



## LEVELS OF COMPASSION FATIGUE AND ITS RELATION TO PSYCHOLOGICAL DISTRESS AMONG HELPING PROFESSIONALS

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**Abstract** - *The job of helping professionals is emotionally and physically demanding by nature. They are more likely to experience the negative impacts of helping, such as compassion fatigue and psychological distress. The research study analyzed the demographic profile of 100 helping professionals from the selected institutions within Cebu City. Demographics include sex, age, job, and length of service of the helping professional. The levels of compassion fatigue and psychological distress were also assessed. Finally, the study investigated the relationship between demographic profile, compassion fatigue, and psychological distress. A quantitative study was used, and the researchers utilized a descriptive correlational survey research design to describe the relationship between compassion fatigue and psychological distress. The study used the Quota sampling method to collect data from 100 helping professionals in selected institutions from Cebu City. The study's results have shown a significant relationship between CF and PD with a correlation coefficient of  $\rho = 0.760$  and  $p$ -value of 0.000, indicating a strong positive relationship between the two variables. However, based on the results, the correlation between CF and demographic profile was insignificant, indicating that age, sex, length of service, and specific helping profession don't influence a helping professional's risk of experiencing CF. The same was found true between PD and demographic profiles, indicating that the respondent's demographic profile does not affect their level of psychological distress. At the end of the study, the researchers proposed a program to support helping professionals.*

**Keywords:** *Compassion Fatigue, Psychological Distress, Helping Professionals*

### Introduction

A massive sense of fulfillment and societal contribution can come from helping others. It is why most people choose to be in a helping profession. However, aside from having the desire to help others, another reason people venture into this profession is that they desire self-exploration, control, and to be a positive role model for others (Woodside & McClamp, 2011).



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Helping professionals are the people we usually run to whenever there is something that we need in our lives, may it be knowledge, healing, or support. They help us in various ways, such as helping us raise children, maintaining our health, acquiring new skills, and surviving crises (Derasin, 2019). However, despite belonging to a profession where it seems as if they have unceasing help to give, helping professionals are pretty likely to experience the negative impacts of helping, such as compassion fatigue and psychological distress (Ondrejková & Halamová, 2022; Kilburg et al., 1986).

Moreover, compassion fatigue is used to describe the symptoms of burnout and stress that caregivers and other helping professionals suffer after spending a long time dealing with traumatized individuals. At the same time, psychological distress is a set of severe mental and physical symptoms related to most people's typical mood swings. Some studies have found that these two correlate, including the study of Huang (2022). Several pieces of research have linked compassion fatigue and psychological distress to high trauma exposure, unresolved trauma, loneliness, and job discontent (Payod et. al., 2021, and family-work conflict (Viertiö, 2021, Derasin and Derasin, 2021; Beduya et. al., 2023). These studies focused mainly on doctors, nurses, and other medical workers. In the Philippines, compassion fatigue studies focused on nurses during the pandemic and found that it increased their stress, mental health, and intention to quit (Rivera, 2020). A study on psychological distress also focused on nurses and discovered that fear of COVID-19 was one of its significant causes (Labrague & De Los Santos, 2020). Social workers, psychologists, psychiatrists, and others are little studied. Furthermore, fewer studies have been conducted to investigate the connection between compassion fatigue and psychological distress. Thus, this study seeks to fill this missing knowledge in research.

The present study will aim to investigate the correlational relationship between the levels of compassion fatigue (CF) and psychological distress (PD) among helping professionals. Moreover, the study will also aim to determine how demographic profiles among helping professionals correlate with CF and PD. Assisting professionals to is an essential aspect of our lives because they are the ones that nurture us. Therefore, if helping professionals experience compassion fatigue and psychological distress, society will suffer since they cannot assist those in need effectively. Pursuing this study may enable the researchers to do something to improve their well-being.

