



## Experiences of Compassion Fatigue Among Mental Health Practitioners Conducting Telepsychology During the COVID-19 Pandemic

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### Abstract

With the transition from the traditional face-to-face mode of psychotherapy to telepsychology brought by the COVID-19 pandemic to minimize disease transmission, there is an increase in clients seeking online professional help from mental health practitioners. This study aimed to explore how compassion fatigue is experienced among mental health practitioners conducting telepsychology during the pandemic: how it affects their practice, what factors contribute to it, and what practices they engage in to relieve compassion fatigue. This study was based on a phenomenological qualitative research design. Seven mental health practitioners participated in this study through purposive snowball sampling. Participants were interviewed using seven-item, semi-structured questions. The results of this study revealed four superordinate themes: characteristics leading to mental health practitioners' vulnerability to compassion fatigue, indicators of compassion fatigue, contributing factors to compassion fatigue, and ways to prevent and alleviate compassion fatigue.

*Keywords:* compassion fatigue, telepsychology, pandemic, mental health practitioners, prevention

### Introduction

The global epidemic of coronavirus (COVID-19) provoked a challenge on how to deliver mental health care services due to possible risks both for practitioners and clients. As people adapted to the changes necessitated by the pandemic, technology also advanced. Mental health professionals remained dedicated and committed to delivering quality psychological services to alleviate the stress brought by the pandemic; however, being physically separated

from their clients was a great challenge. As the technology developed, mental health care providers began to offer their services online (Midkiff & Wyatt, 2014). Hence, telepsychology has been used since the pandemic as an optional substitute for conventional face-to-face care. "Telepsychology" is an internet-based communication technology that provides psychological services, potentially benefiting psychologists and service users (Gamble et al., 2015). Although telepsychology is not relatively new, practitioners are still adjusting and transitioning some services to be accessible online. Telepsychology, telecounseling, and telemental health allow mental health providers to deliver services to their clients through online, telephone, and video counseling, cybertherapy (avatar therapy), self-guided web-based interventions, electronic social networks, e-mail, and text messages; these can be advantageous as they are accessible, convenient, and affordable (Reamer, 2013).

Meanwhile, compassion fatigue can be defined as becoming tired of listening to clients and their unfortunate events. It is identified as "the negative effects on clinicians due to work with traumatized clients" (Simms, 2017; Bride et al., 2007). Compassion fatigue can be a precursor of other symptoms as therapists are trained to utilize compassion and empathy for the therapist's effectiveness. This makes them particularly vulnerable to emotional stress, burnout, and compassion fatigue. It is common for therapists to develop compassion fatigue at some point in their careers, given that they work with people who experience abuse, death, and trauma (von Mol et al., 2015). Due to working from home, psychologists were challenged with work-life balance as working from home loses their sense of balance; managing clients with chronic/complex issues and very distressed clients also causes severe distress to them. Psychologists are typically exposed to a range of emotionally intense experiences in their daily working lives, including the cumulative effects of witnessing multiple narratives of suffering, trauma, loss, and burnout. Due to these experiences, compassion fatigue has been associated with reduced capacity to perform one's professional role (Simpson et al., 2018; Rabu et al., 2016). In this regard, the researchers defined compassion fatigue as the reduction of the empathic ability to act compassionately with others that affect mental health practitioners due to working with clients with emotionally charged experiences. In line with this, to guide the exploration of this study towards compassion fatigue among mental health practitioners, the study aims to know the following:

1. What are the characteristics of compassion fatigue that make mental health practitioners vulnerable to compassion fatigue?
2. What are the indicators of compassion fatigue among mental health practitioners?
3. What are the factors that contribute to the development of compassion fatigue?
4. What are the coping strategies the mental health practitioners employ to prevent compassion fatigue?

