Therapists' Lived Experience of Empathic Fatigue and Professional Identity

Diana. Rodrigues da Silva[1] , Grace. Mwangi[2*]

[1] Insight - Piaget Research Center for Human and Ecological Development, Escola Higher de Education Jean Piaget, Almada, Portugal
[2] Department of Educational Psychology, University of Nairobi, Nairobi, Kenya

* Corresponding author email address: grace.mwangi@uonbi.ac.ke

A r t i c l e   I n f o

A B S T R A C T

Objective: The objective of this study was to explore the lived experiences of empathic fatigue and its impact on professional identity among therapists in Kenya.

Methods and Materials: This qualitative research employed a phenomenological approach to understand the emotional and professional implications of empathic fatigue. Semi-structured interviews were conducted with 25 therapists from Kenya who had varying levels of experience in mental health practice. Data were analyzed using thematic analysis with NVivo software to identify emerging themes and subthemes, with theoretical saturation guiding the conclusion of data collection.

Findings: The findings revealed three main themes: emotional impact of empathic fatigue, struggles and resilience in professional identity, and coping strategies and professional growth. Participants reported experiencing emotional exhaustion, emotional contagion, and sleep disturbances. These were accompanied by identity-related challenges, including role confusion, identity fragmentation, and loss of professional meaning. Despite these challenges, therapists demonstrated resilience through client impact and professional growth. Key coping strategies included peer support, supervision, personal therapy, and self-care practices.

Conclusion: This study highlights the complex interplay between empathic fatigue and professional identity among therapists in Kenya. While empathic fatigue poses significant emotional and professional challenges, therapists also exhibit adaptive responses that foster resilience and renewal. The findings suggest the need for institutional support systems and self-care practices to mitigate the impact of empathic fatigue.

Keywords: Empathic fatigue, professional identity, mental health therapists, Kenya, emotional exhaustion, coping strategies.

1. Introduction

Empathy lies at the heart of therapeutic practice. It is the capacity to attune to a client's emotional experience and communicate understanding in a manner that fosters connection, healing, and trust. While essential for building a meaningful therapeutic alliance, the process of engaging empathically with clients—especially those experiencing deep emotional distress—can result in psychological costs for therapists. One of the most pervasive consequences is empathic fatigue, also referred to as compassion fatigue, a condition that arises when clinicians are repeatedly exposed to the suffering of others, often without adequate time or resources for recovery (Venner, 2024). Although much research has examined burnout among mental health professionals, empathic fatigue is a more nuanced and relational phenomenon that deserves deeper exploration.

Empathic fatigue is not merely a byproduct of workload; it is deeply entangled with the therapist's emotional investment, identity, and the constant demands of therapeutic presence. Repeated empathic engagement without sufficient emotional replenishment can erode professional vitality, diminish resilience, and distort therapists' sense of self in their professional roles (Zhao et al., 2024). This process may lead to symptoms such as emotional exhaustion, depersonalization, diminished empathy, and a weakened sense of professional purpose (Anandan et al., 2024; Chang & Shin, 2021). Therapists may begin to question their competence, their professional worth, and even the meaningfulness of their vocation. In such cases, the experience of empathic fatigue becomes not only an emotional strain but an existential challenge that reshapes the contours of professional identity.

Recent scholarship has begun to emphasize the profound psychological toll of sustained empathic engagement in emotionally demanding contexts. Studies have reported that mental health practitioners often internalize their clients' pain, leading to emotional spillover and role confusion (Kounenou et al., 2023; Rashid et al., 2021). Over time, this can compromise therapeutic efficacy, increase the likelihood of clinical errors, and foster emotional withdrawal—ironically undermining the very empathic presence that defines their professional ethos (Shoji et al., 2024). While some practitioners manage to adapt by developing coping mechanisms and recalibrating professional boundaries, others may experience a crisis of identity marked by burnout, guilt, and self-doubt (Free et al., 2023; Raynor & Hicks, 2018).

The emotional toll of empathic fatigue is particularly pronounced in contexts where systemic support is limited and where therapists are exposed to high volumes of trauma cases. In such settings, therapists often lack access to structured supervision, peer support, or mental health services for themselves. These limitations exacerbate the risk of emotional depletion and professional disillusionment (Bell et al., 2019; Sattar et al., 2023). The dissonance between the values therapists hold—compassion, presence, care—and the emotional constraints they face due to empathic overload creates what some researchers describe as moral distress (Erbe, 2022; Pérez-Chacón et al., 2021). Therapists may find themselves ethically and emotionally torn, forced to operate within systems that prevent them from providing the level of care they aspire to offer.

