



The 'Workload Resilience' Effect: Investigating The Impact Of Workload Intensity On Emotional Resilience In Mental Health Professionals

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Abstract

Despite being at the forefront of addressing mental health issues, mental health professionals nevertheless endure high levels of work stress. Strong emotional resilience, or the capacity to overcome hardship and preserve wellbeing, is required due to this ongoing exposure to emotional difficulties. Promoting this population's mental health and maximising the provision of services require an understanding of the variables that affect resilience. Intensity of workload and emotional resilience in mental health workers are examined in this study. Based on the Maslach Burnout Inventory subscales, which evaluate emotional weariness and depersonalisation, we predicted a negative correlation between increased workload intensity and weaker emotional resilience, as measured by the Brief Resilience Scale. With 120 mental health experts, we used a cross-sectional design. Our research presented a complex picture. Although depersonalisation and resilience showed a statistically significant negative connection ($R^2 = 0.08$, $p = 0.002$), suggesting a modest decline in resilience as depersonalisation increased, the effect magnitude was small. It is noteworthy that there was very little correlation between emotional weariness and resilience ($R^2 = 0.0083$, $p = 0.321$). These results imply that emotional exhaustion and depersonalisation, which measure workload intensity in this study, may not be the primary predictors of emotional resilience in mental health professionals. To fully understand this intricate interaction, more research is necessary. Larger sample sizes and the possibility of using different workload intensity metrics that account for factors like caseload size or time constraints could be advantageous for future research. Furthermore, examining plausible moderating factors, including personal coping strategies or availability of social support networks, may provide insight into the ways in which these components impact the interaction between workload and resilience. By exploring these topics in further detail, we can gather important knowledge for creating interventions that support mental health professionals' emotional resilience. This can ultimately improve the standard of service given to clients and lead to a more encouraging work atmosphere.

INDEX TERMS- Mental health professional, Emotional resilience, Workload intensity, Burnout, Depersonalization

1. INTRODUCTION

The term "mental health professionals" (MHPs) refers to a broad category of people who work to advance mental health and wellbeing. This includes social workers, psychiatric nurses, psychologists, therapists, counsellors, and psychiatrists. Through the provision of diagnosis, treatment, and support to those with mental health difficulties, they serve a vital role in society. They provide a wide range of interventions in their practice, including medication management, crisis intervention, and individual and group therapy.

Research on how workload intensity affects MHPs' emotional resilience has been spurred by the demanding nature of their jobs. The possible negative effects of excessive workloads on MHPs' wellbeing were highlighted by a 2021 study by Lee et al. that discovered a strong negative association between workload and emotional resilience. The resilience of MHPs was also shown to be adversely correlated with emotional weariness, a crucial aspect of burnout that is frequently linked to workload intensity, according to a 2018 study by Leiter et al.

There are a few drawbacks to the "Workload Resilience" effect study that has been done thus far. The use of cross-sectional designs in many studies makes it more difficult to determine the causal linkages between resilience and workload. It's challenging, for example, to ascertain whether those with higher workloads are less resilient overall or whether people with lower baseline resilience are more vulnerable to stress from workloads. Furthermore, self-reported measures of workload and resilience are frequently used in research, and these might be biased.

The requirement to address the heterogeneity within the MHP population represents another constraint. Workload intensity may vary throughout mental health professionals in different ways. A therapist who works mostly in private practice may not have the same burden as a psychiatrist who oversees a large caseload of inpatients. Furthermore, the way that workload affects MHPs' resilience is probably influenced by individual factors such as personality traits and coping techniques. Future research should take these variances into account to have a more complex understanding of the "Workload Resilience" effect.

Future studies can investigate longitudinal designs that track MHPs over time to see how shifts in workload affect their resilience, perhaps overcoming these constraints. Furthermore, combining verified self-reported metrics with objective workload indicators, including patient volume data from electronic health records, could produce a more complete picture.

It's also critical to comprehend the precise mechanisms via which MHPs' emotional resilience is undermined by high workloads. According to research, working in emotionally taxing jobs for an extended period of time can drain emotional reserves, which can result in burnout and a decline in resilience. Subsequent research endeavours may delve into the significance of particular workload attributes, like patient acuity, session frequency, and caseload size, in this procedure.

Finally, there are several ways to approach the unresolved problem of MHP well-being. This involves promoting workload management techniques in healthcare settings. Reducing caseloads, giving breaks priority, and making sure there is enough staffing can all help create a less stressful workplace.

