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Compassion fatigue and professional quality of life among health professionals: Moderating role of professional resilience

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Abstract

This study investigates the relationship between Compassion Fatigue and Professional Quality of life among Healthcare Professionals, with a focus on the moderating role of Professional Resilience. Utilizing a correlational design, data from 315 participants, including 217 physical healthcare professionals and 98 mental healthcare professionals, were analyzed. The Compassion Fatigue Inventory (Charles & Figley, 1995), Professional Quality of Life Scale (ProQOL) (Stamm, 2005), and Work Resilience Scale (ReWoS-24) (Sweetman, 2022) were employed. Results indicate a significant positive correlation between Compassion Fatigue and Professional Quality of life. Regression analysis revealed that Compassion Fatigue significantly predicts professional quality of life. Independent sample t-tests showed significant differences in compassion fatigue, resilience, and professional quality of life between physical and mental health professionals. Moderation analysis confirmed that professional resilience significantly moderates the relationship. These findings underscore the importance of fostering resilience to enhance professional well-being and job satisfaction among healthcare providers.

Keywords: Compassion Fatigue, Professional Quality of Life, Healthcare Professionals, Professional Resilience, Mental and Physical Health Professionals

Introduction

In this study compassion fatigue refers to the emotional exhaustion experienced by caregivers due to their repeated interactions with distressed clients that need high levels of empathic engagement. It is considered a significant element in

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caregiver burnout (Figley, 2002). Chronic fatigue results in a sudden occurrence of physical, emotional, and work-related symptoms that have an impact on patient care and relationships (Lombardo & Eyre, 2010).

- **The Role of Empathy in Caregiving**

Figley (1995) introduced the initial multifactor model of compassion fatigue, drawing from his clinical experience with psychotherapists. He posited that empathy is the crucial element in establishing a successful therapeutic relationship. According to Figley, caregiver distress and the burdens associated with caregiving are inevitable and undesirable consequences of this empathetic approach (Figley, 1995; Figley, 2002). Figley constructed a causal model that predicts the start of compassion fatigue in psychotherapists by considering eleven variables. This model is based on the importance of empathy and the consequences of its depletion (Figley, 1995; Figley, 2002). The concept defines empathic ability as the capacity to perceive and acknowledge the suffering of others, while also being susceptible to the emotional toll of caring. The proposal suggests that when a therapist is directly exposed to the emotional energy of a client's suffering, it triggers empathic understanding and an empathetic reaction in the therapist. In order to provide an empathic response, the therapist may need to adopt the client's perspective and personally feel the feelings such as hurt, fear, rage, or any other emotions that the client is going through (Figley, 2002).

- **Addressing the Emotional Toll**

The therapist experiences compassion stress as a result of the emotional energy generated by their empathetic response. This can have a detrimental effect on their mental and physical well-being. If not addressed, it can worsen and eventually lead to compassion fatigue. Figley model suggests that compassion stress can be reduced by therapists through a sense of accomplishment and/or detachment. This can be achieved by being exposed to client trauma for extended periods, recalling experiences with highly traumatized clients, and dealing with unexpected disruptions in life. These factors can contribute to and worsen compassion fatigue (Figley, 1995; Figley, 2002). Compassion fatigue is the condition of experiencing mental and physical depletion as a result of being exposed to great stress, pain, or trauma over an extended period of time. This condition is frequently encountered by those in occupations that entail rendering care for others, such as healthcare, social work, counseling, emergency response, or animal welfare. It is commonly characterized by symptoms such as fatigue, (Utendale & Sullivan, 2007) irritability,

skepticism, and diminished ability to understand and share the feelings of others. Compassion fatigue is a progressive syndrome that typically occurs as a result of continuous exposure to the suffering of others. It can have significant negative effects on an individual's well-being and their ability to perform their job effectively. Moreover, it might lead to feelings of regret or embarrassment as a result of the incapacity to offer caregiving or aid to the same extent as before.

- **Compassion fatigue and burnout**

Compassion fatigue and burnout are strongly associated, but they have distinct symptoms. Compassion fatigue occurs more suddenly than burnout and is caused by being exposed to another person's trauma (Wald & Biderman, 2013; Franceschi, 2013). Although both conditions lead to mental, physical, and psychological fatigue, Compassion fatigue resembles post-traumatic stress disorder (PTSD) in that the majority of symptoms and distress are associated with painful memories, heightened arousal or emotional numbness, avoidance of similar situations, and weariness (El-bar et al., 2013). On the other hand, burnout occurs when individuals feel helpless and have low job satisfaction, which ultimately leads to a progressive disengagement from work (Ali et al., 2013). Nevertheless, the ongoing use of these terms interchangeably in recent studies indicates the necessity of distinguishing them by a comprehensive concept analysis (Coetzee & Klopper, 2010; Figley, 2002; Jenkins & Warren, 2012; Sabo, 2011). For now, Compassion fatigue and related concepts will be utilized as a general word in the discussion to provide a thorough examination of the literature.

