

# Working Mother's Mental Well-Being and Compassion Fatigue

Rakhi Sharma<sup>1</sup> Dr. Anu Raj Singh<sup>2</sup>

## Abstract:

Working mothers often have multiple roles such as employees, caregivers, spouses, and family member; and there is always a need to balance demands in the work and family contexts. Employment offers opportunities for financial independence, social identity, self-esteem and personal development, but the dual role as a worker and caregiver can be significant psychologically as well. In this context, one issue that seems to be emerging is “compassion fatigue”, when individuals are exposed to the needs, suffering, and emotional needs of others over and over again, this can lead to emotional and psychological exhaustion. Working mothers, in particular, might be at special risk when they have to deal with constant caring and work demands, with little opportunity for psychological recuperation. This article explores the connection between compassion fatigue and mental health of working mothers. Its emphasis is on the possible impact of emotional exhaustion, burden of care, work/family conflict, lack of social support, and work/life imbalance on maternal psychological health. The role of self-compassion, social support, organizational support and work–family balance as protective resources is also discussed. A conceptual model is suggested to better conceptualize the pathways in which compassion fatigue can impact mental health of working mothers. The findings are relevant to psychological interventions, work policies, family support and organizational practices seeking to foster the mental health of working mothers.

**Keywords:** Working Mothers, Compassion Fatigue, Mental Well-Being, Work–Family Conflict, Emotional Exhaustion, Social Support, Self-Compassion.

## Introduction

As women enter the labor force in greater numbers, the family structure has also undergone significant change and the role of women has become more complex. In today's world, women are more likely to have professional jobs and still have extensive duties in terms of childcare, household tasks, and family relationships. The motherhood, in the case of working mother, is a multifaceted social and psychological process in which women manage to combine demands from various roles at the same time. Motherhood is a social, emotional, and caring role fulfilled by a woman, in relation to her child or children. The WHO's view of motherhood from a health perspective recognizes that motherhood extends from pregnancy through the postnatal phase and that the physical and mental health of the mother should be considered (World Health Organization [WHO], 2022). Being employed can be a source of economic independence, professional identity, social recognition and opportunities for women to develop themselves, but can also create a great deal of psychological stress when it comes to both work and the heavy load of caring responsibilities. Emotional investment is ongoing when it comes to motherhood. Mothers are expected to

---

<sup>1</sup> Research Scholar, Department of Psychology, Banasthali Vidyapith

<sup>2</sup> Associate Professor, Department of Psychology, Banasthali Vidyapith

care for their children physically, emotionally, guide them, protect and love them. They often involve more than just childcare and support spouses, older relatives, and other family members in emotional and other ways. Working mothers may find that their occupational expectations and these caring duties add to their extended experience of emotional demands, while reducing their chances of rest and recovery. Compassion fatigue is a psychological phenomenon that is becoming more relevant to such experiences. The term compassion fatigue is usually used to refer to the emotional burden of caring for others and has traditionally been studied in helping professions like nursing and medicine, as well as social work, counseling and psychology. The phenomenon, however, could be important to people who have ongoing caregiving needs in activities other than formal helping roles. Compassion fatigue is a significant issue to explore, as working mothers may find themselves compelled to respond to emotional needs more than once, in childcare, family care, and in their work. Another aspect of women's general quality of life that is crucial is their mental well-being. It includes emotional regulation, psychological adjustment, positive relationships, life satisfaction, self-acceptance, and ability to manage daily life stressors. Ongoing emotional fatigue and caregiving strain can have a negative impact on these aspects of health. So, the study of compassion fatigue with respect to mental health can be used to gain a better understanding of the psychological experiences of working mothers as a whole.

### **Compassion Fatigue**

Compassion fatigue means the emotional and psychological weariness that can come from continually seeing others suffer, their needs, or the emotional calls of others. In the context of costs of caring for people who are distressed or traumatized, Figley described compassion fatigue. When it comes to compassion fatigue, two closely related but conceptually different experiences are often mentioned: burnout and secondary traumatic stress. It typically happens over a period of time that's linked to chronic occupational stress, overwork, a lack of resources, and organizational issues. In contrast, secondary traumatic stress occurs when a person experiences another person's trauma. Compassion fatigue can include aspects of emotional exhaustion as well as secondary traumatic stress. Compassion fatigue, however, can manifest more greatly in the lives of working mothers and dads in terms of a sustained emotional caregiving pattern. Mothers might be required to address children's emotions multiple times, deal with family quarrels, comfort children, attend to sick family members, and also hold to professional expectations. If such demands continue and recovery is not possible, emotional resources may be depleted.

