

A Qualitative Study on Burnout and Compassion Fatigue Among Counselors and Therapists

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Abstract: Therapists and counselors are at high risk of developing secondary trauma, burnout, and compassion fatigue. Continuous exposure to the trauma and pain of patients can have a negative impact on the wellbeing of therapists. Burnout is a state of mental, physical, and emotional exhaustion brought on by accumulated stress. Compassion fatigue is a condition in which someone becomes numb to the suffering of others and is unable or less able to display empathy towards them. The World Health Organization defines burnout as an occupational phenomenon that should not be applied to describe experiences in other areas of life. Burnout is included in the International Classification of Diseases 11 as an occupational phenomenon resulting from unmanaged, chronic workplace stress. Professional burnout is a multidimensional condition that includes exhaustion, detachment, and professional efficiency (Maslach burnout inventory). When counselors and therapists experience burnout, their patients are also negatively affected. Understanding the extent and incidence of burnout and compassion fatigue among therapists and counselors is the study's principal goal. A qualitative method-based study including therapists and counselors based in Bangalore, India. Detailed, semi-structured face-to-face (online) interviews were conducted through open ended questions with the help of an interview guide based on social situation, economic situation, and personal characteristics. A thematic analysis was undertaken. The majority of them explained difficulties faced in compartmentalizing work and personal life in the initial years of work, economic and family responsibilities associated with burnout, empathizing with clients more due to similar personal experiences, increased workload, and the Jesus complex.

Keywords: burnout, compassion fatigue, counselor, therapists, exhaustion

Introduction

In India the prevalence of mental diseases is rising yet is not widely acknowledged. According to a 2017 survey conducted in India, a staggering 197 million persons had mental illnesses, of which 45.7 million had depression and 44.9 million had diseases related to anxiety (Garg *et al*, 2019).

The Covid-19 pandemic has caused a catastrophe in mental health in the nation. After the COVID-19 pandemic, one in five Indians now have mental health issues. In their capacity as counsellors, mental health professionals acquire analytical and objective skills. They must set aside their personal feelings and conduct an unbiased assessment of their clients. Term compassion fatigue was first coined by Charles Figley in 1980s. Carl G. Jung's *The Psychology of Dementia Praecox* contains one of the earliest references in the scientific literature to this cost of care. In this text, Jung addresses the issues with countertransference, which refers to the therapist's conscious and unconscious responses to the patient in the therapeutic setting, as well as the specific countertransference challenges analysts have while working with psychotic patients. A form of caregiver burnout and counter transference is compassion fatigue. In 1982, Figley described a phenomenon known as SECONDARY CATASTROPHIC STRESS REACTIONS, which indicates that experiencing empathy for a family member's situation might cause a great deal of emotional anguish. Countertransference, also known as secondary stress, is a type of psychodynamic therapy in which the therapist's emotional response to a client is unaffected by empathy, pain, or suffering. It is the act of overidentifying with the client and seeing oneself in them. It corrodes a professional's capacity to perform at their best. In today's workplace, depression, caregiver stress, post-traumatic stress disorder (PTSD), and secondary trauma

