

## **Resilience and Transformation-Managing Professional Challenges, Inspiring Changes: Perspectives from Indian Clinical Psychologists**

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The study is the first of its kind to explore and understand the professional challenges managed by Indian clinical psychologists and the level of resilience and optimism they showcase through qualitative inquiry. The participants in the study were 5 female clinical psychologists, aged 25-32 years (M = 29.4 years). The tools used were the Informed Consent form, Socio-demographic Information sheet, and a semi-structured interview schedule. The interviews were transcribed and analyzed, resulting in the identification of five dominant themes, their associated sub-themes, and corresponding codes. Through narrative analysis, these themes were understood in depth. The five dominant themes relate to the nuanced professional realities and their challenges, complexities in clinical education, the pivotal role of societal perceptions, the changing landscape of clinical psychology, and managing roles and responsibilities. The limitations and future directions are mentioned in detail in the paper.

**Keywords:** Clinical Psychologists, Professional Challenges, Resilience, Transformation

The field of psychology has steadily progressed in India since its inception. Clinical psychology has experienced significant growth, particularly with the rise of institutions and affiliated bodies. However, the field also poses some challenges for professionals. To understand the challenges and status of clinical psychologists in India, it is essential to be aware of the development of the field of clinical psychology. One of the important milestones in the field of clinical psychology in India was the establishment of the All-India Institute of Mental Health, now known as the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, in 1954 by the Government of India which began offering a two-year professional course in Clinical Psychology post Masters level to train students in becoming clinical psychologists. Other

significant milestones include the establishment of the Indian Association of Clinical Psychology (IACP) in 1968, the publication of its official journal, the Indian Journal of Clinical Psychology, in 1974, and the formation of the Rehabilitation Council of India (RCI) as a registered society in 1986.

### **Professional Challenges Experienced by Clinical Psychologists**

Educational and professional challenges have been reviewed by research scholars to ensure they can be addressed properly and appropriate actions can be taken. Systemic and practice-based issues have been identified by Galundia (2018), who integrated the viewpoints of 41 practicing clinical psychologists in India. Educational, systemic, legislative, and profession-based challenges face contemporary clinical

psychologists in India, and these challenges have been addressed by Palni et al. (2023). Ethical dilemmas have also been experienced by clinical psychologists, including the issue of confidentiality and obtaining assent from children (Bhasin et al., 2019).

### **Rationale of the study**

Clinical psychologists have been accorded special status as they are responsible for performing various roles. However, there are certain challenges faced by clinical psychologists that could act as barriers to providing mental health care services. Extensive literature is available on psychological challenges faced by mental health professionals, particularly clinical psychologists, in India. However, very few studies have attempted to describe the challenges faced by Indian clinical psychologists in professional aspects. Hence, this study aims to gather detailed narratives of clinical psychologists, as it would not only spread awareness among aspirants of clinical psychology but also help in providing strategic steps to bring improvements in the field of clinical psychology practice in India.

### **Objectives**

The present study has the following research objectives:

1. To explore the unique occupational hurdles encountered by clinical psychologists.
2. To examine the societal perceptions about mental health and the profession of clinical psychology and their influence.
3. To understand the complexities associated with the roles and responsibilities of clinical psychologists.
4. To analyze the issues experienced by clinical psychologists in navigating the evolving landscape of the field of clinical psychology.

## **Method**

### **Sampling and Data Collection Process**

Purposive sampling was used to select the participants. The call for participation message was posted on LinkedIn, detailing the study's information. Five Indian clinical psychologists with 2 to 7 years of experience, currently working in an Indian government hospital, private hospital, or clinic, were included in the study. Indian clinical psychologists working abroad were excluded from the study. 5 participants were shortlisted for the interviews out of 15 who expressed interest in participating in the study. The ages ranged from 25 to 32 years ( $M = 29.4$  years). Before beginning the interview, the participant signed the informed consent form. The socio-demographic details were obtained by filling out the socio-demographic information sheet. The interviews were audio-recorded with their consent. All five interviews took place over a month and were conducted at their respective workplaces, namely private clinics. As a token of thanks, a mini self-care toolkit was given to the participants.

### **Tools**

The tools used for the study include the socio-demographic information sheet and the semi-structured interview schedule.

