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Impact of Emotional Intelligence and Self Compassion on Compassion Fatigue among Psychologists

by

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degree of Master of Science

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Zainab Fatima

Abstract

In Pakistan, where the mental health infrastructure is underdeveloped and professionals are overstretched, compassion fatigue threatens therapeutic efficacy and workforce sustainability. While global literature has identified emotional intelligence and self-compassion as protective factors, their specific predictive roles in the Pakistani context remain underexplored. This study aims to examine the predictive relationship between emotional intelligence, self-compassion, and compassion fatigue among psychologists in Pakistan, who are engaged in client facing and or clinical practice rather than academic or non-clinical roles. A quantitative correlational research design was employed, involving 200 psychologist from Islamabad and Rawalpindi. Standardized instruments the Emotional Intelligence Questionnaire–Short Form, the Self-Compassion Scale Short Form and the Compassion Fatigue Short Scale was administered. Data was analyzed using correlation and regression analysis to determine predictive relationships among the variables. The findings revealed that emotional intelligence was positively associated with self-compassion, while both emotional intelligence and self-compassion were significantly and negatively associated with compassion fatigue. Additionally, a one-way ANOVA showed that emotional intelligence, self-compassion, and compassion fatigue did not differ significantly across clinical supervision frequency groups. Findings provide evidence for incorporating emotional intelligence and self-compassion training into professional development programs for mental health practitioners. This study contributes to a culturally relevant understanding of psychological resilience and offers practical implications for mitigating compassion fatigue in high-demand therapeutic roles.

Keywords: *Psychologists, Compassion Fatigue, Self-compassion, Emotional Intelligence*

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Chapter 1

Introduction

1.1 Background of the Study

Psychologists occupy an emotionally demanding professional role because their work frequently involves supporting individuals experiencing psychological distress, trauma, and other forms of suffering. Prolonged exposure to clients' distress can contribute to compassion fatigue, which is associated with the negative psychological effects of providing care to people experiencing suffering or traumatic experiences ([Halamov'a et al., 2022](#)). Research has examined compassion fatigue across different helping professions, including psychologists; for example, [Ondrejková et al. \(2022\)](#) included 103 psychologists in a sample of 607 helping professionals and found significant differences in compassion-fatigue levels among professional groups. However, the evidence base is uneven across health professions, with psychologists representing only a small proportion of participants in the reviewed literature, while physicians and nurses account for substantially larger proportions ([McGrath et al., 2022](#)). In Pakistan, these concerns occur within a mental-health system characterised by a scarcity of mental-health professionals and facilities, inadequate infrastructure, insufficient government funding, and restricted access to services. [Mahesar et al. \(2025\)](#) report that Pakistan has approximately 500 psychiatrists serving a population of more than 244 million. Research involving mental-health professionals working with war refugees in Pakistan has also examined burnout and secondary traumatic stress. In a study of 103 mental-health professionals, longer working hours intensified the relationship

between burnout and secondary traumatic stress, while psychological detachment appeared to buffer this relationship (Butt et al., 2025).

Identifying psychological resources that protect psychologists from compassion fatigue is therefore critical for workforce sustainability and therapeutic efficacy. Emotional intelligence (EI), the capacity to perceive, understand, regulate, and use emotions adaptively, and self-compassion, the tendency to respond to personal suffering with kindness, mindfulness, and common humanity, have emerged as promising protective resources (Neff, 2003; Petrides and Furnham, 2009). Nonetheless, their combined predictive role among psychologists in Pakistan remains under-explored. This study addresses this gap by examining the impact of emotional intelligence and self-compassion on compassion fatigue among practicing psychologists in Islamabad and Rawalpindi.

Psychologists work in emotionally charged workplaces where empathetic interactions with trauma, abuse, chronic ailment, loss, and complicated psychosocial calamity victims are sustained (Sarma et al., 2022). This continual exposure to clients' psychological distress places psychologists under considerable emotional demands and increases their vulnerability to compassion fatigue and emotional exhaustion which was initially theorized by Hochschild and A. (1983) as the control of emotions to fit the demands of occupation, but subsequently developed in literature on the field of healthcare to incorporate the role of cognitive and affective self-management amidst therapeutic imperatives (Hochschild and A., 1983). It has been empirically demonstrated that mental health professionals have significantly greater scores in psychological distress than non-clinical professionals (Keles et al., 2020).

Psychological practice involves substantial emotional demands because psychologists regularly work with clients experiencing psychological distress, trauma, and other forms of suffering. Research on psychologists has identified emotional labor, including the regulation and management of emotions during therapeutic interactions, as an important aspect of professional practice (Clarke et al., 2024). A recent study of psychologists found that emotional dissonance, the discrepancy between felt and displayed emotions, was associated with emotional exhaustion,

while self-compassion and psychological flexibility were examined as potential protective factors ([Clarke et al., 2024](#)). Research involving young clinical psychologists in Lahore has also examined empathy, coping strategies, and professional quality of life, highlighting the relevance of emotional and interpersonal demands to psychologists' occupational well-being ([Justin et al., 2023](#)). Taken together, these findings support the importance of examining adaptive emotional resources, such as emotional intelligence and self-compassion, in relation to compassion fatigue and occupational well-being among psychologists.

In the Pakistani context, these occupational demands are further shaped by cultural factors unique to the region. As a collectivist society, Pakistani cultural values emphasize humility, interdependence, and self-criticism, which may discourage psychologists from responding to their own emotional struggles with self-kindness. Additionally, emotional suppression is common in professional settings, and mental health stigma creates barriers to help-seeking, potentially limiting the effectiveness of emotional intelligence and self-compassion as protective resources ([Khadim et al., 2023](#); [Malik et al., 2023](#); [Zamir et al., 2022](#)). These cultural dynamics suggest that Western findings on emotional intelligence and self-compassion may not directly generalize to Pakistani psychologists, underscoring the need for context-specific investigation.

Emotional intelligence (EI) is one of the most important skills for dealing with stressors in emotionally laborious professions ([Yilmaz et al., 2025](#)). The concept of EI is defined as the capacity to notice, comprehend, and manage personal and others' emotions. It is generally divided into EI state or ability EI. EI refers to a person's self-perceived emotional abilities, such as empathy, self-control, and emotional awareness ([Zhang et al., 2025](#)). It reflects stable personality traits and is usually measured through self-report tools. In contrast, state or ability EI refers to the actual capacity to understand and manage emotions in specific situations ([Malik et al., 2023](#)). In this study, the focus is on EI trait perspective, as it reflects stable emotional resources consistent with the long-term nature of compassion fatigue. Trait EI therefore, provides a more appropriate lens for understanding how psychologists draw upon enduring emotional capacities to buffer against emotional depletion in high-demand professional roles ([Zhang et al., 2025](#)).

Some of the clinical benefits of high EI have been associated with increased satisfaction in work, better therapeutic alliances, and low burnout risk. Psychologists with high EI are in a better position of handling the emotional turmoil of their jobs, and curtailing the emotional contagion that precipitates the burnout, the compassion fatigue. Compassion fatigue described as the cost of caring for those in emotional pain has been documented in up to 70% of mental health workers worldwide, with consequences ranging from emotional exhaustion to impaired therapeutic engagement (Ali et al., 2025). In the Pakistani context, there exist several studies that emphasized the predictive relevance of EI in terms of psychological outcomes (Dayani et al., 2024; Saleem et al., 2023).

Although the EI prepares professionals to control and comprehend their emotions, self-compassion serves as the emotional security blanket, through which it is possible to recover from personal failure and external stress (Sadeghi et al., 2025). Neff (2003) definition of self-compassion combines the self-kindness, common humanity, and mindfulness characteristics, which are critical in care profession for resilience. Empirical findings have proven that self-compassion cushions the emotional burden of caregiving (Mukhtar et al., 2025). Meanwhile, recent policy discussions have recognized the value of ensuring that psychosocial support is given to health workers. Dealing with mental health patients is hard in Pakistan, so it is important to identify and support strategies that help staff become more resilient. Both EI and self-compassion are not only assisting in preventing compassion fatigue but also helping in enhancing professional efficacy, empathy and personal well-being (Choudhry et al., 2023; Zafar et al., 2024).

Since empirical knowledge has expanded, it is now more important to include these concepts in the training of psychologists. Addressing the burden of external and internal stressors through emotional regulation and self-kindness is no longer optional it is essential for the future of mental healthcare in Pakistan. The increasing complexity of mental health presentations, including comorbid disorders, trauma exposure, and chronic psychological conditions, has further intensified the cognitive and emotional demands placed on psychologists (Khan et al., 2023). Contemporary clinical practice requires not only technical competence but also sustained emotional attunement, ethical decision-making, and adaptive coping in

high-pressure environments. [Sun et al. \(2025\)](#) research indicates that prolonged engagement with clients' distress can gradually erode emotional resources, particularly when professionals lack adequate internal coping mechanisms. In such contexts, the role of intrapersonal capacities becomes critically important, as psychologists must continuously regulate their own emotional responses while maintaining therapeutic effectiveness. This evolving nature of psychological work highlights the need to examine internal psychological strengths that support long-term professional functioning.

The connection between EI and mental health is well researched with neuropsychological, behavioral, and occupational theories that support the defense of mental health against dysfunction by the emotional abilities ([Kishimoto et al., 2024](#)). EI has been indicated to be high among healthcare workers working in stressful situations within high-pressure clinical settings resulting in low rates of depression, anxiety, emotional exhaustion, and secondary stress trauma ([Linkevičiūtė et al., 2025](#)). According to a recent study, approximately 40% of medical professionals around the world report burnout symptoms, and mental healthcare professionals face especially high risks due to the repeated exposure to situations causing emotional instability ([Chatzidimitriou et al., 2025](#)).

Practically, EI can be used to promote mental health by enabling adaptive appraisal of stressors, a better impulse control system, and improve interpersonal communication in multidisciplinary healthcare teams ([Singh et al., 2025](#)). Neurobiological evidence also indicates that emotionally intelligent people have more effective prefrontal control of limbic responsiveness, thus decreasing maladaptive stress reactions and emotional non-regulation in the presence of chronic occupational stress ([Murray et al., 2024](#)). Europe, Asia, and North America cross-sectional studies have continued to document positive relations between EI scores and measures of life satisfaction, occupational well-being and psychological resilience amongst healthcare workers. Nonetheless, there are still gaps in empirical evidence on which particular aspects of EI are the best predictors of mental health outcomes among professionals in psychiatric and psychological care facilities ([Bian et al., 2025](#)).

Mental healthcare workers often work in systems with limited resources that have large patient caseloads, violence in the workplace, face ethical dilemmas, and therapeutic responsibilities that are emotionally charged and negatively impacting psychological health (Zamir et al., 2022). Evidence from International studies has indicated a vastly larger rate of emotional exhaustion and depersonalization in psychiatrists and psychiatric nurses than in many other groups of healthcare providers, with estimates of burnout ranging between 21% and 67% in various regions (Okumuş et al., 2026). The raising rates of mental conditions, thought to impact about one billion people globally, have also contributed to the growing occupational burden of mental health care and first-line clinicians (Malekiha et al., 2025). Hence, EI has gained growing prominence as a possibly adjustable variable that can enhance stress tolerance, work satisfaction and psychological accommodation in mental healthcare staff (Chan et al., 2025).

Evidence shows that emotional control and self-awareness are especially relevant to avoid countertransference responses, emotional disengagement, and poor clinical judgment in the process of delivering psychiatric care (Kishimoto et al., 2024). Besides, empathy and social competence have been associated with the enhanced patient-centered communication, greater therapeutic relationship, and less workplace conflict among multidisciplinary mental health teams. The comparative research also showed that emotionally intelligent professionals are more flexible in coping and less prone to absenteeism in times of organizational stresses and healthcare crises, such as the COVID-19 pandemic (Nadeem et al., 2023). Thus, a study of the dimensions of EI and their relationship with mental health outcomes among mental healthcare providers is crucial in informing the workforce development strategies, work-related interventions and sustainable mental health service delivery systems.

Moreover, recent literature increasingly indicates that compassion fatigue is not confined to experienced clinicians but is also evident among individuals in the early stages of clinical training. While earlier research predominantly focused on nurses, senior psychologists, and experienced therapists, recent evidence suggests that early-career psychologists and interns face comparable or even higher vulnerability due to limited clinical exposure, underdeveloped emotional regulation skills,

and ongoing professional identity formation. These transitional challenges often make it difficult for interns to manage repeated exposure to clients' trauma narratives, leading to emotional strain and reduced psychological well-being. Recent studies highlight that internship periods are particularly associated with emotional exhaustion, secondary traumatic stress, and elevated psychological pressure among trainee mental health professionals (Crego et al., 2022; Eriksson et al., 2018).

In addition, emotional regulation has been identified as a key protective factor against compassion fatigue in mental health settings. When emotional regulation skills are underdeveloped, individuals are more likely to experience difficulty maintaining therapeutic boundaries and processing emotionally demanding client interactions. Evidence suggests that deficits in emotional regulation significantly increase the risk of compassion fatigue over time, particularly among those who are still in training or early practice stages (Stevens et al., 2024). Similarly, broader reviews of helping professions indicate that less experienced professionals often lack structured coping mechanisms and institutional support, making them more susceptible to burnout and secondary traumatic stress (Eriksson et al., 2018). These findings collectively emphasize that emotional preparedness plays a critical role in shaping how professionals respond to clinical stressors.

Within the Pakistani context, research on compassion fatigue among psychologists remains limited, although available studies suggest a concerning trend of emotional exhaustion among healthcare trainees. Existing literature has largely focused on postgraduate medical trainees and mental health practitioners rather than psychologists specifically. However, findings from related contexts show that individuals working in emotionally intensive clinical environments frequently report symptoms of compassion fatigue, burnout, and reduced emotional well-being due to high patient load and limited institutional support (Akhtar et al., 2024). In the context of clinical psychologists in Pakistan, studies also highlight that sustained emotional engagement with clients, combined with resource constraints, contributes significantly to compassion fatigue and stress-related symptoms. The study also emphasized the importance of self-care, peer support, and resilience-building strategies in reducing emotional distress among clinicians. Saleem et al. (2023). Overall, these findings suggest a clear need to further examine practicing

psychologists in Pakistan, as they represent a group that is both under-researched and potentially vulnerable within the mental health care system ([Akhtar et al., 2024](#)).

Furthermore, recent literature emphasizes a shift from solely risk-focused models (e.g., burnout and stress) toward strength-based frameworks that prioritize resilience-enhancing factors within helping professionals ([Hill et al., 2022](#)). EI and self-compassion have emerged as key psychological resources that contribute to adaptive functioning, emotional recovery, and sustained well-being in clinical settings. These constructs are increasingly recognized not only as protective buffers but also as essential competencies that can be cultivated through training and professional development ([Malekiha et al., 2025](#)). Integrating such positive psychological resources into the understanding of compassion fatigue provides a more comprehensive perspective, shifting the focus from merely preventing distress to actively promoting psychological resilience among practitioners.

In addition to their independent roles in protecting psychologists from occupational stress, emotional intelligence and self-compassion have also been identified as closely related psychological resources. Emotional intelligence enables individuals to perceive, understand, and regulate their emotions effectively, whereas self-compassion reflects the ability to respond to personal difficulties with self-kindness, mindfulness, and acceptance ([Neff, 2003](#)). Individuals with higher emotional intelligence are generally better able to regulate negative emotional experiences and adopt more adaptive responses toward themselves during challenging situations. Recent empirical evidence has demonstrated a significant positive association between emotional intelligence and self-compassion among mental health professionals, suggesting that emotionally intelligent individuals are more likely to exhibit greater self-compassion ([Zhang et al., 2025](#); [Sun et al., 2025](#)). Likewise, [Osborn et al. \(2022\)](#) reported that emotional intelligence facilitates emotional awareness and regulation, which supports the development of self-compassion. These findings indicate that emotional intelligence may serve as an important personal resource associated with greater self-compassion, providing a theoretical basis for examining their relationship among psychologists in Pakistan.

Psychologists in Pakistan practice within a mental healthcare system characterized by increasing service demands, limited resources, and a shortage of qualified mental health professionals. Consequently, many psychologists manage heavy client caseloads while being repeatedly exposed to clients' psychological distress and traumatic experiences. These demanding working conditions increase their vulnerability to emotional exhaustion and compassion fatigue ([Shamsher et al., 2025](#)). Furthermore, limited access to regular clinical supervision and organizational support may restrict opportunities for reflection, emotional processing, and professional guidance, thereby placing additional strain on psychologists working in clinical settings ([Saleem et al., 2023](#); [Stevens et al., 2024](#)).

