Indicators of Burnout and Recovery in Early-Career Psychologists: A Thematic Analysis

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Objective: The objective of this study was to explore the indicators of burnout and the strategies of recovery among early-career psychologists, with a focus on their lived experiences within the Irish professional context.

Methods and Materials: This qualitative study employed a thematic analysis design. Twenty early-career psychologists practicing in Ireland participated in semi-structured interviews, selected through purposive sampling. Participants represented diverse professional settings including public health services, private practice, community organizations, and academic contexts. Data collection continued until theoretical saturation was achieved. Interviews were audio-recorded, transcribed verbatim, and analyzed using Braun and Clarke's six-phase framework, supported by NVivo 14 software for data management and coding.

Findings: Analysis revealed four overarching themes: (1) Indicators of Burnout, including emotional exhaustion, cognitive strain, physical symptoms, behavioral withdrawal, loss of motivation, and cynicism; (2) Work-Related Stressors, such as excessive caseloads, limited autonomy, organizational climate challenges, career insecurity, peer competition, and inadequate supervision; (3) Coping and Recovery Strategies, encompassing self-care practices, professional and social support, boundary setting, skill development, and meaning-making processes; and (4) Facilitators of Resilience and Growth, including personal traits, supportive work environments, professional identity, work-life integration, positive client outcomes, and continuous development. Illustrative participant quotations highlighted the interplay between strain and recovery, underscoring both vulnerabilities and strengths in early-career practice.

Conclusion: The findings demonstrate that early-career psychologists face significant burnout risks shaped by organizational and systemic stressors, but also employ diverse coping mechanisms and resilience-building strategies. Recovery from burnout is not only possible but often accompanied by professional growth when adequate supports are in place. These results highlight the need for organizational policies, training programs, and supervisory practices that foster

1. Introduction

The early stages of a professional career are often marked by ambition, growth, and the pursuit of meaningful contributions, but for many psychologists, these years are also fraught with heightened vulnerability to occupational stress and burnout. Burnout, a multifaceted syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, has long been recognized as a significant risk within the helping professions (Senter et al., 2010; Silla & Tetrick, 2011). For psychologists who are beginning to establish themselves in clinical, organizational, or academic contexts, the interplay of heavy workloads, performance pressure, and career uncertainty may pose particular risks (Kolar et al., 2017; Kurinna, 2022). Understanding how early-career psychologists identify and respond to indicators of burnout is thus an essential concern for both research and practice.

Scholarly attention to burnout has revealed that its origins often stem from structural and systemic factors as much as individual vulnerabilities. Classic studies in occupational health psychology have consistently linked role conflict, workload demands, and lack of autonomy to stress and burnout (Dorociak et al., 2017; Fletcher et al., 2011). Recent work has confirmed that burnout is not simply a product of overwork but is also tied to the need for recovery and the absence of meaningful career calling (Jin et al., 2023). In the context of early-career professionals, particularly psychologists, these dynamics intersect with professional identity formation and the challenge of adapting to diverse roles (Elsey et al., 2020). The pressures experienced at this stage may thus not only manifest as psychological strain but also shape long-term career trajectories.

Work-life balance has become a central theme in discussions of occupational wellness for early-career psychologists. Reflective practice groups and training settings increasingly acknowledge that the capacity to maintain balance between personal and professional spheres is crucial for sustainability in the field (Demetri et al., 2023). The intersection of career development and personal life demands is not unique to psychology; research in medical and coaching professions has similarly emphasized the toll of occupational stress in early careers (Fris et al., 2023; Stoicescu & Stanescu, 2019). Yet psychology presents a distinctive case due to its dual demands of high emotional labor and strong professional values, which can lead to a conflict between self-care and care for others (Dorociak et al., 2017).

The formation of a professional identity in psychology requires a delicate negotiation between external expectations and internal values. Scholars have emphasized the importance of establishing a sense of belonging, credibility, and recognition in professional communities (Elsey et al., 2020; Thorn & Yancey, 2021). For early-career psychologists, these challenges are amplified by precarious employment conditions and uncertainties in the school-to-work transition (Zhong & Xu, 2023). This precariousness often manifests as short-term contracts, limited financial security, and unclear career trajectories, which compound stress and increase susceptibility to burnout (Karim & Nordin, 2022). The reality of employment insecurity has been described not only as an external stressor but also as a barrier to subjective career success, undermining early-career professionals' confidence in their future (Zhong & Xu, 2023).

