Impact Factor (QJIF): 8.47 E-ISSN: 2583-1615, P-ISSN: 3049-3498

International Journal of Research in Academic World

Received: 29/May/2026 **IJRAW:** 2026; 5(8):43-48 **Accepted:** 04/July/2026

Occupational Burnout, Compassion Fatigue and Resilience among Mental Health Professionals with Special Reference to Coimbatore District

[*1]B Tharani and [2]Dr. M Punitha

[*1]Assistant Professor, Department of Social Work, Hindusthan College of Arts & Science, Coimbatore, Tamil Nadu, India.

[2]Professor & Head, Department of Social Work, Hindusthan College of Arts & Science, Coimbatore, Tamil Nadu, India.

Abstract

Mental health professionals regularly encounter emotionally demanding situations that increase their susceptibility to burnout and compassion fatigue, potentially affecting their psychological well-being, job performance and the quality of mental healthcare services. Psychological resilience is recognized as a critical protective factor that enables professionals to cope effectively with occupational stress and maintain professional competence. Despite the growing emphasis on workforce well-being, limited empirical evidence is available regarding the combined influence of burnout, compassion fatigue and resilience among mental health professionals in the Indian context. The study seeks to provide evidence that can support the development of organizational policies and psychosocial interventions to strengthen the mental health workforce and enhance the quality of patient care. The study will adopt a quantitative, cross-sectional descriptive research design**.** The target population comprises psychiatrists, clinical psychologists, psychiatric social workers, psychiatric nurses, counselors and other mental health professionals employed in hospitals, rehabilitation centres, de-addiction centres, and mental health clinics across Coimbatore District. A sample of 150 respondents will be selected using stratified random sampling to ensure adequate representation of different professional groups. The study is expected to contribute to the literature in medical and psychiatric social work and provide evidence-based recommendations for improving workforce well-being and the delivery of mental health services.

Keywords: Occupational Burnout, Compassion Fatigue, Resilience and Mental Health Professionals.

Introduction

Mental health professionals play a pivotal role in the prevention, assessment, treatment, rehabilitation and recovery of individuals experiencing psychological and psychiatric disorders. Their professional responsibilities frequently involve prolonged exposure to emotional distress, traumatic experiences, crisis intervention and complex therapeutic relationships, making them particularly vulnerable to occupational stress. When workplace demands consistently exceed an individual's coping resources, occupational burnout may develop, characterized by emotional exhaustion, depersonalization and reduced professional accomplishment (Maslach & Jackson, 1981). In addition to burnout, mental health professionals often experience compassion fatigue, a state of emotional and physical exhaustion resulting from prolonged empathic engagement with individuals who have experienced trauma or severe psychological distress (Figley, 1995). Compassion fatigue has been associated with decreased job satisfaction, impaired clinical decision-making, reduced quality of patient care and increased turnover intentions among healthcare professionals (Stamm, 2010). Conversely, Psychological resilience defined as the capacity to adapt positively and recover from adversity has been identified as a significant protective factor that enables professionals to maintain emotional well-being and sustain effective practice despite workplace challenges (Connor & Davidson, 2003).

The increasing prevalence of mental health disorders, coupled with the expansion of community-based mental health services and growing public awareness has substantially increased the workload and emotional demands placed on mental health professionals in India. In districts such as Coimbatore, where government hospitals, private psychiatric facilities, rehabilitation centres, de-addiction centres and non-governmental organizations provide diverse mental health services, professionals encounter significant clinical and organizational challenges. Although international literature has extensively documented burnout and compassion fatigue among healthcare providers, empirical evidence focusing on the combined influence of occupational burnout, compassion fatigue and psychological resilience among mental health professionals in South India remains limited. Furthermore

***Corresponding Author:** B Tharani

variations in institutional settings, workload, professional roles and organizational support may influence these psychological outcomes, underscoring the need for context-specific investigation. Therefore the present study aims to examine the levels of occupational burnout, compassion fatigue and psychological resilience among mental health professionals working in Coimbatore District and to explore the relationships among these variables.

