



## RESEARCH ARTICLE

## Experience as a Mediator in the Relationship between Depression, Compassion Fatigue, and Emotional Stability among Psychological Counsellors

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**ABSTRACT**

The current study aimed to construct a theoretical model for the relationship between depression, compassion fatigue, emotional stability, and to explore the role experience as a moderator in this relationship. The study used the descriptive correlational design, and a sample of 258 psychological counsellors from the governmental and private sectors in Jordan and Saudi Arabia. The psychological scales used in this study were the compassion fatigue scale prepared by Stamm (2010), the depression scale prepared by Ali et al. (2014), and the emotional stability scale prepared by Ashour (2017). The results indicated that the proposed hypothetical model has a good validity and reliability; also, there was a significant negative relationship between emotional stability and depression, a significant negative relationship between emotional stability and compassion fatigue, and a significant positive relationship between compassion fatigue and depression. Experience worked as a mediator in the relationship between compassion fatigue and depression; meaning that psychological counsellors with long experience will have low compassion fatigue level, and consequently low depression level also. The study recommends improving psychological counsellors working conditions to reduce their depression and training them to deal with compassion fatigue. It also emphasizes the importance of using the structural equation modeling in studying the relationship between psychological variables.

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**INTRODUCTION**

Providing mental health care to people with psychological disorder is a profession that puts workers at risk for many mental health problems (Akhtar et al., 2024). One of these professions is psychological Counselling; where the psychological counsellor suffers from professional obstacles and psychological problems such as anxiety and stress while his work with clients (Alshareef & Bader, 2024). In order to study the client's inner life, the psychological counsellor must have no feeling about the client's suffering, sharing feelings with clients who are in pain or fear may affect the psychological counsellor's objectivity. To avoid the conflict between feeling sharing and objectivity, the counsellor must be trustworthy with clients, regardless of his personal feelings (Bhargava & Sriram, 2016).

Patients usually trust the compassionate counsellor, as compassion facilitates trust and disclosure by patients (Halpern, 2003). According to Al Adwan (2024) success of the counselling process depends on mutual respect between the counsellor and the client, as the counselling relationship is the essential component of the success of the counselling process.

The way of dealing with the client's feelings puts the psychological counsellor in a challenge of how to control his own feelings. If the counsellor neglects the client's feelings, then he will be neglecting

his duties; on the other side, if he interacts with the client and shows his own feelings, then it will be easy to accuse him of bias (Duffy, 2010).

People working in health care, civil defense, or in jobs that involve dealing with people who have suffered psychological trauma or physical problems often suffer from emotional and physical exhaustion; this condition is known in psychology as compassion fatigue. Compassion fatigue occurs in many professions, for example social workers. (Denne et al., 2019), and special education teachers (Donahoo et al., 2017).

Compassion fatigue is defined as the decrease of caregivers' capacity and attention in being empathetic with a suffering person (Adams et al., 2006). Denne et al. (2019, p.3) define compassion fatigue as "a diminished ability or motivation to empathize with and experience the suffering of clients". It refers to the undesirable emotional consequences associated with exposure to psychological and physical suffering of patients when providing health care to them (Todaro-Franceschi, 2019). It appears across a range of specialties; according to Bleazard (2020), about seven percent of professionals who work with traumatised persons reveal emotional responses that are similar to posttraumatic stress disorder (PTSD). This is not only in hospitals and healthcare sectors but also with emergency groups, police officers, and social care specialists (Kinman & Grant, 2020). According to Stamm (2010), compassion fatigue is the result of working as a "helper" to traumatized persons, where "helper" refers to professionals who work with traumatized victims.

According to Harling et al. (2020), clinical psychologists experience negative influence of compassion fatigue on their lives; to avoid compassion fatigue, the care provider may use psychological defence strategies such as psychological detachment to emotionally distance himself from others (Denne et al., 2019). Many factors play a role in the possibility of being affected with compassion fatigue; one of these factors is experience; individuals who have less experience in health care jobs are at greater risk (Perry et al., 2011). Other factors that play a role in increasing compassion fatigue include high expectations from the counsellor, the large number of clients he follows, and the difficulty of the psychological state of his clients. (Harling et al., 2020).

