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Psychological empowerment, work addiction, and burnout among mental health professionals

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Abstract

As job burnout is a world-wide phenomenon that threatens employees' wellbeing in various occupations, researchers and managers are exploring potential protective factors against burnout, such as psychological empowerment. However, the complex interplay between psychological empowerment components (i.e., self-determination and impact) and work addiction, which is also associated with burnout, remained unknown, especially among mental health professionals (MHPs) who are vulnerable to burnout. This study hence aims to (1) investigate the associations between psychological empowerment components and MHPs' burnout and (2) examine the mediating role of work addiction in such associations. A total of 199 fulltime MHPs recruited in Macao, China completed an online questionnaire survey. Results of the path analysis showed that the hypothesized mediation effects of work addiction on the associations between psychological empowerment components (i.e., self-determination and impact) and burnout were statistically significant. In the path model, work addiction was positively associated with burnout. Self-determination was negatively linked to both work addiction and burnout. Impact was positively associated with work addiction while its direct effect on burnout was nonsignificant. Under the theoretical framework of job demands-resources model, our findings revealed not only the risk-enhancing direct and mediation role of work addiction in burnout development, but also different mechanisms of specific psychological empowerment components involved in such mediation. Both the management and workers should collaboratively develop work environments that allow MHPs a high degree of autonomy, which increases self-determination, and implement workplace-based interventions that can protect MHPs from work addiction and burnout.

Keywords Psychological empowerment · Workaholism · Work addiction · Burnout · Mental health professionals

Introduction

Research background regarding burnout as a health threat to mental health professionals

Due to the intensification of global competition and technological innovation, many employees are required to devote more energy and time to work regardless of venue and time (Ng et al., 2007; Van Beek et al., 2012). Hence, there are ongoing concerns about the high prevalence of job burnout, which is a problematic health condition that develops due to prolonged exposure to chronic emotional and interpersonal stressors at work (Maslach et al., 2001). Accompanied by high direct and indirect costs (Latorre et al., 2022; Maslach, 2011), burnout is harmful to workers, organizations, and society (Gómez-Gascón et al., 2013; Maslach & Leiter, 2016) and is especially common among mental health professionals (MHPs; Lim et al., 2010; Yang & Hayes, 2020). A meta-analysis reported that the prevalence of burnout is as high as 40% in MHPs (O'Connor et al., 2018). Such high prevalence has been attributed to various factors, including the nature of their work (e.g., demanding therapeutic relationships that require deep emotional investment) (Slatten et al., 2011) and poor occupational environment (e.g., professional stigma and client's aggressive behaviors) (Zaninotto et al., 2018). Among those factors, previous studies showed the general construct of psychological empowerment negatively associated with risk of burnout, suggesting

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a protective role (Livne & Rashkovits, 2018; Özbaş & Tel, 2016; Tian et al., 2015), However, two components of psychological empowerment, i.e., self-determination and impact, did not show a consistent association with burnout (Boudrias et al., 2012; El Dahshan & Dorgham, 2013; Mardani & Mardani, 2014). Such inconsistent findings may be attributed to the distinct mechanisms involved in the associations between specific psychological empowerment components and burnout. To address this knowledge gap, this study investigated the potential mediation mechanisms of work addiction in those associations.

Literature review

Psychological empowerment as a protective factor against burnout

According to the theories of empowerment (Conger & Kanungo, 1988; Rappaport, 1984), empowering processes allow people to gain control over their lives via volitional and democratic participation in their organizational or community life, while those empowered outcomes help maintain and/or promote individual, organizational, and community wellbeing. Psychological empowerment is a multi-faceted construct at the individual-level involving both empowerment processes and outcomes, in which workers possess a proactive orientation to their work roles and a good sense of control over their work (Spreitzer, 1995). Psychological empowerment has been found to enhance intrinsic motivation toward work tasks (Thomas & Velthouse, 1990), which involves doing a task because it is satisfying to do, rather than for another reason (Ryan & Deci, 2000). There are four components of psychological empowerment: namely, meaning (i.e., the extent one values one's work objectives, judged by his or her standards), competence (i.e., an individual's belief in his or her ability to perform a specific task), self-determination (i.e., a person's sense of autonomy in starting and continuing work behaviors and processes), and impact (i.e., the extent to which an employee can affect work-related strategy, management, or operating outcomes; Spreitzer, 1995). The benefits of psychological empowerment including improving job performance, organizational commitment, and organizational citizenship behaviors (Menon, 1999; Seibert et al., 2011), have been consistently demonstrated in employees and their organizations. A large quantity of studies documented the negative association between the general psychological empowerment and burnout of employees in various occupations (e.g., Meng et al., 2015; Permarupan et al., 2020; Safari et al., 2020; Schermuly et al., 2011). In the healthcare setting, healthcare workers and staff nurses who were more psychologically empowered were shown to be less at risk of burnout (Çavuş & Demir, 2010; Permarupan et al., 2020).

