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Emotional Dissonance Mediating Between Secondary Traumatic Stress and Burnout: Probing Postgraduate Mental Healthcare Trainees

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ABSTRACT

This research endeavor intended to probe the mediating role of emotional dissonance between secondary traumatic stress and burnout in postgraduate mental health trainees. Following APA-mandated ethical guidelines; a purposive sample of 248 mental health trainees was recruited from various universities and mental health facilities in Lahore. The results established a significant positive association between secondary traumatic stress and burnout while a negative correlation between emotional dissonance and burnout. Furthermore, while secondary traumatic stress positively predicted burnout, however emotional dissonance negatively predicted burnout among mental health trainees. Lastly, findings also suggested that emotional dissonance partially mediates between secondary traumatic stress and burnout. Other than making a valuable addition to the existing research scholarship by bringing in the mediating role of emotional dissonance, these findings also have significant implications for clinical, counseling, and other public health-related settings as they highlight the psychological toll that mental health trainees go through while rending professional services in the field. Academicians and policymakers can also be engaged to develop mechanisms so that novice trainees and students can be provided with tools to effectively deal with workplace challenges.

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1 Introduction

Working in mental healthcare means that one has to deal with emotionally charged situations as the clients will relate their traumas and stressors, leaving behind a perpetual challenge to manage one's emotions in a professional manner (Prikhidko & Swank, 2018). This highlights that professionals may experience phenomena like secondary traumatic stress (STS) that may impact their daily life functioning including general well-being, job satisfaction, quality of interpersonal relationships, and routine activities (Brobst, 2014; Mróz & Kaleta, 2016). Figley (2013) explained that mental health trainees and professionals experience STS as they try to render professional facilitation to their clients so that they can overcome their psychological issues. It is not surprising that witnessing the emotional turmoil of the clients as they grow beyond their traumatic experiences leaves mental health professionals (MHPs) with STS (Cohen & Collens, 2013). Creamer and Liddle (2005) argued that STS is often circulated in waves from the direct and intimate victims and hence has a ripple effect. Though symptoms of STS are in lieu with post-traumatic stress disorder (PTSD) like experiencing intrusive thoughts, avoidance, arousal, and negative cognitive and emotional symptomology at large; still they are not always as severe as PTSD and can have a mild to moderate impact on the well-being and interrelationships of the MHPs (Diehm et al., 2019). However, several personal factors like years of experience and coping strategies (Ivicic & Motta, 2017; Leung et al., 2023) as well as organizational factors like social support and trauma workload tend to affect the severity of STS in professionals (Qayyum et al., 2023; Yang & Hayes, 2020).

Closely related to STS, is emotional dissonance (ED) which has been rarely discussed in the context of MHPs and refers to an inconsistency between one's felt and displayed emotions (Heuven & Bakker, 2003). Andela et al. (2015) elaborated ED as a feeling of discomfort that arises when an individual has to display emotions contrasting to their real emotions, which is what MHPs have to do while rendering their professional services. Studies have indicated several consequential impacts of ED on individuals such as compromised mental health and job performance (Mróz & Kaleta, 2016), impaired work quality (Giardini & Frese, 2006), a disrupted harmony between work and life (Hofmann & Stokburger-Sauer, 2017), the emotional and temperamental weariness (Karatepe & Aleshinloye, 2009), and vexation, irritation and resentment (Van Dijk & Kirk, 2007). Furthermore, Park et al. (2019) stated that individuals express their experiences of ED in multiple ways like being emotionally exhausted, diminished personal control, and decreased sympathy for what others feel; subsequently leading to a disinclination towards helping others.

Vexed with STS and ED, burnout appears as a potential consequence for MHPs which was why this study explored its potential interrelationships with STS and ED. The three-dimensional model of Maslach and Jackson (1981) describes burnout as a state of mental exhaustion, a sense of disengagement, and low personal accomplishment. Moreover, affective, physical, and cognitive fatigue along with feeling cynicism is also regarded as the key aspects of burnout (Bakker & Demerouti, 2007). Quite a few studies have also reported MHPs experiencing burnout as well (Dreison et al., 2018; Foster et al., 2018; Lopez-Lopez et al., 2019). Meanwhile, the correlating factors of burnout include excessive workload, lack of control, lack of community support absence of workplace fairness (Maslach & Jackson, 1981), and excessive interpersonal and emotional strain values (Bakker & Costa, 2014).

1.1 Theoretical Framework

One of the significant theories that guided this paper was the Trauma Transition Model (Figley, 2013) which described how after being exposed to clients' trauma, some MHPs start relating with them due to their empathic attitude towards them. This transmission of emotions can also occur through the facial expressions and verbal cues that occur during a social interaction as argued by the theory of emotional contagion (Hatfield et al., 1993). Similarly, we took into account the model proposed by Kruml and Geddes (2000) which identified ED

and emotional effort (EE) as two components of emotional labor. While ED includes the emotional display contrary to actual feelings, EE represents deep acting in which a person consciously puts effort into displaying the desired emotions. However, in the current study, we would derive strength from the ED component of the theory as it will justify the interaction dynamics of MHPs with their clients, hence leading to burnout. Lastly, the phase model of burnout (Maslach & Jackson, 1981), argues due to workload, exhaustion is developed, while the continuous demand to deal with emotionally charged situations later triggers the development of cynicism and feelings of depreciation to personal accomplishments, and hence the individual experience burnout.

