

## Self-Critical Perfectionism, Professional Quality of Life, Compassion Fatigue, and Self-Compassion in Female Novice Psychologists

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This study examined SCP in female novice psychologists in India, tested SCP as a predictor of compassion fatigue and ProQOL, and evaluated self-compassion as a mediator. Using a quantitative correlational design with mediation analysis, 108 female novice psychologists completed the Big Three Perfectionism Scale SCP subscale, the Professional Quality of Life Scale–5, and the Self-Compassion Scale–Short Form. SCP showed a strong positive correlation with compassion fatigue ( $r = .563, p < .001$ ), explaining substantial variance ( $R^2 H^2 .524$ ). SCP also demonstrated a small but significant association with ProQOL ( $r = .195, p < .05; R^2 H^2 .037$ ). Mediation analysis indicated a significant indirect effect of self-compassion (indirect  $B = 0.147, p = .026$ ), suggesting that higher self-compassion reduces the negative impact of SCP on professional wellbeing. These findings highlight SCP as a meaningful risk factor for reduced wellbeing among novice psychologists and underscore the potential value of self-compassion–based interventions.

**Keywords:** self-critical perfectionism, self-compassion, compassion fatigue, professional quality of life.

Psychologists undergo a demanding training process, often juggling multiple roles such as students, researchers, supervisors, and sometimes educators. Doctoral trainees, in particular, report high levels of stress. The rigor of training programs intensifies the pressure of balancing personal and professional responsibilities, potentially leading to burnout and increased vulnerability to depression, especially for those with high self-critical perfectionism.

Self-critical perfectionism, characterized by excessively high self-standards and harsh self-judgment, can result in feelings of inadequacy, shame, and low self-esteem. It has a detrimental impact on professional quality of life, encompassing emotional exhaustion, depersonalization, and a sense

of accomplishment. Compassion fatigue, a combination of burnout and secondary traumatic stress, is a common issue for helping professionals. It arises from exposure to traumatic events and the emotional toll of caregiving. Protective factors against burnout include self-compassion, motivation, and resilience.

Theoretical frameworks such as self-critical theory, object relations theory, cognitive-behavior theory, social comparison theory, personality theory, and adaptive and maladaptive perfectionism theory shed light on the complex relationship between self-critical perfectionism, motivation, and professional well-being. These theories provide valuable insights into understanding the factors that contribute to or mitigate the

challenges faced by psychologists during their training and practice.

The cognitive-affective model and traumatology model offer further perspectives on the development of compassion fatigue, emphasizing the importance of addressing the emotional and psychological needs of individuals, particularly those in caregiving professions, who may be exposed to trauma and its lasting effects.

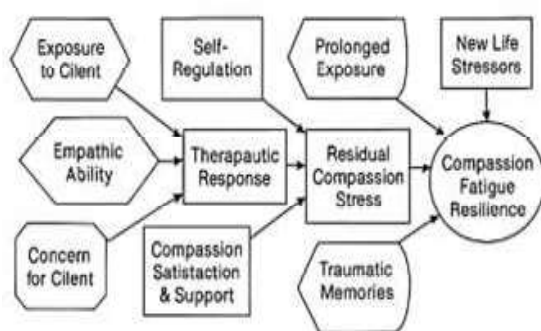


Figure 1. The Compassion Fatigue Resilience Model

*Note.* This model is adapted from the Traumatology model, and summarizes the 12 interrelated variables that can positively and negatively affect the dependent variable, that is Compassion Fatigue Resilience. From *The Handbook of Trauma Psychology* (Vol.1., p573-593) by Figley and Ludick, 2017, APA Books.

Numerous studies examine the interplay between self-critical perfectionism, professional quality of life, and self-compassion across helping professions and academic contexts. Performance pressures in academic and therapeutic settings often produce feelings of inadequacy and negative psychological outcomes (Truell, 2001). Doctoral trainees, subject to intense academic and clinical demands, frequently report depressive symptoms (Brooks et al., 2002; Kuyken et al., 2000), and Kuyken et al. (2000) observed that early depressive signs often worsen over time.

