35.1%), 6–10 years (n=69; 30.3%), and 11–29 years (n=79; 34.6%).

Table 3. *Descriptive indicators of the MBI subscales*

	N	*Min*	*Max*	*M*	*SD*	*α*
Exhaustion	235	4,00	54,00	20,31	13,23	0,811
Depersonalization	243	0,00	30,00	6,47	6,83	0,821
Personal achievement	234	8,00	48,00	31,66	9,93	0,902

Table 3 shows that the mean score on the Exhaustion subscale is M=20.31 (SD=13.23), indicating a moderate level of perceived exhaustion, with satisfactory internal consistency (α=0.811). On the Depersonalization subscale, the mean score is M=6.47 (SD=6.83), suggesting a low to moderate presence of this dimension of burnout. The internal reliability of this subscale is good (α=0.821). The mean score on the Personal Achievement subscale is M=31.66 (SD=9.93), reflecting a relatively strong sense of personal efficacy among participants. The reliability of this subscale is high (α=0.902).

Table 4. *Frequency of burnout levels*

	f	*%*
Exhaustion		
Low-level burnout	141	60,0%
Moderate burnout	41	17,4%
High-level burnout	53	22,6%
Depersonalization		
Low-level burnout	113	46,5%
Moderate burnout	93	38,3%
High-level burnout	37	15,2%
Personal achievement		
High-level burnout	121	51,7%
Moderate burnout	62	26,5%
Low-level burnout	51	21,8%

Burnout levels (low, moderate, and high) were determined in accordance with the recommended criteria for interpreting MBI-HSS scores.

Table 4 presents the frequency of different burnout levels among participants according to the MBI subscales. The largest number of respondents

reported a low level of exhaustion (n=141; 60.0%), whereas moderate and high levels of exhaustion were less common (n=41; 17.4% and n=53; 22.6%, respectively). For depersonalization, most participants fell into the low-level category (n=113; 46.5%), while moderate and high levels accounted for 38.3% and 15.2% of respondents. The personal achievement subscale displayed an inverse pattern: more than half of the participants (n=121; 51.7%) reported high levels of burnout in this dimension, with 26.5% in the moderate and 21.8% in the low category. These findings indicate heterogeneity in the experience of burnout among respondents, with relatively the greatest strain observed in the personal achievement dimension.

Age, length of psychotherapeutic experience, and time spent in the service provider role were grouped into categories to facilitate clearer presentation of the results and to enable comparisons across different professional and developmental career stages.

Table 5. *Burnout in relation to participant characteristics*

	Maslach Burnout Inventory		
	Exhaustion	*Depersonalization*	*Personal achievement*
	Mean (SD)	Mean (SD)	Mean (SD)
Gender (p-value)[a]	< 0,001	0,139	0,302
Male	12,03 (3,66)	5,41 (2,33)	30,59 (7,67)
Female	23,02 (14,08)	6,87 (7,85)	32,08 (10,67)
Age (p-value)b	< 0,001	< 0,001	< 0,001
23 - 33	19,17 (8,82)	6,3 (4)	26,65 (10,45)
34 - 43	14,71 (6,79)	3,97 (2,91)	33,74 (8,54)
44 - 53	42,06 (7,35)	15,97 (7,87)	28,26 (12,21)
54 - 67	19,65 (17,79)	6,5 (10,5)	34,75 (7,69)
Specific training in trauma (p-value) [a]	< 0,001	0,013	< 0,001
Yes	23,35 (14,98)	7,53 (8,6)	35,56 (9,05)
No	16,9 (9,94)	5,37 (4,03)	27,27 (9,02)

Length of experience in psychotherapeutic practice (years) (p-value) [b]	0,002	0,025	< 0,001
≤ 1	10,5 (5,35)	5,11 (4,21)	40,83 (4,13)
2-5	15,75 (6,95)	4,87 (1,97)	36,81 (2,72)
6-10	25,5 (11,95)	4,07 (4,01)	31,93 (6,26)
11-25	22,54 (21,51)	9,64 (13,77)	38,26 (8,14)
Time spent working as a service provider (years) [b]	< 0,001	<0,001	0,271
2-5	15,28 (8,21)	5,56 (3,57)	30,48 (8,87)
6-10	27,28 (17,18)	10,42 (10,12)	29,93 (14)
11-29	18,59 (11,77)	3,95 (4,65)	32,46 (6,57)

[a]Independent t test, [b]ANOVA test.