The impact of empathic fatigue on professional identity is not only emotional but deeply relational. As therapists continue to serve others while feeling increasingly depleted, they may begin to perceive themselves as inadequate or even fraudulent in their roles. This phenomenon, akin to "impostor syndrome," has been noted in various studies examining emotional labor in mental health professions (Yu et al., 2022; Zhang et al., 2021). For some, the resulting identity fragmentation manifests in difficulty maintaining professional confidence, a blurring of personal and professional boundaries, and emotional distancing from clients and colleagues alike (DeDiego et al., 2024). These internal struggles are rarely addressed openly in professional circles, often due to fear of stigma or perceived weakness (Hobeika et al., 2020). Consequently, therapists may suffer in silence, further compounding their vulnerability to empathic fatigue and identity disorientation.

The phenomenon of empathic fatigue must also be examined through a cultural and contextual lens. Research suggests that cultural expectations, systemic inequities, and local health infrastructure influence how therapists experience and manage emotional strain (Fernández et al., 2021; López-López et al., 2019). In low- and middle-income countries, where mental health services are often under-resourced and professionals are stretched thin, the experience of empathic fatigue can be intensified by broader systemic pressures (Kabunga et al., 2019). Moreover, therapists in these settings may face unique challenges in seeking support, such as stigma associated with vulnerability or the absence of institutional pathways for psychological relief (Kinman & Grant, 2020). Kenya, in particular, presents a complex backdrop where increasing demand for

mental health services is juxtaposed against limited systemic support and cultural taboos around therapist well-being.

Despite the evident emotional toll of empathic fatigue, some therapists demonstrate resilience and even professional growth through these experiences. Factors such as self-compassion, mindfulness, and peer support have been identified as protective elements that buffer against burnout and preserve the therapist's professional identity (Bartels-Velthuis et al., 2020; Kinman et al., 2019). The process of meaning-making—where therapists reconnect with their values, find purpose in client change, or develop new insights into their role—can act as a counterforce to empathic depletion (Mantelou & Karakasidou, 2019; Thaís Andréa de Oliveira et al., 2022). This dynamic interplay between distress and resilience highlights the need for a more nuanced understanding of therapists' emotional lives—not as linear trajectories toward burnout, but as complex experiences shaped by vulnerability, coping, and identity transformation.

Yet, most existing research on empathic fatigue and professional identity has relied on quantitative methods, focusing on symptoms, prevalence, and statistical correlations (Cardoso et al., 2023; Singh et al., 2020). While valuable, such approaches often miss the lived, subjective, and existential dimensions of therapists' experiences. What remains underexplored is how therapists make sense of their emotional fatigue, how it shapes their narratives of professional selfhood, and what strategies they adopt to navigate these tensions. The emotional labor of therapeutic work is not solely a matter of stress and recovery; it is intricately tied to how therapists see themselves, relate to their clients, and define the boundaries of their professional roles (Shoji et al., 2024; Zhao et al., 2024).

Kenya offers a unique context for this inquiry. As a country undergoing a growing recognition of mental health as a public health concern, there is increasing demand for therapeutic services across clinical, educational, and community settings. However, systemic constraints such as limited staffing, high caseloads, and insufficient supervision continue to place mental health workers at risk for emotional burnout (Anandan et al., 2024; DeDiego et al., 2024). Therapists often work in isolation, with few institutional structures to process the emotional toll of their work. In such an environment, empathic fatigue becomes not only a personal experience but a systemic issue that reflects the broader challenges of mental health care delivery. To address this gap, the present study employs a qualitative, phenomenological approach to explore the lived experiences

of therapists in Kenya who have encountered empathic fatigue.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a qualitative research design with a phenomenological approach to explore therapists' lived experiences of empathic fatigue and its influence on their professional identity. The phenomenological method was chosen to gain deep insight into the subjective and emotional dimensions of therapists' professional lives. The study sample consisted of 25 therapists practicing in various regions of Kenya, selected through purposive sampling to ensure participants had rich, relevant experience with the phenomenon under investigation. Inclusion criteria included a minimum of three years of professional practice and active involvement in clinical work with clients experiencing emotional or psychological distress.