### **Working Mothers and Multiple Role Demands**

Addressing the needs of working mothers and multiple role demands, their role experiences can be described in terms of multiple role demands. A working mother is an employee, mother, spouse, daughter, daughter-in-law, caregiver, and household manager. Greenhaus and Beutell (1985) have offered an important theory to explain this situation, the Work–Family Conflict Theory. Work–family conflict is a situation where demands from both work and family domains are conflicting. This conflict may be time, strain or behavior oriented. For instance, long working hours could mean that less time is available for children. Stress in the workplace can have an impact on one's emotional availability at home, and family demands can be distracting or interfering in the workplace. Moving back and forth between these positions can cause mental fatigue. This becomes an important issue when working mothers feel that they need to excel in both areas at once. This pressure might be further exacerbated by sociological roles played by the "good mother. Socio-cultural roles of "good mother" can play a further element of this pressure.

### Compassion Fatigue among Working Mothers

While compassion fatigue has been studied mainly in professional caregivers like nurses and social workers, counselors, physicians and other helping professionals, but there is paucity of study and researches in case of working mothers, now it is important that working mothers be studied in this context more. The emotional and psychological burden of witnessing the needs, suffering and emotional burden of others over a prolonged time is generally known as compassion fatigue (Figley, 1995, 2002). Working mothers are an important group in this regard as they work in two capacities (professional and home-based). However, motherhood demands ongoing emotional involvement, sensitivity, supervision, caring and sensitivity to the needs of the child, both emotional and physical. These care giving duties can add stress to women's time, energy, and emotions when they are working alongside these other demands. Ongoing sensitivity to the needs of others, but little opportunity to psychologically recover from them, can provoke emotional fatigue in care givers. The Conservation of Resources Theory proposes that psychological stress occurs when valuable resources like time, energy, emotional resources and social resources are continually depleted without the ability to replenish them (Hobfoll, 1989). Work and the multiple and continuous demands of being a working mother are therefore an important context in which to understand vulnerability to compassion fatigue. Continuous care giving responsibility is one of the significant factors which can add to compassion fatigue among working mothers. The emotional availability, responsiveness, patience and psychological involvement are required and must be ongoing in childcare. Mothers are expected to develop an awareness of their child's emotional requirements, give reassurance, deal with behavioural challenges, keep their child safe, assist with learning and education and help maintain positive family relationships. This burden is often shared after work hours for working mothers. Following work, they might also be required to care for the children, manage the house, cook, educate the children, etc., and other family demands. This can lead to reduced possibilities for psychological withdrawal and recovery. As the caregiving needs continue without breaks, and mothers' emotional needs are not met, they may feel more emotionally exhausted. Figley (2002) noted that there are "emotional costs" to the effects of prolonged involvement in caring for others, especially if there is lack of opportunity for self-care and recovery.

A resource-based approach suggests that ongoing demands on emotional and psychological resources that are not matched by replenishment can also lead to increased vulnerability to stress and exhaustion (Hobfoll, 1989). Another relevant construct is work–family conflict, that is, when job and family life are incompatible (Greenhaus & Beutell, 1985). Working mothers may be expected to perform to high standards in both their working and their family life. Many factors such as long hours at work, work deadlines, commuting, work duties, and career demands can limit the time and emotional energy that is available for family responsibilities. On the other hand, work responsibilities and workload, family demands, children's needs, and family issues could impede work performance and focus. Greenhaus and Beutell (1985) defined time-based, strain-based, and behavior-based dimensions of work–family conflict, which could apply to the work–family experiences of working mothers. Conflict between work and family roles can cause stress, guilt, emotional strain and a lack of self worth. Previous studies have also shown that a negative relationship between work-family conflict and psychological outcomes such as negative feelings and low well-being (Allen et al., 2000). Accordingly, work–family conflict could be a significant contextual variable when examining working mothers' compassion fatigue. Another factor **lack of social support** may again constitute another significant contributor to compassion fatigue. Support from spouses,

parents, extended family, friends, co-workers and supervisors is often required for working mothers to cope with their multiple roles. If this is not provided, the burden of care taking can fall disproportionately on the mother, both physically and emotionally. Conversely, support in the areas of childcare, household chores, emotional issues, and work problems have been shown to lower perceived stress and improve coping abilities. Cohen and Wills (1985), from the stress-buffering viewpoint, suggested that social support could buffer people against the negative psychological effects of stressful events. Social support can be more than just tangible help, it can be emotional support, understanding, encouragement and a sense of shared responsibility, particularly for working mothers. Without supportive relationships this can then exacerbate isolation and emotional emptiness. **Lack of social and organizational support**, therefore, can also raise the risk of emotionally stressing in caregiving and can play a role in the formation of compassion fatigue.