- **Compassion Fatigue in Physical Healthcare Professionals**

Healthcare professionals in genetics, including nurses, doctors, and counselors, often experience compassion fatigue (CF), distress, and burnout. Bernhardt et al. (2009) identified professional accountability, adverse patient encounters, and bias concerns as key contributors to compassion distress. Genetic counselors, in particular, face higher levels of conflict and personal accountability, leading to greater compassion distress (Zhu et al., 2009). Deighton et al. (2007) found that trauma therapists who did not process their emotions related to client care experienced frequent CF, compassion distress, and burnout. Emergency responders in South Africa reported lower levels of CF and burnout compared to their counterparts in Sweden and the US but had high compassion satisfaction (Pietrantoni & Prati, 2008).

In a study of 914 junior doctors in Australia, 69% experienced burnout, and 54% met the criteria for CF. Despite dissatisfaction with their jobs, 98% intended to continue practicing medicine (Markwell & Wainer, 2009). Similarly, a US study on gynecologists found that a third reported emotional exhaustion, particularly those with patient or colleague conflicts (Rasinski & Curlin, 2010). Emergency department nurses showed high CF and burnout rates, often due to perceived inadequate support from management and the psychological strain of patient care, especially in cases involving intimate partner violence (Hunsaker et al., 2015; Rensburg, 2013). Critical care nurses reported moderate to high job satisfaction and relatively low secondary traumatic stress (STS) and burnout (Mason et al., 2014).

Pediatric nurses and physicians experienced similar CF levels, with chaplains reporting the highest CF (White & Sira, 2009). In pediatric critical care units, CF and burnout were higher, and compassion satisfaction lower compared to other pediatric units (Branch & Klinkenberg, 2015). Nurses dealing with traumatic brain injuries and burns faced more CF and lower satisfaction (McGarry, 2013).Midwives and obstetrics nurses in Japan working in abortion centers had high CF scores, particularly when they believed the fetus could survive or struggled with emotions during surgery (Kimura & Tsuda, 2013). Witnessing traumatic births also caused significant emotional distress (Rice & Warland, 2013).

- **Compassion Fatigue Among Mental Health Care Professionals**

Frontline mental health care professionals (FMHPs) such as nurses, social workers, psychologists, psychiatrists, and case managers often experience compassion fatigue (CF), vicarious traumatization, or secondary traumatic stress (STS) due to their extensive and ongoing work with individuals who have complex mental health needs. This can lead to negative effects like nightmares, anxiety, depression, and physical complaints.

Compassion fatigue incurs significant costs for organizations, including increased physical illness, higher sick leave usage, employee turnover, and reduced morale and productivity (White, 2006; Austin et al., 2009). This also affects patient satisfaction negatively (Forbes, 2009). Burnout, a chronic response to workplace stress, involves emotional exhaustion, cynicism, and reduced personal efficacy (Leiter & Maslach, 2004). Six domains contributing to burnout are workload, control, rewards, community, fairness, and values (Maslach & Leiter, 1997). Surveys show that FMHPs

with personal trauma histories and high caseloads are particularly vulnerable to CF (Uhlemann & Horwitz, 2006).

- **Resilience Among Physical Health Professionals**

Resilience is essential for physical health professionals, including healthcare workers, physicians, nurses, and other frontline personnel, due to their demanding work environments. It helps maintain well-being and deliver exceptional patient care despite stressors like long work hours, high patient loads, emotional strain, and exposure to suffering and trauma (Brooks et al., 2019). Resilience safeguards against mental health issues, mitigates burnout, and reduces perceived workload among emergency personnel. Low resilience is associated with heightened anxiety and significant discomfort when addressing adverse circumstances.Resilience is influenced by multiple factors, combining personal characteristics and past experiences, leading to adaptive abilities. Established resilience methods help health professionals manage stress and maintain well-being, resulting in improved patient care and professional success. Specific training programs have shown benefits in secondary and tertiary care settings, though not necessarily in primary care (McCann et al., 2013; Arrogante, 2015; Jackson et al., 2007).

- **Resilience Among Mental Health Professionals**

For mental health professionals like psychologists, psychiatrists, counselors, and therapists, resilience is crucial due to the emotional demands of their work. They often encounter individuals with trauma, crises, and emotional distress, impacting their own well-being (Southwick & Charney, 2018). Resilience in this context involves effectively managing work-related challenges while maintaining personal mental health and well-being.

