

## THE COST OF CARING: EXPERIENCES OF COMPASSION FATIGUE, SATISFACTION AND COPING IN CLINICAL PSYCHOLOGISTS

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### Abstract

This qualitative study explores the experiences of clinical psychologists with compassion fatigue, compassion satisfaction, and the ways they cope with the high emotional demands of their work. An additional aim of the study was to identify the stressors that contribute to the development of compassion fatigue. Using a purposive sampling method, in-depth interviews were conducted with six clinical psychologists, each lasting between 45 and 60 minutes. The data were analyzed using thematic analysis. Four superordinate themes emerged from the data: Compassion Fatigue, Coping Mechanisms, Empathic Concerns, and Compassion Satisfaction. The study also identified a range of coping strategies employed by psychologists, including engaging in self-care activities, participating in peer support groups, using religious coping methods, and applying emotional bracketing techniques to manage the impact of compassion fatigue. In conclusion, this study underscores the importance of fostering self-awareness and resilience within the profession to promote clinicians psychological well-being and enhance their capacity to provide compassionate care.

### INTRODUCTION

Compassion fatigue is a new concept from the traumatology field, which has been utilized interchangeably with the term secondary traumatic stress and which is otherwise simply referred to as the negative cost of caring. The cost of caring is an expression that refers to the stress which results from assisting or wishing to assist persons in need. Compassion fatigue affects care givers who assist traumatized victims of PTSD, including trauma counselors, nurses, physicians, and other caregivers. They are victims of secondary traumatic stress disorder, or STSD, more commonly referred to as "compassion fatigue," due to their attempts to assist traumatized victims. This term first coined in nurses; where compassion fatigue was defined as a feeling of anger and helplessness or emotional numbing at

witnessing patients endure at great cost because of diseases or trauma. Apart from the general emotional symptoms like anger and frustration, the participants also reported experiences of feelings of hopelessness, excessive crying, low mood, intrusiveness regarding client's traumas, reduced emotional capacity, inability to concentrate, numbness, and desensitization. The behavioral symptoms encompass heightened anxiety, decreased motivation, and irritability. Personal relationships were also strained, and all the psychologists but two mentioned physical symptoms resulting in emotional exhaustion, including headaches, muscle tension, bodily pain, diminished cognitive ability, and disturbed sleep. These findings indicate how compassion fatigue has a highly significant effect on both the professional

and personal lives of psychologists Practitioners who are exposed to the stories of fear, pain, and suffering of their client are often emotionally impacted and even become casualties of this process. Sometimes, their own selves vanish from awareness as they set out to satisfy their clients' needs. (Figley, 1995). It can produce changes in the emotional and behavioral changes in the person like fear, anxiety, anger or insomnia, over sleeping and loss of appetite. Individuals who experience compassion fatigues also experience relationship issues, Individuals might have trouble trusting others, reduced output, inability to focus on tasks, absenteeism, interpersonal conflicts, or low motivation can also be observed. Other somatic complains are headaches, gastrointestinal problems, muscle tension, fatigue, dizziness, or other physical conditions that might lack an apparent medical cause but are associated with psychological tension.

Prolonged contact with client's traumatic histories has the potential to result in emotional distress and exhaustion, also known as secondary traumatic stress. Increased empathy is linked to higher risk for compassion fatigue due to the fact that other people's suffering provokes painful feelings on the professionals' side. Manipulative coping mechanisms, such as substance abuse, amplify effects of compassion fatigue and inhibit attempts at recovery. Compassion fatigue has the same symptoms with burnout, such as emotional exhaustion and lower personal accomplishment. Lack of appropriate and effective self-care measures would enhance the risk and possibility of having the compassion fatigue syndrome. There are, however, some that can be done to minimize these effects, such as mindfulness and maintaining healthy coping mechanisms. For these professionals, the case is worse as they deal with traumatized clients and hence experience even greater emotional exhaustion. The capacity of psychologists to cope with the challenges of their work may be compromised by a failure to offer appropriate professional assistance and resources. Such a lack of an enabling environment in the workplace contributes to the encouragement of the burnout and compassion fatigue syndrome. (Bhattacharyya & Banerjee, 2022).