International perspectives highlight the ubiquity of burnout risk across cultures and occupational contexts. For example, studies among educational psychologists in Russia and Eastern Europe underscore the reliance on coping strategies to navigate professional demands, yet caution that maladaptive coping can exacerbate stress (Казаренков et al., 2021). Similarly, research among firefighters in Serbia emphasizes the crucial role of psychological preparedness in managing stress exposure (Živković & Veljković, 2021). Such findings resonate with early-career psychologists' needs to cultivate resilience and adaptive coping as buffers against burnout (Kolar et al., 2017).

Despite the risks, there is also evidence that challenging professional contexts can foster resilience and growth. Qualitative accounts of therapists delivering emotionally demanding interventions demonstrate that such challenges may, under certain conditions, promote personal and professional development (Stiegler et al., 2024; Yıldızhan et al., 2024). Emotion-focused therapy practitioners, for instance, have described the importance of emotion regulation and reflective practice in sustaining engagement

with high-conflict clients (Yıldızhan et al., 2024). Likewise, psychotherapists working in intensive modalities have reported that growth often emerges from navigating adversity, provided adequate supervision and support are in place (Stiegler et al., 2024). These insights suggest that recovery from burnout is not merely a return to baseline functioning but may also involve transformative processes of resilience building.

Historical perspectives on early-career development further illuminate the enduring nature of these challenges. Letters written by established psychologists to novices emphasize that the early years are inevitably difficult, shaped by doubts, heavy demands, and the search for identity (Israel, 2012). Similarly, the career adjustment of women psychologists reveals additional stressors, including gendered expectations and barriers to career progression, underscoring the intersectional dimensions of burnout (O'Shaughnessy & Burnes, 2016). These studies point to the importance of recognizing diversity in experiences and acknowledging that indicators of burnout may manifest differently across demographic and social groups.

The institutional context within which early-career psychologists operate also plays a significant role. Research on psychologists working in academic health centers shows that stressors often include excessive workloads, conflicting demands, and insufficient support structures (Williams et al., 2019). Comparable findings have been reported in correctional settings, where organizational structures heighten vulnerability to burnout and reduce life satisfaction (Senter et al., 2010). Occupational health psychology as a field has long argued that such systemic factors must be addressed if sustainable well-being is to be achieved (Silla & Tetrick, 2011). This literature underscores that burnout is not only a personal struggle but a professional and institutional concern.

At the same time, positive psychology perspectives remind us that the presence of meaning and affective engagement can buffer against the corrosive effects of burnout. Recent meta-analyses highlight the role of therapist affect focus in improving patient outcomes, suggesting that when therapists can sustain authentic emotional engagement, their work remains rewarding rather than depleting (Diener et al., 2025). This aligns with research showing that growth, learning, and identity consolidation are possible outcomes of early-career struggles when supported by mentoring, supervision, and reflective spaces (Demetri et al., 2023; Park & Lee, 2025). Such findings are crucial for

re-framing burnout not merely as a negative endpoint but as part of a dynamic process of adaptation and recovery.

Further, work-life balance research across professions shows that maintaining personal well-being alongside professional obligations is central to long-term career sustainability (Demetri et al., 2023; Dorociak et al., 2017). Studies in sport psychology, coaching, and medical education have also confirmed that early-career professionals are particularly susceptible to organizational stressors (Fletcher et al., 2011; Fris et al., 2023; Stoicescu & Stanescu, 2019). These findings strengthen the case for examining burnout in early-career psychologists as part of a broader phenomenon affecting helping and service-oriented professions.

Taken together, the literature points to a complex picture: burnout in early-career psychologists is both an individual experience and a systemic issue. It is shaped by workload, professional identity, organizational culture, gendered expectations, and employment conditions. At the same time, recovery processes are supported by coping strategies, supervision, social support, and meaning-making. While quantitative studies have shed light on prevalence and correlates, qualitative approaches remain vital for capturing the nuanced ways in which early-career psychologists perceive, experience, and navigate burnout and recovery (Kolar et al., 2017; Kurinna, 2022; Stiegler et al., 2024).