Need of the Study

Mental health professionals constitute the backbone of psychiatric and psychosocial care by providing assessment, counselling, psychotherapy, crisis intervention, rehabilitation and community-based mental health services. Continuous exposure to emotionally demanding situations, heavy caseloads, trauma-related cases and organizational pressures places these professionals at an increased risk of occupational burnout and compassion fatigue, which may adversely affect their psychological well-being, job performance and the quality of care delivered to service users (Maslach & Leiter, 2016; Figley, 1995). Although resilience has been identified as a protective psychological resource that enables professionals to cope effectively with workplace stress and maintain professional competence (Connor & Davidson, 2003), empirical research simultaneously examining occupational burnout, compassion fatigue, and resilience among mental health professionals in the Indian context remains limited, particularly in Coimbatore District. Furthermore variations in institutional settings, professional roles and organizational support necessitate localized evidence to understand these occupational challenges. Therefore this study is needed to generate scientific evidence that can assist healthcare administrators, policymakers and social work practitioners in designing resilience-building interventions, employee wellness programmes and supportive workplace policies that enhance both professional well-being and mental healthcare outcomes.

Importance of the Study

The present study is significant because it addresses one of the emerging occupational health concerns in mental healthcare by examining the inter relationship between occupational burnout, compassion fatigue and psychological resilience among mental health professionals. The findings are expected to contribute to the growing body of knowledge in medical and psychiatric social work by providing empirical evidence on the psychological well-being of professionals working in diverse mental healthcare settings. The study will be beneficial to hospital administrators, mental health organizations and policymakers in developing evidence-based strategies aimed at reducing occupational stress, strengthening resilience, improving employee retention and enhancing service quality (World Health Organization, 2022; West *et al*., 2020). Additionally the study will offer practical implications for the implementation of staff support systems, supervision, continuing professional education and organizational wellness initiatives.

Statement of the Problem

The increasing demand for mental healthcare services, coupled with workforce shortages, expanding clinical responsibilities and emotionally intensive work environments, has considerably increased occupational stress among mental health professionals. Persistent exposure to psychological distress, trauma and complex therapeutic interactions may lead to occupational burnout and compassion fatigue, which can negatively influence professional effectiveness, psychological well-being, job satisfaction and the quality of mental healthcare services (Maslach & Jackson, 1981; Stamm, 2010). Although psychological resilience is recognized as an important protective factor that promotes adaptive coping and professional sustainability (Connor & Davidson, 2003), the extent to which resilience influences burnout and compassion fatigue among mental health professionals in Coimbatore District has not been adequately investigated. The scarcity of region-specific empirical evidence limits the development of targeted organizational interventions and workforce support strategies.

Review of Literature

Garnett, Hui, Oleynikov and Boamah (2023) conducted a scoping review to examine the prevalence, determinants and consequences of compassion fatigue among healthcare providers. The review followed the PRISMA-ScR guidelines and included 147 peer-reviewed studies retrieved from major databases, including PubMed, CINAHL, PsycINFO, Embase and Scopus. The included studies comprised quantitative, qualitative and mixed-methods research involving healthcare professionals such as nurses, physicians, psychologists and allied health workers. The review found that compassion fatigue was consistently associated with heavy workloads, repeated exposure to patient trauma, inadequate organizational support and prolonged occupational stress. Conversely resilience, supportive leadership and healthy workplace environments were identified as important protective factors that reduced compassion fatigue and enhanced professional well-being.

Lipsa, Rajkumar, Gopi and Romate (2024) carried out a systematic review and meta-analysis to evaluate the effectiveness of psychological interventions in reducing compassion fatigue among helping professionals. Following the PRISMA 2020 guidelines, the authors searched six international databases and analyzed 27 quantitative intervention studies published between 2004 and 2023. The review included healthcare professionals, counsellors, social workers, psychologists and other helping professionals who participated in interventions such as mindfulness-based stress reduction, compassion-focused therapy, cognitive-behavioural interventions and resilience training. The meta-analysis demonstrated that psychological interventions significantly reduced compassion fatigue while improving resilience, emotional regulation and professional quality of life.

Hong and Wang (2024) investigated the relationship between counselling expertise, resilience, core self-evaluation and compassion fatigue among mental health counsellors using a quantitative cross-sectional research design. The study collected data from 412 professional counsellors through standardized self-report questionnaires measuring compassion fatigue, resilience, counselling expertise and core self-evaluation. Structural Equation Modelling (SEM) was employed to examine the direct and indirect relationships among the study variables. The findings revealed that counsellors with higher professional expertise and stronger psychological resilience reported significantly lower levels of compassion fatigue. Furthermore resilience partially mediated the relationship between counselling expertise and compassion fatigue, indicating that resilient professionals were better able to cope with emotionally demanding work environments.