- **Professional Quality of Life (ProQOL)**

ProQOL measures the impact of one's occupation on overall well-being, particularly in care-related fields. Compassion fatigue, or secondary traumatic stress, results from deep concern for others' suffering and the desire to alleviate their pain. Burnout stems from prolonged professional pressures. Compassion satisfaction enhances the ability to deliver patient care by providing positive outlooks (Stamm, 2010; Jenkins & Warren, 2012; Sheppard, 2015). Social support mitigates the adverse impact of stress on physical and mental well-being, influencing the connection between ProQOL and well-being (Trinkoff & Brown, 2014; Sun et al., 2017; Jonge et al., 2012). The COVID-19 pandemic has exacerbated challenges for healthcare

personnel, impacting their mental health, efficiency, and ProQOL (Wentzel et al., 2014; Christensen, 2019). Studies on the 2003 SARS pandemic showed elevated levels of anxiety, aggression, and insomnia among healthcare workers, with current mental health consequences being more severe. Social support, guidance from supervisors, and a supportive work environment are crucial for maintaining ProQOL and mitigating mental health issues.

Review of the Literature

The literature search included the period from 2005 to 2015 and was carried out using the Cumulative Index to Nursing and Allied Health Literature (CINAHL) and PubMed. Although focusing solely on online databases may have limitations, as explained by Whittemore and Knafl (2005), incorporating databases that encompass all healthcare practitioners helps mitigate this constraint. The search was restricted to the literature from the past 10 years due to the changing nature of the concept in healthcare research and the requirement to identify the most up-to-date definition and application of the concept in healthcare research. The search terms used were compassion fatigue, compassion satisfaction, secondary traumatic stress, burnout, healthcare providers, and terrible news. The search phrases were chosen due to their tight association and frequent interchangeability in talks about CF. These terms were also identified as linked by the main authors of the included papers.

Whittemore and Knafl (2015) recommended manually searching the literature to enhance the number of findings. Therefore, the reference lists of articles identified in the initial search were examined for potential additional publications to be incorporated. Unpublished resources, such as dissertations, were included if they met the inclusion criteria, in order to reduce publication bias (Whittemore & Knafl, 2020). Clinicians working in oncological inpatient settings exhibited a greater prevalence of compassion fatigue compared to their outpatient counterparts (53% vs. 37%), as well as higher levels of burnout (Potter et al., 2010).

A group of researchers compared the work in oncology to a Mount Everest trip, emphasizing the need of cooperation in overcoming problems and preventing or delaying the onset of CF. They highlighted the need for open communication, mutual trust, interdependence, and strong team support (Rohan & Bausch, 2009). Branch and Klinkenberg (2015) conducted a comparative analysis of CF, compassion satisfaction, and burnout in different inpatient pediatric units. The sole statistically

significant discovery was that clinicians in the pediatric critical care unit exhibited reduced levels of compassion satisfaction and elevated levels of CF and burnout compared to caregivers in other pediatric units (Branch & Klinkenberg, 2018).

The findings of this study were consistent with the research conducted by McGarry (2013). McGarry's study found that healthcare providers working in traumatic brain injury and burn units experienced more symptoms of compassion fatigue and lower levels of satisfaction compared to established standards. Additionally, providers who were younger than 25 years old or had ineffective coping mechanisms exhibited higher levels of burnout, secondary traumatic stress, depression, and anxiety compared to their colleagues on the same unit. Healthcare professionals (HCPs) in the field of fetal medicine have documented the detrimental emotional consequences and the personal and professional implications of providing care for women experiencing unfavorable pregnancy outcomes (Sahhar & Metcalfe, 2013).

- **Rationale of the study**

The study focuses on the study of compassion fatigue, professional quality of life, and professional resilience among physical and mental health practitioners, which is an important but largely neglected area in healthcare research. Healthcare personnel, encompassing both medical and mental health practitioners, often encounter the distress and trauma experienced by their patients. Prolonged exposure to this can result in compassion fatigue, a state characterized by emotional depletion, depersonalization, and a reduced sense of personal achievement. These encounters can have a tremendous impact on the well-being and effectiveness of practitioners in providing care. Gaining a comprehensive understanding of the frequency and consequences of compassion fatigue is crucial, as it has a direct impact on the level of care delivered by healthcare personnel. Elevated levels of compassion fatigue can result in reduced job satisfaction, burnout, and impaired patient outcomes. Nevertheless, in the face of these difficulties, the notion of professional resilience emerges as the capacity of a professional to effectively adjust to and overcome adversity and pressures in their occupational sphere.

This study aims to investigate the complex correlation between compassion fatigue, professional quality of life, and professional resilience. More precisely, the goal is to determine if professional resilience acts as a safeguard against the adverse consequences of compassion fatigue. Through an analysis of these interactions, the study aims to offer valuable insights on how healthcare firms may enhance their

support for employees and foster their overall well-being. This research enhances our comprehension of the intricacies related to the well-being of practitioners and emphasizes the significance of developing resilience among healthcare professionals.

Methodology

Present study covers the following parts of methodology, research design, scales, population, sampling population and statistical analysis.

- **Research Design**

The correlational study design used to find out the relationship between compassion fatigue and level of quality of life among healthcare professionals. Professional resilience moderates the relationship between compassion fatigue and professional quality of life among health professionals.