In addition to this, **Emotional labour** is important to the study of the psychological experiences of working mothers. Hochschild (1983) coined the term emotional labour to refer to the conscious management and regulation of emotions in order to meet the socially and/or occupationally prescribed norms. Emotional labour can happen in the workplace and at home for working mothers. During the workday, they might be asked to deal with stress in one's personal life while being expected to be professionally, serene, cooperative and emotionally stable. They could be asked to be patient, loving, emotionally supportive, and helpful at home with their children and other family members. Therefore, working mothers may find they need to control their emotions many times in various social settings. Grandey (2000) suggested that, in the workplace, maintaining one's emotions over time can lead to emotional strain and exhaustion. If there is a need for emotional regulation in both professional and family aspects, the total emotional load could be considerable. Thus, emotional labour might be an important pathway in which working mothers feel emotionally depleted and might be at risk of compassion fatigue. When it comes to personal reason, there may be less personal time that is another factor that can lead to increased emotional fatigue in working mothers. Because mothers have to work, look after children, do housework, and maintain family relationships, they may not be able to get enough sleep, relax, socialize, engage in hobbies or pursue interests, or take care of themselves. Psychological recovery is important due to the personal time available for the person to get away from stressful jobs to replenish their emotional and cognitive resources. When the nearly all available time is spent in professional and care giving activities, one's opportunities for recovery can be greatly diminished. The **Conservation of Resources Theory** states that when personal resources are continually depleted or lost without being replaced, this can lead to greater psychological stress and vulnerability (Hobfoll, 1989). Likewise, research on work–family relationships suggests that the conflicting demands for scarce time and energy can have negative implications for psychological functioning and well-being (Greenhaus & Beutell, 1985). Because, when the personal time is not adequate, emotional exhaustion is likely to rise and can be a factor that leads to compassion fatigue for working mothers.

Last, but not least, **societal norms** about women's caregiving duties can exacerbate the psychological strain felt by working mothers. In the social and cultural context, women still make up the majority of caregivers and are still expected to take charge of the taking care of the child, the management of the household and emotional support within the family. Such gendered expectations can lead to a situation where working mothers feel responsible for being great workers and great wives or mothers. They might

feel guilty, self-critical, or inadequate when they cannot spend enough time with their children or when they are unable to do household tasks as they expect from society. On the other hand, focusing more on family needs can lead to worries for job performance or career growth. This can be a tricky scenario because women can feel the pressure to act as an 'ideal worker' and an 'ideal mother' continuously. The work–family conflict perspective of Greenhaus and Beutell (1985) offers an explanation for the psychological strain that can arise when role expectations are incompatible, and role related perspectives provide an explanation for the strain that can result when multiple demanding roles take up more time and resources than an individual has. So, there may be an indirect pathway that leads to emotional exhaustion, compassion fatigue, and increased caregiving demands, role strain, and feelings of guilt by virtue of expectations held by the community.

Hence, the issue of compassion fatigue among working mothers needs to be looked at not from a purely psychological perspective or as a result of poorly adapted coping styles. It is instead a psychological and social phenomenon that can be understood as a multidimensional one, that results from the combination of constant care-giving pressures, work–family conflict, lack of social support, emotional labour, lack of personal time and gendered social expectations. Recurrent exposure to such demands can take a toll over time, potentially contributing to compassion fatigue and a loss of mental health. Supportive resources like **self-compassion, supportive marital relationships, family support, workplace flexibility, organizational support and opportunities for psychological recovery** may help lighten this load, while at the same time. Thus, to grasp the concept of compassion fatigue in working mothers, it is important to take a holistic perspective that includes psychological factors, family dynamics, work environments, and social-culturally embedded norms.