Psychological empowerment components and burnout

However, when considering the effects of different components of psychological empowerment, the findings regarding the associations of self-determination and impact with burnout are more inconsistent than those of meaning and competence (Boudrias et al., 2012; El Dahshan & Dorgham, 2013; Mardani & Mardani, 2014). Among the two existing studies that assessed self-determination as a specific component of psychological empowerment, Mardani and Mardani (2014) found a significant negative association of self-determination with burnout, whereas Boudrias et al. (2012) did not find a statistically significant association. On the other hand, El Dahshan and Dorgham (2013) documented a positive, rather than negative, association between impact and burnout, whereas two other studies (Boudrias et al., 2012; Mardani & Mardani, 2014) reported a nonsignificant relationship between impact and burnout. These inconsistent findings even within the same setting (i.e., healthcare workers) would suggest the possibility of different mechanisms existed between these two psychological empowerment components and burnout. The purpose of this study was to examine whether the two components of psychological empowerment (i.e., self-determination and impact), were associated with burnout among MHPs, while considering work addiction as a potential mediator, so as to clarify the pathways that mediate the potentially distinct effects of self-determination and impact on burnout.

Work addiction as a potential mediator

Previous studies examining the association of psychological empowerment with burnout mainly focused on constructive mediators (e.g., professional identity and organizational commitment) (Ding & Xie, 2021; Safari et al., 2020), but not destructive ones, such as work addiction. Work addiction refers to a problematic work pattern characterized by excessive focus on work, being driven by uncontrollable work motives, and investing so much energy and effort into work that it compromises employees' personal relationships, leisure activities, and/or health (Andreassen et al., 2012). Increasing attention has been paid to the destructive role of work addiction on both employees' physical and mental health (McMillan & O'Driscoll, 2004), as well as on organizational development (Vodanovich et al., 2007). Inspired by those studies that have documented the crucial mediating effect of work addiction on the link between work-related stress and employees' health problems (e.g., job burnout, ill health, and life dissatisfaction) (Andreassen et al., 2018; Nonnis et al., 2018; Taris et al., 2010), this study is the first to test whether work addiction plays a mediating role in the association between psychological empowerment and burnout.

Work addiction and burnout According to the job demands-resources (JD-R) model of burnout (Demerouti et al., 2001), when job demands are too high and employees do not perceive that they have the physical or mental resources to fulfill those demands, they will feel exhausted and depleted, and eventually suffer from negative job-related health consequences, including burnout. Consistent with the JD-R model, work addiction is a problematic behavior which consumes a large amount of energy and resources and thus has been regarded a significant risk factor for burnout (Andreassen et al., 2018; Aziz & Moyer, 2018; Shimazu et al., 2010). Studies in workers of different occupations and countries consistently showed work addiction positively associated with burnout (e.g., Cheung et al., 2018; Engelbrecht et al., 2020; Hartmann & Mathieu, 2017; Jenaabadi et al., 2017). Specifically, individuals with work addiction tend to take on heavy workloads, work long hours, and devote great energy into their jobs, which can deplete their personal resources (e.g., physical energy, psychological capital, and personal/social life) and result in burnout (Demirel & Erdirençelebi, 2019; Jenaabadi et al., 2017; Moyer et al., 2017; Schaufeli et al., 2009a).

Self-determination, impact, and work addiction Evidence on the relation between psychological empowerment and work addiction remains limited, although psychological empowerment is beneficial for employee and organizational performance by enhancing employees' enthusiasm, commitment, and dedication to work (Jose & Mampilly, 2014). To our best knowledge, only one study has examined such association, reporting a negative but statistically non-significant correlation in a small sample ($N=40$) of faculty members recruited from two universities in Karachi (Hassan et al., 2018). Further research is warranted, particularly for exploring whether individual components of psychological empowerment (e.g., self-determination and impact) exert different influences on work addiction.