This study assumes that Mental health practitioners show different characteristics and indicators of compassion fatigue that may affect their well-being and the services they provide to their clients. Furthermore, several factors contribute to the development of compassion fatigue, and practitioners utilize various coping strategies to alleviate and prevent the negative effects of compassion fatigue. As a guiding framework for the exploration of compassion

fatigue among mental healthcare providers, this study uses the model of Figley (2002) on compassion fatigue, wherein he proposes a causal model of compassion fatigue among psychotherapists. It was noted that their ability to show empathy and concern enables them to be vulnerable as they are expected to respond compassionately and help create adaptive resolution. Moreover, it requires them to make a more significant effort to relieve the possible trauma of their clients for them to process together with them. This study aimed to explore how compassion fatigue is experienced among mental health practitioners conducting telepsychology during the pandemic, how it affects their practice, what factors contribute to it, and what things they engage themselves with to relieve compassion fatigue. Whereas, this research may provide information on how mental health workers overcome compassion fatigue. It focuses on the personal experiences and adversities faced by mental health practitioners employing telepsychology during this pandemic. Moreover, the data gathered may also serve as reference material for future researchers who seek to expound on the area of telepsychology in terms of compassion fatigue among mental health workers during this pandemic.

## **Methodology**

### **Research Design**

The research was based on a phenomenological qualitative research design. It aimed to explore how compassion fatigue is experienced among mental health practitioners conducting online therapy (telepsychology) during the pandemic, how it affects their practice, what factors contribute to it, and what things they engage themselves with to relieve compassion fatigue.

### **Sampling technique**

The researchers employed purposive snowball sampling to select participants that fit these criteria: mental health practitioners conducting telepsychology. Purposive sampling was used to select the participants as they were identified to provide valuable data for the research. This sampling technique is used to recruit participants from the referrals of people who previously contributed their experiences in the study to gather other possible samples. This helped the researchers reach the target number of participants needed to gather appropriate information regarding compassion fatigue among mental health practitioners conducting telepsychology.

### **Participants**

The researchers gathered seven (7) participants for this study who are mental health practitioners conducting telepsychology from the start of the pandemic to the present. The participants were psychologists and psychometricians conducting telepsychology. Psychometricians who are part of this study are mental health practitioners who conduct online services under the supervision of a psychologist or registered guidance counselor. All of these mental health professionals were selected through a referral system.

## Measures

The researchers created interview questions, which were composed of seven items and conducted in a semi-structured interview format. Other questions related to the evaluated interview that brought forth rich and relevant information were asked during the interview. The interview questions were evaluated by three (3) experts in the field of counseling and psychology as certified by the Psychological Association of the Philippines. The interview questions covered key topics, including details about their experiences with compassion fatigue when conducting telepsychology during the pandemic, the factors that have contributed to their compassion fatigue, how compassion fatigue affects them as mental health practitioners, things they engaged themselves with to relieve compassion fatigue during the pandemic, recognition of the early signs of compassion fatigue, reflection on mental health practitioners being vulnerable to experiencing compassion fatigue, and details about the things they engaged themselves with to relieve compassion fatigue.

## Procedures

To gather data, the researchers prepared interview guide questions that aimed to answer the research statement. After the evaluation, possible participants that fit the criteria were identified. The researchers asked the mental health practitioners if they were willing to participate in the study with their time and day availability for the interview. They were given informed consent before the scheduled appointment. The interviews were conducted through physical appointments and online meetings, depending on the participant's preferred arrangement. All data were obtained through these interviews, and all sessions were recorded with the participants' permission for transcription purposes. At the end of the interview, the researcher thanked the participants for being part of the study and asked if they knew other practitioners with a similar criterion. The researcher also asked for information about the possible participants, such as how to reach them to be invited to the study.

Several ethical considerations are also applied during the implementation of this research. The guide questions used during the interview were reviewed and validated by three (3) subject matter experts to evaluate their appropriateness to the research and sensitivity to the participant's situations. Before gathering data for each participant, the researcher prepared an informed consent form indicating the participant's voluntary involvement in the research. Consequently, the participants are formally invited to be part of this study by keeping in touch with them through personal and online communications. The researchers explained the purpose of the study and asked if they would be interested in being part of this research. Once the participants had agreed, they were asked for their email addresses where the informed consent would be sent for their examination, giving them ample time to read and reconsider their voluntary involvement. They were also asked for their availability and the platform they are comfortable using to take the interview. During the interview, the participants were informed that they had the right to withdraw or leave at any time without feeling obligated to continue the interview. The participants were also informed about confidentiality and how they have the right to privacy, how their data will be used, what will happen to their audio and video recordings in the research study, and their consent was secured. The researchers also discussed the potential risks or harm that the participants may encounter, such as possible stigma or