Methodology of the Study

Objectives of the Study

- To examine the socio demographic and professional profile of mental health professionals working in various mental healthcare settings in Coimbatore District.
- To assess the levels of occupational burnout, compassion fatigue and psychological resilience among mental health professionals in Coimbatore District.
- To analyze the relationship between occupational burnout, compassion fatigue and psychological resilience among mental health professionals.
- To examine the association between the demographic and professional characteristics of the respondents and their levels of occupational burnout, compassion fatigue and psychological resilience.
- To provide suitable recommendations for reducing occupational burnout and compassion fatigue and enhancing psychological resilience among mental health professionals in Coimbatore District.

Research Design

The present study adopts a quantitative, descriptive, cross-sectional research design to examine occupational burnout, compassion fatigue and psychological resilience among mental health professionals in Coimbatore District. A quantitative approach enables the systematic measurement of psychological constructs using standardized instruments and facilitates objective statistical analysis of the relationships among the study variables (Creswell & Creswell, 2018). The cross-sectional design is appropriate because data will be collected from participants at a single point in time without manipulating any variables, thereby providing an accurate representation of the existing levels of burnout, compassion fatigue and resilience among mental health professionals (Polit & Beck, 2021). This design also supports the identification of associations between demographic characteristics and occupational well-being, making it suitable for evidence-based healthcare research.

Universe of the Study

The universe of the study comprises all mental health professionals employed in government hospitals, private hospitals, psychiatric hospitals, medical colleges, rehabilitation centres, de-addiction centres, counselling centres and community mental health organizations in Coimbatore District, Tamil Nadu. The target population includes psychiatrists, clinical psychologists, psychiatric social workers, psychiatric nurses, counselors and other allied mental health professionals who are directly involved in providing psychiatric and psychosocial services. These professionals represent a diverse workforce exposed to varying levels of occupational demands, making them an appropriate population for investigating occupational burnout, compassion fatigue and psychological resilience.

Sample Size

The study will include 150 mental health professionals selected from various mental healthcare institutions across Coimbatore District. The sample size has been determined to provide adequate statistical power for detecting meaningful relationships among occupational burnout, compassion fatigue and psychological resilience. A sample of 150 respondents is considered appropriate for conducting descriptive and inferential statistical analyses, including correlation, regression and group comparison tests, while enhancing the reliability, precision and generalizability of the study findings (Hair *et al*., 2022).

Method of Sampling

The study will apply stratified random sampling to ensure proportionate representation of different categories of mental health professionals. Initially the study population will be stratified into psychiatrists, clinical psychologists, psychiatric social workers, psychiatric nurses and mental health counsellors. Subsequently respondents from each stratum will be selected through simple random sampling. This sampling method minimizes sampling bias, enhances representativeness and ensures that each professional group contributes proportionately to the study, thereby improving the external validity of the findings (Kumar, 2021).

Data Gathering Instruments

Primary data will be collected using a structured self-administered questionnaire consisting of two sections. The first section will obtain socio demographic and professional information such as age, gender, educational qualification, profession, years of experience, workplace setting, workload and average working hours. The second section will include standardized instruments to assess the major study variables. Occupational burnout will be measured using the Maslach Burnout Inventory–Human Services Survey (MBI-HSS) developed by Maslach and Jackson (1981), compassion fatigue will be assessed using the Professional Quality of Life Scale (ProQOL-5) developed by Stamm (2010) and psychological resilience will be measured using the Connor–Davidson Resilience Scale (CD-RISC-10) developed by Connor and Davidson (2003). Content validity will be established through expert evaluation and the reliability of the instruments will be assessed using Cronbach's alpha coefficient, with a value of 0.70 or above considered acceptable (Nunnally & Bernstein, 1994).

