The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 11, Issue 2, April- June, 2023
DIP: 18.01.008.20231102, DOI: 10.25215/1102.008
https://www.ijip.in

Research Paper

The Influence of Compassion Fatigue and Compassion Satisfaction on Work-Related Quality of Life among Counselling Psychologists

Laksha Anand[1]*, Dr. Molly Joy[2]

ABSTRACT

The purpose of the present study was to examine the relationship between Compassion Fatigue, Compassion Satisfaction and Work-Related Quality of Life among Counselling Psychologists. A non-probability purposive sampling method was used to draw a sample of 150 respondents from various parts of India. The Professional Quality of Life (ProQOL)-Revision IV (Beth Hudnall Stamm, 2009) was used to measure Compassion Fatigue and Compassion Satisfaction. The Work-Related Quality of Life Scale –WRQoL (Simon A. Easton and Darren L. Van Leer) was used to measure Work-Related Quality of Life. It was hypothesised that there would be no significant relationship between Compassion Satisfaction and Work-Related Quality of Life. It was also hypothesised that there would be no significant relationship between Compassion Fatigue and Work-Related Quality of Life. Pearson's Correlation and Multiple Linear Regression was used to analyse the data. It was found that there is a significant relationship between Compassion Satisfaction, Compassion Fatigue and Work-Related Quality of Life among counselling psychologists. Compassion Satisfaction was significantly and negatively associated the Compassion Fatigue Compassion Satisfaction was positively associated with Work-Related Quality of Life. Both Compassion Satisfaction and Compassion Fatigue were significantly associated Work-Related Quality of Life. Implications and limitations of the study are discussed.

Keywords: *Compassion Satisfaction, Compassion Fatigue, Work-Related Quality of Life, Counselling Psychologists, Mental Health Professionals.*

The devastating influence of Compassion Fatigue on Mental Health Professionals has been well documented. Compassion Fatigue can be defined as caregiver's burnout developed by individuals who work with trauma patients and clients. Outcomes for clinicians with compassion fatigue include negative emotional, cognitive, and behavioural changes (Craig & Sprang, 2010; Figley, 1995) as well as depression and substance use disorders (Stamm, 2010). The probability of developing compassion fatigue is higher

[1]Student, Department of Psychology, Kristu Jayanti College, Bengaluru, Karnataka, India
[2]Professor, Department of Psychology, Kristu Jayanti College, Bengaluru, Karnataka, India
*Corresponding Author

Received: January 16, 2023; Revision Received: April 11, 2023; Accepted: April 15, 2023

towards those who possess a strong empathetic orientation towards others suffering (insert citation).

Researchers have also found that some mental health professionals find joy and often prosper when working with trauma patients and clients. They show higher levels of personal fulfilment and career satisfaction. This phenomenon is termed as compassion satisfaction. This can be defined as the sense of accomplishment and satisfaction resulting from doing one's job well and effectively (Stamm, 2010). The influence of compassion fatigue and compassion satisfaction is well-established but no research conducted focuses on the Work-Related Quality of Life and the association between Work-Related Quality, Compassion Satisfaction and Compassion Fatigue. Work-Related Quality of Life seeks to encapsulate the essence of a person's overall work experience. An individual's direct experience with work and the direct and indirect factors that affect this experience have an impact on their job-related quality of life.

Compassion Fatigue

The term "compassion fatigue," which is relatively new, describes the physical and mental exhaustion that helping professions may experience over time. It can be defined as "a state of tension and preoccupation with traumatized patients by re-experiencing the traumatic events, avoidance/numbing of reminders and persistent arousal associated with the patient" (Figley, 2002, p. 1435). Two distinct phases of compassion fatigue exist. The first section addresses symptoms of burnout include fatigue, irritability, hostility, and sadness. The second section includes secondary traumatic stress is an unpleasant emotion fuelled by dread and trauma from the workplace. Trauma at work can include both primary and secondary trauma.

Outcomes for clinicians with compassion fatigue include negative emotional, cognitive, and behavioural changes (Craig & Sprang, 2010; Figley, 1995) as well as depression and substance use disorders (Stamm, 2010). The probability of developing compassion fatigue is higher for those who possess a strong empathetic orientation towards another person's suffering. Over time, trauma-related stress can accumulate in clinical work settings.

