Academic Journal of Social Sciences (AJSS)
Vol. 7, Issue 1 (January – June 2023) PP. 124 – 136
Article Received: *13.03.2023* ***Article Accepted:*** *05.06.2023* ***Article Published:*** *30.06.2023.*
DOI: *https://doi.org/10.54692/ajss.2023.07011904*

Hardiness, Coping Strategies and Professional Quality of Life among Practicing Clinical Psychologists

Maham Justin[1,*], Zara Haroon[2] and Masha Asad khan[3]

Abstract

With the increase in the crisis, not only has awareness been created but the active participation of clinical psychologists in the various fields has been observed which may be beneficial to the people but can also be burdensome for the personnel working in the field. To investigate the Correlational, 80 clinical psychologists selected through purposive sampling between the ages of 26 to 40 years. Participants were assessed using the Hardiness Resilience Gauge Scale, Brief Cope Inventory, and Professional Quality of Life scale. The data was analyzed using SPSS version 22. The hardiness, coping strategies and Professional Quality of life among practicing clinical psychologist, the results indicated that a significant positive relationship was observed between hardiness, control, challenge, commitment subscales, active, positive reframing, planning, acceptance, religious coping strategies and compassion satisfaction where as a significant negative relationship was found between denial, behavioral disengagement coping strategies and compassion satisfaction among practicing clinical psychologists. Moreover, a significant positive relationship was found between self-distraction, denial, venting, self-blame, behavioral disengagement coping strategies, compassion fatigue and burnout, whereas a significant negative relationship was between hardiness, challenge, control, commitment subscales, compassion fatigue and burnout among clinical psychologists. Multiple hierarchal regression analysis indicated that hardiness and coping strategy were likely to predict higher compassion satisfaction when controlled with age among practicing clinicalpsychologists. The findings were further discussed in light of existing literature and theory. The study will be beneficial at social and clinical levels.

Keywords: Clinical psychologists, hardiness, coping strategies, professional quality of life

[1] Student, Kinnaird College for Women, Lahore, Punjab, Pakistan.
[2] Lecturer, Department of Applied Psychology, Kinnaird College for Women, Lahore, Punjab, Pakistan.
[3] Professor, Dean Humanities and Social Sciences, Kinnaird College for Women, Lahore, Punjab, Pakistan
* **Corresponding Author:** masha.khan@kinnaird.edu.pk

1. Introduction

The daily routine of the therapist demands extensive work with individuals with complaints of worry, anxiety, concern, and several mental health issues. The work demands the therapist to provide in form of unconditional regard, empathy, and emotional capacity during the sessions. As the therapist provides comfort in all forms to the client to resolve their issues at the best; it may internalize all the negative emotions making their professional life a struggle. Therefore, attention has been drawn to what extent the psychologist's practice impacts their work and how they cope with it has been the aim of the study.

Statistics in Pakistan have reported that mental illness is a prevailing concern (Dawn, 2018), and with the increasing awareness people in abundance are seeking psychological help. The intricacy of psychotherapists' is that their job requires them to possess such qualities as being compassionate, objective, or showing empathy (Figley, 2002). However, constant exposure to suffering, the client's aversive behavior, and the struggles of being the therapist may posit a risk to the psychologist's professional life. This notion has been cited in the literature suggesting that compassion fatigue among mental health practitioners is reasoned due to them being overburdened and unable to focus on self-care (Din, Khan, Khan & Khan, 2020; Figley, 2002).

Moreover, clinicians are expected to deal with various traumatic incidents on daily basis. Figley (2002) studied that with increased exposure to traumatic situations, the risk of compassion fatigue increases by 27% among mental health practitioners. As a result, mental health practitioners are prone to risk for exhaustion and compassion fatigue resulting in displaced traumatization (Baird & Kracen, 2006). Thompson et al. (2014) also discovered the rate of compassion fatigue is higher in female psychologists as compared to male psychologists, and accomplishments in this regard found less compassion satisfaction and feeling of lesser personal achievements. It refers to the vicious cycle of trauma given by McCann and Pearlman (1990) referring to the idea that working with individuals who have endured trauma can itself traumatize the therapist affecting their practice (Figley, 2002).