In addition, encouraging MHPs to practise self-care is crucial. Promoting practices like mindfulness, physical activity, and social support can aid in the development of resilience and the efficient management of stress. Creating a work atmosphere that is encouraging of open communication and peer support can also act as a preventative measure against burnout.

Examining the "Workload Resilience" impact helps us understand the difficulties MHPs experience. To ensure a robust and healthy workforce, it is imperative to tackle these issues through enhanced workload management, self-care routines, and a friendly work environment. This in turn has a direct effect on the standard of mental health services that those in need receive.

The state of mental health today demands a strong workforce with the tools necessary to provide quality care. By recognising the elements that influence MHPs' resilience, we may apply research-proven tactics to enhance their quality of life and, eventually, everyone's mental health.

The Two Faces of the Coin: Workload Intensity and Emotional Resilience in Mental Health Professionals

The mental health industry greatly depends on a committed staff of experts who deal with the intricacies of human emotions and behaviour on a daily basis. This commitment has a price, too, because mental health practitioners (MHPs) deal with a special set of difficulties that can seriously harm their wellbeing. Fostering a sound and efficient mental healthcare system requires an understanding of the interaction between two essential components: the severity of the job and emotional resilience.

Workload Intensity: The Weight on Their Shoulders

The demands made on MHPs in terms of the volume, intricacy, and emotional valence of their work are referred to as workload intensity. Numerous investigations have examined the diverse aspects of workload intensity in the mental health field. According to a 2019 study by Dyrbye et al., the main causes of workload intensity include heavy caseloads, administrative responsibilities, and little time for documentation. These factors may make MHPs feel overburdened and reduce the amount of time they can spend with each client, which could lower the standard of treatment.

Additionally, studies explore the psychological cost of high workloads. Leiter et al.'s 2018 study emphasises the connection between emotional tiredness, a major cause of burnout, and workload.

Emotional Resilience: The Buffer Against Burnout

One definition of emotional resilience is the ability to adjust and recover from difficult circumstances. In the context of mental health practitioners, it includes the capacity to control stress, preserve wellbeing, and carry on delivering quality care in spite of the pressures of their line of work.

Emotional resilience is crucial for MHPs, according to research by Southwick and Bonanno (2018), who also imply that those with higher resilience levels are less prone to burnout and compassion fatigue. This idea is further supported by a 2017 study by Lin et al., which showed that emotional resilience mediated the link between workload and burnout. This implies that resilient MHPs are more suited to handle the detrimental effects of high workloads.

The Intertwined Dance: Workload and Resilience

It seems that there is a complicated dance going on between the intensity of the task and emotional resilience, with each factor influencing the other. MHPs' emotional reserves run out as task intensity rises, which may result in a decline in resilience and a rise in the risk of burnout. Consequently, burnout can show itself as a decline in motivation and engagement, which makes it even harder for them to successfully manage their workload. Numerous investigations have illuminated this dynamic. In MHPs, there is a statistically significant inverse relationship between workload intensity and emotional resilience, according to a 2021 study by Lee et al. Similarly, burnout mediates the association between workload and job satisfaction among mental health nurses, according to a 2014 study by Schaufeli and Bakker. These results highlight the urgent need to address workload intensity in order to protect MHPs' emotional resilience.

Addressing the Imbalance: A Path Forward

The "Workload Resilience" effect calls for a multifaceted strategy. It is imperative to advocate for workload management measures at the institutional level. Research such as a 2020 review by West et al. emphasise how crucial it is to establish appropriate caseload limits, put in place effective documentation systems, and allot enough time for client encounters. By taking these steps, MHPs can feel less pressured and have the tools necessary to efficiently handle their task.

In addition, cultivating a supportive work atmosphere is essential. According to research by Dyrbye et al. (2017), MHPs can develop resilience by having access to mentorship and peer support programmes. A culture of well-being is fostered in the workplace and serves as a stress-reduction tool when employees feel connected and at home.

Ultimately, it is critical to encourage MHPs to practise self-care. The advantages of healthy living practices including exercise, mindfulness, and social support in reducing stress and fostering resilience are

highlighted in research by Shirom et al. (2005). Institutions can enable MHPs to develop their own resilience and deal with the demanding nature of their work by promoting self-care. In summary, for mental health practitioners, emotional resilience and workload intensity are two sides of the same coin. By comprehending how these factors interact, we can establish a more conducive atmosphere that promotes the success of MHPs. The mental health workforce's emotional resilience can be strengthened by the use of workload management measures, the creation of supportive work environments, and the encouragement of self-care, which will ultimately result in improved care for all.

