American Journal of Human Psychology (AJHP)

ISSN: 2994-8878 (ONLINE)

VOLUME 3 ISSUE 1 (2025)

PUBLISHED BY
E-PALLI PUBLISHERS, DELAWARE, USA

American Journal of Human Psychology (AJHP)

Volume 3 Issue 1, Year 2025
ISSN: 2994-8878 (Online)
DOI: https://doi.org/10.54536/ajhp.v3i1.4654
https://journals.e-palli.com/home/index.php/ajhp

Risk of Developing Compassion Fatigue, Quality of Life, and Satisfaction of Social-Related Professionals

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Article Information

Received: March 01, 2025
Accepted: April 08, 2025
Published: July 04, 2025

Keywords

Compassion Fatigue, Quality of Life, Satisfaction

ABSTRACT

The study titled "Risk of Developing Compassion Fatigue, Quality of Life, and Satisfaction of Social-Related Professionals" aims to explore the prevalence and impact of compassion, fatigue, alongside assessing the quality of life and job satisfaction among social-related professionals in the City of Ilagan. The research focused on a diverse group of professionals, including nurses, teachers, police officers, guidance counselors, and lawyers, highlighting the emotional and psychological challenges inherent in these roles. Using a combination of the Compassion Fatigue/Satisfaction Self-Test (CFS) and WHOO\QOL-BREF, data were collected from 381 respondents through structured questionnaires. The results reveal weak correlations but no significance between compassion fatigue and both the quality of life and job satisfaction when suing a 01% significance level. Notably, the findings indicate that high levels of compassion fatigue have a negative impact on the perceived quality of life and job satisfaction among these professionals.

INTRODUCTION

In an increasingly interconnected world, the well-being of professionals in social-related fields has garnered significant attention due to the high demands and emotional labor inherent in these roles. Globally, social-related professionals, such as nurses, teachers, police officers, guidance counselors, and lawyers are integral to the maintenance and enhancement of societal well-being. They are at the forefront of addressing social issues, mitigating crises, and providing essential services that contribute to the overall quality of life within communities.

Research has highlighted that these professionals are often exposed to high levels of stress and trauma, leading to a condition known as compassion fatigue. Compassion fatigue, characterized by emotional and physical exhaustion, can significantly impact the ability of these professionals to provide effective care and support. Studies have shown that compassion fatigue is not only a global phenomenon but also prevalent in various countries, including the United States and Europe, where it affects the mental health and job satisfaction of professionals in social services (Abendroth & Flannery, 2006; Van Bogaert *et al.*, 2009).

Focusing in the Philippines, professionals in social-related fields play pivotal roles in addressing a wide array of social challenges and issues encountered by the populace, particularly those in vulnerable situations. From police officers apprehending criminals to ensure public safety, to teachers nurturing and educating students for a brighter tomorrow, and guidance counselors providing vital support and mentorship to students navigating personal and academic challenges, each profession contributes uniquely to societal well-being. Moreover, nurses extend care to the physically injured, while lawyers provide legal counsel and representation to those in need. These vocations demand not only compassion but also resilience in managing both physical and emotional burdens encountered in their line of work, underscoring their indispensable significance within the fabric of Philippine society.

On a daily basis, social-related professionals commit themselves to assisting individuals in confronting challenges and navigating through traumatic experiences. While their primary objective revolves around aiding others in managing various physical, mental, behavioral, and emotional difficulties, they are also susceptible to experiencing stressors and secondary traumatic stress, ultimately leading to compassion fatigue. Among these professionals, social workers bear the crucial responsibility of offering services, guidance, advocacy, and empowerment to the vulnerable, oppressed, and marginalized members of society (Buenviaje & Martinez, 2017). Frequently prioritizing the needs of others, they often neglect their own well-being, rendering them more prone to compassion fatigue, consequently diminishing their levels of compassion satisfaction and ultimately impacting their quality of life. Studies further indicate that ergonomic challenges and the intersection of work-life balance significantly contribute to heightened levels of both compassion fatigue and burnout, with the impact of personal life on work correlating with compassion fatigue and diminished levels of trust, alongside an increased perception of future risks associated with burnout (Cetrano *et al.*, 2017).

This study aligns with the United Nations' Sustainable Development Goals (SDGs) of Good Health and Well-being (SDG 3) and Decent Work and Economic Growth (SDG 8). By exploring the interplay between compassion fatigue, compassion satisfaction, and quality of life among

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social-related professions, it contributes to promoting good health and well-being by shedding light on the psychological challenges faced by professionals in these fields. Additionally, by addressing the gaps in existing literature regarding this relationship, the study enhances understanding and supports efforts towards fostering decent work conditions and economic growth within these professions, ultimately striving towards achieving the broader goals outlined by the SDGs.

The unwavering commitment of social-related professionals to provide care with compassion while juggling the relentless demands of the job prompted the researchers' interest in understanding the intricate factors that shape their well-being. In this light, this research will delve into the interplay between compassion fatigue, compassion satisfaction, and quality of life shedding light on the well-being of the social-related professions.

This study addresses two key research gaps: firstly, by extending beyond the commonly studied demographic of nurses to encompass respondents from various social-related professions, and secondly, by comprehensively assessing the quality of life, compassion fatigue, and compassion satisfaction within these professions. Some studies, such as the one conducted by Sorenson *et al.* (2016), have focused specifically on nurses. Unlike previous studies that typically focused on a combination of only two variables—such as compassion fatigue and quality of life or compassion satisfaction and quality of life—this research offers a more holistic understanding by examining all three dimensions concurrently, providing valuable insights into the well-being of social-related professionals.

As the researchers embark on this study, their journey is driven by the desire to explore the implications and effects of compassion fatigue and compassion satisfaction and their impact on the quality of life of social-related professionals. They envision a world where professionals such as nurses, teachers, police officers, lawyers and guidance counselors can genuinely enjoy the work they have dreamed of. This motivation fuels their investigation into the emotions and well-being of these professionals, seeking to unravel the unsaid mysteries of how and to what extent a giver can continue to give without sacrificing the quality of their life.

LITERATURE REVIEW

Compassion Fatigue

Compassion fatigue describes a work-related stress response in healthcare providers that is considered a 'cost of caring' and a key contributor to the loss of compassion in healthcare and lack of quality of life.

In their investigation, Van Bogaert *et al.* (2009) underscored that the demanding nature of the healthcare system, marked by high expectations, time constraints, lack of social support, and perceived inadequate skills to address patient suffering, places considerable stress on healthcare providers. This stress not only affects their health and performance but also has repercussions on job satisfaction, workforce stability, retention, workplace wellness, and patient outcomes. Nurses, forming the largest proportion of the healthcare workforce, face a particularly high risk, with burnout rates ranging from 20% to 40% according to various national surveys (Neff *et al.*, 2011; McHugh *et al.*, 2011; McHugh & Ma, 2014). This supports the idea that dealing with people with trauma has some effects on the state and well-being of social related professionals.

As per the statement of Chi (2023), the Philippines faces a shortage of licensed and registered guidance counselors, with only 19% of the authorized positions filled, leaving a vast gap in essential mental health support. One of the major reasons is because of low compensation. This can also be attributed to the social workers' reasons for having compassion fatigue, supporting this, according to Bouchrika (2024), a striking revelation from the study is that, despite the rigorous degree requirements and the crucial role played by guidance counselors, their salaries remain comparable to entry-level positions in other professions, such as nursing.

