The Associations Between Psychological Distress and Academic Burnout: A Mediation and Moderation Analysis

Hui Ling Chen¹, Hui Yuan Wang¹, Sheng Feng Lai², Zeng Jie Ye¹

¹School of Nursing, Guangzhou University of Chinese Medicine, Guangzhou, People’s Republic of China; ²School of Nursing, Guangzhou Medical University, Guangzhou, People’s Republic of China

Correspondence: Zeng Jie Ye, School of Nursing, Guangzhou University of Chinese Medicine, Out Ring Road No. 262, Panyu District, Guangzhou, 510006, People’s Republic of China, Tel +86 15914411786, Email zengjieye@qq.com

Background: Psychological distress is reported to be associated with academic burnout in students while the mediation and moderation effect of resilience and personality are less explored.

Purpose: The current study was designed to estimate the mediating effect of resilience and the moderation effect of personality between psychological distress and academic burnout.

Participants and methods: A total of 613 students were enrolled from two medical universities between December 2020 and January 2021. They were administered with Academic Burnout Scale, 10-item Kessler Psychological Distress Scale (K10), Connor-Davidson Resilience Scale (CD-RISC-10) and NEO Five-Factor Inventory (NEO-FFI). Latent profile analysis and moderated mediation analysis were performed.

Results: Three personalities were identified and named as resilient (13.4%), over-controlled (50.2%) and under-controlled (36.4%). Resilience significantly mediated the relationship between psychological distress and academic burnout while personality significantly moderated the relationship between psychological distress and resilience.

Conclusion: Resilience and personality may be two important mediators between psychological distress and academic burnout. More attentions should be paid to students with under-controlled personality and resilience-enhancing interventions could be developed to prevent or alleviate academic burnout in future research.

Keywords: psychological distress, academic burnout, resilience, personality, mediation, moderation

Introduction

Academic burnout is first proposed by Freudenberger and Maslach and described as a syndrome of emotional exhaustion, depersonalization, and a low sense of personal accomplishment caused by learning pressure or lack of interest in learning.¹⁻³ Academic burnout is reported to be associated with poor academic performance, hypertension, arteriosclerosis and self-injury⁴⁻⁸ and can be easily recognized among university students worldwide. For example, a national study indicated that one-third of Finnish university students had academic burnout and 13% suffered had severe ones.⁹ Xu et al.¹⁰ also revealed that 48.3% of general university students scored above the average on academic burnout. In addition, medical students are more vulnerable to academic burnout due to specialized academic requirements and medical internships.¹¹⁻¹³ For example, 85% of medical students in England reported to be exhausted in their study period⁴ and more attention should be paid to this vulnerable group. Psychological distress, a poor emotional state that reflects the individual’s mental health, has been reported to be associated with academic burnout.¹⁴ In addition, resilience, defined as the ability to bounce back when confronted with challenges, has also been reported to be negatively correlated with academic burnout.¹⁵,¹⁶ Thus, based on these findings, we can hypothesize that psychological distress may affect academic burnout through two pathways, including: (1) psychological distress directly affects academic burnout, and (2) psychological distress indirectly affects academic burnout through resilience (as the...
mediator). Furthermore, three personality types are identified as Resilient (defined as independent and confident), Under-controlled (defined as impulse and aggressiveness), Over-controlled (defined as prosocial, sensitive, and obedient), based on the big-five personality scale, including openness to experience (O), conscientiousness (C), extraversion (E), agreeableness (A), and neuroticism (N). It indicates that the resilient-type personality is high ego-resiliency while the under-controlled and over-controlled ones are low ego-resiliency. Thus, we have interests whether the personality plays a role in the associations between psychological distress, resilience and academic burnout, resulting in a moderated mediation model. The hypothesized framework is described in Figure 1A. In the current study, it is designed to:

1. explore the difference of academic burnout between medical and non-medical students;
2. identify latent subgroups in students with different personality types based on Latent Profile Analysis (LPA);
3. examine the role of resilience in the relationship between psychological distress and academic burnout;
4. estimate the role of personality in the relationship between psychological distress to resilience, and resilience to academic burnout.

**Methods**

**Study Design and Data Collection**

Seven hundred students were approached from two medical universities between December 2020 and January 2021. Eighty-seven were excluded due to non-responses and incomplete reasons, resulting in a final sample of 613 (response rate = 87.6%). Among which, 499 and 114 were medical and non-medical students in the current study, respectively. The inclusion criteria were as follows: (a) could communicate fluently in Mandarin; (b) agreed to participate in this study. The exclusion criteria was presence or history of a diagnosis of mental disorders. The minimum sample size was calculated based on Gorsuch and Tinsley’s recommendation, which was 300 in consideration of 60 items in NEO-FFI (at least 5 persons per item).