## **Methods and Materials**

The study utilized a descriptive correlational survey design and data collection to identify the levels of compassion fatigue and psychological distress among helping professionals and to determine the relationship between variables. It was defined by quantitative data gathering and analysis. It also helped in developing an intervention program for helping professionals in selected institutions from Cebu City. The quantitative data supported this technique, and the subsequent analysis provided an extensive comprehension of the research topic. It interpreted and analyzed the relationship between the two variables. Quantitative research examines numerical data and is frequently used to identify averages and patterns, create predictions, and generalize findings across a larger population.

The study was conducted in the selected institutions within Cebu City through online forms and pen-and-paper surveys. These institutions include the Department of Social Welfare and Development, Legal Alternatives for Women Center, Inc., Department of Social Welfare and Services, University of San Jose-Recoletos Guidance Office, Cebu Institute of Technology-University Guidance Office, Cebu Doctors' University, and Police Stations from Labangon, Inayawan, and Mambaling. These institutions were chosen as they have the helping professionals that the researchers can utilize in the study.

The respondents are 100 helping professionals, composed of psychologists, psychometricians, guidance counselors, social workers, nurses, lawyers, and police officers who are between the ages of 25 to 50, men and women. They have encountered numerous kinds of challenging cases while employed as regular, licensed personnel for at least a year in Cebu City's community-focused institutions.

Moreover, Researchers utilized non-probability sampling to acquire data from helping professionals in the selected institutions around Cebu City, specifically the Quota Sampling Technique. Helping professionals, it means licensed individuals with at least a year of experience, men and women who are aged 25 to 50 and have been exposed to clients with challenging experiences. Researchers have divided the population into different institutions to reach the desired quota. The study gets 34 respondents from three police stations, a total of 25 respondents from the Department of Social Welfare and Development and Department of Social Welfare and Services, 18 from Cebu Doctors University Hospital, 12 from the University of San Jose Recoletos, 9 from Cebu Institute of Technology-University Guidance Center, and 2 from Legal Alternatives for Women Inc. The predetermined sample size was larger than expected, however, due to numerous constraints the researchers settled on acquiring 100 respondents. In support, according to Creswell (2017), a sample population of 100 people will be selected from a population of 200 respondents with a 50% response rate. Several studies have also used a sample size of 100 participants due to certain circumstances. Audin et al. (2018) utilized a within-participant design with correlational analyses which has an original sample that included 56 respondents who completed a paper questionnaire and 70 online participants. A final sample of 100 participants was obtained after the exclusion of 19 respondents for submitting incomplete surveys and the exclusion of 7 respondents for being administrative, teaching, or clinical staff and not representative of the target community on compassion fatigue, compassion satisfaction, and work engagement in residential childcare. A separate investigation by Jacquelyn Ollison (2019) on Improving teacher retention by targeting teachers' compassion eventually attracted 114 responses, since they were either from responders who were retired or from states other than California, 14 of the 114 comments had to be eliminated. A total of 100 instructors were in the sample as a whole. The results of both studies have demonstrated a correlation between the factors.

### ***Research Instrument***

The study utilized the tools Compassion Fatigue/Satisfaction Self-Test (CFST) and Kessler Psychological Distress Scale (K10) to determine the respondents' levels of compassion fatigue and psychological distress. CFST is a 40-item test that allows respondents to choose the best answer that will describe their characteristics and their current situation. Meanwhile, K10 is a 10-item test that lets respondents choose an answer that best describes their emotional states in the past 4 weeks. Compassion Fatigue Self-Test (CFS) for Practitioners. The CFST was scored from one (none of the time) to five (all of the time). A score of 26 or less suggests an extremely low risk of compassion fatigue, a score of 27 to 30 indicates a low risk, a score of 31 to 35 indicates a moderate risk, a score of 36 to 40 indicates a high risk, and a score of 41 or more indicates an extremely high risk (Bride et al., 2007). This self-test is a valid and reliable tool used to evaluate and estimate compassion status: The likelihood that a specific practitioner may experience burnout and compassion fatigue as well as how satisfied they feel when assisting others (Stamm et al., 1999). It was initially designed based on clinical experience to evaluate burnout and compassion fatigue. This 40-item survey asks respondents to rate themselves or their circumstances on a scale of 1 (rarely or never) to 5 (very often) (Figley, 2013 Bride et al., 2007). However, the researchers have utilized only the CF items in the test disregarding burnout which has 17 items since the study focused more on measuring compassion fatigue which has 23 items to accurately assess CF among the respondents. CFST (Figley, 1995), since it was among the primary tests specifically designed for this intention, the CFST (Figley, 1995), in all of its variations, is the instrument most frequently used to assess compassion fatigue. The CFST was developed first to measure job stress and compassion fatigue based on clinical experience. Compassion fatigue (23 items) and burnout (17 items) are two subscales of the 40-item original CFST.