2.2. Data Collection

Data collection was carried out through in-depth semi-structured interviews, allowing participants the freedom to express their experiences while also ensuring that core research themes were addressed. Interviews were conducted either face-to-face or via secure online video platforms, depending on participant availability and location. The interview guide included open-ended questions focusing on personal experiences of empathic fatigue, coping strategies, reflections on self and professional identity, and perceived changes in their professional outlook. Each interview lasted approximately 60 to 90 minutes and was audio-recorded with participants' consent. Interviews continued until theoretical saturation was achieved—that is, when no new themes or insights emerged from additional data collection.

2.3. Data Analysis

Data analysis was conducted using thematic analysis, following the guidelines of Braun and Clarke. After verbatim transcription of the interviews, the data were imported into NVivo software to facilitate systematic coding, categorization, and theme development. Initial coding was conducted independently, followed by iterative comparisons to refine codes and generate themes. The process involved multiple readings of transcripts, constant comparison across cases, and the identification of recurring patterns and meanings related to empathic fatigue and

professional identity. To enhance the rigor of the analysis, reflexivity was maintained throughout the coding process, and peer debriefing was employed to validate the interpretations.

3.   Findings and Results

The study sample consisted of 25 therapists practicing in various regions of Kenya. Of these participants, 17 were female and 8 were male. The age range of the therapists was between 28 and 54 years, with a mean age of 39.6 years. In terms of professional experience, 6 participants had between 3 to 5 years of experience, 11 had between 6 to 10 years, and the remaining 8 had more than 10 years of clinical practice. Regarding therapeutic orientation, 10 identified as integrative therapists, 7 as cognitive-behavioral therapists, 5 as psychodynamic therapists, and 3 as humanistic therapists. Most participants (n = 21) worked primarily in urban settings, while a smaller number (n = 4) practiced in rural areas. Additionally, 16 participants were employed in mental health clinics or hospitals, and 9 operated private practices. All participants had direct and regular engagement with clients experiencing significant emotional distress or trauma.

Table 1

The Results of Thematic Analysis

Main Themes (Categories)	Subthemes (Subcategories)	Concepts (Open Codes)
Emotional Impact of Empathic Fatigue	Emotional Exhaustion	Feeling drained, Constant fatigue, Emotional depletion
	Sense of Helplessness	Powerlessness, Inability to help, Overwhelmed by suffering
	Emotional Contagion	Absorbing client emotions, Carrying client pain, Secondary trauma, Emotional mirroring
	Sleep Disturbances	Trouble sleeping, Nightmares, Work-related insomnia
	Emotional Numbness	Detached feelings, Shutting down emotions, Inability to empathize
	Loss of Motivation	Lack of enthusiasm, Avoiding sessions, Low energy, Procrastination
	Burnout-Related Anxiety	Anxiety before sessions, Fear of breakdown, Heart palpitations
Struggles and Resilience in Professional Identity	Role Confusion	Blurring personal/professional roles, Unclear boundaries, Over-identification
	Loss of Meaning	Questioning purpose, Loss of direction, Emptiness in work
	Professional Doubt	Doubting skills, Feeling like an impostor, Uncertainty in decisions
	Identity Fragmentation	Fragmented self-concept, Lack of continuity, Shifting identity roles
	Moral Distress	Inner conflict, Ethical dilemmas, Feeling complicit in system failures
	Resilience through Client Impact	Strength from impact stories, Client transformation, Gratitude reminders
	Value Reconnection	Revisiting personal values, Reaffirming mission, Spiritual realignment
Coping Strategies and Professional Growth	Peer Support Systems	Support from colleagues, Validation from peers, Safe spaces for sharing
	Supervision and Reflection	Feedback from supervisors, Structured reflection, Guided introspection
	Personal Therapy and Self-Care	Therapy for therapist, Mindfulness practices, Exercise, Journaling
	Boundary Management	Time boundaries, Limiting caseload, Scheduled breaks
	Professional Development	Attending trainings, Reading, Learning new modalities

The analysis of the interviews with 25 therapists from Kenya resulted in the extraction of three main themes: *Emotional Impact of Empathic Fatigue*, *Struggles and Resilience in Professional Identity*, and *Coping Strategies and Professional Growth*. Each theme includes multiple subthemes that reflect the participants' lived experiences. These themes were derived from rich, repeated patterns in the data and supported by direct participant quotes to illustrate the depth and variety of the phenomena.

In the subcategory of *Emotional Exhaustion*, therapists frequently described experiencing constant emotional depletion and fatigue. Many participants reported feeling drained at the end of the workday, with one therapist stating,

"There are days I come home and just sit in silence. I have nothing left to give to anyone." This exhaustion was not physical but rooted in the continuous emotional demands of empathic engagement with clients.