### **Mental Well-Being and Working Mothers**

Mental well-being is more than the absence of mental illness or psychological disorders. It is a person's ability to feel positive emotions, engage in satisfying relationships, function in daily life, manage everyday stresses, develop personal capacities and have a sense of meaning and purpose. According to the World Health Organization (WHO) (2022), mental health is defined as a state of well-being in which individuals are able to use their abilities, function effectively when facing the common stresses of daily living, work and contribute to their communities. Likewise, the positive psychological outlook stresses that well-being is not merely about feeling good but functioning good as well. Ryff (1989) defined psychological well-being as being comprised of six dimensions: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Mental health, then, is the ability to live at a psychological level that is balanced and well-functioning in the presence of multiple demands of work and motherhood and of family and personal growth. Having a positive perspective about the positive side of the working mother can bring several positive aspects about her employment that can improve her mental health. Working can give women more autonomy and self-efficacy because of its ability to give them financial independence and more control over their personal and family resources. Economic participation can also enhance women's social identity through opportunities for professional success, recognition, skill building and meaningful social engagement outside the home. Access to income and employment could enhance empowerment of women in terms of bargaining power and involvement in household decisions. Studies on women's working life have indicated that paid work can confer positive psychological outcomes in terms of enhanced social interaction, self-esteem, income and competence (Barnett & Hyde,

2001). Working can thus be an effective means of constructing personal identity and social connection for mothers, especially when working contexts are supportive and family-friendly. But, the other side of the coin is that jobs do not necessarily lead to better mental health. Women who work often face the challenge of juggling work and family responsibilities. Psychological stress may be caused by long working hours, job pressure, job insecurity, commuting, difficult deadlines and lack of flexibility at the workplace. Meanwhile, childcare and domestic duties, children's education and family care can still demand significant time and emotional engagement outside of working hours.

Greenhaus and Beutell (1985) explained work–family conflict in such situation, and it occurs when pressures associated with work and family roles become incompatible. Such conflict may be particularly pertinent for working mothers because the successful performance of one role may sometimes require time, energy, or emotional resources that are needed for another role. This can lead to stress, emotional fatigue, guilt, and decreased psychological health if the work–family conflict is ongoing. Meta-analytic research also has revealed substantial links between work–family conflict and various psychological strains as well as lower levels of well-being (Allen et al., 2000). Other factors that contribute to mental health of working mothers are childcare responsibilities and **family support**. The pressures of motherhood often mean constant emotional and practical obligations, such as caring for children, managing the home, and attending to the children's physical and emotional needs. They tend to be focused on the mother and can lead to significant role strain when she is simultaneously working in both the paid workforce and domestic sector. Conversely, husbands, grandparents, relatives, and other social supports can be beneficial for mothers coping with multiple demands and alleviate perceived stress. Social support can be both functional and emotional and can protect against the negative consequences of stressful experiences (Cohen & Wills, 1985). Therefore, the mental health of working mothers depends not just on the amount of work they do, but also on the level of co-sharing responsibilities and the availability of their support systems. The working mothers might appreciate flexibility regarding working hours and organizational support, such as maternity and paternal leave, child care facilities, reasonable workloads, and family-friendly organizational policies, among others. They can allow mothers to respond to the needs and demands of their family without undue interruption of their work responsibilities. On the other hand, jobs that lack flexibility and awareness about family roles can exacerbate work–family conflict. Organizational support can thus be a source of psychological resources or an additional source of stress. In addition, research on work–family enrichment indicates that positive experiences and resources from one domain can facilitate functioning in another domain when the conditions are right (Greenhaus & Powell, 2006).

Thus, rather than just being a job-to-wellbeing connection, employment-mental health link is heavily influenced by the nature and flexibility of the workplace. The extent to which working mothers respond to the multiple demands is also influenced by individual coping resources. There are variations in coping styles, emotional control, resilience, self-efficacy, and seeking out help among mothers. A mother who has effective coping resources can cope more effectively with stress in the occupational and family life without significant psychological damage. On this level, self-compassion could be a significant emotional strength. Neff (2003) defined self-compassion as characterized by "**self-kindness**," "**common humanity**," and "**mindfulness**." These attributes might enable working mothers to better understand challenges and setbacks in their own life rather than tearing themselves down. These psychological resources could be especially helpful for mothers who feel guilty or incompetent in their role when they

see that they cannot fulfill the expectations for motherhood and/or work. Additionally, the general social and cultural norms affect the psychological health of working mothers. Even in societies where women work full-time, they are still expected to take care of their children, the household and the emotional support of their family members. This means that women could have a "double burden," that is, they are expected to work for a living and also to do a lot of unpaid work in the home and as a caretaker. Hochschild and Machung (1989) pointed out the unequal allocation of domestic work and the extra burden on the women who also work outside the home and have considerable domestic duties. These expectations can lead to feelings of guilt, role overload and psychological stress, especially when social norms of "good motherhood" demand that women remain always available to their children while simultaneously fulfilling professional expectations.

