



A Qualitative Study on Understanding Clinical Psychologists in Private Counseling Practice: Views and Sources of Occupational Stress, and Coping Strategies

Article History:

Initial submission:	20 February 2026
First decision:	23 February 2026
Revision received:	18 March 2026
Accepted for publication:	31 March 2026
Online release:	08 April 2026

Leslie Ann M. Rocha, RPh, ORCID No. 0009-0000-8417-3731

Student, Master of Arts in Psychology, St. Scholastica's College Manila, 2560 Leon Guinto Street, Malate, Manila, Philippines

Abstract

Occupational stress is a significant concern among mental health practitioners. This qualitative study examined the perspectives of Filipino clinical psychologists regarding the sources of stress they encounter in their profession, as well as their coping strategies. There is limited research examining occupational stress among Filipino psychologists and how they manage their stress. This study employed a qualitative descriptive research design and conducted in-depth, semi-structured interviews. Participants of the study were nine licensed clinical psychologists working in private counseling practice with at least five years of experience or more, work part-time or full time in a privately owned clinic, provides counseling and psychotherapy, has at least handled ten or more cases per year of service, part-time or full-time teaching in college or university and within the age range of 30-55 years old. The data were analyzed using thematic analysis to identify recurring themes and meanings. The findings revealed three themes on the views of occupational stress, namely occupational strain, hindrance to service, and transforming experience. The two themes identified on the sources of occupational stress include personal sources and external sources of work stress. Lastly, there are five themes on the coping strategies used by clinical psychologists namely positive disposition, self-care activities, professional growth, social support, and enhancing organizational support. This study highlights the importance of taking care of the psychologists' well-being to provide better mental health care to their clients. Being a psychologist can be stressful, but positive experiences with clients can lessen occupational stress.

Keywords: occupational stress, clinical psychologists, views of occupational stress, sources of occupational stress, coping strategies, private counseling practice



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INTRODUCTION

According to the American Psychological Association (APA), occupational stress is defined as a physiological and psychological response to events or conditions in the workplace that is detrimental to health and well-being (APA, 2018). The clinical psychologists in private practice often experience high work demands, heavy emotional tolls from their work, administrative responsibilities that come with the occupation, and the pressure of upholding their professional competence.

The World Health Organization (2024), emphasized that a poor working environment, including discrimination and inequality,

excessive workloads, low job control, and job insecurity, pose a psychosocial risk among employees. Occupational stress is a major growing public health concern. No one is susceptible to it, even mental health professionals. A qualitative study in India highlights the experiences and detrimental consequences of burnout on the quality of care provided among mental health practitioners (Sinha et al., 2025). In the Philippines, clinical psychologists also face work-related stress that shape their unique experiences such as limited access to mental healthcare resources, a cultural stigma surrounding psychological distress, and the ever-evolving landscape of mental health legislation in the country. This excessive workload among Filipino mental health professionals is a heavy burden given

their extreme shortage in number (Rico & Namoca, 2022). Clinical psychologists in private practice in the Philippines deal with numerous distinct stressors that can greatly influence their personal and professional health. Findings even suggest that workplace-related emotional demands continually contribute to exhaustion among clinicians; emphasizing the emotional toll of clinical work and the mitigating role that supervision plays in managing these demands (Geisler, Geisler, & Buratti, 2024).

Occupational stress has been widely studied among different professions yet, to date, only limited empirical research has focused on the occupational stress, its sources, and the coping strategies of clinical psychologists particularly those working in private clinical practice remains underexplored with only limited qualitative study from Soriano (2009) which recommended to study similar research on occupational stress. This work seeks to understand and provide evidence to better support Filipino clinical psychologists. This study aims to answer the following research questions:

1. How do clinical psychologists view occupational stress in their counseling private practice?
2. What are the sources of occupational stress as a clinical psychologist in private counseling practice?
3. What coping strategies do clinical psychologists employ to manage occupational stress in their counseling practice?

LITERATURE REVIEW

This review compiles literature supporting the study objectives, citing occupational stress, its sources, and related subjects to aid in idea conceptualization and scholarly grounding.