2 Literature Review

To further explore the interrelationships between STS, ED, and burnout, it is pertinent to have an overview of the latest studies that have engaged with the present study variables. Starting with the research scholarship exploring STS and burnout, a study focused on Pakistani MHPs reported that the participants experienced mild to moderate levels of STS (Chaudhry et al., 2022). Further, women and been exposed to multiple traumas were found to be significantly associated with the development of STS. Similarly, another study focused on inspecting the levels of various stressors like grief, burnout, and STS during COVID in social workers indicated that the participants showed a higher level of STS than the national estimates, hence showing a special need for the emotional aid of the participants (Holmes et al., 2021). Likewise, another study demonstrated a positive association between STS and burnout, while a negative relationship between locus of control and burnout in correctional psychologists. Moreover, the findings did not find any interrelationship between STS and locus of control (Malkina-Pykh, 2017). Also, Ivicic and Motta (2017) discovered that a personal history of trauma was associated with STS, just like another study that exposed that MHPs' history of trauma increases their chances of experiencing STS and burnout (Leung et al., 2023).

Furthermore, Singer et al. (2020) reported that having purposeful goals in life can successfully reduce both burnout and STS. Correspondingly, findings indicated that subjective experiential trauma tends to manage the interaction between STS and empathic attitude (Rayner et al., 2020). A meta-analytic study further authenticates these results as Yang and Hayes (2020) highlighted how the burnout experiences of therapists were influenced by several subjective factors like history of mental well-being, how they dealt with countertransference experiences as well as by organizational factors like nature and frequency of supervisory support and perceived job control. Additionally, a study found a relationship between ED and burnout and pointed out that by employing re-evaluation and social reflexivity towards their work, participants were able to safeguard themselves against both ED and emotional exhaustion-based burnout (Andela & Truchot, 2017). Likewise, a study evaluating ED, burnout, and perceived stress in a sample of nurses revealed that ED had significant effects on the perceived stress and burnout of the participants (Afsar et al., 2017). Additionally, Agervold (2009) reported that while ED positively related to strain, it also moderated the relationship between case loading and strain. Also, results found ED to be correlated with both stress and burnout. Moreover, findings suggested that ED also mediated between caseload and strain, including burnout and depression. Similarly, another research focused on nurses and healthcare assistants found that ED, participants' workload, the requirements of both clients and their relatives, the severity of clients' symptoms, and the stress caused by colleagues; were all associated with participants' burnout (Andela et al., 2016). Moreover, ED acted as a mediator between workload, the client's severity of symptoms, and burnout. Likewise, another study positioned ED as a risk factor while the support from supervisors, coworkers, and organizations was a protective factor regarding burnout in child welfare workers. Results showed that ED had a positive association with burnout and social support seemed to increase this correlation.

Also, organizational support was found to have an indirect relationship with burnout through ED (Nielsen et al., 2023).

2.1 The Current Study

A quick look at the research scholarship indicated that most of the studies investigated STS, ED, and burnout in the context of physical and mental health professionals (Afsar et al., 2017; Chaudhry et al., 2022; Holmes et al., 2021), leaving behind the mental healthcare trainees (MHTs). Similarly, studies have also explored the mediating role of ED (Agervold, 2009; Andela et al., 2016) but never between STS and burnout. Therefore, in addition to the extension of the previous research literature, the present study was an effort to investigate the potential mediating role of ED between STS and burnout, and that too in a representative sample of MHTs (which includes postgraduate trainees of clinical psychology, counseling psychology, and health psychology) in Pakistan to generate indigenous findings.

2.2 Research Hypotheses

The current study proposed the following hypotheses:

a) There would likely be a significant relationship between STS, ED, and burnout in the postgraduate MHTs.

b) STS and ED would likely predict burnout in the postgraduate MHTs.

c) ED would mediate the relationship between STS and burnout in the postgraduate MHTs.

d) There would likely be significant sociodemographic differences in STS, ED, and burnout in the postgraduate MHTs.

3 Method

A purposive sample of 248 MHTs (n = 233 women and n = 15 men) of 20-32 years of age (M = 23.14, SD = 1.85), enrolled in MS clinical, counseling, and health psychology programs across leading public and private sector universities of Lahore were recruited which mainly comprised of middle born (50%), heterosexual (87.9%), women (94%), who from urban settings (88.3%), doing academic placements (61.7%) and were specializing in the field of clinical psychology (82.7%).