### **Socio-demographic Information Sheet**

The socio-demographic information sheet was prepared to gather socio-demographic information from participants before the interview. This includes their initials, age, gender, educational qualifications, domicile city and/or state, socioeconomic status, languages spoken, years of experience, current workplace, nature of workplace (rural/urban), location of workplace, nature of employment, and duration of employment.

### **Semi-structured Interview Schedule**

A semi-structured interview schedule was developed for the study, which consists of a

predetermined list of 22 open-ended questions. The interview schedule was developed through a thorough literature review. The first draft consisted of 23 interview questions, which were reviewed and analyzed by the supervisor and a senior clinical psychologist. The schedule was edited and included 22 questions with major changes. The questions are formed to understand the influence of roles and responsibilities, societal perceptions, past and present trends, and educational experiences on the clinical practice of clinical psychologists.

### **Data Analysis**

Narrative analysis was used to understand the challenges faced by clinical psychologists. Narrative analysis attempts to study the story and the narratives as the crucial object of investigation (Murray, 2003).

### **Steps of Narrative Analysis**

Crossley (2007) described the steps of conducting narrative analysis on the data gathered through interviews. The first phase involved reading and re-reading the interview transcripts to become familiar with the data and identify potential themes. The second phase involved identifying important elements of the narratives (McAdams, 1993): narrative tone, imagery, identifying potential themes, and Identifying Narrative Themes and Images. The third phase involved creating a coherent narrative by combining all the elements. In the final phase, the story is analyzed and written into a research report.

### **Ethical Considerations**

The authors paid utmost attention to maintaining ethical guidelines throughout the study process. The participants were interviewed after obtaining written informed consent. To ensure confidentiality, each participant was given a unique code. Participants were informed beforehand that their participation was voluntary and that they

had the right to withdraw at any time. As the study is part of a postgraduation dissertation, it was carefully evaluated and approved by the research panel constituted by the department. The American Psychological Association's (APA) guidelines related to the best practices to protect participants' rights were adhered to. The study did not receive any external funding.

### **Quality Assurance**

Trustworthiness was established in the study by following the four criteria suggested by Lincoln and Guba (1985). Credibility was established through prolonged engagement and persistent observation. Transferability was established by giving a rich account of the data. Dependability and Confirmability were established through an audit trail. Lastly, Reflexivity was established by understanding the influence and effects of the researcher's own biases and preconceived notions.

### **Researcher's positionality**

While reporting qualitative research, it is essential to disclose the author's orientation and beliefs (Denzin & Lincoln, 2008). As researchers, the authors believe that people's versions of stories are dynamic and can change the course of the study. The first author was closely involved in listening to the professional challenges faced by Indian clinical psychologists. Both authors are trained in qualitative research methods, including narrative analysis. Additionally, the second author has extensive experience conducting narrative analysis and working with clinical data.

### **Results**

The perspectives of the participants were understood by identifying dominant themes, associated sub-themes, and codes through inductive analysis.

### **Nuanced Professional Realities and Their Challenges**

The first theme describes the beginning of the shared journey among the participants. This involves reflecting on the professional realities manifested in the form of challenges.

#### **Mixed Professional Changes**

All the participants narrated that they could observe some changes in the profession when comparing it to the past. Increased awareness about the profession and the professionals themselves motivated them to continue working in the field.

I think it has changed quite a bit. I think with clinical psychology, more and more recognition has been given to this field, I think, lately, given that there is you know that M. Phil degree that is there, and with that comes the RCI license that you have. [P5]

However, a counter side to these narratives is the observation that people, at the same time, are not really aware of the qualifications and training of clinical psychologists which gives rise to unqualified professionals.

#### **Unbalanced Remuneration**

The second sub-theme describes their stance on remuneration as per their experiences. The remuneration they receive is low due to certain myths about the profession, as shared by a participant.

Obviously, see, a psychiatrist would earn more than us in an hour. And if we are charging a minimum of at least 1500, clients feel that it's way too high. So even if we ask them that it's okay, they would still want to have more time. But we can't give more than 45, for that matter, even 55 minutes. [P3]

The educational training is intensive, which makes them efficient. However, as compared to psychiatrists, the amount of income received is quite low, which does not align with their hard work.

### **Daunting Experiences of Job Hunting**

While looking for their first job, some of the participants shared that the roles and responsibilities were unclear, which creates confusion and makes them feel discouraged, as shared by one of the participants.