**Measuring Instruments**

**Academic Burnout Scale**

The 16-item modified Chinese version of Academic Burnout Scale was developed by Zhu et al., which has been validated among Chinese university students. It has 16 items and three dimensions, including emotional exhaustion, depersonalization, and low personal accomplishment. The total score ranges from 0 to 64 with higher scores indicating severe academic burnout. The Cronbach’s α of the three dimensions in the current study ranged from 0.747 to 0.887.

**Cd-Risc-10**

CD-RISC-10 is derived from the original 25-item Connor-Davidson Resilience Scale. The Chinese version of CD-RISC-10 was validated by Ye and its Cronbach’s α was 0.874. The total score ranges from 0 to 40 with higher score indicating higher resilience. This scale has been successfully administered in our previous studies.

**Neo-Ffi**

The Chinese version of Neuroticism Extraversion Openness Five-Factor Inventory (NEO-FFI) was a revised version from the original Personality Inventory developed by Costa and McCrae. The NEO-FFI includes 60 items and five domains named as Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness. The Chinese Version of NEO-FFI has been validated by Yao et al among 1255 Chinese students with the Cronbach’s α coefficient ranging from 0.63 to 0.78.

**K10**

The Chinese version of 10-item Kessler Psychological Distress Scale (K10) was widely used in psychological disease screening. It has ten items and the total score ranges from 0 to 40. The Cronbach’s α coefficient was 0.801.
Data Analysis
First, descriptive analysis was performed for demographic characteristics and psychological variables. Second, correlational analysis was used to estimate the associations among psychological variables. Third, Latent Profile Analysis (LPA) was utilized to recognize latent subgroups of students with different personality types. Fourth, the role of resilience as a mediator (M) between the independent (psychological distress) and dependent (academic burnout) was evaluated. Fifth, the role of LPA-based personality as a moderator was estimated in the mediating model through the pathways from psychological distress to resilience, and resilience to academic burnout. Bootstrapping was set to 5000 and 95% confidence interval of the bootstrapping was reported. The significant test level was set at $\alpha=0.05$. All analysis was performed in SPSS 23.0 (IBM) and MPLUS 8.3 (Muthen & Muthen).

Results
Demographic Characteristics of Students
The mean of academic burnout, resilience and psychological distress among students were 22.83 (SD = 8.64), 25.87 (SD=5.64), and 19.43 (SD = 6.59) respectively. Most of students were postgraduates (54.6%), followed by bachelor (45.4%). The gender was balanced (46.2% vs 53.8%). Only relationship and performance were associated with academic burnout levels and these two variables were included as confounders in further analysis. In addition, no significant difference was demonstrated in academic burnout levels between medical and non-medical students ($P = 0.731$). Other details are described in Tables 1 and 2. Thus, subsequent moderated meditation analysis was based on the sample of medical and non-medical students combined.

Latent Profile Analysis of Personality
It indicated that AIC, BIC, aBIC steadily decreased as the number of profiles increased and LMR was not significant in models with more than three profiles (Supplementary Table S1 and Figure S1). Thus, the 3-class model was the optimal one in the current study and three subgroups were named as resilient (13.4%), over-controlled (50.2%) and under-controlled (36.4%). The distribution of domain scores by the three latent subgroups with different personality types are described in Figure 1B and ANOVA analysis demonstrated a significant difference in academic burnout levels among these three subgroups ($F = 154.515$, $P < 0.001$). Under-controlled group reported the highest level of academic burnout ($28.43 \pm 7.50$), followed by the over-controlled group ($21.36 \pm 6.67$) and the resilient group ($13.12 \pm 7.18$) as shown in Table 3.

Correlations Among Psychological Distress, Resilience and Academic Burnout
Pearson’s correlation analysis showed that psychological distress was negatively associated with resilience ($r = -0.51$, $P < 0.01$) while positively associated with academic burnout ($r = 0.55$, $P < 0.01$) and its three dimensions ($r$ ranged from 0.37 to 0.47, all $P < 0.01$). Resilience was negatively associated with academic burnout ($r = -0.56$, $P < 0.01$) as well as its three dimensions ($r$ ranged from $-0.38$ to $-0.52$, all $P < 0.01$). Other details about correlations are presented in Table 4.