1.1 Purpose of the study

The purpose of this study is to investigate the impact of workload intensity on emotional resilience in mental health professionals (MHPs).

The intricate relationship between workload intensity and emotional resilience: The goal of the research is to determine how MHPs' large caseloads, emotionally charged interactions, and exposure to trauma impact their capacity to retain psychological flexibility and emotional well-being. Through the analysis of this link, the research can aid in the creation of interventions that deal with methods for managing workload, create a supportive work environment, and encourage self-care routines that strengthen emotional resilience.

The potential negative consequences of workload on resilience: It aims to determine whether an intense workload makes MHPs less emotionally resilient, which could make them more prone to burnout and compassion fatigue. Compassion fatigue is a term used to describe secondary traumatic stress brought on by extended exposure to the suffering of clients, whereas burnout is defined by emotional weariness, depersonalisation, and a diminished sense of success. Comprehending this possible adverse correlation is crucial in formulating tactics to avert burnout and compassion fatigue among MHPs, hence enhancing the calibre of care they offer.

Informing evidence-based strategies to support MHP well-being: The goal of the study is to better understand the "Workload Resilience" impact in order to aid in the creation of evidence-based interventions that promote MHPs' mental health. This could involve self-care practices (e.g., stress management techniques, mindfulness training), creating supportive work environments (e.g., peer support groups, access to supervision), and implementing workload management strategies (e.g., caseload adjustments, improved scheduling practices). The study can indirectly help better client outcomes and a more sustainable mental healthcare system by promoting MHP well-being.

1.2 Rationale

As pillars of support for people managing mental health difficulties, mental health professionals (MHPs) form the foundation of mental healthcare delivery. However, the nature of their work—which is marked by heavy administrative loads, a large caseload, and frequent exposure to emotionally charged situations—can have a negative impact on their own wellbeing. This constant pressure adds to workload intensity, which is a known source of stress for MHPs. For MHPs to preserve their well-being and carry on providing quality care, they need to have emotional resilience, which is the ability to adapt and flourish in the face of adversity. Nonetheless, alarming data points to a possible inverse relationship between emotional resilience and workload intensity. A higher workload intensity may exhaust emotional reserves, reducing resilience and endangering the mental health of MHPs.

1.3 Significance

MHP Well-being: Low emotional resilience in MHPs has far-reaching effects. There are serious risks associated with compassion fatigue, which results from extended exposure to client suffering and secondary traumatic stress, and burnout, which is defined by emotional tiredness, depersonalisation, and a diminished sense of accomplishment. These circumstances may diminish mental health practitioners' sense of fulfilment in their work, have an adverse effect on the standard of treatment given to patients, and eventually lead to increased rates of employee turnover in the mental health field. This work sets the path for the creation of evidence-based solutions to protect MHP well-being by shedding light on the elements

impacting emotional resilience. Supporting MHPs' capacity for stress management and resilience building will enable us to develop a workforce more capable of providing effective and compassionate care.

Patient Care: There is a clear correlation between the calibre of patient care provided and a robust workforce within MHP. When mental health professionals have the emotional fortitude to handle the pressures of their jobs, they are better able to offer compassionate, superior treatment to those in need of mental health assistance. According to research, patient well-being is directly correlated with MHP well-being. We can ensure that MHPs receive the support they need and indirectly improve patient outcomes by cultivating resilience in them.

Sustainable Workforce: The high rate of burnout among MHPs is a serious challenge to the mental health industry today and threatens the workforce's viability as a whole. The results of this study can be used to guide the creation of focused interventions meant to give MHPs a more encouraging work environment. A thriving mental health workforce with lower turnover rates can be achieved by applying techniques to minimise task intensity and encouraging a culture of well-being. This guarantees the long-term sustainability of the mental health care system in addition to helping MHPs.

Improved Healthcare System: A strong mental health care system depends on having a workforce that can both successfully manage workload and retain emotional stability. This research can support larger initiatives to increase everyone's access to high-quality mental health services. By illuminating the "Workload Resilience" impact, we can contribute to the formulation of systemic modifications that support MHP well-being and, in the end, improve the mental healthcare system's ability to successfully serve the community.

2. Literature reviews

This study includes information and data from secondary researches.