questions that may trigger negative emotions during the interview. At the end of the interview, the researcher thanked the participants for being part of the study and asked if they knew other practitioners who could also participate in the research. As part of the ethical considerations, all interview recordings were deleted by each researcher after transcribing the participants' responses. The researcher used code names to represent each participant when analyzing, interpreting, and presenting the data.

### **Data analysis**

Data were analyzed according to the process and procedures of thematic analysis. The researchers applied an inductive approach to thematic analysis, which involved allowing the data to determine the themes of this study. This required the researchers to transcribe recordings of each participant's interview and follow the coding stages presented in Table 1 below. For trustworthiness, this research employs theoretical triangulation and reflexive self-analysis; through theoretical triangulation, different theories were used to analyze, evaluate, and support the findings (Carter et al., 2014). Meanwhile, reflexive self-analysis enables the researcher to identify personal biases that may affect the analysis of the gathered data. It allows self-consciousness among the researchers to remain attentive to the possible issues that may emerge during data gathering or concepts that may prematurely emerge during transcribing, which may affect their data analysis of the general findings (Olmos-Vega et al., 2023).

**Table 1***Stages of Data Analysis*

Stage	Process and Procedure
1	After transcribing the recordings of the interviews, transcripts were read twice while listening all over to the recordings to ensure that participants' meanings and feelings expressed were not lost. This also allowed the researchers for a deeper familiarity with the individual participant's account.
2	Various phrases and sentences were highlighted in different colors, which corresponded to different codes they represented, for example, a feeling or idea expressed in that particular text. Emergent patterns of commonality were noted, as well as those relevant or potentially interesting ideas. After going through the texts in the transcriptions and coding them, all the data from the different interviews were collated into groups as identified by the code.
3	The researchers looked over the codes that were created and grouped to identify the patterns that emerged. After, clusters of themes were identified by combining several codes, allowing the researchers to explore the salient points, commonalities, and differences that recurred throughout the recorded data.
4	The researchers reviewed the themes to ensure that the ones identified were useful and representative of the data. The themes that were not relevant to the thesis statement were removed.
5	The researchers defined and named the themes to better understand the data.
6	A table of superordinate and subordinate themes was produced with quotes from each participant to show both the similarities and differences between the participants.

## Results and Discussion

The aim of this study was to explore how compassion fatigue is experienced among mental health practitioners who are conducting online therapy (telepsychology) during the pandemic, how it affects their practice, what factors contribute to it, and what things they engage themselves with to relieve compassion fatigue. This section reports and discusses the results from thematic analysis of the recorded interviews of the seven mental health practitioners, ages 26–45 years old, who participated in this study in which four of these seven participants are males and three are females.

The analysis resulted in four overarching themes, within which several subthemes have emerged that reflect the participants' key experiences with compassion fatigue.

### Characteristics that make Mental Health Practitioners vulnerable to Compassion Fatigue

The participants have identified several characteristics that make mental health practitioners vulnerable to compassion fatigue. The data revealed that as helping professionals, their ability to empathize—which is identified as one of the core skills of a therapist—makes them more susceptible to being affected by the distress and emotionally charged stories and experiences of their clients. This also showed the tendency of the practitioners to have transference, which means that there are times when they get to feel the heavy, negative emotions that their clients are expressing during the session. The 26-year-old male psychometrician Participant A stated *“sa taas ng empathy natin, minsan na-a-absorb na natin ‘yong mga naririnig natin sa client. Minsan nakakakuha din tayo ng unpleasant memories sa mga experience nila and somehow nakaka-affect sa ‘tin yon personally.”*

Another characteristic that was identified is having an external locus of control, which causes frustration, anxiety, and exhaustion. Participant C, a 24-year-old female psychometrician, mentioned that external factors beyond their control may be considered as tiring and frustrating. Lastly, having high personal expectations as a helping professional has led others to compassion fatigue.