Occupational Stress. Workplace stress can arise from multiple sources or from a single incident. Feelings of being overwhelmed may

reduce a practitioner's capacity for empathy, leaving clients feeling less supported (Posluns & Gall, 2020). The therapist's well-being also influences treatment outcomes, as emotionally strained clinicians may struggle to maintain impartiality and responsiveness during sessions (Van Hoy & Rzeszutek, 2022). Soriano (2009) emphasized that occupational stress is a notable issue in psychotherapy, manifesting across physiological, cognitive, affective, social, behavioral, and spiritual dimensions. A systematic review by Van Hoy and Rzeszutek (2022) further suggests that psychotherapists face distinct clinical and work-management stressors and employ a range of coping strategies whose effectiveness varies depending on context; however, these findings are primarily derived from Western samples, underscoring the need for local validation. In line with Soriano's (2009) recommendation to examine occupational stress in psychotherapy, the present study seeks to aid in filling the gap between the existing Western-focused research and the lack of localized investigations which can be compared and contrasted to those existing findings instead of assuming said findings are universally applicable. Furthermore, it contributes to generating culturally grounded insights that can enhance practitioner awareness, strengthen resilience, and improve clinical effectiveness.

Work of Clinical Psychologists. With their diverse skill set, clinical psychologists can assess and treat patients who are experiencing a range of mental health issues. Clinicians are essential in reducing distress and building resilience in a variety of populations because of their specific expertise and therapeutic approaches. Clinical psychology serves clients across the lifespan, diverse ethnic and racial groups, and multiple service systems (American Psychological Association [APA], 2022).

Clinical psychologists play a central role in assessing, diagnosing, and treating mental, emotional, and behavioral disorders, addressing problems that range from short-term difficulties to severe, chronic

conditions. Their knowledge includes treating problems in both adults and children, including mental disorders, social problems, trauma reactions, behavioral dysregulation, criminal activity, unusual perceptions, and drug abuse.

Sources of Occupational Stress. Psychologists work relentlessly to support their clients in overcoming obstacles, but they also deal with difficulties that may negatively affect their well-being. Stress is a natural aspect of life and can happen in both happy and sad circumstances. Many practitioners combine clinical work with teaching and administrative responsibilities, which increases workload and contributes to elevated occupational stress (Harrison et al., 2023). Psychologists might face challenges related to the fear of being sued and the responsibility of ensuring their clients' safety, which can escalate stress levels and lead to burnout (Bartlett et al., 2019). McCormack et al. (2018) cited the most common dimensions of burnout among applied psychologists was emotional exhaustion.

This current review supports the evidence that burnout is a concern for mental health professionals providing psychological interventions. Recent research found elevated job-related stress among psychologists, with 60% reporting increased stress during the COVID-19 pandemic, contributing to burnout and compassion fatigue (Kercher et al., 2024).

Coping Strategies of Clinical Psychologists. Resilience is essential for Filipino psychologists to sustain their roles as mental health professionals. Building resilience requires deliberate self-care strategies that support mental, emotional, and physical health. Prioritizing well-being enables clinicians to remain emotionally prepared for occupational challenges while maintaining high standards of care (Psychological Association of the Philippines, 2022). Moreover, it is worth noting that the efficacy of coping methods can be affected by individual, cultural, and systemic factors, underscoring the necessity for customized interventions and organizational support (Chen, 2023).

METHODOLOGY

Design. This investigation employed a qualitative descriptive design that describes phenomena rather than explaining them. The purpose of such an approach is to generate a thorough and detailed account of events or experiences. Qualitative descriptive research is particularly well-suited for questions that seek to build understanding in areas that remain underexplored, offering insights into contexts that are not yet clearly defined, rather than concentrating on a single, narrowly defined phenomenon (Ayton, 2023). This qualitative descriptive research design was used in this study as this can give an in-depth understanding of occupational stress among Filipino psychologists within their real-life context, focusing on their perceived, experienced, and coping with the occupational stress in their private practice. The study rigorously adhered to ethical norms, including informed consent, confidentiality, and respect for participants.