The subcategory *Sense of Helplessness* captured therapists' feelings of powerlessness when unable to alleviate their clients' suffering. A participant explained, "No matter how hard I try, some clients don't improve, and I feel like I'm failing them." This internalized sense of failure contributed to emotional burden and self-doubt, especially in cases involving complex trauma.

Emotional Contagion was another prominent subtheme, reflecting how therapists absorbed and internalized their

clients' emotions. One interviewee remarked, "Sometimes I feel like I'm carrying their pain around with me all day." This emotional mirroring led to an overwhelming blurring of personal and professional boundaries and contributed to secondary trauma.

Sleep Disturbances were commonly mentioned, with therapists linking their work stress to insomnia and recurring nightmares. A participant shared, "There are nights I wake up thinking about what a client said in session. I can't shut it off." Sleep issues compounded fatigue and undermined emotional resilience.

In the subcategory of *Emotional Numbness*, some therapists reported becoming desensitized to clients' pain. One therapist admitted, "There are moments I catch myself listening but not feeling. It scares me because empathy is the core of what I do." This emotional detachment was described as both a protective mechanism and a troubling signal of burnout.

Loss of Motivation emerged in discussions of decreased enthusiasm and disengagement from work. Several participants described a gradual decline in energy, with one saying, "I used to look forward to sessions. Now I sometimes dread them." Procrastination and avoidance behaviors became common coping responses.

Burnout-Related Anxiety was reported as a specific form of anticipatory stress before client sessions. One therapist said, "My heart races before some sessions. I worry I won't have the emotional strength to be fully present." This anxiety was often accompanied by physiological symptoms, indicating the somatic toll of empathic fatigue.

Within the second theme, *Struggles and Resilience in Professional Identity*, the subcategory of *Role Confusion* described how therapists experienced blurred lines between their personal and professional selves. A participant shared, "Sometimes I don't know where I end and my role begins." Over-identification with clients led to emotional enmeshment and boundary erosion.

Loss of Meaning represented a sense of existential doubt about the profession. Therapists questioned the value of their work, with one stating, "I wonder if what I'm doing really matters. Some days it feels like I'm just going through the motions." This loss of purpose led some to consider leaving the profession.

Professional Doubt included feelings of inadequacy and impostor syndrome. One therapist reflected, "I often feel like I'm faking it—like I'm not really good enough to help others." This persistent uncertainty undermined confidence and made therapists more vulnerable to empathic fatigue.

In the subcategory of *Identity Fragmentation*, participants described disconnection between their professional identity and personal self. A therapist noted, "I feel like two different people—one in the therapy room and one outside." This fragmentation contributed to instability in self-concept and difficulties with emotional integration.

Moral Distress surfaced when therapists felt torn between ethical values and systemic limitations. For instance, one participant shared, "I sometimes feel forced to act in ways that go against what I believe, just to keep the system running." These ethical conflicts triggered inner turmoil and a sense of complicity in broader institutional failures.

Conversely, *Resilience through Client Impact* captured how witnessing clients' growth and transformation renewed therapists' commitment. One therapist stated, "Seeing a client find peace after years of pain—that keeps me going." These moments were described as emotionally restorative and professionally affirming.

Value Reconnection involved therapists re-engaging with their core values and sense of purpose. A participant explained, "I remind myself why I chose this path. That helps me reconnect with the work." Spiritual and philosophical realignments often served as a foundation for sustained engagement.

The third main theme, *Coping Strategies and Professional Growth*, began with the subcategory of *Peer Support Systems*. Therapists emphasized the importance of having trusted colleagues with whom they could debrief and vent. One shared, "Sometimes all I need is a conversation with someone who gets it. That keeps me sane."

Supervision and Reflection were vital for gaining perspective and emotional clarity. A participant described supervision as "a space where I can be vulnerable and get constructive feedback. It helps me reset emotionally." Reflective practices like journaling and case discussions were common.

In *Personal Therapy and Self-Care*, therapists engaged in individual therapy, mindfulness, and wellness routines. One therapist said, "Therapists need therapy too. Talking to someone helps me process what I carry from my clients." Practices like yoga, walking, and journaling were cited as essential outlets.

Boundary Management was an active coping mechanism to prevent emotional overflow. Therapists discussed setting limits on caseloads and establishing clear working hours. A participant stated, "I've learned to say no and to protect my time. That's made a huge difference."

