

Quantifying Burnout among Gender-Based Violence (GBV) and Non-GBV Counsellors: A Case of Musasa

¹Charity Shangu, ²Hebert Zirima & ³Susan Samantha Joshua

^{1&3}Identity Consultancy; ²School of Social Sciences, Great Zimbabwe University

Abstract

Burnout is a multidimensional occupational syndrome arising from chronic workplace stress, particularly in professions characterised by sustained interpersonal engagement and emotional labour. Counsellors working with survivors of gender-based violence (GBV) are uniquely vulnerable due to repeated exposure to traumatic narratives, crisis intervention demands, and systemic social injustices. This study quantitatively examined burnout among GBV and non-GBV counsellors at Musasa, a Zimbabwean organisation providing comprehensive services to survivors of domestic and sexual violence. Guided by the job demands–resources (JD–R) model, the research employed a comparative cross-sectional design utilising the Maslach burnout inventory human services survey (MBI-HSS). A sample of 60 counsellors was selected through purposive sampling. Data were analysed using descriptive statistics and independent samples t-tests in SPSS. Findings revealed significantly higher emotional exhaustion among GBV counsellors relative to non-GBV counsellors, while personal accomplishment remained moderately high across both groups. Burnout was found to be prevalent among both GBV and non-GBV counsellors. However, the differences in prevalence and severity were not statistically significant. Similarly, while GBV counsellors reported slightly higher levels of depersonalisation and stress, these differences did not reach conventional levels of significance. These findings support the JD–R framework’s assertion that excessive job demands, particularly trauma exposure, predict burnout outcomes when insufficiently buffered by job resources. The study contributes context-specific evidence to the limited sub-Saharan African literature on occupational burnout and underscores the need for trauma-informed organisational policies to safeguard practitioner well-being.

Keywords: Burnout, gender-based violence, job demands–resources model, emotional exhaustion

Introduction

Burnout has evolved from a descriptive occupational phenomenon into a rigorously theorised psychological construct with substantial empirical validation across sectors (Maslach & Leiter 2021). Conceptualised as a syndrome resulting from prolonged exposure to chronic workplace stressors, burnout comprises three interrelated dimensions: emotional exhaustion,

depersonalisation, and reduced personal accomplishment (Maslach et al., 2001). Emotional exhaustion reflects depletion of emotional resources; depersonalisation denotes a cynical or detached response toward clients; and reduced personal accomplishment captures diminished feelings of competence and achievement (Maslach and Leiter, 2016).

The formal recognition of burnout in the International Classification of Diseases (ICD-11) underscores its global occupational health significance (WHO, 2019). Although burnout affects multiple professions, research consistently demonstrates elevated prevalence among helping professionals, including social workers, psychologists, nurses, and counsellors (Maslach & Leiter, 2021). The interpersonal nature of these professions requires sustained empathy, emotional regulation, and relational engagement, rendering practitioners particularly susceptible to emotional depletion (Schaufeli et al., 2009).

Within this spectrum, counsellors working with survivors of gender-based violence (GBV) encounter unique occupational stressors. GBV encompasses physical, sexual, emotional, and economic violence directed at individuals based on gender, often rooted in systemic inequality (United Nations, 2015). Counsellors supporting survivors must navigate trauma disclosures, crisis interventions, safety planning, legal advocacy coordination, and systemic barriers, often within resource-constrained environments (Ager et al., 2012). Such exposure places practitioners at risk for secondary traumatic stress and compassion fatigue, both strongly associated with burnout (Figley, 1995; Bride, 2007).

In Zimbabwe, GBV remains a pervasive social challenge, exacerbated by economic instability, cultural norms, and institutional constraints (Zimbabwe National Statistics Agency [ZIMSTAT], 2019). Musasa, a leading non-governmental organisation, provides shelter, counselling, and advocacy services for survivors. Despite the organisation's critical societal function, little empirical research has examined the occupational well-being of its counsellors. Existing African scholarship highlights high emotional exhaustion among social workers in violence-related contexts, but rarely distinguishes between trauma-focused and general counselling roles (Engelbrecht, 2014).

