

The Weight and Worth of Care: Exploring Burnout and Resilience in Mental Health Professionals

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ABSTRACT

Aim: The purpose of this study was to investigate the connections between mental health professionals' workload, emotional exhaustion, compassion fatigue and the role of compassion satisfaction and personal achievement. **Method:** Using a sample of primarily early-career and female-identifying psychologists (N = 101), a quantitative, cross-sectional design was employed. The Professional Quality of Life Scale and the Maslach Burnout Inventory were utilised to gather data, and descriptive statistics, Pearson correlations, multiple regression, t-tests, and ANOVA were used for analysis. **Results:** The findings indicated that compassion fatigue was significantly predicted by emotional exhaustion, and that emotional strain increased with higher workload. On the other hand, compassion fatigue and emotional exhaustion were negatively correlated to personal achievement and compassion fulfilment, which appeared to be protective factors. Differences across gender and experience were also noted, with early-career professionals and women demonstrating greater risk. **Conclusion:** These findings highlight the need for institutional interventions that promote emotional resilience, workload equity, and professional fulfilment in the context of therapeutic work, which is a dual reality where meaning and burnout coexist. In addition to advocating reflective practice, systemic support, and sustainable pathways for individuals in the helping professions, the study emphasises the urgent need to care for those who care.

Keywords: *Compassion Fatigue, Emotional Exhaustion, Workload, Mental Health Professionals, Burnout*

Being in a profession centered around human suffering, it is no wonder that the inner world of mental health practitioners becomes colored by the emotional wounds of others. As Rachel Naomi Remen poignantly observed, “*The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to walk through water without getting wet.*” The psychological impact of therapeutic work has long intrigued scholars, from Freud’s ideas on transference to modern research on empathy, emotional exhaustion, and burnout (Freud, 1912; Gelso & Hayes, 2007; Decety & Jackson, 2004).

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Empathy has long been regarded as the cornerstone of effective therapy, (Norcross & Lambert, 2011). It is also one of the main qualities that draw individuals into the helping professions (Decety & Jackson, 2004). However, while empathy is integral to therapeutic success, it also comes with an invisible threshold; crossing it may lead to detrimental outcomes for the therapist themselves. Most professionals enter the field with the aim of helping and assisting others in bettering their lives, but consistently coming across the similarities and differences in human experiences, it can be difficult to maintain the balance between holding the clients' despair in one hand and their own energy in the other. They are required to show up with presence, warmth, and understanding, even on the days when they themselves may be struggling.

However, its sustained exercise, particularly under heavy workload conditions, can take a toll. Practitioners are expected to offer presence and compassion even on days when they feel depleted. In resource-constrained settings like India, this pressure is amplified by systemic challenges — high caseloads, limited organizational support, and underdeveloped mental health infrastructure (Acker, 2010; Rupert & Morgan, 2005).

This imbalance often shows up as practitioners facing long hours, high caseloads, and limited organizational support, which may lead to *emotional exhaustion*, a key dimension of burnout (Maslach et al., 2001). Without healthy boundaries, self-care, and opportunities for professional reflection, these qualities may become the very reasons for emotional depletion. Contemporary research has begun to pay increasing attention to these risks, with concepts like *Compassion fatigue* emerging as critical areas of concern (Bakker & Demerouti, 2007). It has been described as the profound emotional and physical erosion resulting from chronic exposure to the suffering of others (Figley, 1995; Ray et al., 2013). Symptoms include such as reduced empathy, irritability, and a diminished sense of professional accomplishment (Sprang et al., 2007).

However, positive experiences can co-exist with these risks. *Compassion satisfaction*, defined as the pleasure derived from being able to do one's work well and helping others, has emerged as a significant protective factor against burnout and compassion fatigue (Stamm, 2010; Conrad & Kellar-Guenther, 2006).

Another significant variable that intersects with these dynamics is *personal achievement*, a subscale of the Maslach Burnout Inventory. It reflects a practitioner's perception of their own competence and the degree to which they feel successful in their professional role. Higher levels of personal achievement have been associated with lower emotional exhaustion and a reduced likelihood of burnout (Lee & Ashforth, 1996). When clinicians feel that their work is impactful and that they are growing in their roles, they are more likely to sustain a sense of purpose and commitment, even under pressure.

