

Examining the Effects of Clinicians' Attitudes, Compassion Fatigue, and Compassion Satisfaction on the Level of Burnout among Psychotherapists

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ABSTRACT

In psychotherapy, the clinicians' attitude affects the treatment process of the client. However, to the best of the authors' knowledge, no study has examined the effect of attitudes toward clinician burnout. In this context, the present study aimed to examine the effect of clinicians' attitudes on burnout, with compassion satisfaction and compassion fatigue as mediators. The study participants comprised 86 psychotherapists who lived and worked in Türkiye. Data were collected using the Demographic Information Form, the Burnout Scale Short Form, the Compassion Satisfaction and Compassion Fatigue Scale, and the Bakırköy Clinician Attitude Scale. The data were analyzed by path analysis. The findings indicate that compassion satisfaction and compassion fatigue play a significant mediating role in the relationship between mechanistic attitudes and burnout. Additionally, these factors significantly mediate the relationship between psychological inflexibility and burnout. Finally, the results revealed that psychiatrists demonstrate a significantly more mechanistic attitude compared to psychological counselors. Moreover, psychotherapists who were not actively supervised demonstrated a significantly more mechanistic attitude compared to those who were actively supervised.

Keywords: Attitude of health personnel, compassion fatigue, burnout.

ÖZ

Psikolojik Tedavilerde Klinisyen Tutumu, Merhamet Yorgunluğu ve Merhamet Doyumunun Tükenmişlik Düzeyi Üzerindeki Etkisinin İncelenmesi

Psikolojik tedavilerde klinisyenin tutumunun danışanın terapi sürecine etkisinin olduğu bilinmektedir. Ancak literatür incelendiğinde araştırmacıların bilgisi dahilinde klinisyen tutumunun klinisyenin tükenmişliğine olan etkisinin incelendiği çalışma bulunmamaktadır. Buradan hareketle klinisyen tutumunun merhamet doyumunu ve merhamet yorgunluğu aracı değişken olarak alındığında klinisyenin tükenmişliğine olan etkisinin incelenmesi amaçlandı. Çalışmaya Türkiye'de yaşayan ve çalışan 86 psikoterapist dahil edildi. Veriler, Demografik Bilgi Formu, Tükenmişlik Ölçeği Kısa Formu, Merhamet Doyumu ve Merhamet Yorgunluğu Ölçeği ve Bakırköy Klinisyen Tutum Ölçeği ile toplandı. Toplanan veriler yol analizi ile analiz edildi. Çalışmamızın bulgularına göre mekanistik yaklaşımın tükenmişlikle olan ilişkisinde merhamet doyumunu ve yorgunluğunun anlamlı olarak aracı bir rolü olduğu bulundu. Ayrıca klinik katılığın tükenmişlikle olan ilişkisinde merhamet doyumunu ve yorgunluğunun anlamlı olarak aracı bir rolü bulunmaktadır. Psikiyatri hekimlerinin, psikolojik danışmanlara göre anlamlı derecede terapilerde daha mekanistik bir tutuma sahip olduğu bulunurken aktif olarak süpervizyon almayan klinisyenlerin alanlara göre anlamlı derecede daha mekanistik bir tutuma sahip oldukları da bulgularımız arasındadır.

Anahtar Kelimeler: Tutum, merhamet yorgunluğu, merhamet doyumunu, tükenmişlik.



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INTRODUCTION

Burnout has been a growing problem among psychotherapists (Morse et al, 2012). A 2018 study reported a burnout rate of 40% among psychotherapists (O'Connor et al, 2018). Burnout has been shown to negatively affect psychotherapists' physical and emotional well-being (Edwards & Burnard, 2003), quality of life (Senter et al, 2010), self-awareness (Luken & Sammons, 2016), hope levels (Passmore et al, 2020), stress management (De Looff et al, 2018), and willingness to help others (Rowe & Sherlock, 2005). Studies have also emphasized that burnout among mental health professionals is associated with depression, anxiety, interpersonal problems, and substance use (Madsen et al, 2017; Peterson et al, 2008).

Factors contributing to burnout among therapists include younger age, insufficient professional experience, overinvolvement in clients' problems (Simionato & Simpson, 2018), and high caseloads (Lee et al, 2020). However, receiving supervision support (Choi et al, 2014; Knudsen et al, 2008; Westwood et al, 2017) and establishing empathetic relationships with clients (Wilkinson et al, 2017) have been found to reduce burnout levels. Additionally, therapists' attitudes toward their clients may contribute to burnout (Sandell et al, 2006).