The present study addresses this gap by exploring the lived experiences of early-career psychologists in Ireland through thematic analysis of in-depth interviews.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a qualitative research design using thematic analysis to explore indicators of burnout and recovery among early-career psychologists. A purposive sampling strategy was adopted to recruit participants who were in the first ten years of their professional practice. Twenty psychologists currently practicing in Ireland participated in the study. Inclusion criteria required participants to be registered professionals with a minimum of one year and a maximum of ten years of clinical experience. The sample represented a range of practice settings, including public health services, private clinics, and community organizations, allowing for diverse perspectives on the phenomenon under study. Recruitment continued until theoretical saturation was achieved, meaning that no new themes emerged from additional interviews.

2.2. Measures

Data were collected through semi-structured, in-depth interviews. An interview guide was developed to elicit participants' experiences of burnout, signs and indicators of its onset, as well as strategies and processes involved in recovery. Open-ended questions were used to allow participants to elaborate on their perspectives and provide rich narratives. Each interview lasted between 45 and 70 minutes and was conducted either face-to-face or via secure online video conferencing platforms, depending on participant preference and accessibility. With informed consent, all interviews were audio-recorded and subsequently transcribed verbatim for analysis.

2.3. Data analysis

Data were analyzed using Braun and Clarke's six-phase approach to thematic analysis. NVivo 14 software was employed to support systematic coding, data management, and theme development. The analysis began with familiarization through repeated reading of the transcripts, followed by initial coding to identify significant units of meaning. Codes were then collated into potential themes, which were reviewed and refined to ensure coherence and consistency. Themes were clearly defined and named to capture their essence, providing insight into the indicators of burnout and recovery as reported by participants. To enhance trustworthiness, the coding process was carried out iteratively, and peer debriefing among the research team was used to minimize researcher bias.

3. Findings and Results

The study sample consisted of 20 early-career psychologists practicing in Ireland. Of these, 14 were female and 6 were male, with ages ranging from 26 to 37 years (M = 31.4). Participants had between 1 and 10 years of professional experience, with the majority (n = 12) reporting between 3 and 6 years of practice. In terms of professional setting, 8 participants worked in public health services, 6 in private practice, 4 in community mental health organizations, and 2 in academic or training institutions. Regarding contract type, 11 participants were employed on permanent contracts, while 9 held temporary or short-term positions. Additionally, 16 participants reported receiving regular clinical supervision, whereas 4 indicated limited or irregular access to supervision.

Table 1

Themes, Subthemes, and Concepts on Burnout and Recovery in Early-Career Psychologists

Category (Main Theme)	Subcategory (Subtheme)	Concepts (Open Codes)
1. Indicators of Burnout	Emotional Exhaustion	Feeling drained after sessions; Lack of emotional energy; Crying after work; Emotional numbness
	Cognitive Strain	Difficulty concentrating; Forgetfulness; Overthinking mistakes; Mental fatigue
	Physical Symptoms	Headaches; Insomnia; Fatigue; Muscle tension; Loss of appetite
	Behavioral Changes	Increased absenteeism; Withdrawal from colleagues; Decline in productivity
	Loss of Motivation	Reduced passion for psychology; Feeling "stuck"; Doubts about career choice
	Cynicism and Detachment	Negative attitude towards clients; Reduced empathy; Feeling disconnected from work
2. Work-Related Stressors	Workload and Caseload	Excessive number of clients; High administrative burden; Time pressure
	Organizational Climate	Lack of managerial support; Bureaucracy; Limited resources
	Role Conflict	Ambiguous expectations; Balancing therapy and assessments; Conflicting responsibilities
	Lack of Autonomy	Rigid procedures; Limited decision-making power
	Peer Competition	Pressure to publish; Comparisons with colleagues; Fear of underperformance
	Career Insecurity	Short-term contracts; Financial instability; Unclear career path
	Supervision Challenges	Insufficient supervision time; Lack of constructive feedback; Inexperienced supervisors
3. Coping and Recovery Strategies	Self-Care Practices	Exercise; Meditation; Sleep hygiene; Balanced diet
	Professional Support	Peer supervision; Mentorship; Therapy for therapists
	Boundary Setting	Limiting work hours; Saying no to extra tasks; Clear separation of work and home
	Skill Development	Time management training; Resilience workshops; Specialized clinical training
	Social Support	Family encouragement; Friends outside psychology; Support groups
	Meaning-Making	Reconnecting with professional values; Reflecting on purpose; Spiritual or religious coping