The rising tension leading to emotional exhaustion or what is otherwise called burnout but finally

becoming unable to feel compassion becomes what is called compassion fatigue (Figley & Ludick, 2017). Compassion is an action-oriented performance of empathic behavior. When clinical psychologists, among other assistants, experience a need to be compassionate and productive beyond their capacities, they may build what is termed as compassion stress.

### **Compassion Satisfaction**

On the positive side, we observe a few psychologists who work with clients experience Compassion Satisfaction. Compassion Satisfaction can be described as best as the degree of satisfaction one gets from assisting others (Stamm, 2005). We can observe that Compassion Satisfaction has a positive correlation with resilience, which is, so to speak, the ability to cope of an individual, learning and developing through experience (Burnett & Wahl, 2015). Compassion satisfaction is the joy that comes from being able to carry out his or her work effectively. Most psychologists are driven by a need to help others and make a positive impact in society. Consistency between their personal values and professional endeavors can enhance their total satisfaction. Fulfillment is gained from helping clients overcome issues and attaining positive results from therapy provides a more satisfying experience. When a therapist works with the excessively emotional or traumatized client, there are higher chances of compassion fatigue, but when therapist and client both work on the issues together and positive results seem, the level of compassion satisfaction is boosted. In their study, Bride, Radey, and Figley (2007) reported that, "A clinician may experience both compassion fatigue and compassion satisfaction at the same time; however, when compassion fatigue becomes extreme, it will overwhelm the clinician's capacity for compassion satisfaction. Secondary trauma manifests as emotional distress that mirrors the trauma experienced by clients, often leading to burnout, compassion fatigue, and emotional exhaustion (Riasat, 2024).

### **Coping Strategies of Clinical Psychologists**

Successful coping skills empower the psychologists to cope with the emotional pressures of caregiving,

resilience, personal growth and staying connected to a professional community. All these factors cumulatively generate compassion satisfaction. We may conclude that Compassion Satisfaction and Compassion fatigue does not appear to have a straightforward negative relationship; both compassion fatigue and compassion satisfaction coexist. "A clinician can feel compassion fatigue and compassion satisfaction at the same time; however, as compassion fatigue grows, it may reduce the clinician to feel compassion satisfaction". (Bride, 2007). If effective coping mechanisms are practiced, a person can feel compassion satisfaction, joy of helping others. Thus, for prevention of the issue of compassion fatigue and enhancing the process of compassion satisfaction, the therapists should be effective in their coping skills. These practices can be helpful in managing the emotional state of the therapists and improving resilience towards work.

Coping strategies are explained as particular behavioral, psychological, and cognitive attempts employed by an individual to alleviate, minimize, or endure stressful circumstances (Holahan & Moose, 1987). Various types of coping strategies exist, and some are more useful than others. These include problem-focused strategies, emotion-focused strategies, meaning-making, social support, and religious coping. Problem focused strategies focus on identifying and resolving the problem that is inducing stress. It encompasses relaxation and mindfulness activities. Meaning making strategies entails seeking sense of purpose. Social support entails seeking assistance, from others through discussing with friends and family members, attending social support groups or catharsis. Religious coping is the use of religious believes to minimize stress such as prayers and meditation etc.

### Literature Review

Research was carried out by Alharbi et al. (2020), who studied the relationship between compassion fatigue (CF) among critical care nurses and the incidence rates of major nurse-sensitive indicators—pressure injuries, patient falls, and medication errors in Saudi Arabian hospitals. Based on this study, Compassion fatigue, a type of burnout experienced by nurses who give close, high-intensity patient care, has been associated with these measures, which are

important to gauge care quality. They asked 516 critical care nurses the Professional Quality of Life Scale, version 5 (ProQol-5). The study analysis revealed resilience emerged as a strong predictor of compassion satisfaction (CS) and burnout (BO). Coping strategies were not a significant predictor of CS, BO, or STS. (Alharbi et al., 2020).

A Qualitative analysis of compassion fatigue and coping strategies among nurses, where it investigated compassion fatigue among nurses and experiences of compassion fatigue by nurses, and their coping mechanisms. The research enlisted nurses (N=86) from Central Europe which established a list of stressful factors, experiences, and coping mechanisms associated with compassion fatigue. The results indicate that the experiences are similar to those of nurses in other parts. (Ondrejková & Halamová, 2022).

