

COMPASSION FATIGUE, EMOTIONAL REGULATION, AND FRUSTRATION TOLERANCE IN THE THERAPISTS WORKING WITH SPECIAL NEEDS CHILDREN

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ABSTRACT

Working with special needs children is a service that requires patience, devotion, and compassion. The workload and static circumstances may frustrate those professionals who are serving them diligently, and many other circumstances may make them vulnerable to a disturbed emotional state. The current study aimed to evaluate the association between compassion fatigue, difficulties in emotional regulation, and frustration discomfort. A sample of 200 therapists (125 Women) was recruited through convenient sampling strategy. Compassion Fatigue □ Short Scale (CF □ Short Scale; Figley, 1995), Difficulties in Emotion Regulation Scale (DERS-16; Gratz & Roemer, 2004) and Frustration Discomfort Scale (FDS; Harington, 2005) were administered to assess the study variables. The findings of the study revealed a significant positive association between all the study variables ($p < .05$). In the mediation analysis, difficulties in emotional regulation were considered a mediating variable between compassion fatigue and frustration discomfort ($\chi^2 > .05$, 95% CI). This study implicates the need to provide a balanced workload and a burnout leave for these therapists after a fixed time interval. This step would improve their performance level significantly while enhancing their compassion and positively regulating their emotions.

Keywords: compassion fatigue, job burnout, traumatic stress, emotional regulation, frustration, special needs children, therapist

INTRODUCTION

Children with special needs need specialized and intensive support for proper diagnosis, functional growth, and adaptive skill development. Disabilities can be psychological, medical, or developmental, such as autism spectrum disorder, Down syndrome, dyslexia, cerebral palsy, and attention deficit hyperactivity disorder (Flook, 2019). Therapists treat such children using evidence-based treatment that is part of a multidisciplinary treatment system that comprises Applied Behavior Analysis (ABA), speech therapy, occupational therapy, physiotherapy, clinical psychology, and play therapy (Porter et al., 2007). Every discipline contributes in its own way to

improving children's communication, emotional control, and overall well-being (Cushway & Tyler, 1996; Hammond, 2004; Hoch et al., 2001; Porter et al., 2009).

Although their professional work is necessary, these therapists are often subjected to high emotional demands, including coping with aggression, impulsivity, and self-injurious behaviors. Such prolonged exposure heightens risk to burnout and compassion fatigue, particularly among less experienced professionals (Lecavalier et al., 2006; McCoy et al., 2009). Compassion fatigue, which refers to the reduced ability to empathize with others

as a result of prolonged exposure to the suffering of others, is expressed in cognitive, emotional, and behavioral disturbances (Cieslak et al., 2014; Figley, 2002). Compassion fatigue differs from burnout, which is a product of chronic work-related stress, and from secondary traumatic stress, which is a result of vicarious exposure to traumatic events (Hegney et al., 2014; Newell & MacNeil, 2010; Stamm, 2010). For therapists, compassion fatigue not only erodes professional competence but also blunts emotional control and interpersonal functioning (Desrumaux et al., 2015; Pfifferling & Gilley, 2000).

Emotional regulation is the capacity to observe, regulate, and adjust emotional reactions and this is a key resilience factor in avoiding compassion fatigue (Gross, 2015; Azam & Rehman, 2023). Successful emotional regulation entails knowledge and validation of the emotion, appropriate inhibition of maladaptive behavior, and the effective use of adaptive coping tactics to attain personal and professional objectives (Gratz & Roemer, 2004). Nevertheless, such challenges in this field may be caused by previous trauma, unhealthy coping, or chronic exposure to stress, making therapists more susceptible to distress and lower well-being (Tugade & Fredrickson, 2007; Salem et al., 2025).

Another closely related construct is frustration tolerance, which is the ability to withstand unrealized expectations and cope with challenges without feeling overwhelmed (Breuer & Elson, 2017). Low frustration tolerance, impatience, and short-range hedonism are correlated with burnout and emotional dysregulation in high-stress careers (Harrington, 2007; Israr et al., 2021). In clinical settings, repeated exposure to difficult behaviors and institutional limitations could decrease frustration tolerance, worsening compassion fatigue and undermining professional resilience (Austin et al., 2009; Van et al., 2015).