To be precise, there is a negative aspect of working as a clinical psychologist, yet it endeavors a positive aspect which is the client's optimal response that boosts the therapists' morals and helps them to enhance their quality of work (Stamm, 2010). It provides the therapist with a sense of satisfaction and helps them to restore their energies to show alliance in work and showing empathy and active intervention for the clients.

To maintain this feature, the literature sheds light on the need for hardiness. Hardiness is explained as a personality feature that works as resistance while facing stressful life affairs (Kobasa,1979). It is a positive strategy amongst humans which strengthens them to cope with stress comprising three divisions i.e., commitment, control, and challenge. Commitment provides a purpose and meaning to ongoing life events rather than being unaware of them (Kobasa, 1982). Control is referred to as the inclination of believing and acting as if one can influence the situation rather than feeling weak when challenged with difficulties challenge is explained as the firm change that is healthy in life and this change leads to growth instead of being a danger to safety.

Hardiness theory suggested that when stress reactions happen, they tend to increase stressful situations (Maddi,2004). If the stress continues functioning likely deteriorates defining it to be physical and mental unfitness (Maddi, 2004). If hardy behaviors are rigid it leads to a possibility of hardy coping (Maddi,2004). Thus, hardy individuals use active coping instead of passive coping strategies and are unable to avoid coping with stressful situations. A review of the literature suggests that perceived Work Stress and hardiness predicted Professional Quality of Life among Emergency services practitioners (Yost, 2016) which makes grounds for our research to investigate how hardiness can predict the quality of life of practicing clinical psychologists.

Individuals' ability to enhance their quality of life depends upon their actions i.e., what strategies they act upon under stressful situations. Coping can be explained as certain mental and behavioral techniques that are used by people to overcome tense events. At the workplace when employees deal with their responsibilities and duties, it gives them pride but also brings along the demands of the workplace resulting in anxiety, worry, and doubts. Cushway and Tyler (1994) investigated stages and causes of stress and coping in qualified mental health practitioners. It was found that overwork, poor management, low wage, too many expectations, and upcoming doubts in NHS and administration were the leading cause of their stress.

This theory has defined coping strategies for stress as being some of the individual factors, attributes, or resources on which he depends to manage. When such sources are found in the person it is known as internal sources such as hardiness while sources of the environment are known as external sources. The model focuses on mental evaluation depending not on the needs of circumstances, but on the individual's willingness and potential to cope with it (Lazarus & Folkmans,1984). Coping strategies are categorized into two main groups that are is overcoming problems and ways to overcome emotions (Lazarus & Folkman, 1984). Problems are coped through comprises of behavior changes, that is actions and planning, while emotion-focused strategies use the visibility of emotions and changing prospects (Lazarus & Folkman, 1984).

Many inferences have been taken out from the literature identifying the gaps that exist in the literature regarding psychotherapists' professional quality of life and the role of hardiness and coping strategies in enhancing it. Thus, it becomes essential to identify the associative factors and study the findings at a broader spectrum to carry out actions that can help in reducing the perils and improve the lives of professional clinicians.

2. Theoretical Framework

The present study is based on the Hardiness theory suggested that when stress reactions happen, they tend to increase stressful situations. If the stress continues it is likely that functioning deteriorates defining to be physical and mental unfitness. If hardy behaviors are rigid it leads to a possibility hardy coping (Maddi,2004). Thus, hardy individuals use active coping instead of passive coping strategiesand are unable to avoid coping with stressful situations. Further connecting with the stress theory, It is commented that trans-actional relations amongst people and their society which goes beyond their resources and endangers their subjective wellbeing (Lazarus & Folkman, 1984). This theory has defined coping strategies of stress as being some of the individual

factors, attributes, or resources on which he depends to manage. When such sources are found in the person it is known as internal sources such as hardiness while sources of environment are known as external sources. The model focuses on mental evaluation depending not on the needs of circumstances, but on the individual's willingness and potential to cope with it (Lazarus & Folkman ,1984). Cushway and Tyler (1994) investigated stages and causes of stress and coping in qualified mental health practitioners. It was found that over work, poor management, low wage, too many expectations and upcoming doubts in NHS and administration were the leading cause of their stress consequently effecting an individual's quality of life at workplace.

Thus, in this study, the main objective was to evaluate the connection between the study variables among practicing clinical psychologists. Considering the discussion, it is being hypothesized that:

a) hardiness and coping will be positively/negatively linked to professional quality of life among practicing clinical psychologists and

b) hardiness and coping will likely predict the professional quality of life among practicing clinical psychologists as explained in figure 1.

