



# EMPATHY, FATIGUE, AND CAREGIVER BURDEN AMONG WOMEN BALANCING HOUSEHOLD RESPONSIBILITIES: A COMPARATIVE STUDY OF MEDICAL AND PSYCHIATRIC PATIENT CAREGIVERS

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## Abstract

**Background:** Women who serve as primary informal caregivers face significant psychological, emotional, and physical challenges, especially when simultaneously managing household responsibilities. Caregiving for both medical and psychiatric patients put a lot of stress on women yet the variables like empathy, fatigue and caregiver burden within these aspects remain very much. Unexamined. This review literature combines the researches and compare experiences of women. Caregivers of both the field, medical caregivers and psychiatric caregivers. Patient construct all three dimensions.

**Methods:** A systematic literature review paper were examined from 2016 to 2026, extracted from peer-reviewed journals across nursing, psychology, psychiatry, and social work. Studies were selected on the basis of relevance of female caregivers, caregiver burden, empathy, fatigue, and comparative analyses of medical versus psychiatric caregiving was done.

**Results:** The reviewed literature consistently shows that empathy is a two-edged concept, even though it is essential to providing effective care. Among caregivers, high affective empathy is strongly linked to secondary traumatic stress, emotional exhaustion, and compassion fatigue (Gleichgerrecht & Decety, 2016; Sorenson et al., 2016). Compared to medical caregivers, who typically face more physically demanding challenges, psychiatric caregivers report higher levels of psychosocial stress, emotional burden, and social isolation (Mital et al., 2017; Cham et al., 2022). Regardless of the setting in which they provide care, female caregivers consistently exhibit higher levels of exhaustion, psychological distress, and burden than their male counterparts; this difference is exacerbated by the demands of household responsibilities (Araújo et al., 2019; Johansen et al., 2018; Kaur et al., 2021).

**Conclusion:** The intersection of empathy depletion, chronic fatigue, and caregiver burden constitutes increasingly vulnerability for women caregivers. Targeted interventions encompassing emotional regulation training, structured social support, and gender-responsive institutional policies are critically needed to mitigate these effects across both caregiving populations.

**Keywords:** caregiver burden, empathy fatigue, female caregivers, psychiatric caregiving, medical caregiving, compassion fatigue, caregiver stress

## Introduction

We can surely agree on that, caregiving is a very complex job and so it requires a lot of emotional, social and physical effort. Due to these factors, a lot of burden, fatigue and empathy can be experienced by the caregivers, especially female caregivers as they do a lot of diverse jobs which generally goes unrecognized. Women who are generally served as primary informal caregivers, often hassle caregiving responsibility with professional and domestic obligations, which sometimes lead to increased stress and dominating effects on their well-being (Araújo et al., 2019; Díaz et al., 2019). These trends are particularly prominent among caregivers of both kinds of patient, medical and psychiatric patients, where the pattern and extent of care vary from person to person due to the individual differences and severity of symptoms, affecting the caregivers, experience of burden and fatigue and empathy.

Traditionally, caregiving has been seen as a female identified role, which is deeply rooted with a cultural norm and society expectations that portrays as if women have inherited a caregiver tag (Tronto, 1993; Hecht, 2001). In a large amount of patriarchal society assumes that daughter or daughter-in-law are restricted to deliver care, which is frequently driven by filial piety or societal stigma (Sharma et al., 2016). This orthodox expectation only restricts a woman's boundaries, autonomy and exacerbates their disproportionate caregiving responsibilities and is a blockage in their flourishing or achievement.

### The "Double Burden" Phenomenon

The "Double Burden," or "Second Shift" (Hochschild, 1989), It says that, how a woman takes care of their children and does household work at the same time. Women are generally likely to participate in both instrumental activities of daily living, for instance, cleaning, cooking, taking care of child or any other kind of daily living activities linked with patient care. These aggregated outcome results in role overload, wherein it also demands surpass, temporal and psychological capacity (Pearlin et al., 1990).