Compassion fatigue may result from the resulting trauma, which may affect every aspect of the practitioners' lives (Coetzee & Klopper, 2010). According to studies, dealing with traumatized clients can have an emotional toll that can make people develop compassion fatigue (El-bar, Levy, Wald, & Biderman, 2013). According to a survey of 600 social workers who were living in New York City during the terrorist attacks in 2001, those who worked with traumatized patients were more likely to experience compassion fatigue than other social workers.

When left untreated, the stress and demands of caring for traumatized clients may result in psychological, physical, emotional, spiritual, and social symptoms that have a significant negative impact on practitioners' health (Berzoff & Kita, 2010; Sprang, Craig, & Clark, 2011). Continual graphic depictions of trauma and suffering may have emotional effects on practitioners that may cause them to fail to show clients the appropriate compassion during clinical interactions (Donahue et al., 2012). Those who are suffering from compassion fatigue might exhibit symptoms that are similar to those of their traumatized clients.

Compassion Satisfaction

Researchers have found that some mental health professionals find joy and often prosper when working with trauma patients and clients. They show higher levels of personal fulfilment and career satisfaction. This phenomenon is termed as compassion satisfaction. This can be defined as the sense of accomplishment and satisfaction resulting from doing one's job well and effectively. Compassion Satisfaction is referred to the ability to derive satisfaction and pleasure from being able to do your work well (Stamm, 2010). Radey and Figley (2007) described the concept of compassion satisfaction as a feeling of fulfilment that clinicians can experience when working with traumatized clients and suggested that mental health professionals do not have to succumb to burnout and compassion fatigue but, instead, can flourish through experiencing the joy of helping others.

However, when it comes to human services work, the importance of compassion satisfaction seems to be "vital" (Figley, 2013). This idea was supported by research on doctors to comprehend clinical empathy in caregiving settings (Gleichgerrcht & Decety, 2013). It was discovered that compassion satisfaction strongly correlated with altruism, perspective-taking, and empathy. On the other hand, personal distress was linked to compassion fatigue. The aforementioned characteristics of compassion satisfaction are highly valued in this profession and are requirements for employment in this field. Any professional working in a care environment would be unable to understand the realities of the patient's or individual's conditions and be unable to provide objective solutions or assistance to alleviate these conditions without taking perspective. Additionally, compassion satisfaction is required because of the physically and mentally demanding nature of this profession. (Decker et al., 2015).

Compassion fatigue and compassion satisfaction can both be influenced by factors like the work environment, client environment, and person environment (Stamm, 2010). Stamm (2010) states that the "overall concept of professional quality of life is associated with characteristics of the work environment (organizational and task-wise), the individual's personal characteristics, and exposure to primary and secondary trauma in the work setting" in his work on developing the professional quality of life scale. These considerations are especially crucial when the job in question falls under the category of human services. The working conditions are extremely stressful in these situations, and it might take some time before the productive results of the work are seen. The positive changes that have been noticed are also not always permanent. To ensure change, this may necessitate repetitive work, but the emotional toll this place on the concerned helper is crucial to consider. Despite being highly regarded, the work could make the person feel incompetent because there wasn't a sustained change that could be seen.

Work-Related Quality of Life

As a theoretical notion, work-related quality of life seeks to encapsulate the essence of a person's overall work experience. An individual's direct experience with work and the direct and indirect factors that affect this experience have an impact on their job-related quality of life. An individual's appraisal of their work-related quality of life is influenced by their employment just as much as what they contribute to the job, including organisational policies, personality traits, overall emotions of well-being, and actual working conditions. Job satisfaction and other variables that broadly reflect life satisfaction and overall sentiments of well-being, in particular, have an impact on work-related quality of life.

According to Kandasamy and Ancheri (2009), quality of working life has been viewed in a number of ways, including as a movement, a set of organizational interventions, and a way for employees to live their work lives. Over time, definitions of quality of working life have changed and been influenced by researchers' theoretical perspectives. As a result, a number of Quality of Working Life models have been put forth, drawing on various combinations of a wide range of variables. While some authors have placed more emphasis on factors related to the workplace that affect Quality of Working Life, others have noted the importance of personality traits, psychological health, and more general notions of happiness and life satisfaction.