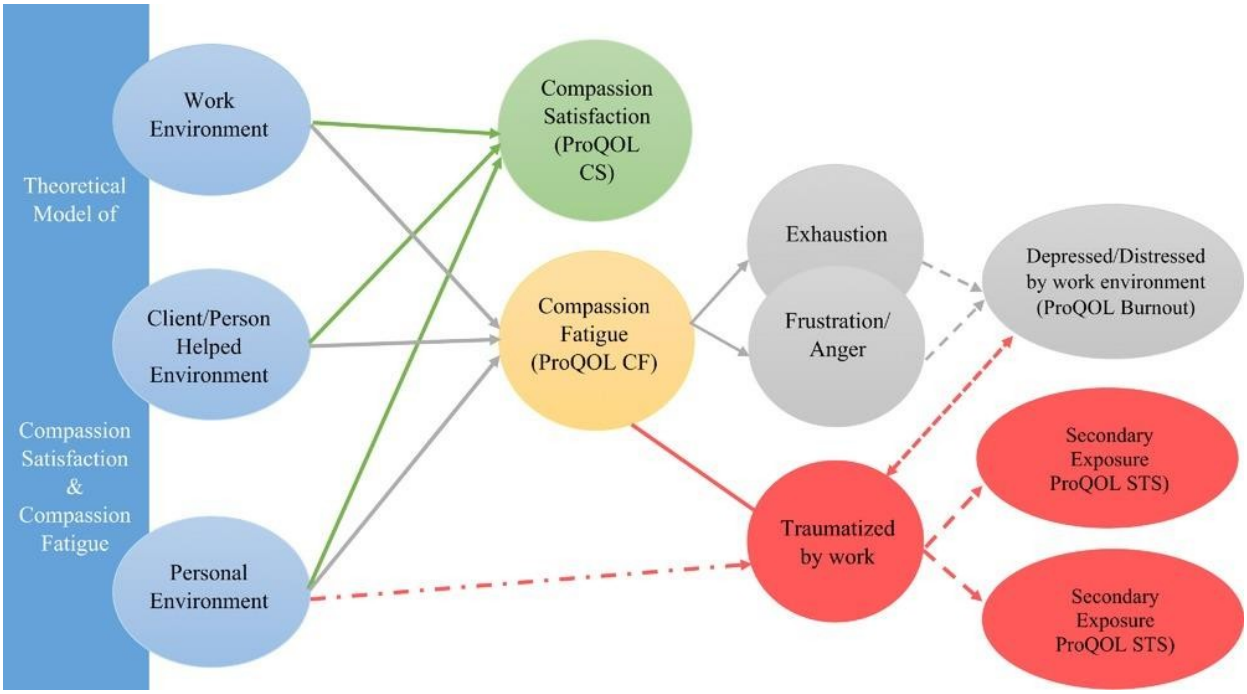

Figure 2.1: Conceptual model of professional quality of life

3. Method

Correlational research design was conducted in the study. The research investigated relationship between hardiness, coping and Professional quality of life among practicing clinical psychologists. The research has been conducted using purposive sampling strategy. G power analysis was conducted to assess the sample size of the study. G power analysis estimated the sample of size 78 participants. Eight five questionnaires had been distributed amongst which five were discarded due to missing data and responses of 80 clinical psychologists were selected. Data has been collected

from different hospitals (private and government) and organizations of Lahore in which clinical psychologists are working. Total number of participant organizations were 30(government =5, private=25). Practicing clinical psychologists aged 26 – 45 years who had full-time employment from at least 1 year at a psychiatric department of private and government hospitals. Participants with minimum master's in clinical psychology (MS) and ADCP were included in the study. Undergraduate students, internees, and freelancing psychologists were excluded from the study.