are all common occurrences. Mental health professionals frequently observe unpleasant memories being recalled by their clients (Showalter,2010). People who are compassionate or empathic endure pain as a result of being exposed to other people's traumatic experiences, and this secondary trauma can exacerbate the agony experienced by the original traumatised person. Working with those who are suffering can lead to secondary traumatic stress, often known as compassion fatigue (CF), which is a predicted, controllable, and preventive result (Figley, 2002). In most circumstances, showing empathy and compassion comes at a price. We experience sorrow when we try to see the world through the eyes of another. To endure hardship is to have compassion. Compassion fatigue, like any form of exhaustion, reduces our desire or ability to bear others' suffering. According to the World Health Organization, burnout is a syndrome that occurs in the workplace and shouldn't be used to represent circumstances in other spheres of life. The World Health Organization (WHO) classified workplace burnout, which is the result of unmanaged, long-term workplace stress, as an occupational phenomenon rather than a medical condition in the 11th edition of the international classification of diseases (ICD 11), a manual used by physicians to assign a specific diagnosis and for the purpose of medical billing. Detachment, weariness, and professional effectiveness are three aspects of the multifaceted disease known as professional burnout (Maslach burnout inventory,1997). Author Graham Greene initially used the term "burnt out" to characterise a fictional character who was unable to find fulfilment or purpose in life. Burnout may emerge in case of exposure of stressful working environment in employees, with less resources and more demand (Bakker & Demerouti,2007). The working environment is expected to exert a significant effect on the frequency and degree of burnout (Lagerlund *et al*,2013).It includes emotional exhaustion, reduced personal accomplishment and depersonalisation which can happen among professionals who are working with others in the same capacity (Maslach burnout inventory 1997).The experience of increasing emotional tiredness, a depletion in emotional resources, and employee's perception that they are unable to provide their full effort on a psychological level are important factors. Burnout can have detrimental effects on professionals, the organisations in which they work, and their clientele. According to studies, burnout can result in professionals providing care or services that are of worse quality. It connotes decreased productivity and a sense of despondency. These feelings start to appear gradually. The perception that one's efforts are in vain may be brought on by a heavier workload or a stressful atmosphere. Compassion fatigue and compassion satisfaction affects mental health, whereas burnout directly influenced physical health. (Hairong Yu & Li Gui, 2022). According to the Australian Psychological Society, mental health professionals commonly hear about traumatic situations from their patients that involve more graphic details including violence, child abuse, and other acute and chronic effects of trauma. There is epidemiological proof that those working on the front lines of trauma therapy are more susceptible to developing compassion fatigue (Shah *et al*, 2007). Counsellors and psychotherapists may experience compassion fatigue due to personal and professional causes (Zeidner *et al.*, 2013). According to research, therapists are particularly prone to burnout due to their isolation from others, unclear successes, and the emotional toll that comes from maintaining empathy (McCann & Pearlman, 1990). Additionally, burnout causes therapists to become psychologically ill and limits their ability to provide adequate mental health services (Farber, 1983). It may occur when exposed to a working environment which is stressful alongside less resources and increased job demand. (Bakker, Demerouti; 2007) Workers in the mental health industry frequently observe the horrific memories of their clients (Showalter, 2010) There are other expenses involved, including employee turnover, lower productivity, low morale, and loss of self-worth. The syndrome must be recognised and its effects on professional staff must be supported by those of us in the helping professions.

Contrary to popular belief, compassion fatigue manifests more quickly than burnout and impacts your relationships, but burnout results in physical and mental impairment and may call for more time-consuming treatments, such as changing jobs or careers. (Harling *et al*, 2020). It is linked to a lack of job satisfaction and usually develops gradually rather than abruptly. Additionally common in many professions, including those who work with trauma victims, is burnout (Harr & Moore, 2011). Finally, another way that burnout differs from compassion fatigue is that it is not accompanied by the PTSD secondary symptoms (Craig & Sprang, 2010). The prevalence and scope of CF among mental health practitioners are still unclear despite extensive empirical research. 2003's Sabin and Turpin argues that there is inconsistency in the quantitative evidence used to explain and support this condition. Qualitative research confirms the concept and reality of this phenomena. According to (Singh *et al*, 1994), burnout should have an impact on behavioural outcomes like work performance. They contend that fatigue reduces workers' available energy and impairs their ability to put forth their best efforts at work. Additionally, burnout puts workers in a bad cycle where they don't ask for help or aren't motivated to make adjustments, and as a result, they continue to work inefficiently. Finally, the experience of burnout lowers employees' self-confidence in handling work-related issues, which negatively impacts their performance (Bakker *et al*, 2003). Lower levels of impotence and higher levels of compassion satisfaction (CS) and professional support are thought to be preventive factors against getting CF. (Clark & Gioro, 1998; Craig & Sprang, 2010)

Objective

To understand compassion fatigue and burnout among counsellors and therapists and factors associated with it.