Lastly, the subcategory of *Professional Development* highlighted the role of continuous learning in fostering resilience. Attending workshops and acquiring new therapeutic skills helped therapists regain a sense of efficacy. One interviewee reflected, "Learning new approaches reinvigorates me. It reminds me that growth is still possible, even when I'm tired."

4. Discussion and Conclusion

This study explored the lived experiences of empathic fatigue and its influence on professional identity among therapists in Kenya. The findings revealed a multifaceted emotional landscape shaped by persistent exposure to client distress, internalized emotional burden, identity disruption, and coping efforts that vacillated between resilience and vulnerability. Through thematic analysis, three major themes emerged: emotional impact of empathic fatigue, struggles and resilience in professional identity, and coping strategies and professional growth. Each theme contributed to a more comprehensive understanding of how empathic engagement affects therapists beyond the clinical setting, shaping their emotional worlds and sense of self.

The first major finding concerned the emotional toll of sustained empathic engagement, reflected in subthemes such as emotional exhaustion, emotional contagion, helplessness, and burnout-related anxiety. Participants described feeling drained, overwhelmed, and emotionally depleted after therapeutic sessions. This aligns with previous studies showing that prolonged exposure to clients' suffering can result in emotional exhaustion and a sense of helplessness, particularly when therapists perceive themselves as unable to effect meaningful change (Cardoso et al., 2023; Venner, 2024). The concept of emotional contagion, in which therapists absorb and mirror their clients' pain, was a recurring theme. This phenomenon has been identified in studies on vicarious trauma and secondary stress among mental health professionals (Rashid et al., 2021; Shoji et al., 2024), emphasizing how therapists' empathic attunement, while essential for therapeutic success, can also become a vector of emotional burden.

Sleep disturbances and emotional numbness were additional indicators of empathic fatigue. Several participants reported insomnia, intrusive thoughts, and difficulty disengaging from work—symptoms consistent with compassion fatigue profiles in previous literature (Bell et al., 2019; Zhao et al., 2024). Others described becoming emotionally numb or detached, a defense mechanism

triggered by prolonged emotional strain. This resonates with the findings of Kinman and Grant, who note that emotional distancing often emerges as a strategy for self-preservation but can ultimately compromise therapeutic effectiveness and authenticity (Kinman & Grant, 2020). The emotional impact also included diminished motivation and anticipatory anxiety, indicating that empathic fatigue does not merely arise from cumulative distress but also from the internalization of anticipated emotional labor, as supported by evidence on pre-session stress and emotional dysregulation in therapists (Anandan et al., 2024; Singh et al., 2020).

The second major theme focused on identity challenges and the existential implications of empathic fatigue. Participants described a disruption in their professional identity, manifesting in role confusion, identity fragmentation, and loss of meaning. These findings echo the literature on the psychosocial consequences of burnout, where therapists report a disconnect between their professional ideals and the realities of their emotional limits (Chang & Shin, 2021; Zhang et al., 2021). Role confusion was particularly prominent in therapists who reported over-identification with clients, blurring the boundaries between personal and professional selves. Such experiences align with previous research on the erosion of identity coherence in emotionally demanding caregiving roles (Free et al., 2023; Yu et al., 2022).

The study also uncovered a pattern of professional doubt and impostor syndrome, especially among early-career therapists. This sense of inadequacy and self-questioning has been documented in literature examining the psychological impact of unreciprocated emotional labor and ambiguous therapeutic outcomes (DeDiego et al., 2024; Kounenou et al., 2023). Some participants expressed uncertainty about their competence, feeling emotionally "hollow" despite professional success. This suggests that empathic fatigue does not only deplete emotional resources but also undermines the therapist's confidence in their role, echoing the internal conflict and self-alienation described in recent studies on moral distress in mental health practitioners (Erbe, 2022; Fernández et al., 2021). The inner tension between caring deeply and feeling inadequate to meet those needs contributes to a fragmented identity, wherein the therapist struggles to integrate their emotional experience with their professional role.

Interestingly, not all responses to empathic fatigue were characterized by vulnerability. Many participants articulated a parallel narrative of resilience, particularly when client

progress served as a source of affirmation. Witnessing client growth and healing reconnected therapists to their vocational purpose, providing emotional sustenance in the midst of fatigue. These findings align with research on compassion satisfaction—the positive emotional reinforcement therapists experience when they perceive their work as meaningful and effective (Bartels-Velthuis et al., 2020; Pérez-Chacón et al., 2021). For several participants, reflecting on client success stories, receiving gratitude, or recalling moments of breakthrough offered a counterbalance to emotional depletion.

