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Emotional Exhaustion in Children and Youth Caregivers' In Residential Care

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ABSTRACT

Children and youth caregivers in Residential Care are particularly vulnerable to emotional exhaustion, which can impair their responsive care. However, investigation into the processes that contribute to explaining this phenomenon in these professionals is scarce. The present study analyzed the contribution of sociodemographic and professional dimensions (e.g. age, sex, years of education, emotional regulation), contextual (youth-caregiver ratio), and emotional regulation variables in understanding emotional exhaustion. The sample included 212 caregivers from 21 RC facilities in Portugal. Self-report measures included a sociodemographic questionnaire, the Oldenburg Burnout Inventory (OLBI) and the Affect Regulation Checklist (ARC). Hierarchical Multiple Regression showed that being younger, female, having higher education, working longer in an RC facility, having a higher youth-caregiver ratio for those within the educative team, higher dysregulation, and lower adaptative reflection were significant predictors of exhaustion. The results are critically examined in light of their significant implications for the training and supervision of residential care professionals.

KEYWORDS

Emotional exhaustion;
residential care; caregivers;
emotional regulation

PRACTICE IMPLICATIONS

- Implement regular supervision and training focused on caregivers' emotional regulation and reflective practice, grounded in attachment-based and trauma-informed care.
- Prioritise reducing the youth-to-caregiver ratio to decrease emotional demands and support caregivers' self-regulation.
- Implement coordinated community-based programs that actively involve schools, care institutions, families, and local services in collaborative networks of support for young people.
- Provide targeted support for caregivers at higher risk of emotional exhaustion (younger caregivers, more highly educated caregivers, and long-tenured professionals).
- Promote practices and interventions aimed at reducing caregivers' emotional dysregulation and strengthening adaptive reflection, to prevent emotional exhaustion and support responsive caregiving.

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In Portugal, the rate of children placed in residential care is among the highest in Europe, with approximately 97% of the 6347 children and young people in care placed in generalist residential care settings (RC; NISS, 2023), non-family-based and non-specialized group care arrangements (NISS, 2023). The duration of placement varies widely, ranging from less than one year to over six years, with an average stay of 3.3 years (NISS, 2023). Despite reforms in the Portuguese child welfare system aiming to shift from institutional care to family-based alternatives, this transition is progressing slowly (Montserrat et al., 2021; Rodrigues et al., 2013). While the overall number of children in RC has declined over the past decade, the proportion of adolescents in care is increasing (Morais et al., 2022). A historical dependency on RC, a shortage of foster families, and limited support for independent living options contribute to the persistently high rates and extended durations in RC (Delgado et al., 2019; Montserrat et al., 2021; Rodrigues et al., 2013).

Placement of children and young people in care often stems from neglect, maltreatment, family absence, or other risk situations, with evidence indicating that they are typically exposed to multiple adversities (NISS, 2023). The transition to RC implies the discontinuity of relationships between young people with their family, creating an additional layer of stress. Within this context, warm and consistent care from residential caregivers becomes central, as they may constitute an important source of emotional and instrumental support (Costa et al., 2022), and can even function as “second chance secure base” figures (Graham, 2005, p. 1). The emotional availability of caregivers contributes to the quality of the relationship with the young person (Mota et al., 2023; Quiroga & Hamilton-Giachritsis, 2016), which is essential for their psychological adjustment (Rodrigues & Barbosa-Ducharne, 2017) and individual well-being (Leipoldt et al., 2019). However, forming close emotional bonds with young people who have experienced traumatic situations poses significant challenges for caregivers (Carvalho et al., 2022; Fong et al., 2022). Reading the stories of the young people in their care or listening to them recount their traumatic experiences, and empathically connecting to their suffering, makes caregivers especially vulnerable to secondary trauma (Hidalgo et al., 2016; Perry, 2014; Steinlin et al., 2017) and emotional exhaustion (EE; Barford & Whelton, 2010; Boyas et al., 2013). EE, one of the dimensions of burnout, is associated with overload and exhaustion of physical and emotional resources (Maslach et al., 2001). Several individual and organizational factors contributing to workers’ exhaustion have been highlighted in the literature. Considering that research with caregivers in RC is still scarce (Boyas et al., 2013; Del Valle et al., 2007; Fong et al., 2022; Lakin et al., 2008; Leake et al., 2017), evidence from other professional activities also highly vulnerable to stress and burnout provide important insight into the experiences of EE and its impact on caregiving in this context.