The Mediation Analysis of Resilience
When significant confounders of performance and relationship were controlled, the results showed that psychological distress could directly affect all dimensions of academic burnout, including emotional exhaustion ($B = 0.191$, SE = 0.021, $P < 0.001$), depersonalization ($B = 0.209$, SE = 0.021, $P < 0.001$) and low personal accomplishment ($B = 0.096$, SE = 0.022, $P < 0.001$). The indirect effects of psychological distress through resilience on three dimensions of academic burnout were also significant by bootstrapping method, which are illustrated in Table 5. More details of this mediation model are shown in Figure 1C.
Table 1 Difference of Demographic Factors in Academic Burnout (Univariable Analysis)

| Variables          | N (%)          | Academic Burnout Mean (SD) | P    |
|--------------------|----------------|---------------------------|------|
| Majors             |                |                           |      |
| Medical            | 499 (81.4%)    | 22.89 (8.76)              | 0.731|
| Nonmedical         | 114 (18.6%)    | 22.58 (8.13)              |      |
| Gender             |                |                           |      |
| Male               | 283 (46.2%)    | 22.72 (8.99)              | 0.118|
| Female             | 330 (53.8%)    | 22.92 (8.35)              |      |
| Education          |                |                           |      |
| Postgraduate       | 335 (54.6%)    | 22.98 (8.60)              | 0.863|
| Bachelor           | 278 (45.4%)    | 22.65 (8.71)              |      |
| Grades             |                |                           |      |
| Year 1             | 231 (37.7%)    | 22.98 (8.11)              | 0.160|
| Year 2             | 139 (22.7%)    | 22.37 (8.02)              |      |
| Year 3             | 171 (27.9%)    | 22.58 (9.64)              |      |
| Year 4             | 54 (8.8%)      | 25.13 (8.17)              |      |
| Year 5             | 18 (2.9%)      | 19.83 (10.54)             |      |
| Birthplace         |                |                           |      |
| Town               | 300 (48.9%)    | 22.82 (8.87)              | 0.706|
| Village            | 313 (51.1%)    | 22.84 (8.44)              |      |
| One-child family   |                |                           |      |
| Yes                | 164 (26.8%)    | 22.54 (8.39)              | 0.816|
| No                 | 449 (73.2%)    | 22.94 (8.74)              |      |
| Family income      |                |                           |      |
| ≤2000              | 38 (6.2%)      | 25.05 (10.85)             | 0.355|
| 2001–5000          | 162 (26.4%)    | 23.07 (8.90)              |      |
| 5001–10,000        | 246 (40.1%)    | 22.65 (8.49)              |      |
| >10,000            | 167 (27.2%)    | 22.35 (8.02)              |      |
| Working-experience |                |                           |      |
| Yes                | 180 (29.4%)    | 23.53 (8.69)              | 0.465|
| No                 | 433 (70.6%)    | 22.54 (8.62)              |      |
| Marital status     |                |                           |      |
| Yes                | 15 (2.4%)      | 23.20 (5.08)              | 0.867|
| No                 | 598 (97.6%)    | 22.82 (8.72)              |      |

(Continued)
The Moderation Effect of Personality

The LPA-based personality profiles were used to explore the role of personality in the moderation analysis after controlling the effects of significant confounders (Path 1: psychological distress + personality + performance + relationship → resilience; Path 2: resilience + personality + performance + relationship → academic burnout). In Path 1, compared with resilient group, it demonstrated that personality (over-controlled and under-controlled) had a significant effect on academic burnout.

Table 1 (Continued).

| Variables            | N (%) | Academic Burnout Mean (SD) | P    |
|----------------------|-------|---------------------------|------|
| Family parenting     |       |                           | 0.707|
| Democratic           | 532 (82.8%) | 22.48 (8.62)             |      |
| Authoritarian        | 81 (13.2%)  | 25.10 (8.51)             |      |
| Major choice         |       |                           | 0.022|
| Yes                  | 347 (56.6%)  | 23.88 (8.11)             |      |
| No                   | 266 (43.4%)  | 22.02 (8.96)             |      |
| Performance          |       |                           | <0.001|
| A                    | 136 (22.2%)  | 19.53 (8.98)             |      |
| B                    | 336 (54.8%)  | 22.85 (7.62)             |      |
| C                    | 141 (23%)    | 25.97 (9.45)             |      |
| Relationship         |       |                           | <0.001|
| Good                 | 141 (23%)    | 18.58 (8.94)             |      |
| Not bad              | 361 (58.9%)  | 23.07 (7.92)             |      |
| Not really good      | 111 (18.1%)  | 27.43 (8.01)             |      |

Table 2 Results of Significant Demographics (P < 0.1) by Multiple Linear Regression

| Model                | B     | P     | OR (95% CI)      |
|----------------------|-------|-------|------------------|
| Constant             | 28.105| <0.001| (26.248, 29.962) |
| Major choice         | −0.654| 0.333 | (−1.979, 0.672)  |
| Performance          |       |       |                  |
| A                    | −4.155| <0.001| (−6.169, −2.142) |
| B                    | −2.034| 0.014 | (−3.662, −0.405) |
| C                    | Reference|       |                  |
| Relationship         |       |       |                  |
| Good                 | −7.255| <0.001| (−9.351, −5.160) |
| Not bad              | −3.140| 0.001 | (−4.912, −1.369) |
| Not really good      | Reference|       |                  |