As a key component of psychological empowerment, self-determination enables employees to make autonomous decisions about their work methods, pace, and efforts (Spreitzer, 1995). According to the job demand-control (JD-C) model (Karasek, 1979), the sense of control is postulated as a key protective factor against occupational stress and related consequences such as work addiction. Existing studies have suggested that a high degree of autonomy at work allows employees to advance their work more strategically, rather than being dominated by uncontrollable and compulsive urges to work or be consumed or overinvolved in work to accomplish objectives (Andreassen et al., 2010; Malinowska & Tokarz, 2021); by improving work efficiency and reducing the tendency to work too much, a sense of self-determination would then decrease employees' risk of work addiction.

According to Conger and Kanungo's theory of empowerment in the organizational setting (1988), empowered workers show initiation and persistence of behaviors to accomplish task objectives and organization's goals because their beliefs of making impact and changes are strengthened during empowerment processes. Different from self-determination, impact gives individuals a sense that they can have a positive effect on their work, which increases employees' perceived responsibility, commitment to, and identification with their organizations (Avolio et al., 2004; Joo & Shim, 2010; Zhu et al., 2012); it is this aspect of psychological empowerment that influences organizational development across domains via different means (Spreitzer, 1995; Thomas & Velthouse, 1990). Consequently, the increased sense of impact may drive workers to continuously ponder work-related matters, engage in work-related tasks with increased focus, and invest excessive time and efforts in work, which then increases the risk of work addiction (Endriulaitienė & Morkevičiūtė, 2020). Thus, these two components of psychological empowerment may have different relationships with work addiction.

The current study and hypotheses

To summarize, the present study aims to examine whether self-determination and impact are associated with job burnout and the potential role that work addiction may play in mediating these relationships. It is the first study to empirically test the associations of self-determination and impact with work addiction. Given the high susceptibility of MHPs to burnout, they were selected as the target participants of this study. Our conceptual model is presented in Fig. 1 with the following hypotheses:

Hypothesis 1. Both self-determination and impact are negatively correlated to burnout.
Hypothesis 2. Self-determination is negatively correlated to work addiction.
Hypothesis 3. Impact is positively correlated to work addiction.
Hypothesis 4. Work addiction is positively correlated to burnout.
Hypothesis 5. Work addiction plays a mediating role in the correlation between self-determination and burnout.
Hypothesis 6. Work addiction plays a mediating role in the correlation between impact and burnout.

Method

Participants and procedures

The study participants were 199 MHPs recruited in Macao, China. We sent out invitations to participate in the present