The final theme, coping strategies and professional growth, revealed diverse adaptive responses to empathic fatigue. Peer support systems emerged as a vital resource for emotional validation and shared understanding. This is consistent with the findings of López-López et al., who noted that collegial relationships significantly reduce burnout risk among mental health professionals (López-López et al., 2019). Supervision and structured reflection were also cited as essential mechanisms for regaining emotional clarity and maintaining clinical boundaries. Previous studies have emphasized that ongoing supervision helps therapists process difficult emotions and prevents the accumulation of unacknowledged stress (Hobeika et al., 2020; Kinman et al., 2019).

Personal therapy, mindfulness, and self-care practices—such as journaling, exercise, and time boundaries—were commonly used by participants to manage emotional overload. These strategies are well-documented in the literature as protective factors that promote emotional resilience and professional sustainability (Mantelou & Karakasidou, 2019; Shoji et al., 2024). In particular, mindfulness practices were perceived as creating internal space for emotional regulation, allowing therapists to be present without becoming overwhelmed. This supports Bartels-Velthuis's feasibility study on mindfulness interventions for healthcare professionals, which found reductions in stress and improvements in emotional balance (Bartels-Velthuis et al., 2020).

Professional development also played a role in reinforcing therapists' sense of agency and competence. Attending workshops, engaging with new therapeutic modalities, and learning from experienced mentors provided a sense of progression and control. These forms of engagement helped counter feelings of stagnation and rekindled motivation, affirming findings by Thaís Andréa de Oliveira et al. that professional engagement and empathy can coexist when practitioners are supported in their learning

trajectories (Thaís Andréa de Oliveira et al., 2022). Thus, the experience of empathic fatigue was not uniformly negative; rather, it served as a catalyst for self-reflection, intentional growth, and redefinition of professional values for many participants.

This study contributes to the expanding discourse on the emotional labor of therapists by offering context-specific insights from Kenya—a setting often underrepresented in global mental health literature. While much of the existing research originates in Western, urban, and well-resourced environments, this study highlights how therapists in low-resource contexts grapple with unique systemic, cultural, and interpersonal dynamics that influence their emotional experience and professional identity (Kabunga et al., 2019; Sattar et al., 2023). The intersection of high caseloads, limited access to supervision, and cultural silence around therapist vulnerability amplifies the stakes of empathic fatigue in such settings.

5. Limitations & Suggestions

Despite the richness of the findings, this study has several limitations. First, the sample size was limited to 25 participants from Kenya, which may restrict the generalizability of the results to other cultural or healthcare contexts. Although qualitative research does not aim for statistical generalization, the experiences shared may not capture the full diversity of therapists' realities across different regions, institutions, or theoretical orientations. Second, the reliance on self-report through interviews may introduce biases such as social desirability or selective recall. Participants might have minimized or exaggerated their emotional experiences based on their comfort level or perceived expectations. Finally, the use of a single method of data collection—semi-structured interviews—may have constrained the depth of some insights that could have emerged through complementary techniques such as diaries, observational data, or longitudinal tracking.

Future research should expand the scope of inquiry by including therapists from diverse cultural and institutional backgrounds to explore how systemic and contextual variables shape the experience of empathic fatigue. Longitudinal studies would also be valuable in tracing how therapists' emotional responses and professional identities evolve over time, particularly in relation to major transitions such as career changes, trauma exposure, or organizational shifts. In addition, integrating mixed-methods approaches could enrich understanding by combining the depth of

qualitative data with the scope of quantitative measures such as burnout inventories, identity scales, and emotional regulation assessments. Finally, comparative studies between different healthcare systems—rural vs. urban, public vs. private—could illuminate structural interventions that mitigate empathic fatigue and support professional identity formation.

Therapist training programs should incorporate emotional literacy and self-awareness modules that prepare professionals for the psychological demands of sustained empathic engagement. Institutions must prioritize supervision and peer consultation as standard practices rather than optional support systems. Creating structured spaces for emotional processing, reflective dialogue, and boundary-setting can foster resilience and reduce the long-term impact of empathic fatigue. Organizations should also promote a culture that normalizes therapist vulnerability and encourages help-seeking without stigma. Investment in professional development, mindfulness resources, and wellness initiatives can empower therapists to maintain emotional equilibrium and a coherent professional identity. Ultimately, supporting therapists' emotional well-being is not only an ethical imperative but essential for ensuring quality and continuity of care in mental health services.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed in this article.

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