Boyle (2011) and Sharma *et al.* (2014) further highlight that nurses' well-being is compromised by cumulative stress related to caring for complex patients in environments with limited resources and increased demands. Ledoux (2015) introduces the concept of compassion fatigue, initially synonymous with burnout but later criticized for implying a reduction in the expression of compassion. Instead, researchers suggest that compassion fatigue occurs when compassion is obstructed, aligning it with moral distress.

Referencing James Baldwin (1963), the text acknowledges the inherent risk of vicarious trauma when working with traumatized individuals. The study explores variables influencing mental health professionals' responses to vicarious exposure to traumatic stress, examining compassion fatigue, compassion stress, and burnout, and considering individual, occupational, and environmental factors. This statement strengthens the idea that traumatic events from patients with trauma can cause stress leading to compassion fatigue among nurses and social related professionals.

Fothergill *et al.* (2004) and Maslach (1982) define burnout as a syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, affecting professionals across various fields. Exposure factors like long work hours, caseloads with trauma patients, and rural settings are associated with increased stress and compassion fatigue.

The study explores how compassion fatigue, compassion stress, and burnout vary based on provider characteristics and contextual variables. Gender, educational level, licensure, years of experience, and specialized trauma training are considered, with female gender found to enhance the risk of suffering from compassion fatigue and burnout.

The review highlights the challenge of reviewing literature without a clear conceptualization of compassion fatigue.

It emphasizes the physical, emotional, and work-related symptoms that affect patient care and relationships with coworkers and patients, underscoring the need for additional research and validation of results.

Ramirez-Baena *et al.* (2019) note that healthcare professionals, especially nurses, face a complex work environment with elements like excessive workload, shift rotation, and witnessing patient suffering. This stress leads to occupational stress and burnout, affecting job satisfaction and the quality of care provided. This study supports the researchers' notion that compassion fatigue has negative implications in their quality of life as it affects their job satisfaction and quality of care given.

In the Andalusian Public Health System, a study aims to analyze the quality of life of nursing professionals and its links to socio-demographic variables and work context, considering factors such as workplace violence. The study recognizes the need for a comprehensive understanding of how these factors influence the well-being of nursing professionals in different care settings.

Abendroth and Flannery (2006) conducted a study focusing on hospice nurses in the United States to assess the prevalence of compassion fatigue. Their findings revealed that 78% of hospice nurses were at moderate to high risk of experiencing compassion fatigue. The study also emphasized the significant role of annual income in contributing to compassion fatigue, with lower income levels being identified as a significant factor in this occupational challenge. This aligns with the conclusions drawn by Wu *et al.* (2016) in their study examining compassion fatigue among oncology nurses in the United States and Canada. They found a direct correlation between income satisfaction and the level of compassion fatigue experienced, indicating that nurses with lower income levels tend to face higher levels of compassion fatigue.

Additionally, Aycock and Boyle (2009) explored interventions aimed at managing compassion fatigue in oncology nursing. Their study highlighted the increased risk of stress-related impairment faced by nurses and healthcare professionals due to the demanding nature of their work. This includes providing direct and indirect care to patients and navigating complex environments characterized by shifting priorities and significant decision-making responsibilities.

Compassion Satisfaction

Among human service professionals, compassion satisfaction has not only been found to mediate the negative effects of compassion fatigue and burnout, but also found to be a potential protective factor for mental health. Compassion satisfaction is also viewed as a motivator for continued commitment to the profession (Van Hook & Rothenburg, 2009; Conrad & Kellar-Guenther, 2006; Stamm, 1995). In Bozgeyikli's study, he quoted Bandura (1997) to emphasize that compassion satisfaction is influenced by internal motivational factors such as self-efficacy perceptions, as well as external factors like environmental factors. Hasan's study found a negative relationship between compassion satisfaction and burnout, as well as compassion fatigue.

Slocum-Gori *et al.* (2011) survey underscores the interconnectedness of compassion satisfaction, compassion fatigue, and burnout in the hospice palliative care workforce. The importance of organizational strategies to enhance job satisfaction and prevent burnout is highlighted, emphasizing the need for comprehensive interventions prioritizing the well-being and resilience of professionals in this sector.

Quality of Life

The exploration of Quality of Life (QOL) becomes paramount in understanding the experiences, states, appraisals, and emotional reactions of individuals, particularly within the demanding field of medical and health-profession education. This study focuses on medical students in Trinidad and Tobago, where elevated stress levels, including burnout and depressive symptoms, have been observed. The current research project aims to assess the differences in QOL domains among students in various healthcare disciplines, including medicine, dentistry, veterinary medicine, pharmacy, nursing, and optometry. The study recognizes the challenges faced by students in managing academic pressures, psychosocial environments, and financial difficulties, all of which may impact their QOL and academic performance. Additionally, the paragraph introduces findings from other regions, emphasizing the suboptimal mental health domain of QOL among medical students and the influence of factors like depressive symptoms on QOL scores.

According to Eys (2021) in "HR's Guide to the Effect of Job Stress on Employee Performance," productivity is influenced by employees' time management skills and their ability to focus. However, job stress impairs concentration, deadline adherence, and creativity. Additionally, stress can lead to mental health issues such as burnout, anxiety, depression, and conflict, which further impact job productivity. Eys' study, which examines the impact of stress on employee performance and well-being, aligns with the researchers' study on the significant relationship between compassion fatigue and quality of life. It also highlights that stress can lead to burnout, contributing to a poorer quality of life.

In the realm of mental health professionals, the paragraph discusses the daily challenges they face, emphasizing the anticipated stress arising from therapeutic encounters and the potential negative impact on self-efficacy. The concept of stress, as explained by Lazarus and Folkman, is introduced, and the paragraph delves into the potential consequences for mental health professionals dealing with trauma survivors, such as burnout and compassion fatigue.

Shifting the focus to nurse managers in the emergency department, the paragraph outlines their complex responsibilities and the necessity of balancing patient

satisfaction, recruitment and retention of skilled nurses, and the delivery of high-quality care. Understanding compassion satisfaction, burnout, and compassion fatigue is deemed essential, highlighting their impact on nurses' compassionate attitudes and overall patient satisfaction.

The subsequent section discusses compassion fatigue among healthcare workers, particularly nurses, emphasizing its potential to affect work quality and personal life. The paragraph introduces the concept of compassion satisfaction as a measure of positive experiences and acknowledges the emotional toll healthcare professionals may experience, leading to a gradual loss of the ability to demonstrate compassion and empathy.

According to Sardi *et al.* (2019) in their study, there was no significant difference between the intensity of physical activity (light, moderate, vigorous) and overall QoL. However, the intensity of physical activity, measured in METs, positively correlated with vitality and social functioning of the participants. This finding aligns with a study from Portugal that highlighted the positive impact of physical activity on everyday aspects of life, rather than QoL itself. Sardi *et al.* concluded that physical activity intensity does not improve QoL, which is a multidimensional factor.

The psychological aspects of QoL are emphasized in Malfa's (2021) study, which reported high rates of psychological distress, including symptoms of depression and anxiety, among participants regardless of professional category. Healthcare workers, especially physicians and nurses, exhibited increased rates of depressive and anxious symptoms compared to other professions. This underscores the significant psychological burden faced by healthcare workers and the need for interventions to support their mental health and well-being.