Table 1
Sample Sociodemographic Characteristics

Demographics	*n*	*%*	*Demographics*	*n*	*%*
Gender			*Nature of Training*		
Men	15	6	AcademicPlacement	153	61.7
Women	233	94	Internship	95	38.3
Sexual Orientation			*TH*		
Heterosexual	218	87.9	1-3	30	12.1
Non-heterosexual	30	13.7	4-6	130	52.4
Geographical Affiliation			7-9	88	35.5
Urban	219	88.3	*DT*		
Rural	29	11.7	1-4	144	58.1
Family System			5-8	59	23.8
Nuclear	195	78.6	9-12	17	6.9
Joint	53	21.4	13 & above	28	11.3
Birth Order			*Specialization*		
Firstborn	77	31	Clinical	205	82.7

Middle born	124	50	Counselling	23	9.3
Last born	46	18.5	Health	20	8.1
Only child	1	0.4			

Note. DT = Duration of training (monthly), TH = Training hours per day

3.1 Procedure

After seeking approval from the institutional Board of Studies, permission was duly sought from the authors of the respective scales used for measuring the study variables. Potential participants were contacted at their respective academic institutions and mental healthcare units of hospitals and were informed about the nature and aims of the study. Only those participants were eventually recruited who gave their formal consent to participate and share the study findings. Their identifying information and responses were kept confidential and were used anonymously. Data was collected between February and April 2023 and followed by statistical analyses and interpretation of the findings.

3.2 Measures

3.2.1. Sociodemographic Characteristics

Participants were asked to provide their basic demographic information including their gender, birth order, family system, geographical affiliation, sexual orientation, nature of training, work hours per day, and field of specialization.

3.2.2 Secondary Traumatic Stress Scale (STSS)

STS was assessed through a 21-item Secondary Traumatic Stress Scale (STSS; (Bride et al., 2004)) with a five-point Likert format where 1 = never, 2 = rarely, 3 = occasionally, 4 = often and 5 = very often. It consists of four subscales namely intrusion (items 2, 3, 6, 10, and 13), avoidance (items 12 and 14), negative cognitions and mood (items 1, 7, 9, 17, 18, 20 and 21), and arousal (items 4, 8, 11, 15, 16 and 19). Responses were initially collected on item no. 5 but they were excluded from the final scoring as its content did not align with DSM-5 PTSD criteria. A higher score on the scale indicated a higher level of STS, while its overall Cronbach's alpha reliability was found to be .93 (Bride et al., 2004).

3.2.3 Emotive Dissonance Subscale (EDS)

ED was measured by using the Emotive Dissonance Subscale (EDS) of the Hospitality Emotional Labour Scale (Chu & Murrmann, 2006). This 11-item scale with a seven-point Likert format (with 1 = strongly disagree, 2 = disagree, 3 = somewhat disagree, 4 = neither disagree nor agree, 5 = somewhat agree, 6 = agree, and 7 = strongly agree) had an alpha reliability of .89 (Chu & Murrmann, 2006). Moreover, items 1, 2, 3, 5, 6, 7, 8, and 9 are reverse-coded.

3.2.4 Oldenburg Burnout Inventory (OBI)

Through the 16-item Oldenburg Burnout Inventory (OBI; (Demerouti & Bakker, 2008)), burnout was evaluated in the participants. Through a four-point Likert format indicating 1 = strongly agree, 2 = agree, 3 = disagree and 4 = strongly disagree, OBI includes two subscales labeled as exhaustion and disengagement. Moreover, items no. 2, 3, 4, 6, 8, 9, 11, and 12 are reverse-coded and the overall alpha reliability of OBI is.85 (Demerouti & Bakker, 2008).

4 Results

The reliability analyses indicated that STS had an alpha value of .89, while each subscale namely intrusion, avoidance, negative cognition, and mood and arousal had indices of .64, .51, .71, and .77, respectively. Moreover, ED had a Cronbach alpha of .73, while OBI showed an alpha of .76, with .60 and .67 for disengagement and exhaustion subscales respectively.

Table 2 indicated that STS and all four of its subscales (intrusion, avoidance, negative cognitions, and arousal) had a significant positive association with overall burnout and its subscales (exhaustion and disengagement), while a significant negative relationship with ED. Likewise, ED also showed a negative correlation with overall burnout and both of its subscales. Moreover, age was found to be positively related to ED and training experience, while had a significant negative association with overall burnout and its subscales. Lastly, working hours positively correlated with training experience.

Table 3

Secondary Traumatic Stress and Emotional Dissonance Predicting Burnout

Variables	*B*	95%CI		*SE B*	B	R^2	ΔR^2
		LL	*UL*				
Step 1						.13	.13***
Constant	30.55***	28.14	32.96	1.22			
STSS	.17***	.11	.22	.09	.35***		
Step 2						.16	.03**
Constant	37.14***	32.36	41.92	2.43			
STSS	.14***	.08	.20	.03	.30***		
EDS	-.11**	-.18	-.04	.04	-.19**		

*Note.*CI = Confidence Interval, $^{***}p < .001$,$^{**}p < .01$. STSS = Secondary Traumatic Stress Scale and EDS = Emotional Dissonance Scale

Table 3 showed that the R^2 value of .10 in step 1 confirmed a 13% variance in burnout through STS with F (1, 246) = 35.34, $p < .001$. This showed that STS ($\beta = .35$, $p < .001$) positively predicted burnout. Similarly, step 2 indicated that STS and ED explained 16 % variance in burnout through the R^2 value of .16 with F (2, 245) = 9.77, $p < .001$, hence revealing that ED ($\beta = -.19$, $p < .01$) negatively predicted burnout. However, STS emerged as a much stronger predictor of burnout as compared to ED.