Note: Bold text highlight the variables with significance at p < 0.05 level in the multiple linear regression model.
role in the association between psychological distress and resilience (the interaction effects were 0.289, \( P = 0.042 \) and 0.281, \( P = 0.043 \), respectively). However, the moderation role of personality could not be identified in Path 2 (the interaction effects were 0.080, \( P = 0.586 \) and 0.060, \( P = 0.703 \) respectively). Other details are described in Table 6. In addition, simple slope test was also performed to visualize the findings which is described in Figure 2A. All results are demonstrated in Figure 2B.

**Discussion**

The current study was designed to explore the mediation role of resilience between psychological distress and academic burnout as well as the role of LPA-based personality as a moderator in the mediating model, through the pathways from psychological distress to resilience, and resilience to academic burnout. In the pandemic of Covid-19, the lockdown policy had caused far-reaching changes in individuals’ lifestyles.\(^{34}\) As for university students, online learning also induced or strengthened their psychological distress and academic burnout.\(^ {35}\) It was imperative that interventions were developed to reduce their psychological distress and academic burnout while the association between psychological distress and academic burnout should be first explored. In the current study, no significant difference of academic burnout was identified between medical and non-medical students. It revealed that psychological distress was positively associated with academic burnout which was consistent with previous studies.\(^ {36–38}\) In addition, resilience significantly mediated the associations between psychological distress and three dimensions of academic burnout, including emotional exhaustion, depersonalization, and low personal accomplishment. Thus, strengthening resilience might be helpful to alleviate academic burnout in students with psychological distress and it was feasible to incorporate resilience-based intervention into academic burnout prevention programs for university students with high risk of psychological distress and academic burnout. For example, YE developed a program named as Be Resilient to Breast Cancer to promote breast

---

**Table 3** Differences in Academic Burnout Among Three Personality Types

| Variables            | Academic Burnout |                          |                |
|----------------------|------------------|--------------------------|----------------|
|                      | N (%)            | (X±SD)                  |                |
| Under-controlled ①  | 223 (36.4%)      | 28.43±7.50              |                |
| Resilient ②         | 82 (13.4%)       | 13.12±7.18              |                |
| Over-controlled ③   | 308 (50.2%)      | 21.36±6.67              |                |
| Statistic (p value) | \( F= 154.515 \) \( (p < 0.001) \) | \( ① > ③ > ② \) \( (p < 0.001) \) |                |

**Note:** Bold text: highlight the significance \((p<0.05)\) of the statistical results.

**Table 4** Correlations Among Psychological Distress, Resilience and Academic Burnout

|                      | Mean  | SD   | 1   | 2    | 3    | 4    | 5    | 6    |
|----------------------|-------|------|-----|------|------|------|------|------|
| 1. Resilience        | 25.87 | 5.64 | 1   | -0.51** | -0.56** | -0.42** | -0.38** | -0.52** |
| 2. Psychological distress | 19.43 | 6.59 | -0.51** | 1     | 0.55** | 0.47** | 0.46** | 0.37** |
| 3. Academic burnout  | 22.83 | 8.64 | -0.56** | 0.55** | 1     | 0.79** | 0.83** | 0.74** |
| 4. Emotional exhaustion | 7.82  | 3.55 | -0.42** | 0.47** | 0.79** | 1     | 0.58** | 0.32** |
| 5. Depersonalization | 5.31  | 3.57 | -0.38** | 0.46** | 0.83** | 0.58** | 1     | 0.41** |
| 6. Low personal accomplishment | 9.70  | 3.80 | -0.52** | 0.37** | 0.74** | 0.32** | 0.41** | 1     |

**Note:** **Significance at the 0.01 level (2-tailed).
cancer patients’ resilience resulting in increased QoL and hope. These successful programs could be adapted and utilized in students.

What is more, it demonstrated that personality significantly moderated the association between psychological distress and resilience instead of ones between resilience and academic burnout. In addition, it demonstrated that students with under-controlled personality were prone to the highest level of academic burnout, followed by students with over-controlled and resilient personalities, which was consistent with previous research. Students with under-controlled personality were impulsive and vulnerable to academic burnout when faced with various learning tasks while students with resilient personality were emotionally stable, environmentally adaptable and less prone to academic burnout. Therefore, personality could be considered when academic-burnout-based intervention was developed.

