



Levels of stress and burnout in trainee and qualified NHS psychological professionals: A systematic review and narrative synthesis

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ABSTRACT

Background: Stress and burnout are widespread among NHS staff, with NHS psychological professionals particularly at risk. Despite ongoing investments into the expansion of this workforce, the extent to which these conditions are experienced remains unclear.

Objectives: This systematic review sought to establish levels of stress and burnout within trainee and qualified NHS psychological professionals.

Methods: Systematic searches of nine electronic databases identified peer-reviewed papers meeting criteria for inclusion. Screening was conducted at all stages by the primary and secondary researchers, and quality assessed using the Newcastle-Ottawa Scale (Wells et al., 2000). A narrative synthesis was employed, conforming to Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) statement (Moher et al., 2009) and Systematic and Synthesis Without Meta-Analysis (SWiM; Campbell et al., 2020) guidance.

Results: Eight studies were included in the review. Three studies explored stress in trainee NHS psychological professions, reporting moderate levels. No studies identified in this review reported stress in qualified psychological professionals, leaving levels unestablished. Two studies explored burnout in trainee NHS psychological professions, reporting low-to-moderate levels that were comparable between trainee professions. Three studies explored burnout in qualified NHS psychological professions, reporting low-to-moderate levels, with variability between qualified professions.

Conclusions: Given the limited number of included studies, their heterogeneity, and the focus on few NHS psychological professions, this review provides a tentative picture of an at-risk workforce. To ensure its sustainability, future research must examine all psychological professions, use consistent measures, and report all data to gain robust insights and draw meaningful conclusions.

1. Introduction

National Health Service (NHS) staff have been described as the “shock absorbers” of a system under pressure (Point of Care Foundation, 2017, p.3). Unsurprisingly, recent figures show that 41.71 % report work-related stress and 30.38 % report burnout (NHS, 2023). These conditions are closely linked, with prolonged stress often leading to burnout (Carson & Kuipers, 1998). Lazarus and Folkman’s (1984) model outlines stress as a transaction between person and environment when an individual perceives the demands of their environment to exceed their internal and external resources to cope. Burnout is a psychological and stress-related syndrome (Maslach & Leiter, 2016) arising from prolonged exposure to stressors, leading to cynicism, detachment from a job, a lack of accomplishment and, ultimately, feeling ‘burnt out’

(Maslach, 1978a). The General Model of Burnout (Maslach et al., 1996) notes it to consist of three components; emotional exhaustion, depersonalisation, and (reduced feelings of) personal accomplishment, with emotional exhaustion at the core (O’Connor et al., 2018).

Stress and burnout are core occupational risks in the helping professions. Prolonged exposure to emotionally charged situations, long working hours, sustained contact with human suffering and mortality, physical risks, and high clinical demand drive vulnerability within this workforce (Jovanović et al., 2016; Sampson, 1989). Recognition of these risks prompted key early empirical studies by Cushway and Maslach, noting stress in clinical psychologists, particularly trainees (Cushway, 1992, 1994, 1996; Cushway & Tyler, 1994,), and burnout in all helping professions (Maslach, 1976, 1978; Maslach & Jackson, 1981).

NHS psychological professionals are particularly at risk. Their role in

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supporting the multidisciplinary team (MDT) and clients exposes them to risk factors of high job demands, distressing narratives, and complex client needs (Bakker et al., 2003; Escriba-Aguiar et al., 2006; Maslach, 1978a). Moreover, the systemic evolution of this workforce has further amplified this vulnerability. Previously only comprising 8000 professionals, the 2008 launch of Increasing Access to Psychological Therapies (IAPT) services introduced new psychological roles (e.g., psychological wellbeing practitioners [PWPs] and high intensity therapists [HITs]) and drove high-throughput and target-focused service delivery (Health Education England, 2015; Steel et al., 2015; Whittington, 2024). Moreover, the COVID-19 pandemic further marked a critical point of escalating demand, workforce shortages, and service disruption, placing unprecedented strain on psychological professionals (Andhavarapu et al., 2022). This drove the rapid use of teletherapy, which has become a common feature in the post-pandemic world, and is associated with higher levels of burnout due to blurred personal and professional life boundaries (Henke et al., 2016), social and professional isolation (Allen et al., 2015), insecure network connections and distractions within the home environment (McBride et al., 2023).

Such pressures have been compounded by demographic shifts. The psychological workforce is now younger, more feminised, and less experienced; characteristics consistently linked to heightened stress and burnout (Simionato & Simpson, 2018). Moreover, supervision has long been recognised as a key job resource within the Job Demands-Resources model (Demerouti & Bakker, 2001), traditionally serving restorative and developmental functions central to supervision models (Bernard & Goodyear, 2014). However, recent shifts toward case management have reduced opportunities for reflective practice, weakening its protective role (Ooi et al., 2023; Proctor, 1987; Rao et al., 2023).