The continuous exposure to others suffering leads to chronic stress, and negative effects such as psychological and physical fatigue, bad personal relationships, a decrease in resistance to others' pain, or thinking of leaving work (Kinman & Grant, 2020). These symptoms are similar to depression symptoms.

Depression appears as an unhappy feeling, loss of pleasure, low mood, heartbreak, displeasure, misery, reduction of interest in daily activities, and lack of social skills (Al keraidees, 2024); it may vary from low to moderate to severe levels. Depression is considered the most common psychiatric disorder; millions of people around the world suffer from it (Tamizi et al., 2024). Via neurobiological and behavioural processes, it may influence physical well-being and cause a physical disease. According to Compare et al. (2014), It is the main factor for cardiac illness and it is related to many biological effects such as lack of consistency in heart rate, inflammatory processes, and increase of cortisol level. Also, it may lead to unhealthy lifestyles: overeating, increase of smoking level, or drinking alcohol (Nemeroff & Goldschmidt, 2012). Studies have shown that depression -for many reasons- increased in the last decades (Ahmed & Çerkez, 2020); it is the leading cause of suicide (Cimene et al., 2022). According to Tamizi et al. (2024), there is a significant positive relationship between depression and suicidal ideation.

Empathy with clients is linked to emotional stability, which refers to an individual ability to appreciate things, make wise and thoughtful decisions, and realize positively different circumstances (Al Adwan, 2024). According to Gross (1998) emotional stability is a group of cognitive processes that affect the individual's type of emotional response and how he reveals these emotions. How people regulate their emotions, especially negative ones, is strongly linked to many psychopathologies, such as depression (compare et al., 2014).

Like others in the medical and human services fields, psychological counsellors may be affected by hearing distressing stories from their clients, leading some to share their own fears and pain with those clients; this status is known in psychology as compassion fatigue, which affects emotional stability, and both of them are affected by the client's level of depression (Akhtar et al., 2024). A recent study by Aldhahir (2024) focused on prevalence and sociodemographic factors of depression,

anxiety, and stress in Saudi Arabia. A random sample of 988 respiratory therapists (661 male, 327 female) responds to a cross-sectional online (DASS-21) scale, which is a self-reporting scale for depression, anxiety, and stress symptoms. The results indicated that therapists who had more than ten years of experience were three times more likely to encounter depression, compared to others with less than a year of experience.

Akhtar et al. (2024) conducted a study aimed to explore specific character strengths that are positively associated with psychological resilience and provide a barrier against compassion fatigue and psychological problems among women mental health practitioners (MHPs). The study sample consisted of 120 women (psychiatrist=30, psychologist=69, and counsellor=21) selected by purposive sampling. The study concluded that high compassion fatigue scores were associated significantly with high depression scores, and it recommended that the personal choices of women MHPs influence their quality of professional capacity as care providers.

In an institution-based cross-sectional study, Tesema et al. (2024) investigated depression and its associated factors among health care workers in Saint Paul's hospital. To assess depression, the researchers applied the PHQ-9 scale to a random sample of 439 healthcare workers. The results indicated healthcare workers with work experience of 5-15 years were associated with depression, and they are three to four times at high risk of developing depression. The study recommended that healthcare workers should get special attention and treatment for depression.

Alreshidi & Rayani (2023) carried out a study for evaluating compassion fatigue of nurses employed at the medical city in Riyadh City, Saudi Arabia. The study sample, which consisted of 177 nurses, had responded to the ProQOL5 scale. Results indicated that nurses with less than ten years' experience presented higher degrees of compassion fatigue, while professionally qualified nurses exhibited lower degrees of compassion fatigue.

Ali & Çerkez (2020) investigated the impact of anxiety, depression, and stress on emotional stability among the university students. The study sample consisted of 260 undergraduate university students from the University of Sulaymaniyah in Iraq. The study scales were DASS for measuring depression, and the emotional stability scale prepared by Pastorelli et al. (1997). The study presented a significant negative correlation between depression and emotional stability.