Therapist attitude refers to the general perspective that shapes a therapist's approach to their clients. For instance, if a therapist's perspective is grounded in a diagnostic classification system, such as the DSM or ICD, their approach is described as mechanistic (Andersson & Ghaderi, 2006). Conversely, therapists adopting a "functional contextualist approach" evaluate clients' behaviors holistically within their context, focusing on the function of the behavior.

The ultimate goal of a therapist who uses a mechanistic approach is to eliminate the client's symptoms. In contrast, a therapist who adheres to the functional contextualist perspective does not fundamentally pursue this objective. Within the functional contextualist framework, the criterion of accuracy is "successful operability"—if a behavior functions effectively within its context, it is considered functional rather than symptomatic. For example, excessive handwashing behaviors may be interpreted differently depending on the therapist's approach. A mechanistic therapist might label "excessive handwashing" as a symptom that should be reduced, while a functional contextualist therapist would consider the behavior's context to determine its functionality. If the client is a physician working in a pandemic hospital, the behavior might be deemed functional rather than symptomatic. Thus, the therapist's approach can lead to significant differences in the therapy processes.

From this perspective, the present study aimed to investigate whether differences in therapeutic approaches contribute to burnout. Previous research has shown that burnout levels among therapists vary based on the therapeutic modalities they employ (e.g., cognitive-behavioral therapy, psychodynamic therapy, or eclectic approaches) (Houshang et al, 2023). However, that study focused on differences in therapists' burnout levels based on their therapeutic modalities and did not address the research question of the current study. Furthermore, the same study demonstrated that therapists' personal attitudes (e.g., kindness, self-doubt, and pessimism) predicted compassion satisfaction. The literature also highlights that therapists' attitudes may influence compassion fatigue, which is a related but distinct concept.

Compassion satisfaction refers to a sense of fulfillment derived from recognizing and alleviating others' suffering (Sak et al, 2023). In psychology, this concept reflects therapists' opportunities to work with individuals in pain and witness positive life changes. Compassion satisfaction is the opposite of "compassion fatigue," a critical factor influencing burnout. Compassion fatigue is defined as the cumulative outcome of prolonged stress resulting from sustained, intensive contact with patients (Coetze & Klopper, 2010).

Research shows that while some individuals exposed to prolonged compassion experience burnout and compassion fatigue (Berzoff & Kita, 2010; Figley, 2002; Frey et al, 2018; Jarrad & Hammad, 2020; Singh et al, 2020; Yu & Gui, 2022), others may develop compassion satisfaction, which acts as a protective factor for psychological well-being (Alkema et al, 2008).

Although burnout and compassion fatigue are concerns across various healthcare professions, including psychotherapy, most studies examining their relationship have focused on nurses (Galanis et al, 2021; Woo et al, 2020; Xie et al, 2021; Zhang et al, 2018). In Türkiye, the only study on this topic was conducted with psychiatric nurses and found a positive correlation between compassion fatigue and burnout (Sukut et al, 2022).

There is a lack of studies in the literature that examine the impact of clinician attitudes on compassion fatigue, compassion satisfaction, or burnout. Furthermore, studies investigating the relationships among variables affecting burnout in the context of mental health professionals remain notably scarce (Ondrejková & Halamová, 2022; Singh et al, 2020b). Additionally, no research addressing this topic has been identified in Türkiye, indicating that the present study makes a unique contribution to the literature.

Based on these considerations, the central question troubling researchers was as follows: Why do some psychotherapists experience compassion fatigue while others experience

compassion satisfaction? Furthermore, did the compassion fatigue or satisfaction they experienced influence their burnout levels? If so, does the clinician's attitude significantly affect compassion fatigue or satisfaction?

This study aims to address these issues by testing the following hypotheses:

1. Psychotherapists with a mechanistic perspective experience higher compassion fatigue levels.
2. Psychotherapists with a mechanistic perspective experience higher burnout levels.
3. Compassion satisfaction and compassion fatigue mediate the relationship between a mechanistic perspective and psychotherapists' burnout levels.

METHODS

This study utilized a correlational design, a quantitative research method, to examine the relationships and differences between variables in line with the hypotheses presented above.

Participants

The study participants comprised 86 psychotherapists who resided in Türkiye and actively provided therapy to clients. The sample size was calculated using the G-Power program with an effect size (f^2) of 0.15, alpha level of 0.05, and a power (β) of 0.80.