Methodology

A cross sectional study was conducted, and data were collected from October to November 2022 in Bangalore, Karnataka. Snowball sampling technique was used. Qualitative approach was adopted for this study. Sample size was 19. Respondents – counsellors and therapists. Each respondent was given the study's goal after which they gave their informed permission. In depth face-to-face (online) interviews were conducted with the help of interview guide. Open-ended questions based on the participants' social and economic circumstances, as well as their individual traits and demographic information.

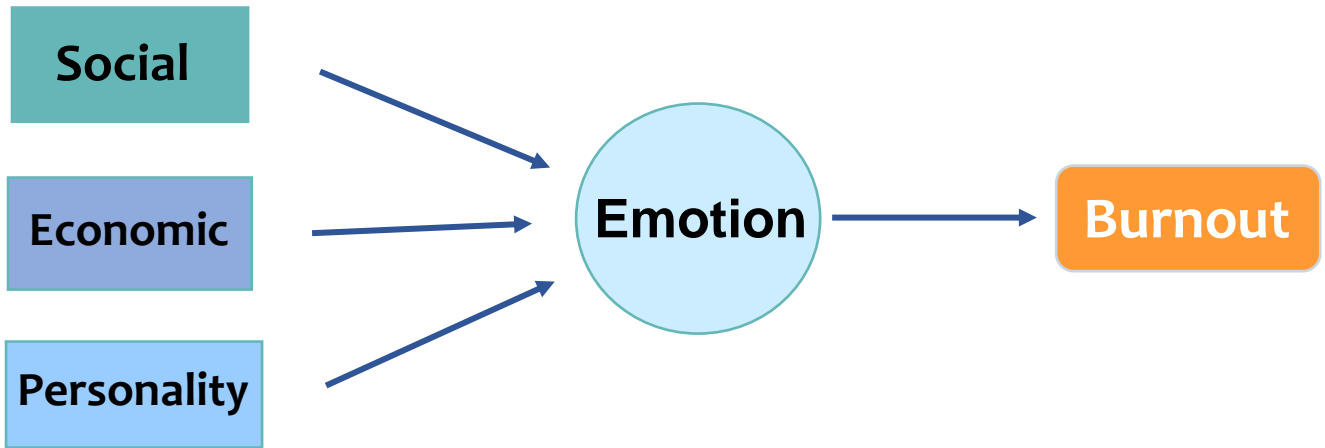
Interview guide

Table 1 Interview guide

SOCIAL	PERSONALITY	ECONOMIC (RESPONSIBILITIES)
<ul style="list-style-type: none"> · Do you feel tired as soon as you get up in the morning and see a new working day stretched out in front of you? · Are you preoccupied with more than one person you care for? · Are there days you feel tired before coming to work? · Do you have difficulty in compartmentalising your work life and personal life? · Do you compare your patients or their problems? · Do you treat some of your patients impersonally? · Do you feel more empathetic towards some patients because you can relate more to them because of personal experience? 	<ul style="list-style-type: none"> · Do you imagine yourself working in a different field? · Do you have trouble making and keeping close ,intimate friends? · Would you describe yourself as an aggressive person? · Do you think you have not achieved enough or you are a failure? 	<ul style="list-style-type: none"> · Name · Age · No. of males and females at home · No. of children at home · No. of working people · Different sources of income