Participants. There are nine (9) participants in this study who are clinical psychologists with at least five (5) years of experience who holds a license, work in a clinic can either be working part-time or full time, provides counseling and psychotherapy, has at least handled ten (10) or more cases per year of service, teaching in college or university can either be working part-time or full time, and at the age range of 30-55 years old. By focusing on seasoned professionals actively engaged in clinical practice, these criteria will help guarantee that the study offers insightful information about their issues and experiences. Participants are selected using a purposive sampling technique. Participants are invited based on their willingness to participate in the study to share their experiences and give insights to contribute to this study. The demographic questionnaire was used to screen the participants if they meet the inclusion criteria needed in the study. For the exclusion criteria: participants who are newly licensed clinical psychologists, who have 5 years or more experience as clinical psychologists but are

currently working with the government, and clinical psychologists who also work in academia but are not teaching are not eligible to participate in the study.

Instrument. A semi-structured interview was used in this study. These instruments aided in exploring the participant's views, sources of occupational stress, and coping strategies. Each participant's experiences with stressors and coping mechanisms in their counseling practice were collected through a semi-structured interview. Using semi-structured interviews, with the help of these instruments, investigation of the participants' views, sources of occupational stress and coping mechanisms was made possible. The instrument used was validated by two registered psychologists.

Data Collection. The data collection procedure was tailored to the target audience, which consists of Filipino clinical psychologists. The Institutional Research Ethics Committee (IREC) accepted the study once the researcher completed and submitted the Research Ethics Form prior to data collection. As a first method of communication with the participants, an informed consent form was prepared and distributed to them by email. Through informed consent, participants were guaranteed that their wellbeing would always come first and that the data gathering process would not affect them physically, psychologically, or socially. The participants were informed that their comments would be recorded during individual interviews for the sole purpose of transcription. Upon the signing of the informed consent form by the participants. The interviews were scheduled according to each participant's available time and date. They were told that Microsoft Teams will be used for the one-on-one interview. In the informed consent form, the participants' contact information was also provided so they could receive study-related instructions and reminders. Before addressing questions from the validated instrument during the participant interviews, a rapport with the participants was built and we went over the relevant information. Tokens of appreciation to the participants were

presented as a way of thanking them for their valuable time and efforts.

Data Analysis. The data was analyzed using thematic analysis, by Braun and Clarke's (2006) recommendations. With the use of coding and the identification of recurrent themes, patterns, and connections in the data, this approach makes it possible to gain a comprehensive picture of both the causes of occupational stress and the experiences of clinical psychologists. Thematic analysis through individual interviews was implemented. Braun and Clarke (2006) stated that thematic analysis is a commonly used method for analyzing qualitative data because of its accessibility. Furthermore, utilizing this analysis method is crucial for understanding the viewpoints of the participants, as it can showcase both their commonalities and discrepancies while also providing new perspectives. Moreover, Braun and Clarke's systematic approach in thematic analysis was utilized, which includes becoming familiar with the data, creating initial codes, identifying themes, reviewing themes, defining and labeling themes, and finalizing the report (Braun & Clarke, 2006).

Ethical Considerations. The participant's safety and the confidentiality of the study's data were guaranteed. Before the interview could begin, the participants had to sign an informed consent form that had been authorized by the Institutional Research and Ethics Committee (IREC). The goal of the study and the interview procedure are explained to the participants as part of the informed consent process. The duration, voluntary participation, risks and advantages, confidentiality, and my own contact details were all attested in the form. Participants received guarantees that their information would remain anonymous and be used only for research. Additionally, the participants were told that the interviews were being videotaped and were assured that they would only be stored in a single Google Drive folder and not be shared or posted elsewhere. As a result, only authorized parties are able to access the data that was gathered. All stored

data will be deleted five years after the study's conclusion.

RESULTS

Views of Occupational Stress by Clinical Psychologists

Theme 1. Occupational Strain. This theme refers to the demands and nature of their work as clinical psychologists. Work related stress and physiological and psychological reactions were experienced by the participants. Various responses from the participants are shown in the interview:

"Occupational stress, so my simplest definition of it is any stress that stems from your work, from your occupation." (Participant A)

"It would be the stress, both physically and psychologically, that is brought about by the occupation that you maintain or the profession....." (Participant G)

Moreover, participants also experienced burnout from their counseling practice. As cited by the following participant:

"....Burnout, basically, during my practice in counseling, I provide counseling or therapy like cognitive behavioral therapy. So it's really taxing or it's really stressful" (Participant B)

Compassion fatigue and being a psychologist itself has also been experienced by the participants as cited by the following:

"mararanasan mo talaga yung compassion fatigue (sometimes you will experience compassion fatigue)" (Participant A)

"As a clinical psychologist, uh, well uh, you have compassion fatigue ..." (Participant D)

"Parang feeling ko dahil sa nature of work din na'tin di ba as clinical psychologist kasi we handle yung mga personal na struggles nila... (I feel like due to our nature of work as clinical psychologist because we handle personal struggles of clients)" (Participant I)

There is other work-related stresses that influences the participant's occupational stress such as the workload and scheduling that came from the counseling work as cited:

"You talk about my stress... So syempre meron diyang mga logistical issues like scheduling, load ng daming ng clients...(Of course there are logistical issues like scheduling, load on the number of clients)" (Participant E)

One of the participants sometimes experiences absorbing client concerns but acknowledges it as the nature of the job:

"Well, it's basically sometimes absorbing the concerns and issues that are brought about...." (Participant F)

The participants view occupational strain as being connected from both physiological and psychological reactions to their work demands. The participants view occupational stress as a reaction of the body and brain reaction to the tasks that they do at work

Theme 2: Hindrances to Service. The participant views occupational stress as what makes it difficult for them to render their services effectively. Another perception of occupational stress is the limitations on the number of clients to take, as it turns out to be viewed as a hindrance to service delivery as mentioned by the following participant:

".. sa practice ko kasi hindi lahat ng tao ay na ca-cater, hanggang apat lang talaga a day ang kaya kong i-cater sa counseling kasi nakaka ano yan, nakaka-drain, nakaka-stress 'no. (.. in practice not everyone gets to be catered, I can only cater four clients for counseling because it's draining, stressful)" (Participant B)

This is also an experienced stress resulted in having difficulty in carrying out responsibilities to clients as a mental health professional which is cited by one of the participants:

"Occupational stress would be anything na that you experience that will hinder your service to

your patient or it will be the one that makes you hard to carry out your duties as a mental health provider doon sa patient mo.” (Participant C)

The views on occupational stress can be sourced from anything that hinders the psychologists to provide service for his clients, as these can make it hard for them to carry out their duty as clinician

Theme 3: Transforming Experience. This theme refers to the positive experience of the participant after receiving random affirmation from clients, which eases the feelings of stress. As mentioned by the participants:

“...Minsan yung experience mo mismo from your clients, yung mga random na bigyan kanila ng affirmation... (sometimes the experience itself with clients, when they randomly gave you affirmation...)” (Participant A)

“... Pag narinig mo na silang nagpasalamat sayo (When they're being grateful to you)” (Participant H)

The participants viewed occupational stress not solely as a negative phenomenon but also as a transforming experience that even though occupational stress is a result of multiple factors, it is rewarding in the end because of positive emotions and interactions with clients.

Sources of Occupational Stress Encountered by Clinical Psychologists

Theme 1. Personal Sources of Work Stress. The participants identified several different personal sources of stress, including the following: time management, maintaining objectivity, doubts on professional competence, emotional exhaustion, and loss of direction. Time management as personal sources of stress are cited by the following participants:

“Next yung time management ... (next is time management)” (Participant C)

“... time management and of course yun nga, yung maintaining that divide between the personal and the professional. ...” (Participant G)

The participant's personal sources of occupational stress stem from maintaining objectivity wherein there are times that the participant feels affected and triggered by her client concerns:

“when the case is similar to my story, ...” (Participant G)

“or sometimes or basta may time talaga na parang maaapektuhan ka or matitigger din yung mga vulnerabilities mo. (sometimes, there are times that you'll get to be affected or your vulnerabilities get triggered)” (Participant I)

Another source of stress among the participants is doubts about their professional competence, wherein they feel impatient and have the tendency to question themselves if they are being effective as psychologists as cited by the following:

“... So yun, so minsan yung stress nanggagaling from doubting your competence (sometimes stress stems from doubting your competence)” (Participant A)

Another personal source of work stress is emotional exhaustion when she feels too deeply with her client issues as cited by the following:

“So, siguro yung mga stress related to client issues para sa akin, pag masyado kong dinibdib siya. Doon ako nasestress. (so, maybe the stress related to client issues for me, is when I take it seriously, there is where I get to be stressed)” (Participant I)

Lastly, the loss of direction as personal source of work stress is when the participants feel like losing direction in counseling as cited by the following:

“Uh, when uh, like I'm at a loss for directions, sometimes. Like, where do I go from here?.” (Participant D)

There are several personal sources of occupational stress among the participants. Due to time conflict with other roles as

psychologists, there are instances wherein participants have difficulty in managing their time which can result in personal source of stress. The doubts on professional competence which shows psychologists have experienced professional dilemmas doubting their professional capabilities. Maintaining the course of objectivity can also be difficult for the psychologists as for them they have the tendency to personally relate to their clients and be too empathic. Psychologists can feel emotionally exhausted from the nature of their work as reported by one of the participants. A participant also experienced a loss of direction as a personal source of stress, especially when unsure about the flow or outcome of the sessions.

Theme 2. External Sources of Occupational Stress. There are various external sources of stress among the participants which are the following; managing multiple roles, types of cases, lack of supervision, financial concerns, uncooperative clients, client expectations, type of client, institutional management, type of therapy, emergency cases, severity of case, nature of work, and bridge between stakeholders.

Managing multiple roles refers to how the participants juggle several roles that causes them stress as stated by the following:

"The top-of-mind answer is balancing your time between practice in teaching and admin work and not to mention your family life. ..." (Participant A)

".....time management and of course, maintaining that divide between the personal and the professional. ..." (Participant G)

Participants also report feeling stressed out when there is no supervisor available to consult for guidance in complex cases:

"For example, yung case na yun ay medyo malalim na, so wala talagang supervisor na mahihingan (For example, the case which is

heavy, so there's no supervisor to ask for help to) ..." (Participant B)

Financial concerns came out as one of the external sources of stress as mentioned by one of the participants:

"... also from some financial concerns as well." (Participant E)

Clients who are uncooperative can also cause stress for the participant whenever they are reluctant to provide the information or willing to help them be better as stated by the following participants:

"... Ayaw nilang banggitin yung mga necessary information (they don't like to give necessary information)" (Participant B)

"You don't see them uhm, willing to change or willing to cooperate with you or do everything for them to get better." (Participant H)

The participant reported that client expectations regarding the delivery of solutions were a source of stress:

"... gusto nila mayroon agad silang makuha, na ma po-provide na solution doon (they want to have immediate response, provide solution)" (Participant B)

The type of client is also a source of occupational stress as this client describes is always part of it as cited by the following participants:

"ang hindi nawawala for occupational stress is yung type ng client or patient na i-hahandle mo, (the unavoidable for occupational stress is the type of client or patient to handle)" (Participant C)

"dealing with neurodevelopmental disorders is not that easy for me. ..." (Participant D)

One of the sources of occupational stress for the participant is institutional management,

whereas the participant is a third-party provider of counseling:

"... if you are in an institution or center or on a third-party provider ng counseling o psychotherapy, unang una yung management (first is the management)" (Participant C)

participant's experience:

"Sometimes couples therapy can be stressful especially when you're talking to two couples." (Participant D)

The external sources of work stress reported by the participants is emergency cases where they find it hard to handle and most stress as narrated by the following participants:

"...emergency cases. ... Sometimes they would call you in the middle of the night, okay." (Participant G)

"Yung mga emergency cases. (The emergency cases) Yun yung pinaka stressful (That's the most stressful)" (Participant H)

The severity of the case, particularly when dealing with active suicidal ideation, which the participant felt intensely:

"... napaka-active ng suicidal ideation niya (very active suicidal ideation)" (Participant F)

The nature of the case refers to when the case is too difficult to handle, along with the nature of work are identified as external sources of occupational stress according to the following participants:

"source of stress, well the nature of the problem," (Participant A)

"... first of all you are handling the problems of other people. ... When we are having our own problems sometimes it is very difficult." (Participant H)

"But I think when the first thing that comes to mind, ... nature of the cases" (Participant E)

"...personally is when I handle domestic violence issue" (Participant F)

The external sources of occupational stress reported by the participant also include bridging gaps between stakeholders, which the participant states can sometimes be a struggle:

"... sometimes I need to make sure that I'm able to bridge this between the two stakeholders." (Participant F)

There are different external sources identified according to the participants. Managing multiple roles refers to the psychologist's way to divide different roles at a time. The participant revealed that he receives support from his co-workers but limited supervision from his supervisors.