Formal consent was taken by the authors for the usage of respective scales in the present study. The researcher approached only those practicing clinical psychologists who met the inclusion criteria and were willing to participate in the research. The questionnaire consisted of a consent form, demographic sheet, Brief Cope Inventory, Hardiness Resilience Gauge Scale, and Professional Quality of Life scale respectively. Before conducting the research, a pilot study was conducted with eight participants. All the data was collected personally from the respondents, during their working hours. Some clinical psychologists filled out the questionnaire immediately, while some took a week to return the filled forms. Before getting the questionnaires filled the respondents were informed about the purpose of this research. The respondents were ensured that all the data collected would be kept confidential. Respondents took 15-20 minutes to fill in the questionnaire. It took a lot of time in collecting the data, as each participant was visited personally. Statistical Package for Social Sciences (SPSS)22 was used to compute data. Descriptive statistics was used to compute mean, standard deviation and frequencies. Pearson product momentcorrelation coefficient has been employed to find the relationship between hardiness, coping and professional quality of life among practicing clinical psychologists. Multiple hierarchical regression Analysis was used to investigate hardiness, coping as predictors of professional qualityof life among practicing clinical psychologists.

4. Results

The findings from correlational analysis indicated that is a significant moderate positive relationship between hardiness and compassion satisfaction among practicing Clinical Psychologists. This shows that clinical psychologist who were hardier experienced more compassion satisfaction. It was also observed that there is significant negative relationship between hardiness, compassion fatigue and burnout, this shows that clinical psychologists who were hardier experienced less compassion fatigue and burnout. Therefore, to further investigate that hardiness and coping are likely to predict professional quality of life among practicing clinical psychologists. Multiple hierarchical regression analysis has been conducted to explore hardiness, coping strategies as predictors of professional quality of life among practicing clinical psychologists.

Table 1: Pearson Product Moment Correlation Coefficient between Hardiness, Coping and ProfessionalQuality of Life

Variables	Compassion Satisfaction	Compassion Fatigue	Burnout	M	SD
Hardiness	0.3**	-0.2*	-0.5**	108.0	11.9
Challenge	0.2*	-0.8*	-0.2*	110.9	16.4
Control	0.3**	-0.1	-0.3**	97.7	16.1
Commitment	0.22*	-0.11	-0.3**	108.7	15.9
Self-Distraction	0.01	0.4***	0.3**	5.3	1.3
ActiveCoping	0.2*	0.1	0.1	6.3	1.3
Denial	-0.40***	0.5***	0.5***	3.6	1.34
Substance Use	-0.1	-0.001	0.08	2.11	0.52
Emotional support	0.1	-0.04	0.1	5.5	1.77
Instrumentalsupport	-0.004	0.1	0.65	5.5	1.4
Behavioral disengagement	-0.3**	0.5***	0.5	3.9	1.7
Venting	-0.08	0.2*	0.2*	4.5	1.4
PositiveReframing	0.2**	-0.08	-0.2*	5.7	1.3
Planning	0.3**	0.06	-0.01	5.6	1.3
Humor	-0.002	0.4	0.2	4.4	1.7
Acceptance	0.1*	0.1	-0.081	5.6	1.4
Religion	0.3***	0.01	-0.14	6.5	1.3
Self-Blame	0.006	0.3***	0.2*	3.8	1.4
CompassionSatisfaction	-	-	-	23.1	7.3
CompassionFatigue	-	-	-	23.1	5.9
Burnout	-	-	-	23.1	5.4

Note: *$p<0.05$; **$p<0.01$; ***$p<0.00$

Multiple hierarchal regression was used to identify the predictors of Professional Quality of Life (Compassion Satisfaction, Compassion Fatigue and Burnout) gender, age and marital status were added as a control variable. Among predictors hardiness, control subscale and religious coping strategy emerged as a significant positive predictor of compassion satisfaction among practicing Clinical Psychologists. Moreover, among predictors behavioral disengagement, humor and self-distraction coping strategies emerged as significant positive predictors of compassion fatigue among practicing Clinical Psychologists. Also, Age factor emerged as a significant negative predictor, this indicates that young clinical psychologists were more likely to experience higher burnout. Hardiness, active coping,and planning were negative predictors of burnout among clinical psychologists, this shows that clinical psychologists who were hardier, used active and planning coping strategies were likely to experience less burnout, whereas behavioral disengagement and self-distractive coping strategies were positive predictors of burnout. This shows that clinical psychologists who used behavioral disengagement, and self-distraction were more likely to experience higher burnout.

Table 2: Multiple Hierarchical Regression Analysis showing hardiness and coping as predictors of Professional Quality of Life.