### Indicators of Compassion Fatigue

Based on the gathered data, this theme has several subthemes that are indicative of compassion fatigue, which is reported in the following sections.

#### *Feelings of Self-doubt and Inadequacy*

Two of the participants demonstrated feelings of self-doubt and inadequacy regarding their effectiveness in providing online therapy.

Participant C, a 24-year-old female psychometrician noted that *“sometimes I keep on questioning myself if this is the career path I would like to take. Most of the time, I am lost, and sometimes I want to give up everything.”* On the other hand, the 28-year-old male psychometrician Participant B repeatedly reported having these feelings of self-doubt if his session with his client had been fruitful.

### ***Reduced Self-efficacy***

The data suggested that the participants demonstrated being less efficient in performing and accomplishing tasks on top of the therapy they provide to their clients. This is exhibited through the late submission of psychological reports, as Participant D a 24-year-old male psychometrician, provided, "*late magpasa ng reports.*" One participant reported having difficulty focusing on the task of designing strategies for interventions, and Participant E, a 45-year-old female psychologist, reported feelings of inefficiency and loss of focus when working with different counseling strategies. Another participant, a 24-year-old male psychometrician, described that when practitioners are suffering from compassion fatigue, poor performance can be evident in the quality of output, which is the psychological assessment report, a mental health practitioner provides.

### ***Experiencing Psychophysiological Symptoms of Compassion Fatigue***

All participants revealed varied psychophysiological symptoms of compassion fatigue, such as irritability, physical and mental exhaustion, fluctuating mood, changes in eating habits and sleep patterns, headaches and migraines, other bodily pains, and withdrawal and isolation from other people.

Participant G, a 32-year-old male psychologist, disclosed that *he "felt a certain tiredness probably for five days straight."* The 26-year-old male psychometrician Participant A complained of being "*irritable na ako sa ibang bagay, tsaka mabilis uminit ulo ko,*" while Participant D, a 24-year-old-male psychometrician said, "*Bigla ka nalang naiinis ng walang dahilan.*"

### ***Difficulty in Processing Issues After a Session***

The data revealed that two participants have difficulty processing the issues when the cases tend to be heavy, emotionally charged, and exhausting.

Participant D, a 24-year-old-male psychometrician, said, "*Yung mga problems na dini-deal ng clients minsan nai-introspect natin and nagiging cause sya bat tayo emotionally exhausted, nadadala natin yung problema nila.*" Moreover, Participant F, a 35-year-old female psychologist, repeatedly mentioned in the entire interview that there is a challenge in self-reflecting and processing an issue after therapy, depending on the severity of the case. Also, the data showed that the therapist's self-debriefing or processing after therapy is easier to do if the therapy conducted was face-to-face compared to when it was provided online, such as telepsychology.

### ***Lacking Self-care and Practicing Beyond Competence***

The results showed that some of the participants find it hard to do proper self-care and practice within the limits of competence as the ethical codes dictate, especially when there have been changes in the home and work arrangements caused by the pandemic.

Participant F, a 35-year-old female psychologist, disclosed, "*Ang hirap din i-self-care kasi yun nga yung sa workspace mo pag-upong pag-upo mong ganyan, oops, andito na yung mga trabaho. Andito na yung mga ganyan sa cliniquing mo...parang hindi mo na sya mapapansin kasi*



*overwhelmed ka sa harap.*” Whereas, the 26-year-old male psychometrician, Participant A difficulty having a work-life balance and working with simple self-care such as having a meal on time.

### **Contributing Factors to Compassion Fatigue**

The data showed that this major theme emerged due to the existing factors that have been identified that contribute to the development of compassion fatigue among mental health practitioners during the pandemic.

### ***Challenges Brought by Transitioning to Online Provision of Therapy***

This subtheme has its subthemes, indicating that several factors have emerged with the advent of the pandemic, where it is imperative to continue providing services by transitioning to telepsychology.