Another aspect to consider is the financial concern mentioned by one of the participants, as it is not just workloads where they get stressed out but also financial matters as it can be expensive to operate one's own clinic. Two participants also encountered occupational stress when they had uncooperative clients who limit sharing relevant information needed and there are those who are disempowered as they tend to be resistant in the therapy sessions. Clients that expect to have immediate solutions to their concerns can pose further challenges as the protracted nature of therapy may seem usual for them. The type of client can be stressful and challenging to handle for some participants.

Institutional management, as one participant highlighted, causes stress due to being part of an institution as a third-party provider of clinician services. It was mentioned by one of the participants that couples therapy can be stressful. Handling emergency cases is one of the most stressful sources of occupational stress among the participants as these emergency cases need special attention. Lastly, the bridge between stakeholders is also a source of external stress among one of the participants which can pose a struggle.

Coping Strategies of Clinical Psychologists in Managing Occupational Stress

Theme 1. Positive Disposition. This refers to when the participant tries to be stable to avoid feeling stressed. According to one of the participants, he generally keeps a positive disposition by:

"... I try to maintain a positive disposition most of the time." (Participant A)

A psychologist respondent manages stress by having a positive disposition at work, wherein he tries to be stable as part of his coping strategies to avoid feeling stressed.

Theme 2. Self-Care Activities. There are different self-care activities that the participants are actively doing for them to manage their occupational stress. These self-care activities are mentioned by the participants responses below:

"I also exercise. Kasama din yan sa daily routine. (Part of my daily routine)" (Participant E)

"Sa counseling it's very stressful ang ginagawa ko ay magda-drive, kumain, manood ng cine (In counseling it's very stressful, what I do is I drive, eat, and watch movie) ..." (Participant B)

"... you have to take care of yourself because you've been listening to the predicaments and problems of people" (Participant D)

"... the breaks in between really help me and doing something else" (Participant F)

"... allotting some days, some hours if I can. No matter what." (Participant G)

"I get myself my own therapist" (Participant H)

The participants were involved in different self-care activities such as physical activity, driving, dining out, watching movies, taking a pause in practice, diving, eating, sleeping, rewarding oneself, intentionality of coping, maintaining professional and personal boundaries, having a personal therapist, and prioritizing oneself.

Theme 3. Professional Growth. Among the participants, improving competence to manage occupational stress is being able to recognize professional competence and engagement in other work activities that will help them to improve professionally. The following are the participants responses:

"... training that would be one way of managing your stress is to equip yourself on yung mga knowledge at skills na pwede mong i-handle para mabawasan yung stress mo galing sa clients mo. (training that would be one way of managing your stress is to equip yourself with knowledge and skills that you can handle to lessen stress stemming from your clients.)" (Participant C)

"I mentioned that I only take clients when I'm good at it. ..." (Participant D)

"counseling itself because you practice what you preach. ..." (Participant E)

"...being with the people who, my family, ... it grounds me," (Participant F)

To the participants, improving competence to manage occupational stress is being able to recognize professional competence and engagement in other work activities that will help them improve professionally. As a form of maintaining mental health, one of the respondent's views is attending training as a way of managing stress as it equips him to enhance his skills to lessen stress.