Gender differences in exhaustion, depersonalization, and personal accomplishment were analysed using the *Maslach Burnout Inventory*. Results indicated a statistically significant difference between men and women in the domain of exhaustion (p<0.001). Women reported higher levels of exhaustion (M=23.02, SD=14.08) compared to men (M=12.03, SD=3.66). In contrast, differences between genders in depersonalization (p=0.139) and personal accomplishment (p 0.302) were not statistically significant.

In the analysis of age differences, statistically significant differences were observed across all three dimensions of burnout: exhaustion, depersonalization, and personal accomplishment (all p<0.001). The highest level of exhaustion was recorded in the age group 44–53 years (M=42.06, SD=7.35), while the lowest mean exhaustion was observed in participants aged 34–43 years (M=14.71, SD=6.79). Regarding depersonalization, the highest scores were also found in the 44–53 age group (M=15.97, SD=7.87), whereas the lowest values were observed in the 34–43 age group (M=3.97, SD=2.91). For personal accomplishment, participants aged 54–67 years achieved the highest mean score (M=34.75, SD=7.69), while the lowest score was recorded among participants aged 23–33 years (M=26.65, SD=10.45).

Regarding the completion of specific trauma training, statistically significant differences were found across all three burnout dimensions: exhaustion (p< 0.001), depersonalization (p=0.013), and personal accomplishment

($p<0.001$). Participants who had completed trauma-specific training exhibited higher levels of exhaustion (M=23.35, SD=14.98) compared to those without such training (M=16.90, SD=9.94), as well as greater depersonalization (M=7.53, SD=8.60 versus M=5.37, SD=4.03). Additionally, individuals with trauma training achieved higher levels of personal accomplishment (M=35.56, SD=9.05) compared to participants without such training (M= 27.27, SD=9.02).

Regarding the length of psychotherapeutic experience, statistically significant differences were observed across all three dimensions: exhaustion ($p=0.002$), depersonalization ($p=0.025$), and personal achievement ($p<0.001$). The lowest level of exhaustion was reported by therapists with the shortest experience (≤1 year: M=10.50, SD=5.35), whereas the highest level was observed among those with 6–10 years of practice (M=25.50, SD=11.95). In the domain of depersonalization, the lowest mean was found in the 6–10 years' experience group (M 4.07, SD=4.01), while the highest depersonalization scores were recorded among therapists with 11–25 years of experience (M=9.64, SD=13.77). Concerning personal achievement, the highest scores were achieved by therapists with the shortest professional experience (≤1 year: M=40.83, SD=4.13), whereas the lowest scores were reported by those with 6–10 years of experience (M=31.93, SD=6.26).

Finally, the significance of the length of service of providers was examined, revealing significant differences in exhaustion ($p<0.001$) and depersonalization ($p<0.001$), while differences in personal achievement were not statistically significant ($p=0.271$). The highest level of exhaustion was observed among participants with 6–10 years of service (M=27.28, SD=17.18), whereas the lowest average was recorded for those with 2–5 years of service (M=15.28, SD=8.21). Depersonalization was most pronounced in the group with 6–10 years of service (M=10.42, SD=10.12) and least pronounced among those with 11–29 years of service (M=3.95, SD=4.65). Given the exploratory nature of the study and its focus on general patterns of group differences, additional post hoc analyses were not conducted, which constitutes a methodological limitation of the present research.