There was another study conducted that examined compassion satisfaction, burnout, and compassion fatigue in emergency nurses and compared them with nurses in other inpatient specialties: oncology, nephrology, and intensive care. Participants completed demographic data and the Professional Quality of Life Scale: Compassion Satisfaction and Fatigue Subscales. Analysis indicated that emergency nurses had moderate to high levels of burnout, and close to 86% had moderate to high levels of compassion fatigue. (Hooper et al., 2010).

In another study relationship between compassion satisfaction, compassion fatigue, and posttraumatic growth among psychiatric nurses in China with (N=336) participants were seen. The outcomes indicated low levels of posttraumatic growth among psychiatric nurses but were strongly affected by their demographic and occupational variables. This research provides a message that not only negative but also positive emotional experiences of psychiatric nurses need to be considered in order to promote healthier overall well-being in psychiatric nurses. (Zeng et al., 2024).

Participants included (N=400) licensed, doctoral-level professionals in the field of psychology using the Compassion Fatigue Self-Test for Psychotherapists, a demographics questionnaire, and a self-efficacy scale. From the survey, the psychologists who had more positive perceptions of their therapy sessions were less experienced in compassion fatigue. Also, those

who had a larger proportion of clients with personality disorders were more at risk for compassion fatigue.

This was intended to: (a) introduce compassion fatigue as a natural and disruptive byproduct of working with traumatized clients; (b) create a theoretical model for evaluating and treating compassion stress and compassion fatigue; (c) define the differences between compassion fatigue, PTSD, burnout, and counter-transference; (d) outline innovative treatment approaches for compassion fatigue in therapists; and (e) suggest methods for preventing compassion fatigue. (Figley, 1995).

## Materials and Methods

### Research Design

A qualitative research approach was employed to gain insights into and assess the experiences of clinical psychologists regarding compassion fatigue, coping strategies, and compassion satisfaction. A phenomenological approach was employed, using semi-structured interviews to gain a deeper understanding of clinical psychologists' lived experiences. By implementing a content-analytic research method, the effects of coping strategies, compassion fatigue, and compassion satisfaction on clinical psychologists were thoroughly examined.

### Sample

The sample included 6 practicing clinical psychologists ( $N=6$ ) with the age between 25 and 50 years. Purposive sampling method was employed to gather the data from various hospitals (government

and private practice). In a qualitative research minimum sample size is 6, e.g., as mentioned in (Bernard, 2013) participants or more can be useful in phenomenological research.

### Criteria for inclusion and exclusion

- Data was collected from clinical psychologists working in public and private hospitals of Age range 25- 50 years with at least 1 year of clinical experience.
- Psychologists of other than clinical field i.e. Speech therapists, counseling therapists and allied health professionals were excluded.

### Data Analysis

The present study employed an exploratory research strategy Creswell (1998) recommended a sample size of (5-25) individuals, for a qualitative investigation (Iqar, 2023). Studies of sensitive or complicated topics enable small samples to include intensive investigation.

### Demographic Information Sheet

Demographic sheet was designed. A questionnaire was also used which was designed particularly for this study to find out effect of Coping Strategies on Compassion Fatigue and Compassion Satisfaction experiences among Clinical Psychologists. Moreover, semi-structured interviews were conducted.

Descriptive statistics of Demographic Variables ( $N=6$ )

	<i>Variables</i>	<i>F (%)</i>
Age		
	25-35	3(50%)
	46-45	3(50%)
Gender		
	Female	6(100%)
Clinical Experience (in years)		
	5-10	3(48.7%)
	16-20	2(32.7%)
	21-25	1(16.7%)



**Relationship status**

Currently married	3(50%)
Single	3(50%)

**Workplace setting**

Private	5(83.3%)
Hospital	1(16.7%)

**Area of specialty**

Clinical and Counselling	3(50%)
Adolescent Health	1(16.7%)
Trauma and Suicidal	1(16.7%)
Neuro-developmental	1(16.7%)

**Case load (per month)**

10-50	2(33.4%)
51-100	2(33.4%)
101-150	1(16.7%)
151-200	1(16.7%)