Research Gap

Although occupational burnout, compassion fatigue and resilience have received increasing attention in International mental health research, existing studies have predominantly focused on physicians and nurses in developed countries. Limited empirical research has simultaneously examined these three constructs among multidisciplinary mental health professionals, including psychiatric social workers, clinical psychologists, psychiatrists, psychiatric nurses and counsellors, particularly within the Indian healthcare context. This lack of context-specific evidence limits the development of targeted interventions to improve workforce well-being. Therefore the present study seeks to address this research gap by generating empirical evidence on occupational burnout, compassion fatigue and psychological resilience among mental health professionals in Coimbatore District.

Tools for Statistical Analysis

The collected data will be coded, entered and analyzed using statistical techniques, including frequency, percentage, mean and standard deviation will be used to summarize demographic characteristics and the levels of occupational burnout, compassion fatigue and resilience. Inferential statistical analyses such as the independent samples t-test and one-way Analysis of Variance (ANOVA), Pearson's product-moment correlation will be employed to examine differences among demographic groups, relationships between variables and predictors of occupational burnout and compassion

fatigue. Statistical significance will be established at $p < 0.05$, following accepted standards for quantitative health and behavioural research (Field, 2024).

Ethical Considerations

The study will be conducted in accordance with internationally accepted ethical principles governing research involving human participants. Prior to data collection, ethical clearance will be obtained from the Institutional Ethics Committee (IEC) of the respective institution and administrative permission will be sought from participating hospitals and mental health centres. Written informed consent will be obtained from all respondents after providing a detailed explanation of the study objectives, procedures, potential benefits and voluntary nature of participation. Confidentiality and anonymity will be maintained by assigning identification codes instead of personal identifiers and all collected information will be used exclusively for academic and research purposes. Participants will have the right to decline participation or withdraw from the study at any stage without any adverse consequences.

Findings & Results

Table 1: Personal Factors

S. No	Personal Variables	Frequency	Respondents	Percentage %
1	Age	21–30 years	105	70%
2	Gender	Female	107	71%
3	Marital Status	Single	103	69%
4	Highest Educational Qualification	Master's Degree	115	77%
5	Professional Qualification	Psychiatric Social Work/Mental Health Nursing	102	68%
6	Area of Work	Inpatient Services/Outpatient Services	104	69%
7	Type of Organization	Mental Health Centre/NGO	115	77%
8	Monthly Income	₹30,001–₹50,000	107	71%
9	Years of Professional Experience	6–10 years	101	67%
10	Average Working Hours per Day	9–10 hours	111	74%

The demographic profile of the respondents indicates that the majority of the mental health professionals belonged to the 21–30 years age group, with 105 respondents (70%), suggesting that a substantial proportion of the participants were young professionals in the early stages of their careers. In terms of gender, 107 respondents (71%) were female, indicating a greater representation of women in the mental health workforce. Regarding marital status, 103 respondents (69%) were single, reflecting that most participants had not yet entered into marriage. Educationally, 115 respondents (77%) had obtained a Master's Degree, demonstrating a high level of academic preparation among the professionals included in the study. With respect to professional specialization, 102 respondents (68%) were qualified in Psychiatric Social Work or Mental Health Nursing, highlighting the predominance of these disciplines within the sample. Concerning the area of practice, 104 respondents (69%) were engaged in inpatient or outpatient mental health services**,** indicating that the majority were directly involved in clinical care. The findings further reveal that 115 respondents (77%) were employed in mental health centres or non-governmental organizations (NGOs), emphasizing the important role of these institutions in delivering mental health services. In terms of monthly income, 107 respondents (71%) reported earning between ₹30,001 and ₹50,000, representing the most common income category among the participants. The analysis also shows that 101 respondents (67%) had 6–10 years of professional experience, reflecting a workforce with moderate levels of professional exposure. Finally, 111 respondents (74%) reported working 9–10 hours per day, suggesting that extended working hours are common among mental health professionals. Overall the demographic characteristics indicate that the study primarily involved young, well-qualified female professionals with moderate work experience, employed predominantly in mental health centres or NGOs and actively engaged in clinical mental health services.

Table 2: Distribution of the Respondents According to their Level of Occupational Burnout

Occupational Burnout	No. of Respondents	Percentage (%)
High	77	51
Moderate	27	18
Low	46	31
Total	150	100

Interpretation

The findings indicate that 51% (77 respondents) experienced a high level of occupational burnout, making it the largest category in the study. Meanwhile, 31% (46 respondents) reported a low level of occupational burnout, whereas 18% (27 respondents) experienced a moderate level of burnout. On the whole the results suggest that more than half of the mental health professionals are affected by high occupational burnout, highlighting the need for workplace interventions to promote well-being and reduce job-related stress.