Figure 1 - Model

Model Proposed



Data Analysis

Figure 2

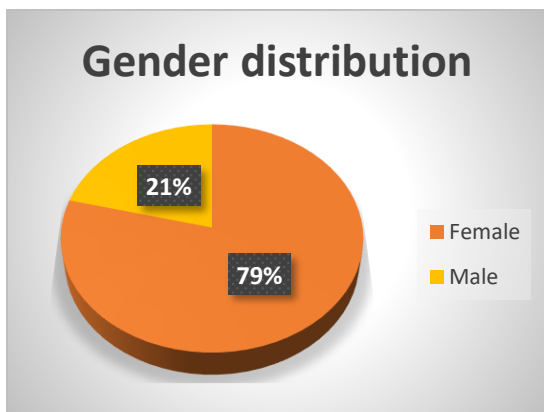


Figure 3

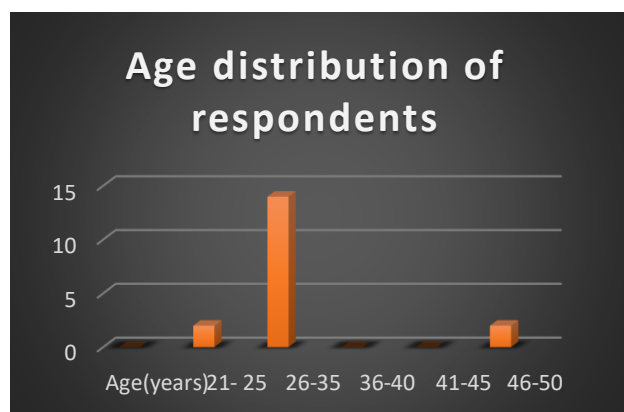
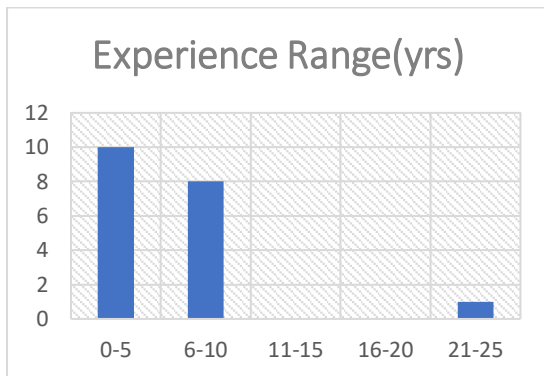


Figure 4



Findings

Data collected from 19 therapists and counsellors with an average age of 29.3 years with an age range of 24-46 years. Overall, 74% in the age group of 26-35 years. 79% of the sample consisted female Respondents and remaining were male respondents.

Respondents described **burnout** by their own understanding.

1. “Complete mental, physical, emotional exhaustion when there is no satisfaction from work.”
2. “Reaching a point where you stop enjoying what you do and it seems like you are forced to do something.”
3. “Burnout happens when you push your body beyond limit, you do not listen to what your body is telling you and do not take enough breaks. It is similar to running an engine non-stop and then engine overheats and does not function anymore. One way of seeing it can be function but other can be survival.”
4. “Burnout for me is a mental state where you feel completely drained. It could be because of the emotional drainage that you experience as you conduct therapy in the counselling so again when you become a compassionate listener it takes a lot of effort from your side to be there to try and understand and be there in their shoes and so can all the information of these experience is these emotional things it drains you out full stop so for me burn out would be a state where it could also result in physical Burnout as well as in your mind. Psychological and physical burnout, an integrated version of these.”

Respondents described **compassion fatigue** in their own terms.

1. “Mental and emotional exhaustion which comes from constantly showing empathy and listening to traumatic or emotional experiences of other individuals and inability to take that content anymore.”
2. “Or being left with limited amount of empathy to show at home or with family because all the expressions are dealt within their workplace.”
3. “In this mental health profession, helping other people out requires a lot of empathy and compassion from our end and that can be very emotionally exhausting or sometimes it almost becomes a second nature to us. It is a learned skill obviously. For some people it comes naturally. And if it doesn't come naturally to you then burnout and compassion fatigue is more. Even when it becomes second nature to you, helping people being there for them and showing them that level of compassion and empathy not just in the work that you do but it spills on to other aspects of your life too.”

It was shown that a critical component contributing to burnout and compassion fatigue was increased workload. As MHPs are emotionally invested in their work on an empathetic level, working extended hours frequently have a negative impact on their emotional health in contrast to other industries like IT, construction, etc.

Listening to client's traumatic experiences when they new to the field makes it difficult to compartmentalise their personal and professional life.

The sense of duty to assist clients who have been suffering for a long time.

Personnel who work with children in this field frequently find it difficult to separate their personal and professional lives.