The inclusion criteria for the study were as follows:

- A psychologist, psychological counselor, or psychiatrist.
- Having completed at least one psychotherapy training program.
- Receiving a minimum of 42 hours of supervision training.

Data Collection Tools

Demographic Information Form

This form included questions about participants' gender, age, profession (psychiatrist, psychologist, guidance and psychological counselor), workplace, years of professional experience, whether they received supervision or individual therapy, the number of trainings completed, and their daily working hours.

Burnout Scale Short Form

The Burnout Scale was originally developed by Pines and Aronson (1988) with 21 items, and a 10-item short form was later created by Malach-Pines (2005). Turkish adaptation of the scale was conducted by Çapri (2013). The scale employs a seven-point Likert-type format (1=Never, 7=Always) and has a unidimensional construct. Scores ranged from a minimum

of 10 to a maximum of 70, with higher scores indicating greater burnout. The Cronbach's alpha reliability coefficient of the scale was reported to be 0.91 in the Turkish adaptation study (Çapri, 2013).

Compassion Satisfaction and Compassion Fatigue Scale

The original version of this scale was developed by Charles Figley in 1995. Several iterations have been developed, with the most recent version created by Stamm (2010). The scale was translated and adapted to Turkish by Çınarlı (2019). The Compassion Satisfaction and Compassion Fatigue Scale consists of 21 items and three subscales: Compassion Satisfaction, Burnout, and Secondary Traumatic Stress. It employs a five-point Likert scale (1=Never, 5=Very Often). Although the Compassion Satisfaction and Secondary Traumatic Stress subscales contain no reverse-scored items, the first item in the Burnout subscale is reverse-scored. Higher scores indicate higher levels of compassion satisfaction, burnout, and compassion fatigue. The reliability coefficient (Cronbach's alpha) of the Turkish version was determined to be 0.73.

Bakırköy Clinician Attitude Scale

This scale was developed by Ulusoy et al. (2021) to assess clinicians' attitudes toward clinical situations. The instrument consists of 20 items across three subscales: Clinical Rigidity, Psychotherapy Preference (the clinician's preference for psychotherapy among treatment options), and Mechanistic Approach. Responses were recorded using a seven-point Likert scale (1=Never Appropriate, 7=Always Appropriate). Higher scores indicate a stronger mechanistic approach, lower psychotherapy preference, and higher clinical rigidity. The Cronbach's alpha reliability coefficient for the scale was 0.82.

Procedure

This study was conducted in accordance with the principles of the Declaration of Helsinki, with ethical approval obtained from Hasan Kalyoncu University Scientific Research and Publication Ethics Committee No: 2022-38.

Data were collected during November and December of the Fall semester of 2022. The scales and consent forms were distributed to participants via Google Forms. Completing the scales took approximately 15 min. Completed responses were transferred from Google Forms to SPSS software for analysis.

The skewness and kurtosis values of the variables were examined to confirm the normality of the data distribution (Kim, 2013). Statistical analyses were conducted using IBM SPSS Statistics 25.0 and AMOS 16.

RESULTS

The data revealed that the participants' had a mean age of 31.13 years and an average of 6.07 years of professional experience. Additionally, participants spent an average of 140.70 hours on psychotherapy training outside of formal education, worked 6.88 hours daily, and saw an average of 19.72 clients per week. Most participants were female ($n=69$), and more than half had a master's degree ($n=45$). Additionally, over half of the participants had a degree in psychology ($n=46$), and nearly half worked in private clinical or counseling centers ($n=39$). A majority of the participants had not received a prior psychological diagnosis ($n=62$), but a substantial proportion reported receiving individual therapy ($n=67$). Lastly, a notable portion of the participants were currently receiving supervision ($n=57$) (Table 1).

When examining the relationships between variables, no significant correlations were found between burnout and the mechanistic approach ($r=-0.127$, $p>0.05$), psychological inflexibility ($r=0.102$, $p>0.05$), or psychotherapy preference ($r=-0.175$, $p>0.05$). However, a significant negative correlation was found between burnout and compassion fatigue ($r=-0.367$, $p<0.01$), and a significant positive correlation was found between burnout and compassion satisfaction ($r=0.622$, $p<0.01$). Additionally, a significant positive correlation was observed between the mechanistic approach and both psychological inflexibility ($r=0.441$, $p<0.01$) and psychotherapy preference ($r=0.481$, $p<0.01$). In contrast, no significant relationships were identified between the mechanistic approach and compassion fatigue ($r=0.118$, $p>0.05$) or compassion satisfaction ($r=-0.176$, $p>0.05$). Regarding psychological inflexibility, a significant positive correlation was found with psychotherapy preference ($r=0.451$, $p<0.01$). Moreover, psychological inflexibility exhibited a significant negative correlation with compassion fatigue ($r=-0.179$, $p<0.05$) and a significant positive correlation with compassion satisfaction ($r=0.323$, $p<0.01$). No significant correlations were found between psychotherapy preference and either compassion fatigue ($r=0.012$, $p>0.05$) or compassion satisfaction ($r=-0.065$, $p>0.05$). Finally, a significant negative correlation was observed between compassion fatigue and compassion satisfaction ($r=-0.529$, $p<0.01$) (Table 2).