Research has highlighted individual predictors of EE across several professions, including age, sex, years of education, and length of experience. Specifically, among RC caregivers, a study conducted in the United States found that younger age was predictive of EE (Lakin et al., 2008). This outcome is consistent with research findings with professionals in healthcare settings (Gómez-Urquiza et al., 2017; Maslach, 2003), and social work within social institutions and community settings (Hamama, 2012). However, in a study developed by Del Valle et al. (2007), age was not identified as a predictor of any dimensions of RC caregiver's burnout, namely depersonalization, personal accomplishment and stress levels. Given the mixed findings in the literature, further research is needed to clarify the relationship between age and EE among RC caregivers.

Considering the role of sex on EE, research has provided mixed results. In the previous cited study the authors didn't find differences between sexes in depersonalization, personal accomplishment, and stress levels (Del Valle et al., 2007). In a meta-analysis involving nurses working in mental health contexts, a positive association was found between the male sex and higher levels of EE (López-López et al., 2019). In other studies, developed with a wider range of professions (e.g., teachers, call center workers, prison guards), higher levels of EE were observed in women and higher levels of depersonalization in men (Purvanova & Muros, 2010). Several theories pointed out that differences between sexes may arise from distinct patterns of emotional development and expression (e.g., Gender role theory; Eagly, 1987). However, contradictory findings, particularly differences observed across various contexts, highlight the need for further research in this field. Additional studies are necessary to clarify the relationship between sex and EE (Sinval et al., 2019).

Finally, research on the role of education levels on the emotional well-being of caregivers in RC settings has produced mixed results. While one study found no association between education and EE among RC caregivers (Lakin et al., 2008), another study showed that higher levels of education were associated with increased stress levels (Del Valle et al., 2007). Del Valle et al. (2007) suggested that this association may arise from individuals with higher academic education holding unrealistic expectations about RC facilities, leading to disillusionment when confronted with the realities of caregiving. Additionally, a Portuguese study found that higher education was linked to a more rigorous evaluation of RC facility quality, heightening awareness of structural shortcomings in providing care for children and young people (Rodrigues, 2018). The pressure to "fill in the gaps" driven by a sense of mission could further physically and emotionally deplete caregivers (Rycraft, 1994).

Portuguese legislation distinguishes between caregivers as part of either the technical team (TT) or the educative team (ET). In addition, support staff are responsible for services such as cleaning and meal preparation within the RC facility. According to Article 54 of the Child Protection Law (2015), the TT

must have higher education training in the areas of psychology and social work. These caregivers are responsible for developing intervention plans and coordinating with the family, the community, and other entities within the protection system (Rodrigues, 2018). The ET is responsible for carrying out daily tasks with young people and for being actively present in their daily routines. As this organizational structure differs from that of other European countries, scientific evidence on how the distinct execution of professional activities in RC settings impacts EE remains limited.

The limited literature regarding the implications of years of experience on EE among RC caregivers has not found a significant association between these factors (Boyas et al., 2013; Lakin et al., 2008). This may be due to the specific challenges encountered throughout a caregiver's professional career. In contrast, among other professional groups such as nurses, EE has been positively associated with years of experience, possibly due to the cumulative vicarious experience of trauma (Dutra et al., 2019). Moreover, in the case of RC caregivers, when considering burnout related to personal accomplishment it was found that this dimension was higher among those with up to four years of experience, indicating lower satisfaction levels and possible feelings of discouragement during the early stages of their career (Del Valle et al., 2007). These mixed findings across different professional contexts, combined with the limited evidence within RC settings, highlight the need for further research to clarify how years of experience may relate to emotional exhaustion in RC caregivers.

EE among RC caregivers may also be influenced by relational and contextual factors, such as emotion regulation abilities and youth-caregiver ratio. Emotional regulation abilities have been highlighted in the literature for their relevance to the quality of care (e.g., Douglas, 2021; Moretti & Obsuth, 2009; Moretti et al., 2015; Rosanbalm & Murray, 2017). Young people with histories of trauma often exhibit excessive emotional reactivity and/or deficits in emotional control, which can lead to hypervigilance, difficulties in connecting with others, and frequent involvement in conflictual situations (Barbosa-Ducharne & Soares, 2021; Kim & Cicchetti, 2010). Beyond these behavioral and emotional challenges, characteristics such as levels of psychopathology may further affect caregivers' emotional burden. For instance, Leon et al. (2008) found that youth psychopathology, namely psychosis and posttraumatic stress disorder (PTSD) moderated the relationship between staff personality traits and burnout, emphasizing the relevance of person-context interactions in RC settings.

