

## Self-Care and Professional Quality of Life Among Practicing Psychologists

### ABSTRACT:

Psychologists are no strangers to stress and burnout. However, they derive satisfaction from their work as they believe it to be helpful. Self-care practices help in this regard, acting as both a catalyst for satisfaction and a buffer against burnout and secondary trauma. However, research is limited on the role of self-care in protecting psychologists in Pakistan. The present study aimed to discover the effect of professional self-care on the professional quality of life, compassion satisfaction, and compassion fatigue, among practicing psychologists. Employing a cross-sectional survey design, data was collected through a purposive sampling technique from (N=138) psychologists in Rawalpindi and Islamabad. The results indicated that all five factors of professional self-care measured in the scale were negatively associated with burnout and secondary traumatic stress and positively associated with compassion satisfaction. Further results indicated that personal demographics such as age and parental status, and work variables including work experience or supervision, had an impact on the professional quality of life. Overall, professional self-care strategies are an important shield against the negative effects of psychologists' work. Further research would aid in providing a richer insight into the dynamics of self-care and its effect on Pakistani psychologists.

### KEYWORDS:

Self-care, Professional Quality of Life, Burnout, Compassion Satisfaction, Psychologists, Helping Professional

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## Introduction

The ever-growing mental health epidemic around the world is no secret (GBD, 2019) nor is it a surprise that mental health care is in high demand (Stringer, [2024](#)). Unfortunately, this does not always translate to reality, and the supply to the demand of mental health care continuously falls short, especially in Pakistan. Dayani et al., ([2023](#)), using the WHO-AIMS (Assessment Instrument for Mental Health Systems) framework to assess the mental health systems in Pakistan, reported that Pakistan considerably lacks the infrastructure and the human resources for mental health care. It is estimated that there are only 1.88 mental health professionals per 100,000 citizens and 1.29 clinical psychologists per 100,000 people. While the presence of psychiatrists (0.24 per 100,000 population) to assist in the treatment of mental health conditions should improve matters, the psychiatry sector in Pakistan is rampant with issues of its own. High workload, in combination with the already emotionally draining nature of the work of mental health professionals, leads to a decrease in job satisfaction, occupational burnout, and increased turnover rate (Kim et al., [2018](#)).

## Selfcare

Self-care, simply speaking, is defined as the involvement of an individual in any such activity that promotes physical and psychological health, wellbeing, and stress relief (Jordan, [2010](#)). Lee & Miller ([2013](#)) suggest a framework for self-care that emphasizes the difference between personal self-care and professional self-care. Originally catered to social workers, this framework laid the foundation for self-care measures for psychologists (Dorociak et al., [2017](#)). To be precise, professional self-care maximizes and ensures one's wellbeing and effectiveness in one's professional life, involving practices such as taking breaks throughout the day and being involved in professional development. Four domains are conceptualized within the domain of professional self-care; developmental (strategies to advance professional knowledge, skills, and abilities), social (strategies to foster strong, healthy, and cooperative interpersonal relationships at work), work-life balance (behaviors that help to maintain boundaries between life at work and life outside of work) and psychological (mental and cognitive strategies, enhancing coping and stress management).

## Professional Quality of Life

Professional Quality of Life is defined as the perceived quality of one's work in a helping profession, individuals who provide guidance, support, and aid to others in various aspects of life (Stamm, [2010](#)). It is divided into compassion satisfaction and compassion fatigue.

## Compassion Satisfaction

Stamm ([2010](#)) defines compassion satisfaction as the pleasure one feels from being able to help others. Due to their work contributing to the welfare and wellbeing of others, a helping professional may feel positive about his/her work. Compassion makes work- providing support for others- enjoyable. Some even suggest that it is "the best feeling in the world" (Briggs, [2024](#)), which points towards the significant contribution of compassion satisfaction in keeping such professionals motivated in doing the work that they do. Researchers have found a high prevalence of CS in mental health professionals, including psychologists (Arnold et al., [2005](#); Collins & Long, [2003](#); Conrad & Kellar-Guenther, [2006](#)).

## Compassion Fatigue

In Stamm's model, compassion fatigue is further divided into burnout and secondary traumatic stress (STS). Burnout, as originally defined by Maslach & Jackson ([1981](#)), is a syndrome experienced by individuals involved in people work, characterized by emotional exhaustion and cynicism (towards their job/clients). Burnout can have significant impacts on a person's physiological and psychological health, as well as their work performance (Salvagioni et al., [2017](#)). It has been identified as one of the major work-related challenges faced by psychologists (Justin et al., [2023](#); McCormack et al., [2018](#); Simionato & Simpson, [2018](#)).