To conclude, based on the findings derived from the current study, more attentions should be paid to students with under-controlled personality and resilience-enhancing interventions could be developed to prevent or alleviate academic burnout in future research.

| Models       | Resilience | Emotional Exhaustion | Depersonalization | Low Personal Accomplishment |
|--------------|------------|----------------------|-------------------|----------------------------|
|              | B  | SE  | p     | B  | SE  | p     | B  | SE  | p     | B  | SE  | p     |
| Model 1      |    |     |       |    |     |       |    |     |       |    |     |       |
| Constant     | 39.800 | 0.864 | <0.001 | 0.416 | 1.213 | 0.731 | 9.885 | 1.220 | <0.001 |
| Performance  | -1.047 | 0.286 | <0.001 | 0.747 | 0.192 | <0.001 | 1.106 | 0.193 | <0.001 |
| Relationship | -2.049 | 0.305 | <0.001 | 0.642 | 0.209 | 0.002 | 0.917 | 0.211 | <0.001 |
| Psychological distress | -0.402 | 0.028 | <0.001 | 0.209 | 0.021 | <0.001 | 0.096 | 0.022 | <0.001 |
| Model 2      |    |     |       |    |     |       |    |     |       |    |     |       |
| Constant     | 7.565 | 1.212 | <0.001 | 0.416 | 1.213 | 0.731 | 9.885 | 1.220 | <0.001 |
| Performance  | 0.098 | 0.191 | <0.001 | 0.747 | 0.192 | <0.001 | 1.106 | 0.193 | <0.001 |
| Relationship | 0.794 | 0.203 | <0.001 | 0.642 | 0.209 | 0.002 | 0.917 | 0.211 | <0.001 |
| Psychological distress | 0.191 | 0.021 | <0.001 | 0.209 | 0.021 | <0.001 | 0.096 | 0.022 | <0.001 |
| Resilience   | -0.147 | 0.026 | <0.001 | -0.074 | 0.026 | 0.005 | -0.234 | 0.027 | <0.001 |
| Model 3      |    |     |       |    |     |       |    |     |       |    |     |       |
| Constant     | 1.683 | 0.586 | 0.004 | -2.550 | 0.576 | <0.001 | 0.548 | 0.610 | 0.369 |
| Performance  | 0.253 | 0.194 | 0.192 | 0.825 | 0.203 | <0.001 | 1.351 | 0.202 | <0.001 |
| Relationship | 0.382 | 0.207 | 0.065 | 0.795 | 0.203 | <0.001 | 1.398 | 0.215 | <0.001 |
| Psychological distress | 0.251 | 0.019 | <0.001 | 0.239 | 0.019 | <0.001 | 0.190 | 0.021 | <0.001 |
| Indirect effect through resilience | 0.060 | 0.011 | * | (0.03–0.09) | 0.030 | 0.011 | * | (0.01–0.05) | 0.094 | 0.015 | * | (0.06–0.12) |

Notes: *The Boot (LLCI, ULCI) from bias-corrected bootstrapping test; bold text: highlight the significance (p < 0.05) of the important indicators in the mediation model.
Limitations
Several limitations should be considered. First, recall bias should be noted in self-reported scales. Second, causality inferences cannot be established in consideration of the cross-sectional nature of the present study and the moderated mediation results should be validated in a future intervention study. Third, the participants are enrolled from two medical universities and may not be representative of university students in China. Thus, the generalizability of results derived from the current study should be further validated. Fourth, medical students are quite different from other professionals and the resilience instrument utilized in the current study may not capture some resilience characteristics. Therefore, new resilience instruments specific to medical students should be developed which has been confirmed in other resilience-based research.56–51 Fifth, potential confounders, ie, social support, family resilience, etc., are not estimated in this study due to the heavy scale burden and these important variables can be considered in future research to improve the model fitting.

Conclusion
Resilience and personality may be two important mediators between psychological distress and academic burnout. More attentions should be paid to students with under-controlled personalities and resilience-enhancing interventions could be developed to prevent or alleviate academic burnout in future research.