Self-critical perfectionism links to elevated stress, negative affect, and fewer positive outcomes (Moate et al., 2016). Studies show a negative relationship between academic burnout and self-compassion among college students, with self-compassion moderating burnout's mental-health impact (Cheraghian et al., 2016). In healthcare, job stress and burnout are pervasive: nurses exposed to emotionally intense care face empathy-related strain that self-compassion can buffer (Joana et al., 2016), and firefighters confronting traumatic events show reduced depression and enhanced resilience associated with self-compassion (Kaurin et al., 2018).

Maladaptive perfectionism relates to lower life satisfaction and mental-health problems. Among medical students, self-compassion, especially self-kindness and mindfulness, mediates the impact of maladaptive perfectionism on life satisfaction (Wang & Wu, 2022). Yet these findings highlight the need for research in under-studied groups, notably novice psychologists in India.

Recent work refines the protective role of self-compassion. Lyon and Galbraith (2023) found that higher self-compassion predicted lower burnout in U.S. mental-health practitioners, suggesting that self-compassion training be integrated into professional development. Espiritu and Evetts (2024) reported that self-compassion, meaningful engagement, and occupational balance were the strongest predictors of well-being across graduate health programs; health students showed lower self-compassion and greater distress than non-health peers. Thompson (2024) nuances this picture: among online clinical-psychology PhD students, overall well-being predicted burnout more strongly than self-compassion alone, implying that broader well-being strategies are crucial in doctoral training.

Longitudinal and mechanism-focused studies strengthen causal inferences. Cabaços et al. (2023) found that high perfectionism, repetitive negative thinking, and low self-compassion predicted burnout over 18 months; perfectionism influenced later burnout both directly and indirectly via reduced self-compassion and increased negative thinking. Souza et al. (2024) showed that self-criticism and fear of self-compassion are associated with higher exhaustion and lower engagement; fear of self-compassion affected burnout directly and through self-criticism, aligning with a Job Demands–Resources view that treats these beliefs as personal demands.

Interventions targeting these mechanisms show promise. Solms et al. (2024) tested a self-compassion-based PsyCap intervention for PhD students and reported short-term rises in self-compassion, reduced work pressure, and greater support-seeking; PsyCap-only training improved psychological capital and reduced pressure, but sustained well-being gains appeared driven by increases in self-compassion, with later PsyCap benefits following. Large-sample profiling by Hailikari et al. (2025) identified three student profiles: self-critical (high burnout risk), average, and self-compassionate (low burnout risk), confirming that self-criticism increases vulnerability while self-compassion confers resilience.

The literature available concludes that stress and anxiety are unavoidable in training, with various factors that increase vulnerability and hinder coping, leading to negative outcomes like burnout and depression. For novice mental health professionals, high levels of empathy can pose a risk for compassion fatigue, while self-compassion may serve as a protective factor. Consequently, interventions aimed at enhancing self-compassion and self-care skills among novice psychologists in India are essential in reducing burnout and compassion fatigue.

Studying factors like self-critical perfectionism, professional quality of life, compassion fatigue, and self-compassion is crucial, especially for novice psychologists in India, where there is a significant shortage of mental health professionals. Novice psychologists face unique challenges and need to balance various aspects of their work and training. Understanding their experiences with compassion fatigue, professional quality of life, and self-critical perfectionism can help address these challenges, promote well-being, and enhance mental healthcare practice. By identifying and managing these factors, novice psychologists can provide more effective care, ultimately contributing to addressing the mental health shortage and improving the quality of mental healthcare in India.

### Research Hypotheses

- H<sub>1</sub>: There will be a significant relationship between self-critical perfectionism and professional quality of life in novice psychologists.
- H<sub>2</sub>: There will be a significant relationship between self-critical perfectionism and compassion fatigue in novice psychologists.
- H<sub>3</sub>: Self-compassion will have a mediating effect in the relationship between self-critical perfectionism and professional quality of life.