The path analysis conducted on the model, yielded fit indices of $\chi^2/df=1.259$ (3.777/3), RMSEA=0.055, GFI=0.970, NFI=0.974, and CFI=0.994 (Table 3). These findings indicate that the model linking clinician attitudes (mechanistic approach, psychological inflexibility, and psychotherapy preference) to burnout is acceptable when compassion fatigue and compassion satisfaction are included as mediating variables. The beta coefficients and model structure are presented in Figure 1.

Table 1. Demographic data and frequencies ($n=86$)

Variables	
Age, Mean (SD)	31.13 (7.24)
Years in the profession	6.07 (6.22)
Hours of psychotherapy training outside (n=63), Mean (SD)	140.70 (213.78)
Daily working hours, Mean (SD)	6.88 (4.35)
Weekly number of clients, Mean (SD)	19.72 (31.34)
Gender, % (n)	
Male	17
Female	69
Educational level, % (n)	
Bachelor's degree	25
Master's degree	45
Doctoral degree	16
Field of graduation, % (n)	
Psychology	46
Medicine-psychiatry	27
Guidance and psychological counseling	13
Workplace, % (n)	
Private clinical-counseling center	39
Hospital	24
School or university counseling center	9
guidance and research center	1
other institutions	13
Previous psychological diagnosis, % (n)	
Yes	24
No	62
Receiving individual therapy, % (n)	
Yes	67
No	19
Currently receiving supervision, % (n)	
Yes	57
No	29

SD: Standard deviation.

As shown in Table 4, the mean mechanistic approach scores of participants who did not receive supervision ($X=27.97\pm 7.24$) were significantly higher than those who did receive supervision ($X=22.93\pm 7.27$). This difference was statistically significant ($t_{(84)}=-3.040$, $p=0.003$), with a moderate effect size ($d=0.69$), indicating that the supervision status moderately impacts the mechanistic approach.

Table 2. Correlation findings among variables

	1	2	3	4	5	6
1. Burnout	1	–	–	–	–	–
2. Mechanistic approach	-0.127	1	–	–	–	–
3. Psychological inflexibility	0.102	0.441**	1	–	–	–
4. Psychotherapy preference	-0.175	0.481**	0.451**	1	–	–
5. Compassion fatigue	-0.367**	0.118	-0.179*	0.012	1	–
6. Compassion satisfaction	0.622**	-0.176	0.323**	-0.065	-0.529**	1

*: P<0.05; **: P<0.01.

Table 3. Fit indices of tested model

Model fit indices	Model 1	Acceptable fit criteria
χ^2/df	1.259 (3.777/3)	$2 < \chi^2/df < 3$
RMSEA	0.055	RMSEA < 0.05 or 0.08
GFI	0.970	GFI > 0.90
NFI	0.974	NFI > 0.90
CFI	0.994	CFI > 0.90 or 0.95

χ^2/df : Chi-square to degrees of freedom ratio; GFI: Goodness of Fit Index; CFI: Comparative Fit Index; IFI: Incremental Fit Index; RMSEA: Root mean square error of approximation.

Table 5 shows a significant difference in the mechanistic attitude scores based on the participants' fields of graduation ($F_{(2, 83)}=4.405, p=0.015, d=0.29$). Bonferroni post hoc tests revealed that graduates of medicine–psychiatry ($X=27.48\pm 7.03$) scored significantly higher on mechanistic attitudes compared to those in psychology ($X=24.17\pm 7.43$) and guidance and psychological counseling ($X=20.31\pm 7.50$). The field of graduation has a low-level effect on the mechanistic approach ($d=0.29$).