Preoccupied with multiple people

When you first start working or when you are new to the profession, it is more common for people to be focused with more than one individual they care for. When a similar issue arises in a session, they may be reminded of past clients. If a family member is ill, especially a kid or an elderly person, or when there is a lot going on in their personal life, they are preoccupied during sessions. However, the majority of them are able to refocus on the sessions. Workload is also an important determining factor. With more work experience, it typically gets less but cannot be dealt with 100%.

A respondent with eight months of experience who is very driven to work in the field related a similar incident... "I come from a Muslim family and I do not wear a Hijab but my mother does. So, one day there was a lady who came with Hijab and she had a daughter so when I first saw her, I was reminded of my mother and myself. So that made me emotional."

Compartmentalization

The ability to compartmentalise improves greatly with experience. But some of the problems they hear about are extremely tragic, and sometimes worry about them when they are with their loved ones or families. After the COVID-19 epidemic, the work-from-home paradigm has been a major role in the difficulty of compartmentalization. The distinction between personal and professional life is not always obvious. To assist the client in a tough or complex issue, it is necessary to develop fresh and novel approaches. Counsellor's and therapist's personal lives may be impacted by this. A Respondent explained that once they start thinking the same way about the issues that they hear from their clients, it starts to affect their personal lives. So, rationally, they are aware that this is the wrong approach and will result in problems, but because automated thought is based on what the client has told you, it is challenging to distinguish between job and personal life, which causes fatigue.

A Respondent who has been in the field from 9 years spoke about how compartmentalizing is a learned skill. "Right now, no I do not have any difficulty in compartmentalising my work and personal life. I do not take my client's problems back home with me. It's a learned skill and I had to refine it over the years, how to leave my clients in the therapy room in the office at the end of my day."

Impersonal treatment

Since the same issues arise frequently and many of them are relatively identical, the sessions and responses may become somewhat automated. There is a recurring pattern that if it is about marriage, there is a particular type of problem, therefore the responses given by therapists and counsellors may occasionally become automated. There are some comments that are very repetitive but there are also some new ones that keep it interesting for them. They realise that every person has a different experience which is new and painful for them, even though it sounds quite similar to mental health professionals.

They have to make a deliberate effort to assist such clients. There are times when these professionals deal with clients who are not eager in receiving help or making any progress; they use therapy as a way to vent, keep saying the same things, and their problems remain unchanged despite several sessions. In such cases MHPs (mental health professionals) try to be mindful about it and if required confronts the client regarding the same.

Empathy due to personal experience

MHPs tend to empathise more with a particular client when they have personally experienced a problem or issue that the client is describing. Being aware of the issue causes a protective emotion to arise. However, they are aware that their own experience and the seriousness of the issue might not be shared by the clients. They understand that aiding them by going above and beyond would interfere with the balance and upset their equilibrium. Majority of Respondents interviewed don't go above and beyond the call of duty to assist them; the efforts made to assist each patient are the same. However, a couple of them mentioned that extra effort is required when dealing with sensitive issues that may be personal to them or call for special attention.

A Respondent with 6 years of experience in the field stated that “In my personal case, I have been through some extreme anxiety issues in the past and my dissertation was about substance abuse, so if I find somebody with similar issues I do tend to connect more. I do put an extra force to help them because I know what they are going through.”

Social circle

80-90% of the Respondent's friend groups are made up of counsellors or therapists. Friends with comparable backgrounds are easier to connect with, do not require continual attention, and understand them better. For the most part, they have little trouble finding new acquaintances. Forming new romantic relationships could present some challenges. That usually brings out the therapist in them. The therapist friends have an unwritten agreement that they are not to discuss about their professional lives.

Economic Responsibilities

Financial resources available to the family are one factor. MHPs are typically paid per session, thus it is simpler to take a break from work or to decrease the number of cases taken per day if an estimated objective is not required to earn a living. Burnout is inversely connected with increased income. One of the Respondents who works for a government agency described how her pay is determined on a monthly basis and does not take into account the number of sessions. Office hours were shorter than in private settings. She has greater personal time availability, which allows her more relaxation.