Discussion

The findings of this study indicate a differentiated burnout profile among psychotherapists and psychological counsellors working in trauma-intensive services in Serbia. At the level of descriptive indicators, mean scores suggest a moderate level of emotional exhaustion (EE), low to moderate depersonalization (DP), and moderately expressed personal achievement (PA), while the categorization of burnout levels shows that approximately one-fifth of participants fall within the high EE range, around one-sixth exhibit high DP, and more than half are at high risk due to low PA. This pattern - pronounced exhaustion, moderate depersonalization, and variable personal achievement - is consistent with broader findings in mental health professions (O'Connor et al., 2018) and aligns with conceptualizations of burnout in which exhaustion constitutes the "core" of the syndrome, while cynicism/depersonalization and the sense of (in)efficacy develop through the interaction of job demands and available resources (Maslach & Leiter, 2016).

A stable pattern of gender differences was observed: women reported higher levels of emotional exhaustion compared to men, with no significant differences in depersonalization or personal achievement (Maslach & Leiter, 2016; Purvanova & Muros, 2010). This distribution is in line with meta-analytic findings indicating that, on average, women tend to exhibit higher EE, whereas men, when differences are present, show a tendency toward higher DP scores; however, these effects are modest and context-dependent (Glomazić & Vidović, 2024; Maslach & Leiter, 2016; Purvanova & Muros, 2010). Age-group differences were detected across all three dimensions: the highest levels of EE and DP occurred in middle adulthood (44–53 years), while the oldest group demonstrated the highest levels of PA. Although reviews often emphasize vulnerability during early career stages (Davies et al., 2022; Simionato & Simpson, 2018), these results suggest that in trauma-focused services, the "critical point" of workload may occur in mid-career, when job demands (case complexity, responsibilities, administrative pressures) accumulate, while available resources (autonomy, recognition, access to supervision) do not increase proportionally (Bakker & Demerouti, 2017; Maslach & Leiter, 2016).

Accordingly, patterns based on the length of psychotherapeutic experience and time spent in the role of service provider further suggest a "workload threshold" in the 6–10 year range: within this range, the highest levels

of EE (and elevated DP) are observed, whereas beginners (less than one year) exhibit the lowest EE and the highest PA, and longer time spent in the role (over 11 years) in certain dimensions is associated with lower DP—potentially reflecting adaptation, accumulation of professional resources, or selective retention (i.e., those who have developed sustainable work patterns stay) (Bakker & Demerouti, 2017; Leiter & Maslach, 1999).

A particularly noteworthy finding concerns trauma-specific training: participants with such training exhibit higher EE and DP - but also higher PA - compared to those without training. Although this "ambivalent" pattern is not theoretically expected, it can be interpreted as follows: specialized training often coincides with greater exposure to complex, traumatic narratives and higher case-loads (higher demands), which may intensify exhaustion and promote defensive distancing; simultaneously, the training provides knowledge, techniques, and metacognitive frameworks that enhance the sense of competence and professional efficacy (higher PA). In this context, the findings are aligned with the JD-R model (Bakker & Demerouti, 2017) and the "Six Areas of Worklife" framework (Leiter & Maslach, 1999): when high demands (trauma exposure, administrative burden) are not balanced by adequate resources (high-quality and continuous supervision, team support, perceived fairness, and value alignment with the organization), the risk for EE and DP increases; simultaneously, investment in professional competencies may preserve the sense of professional purpose and achievement (PA) (Bakker & Demerouti, 2017; Leiter & Maslach, 1999). Furthermore, recent research in the context of trauma-focused interventions indicates that therapist burnout can be associated with poorer client clinical outcomes, highlighting that this issue is relevant not only for practitioner well-being but also for service quality (Sayer et al., 2024). Future research should incorporate more detailed post hoc analyses in order to more precisely identify differences between specific groups.

Observed cumulatively, the results align with meta-analytic patterns noticed among mental health professionals, where EE represents the most pronounced component, DP is moderate, and PA is sensitive to available resources, support, and perceived competence (Bakker & Demerouti, 2017; Maslach & Leiter, 2016; O'Connor et al., 2018). At the same time, the specific characteristics of the studied context (working with asylum seekers, migrants, and victims of violence under conditions of limited resources) likely contribute to a relatively high proportion of participants at risk in the PA dimension and to

a zone of elevated EE during mid-career, which is consistent with review findings on counsellors and psychotherapists, which highlight the role of job demands, quality of supervision, and personal resources (Davies et al., 2022; Simionato & Simpson, 2018; Van Hoy & Rzeszutek, 2022). The reliability of the measures in this sample (α=0.81–0.90) further supports the interpretive value of the observed differences and patterns.