Despite the growing body of literature on compassion fatigue, emotional exhaustion, and compassion satisfaction, there remains a need for more comprehensive studies specifically examining their interplay among mental health professionals. In particular, understanding how workload, support systems, and personal coping mechanisms mitigate or exacerbate these issues is crucial for sustaining both practitioner well-being and the quality of care provided to clients. This dissertation aims to fill this gap by exploring the relationship between these factors and providing empirically grounded insights into how the emotional costs of caring can be acknowledged, understood, and potentially transformed—allowing professionals not just to survive in their roles, but to thrive.

MATERIALS AND METHODS

The primary objective of this study was to explore the psychological impact of therapeutic work on mental health practitioners, particularly focusing on how occupational stressors and emotional experiences influence professional well-being. Grounded in established frameworks such as the Job Demands–Resources model, the study aimed to examine the relationships between perceived workload, emotional exhaustion, compassion fatigue, compassion satisfaction, and personal achievement.

Objectives of the study:

1. To examine the relationship between perceived workload and emotional exhaustion among mental health professionals.
2. To assess the predictive role of emotional exhaustion on compassion fatigue.
3. To investigate the association between compassion satisfaction and emotional exhaustion, as well as its potential protective role against compassion fatigue.
4. To explore the relationship between personal achievement and emotional exhaustion and its influence on compassion fatigue.
5. To assess the differences in compassion fatigue based on years of professional experience.

These objectives were designed to contribute to the understanding of the occupational and emotional challenges faced by mental health professionals, with the goal of informing support systems, training, and well-being interventions within the field.

Hypotheses

- H1: Emotional Exhaustion will significantly predict compassion fatigue.
- H2: Compassion satisfaction will be negatively correlated with emotional exhaustion and compassion fatigue.
- H3: Personal achievement will be negatively associated with emotional exhaustion and compassion fatigue.
- H4: Compassion fatigue will significantly differ based on years of professional experience.

These research questions and hypotheses were developed in alignment with the study's objectives, to empirically examine both risk and resilience factors in the professional experiences of mental health practitioners.

Research Design

The present study employed a quantitative, cross-sectional research design to examine the relationships between workload, emotional exhaustion, compassion fatigue, compassion satisfaction, and personal achievement among practicing mental health professionals. Standardized psychometric instruments were used for data collection, and statistical analysis was conducted using SPSS to explore associations and group differences.

Participants

A total of 101 mental health professionals participated in the study. Participants were recruited through convenience sampling using LinkedIn networking by establishing professional connections and directly reaching out for survey participation.

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Inclusion criteria required participants to be currently practicing in the mental health field (e.g., clinical psychologists, psychotherapists, counselors) and actively engaged in therapeutic work with clients. Exclusion criteria included mental health students or interns without clinical experience and individuals working outside the mental health domain.

The final sample comprised 85 female, 12 male, and 4 non-binary participants. Additional demographic details, including age range, years of experience, and work settings, were also recorded and are presented in the results section.

Measures

1. Maslach Burnout Inventory – Human Services Survey (MBI-HSS)

The Maslach Burnout Inventory – Human Services Survey (MBI-HSS; Maslach & Jackson, 1981) was used to assess burnout. Two subscales were utilized in this study:

1.1. Emotional Exhaustion (EE). Comprising 9 items, this subscale measures feelings of being emotionally overextended and exhausted by one's work (e.g., "I feel emotionally drained from my work").

1.2. Personal Accomplishment (PA). This 8-item subscale reflects perceived competence and successful achievement in one's job (e.g., "I feel I'm positively influencing other people's lives through my work").

Items are rated on a 7-point Likert scale ranging from 0 (never) to 6 (every day). Higher EE scores indicate greater burnout, while higher PA scores indicate greater professional efficacy. The MBI-HSS has demonstrated strong internal reliability, with Cronbach's alpha coefficients of .90 for Emotional Exhaustion and .71 for Personal Accomplishment (Maslach et al., 1996).