Table 6 The Moderation Role of Personality in Path 1 and Path 2

| Paths (Outcome variable: Resilience) | Coefficient | SE  | t    | P    | LLCI | ULCI |
|-------------------------------------|-------------|-----|------|------|------|------|
| Constant                            | 39.593      | 1.912 | 20.706 | <0.001 | 35.838 | 43.349 |
| Performance                         | -0.777      | 0.276 | -2.81 | 0.005 | -1.320 | -0.235 |
| Relationship                        | -1.515      | 0.298 | -5.068 | <0.001 | -2.102 | -0.928 |
| Psychological distress              | -0.528      | 0.131 | -4.012 | <0.001 | -0.787 | -0.270 |
| Psychological distress * Over-controlled (Resilient as reference) | 0.289 | 0.142 | 2.031 | \(0.042\) | 0.009 | 0.569 |
| Psychological distress * Under-controlled (Resilient as reference) | 0.281 | 0.139 | 2.020 | \(0.043\) | 0.007 | 0.554 |
| Model Summary                       | \(R^2\) | 0.408 | \(F\) | 59.568 | \(P\) | <0.001 |

| Paths (Outcome variable: Academic burnout) | Coefficient | SE  | t    | P    | LLCI | ULCI |
|---------------------------------------------|-------------|-----|------|------|------|------|
| Constant                                    | 23.762      | 4.347 | 5.465 | <0.001 | 15.224 | 32.301 |
| Performance                                 | 1.727       | 0.394 | 4.375 | <0.001 | 0.952 | 2.503 |
| Relationship                                | 1.289       | 0.432 | 2.981 | 0.003 | 0.440 | 2.139 |
| Resilience                                  | -0.407      | 0.128 | -3.182 | \(0.001\) | -0.659 | -0.156 |
| Resilience * Over-controlled (Resilient as reference) | 0.080 | 0.147 | 0.544 | 0.586 | -0.209 | -0.370 |
| Resilience * Under-controlled (Resilient as reference) | 0.060 | 0.157 | 0.381 | 0.703 | -0.249 | 0.369 |
| Model Summary                               | \(R^2\) | 0.460 | \(F\) | 86.335 | \(P\) | <0.001 |

Note: Bold text: highlight the significance (\(p < 0.05\)) of the important indicators in the moderation model.
Figure 1 (A) The conceptual framework. (B) Factor scores by three latent profile. (C) The mediation model.

Figure 2 (A) The interaction between psychological distress and personality on resilience. (B) The results of moderation model.
Data Sharing Statement
The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

Ethics Approval
All procedures in this study were conducted in accordance with the declaration of Helsinki. As a part of the Be Resilient to Nursing Career project (BRNC, Registration number: ChiCTR2000038693), this study was approved by the Ethics Committee of the First Affiliated Hospital of Guangzhou University of Chinese Medicine (No: NO.ZYYEC-ERK [2020] 132).

Consent to Participate
Verbal informed consent was obtained before questionnaire distribution. We emphasize this issue on the title page of the booklet, “Now you can choose to complete this booklet or not. If you want to finish it, we think that your informed consent is obtained. All personal information involved in this questionnaire will be confidential”. We chose this method because a signed informed consent may increase the risk of disclosure of participant’s identity or personal privacy. We have described the informed consent issue in our ethic proposal and the whole study protocol is approved by the Ethics Committee of the First Affiliated Hospital of Guangzhou University of Chinese Medicine (No: NO. ZYYEC - ERK [2020] 132). In addition, as a part of the Be Resilient to Nursing Career project (BRNC), the registered number is ChiCTR2000038693.

Acknowledgments
The author would like to thank all the participants for completing surveys.

Author Contributions
All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

Funding
This research was funded by grants from National Natural Science Foundation of China (No. 71904033), Humanity and Social Science Youth Foundation of Ministry of Education of China (No. 19YJCZH227), Humanity and Social Science Foundation of Department of Education of Guangdong Province (No. 2020WTSCX009), Humanity and Social Science Foundation of Guangzhou (No. 2021GZJL57), and Humanity and Social Science Foundation of Guangzhou University of Chinese Medicine (Nos. 2020SKXK01 and 2021SKYB07).

Disclosure
The authors declare that they have no conflicts of interest for this work and agree on the content of the manuscript that is enclosed.

References
1. Freudenberger HJ. Staff burn-out. J Social Issues. 1974;30(1):159–165. doi:10.1111/j.1540-4560.1974.tb00706.x
2. Maslach C, Jackson SE. The measurement of experienced burnout. J Organ Behav. 1981;2(2):99–113.
3. Zhang CH, Li G, Fan ZY, Tang XJ, Zhang F. Mobile phone addiction mediates the relationship between Alexithymia and learning burnout in Chinese medical students: a structural equation model analysis. Psychol Res Behav Manag. 2021;14:455.
4. Chunming WM, Harrison R, MacIntyre R, Travaglia J, Balasooriya C. Burnout in medical students: a systematic review of experiences in Chinese medical schools. BMC Med Educ. 2017;17(1):1–11.
5. Fiorilli C, De Stasio S, Di Chiaccio C, Pepe A, Salmela-Aro K. School burnout, depressive symptoms and engagement: their combined effect on student achievement. Int J Educ Res. 2017;84:1–12.
6. May RW, Sanchez-Gonzalez MA, Fincham FD. School burnout: increased sympathetic vasomotor tone and attenuated ambulatory diurnal blood pressure variability in young adult women. Stress. 2015;18(1):11–19.
7. Meylan N, Meylan J, Rodriguez M, Bonvin P, Tardif E. What types of educational practices impact school burnout levels in adolescents? *Int J Environ Res Public Health*. 2020;17(4):1152.