Denne et al. (2019) conducted a study aimed to explore the relationship between social workers' compassion fatigue and years of job experience on child custody judgments. The study sample consisted of 173 social workers in the child dependency courts. The results indicated that compassion fatigue significantly mediated the relationship between increased years of social worker job experience and his recommendation that the irresponsible mother receive custody. The researchers explained this by the social workers choice of emotion detachment to get rid of compassion fatigue, which affected how they recognized the status of child abuse.

Naderyanfar et al. (2019) investigated the relationship between depression and work experience in educational hospitals. The researchers used the cross-sectional descriptive-analytic design. Beck Depression test was applied to a random sample of 253 nurses from educational hospitals in the north of Sistan, the results indicated a nonsignificant direct positive relationship between work experience and depression levels ( $r = 0.016$ ,  $p = 0.798$ ); also, the difference on depression between nurses in the private and non-private sectors was not significant. The study recommended the improvement of working conditions to reduce depression.

In Kolthoff and Hickman (2016), the researchers conducted an exploratory descriptive study for exploring compassion fatigue among nurses working with older adults using the Professional Quality of Life (ProQOL) scale, which applied to a sample of 24 nurses. The results indicated that nurses had an average level of compassion fatigue, and nurses with low experience reported higher levels of compassion fatigue. The study recommended creating supportive working conditions that focus on nurses to decrease compassion fatigue.

Ho et al. (2013) examined the moderating role of emotional stability in the relationship between exposure to violence, anxiety, and depression. The researchers used the cross-sectional descriptive-analytic design; the emotional stability factor from the CPAI-A scale and depressed subscale in the Youth Self Report were applied to a random sample of 482 students from high school students in Hong Kong. The results showed that both watching violence and low levels of emotional stability

were positively correlated with symptoms of depression; high levels of emotional stability decreased the relation between watching violence and symptoms of depression. The study recommended training students on emotional stability.

The aim of a descriptive exploratory qualitative research, conducted by Perry et al. (2011), was exploring compassion fatigue in Canadian clinical oncology registered nurses. The sample consisted of 19 nurses, who completed an online questionnaire and wrote a description about their exposure to compassion fatigue. The results presented that participants don't have enough information about compassion fatigue. Compassion fatigue was reduced by work-life balance, connecting with others, and experience. The study recommended teaching caregivers about compassion fatigue and debating issues of emotional engagement with patients and families.

### **Study problem**

Getting away from sharing feelings with others is difficult because it is something that is related to human being characteristics (Duffy,2010). This raises the question of whether experience affects the likelihood that counsellors will be affected by compassion fatigue or depression, which are in turn linked to emotional stability?

The objectives of the current study are:

1. To examine the relationship between emotional stability and depression.
2. To examine the relationship between emotional stability and compassion fatigue.
3. To examine the relationship between compassion fatigue and depression.
4. To examine if experience is a mediator in the relationship between compassion fatigue and depression.

### **Study hypothesis:**

Given the research objectives and the related literature review, the following research hypotheses were proposed:

**H1:** Compassion fatigue significantly impacts emotional stability.

**H2:** Emotional stability significantly impacts depression.

**H3:** Compassion fatigue significantly impacts depression.

**H4:** Experience has a moderate impact on the relationship between compassion fatigue and depression.

### **Study terms:**

**Depression:** the American Psychiatric Association defined depression as "a common and serious medical illness that negatively affects how you feel, the way you think, and how you act" (Onyemaechi, 2024).

**Compassion Fatigue:** is defined as "debilitating weariness brought about by repetitive, empathic responses to the pain and suffering of others" (LaRowe, 2005, p.21).

**Emotional Stability:** is defined as the person's ability to exhibit his feelings, opinions, and behaviour in a balanced way so that disagreements remain within rational limits that the person can control (Dayton, 2007).

## **MATERIALS AND METHODS**

### **Study methodology**

To achieve the study goals, the descriptive correlational design was used and data collected through an online questionnaire that consisted of four parts: the first one asked the counsellors about their gender, social status, and experience in work. The second and third parts were a 5-point, Likert type scale regarding compassion fatigue and emotional stability. While the fourth part was a 3-point, Likert type scale regarding depression. Based on the literature review, Figure 1 presents the proposed research model.