STS is secondary exposure to individuals in the work setting who themselves have been exposed to highly stressful/traumatic situations (Stamm, [2010](#)). STS symptoms can mimic PTSD, and so can the impact on one's life. Conn, ([2016](#)) also suggests that STS is a larger threat to psychological wellbeing compared to PTSD, as there are rarely systems in place to provide formal systematic support for STS. Almost all psychologists get exposed to some level of secondary trauma through the clients that they work with (Justin et al., [2023](#); Little [2015](#)); however, it is much more prevalent in psychologists who work with "critical patients", such as severe trauma victims (Laverdiere et al., [2018](#)), child trauma victims (Itay & Turliuc, [2023](#)), or those working with the military (Cieslak et al., [2015](#)).

## Relationship between Professional Self-care and ProQOL

Studies reveal that although psychologists and counsellors are aware of self-care practices and their benefits and educate their clients about them, they usually fail to practice such practices themselves (Patsiopoulos & Buchanan, [2011](#)). Self-care can be highly effective in the prevention of the negative outcomes that come with this line of work. Veteran therapists recognize it as an important part of functioning in their careers (Norcross & Guy, [2007](#)). Self-care

practices have been consistently recognized as drivers of compassion satisfaction (Alkema et al., 2008; Bano et al., 2023; Motta, 2023), as well as a potentially protective factor against both burnouts (Alkema et al., 2008; Hrivoca, 2020; Rainsford, 2020) and STS (Harrison & Westwood, 2009; Cox & Steiner, 2013; Motta, 2023).

Internationally, extensive literature is present that highlights the protective role of self-care for mental health workers. However, there is limited Indigenous research on the prevalence of compassion satisfaction and compassion fatigue among Pakistani practising psychologists (Ansari & Lodhia, 2013). As such, this paper aims to discover the effect of professional self-care on the professional quality of life, compassion satisfaction, and compassion fatigue among practising psychologists and its possible demographical correlates.

### Methodology

The research adopted a cross-sectional survey design to investigate the impact of professional self-care practices on the professional quality of life of psychologists. The sample consisted of (N=138) practising psychologists working in private clinics, rehabilitation centres, and government/private hospitals around the twin cities. The purposive sampling method was used for data collection. The exclusion criteria included interns, psychologists with less than 1 year of experience, and those practising directly after B.S. Psychology. A total of 188 questionnaires were collected, out of which 50 were excluded as per the criteria. Ethical standards were maintained throughout the process.

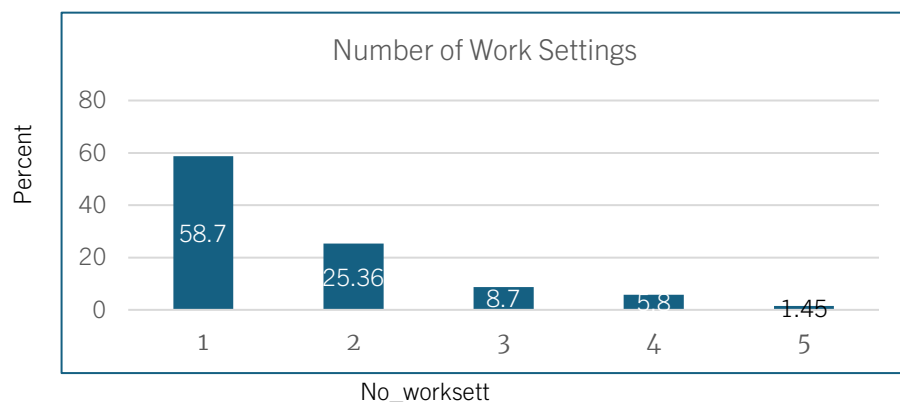
Two pre-established scales were used for the survey. The first was the Self-Care Assessment for Psychologists (Dorociak et al., 2017), which measures the extent of professional self-care among psychologists. This self-administered scale contains 21 items, with responses given on a 7-point Likert scale. It has five subscales: Professional Development, Professional Support scale, Life Balance, Cognitive Awareness, and Daily Balance. There is no composite score for professional self-care; instead, each factor's total score is calculated by summing its items. Higher scores reflect a greater level of adherence to self-care within each specific factor. The second scale was the Professional Quality of Life Scale or ProQOL-V (Stamm, 2010), designed to assess the perceived quality of work in helping professions. It contains 30 items, with responses rated on a 5-point Likert scale. The scale is divided into three subscales, each consisting of 10 items: compassion satisfaction, burnout, and secondary traumatic stress. This scale also does not calculate a composite score for professional quality of life. Higher scores reflect greater compassion satisfaction, increased burnout, and more secondary traumatic stress.