### Method

#### Sample

The sample includes female (assigned female at birth) novice psychologists from India. Only people who have completed their graduation and post-graduation studies with Psychology in India will participate (online courses or distance learning courses are excluded from the study). The age group will be 21 to 30 years. Snowball, convenience and purposive sampling techniques will be used.

## Instruments

*Self-Critical Perfectionism subscale from the Big Three Perfectionism Scale (BTPS) (Smith et al., 2016):* The sub-scale consists of four components- Concern over mistakes (negative thoughts about the future), Doubts about actions (performance worries), Self-criticism (harsh criticism if performance is not perfect), and Socially-prescribed perfectionism (tendency to think that others will value you if you are perfect). The given scale has high reliability with Cronbach's alpha ranging from 0.7 to 0.9. Criterion validity has also been supported by the BTPS's ability to predict outcomes related to perfectionism. There are 45 items in total on a five-point Likert scale, and under self-critical perfectionism, there are 18 items.

*Professional Quality of Life scale (ProQOL), version 5 (Stamm B.H., 2009):* ProQOL has three components or subscales- Compassion Satisfaction (pleasure that you derive from helping others), Burnout (feelings of hopelessness and difficulty related to work), and Secondary Traumatic Stress (developing problems due to secondary

exposure to traumatically stressful events). The given scale has high reliability with Cronbach's alpha ranging from 0.8 to 0.9. Criterion validity has also been supported by the ProQOL's ability to predict outcomes related to professional quality of life. It is measured on a five-point Likert scale and has 30 items.

*Neff's Self-compassion scale (Short-form) (SCS-SF) by Raes, F. et al. (2010):* This scale has six components or subscales divided into three elements, Self-kindness vs. Self-judgement, Common humanity vs. Isolation, and Mindfulness vs. Overidentification. The given scale has high reliability with Cronbach's alpha ranging from 0.86 to 0.97. Criterion validity has also been supported by the SCS-SF's ability to predict outcomes related to self-compassion. The average scores for the Self-Compassion Scale are around 3.0 on a five-point Likert scale and has 12 items, a score of 1 to 2.5 indicates low self-compassion, 2.5 to 3.5 indicates moderate, and 3.5 to 5.0 is an indication of high self-compassion (Neff, 2003).

## Results

Table 1. Descriptive Statistics of the Variables

	Mean	Std. Deviation	Minimum	Maximum
Self-critical Perfectionism (SCP)	53.1	11.0	22.0	76.0
Professional Quality of Life (ProQOL)	87.7	7.96	72.0	105
Concern over mistakes (COM)	180	11.2	154	207
Doubts about Action (DOA)	359	22.5	307	413
Self-Compassion (SC)	36.5	7.23	23.0	53.0
Compassion Fatigue (CF)				
Secondary Traumatic Stress (STS)	10501	615	9013	11967
Burnout	5251	307	4507	5984

Table 2. Linear Regression of self-critical perfectionism with professional quality of life, and compassion fatigue components (burnout and secondary traumatic stress)

Variable	R	R2	Adjusted R2	F	P
Professional Quality of Life	0.195	0.0379	0.0288	4.17	<0.05
Secondary Traumatic Stress	0.724	0.524	0.519	117	<.001
Burnout	0.724	0.524	0.519	117	<.001

Table 3. Correlation Matrix with Pearson's r values of the variables Self-Critical Perfectionism, Professional Quality of Life and its components (Concern Over Mistakes, Doubts about Actions), and Components of Compassion Fatigue (Secondary Traumatic Stress, Burnout)

	SCP	STS	Burnout	COM	DOA
SCP	-				
ProQOL	0.195*	-			
STS	0.563***	-			
Burnout	0.563***	1.000***	-		
COM	0.670***	0.990***	0.990***	-	
DOA	0.674***	0.989***	0.989***	1.000***	-