Consequently, these challenges place additional demands on caregivers, who must regulate their own emotional responses while responding with empathy and attunement (Douglas, 2021; Moretti & Obsuth, 2009; Moretti et al., 2015; Rosanbalm & Murray, 2017), a sustained emotional labor that can be taxing and, over time, may lead to emotional exhaustion, particularly in caregivers with less effective regulatory strategies. Chronic

difficulties in caregivers' emotional regulation have been linked to prolonged activation of stress response systems, reducing psychological resilience and increasing vulnerability to burnout symptoms, including EE (Gross, 2015; Maslach & Leiter, 2016). Although personality traits were not assessed in this study, previous research indicates that neuroticism predicts EE (Lakin et al., 2008), and is conceptually associated with emotion dysregulation, reinforcing the importance of focusing on emotion regulation processes. Furthermore, maladaptive strategies such as emotional suppression or dysregulation may compromise caregivers' well-being, whereas reflective functioning and adaptive regulation are protective factors (Moretti et al., 2015; Proeschold-Bell et al., 2019). Thus, exploring emotional health variables such as dysregulation, suppression, and reflection is essential to understanding individual vulnerability to EE in high-stress environments like RC.

Contextual factors highlight the youth-caregiver ratio, defined as the number of young people per caregiver, as a crucial indicator of care quality, with a lower ratio being linked to better development outcomes for young people (McCall et al., 2013; Oliveira et al., 2015; Rodrigues & Barbosa-Ducharne, 2017). The sense of self-efficacy, resulting from the perception of the ability to provide adequate care to young people, proves to be a protective factor for the psychological well-being of caregivers (Mata & Tarroja, 2022). Additionally, the decrease in the number of young people per caregiver seems to have benefits for both elements of the dyad, notably through the sharing of more positive and attuned behaviors and the facilitation of reciprocal interactions, promoting attachment relationships (Julian et al., 2019).

Given the gaps in the literature regarding EE among RC caregivers, studying these processes is particularly important to better understand this phenomenon. In particular, little is known about how specific emotional regulation processes may contribute to EE beyond personal and contextual factors. The present study aims to analyze sociodemographic and professional dimensions (age, sex, years of education), contextual (youth-caregiver ratio) and emotional regulation variables in understanding EE. While this study focuses on the main effects of these variables, it contributes to a broader understanding of potential risk factors for caregivers' burnout. The results could offer valuable insights for improving caregivers' working conditions of caregivers and reducing the risk of EE, which, in turn, would contribute to enhancing the quality of care provided.

Method

Procedure

This work was supported by the Foundation for Science and Technology under Grant PTDC/PSI-ESP/28653/2017. The study was part of the CareMe

project, which focused on the development, implementation, and evaluation of an attachment-based intervention for caregivers in RC facilities. Directors of RC facilities in the North of Portugal were invited to attend a session where the project's objectives were introduced, and their questions were addressed. Following the session, 21 RC facilities agreed to participate in the project, with participants providing informed consent for data collection. The project received approval from the Ethics Committee of the Faculty of Psychology and Education Science of University of Porto [reference 2019/09–5] and the administration of the RC facilities.

Participants

Out of 212 participants, 165 were females (77.8%) and 47 males (22.2%), aged between 19 and 66 years ($M = 40.99$, $SD = 11.05$). The sample included 140 professionals working on the ET and 72 professionals working on the TT. The education levels ranged from the 4th grade – primary schooling level ($n = 3$) to a master's degree ($n = 29$), with an average of 13 years of education completed ($M = 13.21$, $SD = 2.97$). Length of experience in the RC facility ranged from less than 1 month to 46 years ($M = 110.39$ months, $SD = 109.88$).

Measures

The protocol included self-report instruments and a sociodemographic questionnaire that provided personal (age, sex, and education level), as well as professional information (team and length of experience) (see [Appendix](#)).

The Oldenburg Burnout Inventory (OLBI; Demerouti, 1999; Portuguese version by Sinval et al., 2019) is a self-report instrument that allows for the assessment of two dimensions of burnout: exhaustion and disengagement. Given the aim of the present study, only the exhaustion subscale was included, which encompasses feelings of emptiness, work overload, intense need for rest, and a state of physical, emotional, and cognitive exhaustion (Demerouti et al., 2003). The subscale consists of eight items (e.g., There are days when I feel tired before I arrive at work) scored on a Likert scale, ranging from (1) strongly disagree to (6) strongly agree. The Cronbach's alpha for this subscale was .82 in the present sample.