### Results

The data was analyzed using SPSS version 26 to examine the relationships and differences among the variables. The findings are presented below.

**Figure 1**

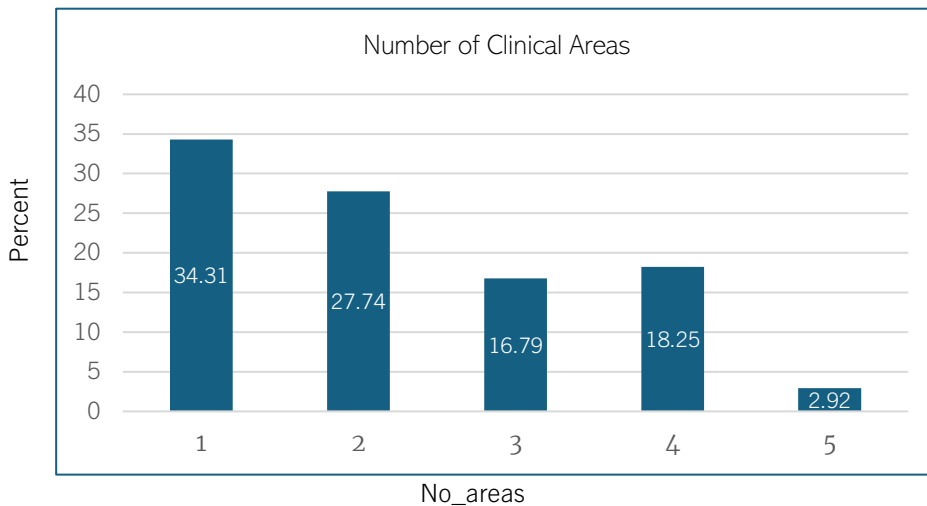
*Bar Graph of Number of Work Settings of Participants (N=138)*



The figure illustrates the bar graph for the number of work settings in which the psychologists work. The results indicate that almost 41.3% of practicing psychologists divide their working hours between two or more work settings, while a vast majority of 58.70% only worked in one setting. Most of the people working in solely one setting were those working full time, affiliated with rehabilitation centers or private hospitals.

**Figure 2**

*Bar Graph of Number of Clinical Areas of Participants (N=138)*



The figure shows the bar graph for the number of clinical areas, i.e. counselling, mood disorders, addiction, etc. that the psychologists are involved in. The results indicate that 65.69 % of practising psychologists treat and deal with patients in more than one clinical area. Subjectively, many psychologists in rehabilitation centres, where in addition to dealing with addiction or psychotic disorders, also identified themselves as adept in handling and treating co-morbid mood disorders.

**Table 1**

*Correlations for SCAP and ProQOL-V (N=138)*

S. No	Measures	1	2	3	4	5	6	7	8
1.	PS	-	.63**	.65**	.25**	.64**	-.21*	-.11	.47**
2.	PD		-	.64**	.31**	.71**	-.34**	-.17*	.47**
3.	LB			-	.48**	.68**	-.38**	-.26**	.45**
4.	DB				-	.40**	-.20*	-.02	.30**
5.	CA					-	-.48**	-.28**	.57**
6.	BO						-	.65**	-.55**
7.	STS							-	-.22*
8.	CS								-

*Note:* PS= Professional Support, PD= Professional Development, LB= Life Balance, DB, Daily Balance, CA= Cognitive Awareness, BO= Burnout, STS= Secondary Traumatic Stress, CS= Compassion Satisfaction

\*\*p < .01, \*p < .05.

Table 1 presents the correlation matrix for the subscales of the Self-Care Assessment for Psychologists and the Professional Quality of Life Scale. The results indicate that all the domains of professional self-care are significantly positively correlated to compassion satisfaction and negatively correlated to burnout. However, only the domains of Professional Development, Life Balance, and Cognitive Awareness were significantly negatively correlated to STS.