Research also reveals important correlations between compassion fatigue, emotional management, and tolerance for frustration within caregiving and educational careers. Compassion fatigue has been associated with stress, emotional distress, and reduced optimism among counselors (Levkovich et al., 2020) and burnout and secondary traumatic stress among special education teachers (Bradford, 2024). Nurses and ABA therapists also experience high levels of burnout, emotional exhaustion, and distress, with mindfulness and acceptance-based coping proving to be new, promising buffers (Zhang et al., 2018; Griffith et al.,

2014). Among special educators, unresolved conflicts, work overload, and unrealistic parental expectations also increase frustration and fatigue (Avey et al., 2010; Charitaki et al., 2018; Dorhaim, 2024).

With the increasing number of special needs cases and the paucity of studies investigating the interaction of these constructs among therapists, there exists an urgency to probe these relationships. Particularly, the current study aims to assess how emotional regulation difficulties relate to compassion fatigue and frustration discomfort among therapists who treat special needs children. It is also hypothesized that emotional regulation can act as a mediator between compassion fatigue and frustration tolerance to provide insight into potential avenues for improving therapist well-being and effectiveness.

METHOD

Research Design

A correlational design was used to investigate the relationship between compassion fatigue, difficulties in emotional regulation, and frustration discomfort among therapists treating special needs children. The design was seen as fitting because it enables one to study statistical relationships between variables without any manipulation of conditions (Skowronek & Duerr, 2009).

Participants

The research selected a minimum of 200 therapists through a convenience sampling method, which allows for low-cost and easily accessible data collection. Participants were therapists from schools and special needs centers in Lahore, Pakistan. Eligible participants were clinical psychologists (psychotherapists/child psychologists), ABA therapists, play therapists, speech therapists, and occupational therapists with a minimum of two years of working experience. Interns and trainees were not selected.

Measures

Demographic Data. Demographic data, including age, gender, education, birth order, family type, marital status, designation, and experience in years, was also gathered from each participant.

Compassion Fatigue Short Scale (CF-Short Scale).

This 13-item scale assesses job burnout and secondary traumatic stress on two subscales. Items

are completed on a 10-point Likert scale (1 = rarely/never, 10 = very often). Items 1, 2, 4, 6, 7, 9, 11, and 13 indicate job burnout, and items 3, 5, 8, 10, and 12 indicate secondary traumatic stress. Range reported Cronbach's alpha values from .80 to .90, in this study $\alpha = .85$ for job burnout, $\alpha = .75$ for secondary traumatic stress, and $\alpha = .88$ for the entire scale (Figley, 1995).

Difficulties in Emotion Regulation Scale (DERS-16). This 16-item self-report measure, widely applied, evaluates emotion regulation problems on a 5-point Likert scale (1 = almost never, 5 = almost always). The DERS-16 has excellent discriminant validity and reliability (Bjureberg et al., 2016), with internal consistency of $\alpha = .92$ (Gratz & Roemer, 2004).

Frustration Discomfort Scale (FDS). This 28-item measure measures frustration intolerance on four subscales: frustration-discomfort, entitlement, emotional intolerance, and achievement. Items are scored on a 5-point Likert scale (0 = not at all to 4 = very strong). Reported reliabilities are high, with α between .82 and .91 for subscales and .95 for the entire scale. Subscales had acceptable divergent and discriminant validity, though the fairness and gratification subscales had higher correlations than

reliabilities, indicating conceptual overlap (Harrington, 2005).

PROCEDURE

After formal clearance by the Institutional Ethical Review Board and the Board of Studies, and with permission from the respective authors of the study tools, data were gathered. Institutional permission was also sought from institutions working with children with special needs. Therapists were approached directly in educational institutions and centers for autism, and consent was voluntary and anonymous. Informed consent was received before the data collection process.