**Procedure**

Permission was first requested from various hospitals and clinics, by conveying the research aim, and procedures. Then 6 participants were approached through professional networks, psychology associations and referrals. Each clinical psychologist was approached individually with a formal invitation by email which explained the study and asked for their participation. Semi-structured interview was prepared with open-ended questions to obtain in-depth understanding of the experiences of clinical psychologists. Theoretical (inductive) method was followed in analyzing the data to check if the clinical psychologists' overall experience was following Figley's compassion fatigue model. Prior to interview, informed consent and demographic sheet was completed by participants. The interviews were conducted face-to-face and took 45-60 minutes. Interviews were audio-recorded with interviewees' agreement to ensure proper data gathering. Each interviewee was assigned a code, such as P1, P2, and..... so on P6. Every interview was thoroughly listened from the recordings and jotted down. Verbatim of recorded interview was hand-transcribed. Transcripts were cross-checked to ensure accuracy. Thematic analysis was conducted in order to determine the patterns and themes of the data.

**Data Analysis**

The interviews were of transcript verbatim type, and the analysis was grounded on content analysis. Identifying patterns was the first step that reveals trends, themes, and patterns in the content through close reading of the textual transcript numerous times. Quantifying information, which measures quantitative data so that the researcher is able to brainstorm themes, was the second step. The third one was comprehending themes diversely that gave insights how the content is reflective of diverse factors, and then transcripts were translated into emerging themes, where researchers took effort on their detailed exhaustive notes from transcripts. It gets translated into codes for notes and then transfigured to emerge as to become emerging themes referred as the subordinate themes. Lastly, at stage three researcher formulated relationships among the coming theme; they categorized them on the basis of similarity at a conceptual level with suitable names to each one of them. These clustered themes were labeled as superordinate themes, and lastly, a list consisted of subordinate and superordinate themes were compiled.

**Major Findings**

**Table 2**

*Qualitative analysis of clinical psychologists and their experiences of compassion fatigue, compassion satisfaction and their coping strategies. (N=6)*

Superordinate Themes	Subordinate Themes	Initial coding	Frequency
Compassion fatigue	Causes of secondary traumatic stress	Deeply feeling trauma of others	5
		Over-understanding	3
		Intense suicidal cases	3
		Over absorbing psychological issues	4
		Spending too much time on client	1
		Giving excessive energy to a client	1
		Over involvement in any case	3
		Extreme empathy	4
		Human affects human	6
	Effects of apathy towards suffering of others	Life disruptions	3
		Personal life affects	3
		Tension	1
		Reduced empathy	4
		Desensitization	2
		Irritability	2
	Emotional exhaustion	Feeling low	5
		Repetitive thoughts	4
		Limited emotional capacity	1
		Energy drains	3
		Feels burden	4
		Hectic	5
		Cognitive impairment	2
		Emotional overload	3
		Takes time to comfort oneself	1
		Difficult to function well	3
		Affects wellbeing	1
		Desire to leave profession	3
		I cannot handle	2
		Pressure from parents to quit job	5
		Difficult to function well	2
		Crying	5
		Numbness	3
		Increased anxiety	3
		Anger	3
		Helplessness	6
		Blackout	2

Coping mechanisms	Coping with positive emotions	I can do it I can handle Self-motivation Self-compassion Acceptance Practicing hobbies Painting Colors are helpful in releasing stress Listening music Book reading Travelling Bracketing off technique Focus on here and now approach Closes box after every session Prioritize yourself Establish healthy boundaries	1 2 1 2 4 5 6 2 2 2 3 3 2 6 4 6
	Detoxification of unhealthy emotions with others	Sharing/ catharsis with my family Emotion regulation Vacations after 5-6 months are necessary to function well Outings with friends Family trips Warmth of my children undo my stress Growth groups: Sharing with Colleagues and professors	7 2 3 2 2 1 4
	Releasing stress through exercises	Mental exercises Morning walk Connectivity with nature Meditation Mindfulness exercises Elected with your body and emotions Helps in coping stress Breathing exercises Religious coping Time management Took break Me-time Spent time doing things I like Me-time necessary to bounce back Sleep schedule Vitamin b6 in diet increases tolerance Protein bars during sessions Peanuts and walnuts	3 5 2 1 4 2 3 1 11 3 6 7 3 6 4 2 3