Consequently, the wellbeing of NHS psychological professionals is suffering. In 2021, levels were lower than in 2019 and below the national average (Rao et al., 2023), threatening NHS attrition (Harding, 2025). Yet, to date, only partial research efforts into this area have been made. Individual studies have focused on either stress or burnout within select NHS psychological professions, career stages, or service types (Vivolo et al., 2024; Wintour & Joscelyne, 2024), and reviews remain scarce, similarly narrow in focus (Hannigan et al., 2004; Owen et al., 2021), or based on non-UK populations (Stafford-Brown & Pakenham, 2012).

This review therefore addresses a critical knowledge gap by synthesising evidence on stress and burnout levels across all 18 NHS psychological professions, including those from newly developed training pathways, and across trainee and qualified career stages. Such broad scope allows for the identification of vulnerable stages and psychological professions, placing differing findings within the context of their measurement, informing future research. Moreover, the reviews clear UK and NHS focus ensures findings specific to this workforce, guiding intervention at individual, organisational, and NHS policy level. This is crucial to meet recent workforce expansion targets set in the NHS Long Term Workforce Plan (NHS England, 2023). Indeed, Boorman's (2009) landmark report and the NHS People Promise (2020) notes staff wellbeing to be pivotal to retention and service quality. Therefore, without robust evidence, expansion investment risks being undermined, and implications of stress and burnout, including reduced job satisfaction, increased sick leave, poorer client outcomes and high staff turnover (Kinman et al., 2023; Mackay et al., 2004; Maslach et al., 2001; Palmer & Rolewicz, 2023), will ensue. A comprehensive review is therefore both timely and urgent to fill this gap, inform policy, and mitigate escalating risks of stress and burnout for this NHS workforce.

The research questions are:

1. What are the levels of stress in (a) trainee, and (b) qualified NHS psychological professions?
2. What are the levels of burnout in (a) trainee, and (b) qualified NHS psychological professions?

2. Methods

2.1. Study design

The protocol for this review was pre-registered on PROSPERO on 6th March 2024 (reference: CRD42024511157). The review conforms to guidance provided by the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) statement (Moher et al., 2009; see Appendix A for checklist), and Synthesis Without Meta-Analysis (SWiM) methodology (Campbell et al., 2020).

2.2. Search strategy and information sources

A systematic search strategy was applied across all databases, combining search terms for the NHS psychological professions, NHS context, UK-focused location, and stress or burnout outcomes (see Appendix B for search string). Consultation with an academic librarian at the University of East Anglia (UEA) confirmed the strategy and ensured its sensitivity. Searches were completed on 26th March 2024 and refreshed on 21st November 2024 on the following databases: Scopus, ASSIA, MEDLINE, AMED, Academic Search Ultimate, CINAHL Ultimate, EMBASE, APA PsycINFO and PsycArticles. Google Scholar (via forward citation searching) and reference lists (of included articles) were additionally searched to identify further relevant papers. No publication period restriction was imposed.

2.3. Eligibility criteria

Inclusion criteria were quantitative or mixed-methods studies reporting stress and/or burnout levels in trainee and/or qualified NHS psychological professionals. Data included means, standard deviations, or percentage cut-off prevalence's from studies using validated psychometric measures within peer-reviewed, English-language studies. Exclusion criteria were studies not directly exploring stress or burnout (e.g., general distress or overall wellbeing), exploring non-NHS or non-psychological professionals (where relevant data could not be extracted), and including unclear sample descriptions (e.g., of psychological profession or NHS employment status). See Appendix C for key excluded studies.

2.4. Selection process

The primary researcher screened all titles, abstracts, and full texts against the eligibility criteria. The secondary researcher independently screened 25 % of the papers at each stage to ensure inter-rater reliability. A double-blind screening approach was used using Rayyan (Ouzzani et al., 2016), with disagreement managed via discussion. A 91 % inter-rater agreement rate was met for title and abstract screening ($k = 0.98$), and perfect inter-rater agreement for full text screening ($k = 1.0$).

2.5. Data collection process

The primary researcher manually extracted the data from each study without transformation or recalculation (see Tables 1–3). Given heterogeneity of measure use, no standardisation was applied; this ensured accuracy, and highlighted the variability and limitations caused by such heterogeneity. A secondary researcher independently checked 25 % of the papers for extraction reliability, achieving 100 % agreement ($\kappa = 1.0$).

2.6. Risk of bias assessment

The Newcastle-Ottawa Scale (NOS; Wells et al., 2000), adapted for cross-sectional studies, was used to assess the quality of the included studies and their risk of bias across criteria regarding their sample size

Table 1

Raw data and risk of bias for studies exploring stress in trainee NHS psychological professions.