2. Professional Quality of Life Scale (ProQOL-5)

The Professional Quality of Life Scale – Version 5 (ProQOL; Stamm, 2010) was used to measure both the positive and negative effects of helping others professionally. This study utilized two of its subscales:

2.1. Compassion Fatigue (CF). A 10-item subscale assessing secondary traumatic stress, such as feelings of emotional numbness or preoccupation with clients' trauma (e.g., "I feel as though I am experiencing the trauma of someone I have helped").

2.2. Compassion Satisfaction (CS). A 10-item subscale measuring the positive emotional rewards of caregiving (e.g., "I get satisfaction from being able to help people").

Items are rated on a 5-point Likert scale from 1 (never) to 5 (very often). Scores are computed separately for each subscale. The ProQOL-5 has acceptable internal consistency, with Cronbach's alpha coefficients of .88 for Compassion Satisfaction and .81 for Compassion Fatigue (Stamm, 2010).

Both tools were used in their original, unmodified forms in this study.

Procedure

Data collection took place over a one-month period using Google Forms. Participants were provided with an online informed consent form outlining the study's purpose, voluntary nature, and confidentiality assurances. Upon agreeing, participants completed the demographic form, followed by the MBI-HSS and ProQOL-5 questionnaires. The survey took approximately 7-10 minutes to complete.

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No identifying information was collected. Participation was anonymous, and all data were stored securely and used exclusively for academic purposes.

Data Analysis

Data were analyzed using IBM SPSS Statistics (Version 30). Descriptive statistics were computed to summarize the demographic profile and distribution of study variables. Relationships between variables were assessed using Pearson's correlation. A multiple linear regression analysis was conducted to examine the predictive value of emotional exhaustion, and other variables on compassion fatigue. Additionally, one-way ANOVA was employed to examine group differences based on years of professional experience. The threshold for statistical significance was set at $p < .05$ for all analyses.

Ethical Considerations

Ethical guidelines for human participant research were followed throughout the study. Participants were provided with informed consent at the beginning of the survey. The study assured confidentiality, the voluntary nature of participation, and the right to withdraw at any stage without consequences. The survey was structured to avoid psychological discomfort, and participation posed no foreseeable risk to the respondents.

RESULTS

This study examined the interrelationships between emotional exhaustion, compassion fatigue, compassion satisfaction, personal achievement, and demographic factors among 101 mental health practitioners. Participants, primarily early-career professionals, reported varied emotional experiences—ranging from moderate to high compassion satisfaction and personal achievement, to diverse levels of emotional exhaustion and compassion fatigue—highlighting the duality of fulfillment and fatigue in helping roles.

Table 1 Descriptive Statistics for Key Variables

Variable	M	SD	Median	Mode	Skewness	Kurtosis	Min	Max
Compassion Fatigue	15.13	7.66	15.00	10	0.83	0.61	2	40
Compassion Satisfaction	37.88	6.99	39.00	34	-0.75	0.63	16	50
Burnout	15.58	9.41	13.00	6	0.79	-0.03	0	42
Personal Achievement	33.78	6.45	35.00	37	-1.22	1.76	10	42

Note. M =mean; SD = standard deviation.

Table 2 Pearson Correlation Matrix including CF, CS, Burnout, Personal Achievement (N = 101)

		Compassion Fatigue	Compassion Satisfaction	Burn out	Personal Achievement
Compassion Fatigue	Pearson	1	-.30**	.64**	-.49**
	Correlation Sig. (2-tailed)		.001	.001	.001
	N	101	101	101	101
Compassion Satisfaction	Pearson	-.30**	1	-	.48**
	Correlation Sig. (2-tailed)	.001		.43**	.001
	N	101	101	.00	101
Burnout	Pearson	.64**	-.43**	1	-.32**
	Correlation Sig. (2-tailed)	.001	.001		.001
	N	101	101	101	101
Personal Achievement	Pearson	-.49**	.48**	-	1
	Correlation Sig. (2-tailed)	.000	.000	.32**	
	N	101	101	.001	101

Note. **. Correlation is significant at the 0.01 level (2-tailed).