Work satisfaction and achievement

In the early stages of their job, Respondents were negatively impacted when they were unable to assist a specific client with their problem and began to mistrust their strategies and skills. But with time, they came to understand that there are human limitations and that there is a limit to how much they can accomplish in a session to assist their client. They are willing to try different approaches without suffering negative effects if the desired outcome cannot be achieved after several sessions, and in extreme cases they may even advise referring their client to another MHP. According to the study, MHPs do not want to change their line of work for a variety of reasons, including being able to help people and enjoying working with people. In the event of burnout, the majority of Respondents would prefer to transition to a mentoring position within the same industry than to quit their jobs altogether.

... “No, I have wide variety of things that I can think myself doing apart from counselling I can be a cook or I can be an advisor. In my first years of starting this work I felt that I need to quit. Not because of a client but because of the work pressure. But when I realized I can be of so much of help for somebody, it gave me a push. So, I cannot leave this field entirely to do something else, this is always going to stay with me.”

Discussion

In India, there are 0.75 psychiatrists and psychologists for every 100,000 people, although anything over 3 is ideal. The load this ratio places on mental health providers is too great. In order to address the shortfall in the next 10 years, we will need to hire 2700 additional psychiatrists annually, even if population growth and psychiatrist attrition rates remain at 0%. Only 700 psychiatrists are, however, trained in PG seats each year (Garg *et al.*, 2019). Because of the increased burden caused by this form of labor scarcity, the current workforce is more likely to experience burnout and compassion fatigue. A female participant who has been working in the sector for 23 years and is quite passionate about her job described how things were completely different for her at initially. Increased tiredness, a heavy workload, child-rearing obligations, etc., were prevalent, which is similar to other female participants who are in their 20s currently, which is backed by a prior study that claims burnout is more common among women in their 20s who work at small or midsize hospitals (Kim *et al.*, 2020). Despite feeling emotional fatigue and worn out, MHPs said they were still driven to do their jobs. This finding is supported by the study done by (Poulsen *et al.*, 2014).

When they knew they had a high workload that day, which they primarily defined as the beginning of the week or month, the majority of the participants expressed how they felt exhausted as soon as they woke up in the morning and saw a new day stretching out. A predictor of emotional tiredness has been found to be work load in a study done by (Gupta *et al.*, 2012). The problems in separating work and home life are the most prevalent problems brought up by research participants who gave their time. They can't decline a session request from an existing client, or because of their heavy workload (Poulsen *et al.*, 2014).

In the beginning, helping clients and trying to save them felt like a necessary aspect of their job, which is known as the **Christ** or **Jesus** complex. A study conducted among Swedish psychologists found that their perceptions of their professional responsibilities and their experiences with the Jesus complex were identical (Harling *et al.*, 2020). It also caused them to experience Imposter syndrome which is a psychological condition in which a person persistently harbors an internalized fear of coming across as a fraud and questions their abilities, talents, or accomplishments. With time, they came to understand that it is not their responsibility to act in their best interests or to think for them. They are tasked with encouraging the cognitive process. This change helped them to overcome self-doubt and a sense of diminished accomplishment.

It takes extra work to be aware of how many clients are dealing with identical issues, and it is important to avoid using an automated answer. But in order to discover a custom solution for every client with a comparable problem, MHPs must work more thoughtfully. This necessitates more effort on the part of MHPs, which ups their workload and strain.

Being aware about signs of compassion fatigue and burnout and acknowledging it and seeking self or professional help is important. Researchers in occupational health advocate self-care as a proactive strategy (Barnett, *et al.*, 2007). A persistent practice of self-care can help mental health professionals and their patients avoid negative repercussions (Wise *et al.*, 2012). Professional assistance is not just strongly advised as a self-care strategy; many mental health professionals now require it as a condition

of employment (Posluns & Gall, 2019). 90% of the participants who were interviewed accepted having their own therapist or counsellor as a method of self-care and channeling any frustration or issue with work. A healthy work-life balance is facilitated by keeping and making friends. Participants liked having a friend group with a similar professional background because they felt a greater connection with them and had less to explain certain situations to them. Participants indicated several strategies they used to channel their stress when questioned about coping mechanisms for stress and exhaustion. They mentioned that conversing to a friend or their own therapists can be quite useful. Exercise or yoga was the second most popular strategy discovered. Other measures included cooking, travelling, playing an instrument, and spending time with family.