<b>Empathic concerns</b>	Perspective taking	Fit in shoes or others Think on their behalf	4 2
	Compassionate empathy	Find ways to help clients Understanding severity of illness Trying best to help client Listening carefully Self-other differentiation	5 3 5 7 4
<b>Compassion satisfaction</b>	Sense of fulfillment	Feel blessed to listen other's problems Thankfulness Feelings of gratitude Emotional rewards Feeling of contentment Sense of achievement Relief for me Feeling of accomplishment Inner peace Purpose of life Increased profession related satisfaction	13 17 10 4 2 9 9 6 19 4 5
	Self-fulfilment causes	Witnessing betterment in client's life Seeing recovery process of client Independence of client Relying on own words rather than medicines Bringing positivity in one's life Progress of client Feedbacks Psychoeducation and insight of illness Positive regards of clients Positive regards of client's family Therapeutic for me to listen others Nonverbal positive cues Blessing received from clients Positive amendments in client's life Stability in client's life Being trustworthy	7 9 15 8 9 7 19 2 8 3 3 6 16 6 6 1
<b>Miscellaneous</b>	Need of Self-fulfilment	Working on yourself first in the basic requirement of this profession, although it is much difficult sometimes but our energy should be good enough to build rapport The challenging and satisfactory part of this profession is that we use our own words rather than relying on medicines.	4 3



## Discussion

In this research, the initial extracted superordinate theme is compassion fatigue from the traumatology field and is a sentiment commonly felt among both primary and secondary care givers. The main aim of this research was to explore all the potential contributing factors towards compassion fatigue among clinical psychologists. We have reached the conclusion that the stressful factors contributing to compassion fatigue are directly associated with the severe emotional effect of clients' traumas, as seen by the interviewed psychologists. The second aspect of compassion fatigue is to recognize the impact on psychologists themselves. Most interviewees stated that they become exhausted by an emotional cause, namely that another human's suffering weighs on them; e.g., when a client gets extremely upset, it causes a lot of issues the psychologist. This identifies at a very important point of awareness and support mechanisms which would maybe be able to make life a bit more manageable for psychologists when they reach the end of their emotional endurance. A psychologist, dealing with victims who had attempted suicidal attempts at severe levels, remarked about her job, "The most disturbing thing about the job is working with clients who have attempted serious critical suicidal attempts". It has been reported that suicidal patients are generally in a very bad mental condition. This hesitancy takes a lot of energy and patience from the psychologist, and that is one of the reasons for feeling drained. Also, dealing with suicidal patients leaves a permanent impact on psychologists, and that leads to emotional upsets. The psychologists in our research explained that humans significantly influence each other; this phenomenon is referred to as emotional contagion, which describes the phenomenon of transferring emotions from a person to another. For instance, if one person laughs, others will smile. If one person gets nervous, the group becomes tense.

Other sources of compassion fatigue found in this research are psychologist's identification with their clients' trauma experiences. High emotional involvement and over-concern with clients' psychological issues are strong predictors of compassion fatigue. It was compassion fatigue one psychologist asserted, because they were working more time and energy on their clients than required,

for instance, it was said, "very long sessions in the clinic brought them both physical and cognitive exhaustion". Some other things that could lead to this stress are the over-sympathetic, charged patients and additional pressure from the clients on the work done by their psychologists. The majority of psychologists report that they feel emotional exhaustion and lessened personal accomplishment due to under-staffing and working pressure at higher levels; hence, resulting in secondary trauma. All these are facilitating a complex interaction of professional obligations with the psychologist's emotional loads in work. The second lower-level theme derived from this research is secondary trauma experiences and its influence on wellbeing of psychologists. The psychologists indicated that their excessively empathetic approach towards clients tends to impact their lives negatively in the form of cognitive and emotional disturbances. The results reveal that compassion fatigue is a multi-dimensional construct impacting multiple domains of the life of a psychologist.

Emotional symptoms are also very commonly described in the literature to encompass anger and frustration, this research found other feelings such as, hopelessness, excessive crying, low mood, intrusive thoughts concerning clients' traumatic histories, low emotional capacity, poor concentration, numb feelings, and desensitization. Unpleasant cognitive and behavioral symptoms of heightened anxiety and lack of motivation and irritability are also present. Moreover, a large number of psychologists experienced jarring physical symptoms which culminated in emotional exhaustion like headaches, muscle tension, body pain, decreased cognitive functioning, and most importantly, sleep disturbances. Body symptoms experienced such as unfamiliar pains such as headaches, stomachaches, and a lot more. (Paiva-Salisbury et al, 2022).