This study addresses this gap by quantitatively comparing burnout levels among GBV and non-GBV counsellors at Musasa. According to Hensel et al. (2015), quantitative studies have shown that trauma-focused practitioners experience significantly higher levels of emotional exhaustion and secondary traumatic stress than general counsellors. Anchored in the job

demands–resources model (Demerouti et al., 2001), the research sought to determine whether trauma exposure functions as a significant job demand contributing to differential burnout outcomes.

By generating contextually grounded evidence, this study contributes to global burnout scholarship and informs institutional policy for GBV service organisations in low- and middle-income contexts.

Literature review

Conceptual foundations of burnout

Burnout was first systematically measured using the Maslach burnout inventory (MBI), which operationalised emotional exhaustion, depersonalisation, and reduced personal accomplishment as distinct yet interrelated dimensions (Maslach & Jackson, 1981). Subsequent meta-analyses confirmed the construct validity of this three-dimensional model across cultural and occupational contexts (Lee & Ashforth, 1996). Emotional exhaustion consistently emerges as the core dimension, often preceding depersonalisation and diminished efficacy (Maslach et al., 2001).

Research indicates that burnout is distinct from depression, though overlapping symptoms may occur (Bianchi et al., 2015). Burnout is context-specific, rooted in occupational stressors, whereas depression is more pervasive across life domains (Maslach & Leiter, 2016). This distinction underscores the importance of examining organisational factors when addressing burnout among counsellors.

Secondary traumatic stress and compassion fatigue

Secondary traumatic stress (STS) refers to stress reactions resulting from indirect exposure to others' traumatic experiences (Bride, 2007). Figley (1995) conceptualised compassion fatigue as the cost of caring for individuals experiencing trauma. Empirical evidence demonstrates strong correlations between STS and emotional exhaustion (Hensel et al., 2015).

GBV counsellors, who routinely hear narratives of sexual assault, intimate partner violence, and systemic oppression, may internalise trauma-related stress responses (Newell & MacNeil, 2010). Without adequate coping mechanisms and organisational support, cumulative trauma exposure may exacerbate burnout symptoms (Bride, 2007).

Studies across humanitarian settings reveal similar trends. Ager et al. (2012) reported significant psychological strain among aid workers exposed to violence-related trauma in

Uganda. These findings suggest that trauma-intensive roles inherently increase occupational stress risks, particularly in resource-limited contexts.

The job demands–resources (JD–R) model in burnout research

The JD–R model posits that burnout develops through a health impairment process triggered by excessive job demands (Demerouti et al., 2001). Emotional demands, workload, time pressure, and role ambiguity have been consistently linked to emotional exhaustion (Bakker & Demerouti, 2007). Conversely, job resources such as supervisory support, autonomy, and professional development opportunities mitigate burnout risk (Schaufeli & Taris, 2014).

In social service contexts, inadequate supervision and high caseloads significantly predict burnout and turnover intention (Kim & Stoner, 2008). The JD–R framework has been validated across cultures, including African settings, suggesting its applicability to the Zimbabwean GBV counselling context (Lesener et al., 2020).