Given these occupational demands, increasing attention has been directed towards psychological resources that may strengthen resilience and promote professional well-being. Emotional intelligence enables psychologists to recognize, understand, and regulate their emotions effectively, whereas self-compassion encourages self-kindness, mindfulness, and acceptance during emotionally demanding situations ([Neff, 2003](#)). Previous research has shown that these resources are associated with greater psychological well-being, adaptive coping, and lower levels of occupational distress among helping professionals ([Crego et al., 2022](#); [Parker et al., 2024](#); [Nazari et al., 2024](#)). Together, emotional intelligence and self-compassion provide a strengths-based perspective for understanding how psychologists may maintain emotional well-being despite the demands of clinical practice.

Although the importance of these psychological resources has received increasing attention in the international literature, limited evidence has examined their combined role in relation to compassion fatigue among practicing psychologists in Pakistan. Examining these relationships within the Pakistani context may contribute to a better understanding of the personal factors that support psychologists' well-being and inform interventions aimed at promoting resilience and sustaining effective psychological practice.

1.2 Gap Analysis

In Pakistan, the psychologists are at significant risk of developing compassion fatigue due to the chronic emotional demands of their work ([Choudhry et al., 2023](#)).

Despite growing attention to EI, self-compassion and compassion fatigue, several gaps remain evident in existing literature. Most studies on these constructs have been conducted in Western populations, while Pakistan has a distinct cultural context, resource limitations and differences in professional practice settings (Zafar et al., 2024). Specifically, Pakistani cultural values of collectivism, humility, and self-criticism may inhibit self-compassion, while emotional suppression norms and mental health stigma may alter how emotional intelligence functions as a protective resource (Khadim et al., 2023; Malik et al., 2023; Zamir et al., 2022). These cultural factors suggest that Western findings on emotional intelligence and self-compassion may not directly generalize to Pakistani psychologists, limiting their applicability to this population. There is limited empirical work examining how these psychological factors function within Pakistani helping professionals, particularly psychologists.

In addition, EI and self-compassion have mostly been studied as separate variables in relation to compassion fatigue. Few studies have examined their combined predictive role in understanding compassion fatigue among helping professionals, despite theoretical assumptions that these constructs may work together to provide stronger protection against emotional strain (Dayani et al., 2024). This study addresses this gap by examining their combined influence through correlational analysis.

Although compassion fatigue has been widely studied among nurses, counselors or other health care professionals, research examining psychologists, particularly within Pakistan, remains limited (Saleem et al., 2023). By focusing on psychologists the present study highlights the psychological challenges faced by emerging professionals within the Pakistani mental health system.

A further gap concerns the direct link between emotional intelligence and self-compassion themselves. Most existing work, including the studies cited above, has treated these two constructs as parallel predictors of compassion fatigue rather than examining whether emotional intelligence predicts self-compassion in its own right. While a small number of international studies have reported a positive association between the two constructs among mental health professionals (Sun et al.,

2025; Zhang et al., 2025), Although previous research has examined emotional intelligence, self-compassion, and compassion fatigue separately, limited research has investigated these variables together among psychologists in Pakistan. The present study seeks to address this gap by directly examining the association between emotional intelligence and self-compassion. These gaps are not merely empirical but theoretical, and existing Western-derived knowledge may not adequately explain how emotional intelligence and self-compassion function as protective resources among psychologists in Pakistan's distinct cultural and systemic context, where collectivist values, self-criticism norms, emotional suppression, and mental health stigma may fundamentally alter these relationships.

1.3 Problem Statement

Pakistan faces substantial mental health resource constraints. A peer-reviewed analysis reported that only 0.04% of government expenditure on health was spent on mental health, while limited funding and shortages of trained mental-health professionals continue to restrict access to services (Riaz et al., 2023). Consequently, practicing psychologists face high client-to-provider ratios, often managing 8-9 clients per day (35-45 sessions per week), which is nearly double the internationally recommended clinical load (?Shamsher et al., 2025). These systemic constraints magnify the risk of compassion fatigue among psychologists (Mahe-sar et al., 2025). These structural challenges are compounded by cultural factors unique to Pakistan. As a collectivist society, cultural values of humility and self-criticism may inhibit self-compassion, while emotional suppression is common in professional settings and mental health stigma creates barriers to help-seeking (Khadim et al., 2023; Malik et al., 2023; Zamir et al., 2022). These cultural dynamics suggest that Western findings on emotional intelligence and self-compassion may not directly generalize to Pakistani psychologists, underscoring the need for context-specific investigation.

Research conducted among mental-health professionals in Pakistan indicates that compassion fatigue is an important occupational concern Saleem et al. (2023) examined 55 mental-health professionals in Islamabad and Rawalpindi, including 25 psychiatrists and 30 psychologists, and investigated the relationships between

counselor self-efficacy, spiritual well-being, and compassion satisfaction/fatigue. The authors conceptualised compassion fatigue as the physical, psychological, and emotional costs associated with absorbing the distress of clients and highlighted the potential vulnerability of professionals who work continuously with people experiencing emotional difficulties. In another international study, it is found that among 103 psychologists, 17.0% scored above the ‘high’ compassion fatigue threshold ([Ondrejková et al., 2022](#)). EI and self-compassion are the most promising psychological buffers. EI enables practitioners to regulate psychological stress, maintain therapeutic boundaries, and respond to occupational stress with resilience ([Chinchilla et al., 2024](#)). Self-compassion, on the other hand, helps mitigate self-criticism and emotional depletion, encouraging psychological recovery following difficult client encounters ([Crego et al., 2022](#)). Although international research supports the protective roles of EI and self-compassion, their specific predictive value for compassion fatigue within the Pakistani cultural and occupational context remains underexplored ([Akhtar et al., 2024](#); [Saleem et al., 2023](#)). This study addresses the critical gap by examining whether trait EI and self-compassion can assist as supportive factors against compassion fatigue among psychologists in Pakistan.

Despite the increasing demand for psychological services in Pakistan, psychologists continue to work within an under-resourced mental healthcare system characterized by high client caseloads, limited opportunities for supervision, and inadequate institutional support. These occupational demands increase psychologists’ vulnerability to compassion fatigue, which may compromise their psychological well-being, therapeutic effectiveness, and long-term retention within the profession ([Saleem et al., 2023](#); [Shamsher et al., 2025](#)).

Although organizational factors contributing to compassion fatigue have been recognized, considerably less attention has been given to individual psychological resources that may protect psychologists from its adverse effects. In particular, the roles of emotional intelligence and self-compassion have not been sufficiently examined among psychologists in Pakistan. Existing evidence has largely been generated in Western settings or among other healthcare professionals, limiting its applicability to the Pakistani context. Furthermore, little is known about the

relationship between emotional intelligence and self-compassion among Pakistani psychologists or their combined contribution to compassion fatigue.

Therefore, there remains a need to investigate whether emotional intelligence and self-compassion serve as protective psychological resources against compassion fatigue among psychologists in Pakistan. Addressing this gap may provide evidence to inform training programs, supervision practices, and workplace interventions aimed at promoting psychologists' well-being and sustaining high-quality mental healthcare.

1.4 Research Objectives

- i. To examine the relationship between emotional intelligence, self-compassion and compassion fatigue among psychologists.
- ii. To examine whether emotional intelligence predicts compassion fatigue among psychologists.
- iii. To examine whether demographic and variables (frequency of clinical supervision) are associated with emotional intelligence, self-compassion, and compassion fatigue among psychologists..

1.5 Research Hypotheses

- i. Emotional intelligence will be negatively associated with compassion fatigue among psychologists.
- ii. Self-compassion will be negatively associated with compassion fatigue among psychologists.
- iii. Emotional intelligence is positively associated with self-compassion among psychologists.
- iv. Emotional intelligence and self-compassion will both negatively predict compassion fatigue in psychologists.
- v. Demographic variables (frequency of clinical supervision) will be significantly associated with emotional intelligence, self-compassion, and compassion fatigue among psychologists.

Chapter 2

Literature Review

2.1 Introduction

Emotional intelligence, self-compassion, and compassion fatigue are directly relevant to psychologists, whose sustained empathic engagement with clients' trauma and distress places them at elevated risk of occupational emotional exhaustion (Mishra et al., 2023; Figley, 1995). Mental practitioners, especially, are most prone to emotional burnout as they have to deal with trauma, suicidal thoughts, chronic mental illnesses, and intricate human relations in the context of clinical practice (Tabatabaei et al., 2025). It has been reported that depressive and anxiety disorders are significant contributors to the worldwide burden of disease, and health care workers had disproportionately high psychological morbidity relative to the general population (Sarma et al., 2022). Research carried out among psychiatrists, psychologists, psychiatric nurses, and social workers has reported high levels of burnout, compassion fatigue, and occupational stress in relation to the poor regulation of emotions and maladaptive coping strategies (Patel et al., 2022).

In general, the concept of emotional intelligence is often conceptualized in terms of self-awareness, self-regulation, motivation, empathy and social skills, which, altogether, contribute to adaptive professional functionality in emotionally intensive settings (Chan et al., 2025). There is evidence which indicates that higher emotional intelligence among professionals has been shown to be more resilient, has better therapeutic alliances, and less vulnerable to work-related mental health

psychological distress ([Osborn et al., 2022](#)). Inter-disciplinary research in the areas of health care has also shown that mental health professionals are more exposed to occupational stress than practitioners in other fields of general medicine due to the length of therapeutic relationships and the nature of emotionally diverse relationships with patients. This has led to emotional intelligence and mental health being studied in a multidimensional manner among mental healthcare professionals as becoming an area of significant modern psychological and occupational health research ([Wang et al., 2023](#)).

[Hochschild and A. \(1983\)](#) conceptualization of emotional labour, when applied to clinical practice, suggests that therapeutic work requires psychologists to engage in continuous emotional regulation while remaining empathically attuned to their clients' affective experiences. Over time, the sustained emotional demands of therapeutic work may deplete psychological resources, thereby increasing psychologists' vulnerability to compassion fatigue. This perspective is consistent with Conservation of Resources Theory, which proposes that chronic resource depletion contributes to stress and impaired psychological functioning. It has been empirically established that high psychological distress is closely related to emotional exhaustion and depersonalization in psychologists ([Parayitam et al., 2025](#)). In such an environment, emotional intelligence emerges as a protective psychological resource which enables adaptive emotional handling, mental reappraisal and interpersonal efficiency thus minimizing the extraneous emotional spending ([Parker et al., 2024](#)).

It has been shown in longitudinal studies that clinicians in highly emotional intelligence groups have lower chances of progressing to high compassion fatigue groups, as compared to less emotionally intelligent groups, by up to 40%, and cross-sectional studies reported significant negative relationships between EI and emotional fatigue ([Moret et al., 2025](#)).

Conservation of resources theory that predicts that people aim at preserving and restoring emotional and cognitive resources when stressed has increasingly been incorporated in the theoretical understanding of the emotional demands of psychological practice ([Buonomo et al., 2026](#)). In this context, psychologists who constantly devote empathic energy without appropriate recovery processes may

develop a series of resource loss, which subsequently causes a decline in psychological health and deteriorates the therapeutic effectiveness. Quantitative studies show that high level of occupational stress are positively related to emotional exhaustion and depersonalization among licensed psychologists, which is statistically significant even when one takes into consideration weekly caseload and years of experience (Parayitam et al., 2025). Moreover, the 12-month longitudinal study revealed that clinicians who reported a high level of psychological strain at baseline were more likely to meet moderate burnout criteria at the follow-up by 1.8 times, which is a temporal predictor (Okumuş et al., 2026). These findings indicate that the emotional demands of psychological practice constitute a measurable occupational risk factor, highlighting the need for psychological competencies, such as emotional intelligence and self-compassion, to mitigate their adverse effects and promote occupational well-being.

Systemic factors (such as high client-to-therapist ratios and a shortage of adequate supervisory infrastructure), may also augment psychological distress in low- and middle-income nations, including Pakistan. Recent study indicates that typical clinical psychologists working in state-owned hospitals of Pakistan have to cope with 8 to 9 patients per day translating to 35 to 45 client sessions per week (Saeed, 2025; Shamsher et al., 2025). This crushing load is nearly double the internationally recommended clinical standard of 20 to 25 hours per week, which increases emotional pressures these structural forces can intensify the occupational stress, especially when the clinicians do not have institutional support of reflective practice and emotional processing. According to comparative studies, psychologists in resource-limited settings have been found to show much higher scores on compassion stress as compared to psychologists in high-income countries (Eriksson et al., 2018; Stevens et al., 2024). These results underline that occupational stress among psychologists is a personal and organizational process, which requires multidimensional protective strategies that would maintain professional activity.

According to this theoretical framework, emotional intelligence operates as a primary regulatory resource that helps to reduce the initial emotional loss by the effective affect modulation and cognitive processing, whereas self-compassion acts as a restorative resource that will restore the emotional stores after the empathic

investment (Yazıcı et al., 2023). Empirical structural models justify this synergistic explanation, as there are high positive correlations between emotional intelligence and self-compassion and statistically significant indirect effects with EI predicting less compassion fatigue by means of increased self-compassion (Ragni et al., 2023). Moreover, it is noted that vulnerability is also disproportionately observed among practicing psychologists, whose regulatory skills and uneven supervisory supports are relatively limited, which is related to emotional exhaustion scores and susceptibility to secondary traumatic stress (Saoji et al., 2024). These kinds of findings support the claim of COR theory that lack of enough resource reservoirs lead to spirals of losses, and combined personal resources lead to gain cycles and resilience.

2.2 Literature Review

2.2.1 Emotional Intelligence and Psychologists

Emotional intelligence (EI) has been defined as the ability to recognize, reason, manage, and use emotions in a flexible manner in oneself and others (Chatzidimitriou et al., 2025). In psychological practice, EI is not only a personal quality but also a professional skill that supports empathic attunement, therapeutic alliance formation, and emotion regulation under stress. Empirical evidence consistently indicates that psychologists score higher on trait EI than the general population, suggesting self-selection into emotionally demanding professions (Linkevičiūtė et al., 2025). Beyond this descriptive finding, EI has emerged as a protective factor against occupational strain. For instance, Yu et al. (2025), in a sample of 312 active psychologists, found that EI was significantly negatively correlated with emotional exhaustion even after controlling age and clinical specialization and independently predicted well-being. However, the variability in EI scores was substantial, and lower EI was associated with increased perceived occupational strain (Yu et al., 2025). This pattern suggests that while EI is generally protective, its effects may vary considerably across individuals, a finding that warrants further investigation in non-Western contexts where emotional expression norms differ.

In addition to cross-sectional relationships, longitudinal data points to the protective effectiveness of EI in clinical practices. A survey of [Zhang et al. \(2025\)](#) among practicing therapists found that those with the highest EI quartile had a reduced occurrence of burnout symptoms by 40% of the lowest quartile, despite having similar workload intensity. Structural equation modeling also revealed that emotion regulation aspects of EI explained the relationship between empathic engagement and the psychological distress, which accounted 32% of the burnout outcomes ([Zhang et al., 2025](#)). These findings suggest that the ability to regulate emotions, rather than simply being aware of them, plays a more important role in reducing workplace stress. As a result, EI has been suggested as a set of competences that can be altered and enhanced with the help of specific training interventions being a part of professional development programs ([Chinchilla et al., 2024](#)).

Intervention-based study confirms that EI can be trained in mental health workers. Clinical trials of EI based workshops conducted on clinical trainees have suggested significant changes in total EI scores and moderate changes in perceived stress at 6 months ([Moret et al., 2025](#); [Sharma et al., 2025](#)). Therapeutic communication, as assessed by supervisors, was also found to be better among participants who underwent emotional intelligence (EI) training, suggesting beneficial clinical outcomes beyond self-reported measures. These findings support the assumption that the development of EI could be one of the strategic interventions that would maintain the emotional stability of psychologists in their presence in the context of constant emotional job. . In the Pakistani context, cultural norms of emotional suppression and hierarchical professional structures may influence how emotional intelligence is expressed and developed among psychologists, potentially altering its protective role against compassion fatigue ([Malik et al., 2023](#); [Saeed, 2025](#)).