Using main components and a varimax rotation, the psychometric features of compassion fatigue were evaluated to measure the number of underlying elements in the CF scale (Pett, Lackey, & Sullivan, 2003). Following the inclusion of the items determined by the factor analyses, the reliability assessments were conducted using Cronbach's Alpha to evaluate item consistency within each scale. Internal consistency alphas reported vary from .86 to .94, and factor analysis reveals one stable factor representing depression related to work, exhaustion, disappointment, cv, and a sense of worthlessness (Figley, 1995; Figley & Stamm, 1996). The internal consistency alphas for the three subscales were compassion satisfaction (.87), compassion burnout (.90), and compassion fatigue (.87). and they offered strong evidence of reliability for this improved version of the CFST (Stamm, 2002). Accordingly, results of 26 or less on the subscale for compassion fatigue suggest an extremely low risk, while those of 27 to 30 indicate a low risk, those of 31 to 35 indicate a moderate risk, and those of 36 to 40 indicate a high risk. Those at or above 41 indicate an extremely high risk.

Kessler Psychological Distress (K10) items were graded on a scale of one (none of the time) to five (all of the time). The ten items' scores were then added up to provide a final score

with a minimum and maximum scores of 10 and 50 respectively. High scores imply high levels of psychological distress, whereas low scores suggest low levels (Kessler et al., 2003). To assess psychological distress, the Kessler Psychological Distress Scale (K10) will be utilized as it is a straightforward questionnaire comprising ten questions relating to emotional well-being, each rated on a scale of five. The K10 is an effective tool for measuring anxiety, depression, and psychological distress in general. This tool was examined using the 2000 Collaborative Health and Well-Being Survey to test its reliability. It showed that the ending kappa and weighted kappa of K10 scores ranged from 0.42 to 0.74 which indicates that the Kessler Psychological Distress Scale (K10) is a tool with an acceptable degree of reliability. K10 is a quick, easy-to-use, and credible tool for assessing mental health issues (Statistical Solution, n.d.). For its psychometric properties, the K10 specifically measures the frequency of how respondents experience the past weeks such as fear, helplessness, distress, fatigue, and despair. It determines decisions using a 5-point Likert scale with a range of 1 (none of the time) to 5 (all the time), the sum of the scores is between 10 and 50. The greater psychological impact is shown with higher test scores. suffering: research has revealed that the most appropriate cut point for psychological disorders is 24. It was shown that K10 demonstrated excellent scale reliability, with Cronbach's alpha greater than 0.88 (Easton et al., 2017). Kessler 10 has an internal consistency of Psychological Distress with an alpha of  $\alpha=0.844$ . This instrument's concurrent validity with the Self Reporting Questionnaire was equal to 0.72 ( $p < 0.001$ ) (Lins et al., 2021).

## Results and Discussion

This chapter analyzes a quantitative study using Spearman's rho to describe the relationship between psychological distress and compassion fatigue toward selected helping professionals in Cebu City.