### ***Difficulty in Establishing Rapport***

The results showed that most participants find it difficult to establish rapport with their clients because there is also difficulty in seeing their nonverbal behaviors during the conduct of telepsychology. The online therapy session was found to be inhibiting the establishment of rapport, most especially if the clients refused to open their cameras and show their faces. Participant F, a 35-year-old female psychologist, mentioned that:

*Lalo na pag ayaw ni clients magpakita ng face...kasi anonymity and yung digital citizenship, confidentiality of the client, mga ganyan ngayon.... Hirap maka-ano ng verbal cues, yung kadalasan ng cases kasi mga clients na kahit may kausap na sila they deny...the situation, so kahit ilang beses na kayo...nagmi-meet via telepsych, ang hirap i-process. Hindi mo makita yung...acceptance nya dun sa sinasabi mo, kung nauunawaan ba niya.”*

### ***Internet Connectivity and Power Interruption Issues***

Almost all of the participants revealed that external factors such as having a stable internet connection and power interruptions during their online sessions are inevitable (this is in the Philippines). Nevertheless, it leads them to feel stressed, overwhelmed, frustrated, anxious, and helpless about their high-risk clients who are likely to commit suicide.

Participant E, 45-year-old female psychologist, said that “*it’s a different adjustment like internet connection, stress yun kasi bigla kang mawawala or bigla syang mawawala.*” On the other hand, the 26-year-old male psychometrician, Participant A, mentioned that he feels overwhelmed when external factors such as poor internet connections interfere with his work performance.

### ***The Number of Clients and Workload***

The results demonstrated that almost all of the participants have experienced a great deal of physical and emotional exhaustion, which stemmed from having to cater to an increased number of clients due to telepsychology and additional workload.

The 26-year-old male psychometrician Participant B disclosed, "*Yung strain ngayon mas doble...doble yung compassion fatigue ngayong pandemic kasi nga aside doon sa problem ng client,...nagkakaroon din tayo ng sariling problema... Mas nagsasama-sama so yung pagod ng pagpro-proseso ng mga bagay-bagay mas mabigat.*"

With the number of clients, they deal with daily, their schedules leave them with little to no window for a break at all, for they still have to attend meetings between therapy sessions, as Participant E, a 45-year-old female psychologist, disclosed. Participant G, a 32-year-old male psychologist, also complained about the bulk of a psychologist's overall tasks aside from an overwhelming schedule, particularly when there are sessions scheduled one after the other.

### ***Blurred Boundaries Between Work and Personal Life***

This subtheme highlighted the issues at play from being pushed to work at home. The results demonstrated that two of the participants are finding it difficult to separate work and personal life, for they are conducting telepsychology in the confines of their own homes.

Participant D said, "*Minsan di mo naiisip na yung compassion fatigue ay dahil sa work or dahil nasa bahay ka. Walang boundaries, yung ginagawa mo sa bahay dahil sa nature of work. Yung sense of being mo nawawala na eh.*"

### **Ways of Preventing and Alleviating Compassion Fatigue**

Some respondents gave their suggestions for practices that helped them to alleviate their systems of compassion fatigue and maintain a healthy outlook. In addition, our research gave useful advice and reminders.

### ***Proper Reflecting and Debriefing***

Based on the gathered data, it emphasized that mental health practitioners need to do self-reflection and processing of issues or debriefing.

When it comes to debriefing, Participant F, a 35-year-old female psychologist, emphasized the importance of securing the client's confidentiality when the practitioner initiates debriefing with other fellow practitioners. Debriefing with other mental health practitioners is necessary, for they understand the ropes of this profession. Also, she always keeps a notepad to keep her thoughts organized and check her accomplishments for the day, which helps her immensely in self-reflection. On the other hand, Participant G, a 32-year-old male psychologist, said:

*To evaluate my competence, to evaluate who am I as a psychologist in the first place...to reflect bakit ako nagkaroon ng compassion fatigue, and that will be a turning point for me. What will be some of the changes that I will make to avoid compassion fatigue? I do self-reflection a lot you know*

### ***Doing Self-care***

Participants have shown to have different thoughts about doing self-care. The 26-year-old male psychometrician Participant A always makes sure to eat and get plenty of sleep after the session with a client. Participant C, a 24-year-old female psychometrician, emphasized the need to take quality rest to recharge with all the stressors received as a form of her “me-time.” Participant D, a 24-year-old male psychometrician, is inclined to listen to music and perform relaxation techniques to combat compassion fatigue. Lastly, Participant E, a 45-year-old female psychologist, shared about taking breaks and doing non-work-related activities, such as watching movies and cooking.