2.2.2 Self-Compassion and Psychologists

The conceptualization of self-compassion by [Neff \(2003\)](#) includes self-kindness, common humanity, and mindfulness and is an adaptive response to personal suffering and perceived inadequacy. Self-compassion has become a highly important intrapersonal asset in psychologically demanding careers, which buffers the internalization of client-related distress ([Wampole et al., 2023](#)). The self-compassion

has a significant negative relationship with burnout and depression which implies the existence of strong protective relationships in the helping professions. Among psychologists, self-compassion has been found to account for 28%–35% of the variance in professional quality of life indices after controlling for years of professional experience and weekly caseload ([Ali et al., 2025](#)).

These data suggest that self-compassion can also counter the self-critical processes that are usually escalated in the context of therapeutic responsibility and performance expectations. Empirical studies have also shown that the psychologists who possess greater self-compassion also report having lesser secondary traumatic stress. Self-compassion was found to have a significant negative correlation with compassion fatigue, and at the same time, it predicted greater compassion satisfaction ([Yilmaz et al., 2025](#)).

Studies showed that self-compassion partly mediated the correlation between exposure to client trauma and emotional exhaustion with a direct contribution of about 24%. These findings highlight that self-compassion should not be viewed simply as a comfort mechanism based on emotions, but as a cognitive-affective controller that determines adaptation in the profession. This evidence helps to support the idea of self-compassion as a psychological resource that is part of a long-term therapeutic relationship. Research also indicates the flexibility of self-compassion in clinicians. Self-compassion programs based on the principle of mindfulness and self-compassion over 8 weeks have shown considerable improvements in self-compassion and a decrease of 18-22% in burnout indices at 3 months follow-up ([Neff et al., 2020](#)). Notably, the respondents indicated improved boundary-setting practices and reduced rumination concerning client outcomes, which indicated both behavioral and emotional changes. These results indicate that the development of self-compassion can be an effective institutional solution to the preventing of occupational strain in psychological services.

2.2.3 Compassion Fatigue and Psychologists

Compassion fatigue is defined as emotional exhaustion and lack of empathic capacity caused by continued exposure to suffering of others and is conceptually similar but not identical to burnout and secondary traumatic stress ([Saoji et al., 2024](#)).

Moderate-to-high compassion fatigue has an estimated prevalence of between 30% and 50% among psychologists, based on their clinical specialty and the measurement tools used ([Sadeghi et al., 2025](#)). Clinicians who practice trauma-focused therapies report high scores of compassion fatigue more than generalists with the difference between the two therapists being 5-7 on the Professional Quality of Life Scale (Pro-QOL). This type of data shows that compassion fatigue is not an incidental and uncommon phenomenon in the context of psychological practice. Longitudinal studies show that chronic compassion fatigue is accompanied by the decline of professional practice and personal health. High compassion fatigue levels have been demonstrated to result in psychologists who are more likely to consider career change in five years of their practice (2.3 times higher), and have much higher levels of depressive symptomatology ([Wei et al., 2025](#)).

Furthermore, compassion fatigue has also been associated with poorer quality of therapeutic alliance, where scores of clients rated therapeutic alliance dropped by a mean of 0.4 points on standardized scales when therapists also reported high fatigue levels ([Nazari et al., 2024](#)). These results highlight the fact that compassion fatigue is associated with clinical and organizational outcomes. The preventive models do pay more attention to the interaction of individual resources and environmental resources in reducing compassion fatigue. It has been argued that structured supervision, peer consultation and workload management can cut the compassion fatigue scores by about 15-20% within 6 months where it is systematically put in place ([Tabatabaei et al., 2025](#)). Nonetheless, in the research that focuses on individual-level interventions like emotional intelligence and self-compassion, they seem to explain further variance than interventions at the institutional level, which implies the necessity of combined preventive frameworks.

Psychologists are particularly vulnerable to compassion fatigue due to the emotionally demanding nature of their work, which involves continuous exposure to clients' trauma, distress, and psychological suffering. Empirical evidence indicates that repeated engagement with emotionally challenging clinical situations may contribute to emotional exhaustion, secondary traumatic stress, and reduced professional well-being ([Shirazi et al., 2025](#)). In addition, difficulties in maintaining therapeutic boundaries and managing emotional involvement with clients can

increase susceptibility to compassion fatigue. Research has shown that psychologists receiving less than one hour of weekly reflective supervision report 35% higher levels of compassion fatigue than those provided with structured supervisory support (Daly et al., 2021). Furthermore, the quality of the supervisory alliance has been found to mediate the relationship between trauma exposure and secondary traumatic stress, highlighting the protective role of effective supervision. These findings underscore the importance of reflective practice, professional support, and supervision in reducing compassion fatigue among psychologists. Such challenges may be particularly pronounced in resource-constrained settings, including Pakistan, where high caseloads, limited mental health resources, and inadequate formal support systems place additional demands on psychologists.

In Pakistan, systemic constraints, including high caseloads (35–45 sessions per week), limited clinical supervision, and mental health stigma, may amplify compassion fatigue risk beyond what is observed in Western contexts where resources and support systems are more robust (Choudhry et al., 2023; Saeed, 2025). Given the documented protective role of clinical supervision, the present study included the frequency of clinical supervision as a demographic variable to examine whether it is associated with compassion fatigue among psychologists in Pakistan. Specifically, participants were asked whether they received clinical supervision regularly (at least once a month), occasionally (less than once a month), or not at all. This variable was included to provide context-specific evidence on the role of professional support in mitigating compassion fatigue within the Pakistani mental health system.

2.2.4 Interrelationship between Emotional Intelligence, Self-Compassion and Compassion Fatigue

Psychologists serve on the frontlines of mental health services, consistently engaging with individuals experiencing trauma, abuse, loss, and psychosocial distress. While the emotional intelligence roles are pivotal in supporting mental health and social functioning, they are also uniquely vulnerable to compassion fatigue a state of emotional exhaustion that arises from sustained empathy for those who suffer (Yazıcı et al., 2023). Due to growing research on the psychology of mental health

professionals, emotional intelligence and self-compassion have been identified as protective variables against burnout and compassion fatigue ([Parker et al., 2024](#)).

2.2.4.1 Self-Compassion and Compassion Fatigue

Psychologists are considered particularly vulnerable to compassion fatigue because of their continual exposure to client's psychological distress, trauma and higher empathy-based engagement during client interactions. Psychologists who have difficulty maintaining appropriate emotional boundaries may become overly identified with clients' distress, increasing their vulnerability to compassion fatigue. Which increases their susceptibility to emotional exhaustion and secondary traumatic stress ([Moret et al., 2025](#)). In Pakistan, most studies on compassion fatigue have focused on nurses, counselors and other healthcare professionals with little attention given to practicing psychologists despite their active involvement in trauma-exposed therapeutic work ([Abbas et al., 2025](#)).

Studies suggest that insufficient clinical supervision and limited engagement in emotion-focused self-care increase psychologists' vulnerability to compassion fatigue and emotional exhaustion ([Stevens et al., 2024](#)). Furthermore, recent research emphasizes that continuous emotional demands in professions like psychology require effective emotional regulation. If these demands are not managed properly, they can lead to increased emotional exhaustion and compassion fatigue. Studies have shown that poor emotion regulation is associated with higher compassion fatigue, whereas effective emotional regulation works as a protective factor ([Mishra et al., 2023](#)). Since both emotional intelligence and self-compassion are linked with better emotional regulation, their combined role becomes important in understanding how psychologists cope with professional stress.

2.2.4.2 Emotional Intelligence and Compassion Fatigue

Another important aspect discussed in the literature is emotion regulation. Emotional intelligence allows individuals to manage their emotional responses effectively, while self-compassion reduces negative reactions such as self-blame and rumination ([Singh et al., 2025](#)). Together, these abilities help psychologists deal

with stressful situations in a healthier way and prevent long-term emotional exhaustion. Along with this, some studies have also examined emotional intelligence as a direct predictor of compassion fatigue. Findings indicate that individuals with higher emotional intelligence are less likely to experience compassion fatigue because they can better manage emotional demands and maintain professional boundaries (Leung et al., 2022).

This ability reduces emotional overload that develops due to continuous exposure to clients' distress, highlighting the direct protective role of emotional intelligence. Recent research has started to focus on emotional intelligence and compassion fatigue. Studies suggest that emotional intelligence helps individuals better understand and manage their emotions, which makes it easier for them to respond to stress in a more balanced and self-compassionate way (Keles et al., 2020). This means that psychologists who are emotionally intelligent are more likely to treat themselves kindly during difficult situations, which can reduce emotional exhaustion. Therefore, emotional intelligence may also reduce compassion fatigue indirectly through self-compassion.

2.2.4.3 Emotional Intelligence and Self-Compassion

A growing body of evidence indicates a consistent positive relationship between emotional intelligence and self-compassion across helping professions. Zhang et al. (2025) found that mental health nurses with higher EI reported greater emotional clarity and emotional repair, both of which significantly predicted self-compassion in multiple regression models. Similarly, Sun et al. (2025) reported that among 347 mental health practitioners, those with higher EI demonstrated significantly greater self-compassion even after controlling for years of experience and workload. This convergence across studies suggests that emotional insight and regulation, core features of EI, may directly influence the tendency to respond to personal struggles with kindness and mindfulness (Zhang et al., 2025; Sun et al., 2025). Theoretically, this relationship is plausible: recognizing one's emotional suffering is a prerequisite for responding to it with self-compassion (Neff, 2003). However,

these studies were conducted in Western and East Asian contexts, and none examined Pakistani psychologists, where cultural values of self-criticism may weaken this association.

In professional perspective, [Sun et al. \(2025\)](#) studied 347 mental health practitioners and identified that more emotionally intelligent practitioners had much higher levels of self-compassion than the less emotionally intelligent. EI was associated significantly in predicting self-compassion after the years of experience as well as workload were taken into consideration. The researchers also claimed that EI increases cognitive and emotional adaptability to shield professionals against self-criticism and energy reduction, particularly during care giver deployment these findings strengthen the assumption that self-compassion may function as a protective psychological resource that supports the relationship between emotional intelligence and reduced burnout or increased job satisfaction ([Sun et al., 2025](#)).

In addition, many studies have emphasized the important role of self-compassion in protecting mental health professionals from negative outcomes. Research shows that higher self-compassion is associated with lower levels of burnout, emotional exhaustion, and psychological distress ([Bian et al., 2025](#); [Nazari et al., 2024](#)). Moreover, EI and self-compassion are positively related constructs. Individuals with higher emotional intelligence tend to demonstrate better emotional awareness and regulation, which supports the development of self-compassion ([Osborn et al., 2022](#)). This relationship suggests that emotional intelligence strengthens internal coping mechanisms, which ultimately help in reducing compassion fatigue. This suggests that SC acts as an internal coping resource that helps professionals deal with work-related stress more effectively. The collectivist orientation of Pakistani society, combined with religious frameworks such as sabr (patience) and tawakkul (trust in God), may provide culturally embedded coping resources that interact with emotional intelligence and self-compassion in ways not captured by Western models, underscoring the need for context-specific investigation ([Zafar et al., 2024](#)).

2.2.5 Self-Care and Clinical Supervision

Self-care and clinical supervision are recognized as essential protective factors against compassion fatigue among psychologists ([Coaston and C., 2017](#); [Wampole](#)

et al., 2023). Self-care refers to intentional practices that promote emotional and physical well-being, including exercise, mindfulness, personal therapy, and social support (Neff et al., 2020). Empirical evidence indicates that psychologists engaging in regular self-care report lower burnout, compassion fatigue, and psychological distress (Eriksson et al., 2018; Ruiz-Aranda et al., 2024). Clinical supervision and structured meetings with a senior clinician for case review and reflective practice have also been identified as protective factors. Psychologists receiving less than one hour of weekly supervision report 35% higher compassion fatigue than those with structured support (Daly et al., 2021). In Pakistan, limited supervision and high caseloads further increase vulnerability (Saeed, 2025). The present study therefore examined self-care and clinical supervision as correlates of compassion fatigue.

2.3 Theoretical Framework

The Conservation of Resources (COR) Theory proposed by Hobfoll and E. (1989) effectively integrates Emotional Intelligence, Self-Compassion, and Compassion Fatigue. COR theory posits that individuals strive to obtain, retain, and protect their resources such as emotional strength, empathy, self-efficacy, and psychological well-being and stress occurs when these resources are threatened, lost, or insufficient to meet environmental demands. In caregiving professions, compassion fatigue emerges as a consequence of prolonged resource depletion caused by excessive emotional demands (Stuijzand et al., 2020).

The COR theory is a holistic explanatory model in explaining the functioning of emotional intelligence and self-compassion as protective factors against compassion fatigue among psychologists (Abdelghani et al., 2025). According to the theory of COR, human beings attempt to gain, maintain, and defend their prized resources, and psychological distress arises when the resources are at risk or have been lost in an irreversible way (Buonomo et al., 2026). In the field of clinical psychology, emotional resilience, empathic interaction, cognitive adaptability, and reflective ability are some essential individual assets that are constantly utilized during therapeutic interactions. The prolonged expression of such emotional resources exposes psychologists to increased risk of resource loss spirals, considering that

they regularly face trauma narratives and high levels of affective disclosures. The empirical evidence shows that clinicians who report a high level of psychological stress and low perceived coping resources report much higher compassion fatigue scores), which explains about 36 to 40% of the variability in the outcomes of the professional quality of life (Lee et al., 2022).

Regarding the COR perspective, the lack of proper replenishment mechanisms enhances the rate at which resources are depleted which makes one more vulnerable in experiencing the exhaustion of emotions and secondary traumatic stress (Bafa et al., 2025). In turn, emotional intelligence and self-compassion may be theorized as strategic individual resources that disrupt cycles of losses and encourage adaptive recovery in emotionally challenging work situations. COR theory also proposes the resources where groups of dependent resources are better protected, than single attributes (Parayitam et al., 2025). In this connection, both emotional intelligence and self-compassion can be used in a synergistic way, creating a resource network that incorporates the system of resiliency among psychologists. This suggestion is made by longitudinal evidence, with clinicians that possess greater baseline emotional regulation capacity having a 38% reduction in the probability of developing high compassion fatigue during a one-year follow-up period (Begum and T., 2025).

In addition, the cycles of the resources gain have been noted among psychologists who have high levels of emotional processing, as the professional efficacy predicts the further growth of the psychological well-being (Dobrovolska et al., 2021). These results are in line with the claims of COR theory which holds that future resource accumulation will be predicted by initial resource strength, and this consequently supports adaptive functioning. Framing emotional intelligence and self-compassion, therefore, within the framework of COR theory, offers a theoretically supported mechanism of the cumulative protective effect of both against occupational stress in psychological practice (Keya et al., 2023).

The conceptualization of emotional intelligence as the ability to perceive, understand, and manage emotions and be applied in the COR model as a main regulatory resource which avoids overuse of emotions (Lee et al., 2022). Greater emotional intelligence in psychologists reflects greater cognitive reappraisal and affect modulation, which lessen the severity and duration of reactions to the emotionally

related sessions. Quantitative research indicates that emotional intelligence is a significant predictor of reduced compassion fatigue even when adjusting for weekly caseload and years of professional experience, which is an independent protective factor (Nicklin et al., 2019). The structural equation modeling also implies that the components of emotional regulation mediate the association between emotional exhaustion and trauma exposure, which explain almost 30% of indirect variation (Begum and T., 2025). Therefore, emotional intelligence in COR terms reduces the loss of resources at the stage of their first instance and ensures that stress is not converted into chronic depletion. In its turn, self-compassion, the aspect of COR, is the restorative and replenishing factor that helps to recuperate emotions after investing in the empathy (Bafa et al., 2025).

Neff (2003) theorizes self-compassion to combine self-kindness, mindfulness, and acknowledgment of shared humanity, which are all anti-maladaptive in relation to self-criticism and rumination. Emotional intelligence and self-compassion combine to create a dual resource system which significantly helps to eliminate compassion fatigue in psychologists. Cross-sectional studies indicate that emotional intelligence and self-compassion have positive significant correlations, which reflects their interdependence within a broader resources (Bafa et al., 2025). The statistically significant indirect linkage between emotional intelligence and compassion fatigue via self-compassion has been demonstrated in comprehensive structural models, accounting for up to 34% of the variance in fatigue outcomes among mental health professionals. This finding is theoretically consistent with the COR theory, which proposes that clusters of psychological resources provide stronger protection against stress than isolated personal qualities (Parayitam et al., 2025).