Predictors	Compassion Satisfaction		Compassion Fatigue		Burnout	
	ΔR^2	B	ΔR^2	B	ΔR^2	β
Model 1	0.01		0.01		0.06*	
Age		0.1		-0.1		-0.31**
Gender		-0.04		0.05		-0.02
Marital Status		0.05		-0.07		0.01
Model 2	0.09*		0.05		0.28***	
Hardiness		0.1		0.16		-0.48***
Challenge		-0.1		-0.01		0.01
Control		0.31*		0.15		-0.02
Commitment		-0.03		0.2		0.25
Model 3	0.33**		0.55***		0.6**	
Self-Distraction		0.02		0.2*		0.21*
Active Coping		0.89		-0.12		-0.32*
Denial		-0.23		0.17		0.20
Substance Use		-0.06		-0.1		0.002
Emotional Support		0.1		0.06		-0.009
Instrumental Support		-0.2		-0.18		-0.029
Behavioral disengagement		-0.15		0.4**		0.33*
Venting		-0.009		0.06		0.039
Positive reframing		-0.10		0.07		-0.12
Planning		0.2		0.041		-0.25*
Acceptance		0.01		0.063		-0.08
Religion		0.3*		-0.10		-0.05
Self-blame		0.22		0.14		0.03
Humor		0.13		0.26*		0.09
Total R^2	0.51*		0.62**		0.71***	
F	2.88**		6.77**		5.3**	

Note: **p<0.05; **p<0.01; ***p<0.00*

5. Discussion

The findings of this study indicated a significant relationship between hardiness, coping, and professional quality of life among practicing clinical psychologists. The findings of the study can be supported by the previous research of Edgar (2011) on trainee

clinical psychologists. Research by Barmawi, Subih, Salameh, Sayyah, Shoqirat & Jebbeh (2019) has also shown similar results in critical care and emergency nurses which can be supported by present research. Another research also indicated a significant negative relationship between hardiness and burnout, commitment, and control with Burnout among army nurses (Marchido,1994). Another research by Aviely, David, and Levy (2015) predicted professional quality of life among specialized and volunteer helpers. Another finding by (Craig& Sprang, 2009) showed that years of experience along with age were likely to predict compassion satisfaction, Burnout, and Compassion fatigue among trauma specialists. Young specialists exhibited a high level of burnout while expert professionals reported high Compassion satisfaction. It can be assumed that young clinical psychologists tend to be higher enthusiastic in the field and more vulnerable in building relationships with their clients that may affect their professional quality of life as compared to the experienced ones who with their experience can be more professional with the boundaries and attachments to the client.

Burnett and Wahl's (2015) findings observed a significant negative relationship between Compassion fatigue and Burnout. Whereas there was a positive relationship between Compassion satisfaction and resilience. Mediation analysis also revealed that resilience moderately mediated the relationship between compassion fatigue and burnout. The findings of Jacobson, (2006) arrived at a similar conclusion that those offering clinical assistance or disaster interventions at job place are less prone to exhibit burnout, medium compassion fatigue, and more compassion satisfaction which were observed to be consistent with the study hypotheses.

Moreover, research indicated empathy and coping strategies as predictors of professional quality of life in Australian Registered Migration Agents. Compassion fatigue was related to low empathy and maladaptive coping strategies whereas high empathy and adaptive coping predicted Compassion satisfaction (Raynor &Hicks, 2019). Findings by (Kupcewicz & Józwik, 2019) suggested that a significant positive relationship between positive orientation and coping strategies, while positive orientation had a negative relationship with weak coping strategies and there was a negative relation amongst positive orientation and burnout in nurses. Findings by (Bloomquist, Wood, Trainor & Kim,2015) also concluded that self-care practices and professional quality of life are significantly positively related. The findings of this study and previous empirical research (Mathias and Wentzel, 2017) surmised that undergraduate students exhibited medium levels of Compassion fatigue, Burnout, and Compassion satisfaction. All the above-mentioned reviews were consistently reflecting that burnout and compassion fatigue can be reduced with positive coping and hardiness.