Therefore, employment and mental health in working mothers must not be seen as a cause-effect link, with a clear negative or positive outcome. Instead, it is a dynamic process influenced by the interplay of family responsibilities, child care provision, social and organizational supports, individual coping abilities, and sociocultural norms. Work can be a source of financial stability, independence, self-identity, social connection and satisfaction, which can foster positive psychological health. Meanwhile, overwork, lack of support, work–family conflict, and inequitable family responsibilities can cancel out these advantages and lead to psychological suffering. This view is in line with the dominant literature on the work–family interface that view work and family as both stressors and enrichers (Greenhaus & Powell, 2006). Hence, there is a need to adopt a multi-dimensional perspective to understand the mental health of working mothers to reflect not only the employment status, but quality of jobs, division of household labour, availability of social supports, psychological resources and broader social norms. It is a framework that is important if we consider the idea of compassion fatigue and how the continuous emotional and caring load over time can continue to drain psychological resources and therefore have a negative impact on the mental health of working mothers.

### **Relationship between Compassion fatigue and Mental Well-Being**

Compassion fatigue had a significant positive correlation with Mental Well-Being. Compassion fatigue is relevant to mental health within working mothers as they continuously devote their emotional resources to caring for children and performing their jobs, which can lead to psychological exhaustion. Emotional depletion and psychological price for an extended period of caring for others is linked to compassion fatigue (Figley, 1995, 2002). For working mothers, constant caregiving needs and coupled with their work, can cut into their psychological energy, causing them to feel irritated, helpless, low on motivation, unable to focus, low on satisfaction with their life, socially withdrawn, and inadequate. This can decrease emotional availability and disrupt positive psychological functioning. Conceptually, the relationship can be considered as multiple role demands → work–family stress → compassion fatigue → decreased mental well-being. Such a relationship doesn't always occur evenly and predictably, though, as personal and situational factors like self-compassion, social support, marital support, effective coping, and organizational flexibility can mitigate the negative impact of stress. Studies of work–family conflict also have found that the demands of the work and family domains can have negative effects on psychological functioning (Allen et al., 2000; Greenhaus & Beutell, 1985). In a systematic review and meta-analysis of family caregivers, Liao et al. (2022) found moderate levels of compassion fatigue and that there were significant correlates of caregiver's care-giving and psychosocial factors. Their results indicate that it is

possible that extended periods of caregiving can diminish emotional resources, something that might be applicable to working mothers who are constantly caring for young children.

In an analysis of six randomized controlled trials of mindfulness-based interventions, Pérez et al. (2022) concluded that these interventions prevented compassion fatigue and burnout among older adults nurses taking care of patients with dementia. The study emphasizes that being mindful could be a protective factor for the emotional effects of the long-term caregiving burden. Yeşil and Polat (2023) studied how compassion fatigue, burnout, and compassion satisfaction relate to psychological factors in nurses. Their in-depth discovery shows that personal coping and emotional assets have a bearing on the emotional health of caregivers. Ariapooran and Abdolmaleki (2023) identified psychological factors in the context of emotional regulation and spiritual well-being as factors associated with compassion fatigue in nurses. Based on their results, they hypothesize that individual psychological resources could play a part in susceptibility to compassion fatigue. Garnett et al. (2023), in a scoping review, found individual, organizational, and systemic factors that relate to compassion fatigue in healthcare professionals. Workload and organizational support were highlighted as key factors that affect caregivers' psychological health. Dilapdilap and Marzan (2023) directly analysed the compassion fatigue and psychological well-being of nurses and found that there was a strong relationship between the two. Unlügedik and Akbaş (2023) found that nurses working in intensive care units exhibited moderate compassion fatigue, and spiritual well-being showed promise in providing protection against the negative impacts of compassion fatigue. The results of their study argue for the need to consider positive psychological resources when studying compassion fatigue. In a meta-analysis, Li et al. (2025) identified that mindfulness was related to reduced compassion fatigue, and increased compassion satisfaction in healthcare professionals. The results highlight the role of psychological resources in buffering against emotional exhaustion among caregivers.