The Affect Regulation Checklist (ARC; Moretti, 2003) is a self-report instrument assessing emotional regulation processes. Although the Portuguese translation of the instrument demonstrates good psychometric qualities, item 11 was modified from the original version to the suppression subscale in the present study to improve the adjustment indices (Santos et al., 2022). The multidimensional structure includes two factors of maladaptive emotional regulation – dysregulation and suppression – and one adaptive factor – adaptive reflection. The scale consists of 12 items, each scored on

a Likert scale ranging from (1) “not like me” to (5) “a lot like me.” The instrument is organized into three subscales: dysregulation (4 items, e.g., “My feelings just take over me and I can’t do anything about it”), suppression (5 items, e.g., “I try hard not to think about my feelings”), and adaptive reflection (3 items, e.g., “Thinking about why I have different feelings helps me to learn about myself”). The Cronbach’s alpha values for these subscales in the present sample were .72, .78, and .75, respectively.

Data Analysis Strategy

Statistical analyses were performed using *IBM SPSS Statistics 28.0 Software*. The preliminary analysis of data assessed missing data, with the variable’s length of experience and years of education showing missing values ($n = 7$ and $n = 1$, respectively). Verification of skewness and kurtosis values indicated no violation of normality in EE and the emotional regulation subscales (Kline, 2016; $|sk| < 3$ and $|Ku| < 10$). The presence of outliers was also checked, with no participant meeting the exclusion criteria. The necessary assumptions for hierarchical multiple regression were met, with the criterion of 15 subjects per predictor being ensured (Pituch & Stevens, 2016). All predictor variables had tolerance values above .10, indicating the absence of multicollinearity (Pallant, 2005). Assumptions of normality, linearity, homoscedasticity, and independence of residuals, pertaining to the underlying relationship between variables, were also assessed using Normal P-Plot and Scatterplot graphs (Pallant, 2005).

The initial analyses allowed for a general characterization of the sample, including the means and standard deviations of EE and emotional regulation dimensions. Independent samples t-tests were conducted to examine potential differences between groups (sex, team) in levels of EE. Bivariate Pearson correlations were performed to analyze associations between study variables. Hierarchical Multiple Regression was conducted to identify predictors of EE. In the first step, personal variables including age, sex, years of education, team (ET or TT) and length of experience were entered; in the second step, contextual variables such as YPET ratio and YPTT ratio were entered; and in the third step, emotional regulation variables, namely dysregulation, suppression, and adaptive reflection, were entered. Note that ET and TT represent naturally occurring work teams, so differences in age, years of education, or length of experience between them reflect real organizational structures rather than controlled group compositions.

Results

Characteristics of RC Facilities

The number of caregivers in the ET ranged from 4 to 22 ($M = 9.79$, $SD = 4.21$), and in TT from 2 to 8 ($M = 4.60$, $SD = 1.76$). The RC facilities housed young

people between 12 and 18 years old, ranging from 11 to 44 individuals ($M = 28.77$, $SD = 11.46$). To calculate the ratios, the total number of young people in each RC facility was divided by the number of caregivers in each team. As such, the average young person to educative team member (YPET-to-ET ratio) was 3.24 ($SD = 1.61$), ranging from 1 to 8, and the average young person to technical team member (YPTT-to-TT ratio) was 7.07 ($SD = 3.90$), ranging from 2 to 20. The support staff were not included in the study because, formally, they were not responsible for caregiving roles.

Descriptive Results and Group Differences

The mean EE for the total sample was 3.37 ($SD = 0.40$). Independent samples t-test revealed no statistically significant differences in levels of EE between caregivers in the TT ($M = 3.10$, $SD = 0.87$) and caregivers in the ET ($M = 3.24$, $SD = 0.83$), $t(210) = -1.12$, $p = .265$, $d = -0.16$, 95% CI $[-0.38, 0.10]$. However, female caregivers showed significantly higher levels of EE ($M = 3.27$, $SD = 0.86$) than male caregivers ($M = 2.90$, $SD = 0.73$), $t(210) = 2.66$, $p = .009$, $d = 0.44$, 95% CI $[0.11, 0.77]$.