The impact of COVID-19 on healthcare workers' QoL is explored in Woon *et al.*'s (2021) study, highlighting that while physical health QoL remained stable, factors like pre-existing medical conditions and COVID-19 stressors could impair it. Psychological QoL was affected by stress from disrupted routines and work-related pressures, and social QoL slightly decreased due to limited social interactions during the pandemic. However, the study indicates that social support, especially from friends and colleagues, played a significant role in buffering these negative effects and enhancing overall QoL.

Subjective well-being (SWB) and its relation to QoL are discussed in Eid *et al.* (2008). This study focuses on determining what aspects of a social worker's profession, workplace, and personal life they consider when evaluating their own happiness. The concept of SWB encompasses multiple aspects, including individual experiences, mental processes, decisions, overall life, and job satisfaction.

Transitioning to psychiatric nurses, the paragraph addresses the significant workplace violence they often encounter and the adverse effects on their well-being. Compassion fatigue emerges as a detrimental consequence of work-related stress, impacting job performance, emotional and physical health. The paragraph references studies demonstrating the prevalence of burnout signs among psychiatric nurses and the range of symptoms associated with compassion fatigue, including physical, behavioral, and psychological manifestations.

In summary, these paragraphs collectively present a comprehensive overview of the challenges and implications associated with Quality of Life, compassion satisfaction, burnout, and compassion fatigue across various healthcare professions, emphasizing the need for targeted interventions to safeguard the well-being of professionals in these demanding fields.

MATERIALS AND METHODS

Research Design

The present study utilizes a descriptive-correlational research design to explore and determine compassion fatigue, quality of life, and satisfaction among social-related professionals. This design allows for a detailed description of these variables and examines the relationships between them. According to Creswell (2014), descriptive research provides a comprehensive understanding of a group's characteristics. By employing this method, the study aims to contribute valuable insights into the well-being of social-related professionals and align with existing literature on occupational well-being, such as the works of Stamm (2010) and Figley (2002).

Research Locale

The study will be conducted at the respective agencies within the City of Ilagan in March 2024. It involves six professions: 60 nurses from the City of Ilagan Medical Center (CIMC), 161 teachers from Isabela National High School (INHS) and Isabela School of Arts and Trades (ISAT), 144 police officers from the Isabela Police Provincial Office, 8 guidance counselors from INHS and Saint Ferdinand College, and 8 lawyers from the Public Attorney's Office (Hall of Justice).

Selection and Description of the Respondents

The respondents for this study are selected through purposive sampling due to the specific characteristics and availability of the professionals. Purposive sampling allows researchers to intentionally choose individuals who are most relevant to the study. This method is particularly useful given the limited number of guidance counselors in the City of Ilagan and ensures that teachers, nurses, lawyers and police officers selected provide valuable insights. This approach ensures the selected subset accurately represents the larger population.

Data Gathering Instruments

The study will use the World Health Organization Quality of Life Whoqol- Bref Australian Version (May 2000) which is a 26-item which measures the following broad four domains, physical health, psychological health, social relationship and environment, the WHOQOL-

BREF had good internal consistency as Cronbach's alpha coefficient for the overall scale was 0.91. The convergent validity results indicated that the correlation coefficients values for all scale domains are significantly correlated at $\alpha < 0.01$. The WHOQOL is a quality of life assessment developed by the WHOQOL Group with fifteen international field centres, simultaneously, in an attempt to develop a quality of life assessment that would be applicable cross-culturally.

Compassion Fatigue/Satisfaction Self-Test (CFS) which is a 66-items questionnaire, this self-test helps you estimate your compassion status: How much at risk you are of burnout and compassion fatigue and also the degree of satisfaction with your helping others. The author of the CFS test, Adapted with permission from Figley, C.R. (1995). Compassion Fatigue, New York: Brunner/Mazel. O B. Hudnall Stamm, Traumatic Stress Research Group, 1995-1999.

Data Gathering Procedure

The researchers have undertaken ethical measures, including obtaining informed consent through a detailed letter, seeking permission from agency heads, emphasizing privacy and confidentiality commitments, ensuring voluntary participation, assessing and transparently communicating potential risks and benefits, handling demographic and sensitive information with care, and conducting data analysis procedures with integrity, to ethically investigate compassion fatigue, quality of life, and satisfaction among social-related professionals.

The researchers made a printed letter of permission that will be addressed to the head of each agency of the nurses, teachers, police, guidance counselor, and lawyers before the conduct of the study. Following the approval, participants will be provided with an informed consent letter that outlines the research purpose and background, potential risks and benefits of participation, voluntary nature of involvement, privacy assurances, and the commitment to maintaining confidentiality. This information aims to assist participants in completing the questionnaires. Copies of the questionnaires were distributed to the relevant respondents to collect pertinent data. The initial batch of questionnaires was distributed to the designated sample, comprising three questionnaires in total. Specifically, the first questionnaire focused on gathering information related to demographic variables, while the subsequent three questionnaires contained items designed to assess different aspects of individuals' well-being, particularly in the context of social-related professions.

The gathered and retrieved copies of completed questionnaires will be meticulously tallied and tabulated by the researchers. Subsequently, the data will undergo analysis and interpretation through the most appropriate statistical procedures.

Data Analysis Procedure

The collected data from the WHOQOL-BREF and CFS Test will be organized and cleaned to ensure accuracy. Frequency and percentage distributions will be calculated to provide a comprehensive overview of the data. Pearson Chi-square tests will be employed to explore associations and dependencies within categorical data, providing insights into relationships based on respondents' variables.

The results from these future statistical analyses will then be interpreted to draw meaningful conclusions about the interplay of factors influencing the well-being and professional experiences of the study participants.

RESULTS AND DISCUSSION

Profile of Respondents

Table 1: Frequency and Percentage Distribution According to Age

Age	Frequency	Percentage
20-26	31	8
27-33	161	42.3
34-40	118	31
41-47	49	12.9
58-54	18	4.7
55-61	4	1.1
Total	**381**	**100.0**

Based on Table 1 displays the Frequency and Percentage Distribution of respondents based on their age, the largest group comprised individuals aged 27 to 33, accounting for 163 responses compared to 118 individuals that is next to the highest which age group 34 to 40 years old and the lowest age is 55 to 61 years old has 4 individual.

Table 2: Frequency and Percentage Distribution According to Sex

Sex	Frequency	Percentage
Female	206	54
Male	175	46
Total	**381**	**100.0**

Based on Table 2 there are 208 females in our respondent and 176 male respondents. Given that females outnumber males among the respondents, it suggests that women are more inclined or accessible to participate in the study.

Table 3: Frequency and Percentage Distribution According to Profession

A. Profession	B. Frequency	C. Percentage
D. Guidance Advocate	E. 5	F. 1.3
G.Guidance Counselor	L. 3	Q. .8
H. Lawyer	M. 8	R. 2.1
I. Nurse	N. 60	S. 15.7
J. Police Officer	O. 144	T. 37.8
K. Teaching	P. 161	U. 42.3
V. Total	**W. 381**	**X. 100.0**

In Table 3, the largest group of respondents belongs to the teaching profession, comprising 161 individuals. Following this, there are 144 police officers, with the lowest being both guidance counselors and psychologists, each having 3 respondents.