4. Facilitators of Resilience and Growth	Personal Traits	Optimism; Self-awareness; Emotional regulation; Flexibility
	Supportive Work Environment	Encouraging leadership; Team cohesion; Recognition of effort
	Professional Identity	Sense of belonging; Pride in being a psychologist; Ongoing learning
	Work-Life Integration	Pursuing hobbies; Travel; Spending time with loved ones
	Positive Client Outcomes	Witnessing client progress; Receiving gratitude; Feeling effective
	Continuous Development	Attending workshops; Engaging in research; Pursuing further qualifications

1. Indicators of Burnout

Emotional Exhaustion. Participants consistently reported feeling emotionally drained as a primary indicator of burnout. Several noted an inability to sustain empathy, describing themselves as "running on empty." One participant stated, *"I come home after back-to-back sessions and just cry. It feels like I've given all I have to my clients, and there's nothing left for me."* Others described a gradual shift toward numbness, where emotions were dulled or inaccessible during therapy.

Cognitive Strain. Many early-career psychologists highlighted cognitive difficulties such as forgetfulness and inability to concentrate. A participant remarked, *"I'll leave a session and immediately doubt what I said, replaying it over and over in my head until I'm exhausted."* These accounts suggested that burnout compromised clinical decision-making and heightened self-doubt.

Physical Symptoms. Physical manifestations of stress were evident across interviews, including headaches, chronic fatigue, and insomnia. One psychologist explained, *"I'm waking up at 3 a.m. thinking about my caseload, and I can't fall back asleep. My body is on edge all the time."* Such symptoms often served as early warning signs of burnout before participants explicitly recognized their psychological distress.

Behavioral Changes. Shifts in workplace behavior were frequently cited, particularly avoidance of professional responsibilities. Some participants reported increased absenteeism, while others described withdrawing from colleagues. For instance, one participant shared, *"I used to join my team for coffee breaks, but now I just sit in my office to avoid small talk. It feels easier to stay isolated."*

Loss of Motivation. Several participants expressed diminishing enthusiasm for their profession. The once-strong sense of purpose was replaced with career doubt. *"I started out passionate about psychology, but lately I wake up dreading the day. I even question whether I chose the right career,"* confessed one interviewee. This loss of drive was accompanied by feelings of stagnation and hopelessness.

Cynicism and Detachment. A notable shift toward cynicism emerged, with participants expressing negative or detached attitudes toward clients. One participant stated, *"I hate to admit it, but sometimes I catch myself thinking, 'Here we go again' when a client starts talking about their problems."* These accounts highlighted how burnout eroded empathy and the therapeutic alliance.

2. Work-Related Stressors

Workload and Caseload. Participants identified overwhelming client numbers and administrative duties as major contributors to burnout. One described, *"I spend more time writing reports than actually sitting with clients. It's exhausting and feels like I'm failing at both."* The sense of being stretched too thin led to chronic stress and reduced quality of care.

Organizational Climate. The culture within workplaces often exacerbated stress. Lack of managerial support and bureaucratic inefficiencies were frequent concerns. As one participant put it, *"Management keeps saying 'self-care is important,' but then piles on more cases with no extra resources."* This mismatch between rhetoric and practice amplified feelings of neglect.

Role Conflict. Early-career psychologists often struggled with conflicting responsibilities, balancing therapy, assessment, and administrative duties. One explained, *"Am I a therapist, a data collector, or a clerk? Some days I feel pulled in three directions at once."* The lack of clarity heightened professional frustration.

Lack of Autonomy. Participants described limited decision-making power due to rigid institutional procedures. A participant reflected, *"I can't even adjust my schedule to manage my energy better. Everything has to go through approval."* This lack of control left them feeling powerless and undervalued.

Peer Competition. The culture of competition within the profession also contributed to burnout. One participant explained, *"It feels like everyone is publishing or presenting, and I'm constantly comparing myself. It's like I'm never enough."* Such pressures undermined collegiality and reinforced self-doubt.