### ***Know When to Refer to Other Mental Health Practitioners***

Among the participants, only Participant G, a 32-year-old male psychologist, mentioned about the importance of knowing when to refer a client to another mental health practitioner. He said, “*Unang-una I do not work with clients that I feel I could not work with, so first session palang ire-refer ko na siya sa another psychologist kapag feeling ko mae-experience ko yung compassion fatigue.*”

### ***Identifying the Clients for Telepsychology and Face-to-Face Sessions***

Participant G, a 32-year-old male psychologist, discussed the significance of being systematized in identifying clients who are fit for telepsychology and face-to-face sessions to avoid compassion fatigue. He mentioned:

*I think that's one thing how to prevent compassion fatigue when it comes to the telehealth and especially that we are working in the pandemic now. Sino yung mga tao na pwede mong ilagay sa telehealth para less yung pagpunta dito and sino din yung pwede mong i-endorse for a face to face. You have to systematize kung sino yun deserving or sino yung fit sa telehealth, sino yung fit for this para ma-less yung compassion fatigue na i-experience ng psychologist.*

### ***Practicing Within Competence***

Two participants noted limiting the number of clients to meet in a day to avoid being physically and emotionally fatigued.

Participant E, a 45-year-old female psychologist said, “*Pag nagha-handle ka ng madaming cases, parang ang ideal kasi is four lang a day, two sa umaga then two sa afternoon.*”

While Participant G, a 32-year-old male psychologist, expressed, “*You have to know your limits first. For example, in my case sabi ko hanggang 6 lang yung clients na kaya kong I meet. More than that, hindi ko na maibibigay ng maayos yung best for the last session.*”

### ***Organizing One's Schedule***

The data revealed that Participant G, a 32-year-old male psychologist, identified proper scheduling as a way of preventing compassion fatigue so as to avoid getting overwhelmed with

too much work personally. Plotting a vacation also in one's schedule helps in having something to look forward to, in which he discussed:

*"I'm organized kasi kahit medyo madami-dami ako pinapasok sa schedule ko, I always see it as a challenge for myself na I have to deliver this. I'm not combating it but instead preventing it. Iba kasi yung prevention sa curing. Like what I have said, I haven't fully reached 100 percent the experience of compassion fatigue, because I try to prevent this as much as possible through proper scheduling, not overwhelming myself, and always looking... forward to vacations."*

## Discussion

This study sought to explore how compassion fatigue is experienced among mental health practitioners conducting online therapy (telepsychology) during the COVID-19 pandemic, how it affects their practice, what factors contribute to it, and what things they engage themselves with to relieve compassion fatigue. Based on the results of this study, several superordinate themes have emerged.

Under the first superordinate theme, characteristics that make mental health practitioners vulnerable to compassion fatigue emerged. One of the characteristics that had been identified that makes them vulnerable is having high levels of empathy. This finding is consistent with the previous research on how empathy leads to negative consequences, which is the cost for the one who empathizes (Craig & Sprang, 2010; Figley, 2002 as cited in Hansen et al., 2018). Counselors face empathetic demands when working with complex clients (Fahy, 2007 as cited in DePippo, 2015), and they want to alleviate other people's sufferings by giving them understanding and responses that demonstrate empathy. Compassion fatigue often results from such a process due to a transfer of traumatic stress from the client to the counselor (Figley, 2002; as cited in DePippo, 2015). Another characteristic that was found to be associated with mental health practitioners' susceptibility to compassion fatigue is having an external locus of control. This is similar to the results of a study that indicated that genetic counselors were twice as likely to be at higher risk of experiencing compassion fatigue due to external locus of control (Injeyan et al., 2011). Lastly, under this superordinate theme, having high self-expectations was also identified. This vulnerability seemed to arise from personal expectations among mental health practitioners to help others, most especially during the COVID-19 pandemic. This particular characteristic tends to blindside them, essentially forgoing their own limitations and neglecting their needs as a practitioner.