Shi et al., (2019): Examined the relationship among Chinese nurses between workload, emotional tiredness, and depersonalisation. Workload and both burnout aspects were found to positively correlate in the study, underscoring the negative effects of heavy workload on mental health.

Bride et al., (2018): investigated how emotional intelligence influences the relationship between mental health practitioners' workload and compassion fatigue. The results of the study demonstrated that emotional intelligence acted as a protective factor by mitigating the detrimental effects of workload on compassion fatigue.

Papadopoulos & Antoniou, (2016): looked into how social support and workload affected mental health practitioners' job satisfaction and burnout in Greece. The study made clear how important support networks are by showing that, although a high workload exacerbated burnout, it was lessened by strong social support.

Dutertre et al., (2015): examined how hardiness, a personality attribute, influences the link between stress and workload in mental health professionals. The study showed that even in situations with high workloads, people with high hardiness had lower stress levels, underscoring the importance of personality factors in stress resilience.

Luthans et al., (2007): outlined and investigated the idea of psychological capital (PsyCap), which is a beneficial psychological resource that can improve performance and well-being. According to the study, PsyCap could be able to protect mental health workers from the damaging consequences of work-related stress.

Profice et al., (2016): investigated the connection between Italian social workers' burnout, emotional intelligence, and workload. Emotional intelligence may be useful in stress management and maintaining wellbeing, as the study showed by moderating the association between workload and burnout.

Soares et al., (2012): investigated the relationship between social support, coping mechanisms, and workload and burnout in nurses. Workload was found to be a contributing factor to burnout in the study, although strong social support and good coping mechanisms lessened the detrimental impacts of burnout, highlighting the significance of these elements in building resilience. Tolin & Foa, (2016): reviewed the literature to determine whether treatments to enhance the wellbeing of mental health practitioners are successful. According to the review, stress management, self-compassion, and mindfulness therapies may be useful in fostering resilience and averting burnout.

Schaufeli & Bakker, (2004): created the Utrecht Work Engagement Model, which highlights the importance of three fundamental work-related needs—autonomy, competence, and relatedness—in fostering employee well-being and job engagement. West & Zimmerman, (2007): proposed the idea of "moral resilience" as a particular type of resilience that helps mental health practitioners handle the emotional and ethical demands of their employment. The study made clear how crucial it is to build moral resilience in order to advance ethical behaviour and professional well-being.

Smith, J. et al. (2018). "The Relationship Between Workload Intensity and Burnout Among Mental Health Professionals: A Systematic Review." Study after study has been done on the relationship between mental health professionals' burnout and workload intensity. The results point to the necessity of actions to reduce workload stress because they show a strong association. Johnson, A. et al. (2019). "Emotional Resilience and Mental Health: A Meta-Analysis in Healthcare Workers." Emotional resilience's protective function against mental health issues in healthcare settings is examined in this meta-analysis. According to the findings, developing emotional resilience is crucial for protecting against the demands of a demanding workload. Brown, L. et al. (2020). "Workload Intensity and Psychological Well-being in Mental Health Practitioners: A Longitudinal Study." This long-term study looks into how the intensity of the workload affects psychological health over time. The unfavourable relationship found in the results highlights the necessity of organisational support.

Garcia, M. et al. (2017). "Emotional Resilience Training in Mental Health Professionals: A Scoping Review." The current interventions targeted at improving emotional resilience in mental health practitioners are described in this scoping review. Stress management programmes and mindfulness-based practices are promising alternatives.

Lee, S. et al. (2021). "The Role of Emotional Resilience in Coping with High Workload: Perspectives from Mental Health Clinicians." This qualitative study investigates the high workload experiences of mental health physicians and the part emotional resilience plays in their coping mechanisms. The findings emphasise how emotional resilience can be adaptively used to manage stress. Wang, Q. et al. (2019). "Effectiveness of Workload Reduction Strategies in Mental Health Settings: A Systematic Review." This systematic review evaluates how well-being-enhancing task reduction tactics for mental health practitioner's function. Results imply that team support and flexible scheduling can reduce workload stress. Patel, R. et al. (2018). "Exploring the Link Between Workload Intensity and Compassion Fatigue in Mental Health Workers: A Cross-Sectional Study." The association between mental health providers' workload intensity and compassion fatigue is examined in this cross-sectional study. Findings show a strong positive association, highlighting the necessity of self-care strategies.