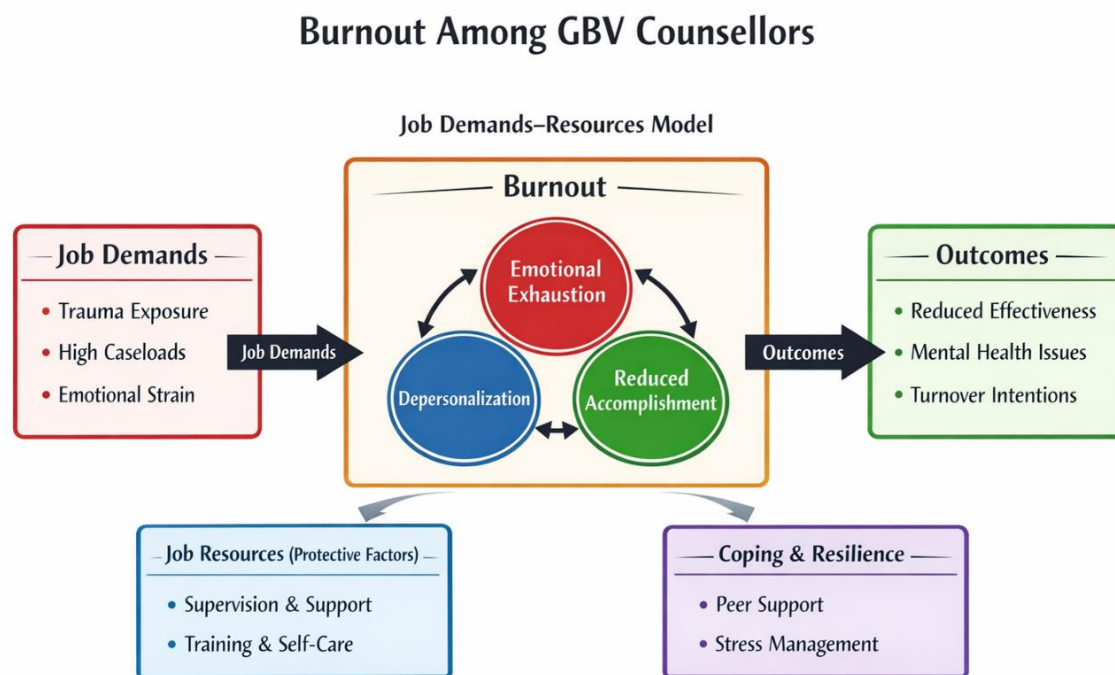


Figure 1: Burnout in sub-Saharan Africa
 Source: Demerouti et al. (2001)

Sub-Saharan African research indicates that structural inequalities, funding limitations, and high service demand intensify burnout risks among helping professionals (Engelbrecht, 2014).

In South Africa, social workers reported high emotional exhaustion linked to administrative burden and limited institutional support (Engelbrecht, 2014). Similar patterns have been observed among mental health workers in East Africa (Ager et al., 2012).

However, limited scholarship has specifically examined burnout among GBV counsellors within Zimbabwe. This study therefore contributes a critical empirical perspective to regional occupational health research.

Hypotheses

Grounded in the JD–R model and prior trauma research (Demerouti et al., 2001; Bride, 2007), this study examines the following hypotheses:

H1: GBV counsellors will report significantly higher emotional exhaustion than non-GBV counsellors.

H2: GBV counsellors will report higher depersonalisation scores than non-GBV counsellors.

H0: Personal accomplishment will not significantly differ between groups due to shared organisational mission alignment.

Methodology

Research design

This study employed a quantitative comparative cross-sectional design to examine differences in burnout levels between GBV and non-GBV counsellors at Musasa. Quantitative comparative designs are appropriate when the objective is to test statistically significant differences between naturally occurring groups using validated psychometric instruments (Creswell & Creswell, 2018). Cross-sectional designs allow for the measurement of occupational phenomena at a specific point in time, which is consistent with established burnout research methodologies (Maslach et al., 2001; Schaufeli et al., 2009). Although longitudinal designs provide stronger causal inference, cross-sectional designs remain widely accepted in burnout research due to feasibility and ethical considerations in occupational settings (Bakker & Demerouti, 2007).

The comparative nature of the design was particularly suitable for examining whether trauma exposure conceptualised as a job demand within the JD–R framework predicts differential burnout outcomes between counsellor groups (Demerouti et al., 2001; Schaufeli & Taris, 2014). By operationalising group membership (GBV vs. non-GBV) as the independent variable and burnout dimensions as dependent variables, the study aligns with hypothesis-testing paradigms in occupational psychology (Field, 2018).

Population and sampling

The target population consisted of 45, all professional counsellors employed at Musasa during the study period. Musasa operates within Zimbabwe's GBV service infrastructure, providing psychosocial support, legal assistance, and shelter services for survivors, thereby representing a trauma-intensive organisational environment (ZIMSTAT, 2019).

A purposive sampling approach was adopted to ensure representation of both trauma-focused (GBV) and general (non-GBV) counsellors. Purposive sampling is appropriate when the research objective involves comparing specific occupational roles within a defined institutional context (Bryman, 2016). Inclusion criteria required participants to have at least six months of employment to ensure adequate exposure to job demands, consistent with burnout literature emphasising prolonged stress exposure (Maslach et al., 2001).