In a study of older adults with disabilities and their family caregivers, Yang et al. (2025) explored the relationship between compassion fatigue and caregiving-related psychological problems, as well as the moderating role of social support in key relationships between compassion fatigue, compassion satisfaction, and burnout. This underlines social support as a possible protective factor. Among family caregivers of psychiatric patients, Hamzaa et al. (2026) noted that higher compassion fatigue was significantly linked to decreased psychological well-being, and this association was mediated, in part, by emotion regulation. This is a good proof that compassion fatigue can be detrimental to psychological health and that emotion regulation can be a factor of importance. In general, it suggests that a greater level of compassion fatigue is typically linked to decreased psychological health, and that psychological factors such as mindfulness, emotion regulation, social support, and other psychological resources may buffer against it. Yet, most studies have been with healthcare workers or with family caregivers. The role of working mothers, who also work at a job that requires them to tend to heavy informal care duties, is still under-researched. Self-compassion as a Psychological Protective Factor, Self-compassion might be a key psychological protective factor for emotionally distressed working mothers. Neff (2003) proposed three main components of self-compassion: self-kindness, common humanity, and mindfulness. Self-kindness is responding to oneself with understanding, not harsh criticism; common humanity is recognizing that difficulties and imperfections are part of shared humanity; Mindfulness is the ability to have a balanced awareness of difficult emotions without becoming overwhelmed by them. Guilt and self-judgment can

result when working mothers feel they're failing to live up to their perfectionistic standards of work and parenting. Through self-compassion, they might better come to terms with these challenges and deal with them with less judgment and emotional reactivity, promoting a sense of psychological resilience and overall well-being. Empirical studies also have found links between self-compassion and positive psychological adaptiveness and lower psychological distress (Neff, 2003; Neff & Germer, 2013). Psychological burden of working mothers: The role of social and organizational support, social and organizational support can have a protective factor for the psychological burden of working mothers. Emotional support and practical support (childcare, housework) from spouse, parents, relatives, friends, colleagues and supervisors can help. Cohen and Wills (1985) proposed that social support acts as a buffer against the adverse psychological consequences of stressful events, offering emotional, informational and practical assistance.

**Organizational support**, such as flexible working practices, reasonable workloads, supportive supervisors, parental leave, childcare facilities and family friendly policies can similarly enable working mothers to deal with the competing demands of work and family. This can decrease work–family conflict and promote a better psychological adjustment to work (Greenhaus & Powell, 2006). So, it is important to not think of compassion fatigue as just a psychological issue for the individual; it can also happen when they interact with conditions within their family, their workplace and the larger structure. There are several complementary theories that, in theory, can explain the connection between compassion fatigue and mental health among working mothers. Greenhaus and Beutell's (1985) Work–Family Conflict Theory helps understand the potential for conflict and psychological strain between the work role and the family role. Conservation of Resources (COR) Theory by Hobfoll (1989) also proposes that psychological stress happens when people are deprived of or threatened with loss of valued resources like time, energy, emotional capacity and social support, thus suggesting that the resources of working mothers can be exhausted by their caregiving responsibilities and work demands. The role strain theory offers another helpful insight, suggesting that simultaneous demands of several social roles may contribute to role strain, given a lack of time and resources to satisfy all of the role demands. Finally, Neff's Self-Compassion Framework offers an explanation at the individual level on how self-kindness, mindfulness and awareness of common humanity might encourage individuals to respond to stress and personal challenges in more adaptive ways (Neff, 2003). These views indicate that a complex interplay of the different demands of the role, of resource depletion, of social supports and of individual psychological resources influence compassion fatigue in working mothers.

## **Conclusion**

The whole reviews, indicates that the overall emotional and psychological burdens for working mothers are significant due to the dynamic of work, motherhood and caregiving. The need to provide ongoing care, work–family issues, emotional labour and lack of help can make people more susceptible to compassion fatigue; this can have adverse effects on mental health. But, self-compassion, social support, emotion regulation, mindfulness and supportive workplaces can be important protective resources. Though there is significant research about the effects of compassion fatigue on professional caregivers, there is not much research on the effects of compassion fatigue on working mothers. It is therefore essential to investigate the connection between compassion fatigue and mental health for working mothers to gain a fuller

understanding of their psychological health and to guide interventions on the individual, family and organizational level.