The second extracted superordinate theme is coping mechanisms of compassion fatigue of psychologists. These were taking care of one's relationships, physical and spiritual health, and cognitive and emotional functioning, behavior, or by applying workplace-related coping. Based on the above schematically represented table, the following subordinate themes are derived from the study,

which are proactive coping, detoxification of negative emotions, releasing stress through exercises such as me-time and bracketing off techniques. Nearly half of the participants reported that they employ "Bracketing-off techniques", in their opinion bracketing technique is employed to establish boundaries with their clients. Over 10 years of clinical experience clinical study participants in the aforementioned study emphasized the following: in clinical sessions they maintain a "here and now approach" that in which they create a boundary with clients, hence closing clients' chapter immediately and then break so that it wouldn't influence them for rest life. One participant reported that, "I close the box after each session and I don't take the baggage with me to home". That's how bracketing off technique functions. A psychologist suffering from compassion fatigue, self-care and establishing healthy boundaries should be given top priority so that emotional well-being can be sustained.

This research derives that psychologists typically employ adaptive coping skills to manage stressful situations. This involves predominantly positive coping strategies such as self-motivation, self-compassion, engaging in healthy hobbies such as listening rejuvenating music, reading books, painting and here and now approach are employed by psychologists in order to overcome professional fatigue. Positive religious coping is the process of seeking religious support, finding meaning in suffering, and a safe relation with a higher power, which has been associated with improved mental health outcomes and enhanced well-being. The second sub-theme that was derived from this research is detoxifying harmful emotions which can be achieved by catharsis. Catharsis is a psychological process that entails release and relief of deep-seated or pent-up emotions. It is typically associated with emotional cleansing, which allows people to express emotions that have been suppressed, and in return, it provides them with relief and regain. (Sun et al., 2023). In addition, emotional regulation is another method of detoxification. The technique utilizes cognitive restructuring to dispel negative thinking and mindfulness techniques to increase awareness so that adaptive coping mechanisms can be created in the psychologist for him or her to remain grounded when in therapy with clients. This self-regulation

then avoids burnout of the psychologist and maintains a compassion satisfaction in practice. Another important strategy for maintaining well-being and coping with secondary traumatic stress is making sure there are vacations and breaks every five to six months. A psychologist noted, "I immensely need vacations after 6 months of work with clients; this increases up my power of tolerance and improves the quality of sessions with clients." Clinical psychologists are advised to have vacations from time to time. Apart from vacations, family and friend outings are also found to be effective in performing well and handling fatigue. According to one of the participants, "Spending time with my family and warmth of my children undo my stress and I feel way much lighter". Another technique which was adopted by clinical psychologists is to attend growth groups. Growth groups are special kinds of structured meetings.

Third subordinate theme derived by our findings is psychologists' coping strategies through various types of exercises to unleash stress levels. In fact, this research show that daily morning walk, meditation, mindfulness practices, nature connectedness and physical exercise could enhance the way one feels naturally or assist to alleviate symptoms of stress-related by enhancing secretion of endorphins and some neuron-chemicals that promote happiness and complacency. (Sonnentag & Fritz, 2007). Frequent breaks, "me time," and regular sleep routine are some strategies that are effective in managing stress. "Me time" provides time to do what they enjoy, which allows for relaxation and reflection, which leads to much-needed calming and gives more energy emotionally. This ceremony keeps your energy intact. Good sleep, as indicated by the research, is absolutely necessary for effective stress management; individuals who have a consistent sleep pattern are low in stress. Nutrients-rich foods, which are similar to foods with nuts, have a very significant contribution to the battle of a stress disorder since it gives an individual nutrients which are essential to allow for a mental arrangement to facilitate improved emotional control. Consuming higher nutritional value foods, like nuts, might be associated with a state of well-being and with contentment regarding the intake of meals; such can function in