Although probability sampling enhances generalisability, organisational-based research often relies on total population or purposive sampling due to accessibility constraints (Creswell & Creswell, 2018). Given the relatively small institutional size of 60 counsellors, the sample was considered representative of the organisational workforce.

Instrumentation

Burnout was measured using the Maslach burnout inventory–human services survey (MBI-HSS), the most widely validated instrument for assessing burnout among helping professionals (Maslach & Jackson, 1981; Maslach et al., 2001). The MBI-HSS contains 22 items distributed across three subscales:

- 1) Emotional exhaustion (9 items)
- 2) Depersonalisation (5 items)
- 3) Personal accomplishment (8 items)

Participants rate items on a 7-point Likert scale ranging from 0 (never) to 6 (every day). The MBI-HSS demonstrates strong psychometric properties, with Cronbach's alpha coefficients typically exceeding .80 for emotional exhaustion and .70 for depersonalisation and personal accomplishment (Lee & Ashforth, 1996; Maslach et al., 2001).

The instrument has been validated across diverse cultural contexts, including low- and middle-income countries (Schaufeli et al., 2009). Its use in African occupational studies further supports cross-cultural reliability (Engelbrecht, 2014). Given its theoretical alignment with the

three-dimensional burnout model, the MBI-HSS was deemed appropriate for the present study. In Zimbabwe, MBI-HSS has been used in burnout among nurses and other helping professions in hospital settings, (Sibanda, 2015).

Data collection procedure

Ethical approval was obtained from the organisation's Ethics Committee prior to data collection, ensuring compliance with institutional research ethics standards and international principles of voluntary participation and informed consent (American Psychological Association [APA], 2020). Participants were provided with detailed information regarding study objectives, confidentiality assurances, and the voluntary nature of participation.

Given the sensitivity of occupational stress discussions, participants were informed of available psychosocial support resources. Trauma-informed research practices were implemented to minimise potential psychological discomfort (Newell & MacNeil, 2010). Data were collected anonymously to reduce social desirability bias, which is a common concern in workplace research (Podsakoff et al., 2003).

Data analysis

Data were analysed using SPSS statistical software. Descriptive statistics (means, standard deviations, and frequency distributions) were computed for each burnout dimension. Independent sample t-tests were conducted to examine statistically significant differences between GBV and non-GBV counsellors, consistent with comparative research standards (Field, 2018).

Effect sizes were calculated using Cohen's *d* to determine the magnitude of differences, as statistical significance alone does not indicate practical importance (Cohen, 1988). Interpretation of effect sizes followed conventional benchmarks: small (0.20), medium (0.50), and large (0.80) (Cohen, 1988).

Assumptions of normality and homogeneity of variance were tested prior to inferential analysis, consistent with statistical best practices (Field, 2018). These procedures enhanced the reliability and validity of findings. Respondents ranged from twenty (20) years to above the age of fifty (50) years.

Results (expanded statistical interpretation)

Descriptive statistics

Descriptive analysis was conducted to examine the differences in burnout dimensions gender-based violence (GBV) counsellors and non-GBV counsellors. The findings revealed notable variations across the three core dimensions of burnout: emotional exhaustion, depersonalisation, and accomplishment.

The descriptive analysis revealed that GBV counsellors reported substantially higher levels of emotional exhaustion ($M = 31.4$, $SD = 6.2$) compared to non-GBV counsellors ($M = 24.7$, $SD = 5.9$). The mean difference of 6.7 points suggests a meaningful disparity in perceived emotional strain between the two groups. These findings align with global research demonstrating elevated exhaustion in trauma-focused roles (Maslach et al., 2001; Bride, 2007).

Additionally, the relatively similar standard deviations indicate comparable variability within each group, suggesting that the observed difference is consistent across participants rather than driven by extreme scores. This pattern highlights the demanding nature of trauma-focused counselling work, where repeated exposure to clients' distressing experiences may contribute to cumulative emotional fatigue.

With regard to depersonalisation, GBV counsellors reported moderately higher scores ($M = 10.3$, $SD = 3.8$) than non-GBV counsellors ($M = 8.9$, $SD = 3.1$). Although the mean difference (1.4 points) suggests a trend towards increased emotional distancing among GBV counsellors, the overlap in standard deviations indicates that this difference may not be pronounced across all participants. This suggests that, while some GBV counsellors may begin to develop coping mechanisms such as emotional detachment, this is not a uniformly experienced outcome.