So, I think full-time employment with any employers is difficult, because they expect you to do a lot of things with that little remuneration. Our working hours are same, 10 to 6, and then it's very exhausting if you're working around the clock with the session, with the clients. [P1]

Fetching a job after a long time and receiving low remuneration in comparison to other professionals and the years of education they received is challenging in itself, leaving them feeling demoralized.

#### **Complex Systemic Issues**

When the participants reflect on the systemic issues that they have observed while working in the field for years, their major concern was the rise in the number of unqualified professionals who are spoiling the field by not acquiring appropriate qualifications, as shared by a participant.

So, many people what they do after their masters is that they do these internships, they do it for 2 months, 3 months, they get trained under a clinical psychologist and then they start practicing. [P1]

#### **Instrumental Role of Professional Networking**

The last sub-theme explores the importance of networking with fellow professionals, and the participants shared happily that it has been of immense help to them. One of the major advantages of networking, as shared by some participants, is the benefits they receive for their professional growth, as mentioned by a participant.

You have a strong network to rely on, you get to know about a lot of things, you get to know about trainings, you get to know about research. [P1]

Networking also helps them in getting to know about supervision groups, which advance their professional growth.

### **Complexities in clinical education**

The second theme describes how the participants' educational journey shaped them into skilled mental health professionals, enabling them to provide effective mental health services.

### **Limited clinical training**

The narratives shared by the participants highlight their perspectives on the quality of clinical training and educational experiences. Some of the participants felt that more practical exposure should have been incorporated, as shared by a participant.

If there were more practical exposure, then we would have been able to deal with the clients in a better way. This is what I feel. [P4]

### **Challenges in navigating cultural diversity**

Some participants shared that their clinical training plays a significant role in applying knowledge effectively to such a diverse client base.

So, many principles do not apply here, but I think M. Phil comes handy, because you practice with that population that you're going to practice, that you're going to see basically in your life ahead. That helps. Training is really important. [P1]

This reflects their resiliency and optimism in navigating the path as professionals. However, some of the participants faced challenges in terms of making the clients understand mental health services and providing psychoeducation to specific strata.

### **Limited familiarity with indigenous approaches**

The participants shared that a greater emphasis is needed on understanding and implementing indigenous approaches so that the cultural context can be reflected adequately in understanding clients' experiences, as shared by one of the participants.

I think it affects a lot because as far as culturally sensitive psychotherapy is concerned, it is not there. We aren't taking culture into consideration when it comes to psychotherapy. So, I think that we lack. [P4]

### **Complex status of clinical research**

Some participants suggested that certain areas require more focus to solidify the field of clinical research. At the same time, the participants also believe that they have observed a surge in clinical research, as shared by a participant.

*It is happening. It's getting better, I feel, because even, you know, when you look at just student-level dissertations and things like that. There are a lot more interesting things that are coming up. [P5]*

### **Pivotal Role of Societal Perceptions**

The third theme focuses on the role and effects of societal perceptions on the identity and status of clinical psychologists in society.

### **Paradoxical role of Psychiatrists**

The participants shared their perspectives on the importance of psychiatrists and how their identity overlaps with theirs. They felt that the nature of the relationship is collaborative and holistic-based. However, some participants shared their concerns about the involvement of psychiatrists in providing psychotherapy, as shared by a participant.

But when a psychiatrist tries to enter the field of psychotherapy, that is when something

gets messy. It's okay, we understand, it's good that you are providing psychotherapy, but I believe it should be till the initial stages only. [P3]

### **Mixed attitudes towards the help-seeking behavior of clinical psychologists**

The participants reflected on the reactions they usually receive when they need help for their mental health. Some of the participants shared that they received stigmatizing reactions from their friends, making them feel disheartened, as shared by a participant.

With friends, it is being perceived as, you know, you are a psychologist yourself and you are taking therapy yourself. [P4]

However, others received a welcoming attitude towards their help-seeking behavior from their colleagues, which makes them feel motivated and empowered.

### **Varied manifestations of stigma associated with mental health**

The participants also shared their viewpoints and observations on the stigma associated with mental health and how it affects their professional identity. Social media and other educational sources of information have positively contributed to spreading awareness about the importance of mental health. However, stigma is still present, manifested in the form of poor turn-up of clients.

So sometimes we decode their stigma and try to flush it out. But then they don't come back. They think the doctor is saying too much. They think we are doctors. [P4]

### **Ethical dilemmas and Moral struggles**

The participants shared how certain moral struggles arise in their practice, which create moments of confusion for them. One of the moral struggles shared by a participant was setting boundaries with parents, as reported by another participant.