Note.  $p < .05$ , \*\*\* $p < .001$ , one tailed

Table 4. Mediation and Path Estimates of the Mediation analysis of self-compassion between self-critical perfectionism and professional quality of life

Effect	Label	Estimate	Z	P	%Mediation
Indirect	a x b	0.1472	2.2191	0.026	95.76
Direct	c	-0.0065	-0.0660	0.947	4.24
Total	c + a x b	0.1407	1.9515	0.051	100.00
SCP → SC	a	-0.44829	-9.5286	<0.01	95.76
SC → ProQOL	b	-0.32850	-2.2384	<0.05	4.24
SCP → ProQOL	c	-0.00653	-0.0660	0.947	100.00

H<sub>1</sub>: There will be a significant relationship between self-critical perfectionism and professional quality of life in novice psychologists.

The results provide support for hypothesis one (refer to Tables 2 & 3), which states that there is a significant relationship between self-critical perfectionism and professional quality of life, as when the scores were

subjected to a Pearson correlation test, it yielded the Pearson correlation coefficient  $r = 0.195$ , which was statistically significant at the 0.05 level. Since correlation was significant, linear regression was performed, where self-critical perfectionism was the independent variable and professional quality of life, the dependent variable. The regression analysis revealed that self-critical perfectionism significantly predicted

professional quality of life ( $B = 80.193$ ,  $SE = 3.7354$ ,  $p < .01$ ). The  $R$ -squared was  $.037$ , indicating that only a small percentage of the variance in the dependent variable can be explained by the independent variables included in the model.

$H_2$ : There will be a significant relationship between self-critical perfectionism and compassion fatigue in novice psychologists.

From Tables 2 and 3, it can be inferred that there is a significant relationship between self-critical perfectionism and compassion fatigue (burnout and secondary traumatic stress) among female novice psychologists in India, as when the scores were subjected to a Pearson correlation test, it yielded the Pearson correlation coefficient ' $r$ ' =  $.563$ , which was statistically significant at the 0.01 level. Since correlation was significant, linear regression was performed, which revealed that self-critical perfectionism (independent variable) significantly predicted compassion fatigue (dependent variable). ( $B = -10.74$ ,  $SE = 9.13$ ,  $p < .01$ ). The regression model yielded a high  $R$ -squared =  $0.524$ , suggesting that approximately 52.4% of the variance in the dependent variable can be explained by the independent variables. Additionally, the  $Adjusted R$ -squared =  $.519$ , which considers the model's complexity and remains notably high.

$H_3$ : Self-compassion will have a mediating effect in the relationship between self-critical perfectionism and professional quality of life.

For mediation analysis (refer to Table 4), examination of the relationship between self-critical perfectionism and professional quality of life was done, and it was assessed whether Self-compassion mediated this relationship. The direct effect of Self-Critical Perfectionism on Professional Quality of Life was not significant ( $B = -.006$ ,  $p = .94$ ). Similarly, the total effect was also not significant ( $B = .14$ ,  $p = .051$ ). However, the mediation analysis revealed a significant indirect effect of Self-

Compassion in mediating the relationship between Self-Critical Perfectionism and Professional Quality of Life ( $B = .14$ , 95%  $CI = [.017, .27]$ ,  $p < .05$ ).

## Discussion

In this study, the relationship of Self-Critical Perfectionism with Professional Quality of Life and with Compassion Fatigue was investigated. The analysis of the mediating effect of Self-Compassion between Self-Critical Perfectionism and Professional Quality of Life was also performed. The findings suggested a significant relationship of Self-Critical Perfectionism with Professional Quality of Life and with Compassion Fatigue. Further, the findings of linear regression suggest a cause-and-effect relationship of Self-Critical Perfectionism on Professional Quality of Life, which means that changes in the independent variable, that is Self-Critical Perfectionism, may cause changes in the dependent variables, which are Professional Quality of Life and Compassion Fatigue.