Data Analysis

Data analysis was performed on SPSS version 25 and AMOS. Descriptive statistics (means, standard deviations) of all the study variables were computed. Cronbach's alpha was used to examine the internal consistency of the measures. Pearson's correlations were used to explore relationships between the study variables. Independent samples t-tests were used to assess group differences by demographic variables. Lastly, mediation analyses in AMOS were conducted to evaluate the postulated indirect effects of emotional regulation between compassion fatigue and frustration discomfort.

RESULTS

The first table illustrates the breakdown of the demographic variables as collected and compared for the study participants.

Table 1
 Descriptive Statistics of Demographic Variables

Variables	f (%)	M(SD)
Age		27.70(4.39)
Gender		
Men	75(37.5)	
Women	125(62.5)	
Education (in years)		22.15(12.32)
Family System		1.31(0.46)
Nuclear System	137(68.5)	
Joint System	63(31.5)	
Marital Status		1.34(0.49)
Married	133(66.5)	
Unmarried	65(32.5)	
Divorced/Separated/Widowed	2(1.0)	
Occupational Designation		2.33(1.36)
ABA Therapist	72(36.0)	
Clinical Psychologist	59(29.5)	

Oc.Therapist/Physiotherapist	21(10.5)
Speech Therapist	27(13.5)
Play Therapist	21(10.5)
Years of Experience	8.62(3.50)
2-5	58(29.0)
6-9	59(29.5)
10-13	61(30.5)
14-17	22(11.0)

Note. M = Mean, SD = Standard Deviation, f = Frequency

Internal consistency for all the scales was computed as per Table 2. Cronbach's Alpha for all the scales was calculated, which inferred a satisfactory range of reliability of all the subfactors of the study variables, i.e., above $\alpha=0.70$ (Gidron, 2013).

Table 2
 Descriptive Statistics of Study Variables

Variables	K	α	M	SD	Range
Job Burnout	8	.86	33.5	16.59	8-73
Secondary Traumatic Stress	5	.84	20.4	11.68	5-46
Difficulties_Inemotional_Regulation	16	.93	40.02	13.27	16-80
Discomfort Intolerance	7	.84	13.18	5.71	0-28
Entitlement	7	.85	13.97	5.80	1-28
Emotional Intolerance	7	.85	13.70	5.98	0-28
Achievement	7	.84	13.90	5.76	0-28

Note. k= Total number of items, α = Cronbach -Alpha, M=Mean, SD=Standard -Deviation

Table 3 shows the correlational analysis to explore the interrelationship between the study variables. All the study variables were significantly positively associated with each other.

Table 3
 Correlation of Study Variables (N=200)

Variable	M	SD	1	2	3	4	5	6	7	8	9
1. JB	33.5	16.59	—								
2. STS	20.4	11.68	.77**	—							
3. CF-Total	53.98	26.70	.96**	.92**	—						
4. DERS	40.02	13.27	.60**	.54**	.61**	—					
5. DI	13.18	5.71	.41**	.42**	.43**	.69**	—				
6. Entitlement	13.97	5.80	.45**	.47**	.48**	.68**	.82**	—			
7. EI	13.70	5.98	.44**	.43**	.46**	.70**	.85**	.85**	—		
8. Achievement	13.90	5.76	.38**	.37**	.40**	.60**	.82**	.86**	.84**	—	
9. FD-Total	54.76	21.86	.44**	.45**	.47**	.71**	.93**	.94**	.94**	.94**	—

Note. M= Mean, SD= Standard Deviation, M=Mean, SD=Standard Deviation, JB=Job Burnout, STS=Secondary Traumatic Stress, CF=Compassion Fatigue, DERS=Difficulties in Emotional Regulation, DI=Discomfort Intolerance, EI=Emotional Intolerance, FD=Frustration Discomfort.

*= $p<.05$, **= $p<.01$, ***= $p<.001$.

Table 4 indicates the findings of the absolute fit of Model 1. Job burnout and secondary traumatic stress were exogenous variables, whereas difficulties in emotional regulation and discomfort intolerance were endogenous variables in the current model. All the endogenous and exogenous variables were included in path analysis to check the assumption across the model.