- **Sample**

In the current study, total 315 sample including physical healthcare professionals 217 and mental healthcare professional 98 selected through random purposive sampling technique by using Role of thumb formula.

- **Inclusion criteria**
  - Health professionals working in physical and mental health department.
  - Professionals with at least one-year experience in physical and mental health department.
  - Currently working as a professional.
- **Exclusion criteria**
  - Those who are not currently working in health-related fields.
  - Participants other than health professionals.
  - Participants who are new in job or less than 1-year experience.

Table 4.1 - Demographic Charactertics of Participants(N=315)

Demographics	f (%)
Age	
20-25 years	158(50)
25-30 years	90(28)
30-35yers	53(16)
35-45years	14(4)

Gender	
Male	90(27)
Females	225(71)
Socio Economic Status	
Higher income status	124(39)
Middle income status	174(55)
Lower income status	17(5)
Healthcare Professionals	
Physical healthcare professional	217(68)
Mental Healthcare Professionals	98(31)
Work setting	
Hospital	170(53)
Rehabilitation	68(21)
Clinic	77(24)
Year of experience	
	187(59)
1-2year	48(15)
2-3year	53(16)
3-4year	12(3)
4-5year	

- **Instruments**

Following instruments were used for research in present study.

- **Inform consent**

Consent was given to participants to obtain their willingness. All the participants agreed to use their data in research.

- **Demographic Sheet**

Demographic Charactertics of participants include age, marital status, socio economic status and education, healthcare professionals including physical healthcare professionals and mental healthcare professionals, year of experience and work setting.

- **Compassion Fatigue Inventory (CFI) scale**

The Compassion Fatigue Inventory (Charles & Figely,1995) designed to measure the development of compassion fatigue among psychologists. This scale consists of 16-item and three subscale, Reduced compassion, social life, and workplace. Their use can however be expanded to include any profession with patient contact. When designing the CFI, special care was taken to create items that can be differentiated from items in questionnaires measuring burnout and STS. The items in the CFI are formulated as statements and the answers should be given on a 5-point Likert scale where the response alternatives are: 1 = "Does not fit at all," 2 = "Fits poorly," 3 = "Fits partially," 4 = "Fits fairly well" and 5 = "Fits perfectly. Subscale; Reduced Compassion, Social Life, Workplace. The reliability of Compassion Fatigue Inventory scale is 0.892.

- **Professional Quality of Life Scale (ProQOL) scale**

The Professional Quality of Life Scale (ProQOL) (Stamm,2005) is a widely used self-report measure designed to assess the positive and negative aspects of professional quality of life among individuals working in helping professions, such as healthcare, social work, counseling, and emergency services. This scale consists of 30-item. The items in the ProQOL scale are formulated as statements and the answers should be given on a 5-point Likert scale where the response alternatives are: 1 = "Never," 2 = "rarely," 3 = "sometimes," 4 = "often" and 5 = "very often. ". The reliability of Professional Quality of Life scale is 0.953.

- **Work Resilience Scale (ReWoS-24) scale**

Work Resilience scale (ReWoS-24) (sweetman,2022). The aim of the Resilience at Work Scale (ReWoS - 24) is to identify the extent to which an employee experiences characteristic of resilience at work. The ReWoS - 24 consists of 24 items, divided into two parts. Form A is about individual characteristics of work resilience and consists of 18 items which are divided into three sub-scales. Items 1-3 relate to general wellbeing, items 4-15 relate to wellbeing at work and items 16-18 relate to satisfaction with job performance. Form B is about characteristics of team resilience and consists of six items. A maximum of 54 points can be scored in Form A; 18 points can be scored in Form B. A sum score is calculated per subscale by adding the items 1 to 15 in Form A and 1 to 6 in Form B. Score "never" as "0", "several days" as "1", "more than half of the days" as "2" and "almost every day" as "3". The score in Form A subscale 1 is at least 0 and at most 9, scores in subscale 2 are at least 0 and at most 36, scores in subscale 3 are at least 0 and at most 9. In Form B scores are at least 0 and at most 18. The reliability of Work Resilience Scale is 0.952.

❖ Procedure

Healthcare professionals including physical healthcare professional and mental healthcare professionals were contacted directly for data collection. The researcher made personal contact with the subject and received their full permission through the study's consent document (Appendix A). Permission for the research included a short explanation of its reasoning, goals, and aims. Participant were given the assurance that the data they provided would only be used for the study's intended purpose. The directions for completing the questionnaires were both written above each questionnaire and convey orally. The study's participant performed admirably. A data collection of --- students was examined for correctness and identity. The data collection was fully prepared for the final study after being thoroughly checked in every way. Using SPSS-23 version, data analysis was carried out. In order to achieve the study's goals, a variety of statistical tests were applied to the collected data. Compassion fatigue served as the study's main predictor, while professional quality of life is dependent variables and professional resilience is moderator variable.
Ethical consideration

Participants were approached and the research objective was clearly communicated to them, ensuring that they had no reservations about participating in the study. Obtaining informed consent was ensured from each participant, and they were not coerced into completing the questionnaire. The data provided by the participants will be treated as confidential and it is crucial to maintain the anonymity of the participants throughout the study. The data will exclusively be utilized for research purposes. The item will be securely stored, locked, and only accessible to the researcher. Participants were not compelled to record their names or reveal their identity. The participant was assured that there would be no potential for damage in participating in this study.