**Table 2**

*Correlations of Demographic Variables with Study Variables (N=138)*

Measures	Age	Work. experience
BO	-.23**	-.30**
STS	-.15	-.21*
CS	.28**	.32**

Note: BO= Burnout, STS= Secondary Traumatic Stress, CS= Compassion Satisfaction

\*\*p < .01, \*p < .05.

This table displays the correlations between the Pro-QOL subscales and continuous demographic factors such as age and years of work experience. The findings revealed that both age and work experience were negatively associated with burnout and positively associated with compassion satisfaction. However, work experience also showed a negative correlation with STS.

**Table 3**

*Mean Differences in Parental Status among Variables of the Study (N=49)*

Variable	Children (n=35)		No Children (n=14)		t	p	95% CI		Cohens d
	M	SD	M	SD			LL	UL	
BO	20.83	5.69	25.00	5.57	-2.33	.02	-7.77	-.57	0.74
STS	24.31	7.41	26.57	8.41	-.93	.36	-7.16	2.64	
CS	43.14	5.39	39.64	6.71	1.91	.05	-.18	7.18	0.57

Note: BO= Burnout, STS= Secondary Traumatic Stress, CS= Compassion Satisfaction

Table 3 illustrates the findings of the independent sample t-test results for the parental status of the married participants on ProQOL. Parental status has a significant effect on one’s professional quality of life, with individuals with children scoring higher on compassion satisfaction and lower on burnout compared to child-free participants. With a medium effect size of 0.57. Differences were found to be non-significant on all other measures.

**Table 4**

*One-Way Analysis of Variance Along Supervision Status Among Study Variables (N=132)*

Variables	Neither (n=32)		Supervisor (n=57)		Supervised (n=43)		F	p	η <sup>2</sup>	Post-Hoc
	M	SD	M	SD	M	SD				
BO	20.75	5.60	20.89	4.79	24.35	5.56	6.47	.00	0.9	3>1 3>2
STS	22.38	6.19	23.68	7.10	25.44	7.86	1.75	.18		
CS	41.88	7.03	43.04	5.08	40.42	4.78	2.75	.07		

Note: BO= Burnout, STS= Secondary Traumatic Stress, CS= Compassion Satisfaction

Table 4 shows the results of one-way ANOVA for Supervision Status among Pro-QOL. Results show significant differences in professional quality of life, particularly on the subscale of burnout. Supervised individuals scored significantly higher than supervisors on burnout, with a large effect size of .09.

## Discussion

The current study investigated the connection between professional self-care and professional quality of life among practising psychologists in Pakistan and also examined the influence of various demographic variables.

Participants generally reported high levels of compassion satisfaction ( $M=41.84$ ) and moderate levels of burnout ( $M=22.08$ ) and secondary traumatic stress ( $M=23.97$ ). Stamm (2010) identifies this as the most positive result, indicating a professional who is satisfied with their work, has no significant fears regarding their efficacy or the effects of their work, and is probably well-liked in the professional setting.

Results indicate that compassion satisfaction is positively associated, and burnout and STS are negatively associated with professional self-care practices. The mechanisms by which professional self-care practices enhance compassion satisfaction or protect from compassion fatigue are quite similar. Engaging in professional development helps to foster competence (Craigie et al., 2016) and professional self-esteem (Lparsons, 2024), fostering a sense of fulfilment and professional identity (Sacco et al., 2015). Professional support such as peer support, mentorship, and supervision provide opportunities for professionals, including emotional support and advice, shared experiences, and recognition of achievements and contributions within the team or organization, encouraging them to continue providing compassionate care and protect against negative aftereffects (Craigie et al., 2016; Sacco et al., 2015). Maintaining work-life balance and daily boundaries and having time for personal activities and relationships outside of work allows professionals to recharge mentally and emotionally, reducing stress and increasing their capacity for empathy and compassion towards others (Bakker et al., 2008). Professionals who achieve balance in their daily lives are also more engaged and present in their work (West et al., 2009), allowing them to focus better on the ways their chosen profession fulfils them personally. Cognitive awareness promotes self-awareness, emotional regulation, and effective coping strategies among professionals. Practices such as mindfulness meditation and cognitive restructuring help individuals recognize and manage their thoughts and emotions, reducing stress and burnout (Shoji et al., 2014).