helping to manage stress management better as healthy food selection (O'Neil et al., 2014). Third superordinate theme of present study is empathetic concerns of psychologists which is described in more detail through three subordinates which include perspective taking, mirror neuron activation and compassionate empathy. Empathy is a foundation skill for psychologists as it enhances their chances of relating to their clients and grasping their feelings and experiences. Empathy has been shown through studies to be fundamental in effective clinical practice, influencing patient satisfaction and medication adherence (Hojat et al., 2009). The capacity to establish and maintain high levels of empathy in psychologists translates to more effective therapeutic relationships and outcomes and eventually to enhanced mental health care. Psychologists were empathetic by walking in the clients' shoes and experiencing their feelings as well, also referred to as perspective taking empathy. Perspective taking is the intellectual capacity that is capable of perceiving and experiencing the feelings and the views of other people so that they could indeed emotionally connect. This type of empathy involved fantasizing of oneself in other people's shoes to enhance emotional connection and promote empathetic responses. Second lower-order theme drawn from empathetic concerns of clinical psychologists is, "mirror-neuron-activation", which is a phenomenon where a certain group of neurons in the brain become activated when one performs an act and when one watches another individual performing the same act. Mirror neurons are assumed to play a significant role in comprehending the actions of others, learning by imitation, and creating empathy. Mirror neuron activity plays a significant role in practicing clinical psychology, i.e., increasing empathy and comprehension of client emotions.

Third superordinate theme of this research is empathetic concerns of psychologists which is further described in three subordinates which are perspective taking, mirror neuron activation and compassionate empathy. Empathy is a fundamental ability for psychologists as it enhances their capacity to relate to clients and comprehend their feelings and experiences. Studies reveal that empathy is a crucial aspect in effective clinical practice, with

effects on patient satisfaction and treatment compliance (Hojat et al., 2009). Psychologists exhibited empathy by stepping into the shoes of clients and empathizing with them as well, which is perspective taking empathy. Perspective taking refers to the mental capacity that can experience and have the feelings and views of other people so that they could actually emotionally connect. Such empathy involved thinking oneself into the other person's shoes in a bid to enhance emotional involvement and promote empathic reactions. Second sub-theme gleaned from empathetic issues of clinical psychologists is, "mirror-neuron-activation" which is the phenomenon where some neurons in the brain become activated upon a person doing an activity and upon a person watching another individual do the same activation. Mirror neurons are believed to play a critical role in understanding others' activities, learning by imitation, and empathy-building. The activation of mirror neurons plays a critical role in the practice of clinical psychology, particularly to increase empathy and comprehension of the feelings of clients. During the therapy sessions, he might be able to observe what his client does with his body language and facial expressions and emotional reaction to discussing such stressful experiences. Mirror neurons provide activation that resonates very deeply with the feelings of the client, producing an experience of mutual understanding. This is a very significant notion in successful interpersonal functioning, particularly in careers such as psychology, where it is necessary to grasp the feelings of clients without getting bogged down by them. (Jeannerod & Anquetil, 2008). Research revealed, that awareness of difference between self and other is necessary to the formation of empathic concern, an other-oriented reaction that's meant to decrease another distress.

The final superordinate theme derived from this research is compassion satisfaction, which also defines compassion satisfaction as sense of fulfillment and brings about compassionate satisfaction. It is an important component in the psychology profession since it contributes to job satisfaction, resilience, and sustainability of the profession. High compassion satisfaction acts as a shield against burnout and compassion fatigue that many psychologists face. When they highlight the

rewarding aspects of their work, they are in a better position to cope with stress and emotional demands. In psychology, coping effectively in this manner can maximize compassion satisfaction while at the same time minimizing the chances of burnout and emotional exhaustion. (Plexico & Erath, 2023). Above all, participants mostly reported that they feel blessed while listening to clients' traumatic and disturbing histories and a sense of fulfillment arises. The feeling of gratitude and thankfulness is strongly experienced by them. One of the psychologists remarked, "I feel sense of contentment and sense of achievement when clients trust me with their post personal problems, it's a kind of emotional reward for me.". Some of them stated that they feel a sense of accomplishment when they are listening to others. Most common perspective noted by all of the clinical psychologists is that they feel inner peace. Psychologists achieved inner peace by listening actively to their clients, which not only developed an excellent therapeutic alliance but also gave them a sense of fulfillment and meaning. Active, empathetic listening by psychologists provides a secure environment for the sharing of thoughts and feelings, which can bring about deep insights and healing to both. Such a listening-inner peace connection is also supported by research. A study found that when therapists used mindfulness-based interventions, they were more satisfied and emotionally healthy while they spent time with clients. (Keng et al., 2011).