Author (year)	Psychological profession	Sample size and characteristics	Stress measure	Subscale M & SD	Total M & SD	Cut-off prevalence (%)	Quality rating
Kuyken et al. (1998)	Trainee clinical psychologists - First and second year	183	PSS-10	NR	$M = 17.37$ $SD = 6.08$	NR	Satisfactory
Carter et al. (2022)	Trainee counselling psychologists – Mixed training years (not specified)	45	PSS-10	NR	NR	Low = 17.8 % Moderate = 71.1 % High = 11.1 %	Satisfactory
Owen et al. (2022)	Trainee psychological wellbeing practitioners – First year	90	PSS-10	NR	$M = 15.70$ $SD = 5.75$	NR	Satisfactory

Note. PSS-10: Perceived Stress Scale – 10 item version; NR: Not Reported.

Table 2

Raw data and risk of bias for studies exploring burnout in trainee NHS psychological professions.

Author (year)	Psychological profession	Sample size and characteristics	Burnout measure	Subscale M & SD	Total M & SD	Cut-off prevalence (%)	Quality rating
Rose et al. (2019)	Trainee clinical psychologists - Second year	214	MBI-HSS	DP $M = 3.18$ $SD = 3.33$ EE $M = 21.65$ $SD = 9.39$ PA $M = 36.14$ $SD = 5.82$	NR	DP Low = 86.4 % Moderate = 12.1 % High = 1.4 % EE Low = 32.2 % Moderate = 36.9 % High = 30.8 % PA Low = 36 % Moderate = 42.1 % High = 22 %	Good
Beaumont et al. (2016)	Trainee counsellors & CBT therapists - Final year	54*	ProQOL (burnout subscale)	BO $M = 21.60$ $SD = 5.70$	NR	NR	Satisfactory

Note. *Mixed sample of professions. MBI-HSS: Maslach Burnout Inventory – Human Services Survey; ProQOL: Professional Quality of Life; DP: Depersonalisation subscale; EE: Emotional Exhaustion subscale; PA: Personal Accomplishment subscale; BO: Burnout subscale; NR: Not Reported.

and representativeness, response rate, outcome measurement and assessment, and statistical analyses. A study's quality was graded from 0–10; 0–4 unsatisfactory, 5–6 satisfactory, 7–8 good, 9–10 very good. Both researchers independently assessed the quality of all (100 %) included studies, with 100 % agreement ($\kappa = 1$). The research team agreed with the evidence statements made through the descriptive reporting of stress and burnout levels (Daniels, 2019).

2.7. Data synthesis

Studies were grouped by outcome (stress or burnout) within each career stage (trainee or qualified), allowing themes to be elicited (SWiM item 1). Standard metrics used were means, standard deviations, and percentage prevalence of the measure's cut-offs, demonstrating the levels of stress or burnout (SWiM item 2). A meta-analysis was first attempted to synthesise the data; however, due to statistical and methodological heterogeneity, this mode of synthesis was limited. The primary researcher emailed the authors of all included papers to request missing data, though no data were provided. A meta-analysis could therefore not be conducted, and a narrative synthesis without meta-analysis was instead completed (Campbell et al., 2020; SWiM item 3). Given the limited number of papers that met criteria for inclusion, all contributed to the main synthesis (SWiM item 4). The narrative synthesis allowed the exploration of heterogeneous outcomes across papers (SWiM item 5), which are presented and summarised in Tables 1–4 (SWiM item 7).

3. Results

The findings are presented below (SWiM item 8). Cut-off thresholds for each measure are provided in Appendix D.

3.1. Selection process

Database searches retrieved 5168 articles, reducing to 3617 following the removal of duplicates using Rayyan (Ouzzani et al., 2016). Title and abstract screening reduced this to 43 articles due to irrelevance to the review's research questions. Full-text screening was then completed on 39 retrieved articles where six remained, excluding seemingly relevant papers due to reasons highlighted in the PRISMA flow diagram (Fig. 1). This increased to eight articles following the primary researcher's manual and citation searches.

3.2. Study characteristics

Only seven NHS psychological professions were explored. Most papers were published in 2017 ($n = 2$) and 2022 ($n = 3$), and explored burnout ($n = 7$), and qualified NHS psychological professions ($n = 5$). Over half of the papers ($n = 5$) comprised mixed sample characteristics (e.g., mixed training years [$n = 2$] and mixed psychological professions [$n = 4$]), preventing separation of data to these finer characteristics; however, these were included given the limited number of total papers. Considerable heterogeneous measure use was observed, limiting direct comparisons between studies.

Table 3

Raw data and risk of bias for studies exploring burnout in qualified NHS psychological professions.