Moreover, demographic characteristics such as age, gender, years of clinical experience, and workplace setting also influence the development and management of compassion fatigue. In contrast, psychologists working in supportive organizational environments and possessing greater clinical experience demonstrate higher resilience, professional efficacy, and psychological well-being. Therefore, psychologists with high emotional intelligence, strong self-compassion, and favorable demographic and professional characteristics are less likely to experience chronic

resource depletion and are more capable of sustaining psychological wellness and effective professional functioning (Tindle et al., 2022).

The Conservation of Resources (COR) theory, as suggested by Hobfoll and E. (1989), is the theory that asserts that people seek to acquire, maintain, and safeguard psychological, emotional, and social resources (Hobfoll and E., 1989). When these resources are endangered, lost or inadequate to satisfy the pressure of the environment, stress ensues. Within the scope of psychologists, constant exposure to trauma, emotional distress, and role duties of a client may cause sustained deficits in emotional resources, which finally cause compassion fatigue. Thus, in the current study, compassion fatigue is identified as a dependent variable due to its negative psychological impact as a consequence of extended work-related stress and expenditure of resources (Matud et al., 2020).

2.4 Conceptual Framework

The COR theory also elaborates that one can use personal psychological strengths as sources of protection against stress. In the present research, emotional intelligence and self-compassion are understood as independent variables as they are internal coping resources that could decrease chances of compassion fatigue among psychologists. Emotional intelligence can help psychologists understand, control, and deal with emotions in emotionally challenging life situations (Bian et al., 2025; Tabatabaei et al., 2025). The psychologists who have a higher level of emotional intelligence can easily have emotional balance, control interpersonal interaction, and avoid emotional depletion when working (Nicklin et al., 2019). Past research has established that elevated emotional intelligence is linked to less burnout, stress, and compassion fatigue, implying the protective property of it in the maintenance of psychological resources (Mukhtar et al., 2025).

Likewise, self-compassion is regarded as an internal strength which is beneficial in enhancing emotional recovery, resilience, and adaptive coping in COR theory. Self-compassion is a practice of being kind, mindful, and understanding to oneself in times of stress or personal hardship (Ragni et al., 2023). Self-compassion can also alleviate self-criticism as well as emotional exhaustion among psychologists as

a result of therapist work. The empirical research has added that increased self-compassion correlates with the reduced intensity of secondary traumatic stress, burnout, and compassion fatigue (Ali et al., 2025; Linkevičiūtė et al., 2025). Self-compassion can thus serve as protective and restore emotional resources and counteract the occupational stress.

In addition to their independent roles in predicting compassion fatigue, emotional intelligence and self-compassion are also conceptualized as directly related to one another. Consistent with COR theory, emotionally intelligent psychologists are better able to recognize and regulate their internal emotional states, which in turn supports a more accepting and self-compassionate stance toward their own struggles (Zhang et al., 2025; Osborn et al., 2022). The conceptual framework of this study therefore also incorporates a direct path from emotional intelligence to self-compassion, alongside their independent associations with compassion fatigue.

In line with the COR theory and the literature, the current study hypothesizes that emotional intelligence and self-compassion are protective psychological resources that are expected to negatively predict compassion fatigue among psychologists. The conceptual framework thus aligns emotional intelligence and self-compassion as independent variables that predict compassion fatigue as the dependent variable. The framework is especially applicable in the context of Pakistan, where the lack of mental health resources, high levels of emotional load, and lack of psychological support can make practicing psychologists more vulnerable to compassion fatigue (Tabatabaei et al., 2025).

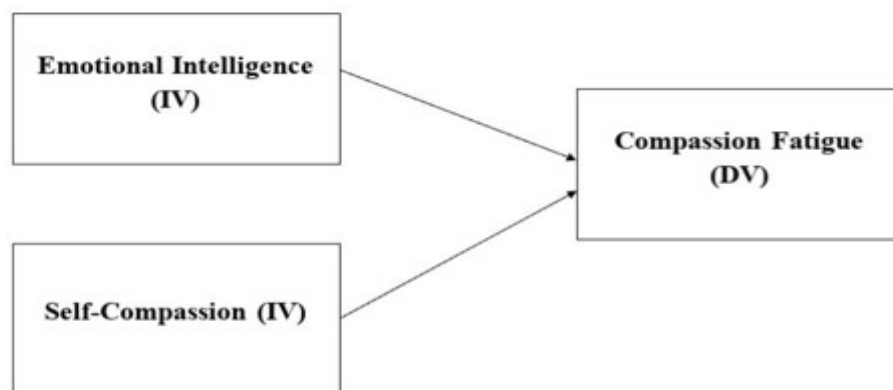


FIGURE 2.1: Conceptual Model of the Study

2.5 Rationale

Pakistan is facing a major mental health crisis. Approximately 24 million individuals require assistance, yet the government allocates only 0.4% of its health budget to mental health services ([SHINE Humanity, 2019](#)). Despite this growing need, the country's mental healthcare system continues to face limited resources, inadequate workforce capacity, and insufficient investment in mental health services World Health Organization ([World Health Organization, 2021](#)) (World Health Organization, 2021). There are also very few doctors available, fewer than 0.2 psychiatrists for every 100,000 people. It makes it very challenging for psychologists to do their jobs, as they have too many patients and inadequate support ([Lateef et al., 2026](#)). The psychologists play a vital role in addressing Pakistan's growing burden of mental disorders. However, they often function in high-stress environments with limited resources and poor institutional support. This study is significant because it explores internal emotional intelligence and self-compassion that may protect professionals from compassion fatigue. ([Mahesar et al., 2025](#)). Despite their critical role, mental health professionals in Pakistan face increased vulnerability to compassion fatigue due to repeated exposure to client trauma, high caseloads, and systemic neglect of their well-being. Moreover, compassion fatigue reduces empathy, emotional stability, and professional effectiveness. However, few studies in Pakistan explored psychological factors that might buffer this emotional toll. The significant literature gap is that mostly existing empirical studies are performed in the Western region to examine these variables as predictors of compassion fatigue, South Asian context is underexplored ([Ullah et al., 2024](#)). Examining these variables within Pakistan's collectivist cultural context is essential, as cultural values of humility, self-criticism, and emotional suppression may alter how emotional intelligence and self-compassion protect against compassion fatigue ([Khadim et al., 2023](#); [Malik et al., 2023](#)).

Moreover, most studies in Pakistan have examined emotional intelligence and self-compassion independently, despite theoretical and empirical evidence that these constructs may interact and reinforce one another as a resource cluster, offering stronger protective effects against emotional strain ([Hobfoll and E., 1989](#); [Zhang](#)

[et al., 2025](#)). Conservation of Resources theory explicitly posits that resource clusters provide stronger protection than individual resources ([Hobfoll and E., 2011](#)). Therefore, by exploring the role of both variables collectively, this research will help in finding the predictive role in mitigating compassion fatigue. In addition, emotional intelligence and self-compassion are vital protective factors for professionals in emotionally demanding roles. Emotional intelligence facilitates effective emotional regulation and awareness, while self-compassion promotes resilience and recovery from occupational stress. Although these constructs have been widely recognized for mitigating burnout and compassion fatigue, their influence among psychologists in Pakistan remains insufficiently explored. Building on the theoretical foundation provided by Conservation of Resources theory ([Hobfoll and E., 1989](#)) and prior empirical findings ([Sun et al., 2025](#); [Zhang et al., 2025](#)), the present study seeks to investigate how emotional intelligence and self-compassion predict compassion fatigue among psychologists in Pakistan, providing insights to strengthen professional training and workplace well-being initiatives.

Chapter 3

Research Methodology

3.1 Research Design

The current study utilized a correlational research design in order to examine the relationship between emotional intelligence, self-compassion and compassion fatigue among psychologists.

3.2 Sample Population and Sampling

The target population consisted of practicing psychologists working in hospitals, counseling facilities, educational institutes, and mental health organizations in the Islamabad and Rawalpindi regions. Approximately 200 participants aged between 27 and 40 years were recruited through purposive sampling. An a priori power analysis was conducted using G*Power to determine the minimum required sample size for the planned multiple linear regression analysis. The analysis included two predictors, emotional intelligence and self-compassion, with compassion fatigue as the dependent variable. Based on the specified effect size, significance level ($\alpha = .05$), and desired statistical power, the analysis indicated a minimum required sample of 164 participants. To provide an adequate margin above the minimum required sample, a total of 200 practicing psychologists were recruited for the study (Tariq et al., 2021). The selected age range was considered appropriate for recruiting practicing psychologists who were actively engaged in providing psychological services and had regular direct contact with clients, ensuring adequate exposure to the emotional demands of therapeutic practice. Restricting the age range also

helped obtain a relatively homogeneous sample and minimise variability associated with differences in professional roles and career stages. Similar age ranges have been reported in previous studies involving practicing clinical psychologists (Bhattacharyya et al., 2022).

3.2.1 Inclusion criteria

7 Participants were included in the study if they met all of the following criteria:

- i. Professional qualification: Held a minimum of an MS/MSc or MPhil degree in clinical psychology from an HEC-recognized institution.
- ii. Current practice: Currently practicing as a psychologist in Islamabad or Rawalpindi, defined as providing direct psychological services (assessment, therapy, or counseling) for a minimum of 10 hours per week.
- iii. Client contact: Had regular direct client contact, defined as conducting at least 5 therapeutic sessions per week involving face-to-face interaction (excluding administrative, supervisory, or teaching duties).
- iv. Age range: Were between 27 and 40 years of age.
- v. Informed consent: Provided written informed consent to participate in the study.

3.2.2 Exclusion criteria

Participants were excluded if they:

- i. Were currently on extended leave (more than 3 months) or career break.
- ii. Were outside the specified age range or study location.
- iii. Were non-clinical mental health professionals with no direct client contact.
- iv. Had been practicing for less than 6 months.
- v. Did not provide informed consent.

3.3 Instruments Measures

3.3.1 Trait Emotional Intelligence Questionnaire Short Form

The Trait Emotional Intelligence Questionnaire–Short Form (TEIQue-SF) was developed by [Petrides and Furnham \(2009\)](#) as a shortened version of the Trait Emotional Intelligence Questionnaire (TEIQue). The instrument was developed as a brief yet reliable measure of trait emotional intelligence, allowing researchers and practitioners to assess individuals' perceptions of their emotional abilities in an efficient manner.

The scale assesses the personal perceptions of the ability of individuals to understand, manage, express, and use emotions in everyday life and in interpersonal relationships. It is commonly applied to students, health professionals, and general populations to determine emotional functioning and psychological well-being ([Burbaite et al., 2026](#))

The TEIQue-SF consists of 30 items representing four dimensions of trait emotional intelligence: Well-being, Self-control, Emotionality, and Sociability. Responses are recorded on a 7-point Likert scale ranging from 1 (Completely Disagree) to 7 (Completely Agree). The total score is obtained by summing the responses across all items, with higher scores indicating greater levels of trait emotional intelligence. The scale has proven to be very psychometric in all types of cultural and work environments ([Solomons et al., 2023](#)).

The scale has demonstrated satisfactory psychometric properties, with Cronbach's alpha coefficients ranging from .80 to .90 across different populations, indicating good internal consistency and reliability ([Petrides and Furnham, 2009](#)). The TEIQue-SF has been widely used in educational, clinical, healthcare, and organizational settings to assess emotional functioning, psychological well-being, and interpersonal competencies.

3.3.2 Self Compassion Scale Short Form

The Self-Compassion Scale–Short Form (SCS-SF) was developed by [Raes et al. \(2011\)](#) as a shortened version of the original Self-Compassion Scale developed by [Neff \(2003\)](#). The scale measures self-compassion, which refers to an individual's tendency to respond to personal failures, suffering, and difficult experiences with kindness, understanding, and acceptance rather than self-criticism ([Neff, 2003](#)).

The SCS-SF consists of 12 items and assesses six dimensions of self-compassion: Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, and Over-Identification. Each dimension is represented by two items ([Raes et al., 2011](#)). Responses are rated on a 5-point Likert scale ranging from 1 (Almost Never) to 5 (Almost Always). Scoring involves reverse-coding the negatively worded items related to Self-Judgment, Isolation, and Over-Identification. The responses are then averaged to obtain an overall self-compassion score, with higher scores indicating greater levels of self-compassion.

The scale has demonstrated satisfactory psychometric properties. [Raes et al. \(2011\)](#) reported a Cronbach's alpha coefficient of .86, indicating good internal consistency. The short form also demonstrated excellent concurrent validity, with a correlation of $r = .97$ with the original 26-item Self-Compassion Scale.

The SCS-SF has been widely used in research and clinical settings to assess self-compassion and its relationship with psychological well-being, emotional regulation, mental health, and coping with stress and adversity.

3.3.3 Compassion Fatigue Short Scale

The Compassion Fatigue Scale (CFS) was developed by [Adams et al. \(2006\)](#) Adams et al., (2006) based on Figley's (1995) conceptualization of compassion fatigue and secondary traumatic stress among helping professionals. The instrument measures compassion fatigue, which refers to the emotional and psychological strain experienced by individuals who are repeatedly exposed to the suffering and traumatic experiences of others through their professional roles.

The CFSS consists of 13 items that assess symptoms associated with compassion fatigue, including emotional exhaustion, hopelessness, intrusive thoughts, sleep

disturbances, feelings of being trapped by work responsibilities, and reduced self-worth. The scale comprises two dimensions: Secondary Trauma (5 items) and Job Burnout (8 items) (Adams et al., 2006). Responses are rated on a 10-point Likert scale ranging from 1 (Never/Rarely) to 10 (Very Often). Scores are calculated by summing participants' responses across all items. Higher scores indicate greater levels of compassion fatigue. The original validation study demonstrated satisfactory reliability and validity, supporting the use of the scale among helping professionals exposed to emotionally demanding work environments (Adams et al., 2006). The CFSS has been used among psychologists, counselors, social workers, nurses, and other helping professionals to assess the impact of continuous exposure to clients' suffering and traumatic experiences.

3.4 Data Collection

Prior to data collection, ethical approval was obtained from the relevant departmental research committee. Permission to use the selected research instruments was obtained from the respective authors where required. Data were collected through an online survey created using Google Forms. The survey link was distributed to practicing psychologists working in hospitals, counseling centers, educational institutions, and mental health organizations in Islamabad and Rawalpindi through professional networks, email, and social media platforms.

Prior to accessing the survey, respondents were given a form for informed consent outlining the study's objectives, the voluntary nature of taking part, the privacy of their answers, and their freedom to leave the study at any time without paying any fees. The questionnaire was only available to those who gave consent in accordance with their knowledge.

The questionnaire consisted of two sections. The first section gathered demographic information, including age, gender, educational qualification, years of professional experience, workplace setting, and client exposure. The second section comprised the Trait Emotional Intelligence Questionnaire–Short Form (TEIQue-SF), the Self-Compassion Scale–Short Form (SCS-SF), and the Compassion Fatigue Short Scale (CFSS).

Participants were instructed to respond honestly and were informed that there were no right or wrong answers. Completion of the survey required approximately 10–15 minutes. No identifying information such as names, phone numbers, or email addresses was collected to ensure anonymity. After data collection was completed, responses were screened for completeness and eligibility according to the inclusion and exclusion criteria. The finalized data set was then coded and entered into SPSS for statistical analysis.

3.5 Ethical Consideration

Permission to conduct the research was granted prior to its commencement by the Ethics Review Committee of CUST. The research followed the general principles laid down for investigations involving human participants. Participants were provided with all necessary details for making an informed decision as to their participation in or refusal of the study. The participants' consent was acquired after a proper explanation to them, and participation remained completely voluntary in nature and could be stopped at any point. To ensure anonymity, no identifying information such as name, contact number or other identification related to a workplace were collected from the research participants. All responses were kept completely confidential and were only used for academic and research purposes. The data gathered was stored safely and could only be accessed by the researcher and their supervisor.

Participants were told that there were no known physical, psychological, social, or legal risks involved in taking part in the study. There were no money rewards, prizes, or payment given for joining, which helped ensure that participation was not forced or influenced in any unfair way. During the entire research process, the values of respecting people, keeping information private and allowing volunteer choice in participation were followed.