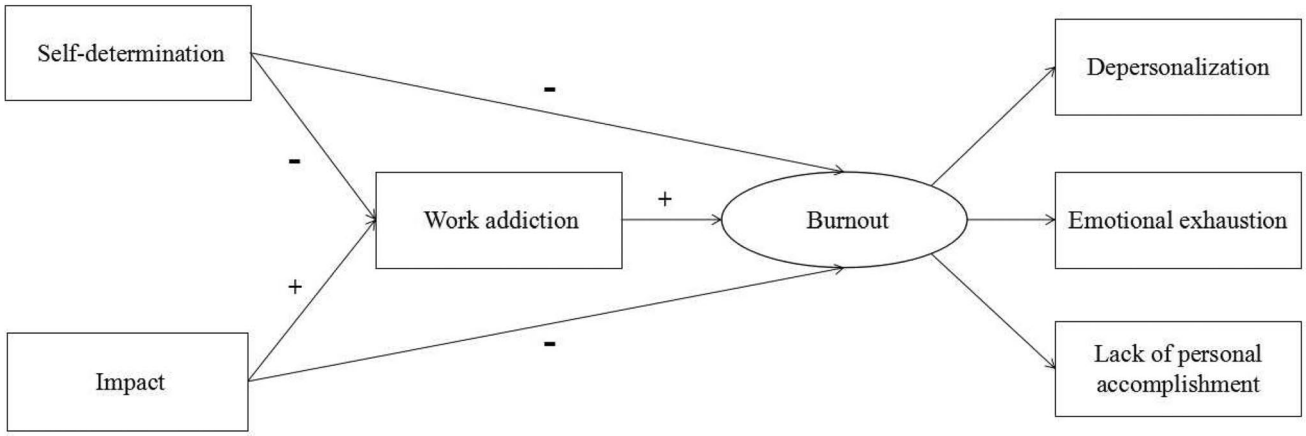

Fig. 1 The conceptual model

study via email to mental health organizations, which were on a list of local institutes providing mental health service in 2020 disseminated by the government. The email invitation contained the QR code of the online survey for distribution by the participating mental health organizations. Out of the 132 organizations that were invited, 120 agreed to participate and distributed the invitation email to their MHPs, the remaining 12 did not respond or refused to participate. In the invitation email and informed consent page of the online questionnaire, we explicitly stated that this survey was limited to fulltime MHPs in Macao, who were also encouraged to forward the QR code to other full-time MHPs in Macao. The survey was in traditional Chinese, an official language of the local government. Participation was completely voluntary and anonymous, without monetary rewards. After reading the aims of the study and participants' rights, those who provided their consent to participate were able to continue completing the questionnaire which involves four demographic variables as well as four main constructs (e.g., self-determination, impact, work addiction, and burnout) assessed by valid and reliable instruments. Ethics approval was obtained from the Department of Psychology at the corresponding author's affiliated university.

A total of 234 questionnaires were collected from our online system. After excluding 35 invalid responses (e.g., participants whose responses had > 10% missing values), we received 199 valid questionnaires (67.80% female; $M_{age} = 30.12$, $SD = 6.28$, *range* from 22 to 58 years). Most participants had a bachelor's degree (76.40%), and 22.60% of them had earned a master's degree or higher, while only 1.0% of them had a high school degree. About half of participants were social workers (51.30%), and 33.10% of them were counselors, clinical psychologists, or psychotherapists, while the remaining participants (15.60%) were other MHPs.

Measures

Burnout

Burnout was assessed by the 22-item Maslach Burnout Inventory (MBI; Maslach & Jackson, 1981), with is rated and scored on a 4-point Likert scale, in which 1 = *never* and 4 = *always*. The scale has three dimensions, including nine items for emotional exhaustion (e.g., "I feel emotionally drained from my work."), five items for depersonalization (e.g., "I've become more callous toward people since I took this job."), and eight items measuring lack of personal accomplishment (e.g., "I can easily understand how my recipients feel about things."). This scale was a popular tool for job burnout in previous research on various Chinese worker samples (e.g., Jamal, 2005; Pu et al., 2017). After item recoding, higher mean scores indicated higher levels of burnout. The Cronbach's alpha for the whole scale was 0.87, with the three subscales ranging from 0.75 to 0.89 in the present study.

Psychological empowerment

The self-determination subscale and the impact subscale from the Chinese version of the Psychological Empowerment Scale (Sun et al., 2011) were used to assess self-determination and impact. The scales have been commonly used in previous studies in Chinese populations (e.g., Huang et al., 2006; Zhang et al., 2019). The three items for self-determination (e.g., "I have significant autonomy in determining how I do my job.") and the three items for impact (e.g., "My impact on what happens in my department is large.") were rated on a 5-point Likert scale, in which 1 = *strongly disagree* and 5 = *strongly agree*. Cronbach's alpha for these subscales were 0.92 and 0.90, respectively, in this study, and

higher mean scores indicated higher degrees of the corresponding component of psychological empowerment.

Work addiction

Work addiction was measured by the Bergen Work Addiction Scale (BWAS; Andreassen et al., 2012), on a 5-point Likert scale (1 = *never*, 5 = *always*). This scale has been commonly used in Chinese samples and has been shown to have satisfactory reliability (e.g., Li et al., 2020; Yang et al., 2020). It consists of seven items, each one measuring a core element of work addiction: salience, tolerance, mood modification, relapse, withdrawal, conflict, and problems. A sample item is, "How often during the last year have you been told by others to cut down on work without listening to them?" Higher mean scores indicated higher levels of work addiction. The Cronbach's alpha of this scale was 0.78 in this study.

Demographics

We asked participants to answer four questions regarding demographic information: namely, gender, age, education level, and the position of their fulltime work.

Statistical analysis

All statistical analyses were conducted using Mplus version 8.3, except for descriptive statistics, reliability analyses, and correlation analyses, which were conducted using SPSS 24.0. We conducted Confirmatory Factor Analysis (CFA) in Mplus version 8.3 to test the discriminant validity of the scales and to additionally detect any common method biases using the method *controlling for the effects of a single unmeasured latent method factor* (Podsakoff et al., 2003). We also examined how the proposed partial mediation model fit with our data. The goodness of model fit was evaluated by comparative fit index (CFI; acceptable fit > 0.90), Tucker-Lewis index (TLI; acceptable fit > 0.90), standardized root mean square residual (SRMR; acceptable fit < 0.08), and root mean square error of approximation (RMSEA; acceptable fit < 0.08; Hu & Bentler, 1999). For mediation testing, the indirect effects of self-determination and impact, via work addiction, were tested by a bootstrapping approach based on 5000 re-samples.