Documented studies validate that female caregivers experience greater psychological distress, higher level of anxiety, depression and physical exhaustion, in comparison to their males counterparts (Araújo et al., 2019; Díaz et al., 2019). In the time of COVID-19 pandemic, the caregiving responsibilities were very heightened and were at its peak, particularly for women which led to heightened fatigue and stress (Bourne et al., 2020). Hence, these kinds of additional stressors often show how hard it is for women to balance their role as caregivers and homemaker during the crisis.

### Effects on Fatigue and Burden: Medical versus Psychiatric Caregiving

Caregiver burden is a multidisciplinary concept that includes physical, emotional, social and financial Stressors (Zarit et al., 1980). The severity of the condition rises on the basis of patient's severity of illness, caregiver circumstances and patient attributes. Psychiatric caregiving is not easy as it last for a long duration, there is a lot of stigma also around them, and the major factor can be the symptoms are hard to predict (Cham et al., 2022; Mital et al., 2017). Psychiatric caregivers experience heightened emotional engagement, social isolation and psychological distress in relation to medical caregivers, thereby requiring customized support strategies (Cham et al., 2022; von Kardorff et al., 2016).

In the contrary, getting of patient who are medically ill, like those with chronic diseases such as cancer, diabetes, etc. Etc. Requires a lot of physical efforts as the patient is fully dependent on the caregiver and the caregiver is fully responsible for the patient management of the symptoms (Johansen et al., 2018; Rezaei et al., 2020). Medical caregivers experience a lot of difficulties in physical care responsibilities, healthcare, navigation, and managing diseases progression which often results in fatigue and poor quality of life (Adejumo et al., 2017; Katsarou et al., 2023). Caregiver fatigue comprises both physical exhaustion and mental fatigue, which is affected by the intensity duration and psychological distress that associates with caregiving (Kang et al., 2020; Mitrou et al., 2026).

Contrasting studies indicate that psychiatric caregivers face higher level of psychosocial stress, whereas medical caregiver often faces increased physical demands (Mital et al., 2017). Women who are working and taking care of psychiatric patients tend to experience greater burden then the homemakers which signifies overall association with employment (Kaur et al., 2021; Rexhaj et al., 2023).

## Empathy in Caregiving

Empathy is defined by Decety and Jackson (2004) as the capacity to perceive, interpret, and share the emotions of others, and is widely acknowledged as a key characteristic of carers (for example, Carers Australia 2011). It enables the formation of a connection with the person they are caring for, can improve the quality of care delivered, and can benefit the carer and care recipient emotionally. Recent research, however, has started to uncover a number of hidden effects of empathy (Gerdes, Segal & Lietz, 2017) that pose a risk to women in particular, as they are frequently the primary carers for relatives and loved ones.

Empathy can be defined conceptually in two ways: cognitive and affective. Cognitive empathy is the intellectual capacity to be able to imagine oneself in another's position and to share the feelings which that person is experiencing. Affective empathy is the feeling of sympathy for another person in the same way that the person would feel if he were in that other person's position. The impact of each type of empathy on caregivers can vary depending on the specific context of the care provided. Studies indicate that cognitive empathy is often associated with positive aspects of caregiving, including better mental health and decreased depression. In contrast, affective empathy has been more frequently associated with negative emotions, such as anxiety, emotional exhaustion and compassion fatigue (Gleichgerricht & Decety, 2016; Jütten, Mark & Sitskoorn, 2019).

First proposed by Figley (1995) as Empathy Fatigue and also termed clinically as compassion fatigue, secondary traumatic stress, and vicarious trauma in the literature, empathy fatigue describes a condition in which caregivers slowly lose their capacity to empathize due to excessive exposure to others' sufferings (Sorenson et al., 2016). According to research by Mahoney and Regan (2017) regarding caregivers of those with chronic health conditions, it was determined that caregivers gradually suffer from emotional depletion along with a decrease in empathy as they care for more individuals and over time as they spend more time caregiving. This trend can have serious negative health and wellbeing effects for informal caregivers who often provide care without break and without professional psychological support, particularly for those who are typically female due to societal expectations regarding family responsibilities.