According to the Self-determination theory, individuals have an innate need for autonomy, and people can be self-determined when such needs for competence, achieving autonomy and forming connections are fulfilled (Deci and Ryan, 1985). Feeling a lack of control, extreme external factors, and burnout can hinder self-determined behaviour. Self-critical perfectionism can hinder autonomy by creating self-imposed pressures and unrealistic standards, which may lead to burnout and reduced professional quality of life. Cognitive-Behavioral Theory states that behaviors, thoughts and somatic reactions are interconnected. It states that how we think determines how we behave and feel. So, if a person is thinking negatively about themselves, they may engage in maladaptive behaviour. Self-critical perfectionism often involves unrealistic and overly negative self-

evaluations, which can contribute to emotional exhaustion, one of the components of professional quality of life.

According to the concept of self-criticism, we all have a presupposed notion of the self (Marshall, 2001). To understand oneself in a better light, one needs to look at the relationship between self-criticism, goal motivation, and progress. Self-criticism is known as the tendency of an individual to be overly critical of oneself. Goal motivation refers to the reasons why one tends to pursue goals. A study by Powers et al. (2007) suggests that self-criticism is negatively associated with self-processes. Goal motivation or autonomous motivation (goals associated with one's interests and personal meaning) is positively associated with progress.

According to the literature, individuals who are highly critical of themselves have less autonomous motivation (goals and have less personal meaning). Due to this, they may be invested more in their goals due to guilt or self-esteem issues rather than personal significance. This further causes them to focus on the goal to avoid failure, which is the opposite of effective goal pursuit. Self-criticism is found to be related to a number of constructs like depression, anxiety, low self-esteem, perfectionism and shame. A correlation has also been established with negative outcomes like suicidal ideation. It has also been found that self-compassion can decrease the effect of self-criticism, as it involves treating oneself with kindness and not being judgmental about one's experiences. Research has supported that self-compassionate individuals also have better mental health outcomes as compared to self-critical individuals.

According to the social comparison theory, people compare themselves to others to feel less uncertain about their own abilities. Research has suggested that people who

engage in more frequent and intense upward social comparisons (i.e., comparing themselves to others who are doing better) may be more likely to experience perfectionistic tendencies (Stoeber & Otto, 2006; Gniska et al., 2016). Research has also suggested that social comparisons may play a role in the development of compassion fatigue, as individuals who engage in more upward social comparisons may be more likely to experience symptoms of compassion fatigue (Shanafelt et al., 2016; O'Brien et al., 2017). This may be because these individuals are more likely to feel pressure to meet high standards (Self-Critical Perfectionism) and to be critical of themselves when they fall short, leading to emotional exhaustion and other symptoms of burnout.

Personality theory suggests that self-critical perfectionism may be related to certain personality traits, such as neuroticism, which is characterized by a tendency to experience negative emotions such as anxiety and sadness (Watson & Clark, 1984). Research has supported this link, with studies positive association between the two (Stoeber & Otto, 2006). Some research has also suggested that people who score high on neuroticism may be more susceptible to developing compassion fatigue (O'Brien et al., 2017). On the other hand, it suggests that self-compassion may be related to certain personality traits, such as agreeableness, which is characterized by a tendency to be kind, empathic, and cooperative (Costa & McCrae, 1992). Research has also shown that self-compassion is positively associated with agreeableness (Jiang & Hofer, 2018). Self-critical perfectionism is a form of maladaptive perfectionism, and research has shown that maladaptive perfectionism is associated with depression, anxiety, and low self-esteem (Hewitt & Flett, 1991; Stoeber & Otto, 2006), while adaptive perfectionism was associated with positive outcomes and negatively

correlated with negative outcomes like depression (Stoeber, 2011).