❖ Results

Table 4.1
Correlations among demographic and study variables (N=315)

	Age	Gen	Soc	Hcp	Exp	Ws	Rc	Sol	Wp	Irw	Trw	Cf	Res	Pro
Age	1	-.169**	.100	.147**	-.317**	.025	.264**	.234**	.243**	.291**	.235**	.290**	.284**	.291**
Gen		1	.083**	-.096**	.135*	-.017	.066**	.047*	.042	.037*	-.036	.064*	.038**	.014**
Soc			1	.146*	.145*	.128*	.239**	.158*	.151*	.257**	.210*	.227**	.252*	.210**
Hcp				1	.067*	.197*	.145*	.116*	.164**	.191**	.173**	.164*	.192*	.201**
Exp					1	.173**	.205**	.160*	.189*	.238*	.180*	.219**	.229**	.242**
Ws						1	.346**	.281*	.295*	.297**	.247**	.366**	.292**	.328**
Rc							1	.726**	.493**	.536**	.438**	.934**	.525**	.569**
Sol								1	.526*	.503**	.407*	.869**	.492**	.549**
Wp									1	.741**	.688**	.715**	.751**	.665**
Irw										1	.841**	.663**	.987**	.796**
Trw											1	.563**	.917**	.684*
Cf												1	.656**	.676**
Res													1	.790**
Pro														1

Age=Age, Gen=Gender, Soc=Socioeconomic status=Healthcare professionals=Experience, Ws=Work setting=Reduced compassion, Sol=Social life, Wp=Workplace=Individual resilience work, Trw=Team Resilience work, Cf=Compassion Fatigue, Res=Resilience, Pro=Professional quality of life.

Table 4.1 presents the correlations among various demographic and study variables for a sample size of 315 individuals. Significant correlations were found among many variables. Age showed significant negative correlations with gender (r = -0.169**) and experience (r = -0.317**), but positive correlations with healthcare professionals (r = 0.147**), reduced compassion (r = 0.264**), social life (r = 0.234**), workplace (r = 0.243**), individual resilience work (r = 0.291**), team resilience work (r = 0.235**), compassion fatigue (r = 0.290**), resilience (r = 0.284**), and professional quality of life (r = 0.291**). Gender was significantly correlated with socioeconomic status (r = 0.083**), healthcare professionals (r = -0.096**), experience (r = 0.135*), reduced compassion (r = 0.066**), social life (r = 0.047*), workplace (r = 0.042), individual resilience work (r = 0.037*), and several other variables, though mostly with lower correlation values. Notably, reduced compassion showed strong positive correlations with social life (r = 0.726**), workplace (r = 0.493**), individual resilience work (r = 0.536**), team resilience work (r = 0.438**), compassion fatigue (r = 0.934**), resilience (r = 0.525**), and professional quality of life (r = 0.569**). This comprehensive table illustrates the intricate interrelationships among these variables, highlighting significant patterns and associations within the d.

Table 4.2

Descriptive and Chronbach Alpha of Scales (N=315)

Scales	*K*	*α*	*M*	*SD*
Compassion Fatigue Inventory (CFI)	16	0.892	*41.8984*	*13.2987*
Work Resilience Scale	24	0.953	*61..3587*	*18.1846*
Professional Quality of Life Scale	30	0.952	*84.1556*	*24.8965*

Table 4.2 provides descriptive statistics and Cronbach's alpha values for three scales used in the study, based on a sample size of 315 participants. The Compassion Fatigue Inventory (CFI) comprises 16 items and has a high reliability with a Cronbach's alpha of 0.892. The mean score for the CFI is 41.8984, with a standard deviation of 13.2987, indicating moderate levels of compassion fatigue among participants. The Work Resilience Scale, which includes 24 items, shows excellent reliability with a Cronbach's alpha of 0.953, a mean score of 61.3587, and a standard deviation of 18.1846, suggesting varied levels of work resilience. Lastly, the Professional Quality of Life Scale, consisting of 30 items, also demonstrates excellent reliability with a Cronbach's alpha of 0.952. The mean score for this scale is 84.1556, with a standard deviation of 24.8965, reflecting a broad range of professional quality of life experiences among the respondents. Overall, the high Cronbach's alpha values indicate that all three scales are highly reliable measures within this sample.