As per the statement of Chi (2023), as seen in the table, the Philippines faces a shortage of licensed and registered guidance counselors, with only 19% of the authorized positions filled, leaving a vast gap in essential mental health support. One of the major reasons is because of low compensation.

According to Bouchrika (2024), a striking revelation from the study is that, despite the rigorous degree requirements and the crucial role played by guidance counselors, their salaries remain comparable to entry-level positions in other professions, such as nursing.

Table 4: Frequency and Percentage Distribution According to Salary Grade

Salary Grade	Frequency	Percentage
Salary Grade 1	4	1.1
Salary Grade 2	2	.5
Salary Grade 7	35	9.2
Salary Grade 8	2	.5
Salary Grade 11	40	11
Salary Grade12	59	15.5
Salary Grade 13	167	43.8
Salary Grade14	10	2.6
Salary Grade 15	24	6.3
Salary Grade16	2	.5
Salary Grade 18	14	3.7
Salary Grade19	4	1.1
Salary Grade20	8	2.1
Salary Grade 22	2	.5
Salary Grade 25	1	.3
Salary Grade 26	7	1.8
Total	**381**	**100.0**

Table 4, there are 167 individuals classified under Salary Grade 13, indicating their placement in the lower middle-income class. The lowest category is Salary Grade 25, with only 1 respondent, indicating their placement in upper middle-income class based on social classes as defined by the Philippine Statistics Authority.

Table 5: Frequency and Percentage Distribution According to Employment Status

Employment Status	Frequency	Percentage
Permanent	354	93.0
Contractual	27	7.0
Total	**381**	**100.0**

In Table 5, 357 respondents hold permanent employment status, while 27 individuals are classified as contractual, indicating the majority being permanent employees. This prevalence of permanent employment implies stability and potentially heightened job security among the majority of respondents.

Table 6: Frequency and Percentage Distribution According to Annual Income

Annual Income	Frequency	Percentage
Less than P131,484	4	1.1
P131,485-P254,328	44	11
P254,329-P525,936	301	79
P525,937-P920,028	24	6.2
P920,029-P1,577, 808	7	1.8
P1,577,809-P2,629,680	1	.3
Total	**381**	**100.0**

In Table 6, the majority of annual income is concentrated within the range of P254,329 to P525,936, accounting for 303 out of the total respondents. Compared to the lowest income P1,577,809 to P2,629,680 with only one respondent. This range represents individuals classified under the low-income social class though not considered poor.

Table 7 : Frequency and Percentage Distribution According to Years of Service

Years of Service	Frequency	Percentage
1 month - 5 years	118	31
6 years - 10 years	133	35
11 years - 15 years	94	24.7
16 years - 20 years	17	4.5
21 years - 25 years	9	2.4
26 years - 30 years	7	1.8
31 years - 35 years	3	0.8
Total	**381**	**100.0**

In Table 7, the majority of respondents, which is 135, have served for 6 to 10 years, while there are 17 individuals who have served for 16 to 20 years, and the lowest number of respondents, only 3, have served for 31 to 35 years. Overall, the distribution of respondents across different service years in Table 1.G provides valuable insights into employee tenure, retention patterns, and potential implications for organizational dynamics and workforce management strategies.

Table 8: Frequency and Percentage Distribution According to Work Shift

Work Shift	Frequency	Percentage
Day	266	69.8
Day and Night	109	28.6
Night	6	1.6
Total	**381**	**100.0**

According to table 1.H, 269 respondents work day shifts, while 6 respondents work night shifts. Additionally, 109 respondents have both day and night shifts in their work schedules.

An article by Garcia *et al.* (2023) titled 'Day Shift vs. Night Shift' highlights that day shift work aligns more naturally with traditional societal schedules, offering better opportunities for social interactions, family time, and access to services during regular business hours. Day shift workers may also experience better sleep quality and overall well-being due to the alignment of their work hours with the body's natural circadian rhythm.

These findings offer insights into the distribution of shift patterns among the respondents, which can have implications for understanding their work-life balance, potential exposure to occupational hazards, and overall job satisfaction.

Table 9: Frequency and Percentage Distribution According to Civil Status

Civil Status	Frequency	Percentage
Married	260	68.2
Single	120	31.5
Widowed	1	.3
Total	**381**	**100.0**

The majority of the respondents are married, comprising 68.2% of the total sample. Single respondents make up a significant portion of the sample at 31.5%, while widowed respondents represent a very small fraction at 0.3%. This distribution indicates that the sample is predominantly composed of married individuals, followed by single individuals, with a minimal presence of widowed individuals.

Table 10: Frequency and Percentage Distribution According to Place of Work

Place of Work	Frequency	Percentage
Academe	169	44.4
Law Enforcers	144	37.8
City of Ilagan Medical Center	60	15.7
Hall of Justice	8	2.1
Total	**381**	**100.0**

The table illustrates that the majority of respondents are from the Academe - Teaching Professions and Guidance Counselor categories, with a total of 169 individuals. Following this, Law Enforcers - Police Officers with a total of 144 respondents, and the lowest is from the Mental Health Clinic, there are 3 respondents.

This table 11 displays the number of hours worked by respondents. The majority, amounting to 276 individuals, work for 8 hours. Additionally, 55 respondents work for 24 hours. Lastly, there is one individual who works varying hours, including 4, 15, and 19 hours per day.

An article by Garcia *et al.* (2023 titled 'Eight-Hour Work Day' delves into the historical context of labor movements and legislation that led to the establishment of the standard eight-hour workday, highlighting its role in promoting worker rights and improving overall work-life balance. The article also examines the benefits of the eight-hour workday, such as increased productivity, better employee morale, and enhanced work-life balance.

Table 11: Frequency and Percentage Distribution According to Number of Working Hours

Number of Working Hours	Frequency	Percentage
4 Hours	1	.3
8 Hours	276	72.4
9 Hours	5	1.3
10 Hours	11	2.9
12 Hours	31	8.1
15 Hours	1	.3
19 Hours	1	.3
24 Hours	55	14.4
Total	**381**	**100.0**

Extent of the Respondents' Risk of Developing Compassion Fatigue

Table 12. shows the mean score for compassion fatigue is 2.46, meaning that the respondents generally experienced low risk of having compassion fatigue at the time of answering the questionnaires.

The finding shows that professionals working or dealing with other people on a daily basis have a low risk for compassion fatigue suggests that the nature of their work, coupled with effective coping strategies and supportive environments, can help mitigate the impact of emotional stressors.

Table 12: Extent of the respondents' risk of developing compassion fatigue

	Mean	Descriptive Interpretation
Compassion Fatigue	2.46	Low Risk

This result is in contrast with Ramirez-Baena *et al.* (2019) findings that healthcare professionals, especially nurses, face a complex work environment with elements like excessive workload, shift rotation, and witnessing patient suffering that leads to occupational stress and burnout, affecting job satisfaction and the quality of care provided.

This gives the researchers the notion that despite being in social related professions, the respondents, regardless of their specific profession, are not susceptible to compassion fatigue as opposed to Van Bogaert *et al.* (2009)'s findings that the demanding nature of the healthcare system, marked by high expectations, time constraints, lack of social support, and perceived inadequate skills to

address patient suffering, increases the risk of developing compassion fatigue.