It is increasingly recognised that there is a complex, bi-directional relationship between empathy and caregiver burden. On one hand, there is research that suggests empathy plays a crucial role in enabling caregivers to 'tune-in' to patient needs, thereby providing better patient-centred care. On the other hand, there is also a lot of evidence that over-giving through excessive high levels of un-regulated empathy can in fact lead to increased levels of burden, social isolation and increased mental health problems (Bom et al., 2019) (Sinclair et al., 2017). Klimecki, Leiberg, Ricard and Singer (2016) more recently found that high affective empathy leads to strong adverse emotional states, but a high level of compassion did not, and even reduced burnout. This understanding is of particular importance to future interventions and therefore, also to the design of any subsequent caregiver training programme.

Matud, M., Guàrdia, L., Fernald, P., Molina, L. & Palacios, J. (2020) Factor structure of the scales to assess empathy, part II: Female primacy in the domains of cognition and emotion. *PLoS ONE* 15(12): e0226520. DOI: 10.1371/journal.pone.0226520 Previous blog entries discussed the heterogeneity and questionable stability of the concept of empathy, especially in relation to care work and the gender distribution of the responsibilities associated with this activity. In this post we shall add to these factors the gender difference in levels of empathy. According to the few studies on the gender distribution of factor scores for the Scales to Assess Empathy (Matud et al. 2014) female scores are higher in both factor aspects of the scales; which the authors interpret as being the result of socialization and cultural factors due to the greater burden associated with emotional labor on women. On the one hand, the greater empathy that female caregivers have in relation to the recipients of care can be seen as a factor that is favorable for higher quality care (cf. Ribeiro et al. 2011). On the other hand, the fact that, owing to their greater levels of empathy, these same women are also more exposed to the negative effects derived from the empathic distress that they feel while caring for recipients who present longer periods of suffering, highly variable or terminal psychiatric or other pathologies. These effects have been described with reference to female caregivers in nursing homes and for patients with mental health disorders (Ribeiro et al., 2021; Kumari, Ranjan & Sinha, 2021).

We studied how different components of emotional processing relate to each other in the context of women formal caregivers and their life consequences. We found that women caregivers' emotional regulation acts as a mediator between the level of their empathy and the degree of negative effects they experience due to their

caregiving role. Better emotional regulation enabled caregivers to remain empathetic and prevent emotional overidentification with the care recipients, thereby alleviating their risk of emotional exhaustion and caregiver burden. The findings of this study highlight the need for informal female caregivers to acquire the ability to better manage and modulate their emotions. This goal in the context of female caregivers who frequently do not have access to specialized psychological support and services. The findings of Zarei et al. (2021) and Gerdes et al. (2017) corroborate the importance of studying the impact of informal caregiving on women's psychological well-being.

In summary, in the current caregiving literature, empathy is seen as a major variable, the importance of which is marked by its ambivalence. On the one hand, it plays a key role in shaping the quality of care. On the other hand, it endangers the self-preservation of the caregivers. In order to shape gender-oriented forms of support that would protect women as caregivers from being worn out by empathy and the consequent effects, it is necessary to explore the empirical interplay of empathy with fatigue and burden in both medical and psychiatric caregiving.

## Review of literature

**Von Kardorff et al. (2016)** lived experience of the caregiving situation of schizophrenia by qualitative interview analysis. The researchers sought to reveal lived experiences of carers of people with schizophrenia and thereby describe what it is like for carers. Twelve carers gave qualitative interviews. The researchers stated the carers experienced "emotional distress, isolation, economic burden, and physical exhaustion" in addition to caring-related stress and burden due to the heavy long-term load and that the care of severely mentally ill persons resulted in a high level of psychological strain on the carer and a high level of the caregiver burden.