Results

Discriminant validity and common method biases

Table 1 shows the distinctiveness of self-determination, impact, work addiction and burnout from CFA. The hypothesized measurement model (M4) fit the data well and was superior to M1, M2, and M3, supporting the discriminant validity of the scales in the present study. After adding a latent method factor in M5, this model did not fit the data satisfactorily and its model fit was worse than that of M4, suggesting no severe common method biases in the present study.

Preliminary analysis

The means, standard deviations, and correlation coefficients of all variables are displayed in Table 2. Younger age and a lower education level, but not gender ($r = 0.03$, $p = 0.64$), were significantly associated with burnout ($r = –0.19$, $p < 0.01$ and $r = –0.25$, $p < 0.001$, respectively), and hence the effects of age and education level on burnout were controlled for in the subsequent model testing.

The bivariate correlation analysis showed that both self-determination and impact were significantly and negatively correlated with burnout ($r = –0.44$, $p < 0.001$ and $r = –0.25$, $p < 0.001$, respectively). In addition, whereas self-determination was negatively, but not significantly, correlated with work addiction ($r = –0.08$, $p = 0.28$), impact was positively correlated with work addiction ($r = 0.18$, $p < 0.05$). Work addiction was also positively correlated with burnout ($r = 0.21$, $p < 0.01$).

Table 1 The examination of discriminant validity and common method biases based on CFA ($N = 199$)

Model	χ^2	*df*	χ^2/df	*p*	CFI	SRMR	RMSEA
M1: 1-factor model	903.60	104	8.69	< .001	0.45	0.18	0.20
M2: 2-factor model (IM, WA, and BU = 1 factor)	638.60	103	6.20	< .001	0.63	0.17	0.16
M3: 3-factor model (WA and BU = 1 factor)	369.84	101	3.66	< .001	0.82	0.13	0.12
M4: 4-factor model (SD, IM, WA, and BU)	232.86	98	2.38	< .001	0.91	0.08	0.08
M5: 5-factor model (SD, IM, WA, BU, and a latent method factor)	264.50	97	2.73	< .001	0.88	0.14	0.09

SD = Self-determination, IM = Impact, WA = Work addiction, Burnout = BU. CFI = Comparative fit index; SRMR = Standardized root mean square residual; RMSEA = Root mean square error of approximation

Table 2 Descriptive statistics and inter-correlations among the variables ($N = 199$)

Variables	*M*	*SD*	*Range*	1	2	3	4	5	6
Burnout	2.11	0.37	1–4	-					
Self-determination	3.42	0.88	1–5	-0.44***	-				
Impact	2.96	0.82	1–5	-0.25***	0.43***	-			
Work addiction	2.69	0.68	1–5	0.21**	-0.08	0.18*	-		
Gender#	-	-	0–1	0.03	-0.06	-0.10	-0.17*	-	
Age	30.12	6.28	22–58	-0.19**	0.11	0.26***	0.10	0.01	-
Education level#	-	-	1–3	-0.25***	0.14	0.15*	-0.01	-0.004	0.17*

M = Mean, SD = Standard deviation; #Categorical variables: Gender: 0 = *Male*, 1 = *Female*; Education level: 1 = *High school*, 2 = *Bachelor*, 3 = *Master or above*; *$p < .05$, **$p < .01$. ***$p < .001$