Second subordinate theme that is mirrored by this research is reasons for sense of fulfillment. Psychologists feel fulfilled when their patients are getting better, they are happy, and they are making their life better. They saw recovery of their client was quite fulfilling to psychologists. When the treatment is a success and makes the clients better on their own psychologists feel satisfied knowing that medicines won't work on a specific patient. The psychologist is satisfied knowing that he educates his clients on their mental states and enables them to know themselves. Positive feedback from a client's family gives a psychologist a sense of fulfillment. Psychologists were pleased with their clients since listening occasionally is a healing for the psychologist as well. Every time psychologists were receiving

blessings or gratitude, then the satisfaction becomes more profound.

This qualitative research follows phenomenological approach which explored and understood the lived experiences of people regarding a specific phenomenon. So we have extracted some miscellaneous codes from the verbatim, which are:

Self-work is a very fundamental requirement for anyone in the psychology profession, as it is the foundation of successful practice and building rapport with clients. While self-reflection and personal growth can be extremely demanding, but it is important to psychologists to have positive energy and emotional strength, which directly affect therapeutic relationships. The fulfilling nature of this job is the ability to heal and grow through healthy conversations and newfound perspectives instead of medications. Psychologists develop their professional competence in shaping a model of self-reflection and self-care for their patients, thereby instilling a much greater level of connection and knowledge in the healing process.

### **Conclusion**

The current research concludes, the pattern of interconnection that occurs between compassion fatigue and compassion satisfaction with coping mechanisms of the clinical psychologists. The findings of the research indicate that despite the presence of stressors resulting in compassion fatigue, such as high emotional demands, strongly empathizing trauma of others, over compassion and over understanding, complexity in cases and providing excessive energy and attention to client. Conversely, Compassion satisfaction is an antidote for the same issues. High caseloads, emotional distress resulting from client interactions are some of the stressful conditions identified by Clinical Psychologists. Catharsis, emphasis on "here and now approach", recreational pursuits, me-time, conducting healthy exercises, collegiate support and a healthy work-home balance are offered by psychologists as capable of overcoming compassion fatigue. Additionally, the research highlighted the significance of fostering resilience by means of compassion satisfaction the pleasure one experiences when observed improvement and improvement in client's life, feed-backs, and positive regards of clients



make them feel complete in their job and job satisfaction in general.

### Constraints and Recommendations

The controversial issue of compassion fatigue resonates with the strong emotions of participants, and this could jeopardize their well-being as well as willingness to engage voluntarily. Knowing their self-perception could imply that participants would not report feeling compassion fatigue or negativity because they fear being judged by their peers or even by their superiors and the ensuing repercussions. The second limitation of the study is that it involves only clinical psychologists, which may restrict the generalization of the results to the psychology profession as a whole. As the research aims at clinical psychologists alone and not at other psychologists, for instance, counseling psychologists or school psychologists, or industrial-organizational psychologists, it must exclude experiences and views of such groups. Future research can compare compassion fatigue in early years of career of clinical psychologists and veteran ones to find differences between both these categories. It might also identify how compassion fatigue progresses from the formative years of practice, when perhaps individuals are more idealistic and less exposed to the emotional burden of dealing with clients, to more emotionally demanding years later on as there is a cumulative effect which accumulates. Researchers are able to identify which factors are most important in building resilience or susceptibility to compassion fatigue over the long term by viewing the various factors that manage stress, assistance, and professional development throughout the course of career phases. Comparative analysis will be worth useful information for psychologists in improved emotional well-being during their career and will be utilized for training programs intended to reduce compassion fatigue early during a practicing psychologist's career.

### Implications

- This study will be essential in the literature in designing interventions that may help Clinical Psychologists in maintaining appropriate levels of compassion and get an insight about adaptive coping strategies to prevent compassion fatigue, can be

helpful in identifying signs and symptoms of compassion fatigue among clinicians and their peers

- This phenomenological study will help in constructing indigenous scale in the future.
- Additionally, it could provide valuable insights into adaptive coping strategies that can effectively mitigate the negative impacts of compassion fatigue in clinical psychologists.
- Organizations can create standards for effective workload management and job satisfaction among clinical psychologist. Our findings may improve the supervision plans that access to mental health resources and peer support groups.

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