Theme 4. Social Support. This refers to the support that the psychologists get from either colleague, supervisors, and family members. The following are the responses of the participants:

"But usually kasi your colleagues, they become your friends also. ... Tapos marinig may stories nila na you have the same problems nai-stress din sila sa pamilya nila, sa management din. (Then you'll hear stories that they have the same problems like they're also stressed with their family, and management)" (Participant A)

"Importante din talaga na may support ka ibig sabihin, hindi lang ikaw, ako nakakaranas ng mga to. (What's important is that you also have support, that means, you're not alone, you're not the only one experiencing this)" (Participant B)

"... So knowing kung ano yung mga to be expected doon na galing sa mga seniors ko during those times. (So knowing what to expect from my seniors during those times.) Mas madali sa akin to manage yung stress ko. (It's easier for me to manage my stress)" (Participant C)

"I'm quite involved with family matters..." (Participant E)

"And of course if there are support groups, ..., it's really very helpful to have support groups." (Participant F)

"I talk more about what I do. Uh, I express, I try to express [to my parents]." (Participant G)

"intentional na supervision, and we talk about yun yung mga stressors, or yung mga difficult cases. (intentional supervision and we talk about the stressors or the difficult cases)" (Participant I)

Social support is the psychologist's tendency to ask for strategies on what's expected in the field as part of stress management. Peer and family support is also essential for the respondents as they view it as a form of help coming from their colleagues

Theme 5. Enhancing Organizational Support.

This refers to the ideal work set-up that the psychologists think helps them alleviate stress. The responses of the participants are the following:

".. Kapag maayos yung structure or system sa center, ang advantage kasi na nasa center ka, meron kayo si secretary na nag-schedule, na naniningil ng fees. (It's an advantage when you have a well-organized structure or system in the center, the advantage because you're in

the center, you have a secretary who's scheduling, collecting fees.) (Participant A)

"In the clinic for example when we're working on a client assessment report, when we're conducting assessments, we share the work, the workload." (Participant E)

"Oh, if there is a proper procedure and protocol in place ..." (Participant F)

A systematic factor that alleviates stress is an organizational structure which the psychologists refer to as the ideal work set-up for them and which they think helps them reduce stress.

DISCUSSION

The use of qualitative research method through phenomenological design, data gathered were analyzed using Braun and Clarke's (2006) systemic approach in thematic analysis using six steps processes. Each research question has its respective number of themes generated. Three (3) themes for the views of occupational stress, two (2) themes are generated from the sources of occupational stress among clinical psychologists, and lastly five (5) themes were generated from the coping strategies clinical psychologists employ to help them cope with occupational stress.

The findings indicate that clinical psychologists perceive occupational stress not only as strain and a hindrance to service delivery but also as a transforming experience. Although stress arises from multiple sources and produces emotional and physical strain, many participants described it as ultimately rewarding because of positive emotions and meaningful client interactions. In the therapeutic relationship, these positive emotions deepen the therapeutic connection and foster empathy and compassion. Vandenberghe, Silva, and Silvestre (2014) report that positive emotional experiences enhance empathy and strengthen the therapeutic alliance, thereby promoting meaningful client change.

The study identified both personal and external sources of occupational stress. Personal stressors included time-management difficulties, challenges in maintaining objectivity, doubts about professional competence, emotional exhaustion, and loss of direction. For example, generally among workers, it is reported that multiple role demands undermine effective time management, which is associated with higher work stress and reduced performance (Mata et al., 2021). Psychologists can also experience such factors. Given numerous job roles, time management is a concern among participants to meet the deadlines and divide their workloads. There are also instances wherein some clinicians described self-doubt about their effectiveness, a tension compounded by the need to appear confident before clients (Bartlett et al., 2019).

External stressors included managing multiple roles, types of cases, lack of supervision, financial concerns, uncooperative clients, client expectations, type of client, institutional management, type of therapy, emergency cases, severity of case, nature of work, and bridge between stakeholders. Many participants balance clinical work with teaching, supervision, and administrative duties, producing heavier workloads and greater stress. Lack of supervision emerged as a concern because supportive supervisory behavior such as respect, recognition, coordination, and encouragement of professional development affects job satisfaction and practice quality among the general workers according to García-Cabrera et al. (2023). Supervision is essential in the work of every health and social care professional, emphasizing the importance of jointly ensuring practice is both effective and safe. Financial pressures, including the costs of operating a private clinic, were also salient; financial strain is a widely reported source of stress in other contexts (Scott, 2025). Difficult or resistant clients and expectations for immediate solutions further complicate engagement and outcomes (Brooks et al., 2020). Certain modalities, such as couple's therapy,

introduce additional complexity, managing reciprocal maladaptive patterns, safety concerns, and multiple perspectives increases professional demands (De Snyder et al., 2021). Emergency cases were reported as particularly stressful due to their urgency and potential ethical conflicts between client privacy and the need for immediate action (Hawgood, 2015). Finally, coordinating among stakeholders especially in family-centered care for clients with developmental disabilities poses challenges that require tailored collaboration and parent empowerment to optimize outcomes (Klatte et al., 2023).