Every effort was made to ensure that participants were treated with dignity, fairness, and respect throughout the study. The researcher remained committed to protecting participants from any potential psychological discomfort or harm, and no deceptive procedures were used at any stage of the research. All information collected was handled responsibly, stored securely, and used exclusively for academic

purposes. These ethical principles were maintained throughout the planning, data collection, analysis, and reporting stages of the study to ensure the integrity of the research and the protection of participants' rights and well-being.

3.6 Data Analysis

The data were analyzed using IBM SPSS Statistics. Descriptive statistics were generated to describe participants' demographic characteristics and summarize the study variables. The reliability of the study instruments was evaluated by calculating Cronbach's alpha coefficients. Data normality was assessed by examining skewness and kurtosis values. Pearson's product-moment correlation was used to determine the relationships among emotional intelligence, self-compassion, and compassion fatigue. In addition, multiple linear regression analysis was performed to examine whether emotional intelligence and self-compassion significantly predicted compassion fatigue among practicing psychologists.

To test the study hypotheses, Pearson's correlation and multiple linear regression analyses were conducted. Pearson's correlation analysis was used to examine the direction and strength of the relationships among the three main study variables: emotional intelligence, self-compassion, and compassion fatigue. This analysis determined whether statistically significant positive or negative associations existed between the variables. Multiple linear regression analysis was subsequently performed to examine whether emotional intelligence and self-compassion significantly predicted compassion fatigue when considered simultaneously. The regression model also assessed the proportion of variance in compassion fatigue explained by these two predictor variables.

These statistical procedures were selected because the study variables were measured on continuous scales. Normality was assessed using skewness, kurtosis, and the Kolmogorov-Smirnov test. Although the Kolmogorov-Smirnov test was significant for all variables, a common finding with large samples ($N = 200$), skewness and kurtosis values were within acceptable limits, and visual inspection of histograms confirmed approximately normal distributions. Given the sample size and the robustness of parametric tests to moderate deviations from normality, parametric tests were considered appropriate (Field, 2024). Statistical significance was

evaluated at the .05 alpha level, with p-values less than .05 considered statistically significant. In addition, a one-way analysis of variance (ANOVA) was conducted to examine whether emotional intelligence, self-compassion, and compassion fatigue differed significantly across clinical supervision frequency groups (regular, occasional, and no supervision). Prior to conducting multiple linear regression, collinearity diagnostics were examined. Tolerance values were above .10, and VIF values were below 10, indicating that multicollinearity was not a concern.

Chapter 4

Results

This chapter presents the findings of the study conducted to examine the impact of emotional intelligence and self-compassion on compassion fatigue among psychologists in Pakistan. The chapter details descriptive statistics of the sample and main study variables, scale reliability analyses, and normality testing in order to assess the distribution of the data. Pearson correlation analyses are then reported to assess the bivariate relationships between emotional intelligence, self-compassion, and compassion fatigue, followed by multiple regression analysis to assess the predictive relationships between the independent variables and the dependent variable. Supplementary analyses exploring demographic influences, such as age, gender, professional experience, work setting, clinical supervision, and self-care activities, are also provided to offer an extensive understanding of the results.

TABLE 4.1: Demographic Characteristics of Participants (N = 200)

Variable	Category	n	%
Age	27–31 years	167	83.5
	32–36 years	25	12.5
	37–40 years	8	4.0
Gender	Male	71	35.5
	Female	129	64.5

Table 4.1 – *continued from previous page*

Variable	Category	N	%
Educational Qualification	BS/BA (Psychology or related field)	53	26.5
	Diploma/Certificate in	18	9.0
	Clinical/Applied Psychology		
	MPhil	35	17.5
	MS/MSc	67	33.5
	MA Psychology	12	6.0
	ADCP (Advanced Diploma in Clinical Psychology)	6	3.0
	MRCPsych	3	1.5
	PhD	6	3.0
Area of Specialization	Clinical Psychology	200	100.0
Current Work Setting	Academic/Training	29	14.5
	Institution/Corporate		
	Government Hospital/Clinic	25	12.5
	NGO/INGO Mental Health Program	20	10.0
	Private Hospital/Clinic	57	28.5
	Private Practice	55	27.5
Professional Experience	Rehabilitation Center	14	7.0
	1–3 years	100	50.0
	4–6 years	29	14.5
	7–10 years	4	2.0
	Less than 1 year	63	31.5
	More than 10 years	4	2.0
Average	0–5	69	34.5
	11–15	33	16.5
	16–20	11	5.5

Table 4.1 – *continued from previous page*

Variable	Category	N	%
	6–10	75	37.5
	More than 20	12	6.0
Receive	No	33	16.5
Clinical	Yes, occasionally	108	54.0
Supervision	Yes, regularly (e.g., at least once a month)	59	29.5
Self-Care Activities	Exercise / physical activity	71	35.5
	Hobbies/leisure activities	18	9.0
	Mindfulness or meditation	33	16.5
	Personal therapy / counseling	22	11.0
	Religious/spiritual practices	24	12.0
	Social support (time with friends/family)	32	16.0

Table 4.1 shows the demographic characteristics of a total of 200 psychologists who participated in this study. The sample consisted of 129 females (64.5%) and 71 males (35.5%). Most participants were between 27 and 31 years of age (83.5%), while 12.5% were between 32 and 36 years, and 4.0% were between 37 and 40 years. In terms of education, 26.5% had a BS/BA degree in psychology, 9.0% had a diploma or certificate in clinical/applied psychology, 17.5% had an MPhil degree, 33.5% had an MS or MSc degree, 6.0% had an MA Psychology degree, 3.0% had an ADCP, 1.5% had an MRCPsych, and 3.0% had a PhD degree. The specialization of all participants was clinical psychology (100%). As far as the place of work is concerned, 28.5% had worked in private hospitals or clinics, 27.5% in private practice, 14.5% in academic or training institutions, 12.5% in government hospitals or clinics, 10.0% in NGO or INGO mental health programs, and 7.0% in rehabilitation centers. As far as professional experience, 31.5% had less than 1 year of experience, 50.0% had 1-3 years of experience, 14.5% had 4-6 years of experience, 2.0% had 7-10 years of experience, and 2.0% had over 10 years of

experience. . Regarding clinical supervision, 16.5% of participants reported receiving no supervision, 54.0% received occasional supervision, and 29.5% received regular supervision (at least once a month). This variable was included because clinical supervision has been identified as a protective factor against compassion fatigue, providing opportunities for emotional processing and reflective practice (Daly et al., 2021). The mean score for emotional intelligence was 4.21 ($SD = 0.62$), which suggests that participants had moderate emotional intelligence. The mean scores for self-compassion and compassion fatigue were 3.09 ($SD = 0.47$) and 51.08 ($SD = 23.23$), respectively, indicating moderate amounts of compassion fatigue.

TABLE 4.2: Descriptive, Reliability, and Psychometric Properties of the Study Scales ($N = 200$)

Scales	Items	M	SD	α	Range		Skew	Kurt	KS	p
					Actual	Potential				
EL_Total	30	4.21	.62	.77	2.10–6.80	30–210	.45	1.72	.15	.010
SCS_Total	12	3.09	.47	.87	1.00–5.00	12–60	.36	3.12	.12	.001
CF_Total	13	51.08	23.23	.93	13–130	13–130	.53	−.04	.08	.001

Note: Note: EL_Total = Emotional Intelligence; SCS_Total = Self-Compassion; CF_Total = Compassion Fatigue; M = Mean; SD = Standard Deviation; α = Cronbach's Alpha; KS = Kolmogorov-Smirnov test for normality. The K-S test was significant for all variables ($p < .05$), a common finding with large samples. However, skewness and kurtosis values were within acceptable limits (skewness < -2 —, kurtosis < -7 —), and visual inspection of histograms confirmed approximately normal distributions. Hence, parametric tests were considered appropriate

Table 4.2 presents the descriptive statistics, reliability coefficients, and psychometric properties of the three study scales. The Emotional Intelligence Scale (EL_Total) consisted of 30 items and demonstrated acceptable internal consistency ($\alpha = .77$), with a mean score of 4.21 ($SD = .62$). Skewness (0.45) and kurtosis (1.72) values were within acceptable limits; however, the Kolmogorov-Smirnov test was significant ($KS = .12, p < .05$), indicating a deviation from normality.

The assumption of normality was assessed using multiple indicators. The Kolmogorov Smirnov test was significant for all three variables: emotional intelligence

($KS = .15$, $p < .001$), compassion fatigue ($KS = .08$, $p = .008$), and self-compassion ($KS = .12$, $p < .001$). Nonetheless, the Kolmogorov-Smirnov test is highly sensitive to sample size and is known to produce significant results with large samples even when deviations from normality are trivial (Field, 2024). Skewness values ranged from 0.36 to 0.53, and kurtosis values ranged from -0.04 to 3.12, both within acceptable limits for parametric analyses (Kline, 2016). Visual inspection of histograms (Figures 2-4) verified approximately normal distributions. Hence, parametric tests were considered appropriate, and Pearson's correlation and multiple linear regression were used for the analyses.

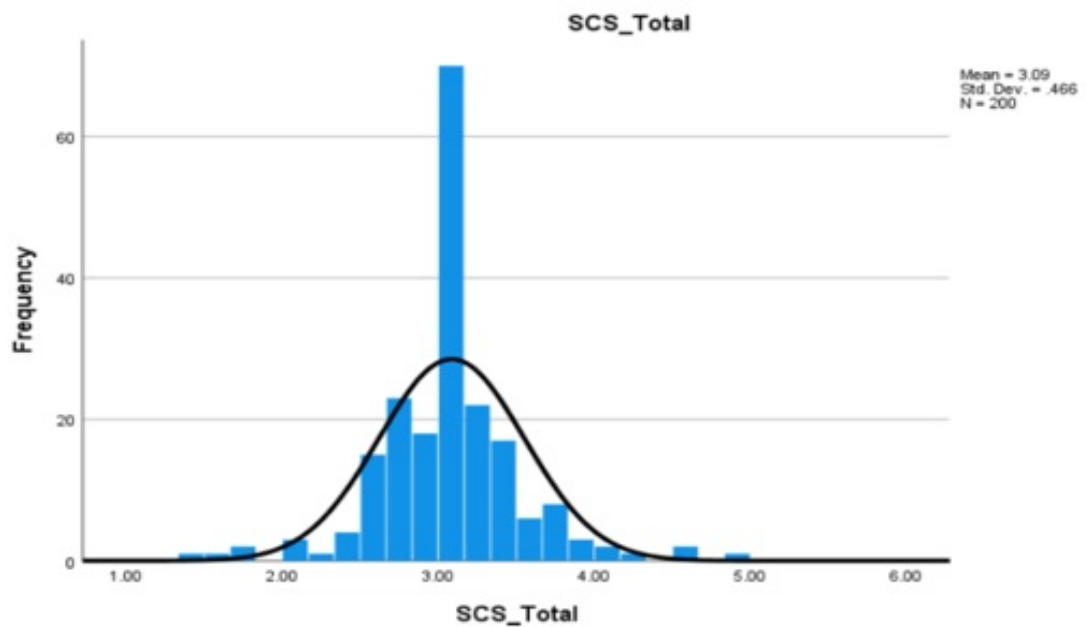


FIGURE 4.1: Histogram Showing Distribution of Self-Compassion Scores (SCS_Total) Among Psychologists (N = 200)

It shows the distribution of self-compassion scores among the 200 psychologists. The scores range from about 1.00 to 5.00, with most respondents scoring around the average of 3.09. The bell-shaped curve over the bars shows that the data follows a roughly normal pattern, meaning most scores are clustered in the middle with fewer at the extremes. Visual inspection suggests approximate normality, consistent with skewness and kurtosis values within acceptable limits, although the Kolmogorov-Smirnov test was significant due to the large sample size.

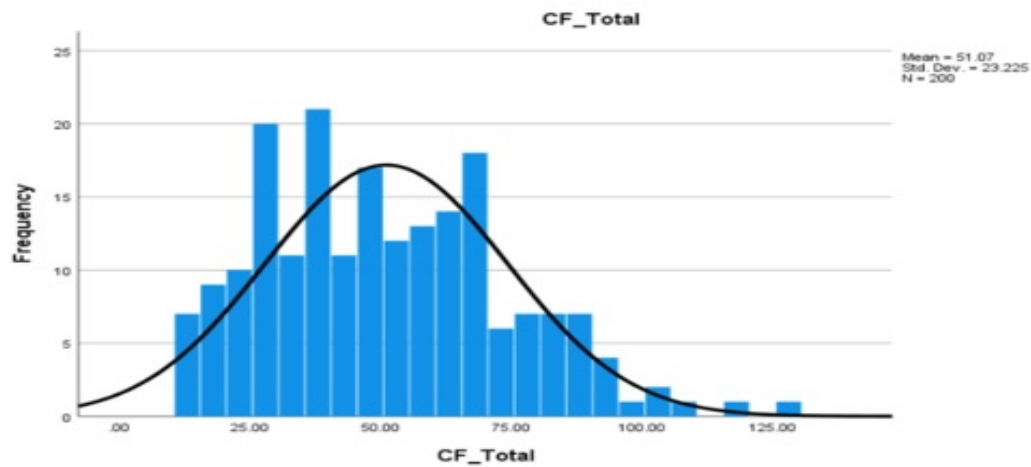


FIGURE 4.2: Histogram Showing Distribution of Compassion Fatigue Scores (CF_Total) Among Psychologists (N = 200)

It shows the distribution of compassion fatigue scores among the 200 psychologists. The scores range from 13.00 to 130.00, with most respondents scoring around the average of 51.07. The bell-shaped curve shows a fairly normal distribution, with scores clustering near the middle and fewer at the extremes. Visual inspection suggests approximate normality, consistent with skewness and kurtosis values within acceptable limits, although the Kolmogorov-Smirnov test was significant due to the large sample size.

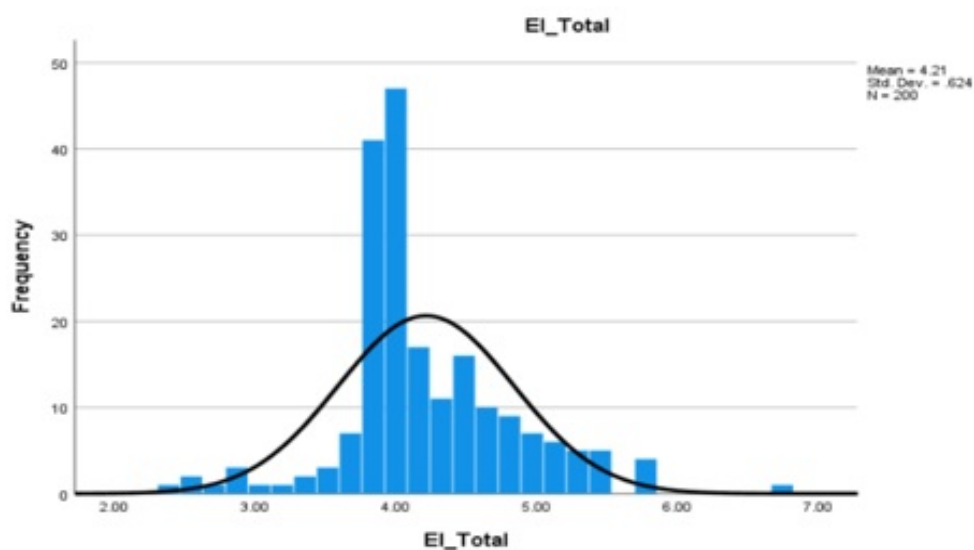


FIGURE 4.3: Histogram Showing Distribution of Emotional Intelligence Scores (EI Total) Among Psychologists (N = 200)

It shows the distribution of emotional intelligence scores among the 200 psychologists. The scores range from about 2.00 to 7.00, with most respondents scoring around the average of 4.21. The bell-shaped curve shows a fairly normal distribution, with scores clustering near the middle and fewer at the extremes. Visual inspection suggests approximate normality, consistent with skewness and kurtosis values within acceptable limits, although the Kolmogorov-Smirnov test was significant due to the large sample size.

Table 4.3 presents the Pearson correlation coefficients examining the relationships between emotional intelligence (EI_Total), self-compassion (SCS_Total), and compassion fatigue (CF_Total) among psychologists. The analysis was conducted on a sample of 200 participants.