Extent of the Respondents' Compassion Satisfaction

Table 13: Extent of the respondents' compassion satisfaction

	Mean	Descriptive Interpretation
Compassion Satisfaction	3.66	High Potential

Table 13. shows the extent of the respondents' risk of developing compassion satisfaction. The extent of the respondents' risk of developing compassion satisfaction is notably high, with a grand mean score of 3.66 falling within the "High Potential" category.

As supported by the findings of Unjai *et al.* (2022), most healthcare professionals in critical care units exhibit a high level of compassion satisfaction. Moreover, Unjai *et al.* suggest that compassion satisfaction is correlated with resilience, flourishing, and harmonious passion, with resilience and harmonious passion predicting compassion satisfaction. This implies that individuals who possess qualities such as resilience and a harmonious passion for their work are more likely to experience higher levels of compassion satisfaction.

Overall, the interpretation indicates that respondents gain significant emotional rewards from their helping roles, showing a high potential for compassion satisfaction regardless of their specific profession. This contrasts with the concept of compassion fatigue, emphasizing positive emotional outcomes from caregiving rather than the negative impacts of empathetic distress. This interpretation underscores the importance of recognizing and nurturing the positive aspects of caregiving roles, as they enhance the emotional well-being and fulfillment of individuals in helping professions.

Quality of Life of the Respondents

Table 14: Quality of life of the respondents

Domain	Mean	Descriptive Interpretation
Physical	3.68	High
Psychological	3.96	High
Social	4.11	High
Environment	3.81	High
Grand Mean	3.89	High

Table 14 presents the mean scores and descriptions of respondents' quality of life across various dimensions.

In the physical domain, the grand mean of 3.68 suggests that respondents generally experience high levels of physical pain impacting their activities and medical treatment needs. However, they feel satisfied with their ability to move around physically, their sleep quality, performance of daily living activities, capacity for work, and energy levels indicating good and consistent physical abilities.

Regarding psychological well-being, the grand mean of 3.96 indicates a high positive outlook. Although the respondents occasionally experience negative feelings, they significantly enjoy life and find it meaningful. They also feel mostly able to concentrate, accept their bodily appearance, and are satisfied with themselves indicating a good psychological state in the Quality of Life questionnaire.

In the social dimension, the grand mean of 4.11 indicates that respondents have a high level of satisfaction with personal relationships and support from friends. While satisfaction with their sex life is slightly lower, overall, respondents seem content with their social interactions. This shows that socially, the respondents have a good support system and social life.

In the environmental domain, the grand mean of 3.81 reflects high satisfactory living conditions. Respondents generally feel safe in their daily lives and are satisfied with their living conditions, access to health services, and transportation. However, there are some concerns about the availability of leisure activities and information. This shows that the respondents are well accustomed to their environment and are in tune of their surroundings.

Overall, respondents report high satisfactory quality of life across physical, psychological, social, and environmental dimensions.

According to Sardi *et al.* (2019) titled "Correlating physical activity and quality of life of healthcare workers", there was no significant difference between the intensity of Physical Activity (light, moderate, vigorous) and QoL. Nevertheless, the intensity of Physical Activity measured in METs seems to have a positive correlation with Vitality and Social Functioning of the participants, which is in agreement with a study from Portugal that showed the positive effect of Physical Activity, not so much on QoL itself, but on everyday aspects of life. According to their conclusion, Physical Activity intensity cannot improve the QoL, which is a multidimensional factor. Their study negates the researchers' results, that physical activities have an effect on social workers quality of life.

In psychological, according to Malfa (2021) titled "Psychological Distress and Health-Related Quality of Life in Public Personnel", The study reports high rates of psychological distress among participants, including symptoms of depression and anxiety, regardless of professional category. Healthcare workers, especially physicians and nurses, exhibit increased rates of depressive and anxious symptomatology compared to other professions. These findings underscore the psychological burden faced by healthcare workers in their daily work and highlight the need for interventions to support their mental health and well-being.

The study of Woon *et al.* (2021) titled 'Quality of Life and Its Predictive Factors Among Healthcare Workers After the End of a Movement Lockdown: The Salient Roles of COVID-19 Stressors, Psychological Experience, and Social Support' it highlights the impact of COVID-19-related stressors, psychological effects, and social support

on the quality of life (QoL) of healthcare workers. It found that while physical health QoL remained stable, factors like pre-existing medical conditions and COVID-19 stressors could impair it. Psychological QoL was affected by stress from disrupted routines and work-related pressures, while social QoL slightly decreased due to limited social interactions during the pandemic. However, it says in their study that social support, especially from friends and colleagues, played a significant role in buffering these negative effects and enhancing overall QoL.

According to Larsen *et al.* (2008) in his study titled "The Science of Subjective Well-Being" Essentially, this study has focused on determining what aspects of a social worker's profession, workplace and personal life they are evaluating when considering their own happiness. The concept of SWB is understood to be composed of multiple aspects, including individual experiences, mental processes and decisions, along with overall life and job satisfaction.

In the study of Shier *et al.* (2015) titled "Subjective well-being, social work, and the environment: The impact of the socio-political context of practice on social worker happiness" the studies findings also states that physical and cultural environment factors along with socio-political environment factors as directly impacting their perceived well-being. Both of these studies have given data that the environment has an impact on workers, which corroborates the researchers' study that the environment has an impact on the quality of life among social workers.

The findings underscore the need for comprehensive support measures to enhance the quality of life (QoL) among healthcare workers. Addressing physical pain, bolstering social support, and providing mental health resources are essential, alongside promoting healthy lifestyle habits. Recognizing the influence of individual experiences and systemic factors emphasizes the importance of creating supportive work environments to promote overall well-being among healthcare professionals.

Relationship between Compassion Fatigue and the Respondents' Profile Variables

Table 15 presents the significant relationship between compassion fatigue and the respondents' profile variables. Presented in the table above, the probability values for the profile age, sex, civil status, profession, salary grade, employment status, annual income, years of service, number of working hours and type of shift were greater than 0.01. The null hypothesis was accepted. There is no significant relationship between compassion fatigue and the respondents' profile age, sex, civil status, salary grade, employment status, years of service, number of working hours and type of shift.

For the profile place of work, the probability values were less than and equal to 0.01. The null hypothesis was rejected. There is a significant relationship between the compassion fatigue and the respondents' profile place of work.

Table 15: Relationship between the Compassion Fatigue and the Respondents' Profile Variables

Profile	p-value	Decision	Interpretation
Age	.411	Accepted Ho	Not Significant
Sex	.282	Accepted Ho	Not Significant
Civil Status	.908	Accepted Ho	Not Significant
Profession	.005	Accepted Ho	Not Significant
Salary Grade	1.00	Accepted Ho	Not Significant
Employment Status	.438	Accepted Ho	Not Significant
Annual Income	.029	Accepted Ho	Not Significant
Years of Service	.767	Accepted Ho	Not Significant
Number of working Hours	.998	Accepted Ho	Not Significant
Type of Shift	.069	Accepted Ho	Not Significant
Place of Work	.000	Rejected Ho	Significant

The compassion fatigue of the respondents is independent with their profile, age, sex, civil status, profession, salary grade, employment status, annual income, years of service, number of working hours and type of shift; but, significantly dependent with their place of work. Hence, place of work influenced the compassion fatigue of the respondents.