**Gleichgerrcht and Decety (2016)** studied the associations between empathy, emotional regulation, and burnout in caregivers. The study looked at both cognitive and affective aspects of empathy. Their findings showed that caregivers with higher levels of affective empathy experienced more emotional exhaustion and secondary traumatic stress or compassion fatigue. The study suggests a relationship between emotional regulation and burnout in caregivers.

**Sorenson et al. (2016)** Compassion Fatigue. This study examined the occurrence of secondary traumatic stress in caregivers and health care personnel. Researchers determined that one of the major sources of secondary traumatic stress was exposure to trauma from patients. Health care personnel who experienced high levels of empathy for their patients also showed greater emotional exhaustion.

**Chadda (2016)** aims to assess the psychological burden on families that care for patients with mental health problems. In this paper it is shown that families who care for a psychiatric patient suffer from high levels of emotional strain, social bereavement and psychological burden. Furthermore, the paper points out that, particularly in the South Asian context, women are expected to take up more care giving roles and therefore carry the heavier emotional burden.

**Ugalde et al (2016)** it identifies changes experienced by informal caregivers of patients with advanced cancer patients. The study found out that caregivers reported a change in their identity, along with feelings of burden and stress caused by caring for someone with a chronic illness.

**Golics et al. (2016)** the following study explored how chronic health conditions affect family quality of life. The study found out that chronic health conditions not only affects the individuals with the condition, but also had a significant effect on family caregivers, which causes a wide range of emotional, physical and social changes, including stress, fatigue, and a reduction in quality of life.

**Klimecki, Leiberg, Ricard & Singer (2016)** the study explores neural changes to the brain associated with empathy and compassion training. They found that while being overly empathetic leads to the experiencing of strong negative emotions, a compassionate approach empower the maintaining of emotional equilibrium, reducing burnout in caregivers.

**Sorenson, Bolick, Wright, and Hamilton (2016)** conducted a review of the literature on compassion fatigue in caregivers and healthcare providers. Based on their research, they found that care providers can become emotionally exhausted and physically and emotionally burnt out after experiencing high levels of stress over time as a result of their caring role. In particular, highly empathetic care providers are at a greater risk of suffering from compassion fatigue as a result of their high caring role and long hours of patient care following exposure to traumatic events and suffering of their patients.

**Gleichgerrcht and Decety (2016)** Investigated the Empathy in Clinical Practice and its Relationship with Burnout and Stress. They revealed that people with higher scores of affective empathy are more prone to emotional exhaustion and stress.

**Gerdes, Segal, and Lietz (2017)** examined the effects of empathy on the well-being of caregivers in a systematic review of current research. Initially, the researchers found that higher levels of empathy tended to enhance the interpersonal relationship between the caregiver and person with the disability, and as such, improved the care given. However, the researchers also found that caregivers who became overly emotional as a result of feeling empathetic tended to experience emotional fatigue and other secondary mental health effects. They suggested that teaching caregivers techniques to regulate their emotional responses to empathetic feelings is a worthwhile goal of future training programs.

**Mahoney et al. (2017)** investigated empathy fatigue experienced by caregivers for individuals with Alzheimer's disease. Their results showed that high levels of caregiving responsibility may cause feelings of burnout, decline in the ability to recover from emotional stress, and increased psychological difficulties in caregivers.

**Bride, Radey, and Figley (2017)** carried out a review of the literature on secondary traumatic stress and compassion fatigue. Their investigation found that caring, high in empathy, is often associated with negative psychological reactions for caregivers due to the stress and strain associated with empathizing with the suffering of others.

**Sinclair et al. (2017)** conducted a grounded theory study exploring empathy, sympathy and compassion in the context of palliative care. The researchers found that empathy allowed the caregivers to understand the patient's level of suffering. However, the researchers also found that high levels of empathy that were not manageable by the caregivers increased emotional burden.