Career Insecurity. Many participants faced uncertainty due to temporary contracts and financial instability. One noted, *"I don't know if I'll still have a job in six months. How can I plan my life around that?"* The insecurity created a constant backdrop of stress and hindered long-term career planning.

Supervision Challenges. While supervision was intended as a support, participants often described it as insufficient. One shared, *"I only get half an hour with my supervisor once a month, and it's mostly about paperwork. There's no space to talk about how I'm coping."* This lack of reflective supervision limited their ability to process stress.

3. Coping and Recovery Strategies

Self-Care Practices. Participants reported engaging in practices such as exercise, mindfulness, and sleep routines to manage stress. One psychologist noted, *"I started running three times a week, and it's the only time I feel like my mind is quiet."* Self-care served as a protective buffer against escalating burnout.

Professional Support. Seeking therapy or peer supervision was another common strategy. A participant shared, *"Talking to another psychologist about my own stress has been life-saving. It reminds me I don't have to carry this alone."* These professional networks provided validation and guidance.

Boundary Setting. The ability to set boundaries around work emerged as critical for recovery. As one explained, *"I had to learn to say no when my caseload got too high. Otherwise, I was heading for a breakdown."* Establishing clear lines between personal and professional life was described as a turning point in regaining balance.

Skill Development. Some participants actively sought training in resilience and time management. One reflected, *"Taking a workshop on managing workload helped me feel more in control, like I actually had tools to handle the pressure."* This proactive approach fostered a sense of agency.

Social Support. Support from family and friends was a recurring theme. A participant explained, *"My partner keeps me grounded. They remind me that I'm more than just my job."* These personal relationships were described as essential to recovery.

Meaning-Making. Participants emphasized reconnecting with professional values to counteract burnout. One noted, *"When I focus on why I became a psychologist in the first place—to help people—it gives me strength to keep going."* Meaning-making processes allowed participants to sustain motivation.

4. Facilitators of Resilience and Growth

Personal Traits. Resilience was often linked to intrinsic qualities such as optimism, flexibility, and emotional regulation. One participant reflected, *"I'm learning to accept that setbacks are part of the journey, not proof that I'm failing."* These traits appeared to buffer the effects of burnout.

Supportive Work Environment. A positive organizational culture was described as a key facilitator of growth. *"In my current team, we actually celebrate small wins together. It makes a huge difference in how supported I feel,"* shared one participant. Recognition and teamwork mitigated stress.

Professional Identity. Developing a strong professional identity gave participants a sense of belonging and purpose. As one stated, *"When I see myself as part of the wider community of psychologists, I feel proud and motivated."* This identity reinforced commitment to the profession.

Work-Life Integration. Engaging in hobbies, travel, and family time was seen as crucial. One participant explained, *"Playing music outside of work keeps me sane. It's a reminder that my whole identity isn't tied up in being a psychologist."* These activities facilitated recovery.

Positive Client Outcomes. Witnessing progress in clients was among the most powerful motivators. *"When a client tells me they're finally sleeping better, it feels worth it,"* one psychologist shared. Such successes reinforced their sense of effectiveness and meaning.

Continuous Development. Participants expressed that ongoing learning supported resilience. One noted, *"Attending workshops and engaging with new research helps me feel like I'm growing, not stagnating."* Continuous development was described as both protective and energizing.

4. Discussion and Conclusion

The present study explored the lived experiences of early-career psychologists in Ireland, identifying key indicators of burnout, work-related stressors, coping and recovery strategies, and facilitators of resilience and growth. The thematic analysis revealed that burnout manifests through emotional exhaustion, cognitive strain, physical symptoms, behavioral withdrawal, loss of motivation, and increasing cynicism toward clients. These findings echo longstanding definitions of burnout as a multidimensional construct that

erodes professional functioning and personal well-being (Senter et al., 2010; Silla & Tetrick, 2011). For early-career psychologists, these manifestations appear especially salient because they coincide with the critical period of identity formation, adaptation to professional roles, and negotiation of precarious employment conditions (Kurinna, 2022; Zhong & Xu, 2023).