Practical Implications

The findings highlight the need to improve working conditions in trauma-intensive services, particularly through continuous supervision, accessible psychological support, and the development of a supportive organizational culture.

Special attention should be directed toward mid-career professionals (6–10 years of experience), who appear to be at increased risk of burnout, as well as toward integrating self-care, professional boundaries, and emotional regulation into professional training programs.

At the organizational level, policies promoting balanced workloads, team support, and participatory decision-making are essential for preventing chronic exhaustion and depersonalization.

Conclusion

This study shows that patterns of differences across burnout dimensions among psychotherapists and psychological counsellors are associated with a combination of personal and professional characteristics. Emotional exhaustion emerged as the most pronounced component, depersonalization was moderate, and personal accomplishment appeared sensitive to the availability of resources and perceptions of competence. A heightened risk pattern was observed in mid-career (6–10 years of service and time spent in the role), along with higher levels of EE among women and an ambiguous effect of trauma-specific training (elevated EE/DP, with also higher levels of PA). The findings are consistent with the job demands and resources and emphasize the need for a systemic consideration of working conditions in trauma-intensive services. Limitations include the cross-sectional study design, convenience

sample, and self-reports; thus, this study should be viewed as a contribution to future, more in-depth research.

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References

Bakhshi, J., Wesley, M. S., & Reddy, K. J. (2021). Vicarious trauma in law students: Role of gender, personality, and social support. *International Journal of Criminal Justice Sciences, 16*(1), 34–50. https://doi.org/10.5281/zenodo.4756491

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

Bakker, A. B., & Demerouti, E. (2017). Job demands–resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology, 22*(3), 273–285. https://doi.org/10.1037/ocp0000056

Davies, S. M., Sriskandarajah, S., Staneva, A. S., Boulton, H. C. M., Roberts, C., Shaw, S. H., & Silverio, S. A. (2022). Factors influencing "burn-out" in newly qualified counsellors and psychotherapists: A cross-cultural, critical review of the literature. *Counselling & Psychotherapy Research, 22*(1), 64–73. https://doi.org/10.1002/capr.12485

Freudenberger, H. J. (1974). Staff burn-out. *Journal of Social Issues, 30*(1), 159–165. https://doi.org/10.1111/j.1540-4560.1974.tb00706.x

Glomazić, H., & Mikić, A. (2022). Profesionalna izloženost stresu: Rizik profesije. *Zbornik Instituta za kriminološka i sociološka istraživanja, 41*(2–3), 55–65. https://doi.org/10.47152/ziksi2022034

Glomazić, H., & Vidović, S. (2024). Gender differences and secondary traumatization in helping professions. In M. Milićević, I. Stevanović, & L. Ilijić (Eds.), *International Scientific Conference "Life in Prison: Criminological, Penological, Psychological,*

Sociological, Legal, Security, and Medical Issues" (pp. 441–450). Institute of Criminological and Sociological Research.

Glomazić, H., Živanović, D., & Vidović, S. (2025). Women in helping professions: Secondary traumatization and psychosocial support for vulnerable groups. In L. Ilijić (Ed.), *Prison life organization and security: Criminological, penological, psychological, sociological, legal, security and medical issues* (pp. 278–299). https://doi.org/10.47152/PrisonLIFE.D4.5.14

Kindermann, D., Schmid, C., Derreza-Greeven, C., Huhn, D., Kohl, R., Junne, F., Schleyer, M., Daniels, K. J., Ditzen, B., Herzog, W., & Nikendei, C. (2017). Prevalence of and risk factors for secondary traumatization in interpreters for refugees: A cross-sectional study. *Psychopathology, 50*(4), 262–272. https://doi.org/10.1159/000477670

Leiter, M. P., & Maslach, C. (1999). Six areas of worklife: A model of the organizational context of burnout. *Journal of Health and Human Services Administration, 21*(4), 472–489.