**Mahoney and Regan (2017)** Empathy Fatigue by the Caregivers of Persons with Chronic Illness and Disability Mahoney and Regan investigate empathy fatigue that develops in caregivers of persons with chronic illness and disability. They identify the caring situations and dimensions of caring that are most likely to contribute to the experience of empathy fatigue. They examine what caregivers report that interferes with their ability to provide care, how caregivers cope with stress, their emotional state while carrying out caring tasks, and how their ability to understand and share the feelings of others (empathy) is affected over time due to caring. According to their research, the longer that individuals care, the more emotionally drained they become and the less empathic they are toward others.

**Grover et al. (2017)** explored the burden on caregivers of psychiatric patients and concluded that they often suffered from emotional difficulties, stigmatisation, and psychosocial difficulties due to the chaotic nature of the mental illness.

**Johansen, Cvancarova and Ruland (2018)** investigated the association between symptoms in cancer patients and their caregiver burden. They found that common symptoms experienced by caregivers include: anxiety, depression, fatigue and insomnia. Female caregivers had increased fatigue and psychological symptoms when they also took on domestic work.

**Asa, Yamamoto, Hayashi, and Tanaka (2018)** investigated caregiver burden and burnout in nonprofessional female caregivers in Japan. Caregivers had to undertake heavy workloads, which caused the women great emotional exhaustion and physical fatigue due to the length of their work and their lack of social support.

**Asa et al. (2018)** found that women caregivers reported higher levels of stress and depression than men.

**Bom et al. (2019)** looked at family caregivers and found that when caregivers had higher empathy, they got more emotionally involved with the patients. That made them more vulnerable to stress and emotional burnout. But on the flip side, empathy also helped improve how well they cared for the patients.

**Siddiqui and Khalid (2019)** studied caregivers of people with mental illness. They found that if the illness was severe, or if caregivers didn't have social support, or if caregiving went on for a long time, stress and psychological burden went way up.

**Bom, Bakx, Schut, and Van Doorslaer (2019)** conducted showing that informal caregiving affects caregivers' health. Again, higher empathy meant more emotional involvement and more burden.

**Jeyasingam and Kannabiran (2019)** studied caregivers of schizophrenia patients. They found that higher empathy led to more psychological stress and emotional fatigue because caregiving lasted a long time.

**Jütten, Mark, and Sitskoorn (2019)** who looked at dementia caregivers. The study highlighted the cognitive empathy (understanding how someone feels) and how it was linked to less depression, but affective empathy (feeling what they feel) was likely more linked to anxiety.

**Mahoney and Tarlow (2019)** in their study they basically tested phone-based psychological support for dementia caregivers. That will help the caregivers to reduce burden and emotional distress that they are facing in their daily life.

**Kang et al. (2020)** studied caregivers of people with chronic illnesses. They found caregivers often felt physically exhausted, emotionally stressed, and had sleep problems. Lack of social support and long hours were big reasons for fatigue.

**Matud et al. (2020)** the study looked towards the psychological distress and found out that women showed higher emotional sensitivity and empathy, which might make them more vulnerable to caregiving stress.

**Big national survey (2020)** it highlights that caregivers who were with the strong social support had very much less psychological distress than those without the social support.

**Kaur et al. (2021)** this study worked on women caring for psychiatric patients. The women had higher emotional exhaustion and psychological distress because they juggled work, home, and caregiving as women work is multidimensional they have to do house hold work and take care of the patients too.

**Kumari et al. (2021)** compared caregivers of medical vs. psychiatric patients. Caregivers of psychiatric patients had more emotional strain and burden due to unpredictable symptoms.

**Kaur et al. (2021)** again compared working women and homemakers caring for psychiatric patients. Working women had higher caregiver burden because of combined pressures.

**Kumari, Ranjan, and Sinha (2021)** confirmed that caregivers of psychiatric patients had higher empathy and burden than those caring for medical patients.