Table 4

Model Fit Indices for Compassion Fatigue (Job Burnout and Secondary Traumatic Stress), Difficulties in Emotional Regulation and Discomfort Intolerance

Model	χ^2	df	p	IFI	TLI	RMSEA
Model 1	2.67	2	.26	.99	.99	.04

Note. df = degree of freedom; IFI= Incremental Fit Index; TLI= Tucker-Lewis Index; RMSEA=Root Mean Square Error of Approximation; χ^2 = chi-square.

In Table 5, results revealed that secondary traumatic stress and job burnout were positive predictors of difficulties in emotional regulation, and difficulties in emotional regulation were positive predictors of discomfort intolerance.

Table 5

Estimates of the Direct Effect of Compassion Fatigue (Burnout and Secondary Traumatic Stress) on Difficulties in Emotional Regulation and Discomfort Intolerance

Predictors	Mediator			Outcome Variables		
	DERS			DI		
	B	β	SE	B	β	SE
STS	.23***	.20***	.10	-	-	-
JB	.36***	.45***	.07	-	-	-
DERS				.69***	.23***	.02
Total R ²		.38***			.48***	

Note. β = Standardized Regression Coefficient; SE= Standardized Estimates; STS=Secondary Traumatic Stress, JB=Job Burnout, DERS=Difficulties in Emotional Regulation, DI=Discomfort Intolerance

*p < .05; **p < .01; ***p < .001



Table 6

Estimate of Indirect Effect of Compassion Fatigue (Job Burnout and Secondary Traumatic Stress), Discomfort Intolerance

Variables	DI		
	B	β	SE
STS	.06***	.13***	.07
JB	.10***	.31***	.07

Note. β = Standardized Regression Coefficient; SE= Standardized Estimates, DI=Discomfort Intolerance, STS=Secondary Traumatic Stress

*p < .05; **p < .01; ***p < .001

Table 7 presents the findings of absolute fit for Model 2. In the current model, job burnout and secondary traumatic stress were exogenous variables.

Table 7

Model Fit Indices for Compassion Fatigue (Job Burnout and Secondary Traumatic Stress), Difficulties in Emotional Regulation and Entitlement

Model	χ^2	df	p	IFI	TLI	RMSEA
Model 2	5.52	2	.06	.99	.97	.04

Note. df = degree of freedom; IFI= Incremental Fit Index; TLI= Tucker-Lewis Index; RMSEA=Root Mean Square Error of Approximation; χ^2 = chi-square.

Table 8 revealed that secondary traumatic stress and job burnout were positive predictors of in emotional regulation. Moreover, difficulties in emotional regulation were a positive predictor of entitlement.

Table 8

Estimates of the Direct Effect of Compassion Fatigue (Burnout and Secondary Traumatic Stress) on Difficulties in Emotional Regulation and Entitlement

Predictors	Mediator			Outcome Variables		
	DERS			Entitlement		
	B	β	SE	B	β	SE
STS	.23***	.20***	.10	-	-	-
JB	.36***	.45***	.07	-	-	-
DERS				.30***	.69***	.02
Total R ²		.38***			.47***	

Note. β = Standardized Regression Coefficient; SE= Standardized Estimates; STS=Secondary Traumatic Stress, JB=Job Burnout, DERS=Difficulties in Emotional Regulation.

* $p < .05$; ** $p < .01$; *** $p < .001$

In Table 9, results showed that difficulties in emotional regulation were a mediator between compassion fatigue (secondary traumatic stress and job burnout) and entitlement.

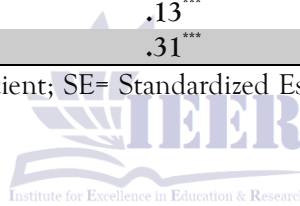
Table 9

Estimate of the Indirect Effect of Compassion Fatigue (Job Burnout and Secondary Traumatic Stress) on Entitlement

Variable	Entitlement		
	B	β	SE
STS	.06***	.13***	.06
JB	.10***	.31***	.07

Note. β = Standardized Regression Coefficient; SE= Standardized Estimates, STS= Secondary Traumatic Stress, JB=Job Burnout

* $p < .05$; ** $p < .01$; *** $p < .001$



The following Table 10 provides the absolute fit results of Model 3. In the present model, job burnout and secondary traumatic stress were exogenous variables, and difficulties in emotional regulation and emotional intolerance were endogenous variables.