But it is something which I really struggle with in my practice. That parents are really involved in the therapy sessions. They don't let the ethical boundary get established. That's something which I feel, ethically. [P1]

Other ethical dilemmas they share include the issue of divided loyalties and the limits of confidentiality.

### **Dynamic status of clinical psychologists in society**

There is an increased recognition as licensed professionals, as shared by some participants. According to them, the license and the unique responsibilities carried out by clinical psychologists give them a higher status in society, and hence, nobody can question their credibility, as shared by a participant.

People have started to identify the degree of a clinical psychologist. In the private practice especially, I do get enquiries related to "are you a RCI registered clinical psychologist, are you an M. Phil clinical psychologist". [P2]

However, some participants have shared that there is also less awareness about the inherent nature of the profession and the qualifications required to become a clinical psychologist.

### **Changing landscape of clinical psychology**

The fourth theme describes the ever-evolving and changing landscape of clinical psychology.

### **The detrimental role of unqualified professionals**

One of the most worrisome changes that has been repeatedly quoted and observed by the participants is the rise in the number of unqualified professionals as shared by a participant.

It's bad, really bad. There is no awareness of the roles and responsibilities of a clinical

psychologist. Even professionals don't know. [P1]

This has resulted in deleterious effects on clients who lose faith in the process of psychotherapy after they are misused by an unqualified professional.

### **Positive role of tele-psychotherapy**

The shift from face-to-face to tele-psychotherapy has emerged since the pandemic, playing a positive role in the field of clinical psychology. For the participants, it has been really comfortable and accessible, as one participant shared.

*I think it has been a major help because at the end of the day you're able to access certain services that might not have been accessible otherwise given your situation or where you're located and things like that.* [P5]

### **Risky Influence of Artificial Intelligence**

Artificial Intelligence is on the rise in terms of the creation of chatbots and other services. However, its influence has been perceived as risky to the profession in terms of replacing human connection, as shared by one of the participants.

I feel like with regards to other professions as well AI is taking over a lot and it is making these professions obsolete...at the same time I do recognize that there is a certain level of human touch that is required to understanding emotion. [P5]

It has also led to negative effects on the clients who would look out for symptoms using these services, thus creating dilemmas in their minds.

### **Hopeful future of transformation**

The participants shared that they envision a future that has an enormous scope in the field of clinical psychology, as shared by a participant.

There is a lot of scope of clinical psychology in India. And I think we as clinical psychologists have a long way to go. There is a huge market sitting for us. And I think we have a long way to go. [P4]

However, some shared that the formulation and implementation of better training pathways are required to become effective clinical psychologists in the future. Also, some participants expressed their dissatisfaction with being perceived as lower in comparison to psychiatrists with respect to remuneration.

### **Managing challenging roles and responsibilities**

The fifth theme describes the challenges associated with fulfilling roles and responsibilities.

### **Dealing with work-life balance**

The participants shared how it has been difficult for them to integrate both personal and professional lives. According to some participants, the nature of the field is highly exhausting and draining, which leaves them experiencing mental fatigue, as one participant shared.

I think it's really exhausting. Because therapy sessions are very exhausting. It's equivalent to you working for 7-8 hours straight. I don't have the mental capacity to talk or utter even a word. Or speak to anyone. [P1]

When asked about their coping strategies, most of the participants shared that establishing and maintaining healthy boundaries is very important in order to be mentally and physically sane.

### **Adaptation to changes in psychological well-being**

The participants shared that clinical roles carried out by them have significant implications for their psychological well-being, as shared by a participant.

It again comes all to your training. If you have had a good training, so you won't let your client sit over you or the emotional baggage, you are not going to carry it further. [P2] At the same time, some participants reported feeling exhausted with the responsibility of carrying out multiple duties.

### Complexities associated with multiple responsibilities

There are certain complexities and challenges associated with multiple responsibilities, which are manifested in the form of being able to divide time for various roles. The participants shared that dividing time depends on organization to organization, as shared by a participant.

Yeah, I think it depends, you know, the kind of allocation. Again, it depends on the kind of requirement that an organization has with regards to it. [P5]

However, others shared that there is less focus on research in private practice.