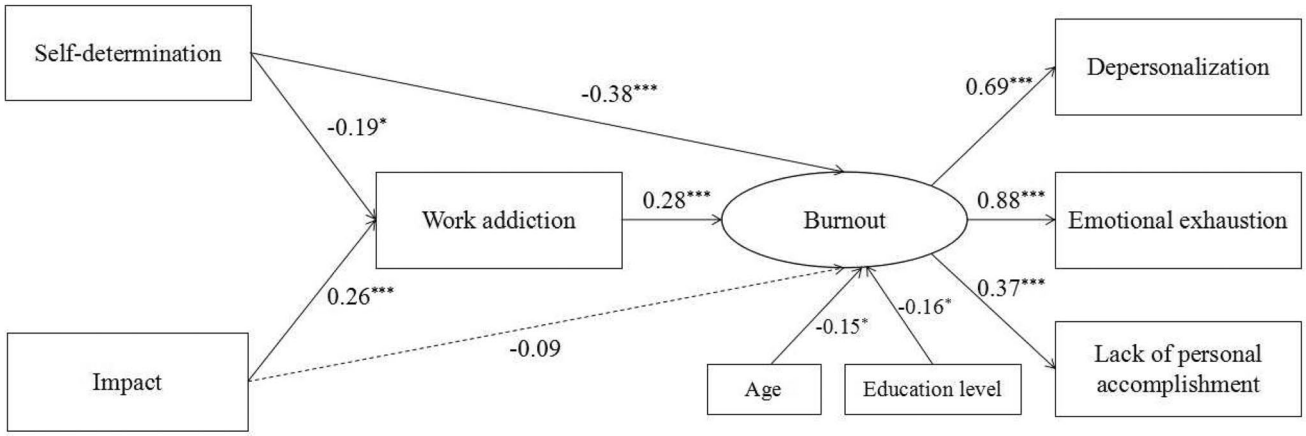

Fig. 2 The standardized coefficients of the mediation model. *$p < .05$, **$p < .01$. ***$p < .001$

Hypothesis testing

As shown in Fig. 2, after controlling for age and education level, the proposed mediation model showed an acceptable model fit: $\chi^2(12) = 19.43$, $\chi^2/df = 1.62$, $p = 0.078$, $CFI = 0.961$, $TLI = 0.928$; $SRMR = 0.053$, and $RMSEA = 0.056$. Both self-determination and impact had a negative direct path to burnout, but only the former path ($\beta = -0.38$, $p < 0.001$), rather than the latter ($\beta = -0.09$, $p = 0.24$), was statistically significant. Therefore, Hypothesis 1 was only partially supported. Self-determination had a direct negative path to work addiction ($\beta = -0.19$, $p < 0.05$), supporting Hypothesis 2. Impact also had a significant and direct positive path to work addiction ($\beta = 0.26$, $p < 0.001$), supporting Hypothesis 3. Moreover, Hypothesis 4 was also supported, given that work addiction showed a significantly positive path to burnout ($\beta = 0.28$, $p < 0.001$).

For testing Hypotheses 5 and 6, mediation analysis with a bootstrapping approach was conducted, and the major results are presented in Table 3. The indirect effect (via work addiction) of self-determination on burnout was significant ($\beta = -0.05$, *95% CI* = [–0.12, –0.004]), which supported Hypothesis 5. The indirect effect of impact on burnout via work addiction was also significant ($\beta = 0.07$, *95% CI* = [0.02, 0.14]), and hence Hypothesis 6 was supported.

Table 3 Testing the pathways of the partial mediation model ($N = 199$)

Path	β	*95% confidence interval*	
		Lower	*Upper*
Direct effects			
Self-determination → Burnout	-0.38***	-0.52	-0.22
Impact → Burnout	-0.09	-0.23	0.07
Self-determination → Work addiction	-0.19*	-0.36	-0.02
Impact → Work addiction	0.26***	0.08	0.42
Work addiction → Burnout	0.28***	0.16	0.41
Indirect effects			
Self-determination → Work addiction → Burnout	-0.05*	-0.12	-0.004
Impact → Work addiction → Burnout	0.07**	0.02	0.14

*$p < .05$, **$p < .01$. ***$p < .001$

Discussion

Given the high vulnerability of MHPs to job burnout, the present study provided empirical evidence for the underlying mechanisms by which individual components of psychological empowerment (i.e., self-determination and impact in this case) explain individual differences in levels of burnout. The findings extended the existing knowledge on the association between psychological empowerment and job burnout, which had established a general negative link (e.g., Ayala Calvo & García, 2018; Ghaniyoun et al., 2017; Schermuly et al., 2011), by determining the differential effects of two components of psychological empowerment (i.e., self-determination and impact) on job burnout. This study also revealed that work addiction mediated the effects of both self-determination and impact on MHPs' burnout, which provided some useful insights for improving MHPs' occupation-related wellbeing.