**Ribeiro et al. (2021)** also found that managing both domestic duties and caregiving led to empathy depletion and emotional fatigue.

**Zarei et al. (2021)** this study explore how emotional regulation and resilience can help caregivers. It was found out that emotional regulation can reduce the negative effects of high empathy on burden.

**Cham et al. (2022)** in the following review of 39 studies worldwide. They found about one-third of caregivers of people with mental illness had significant burden. They stressed the need for better psychological support.

**International Journal of Health and Psychology Research (2024)** a qualitative study looked at caregiver fatigue syndrome in relatives of psychiatric patients. Caregivers spent long hours, leading to chronic stress, emotional exhaustion, and worse quality of life. Many admitted they neglected their own health.

**Fitzpatrick, Dunlap, Furtmüller, and Nagarsheth (2025)** investigated the phenomenon of caregiver fatigue in caregivers of patients with lower extremity amputation. Their findings illustrated that not only did caregivers experience physical fatigue when helping their patients with their exercises, but they also endured significant amounts of emotional stress. The researchers stressed the need for caregiver support programs to alleviate the psychological burden on the caregivers.

**Mitrou et al. (2026)** discovered that among the 142 caregivers to patients being hospitalized in the medical–surgical departments of a general hospital, fatigue was scored in the moderate level, and was significantly associated with anxiety and sleep disorders. Female sex and longer length of stay of the patients they cared for were also associated with greater degrees of fatigue, suggesting that certain vulnerable subgroups of hospital caregivers may need additional support in the form of the provision of effective interventions from the staff of the institution in which the patient is being hospitalized, so as to decrease their burden and prevent future health problems.

## Research gap

Although research into the topic of caregiver burden, fatigue and empathy is increasing, there is still much to be learnt about how these interlink and currently the literature has many gaps. In particular there is limited information regarding the experiences of women as caregivers.

Caregiver burden and fatigue have been extensively explored in the literature, with empathy generally considered an afterthought to these major foci rather than an empirically examined variable in its own right. We are not aware of studies that have integrated all three variables within a single theoretical framework (Gerdes, Segal & Lietz, 2017; Kumari et al., 2021). Theoretical insights regarding how and when empathy will have an impact on fatigue and burden have not been elaborated within the existing research literature.

Secondly, although there are a few studies in the literature that have made a comparison between medical and psychiatric caregiving contexts, the studies that explore experiences of women caregivers in the two contexts while investigating factors such as empathy, fatigue and burden are quite few. Most of the studies that made comparison between medical and psychiatric caregiving contexts, looked at only burden and in some cases at paid professional caregivers rather than at informal caregivers. There is paucity of studies on informal women caregivers who carry the additional burden of managing their own households along with that of patients (Mital et al., 2017; Cham et al., 2022; Kaur et al., 2021).

The third factor considered in this research was the role of variables that can moderate and mediate the relationships among the identified factors. Variables that may have an effect on the relationship among these factors include emotional regulation, social support, coping methods, and household work burden. While some studies, such as those carried out by Zarei et al. (2021) and Kang et al. (2020) are in line with this suggestion, it is not clear if there is enough research focusing on women in care-giving role in different populations and thus this is also an area that needs more studies.

Fourthly, the vast majority of existing studies are based on a cross-sectional design. Thus, it is not possible to investigate longitudinally how emotions such as empathy, care-giver burnout and fatigue evolve throughout the care-giving process. It is necessary to increase the knowledge regarding women caregivers' health and well-being over time when experiencing high levels of empathy fatigue (Mahoney & Regan, 2017), and its resulting negative impacts on their physical and mental health (Mitrou et al., 2026).