Further, the findings are supported with in the indigenous culture as in Pakistan mental illness is a main concern. People who are under some kind of crisis are at larger risk to face mental illness (Dawn, 2018). Previous literature identified compassionfatigue mental health practitioners across professional categories and studied about prolonged lack of self-care (Figley,2002). Figley (2002) advised that psychotherapists used self-care techniques which prevented compassion fatigue, to disengage from stress sources as well as to look for achievements and satisfaction as per professional requirements, recognize the responsibilities related to client care being de -sensitive to factors inducing stress as

well as decreasing exposure to them. Participation in stress reduction techniques, self-reliving and then combining exposure to stress increasing factors along with relaxation technique. Figley (2002) studied that increased exposure to traumatic situation the risk of CF increases by 27% among mental health practitioners. As a result, mental health practitioners are prone to risk for exhaustion and compassion fatigue resulting displaced traumatization (Baird & Kracen, 2006). Thompson et al. (2014) discovered rate of compassion fatigue higher in female psychologists ascompared to male psychologists, and accomplishments in this regard found less compassion satisfaction and feeling of lesser personal achievements. Thus, consistent that humor and other coping strategies are used to enhance one's well-being.

The present findings can also be supported by which showed a significant positive relationship between emotive fatigue and future insight, depersonalization and self-awareness, personal achievement, future insight, and self-awareness while the number of years in the field predicted emotional tiredness and depersonalization (Kutluturkan, Sozeri, Uysal & Bay, 2016).

6. Conclusion

Based on the findings from the present and previous research a significant relationship has been found between hardiness, coping, and professional quality of life among working psychotherapists. A significant positive relationship was observed amongst hardiness, control, challenge, commitment, active, positive reframing, planning, acceptance, religious coping strategies, and compassion satisfaction whereas a significant inverse relationship was seen between denial, behavioral disengagement coping strategies, and compassion satisfaction among practicing clinical psychologists. While a significant positive relationship was observed between self-distraction, denial, venting, self-blame, behavioral disengagement coping strategies, compassion fatigue, and burnout, whereas a significant negative relationship exists between hardiness, challenge, control, commitment subscales, compassion fatigue, and burnout among clinical psychologists. The findings further indicated that hardiness, control, and religious coping strategy were likely to predict higher compassion satisfaction among practicing clinical psychologists, whereas commitment, behavioral disengagement, self-distraction, and humor coping strategies were likely to predict higher compassion fatigue among clinical psychologists. Age factors, hardiness, self-distraction, active coping, planning, and behavioral disengagement coping strategies were likely to predict burnout among clinical psychologists.

7. Limitations & Suggestions

One drawback of this study is that some of the participants were not willing to fill in the questionnaire due to their availability issues. Some organizations did not allow the collection of data due to their policies. Another limitation of the study is that a larger population of females has been used in the study, which may affect the generalizability of the result of this research. It is suggested that self-help groups and training programs should be conducted frequently for further monitoring and evaluations of the coping strategies as a means of protecting them from continuous burnout and compassion fatigue. Secondly, it is recommended clinical psychologists dealing with clients having

traumatic experiences are prone to much more negative situations therefore they should be well-versed in more stress-affecting situations. Thirdly it is imperative for clinical psychologists to keep a check on their own as well as their associate's welfare and be vigilant of it because a negative effect can become a hindrance in their professional and interpersonal relationship. Lastly it is suggested that research should be carried out on self-employed psychologists and psychologists working in hospitals / organizations.

8. Implications

The study has social and clinical implications such that Self-help groups and training programs should be conducted frequently for further monitoring and evaluations of the coping strategies as a means of protecting them from continuous burnout and compassion fatigue. Also, Clinical psychologists dealing with clients having traumatic experiences are prone tomuch more negative situations therefore they should be well versed regarding more stress effecting situation. It is imperative for clinical psychologists to keep a check on their own as well as their associate welfare and be vigilant of it because a negative effect can become a hindrance in their professional and interpersonal relationship. Comparative research can be conducted between self-employed psychologists andpsychologists working in hospitals/organizations.

Ethical Consideration

The authors declare that this submission follows the policies of AJSS as outlined in the Guide for Authors and in the Ethical Statement. Full consent was obtained from the participants prior to the study and all procedures were carried out in accordance with approved ethical standards.

Informed Consent

Respondents were interviewed based on informed consent. A fully informed, considered, and freely given decision about whether or not to participate in the study, without the exercise of any pressure or coercion.