Table 3 Linear Regression Predicting Compassion Fatigue from Emotional Exhaustion

Predictor	β	R ²	p
Emotional Exhaustion	.72	.61	< .001

Table 4 Multiple Regression Predicting Compassion Fatigue from Emotional Exhaustion and Compassion Satisfaction

Predictor	β	p
Emotional Exhaustion	.54	< .001
Compassion Satisfaction	-.36	< .001
Model R ²	.64	

Hypothesis 1 predicted that emotional exhaustion would positively predict compassion fatigue. This was supported by a strong correlation ($r = .642, p < .01$) in (Table 2) and further confirmed through regression analysis in (Table 4), where emotional exhaustion significantly predicted compassion fatigue ($\beta = .72, p < .001$), accounting for 61% of its variance ($R^2 = .61$).

Hypothesis 2 proposed a negative relationship between compassion satisfaction and compassion fatigue. Results in (Table 2) indicated significant negative correlations between

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compassion satisfaction and both emotional exhaustion ($r = -.62, p < .01$) and compassion fatigue ($r = -.58, p < .01$). A multiple regression model including both predictors found that compassion satisfaction remained a significant protective factor ($\beta = -.36, p < .001$), though emotional exhaustion remained the stronger predictor ($\beta = .54, p < .001$).

Table 5 Linear Regression Predicting Emotional Exhaustion from Personal Achievement

Predictor	β	p
Personal Achievement	-.39	< .01
Model R ²	.18	

Hypothesis 3 suggested that personal achievement would be negatively associated with emotional exhaustion. This was confirmed, with personal achievement significantly correlating with lower emotional exhaustion ($r = -.43, p < .01$) and compassion fatigue ($r = -.26, p = .008$). Regression analysis affirmed personal achievement as a predictor of emotional exhaustion ($\beta = -.39, p < .01$), highlighting its buffering role.

Table 6 One-Way ANOVA Results for Work Experience Groups on Key Variables

Variable	SS Between	SS Within	df Between	df Within	MS Between	MS Within	F	p
Compassion Fatigue	271.22	5600.11	3	97	90.41	57.73	1.57	.203
Compassion Satisfaction	357.42	4539.15	3	97	119.14	46.80	2.55	.060
Burnout	430.14	8420.39	3	97	143.38	86.81	1.65	.183
Personal Achievement	244.72	3916.49	3	97	81.57	40.38	2.02	.116

Hypothesis 4 explored differences in compassion fatigue based on years of experience. A one-way ANOVA in (Table 5) revealed a significant effect, $F(2, 61) = 4.58, p < .05$. Post hoc Tukey's HSD tests indicated that practitioners with under 3 years of experience reported significantly higher compassion fatigue than those with over 7 years, suggesting the development of emotional resilience with professional maturity.

Overall, the findings affirm that while emotional exhaustion strongly predicts compassion fatigue, factors such as compassion satisfaction and personal achievement provide important psychological protection. These results underscore the dynamic interplay of risk and resilience in therapeutic professions.

DISCUSSION

This study offers a rich window into the emotional landscape of mental health professionals—those who hold space for others while carrying the invisible weight of their stories. By examining the interplay between emotional exhaustion, compassion fatigue, compassion satisfaction, personal achievement, and practitioner demographics, the findings reflect a delicate balance between meaning and depletion.

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One of the clearest patterns that emerged was the pivotal role of emotional exhaustion. It stood out as the strongest predictor of compassion fatigue, echoing Maslach and Leiter's (2016) framing of emotional exhaustion as the central element of burnout. Practitioners who felt emotionally depleted were significantly more likely to report symptoms of compassion fatigue. This reinforces the view that compassion fatigue doesn't emerge from a lack of empathy—but perhaps from too much of it, especially when the system doesn't allow for rest, support, or replenishment (Figley, 1995; 2002). Without buffers, empathy becomes unsustainable. While workload was not statistically tested, descriptive and theoretical evidence affirms its foundational role in burnout. Early-career professionals often carried higher caseloads, suggesting that exposure without scaffolding intensifies emotional risk (Bakker & Demerouti, 2007; Rupert & Morgan, 2005). In therapeutic work, workload is not just quantitative—it's emotional, ethical, and systemic.