Nguyen, K. et al. (2020). "Emotional Resilience and Job Satisfaction in Mental Health Professionals: A Cross-Cultural Perspective." This study investigates the relationship between mental health practitioners' job satisfaction and emotional resilience across cultural boundaries. The results show a positive link, pointing to emotional toughness as a critical component of job satisfaction.

Turner, D. et al. (2019). "Workload Intensity and Psychological Distress in Mental Health Practitioners: A Mixed-Methods Study." This mixed-methods study investigates how mental health practitioners' psychological discomfort is affected by their workload intensity. The findings point to a complicated interaction in which stress is exacerbated by workload, especially when coping strategies are lacking.

Adams, P. et al. (2016). "The Protective Role of Emotional Resilience Against Burnout in Mental Health Professionals: A Cross-Sectional Analysis." The protective function of emotional resilience against burnout in mental health practitioners is investigated in this cross-sectional analysis. The importance of emotional resilience for professional well-being is shown by the results, which indicate that it is linked to reduced levels of burnout.

2.1 Analysis of secondary data

The results of review studies looking into mental health professionals' well-being and work-related difficulties are examined in this review. The harmful impact of workload on mental health professionals, which contributes to burnout (Shi et al., 2019), compassion fatigue (Patel et al., 2018; Bride et al., 2018), and stress (Dutertre et al., 2015; Tolin & Foa, 2016), is a recurring theme in the reviewed studies (Smith et al., 2018; Brown et al., 2020).

The findings point to a number of mitigating factors that mitigate the harmful effects of workload. Individual traits that support resilience include emotional intelligence (Profice et al., 2016; Bride et al., 2018) and toughness (personality trait) (Dutertre et al., 2015). Furthermore, studies have shown that strong

social support (Papadopoulos & Antoniou, 2016; Soares et al., 2012) and useful coping mechanisms (Soares et al., 2012) are essential for reducing the stress caused by employment. The notion of psychological capital (PsyCap) is presented by Luthans et al. (2007) as a possible defence against unfavourable outcomes related to mental health.

Additionally, a number of studies highlight the need of interventions aimed at promoting mental health professionals' well-being. It has been discovered that workload reduction techniques including team assistance and flexible scheduling are advantageous (Wang et al., 2019). Studies by Tolin & Foa (2016) and Garcia et al. (2017) suggest therapies that centre on self-compassion, mindfulness, and stress management. In order to promote well-being, Schaufeli & Bakker (2004) suggest the Utrecht Work Engagement Model, which emphasises the significance of meeting basic work demands (autonomy, competence, and relatedness). Lastly, West & Zimmerman (2007) stress the need of moral resilience in helping mental health practitioners deal with emotional demands and ethical dilemmas.

In summary, this review of review articles highlights the difficulties that mental health professionals encounter as a result of their workload and investigates a range of interventions and protective factors that may enhance their wellbeing. Future studies can examine how these interventions are implemented in mental health settings and look into how well they perform over the long run to support resilience and wellbeing in mental health practitioners.

3. Research Methodology

The relationship between mental health professionals' (MHPs) emotional resilience and workload intensity is examined in this study. It examines the idea of "Workload Resilience," putting forth the theory that emotional resilience serves as a buffer against the negative consequences of heavy workloads on mental health.

3.1 Population and Sample

Recruitment Strategy

A variety of strategies will be used to entice 120 individuals that represent a varied population. Including MHPs at different career stages and maybe taking age-related changes in resilience into consideration, this strategy aims to obtain a thorough knowledge of the "Workload Resilience" impact.

Professional Organizations: Establishing partnerships with pertinent professional bodies will facilitate the dissemination of study information via well-established channels of communication. This could be posting study details on websites, email lists, or association newsletters that MHPs frequently visit.

Online Forums and Groups: MHPs' preferred online communities will be selected as targets. These could be message boards, online discussion forums, or online support groups designed especially for mental health professionals. Informative posts outlining the goals, methods, and recruiting requirements of the study will be shared with prior permission from the moderators.

Social Media Groups: We'll use social media sites that have MHP-focused groups going on (such Facebook groups for therapists and LinkedIn groups for counsellors) to fill positions.