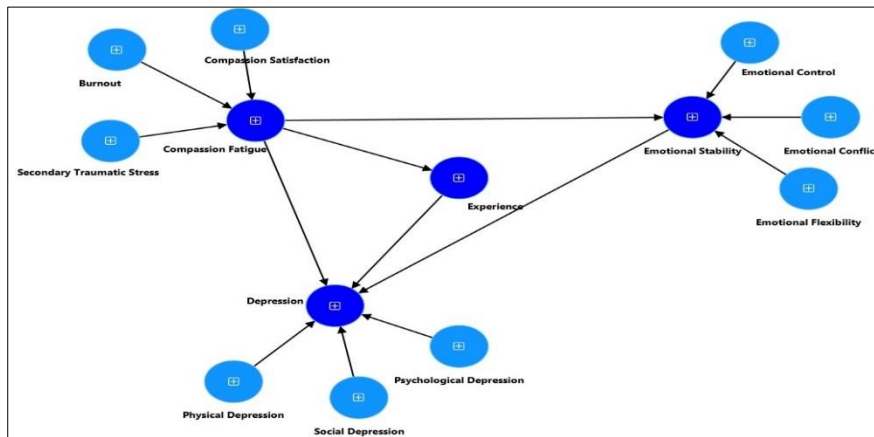


Figure 1: The proposed research model

Study sample:

The study population consisted of all psychological counsellors working in the governmental and private sectors in Jordan and Saudi Arabia. The study conducted during the period February – April 2024. Out of 269 psychological counsellors who received the questionnaire, only 258 completed it. Table 1 presents the demographic details of the study’s sample.

Table 1: The sample demographic characteristics

Characteristics		N	%
Country	Jordan	110	42.6%
	Saudi Arabia	148	57.4%
Gender	Male	74	28.7%
	Female	184	71.3%
Social Status	Married	135	52.3%
	Not married	123	47.7%
Experience	Less than one year	26	10.1%
	1 – 2 years	62	24.0%
	3 – 4 years	39	15.1%
	5 – 6 years	92	35.7%
	7 – 8 years	9	3.5%
	9 – 10 years	14	5.4%
	More than 10 years	16	6.2%

Study scales

- Compassion fatigue scale:** The Arabic version of ProQOL5 prepared by Stamm (2010) was applied. The scale consists of 30 5-point Likert-type items, with "1" indicating "never" and "5" indicating "very often". The scale consists of three independent subscales measuring compassion satisfaction, represented by the items (3, 6, 12, 16, 18, 20, 22, 24, 27, 30). Burnout, represented by the items (1, 4, 8, 10, 15, 17, 19, 21, 26, 29), and secondary traumatic stress, represented by the items (2, 5, 7, 9, 11, 13, 14, 23, 25, 28). Thus, the score on the scale ranges from (30 - 150), where the high score indicates high level of compassion fatigue.
- Depression scale:** Prepared by Ali et al. (2014), it consists of 36 3-point Likert-type items; with "1" indicating "rarely" and "3" indicating "always". The scale consists of three subscales measuring psychological depression, represented by the items 1 to 13, social depression, represented by the items 14 to 26, and physical depression, represented by the items 27 to 36. Thus, the score on the scale ranges from (36 - 108), where the high score indicates high level of depression.
- Emotional stability scale:** prepared by Ashour (2017), it consists of 22 5-point Likert-type items, with "1" indicating "not applied" and "5" indicating "always applied". The scale consists of three subscales measuring emotional control, represented by the items (1 - 5), emotional conflict, represented by the items (6 - 15), and emotional flexibility, represented by the items

(16 - 23). Thus, the score on the scale ranges from (22 - 110), where the high score indicates high level of emotional stability.

**RESULTS**

This study aimed to determine if emotional stability and compassion fatigue impact depression, and if experience is a mediator between compassion fatigue and depression.

**The measurement model (outer model)**

According to Hair et al. (2019) and (Sarstedt & Cheah, 2019) this model checks the relationships between the observable variables and the latent constructs that underlie them; the verification of the measurement model (external model) includes verifying both convergent and discriminant validity.