Self-determination, work addiction, and burnout

As hypothesized, participants with a higher sense of self-determination reported lower levels of burnout. This finding was consistent with not only the JD-C model (Karasek, 1979), which proposes that job control could mitigate employees' psychological and physical strain, which is exacerbated by high job demands, but also self-determination theory (Ryan & Deci, 2002), which asserts that one's need for intrinsic autonomy is closely related to psychological, behavioral, and health outcomes across life domains, including the threat of burnout in the workplace (e.g., Cresswell & Eklund, 2005; Hsu, 2013; Liu & Lo, 2018; Lonsdale et al., 2009; Madathil et al., 2014; Qian et al., 2019; Sullivan et al., 2014). By providing a sense of self-control and autonomy in relation to one's work, self-determination may buffer the negative impact of MHPs' job demands and hence protect them from experiencing burnout. For instances, hospital staff generally work under huge stress, but those with a higher level of self-determination were found to report more positive attitudinal as well as behavioral consequences and lower levels of burnout experience than their counterparts with a lower level of self-determination (Mardani & Mardani, 2014). Our current findings have added to the limited empirical evidence regarding the effects of self-determination in mitigating emotional exhaustion and depersonalization, as well as the enhancement of personal accomplishment.

In addition to the direct effect of self-determination on burnout, our results were the first to demonstrate that self-determination had a mediated effect, by work addiction, on burnout. Self-determination alleviates employees' level of work addiction, probably because employees with sufficient work autonomy can flexibly determine their plans, methods, as well as processes, to achieve goals, which may counter any potential compulsive or uncontrollable inner urge to work continuously or to frequently and persistently think about work (Malinowska & Tokarz, 2021; Schaufeli et al., 2009b; Van den Broeck et al., 2011). Consistent with the JD-R model of burnout (Demerouti et al., 2001) and previous findings (e.g., Cheung et al., 2018; Hartmann & Mathieu, 2017; Jenaabadi et al., 2017; Nonnis et al., 2018), a lower level of work addiction was positively related to a lower degree of burnout in MHPs. Driven by an inner obsession to work, work addicts tend to work longer hours, find it harder to disconnect from work, and experience more guilt or anxiety when they are not working (Spence & Robbins, 1992). Accompanied by prolonged depletion of resources due to such consistently high levels of work-life conflicts, perceived workload and/or work stress, and emotional demands, their psychological capital and resources are more likely to be exhausted, and burnout will be the result (Moyer et al., 2017; Taris et al., 2010; Taylor et al., 2019).

Impact, work addiction, and burnout

The negative total and direct effects of impact on burnout were found to be nonsignificant in our proposed mediation model. This finding is consistent with the weak and even nonsignificant association between impact and burnout reported in two earlier studies (Boudrias et al., 2012; Mardani & Mardani, 2014) and suggests that not all components of psychological empowerment appear to protect workers from job burnout. Indeed, impact is even a potential risk factor for burnout given its positive relationship with work addiction. Contrary to the negative effect of self-determination, our findings suggest that an increase in work motivation driven by the sense that one has an impact may contribute to the development of work addiction. They are consistent with Conger and Kanungo's theory of empowerment (1988) that proposes empowering experience leading to high levels of behavioral commitment to work despite difficulties and obstacles. For example, a worker with scores high in impact may find new and/or difficult goals set for promoting organizational changes more acceptable and feel more driven to behaviorally persist to achieve those goals despite existing obstacles, and hence are vulnerable to over-devotion to their work. Previous studies among staff nurses from a public hospital in Singapore (Avolio et al., 2004) and full-time employees who were in managerial positions across a variety of industries in the United States (Zhu et al., 2012) also found that those with a stronger motivation to impact organizational outcomes were more likely to identify themselves and their lives with the goals of organization, and

hence they worked harder and invested much time and effort in work to fulfill their career goals.

Our results highlight the potentially complex mechanisms underlying the relationship between impact and job burnout, because while the former may promote some protective factors (e.g., organizational support/commitment and job satisfaction; Bobbio et al., 2012; Peng et al., 2013; Zeng et al., 2020; Zhou et al., 2014), which mitigate the development of burnout, it may also heighten workers' risk of burnout via promoting a higher tendency to work extensively to the point of addiction. In order to design effective interventions, future studies should examine the interplay among both constructive and destructive mediators (e.g., organizational commitment and work addiction respectively) simultaneously for a better understanding of these complex mechanisms.