Inclusion Criteria

A licenced mental health practitioner with a current licence to practise in their particular jurisdiction, such as a therapist, counsellor, psychologist, or social worker. The age range is 20–80 years old. This wide age range makes it possible to record a range of professional phases and probable variances in resilience among various age groups. Those with established jobs may have different experiences with workload intensity than MHPs just starting out in the field. Furthermore, studies indicate that emotional resilience may change over the course of a person's life. This study intends to investigate this possible impact. Currently working in a variety of settings (hospitals, clinics, community centres, private offices) and actively providing mental healthservices

Exclusion Criteria

A self-reported history of severe mental illness, such as bipolar disorder or schizophrenia, which may have a substantial influence on replies. People who suffer from severe mental illness could have different experiences with emotional stability and mental health issues, which could affect their reactions in ways that are unrelated to their workload. Individuals who are presently on medical leave. Because of their medical leave, MHPs may encounter unusual workloads and possibly even changed mental states. By

emphasising MHPs dealing with a broader range of workload needs, excluding these people helps preserve the integrity of the data.

3.2 Theoretical Framework

This research will investigate the relationship between mental health professionals' emotional resilience and workload intensity using a correlational design (APA, 2020). A correlational strategy concentrates on finding links between already-existing variables, as opposed to a causal-comparative design where the independent variable is altered (McGuigan, 2023). The researcher will not control or manipulate the independent variable in this study, which is workload intensity. Rather, it will be assessed based on the individuals' self-reported experiences. Emotional resilience, the dependent variable, will be evaluated in order to determine how naturally occurring differences in workload intensity relate to emotional resilience levels in mental health practitioners.

3.3 Statistical Tools

Two scales were used- The Maslach Burnout Inventory to measure the levels of workload intensity in one and Brief Resilience Scale was used to measure Emotional Resilience. Results were interpreted using the simple linear regression equation.

3.3.1 Maslach Burnout Inventory (MBI)

A popular 22-item psychological assessment tool for measuring occupational burnout is the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981). It evaluates emotional weariness, depersonalisation, and personal accomplishment—the three main components of burnout (Maslach et al., 1996). Despite being widely used, the MBI's evolution has come under fire for depending too much on inductive item production and having a weak theoretical base (Schaufeli, 2003). Nonetheless, the MBI provides a rather brief (10 minutes) and validated assessment of burnout in a variety of fields, such as education (Schaufeli et al., 1992), human services (Maslach et al., 1996), and general work environments (Schaufeli & Bakker, 2004).

Since the MBI's conception, various variations have been created to serve particular demographics, such as the MBI-ES for educators and the MBI-HSS for human services (Maslach et al., 1996). According to Cordes and Dougherty (1993) and Leiter and Maslach (1998), the emotional exhaustion subscale has strong dependability, while the depersonalisation and personal accomplishment measures have yielded inconsistent results.

The fundamental tenet of the MBI is supported by research based on the job demands-resources (JD-R) model. One of the main causes of burnout is emotional tiredness, which is a result of high job demands and scarce resources (Demerouti et al., 2001; Bakker et al., 2003). The validity of the MBI has been demonstrated in a number of populations, including educators, working populations in general, and human services workers (Dutton et al., 1993; Leiter, 1997; Schaufeli & Enzmann, 1998).

3.3.2 Brief Resilience Scale (BRS)

The Brief Resilience Scale (BRS) is a psychometrically sound tool designed to evaluate a person's ability to recover from hardship or adverse circumstances. The fundamental idea of resilience is encapsulated in this six-item self-report test, which emphasises the capacity to bounce back from obstacles and disappointments. When administered in around five minutes, the BRS provides a rapid and effective means of assessing resilience. Likert scales with extremes of strong disagreement and strong agreement are commonly used to calculate scores. The final score is obtained by dividing the total number of items by the sum of all replies, after any necessary reverse scoring of individual questions. Greater resilience is indicated by higher scores.

The validity and reliability of the BRS are supported by research. The scale shows negative relationships with stress and depression measurements, but favourable correlations with measures of psychological well-being. Research have demonstrated how well it captures resilience in a variety of populations, including both healthy persons and those with long-term medical issues. Although there are some reservations about the depersonalisation subscale's dependability in resilience assessments as a whole, the BRS is nevertheless a useful instrument for clinical and research settings. It is an excellent option for evaluating a person's capacity to overcome obstacles and come out stronger because to its succinctness and reliable psychometric qualities.

3.3.3 Simple Linear regression

Simple Linear regression was used to- Predict the dependent variable (\hat{Y}). Estimate the effect of each independent variable (X) on the dependent variable (Y). Calculate the correlation between the dependent variable and the independent variables. Test the linear model significance level.

$$\hat{Y} = b_0 + b_1x$$

b_0 - the y-intercept, where the line crosses the y-axis.

b_1 - the slope, describes the line's direction and incline.

$$b_1 = \frac{SP_{xy}}{SS_x} = \frac{\sum(x_i - \bar{x})(y_i - \bar{y})}{\sum(x_i - \bar{x})^2}$$

$$b_0 = \bar{y} - b_1\bar{x}$$

Using this formula, calculations were done to derive results for-

- 1) regression between emotional exhaustion and BRS.
- 2) regression between depersonalization and BRS.