To verify the convergent validity (the accuracy of scales), the following indicators were calculated: item loading (IL), average variance extracted (AVE), composite reliability (CR), and Cronbach's alpha (C). Tables 2, 3, and 4 present these results.

**Table 2: Convergent validity for depression scale**

Psychological Depression		Physical Depression		Social Depression	
Item	IL	Item	IL	Item	IL
1	0.883	1	0.874	1	0.831
2	0.905	2	0.919	2	0.917
3	0.885	3	0.918	3	0.866
4	0.909	4	0.922	4	0.856
5	0.918	5	0.944	5	0.886
6	0.881	6	0.965	6	0.908
7	0.894	7	0.951	7	0.966
8	0.828	8	0.927	8	0.934
9	0.832	9	0.950	9	0.974
10	0.819	10	0.812	10	0.947
11	0.832	11	0.794	11	0.935
12	0.863	12	0.835		
13	0.811				
AVE	0.751	AVE	0.815	AVE	0.832
CR	0.975	CR	0.981	CR	0.982
C	0.972	C	0.979	C	0.979

**Table 3: convergent validity for emotional stability Scale**

Emotional Control		Emotional Flexibility		Emotional Conflict	
Item	IL	Item	IL	Item	IL
1	0.806	1	0.834	1	0.882
2	0.838	2	0.836	2	0.868
3	0.888	3	0.860	3	0.816
4	0.873	4	0.858	4	0.783
5	0.818	5	0.783	5	0.842
		6	0.795	6	0.830
		7	0.770	7	0.823
				8	0.824
				9	0.846
				10	0.789
AVE	0.714	AVE	0.673	AVE	0.690
CR	0.926	CR	0.935	CR	0.957
C	0.900	C	0.919	C	0.950

**Table 4: convergent validity for compassion fatigue scale**

Burnout		Compassion Satisfaction		Secondary Traumatic Stress	
Item	IL	Item	IL	Item	IL
1	0.725	1	0.796	1	0.799
2	0.731	2	0.693	2	0.798
3	0.732	3	0.810	3	0.780
4	0.722	4	0.795	4	0.755

5	0.728	5	0.727	5	0.790
6	0.683	6	0.732	6	0.866
7	0.775	7	0.747	7	0.790
8	0.836	8	0.739	8	0.874
9	0.778	9	0.755	9	0.853
10	0.728	10	0.720	10	0.814
AVE	0.555	AVE	0.566	AVE	0.661
CR	0.926	CR	0.929	CR	0.951
C	0.911	C	0.914	C	0.943

Convergent validity is approved if IL is above 0.70, AVE is above 0.50, and CR is 0.70 or more (Fornell & Larcker, 1981; Hair et al., 2019). According to Ghozali and Latan (2015), the accepted Cronbach's alpha value must be more than 0.70 in the confirmatory studies and more than 0.6 in the exploratory studies.

Tables 2, 3 and 4 indicated that convergent validity indices (item loading, average variance extracted, composite reliability, and cronbach's alpha) have accepted values, then all scales have a good level of Convergent validity. Figure 2 presents the model with items loading values on the arrow between the variable and its indicators.