Declaration of Interest Statement

The authors declare that we have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgments

Not applicable

Fundings

Not applicable

9. Reference

Aviely, H., Ben-David S., & Levy, I. (2015). Predicting professional quality of life among professional and volunteer caregivers. *Psychological Trauma: Theory, Research, Practice, & Policy*. doi: http://dx.doi.org/10.1037/tra0000066

Bartone, P. T., Mcdonald, K., Stermac, J., Escobar, M., & McNeil, J.K. (2019). Development and Validation of an Improved Hardiness Tool: The Hardiness Resilience Gauge.

Baird, K., & Kracen, A. C. (2006). Vicarious traumatization and secondary traumatic stress: A research synthesis. *Counselling Psychology Quarterly, 19*(2), 181–188. doi:10.1080/09515070600811899

Barmawi, M.A.A., Maha Subih ,M ., Omar Salameh,O., Sayyah,N., Sayyah,Y., Shoqirat,N . & Jebbeh, R,A.A.E.A.(2019). Coping strategies as moderating factors to compassion fatigue among critical nurses. *Brain and behavior,9*(4). DOI: 10.1002/brb3.1264

Burnett, H.J., &Wahl ,K.(2015). The compassion fatigue and resilience connection: A survey of resilience, compassion fatigue, burnout, and compassion satisfaction among trauma responders. *International Journal of Emergency Mental Health and Human Resilience*, *17*(1),318-326, ISSN 1522-4821

Cushway, D. (1992). Stress in clinical psychology trainees. *British Journal of Clinical Psychology*, *31*, 169–179.

Carver, C. S. (2007). COPE. Retrieved from http:/ /www. psy.miami.edu/faculty/carver /sclCOPEF.html

Carver, C. S. (1997). You want to measure coping but your protocol'too long: Consider the brief cope. *International journal of behavioral medicine, 4*(1), 92-100.

Carlotto, M.S., Queirós, C., Dias,S.A., & Kaiseler,M.(2014). Hardiness and burnout syndrome: A cross-cultural study among portuguese and brazilian nurses. *Trends in Psychology, 22*(1), 121-132.

Cooke, G., Doust, J.A. & Steele, M.C. (2013). A survey of resilience, burnout, and tolerance of uncertainty in Australian general practice registrars. *BMC Med Educ, 13* **(**2). Retrieved from: https://doi.org/10.1186/1472-6920-13-2

Craig, C. D. &Sprang, G. (2009). Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. *Anxiety, Stress & Coping*.

Da Silva, R.M., Goulart, C.T., Lopes, L.F.D., & *et al.* (2014). Hardy personality and burnout syndrome among nursing students in three Brazilian universities—an analytic study. *BMC Nurse 13***(9)**. Retrieved from: https://doi.org/10.1186/1472-6955-13-9

Din, S., Khan, A., Khan, H., & Khan, S. M. (2020). Mental Illness, Socioeconomic Costs, Systematic Review. *Academic Journal of Social Sciences*, *4*(1), 130-143.

Edgar.T .(2011). Sense of coherence and coping as predictors of compassion satisfaction and fatigue in psychology trainees' therapists. Retrieved from: http://wiredspace.wits.ac.za.

Figley, C. R. (2002). Compassion fatigue: psychotherapists' chronic lack of self-care. *Psychotherapy in Practice*, *58*(11), 1433–1441. doi:10.1002/jclp.10090

Humayun, A. (2018). Human rights & mental health. Dawn. Retrieved from: https://www.da wn.com/news/1433632.

Kupcewicz, E., &Józwik, M.(2019). Positive orientation and strategies for coping with stress as predictors of professional burnout among polish nurses. *International Journal of Environment Research and Public Health,16*.

Joyce, O., Oladotun,A., Aroyewun Afolabi, A.,&Blessing,A.U.(2016). Compassion fatigue and adopted coping strategies of mental health service providers working in a

regional psychiatric hospital in nigeria. *Journal of Behavior Therapy and Mental Therapy and Mental Health Journal of Behavioral Therapy and Mental Health,1*(2),38-48.

Jacobson, J.M. (2006): Compassion Fatigue, Compassion Satisfaction, and Burnout. *Journal of Workplace Behavioral Health, 21*(4), 133-152.

Kobasa, S.C., & Pucceti , M.C. 1983. Personality and social resources in stress resistance. *Journal of Personality and Social Psychology, 45*, 839 – 850.