Implications

Psychological empowerment has been generally recognized to be a crucial motivational job resource and serves as a factor that increases engagement and wellbeing in the workplace (Boudrias et al., 2012; Chiang & Hsieh, 2012; De Villiers & Stander, 2011). Our present findings however, highlighted its multi-faceted feature and the simplification of the construct to a uni-faceted resource variable may limit our understanding of empowering processes and empowered outcomes in organizational settings. Individual components of psychological empowerment must be considered in the empowerment theories, which guide future research, because it is not necessary for all of them to be associated with desirable consequences (e.g., lower level of work addiction and job burnout in our case) across professions and organizational settings. Since only two components of psychological empowerment was tested in this study, further research is recommended to clarify the overall and individual effects of all four components of psychological empowerment (Spreitzer, 1995) on other types of occupational outcomes (e.g., abstinence and withdrawal behaviors) across industries.

The present study found that work addiction played a significant mediating role in the links between psychological empowerment and job burnout. In MHPs, self-determination contributed to a decrease of work addiction, and in turn burnout, whereas impact was associated with increased levels of work addiction symptoms, and in turn, burnout. This study in fact extended the application of the JD-R model of burnout (Demerouti et al., 2001) to understanding the key mediating mechanism of addictive work pattern in the link between two psychological empowerment components and burnout. On one hand, self-determination might be seen as a job resource which contributes to higher autonomy at work and thus mitigates work addiction and burnout. On the other hand, impact may trigger an addictive pattern of work and in turn lead to a depletion of job resources and exacerbation of burnout, particularly in the mental health workers who often experience high levels of work demands and expectations from the community, organizations, and themselves (e.g., Lim et al., 2010; Moore & Cooper, 1996). Future studies may investigate whether the current findings can be replicated to explain other occupational health issues (e.g., ill-health, depression, and anxiety).

The present findings also have several practical implications for mitigating the level of MHPs' burnout. First, to enhance MHPs' self-determination on the job, organizations should focus on building and developing a work environment in which MHPs are encouraged to give full play to their initiative and ability to coordinate and arrange work processes autonomously. As upward feedbacks from supervisor are supportive to the enhancement of subordinate's self-determination in work (e.g., Bauer & Mulder, 2006), the MHPs' supervisors should also be trained and encouraged to provide prompt and constructive feedback. Second, since work addiction has been consistently regarded as a critical precipitating factor for burnout (e.g., Andreassen et al., 2018; Cheung et al., 2018; Jenaabadi et al., 2017), not only workplace-based platforms for facilitating social activities and emotional support among colleagues (Caesens et al., 2014) but also mindfulness-based interventions (e.g., meditation awareness training; Van Gordon et al., 2017), which can ameliorate work addiction, should be considered for MHPs. By applying a greater range of meditative practices and mindfulness skills to all areas of life and work and receiving more support from colleagues, MHPs would have the potential to mitigate their work addiction and lower their risk of burnout.

Limitations

There are several limitations of this study that should be addressed in future research. First, the proposed mediation model in the present study was examined by the cross-sectional data, which limits the ability to infer casual relationships in the empowerment-work addiction-burnout link; therefore, longitudinal and intervention studies should be conducted to provide further data for verifying the current model. Second, the present study only gathered the self-reported responses from MHPs, and future studies could collect objective data (e.g., stress hormone in saliva), as well as other sources of data, such as assessments from supervisors, clients, and/or families, to reduce self-report bias. Finally, the convenience sampling method via online survey is economical and commonly used in the field but this non-probability sample may limit the generalizability of our findings to the whole population of MHPs in Macao and other regions of China. Future studies that collect data from individuals in various occupations through probability sampling principles (Acharya et al., 2013; Taherdoost, 2016)

would yield more reliable results, which can be then generalized to larger working populations.

Conclusion

The present study was the first to examine and reveal how individual components of psychological empowerment (i.e., self-determination and impact) are differently related to burnout via the destructive mediating role of work addiction. Self-determination was significantly correlated with lower degrees of burnout by alleviating the risk of work addiction. Meanwhile, employees with a stronger sense of impact are more likely to experience work addiction, which further exacerbates the likelihood and severity of burnout. These findings suggest that in order to enhance MHPs psychological wellbeing in the workplace, organizations should develop a working environment that allows employees to exercise levels greater levels of autonomy, and thus increases their sense of self-determination in their work. Furthermore, because MHPs are vulnerable to work addiction and burnout, workplaces would benefit from providing them with mindfulness interventions and meditation awareness training; Van Gordon et al., 2017), which could mitigate the damaging effect of work addiction on burnout.

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Data availability The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

Declarations

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