TABLE 4.3: Pearson Correlations Among Study Variables ($N = 200$)

S. No.	Variables	SCS_Total	CF_Total	EI_Total
1.	SCS_Total	—		
2.	CF_Total	-.44**	—	
3.	EI_Total	.68**	-.50**	—

Note: EI_Total = Emotional Intelligence; SCS_Total = Self-Compassion; CF_Total = Compassion Fatigue. **Correlation is significant at the 0.01 level (2-tailed).

Table 4.3 shows that self-compassion was significantly negatively correlated with compassion fatigue ($r = -.44$, $p < .00$). This indicates that psychologists with higher levels of self-compassion tended to report lower levels of compassion fatigue. Therefore, Hypothesis H2 is supported.

The results also showed a significant positive correlation between self-compassion and emotional intelligence ($r = .68$, $p < .00$). This indicates that psychologists with higher levels of self-compassion also tended to have higher levels of emotional intelligence. Hence H3 is supported.

Furthermore, emotional intelligence was significantly negatively correlated with compassion fatigue ($r = -.50, p < .00$). This suggests that psychologists with higher emotional intelligence tended to experience lower levels of compassion fatigue. Therefore, Hypothesis H1 is supported.

TABLE 4.4: Multiple Linear Regression Predicting Compassion Fatigue ($N = 200$)

Predictors	B	SE	95% CI	β	t	p
(Constant)	138.77	10.40	[118.26, 159.28]		13.34	<.00
EL_Total	-14.01	3.09	[-20.10, -7.92]	-.38	-4.53	<.00
SCS_Total	-9.28	4.14	[-17.45, -1.11]	-.19	-2.24	.027

EL_Total = Emotional Intelligence (mean item score); SCS_Total = Self-Compassion (mean item score); CF_Total = Compassion Fatigue (total score); M = Mean; SD = Standard Deviation; α = Cronbach's Alpha; KS = Kolmogorov-Smirnov test for normality.

Table 4.4 shows that the overall regression model was significant, $F(2, 197) = 36.64, p < .001$, explaining 27.2% of the variance in compassion fatigue ($R^2 = .27$, Adjusted $R^2 = .26$). Emotional intelligence was a significant negative predictor ($\beta = -.38, t = -4.53, p < .001$), indicating that higher emotional intelligence predicted lower compassion fatigue. Self-compassion was also a significant negative predictor ($\beta = -.19, t = -2.24, p = .027$), indicating that higher self-compassion predicted lower compassion fatigue. Emotional intelligence was a stronger predictor than self-compassion. Thus, Hypothesis H4 was supported.

Prior to interpreting the regression coefficients, multicollinearity was assessed using Tolerance and Variance Inflation Factor (VIF) values. Despite the strong correlation between emotional intelligence and self-compassion ($r = .68$), the diagnostic indicators were within acceptable limits. Tolerance values were .54 for both predictors, well above the recommended threshold of .20, and VIF values were 1.87 for both predictors, well below the recommended threshold of 5 (Hair et al., 2019; Menard, 2002). These results indicate that multicollinearity did not pose a threat to the validity of the regression model, and the unique contributions of emotional intelligence and self-compassion to compassion fatigue can be reliably interpreted.

Table 4.5 presents the ANOVA comparison of emotional intelligence, self compassion, and compassion fatigue across clinical supervision frequency groups. Emotional intelligence did not differ significantly across groups, $F(2, 197) = 2.93$, $p = .056$, with regular ($M = 4.14$, $SD = 0.45$), occasional ($M = 4.18$, $SD = 0.62$), and no supervision ($M = 4.45$, $SD = 0.84$) groups reporting similar levels. Self-compassion also did not differ significantly, $F(2, 197) = 2.32$, $p = .101$, across regular ($M = 3.04$, $SD = 0.31$), occasional ($M = 3.06$, $SD = 0.41$), and no supervision ($M = 3.24$, $SD = 0.77$) groups. Compassion fatigue did not differ significantly, $F(2, 197) = 2.17$, $p = .117$, across regular ($M = 47.49$, $SD = 24.39$), occasional ($M = 54.21$, $SD = 22.66$), and no supervision ($M = 47.21$, $SD = 22.07$) groups. Post hoc comparisons using Tukey HSD showed no significant differences between any pair of groups (all $p > .05$). Therefore, Hypothesis H5 was not supported.

These findings suggest that the frequency of clinical supervision alone may not be sufficient to produce significant differences in emotional intelligence, self compassion, or compassion fatigue among clinical psychologists. The similarity across supervision groups may indicate that other factors, such as the quality, content, duration, and perceived effectiveness of supervision, could be more relevant to these psychological outcomes. The benefits of supervision depend on the nature of supervisory interactions rather than simply how frequently supervision is received. Future research may therefore examine the qualitative characteristics of clinical supervision and other workplace factors to better understand their potential influence on emotional intelligence, self-compassion, and compassion fatigue.

TABLE 4.5: ANOVA Comparison of Emotional Intelligence, Self-Compassion, and Compassion Fatigue across Clinical Supervision Frequency Groups (N = 200)

	Yes, regularly (1)		Yes, occasionally (2)		No (3)		$F(2, 197)$	p	Post Hoc
Variable	M	SD	M	SD	M	SD			
EI_Total	4.14	0.45	4.18	0.62	4.45	0.84	2.93	.056	ns
SCS_Total	3.04	0.31	3.06	0.41	3.24	0.77	2.32	.101	ns
CF_Total	47.49	24.39	54.21	22.66	47.21	22.07	2.17	.117	ns

Note. Note: EI = Emotional Intelligence; SCS = Self-Compassion; CF = Compassion Fatigue. 1 = Yes, regularly (at least once a month); 2 = Yes, occasionally (less than once a month); 3 = No. Post hoc comparisons using the Tukey HSD test showed no significant differences between any pair of groups for all three variables (all $p > .05$). ns = not significant.

Chapter 5

Discussion and Conclusion

5.1 Discussion

The present study aimed to investigate the effect of emotional intelligence and self-compassion on compassion fatigue among psychologists in Pakistan. The purpose of this study was to explore the relationships among these factors and to examine whether emotional intelligence and self-compassion act as protective factors against compassion fatigue. 200 psychologists participated in the study and completed questionnaires assessing emotional intelligence, self-compassion, and compassion fatigue. The results supported all three hypotheses, showing significant relationships between variables and that both emotional intelligence and self-compassion predict compassion fatigue.

5.1.1 Discussion of Hypothesis 1

The first hypothesis of the study stated that psychologists with higher emotional intelligence would have lower levels of compassion fatigue. The results confirmed this hypothesis. The results showed that there was a significant negative correlation between emotional intelligence and compassion fatigue ($r = -.50$, $p < .00$), which means that the psychologists who had higher scores in emotional intelligence reported lower scores in compassion fatigue.

This is consistent with previous studies in other cultural contexts. [Clarke et al. \(2024\)](#) reported a significant negative correlation between emotional intelligence

and emotional exhaustion among mental health professionals, indicating that emotionally intelligent individuals are more likely to be better prepared to manage the emotional aspects of their work. The current study builds on these findings and shows that the protective role of emotional intelligence against compassion fatigue is not restricted to Western populations but is applicable in South Asian contexts as well.

This study's theoretical basis was the Conservation of Resources (COR) Theory by [Hobfoll and E. \(1989\)](#). In COR theory, people seek to acquire, maintain, and defend their resources, and stress is experienced when these resources are threatened or are lost ([Holmgreen et al., 2017](#)).

The psychological practice perspective on emotional intelligence regards it as a crucial regulatory resource for psychological practitioners in the regulation of emotional reactions to the emotional distress of their clients ([Bakker et al., 2021](#)). Psychologists with higher emotional intelligence can perceive, understand, and manage their emotions to avoid the excessive depletion of emotional resources that results in compassion fatigue ([Mukba et al., 2026](#)). The results of the present study corroborate this theoretical view, in that emotional intelligence emerged as a protective resource that buffered the emotional impact of the psychologists' work.

The magnitude of the correlation obtained in this study ($r = -.50$) is significant, indicating that there is a moderate to strong relationship between emotional intelligence and compassion fatigue. This aligns with the results of [Jowsey et al. \(2024\)](#), which showed that emotional intelligence was one of the most important factors in lowering compassion fatigue among mental health workers. This connection could be explained by the unique nature of psychological practice, which involves prolonged empathic interactions with clients who are suffering from trauma, abuse, and psychological distress. Regulating emotions is especially crucial in highly emotional settings to ensure professional functioning and avoid emotional exhaustion ([Brillon et al., 2025](#)).

There are several possible reasons why emotional intelligence can help prevent

compassion fatigue. Emotionally intelligent people can better identify and understand their emotions, enabling them to detect early signs of emotional exhaustion and take corrective measures (El et al., 2025). Second, emotional intelligence allows psychologists to regulate their emotions when dealing with the emotional state of their clients, which helps them not to become overwhelmed by the client's emotions. Third, emotionally intelligent psychologists are more likely to engage in adaptive coping strategies, such as seeking social support and engaging in self-care activities, which help replenish depleted emotional resources (Campbell et al., 2007). Fourth, emotional intelligence is related to interpersonal effectiveness, which helps psychologists maintain proper therapeutic boundaries and avoid emotional involvement with clients.

The results of this study are especially important in the context of Pakistan, where mental health professionals encounter unique challenges, and emotional intelligence has been shown to predict compassion fatigue. Mahesar et al. (2025) highlighted that Pakistan has fewer than 500 clinical psychologists serving a population of more than 244 million. This acute shortage of mental health professionals is often characterized by high caseloads and inadequate institutional support, which puts psychologists in Pakistan at risk of compassion fatigue. In these resource-limited environments, personal psychological assets such as emotional intelligence can be even more crucial for sustaining professional well-being (Zaman et al., 2021). The present study indicates that EI can be a useful protective factor for helping Pakistani psychologists to deal with the difficulties of their profession despite the limitations of the system.

The results of this study are also consistent with the study of emotional labor in helping professions. Hochschild's (2012) concept of emotional labor suggests that workers in service professions are required to manage their emotions to meet job demands. Emotional labor is for psychologists the ability to remain present and empathetic with their clients' distress while simultaneously managing their own emotional reactions to that distress. Emotional intelligence could reduce the burden of emotional labor by making emotion regulation more automatic and less effortful, thereby freeing emotional resources (Grandey & Gabriel, 2015). This

interpretation aligns with the COR theory, which highlights the need to conserve resources to avoid stress and burnout.

5.1.2 Discussion of Hypothesis 2

The second hypothesis of the study was that higher self-compassion would be associated with lower levels of compassion fatigue among psychologists. This hypothesis was supported by the findings. The results showed that self-compassion was significantly negatively correlated with compassion fatigue ($r = -.44, p < .00$), which means that psychologists who scored higher on self-compassion reported lower levels of compassion fatigue.

This result aligns with expanding literature on the benefits of self-compassion for helping professions. ? described self-compassion as having three aspects: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. These elements combine to form a compassionate response to personal suffering that protects the negative impacts of stress. In the study by Hassmén & Huynh (2026), self-compassion was significantly negatively correlated with burnout and depression among mental health professionals, indicating that self-compassion is a protective resource against occupational stress. Likewise, Ruiz-Aranda et al. (2024) reported a negative correlation between self-compassion and compassion fatigue and a positive correlation between self-compassion and compassion satisfaction among clinicians. In the present study, the findings have been extended to the Pakistani context, showing that self-compassion also has a similar protective role among psychologists in Pakistan.

There are several ways to understand the connection between self-compassion and compassion fatigue. First, self-compassion decreases self-criticism and rumination, which are typical reactions to challenging client interactions (Cobb et al., 2018). In challenging sessions, psychologists' kindness and understanding of themselves reduce the likelihood of engaging in negative self-evaluation that leads to emotional exhaustion. Second, self-compassion facilitates emotional recovery by assisting psychologists in processing and letting go of the emotional residue of their work (Coaston and C., 2017). Third, the common humanity aspect of self-compassion enables psychologists to understand that suffering and difficulty are a part of

life, which diminishes the sense of isolation that can lead to compassion fatigue. Fourth, self-compassion is associated with adaptive coping strategies and decreased avoidance behaviors, which increases resilience (Grevenstein & Bluemke, 2015).

A moderate correlation ($r = -.44$) suggested that self-compassion is a valid predictor of compassion fatigue. The results are in line with Shahidi Delshad et al. (2026), who found that emotional intelligence and self-compassion each predicted well-being among medical students. Emotional intelligence was slightly more correlated with compassion fatigue ($r = -.50$) than with self-compassion ($r = -.44$) in the present study. This indicates that emotional intelligence may be a slightly more significant protective factor for psychologists in the prevention of compassion fatigue, in addition to the other factors.

Theoretically, the findings support the application of the Conservation of Resources (COR) Theory to understanding compassion fatigue. Self-compassion has been conceptualized as a restorative resource that can replenish emotional resources that have been drained by empathically engaging with clients. Compassion fatigue occurs when psychologists invest too much emotional effort in their practice without receiving a sufficient emotional return from it (Vaccaro et al., 2020). Self-compassion supports resource replenishment by encouraging self-care, emotional healing, and adaptive coping, which helps to avoid resource loss spirals that can result in compassion fatigue (Anjum et al., 2020). This interpretation is supported by research that demonstrates that self-compassion interventions are effective for decreasing burnout and enhancing well-being among healthcare professionals.

The results also have implications for the cultural context of self-compassion in Pakistan. Self-compassion has been researched mainly in Western cultures, but in the present study, it is concluded that it is also applicable in the Pakistani culture. This is in line with the study conducted by Khadim et al. (2023), which revealed that self-compassion had a positive correlation with emotional intelligence and empathy among Pakistani university teachers. Collectivism and social support are key aspects of the culture in Pakistan, making self-compassion a relevant factor in psychological well-being. However, it is also possible that cultural norms around

self-criticism and humility may make self-compassion more challenging to some Pakistani psychologists, and culturally sensitive interventions are needed.

Self-compassion and compassion fatigue can also be considered in terms of the emotional needs of psychological practice. Psychologists are also subject to prolonged emotional stress due to their therapeutic practice, which can cause emotional exhaustion and compassion fatigue over time, as mentioned by [Brillon et al. \(2025\)](#). Psychologists can use self-compassion to help them stay emotionally healthy by minimizing self-critical and rumination reactions that can occur during challenging clinical situations ([Cobb et al., 2018](#)). This interpretation is consistent with studies that found a negative correlation between self-compassion and secondary traumatic stress and burnout among helping professionals.

The correlation between emotional intelligence and self-compassion was significant and strong ($r = .68$, $p < .00$), suggesting a close relationship between these two constructs. This aligns with the study by Görgens-Ekermans & Brand (2012) that revealed a strong positive correlation between emotional intelligence and self-compassion among mental health professionals. The high correlation indicates that emotional intelligence and self-compassion can be reinforcing, such that each one strengthens the impact of the other. This has implications for interventions because programs that improve one construct can also improve the other construct.

5.1.3 Discussion of Hypothesis 3

The study found a strong positive relationship between emotional intelligence and self-compassion ($r = .68$, $p < .001$). This means that psychologists who were better at understanding and managing their emotions also tended to be kinder to themselves. When psychologists can recognize their own feelings and handle them well, it becomes easier for them to treat themselves with care and understanding during difficult times. Similarly, when psychologists are compassionate toward themselves, they may become more aware of their emotions and better able to manage them. This finding matches previous research by [Zhang et al. \(2025\)](#), who found a similar link between emotional intelligence and self-compassion among mental health professionals.

This positive link between emotional intelligence and self-compassion is important because it shows how these two qualities work together to protect psychologists from compassion fatigue. Emotional intelligence helps psychologists notice when they are becoming emotionally tired and take steps to recharge. Self-compassion helps them recover by being kind to themselves instead of being self-critical ([Parker et al., 2024](#)). When psychologists are emotionally intelligent, they understand their own needs better and are more likely to respond with self-kindness.

The results of this study also showed that emotional intelligence and self compassion are strongly connected to each other ($r = .68$, $p < .001$). This means that psychologists who are better at understanding, regulating, and managing their emotions are also more likely to respond to themselves with kindness and understanding during challenging situations. This finding is consistent with the work of Görgens-Ekermans and Brand (2012), who also reported a significant positive relationship between emotional intelligence and self-compassion among healthcare professionals. These findings suggest that emotional intelligence and self-compassion are complementary psychological resources that work together to support emotional well-being.