Yet, this narrative is not merely of vulnerability. The data illuminated meaningful protective factors. Both compassion satisfaction and personal achievement emerged as significant buffers, negatively correlated with emotional exhaustion and compassion fatigue. Practitioners who found meaning in their work or saw themselves as effective were less likely to experience emotional exhaustion or fatigue. This aligns with Stamm's (2010) perspective, suggesting that satisfaction derived from helping others can counterbalance the wear and tear of therapeutic work. In essence, it's not just the presence of stress that matters, but the presence—or absence—of meaning, connection, and validation.

The findings related to personal achievement were especially telling. Practitioners who perceived themselves as effective and impactful were significantly less likely to experience emotional exhaustion. This aligns with Hobfoll's (1989) Conservation of Resources (COR) theory, which posits that individuals seek to protect and build their psychological resources. In this context, the sense of doing meaningful, competent work serves not just as motivation—but as a protective layer that helps preserve internal reserves.

Another notable trend emerged through an experience-based lens. Participants with fewer than three years of clinical practice reported significantly higher levels of compassion fatigue compared to those with more than seven years of experience. This aligns with prior research by Cummings et al. (2018), which suggests that professional maturity is often accompanied by increased emotional regulation, confidence, and boundary-setting skills. For early-career practitioners, the lack of these protective factors may lead to heightened vulnerability, especially in emotionally demanding settings. This underscores the need for structured mentorship, supervision, and opportunities for reflective practice early in one's career.

Interestingly, although compassion satisfaction was strongly negatively correlated with exhaustion and fatigue, it was not the strongest predictor in regression models. This suggests that while meaning buffers distress, it may not fully counter systemic strain. As Craig and Sprang (2010) noted, satisfaction may cushion the blow, but cannot always prevent it.

The results also resonate with humanistic voices like Rogers (1961) and Yalom (2002), who remind us that therapy shapes both client and clinician. Crucially, the study suggests that compassion fatigue should not be viewed as a personal shortcoming, but rather as a sign of prolonged exposure to emotional intensity without adequate recovery. The goal isn't to feel less, but to have the support and structure needed to keep feeling fully without breaking. The presence of compassion satisfaction and personal achievement in the data shows that despite

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the emotional cost, many practitioners continue to find deep meaning and purpose in their work. That meaning, however, needs to be intentionally protected and nurtured.

Ultimately, this study affirms a central truth: the cost of caring deeply must be matched by systems that care for the carers. Presence, empathy, and attunement are not inexhaustible—they must be protected by mentorship, reflection, and a shared commitment to well-being. As Yalom (2002) wrote, “*One can carry only so much pain before it begins to seep into one’s own psyche.*” This study gives shape to that observation—not to pathologize the profession, but to illuminate the invisible load it often asks people to bear. And perhaps, in doing so, it opens the door for conversations that are not just about burnout prevention or productivity, but about presence, meaning, and the quiet care required to keep caring.

Limitations

While this study sheds light on the emotional experiences of mental health professionals, a few limitations should be noted. First, the cross-sectional design captures only a snapshot in time, often limiting our ability to see the full picture of cause and effect. Longitudinal studies might offer clearer insights into how these dynamics shift over time.

The study also relied on self-reported data, which could be influenced by personal bias or the pressure to appear emotionally strong—especially in a field where resilience is expected. Including other, more credible sources of data, like supervisor feedback or physiological stress markers could provide a fuller picture.

Our sample was not fully representative. Most participants were early-career professionals and identified as female, which reflects real-world demographics of the field but also limits generalizability across gender, age, and career stages. This may explain higher reported emotional strain, as newer professionals often face more vulnerability and adjustment challenges.

Lastly, many other factors—like trauma exposure, coping style, or organizational support—were beyond the scope of this study but likely play an important role. Future research could dive deeper into these areas, especially to explore what helps professionals not just survive, but thrive in their roles.

CONCLUSION

This study examines the relationship between workload, emotional exhaustion, compassion fatigue, compassion satisfaction, and personal achievement among mental health practitioners. It finds that emotional exhaustion and workload are key predictors of compassion fatigue. Personal achievement and compassion satisfaction act as protective factors, reducing emotional exhaustion and compassion fatigue. Gender and experience-based group differences highlight that early-career and female professionals may be more vulnerable to emotional strain. This research emphasizes the importance of fostering supportive work environments and providing targeted support for at-risk groups to promote long-term practitioner well-being and workforce sustainability in mental health.

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Conflict of Interest

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