The study of Abendroth and Flannery (2006) 'Predicting the Risk of Compassion Fatigue: A Study of Hospice Nurses", the respondents were nurses from the United States. It was found that 78% of hospice nurses were at a moderate to high risk of compassion fatigue but the researchers' findings show a contradictory result with profession having no significant relationship with profession.

Another contradictory study conducted by Aycock and Boyle (2009) titled "Interventions to manage compassion fatigue in oncology nursing", highlights that nurses and healthcare professionals confront an increased risk of stress-related impairment as a result of the demanding nature of their work. This includes providing both direct and indirect care to the ill and suffering, as well as navigating intricate environments characterized by shifting priorities and substantial decision-making responsibilities. This study contradicts the researchers' findings that indicate professions have no significant relationship with compassion fatigue despite the fact that professions often face risk of experiencing compassion

fatigue. Despite their roles often involving significant emotional labor, dealing with others' emotions, stress, and sometimes trauma on compassion fatigue.

Relationship between Compassion Satisfaction and the Respondents' Profile Variables

Table 16: Relationship between the Compassion Satisfaction and the Respondents' Profile Variables

Profile	p-value	Decision	Interpretation
Age	.882	Accepted Ho	Not Significant
Sex	.061	Accepted Ho	Not Significant
Civil Status	.798	Accepted Ho	Not Significant
Profession	.050	Accepted Ho	Not Significant
Salary Grade	.125	Accepted Ho	Not Significant
Employment Status	.480	Accepted Ho	Not Significant
Annual Income	.831	Accepted Ho	Not Significant
Years of Service	.709	Accepted Ho	Not Significant
Number of working Hours	.004	Rejected Ho	Significant
Type of Shift	.750	Accepted Ho	Not Significant
Place of Work	.245	Accepted Ho	Not Significant

The table above presents the significant relationship between compassion satisfaction and the respondents' profile variables.

Presented in the table above, the probability values for the profile age, sex, civil status, profession, salary grade, employment status, annual income, years of service, type of shift and place of work were greater than 0.01. The null hypothesis was accepted. There is no significant relationship between compassion satisfaction and the respondents' profile age, sex, civil status, profession, salary grade, employment status, annual income, years of service, type of shift and place of work.

For the profile number of working hours, the probability values were equal and less than 0.01. The null hypothesis was rejected. There is a significant relationship between the compassion satisfaction and the respondents' profile number of working hours.

In the working hours, the data shows that working 10 hours may typically be associated with increased stress or burnout, findings that in these professions, a moderate amount of working hours, such as 8 hours, allows individuals to effectively balance their professional responsibilities with their personal well-being. Lesser working hours shows higher compassion satisfaction among social related professions showing negative correlation.

The compassion satisfaction of the respondents is independent with their profile age, sex, civil status, profession, salary grade, employment status, annual income, years of service, type of shift and place of work; but, significantly dependent with their number of working hours.

Hence, the number of working hours influenced the compassion satisfaction of the respondents.

Relationship between Quality of Life and Respondents' Profile Variables

Table 17: Significant Relationship between the Quality of Life and the Respondents' Profile Variables

Profile	p-value	Decision	Interpretation
Age	.486	Accepted Ho	Not Significant
Sex	.173	Accepted Ho	Not Significant
Civil Status	.935	Accepted Ho	Not Significant
Profession	.859	Accepted Ho	Not Significant
Salary Grade	.984	Accepted Ho	Not Significant
Employment Status	.781	Accepted Ho	Not Significant
Annual Income	.729	Accepted Ho	Not Significant
Years of Service	.397	Accepted Ho	Not Significant
Number of working Hours	.032	Accepted Ho	Not Significant
Type of Shift	.199	Accepted Ho	Not Significant
Place of Work	.954	Accepted Ho	Not Significant

The table before presents the significant relationship between quality of life and the respondents' profile variables.

Presented in the table above, the probability values for the profile age, sex, civil status, profession, salary grade, employment status, annual income, years of service, number of working hours, type of shift and place of work were greater than 0.01. The null hypothesis was accepted. There is no significant relationship between quality of life and the respondents' profile age, sex, civil status, profession, salary grade, employment status, annual income, years of service, number of working hours, type of shift and place of work.

The quality of life of the respondents are independent with their profile age, sex, civil status, profession, salary grade, employment status, annual income, years of service, number of working hours, type of shift and place of work.

The findings of this study is opposed to the study of Khan *et al.* (2016) titled "Association of specialty and working hours with Compassion Fatigue", their study shows a result that working hours were associated with compassion fatigue but is opposed by the findings of the researchers' study that compassion fatigue is associated with the factor, working hours of social related professions.

Relationship between and among the Compassion Fatigue, Compassion Satisfaction and Quality of Life of the Respondents

Table 18: Significant Relationship between and among Compassion Fatigue, Compassion Satisfaction and Quality of Life of the Respondents

Group	r-value	p-value	Decision	Interpretation
Compassion Fatigue and Compassion Satisfaction	-.117	0.22	Accepted Ho	Not Significant
Compassion Fatigue And Quality of Life	.115	.024	Accepted Ho	Not Significant
Compassion Satisfaction And Quality of Life	.115	0.24	Accepted Ho	Not Significant

Table 18 shows the significant relationship between and among the compassion fatigue, compassion satisfaction and quality of life of the respondents.

As shown in the table above, the probability values for all the groups were greater than 0.01. The null hypothesis was accepted. There is no significant relationship between and among the compassion fatigue, compassion satisfaction and quality of life of the respondents.

The findings of this study are similar to the study of Sukut *et al.* (2021) titled 'Professional quality of life and psychological resilience among psychiatric nurses', their results have shown that the positive correlation between compassion satisfaction and compassion fatigue was found to be very weak and non-significant. As opposed to the researchers' findings, compassion fatigue and compassion satisfaction has weak negative correlation and has no significant relationship showing that despite having high compassion satisfaction and low compassion fatigue, the two do not show any relationship.

Another study by Eys (2021) titled "HR's Guide to the Effect of Job Stress on Employee Performance "opposes the researchers' finsdings. Eys (2021) states that productivity depends on employees' time management skills and ability to focus on the task at hand. Unfortunately, when job stress comes into play, employees find it difficult to concentrate, meet deadlines, and utilize their creativity. More significantly, stress can trigger other mental health concerns that impact job productivity— including burnout, anxiety, depression, and conflict. Her study focuses on how stress affects employees' performance and well-being which is contrary to the researchers' findings that compassion fatigue and compassion satisfaction does not have a significant relationship.

Additionally, Parsaei *et al.* (2020) conducted a study entitled 'The Impact of Various Stressors on Quality of Life: Applying Multilevel Latent Class Analysis on a Large Cohort of Industrial Workers.' Their findings revealed a significant negative correlation between life stressors and employees' quality of life (QoL). This supports the researcher's conclusion that compassion fatigue and QoL have weak negative correlation but does not share a significant relationship.