Path analysis revealed that psychological inflexibility negatively and significantly predicted compassion satisfaction ($\beta=-0.297, p<0.05$). Furthermore, the mechanistic approach ($\beta=-0.246, p<0.05$) and compassion satisfaction ($\beta=-0.424, p<0.01$) negatively predicted compassion fatigue, whereas psychological inflexibility ($\beta=0.413, p<0.01$) positively predicted

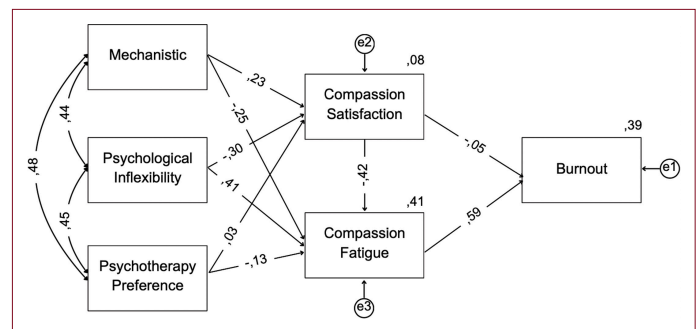


Figure 1. Path analysis of the mediating role of compassion fatigue and compassion satisfaction in the relationship between the mechanistic approach, psychological inflexibility, psychotherapy preference, and burnout.

it. Finally, compassion fatigue was found to positively and significantly predict burnout ($\beta=0.593, p<0.01$). The analysis demonstrated that the dimensions of the mechanistic approach, psychological inflexibility, and psychotherapy preference collectively explained 8% of the variance in compassion satisfaction and 41% of the variance in compassion fatigue. Compassion fatigue and compassion satisfaction together accounted for 39% of the variance in burnout. The mediating roles of compassion fatigue and compassion satisfaction in the relationship between clinician attitudes and burnout were examined. Compassion satisfaction and fatigue were found to have significant mediating roles in the relationship between the mechanistic approach ($p<0.05$) and burnout, as well as between

Table 4. Independent Samples t-Test for mechanistic attitude scores by supervision status

Supervision status	n	Mean	SD	df	t	p	d
Receiving supervision	57	22.93	7.27	84	-3.040	0.003	0.69
Not receiving supervision	29	27.97	7.24				

SD: Standard deviation; df: Degrees of freedom.

Table 5. One-way analysis of variance for differences in mechanistic attitude scores by field of graduation

Source	SS	df	MS	F	p	Graduation field	n	M	SD	D
Between groups	471.97	2	235.99	4.40	0.01	Psychology	46	24.17	7.43	0.29
Within groups	4.446.12	83	53.57			Medicine–psychiatry	27	27.48	7.03	
Total	4.918.09	85				Psychological counseling	13	20.31	7.50	

SS: Sum of Squares; MS: Mean Square; df: Degrees of Freedom; F: F-ratio; p: P-value; n: Sample size; M: Mean; SD: Standard deviation; D: Effect size.

Table 6. Unstandardized and standardized regression coefficients for model 1

Independent variable	Dependent variable	B	SE	β	P
Mechanistic	Compassion satisfaction	0.103	0.055	0.233	0.060
Psychological inflexibility	Compassion satisfaction	-0.205	0.084	-0.297	0.015*
Psychotherapy preference	Compassion satisfaction	0.030	0.108	0.034	0.782
Mechanistic	Compassion fatigue	-0.206	0.085	-0.246	0.015*
Psychological inflexibility	Compassion fatigue	0.538	0.131	0.413	**
Psychotherapy preference	Compassion fatigue	-0.209	0.163	-0.128	0.201
Compassion satisfaction	Compassion fatigue	-0.800	0.164	-0.424	**
Compassion satisfaction	Burnout	-0.152	0.282	-0.054	0.591
Compassion fatigue	Burnout	0.886	0.149	0.593	**

*: P<0.05; **: P<0.001; B: Unstandardized regression coefficient; SE: Standard error; β=Standardized regression coefficient.

psychological inflexibility (p<0.01) and burnout. However, no significant mediating role of compassion satisfaction or fatigue was found in the relationship between psychotherapy preference and burnout (p>0.05) (Table 6).

DISCUSSION

This study on burnout among psychotherapists was conducted with a sample of 86 participants, including 17 men and 69 women. The literature has demonstrated that compassion fatigue and compassion satisfaction are associated with burnout. This study focused not only on whether this relationship holds in a sample of psychotherapists but also on the impact of therapist attitudes and related variables on burnout.