It is possible to teach self-care techniques like compassionate mind training (CMT) (Gilbert, 2009) and mindfulness-based stress reduction (MBSR) (Christopher & Maris, 2010), which may help prevent burnout and compassion fatigue.

Table 2 burnout model

SOCIAL	ECONOMIC (responsibilities)	PERSONALITY
<p>-This parameter discusses working practices.</p> <p>-It shows how eagerly one is anticipating waking up the next morning and getting to work.</p> <p>-Defocus during sessions might result from being preoccupied with numerous persons at once. (Mostly by relatives and in traumatic cases)</p> <p>-Compassion fatigue and burnout have a substantial underlying component of compartmentalizing. So, it's crucial to comprehend how they compartmentalize.</p> <p>-Impersonal sessions cause a decline in work interest. This element made it easier for us to see why it occurs and the measures people take to prevent it.</p> <p>-Connecting with someone who has experienced something similar to one's own is always simple. This helped us comprehend how clients who had similar experiences to therapists or counsellors and how they handled it and how relatable they were.</p>	<p>-This section discusses responsibilities and their connection to burnout.</p> <p>-Age: Greater empathy for clients at young age and with less experience since they are more likely to form emotional attachments to clients and are new to the area.</p> <p>-Additionally, because they are still figuring out their function as a mental health practitioner and it is difficult to compartmentalize in the beginning.</p> <p>-Children: Professionals who have children at home (who are not necessarily their own children) have additional emotional and financial responsibilities.</p> <p>-Financial: The financial aspect discovered that these MHPs can take more frequent breaks if they are not under financial pressure (as most of them are paid per session). More money has an inverse link with less financial stress.</p>	<p>-This component discusses the individual's personality, sense of accomplishment, and job happiness.</p> <p>-Job satisfaction: Despite being worn out or burned out, the majority of people still want to work in the sector, but they also want to explore other hobbies.</p> <p>-The majority of them have close friends who are in the same in profession as them. Which makes it simpler for them to connect and avoid having to elaborate on work-related issues. This aids in their stress relief.</p> <p>-An aggressive personality or way of expressing anger or disapproval has a negative impact on mental health.</p> <p>- Being motivated at work is aided by a feeling of accomplishment or making a difference. Many of them viewed their inability to assist a certain client during the early stages of their careers as a failure or roadblock. They had low self-esteem as a result, as well as self-doubt and work-related demotivation.</p>

Conclusion

Counselors and therapists evaluate, identify, and treat psychological issues and behavioral dysfunctions that are caused by or connected to physical and mental health. They also significantly contribute to the development of healthy behavior, the prevention of diseases, and the enhancement of client quality of life. One-way care is the culture at their work. Practitioners must establish working relationships with

clients that preserve appropriate boundaries and levels of emotional or psychological involvement if they are to effectively provide mental health services. Participants described an alarming degree of exhaustion and burnout, which if ignored may get worse. Participants felt more prone to feel burnout and compassion fatigue due to the increased work load. Younger women had more challenges because of their hard workloads, responsibilities for raising children, etc. Professional assistance as a measure of self-care is required by many mental health professionals now require it as a condition of employment. An appropriate way of disconnecting from work sessions is required. They need ways to avoid thinking about unpleasant memories, regular breaks from work, time with their families, a structured work environment, etc. Workplace regulations needs to be worked upon.

Way forward to test this model would be to evaluate it using closed-ended questionnaires scored on a five-point Likert scale with at least 100 samples.

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Conflict of interest

The authors declared no potential conflict of interest with respect to the research, authorship and/or publications of this article.

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