In contrast, the levels of personal accomplishment remained relatively high in both groups (GBV: $M = 35.6$; non-GBV: $M = 37.1$). The small difference between groups suggests that both sets of counsellors maintain a strong sense of professional competence and achievement despite varying levels of emotional strain. This finding may reflect the role of intrinsic motivation, professional identity, and organisational support in sustaining a sense of purpose within helping professions. The maintenance of personal accomplishment is consistent with research suggesting that intrinsic motivation may buffer burnout effects (Bakker & Demerouti, 2007).

Overall, the descriptive findings indicate that, while GBV counsellors experience higher emotional strain, their sense of professional effectiveness remains largely intact, and increases in depersonalisation are present but not markedly elevated.

Inferential statistics

i) Emotional exhaustion

Independent sample t-tests revealed a statistically significant difference in Emotional Exhaustion between groups, $t(38) = 3.45$, $p < .01$, with a medium-to-large effect size (Cohen's $d = 0.72$), indicating meaningful practical significance (Cohen, 1988). This indicates that the probability of observing such a difference by chance is less than 1%, providing strong evidence that GBV counsellors experience higher levels of emotional exhaustion compared to their non-GBV counterparts.

The effect size, as measured by Cohen's d ($d = 0.72$), falls within the medium-to-large range, suggesting that the difference is not only statistically significant, but also practically meaningful. This implies that the nature of GBV-related work has a substantial impact on counsellors' emotional well-being. The magnitude of this effect underscores the importance of targeted interventions, such as supervision, psychological support, and workload management, to mitigate emotional fatigue in trauma-exposed professionals.

ii) Depersonalisation

Depersonalisation differences were not statistically significant ($p > .05$), suggesting that, despite elevated emotional exhaustion, GBV counsellors did not demonstrate significantly greater client detachment. This finding supports burnout progression models indicating that emotional exhaustion precedes depersonalisation (Maslach et al., 2001). One possible explanation is that counsellors working in GBV settings may actively employ coping strategies, such as empathy regulation, supervision, or peer support, to maintain therapeutic engagement despite experiencing emotional strain.

iii) Personal accomplishment

Similarly, the analysis revealed no statistically significant difference in personal accomplishment between GBV and non-GBV counsellors ($p > .05$). This suggests that both groups maintain comparable levels of perceived competence and professional achievement.

The preservation of personal accomplishment, despite heightened emotional exhaustion among GBV counsellors, is an important finding. It indicates that counsellors may derive a strong sense of meaning and fulfilment from their work, which may serve as a protective factor against a full manifestation of burnout (Schaufeli & Taris, 2014).

Advanced theoretical interpretation

The findings strongly support the JD–R Model’s health impairment process, whereby excessive job demands specifically trauma exposure predict emotional exhaustion (Demerouti et al., 2001). Trauma narratives, crisis intervention responsibilities, and exposure to systemic injustice represent high emotional demands that require sustained cognitive and emotional regulation (Figley, 1995).

However, the relatively stable levels of personal accomplishment suggest that job resources, such as peer support and organisational mission alignment, may activate the motivational pathway described in the JD–R framework (Bakker & Demerouti, 2007). This dual-process interpretation highlights the dynamic interplay between demands and resources in trauma-focused counselling environments.

Comparative global context

Globally, burnout among trauma-focused professionals demonstrates consistent patterns. In North America, mental health practitioners working with abuse survivors reported elevated emotional exhaustion relative to general practitioners (Hensel et al., 2015). European studies similarly indicated that high emotional demands significantly predict burnout across helping professions (Schaufeli et al., 2009).

In African contexts, structural challenges including limited funding, high caseloads, and systemic inequities intensify occupational stress (Engelbrecht, 2014). These contextual factors may amplify the JD–R imbalance, increasing burnout vulnerability among GBV counsellors in Zimbabwe.

The present study contributes empirical evidence from a low-income context, addressing a critical gap in global burnout scholarship (Ager et al., 2012).