8. Njim T, Mbanga CM, Tindong M, et al. Burnout as a correlate of depression among medical students in Cameroon: a cross-sectional study. *BMJ Open*. 2019;9(5):e027709.

9. Meriläinen M. Factors affecting study-related burnout among Finnish university students: teaching-learning environment, achievement motivation and the meaning of life. *Quality Higher Educ*. 2014;20(3):309–329.

10. Mingjin X, Xinguo Y, Ganlan W. Relationship between coping style, learning burnout and academic procrastination of college students. *China J Health Psychol*. 2015;2:243–245.

11. Pokhrel NB, Khadayat R, Tulachan P. Depression, anxiety, and burnout among medical students and residents of a medical school in Nepal: a cross-sectional study. *BMJ Psychiatry*. 2020;20(1):1–18. doi:10.1186/s12888-020-02645-6

12. Wang Q, Wang L, Shi M, et al. Empathy, burnout, life satisfaction, correlations and associated socio-demographic factors among Chinese undergraduate students: an exploratory cross-sectional study. *BMJ Med Educ*. 2019;19(1):1–10.

13. Yusoff MSB, Hadie SNH, Yasin MAM. The roles of emotional intelligence, neuroticism, and academic stress on the relationship between psychological distress and burnout in medical students. *Indian J Psychiatry*. 2021;21(1):1–10.

14. Pharas I, Patra S. Burnout in medical students of a tertiary care Indian medical center: how much protection does resilience confer? *Indian J Psychiatry*. 2020;62(4):407.

15. Ran L, Wang W, Ai M, Kong Y, Chen J, Kuang L. Psychological resilience, depression, anxiety, and somatization symptoms in response to COVID-19: a study of the general population in China at the peak of its epidemic. *Soc Sci Med*. 2020;262:113261.

16. Robins RW, John OP, Moffitt TE, Stouthamer-Loeber M. Resilient, overcontrolled, and undercontrolled boys: three repeatable personality types. *J Pers Soc Psychol*. 1996;70(1):157.

17. Yu Y, Zhang Y. Personality and developmental characteristics of primary school students’ personality types. *Front Psychol*. 2021;1:3456.

18. Yu Y, Yang L, Sun Y, Jin C, Zhang Y. Intervention on externalizing problems of undercontrolled personality types in primary school students. *Front Psychol*. 2020;11:1233.

19. Gorsuch RL. Exploratory factor analysis: its role in item analysis. *J Pers Assess*. 1997;68(3):532–560.

20. Tinsley HEA, Tinsley DJ. Uses of factor analysis in counseling psychology research. *J Couns Psychol*. 1987;34(4):414.

21. Zhu LX. [Study on the Mental Stress and Social Support of Undergraduate Students and Their Relationships with Learning Burnout]. Zhejiang University; 2007. Chinese.

22. Connor KM, Davidson JRT. Development of a new resilience scale: the Connor-Davidson resilience scale (CD-RISC). *Depress Anxiety*. 2003;18(2):76–82.

23. Campbell-Sills L, Stein MB. Psychometric analysis and refinement of the Connor–Davidson resilience scale (CD-RISC): validation of a 10-item measure of resilience. *J Trauma Stress*. 2007;20(6):1019–1028.

24. Ye ZJ, Qiu HZ, Li PF, et al. Validation and application of the Chinese version of the 10-item Connor-Davidson Resilience Scale (CD-RISC-10) among parents of children with cancer diagnosis. *Eur J Oncol Nurs*. 2017;27:36–44.

25. Mei XX, Wang HY, Wu XN, Wu JY, Lu YZ, Ye ZJ. Self-efficacy and professional identity among freshmen nursing students: a latent profile and moderated mediation analysis. *Front Psychol*. 2022;1:54.

26. Mei XX, Wu XN, Wang HY, Wu JY, Wang XQ, Ye ZJ. The heterogeneity in psychological resilience and mental health among newly graduated nursing students: a latent profile and generalized additive model analysis. *Psychol Res Behav Manag*. 2022.

27. McCrae RR, Costa PT. A contemplated revision of the NEO Five-Factor Inventory. *Pers Individ Dif*. 2004;36(3):587–596.

