

The Impact of AI Tools on Compassion Fatigue and Workload Among Counselors: An Indian Perspective A Systematic Review

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Abstract

Artificial Intelligence (AI) is becoming more common in mental health care through tools like automated scheduling systems, note-taking software, and chatbot-assisted counseling. These technologies can help improve efficiency and lower counselors' administrative workload. However, their impact on emotional well-being, especially compassion fatigue, hasn't been well studied.

This systematic review looked at how AI tools affect counselors' workload, burnout, and compassion fatigue, particularly in Indian counseling practices. A thorough search of PubMed, Scopus, JMIR, and Google Scholar found peer-reviewed studies from 2020 to 2025 using keywords like "AI in counseling," "workload," "burnout," "compassion fatigue," and "mental health professionals." Eleven studies met the criteria for inclusion and were analyzed thematically.

The findings indicate that AI tools can reduce repetitive documentation tasks and administrative pressure, leading to better time management and decreased professional burnout. Despite this, there were ongoing concerns about reduced empathy, reliance on technology, ethical issues, and the risk of counselors becoming detached from clients. Very few studies looked closely at compassion fatigue, and research specific to India was limited. Overall, AI has the potential to improve efficiency, but it needs to be used carefully, ensuring a balance between technological benefits and maintaining human empathy in counseling.

Keywords: Artificial Intelligence, Compassion Fatigue, Counselor Well-being, Workload, India, Mental Health.

1. INTRODUCTION

Counselors often face emotional exhaustion, secondary trauma, and empathic strain due to prolonged exposure to clients' distress. This issue, called compassion fatigue, is increasingly recognized as a serious risk in helping professions. If not addressed through proper supervision and self-care, it can lower the counselor's emotional energy, reduce empathy, and hinder professional effectiveness.

Recently, artificial intelligence (AI) has started to impact different areas of mental health service delivery. AI tools, such as automated note-taking systems, appointment schedulers, chatbots, and client management platforms, are being promoted as ways to improve efficiency and lessen administrative burdens. These technologies aim to assist counselors by reducing repetitive clerical tasks, which should free up more time for therapeutic work. However, there are rising concerns about how the growing use of AI in counseling might affect the counselor's sense of connection, emotional engagement, and

professional identity.

In India, counseling professionals in colleges, NGOs, and community settings often handle large caseloads and have limited institutional support. They also face restricted access to digital resources or formal supervision. Introducing AI tools in these settings could help ease time-related stress or, on the other hand, create new types of techno-stress and ethical confusion. With these conflicting outcomes, it is important to systematically review the evidence on how AI tools impact counselors' workloads and emotional well-being, particularly their experience of compassion fatigue.

The current review aims to summarize recent international research on the use of AI in counseling and related mental health fields, to assess its potential benefits and drawbacks, and to discuss its specific implications for mental health professionals in India.

2. Method

Electronic databases (PubMed, JMIR, Scopus, JAMA, Frontiers, MDPI, Google Scholar) were searched using Boolean combinations. The search included the terms: 'Artificial Intelligence,' 'AI tools,' 'chatbot,' or 'machine learning' and 'counselor,' 'therapist,' or 'mental health professional' and 'burnout,' 'compassion fatigue,' or 'workload.'

Inclusion Criteria: Studies published in English between 2020 and 2025; empirical or review studies on AI in mental health or counseling; studies measuring workload, burnout, compassion fatigue, or related well-being outcomes.

Exclusion Criteria: Studies focusing solely on patient outcomes; non-peer-reviewed or commentary articles.

A total of 120 articles were identified. After removing duplicates and irrelevant titles, 11 studies were selected for full-text analysis, following PRISMA guidelines.

3. Results

Evidence from the 11 studies shows the following themes: less administrative load, emotional and ethical tension, unclear effects on compassion fatigue, and cultural gaps in research representation.

Table 1. Summary of Included Studies Examining the Impact of Artificial Intelligence Tools on Workload, Burnout, and Compassion Fatigue among Mental Health Professionals (2020–2025)

Sr No.	Study (Author, Year)	Country/Setting	Design/Sample	AI tools used	Key Finding
1	Olson KD et al., 2025	USA; multi-site ambulatory clinicians	QI observational; large sample across health systems	Ambient AI scribe / ambient documentation tech	Use related to less paperwork and better results on some burnout measures in a short follow-up.
2	Duggan MJ et al., 2025	USA; outpatient academic setting (Philadelphia)	Prospective single-group pre-post QI; N≈46 clinicians	Ambient scribing tool	Ambient scribe use leads to better documentation efficiency,

					reduces mental load, and increases patient engagement.
3	Shah SJ et al., 2025	USA; Stanford Health Care (pilot)	Prospective pilot; 48 physicians over 3 months	Ambient AI scribe	Pilot showed that people felt they saved time and had less stress. This supports the need for larger evaluations.
4	Leung TI et al., 2025	International / review of implementations	Narrative review / commentary synthesising multiple studies	Ambient AI scribes / documentation AI	Concludes there is limited evidence but consistent signs that ambient AI scribes can lower clinician burnout and reduce cognitive load. It emphasizes the need for research on safety and quality.
5	Baek G et al., 2025	Various (review of chatbot interventions)	Systematic review of chatbots for health-professional psychological support	AI chatbots (therapeutic/support bots)	Some studies show improvements in anxiety, depression, and burnout measures. More high-quality trials are needed.
6	Laymouna M et al., 2024	International (scoping/systematic review)	Large scoping review of chatbot literature (n studies summarized)	Mental-health chatbots	Chatbots improve access and may take over some routine tasks from clinicians. However, the effects on clinicians' emotional