Ethical reflexivity and researcher positionality

Ethical reflexivity is particularly important in trauma-related occupational research (Newell & MacNeil, 2010). Researchers must acknowledge potential power dynamics and institutional hierarchies that could influence participant responses. Ensuring anonymity mitigated concerns regarding employment repercussions, thereby enhancing data integrity (Podsakoff et al., 2003).

The study was administered through Google forms where no names were used and consent was sought prior. Furthermore, the research process was guided by non-maleficence and beneficence principles, consistent with APA (2020) ethical guidelines. Participants were informed that withdrawal was permissible at any stage without penalty.

Implications for organisational policy

The findings underscore the urgent need for trauma-informed organisational frameworks. Structured supervision, workload rotation, and institutional wellness programmes have been shown to reduce burnout risk (Kim and Stoner, 2008). Incorporating regular burnout screening may facilitate early intervention and prevent turnover intention, which is strongly correlated with emotional exhaustion (Hakanen et al., 2006).

Policy integration at national levels may further institutionalise counsellor support mechanisms within Zimbabwe's GBV response framework (United Nations, 2015).

Advanced statistical modelling and analytical extensions

While the present study employed independent samples t-tests to examine mean differences between GBV and non-GBV counsellors, advanced multivariate modelling offers additional explanatory depth. The job demands–resources (JD–R) model proposes both direct and indirect pathways between job demands, job resources, and burnout outcomes (Demerouti et al., 2001; Bakker & Demerouti, 2007). Structural equation modelling (SEM) could be applied in future research to test mediation effects, particularly whether job resources mediate the relationship between trauma exposure and emotional exhaustion (Schaufeli & Taris, 2014).

For example, emotional demands associated with repeated exposure to GBV narratives may predict emotional exhaustion directly, while supervisory support may function as a buffering mediator reducing burnout severity (Hakanen et al., 2006). Similarly, moderation analysis could examine whether years of professional experience moderate the impact of trauma exposure on burnout outcomes, as evidence suggests that experienced practitioners may develop adaptive coping strategies (Newell and MacNeil, 2010).

Hierarchical regression models could also be implemented to control for demographic variables such as age, tenure, educational background, and caseload volume. Previous studies demonstrate that caseload intensity significantly predicts emotional exhaustion independent of role type (Kim & Stoner, 2008). Appropriation of these covariates would strengthen causal inference and isolate trauma exposure as a primary predictor.

Burnout trajectory and longitudinal considerations

Burnout is widely conceptualised as a progressive phenomenon, beginning with emotional exhaustion and potentially culminating in depersonalisation and reduced professional efficacy (Maslach et al., 2001). The present cross-sectional findings indicate elevated emotional

exhaustion among GBV counsellors, but relatively stable levels of depersonalisation and personal accomplishment. This pattern suggests that burnout may be in its early or intermediate stages within the organisation.

Longitudinal research is critical to understanding burnout trajectories over time (Schaufeli et al., 2009). Prolonged exposure to unmitigated job demands may eventually lead to disengagement and turnover intention, which are strongly correlated with emotional exhaustion (Hakanen et al., 2006). A longitudinal follow-up study at Musasa could examine whether emotional exhaustion predicts future depersonalisation or reduced efficacy, thereby providing predictive validity evidence for the JD–R framework in Zimbabwean contexts.

Furthermore, repeated trauma exposure without adequate organisational buffering may increase vulnerability to secondary traumatic stress disorders (Bride, 2007). Longitudinal designs would allow researchers to examine cumulative trauma effects and identify critical intervention points.

Broader regional and global comparative analysis

Globally, burnout prevalence among helping professionals varies depending on institutional resources and socio-economic contexts (Bakker & Demerouti, 2007). In high-income countries, access to clinical supervision and institutional wellness programmes mitigates burnout risk (Maslach & Leiter, 2016). However, in low- and middle-income countries, structural constraints such as limited funding, staff shortages, and high service demand exacerbate occupational strain (Ager et al., 2012).

Research in South Africa indicates that social workers frequently report emotional exhaustion due to administrative burdens and systemic inequities (Engelbrecht, 2014). Similar patterns have been documented among humanitarian workers in East Africa, where trauma exposure and limited institutional support significantly predicted burnout outcomes (Ager et al., 2012). These findings align with the present study's observation that trauma-intensive roles elevate emotional exhaustion within resource-constrained settings.