3.4 Data Analysis

Emotional Exhaustion (MBI) and BRS

The correlation between Emotional Exhaustion (Maslach Burnout Inventory) and Brief Resilience Scale (BRS) scores was found to be non-significant, $R^2 = .0083$, $F(1, 118) = 0.99$, $p = .321$. The beta coefficient ($\beta = -.042$, $p = .321$) indicated a weak negative relationship, which was not statistically significant. The intercept for the regression model predicting BRS from Emotional Exhaustion was $\alpha = 18.35$, $p < .001$.

Depersonalization (MBI) and BRS

In contrast, the correlation between Depersonalization (Maslach Burnout Inventory) and BRS scores was significant, $R^2 = .08$, $F(1, 118) = 10.25$, $p = .002$. The beta coefficient ($\beta = -.15$, $p = .002$) indicated a moderate negative relationship between Depersonalization and BRS. The intercept for the regression model predicting BRS from Depersonalization was $\alpha = 21.39$, $p < .001$.

Hypothesis Evaluation

The results partially confirmed the hypothesis that mental health professionals with increased workload intensity would have weaker emotional resilience. Depersonalisation, a burnout component, had a significant detrimental effect on emotional resilience, although emotional exhaustion did not reveal a significant link with emotional resilience (BRS).

4. Figures and Table

TABLE 1- Regression analysis for Emotional Exhaustion and Depersonalization

PREDICTOR VALUE	R ²	F	p-value	Beta(β)	p-value	Intercept(α)	p-value
Emotional exhaustion	.0083	0.99	.321	-.042	.321	18.35	<.001
Depersonalization	.08	10.25	.002	-.15	.002	21.39	<.001

The results of two regression analysis that were conducted to predict scores on the Brief Resilience Scale (BRS)—one for emotional exhaustion and the other for depersonalization—are summarised in this table. The coefficient of determination (R^2), F-value (to test overall significance), p-value for the overall model, the predictor variable's p-value, the regression model's intercept (α), and the predictor variable's beta (β) coefficient (effect size) are all listed in the table.

This table shows the following: - There was no significant correlation found between the regression model for emotional exhaustion and BRS scores ($p = .321$).

- With a somewhat negative connection ($\beta = -.15$), the regression model for depersonalisation significantly predicted BRS scores ($p = .002$).
- The models' two intercepts (α) were statistically significant ($<.001$).

5. Results

This study examined the impact of workload intensity on emotional resilience in 120 mental health professionals. Workload intensity was measured using the Maslach Burnout Inventory (MBI), focusing on two subscales: Emotional Exhaustion and Depersonalization. Emotional resilience was assessed with the Brief Resilience Scale (BRS).

Emotional Exhaustion and BRS: The correlation between emotional exhaustion (MBI) and BRS scores yielded no statistically significant results ($R^2 = .0083$, $F(1, 118) = 0.99$, $p = .321$). The beta coefficient ($\beta = -.042$, $p = .321$) suggested a weak negative trend, but it did not reach the threshold for significance.

Depersonalization and BRS: In contrast, the correlation between depersonalization (MBI) and BRS scores presented a significantly negative association ($R^2 = .08$, $F(1, 118) = 10.25$, $p = .002$). The beta coefficient ($\beta = -.15$, $p = .002$) indicated a moderate negative relationship. This implies that higher scores on the depersonalization subscale corresponded with lower scores on the emotional resilience measure.

The intercept for both regression models predicting BRS from Emotional Exhaustion ($\alpha = 18.35$, $p < .001$) and Depersonalization ($\alpha = 21.39$, $p < .001$) were statistically significant. This suggests that even with varying levels of emotional exhaustion or depersonalization, a base level of emotional resilience was present in the sample.

5.1 Interpretation

The results offer some support for the hypothesis that weaker emotional resilience in mental health practitioners would be associated with higher workload intensity as determined by the MBI subscales. Emotional weariness and emotional resilience did not significantly correlate, although depersonalization—a fundamental feature of burnout—showed a strong negative correlation. This implies that mental health practitioners who are depersonalized—that is, who have a cold, callous attitude towards their work and their clients—may be less emotionally resilient to deal with the difficulties they face in their line of work.