The analysis revealed that compassion fatigue positively predicted burnout, whereas compassion satisfaction negatively predicted burnout. These findings align with the existing literature (Berzoff & Kita, 2010; Figley, 2002; Jarrad & Hammad, 2020; Galanis et al, 2021; Woov et al, 2020; Xie et al, 2021). Moreover, compassion fatigue and satisfaction played mediating roles in the relationship between therapist attitudes and burnout levels. The attitudes of the therapists in this study were examined using three factors: mechanistic approach, psychological inflexibility, and psychotherapy preference. Among these, both the mechanistic approach and psychological inflexibility significantly influenced compassion fatigue and satisfaction.

Compassion fatigue, defined as a reduction in one's interest and capacity to care about others' suffering (Figley, 2002), was negatively affected by psychotherapists' mechanistic attitudes. There are no studies specifically examining the relationship between mechanistic attitudes and compassion fatigue in psychotherapists. Therefore, the finding that psychotherapists with more mechanistic attitudes experience less compassion fatigue is significant. Haslam (2006) described mechanistic attitudes as a form of "dehumanization," characterized by a lack of empathy. Empathy facilitates emotional connection with others and fosters compassion for their struggles and experiences. It has also been suggested that being compassionate increases empathy (Sprecher & Fehr, 2005), and empathy, in turn, amplifies compassion fatigue (Figley, 2002). The finding in this study that psychotherapists with more mechanistic attitudes experience less compassion fatigue may indicate that they are less empathetic in their client relationships. Thus, mechanistic attitudes may reduce compassion fatigue by diminishing empathetic engagement. However, since these interpretations lack direct empirical evidence, future research should include processes such as "empathy" to retest this relationship. Conversely, the mechanistic approach was found to have no effect on burnout because it reduced compassion fatigue. This result could be attributed to the existence of many different variables influencing burnout. Therefore, explaining burnout scores solely through

the decrease in compassion fatigue caused by a mechanistic attitude is insufficient. In this context, compassion satisfaction, conceptualized as a protective factor against burnout, was one of the variables considered in this study.

The results revealed that psychotherapists with less rigid attitudes experienced higher levels of compassion satisfaction and lower levels of burnout. These findings are consistent with the literature (Hayes et al, 2004; Luoma & Vilaradaga, 2013; Masuda et al, 2007; Ruiz & Odriozola-González, 2017). In addition, rigidity was found to increase compassion fatigue, thereby contributing to higher burnout levels. Within the scope of the present findings, it can be suggested that psychotherapists with rigid attitudes experience lower compassion satisfaction and higher compassion fatigue.

Furthermore, therapists with non-mechanistic attitudes (Ulusoy et al, 2021) and less rigid perspectives (Luoma & Vilaradaga, 2013) were found to engage in less stigmatization. Given that decreased stigmatization is associated with higher levels of empathy (Batson et al, 1997), it can be expected that therapists who adopt flexible and non-mechanistic attitudes will experience higher compassion satisfaction. Testing this relationship in future research could contribute to various areas, particularly preventive mental health. Additionally, mechanistic attitudes differed based on the participants' undergraduate education. Psychiatrists were found to have significantly more mechanistic attitudes than psychological counselors, whereas psychologists did not differ significantly from either psychiatrists or psychological counselors in terms of mechanistic attitudes. This result may stem from the philosophical orientation underpinning undergraduate education and the corresponding differences in curricula. For instance, medical education is grounded in pathology and focuses on the "ill patient," whereas psychological counseling and guidance education is more humanistic, centered on the "healthy individual." This distinction is further clarified by Carl Rogers' assertion that psychological counseling should be provided not only to those who are ill or problematic but also to normal individuals (Topses, 2012; Pişkin, 2006). Supporting this differentiation, studies have shown that empathy levels decrease during medical education (Wang et al, 2019) but increase in counseling and guidance programs (Alver, 2005).

Finally, our study found that psychotherapists who were not currently receiving active supervision exhibited significantly more mechanistic attitudes across fields. In both Türkiye and internationally, receiving supervision has been shown to reduce burnout scores among psychotherapists (Tanikyan, 2008; Wholford-Lotas, 2005). Although no studies have yet established a direct relationship between the mechanistic approach and burnout, this finding is thought-provoking.

The psychotherapy process poses challenging effects for both the clients and the psychotherapists providing it. In this context, examining the factors influencing the demanding nature of the profession for psychotherapists offers opportunities for both new research and the development of protective interventions. Conducting studies with larger samples and incorporating the suggested variables using different measurement methods is essential for advancing our understanding of this field.

Ethics Committee Approval: The Hasan Kalyoncu University Scientific Research and Publication Ethics Committee granted approval for this study (date: 26.10.2022, number: 2022-38).

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