Table 4

Emotional Dissonance Mediating between Secondary Traumatic Stress and Burnout

Variables	*B*	95%CI	*SE B*	B	R^2	ΔR^2
Step 1					.13	.13***
Constant	30.55***	[28.14, 32.96]	1.22			
STSS	.17***	[.11, .22]	.03	.35***		
Step 2					.16	.03**
Constant	37.14***	[32.36, 41.92]	2.43			
STSS	.14***	[.08, .20]	.03	.30***		
EDS	-.12**	[-.18, -.04]	.07	-.19**		

*Note.*CI = Confidence Interval, $^{***}p < .001$,$^{**}p < .01$. STSS = Secondary Traumatic Stress Scale and EDS = Emotional Dissonance Scale

By applying Baron and Kenny (1986) method, Table 4 indicated that while STS ($\beta = .35$, $p < .001$) positively predicted burnout; ED ($\beta = -.19$, $p < .01$) negatively predicted it. Similarly, $\Delta R^2 = .03$ indicated a change of 3% in the variance of Model 1 and Model 2 with F (2, 245) = 9.77, $p < .001$, indicating a reduction in beta weights (from .35 to .30) of STS while remaining significant. This indicated that ED partially mediated between STS and burnout.

Table 2
Correlations between Sociodemographic Characteristics and Study Variables

Variables	*M*	*SD*	1	2	3	4	5	6	7	8	9	10	11	12
1. Age			--	.105	.27***	.03	.06	.04	-.02	.04	.18**	-.14*	-.12	-.14*
2. Training hours				--	.31***	.06	-.04	-.08	.12	.11	.01	.04	-.01	.07
3. Duration of training					--	.06	.01	.01	.08	.07	-.03	.10	.09	.09
4. Total STSS	41.87	11.97				--	.81***	.73***	.89***	.89***	-.3***	.35***	.3***	.34***
5. Intrusion	10.58	3.43					--	.57***	.58***	.61***	-.17**	.24***	.17**	.29***
6. Avoidance	3.8	1.75						--	.55***	.57***	-.2***	.34***	.33**	.28***
7. Negative cognition	15.3	4.46							--	.74***	-.3***	.34***	.30***	.33***
8. Arousal	12.2	4.39								--	-.2***	.29***	.25***	.29***
9. Total EDS	48.73	9.67									--	-.3***	-.3***	-.3***
10. Total OBI	37.54	5.64										--	.89***	.91***
11. Disengagement	17.83	2.98											--	.62***
12. Exhaustion	19.7	3.28												--

*Note: *p < .05, **p < .01, ***p < .001*. STSS = Secondary Traumatic Stress Scale, EDS = Emotional Dissonance Scale, and OBI = Oldenburg Burnout Inventory. Only continuous demographic variables were included.

Findings indicated in Table 5 did not show any gender or sexual orientation-based differences in STS, ED, and burnout among participants. Meanwhile, trainees doing academic placements showed greater STS (M = 43.29, SD = 12.29) and burnout (M = 38.21, SD = 5.94) than those pursuing internships, however, no such significant difference was found on ED. Moreover, trainees who belonged to the joint family system (M = 45.31, SD = 12.85) showed greater STS than those who belonged to the nuclear family system.

Table 5

Independent Samples t-test Indicating Differences in Gender, Nature of Training, Family System, and Sexual Orientation across Study Variables

Variables	*M*	*SD*	*M*	*SD*	*t*(246)	*p*	Cohen's *d*
Gender							
	Men (n = 15)		Women (n = 233)				
Secondary Traumatic Stress	40.40	9.31	41.97	12.13	-.49	.62	.15
Emotional Dissonance	46.8	8.16	48.86	9.76	-.80	.43	.23
Burnout	37.27	5.5	37.56	5.66	-.20	.85	.05
Nature of Training							
	Academic Placement (n = 153)		Internship (n = 95)				
Secondary Traumatic Stress	43.29	12.29	39.6	11.11	2.39	.02	.28
Emotional Dissonance	48.33	10.22	49.38	8.71	-.83	.41	.11
Burnout	38.21	5.94	36.47	4.96	2.39	.02	.32
Family System							
	Nuclear (n = 195)		Joint (n = 53)				
Secondary Traumatic Stress	40.94	11.57	45.31	12.85	-2.38	.02	.36
Emotional Dissonance	48.55	9.5	49.43	10.32	-.59	.55	.09
Burnout	37.5	5.87	37.96	4.73	-.61	.55	.09
Sexual Orientation							
	Heterosexual (n = 218)		Non-heterosexual (n = 30)				
Secondary Traumatic Stress	40.01	12.26	40.86	9.63	.49	.62	.08
Emotional Dissonance	48.86	9.61	47.83	10.19	.55	.59	.10
Burnout	37.40	5.76	38.60	4.65	-1.09	.28	.02