**Table 1. Level of Compassion Fatigue of the Respondent**

Description	Frequency	Percentage
Extremely Low Risk	45	45%
Low Risk	34	34%
Moderate Risk	16	16%
High Risk	5	5%
Extremely High Risk	0	0%
<b>Total</b>	<b>100</b>	<b>100%</b>

The table above illustrates the level of compassion fatigue experienced by the respondents. The findings indicate that around 45% of the participants reported an extremely low risk for compassion fatigue. Approximately 34% of the respondents fell into the low-risk category for experiencing a sense of detachment or decreased pleasure in activities. Additionally, 16% of the respondents were at a moderate risk level for experiencing physical, emotional, and psychological

fatigue resulting from helping others. Notably, only five participants were at a high-risk level of experiencing overwhelming mental and physical exhaustion caused by absorbing the pain, stress, and other emotions of the individuals they serve. Considering that a large portion of the respondents were identified as extremely low in compassion fatigue levels, this result can be interpreted as most of the selected helping professionals may have developed coping strategies as time goes by. Factors that may have helped the helping professionals to overcome compassion fatigue may be their skills in problem-solving or strong support systems (Hashish & Atalla, 2023). A study by Robins and colleagues (2009) states that coping strategies may be an indication of compassion satisfaction.

**Table 2. Level of Psychological Distress of the Respondents**

Description	Frequency	Percentage
Likely to be Well	53	53%
Likely to have a Mild Disorder	16	16%
Likely to have a Moderate Disorder	8	8%
Likely to have a Severe Disorder	23	23%
<b>Total</b>	<b>100</b>	<b>100%</b>

The respondents' psychological distress level is presented in the table above. More than half of the respondents (53%) are likely to be well, indicating that they are less likely to experience emotional turmoil despite their job demands. About 16% of the respondents experience a mild disorder, with symptoms that are not severe enough to significantly interfere with daily functioning. Another 8% may have a moderate disorder, indicating that they experience distressing symptoms that interfere with daily functioning. In contrast, 21% of the respondents are likely to have a severe disorder, indicating that they experience severe anxiety, depression, or other debilitating symptoms that significantly affect their ability to work, care for themselves, or maintain relationships. Such individuals require intensive treatment and support to handle their symptoms and improve their quality of life because they are more vulnerable to stress since they oversee people's lives and can significantly impact their patients, organizational commitment, and the caliber of their services, which shows a significant indication that exacerbate psychological distress (Vaksalla & Hashimah, 2015).

Furthermore, as most helping professionals are generally viewed as being likely to be well, some studies observed that those who perceive they have strong social or interpersonal support experience less stress and anxiety, which could otherwise deteriorate their psychological distress. Additionally, they tend to have a higher self-efficacy and experience a better quality of sleep

compared to their counterparts who lack strong social or interpersonal connections (Bihlmaier & Schlarb, 2016).

**Table 3 Table Summary of the Compassion Fatigue and Psychological Distress of the Respondents**

Variable	M	SD	Category
Compassion Fatigue	2.053	0.725	Low Risk
Psychological Distress	2.076	0.948	Likely to be Well

\*  $p < 0.05$

The results of the study showed that most of the respondents are at low risk for compassion fatigue, with a mean score of 2.053 and standard deviation of 0.725. This indicates that the majority of the helping professionals in the sample are less likely to experience emotional, physical, and psychological exhaustion due to prolonged exposure to the suffering and trauma of the people they assist at work. Meanwhile, the respondents' level of psychological distress was also assessed, and the majority of the respondents (mean = 2.076, sd = 0.948) were found to be likely to be well, indicating that they are less likely to experience significant levels of distress and emotional disturbance despite the demands of their work. Overall, these findings suggest that selected helping professionals in Cebu City have relatively low levels of compassion fatigue and psychological distress, which may have important implications for their job performance and well-being. Some studies have found that positive aspects of work such as job satisfaction could lower exhaustion and could influence helping professionals' mental health positively which prevents individuals from experiencing CF and improves their psychological well-being (Cheung et al., 2018; Uchmanowicz et al., 2019). This could mean that the majority of the selected helping professionals in this study were likely satisfied with their jobs. Meanwhile, Faragher et al. (2003) state that a low degree of job satisfaction is associated with a high risk of mental distress, exhaustion, anxiety, and depression or any non-symptoms of psychological distress. Additionally, people who properly manage their career, personal lives, and family lives are considerably less likely to experience psychological distress (Vierto et al., 2021), since it was suggested that psychological distress disappears when the stress or emotional turmoil is dealt efficiently.