Table 3: Distribution of The Respondents According to Their level of Compassion Fatigue and Resilience

Compassion Fatigue and Resilience	No. of Respondents	Percentage (%)
Good	50	33
Moderate	34	23
Poor	66	44
Total	150	100

Interpretation

The findings reveal that 66 respondents (44%) had poor levels of compassion fatigue and resilience, representing the largest proportion of the study participants. In contrast 50 respondents (33%) demonstrated good levels, while 34 respondents (23%) exhibited moderate levels. The results indicate that a considerable proportion of mental health professionals experience inadequate resilience and greater vulnerability to compassion fatigue, emphasizing the

importance of strengthening resilience-building and psychological support initiatives within mental health settings.

Table 4: Difference between of personal profile and level of Occupational Burnout, Compassion Fatigue and Resilience

Variables	Statistical tool	Value	Result
Age and Occupational Burnout, Compassion Fatigue and Resilience of the respondents.	Chi-square	7.105(a) (P=.001 < .005)	Significant
Professional Qualification and Occupational Burnout, Compassion Fatigue and Resilience of the respondents.	Chi-square	4.054 (a) (P=.000 > .106)	Not-Significant
Age and perceived Occupational Burnout, Compassion Fatigue and Resilience of the respondents.	ANOVA	F= 14.365 P<0.05	Significant
Gender and Occupational Burnout, Compassion Fatigue and Resilience of the respondents.	t-test	t = .425 P>0.05	Not-Significant
Marital Status and Occupational Burnout, Compassion Fatigue and Resilience of the respondents.	t-test	t = 10.125 P<0.05	Significant
Highest Educational Qualification and Occupational Burnout, Compassion Fatigue and Resilience of the respondents.	ANOVA	F= .435 P>0.05	Not-Significant
Professional Qualification and Occupational Burnout, Compassion Fatigue and Resilience of the respondents.	ANOVA	F = 16.644 P<0.05	Significant
Area of Work and Occupational Burnout, Compassion Fatigue and Resilience of the respondents.	t-test	t = .425 P>0.05	Not-Significant
Type of Organization and Occupational Burnout, Compassion Fatigue and Resilience of the respondents.	ANOVA	F= 15.158 P<0.05	Significant
Monthly Income and perceived Corporate Social Responsibility (CSR) and consumer trust of the respondents.	ANOVA	F = 10.868 P< 0.05	Significant
Years of Professional Experience and Occupational Burnout, Compassion Fatigue and Resilience of the respondents.	ANOVA	F = 14.348 P< 0.05	Significant
Average Working Hours per Day and Occupational Burnout, Compassion Fatigue and Resilience of the respondents.	ANOVA	F = .313 P>0.05	Not - Significant

Chi-square

The Chi-square analysis revealed a statistically significant association between age and occupational burnout, compassion fatigue and resilience among the respondents ($\chi^2 = 7.105$, $p = .001$), indicating that these outcomes varied significantly across different age groups. In contrast the association between professional qualification and occupational burnout, compassion fatigue and resilience was not statistically significant ($\chi^2 = 4.054$, $p > .05$), suggesting that respondents' professional qualifications did not have a significant influence on these variables.

T-test

The independent t-test results revealed that there was no statistically significant difference between gender and occupational burnout, compassion fatigue and resilience among the respondents ($t = 0.425$, $p > 0.05$), indicating similar levels across gender groups. Likewise area of work showed no significant difference in occupational burnout, compassion fatigue and resilience ($t = 0.425$, $p > 0.05$), suggesting that respondents working in different service areas experienced comparable outcomes. However marital status demonstrated a statistically significant difference ($t = 10.125$, $p < 0.05$), indicating that occupational burnout, compassion fatigue and resilience varied significantly according to the marital status of the respondents.