Lastly, participants reported a range of coping strategies used in daily practice to mitigate occupational stress. Many emphasized maintaining a positive disposition, resilience, and prioritizing personal wellbeing to remain emotionally prepared and sustain high standards of client care (PAP, 2022). Reported self-care activities included physical exercise, recreational pursuits (driving, dining out, watching movies, diving), rest and sleep, rewarding oneself, and taking deliberate pauses from practice. Participants also described intentional coping practices such as maintaining professional boundaries, seeking personal therapy, and prioritizing self-care. Personal therapy was highlighted as an essential support: Norcross et al. (2023) found that 82% of psychologists have undergone personal therapy at least once.

Professional development and competence building were described as coping strategies; attending training and engaging in other professional activities helped participants feel more effective and less stressed. Social support such as consultation with colleagues, supervisory guidance, and open communication was also important for managing emotional challenges and improving job satisfaction in the general population (Hämmig, 2017) which may include psychologists. According to Viehl et al. (2017), workplace support is important, while Somoray et al. (2016) suggests that feeling valued at work may facilitate satisfaction with one's work among mental health professionals.

Consistent with ethical guidelines, upholding professional boundaries remains central to protecting client welfare while supporting practitioner resilience (PAP, 2022).

Conclusion. This study highlights Filipino clinical psychologists' experiences of occupational stress in private practice, identifying key stressors such as multiple role demands, case complexity, and time management, which can hinder client interactions and therapist relationships. Despite emotional and physical exhaustion, psychologists described their work as transforming experience, finding fulfillment in client progress and appreciation towards their work. Coping strategies included positive disposition, self-care activities, professional growth, social support as well as enhancing organizational structures. These mechanisms promote resilience, well-being, and professional effectiveness. Overall, the findings underscore the importance of self-care, supportive environments, and continuous professional development in sustaining psychologists' health and optimizing client outcomes.

Recommendations

For clinical psychologists. It is recommended that clinical psychologists in the Philippines prioritize self-care to improve their overall wellbeing and effectiveness in their profession. They have the potential to serve as a positive role model for their clients by demonstrating proper self-care.

For clinic owners. Institutionalizing supervision is strongly recommended, as it exerts a significant influence on psychologists' well-being and confidence in clinical practice. Improvements of workplace policies can also be introduced to enhance both the ongoing professional and personal development of psychologists. Furthermore, establishing structured support mechanisms is essential to help address occupational stress among clinical psychologists.

For future researchers. Future researchers should investigate similar topics using quantitative methods, since qualitative findings have limited transferability. Because this study examined only private practice, subsequent studies could compare the perspectives, information sources, and coping mechanisms of Filipino clinical psychologists across employment types and civil status, especially those working in academic institutions and government agencies. Research should further explore occupational stress among Filipino clinical psychologists, taking into account both universal psychological stressors and culturally embedded values that shape coping and resilience. Future work could also target newly licensed psychologists to understand the challenges faced by novice practitioners. Finally, researchers are encouraged to examine the role of supervisors: as members of the management hierarchy, supervisors may use different strategies for seeking emotional support, and their experiences can shed light on support dynamics between supervisors, co-workers, and managers.

Author contributions. The author takes full responsibility for all the components of the study, not limited to conceptualization, introduction, methodology, data collection, results, discussion, and references.

Conflict of interest. The author declares no conflicts of interest.

Funding source. This research received no external funding.

Artificial intelligence use. Artificial intelligence support was performed using Copilot to improve the grammar and structure of the literary review, discussion, conclusion, recommendations, and some part of the methodology; all content was subsequently reviewed and approved by the author.

Ethics approval statement. This study was conducted in accordance with ethical standards and received approval from the Institutional

Research Ethics Committee of St. Scholastica's College Manila on June 20, 2024.

Data availability statement. All data supporting the findings of this research are available within the manuscript and its supplementary materials.

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