Table 10

Model Fit Indices for Compassion fatigue (Job Burnout and Secondary Traumatic Stress), Difficulties in Emotional Regulation and Emotional Intolerance

Model	χ^2	df	p	IFI	TLI	RMSEA
Model 3	1.73	2	.42	1.0	1.0	.00

Note. N=200, All change in chi-square value is computed relative to the model, $\chi^2 > .05$; IFI= Incremental Fit Index; TLI= Tucker-Lewis Index; RMSEA=Root Mean Square Error of Approximation; χ^2 = chi-square.

Results in Table 11 disclosed that secondary traumatic stress and job burnout were positive predictors of difficulties in emotional regulation. Difficulties in emotional regulation were a positive predictor of emotional intolerance.

Table 11

Estimates of the Direct Effect of Compassion Fatigue (Burnout and Secondary Traumatic Stress) on Difficulties in Emotional Regulation and Emotional Intolerance

Predictors	Mediator			Outcome Variables		
	DERS			EI		
	B	β	SE	B	β	SE

STS	.23***	.20***	.10	-	-	-
JB	.36***	.45***	.07	-	-	-
DERS				.32***	.70***	.02
<i>Total R²</i>		.37***			.49***	

Note. β = Standardized Regression Coefficient; SE= Standardized Estimates, DERS=Difficulties in Emotional Regulation, EI=Emotional Intolerance, STS=Secondary Traumatic Stress

* $p < .05$; ** $p < .01$; *** $p < .001$

Table 12 shows that secondary traumatic stress and job burnout were positive predictors of difficulties in emotional regulation. Difficulties in Emotional Regulation were a positive predictor of emotional intolerance.

Table 12

Estimate of Indirect Effect of Compassion Fatigue (Job Burnout and Secondary Traumatic Stress) on Emotional Intolerance

Variable	EI		
	B	β	SE
STS	.07***	.14***	.07
JB	.11***	.31***	.07

Note. β = Standardized Regression Coefficient; SE= Standardized Estimates, EI=Emotional Intolerance, STS=Secondary Traumatic Stress, JB=Job Burnout.

* $p < .05$; ** $p < .01$; *** $p < .001$

Table 13

Model Fit Indices for Compassion Fatigue (Job Burnout and Secondary Traumatic Stress), Difficulties in Emotional Regulation and Achievement

Model	χ^2	df	p	IFI	TLI	RMSEA
Model 4	1.06	2	.58	1.0	1.0	.00

Note. N=200, All change in chi-square value is computed relative to the model, $\chi^2 > .05$; IFI= Incremental Fit Index; TLI= Tucker Lewis Index; RMSEA=Root Mean Square Error of Approximation; χ^2 = chi-square.

Results revealed in Table 14 that secondary traumatic stress and job burnout were positive predictors of difficulties in emotional regulation. Whereas, difficulties in emotional regulation were a positive predictor of achievement.

Table 14

Estimates of the Direct Effect of Compassion Fatigue (Burnout and Secondary Traumatic Stress) on Difficulties in Emotional Regulation and Achievement

Predictors	Mediator			Outcome Variables		
	DERS			Achievement		
	B	β	SE	B	β	SE
STS	.23***	.20***	.10	-	-	-
JB	.36***	.45***	.07	-	-	-
DERS				.26***	.60***	.03
<i>Total R²</i>		.37***			.36***	

Note. β = Standardized Regression Coefficient; SE= Standardized Estimates, DERS=Difficulties in Emotional Regulation, STS=Secondary Traumatic Stress, JB=Job Burnout.

* $p < .05$; ** $p < .01$; *** $p < .001$

In Table 15, it is discovered that difficulties in emotional regulation were a mediator between secondary traumatic stress and job burnout and achievement.