## REFERENCES:

1. Allen, T. D., Herst, D. E. L., Bruck, C. S., & Sutton, M. (2000). Consequences associated with work-to-family conflict: A review and agenda for future research. *Journal of Occupational Health Psychology*, 5(2), 278–308. <https://doi.org/10.1037/1076-8998.5.2.278>
2. Ariapooran, S., & Abdolmaleki, B. (2023). Compassion fatigue in nurses: The role of spiritual well-being, emotion regulation and time perspective. *Iranian Journal of Nursing and Midwifery Research*, 28(2), 150–154.
3. Barnett, R. C., & Hyde, J. S. (2001). Women, men, work, and family: An expansionist theory. *American Psychologist*, 56(10), 781–796. <https://doi.org/10.1037/0003-066X.56.10.781>
4. Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357. <https://doi.org/10.1037/0033-2909.98.2.310>
5. Dilapdilap, R., & Marzan, P. (2023). Compassion fatigue and psychological well-being of nurses as moderated by spiritual orientation amidst COVID-19 pandemic. *Psychology and Education: A Multidisciplinary Journal*, 9(5), 544–554.
6. Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Brunner/Mazel.
7. Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Journal of Clinical Psychology*, 58(11), 1433–1441. <https://doi.org/10.1002/jclp.10090>
8. Garnett, A., Hui, L., Oleynikov, C., & Boamah, S. (2023). Compassion fatigue in healthcare providers: A scoping review. *BMC Health Services Research*, 23, 1336. <https://doi.org/10.1186/s12913-023-10356-3>
9. Grandey, A. A. (2000). Emotion regulation in the workplace: A new way to conceptualize emotional labor. *Journal of Occupational Health Psychology*, 5(1), 95–110. <https://doi.org/10.1037/1076-8998.5.1.95>
10. Greenhaus, J. H., & Beutell, N. J. (1985). Sources of conflict between work and family roles. *Academy of Management Review*, 10(1), 76–88. <https://doi.org/10.2307/258214>
11. Hamzaa, H. G., El-Sayed, M. M., Khedr, M. A., Amin, S. M., Alkubati, S. A., Hassan, B. H., & Zoromba, M. A. (2026). Emotion regulation as a mediator between compassion fatigue and psychological well-being in caregivers of patients with psychiatric disorders. *Archives of Psychiatric Nursing*, 61, 152080.
12. Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, 44(3), 513–524. <https://doi.org/10.1037/0003-066X.44.3.513>
13. Li, A. C. M., Chio, F. H. N., Mak, W. W. S., Fong, T. H., Chan, S. H. W., Tran, Y. H. R., & Kakani, K. (2025). Compassion fatigue, compassion satisfaction and mindfulness among healthcare professionals: A meta-analysis of correlational studies and randomized controlled trials. *Social Science & Medicine*, 367, 117749.
14. Liao, X., Wang, J., Zhang, F., Luo, Z., et al. (2022). The levels and related factors of compassion fatigue and compassion satisfaction among family caregivers: A systematic review and meta-analysis of observational studies. *Geriatric Nursing*, 45, 1–8.

15. Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85–101. <https://doi.org/10.1080/15298860309032>
16. Pérez, V., Menéndez-Crispín, E. J., Sarabia-Cobo, C., de Lorena, P., Fernández-Rodríguez, A., & González-Vaca, J. (2022). Mindfulness-based intervention for the reduction of compassion fatigue and burnout in nurse caregivers of institutionalized older persons with dementia: A randomized controlled trial. *International Journal of Environmental Research and Public Health*, 19(18), 11441.
17. Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069–1081. <https://doi.org/10.1037/0022-3514.57.6.1069>
18. Ünlügedik, M., & Akbaş, E. (2023). The effect of spiritual well-being on compassion fatigue among intensive care nurses: A descriptive study. *Intensive and Critical Care Nursing*, 77, 103432.
19. World Health Organization. (2022). *World mental health report: Transforming mental health for all*. World Health Organization.
20. Yang, Q.-Q., Chen, Y.-D., Schwade, M., & Zhang, Q. (2025). Exploring the dynamics of compassion fatigue, compassion satisfaction, and burnout in family caregivers of disabled elderly: A moderated mediation analysis of social support. *Geriatric Nursing*.
21. Yeşil, A., & Polat, Ş. (2023). Investigation of psychological factors related to compassion fatigue, burnout, and compassion satisfaction among nurses. *BMC Nursing*, 22, 12.