Author (year)	Psychological profession	Sample size & characteristics	Burnout measure	Subscale M & SD	Total M & SD	Cut-off prevalence (%)	Quality rating
Delgadillo et al. (2018)	Psychological wellbeing practitioners & CBT therapists	49 PWPs: 13 CBT: 21	OLBI	OLBI-D <u>PWPs</u> <i>M</i> = 2.30 <i>SD</i> = 0.47 CBT <i>M</i> = 1.90 <i>SD</i> = 0.37 OLBI-E <u>PWPs</u> <i>M</i> = 2.40 <i>SD</i> = 0.53 CBT <i>M</i> = 2.30 <i>SD</i> = 0.48	NR	NR	Good
Westwood et al. (2017)	Psychological wellbeing practitioners & high intensity therapists	201 PWPs: 105 HITs: 96	OLBI	OLBI-D <u>PWPs</u> <i>M</i> = 2.44 <i>SD</i> = 0.54 HITs <i>M</i> = 2.23 <i>SD</i> = 0.50 OLBI-E <u>PWPs</u> <i>M</i> = 2.64 <i>SD</i> = 0.56 HITs <i>M</i> = 2.49 <i>SD</i> = 0.50	NR	**PWP 68.6 % **HITs 50 %	Good
Steel et al. (2015)	Psychological wellbeing practitioners & high intensity therapists	116*	MBI	DP <i>M</i> = 3.26 <i>SD</i> = 3.45 EE <i>M</i> = 20.47 <i>SD</i> = 9.70 PA <i>M</i> = 38.71 <i>SD</i> = 5.36	NR	NR	Good

Note. *Mixed sample of professions. **Percentage of professions categorised as experiencing problematic levels of burnout, as indicated by existing (non-validated) cut-offs. OLBI: Oldenburg Burnout Inventory; MBI: Maslach Burnout Inventory; MBI-HSS: Maslach Burnout Inventory - Human Services Survey; OLBI-D: Disengagement subscale; OLBI-E: Exhaustion subscale; NR: Not Reported.

3.3. Results of synthesis

See Table 4 for a comparative summary of the findings.

3.3.1. Moderate stress during training

Three studies explored stress levels in trainee NHS psychological professions. All used the Perceived Stress Scale – 10 item version (PSS-10; Cohen et al., 1983), and received ‘satisfactory’ quality ratings. Moderate stress levels were reported, with comparable levels observed between psychological professions; notably, trainee clinical psychologists and trainee PWPs.

3.3.2. Absent stress data for qualified professionals

None of the included studies explored stress in qualified professions, preventing the exploration of RQ1b.

3.3.3. Low-to-moderate burnout during training

Two studies explored burnout levels in trainee NHS psychological professions. Beaumont et al. (2016) used the Professional Quality of Life Scale (ProQOL; Stamm, 1995) and received a ‘satisfactory’ quality rating. Rose et al. (2019) used the Maslach Burnout Inventory – Human Services Survey (MBI-HSS; Maslach & Jackson, 1981) and received a ‘good’ quality rating. Low-to-moderate burnout levels were reported.

3.3.4. Moderate yet varied burnout across qualified professionals

Three studies explored burnout in qualified NHS psychological

professionals. Delgadillo et al. (2018) and Westwood et al. (2017) used the Oldenburg Burnout Inventory (OLBI; Demerouti, 1999), and Steel et al. (2015) used the Maslach Burnout Inventory (MBI; Maslach & Jackson, 1981). All received ‘good’ quality ratings. Low-to-moderate burnout levels were reported, with levels varying between qualified psychological profession. Using the OLBI, PWPs reported the highest levels of burnout symptoms, followed by HITs, and CBT Therapists.

4. Discussion

This review synthesised findings on stress and burnout levels within trainee and qualified NHS psychological professions. Eight studies met criteria for inclusion, though heterogeneous measure use resulted in limited evidence for each outcome and career stage. The findings thus tentatively reveal moderate stress levels for trainee NHS psychological professions, with marginal differences between professions (RQ1a). Stress levels within qualified NHS psychological professions could not be determined (RQ1b). Low burnout levels were revealed for trainee (RQ2a), and moderate levels were revealed for qualified (RQ2b), NHS psychological professions, with variation between qualified professions.

4.1. Moderate training stress

The stress levels revealed for trainee NHS psychological professions aligns with excluded literature (e.g., Cushway, 1992; Lloyd, 2017) that also reports moderate stress levels for this population. Indeed, the mean

Table 4

Comparative summary of stress and burnout levels by outcome, and career stage/psychological profession.