The second superordinate theme that emerged is the indicators of compassion fatigue among mental health practitioners. Other studies found an association between compassion fatigue experienced by rescue workers with low self-efficacy and stress appraisal (Prati et al., 2010). Findings in research also suggested a negative, significant, moderate-level relationship between self-efficacy and compassion fatigue. As such, the compassion fatigue that school counselors will most likely experience is accounted for by the level of how they perceive themselves as competent

in their roles (Bozgeyikli, 2012). As such, another subtheme under the indicators of compassion fatigue had emerged, that is, practicing beyond the limits of competence. However, when this is left unchecked, it can further lead to burnout; and as it continues, it will be most likely to result in a decrease in professional competence (Barnett & Corcoran, 2018). If mental health professionals continue to practice despite the circumstances mentioned, then a decrease in professional competence is inevitable, which is against the ethical responsibility that mental health providers need to uphold. Barnett and Corcoran (2018) suggested that mental health professionals should take reasonable steps when “personal problems will prevent them from competently performing their work-related activities” (American Psychological Association, 2017, p. 5).

The first and second superordinate themes present the characteristics and indicators of compassion fatigue that are similar to the validation study of The Stress process model (Pearlin et al., 1981). The outcome shows that “life events” may pose undesirable effects on an individual’s life roles and minimize positive areas in self-concept. Consequently, the decline in self-concept leads people to experience some symptoms caused by stress, such as depression. Although both themes appear to be comparable to one another, both differ from one another by their occurrence. Nonetheless, they both describe and represent the symptoms of compassion fatigue experienced by mental health practitioners. The third superordinate that emerged pertained to the contributing factors to compassion fatigue. Further, challenges brought by transitioning to online therapy provision had emerged as a subordinate theme. Several subthemes had been identified under this first subordinate theme such as difficulty in establishing rapport, internet connectivity and power interruption issues, and nonresponsive clients. Previous research mentioned that the ability to build rapport and establish therapeutic alliances during telemental health sessions is being questioned by many clinicians (Goldstein & Glueck, 2020). Additionally, there is also a greater risk of miscommunication due to the absence of visual and vocal cues—facial expression, body language, and voice tone (Lau et al., 2013). Misunderstandings between the client and counselor may happen, and building rapport can be found to be more challenging due to the lack of visual, nonverbal, or body language cues (Phillip et al., 2020). As such, it is encouraged that the practitioners make reasonable efforts to devise a plan should difficulties (i.e., loss of internet connection or other interruptions) arise during the provision of service (Barnett & Kolmes, 2016).

Still under the third superordinate theme, the bulk of clients and workload and blurred boundaries between work and personal life had emerged as subthemes. Mental health practitioners have been working at their maximum capacity due to an increase in work pressure in providing telecounseling and therapy to a growing number of people seeking mental help (Agrawal & Yadavar, 2020). Given the nature of the work of mental health practitioners and the ever-increasing workload during the pandemic, these can become risk factors for developing issues with professional competence when left unaddressed, as the nature of work is emotionally demanding (Elman & Forrest, 2007). Moreover, the transition was abrupt, people were forced to conduct their work at the confines of their homes regardless of having no preparations for this kind of arrangement (Waizenegger et al., 2020). Several significant challenges were identified, such as trying to maintain a work-life balance (Carnavale & Hatak, 2020).

Based on the results of this study, the last superordinate emerges as the way to prevent and alleviate compassion fatigue. Several subthemes have emerged, which include proper reflection, debriefing, and self-care, stemming from the ethical obligation of mental health professionals to maintain professional competence. Education, self-care activities, reflection, and debriefing may be used to lessen compassion fatigue activities, reflection, and debriefing (Flarity et al., 2013; Hevezi, 2015; Kelly et al., 2015). This finding is in line with Orem's Self-Care Deficit Nursing Theory (Orem, 2001 as cited in Hartweg & Matcalfe, 2022), in which self-care was defined as an activity that people engage in to maintain wellness in different areas. Part of this theory is the theory of self-care, which proposes self-care as having two (2) characteristics: a "learned behavior" and "deliberate action". According to this, self-care is a conscious behavior that interacts and varies from one social environment to another based on the individual's responses. Self-care is also intentional in a way that they are not instinctive; rather, people act directly and intentionally to perform these activities. As such, it is demonstrated that in the process of rationalizing and putting feelings and emotions into perspective, mental health practitioners can make use of self-debriefing and self-reflection as their coping strategies (Upton, 2018).