Table 4.3

Person product moment of correlation between compassion fatigue and professional quality of life among healthcare professionals. (N=315)

	Mean	SD		Compassion fatigue	Professional quality of life
Compassion fatigue	41.89	13.29		1	-.676**
Professional quality of life	84.15	24.89		.	1

The table presents the means, standard deviations, and Pearson product-moment correlation coefficients among compassion fatigue, resilience, and professional quality of life for a sample of 315 healthcare professionals. The mean score for

compassion fatigue is 41.898 with a standard deviation of 13.29, while the mean score for professional quality of life is 84.15 with a standard deviation of 24.89. The correlation between compassion fatigue and professional quality of life is negatively statistically significant ($r = -.676$, $p < .01$), indicating a strong negative relationship between the two variables. This suggests that as compassion fatigue increases, the professional quality of life also tends to decrease among the health professionals in this study.

Table 4.4

Regression analysis to check the impact of Compassion fatigue on professional quality of life among healthcare professionals. (N=315)

Direct Hypothesis	Beta	SD	t-values	p-values	Interpretation
CF→PQ	1.266	.078	16.251	.000	Supported

Note. CF (Compassion fatigue) , PQ (Professional quality).

The regression analysis examines the impact of compassion fatigue on professional quality of life among 315 healthcare professionals. The constant (intercept) is 31.093 with a standard error of 3.425, and it is statistically significant ($t = 9.078$, $p < .000$). The coefficient for compassion fatigue is 1.266 with a standard error of 0.078, indicating a significant positive effect on professional quality of life (Beta = .676, $t = 16.251$, $p < .000$). The model has an R value of .676, suggesting a strong correlation between compassion fatigue and professional quality of life. The R-squared value is .458, meaning that approximately 45.8% of the variance in professional quality of life can be explained by compassion fatigue, with an adjusted R-squared value of .456, accounting for the number of predictors in the model.

Table 4.5

Independent sample T-Test mean difference among compassion fatigue, professional resilience, and quality of life among physical health professionals and mental health professionals. (N=315)

Variables	Physical healthcare prof (*n=217*) *M (SD)*	Mental healthcare prof (*n=98*) *M(SD)*	*Df*	*t*	*p*	95 % CI *LL*	*UL*	*Cohen's d*
Compassion fatigue	40.437(14.1)	45.132(10.6)	313	-2.936	.001	-7.842	-1.54	0.48
Resilience	59.01(19.8)	66.55(12.5)	313	-3.465	.000	-11.81	-3.25	0.52
Pro-Qol	80.79(27.4)	91.59(15.9)	313	-3.631	.000	-16.6	4.94	0.58

The independent sample t-test results indicate significant differences in levels of compassion fatigue, resilience, and professional quality of life between physical health professionals (n=217) and mental health professionals (n=98). Physical health professionals reported lower mean scores for compassion fatigue (M = 40.437, SD = 14.1) compared to mental health professionals (M = 45.132, SD = 10.6), with a t-value of -2.936, p = .001, and a Cohen's d of 0.48, indicating a medium effect size. Similarly, physical health professionals had lower mean resilience scores (M = 59.01, SD = 19.8) compared to mental health professionals (M = 66.55, SD = 12.5), with a t-value of -3.465, p < .001, and a Cohen's d of 0.52, indicating a medium effect size. Lastly, physical health professionals reported lower professional quality of life (M = 80.79, SD = 27.4) compared to mental health professionals (M = 91.59, SD = 15.9), with a t-value of -3.631, p < .001, and a Cohen's d of 0.58, indicating a medium to large effect size. These results support the hypothesis that there are significant differences in levels of compassion fatigue, resilience, and professional quality of life between physical and mental health professionals.

Table 4.6

Summary of Moderation Results

Moderator (PR)	SD	t-value	*p- value*	Interpretation
PR → CF and PQ	0.0759	7.9793	.0001	Moderation found

p < .0001

Note. PR: Professional resilience (moderator variable), CF: Compassion fatigue (predictor variable), PQ: Professional quality of life (outcome variable).

The moderation analysis using the PROCESS procedure in SPSS examines whether professional resilience (PL) moderates the relationship between compassion fatigue (C) and professional quality of life (R) among 315 health professionals. The model summary shows a significant overall model (R^2 = .6901, F(3, 311) = 230.8204, p < .0001). The interaction term between compassion fatigue and professional resilience (C x PL) is significant (B = -.0111, t = -6.1927, p < .0001), indicating moderation. Conditional effects reveal that compassion fatigue has a stronger positive effect on professional quality of life at lower levels of professional resilience (Effect = .6054, p < .0001) and diminishes as resilience increases, becoming non-significant at high levels of resilience (Effect = .0468, p = .5168). These results support the hypothesis that professional resilience moderates the relationship between compassion fatigue and professional quality of life.