This study aims to bring to notice the predisposition to self-criticism faced by the female novice psychologists, burnout, and secondary traumatic stress experienced, which leads to compassion fatigue when experienced together and how these factors lower the professional quality of life. This study also aims to understand that self-compassion mediates the amount of effect self-critical perfectionism has on the professional quality of life. Therefore, the increase in the level of self-compassion in female novice psychologists can lead to a reduction in the effect of self-critical perfectionism and may lead to better professional life quality (Neff, 2003; MacBeth & Gumley, 2012). Other things that may help for the same are resilience training programs, preferably held by universities or included in the training modules or courses, which may help the psychologist in building emotional resilience and help in the development of healthy coping strategies (Mealer et al., 2017). Due to this, when they would face stressful situations or vicarious trauma, they would have the resilience to bounce back from the stress and deal with it in a healthy way. While in supervision, the supervisors are encouraged to be equipped with resources to help the supervisees deal with the secondary traumatic stress and vicarious trauma effectively. Supervisors are also encouraged to help the supervisees themselves regarding compassion fatigue and guide them with their experiences about such issues, and help them deal with the clients as well if they are stuck with a client somewhere or if the client is not making any progress due to any compassion fatigue, transference or countertransference faced by the supervisee. In a university or a course setting, the peers should be encouraged to support each other to foster a feeling of belongingness while learning, so that the

peers later on also provide support to each other when they exit the course. The organisations hiring psychologists must also organise and plan recreational activities for the peers to develop a sense of belongingness, which would create a space for them to develop social support and an environment where they are understood. It is also important for the psychologists to learn how to set boundaries and practice self-care (Tiegreen and Newman, 2009; Harr et al., 2014). They need to set time aside to practice relaxation and for their hobbies, and other rejuvenating activities. Self-care activities may help reduce compassion fatigue and other negative components. Meditation and mindfulness may also help in having a fresh mind and stress reduction. Not letting the compassion fatigue pile up and training oneself in compassion fatigue awareness may help recognise when they are facing signs of compassion fatigue, which can prevent escalation of the fatigue (Adams et al., 2006; Figley, 1995). Seeking individual counselling may help the psychologist deal with their stress, compassion fatigue and vicarious trauma efficiently. Therapy may also help psychologists deal with cognitive distortions related to self-critical perfectionism, which may help them in the long run for a better professional quality of life.

### **Limitations and Future Directions**

Exclusion of online courses and people with foreign degrees practising in India is a limitation, as they can also provide significant insights with their experiences as novice or novice psychologists. Focusing on only the female sex is also one of the limitations. Future studies can focus on the cause and effect relationship between the variables and may include online or distance learning courses in psychology, as well as the people who have foreign degrees and are practising in India, and focus on other genders. These studies can also be comparative in nature,

measuring the effect of self-critical perfectionism on the professional quality of life and its components between the groups with differences in education.

### Conclusion

Psychologists are subjected to long-term exposure to traumatic events, which may cause burnout, secondary traumatic stress, or vicarious trauma. This may, in turn, lead to psychologists developing compassion fatigue instead of compassion satisfaction and which may cause a reduction in their overall professional quality of life. Due to the life of psychologists being this stressful and having to shoulder the weight of the well-being of their clients, they may critically evaluate themselves and have unrealistic expectations of themselves. This may lead to self-critical perfectionism, which again causes compassion fatigue and a reduced professional life quality. Various theories like self-determination theory, cognitive behavioral theory, self-critical theory, social comparison theory, personality theory, and maladaptive perfectionism theory provide theoretical background of support for the same. Hence, this study aimed at understanding the relationship between the above-mentioned variables. The hypotheses explaining the relationship between these variables were supported, displaying a cause and effect relationship of self-critical perfectionism with professional quality of life and with compassion fatigue. A mediating effect of self-compassion was also found between self-critical perfectionism and professional quality of life. To promote better professional life quality and reduce the influence of secondary trauma on the psychologists, practicing activities that increase self-compassion are important along with resilience training programs, support from supervision and peers in universities and office spaces, practicing self-care, meditation and mindfulness, training in compassion fatigue awareness, and

individual therapy may help in creating a work life balance and reduce the effect of negative aspects on emotional regulation for the female novice psychologists.

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