Contradictory to Kermansaravi *et al.*'s study (2014) titled 'The Relationship Between Quality of Work Life and Job Satisfaction of Faculty Members in Zahedan University of Medical Sciences' they found that the quality of work life predicts job satisfaction among faculty members. Improving aspects like the workplace environment and opportunities for development can enhance job satisfaction, in addition to Gupta *et al.*'s study (2022) titled "Quality of Life as Predicted by Job Satisfaction among Employees," it was hypothesized that there would be a significant relationship between job satisfaction and employees' quality of life. The study also assumed that job satisfaction would predict quality of life among employees. Due to lockdown restrictions, data collection was conducted online with clear instructions provided to participants. Upon their analysis, the findings revealed a weak positive correlation between job satisfaction and quality of life, with regression analysis indicating that job satisfaction indeed predicts quality of life among employees. The researchers' data findings show that there is no significant relationship between quality of life and compassion satisfaction but bhas weak positive correlation. This means that despite an increase in compassion and quality of life is observed, the two variables does not show enough significance to have a relationship.

The compassion fatigue, compassion satisfaction and quality of life of the respondents are not significantly correlated with each other. Hence, the three mentioned variables do not significantly influence each other showing that there is no significant difference between compassion fatigue and satisfaction evident in the tables above showing that a high potential in compassion satisfaction has a negative correlation with compassion fatigue. The same can be said with compassion fatigue and the quality of life of the respondents showing that having low risk of compassion fatigue negatively correlates with the quality of life of the respondents.

CONCLUSION

The current study was aimed at understanding how compassion fatigue is managed and compassion

satisfaction is obtained by professionals in various high-stress fields such as lawyers, nursing, guidance counseling, teaching and law enforcement; thus preserving their wellbeing. This implies that working conditions are influential when it comes to raising or lowering stress levels. Therefore, there is a need for workplaces to offer support and encouragement which include fair regulations, reasonable burdens and an environment that appreciates honesty among others.

The researchers discovered that a lot of experts have high compassion satisfaction and this means that there is greater emotional reward in their work regardless of the difficulties. In order to maintain satisfaction, organizations must uphold the value system by recognizing the good work done by employees and encouraging a positive and supportive working environment. Furthermore, many professionals who participated in the researchers' study reported having high quality life on four dimensions: physical, psychological, social and environmental. This reveals how crucial it is to strike a healthy balance between professional commitments and personal life. Organizations should provide flexible work hours available for everyone so that they could take as much time off as possible and actively encourage people to enjoy outside interests which give them pleasure and relief.

There are different challenges that every profession encounters hence; there is no uniform way to approach compassion fatigue and job satisfaction. For example, trauma-informed care training and psychological assessments for police officers whereas nurses would require supportive leadership and mindfulness practices. It can make a lot of difference when support is tailored based on each profession's needs.

The researchers also found out that having mental health services in the workplace was important. Professional counseling, stress relief workshops or peer support groups could help professionals take care of their emotional well-being. It is imperative that organizations provide easy access to these services and discourage any reservations from using them by the employees.

Acknowledgements

All acknowledgments (if any) should be included in a separate section before the references and may include funding source, supporting grants with grant number, list of peoples who contributed to the work in the manuscript but not listed in the author list.

REFERENCES

Abendroth, M., & Flannery, J. (2006). Predicting the risk of compassion fatigue. *Journal of Hospice and Palliative Nursing, 8*(6), 346–356. https://doi.org/10.1097/00129191-200611000-00007

Aycock, N., & Boyle, D. (2009). Interventions to manage compassion Fatigue in Oncology Nursing. *Clinical Journal of Oncology Nursing, 13*(2), 183–191. https://doi.org/10.1188/09.cjon.183-191

Baldwin, J. (1963). *The fire next time.* Dial Press.

Bouchrika, I. (2024, April 19). *Counseling careers: 2024 guide to career paths, options & salary.* Research.com. https://research.com/careers/counseling-careers

Bozgeyikli, N. H. (2012). Self efficacy as a predictor of compassion satisfaction, burnout, compassion fatigue: A study on psychological counselors. *African Journal of Business Management, 6*(2). https://doi.org/10.5897/ajbm11.2167

Buenviaje, C., & Martinez, L. (2017). *When social workers get tired: How compassion fatigue manifests among social workers working with minors versus social workers working with adults.* ScholarWorks. https://scholarworks.calstate.edu/downloads/fb494c496

Cetrano, G., Tedeschi, F., Rabbi, L., Gosetti, G., Lora, A., Lamonaca, D., Manthorpe, J., & Amaddeo, F. (2017). How are compassion fatigue, burnout, and compassion satisfaction affected by quality of working life? Findings from a survey of mental health staff in Italy. *BMC Health Services Research, 17*(1). https://doi.org/10.1186/s12913-017-2726-x

Chakraborty, T., Chatterjee, B., & Saha, R. (2019). *Quality of work life, revisiting through job satisfaction* (Vol. 2). East African Scholars Publisher. https://www.easpublisher.com/get-articles/556

Chi, C. (2023, February 1). *Lack of guidance counselors hampers prevention of student suicides. Philstar.com.* https://www.philstar.com/headlines/2023/02/01/2241784/lack-guidance-counselors-hampers-prevention-student-suicides

Clark, P., Holden, C., Russell, M., & Downs, H. (2021). The impostor phenomenon in mental health professionals: relationships among compassion fatigue, burnout, and compassion satisfaction. *Contemporary Family Therapy, 44*(2), 185–197. https://doi.org/10.1007/s10591-021-09580-y

Conrad, D., & Kellar-Guenther, Y. (2006). Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers. *Child Abuse & Neglect, 30*(10), 1071–1080. https://doi.org/10.1016/j.chiabu.2006.03.009

Eid, M., & Larsen, R. (2008). The Science of subjective well-being. *Choice/Choice Reviews, 45*(10), 45–5867. https://doi.org/10.5860/choice.45-5867

Eys, P. V. (2021, September 30). *HR's guide to the effect of job stress on employee performance.* Pathways. https://www.pathways.com/pathways-at-work/blog/job-stress-and-employee-performance

Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 23–42). Brunner/Mazel. https://doi.org/10.4324/9780203777381-9

Garcia, R., Herrity, J., Gafner, J., Eads, A., Mendoza, A., & Lagace, L. (2023, March 11). *Day shift vs. night shift for nurses (plus benefits of each).* Indeed. Retrieved May 8, 2024, from https://www.indeed.com/career-advice/career-development/day-shift-vs-night-shift

Garcia, R., Herrity, J., Gafner, J., Eads, A., Mendoza, A., & Lagace, L. (2023, September 23). *8-hour workday: Definition, benefits and productivity tips*. Indeed. Retrieved May 8, 2024, from https://www.indeed.com/career-advice/career-development/eight-hour-work-day

Gupta, S., Garg, M., & Ahuja, K. (2022). Quality of life as predicted by job satisfaction among employees. *Indian Journal of Mental Health, 9*(1). https://indianmentalhealth.com/pdf/2022/vol9-issue1/11-OR6.pdf

Harr, C. R., Brice, T. S., Riley, K., & Moore, B. (2014). The impact of compassion fatigue and compassion satisfaction on social work students. *Journal of the Society for Social Work and Research, 5*(2), 233–251. https://doi.org/10.1086/676518