Kupcewicz , E., &Józwik, M.(2019). Positive orientation and strategies for coping with stress as predictors of professional burnout among polish nurses. *International Journal of Environment Research and Public Health,16*

Kutluturkan, S., Sozeri, E.,Uysal.,N., & Bay,F.(2016). Resilience and burnout status among nurses working in oncology. *Annals of General Psychiatry,15*(33).

Khalily M. T. (2011). Mental health problems in Pakistani society because of violence and trauma: a case for better integration of care. *International journal of integrated care*, *11*, 128. https://doi.org/10.5334/ijic.662

Kaur, A., Sharma, M. P., & Chaturvedi, S. K. (2018). Professional Quality of Life among Professional Care Providers at Cancer Palliative Care Centers in Bengaluru, India. *Indian journal of palliative care*, *24*(2), 167–172. doi: 10.4103/IJPC.IJPC_31_18

Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. New York: Springer.

Maddi,S., & Hightower, M. (1999). Hardiness and optimism as expressed in coping patterns. *Consulting Psychology Journal, 51,*95-105.

Maddi, S. R. (2004). Hardiness: An operationalization of existential courage. *Journal of Humanistic Psychology,* 44, 279-298.

Mohsin, Z., S,Shahed., &T,Sohail. (2017). Correlates of professional quality of life in nurses. *Annals of King Edward Medical University, 23*(4),474-478.

Mubbashar, M.H. (2003). Development of mental health services in Pakistan. *International Psychiatry, 1*, 11-14

Marchido, N. M. (1994) "What is the Relationship Between Personality Hardiness and Burnout in Army Reserve Nurses?"

Mathias, C.T. & Wentzel, D.L., (2017). 'Descriptive study of burnout, compassion fatigue and compassion satisfaction in undergraduate nursing students at a tertiary education institution in KwaZulu-Natal', *40*(1).

Nagra, V. & Kaur, H. (2014). Occupational stress and coping strategies among secondary school teachers. *Scholars Journal of Arts, Humanities and Social Sciences*, *2*(5c), 763-768.

Pica, M. (1998). The ambiguous nature of clinical training and its impact on the development of student clinicians. *Psychotherapy, 35,* 361–265.

Ray, S. L., Wong, C., White, D., & Heaslip, K. (2013). Compassion satisfaction, compassion fatigue, work life conditions, and burnout among frontline mental health care professionals. *Traumatology, 19*(4), 255–267. doi:10.1177/1534765612471144

Rossi, A. (2012). Burnout, compassion fatigue, and compassion satisfaction among staff in community-based mental health services. *Psychiatry Research* http:// dx.doi.org/10 .1016/j.psyc hres.2012.07.029

Raynor, D., & Hicks, R. (2019). Empathy and coping as predictors of professional quality of life in Australian Registered Migration Agents (RMAs). *Psychiatry, Psychology and Law, 26*(4), 530–540.

State of Mental Health. (2016). Dawn. Retrieved from https://www.dawn.com/news/1289063.

Søndenaa,E., Lauvrud, C., Sandvik, M., Nonstad ,K., Whittington, R. (2013).Resilience and Professional Quality of Life in Staff Working with People with Intellectual Disabilities and Offending Behavior in Community Based and Institutional Settings. *Health Psychology Research*.

Stamm, B. H. (2009). Professional Quality of Life: *Compassion Satisfaction and Fatigue Version 5.*

Stamm,B. Hudnall .(2008).A Comparative Analysis of Burnout and Professional Quality of Life in Clinical Mental Health Providers and Health Care Administrators. *ResearchGate*. Conceptual-model-of-professional-quality-of-life.

Thompson, I. A., Amatea, E. S., & Thompson, E. S. (2014). Personal and contextual predictors of mental health counselors' compassion fatigue and burnout. *Journal of Mental Health Counseling, 36*(1), 58–77. doi:10.17744/mehc.36.1. p61m73373m4617r3

World Health Organization (2019). WHO Pakistan celebrates World Mental Health Day. Retrieved from: www.emro.who.int/pak/pakistan-news/who-pakistan- celebrates-world-mental-health-day.html

Yost, D. (2016). *Hardiness and Perceived Work Stress as Predictors of Professional Quality of Life Among Emergency Services and Assessment Clinicians*. Retrieved from https://etd.ohiolink.edu/

Zadeh, .Z. F and Ghani, H. (2012). The Emerging Status of Organizational Psychology in Pakistan. *International*