### Commitment to upskilling

When asked how their experience has been with respect to giving time to upskill themselves, some of the participants shared that it has been quite challenging for them, as this requires allocating a proper time period. At the same time, others shared that upskilling has been really helpful in expanding their clinical knowledge.

And it really helps in the practice. Because you get to know about new therapies. You get to know about new current researches and evidence-based tools. So it's really important. [P2] Therefore, the need to keep themselves updated has helped them broaden their knowledge base, which can be challenging at times.

These themes can be illustrated in a mind map in Figure 1, which reflects their narratives of navigating professional challenges optimistically.

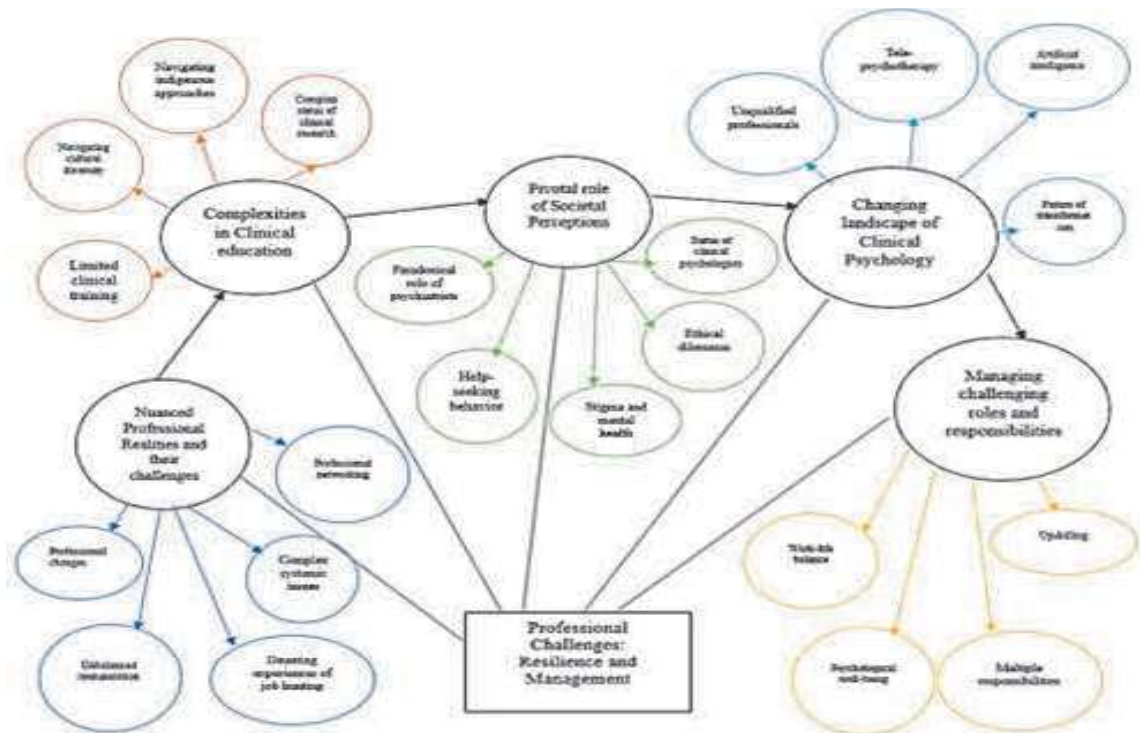


Figure 1. Narrative Map

## Discussion

The study aims to explore and understand how Indian clinical psychologists navigate professional challenges resiliently through narrative analysis. Several themes and their sub-themes emerged from the data. The first objective aims to explore the unique occupational hurdles encountered by clinical psychologists. Along the same lines, the first theme describes how the participants encountered the harsh realities of professional life, which posed significant challenges. Some professional changes have emerged in the field, which are of mixed nature. Accessibility and awareness have increased related to the field. Additionally, participants have expressed a lack of awareness regarding their training and qualifications.

The alignment between the remuneration received and the responsibilities fulfilled is unbalanced, as the participants believe they receive low remuneration due to societal perceptions. This was also demonstrated by Galundia (2018), who revealed that low remuneration compels them to explore other avenues. Palni et al. (2023) also found that low remuneration forces professionals to consider other choices. The participants shared their experiences of job hunting, which are daunting in nature. Wherever they applied, roles and responsibilities were unclear and not properly demarcated. A similar finding was reported by Palni et al. (2023), who found that professional posts are very limited in the public sector. Additionally, there are some complex systemic issues that concern all the participants. Additionally, professional networking has played a crucial role in expanding the participants' knowledge base, ultimately leading to professional growth.