Outcome	Career Stage/Psychological Profession	Measure -Subscale	Mean (95 % CI)	Pooled Mean (95 % CI)	Cut-off Prevalence (95 % CI)	Stress/Burnout Levels
Stress	Trainee clinical psychologists ¹	PSS-10	17.37 (16.49–18.25)	16.82 (16.11–17.53)	NR	Moderate stress
	Trainee psychological wellbeing practitioners ²		15.70 (14.51–16.89)		NR	
	Trainee counselling psychologists ³		NR		Low 17.8 % (9.3–31.3); Moderate 71.1 % (56.6–82.3); High 11.1 % (4.8–23.5)	
Burnout	Trainee clinical psychologists ⁴	MBI-HSS-DP	3.18 (2.74–3.62)		Low 86.4 % (81.2–90.4), Moderate 12.1 % (8.4–17.2), High 1.4 % (0.5–4.0)	Low DP
		EE	21.65 (20.38–22.92)		Low 32.2 % (25.4–39.5); Moderate 36.9 % (30.0–43.3); High 30.8 % (24.6–37.0)	Moderate EE
		PA	36.14 (35.36–36.92)		Low 36.0 % (29.9–42.6); Moderate 42.1 % (35.6–48.8); High 22.0 % (16.9–27.5)	Moderate PA
	Trainee counsellors & CBT therapists ⁵	ProQOL - BO	21.60 (20.07–23.13)		NR	Low burnout
	Qualified psychological wellbeing practitioners & CBT therapists ⁶	OLBI - D	PWPs: 2.30 (2.13–2.47); CBT: 1.90 (1.77–2.03) ⁶	2.30 (2.23 - 2.36)	NR	Moderate disengagement
	Qualified PWPs & HITS ⁷		PWPs: 2.44 (2.19–2.61); HITS: 2.23 (2.14–2.32) ⁷		NR	
	Qualified psychological wellbeing practitioners & CBT therapists ⁶	E	PWPs: 2.40 (2.19–2.61); CBT: 2.30 (2.06–2.54) ⁶	2.54 (2.47–2.60)	NR	Moderate exhaustion
	Qualified psychological wellbeing practitioners & HITS ⁷		PWPs: 2.64 (2.52–2.76); HITS: 2.49 (2.39–2.59) ⁷		NR	
	Qualified psychological wellbeing practitioners & HITS ⁸	MBI - DP	3.26 (2.76–3.76)		NR	Low DP
		EE	20.47 (18.27–22.67)		NR	Moderate EE
		PA	38.71 (37.87–39.55)		NR	Moderate PA

Note. Pooled means and 95 % confidence intervals (CIs) are shown when two or more studies used the same measure and reported means and standard deviations, and are provided per training stage where possible; Prevalence data include 95 % CIs.

NR – not reported; PSS-10: Perceived Stress Scale – 10 item version; MBI-HSS: Maslach Burnout Inventory – Human Services Survey; DP: Depersonalisation subscale; EE: Emotional Exhaustion subscale; PA: Personal Accomplishment subscale; ProQOL: Professional Quality of Life; BO: Burnout subscale; OLBI: Oldenburg Burnout Inventory; D: Disengagement subscale; E: Exhaustion subscale; MBI: Maslach Burnout Inventory; NR: Not Reported.

¹ Kuyken et al. (1998)² Owen et al. (2022)³ Carter et al. (2022)⁴ Rose et al. (2019)⁵ Beaumont et al. (2016)⁶ Delgadillo et al. (2018)⁷ Westwood et al. (2017)⁸ Steel et al. (2015)

scores reported were higher than those reported for the UK general population (Cohen & Williamson, 1988), international samples (Klein et al., 2016), normative scores for the PSS-10, and 'other healthcare professions' (Kostaki, 2018). Excluded qualitative and non-UK research has attributed such levels to the unique stressors of the training period, which includes high workloads, difficult work settings, time pressure, constant evaluation, and long commutes (Jones & Thompson, 2017; McCormack et al., 2018). These fall within the dual 'mental health clinician' and 'university student' roles have been noted for trainee NHS psychological professions (Owen et al., 2021), and may explain the comparable levels revealed for trainee clinical psychologists (CPs) and trainee PWPs given their dual role similarity. This could suggest that the training period (inclusive of its unique stressors) is a primary driver, as opposed to the distinct psychological profession. Where research reports 41 % of CPs experiencing thoughts to leave their NHS employment during training (Harding, 2025), this holds important implications for training programmes in mitigating stress experienced at this early stage. Recognising additional factors, such as age (Pakenham & Stafford-Brown, 2012), disability (NHS Employers, 2023), intrapersonal

traits (Summers et al., 2021), training stage (Owen et al., 2022), and perceived self-efficacy (Stinton, 2025), is further essential for a holistic understanding of stress levels and guiding effective interventions.

4.2. Absent qualified stress data

Carter et al. (2022) and Bagodi's (2023) excluded grey literature highlighted how chronic exposure to persistent stress during training leaves many NHS psychological professionals entering qualified roles already burnt out. This may have influenced the absent stress data for qualified NHS psychological professionals in the current review, where trainees are not showing up as stressed on measures due to already being burnt out from training. The burnout findings support this.