Association Between Variables

Correlation analysis revealed significant associations between the dependent variable (EE) and independent variables (emotional regulation and age). Specifically, our results showed a moderate positive correlation between EE and dysregulation ($r = .42$, $p < .001$). Conversely, no statistically significant correlations were found between EE and suppression ($r = .11$, $p = .119$), as well as between EE and adaptive reflection ($r = -.06$, $p = .365$). A low negative correlation was observed between EE and age ($r = -.16$, $p = .017$). Detailed results of the correlation analysis are presented in [Table 1](#).

Emotional Exhaustion Prediction Model

The three steps of the model significantly predicted EE: $R^2 = .13$, $F(5, 198) = 5.65$, $p < .001$ (Step 1), $\Delta R^2 = .02$, $F(7, 196) = 4.57$, $p < .001$ (Step 2), $\Delta R^2 = .19$, $F(10, 193) = 9.56$, $p < .001$ (Step 3). However, the second step, in which contextual variables were introduced, did not contribute statistically significantly to the EE values (*Sig. F Change* $> .05$). Membership in a team (ET or TT) was only a significant predictor of EE in the first and second steps, becoming non-significant in the third step. The YPET ratio significantly predicted EE in the third step, which did not occur in the second. In the third step, the variables age ($\beta = -.24$, $p = .002$), sex ($\beta = .19$, $p = .02$), years of education ($\beta = .27$, $p = .001$), length of experience ($\beta = .15$, $p = .04$), YPET ratio ($\beta = .23$, $p = .03$), dysregulation ($\beta = .44$, $p < .001$), and adaptive reflection ($\beta = -.13$, $p = .04$)

Table 1. Descriptive statistics and correlations of individual and contextual variables.

Variable	M	SD	1	2	3	4	5	6	7	8	9	10	11
1. Age	40.99	11.05	—										
2. Sex ^a	1.78	0.42	.17*	—									
3. Years of education	13.21	2.97	-.37***	.00	—								
4. Team ^b	1.66	0.48	.06	-.05	-.58***	—							
5. Length of experience ^c	110.39	109.88	.57***	.13	-.19**	-.04	—						
6. YPET ratio	3.24	1.61	.06	.12	-.04	.02	.10	—					
7. YPTT ratio	7.07	3.90	.03	.06	-.03	.08	.08	.80***	—				
8. Dysregulation	2.06	0.67	.04	-.01	-.20**	.27***	.04	.01	.03	—			
9. Suppression	2.44	0.82	.18**	-.10	-.40***	.40***	.06	-.13	-.05	.47***	—		
10. Adaptative Reflection	3.75	0.78	-.18**	-.05	.33***	-.32***	-.12	-.05	-.13	-.02	-.21**	—	
11. Emotional Exhaustion	3.19	0.85	-.16*	.18**	.13	.08	.02	.13	.08	.42***	.11	-.06	—

^a1 = male and 2 = female. ^b1 = technical team and 2 = educative team. ^cValues presented in months.
* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 2. Hierarchical multiple regression analysis predicting emotional exhaustion.

Variable	B	95% CI for B		SE B	β	R^2	ΔR^2
		LL	UL				
Step 1						.13	.13***
Constant	1.61*	0.27	2.94	0.68			
Age	−0.02**	−0.03	−0.01	0.01	−.24**		
Sex	0.43**	0.16	0.70	0.14	.21**		
Years of education	0.06*	0.01	0.11	0.03	.20*		
Team	0.40**	0.11	0.70	0.15	.23**		
Length of experience	0*	0	0	0	.18*		
Step 2						.14	.02
Constant	1.44*	0.10	2.79	0.68			
Age	−0.02**	−0.03	−0.01	0.01	−.24**		
Sex	0.40**	0.12	0.67	0.14	.19**		
Years of education	0.06*	0.01	0.11	0.03	.21*		
Team	0.42**	0.13	0.72	0.15	.24**		
Length of experience	0*	0	0	0	.18*		
YPET ratio	0.10	−0.01	0.22	0.06	.20		
YPTT ratio	−0.03	−0.07	0.02	0.02	−.11		
Step 3						.33	.19***
Constant	1.02	−0.36	2.40	0.70			
Age	−0.02**	−0.03	−0.01	0.01	−.24**		
Sex	0.39**	0.15	0.63	0.12	.19**		
Years of education	0.08**	0.03	0.12	0.02	.27**		
Team	0.18	−0.09	0.46	0.14	.10		
Length of experience	0*	0	0	0	.15*		
YPET ratio	0.12*	0.02	0.23	0.05	.23*		
YPTT ratio	−0.03	−0.08	0.01	0.02	−.15		
Dysregulation	0.56***	0.39	0.73	0.09	.44***		
Suppression	0.01	−0.14	0.17	0.08	.01		
Adaptive Reflection	−0.14*	−0.28	−0.00	0.07	−.13*		

CI = confidence intervals; LL = lower limit; UL = upper limit; Length of experience = length of experience in the current RC facility in months.