Table 15

Estimate of the Indirect Effect of Compassion Fatigue (Job Burnout and Secondary Traumatic Stress) and Achievement

Variable	Achievement		
	B	β	SE
STS	.06	.12**	.03
JB	.09	.27**	.02

Note. β = Standardized Regression Coefficient; SE= Standardized Estimates, STS=Secondary Traumatic Stress, JB=Job Burnout.

* $p < .05$; ** $p < .01$; *** $p < .001$

The mediation model (Figures 1,2, 3) suggests the mediation between respective variables. The residual variance components (error variances) reflect the degree of variance that is unexplained. For every observed variable, then, e2 and e3 are equal to the error variances.

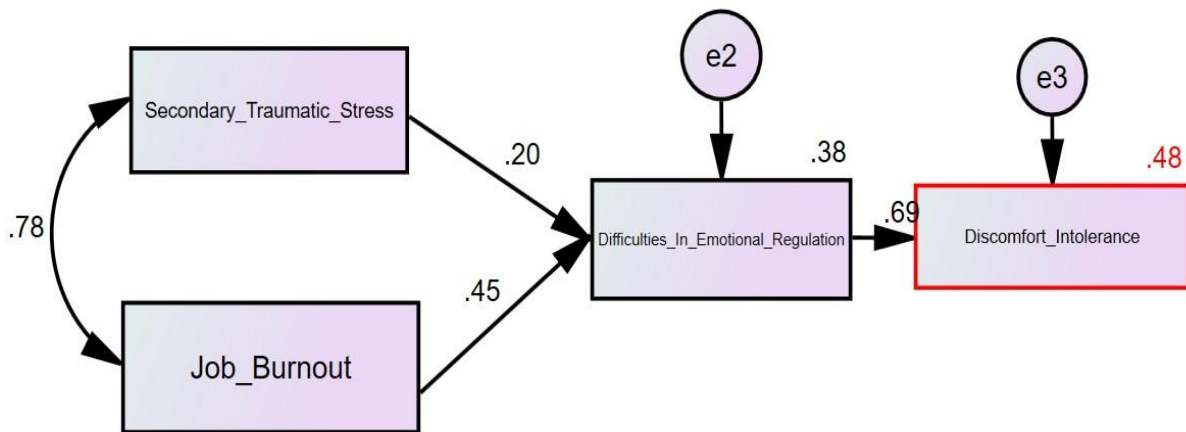


Fig 1. Figural Representation of Mediating Role of Difficulties in Emotional Regulation between Compassion Fatigue (Job Burnout and Secondary Traumatic Stress) and Discomfort Intolerance

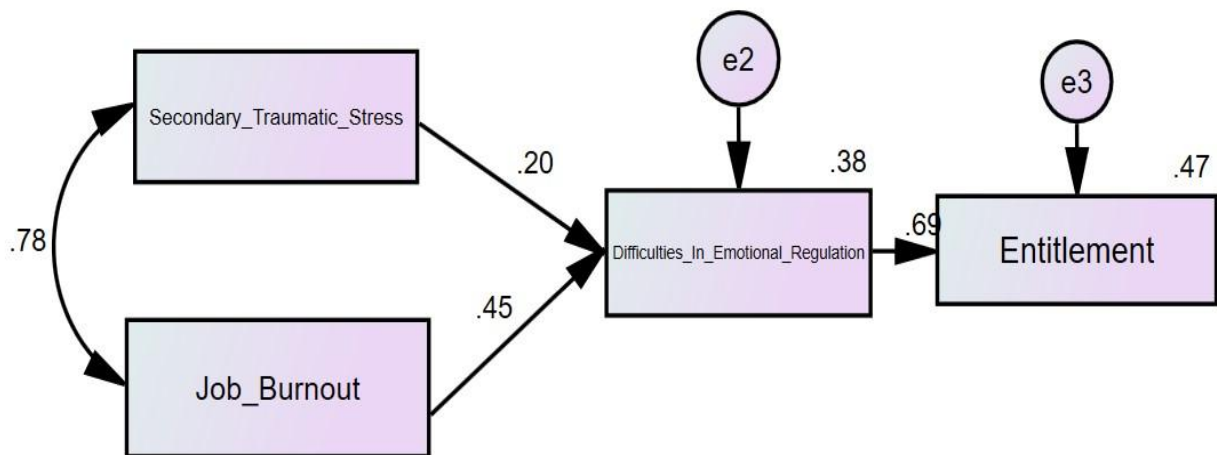


Fig 2. Figural Representation of Mediating Role of Difficulties in Emotional Regulation between Compassion Fatigue (Job Burnout and Secondary Traumatic Stress) and Entitlement