4.3. Training stress influencing early burnout

Low-to-moderate burnout levels were revealed for trainee and qualified NHS psychological professions, with comparable levels revealed between trainee CPs (Rose et al., 2019) and qualified PWPs and

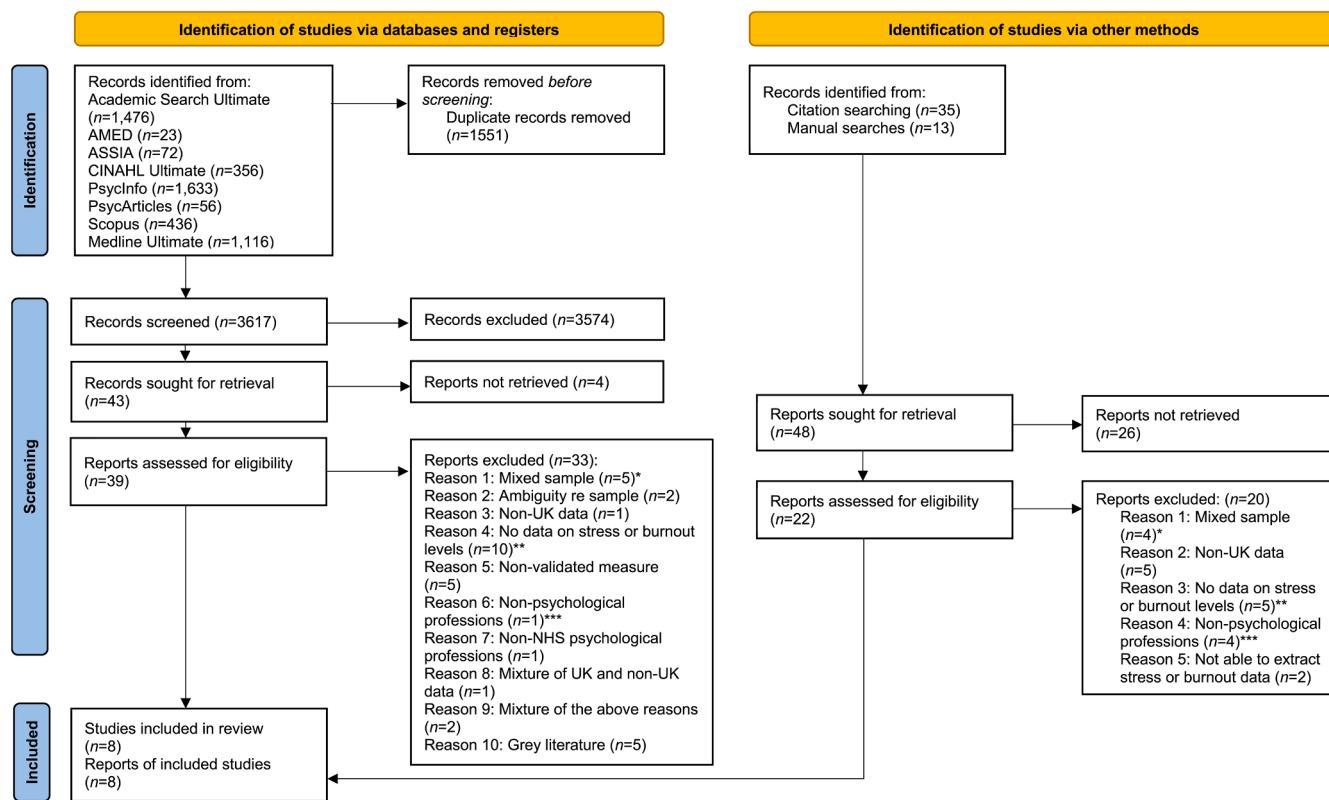


Fig. 1. Preferred reporting items for systematic reviews and meta-analyses (PRISMA) flow diagram.

*Mixed sample of psychological and non-psychological professions; **Exploring other factors related to stress and/or burnout explored e.g., sources, risk factors, mediators, influences, consequences; ***Solely non-psychological professions included in the sample.

HITS (Steel et al., 2015). Notably, trainee CPs reported higher levels of emotional exhaustion, a core component of burnout (O'Connor et al., 2018). Whilst this is cautiously considered within the context of different MBI measurement, it may highlight the extent of the demand placed on trainee psychological professions, which drives burnout levels comparable to that of their qualified counterparts. Research attributes these comparable levels to the shared workplace demands (Simionato & Simpson, 2018) and exposure to organisational and environmental risk factors (Kinman et al., 2023; Morse et al., 2012; Vivolo et al., 2024; Westwood et al., 2017). Demographic factors (e.g., age, lesser experience; Simionato & Simpson, 2018) and differing work contexts (e.g., in-person vs. teleworking; Serrão et al., 2022) also pose influence. For trainee NHS psychological professionals, these demographic and contextual vulnerabilities may compound chronic training stressors, leading to early burnout with levels similar to qualified colleagues. This underscores the need for prevention and early intervention during training.