Emotional exhaustion emerged as the most prominent indicator, consistent with previous research highlighting it as the core dimension of burnout across helping professions (Dorociak et al., 2017). Participants' accounts of feeling "drained" or "running on empty" mirror findings from correctional and academic health psychologists, who also report chronic depletion due to heavy caseloads and conflicting demands (Senter et al., 2010; Williams et al., 2019). Cognitive strain—including difficulty concentrating and heightened self-doubt—was also identified as a significant challenge. Similar findings among clinical nurses suggest that occupational stressors compromise cognitive resources, exacerbating the risk of burnout (Jin et al., 2023). These parallels underscore the cross-professional consistency of cognitive impairment as a hallmark of burnout.

Physical symptoms such as insomnia, headaches, and chronic fatigue were recurrent in participants' narratives. This aligns with occupational health psychology literature emphasizing the embodied consequences of prolonged stress (Silla & Tetrick, 2011). Such somatic complaints often precede psychological recognition of burnout, suggesting that physical health can serve as an early warning system. Behavioral changes—including withdrawal from colleagues and increased absenteeism—further illustrate how burnout not only undermines individual functioning but also erodes workplace cohesion. These behaviors are consistent with patterns documented among teachers and early-career coaches, who report social withdrawal when organizational support is lacking (Karim & Nordin, 2022; Stoicescu & Stanescu, 2019).

Loss of motivation and growing cynicism toward clients reflected participants' experiences of detachment, echoing descriptions of depersonalization in Maslach's burnout model. Similar to findings in correctional and organizational contexts (Fletcher et al., 2011; Živković & Veljković, 2021), early-career psychologists appear to experience cynicism as both a coping mechanism and a sign of professional disillusionment. This progression from emotional exhaustion to detachment underscores the risk of burnout undermining therapeutic engagement, as noted in meta-analyses linking therapist affect to patient outcomes (Diener et al., 2025).

Workload and administrative burden were identified as critical stressors, consistent with prior studies of psychologists in academic health centers who report tension between clinical, administrative, and research demands (Williams et al., 2019). The mismatch between workload and available resources has also been observed among aspiring clinical psychologists, who often struggle to balance personal well-being with professional expectations (Demetri et al., 2023). This imbalance contributes to a sense of inefficacy and accelerates burnout trajectories.

Organizational climate emerged as a decisive factor shaping experiences of stress. Participants described a lack of managerial support and bureaucratic inefficiencies, echoing findings from sport psychologists and teachers facing organizational stressors (Fletcher et al., 2011; Karim & Nordin, 2022). Such conditions highlight the systemic nature of burnout, reinforcing the argument that individual coping strategies alone are insufficient. Role conflict was another stressor, as participants reported being pulled between therapeutic, administrative, and assessment responsibilities. These findings align with research on medical students' career coaching preferences, which underscore the strain of unclear role expectations (Fris et al., 2023).

Lack of autonomy was described as particularly demoralizing, reflecting limited control over schedules and treatment decisions. This echoes occupational health perspectives that emphasize autonomy as a key resource for mitigating stress (Silla & Tetrick, 2011). Peer competition and career insecurity further compounded stress. The accounts of comparing oneself to colleagues and fearing short-term contracts resonate with findings on precarious employment and its detrimental effects on subjective career success during school-to-work transitions (Zhong & Xu, 2023). These systemic insecurities hinder long-term career planning and contribute to psychological strain.

Supervision challenges also emerged, with participants describing limited or unhelpful supervisory experiences. This finding supports earlier studies showing that inadequate supervision diminishes resilience and increases vulnerability among early-career psychologists (Kolar et al., 2017). Comparable concerns have been raised in qualitative studies of women psychologists' career adjustment, where insufficient mentoring exacerbates challenges in establishing professional identity (O'Shaughnessy & Burnes, 2016). Together, these stressors paint a picture of

early-career practice as a period of heightened vulnerability shaped as much by organizational and structural forces as by individual factors.

Despite these stressors, participants identified diverse strategies for coping and recovery. Self-care practices such as exercise, meditation, and sleep hygiene were frequently reported, aligning with literature emphasizing self-care across the professional lifespan (Dorociak et al., 2017). Professional support through peer supervision, mentorship, and personal therapy also played a central role. These findings echo reflective practice initiatives designed to foster well-being among aspiring clinical psychologists (Demetri et al., 2023).