**Table 4: Significant Relationship between Compassion Fatigue and the Respondent's Demographic Profile**

		Sex	Age	Profession	Length of Service
Compassion Fatigue	Spearman's rho (p)	-.045	-.190	.046	-.048
	Sig. (2-tailed)	.659	.058	.647	.632

\*  $p < 0.05$

The correlation between compassion fatigue and the respondents' demographic profile was

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examined using Spearman's rho ( $\rho$ ), as presented in the table above. The results indicate that compassion fatigue has a negligible negative correlation with the respondents' sex ( $\rho = -0.045$ ,  $p$ -value = 0.659), age ( $\rho = -0.048$ ,  $p$ -value = 0.632), and length of service ( $\rho = -0.048$ ,  $p$ -value = 0.632). Furthermore, there is a negligible positive correlation between compassion fatigue and profession ( $\rho = 0.046$ ,  $p$ -value = 0.647). However, the correlation coefficients suggest that the relationship between compassion fatigue and demographic variables is not significant at a 5% level of significance.

Therefore, it can be concluded that there is no evidence to suggest that sex, age, length of service, or profession significantly influence a helping professional's risk of experiencing compassion fatigue. This finding is unexpected, considering that most of the literature indicates statistically significant associations between demographic characteristics and psychological distress (Pearlin, 1981; Thoits, 1995 as cited by Adams et al, 2006). A similar claim was made by Amir et al. (2016), whose findings showed that levels of compassion fatigue were not significantly associated with demographic factors.

More specifically, Thompson (2014) claimed that demographic factors including sex and length of service had not been proven to be significantly associated with compassion fatigue. Pergol-Metko et al (2023) also indicate that there is no significant relationship between age and compassion fatigue. Previous studies also suggest further research because of the inconsistent results regarding understanding CF in sex among helping professionals (Negesh and Sahin, 2011; Moore and Cooper, 1996 as cited by Patel, 2018). According to Gleichgerrcht and Decety (2013), the conclusions of prior studies on sex differences in professional life experience have been unreliable, and Stamm (2010) also discovered no link between sex and compassion fatigue.

In addition, there is also no relationship found between the length of service and the variables. Suggesting that regardless of how many years in the profession, short and long years of service still make helping professionals susceptible to CF and PD, emphasizing that it depends on the factors and one's experiences with challenging cases (Jacobson, 2012). Other studies, meanwhile, found that the years of professional experience were related to a lower risk of vicarious trauma (Abu-Bader, 2000; Cunningham, 2003). More professional experience (i.e., more work years) and greater training may lessen compassion fatigue and increase compassion satisfaction (Gentry, 2002; Knight, 2010; Sprang et al., 2007).

**Table 4: Significant Relationship between Psychological Distress and the Respondent's Demographic Profile**

		Sex	Age	Profession	Length of Service
Psychological Distress	Spearman's rho ( $\rho$ )	.004	-.375**	.138	-.187
	Sig. (2-tailed)	.966	.000	.169	.063

\*\* $p < 0.01$

The above table presents the results of the correlation analysis between psychological distress and the demographic characteristics of the respondents. The findings indicate a weak negative



correlation between psychological distress and age ( $\rho = -0.375$ ,  $p$ -value  $<0.01$ ), suggesting that older respondents may experience lower levels of psychological distress compared to their younger counterparts. However, no significant correlation was found between psychological distress and sex ( $\rho = 0.004$ ,  $p$ -value = 0.966), profession ( $\rho = 0.138$ ,  $p$ -value = 0.169), or length of service ( $\rho = -0.187$ ,  $p$ -value = 0.063), with the observed correlations being negligible in both positive and negative directions. These results imply that the demographic profile of the respondents may not significantly affect their levels of psychological distress.