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

were found to be significant predictors of EE. The model explained 33% of the variance in EE levels. Results are summarized in [Table 2](#).

Discussion

The present study aimed to investigate the contribution of individual and contextual dimensions to the understanding of EE in caregivers of youth in RC.

The mean EE of this sample (3.37, $SD = 0.40$) suggests elevated levels compared to the mean reported for Portuguese professionals from different areas (2.80, $SD = 0.75$; Sinval et al., 2019). This aligns with previous evidence of high levels of burnout among RC professionals (Boyas et al., 2013; Fong et al., 2022; Leake et al., 2017).

Individual Variables

Caregivers from both teams experienced similar levels of exhaustion, supporting the universality of emotional challenges for professionals who daily care for youth with a history of trauma and adversity (Del

Valle et al., 2007; Fong et al., 2022; Hidalgo et al., 2016; Mata & Tarroja, 2022; Proeschold-Bell et al., 2019; Steinlin et al., 2017). Indeed, previous studies which have interviewed these professionals, concluded that the difficulties faced were associated with being a caregiver in RC, rather than specifically being integrated in the ET or TT (Carvalho et al., 2022; Mota & Matos, 2016).

Age negatively predicted EE, with younger caregivers being at a higher risk of experiencing exhaustion. The interplay of factors such as limited professional experience, inadequate preparation, underdeveloped skills, limited organizational resources, and high professional demands may explain the high levels of exhaustion in younger workers (Dutra et al., 2019). Interestingly, evidence also suggests that younger staff may report lower EE when working in organizational contexts characterized by stronger safety cultures. For example, in a study examining animal-assisted programming, the facilities with intentionally integrated animal-based interventions, where the lowest levels of EE were observed, also employed younger staff (Tumlin et al., 2023). This suggests that organizational practices may moderate the vulnerability typically associated with younger age.

Years of education predicted exhaustion. Unrealistic expectations regarding work may be formed by younger caregivers who are at the beginning of their careers and are more motivated (Lakin et al., 2008), and by caregivers with more years of education who may expect better working conditions commensurate with their level of education (Del Valle et al., 2007).

The specific experiences of caregivers, shaped by their age and years of education, can contribute to increased exhaustion. Given that EE can have impact on the quality of care and contribute to high staff turnover, these results emphasize the importance of providing support to caregivers. This includes implementing thorough supervision practices (Carvalho et al., 2022), especially for new professionals entering RC facilities. It is also essential not to overlook those with higher levels of education, as they too may face emotional challenges that could be misleadingly underestimated.

Sex was also a predictor, with being female associated with higher levels of exhaustion. As previously mentioned, research on gender differences is inconclusive and requires further investigation, particularly into the professional contexts and cultural factors at play. One possible explanation for this difference may be related to gender role stereotypes (Maslach et al., 2001), particularly in the expression of vulnerability and emotional suffering. Another potential explanation concerns work overload and sex gaps. Although this study did not specifically address work-life balance, it is possible that the high labor market participation of both men and women in Portugal, combined with the unequal distribution of domestic and caregiving tasks – where women tend to bear the majority (Matias et al., 2023), could contribute to higher levels of stress and EE. The dual caregiving roles, such as being both a mother and

a caregiver in RC, may pose greater challenges for women, particularly in societies where women are more responsible for family care. However, this hypothesis requires further investigation and highlights the importance of attending to relational challenges and emotional triggers that caregivers may experience in both professional and personal lives (Carvalho et al., 2022).

The length of experience positively predicted exhaustion. Longer tenure likely entails exposure to more traumatic situations (Dutra et al., 2019). Additionally, being a stable caregiver in a RC facility may contribute to facing changes in the team due to the turnover of colleagues, a common occurrence in this context (Leake et al., 2017). A deep understanding of the RC facility and its trajectory can also pose a challenge in situations where the degree of stagnation is pronounced. After integrating a RC facility, caregivers may identify improvements to be made and act to implement them, leading to frustration if expectations are not met and contributing to EE in these contexts. Other studies involving caregivers in RC settings have not found associations between length of experience and EE (Boyas et al., 2013; Lakin et al., 2008), supporting the existence of challenges throughout the professional career. The support to be provided needs to account for the different challenges caregivers face throughout their professional career.