The positive association between emotional intelligence and self-compassion can also be explained through the Conservation of Resources (COR) theory. According to this theory, individuals strive to acquire, maintain, and protect valuable psychological resources in order to cope effectively with stressful situations. Emotional intelligence enables psychologists to recognize and regulate their emotional responses during demanding clinical work, while self-compassion encourages self-kindness, mindfulness, and acceptance when difficulties arise. Together, these resources may strengthen psychologists' ability to adapt to occupational stress and maintain their emotional well-being. Similar findings were reported by [Schabram et al. \(2021\)](#), who observed that self-compassion was associated with improved emotional recovery and reduced burnout among healthcare professionals.

The strong relationship observed between emotional intelligence and self compassion has important practical implications. Developing emotional intelligence through professional training may also promote greater self-compassion by enhancing emotional awareness and regulation. Likewise, interventions that cultivate

self-compassion may reinforce adaptive emotional coping and resilience. Strengthening these complementary psychological resources may enable psychologists to cope more effectively with the emotional demands of clinical practice and support their long-term psychological well-being.

5.1.4 Discussion of Hypothesis 4

The fourth hypothesis of the study was that emotional intelligence and self-compassion would both predict compassion fatigue among psychologists. This hypothesis was strongly supported by the findings. Overall, the multiple regression model was significant, $F(2, 197)$, $p < .00$, with 27.2% of the variance in compassion fatigue explained. Both predictors proved to be significant predictors. Emotional intelligence was a significant negative predictor of compassion fatigue indicating that higher emotional intelligence predicted lower compassion fatigue. Self-compassion also emerged as a significant negative predictor of compassion fatigue such that higher self-compassion predicted lower compassion fatigue. Emotional intelligence emerged as the stronger predictor compared to self-compassion.

The fact that both emotional intelligence and self-compassion together accounted for 27.2% of the variance in compassion fatigue is remarkable because it shows that these two psychological resources account for a significant amount of the differences in compassion fatigue among psychologists. This aligns with the Conservation of Resources (COR) Theory, clusters of personal resources provide greater protection against stress than isolated resources ([Hobfoll and E., 1989](#)). Consistent with this perspective, [Chan et al. \(2025\)](#) found that emotional intelligence and self-compassion were significant predictors of psychological well-being, suggesting that these personal resources may work together to promote adaptive functioning.

Emotional intelligence can be used as a regulatory resource for psychologists to regulate their emotional reactions to client distress, whereas self-compassion can be used as a restorative resource to replenish emotional resources that have been depleted from empathic engagement with client distress ([Schabram et al., 2021](#)). Together, these resources create a synergistic protective effect against compassion fatigue.

This finding that emotional intelligence is the stronger predictor ($\beta = -.38$) than self-compassion ($\beta = -.19$) is consistent with previous studies. In psychiatric nurses, emotional intelligence was more strongly associated with emotional exhaustion than self-compassion, indicating that emotional regulation skills may be more directly related to the prevention of compassion fatigue (Desbiens et al., 2011). In the same way, Shahidi Delshad et al. (2026) found that emotional intelligence proved to be a better predictor of well-being than self-compassion among medical students. This could be because emotional intelligence is directly focused on the emotional needs of the clinical work, and self-compassion is focused on the internal reaction to those needs. Both are relevant, but emotional intelligence is more directly applicable to the emotional aspects of psychological practice.

It is important to note, however, that self-compassion still emerged as a significant predictor, accounting for additional variance in compassion fatigue beyond that accounted for by emotional intelligence alone. The result is in line with the results of Brunsting et al. (2025), who found that emotional intelligence was indirectly related to burnout through self-compassion in the context of special needs teachers. This implies that emotional intelligence and self-compassion are correlated but different constructs that complement each other in preventing compassion fatigue. The strong role of self-compassion in the model reinforces the notion that the way psychologists experience and respond to their emotions is as critical as the way they manage their emotions in the first place.

The composite model accounted for more variance in compassion fatigue than the two alone. This aligns with the COR theory hypothesis that resource clusters offer greater protection than individual resources (Dönmez & Avcı, 2026). It also implies that interventions focusing on both emotional intelligence and self-compassion might be more effective than those focusing on one of the constructs. The results of the regression also support the theoretical framework of the study. Based on the COR theory, psychologists with emotional intelligence and self-compassion will have a greater reservoir of resources that will help them avoid resource loss spirals (Hobfoll and E., 2011). Emotional intelligence is related to effective emotion regulation and adaptive coping, preventing the initial loss of emotional resources, and self-compassion is related to the restoration of emotional

resources through self-kindness and emotional recovery (Hobfoll and E., 1989; ?) This double protection might account for the fact that the combined model accounted for almost one-third of the variance in compassion fatigue. Notably, despite the strong correlation between emotional intelligence and self-compassion ($r = .68$), multicollinearity diagnostics (Tolerance = .54, VIF = 1.87) confirmed that both predictors contributed unique variance to compassion fatigue, supporting the interpretation that these are related but distinct psychological resources.

5.1.5 Discussion of Hypothesis 5

Hypothesis 5 predicted that demographic variables (frequency of clinical supervision) would be significantly associated with emotional intelligence, self-compassion, and compassion fatigue among psychologists. This hypothesis was not supported. The ANOVA results indicated that emotional intelligence did not differ significantly across supervision groups—regular ($M = 4.14$, $SD = 0.45$), occasional ($M = 4.18$, $SD = 0.62$), and no supervision ($M = 4.45$, $SD = 0.84$), $F(2, 197) = 2.93$, $p = .056$. Self-compassion also did not differ significantly between regular ($M = 3.04$, $SD = 0.31$), occasional ($M = 3.06$, $SD = 0.41$), and no supervision ($M = 3.24$, $SD = 0.77$), $F(2, 197) = 2.32$, $p = .101$. Similarly, compassion fatigue did not differ significantly between regular ($M = 47.49$, $SD = 24.39$), occasional ($M = 54.21$, $SD = 22.66$), and no supervision ($M = 47.21$, $SD = 22.07$), $F(2, 197) = 2.17$, $p = .117$. Post hoc comparisons using Tukey HSD confirmed no significant differences between any pair of groups for all three variables (all $p > .05$).

This finding contrasts with previous research identifying clinical supervision as a protective factor against compassion fatigue. Daly et al. (2021) found that psychologists receiving less than one hour of weekly reflective supervision reported 35% higher compassion fatigue than those with structured support. Similarly, Stevens et al. (2024) reported that inadequate supervision increased compassion fatigue risk among practitioner psychologists. Several explanations may account for this null finding. First, supervision frequency may not capture the quality or depth of supervision. A psychologist may receive regular supervision but find it unsupportive or focused solely on administrative matters rather than emotional processing (Zamir et al., 2022).

Second, the sample characteristics may have limited statistical power, as only 59 participants received regular supervision and 33 received none. Third, cultural and systemic factors in Pakistan, including hierarchical professional structures and mental health stigma, may discourage psychologists from fully engaging in supervision (Saeed, 2025). Fourth, high caseloads (35-45 sessions per week) may have overwhelmed any potential protective effect of supervision (Shamsher, 2026). These findings suggest that supervision quality, organizational support, and cultural context may be more important than frequency alone.

5.2 Conclusion

This study looked at how emotional intelligence, self-compassion, and compassion fatigue are connected among psychologists in Pakistan. The results strongly supported all the hypotheses, showing that both emotional intelligence and self-compassion play a key role in helping protect against compassion fatigue.

The study found a strong negative link between emotional intelligence and compassion fatigue which means that people with higher emotional intelligence tend to experience less compassion fatigue. This result agrees with previous research and applies to the Pakistani context as well. Similarly, self-compassion was also linked in a negative and significant way with compassion fatigue indicating that psychologists who are more self-compassionate are likely to have lower levels of compassion fatigue. The regression analysis showed that both emotional intelligence and self-compassion are important factors in predicting compassion fatigue, among the two, emotional intelligence was a stronger predictor than self-compassion. Emotional intelligence was positively associated with self-compassion, suggesting that psychologists with greater emotional abilities are also more likely to respond to themselves with kindness and understanding when facing occupational challenges.

The findings contribute to the existing body of knowledge about compassion fatigue in helping professions and apply this understanding to the Pakistani context. The study provides evidence that supports the Conservation of Resources (COR) theory as a framework for explaining compassion fatigue. According to this theory, emotional intelligence and self-compassion act as protective and recovery resources that help psychologists from entering into resource depletion and loss spirals.

The study has important implications for practice, training, and policy. The results indicate that improving emotional intelligence and self-compassion in psychologists could be a way to mitigate the risk of compassion fatigue and increase professional well-being. Training programs, professional development workshops, and organizational policies that support emotional intelligence and self-compassion may be particularly beneficial for psychologists working in high-stress environments.

The study also has important effects in the context of mental health in Pakistan. There is a huge gap of mental health experts in the country. Psychologists are burdened with high caseloads, limited resources, and lack of institutional support. The results indicate that there is potential for individual psychological resources, such as emotional intelligence and self-compassion, to assist psychologists in dealing with these challenges and ensuring their professional well-being. The findings, however, also indicate the need for systemic changes that will help psychologists maintain their well-being, such as implementing better supervision, reasonable caseloads, and organizational support for self-care.

One important finding of this study is the strong positive relationship between emotional intelligence and self-compassion. This suggests that psychologists who are better able to understand, regulate, and manage their emotions are also more likely to respond to themselves with kindness, acceptance, and mindfulness during challenging situations. The close association between these two psychological resources indicates that both contribute to psychologists' emotional resilience and well-being. Consequently, professional development programmes that strengthen emotional awareness, emotion regulation, and self-compassion may help psychologists cope more effectively with the emotional demands of clinical practice.

Another important finding is that emotional intelligence emerged as a stronger predictor of compassion fatigue than self-compassion. This suggests that the ability to recognise and regulate emotions may play a particularly important role in reducing the emotional demands associated with therapeutic work. Nevertheless, self-compassion also made a significant independent contribution to predicting compassion fatigue, highlighting that both psychological resources are important for psychologists' well-being. These findings support the Conservation of Resources

(COR) theory, which proposes that individuals protect and maintain valuable psychological resources to cope with stressful situations. Therefore, interventions that enhance both emotional intelligence and self-compassion may provide a comprehensive approach to reducing compassion fatigue and promoting resilience among psychologists.

Finally, this study contributes to the limited literature on compassion fatigue among psychologists in Pakistan. The findings indicate that even within resource-constrained settings characterised by high workloads, repeated exposure to clients' distress, and limited organisational support, psychologists may benefit from strengthening personal psychological resources such as emotional intelligence and self-compassion. However, improving individual coping resources alone is unlikely to be sufficient. Organisations, professional bodies, and policymakers also have an important responsibility to establish supportive work environments through manageable workloads, regular clinical supervision, opportunities for professional development, and accessible mental health support for psychologists. A combination of individual and organisational interventions is therefore essential to promote psychologists' well-being, reduce compassion fatigue, and ensure the delivery of high-quality psychological services.

5.3 Limitations

The present study is limited in several ways that should be taken into account when interpreting the findings. The limitations concern the research design, the characteristics of the sample, the research instruments, and the scope of the research.

One of the main limitations of this study is its cross-sectional design. The data were collected at one single time, and therefore, the relationships found are correlational and do not imply causality. While the study found significant associations between emotional intelligence, self-compassion, and compassion fatigue. Future longitudinal studies are recommended to better understand the relationship among these variables and to see how they change over time.

Second, the study was entirely self-report-based. The participants filled in questionnaires measuring emotional intelligence, self-compassion, and compassion fatigue. There are self-compassion issues associated with self-report measures: social desirability bias, which is the tendency for participants to present themselves in a positive light; and recall bias, which is the tendency for participants to remember or report their experiences inaccurately. Future studies could include objective data, such as behavioral measures of emotional intelligence, physiological measures of stress, or supervisor ratings of compassion fatigue, in addition to self-report data to gain a more complete picture of these constructs.

Third, the sample characteristics may limit the generalizability of the findings. The sample was drawn from psychologists working in Islamabad and Rawalpindi, which may not be representative of psychologists working in other regions of Pakistan. Most of the participants were female (64.5%), which is consistent with the gender distribution of psychologists but may restrict the generalizability of the results to male psychologists. Further studies should be conducted with a larger sample size from various parts of Pakistan.

Fourth, organizational factors like quality of supervision, workplace support, and organizational culture were not included in the study. These factors are known to be important predictors of compassion fatigue and may interact with individual psychological resources to affect compassion fatigue. The regression model accounted for 27.2% of the variance in compassion fatigue, with a significant amount of variance not accounted for. There are other factors, such as individual factors (e.g., resilience, empathy, personality) and organizational factors that may add to compassion fatigue. There is a need for further research to include a wider range of variables, giving a more complete picture of compassion fatigue.

Fifth, the study did not include a control group or comparison sample. The findings cannot be compared to those of psychologists who are not subject to compassion fatigue or other professionals in helping fields. Future research may involve comparison groups to gain a better understanding of the unique factors involved with compassion fatigue among psychologists.

The study has a number of strengths despite these limitations: the sample size was relatively large; the measures used were validated and had good reliability; and the study focused on a population that has been under-researched in the Pakistani context.

5.4 Research Implications

The results of the present study have several significant implications for research, theory, and practice. The implications are related to understanding compassion fatigue, the importance of emotional intelligence and self-compassion, and the creation of interventions that will help support the well-being of psychologists.

Theoretically, the study supports the Conservation of Resources (COR) Theory as a framework for understanding compassion fatigue. The results indicate that emotional intelligence and self-compassion can be seen as regulatory and restorative resources to prevent resource depletion and loss spirals in psychologists. Emotional intelligence can help prevent the loss of emotional resources by regulating emotions and coping effectively, and self-compassion can help replenish emotional resources by offering self-kindness and emotional recovery. This dual process model offers a holistic account of the ways in which individual psychological resources protect against compassion fatigue and indicates that interventions need to focus on prevention and restoration.

The study also adds to the literature on emotional intelligence and self-compassion in helping professions. These constructs have been studied extensively in the Western context, but the present study extends this research to the Pakistani context and shows that these constructs are also relevant in the South Asian context. This indicates that emotional intelligence and self-compassion are protective factors from occupational stress for all people, but there may be cultural variations in how they are expressed and developed. The findings also add to the few studies on compassion fatigue in psychologists, which have not been studied as much as other healthcare professionals, like nurses and physicians.

The significant predictive role of emotional intelligence ($\beta = -.38$) suggests that EI training should be integrated into graduate psychology curricula. Evidence from intervention studies indicates that EI is modifiable through structured training,

with effect sizes ranging from $d = 0.45$ to 0.72 across diverse professional samples (Moret et al., 2025; Sharma et al., 2025). For example, Sharma et al. (2025) found that a 12-week EI workshop for clinical trainees significantly improved EI scores and reduced perceived stress at 6-month follow-up, while Moret et al. (2025) reported comparable gains among nursing students. These findings collectively suggest that EI training can produce durable improvements in emotional functioning. Similarly, the significant role of self-compassion ($\beta = -.19$) indicates that Mindful Self-Compassion (MSC) programs may serve as a complementary intervention. Neff et al. (2020) found that an 8-week MSC program reduced burnout among healthcare professionals at 3-month follow-up, and Eriksson et al. (2018) reported similar effects among practicing psychologists. Both intervention approaches have demonstrated efficacy in Western contexts, but their applicability to Pakistani psychologists remains untested, highlighting a critical direction for future research and practice.

The results also have implications for the selection and recruitment of psychology students and professionals. The correlation between emotional intelligence and compassion fatigue indicates that emotional intelligence could be a helpful trait to take into consideration when selecting candidates for psychology training programs. It is important to note, however, that emotional intelligence can be trained as well, and selection should not be the only approach to the problem of compassion fatigue risk. The findings also suggest that self-compassion may be an important characteristic for students and professionals to develop.

The finding that supervision frequency was negatively associated with compassion fatigue ($r = -.31, p < .001$) has direct implications for mental health organizations. Organizations should establish mandatory supervision policies, ensuring all psychologists receive at least monthly supervision. Given that 16.5% of participants reported no supervision and 54% received only occasional supervision, structural change is urgently needed. Organizations could implement peer supervision groups or case consultation meetings as cost-effective alternatives. The finding that client load was positively associated with compassion fatigue ($r = .24, p = .001$) suggests organizations should monitor caseloads. Internationally, 20–25 clinical hours weekly is optimal (Saeed, 2025); Pakistani psychologists reported 35–45 sessions

weekly, nearly double this recommendation. Workload reduction interventions can reduce burnout by up to 30% (Daly et al., 2021).