Hinderer, K. A., VonRueden, K. T., Friedmann, E., McQuillan, K. A., Gilmore, R., Kramer, B., & Murray, M. (2014). Burnout, compassion fatigue, compassion satisfaction, and secondary traumatic stress in trauma nurses. *Journal of Trauma Nursing, 21*(4), 160–169. https://doi.org/10.1097/jtn.0000000000000055

Hooper, C., Craig, J., Janvrin, D. R., Wetsel, M. A., & Reimels, E. (2010). Compassion satisfaction, burnout, and compassion fatigue among emergency nurses compared with nurses in other selected inpatient specialties. *Journal of Emergency Nursing, 36*(5), 420–427. https://doi.org/10.1016/j.jen.2009.11.027

Kermansaravi, F., Navidian, A., Rigi, S. N., & Yaghoubinia, F. (2014). The relationship between quality of work life and job satisfaction of faculty members in Zahedan University of Medical Sciences. *Global Journal of Health Science, 7*(2). https://doi.org/10.5539/gjhs.v7n2p228

Khan, A. A., Khan, M. A., & Bokhari, S. A. (2016, February 29). *Association of specialty and working hours with compassion fatigue: Working hours and compassion fatigue. Pakistan Armed Forces Medical Journal.* https://pafmj.org/clone/index.php/PAFMJ/article/view/418

Laor-Maayany, R., Goldzweig, G., Hasson-Ohayon, I., Bar-Sela, G., Engler-Gross, A., & Braun, M. (2019). Compassion fatigue among oncologists: the role of grief, sense of failure, and exposure to suffering and death. *Supportive Care in Cancer, 28*(4), 2025–2031. https://doi.org/10.1007/s00520-019-05009-3

Malfa, C. S., Karaivazoglou, K., Assimakopoulos, K., Gourzis, P., & Vantarakis, A. (2021). Psychological distress and Health-Related quality of life in public sector personnel. *International Journal of Environmental Research and Public Health/International Journal of Environmental Research and Public Health, 18*(4), 1865. https://doi.org/10.3390/ijerph18041865

Magmanlac, J. M., Ocampo, N. R., & Manibo, J. (2019). Quality of Life and Mindfulness Among Helping Professionals. *Asia Pacific Journal of Education, Arts and Sciences, 6*(4). http://apjeas.apjmr.com/wp-content/uploads/2020/12/APJEAS-2019.6.4.02.pdf

Parsaei, R., Roohafza, H., Feizi, A., Sadeghi, M., & Sarrafzadegan, N. (2020). How different stressors affect quality of life: An application of multilevel latent class analysis on a large sample of industrial employees. *Risk Management and Healthcare Policy, 13,* 1261–1270. https://doi.org/10.2147/rmhp.s256800

Ramirez-Baena, L., Ortega-Campos, E., Gomez-Urquiza, J. L., De La Fuente, G. R. C., De La Fuente-Solana, E. I., & La Fuente, G. a. C. (2019). A multicentre study of burnout prevalence and related psychological variables in medical area hospital nurses. *Journal of Clinical Medicine, 8*(1), 92. https://doi.org/10.3390/jcm8010092

Ruiz-Fernández, M. D., Pérez-García, E., & Ortega-Galán, Á. M. (2020). Quality of life in nursing professionals: burnout, fatigue, and compassion satisfaction. *International Journal of Environmental Research and Public Health/International Journal of Environmental Research and Public Health, 17*(4), 1253. https://doi.org/10.3390/ijerph17041253

Saridi, M., Filippopoulou, T., Tzitzikos, G., Sarafis, P., Souliotis, K., & Karakatsani, D. (2019). Correlating physical activity and quality of life of healthcare workers. *BMC Research Notes, 12*(1). https://doi.org/10.1186/s13104-019-4240-1

Shier, M. L., & Graham, J. R. (2013). Subjective well-being, social work, and the environment: The impact of the socio-political context of practice on social worker happiness. *Journal of Social Work/Journal of Social Work, 15*(1), 3–23. https://doi.org/10.1177/1468017313503449

Sinclair, S., Raffin-Bouchal, S., Venturato, L., Mijovic-Kondejewski, J., & Smith-MacDonald, L. (2017). Compassion fatigue: A meta-narrative review of the healthcare literature. *International Journal of Nursing Studies, 69,* 9–24. https://doi.org/10.1016/j.ijnurstu.2017.01.003

Slocum-Gori, S., Hemsworth, D., Chan, W. W., Carson, A., & Kazanjian, A. (2011). Understanding Compassion Satisfaction, Compassion Fatigue and Burnout: A survey of the hospice palliative care workforce. *Palliative Medicine, 27*(2), 172–178. https://doi.org/10.1177/0269216311431311

Sorenson, C., Bolick, B., Wright, K., & Hamilton, R. (2016). Understanding compassion fatigue in healthcare Providers: A review of Current literature. *Journal of Nursing Scholarship, 48*(5), 456–465. https://doi.org/10.1111/jnu.12229

Stamm, B. H. (2010). *The concise ProQOL manual.* ProQOL.org.

Sukut, O., Sahin-Bayindir, G., Ayhan-Balik, C. H., & Albal, E. (2021). Professional quality of life and psychological resilience among psychiatric nurses. *Perspectives in Psychiatric Care, 58*(1), 330–338. https://doi.org/10.1111/ppc.12791

THE 17 GOALS | Sustainable Development. (n.d.). https://sdgs.un.org/goals

Unjai, S., Forster, E. M., Mitchell, A. E., & Creedy, D. K. (2022). Compassion satisfaction, resilience and passion for work among nurses and physicians working in intensive care units: A mixed method

systematic review. *Intensive & Critical Care Nursing/ Intensive and Critical Care Nursing, 71,* 103248. https://doi.org/10.1016/j.iccn.2022.103248

Van Bogaert, P., Meulemans, H., Clarke, S., Vermeyen, K., & Van De Heyning, P. (2009). Hospital nurse practice environment, burnout, job outcomes and quality of care: test of a structural equation model. *Journal of Advanced Nursing, 65*(10), 2175–2185. https://doi.org/10.1111/j.1365-2648.2009.05082.x

Van Hook, M. P., & Rothenberg, M. (2009). Quality of life and compassion satisfaction/fatigue and burnout in child welfare workers: A study of the child welfare workers in community based care organizations in Central Florida. *Social Work & Christianity, 36*(1), 36–54.

Woon, L. S., Mansor, N. S., Mohamad, M. A., Teoh, S. H., & Abdullah, M. F. I. L. B. (2021). Quality of life and its predictive factors among healthcare workers after the end of a movement lockdown: the salient roles of COVID-19 stressors, psychological experience, and social support. *Frontiers in Psychology, 12*. https://doi.org/10.3389/fpsyg.2021.652326

Wu, S., Singh-Carlson, S., Odell, A., Reynolds, G., & Su, Y. (2016). Compassion fatigue, burnout, and compassion satisfaction among oncology nurses in the United States and Canada. *Oncology Nursing Forum, 43*(4), E161–E169. https://doi.org/10.1188/16.onf.e161-e169

Xie, W., Wang, J., Okoli, C. T. C., He, H., Feng, F., Zhuang, L., Tang, P., Zeng, L., & Jin, M. (2020). Prevalence and factors of compassion fatigue among Chinese psychiatric nurses. *Medicine, 99*(29), e21083. https://doi.org/10.1097/md.0000000000021083