Contextual Variables

The inclusion of emotional regulation processes in the analysis influenced the impact of the team and the YPET ratio on EE, demonstrating its significant role in understanding phenomena in RC. Belonging to the ET ceased to be a risk factor for RC caregivers when their emotional regulation abilities came into play, indicating that effectively managing one's emotions can protect caregivers from the stress arising from demanding tasks and the constant, close engagement with youths facing significant challenges and traumas. This aligns with recent evidence showing that, although residential caregivers are exposed to multiple stressors, coping and emotion regulation processes remain underexamined despite their centrality in predicting stress and burn-out (Kilby et al., 2025). Thus, if a caregiver is assisted in the complex task of regulating their emotions, regardless of the role they assume, it will not influence their EE. YPET ratio was becoming a predictor of EE, with a higher ratio of youths to caregivers in the ET predicting exhaustion levels. The change in this outcome with the inclusion of emotional regulation processes suggests that YPET ratio influences caregiver's self-regulation, such that reducing the ratio could ease emotional demands and help prevent EE. Practically, lowering the youth-caregiver ratio would allow caregivers to interact with fewer youths in distress at a time, supporting their capacity for emotional regulation and enhancing the quality of care provided. This finding may help explain the processes underlying previous research on the

relationship between youth-to-caregiver ratios and the quality of care (Julian et al., 2019; McCall et al., 2013), suggesting that emotional regulation processes could serve as key mediators in this dynamic.

Conversely, the YPTT ratio did not predict EE. The reduced number of TT members in RC facilities, compared to ET members, may explain this result. EE levels in the team were more strongly influenced when the ratio of youths to ET caregivers is higher than when this ratio was equally high for TT caregivers. Given that ET caregivers are heavily involved in daily routines and TT caregivers are responsible for liaising with families and external entities, handling a large volume of cases, the higher number youths under their responsibility may not directly have impact on the team's exhaustion levels. Additionally, TT caregivers can provide support to ET members. In these situations, ET caregivers' exhaustion may also influence the well-being of TT caregivers and the team.

Emotional Regulation Variables

Emotional dysregulation was the variable with higher prediction of EE, even after controlling for previous variables. This finding supports existing evidence that chronic emotional dysregulation may impair caregivers' capacity to cope with stress, leading to EE through sustained physiological and psychological strain (Gross, 2015; Maslach & Leiter, 2016). Caregivers in RC are responsible for caring for youth who, due to traumatic experiences, have greater difficulties in regulating their emotions (Barbosa-Ducharne & Soares, 2021; Kim & Cicchetti, 2010). The likelihood of exhibiting dysregulation behaviors is higher, which in these situations may contribute to the challenges in caregivers' emotional regulation. The caregivers' ability to self-regulate is necessary for co-regulating the youth (Rosanbalm & Murray, 2017). Difficulty in self-regulation by caregivers will affect the demanding task of co-regulating the youth. The feeling of inefficacy in performing their duties represents an obstacle to the psychological well-being of caregivers (Mata & Tarroja, 2022), potentially contributing to their exhaustion.

Suppression is often used as a protective strategy in contexts where exposure to negative emotions is chronic, repetitive, and largely uncontrollable – such as hospital settings – helping professionals shield themselves from overwhelming affect (Martín-Brufau et al., 2020). In RC, caregivers are also indirectly exposed to traumatic experiences through their daily proximity to youth, which contributes to secondary trauma (Hidalgo et al., 2016; Perry, 2014; Steinlin et al., 2017). In these circumstances, not thinking about difficult emotions, keeping them to oneself, or staying occupied with other tasks can function as short-term self-protective responses. In our study, suppression did not predict exhaustion; however, it did predict the distancing dimension, suggesting

that relying on suppression may increase emotional distance from care recipients (Martín-Brufau et al., 2020). This aligns with previous research showing that suppression hinders the development of emotionally invested relationships (Gross & John, 2003). Because high-quality, responsive relationships are central to youth development in RC, the habitual use of suppression becomes counterproductive. It should therefore be minimized, and supervisory practices must create safe spaces for self-reflection, supporting caregivers in understanding why they rely on suppression. This has important implications for RC management, as suppression may comprise the formation of therapeutic and responsive caregiving environments.