Note: M = Mean, SD = Standard Deviation

Table 6

One-way ANOVA Showing Differences in Fields of Specialization across Study Variables

Variables	Clinical		Counselling		Health				
	M	*SD*	*M*	*SD*	*M*	*SD*	*F*(2, 245)	η^2	Post-Hoc
STSS	39.93	10.43	45.92	12.68	57.2	14.12	24.3***	.17	3>2>1
EDS	49.19	9.87	48.78	7.40	44.05	8,92	2.606	.02	-----
OBI	36.95	5.53	40.76	5.19	39.94	5.60	7.008***	.05	2>3>1

Note: M = Mean, SD = Standard Deviation. STSS = Secondary Traumatic Stress Scale EDS = Emotional Dissonance Scale, and OBI = Oldenburg Burnout Inventory.

Table 6 indicated significant differences in STS, with health psychology trainees (HPTs) experiencing the greatest level of STS (M = 57.2, SD = 14.12) followed by counseling psychology trainees (COPTs; M = 45.92, SD = 12.68) and clinical psychology trainees (CLPTs; M = 39.93, SD = 10.43) respectively. Similarly, COPTs showed the greatest level of burnout (M = 40.76, SD = 5.19), followed by HPTs (M = 39.94, SD = 5.60) and CLPTs (M = 36.95, SD = 5.53). This shows that CLPTs were the least affected group with STS and burnout in contrast to HPTs and COPTs. Moreover, no significant difference was found across trainees in ED.

5 Discussion

By focusing on MHTs, this research examined STS, ED, and burnout and most of the findings were consistent with previous research scholarship. Our findings indicated that STS was positively associated with burnout, while had a negative relationship with ED. These findings are in lieu of several previous studies as Kim (2017) also revealed a positive association between STS and burnout in refugee service providers. Similarly, another study focused on students with trauma exposure reported that the stress they experienced in the field was positively related to their burnout experiences (Butler et al., 2017).

Conversely, unlike our results, Andela and Truchot (2017) suggested a positive correlation between ED and burnout in nurses and healthcare assistants. Similarly, several other studies also reported a positive association between these variables (Choi et al., 2021; Gillet et al., 2020; Vignoli et al., 2021). Cultural influences can be attributed to these results as they influence how people process and react to ED and burnout. A study assessing differences in emotional labor between populations from Eastern and Western cultures implied that by taking cultural context into account, interactions among the emotional labor components can be explained better (Allen et al., 2014). Similarly, researchers argued that challenges in emotion management could be explained by cultural factors and family issues (Yezza et al., 2021), therefore, it can be inferred that the current evidence is an indication of these influences. Moreover, results could also differ depending on how the ED was measured in our study as this scale was extensively used in the hospitality industry even though Chu and Murrmann (2006) recommended using it in other fields as well. Lastly, it should also be taken into consideration that our sample comprised of MHTs, unlike previous studies that focused on professionals (Qayyum et al., 2023; Yang & Hayes, 2020).

Results for interrelationships between demographics and study variables indicated that the duration of training experience and training hours per day did not associate with study variables just like previously observed by Diehm et al. (2019) in the case of STS and Caringi et al. (2017) for burnout; only age was found to be related with both ED and burnout and evidence from a study by Marchand et al. (2018) showed similar findings in the context of burnout as with increasing age, a decline in the burnout experience was observed.

Also, our findings suggested that both STS and ED predicted burnout which is congruent with previous research evidence as Scott et al. (2021) found STS to be positively predicting burnout in neonatal staff, while another study reported similar results for nurses working in critical care units (Jeong & Shin, 2023). Similarly, Andela and Truchot (2017) reported ED predicting burnout but unlike our findings, ED emerged as a positive predictor. This can also be attributed to cultural implications (Allen et al., 2014; Yezza et al., 2021) and the nature of the current sample of MHTs unlike professionals taken in earlier studies (Ivicic & Motta, 2017; Leung et al., 2023).

Moreover, we found ED to partially mediate between STS and burnout in MHTs. The mediating role of ED was reported previously in the context of stress and burnout experienced

by social work counselors and it was observed that ED mediated between caseload and strain (Agervold, 2009). Similarly, Andela et al. (2016) revealed that the association between workload, patients' suffering, and burnout was mediated by ED in nurses and health care assistants.

Furthermore, the results also did not find any significant gender differences which are incongruent with most of the prior studies that showed significant differences across men and women (Chaudhry et al., 2022; Ivicic & Motta, 2017). However, Manning-Jones et al. (2016) reported a lack of gender differences in healthcare professionals on STS. Likewise, another study informed of non-significant gender differences in healthcare professionals on burnout (Wang et al., 2022). Therefore, based on both of these studies, current findings can be justified.