ANOVA

The one-way ANOVA analysis revealed that age had a statistically significant influence on occupational burnout, compassion fatigue and resilience among the respondents ($F = 14.365$, $p < 0.05$), indicating variations across different age groups. Similarly professional qualification ($F = 16.644$, $p < 0.05$), type of organization ($F = 15.158$, $p < 0.05$), monthly income ($F = 10.868$, $p < 0.05$) and years of professional experience ($F = 14.348$, $p < 0.05$) were found to have significant associations with occupational burnout, compassion fatigue and resilience, suggesting that these demographic and professional characteristics influenced the respondents' psychological well-being. In contrast highest educational qualification ($F = 0.435$, $p > 0.05$) and average working hours per day ($F = 0.313$, $p > 0.05$) did not show statistically significant differences, indicating that these variables were not associated with variations in occupational burnout, compassion fatigue and resilience among the respondents.

Suggestions

- Mental health organizations should implement regular stress management and burnout prevention programmes for all professionals.
- Periodic resilience-building workshops should be organized to strengthen coping skills and emotional well-being among mental health professionals.
- Institutions should establish confidential counselling and psychological support services to address compassion fatigue at an early stage.
- Workplaces should promote a healthy work-life balance by ensuring adequate rest, leave and flexible work arrangements wherever possible.
- Special support and mentoring initiatives should be developed for younger professionals, as age was found to significantly influence burnout, compassion fatigue and resilience.
- Mental health centres and NGOs should create peer-support groups to encourage emotional sharing, professional guidance and mutual encouragement.
- Organizations should periodically assess occupational burnout, compassion fatigue and resilience using standardized screening tools to identify professionals at risk.
- Competitive remuneration, recognition programmes and career development opportunities should be provided to

improve motivation and reduce work-related stress.

- Tailored wellness interventions should be designed by considering factors such as professional experience, organizational setting and marital status, which were significantly associated with the study variables.
- Mental health institutions should develop comprehensive employee well-being policies that integrate resilience promotion, self-care practices and occupational health measures to enhance the quality of professional services.

Conclusion

The study concludes that more than half of the respondents experienced a high level of occupational burnout, while a considerable proportion demonstrated poor resilience and were vulnerable to compassion fatigue, indicating the emotional demands associated with mental health practice. Statistical analyses further showed that age, marital status, professional qualification, type of organization, monthly income and years of professional experience had significant associations with occupational burnout, compassion fatigue and resilience, whereas gender, area of work, highest educational qualification and average working hours did not exhibit significant differences. These findings highlight the need for mental health organizations to adopt comprehensive strategies that prioritize employee well-being through resilience enhancement, stress management, supportive supervision and regular psychological support. Strengthening organizational policies that foster a healthy work environment and promote self-care practices will not only improve the mental health of professionals but also contribute to the delivery of high-quality, compassionate and sustainable mental health services.

References

1. Maslach C, Jackson SE, Leiter MP. *Maslach Burnout Inventory manual*. 4th ed. Mind Garden; 2018.
2. Stamm BH. *The concise ProQOL manual: The Professional Quality of Life Scale (ProQOL), compassion satisfaction, burnout and compassion fatigue/secondary traumatic stress*. 2nd ed. ProQOL.org; 2010.
3. Maslach C, Leiter MP. *The truth about burnout: How organizations cause personal stress and what to do about it*. Jossey-Bass; 1997.
4. Reivich K, Shatté A. *The resilience factor: 7 keys to finding your inner strength and overcoming life's hurdles*. Broadway Books; 2002.
5. Figley CR, editor. *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Brunner/Mazel; 1995.
6. Ginsburg KR. *Building resilience in children and teens: Giving kids roots and wings*. 3rd ed. American Academy of Pediatrics; 2020.
7. Cocker F, Joss N. Compassion fatigue among healthcare, emergency and community service workers: A systematic review. *International Journal of Environmental Research and Public Health*. 2016;13(6):618.
8. Hunsaker S, Chen HC, Maughan D, Heaston S. Factors that influence the development of compassion fatigue, burnout and compassion satisfaction in emergency department nurses. *Journal of Nursing Scholarship*. 2015;47(2):186-94.
9. Rushton CH, Batcheller J, Schroeder K, Donohue P. Burnout and resilience among nurses practicing in high-intensity settings. *American Journal of Critical Care*. 2015;24(5):412-20.
10. West CP, Dyrbye LN, Shanafelt TD, Sinsky CA. Resilience and burnout among physicians and the general working population. *JAMA Network Open*. 2018;1(7):e184680.