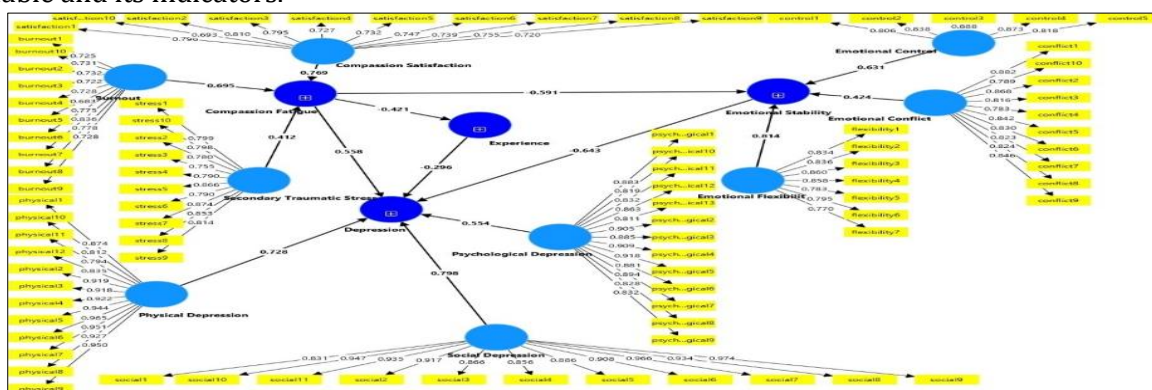


Figure 2: the outer model

To verify the discriminant validity, which theoretically indicates variables are separate and different from each other and they are not highly correlated. this is checked by comparing AVE square root of each the latent variable with its correlations with other latent variables; if the first value is the greatest, then variable independence is confirmed (Henseler et al.,2015; Sarstedt & Cheah,2019). Table 5 shows the discriminant validity of the study variables; values on the diagonal (AVE square roots) are greater than values in the same row or column. This confirms the theoretical model's discriminant validity.

Table 5: discriminant validity of the study variables

	PsD	PhD	SD	Ect	EF	Ecf	B	CS	STS
<b>Psychological Depression (PsD)</b>	0.867								
<b>Physical Depression (PhD)</b>	0.055	0.903							
<b>Social Depression (SD)</b>	0.163	0.449	0.912						
<b>Emotional Control (Ect)</b>	-	0.099	-0.334	0.845					
<b>Emotional Flexibility (EF)</b>	-	0.245	-0.473	-0.517	0.411	0.820			
<b>Emotional Conflict (Ecf)</b>	-	0.177	-0.159	-0.132	-0.266	0.103	0.831		
<b>Burnout (B)</b>	-	0.161	0.302	0.395	-0.330	-0.372	-0.159	0.745	

<b>Compassion Satisfaction (CS)</b>	0.083	0.369	0.384	-0.308	-0.366	-0.176	0.507	0.752	
<b>Secondary Traumatic Stress (STS)</b>	0.181	0.118	0.190	-0.120	-0.171	-0.093	-0.176	-0.068	0.813

### The structural model (inner model)

The coefficient of determination (R-squared) indicates the proportion of the variance of the dependent variable that the independent variables account for. Therefore, it represents how much the independent variable can predict the dependent variable. According to what was reported by Chin (1998), the value of the coefficient of determination is considered high if it is 0.67 or more. R-squared value for depression was 0.734, which is high; this value indicates that 73.4% of depression can be explained by emotional stability, compassion fatigue, and experience, while 26.6% of depression is attributed to other variables. For emotional stability, the R-squared value was 0.636; meaning 63.6% of emotional stability can be explained by compassion fatigue, while 36.4% is attributed to other variables.

To check the direct relationship between the study variables, the PLS-SEM bootstrapping method was used, table 6 shows the result of direct effect hypotheses.

**Table 6: direct effect hypotheses**

hypothesis	$\beta$	t	p	Decision
H1: compassion fatigue significantly impacts emotional stability	-0.227	3.715	0.000	Supported
H2: emotional stability significantly impacts depression	-0.229	3.658	0.000	Supported
H3: compassion fatigue significantly impacts depression	0.421	3.938	0.000	Supported

The results indicated that the relationship between compassion fatigue and emotional stability was negatively significant ( $\beta = -0.227$ ,  $t = 3.715$ ,  $p = 0.000$ ), then H1 is accepted. Also, the relationship between emotional stability and depression was negatively significant ( $\beta = -0.229$ ,  $t = 3.658$ ,  $p = 0.000$ ), then H2 is accepted. Moreover, the relationship between compassion fatigue and depression was positively significant ( $\beta = 0.421$ ,  $t = 3.938$ ,  $p = 0.000$ ), then H3 is accepted. The mediation analysis used to test the hypothesis (H4: Experience has a moderate impact on the relation between compassion fatigue and depression); table 7 shows the result of the mediating effect hypothesis.