At the policy level, the evidence supports greater systemic investment in Pakistan's mental-health infrastructure. Pakistan has a substantial shortage of mental-health professionals, with approximately 500 psychiatrists serving a population of more than 244 million, while mental-health services remain concentrated in limited and often inadequately resourced settings (Mahesar et al., 2025). More recent evidence indicates that government spending on mental health accounts for only approximately 0.4% of the national health budget, while the mental-health treatment gap exceeds 90% (Lateef et al., 2026). Policymakers should prioritize (a) expanding the mental health workforce through scholarships; (b) increasing mental health budget allocation; (c) establishing national guidelines for supervision and caseloads; and (d) developing support programs for psychologists. Evidence indicates systemic interventions, workforce expansion, and workload regulation are more effective than individual-level interventions alone (Eriksson et al., 2018). For individual psychologists, self-care practices, exercise, mindfulness, personal therapy, and social support should be encouraged through formal training and professional development (Neff et al., 2020).

5.5 Recommendations

The results of the present study suggest the following recommendations for practice, training, and policy.

5.5.1 Recommendations for Clinical Practice

Psychologists should be encouraged to take care of themselves and participate in regular self-care activities. The study found that self-compassion is an important protective factor against compassion fatigue, suggesting that practices that enhance self-compassion, such as self-kindness, mindfulness, and recognizing common humanity, should be integrated into daily professional life. Psychologists need to take time to reflect on themselves, do activities that replenish their emotional resources, and get support from colleagues and supervisors as needed.

Psychologists need to regularly access clinical supervision and peer support. The study found that a substantial proportion of participants received only occasional or no clinical supervision. Regular supervision offers opportunities for reflective practice, emotional processing, and professional growth, which can help to prevent compassion fatigue. Psychologists need to establish peer support networks where they can share experiences and ask for advice and emotional support.

5.5.2 Recommendations for Training Programs

Graduate psychology training programs should integrate training in emotional intelligence and self-compassion into their curricula. The present study indicates that they are essential skills for professional practice and should be acquired in graduate education. Courses, workshops, and experiential activities may be incorporated into training programs to teach emotional awareness, emotion regulation skills, and self-compassion. Reflective practice and personal therapy should also be encouraged as a means of developing these competencies.

Students should be given opportunities to learn self-care and resilience skills during training programs. Psychologists are particularly susceptible to compassion fatigue, indicating the need to train students for the emotional requirements of professional practice. Burnout prevention, compassion fatigue, and self-care should be incorporated into training programs, and opportunities should be provided for students to engage in self-care activities and learn resilience strategies.

Training programs should incorporate clinical supervision and mentorship into their training models. The need for supervision to prevent compassion fatigue implies that training programs should include opportunities for structured supervision and prepare students for seeking and using supervision effectively. Mentorship programs, which match students with experienced professionals, can also help to minimize the risk of compassion fatigue.

5.5.3 Recommendations for Organizations

Mental health organizations should establish policies and practices to promote the psychological well-being of psychologists and minimize the risk of compassion

fatigue. This includes reasonable caseloads, frequent clinical supervision, and professional development opportunities. Organizations should also foster a culture that promotes self-care and in which psychologists feel at ease to seek support and take time for themselves.

Training programs and workshops on emotional intelligence, self-compassion, and preventing compassion fatigue should be offered. The present study indicates that these are significant protective factors and that organizations can help to develop these skills through training for their staff. Workshops might be conducted on a regular basis and incorporated into staff professional development plans.

5.5.4 Recommendations for Policy

The mental health policymakers in Pakistan must be aware of the significance of promoting the well-being of psychologists and providing interventions to prevent compassion fatigue. Given the shortage of mental health professionals in Pakistan, it is crucial to keep psychologists in practice. Policymakers should encourage programs to improve psychologists' well-being, such as training programs, supervision requirements, and organizational policies that decrease stress and burnout.

Compassion fatigue is a systemic problem that needs to be addressed by policymakers, such as high caseloads, low resources, and poor supervision. This involves increasing mental health resources, adding mental health workers, and enhancing working conditions. Policymakers can help to foster a more supportive environment for psychologists and minimize the likelihood of compassion fatigue by addressing these systemic issues.

5.5.5 Recommendations for Future Research

Longitudinal studies are recommended to investigate policymakers' relationships among emotional intelligence, self-compassion, and compassion fatigue. Cross-sectional studies are useful for information regarding associations, but longitudinal studies are necessary to determine causality and to assess changes in these variables over time.

Further studies should involve a wider variety of factors to gain a more complete understanding of compassion fatigue. The present study focused on emotional

intelligence and self-compassion, but other individual factors (such as resilience, empathy, and personality) and organizational factors (such as supervision quality, caseload, and workplace support) are also likely to influence compassion fatigue. The researchers suggest that these factors should be explored in relation to emotional intelligence and self-compassion to understand their interaction in the context of compassion fatigue.

Moreover, future studies should consider diversifying recruitment strategies and employing alternative sampling approaches to obtain a more balanced representation of psychologists across different age groups and career stages. Combining online recruitment with institution-based approaches, such as recruitment through hospitals, clinics, universities, and professional associations, may improve participation from psychologists with varying levels of professional experience. Extending the data collection period and, where appropriate, offering modest participation incentives may further enhance response rates and increase the diversity of the sample.

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Appendix A: Consent Form

Informed Consent Form

Dear Participant,

I am a student of MS Psychology at Capital University of Science and Technology, Islamabad. Currently, I am undertaking graduate-level research examining the impact of emotional intelligence and self-compassion on compassion fatigue among psychologists, examining how these variables relate to their experiences in their work context.

You are invited to take part in this research. If you agree to participate, you will have to fill out a demographic sheet and psychological scales assessing emotional intelligence, self-compassion, and compassion fatigue. The total time required is approximately 15–20 minutes.

Your participation is completely voluntary. You can refuse participation or withdraw at any time without any penalty. All data provided by you will be kept confidential and only be used for research purposes. There are no significant risks linked with this participation. Your accurate participation will contribute to research on enhancing the well-being of psychologists who work under constant stress.

I have read and understood all the information provided above. I voluntarily agree to participate in this research.

Participant Signature: _____ **Date:** _____

Appendix B: Demographic Information

Demographic Information Sheet

Please carefully read and fill out the following demographic information. Your responses will remain confidential and anonymous and will only be used for research purposes.

Personal Information

Age:

- ☐ 27–31 years
- ☐ 32–36 years
- ☐ 37–40 years

Gender:

- ☐ Female
- ☐ Male
- ☐ Others

Educational Qualification (tick one):

- ☐ BS / BA (Psychology or related field)
- ☐ MS / MSc
- ☐ MPhil

- ☐ PhD
- ☐ Diploma/Certification in Clinical/Applied Psychology
- ☐ Other (please specify): _____

Area of Specialization (tick one):

- ☐ Clinical Psychology
- ☐ Counseling Psychology
- ☐ Child/Adolescent Psychology
- ☐ Educational/School Psychology
- ☐ Forensic Psychology
- ☐ Industrial/Organizational Psychology
- ☐ Other (specify): _____

Current Work Setting (tick one):

- ☐ Government Hospital/Clinic
- ☐ Private Hospital/Clinic
- ☐ Private Practice
- ☐ NGO/INGO Mental Health Program
- ☐ Academic/Training Institution/Corporate
- ☐ Rehabilitation Center

Duration of Professional Experience as a Psychologist (tick one):

- ☐ Less than 1 year
- ☐ 1–3 years
- ☐ 4–6 years
- ☐ 7–10 years
- ☐ More than 10 years

Average number of clients seen per week (tick one):

- ☐ 0–5
- ☐ 6–10
- ☐ 11–15
- ☐ 16–20
- ☐ More than 20

Do you currently receive clinical supervision?

- ☐ Yes, regularly (e.g., at least once a month)
- ☐ Yes, occasionally
- ☐ No

Which self-care activities do you regularly engage in? (Tick all that apply)

- ☐ Exercise / physical activity
- ☐ Personal therapy / counseling
- ☐ Mindfulness or meditation
- ☐ Religious/spiritual practices
- ☐ Hobbies/leisure activities
- ☐ Social support (time with friends/family)

Appendix C: TEIQue-SF

TEIQue-SF

Instructions: Please answer each statement below by putting a circle around the number that best reflects your degree of agreement or disagreement with that statement. Do not think too long about the exact meaning of the statements. Work quickly and try to answer as accurately as possible. There are no right or wrong answers. There are seven possible responses to each statement ranging from 'Completely Disagree' (number 1) to 'Completely Agree' (number 7).

1 2 3 4 5 6 7
Completely Disagree **Completely Agree**

1. Expressing my emotions with words is not a problem for me.	1	2	3	4	5	6	7
2. I often find it difficult to see things from another person's viewpoint.	1	2	3	4	5	6	7
3. On the whole, I'm a highly motivated person.	1	2	3	4	5	6	7
4. I usually find it difficult to regulate my emotions.	1	2	3	4	5	6	7
5. I generally don't find life enjoyable.	1	2	3	4	5	6	7
6. I can deal effectively with people.	1	2	3	4	5	6	7
7. I tend to change my mind frequently.	1	2	3	4	5	6	7
8. Many times, I can't figure out what emotion I'm feeling.	1	2	3	4	5	6	7
9. I feel that I have a number of good qualities.	1	2	3	4	5	6	7
10. I often find it difficult to stand up for my rights.	1	2	3	4	5	6	7
11. I'm usually able to influence the way other people feel.	1	2	3	4	5	6	7
12. On the whole, I have a gloomy perspective on most things.	1	2	3	4	5	6	7
13. Those close to me often complain that I don't treat them right.	1	2	3	4	5	6	7
14. I often find it difficult to adjust my life according to the circumstances.	1	2	3	4	5	6	7
15. On the whole, I'm able to deal with stress.	1	2	3	4	5	6	7
16. I often find it difficult to show my affection to those close to me.	1	2	3	4	5	6	7
17. I'm normally able to "get into someone's shoes" and experience their emotions.	1	2	3	4	5	6	7
18. I normally find it difficult to keep myself motivated.	1	2	3	4	5	6	7
19. I'm usually able to find ways to control my emotions when I want to.	1	2	3	4	5	6	7
20. On the whole, I'm pleased with my life.	1	2	3	4	5	6	7
21. I would describe myself as a good negotiator.	1	2	3	4	5	6	7
22. I tend to get involved in things I later wish I could get out of.	1	2	3	4	5	6	7
23. I often pause and think about my feelings.	1	2	3	4	5	6	7
24. I believe I'm full of personal strengths.	1	2	3	4	5	6	7
25. I tend to "back down" even if I know I'm right.	1	2	3	4	5	6	7
26. I don't seem to have any power at all over other people's feelings.	1	2	3	4	5	6	7
27. I generally believe that things will work out fine in my life.	1	2	3	4	5	6	7
28. I find it difficult to bond well even with those close to me.	1	2	3	4	5	6	7
29. Generally, I'm able to adapt to new environments.	1	2	3	4	5	6	7
30. Others admire me for being relaxed.	1	2	3	4	5	6	7

Appendix D: Short Scale

Compassion Fatigue Short Scale

Consider the following items about your work/life situation. Write the number that best reflects your experiences using the following rating scale, 1 through 10:

Never/Rarely Sometimes Very Often
1.....2.....3.....4.....5.....6.....7.....8.....9.....10

- ☐ a. I have felt trapped by my work.
- ☐ b. I have thoughts that I am not succeeding in achieving my life goals.
- ☐ c. I have had flashbacks connected to my clients.
- ☐ d. I feel that I am a "failure" in my work.
- ☐ e. I experience troubling dreams similar to those of a client of mine.
- ☐ f. I have felt a sense of hopelessness associated with working with clients/patients.
- ☐ g. I have frequently felt weak, tired or rundown as a result of my work as a caregiver.
- ☐ h. I have experienced intrusive thoughts after working with an especially difficult client/patient.
- ☐ i. I have felt depressed as a result of my work.
- ☐ j. I have suddenly and involuntarily recalled a frightening experience while working with a client/patient.
- ☐ k. I feel I am unsuccessful at separating work from my personal life.
- ☐ l. I am losing sleep over a client's traumatic experiences.
- ☐ m. I have a sense of worthlessness, disillusionment, or resentment associated with my work.

Appendix E: Short Form

Self-Compassion Scale - Short Form (SCS-SF)

Instructions:

Please read each statement carefully before answering. Indicate how often you behave in the stated manner.

		Almost Never	2	3	4	Almost Always
1	When I fail at something important to me I become consumed by feelings of inadequacy.	5	4	3	2	1
2	I try to be understanding and patient towards those aspects of my personality I don't like.	1	2	3	4	5
3	When something painful happens I try to take a balanced view of the situation.	1	2	3	4	5
4	When I'm feeling down, I tend to feel like most other people are probably happier than I am.	5	4	3	2	1
5	I try to see my failings as part of the human condition.	1	2	3	4	5
6	When I'm going through a very hard time, I give myself the caring and tenderness I need.	1	2	3	4	5
7	When something upsets me I try to keep my emotions in balance.	1	2	3	4	5
8	When I fail at something that's important to me, I tend to feel alone in my failure.	5	4	3	2	1
9	When I'm feeling down I tend to obsess and fixate on everything that's wrong.	5	4	3	2	1
10	When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.	1	2	3	4	5
11	I'm disapproving and judgmental about my own flaws and inadequacies.	5	4	3	2	1
12	I'm intolerant and impatient towards those aspects of my personality I don't like.	5	4	3	2	1

Appendix F: Data Collection



Capital University of Science & Technology
Your Journey Awaits

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Ref. CUST/IBD/PSY/Thesis-1871
March 06, 2026

SUBJECT: REQUEST FOR DATA COLLECTION

Capital University of Science and Technology (CUST) is a federally chartered university. The university is authorized by the Federal Government to award degrees at Bachelor's, Master's and Doctorate level for a wide variety of programs.

Ms. Zainab Fatima, registration number MSP241006 is a bona fide student in MS Psychology program at this University from Spring-2024 till date. In partial fulfillment of the degree, she is conducting research on "Impact of Emotional Intelligence and Self-Compassion on Compassion Fatigue among Psychologists". In this continuation, the student is required to collect data from your institute.

Considering the forgoing, kindly allow the student to collect the requisite data from your institute. Your cooperation in this regard will be highly appreciated.

Please feel free to contact undersigned if you have any query in this regard.

Best Wishes,

Dr. Sabahat Haqqani
Head, Department of Psychology
Ph No. 111-555-666 Ext: 178
sabahat.haqqani@cust.edu.pk

Appendix G: Certificate



Capital University of Science & Technology
Your Journey Awaits

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Ref: CUST/FMSS/REC/2025-81

March 06, 2026

RESEARCH ETHICS COMMITTEE CERTIFICATE OF REVIEW AND SUPPORT

This is to certify that Project titled: *"Impact of Emotional Intelligence and Self-Compassion on Compassion Fatigue among Psychologists"* submitted by Scholar: Zainab Fatima MSP241007 and supervised by: Ms. Sadaf Zeb reviewed by the Research Ethics Committee of Faculty of Management and Social Science, meets the requirements of the American Psychological Association's Ethical guidelines for Human Research and is **REVIEWED** and **APPROVED** by Research Ethics Committee of Faculty of Management and Social Sciences.

It is the Scholar's responsibility to ensure that all researchers associated with this project are aware of the conditions of approval and which documents have been approved.

The Scholar is required to notify the Research Ethics Committee in case of any amendment in the project, specifically:

- Any significant change to the project and the reason for that change, including an indication of ethical implications (if any)
- Serious adverse effects on participants and the actions taken to address those effects
- Any other unforeseen events or unexpected developments that merit notification
- The inability of the Principal Investigator to continue in that role, or any other change in research personnel involved in the project
- A delay of more than 12 months in the commencement of the project; and,
- Termination or closure of the project.

A handwritten signature in blue ink, appearing to read "Dr. Sabahat Haqqani".

Dr. Sabahat Haqqani

Convener, Research Ethics Committee
Faculty of Management and Social Sciences
Capital University of Science and Technology
Islamabad