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

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

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry, 15*(2), 103–111. https://doi.org/10.1002/wps.20311

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*, 341–352. https://doi.org/10.1007/s10488-011-0352-1

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

Purvanova, R. K., & Muros, J. P. (2010). Gender differences in burnout: A meta-analysis. *Journal of Vocational Behavior, 77*(2), 168–185. https://doi.org/10.1016/j.jvb.2010.04.006

Ratcliff, M. (2024). Social workers, burnout, and self-care: A public health issue. *Delaware Journal of Public Health, 10*(1), 26–29. https://doi.org/10.32481/djph.2024.03.05

Sayer, N. A., Hintz, S., & Noorbaloochi, S. (2024). Clinician burnout and effectiveness of trauma-focused psychotherapies: A prospective cohort study. *Psychiatric Services*. Advance online publication. https://doi.org/10.1176/appi.ps.20230058

Schaufeli, W. B., & Enzmann, D. (1998). *The burnout companion to study and practice: A critical analysis*. Taylor & Francis.

Simionato, G. K., & Simpson, S. (2018). Personal risk factors associated with burnout among psychotherapists: A systematic review of the literature. *Journal of Clinical Psychology, 74*(9), 1431–1456. https://doi.org/10.1002/jclp.22615

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

Stamm, B. H. (2010). *The concise ProQOL manual* (2nd ed.). ProQOL.org.

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

Van Hoy, A., Rzeszutek, M., Pięta, M., Mestre, J. M., Rodríguez-Mora, Á., Midgley, N., Omylinska-Thurston, J., Dopierala, A., Falkenström, F., Ferlin, J., Gergov, V., Lazić, M., Ulberg, R., Røssberg, J. I., Hancheva, C., Stoyanova, S., Schmidt, S. J., Podina, I., Ferreira, N., Kagialis, A., … Gruszczyńska, E. (2022). Burnout among psychotherapists: a cross-cultural value survey among 12 European countries during the coronavirus disease pandemic. *Scientific reports*, *12*(1), 13527. https://doi.org/10.1038/s41598-022-17669-z

World Health Organization. (2022). Mental disorders (fact sheet). https://www.who.int/news-room/fact-sheets/detail/mental-disorders

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Hajdana Glomazić*

Sagorevanje na poslu u trauma-specijalizovanim servisima kod psihoterapeuta i psiholoških savetnika na Zapadnom Balkanu

Predmet rada je sagorevanje na poslu kod psihoterapeuta i psiholoških savetnika u servisima usmerenim na rad sa traumom na Zapadnom Balkanu. Cilj je opisati nivoe sagorevanja (MBI: emocionalna iscrpljenost, depersonalizacija, lično postignuće) i ispitati razlike prema polu, starosti, obuci o traumi, dužini iskustva i vremenu provedenom na poziciji. Sprovedena je kvantitativna studija preseka (N=243) u periodu od aprila do juna 2024. godine, uz primenu Maslach inventor sagorevanja (*Maslach Burnout Inventory – MBI)* i upitnika za profesionalno-demografske podatke. Analize su obuhvatale deskriptivnu statistiku, t-test i jednofaktorsku ANOVU. Rezultati pokazuju umeren nivo emocionalne iscrpljenosti, umeren do nizak stepen depersonalizacije i relativno visok udeo niskog ličnog postignuća. Žene su iskazale viši nivo emocionalne iscrpljenosti, dok su obuka o traumi i sredina karijere (6–10 godina) korelisale s višom emocionalnom iscrpljenošću i depersonalizacijom, ali i višim doživljajem ličnog postignuća. Nalazi podupiru potrebu za razmatranjem odnosa zahteva i resursa u ovim servisima.

Ključne reči: profesionalno sagorevanje, psihoterapeuti, psihološki savetnici, trauma-specijalizovane službe, Maslach inventar sagorevanja, Zapadni Balkan.

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