28. McCrae RR, Costa PT. NEO Inventories: Professional Manual. Lutz, FL: Psychological Assessment Resources; 2010.

29. Yao R. L. Y. Analysis of the application of simplified NEO-FFI to undergraduates. *Chinese Journal of Clinical Psychology*. & Liang; 2010.

30. Kessler R, Mroczek D. Final Versions of Our Non-Specific Psychological Distress Scale. Ann Arbor, MI: Survey Research Center of the Institute for Social Research, University of Michigan; 1994.

31. Australian Bureau of, S. Use of the Kessler Psychological Distress Scale in ABS Health and Wellbeing Survey, Psychological Distress in the Western Australian Population 1997 and 2001. ABS; 2001.

32. Zhou C, Chu J, Wang T, Peng Q, He J. Reliability and validity of 10-item Kessler scale (K10) Chinese version in evaluation of mental health status of Chinese population. *Chin J Clin Psychol*. 2008;16(6):627–629.

33. Fairchild AJ, MacKinnon DP. A general model for testing mediation and moderation effects. *Prevention Sci*. 2009;10(2):87–99.

34. Sintema EJ. Effect of COVID-19 on the performance of grade 12 students: implications for STEM education. *EURASIA J Mathematics Sci Tech Educ*. 2020;16(7).

35. Pokhrel S, Chhetri R. A literature review on impact of COVID-19 pandemic on teaching and learning. *Higher Education for the Future*. 2021;8(1):133–141.

36. Campbell J, Prochazka AV, Yamashita T, Gopal R. Predictors of persistent burnout in internal medicine residents: a prospective cohort study. *Acad Med*. 2010;85(10):1630–1634.

37. Salmenla-Aro K, Aunola K, Nurmi J-E. Trajectories of depressive symptoms during emerging adulthood: antecedents and consequences. *Eur J Dev Psychol*. 2008;5(4):439–465.

38. Zou G, Shen X, Tian X, et al. Correlates of psychological distress, burnout, and resilience among Chinese female nurses. *Ind Health*. 2016;2015–2103.

39. Ye ZJ, Liang MZ, Qiu HZ, et al. Effect of a multidiscipline mentor-based program, Be Resilient to Breast Cancer (BRBCC), on female breast cancer survivors in mainland China-A randomized, controlled, theoretically-derived intervention trial. *Breast Cancer Res Treat*. 2016;158(3):509–522.

40. Ye ZJ, Qiu HZ, Liang MZ, et al. Effect of a mentor-based, supportive-expressive program, Be Resilient to Breast Cancer, on survival in metastatic breast cancer: a randomised, controlled intervention trial. *Br J Cancer*. 2017;117(10):1486–1494.

41. Ye ZJ, Zhang Z, Zhang XY, et al. Effectiveness of an adjunctive supportive-expressive group therapy for breast cancer. *Breast Cancer Res Treat*. 2020;180(1):121–134.

42. Ye ZJ, Zhang Z, Tang Y, et al. Resilience patterns and transitions in the Be Resilient To Breast Cancer trial: an exploratory latent profile transition analysis. *Psychooncology*. 2021;30(6):901–909.

43. Baumeister RF, Vohs KD, Tice DM. The strength model of self-control. *Curr Dir Psychol Sci*. 2007;16(6):351–355.
44. Ngo FT, Paternoster R. Contemporaneous and lagged effects of life domains and substance use: a test of Agnew’s general theory of crime and delinquency. *J Criminol*. 2014;1:35.

45. ZHANG SC. Junior middle school students’ personality types and their development characteristics. *J Psychol Sci*. 2014;37(6):1377.

46. Ye ZJ, Liang MZ, Li PF, et al. New resilience instrument for patients with cancer. *Qual Life Res*. 2018;27(2):355–365.

47. Ye ZJ, Liang MZ, Zhang HW, et al. Psychometric properties of the Chinese version of resilience scale specific to cancer: an item response theory analysis. *Qual Life Res*. 2018;27(6):1635–1645.

48. Ye ZJ, Zhang Z, Tang Y, et al. Development and psychometric analysis of the 10-item resilience scale specific to cancer: a multidimensional item response theory analysis. *Eur J Oncol Nurs*. 2019;41:64–71.

49. Ye ZJ, Zhang Z, Zhang XY, et al. State or trait? Measuring resilience by generalisability theory in breast cancer. *Eur J Oncol Nurs*. 2020;46:101727.

50. Ye ZJ, Zhang Z, Tang Y, et al. Minimum clinical important difference for resilience scale specific to cancer: a prospective analysis. *Health Qual Life Outcomes*. 2020;18(1):381.

51. Liang MZ, Tang Y, Chen P, et al. New resilience instrument for family caregivers in cancer: a multidimensional item response theory analysis. *Health Qual Life Outcomes*. 2021;19(1):258.