**Table 7: Mediating effect hypothesis**

hypothesis	$\beta$	t	p	Decision
H4: Experience has a moderate impact on the relationship between compassion fatigue and depression	-0.216	3.662	0.000	Supported

The results show that experience has a negatively significant moderate impact on the relationship between compassion fatigue and depression ( $\beta = -0.216$ ,  $t = 3.662$ ,  $p = 0.000$ ), so H4 is accepted, the increase in experience decreases the relationship between compassion fatigue and depression, meaning that by increasing experience both compassion fatigue and depression decrease.

## DISCUSSION

Regarding the model reliability and validity, the results indicated values of (item loading, average variance extracted, composite reliability, and Cronbach's alpha) were accepted values, and then all scales have a good level of convergent validity (the accuracy of scales). Also, the theoretical model's discriminant validity was confirmed; the study scales validity and reliability results were consistent with the results of (Ali et al., 2014; Ashour, 2017; Stamm, 2010) which examined the scales validity and reliability.

R-squared value for depression was 0.734, which is high (Chin, 1998); this value indicates that 73.4% of depression variance can be explained by emotional stability, compassion fatigue, and experience. For emotional stability, the R-squared value was 0.636; meaning 63.6% of emotional stability variance can be explained by compassion fatigue; these results are consistent with the results of



(Akhtar et al., 2024; Aldhahir, 2024; Ali & Çerkez, 2020; Ho et al., 2013; Tesema et al., 2024) studies which examined the relationships between depression, emotional stability, compassion fatigue, and experience.

The test of the direct effect hypotheses indicated the relationship between compassion fatigue and emotional stability was negatively significant; the increase in compassion fatigue decreases emotional stability, this result is consistent with Al Adwan (2024) study which indicate that empathy with clients is linked to emotional stability.

The relationship between emotional stability and depression was negatively significant, as increased emotional stability leads to decreased depression, and vice versa. This result is consistent with Ali & Çerkez (2020) study which indicated a significant negative correlation between depression and emotional stability, and Ho et al. (2013) study which indicated that watching violence and low levels of emotional stability were positively correlated with symptoms of depression; and high levels of emotional stability decreased the relation between watching violence and symptoms of depression.

The relationship between compassion fatigue and depression was positively significant, the increased compassion fatigue leads to increased depression, and vice versa. This result is consistent with the conclusions of Akhtar et al. (2024) study that high compassion fatigue scores were associated significantly with high depression scores.

Experience has a negatively significant mediator impact on the relationship between compassion fatigue and depression, the increase in experience lead to a decrease in the relationship between compassion fatigue and depression, meaning that by increasing experience both compassion fatigue and depression decrease. This result is consistent with the results of Aldhahir (2024) study which indicated that therapists who had more than ten years of experience were three times more likely to affected by depression, compared to others with less than a year of experience. The results of Tesema et al. (2024) also agreed with this result; since it showed that healthcare workers with work experience of 5-15 years were associated with depression, and they are three to four times at high risk of developing depression. This results consists with Alreshidi & Rayani (2023) study which indicated that nurses with less than ten years' experience presented higher degrees of compassion fatigue, also this result is consistent with Kolthoff and Hickman (2016) study which concluded that nurses with an average level of compassion fatigue, and nurses with low experience reported higher levels of compassion fatigue. But this result contradicts with Naderyanfar et al. (2019) study which indicated a nonsignificant direct positive relationship between work experience and depression levels, the researchers explains this contradiction by the sample in Naderyanfar et al. (2019) study were nurses from educational hospitals, and those usually are fresh graduated and don't have long experience, also the study results don't present a negative relationship, but the relationship was direct positive and may be there are circumstances that make the relation not significant.

The current study results can be explained as the psychological counsellors with low experience don't practice activities that may give them the required energy to deal with their clients' needs, or they haven't established a support network between them and other psychological counsellors.

## RECOMMENDATIONS

Based on the findings of the study, it is recommended to:

- Train psychological counsellors on dealing with compassion fatigue.
- Improve psychological counsellors working conditions to reduce their depression.
- Increase the psychological counsellors activities outside of work to protect them against compassion fatigue.
- Encourage researchers to use the structural equation modeling (SEM) in studying the relationship between psychological variables, rather than studying them pairwise.

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