The results on the importance of demographic factors in the literature have been contradictory. Some studies have found a statistically significant relationship between demographic factors and job satisfaction (Oshagbemi, 2000); however, other investigations have found no such relationship (; Okpara, et al. as cited by, Islam et al., 2019) Additionally, research shows that due to their demographic differences, professionals display a range of perspectives toward these elements regarding satisfaction (Sattar et al., 2010). Studies have shown that demographic factors like sex, age, and years of experience are negatively correlated with psychological distress. Most of the earlier research has not found any differences between males and females in how the psychological or emotional demands of one's job affect mental health. (Jia et al, 2022). Furthermore, in the aspect of specific professions, it was discovered that individuals in low-risk professions, or what is also referred to as higher status jobs (such as educators, doctors, and nurses), reported less psychological distress than those in lower-status jobs or blue-collar positions (Laditka et al, 2023, Obinguar et. al., 2023).

**Table 5: Significant Relationship between Compassion Fatigue and Psychological Distress**

		Psychological Distress
Compassion Fatigue	Spearman's rho ( $\rho$ )	.760**
	Sig. (2-tailed)	.000

\*\* $p < 0.01$

In the Correlations table, a significant correlation between compassion fatigue and psychological distress was observed. The correlation coefficient of  $\rho = 0.760$  and  $p$ -value of 0.000 indicates a strong positive relationship between these two variables. This finding suggests that there is strong evidence, at a 5% level of significance, to support the idea that compassion fatigue can have a considerable impact on the psychological distress experienced by helping professionals. Specifically, the results suggest that as levels of compassion fatigue increase, so does the likelihood of experiencing psychological distress. This highlights the importance of addressing compassion fatigue as a potential risk factor for psychological distress in helping professionals and the need for interventions and support to mitigate the negative effects of compassion fatigue on their mental health.

Additionally, this result supports existing literature mentioned in the present study, such as the study of Huang (2022) which claimed compassion fatigue was a strong predictor of

psychological distress. The results imply that psychological distress follows when a helping professional develops compassion fatigue (or vice versa). Moreover, there are specific findings in the study of Barnett & Ruiz (2018) stating that the risk of compassion fatigue increases when an individual experiences self-esteem reduction and the production of negative feelings, which indicate psychological distress. Other studies also found that higher CF is associated with higher levels of PD (i.e., depression, anxiety, and burnout). Moreover, some research has identified various risk factors for compassion fatigue, including high workload, lack of social support, and personal history of trauma, which can further exacerbate psychological distress in helping professionals (Joinson, 1992; Adams et al., 2006). With these findings, it can be implied that with the nature of their profession, compassion fatigue and psychological distress are parts of the psychosocial hazards in their work setup. Psychosocial hazards or factors are occupational hazards in work design or management that increase the likelihood of damaging outcomes, such as work-related stress, increased non-work-related stress, or unfavorable effects on the health and well-being of individual workers (Cox & Griffith, 1996). It poses a significant risk to the mental health of helping professionals (Che et. al, 2020). Okefor and Alamina (2018) discovered in their study that healthcare employees are exposed to psychosocial hazards in their places of employment. Thus, they have recommended implementing work policies to mitigate these dangers among this group of employees.

For professionals who work in social service settings, such as social workers, counselors, therapists, and other similar professionals who deal with clients with physical, mental, and sexual trauma, this psychosocial hazard encompasses burnout, secondary traumatic stress, and vicarious trauma (Branson, 2021). Additionally, the psychosocial hazard is also true for police officers. Psychosocial hazards such as stress also affect them mentally and physically due to the nature of the job such as life-threatening events (Mona, 2019).

## Conclusion

The Study demonstrates that psychological distress and compassion fatigue are serious concerns that can negatively affect the well-being of those who work in the helping professions. It provides functional implications that in their capacity to enhance well-being, promote social cohesion, develop resilience, strengthen communities, in productivity, and promote humanistic values, helping professionals are vital members of our society.

Supporting helping professionals is crucial for creating a healthier, more compassionate, and more cohesive community. Therefore, an extensive amount of attention must be paid to them such as by understanding that both CF and PD must be seen as psychosocial hazards in the type of job that helping professionals have and to give attention to their work and ensure they have the resources and support they need to continue positively impacting people's lives.

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