Boundary setting emerged as a pivotal recovery strategy, with participants highlighting the importance of separating work and personal life. This resonates with occupational stress research among teachers and coaches, where boundary management was linked to lower burnout risk (Karim & Nordin, 2022; Stoicescu & Stanescu, 2019). Skill development, including time management and resilience training, was described as empowering. This finding is consistent with resilience-focused studies that underscore the value of training pathways in building protective capacities (Kolar et al., 2017).

Social support from family and friends was described as indispensable, mirroring findings across professions that highlight the buffering effect of personal relationships (Yates & Cahill, 2018). Meaning-making processes—reconnecting with professional values and reflecting on purpose—were also central to recovery. This aligns with qualitative accounts of therapists in emotionally demanding contexts who report growth through reflective engagement with professional values (Stiegler et al., 2024; Yıldızhan et al., 2024).

The findings also highlighted facilitators of resilience and growth beyond recovery. Personal traits such as optimism, self-awareness, and flexibility were cited as protective, consistent with studies identifying dispositional resilience as a buffer against professional stress (Kolar et al., 2017). A supportive work environment characterized by recognition and team cohesion was also pivotal, echoing findings from organizational leadership studies that emphasize the role of positive workplace culture in professional sustainability (Thorn & Yancey, 2021).

Professional identity development emerged as a key facilitator, as participants expressed pride in belonging to the psychological community. This reflects the five pillars of professional identification identified in occupational psychology, which include credibility, recognition, and belonging (Elsey et al., 2020). Work-life integration, pursued through hobbies and family time, was also described as essential, reinforcing broader evidence that balance is a cornerstone of well-being (Demetri et al., 2023; Dorociak et al., 2017).

Positive client outcomes were reported as one of the strongest motivators for resilience, consistent with evidence that witnessing patient improvement sustains therapists' engagement despite high emotional demands (Diener et al., 2025). Continuous professional development through workshops, research, and further qualifications was also identified as protective. This finding parallels qualitative accounts of therapists who describe professional growth as emerging from ongoing learning in challenging contexts (Park & Lee, 2025; Stiegler et al., 2024).

Taken together, these findings underscore that while early-career psychologists face substantial burnout risks, they also possess multiple avenues for recovery and growth. The dialectic of strain and resilience reflects a dynamic process, echoing research across professions and cultural contexts (Kurinna, 2022; Казаренков et al., 2021).

5. Limitations & Suggestions

Several limitations should be acknowledged. First, the study was conducted with a relatively small sample of 20 participants, all practicing in Ireland. While thematic saturation was achieved, the cultural and systemic contexts may differ from those of other countries, limiting transferability. Second, reliance on self-reported experiences through interviews may have introduced recall bias or social desirability effects. Participants may have underreported maladaptive coping or overemphasized positive strategies. Third, the cross-sectional design captures experiences at a single point in time; longitudinal research would be necessary to trace the evolution of burnout and recovery over the course of early careers. Finally, while thematic analysis provided rich insights, researcher interpretation inevitably shaped theme construction, raising the possibility of subjective bias.

Future research should expand the scope of inquiry by including larger and more diverse samples of early-career psychologists across different cultural and institutional contexts. Comparative studies between countries could illuminate how organizational structures, supervision practices, and employment conditions influence burnout trajectories. Longitudinal designs would be valuable in

tracking how indicators of burnout evolve and whether coping strategies and facilitators of resilience remain consistent over time. Additionally, integrating quantitative measures with qualitative narratives could provide a more comprehensive understanding of burnout's prevalence, severity, and correlates. Further, studies exploring intersectional factors such as gender, ethnicity, and socioeconomic status could deepen understanding of diverse experiences in early-career development.

Practical implications of this study center on fostering resilience and preventing burnout among early-career psychologists. Organizations should prioritize manageable caseloads, adequate resources, and supportive supervision to mitigate systemic stressors. Training programs should incorporate structured modules on self-care, boundary setting, and resilience building to prepare emerging professionals for the challenges of practice. Mentorship and peer support networks should be strengthened to provide reflective spaces for processing professional experiences. Finally, cultivating positive organizational cultures that recognize effort, celebrate small achievements, and provide career stability may enhance both individual well-being and the sustainability of the profession.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Authors' Contributions

All authors equally contributed in this article.

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