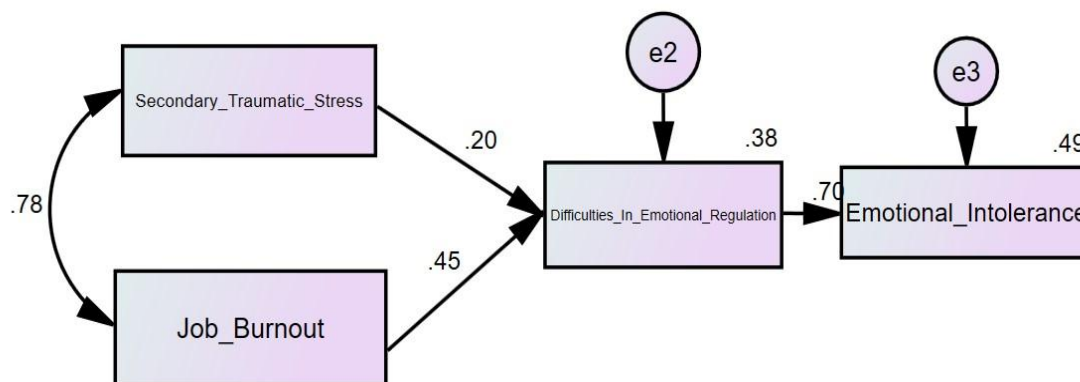


Fig 3. Figural Representation of Mediating Role of Difficulties in Emotional Regulation between Compassion Fatigue (Job Burnout and Secondary Traumatic Stress) and Emotional Intolerance

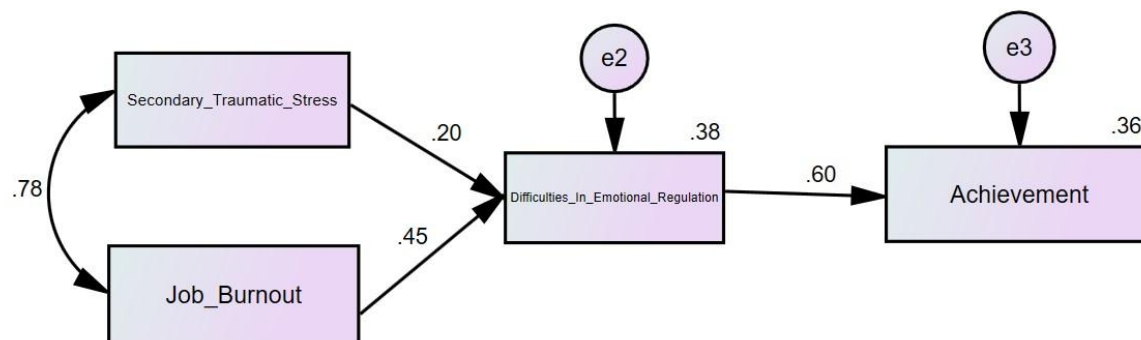


Fig 4: Figural Representation of Mediating Role of Difficulties in Emotional Regulation between Compassion Fatigue (Job Burnout and Secondary Traumatic Stress) and Achievement

DISCUSSION

The current research investigated the relationships between compassion fatigue, emotional control, and frustration tolerance among special needs children therapists. As expected from previous literature, the results showed considerable correlations between these variables, illustrating how occupational demands and emotional burden lead to burnout and diminished professional performance.