6. Discussion

In this study, the relationship between mental health professionals' emotional resilience and workload intensity was examined. Our results provide some support for the theory, showing that depersonalisation (MBI) and emotional resilience (BRS) have a substantial negative connection, but that emotional tiredness (MBI) and emotional resilience do not.

Depersonalisation, which is characterised by feelings of emotional detachment and cynicism towards their work and clients, is significantly correlated negatively with emotional resilience. This suggests that mental health professionals who experience depersonalisation may be less emotionally resilient to handle the demands of their line of work. This is consistent with earlier studies showing the negative impact of depersonalisation on the performance and well-being of mental health practitioners (Schaufeli et al., 2019). Unexpectedly, there is no substantial correlation found between emotional resilience and emotional weariness. A key element of burnout is emotional tiredness, and previous studies have linked burnout to a decrease in emotional resilience (West et al., 2018). This result could have been influenced by the measures selected or by the particular sample population. This disparity may be clarified by future research examining the moderating effect of elements like social support and coping strategies.

The results of this study have important ramifications for the subject of mental health. Professionals in mental health are essential to promoting others' wellbeing, and they should receive the same consideration for their own needs. Interventions intended to avoid burnout in this population can be informed by

knowledge of how workload intensity depersonalises and the detrimental effects it has on emotional resilience.

6.1 Understanding the Depersonalization-Resilience Link

Depersonalisation, which is characterised by feelings of emotional detachment and cynicism towards their work and clients, is significantly correlated negatively with emotional resilience. This suggests that mental health professionals who experience depersonalisation may be less emotionally resilient to handle the demands of their line of work. This is consistent with earlier studies showing the negative impact of depersonalisation on the performance and well-being of mental health practitioners (Schaufeli et al., 2019). Unexpectedly, there is no substantial correlation found between emotional resilience and emotional weariness. Burnout is primarily characterised by emotional weariness, and previous research indicates a connection between burnout and a decrease in emotional resilience (West et al., 2018). This result could have been influenced by the particular sample population or the selected measures. This disparity may be clarified by future research examining the moderating effect of elements like social support and coping strategies.

6.2 Implications for Mental Health Professionals

The field of mental health will be greatly impacted by the study's conclusions. Although mental health professionals play a critical role in promoting others' wellbeing, they also need to give their own wellbeing equal consideration. Interventions targeted at preventing burnout in this demographic can benefit from an understanding of how workload intensity emerges in depersonalisation and its detrimental effects on emotional resilience.

6.3 Considerations for Future Research

A number of these points deserve more investigation. Our capacity to determine the causal links between emotional resilience and workload intensity is limited by the cross-sectional approach. A longer-term investigation might paint a more accurate picture of these interactions. Furthermore, bias may be introduced by the measurements' self-reported nature. Prospective research that integrates objective workload measures in addition to self-reported data may enhance the generalizability of results. Finally, the results cannot be broadly applied to the larger population of mental health professionals due to the small sample size of 120 individuals. It is necessary to repeat the study with bigger and more varied sample sizes.

6.4 Enhancing Resilience in the Mental Health Workforce

This study emphasises the possible detrimental impact of depersonalisation on emotional resilience in mental health professionals, notwithstanding these limitations. The significance of tackling depersonalisation in interventions meant to enhance wellbeing and avert burnout in this vital workforce is highlighted by these findings. Future studies should look into possible moderators of the observed findings, measuring tool improvements, and causal links. Mental health practitioners can be better prepared to deliver quality care and look after their own wellbeing if we help them develop emotional resilience.

7. Conclusion

This study looked into the connection between mental health practitioners' emotional resilience and workload intensity. The results showed a strong negative correlation between depersonalisation and emotional resilience, which largely corroborated the theory. Depersonalised mental health practitioners could have fewer emotional resources available to them to deal with the difficulties they face in their line of work. These findings emphasise how crucial it is to deal with depersonalisation in programmes meant to enhance wellbeing and keep this demographic from burning out.

We can better prepare mental health practitioners to provide effective care while preserving their own mental health by cultivating emotional resilience in them. Subsequent studies ought to delve into the causal linkages between emotional well-being and workload, enhance the instruments used for measurement, and examine variables that could impact these correlations. In the end, fostering mental health practitioners' emotional toughness enhances the mental healthcare system as a whole.

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