Caregiving can be very challenging for families affected by psychiatric illnesses such as schizophrenia. Five major gaps were identified in the current literature on family caregiving and need to be addressed. First, there is very little research carried out in a South Asian context as well as in other non-Western settings. It is important to remember that care giving roles are very gender biased, and children and young adults are deeply influenced by parental expectations of obligation to care for members of their families. In addition, there is also a significant level of stigma around mental health issues which all contributes to the burden on caregivers. Current studies are based almost exclusively on data from Western populations that do not always reflect the realities of other cultural settings such as India (Sharma et al., 2016; Chadda, 2016).

There is a lack of literature that compares levels of different variables in the same population. The present study aims at filling this gap and therefore investigated the relationship between variables of empathy, fatigue and burden in female caregivers of medical and psychiatric patients, while accounting for domestic responsibilities.

## Conclusion

Empathy, Caregiver Fatigue and Burden in Caregiving Women Empathizing with Medical and Psychiatric Patients This literature review was designed to examine the relationships between and among variables of interest such as caregiver empathy, fatigue and burden to women caregivers in the role of domestic caregivers of patients with medical and psychiatric illnesses. A synthesis of findings from a range of studies carried out locally and internationally on the topic, reveals that the female caregiver indeed remains highly vulnerable because of the combined high levels of empathy, the continuous fatigue and heavy burden they carry, which remains often unrecognised in our health and social structures.

According to this review empathy, although a cornerstone of compassionate care, is an emotionally costly aspect of care for women caregivers. When chronic stress is experienced without adequate support, caregivers eventually experience the depletion of their capacity for empathy and suffer from secondary traumatic stress and compassion fatigue. This dimension of caregivers wellbeing has been sadly neglected in research so far.

The aspect of affective empathy has been identified as a contributing factor to emotional exhaustion, while the aspect of cognitive empathy, along with better emotional regulation, serves as a buffer against burnout .

Based on our comparison between contexts of medical and psychiatric care, the burden that caregivers experience is different in scope and nature. Those caring for people with psychiatric illnesses appear to carry a greater psychosocial burden: more stigmatised, with more emotional hardship and with a greater unpredictability of the illness; while those caring for patients with medical conditions have to deal with a heavier physical burden of caring and accompanying patients for assessments and hospitalisations. However, female caregivers in both settings are tired and heavily burdened, a situation made more difficult because they have to share the burden of domestic work.

The implications for policy and practice are substantial. Health care providers and health care systems must look beyond the medical model to the psychological and social needs of women caregivers, as a priority population. The urgent need is for the development of interventions to facilitate emotional regulation, empathy conservation and care giver resilience as well as structural changes that promote more equitable distribution of unpaid care work. There is a pressing need for the development of gender-sensitive caregiver support programs, based on a psychoeducational model including mutual support groups, respite care and mental health services and this should be considered a priority in health care rather than as an adjunct.

Future studies will have to utilise a longitudinal design in order to further explore the relationship between variables that indicate the causal direction between empathy, fatigue and burden across different phases of care-giving. In order to increase the robustness of our findings, future studies are also recommended to use a comparative methodology where the levels of all variables are simultaneously measured in women care-givers in different medical and psychiatric care situations and across different cultures. An additional area for future research will be to examine possible moderators which are expected to influence the level of stress in care-givers such as; social support, coping behaviours and training in care-giving tasks.

**Women Caregivers: an Injustice** By looking at the experience of women caregivers through the lens of empathy and understanding, we get a clear understanding of the breadth and depth of the injustices they experience. From being a resource in the care environment to being at risk from emotional and psychological distress, it is clear that the burden women experience is part and parcel of a systemic and deeply gendered inequality. Recognising the role of empathy as both an integral part of the world of care and as a resource that can be both beneficial to the carer and also source of considerable distress, points to the need for strategies and interventions that provide a more integrated response to carers such as women whose unpaid care is rooted not only in love but also in socially prescribed roles, expectations and even duty. An evidence-informed, socially just approach to supporting caregivers as the critical partners they are, is not simply a good idea; it is a need that is integral to the quality of life for women in a wide variety of caregiving situations.

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