Compassion fatigue and burnout have been seen for a long time as threats to emotionally demanding professionals. Tabaj and colleagues (2015) identified that excessive work demands, administrative stress, and work overload enhance vulnerability to compassion fatigue and job burnout, which ultimately lead to frustration and stress. These results are similar to those of the present study, in which therapists often indicated emotional tension

in terms of job demands. Likewise, Ferro et al. (2024) demonstrated that burnout and emotional dysregulation among health workers negatively impacted quality of life and professional success. The current results confirm the idea that emotional exhaustion is a primary mechanism by which compassion fatigue is related to frustration and lower well-being.

Findings in education and health care also provide evidence for the relationship between burnout and emotional regulation. Seidler et al. (2014) indicated that emotional dysregulation was highly correlated with burnout among teachers, and improvements in organizational climate were protective factors. Similarly, research has correlated emotional dysfunction and frustration intolerance with increased anxiety, anger, and sadness, pointing out the psychological toll of ineffective regulation skills

(Stanković & Gvozden, 2011). Following these trends, Ebrahimi et al. (2023) illustrated that both impaired emotional regulation and failure intolerance substantially predicted frustration and emotional intolerance in psychotherapy patients. These results mirror the current study, whose outcomes identified that therapists struggle to cope with emotional distress, as this resulted in heightened frustration, intolerance, and hence lowered resilience in care situations.

Other studies point to the moderating and mediating role of emotional regulation. Kadović et al. (2023) found that healthcare workers exposed to chronic stress reported less emotional control, with implications for the need for institutional support in fostering emotional intelligence. Also, D'Souza and colleagues (2011) discovered that stress was the mediator between perfectionism and burnout among clinical psychologists, demonstrating how personality and coping mechanisms may amplify susceptibility to exhaustion. Pertinently, Benuto et al. (2020) found that emotional regulation mediated the link between secondary traumatic stress and distress tolerance, a process that is strongly consistent with the current study's results. The findings here establish that emotion regulation challenges strongly mediate compassion fatigue and frustration discomfort, highlighting the buffering function of efficient regulation techniques in maintaining therapists' resilience.

It is also noteworthy that difficulties are not specific to therapists who work with special needs children. Educators similarly experience anxiety, boredom, and burnout under conditions where emotion regulation is threatened, with findings establishing that regulation techniques can act as a buffer against occupational stress (Shen, 2022). Taken as a whole, these results indicate that emotional regulation difficulties are not just consequences of compassion fatigue but also important mechanisms by which professional stress is converted into frustration and burnout. This emphasizes the urgent need to include emotional regulation training and support systems as part of therapeutic and educational environments.

CONCLUSION

The outcomes of the present research illustrate a strong correlation between compassion fatigue, emotional regulation difficulties, and frustration intolerance among therapists of special needs children. Following the existing literature, secondary

traumatic stress and job burnout were associated with compromised regulation abilities, which further heightened frustration and discomfort. Notably, emotion regulation was found to be a key mediator, highlighting its pivotal position in preventing the negative impact of compassion fatigue.

These findings underscore the urgent need for intervention programs to enhance therapists' frustration tolerance and emotional regulation abilities. Mindfulness practices, acceptance and commitment techniques, and organizational supports are potential preventive measures to curb burnout and enhance resilience.

Limitations and Future Directions

Although these findings are important, some limitations merit consideration. Convenience sampling and a single geographic location constrain the generalizability of the findings. Subsequent studies must utilize randomized sampling techniques and represent diverse clinical environments to yield greater external validity. Longitudinal designs would also enable a better comprehension of causal pathways among compassion fatigue, emotional regulation, and frustration tolerance. Lastly, intervention studies are essential to assess the efficacy of training interventions aimed at bolstering therapists' coping mechanisms and emotional resilience.

Authors Contribution

Both authors made substantial intellectual contributions to this study to qualify as authors.

Maryam Ghaffar conceived the idea, collected data, and wrote the initial draft of the manuscript.

Dr. Maryam Amjad, being the supervisor of the MS thesis, designed the study, re-drafted and refined the whole manuscript, and provided helpful advice on the final revision of the draft.

Both authors have read and approved the final manuscript.

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