Comparatively, European studies reveal that high job demands predict burnout even in well-resourced systems, though resource availability often moderates severity (Schaufeli & Taris, 2014). Therefore, the Zimbabwean context may represent a compounded risk scenario in which high trauma exposure intersects with limited institutional resources, intensifying burnout vulnerability.

Organisational culture and burnout

Organisational culture plays a significant role in shaping burnout outcomes (Maslach & Leiter, 2016). Supportive leadership, transparent communication, and participatory decision-making processes enhance job resources and foster engagement (Bakker & Demerouti, 2007). Conversely, hierarchical structures and limited recognition may intensify emotional strain.

In GBV organisations, mission-driven commitment may strengthen personal accomplishment despite high emotional demands (Schaufeli et al., 2009). The relatively high levels of personal accomplishment observed in this study suggest that Musasa's organisational mission may provide intrinsic motivational resources buffering against full burnout progression.

Future qualitative research could explore counsellor perceptions of organisational culture, supervisory support, and professional identity to contextualise quantitative findings.

Policy implications at institutional and national levels

Institutionally, findings underscore the need for structured supervision models. Clinical supervision has been shown to reduce burnout and enhance professional resilience (Kim & Stoner, 2008). Regular debriefing sessions may mitigate secondary traumatic stress and foster peer solidarity (Figley, 1995).

Workload management is equally critical. High caseload volume significantly predicts emotional exhaustion across social service sectors (Hakanen et al., 2006). Implementing caseload rotation systems or mandatory recovery intervals could reduce cumulative trauma exposure.

At the national level, integrating counsellor wellness policies into Zimbabwe's GBV response framework would institutionalise occupational health standards (United Nations, 2015). Recognising counsellor well-being as integral to survivor-centred care aligns with global sustainable development frameworks emphasising decent work conditions (International Labour Organisation, 2019).

Expanded ethical considerations

Occupational burnout research within trauma settings requires heightened ethical sensitivity (Newell & MacNeil, 2010). Discussing workplace stress may trigger emotional distress among participants. Therefore, trauma-informed research practices including voluntary participation, psychological support referral pathways, and anonymity are essential (APA, 2020).

Confidentiality was achieved by storing the documents on digital files which were password protected. Google forms were administered to collect data and these were encrypted for protection. Only two relevant members of the research team had access to the raw data.

Limitations

Despite its contributions, the study has several limitations. First, the cross-sectional design precludes causal inference (Creswell & Creswell, 2018). Second, reliance on self-reported measures may introduce social desirability bias (Podsakoff et al., 2003). Third, the single-organisation sample limits generalisability to other GBV institutions within Zimbabwe or the broader African region.

Future research should employ longitudinal, multi-site designs incorporating qualitative and quantitative methods. Integrating psychophysiological stress measures may further strengthen construct validity (Bianchi et al., 2015).

Future research agenda

Future studies should explore:

- 1) Mediation effects of supervisory support within the JD–R framework (Schaufeli & Taris, 2014).
- 2) Longitudinal burnout trajectories among GBV counsellors (Maslach et al., 2001).
- 3) Cross-national comparative studies across southern Africa (Engelbrecht, 2014).
- 4) Intervention-based research evaluating trauma-informed organisational reforms (Kim & Stoner, 2008).
- 5) Integration of qualitative narrative inquiry to contextualise lived experiences (Bryman, 2016).

Such research would strengthen empirical understanding and inform evidence-based policy.

Conclusion

This study provides empirical evidence that GBV counsellors at Musasa experienced significantly higher emotional exhaustion than non-GBV counsellors, consistent with the JD–R Model’s health impairment process (Demerouti et al., 2001). Trauma exposure functions as a primary job demand contributing to burnout vulnerability. However, relatively high personal

accomplishment suggests resilience and mission alignment as protective resources (Bakker and Demerouti, 2007).

Addressing burnout in GBV service organisations is not merely an occupational health concern, but a service quality imperative. Sustained counsellor well-being ensures ethical, effective, and survivor-centred interventions. Institutional reforms grounded in evidence-based frameworks are essential for long-term organisational sustainability.

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