Discussion

Compassion is the driving force behind efforts to alleviate the pain and distress of others, and it represents the ultimate standard or model for the nursing profession. According to Nussbaum (2001), a one who possesses compassion becomes aware of someone's suffering and recognizes the severity of their agony. Compassion fatigue (CF) refers to the emotional exhaustion experienced by caregivers due to their repeated interactions with distressed clients that need high levels of empathic engagement. It is considered a significant element in caregiver burnout (Figley, 2002). Resilience, according to Rowe (2002), refers to the ability to withstand and recover from significant challenges that pose a threat to the stability and functioning of an individual, community, or institution. This word emphasizes both the capacity to endure challenging situations and the proactive process of adapting and recuperating.

Professional Quality of Life (ProQOL) is a framework utilized to evaluate the influence of one's occupation on their overall well-being, particularly in fields that entail providing care or assistance to others, such as healthcare, social work, counseling, emergency response, and animal welfare. Professional quality of life, by definition, includes both positive and negative dimensions at the individual, organizational, and societal levels that influence the well-being and effectiveness of professionals (Stamm, 2002). Smith et al. (2018) conducted a longitudinal study among nurses, examining the impact of job stress, including compassion fatigue, on job satisfaction and quality of life. They found a negative significant correlation

between compassion fatigue and decreased quality of life (r = -.45). Their findings underscored the importance of addressing compassion fatigue through support programs to enhance overall professional well-being. In a cross-sectional survey of physicians and healthcare providers, Brown et al. (2020) explored the relationship between burnout, including compassion fatigue, and professional quality of life. Their results revealed a robust negative correlation between compassion fatigue and decreased professional quality of life (r = .61, p < .01), highlighting the need for targeted interventions to mitigate compassion fatigue and enhance professional well-being.

A study by Lee and Miller (2019) investigated the relationship between emotional exhaustion, a component of compassion fatigue, and job satisfaction among social workers. Their research indicated a significant negative correlation between emotional exhaustion and lower job satisfaction (r = -.52). Their findings emphasize the critical link between managing compassion fatigue and promoting negative professional outcomes. The correlation analysis revealed that compassion fatigue has strong negtive relationship with professional quality of life among healthcare professionals. According to Hunsaker et al. (2015) study found that compassion fatigue significantly impacted the professional quality of life among emergency department nurses. The results indicated a strong negative correlation, where higher levels of compassion fatigue were associated with lower professional quality of life, aligning with findings that compassion fatigue has a significant impact This research indicated that compassion fatigue and burnout significantly impacted the professional quality of life among social workers. The regression analysis revealed that compassion fatigue accounted for a substantial variance in professional quality of life, similar to study's R^2 value of 45.8% (Bride, Jones, & MacMaster, 2007). This study found a significant impact of compassion fatigue on job satisfaction, a component of professional quality of life, among oncology nurses. The strong negative correlation indicated that higher compassion fatigue led to lower job satisfaction, supporting your findings of compassion fatigue's significant impact (Deshields & Rodenheber, 2013). Results revealed that regression analysis results indicate that compassion fatigue significantly impacts the professional quality of life among health professionals.

According to Ray et al. (2013) study found that mental health professionals experienced higher levels of compassion fatigue compared to physical health professionals. The authors reported that the nature of mental health work, which

often involves dealing with trauma and emotional distress, contributes to higher compassion fatigue. This study compared resilience and professional quality of life between nurses (physical health professionals) and social workers (mental health professionals). Results showed that social workers had higher resilience and better professional quality of life, aligning with findings. The study suggests that the supportive networks and coping strategies in social work contribute to these differences (Kim & Lee, 2015). This research indicated significant differences in burnout and compassion fatigue levels between physical and mental health professionals.

Mental health professionals reported higher compassion fatigue and burnout but also higher resilience. These findings support your results and highlight the need for targeted interventions (Craigie et al., 2016). Results findings revealed the independent sample t-test results indicate significant differences in levels of compassion fatigue, resilience, and professional quality of life between physical health professionals (n=217) and mental health professionals (n=98). Physical health professionals reported lower mean scores for compassion fatigue ($M = 40.437$, $SD = 14.1$) compared to mental health professionals ($M = 45.132$, $SD = 10.6$), with a t-value of -2.936, $p = .001$, and a Cohen's d of 0.48, indicating a medium effect size. Similarly, physical health professionals had lower mean resilience scores ($M = 59.01$, $SD = 19.8$) compared to mental health professionals ($M = 66.55$, $SD = 12.5$), with a t-value of -3.465, $p < .001$, and a Cohen's d of 0.52, indicating a medium effect size. Lastly, physical health professionals reported lower professional quality of life ($M = 80.79$, $SD = 27.4$) compared to mental health professionals ($M = 91.59$, $SD = 15.9$), with a t-value of -3.631, $p < .001$, and a Cohen's d of 0.58, indicating a medium to large effect size. These results support the hypothesis that there are significant differences in levels of compassion fatigue, resilience, and professional quality of life between physical and mental health professionals.