Correspondingly, trainees doing academic placements reported greater levels of STS and burnout as compared to those doing internships. Moreover, significant differences were observed in STS and burnout with HPTs showing the highest scores on STS whereas COPTs reported the highest level of burnout. This indicated that CLPTs experienced the lowest level of STS and burnout which can be understood in terms of their academic burden and workload as Cautin and Lilienfeld (2015) mentioned that contemporary training programs for clinical psychology students included more than required training hours. The findings of a survey submitted that a greater number of practicum hours could lead to greater engagement and involvement in one's work (Gee et al., 2022). Moreover, a few studies also explained that increased workload could lead to better use of coping strategies (Duhan, 2020; Kiziela et al., 2019), rather even experiencing a moderate level of stress was found to be significantly correlated with the practice of using various coping mechanisms in psychiatric nurses (Hasan & Tumah, 2019).

5.1 Conclusion, Limitations, Suggestions and Implications

To our knowledge, our study is the first one to investigate the mediating role of ED between STS and burnout, and that too in MHTs based in Pakistan. Along with the unique cultural dynamics that duly contributed to indigenous findings, the underrepresented sample of trainees also brought in new insights, especially the direction of association and prediction between ED and burnout. However, as it was a correlational study, a causal inference could not be drawn from it, which seemed pertinent to explain the nature of the connection between ED and burnout. By adopting experimental and longitudinal approaches in the future, this issue can be addressed. Moreover, through exploratory studies, the curriculum and workload of the respective MHTs studying across various areas of specialization could also be investigated to generate potentially culture-based discoveries. The scope of future findings can also be enhanced by drawing samples through different sampling strategies, as well as including trainees of other domains like social work, drug addiction, and speech and language among others.

Other than contributing to the research scholarship, our findings can benefit academic institutions, especially policymakers involved with designing and planning degree programs and curricula so that they can facilitate trainees in a better way to cope with their emotional well-being amid the challenging fieldwork. Campus counselors along with staff at hospitals and mental health institutions can also be involved in this regard to provide a more conducive environment while empowering the trainees with effective and adaptive strategies to deal with STS, ED, and burnout in their work. Lastly, trainees can also take personal initiative based on these findings and equip themselves with effective tools to navigate through professional challenges so that they can better deal with such issues proficiently.

References

Afsar, B., Cheema, S., & Masood, M. (2017). The role of emotional dissonance and emotional intelligence on job-stress, burnout and well-being among nurses. *International Journal of Information Systems and Change Management*, *9*(2), 87-105.

Agervold, M. (2009). Emotional dissonance and burnout among social counsellors. *International Journal of Work Organisation and Emotion*, *3*(1), 1-17.

Allen, J. A., Diefendorff, J. M., & Ma, Y. (2014). Differences in emotional labor across cultures: A comparison of Chinese and US service workers. *Journal of Business and Psychology*, *29*, 21-35.

Andela, M., & Truchot, D. (2017). Emotional dissonance and burnout: The moderating role of team reflexivity and re- evaluation. *Stress and Health*, *33*(3), 179-189.

Andela, M., Truchot, D., & Borteyrou, X. (2015). Emotional labour and burnout: Some methodological considerations and refinements. *Canadian Journal of Behavioural Science/Revue canadienne des sciences du comportement*, *47*(4), 321.

Andela, M., Truchot, D., & Van der Doef, M. (2016). Job stressors and burnout in hospitals: The mediating role of emotional dissonance. *International Journal of Stress Management*, *23*(3), 298.

Bakker, A. B., & Costa, P. L. (2014). Chronic job burnout and daily functioning: A theoretical analysis. *Burnout research*, *1*(3), 112-119.

Bakker, A. B., & Demerouti, E. (2007). The job demands- resources model: State of the art. *Journal of managerial psychology*, *22*(3), 309-328.

Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: conceptual, strategic, and statistical considerations. *J Pers Soc Psychol*, *51*(6), 1173-1182. https://doi.org/10.1037//0022-3514.51.6.1173

Bride, B. E., Robinson, M. M., Yegidis, B., & Figley, C. R. (2004). Development and validation of the secondary traumatic stress scale. *Research on social work practice*, *14*(1), 27-35.

Brobst, J. (2014). The impact of secondary traumatic stress among family attorneys working with trauma-exposed clients: Implications for practice and professional responsibility. *J. Health & Biomedical L.*, *10*, 1.

Butler, L. D., Carello, J., & Maguin, E. (2017). Trauma, stress, and self-care in clinical training: Predictors of burnout, decline in health status, secondary traumatic stress symptoms, and compassion satisfaction. *Psychol Trauma*, *9*(4), 416-424. https://doi.org/10.1037/tra0000187

Caringi, J. C., Hardiman, E. R., Weldon, P., Fletcher, S., Devlin, M., & Stanick, C. (2017). Secondary traumatic stress and licensed clinical social workers. *Traumatology*, *23*(2), 186.

Cautin, R. L., & Lilienfeld, S. O. (2015). *The Encyclopedia of Clinical Psychology, 5 Volume Set*. John Wiley & Sons.