Two demographic variables were also plotted against Pro-QOL, namely Age and Work Experience. The results indicated that compassion satisfaction increased as the age and work experience of the participants increased, and burnout decreased. Increased age is generally associated with increased work experience (Maslach & Leiter, 2016), improved emotional regulation, and better coping strategies (Carstensen & Mikels, 2005). Older professionals are also more likely to be in mentorship roles (Allen, 2003), which includes delegating work tasks (reducing one's burden of work) as well as a sense of personal achievement. Increased work experience leads to higher role proficiency characterized by greater confidence (Bride & Figley, 2009), improved work-life balance (Frone et al., 1992), and enhanced coping skills (Folkman & Lazarus, 1980). In addition to these, other factors involved in the increase in compassion satisfaction may include an increased sense of empathy through life experiences (Sze et al., 2012) and more recognition (from other professionals) and gratitude (from clients) in their professional role (Meinershagen, 2020).

Professionals with children scored significantly lower on burnout and higher on compassion satisfaction compared to those without children. Maslach & Leiter (2016) suggest that having a supportive family environment can mitigate the negative influence of job stress on psychological wellbeing. Children can bring joy and perspective into one's life, and the presence of a family may enhance psychologists' feelings of fulfilment, purpose, and meaning, potentially reducing the impact of work stressors. Furthermore, the responsibilities of parenthood may encourage professionals to develop effective coping strategies and time-management skills, balancing professional duties with familial obligations, which in turn can foster resilience and prevent burnout (Greenhaus & Powell, 2006). Individuals with children may experience greater satisfaction from their roles both at home and in their professional practice, deriving fulfilment from nurturing relationships in both spheres of life. Research indicates that personal relationships and perception of meaning in one's life are significant predictors of compassion satisfaction (Stamm, 2010).



The analysis also revealed that supervised individuals experienced significantly higher levels of burnout compared to supervisors. This substantial difference underscores the heightened vulnerability of supervised psychologists to burnout, possibly due to the stressors associated with being in less autonomous positions and navigating the complexities of supervision (Rupert & Kent, [2007](#)), as well as being relatively new to the job and having less work experience.

### Limitations

The discrepancies in the present study outcomes point towards its limitations. Firstly, the sample size is quite small; a sample of 138 does not lend itself to very nuanced research findings. The demographic variables in the study were not proportionate across the sample. Females outnumbered males greatly, as the field of psychology in Pakistan is highly female-dominated. This makes it difficult to appropriately generalize the results across genders. Another sample-related shortcoming is that the sample was collected from Rawalpindi and Islamabad only, which further limits the generalizability of findings across Pakistan. A significant limitation of the study's design is the reliance on self-report measures, which may be influenced by social desirability bias. Additionally, due to the focus on culturally sensitive data, the study did not use culture-specific instruments for self-care and professional quality of life, which limits the generalizability of the findings.

### Implications and Recommendations

The findings of the current study highlight the relevance of professional self-care as playing a role in the professional life of practising psychologists in Pakistan. This furthers awareness of the importance of taking care of oneself in a professional capacity when engaged in a rewarding but emotionally draining field such as mental health. The practical findings can help relevant stakeholders, such as teaching institutes, in tailoring effective awareness and intervention programs, highlighting the importance of self-care and the many ways of practising it. In addition, it can also help organizations introduce policies at work that help their workers prioritize their wellbeing and promote self-care.

Future research could address the limitations by replicating the study with a larger, more representative sample, including more balanced demographic variables, to gain a deeper understanding of the relationship between professional self-care practices and professional quality of life among psychologists. Additionally, future studies could explore the combined impact of personal and professional self-care practices and how these effects may differ across various professions. Considering the growing trend toward telehealth services, it would be beneficial to examine the dynamics of those working in hybrid or fully online settings. Ultimately, both self-care engagement and professional quality of life are influenced by a wide range of personal and professional factors. Exploring these differential factors and their interactions could provide a more comprehensive understanding of the constructs involved.

### Conclusion

This study focused on examining the relationship between professional self-care practices and the professional quality of life among practicing psychologists in Pakistan. The findings indicate that professional self-care practices significantly impact psychologists' professional quality of life. In addition, demographic variables of age and parental status, as well as work-related variables of experience and supervision status, appeared to have a significant effect on the study variables. Although this area requires more in-depth exploration, it provides a helpful explanation for one aspect of the wellbeing of the mental health professional. It can help inform a culturally sensitive model of a psychologist's personal and professional wellbeing as well.

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