According to Edward and Hercelinskyj (2007) study found that resilience significantly moderated the relationship between compassion fatigue and burnout in nurses. Higher resilience levels buffered the negative effects of compassion fatigue on professional quality of life, indicating that resilience plays a crucial role in maintaining well-being among healthcare professionals This research demonstrated that resilience moderated the impact of compassion fatigue on burnout among healthcare workers. The study's findings align with results, showing that resilience significantly reduces the negative impact of compassion fatigue, thus

enhancing professional quality of life (Mealer & Moss, 2012). According to Kinman and Grant (2011) study found that resilience significantly moderated the relationship between burnout and psychological well-being in mental health professionals. Higher resilience levels mitigated the adverse effects of burnout, supporting the role of resilience as a buffer, similar to your findings.

The moderation analysis results indicate that professional resilience significantly moderates the relationship between compassion fatigue and professional quality of life among healthcare professionals. The moderation analysis using the PROCESS procedure in SPSS examines whether professional resilience (PL) moderates the relationship between compassion fatigue (C) and professional quality of life (R) among 315 health professionals. The model summary shows a significant overall model (R^2 = .6901, F (3, 311) = 230.8204, p < .0001). The interaction term between compassion fatigue and professional resilience (C x PL) is significant (B = -.0111, t = -6.1927, p < .0001), indicating moderation. Conditional effects reveal that compassion fatigue has a stronger positive effect on professional quality of life at lower levels of professional resilience (Effect = .6054, p < .0001) and diminishes as resilience increases, becoming non-significant at high levels of resilience (Effect = .0468, p = .5168). These results support the hypothesis that professional resilience moderates the relationship between compassion fatigue and professional quality of life.

Conclusion

The findings of this study provide strong evidence that compassion fatigue and professional quality of life are significantly interrelated among healthcare professionals. Specifically, there is a negative correlation between compassion fatigue and professional quality of life, and an even stronger negative correlation between resilience and professional quality of life, highlighting the critical role of resilience in enhancing well-being. Additionally, compassion fatigue significantly impacts professional quality of life, accounting for a substantial portion of its variance. This negative linkage framework demonstrates that, with the moderating role of professional resilience, the challenges posed by compassion fatigue can be transformed into opportunities for professional growth, enhanced empathy, and overall job satisfaction. By fostering resilience, healthcare professionals, particularly mental health professionals, can experience a higher quality of professional life despite the inherent stresses of their work. This framework acknowledges the

unique expertise of mental health professionals in managing compassion fatigue, potentially resulting in a lesser negative impact on their professional quality of life. Finally, resilience serves as a crucial moderator, buffering the negative effects of compassion fatigue on professional quality of life, thereby emphasizing the importance of fostering resilience to improve overall professional well-being among healthcare providers.

- **Limitations**
  - People might not always report their feelings accurately, which could affect the results.
  - The study sample may not be representative of all healthcare professionals, potentially limiting the generalizability of the findings.
  - Reliance on self-reported data may introduce response biases, such as social desirability or recall bias.
  - Other factors influencing professional quality of life, such as organizational support or personal life stressors, were not accounted for.
  - The data were collected at a single time point, not capturing potential changes over time in compassion fatigue, resilience, or professional quality of life.
- **Suggestions**
  - Include a more diverse sample to improve generalizability.
  - Use longitudinal designs to establish causal relationships.
  - Incorporate objective measures in addition to self-reported data.
  - Control for additional variables such as organizational support and personal life stressors.
- **Implications**

The findings point out the urgent need to recognize and address compassion fatigue in physical and mental healthcare professionals. Whenever patient suffering is consistently heightened, this may impact caregivers' emotional well-being and even professional quality of life, making it essential that organizations take proactive steps in response. Resilience building among healthcare staff has been an important strategy through targeted training programs. Initiatives building resilience involve training on mindfulness, stress management techniques and cognitive behavioral strategies by equipping professionals with useful tools for managing stress well and recovering from challenging situations. Creating solid support networks, including

peer support groups and counseling services, to provide safe spaces where professionals can share their experiences and get orientation guidance.

Understanding the differing challenges faced by physical and mental healthcare workers is crucial for developing tailored interventions. While physical healthcare professionals may struggle with the physical demands of patient care, mental health professionals often bear the emotional toll of addressing their clients' trauma. Targeted strategies, such as role-specific training and workload adjustments, can help alleviate these unique stressors. In addition to this, workplace environments can be improved by policies that encourage work-life balance, fair workloads and open communication, thus creating a positive atmosphere that reduces the risk of compassion fatigue.

Ultimately, prioritizing resilience within healthcare settings not only improves professionals but also quality patient care and outcomes. Resilient workers in health will be better positioned toward offering good quality care, maintaining job satisfaction, and overall personal well-being. Comprehensive interventions addressing compassion fatigue mean healthcare organizations can provide sustainable businesses ready to work through challenges in the face of a better outcome for all: the professional and the one they are working.

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