Adaptive reflection negatively predicts EE. Self-awareness, resulting from the analysis of life history, feelings, and ways of acting, constitutes a protective factor against EE. The use of reflective strategies proves beneficial due to its capacity to reduce the experience and expression of negative emotions (Gross & John, 2003). In practice, adaptive reflection involves caregivers pausing to interpret their emotional reactions, identifying triggers, and reframing situations before responding – an approach that allows for more regulated, intentional caregiving. Introspective exercise was one of the emotional regulation strategies mentioned by caregivers in RC (Proeschold-Bell et al., 2019). Organizationally, RC setting can strengthen this resource by creating structured spaces for reflection, such as regular supervision, reflective team meetings, and protected time for individual self-reflection. These practices support the development of responsive behaviors and a secure base (Carvalho et al., 2022).

Emotional regulation, specifically dysregulation and adaptive reflection, proves to be a competence capable of predicting emotional exhaustion, even when controlling for the effect of other personal and contextual variables. The selection of emotional health variables – dysregulation, suppression, and reflection – was grounded in literature indicating their central role in stress coping and interpersonal functioning in caregiving contexts. These processes reflect key individual factors that influence how caregivers interpret, process, and respond to emotionally challenging situations. As the development of emotional management and regulation skills can be an asset to the psychological well-being of caregivers (Proeschold-Bell et al., 2019), it is necessary to problematize emotional regulation strategies during supervision practices. This underscores the importance of establishing secure base conditions that enable professionals to process and articulate their emotional struggles, engage with the narratives of attachment processes and their implications for caregiving, and acknowledge responsiveness as a core element of therapeutic care – particularly in addressing childhood trauma. Supervision and training grounded in attachment-based and trauma-informed care, alongside

improvements in social work conditions, are essential for ensuring consistent caregiving, reducing staff turnover, enhancing emotional regulation skills, and fostering secure base caregiving practices (Carvalho et al., 2022).

Limitations

It should be noted that the present study has some limitations. The sample is based on convenience sampling, which does not allow for the generalization of results nationwide. The support staff were not included in this study as they do not have caregiving roles. However, since they are part of the RC environment and often form emotional bonds with children and youth, including them in future studies could provide valuable insights. The measures were exclusively self-reported, so it would be advantageous to include measures based on observation and interviews. Furthermore, the present study only focused on the main effects of individual, contextual, and emotional variables. Future research should explore potential interaction effects between personal and contextual factors in explaining caregivers' EE, particularly considering person-job fit factors such as personality traits (Leon et al., 2008). A final limitation concerns the cross-sectional nature of the study, which prevents the ability to establish causal associations.

Conclusion

The well-being of caregivers plays a central role in the development of responsive and quality care for young people in RC (e.g., Graham, 2005; Mota et al., 2023; Quiroga & Hamilton-Giachritsis, 2016) and should be a guiding factor in the definition of policies for the promotion and protection of young people in Portugal. Both the ET and TT are essential in ensuring that youth receive effective care, making caregivers well-being crucial for the sustainability and quality of services.

Policymakers and executive members of RC facilities administrations have a responsibility to invest in working conditions that prevent the development of EE among caregivers. This includes reducing the youth-caregiver ratio to enable caregivers to interact with fewer youths in distress, thereby facilitating their emotional self-regulation and enhancing care quality (Julian et al., 2019; McCall et al., 2013). Other structural factors – such as stable work schedules, fair remuneration, recognition, and manageable physical and emotional demands – should also be considered when designing work environments. Ensuring caregivers have access to high-quality psychological support, supervision, and professional development is vital (Benveniste et al., 2024). Promoting adaptive emotional regulation, reflective practice, and safe spaces for self-awareness and processing emotional experiences strengthens resilience and supports the creation of emotionally responsive and therapeutic

relationships with youth (Carvalho et al., 2022). High staff turnover and other challenges can undermine care quality, highlighting the importance of targeted strategies to support caregivers' well-being. Continued research is needed to further investigate the mediating role of emotional regulation and the influence of organizational factors on EE in RC, contributing to evidence-based interventions and policies that sustain both caregiver health and child development.

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Appendix

Demographic Questionnaire

Personal Data

Age: _____.

Sex: Male ☐ Female ☐.

Profession: _____.

Education: _____.

Marital status: _____.

Professional Data

Current role at the institution: _____.

Membership: Technical team ☐ Educative team ☐.

Employment relationship: Fixed-term contract ☐ Permanent contract ☐ Self-employed worker ☐.

Length of experience in residential care: _____.

Length of experience at current institution: _____.

Number of institutions where you have worked: _____.