4.4. Qualified PWP burnout

Qualified PWPs scored highest on emotional exhaustion and disengagement compared to HITs and CBT therapists, consistent with research reporting elevated burnout among PWPs (Steel et al., 2015), including a 69 % prevalence rate (Westwood et al., 2017), and its recognition as a key workforce challenge in adult IAPT (Health and Social Care Committee, 2021). Higher burnout may reflect cumulative effects from training, where PWPs enter qualified roles already burnt-out (Fishburn & Thompson, 2023). Additionally, studies of younger, less experienced PWPs with large caseloads highlight the influence of demographic and organisational factors (Delgadillo et al., 2018; Westwood et al., 2017). This highlights the need for systemic NHS approaches to prevent escalating burnout, support clinician wellbeing,

and enhance retention (BPS, 2021; Kinman et al., 2023).

4.5. Considerations for lower levels

The lower stress and burnout levels observed among NHS psychological professionals may be surprising given the high levels reported in non-psychological NHS professions, such as doctors (Imo, 2017; Tonkin, 2022), nurses (Royal College of Nursing, 2024), and social workers (Ravalier et al., 2021; Social Work England, 2024). Though low-to-moderate burnout levels are also reported for Canadian psychologists (Kahill, 1986), US clinical psychologists (Farber, 1985), and US, European, and Australian psychological professionals (McCormack et al., 2018), several hypotheses for the present findings are considered. First, training programmes may be sufficiently promoting and including self-care, as reported as vital within trainee stress reduction and burnout prevention literature (BPS, 2021; Carter, 2021). Second, the requirement of psychological professionals to be 'reflective practitioners' (BPS, 2017; Schön, 1983) is emphasised during training and upon qualifying within clinical supervision (Ooi et al., 2023). Regular clinical supervision is unique to the psychological professions and is reported to hold restorative benefits for wellbeing (Proctor, 1988), particularly when coupled with reflection (Ooi et al., 2023). Third, psychological professions are increasingly moving to part-time NHS employment post-qualifying (Rosairo & Tiplady, 2024), which may provide a buffer from NHS demands and associated higher stress and burnout levels. All such hypotheses should be formally explored to understand them as potential protective factors supporting the wellbeing and retention of this NHS workforce.

4.6. Strengths and limitations

To the authors' knowledge, this is the first review to explore stress

Table 5
Priority areas for future research.

Area	Future Research Direction
Psychological Professions	Examine stress and burnout levels within all, and particularly the newer, NHS psychological professions (e.g., Clinical Associates in Psychology, Youth Intensive Psychological Practitioners), to ensure sustainability of the professions and support workforce expansion targets outlined in the NHS Long Term Workforce Plan (NHS England, 2023), and being 'safe and healthy', as in the NHS People Promise (NHS England, 2020).
Demographics	Investigate the influence of demographic characteristics (e.g., age, gender, ethnicity, disability) upon stress and burnout levels to inform appropriate service adjustments in alignment with the equality, diversity, and inclusion priorities outlined in the NHS People Promise (NHS England, 2020), and a diverse workforce reflecting those served.
Service Factors	Explore the influence of service types (e.g., Child and Adolescent Mental Health Services, inpatient services), and working patterns (e.g., on-site, hybrid, remote/teleworking), aligning with the NHS People Promise (NHS England, 2020) of flexible working.
Professional support and supervision	Explore the role of supervision models (reflective, managerial, clinical) on stress and burnout levels, and evaluate interventions (e.g., targeted supervision models and flexible working patterns) as per implementation initiatives outlined within the NHS Mental Health Implementation Plan (NHS England, 2019).
Study design and interventions	Conduct longitudinal studies tracking stress and burnout across career stages to guide targeted intervention at each stage and understand lack of stress data for qualified professionals through developmental stress/burnout relationship.
Measurement and reporting	Use consistent, validated measures aligned with previous literature, reporting data fully (e.g., by measure domain, training year, and separately from non-psychological NHS professions) to strengthen evidence base for workforce planning and service improvement noted in the NHS Long Term Workforce Plan (NHS England, 2023).

and burnout levels together, within the whole NHS psychological professions workforce, across trainee and qualified career stages. This uniquely allowed comparisons across stages and between professions, highlighting when and with whom increased risk is seen and intervention is needed. Moreover, the broad scope highlighted where gaps and inconsistencies within the current UK evidence-base exist, with the strict inclusion of peer-reviewed articles ensuring higher-quality evidence informing conclusions.