In terms of clinical education, some complexities have been observed by the participants, which is the second theme. The

participants shared that the clinical training they received was limited in nature and suggested that hands-on training and practical exposure should be included. This finding has been shared by Galundia (2018) in which the participants shared that training facilities are inadequate. In terms of imparting Western clinical knowledge to a diverse clientele, the participants have experienced difficulties in navigating cultural diversity. However, their clinical training has helped them quite a bit in making the required adaptations. They also shared that there is limited familiarity with indigenous approaches and hence, greater emphasis is needed on making the aspirants familiar with such approaches. A similar finding was revealed by Palni et al. (2023) whose study showed that cultural diversity poses as a major barrier in delivering mental health services effectively. In terms of the current status of clinical research, the trajectory has not been straightforward, as some participants have shared that more focus is required on certain areas, such as developing Indian norms for psychometric tests and conducting research on neglected disorders. A similar finding was reported by Galundia (2018), who noted that there is a lack of focus on the research and development of indigenous approaches. Palni et al. (2023) also demonstrated a lack of clinical research in clinical psychology.

The second objective aims to examine the influence of societal perceptions about mental health and clinical psychologists. The participants shared that public attitude play a pivotal role in affecting their clinical practice and professional identity, which describes the third theme. A paradoxical role of psychiatrists has been observed by the participants who shared that while some psychiatrists fail to understand the importance of psychotherapy, there are other psychiatrists who are cooperative and give referrals wholeheartedly. There are certain societal perceptions about the help-seeking

behavior of clinical psychologists. The participants shared that there are mixed attitudes regarding the same. The participants have observed varied manifestations of stigma during their years of experience.

Ethical dilemmas and moral struggles are frequently encountered by clinical psychologists, which could pose as barriers. Some of the dilemmas experienced by the participants include setting boundaries with patients ethically, managing divided loyalties, and establishing limits on confidentiality in child cases. This has been demonstrated by Oppong et al. (2021), who found that participants faced ethical dilemmas related to third-party disclosures. Additionally, the status of clinical psychologists in society is dynamic. This finding was demonstrated by Galundia (2018), who revealed that participants attributed low status to the profession due to multiple factors.

The third objective aims to understand the complexities associated with the roles and responsibilities of clinical psychologists. The participants shared that the roles required to fulfil are enormous, which is challenging. Dealing with work-life balance has been a daunting task for them, leading them to experience mental fatigue. However, the intensive nature of their clinical training has acted as a buffer, protecting them against the deleterious effects of fulfilling their responsibilities. In terms of the complexities associated with allocating time for multiple responsibilities, the participants shared that the organization or work setup they are affiliated with determines the degree of role fulfillment. A similar theme was revealed by Palni et al. (2023), who demonstrated that the country's work distribution is not ideal. They are highly committed to upskilling, which has been challenging for them.

The final objective aims to analyze the issues experienced by clinical psychologists

in navigating the evolving landscape of the field of clinical psychology. Certain trends have emerged in the field of clinical psychology. Unqualified professionals are on the rise, creating a harmful impact on their clients. The participants have experienced the positive influence of tele-psychotherapy in their clinical practice. A similar finding emerged in a study by Palni et al. (2023), which revealed that the shift from face-to-face to tele-psychotherapy has brought a major change in the profession. However, Artificial Intelligence has been perceived as having a potentially risky influence on the profession. Lastly, the participants envision a future filled with hope and positive transformation as the field has an enormous scope.

To conclude, the narratives of Indian clinical psychologists have reflected their strong commitment, dedication, perseverance, and resilience in navigating professional challenges.

### **Conclusion**

There are nuanced professional realities and certain complexities associated with clinical education in the field of clinical psychology. Societal perceptions play a pivotal role in shaping the identity and practice of clinical psychologists. The landscape of clinical psychology is ever-changing and evolving. The challenging nature of roles and responsibilities has made the professionals resilient. The findings have implications for contributing to the spread of awareness about the current status of clinical psychologists. Additionally, changes could be implemented to address systemic issues. Increasing the diversity amongst the participants, increasing the number of participants, and incorporating multiple methods of gathering and analyzing data could add to the quality of the research produced.

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