Chaudhry, M., Sharif, H., Shah, S. M., Javed, S., & Mangrio, S. (2022). Assessment of Secondary Traumatic Stress in Health Care Professionals Working in Tertiary Care Hospitals of Islamabad: Assessment of Secondary Traumatic Stress in Health Care Professionals. *Pakistan Journal of Health Sciences*, 36-40.

Choi, S., Kang, Y., & Yeo, K. (2021). Effect of a Protestant Work Ethic on Burnout: Mediating Effect of Emotional Dissonance and Moderated Mediating Effect of Negative Emotion Regulation. *Sustainability*, *13*(11), 5909.

Chu, K. H.-L., & Murrmann, S. K. (2006). Development and validation of the hospitality emotional labor scale. *Tourism Management*, *27*(6), 1181-1191.

Cohen, K., & Collens, P. (2013). The impact of trauma work on trauma workers: A metasynthesis on vicarious trauma and vicarious posttraumatic growth. *Psychological Trauma: Theory, Research, Practice, and Policy*, *5*(6), 570.

Creamer, T. L., & Liddle, B. J. (2005). Secondary traumatic stress among disaster mental health workers responding to the September 11 attacks. *Journal of Traumatic Stress: Official Publication of the International Society for Traumatic Stress Studies*, *18*(1), 89-96.

Demerouti, E., & Bakker, A. B. (2008). The Oldenburg Burnout Inventory: A good alternative to measure burnout and engagement. *Handbook of stress and burnout in health care*, *65*(7), 1-25.

Diehm, R. M., Mankowitz, N. N., & King, R. M. (2019). Secondary traumatic stress in Australian psychologists: Individual risk and protective factors. *Traumatology*, *25*(3), 196.

Dreison, K. C., Luther, L., Bonfils, K. A., Sliter, M. T., McGrew, J. H., & Salyers, M. P. (2018). Job burnout in mental health providers: A meta-analysis of 35 years of intervention research. *J Occup Health Psychol*, *23*(1), 18-30. https://doi.org/10.1037/ocp0000047

Duhan, K. (2020). Academic stress and academic resilience among government and private school students across stream. *International Journal of Education and Management Studies*, *10*(2), 168-174.

Figley, C. R. (2013). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Routledge.

Foster, K., Shochet, I., Wurfl, A., Roche, M., Maybery, D., Shakespeare-Finch, J., & Furness, T. (2018). On PAR: A feasibility study of the Promoting Adult Resilience programme with mental health nurses. *Int J Ment Health Nurs*, *27*(5), 1470-1480. https://doi.org/10.1111/inm.12447

Gee, D. G., DeYoung, K. A., McLaughlin, K. A., Tillman, R. M., Barch, D. M., Forbes, E. E., Krueger, R. F., Strauman, T. J., Weierich, M. R., & Shackman, A. J. (2022). Training the Next Generation of Clinical Psychological Scientists: A Data-Driven Call to Action. *Annu Rev Clin Psychol*, *18*, 43-70. https://doi.org/10.1146/annurev-clinpsy-081219-092500

Giardini, A., & Frese, M. (2006). Reducing the negative effects of emotion work in service occupations: emotional competence as a psychological resource. *Journal of Occupational Health Psychology*, *11*(1), 63.

Gillet, N., Huyghebaert-Zouaghi, T., Réveillère, C., Colombat, P., & Fouquereau, E. (2020). The effects of job demands on nurses' burnout and presenteeism through sleep quality and relaxation. *Journal of Clinical Nursing*, *29*(3-4), 583-592.

Hasan, A. A., & Tumah, H. (2019). The correlation between occupational stress, coping strategies, and the levels of psychological distress among nurses working in mental health hospital in Jordan. *Perspectives in psychiatric care*, *55*(2), 153-160.

Hatfield, E., Cacioppo, J. T., & Rapson, R. L. (1993). Emotional contagion. *Current directions in psychological science*, *2*(3), 96-100.

Heuven, E., & Bakker, A. (2003). Emotional dissonance and burnout among cabin attendants. *European Journal of Work and Organizational Psychology*, *12*(1), 81-100.

Hofmann, V., & Stokburger-Sauer, N. E. (2017). The impact of emotional labor on employees' work-life balance perception and commitment: A study in the hospitality industry. *International Journal of Hospitality Management*, *65*, 47-58.

Holmes, M. R., Rentrope, C. R., Korsch-Williams, A., & King, J. A. (2021). Impact of COVID-19 pandemic on posttraumatic stress, grief, burnout, and secondary trauma of social workers in the United St ates. *Clinical Social Work Journal*, 1-10.

Ivicic, R., & Motta, R. (2017). *Variables associated with secondary traumatic stress among mental health professionals* (Vol. 23). Educational Publishing Foundation.

Jeong, Y. J., & Shin, S. (2023). The relationship between secondary traumatic stress and burnout in critical care nurses: The mediating effect of resilience. *Intensive and Critical Care Nursing*, *74*, 103327.

Karatepe, O. M., & Aleshinloye, K. D. (2009). Emotional dissonance and emotional exhaustion among hotel employees in Nigeria. *International Journal of Hospitality Management*, *28*(3), 349-358.