					workload are not well measured.
7	Cross S et al., 2024	International mental-health professionals	Cross-sectional survey of MHPs	Mixed AI tools (screeners, chatbots, documentation aids)	Many practitioners report possible time savings and acceptability. However, there are significant concerns about ethics and the quality of therapy.
8	Ko C et al., 2025	Global literature synthesis	Scoping/systematic review	AI across EHR/clinical workflows	AI may lessen the burden of EHRs in certain situations, but the evidence is varied. There is a need for focused research.
9	Sarraf B et al., 2025	Global / systematic review	Systematic review of AI & EHR studies	AI in EHR (automation, decision support)	Mixed evidence: some implementations reduce documentation time, while others increase the cognitive and oversight burden. The quality of the evidence varies.
10	Varghese MA et al., 2024	India / public sample (and includes clinician perspectives in parts)	Cross-sectional / mixed methods	AI mental health interventions (chatbots, apps)	Public acceptance varies. The perceived empathy of AI interventions affects expectations of human clinicians and may

					influence their workload and role.
11	Goldie J et al., 2025	International Practitioners (mental health)	Qualitative/survey of synthesis of practitioner perspectives	Generative AI (chatbots, summarization, documentation aids)	Practitioners see potential to improve documentation and therapeutic tasks. However, they request training and governance. They also noted the implications for emotional workload.

4. Discussion

The literature reviewed shows both promise and caution regarding the use of AI tools in counseling and mental health practice. On one hand, AI systems can help counselors by automating repetitive tasks like case documentation, scheduling, and report generation. Reducing clerical work can free up valuable time for direct client interaction and reflective supervision. Some studies suggest that AI tools might assist in early risk detection and treatment planning, improving efficiency and expanding service reach.

However, these technologies bring new psychological and ethical challenges. Relying too much on AI for documentation or initial assessments may gradually separate counselors from the emotional and relational parts of their work. Many practitioners worry that AI could reduce empathy or change the counselor-client relationship, making therapeutic interactions feel less personal. In situations where compassion and understanding are key to healing, this separation could unintentionally lead to secondary trauma or emotional fatigue.

For Indian practitioners, these problems overlap with ongoing systemic issues, such as high student-to-counselor ratios, heavy workloads, and limited access to supervision or peer support. While AI tools may help relieve logistical pressures, using them without proper ethical guidelines or emotional training could worsen existing stressors instead of helping. Therefore, integrating AI into Indian counseling practice should follow culturally sensitive policies and include ongoing professional training to balance technological efficiency with human connection.

5. Implications for Indian Context

Training: Counselor education programs in India should include modules on digital literacy, ethical decision-making, and the emotional effects of working with AI-based tools. Training should focus not just on technical skills but also on maintaining therapeutic presence and empathy in technology-assisted counseling. It is also important to raise awareness about data privacy, confidentiality, and professional boundaries when using AI applications.

Policy: Mental health institutions, universities, and NGOs should keep a close eye on counselor well-

being during and after the use of AI tools. Institutional policies should include regular supervision, peer-support systems, and well-being check-ins to prevent burnout. Policies should also clarify the counselor's role and responsibilities when AI is involved in documentation, assessment, or client interaction.

Future Research: There is a pressing need for studies in India that look at how AI integration affects counselors' emotional health, compassion fatigue, workload, and client engagement. Longitudinal and mixed-method research can help identify both the benefits and unexpected issues of AI-assisted counseling. The results of such studies will be important for guiding ethical AI use and developing culturally sensitive counseling practices in India.

6. Limitations

This review focused only on studies published in English and those that are open access. This may have excluded important evidence published in other languages or in subscription-based journals. As a result, the findings might not fully represent research done in non-English-speaking areas or new studies found in smaller, local publications. Additionally, there was a clear lack of counselor-specific data from India and other low- and middle-income countries. Most of the studies included were conducted in Western healthcare environments, particularly in medical or hospital settings, where work cultures, access to digital tools, and training conditions are very different from those in Indian counseling.

Moreover, the AI tools discussed in the studies varied greatly in design, function, and purpose. Some were for administrative tasks, while others were mental health chatbots. This makes it hard to draw broad conclusions about their overall impact. The differences in study methods, including pilot trials, surveys, and narrative reviews, also limit how well we can compare the outcomes. Some studies relied a lot on self-reported feelings rather than objective measures of workload or emotional health, which might cause response bias. Finally, as AI technologies change quickly, the findings of this review may soon become outdated, highlighting the need for ongoing evidence gathering and research specific to the Indian context.

7. Conclusion

AI tools provide real chances to cut down on administrative tasks and simplify repetitive parts of counseling work, like documentation, scheduling, and progress tracking. However, their growing use in mental health care brings up difficult ethical and emotional issues. Counselors might worry about data privacy, client confidentiality, the reduction of human empathy, and the risk of automated systems taking over essential therapy functions.

In India, counselors already deal with heavy caseloads, limited support from institutions, and increasing mental health needs. So, incorporating AI must be done carefully. Using AI responsibly means finding a balance between technological efficiency and human empathy, ensuring that innovation supports the counselor's role instead of replacing it.

Future research in India should focus on how adopting AI impacts counselors' emotional health, role identity, and relationships with clients, instead of just looking at trends from other countries. This evidence will be crucial for creating ethical guidelines, training programs, and organizational policies that safeguard both counselor well-being and client care in a future where AI is involved.

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