However, several limitations are noted (SWiM item 9). First, only eight studies met inclusion criteria, resulting in a small pool of studies that limited the extent of the conclusions drawn. Second, included studies comprised inconsistent data reporting and heterogeneous measure use, preventing direct comparisons. Third, few NHS psychological professions were explored; notably, none from the workforce's expansion. This prevented insight into the whole workforce, and limited evidence towards such expansion and associated investment. Fourth, the use of self-report measures reduced the findings' validity and reliability through subjectivity and potential bias (as likely further increased by the professional stigma of being stressed and burnt out in the helping professions; [Edwards & Crisp, 2017](#)).

Moreover, critiques of the PSS-10 and MBI note their respective limitations. For the PSS-10, these include concerns around dimensionality ([De Ayala, 2013](#)), cross-cultural validity ([Pretorius, 2023](#)), item performance ([Taylor, 2015](#)), and subscale gender bias ([Sharp et al., 2007](#)). Specifically, [Taylor \(2015\)](#) reported gender differences on the Perceived Helplessness subscale, and [Pretorius \(2023\)](#) noted the tool's reduced sensitivity to cultural nuances. Furthermore, research reported gender bias within the MBI, with females reporting higher emotional exhaustion and males reporting higher depersonalisation ([Canazei et al., 2018](#)). Cross-cultural limitations have also been noted given varying cultural conceptions of burnout, differing symptom expression, and language nuances ([Squires et al., 2014](#)).

4.7. Clinical, policy, and research implications

Nonetheless, the findings hold important implications. Clinically, rising stress and burnout among NHS psychological professionals pose risks to their wellbeing, client treatment outcomes, service delivery, and retention. Training pathways must therefore continue to address stress and burnout with trainee NHS psychological professions to prevent incubation and escalation of these conditions during this early stage. This could be by incorporating self-care within programmes ([Carter, 2022](#)), holding open narratives around stress experienced and associated drivers, modelling positive stress and burnout management by course staff ([Carter, 2022](#)), and offering appropriate intervention (e.g., workload support, reflective spaces). Similarly, NHS organisations must adopt systemic, preventative approaches ([BPS, 2021](#); [Kinman et al.,](#)

[2023](#)), embedding wellbeing surveys into routine practice (e.g., The Psychological Wellbeing and Resilience Charter; [Rao et al., 2016](#)), and championing for continued wellbeing support (e.g., the continuation of [NHS Staff Mental Health Hubs](#); [BPS, 2023](#); [Rao et al., 2023](#)). Recognition of all influencing factors, both visible and invisible, should be maintained, as guided by research specific to the NHS psychological professions ([Stinton, 2025](#)). On a policy level, the findings can help to inform updates to BPS training standards, guide Health and Care Professions Council guidelines around trainee wellbeing and sustainable practice, and shape NHS England's wider strategic planning for workforce retention and wellbeing. Finally, research into stress and burnout levels within this workforce remains sparse and inconsistent, with notable gaps suggesting staff wellbeing only recently becoming a priority. To improve the platform upon which the wellbeing of the NHS psychological professions stands ([Rao et al., 2023](#)), ensure the sustainability of these professions within the NHS, and meet NHS policy targets and planning priorities, increased and consistent empirical investigation with the proceeding recommendations must be completed.

4.8. Future directions

[Table 5](#) outlines priority areas for future research, addressing the limitations of the review and aligning with NHS policy to strengthen the current UK evidence base.

5. Conclusions

This review tentatively paints a picture of an at-risk NHS workforce; moderate stress levels for trainee, and low-to-moderate burnout levels for trainee and qualified, NHS psychological professionals. The reviews broad scope allowed insight into the potential influence that the training period and its unique stressors may hold in driving trainee stress levels, and subsequent burnout levels comparable to qualified counterparts. Early prevention and intervention during the training years is therefore crucial, alongside a systemic approach by NHS organisations that considers additional demographic and organisational influences. Notably, research into this area is scarce, inconsistent, and even non-existent for the newer psychological professions. Future research must therefore be conducted to gain a fuller picture that is vital to support the wellbeing, retention, and safe practice of this key NHS workforce.

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Annabel Harding: Writing – review & editing, Writing – original draft, Methodology, Formal analysis, Conceptualization. **Jinnie Ooi:** Writing – review & editing, Supervision, Conceptualization. **Megan Stinton:** Writing – review & editing, Supervision, Methodology, Conceptualization. **Rachel Russell:** Writing – review & editing, Supervision. **Sheryl Parke:** Writing – review & editing, Supervision, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at [doi:10.1016/j.mhp.2025.200453](https://doi.org/10.1016/j.mhp.2025.200453).

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