Kim, Y. J. (2017). Secondary Traumatic Stress and Burnout of North Korean Refugees Service Providers. *Psychiatry Investig*, *14*(2), 118-125. https://doi.org/10.4306/pi.2017.14.2.118

Kiziela, A., Viliuniene, R., Friborg, O., & Navickas, A. (2019). Distress and resilience associated with workload of medical students. *J Ment Health*, *28*(3), 319-323. https://doi.org/10.1080/09638237.2018.1521922

Kruml, S. M., & Geddes, D. (2000). Exploring the dimensions of emotional labor: The heart of Hochschild's work. *Management communication quarterly*, *14*(1), 8-49.

Leung, T., Schmidt, F., & Mushquash, C. (2023). A personal history of trauma and experience of secondary traumatic stress, vicarious trauma, and burnout in mental health workers: A systematic literature review. *Psychol Trauma*, *15*(Suppl 2), S213-S221. https://doi.org/10.1037/tra0001277

Lopez-Lopez, I. M., Gomez-Urquiza, J. L., Canadas, G. R., De la Fuente, E. I., Albendin-Garcia, L., & Canadas-De la Fuente, G. A. (2019). Prevalence of burnout in mental health nurses and related factors: a systematic review and meta-analysis. *Int J Ment Health Nurs*, *28*(5), 1032-1041. https://doi.org/10.1111/inm.12606

Malkina-Pykh, I. G. (2017). Associations of burnout, secondary traumatic stress and individual differences among correctional psychologists. *Journal of Forensic Science and Research*, *1*(1), 018-034.

Manning-Jones, S., de Terte, I., & Stephens, C. (2016). Secondary traumatic stress, vicarious posttraumatic growth, and coping among health professionals; A comparison study. *New Zealand journal of psychology (Online)*, *45*(1), 20.

Marchand, A., Blanc, M., & Beauregard, N. (2018). Do age and gender contribute to workers' burnout symptoms? *Occupational Medicine*, *68*(6), 405-411.

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of organizational behavior*, *2*(2), 99-113.

Mróz, J., & Kaleta, K. (2016). Relationships between personality, emotional labor, work engagement and job satisfaction in service professions. *International journal of occupational medicine and environmental health*, *29*(5), 767-782.

Nielsen, M. B., Johannessen, H. A., Christensen, J. O., & Finne, L. B. (2023). Emotional dissonance and burnout among child welfare workers: The moderating role of social support from colleagues, supervisors, and organization. *Journal of Social Work*, 14680173221143649.

Park, Y.-n., Hyun, H., & Jhang, J. (2019). Do emotional laborers help the needy more or less? The mediating role of sympathy in the effect of emotional dissonance on prosocial behavior. *Frontiers in psychology*, *10*, 118.

Prikhidko, A., & Swank, J. M. (2018). Emotion regulation for counselors. *Journal of Counseling & Development*, *96*(2), 206-212.

Qayyum, S., Tahir, A., & Younas, F. (2023). Secondary traumatic stress and death anxiety in healthcare professionals: Moderating role of social support. *Pak J Med Sci*, *39*(5), 1478-1481. https://doi.org/10.12669/pjms.39.5.7254

Rayner, S., Davis, C., Moore, M., & Cadet, T. (2020). Secondary Traumatic Stress and Related Factors in Australian Social Workers and Psychologists. *Health Soc Work*, *45*(2), 122-130. https://doi.org/10.1093/hsw/hlaa001

Scott, Z., O'Curry, S., & Mastroyannopoulou, K. (2021). Factors associated with secondary traumatic stress and burnout in neonatal care staff: A cross-sectional survey study. *Infant Ment Health J, 42*(2), 299-309. https://doi.org/10.1002/imhj.21907

Singer, J., Cummings, C., Moody, S. A., & Benuto, L. T. (2020). Reducing burnout, vicarious trauma, and secondary traumatic stress through investigating purpose in life in social workers. *Journal of Social Work, 20*(5), 620-638.

Van Dijk, P. A., & Kirk, A. (2007). Being somebody else: Emotional labour and emotional dissonance in the context of the service experience at a heritage tourism site. *Journal of Hospitality and Tourism Management*, *14*(2), 157-169.

Vignoli, M., Mazzetti, G., Converso, D., & Guglielmi, D. (2021). How workers' emotional dissonance explains the association between customers' relations, burnout and health in an Italian supermarket chain. *La Medicina del Lavoro*, *112*(3), 200.

Wang, J., Zhang, L., Jiang, F., Liu, Y., Wang, M., Wu, Y., & Tang, Y.-L. (2022). Gender differences in burnout among endocrinologists in China. *Frontiers in psychology*, *13*, 845188.

Yang, Y., & Hayes, J. A. (2020). Causes and consequences of burnout among mental health professionals: A practice-oriented review of recent empirical literature. *Psychotherapy*, *57*(3), 426.

Yezza, H., Chabaud, D., & Calabrò, A. (2021). Conflict dynamics and emotional dissonance during the family business succession process: Evidence from the Tunisian context. *Entrepreneurship Research Journal*, *11*(3), 219-244.