Referring the client to another mental health practitioner is still part of the ethical code for psychologists to maintain professional competence. As such, American Psychological Association (2013) stated that "if a client/patient recurrently experiences crises/emergencies, which suggests that in-person services may be appropriate, psychologists take reasonable steps to refer a client/patient to a local mental health resource or begin providing in-person services" (p. 794). They further pointed out that "psychologists are encouraged to take particular care to evaluate and assess the appropriateness of utilizing these technologies prior to engaging in, and throughout the duration of, telepsychology practice to determine if the modality of service is appropriate, efficacious, and safe" (p. 794). Regarding the number of caseloads, counselors should try to keep it manageable by setting aside some time to rest and relax, separating personal and professional time as possible, and taking regular vacations (SAMHSA, 2000).

In line with these findings, Table 2 shows the Superordinate and Subordinate themes from the data collected.

**Table 2**

*Superordinate and Subordinate themes*

Superordinate themes	Subordinate themes
Characteristics that Make Mental Health Practitioners Vulnerable to Compassion Fatigue	
Indicators of Compassion Fatigue	<ul style="list-style-type: none"> <li>• Feelings of Self-doubt and Inadequacy</li> <li>• Reduced Self-efficacy</li> </ul>

- Experiencing Psychophysiological Symptoms of Compassion Fatigue
  - Difficulty in Processing Issues After a Session
  - Lacking Self-care and Practicing Beyond Competence
- Contributing Factors to the Compassion Fatigue
- Challenges Brought by Transitioning to Online Provision of Therapy
    - Difficulty in establishing rapport
    - Internet connectivity and power interruption issues
  - Bulk of Clients and Workload
  - Blurred Boundaries Between Work and Personal Life
- Ways in Preventing and Alleviating Compassion Fatigue
- Proper Reflecting and Debriefing
  - Doing Self-care
  - Know When to Refer to Other Mental Health Practitioners
  - Identifying the Clients for Telepsychology and Face-to-Face Sessions
  - Practicing Within Competence
  - Organizing One's Schedule
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### **Conclusions and Recommendations**

By exploring how compassion fatigue is experienced among mental health practitioners conducting telepsychology during the pandemic, how it affects their practice, what factors contribute to it, and what things they engage themselves with to relieve compassion fatigue, four major themes emerged that answered the aim of this study.

Based on the results of this study, it was revealed that several characteristics are leading to mental health practitioners' vulnerability to compassion fatigue, such as having high levels of empathy, external locus of control, and high personal expectations for being a mental health worker. Further, several indicators of compassion fatigue had been identified: feelings of doubt and inadequacy, reduced self-efficacy, experiencing psychophysiological symptoms of compassion fatigue, difficulty in processing issues after a session, and lack of self-care and practicing beyond competence. Moreover, the results showed that with the transition to telepsychology, contributing factors to compassion fatigue were found and included challenges

brought by transitioning to telepsychology involving difficulty in establishing rapport and internet connectivity and power interruption issues, the bulk of clients and workload, and blurred boundaries in work-life balance. Lastly, the results showed ways to prevent and alleviate compassion fatigue, which included the following: proper reflecting and processing, doing self-care, knowing when to refer to other mental health practitioners, identifying the clients for telepsychology and face-to-face sessions, knowing and evaluating one's limits and competence, and organizing one's schedule.

In line with the results, it may be recommended to create a program or training that is specifically designed for mental health professionals to enhance and strengthen their resilience. Although professionally, they are molded to have these adaptive strategies, it is also important to build their resiliency as they are also vulnerable in handling unexpected and difficult situations such as the pandemic.

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