Work involvement, intrinsic job motivation, higher order need strength, perceived intrinsic job characteristics, job satisfaction, life satisfaction, happiness, and self-rated anxiety were among the list of factors that Warr et al. (1979) identified in their investigation of Quality of Working Life as being different from others that appeared to be relevant. The correlations between work involvement and job satisfaction, intrinsic job motivation and job satisfaction, and perceived intrinsic job characteristics and job satisfaction were just a few of the ones helped to develop models of Quality of Working Life. In particular, Warr et al. discovered evidence for a weak but significant association between self-rated anxiety and total job satisfaction, as well as evidence for a moderate association between total life satisfaction and happiness. Even as authors like Mirvis and Lawler (1984) proposed new models highlighting the relevance of factors like satisfaction with wages, hours, and working conditions, the difficulties in defining the concept of Quality of Working Life continued to be illustrated in the literature.

REVIEW OF LITERATURE

Compassion Satisfaction and Compassion Fatigue

Simon et al., (2006) conducted a study to determine how CS can lessen the negative impacts of CF, burnout, and work-life discontent. The study focused on the CF/STS of cancer social workers, and it was discovered that CS was negatively correlated with both CF and burnout. In contrast to CF/STS, CS was found to have a greater connection with burnout. Workplace satisfaction declined as burnout rose, while CF was less affected by job satisfaction. Additionally, there was a moderate connection between burnout and CF/STS, indicating that those with CF/STS are more likely to experience burnout and job dissatisfaction.

In a study by Killian (2008) conducted on twenty frontline registered social workers, psychologists, professional counsellors, and marriage therapists found a number of significant risk factors for developing CF and work stress High caseload demands and/or work holism, regular access to supervision, a lack of a supportive work environment, a lack of a supportive social network, social isolation, a worldview (an excess of optimism or cynicism, etc.), and the capacity to identify and meet one's own needs are listed first because they occur most frequently (i.e., self-awareness)

Ray et al., (2013) studied Frontline Mental Health Care Professionals (FMHPs) in a range of positions, including those in nursing, social work, psychology, psychiatry, case management, and mental health. Their research sought to comprehend the connections between burnout, work-life conditions, compassion fatigue, and compassion satisfaction (CS) among FMHPs. This study offers some unique perspectives on the relationship between CS and CF and the work lives and exhaustion of mental health practitioners. In the

six aspects of work life, they discovered that higher levels of CS, lower levels of CF, and increased person-job match predicted lesser burnout in FMHPs. Those with a history of trauma had higher CF ratings than those without. Participants who had experienced trauma also expressed more emotional exhaustion and gave the AWS (Areas of Work Life Scale) a lower rating than those who had not. The results imply that these differences might be significant for bigger samples. These results show that since high CF ratings were associated with higher levels of emotional tiredness, professionals with histories of trauma may require additional support or supervision to prevent and/or resolve CF. Additionally, they stated that part-time employees and full-time FMHPs both experienced significant levels of emotional weariness, with casual workers experiencing the lowest levels. These results corroborate earlier studies' conclusions (Killian, 2008; Murray et al., 2009; Yoder, 2010) that working more hours was a risk factor for CF or burnout.

Clark et al., (2021). The significant relationship between Imposter Syndrome and compassion fatigue as a whole, as well as burnout individually, is worth noting. Higher levels of imposter syndrome are associated with a greater propensity for self-doubt and the usage of harmful work habits like work holism and procrastination, which can lead to burnout at the workplace (Mir & Kamal, 2018). A person with higher levels of Imposter Syndrome is also likely to exercise fewer self-care techniques that are advised to balance the demands of working with traumatised patients (Radley & Figley, 2007), which can raise the risk of developing secondary traumatic stress. Their research showed that the proportion of PTSD patients that physicians saw in their caseloads influenced their levels of burnout and compassion fatigue. It's crucial to keep in mind that clients with trauma and loss issues have intense symptoms, which can take a heavy toll on therapists who treat them over an extended period of time. Unexpectedly, it was discovered that compared to other professionals, psychiatrists in the sample had higher levels of compassion fatigue. Given the rigours of their jobs, it is not new to recognise that doctors are susceptible to several stress-related illnesses. The discovery of greater rates of compassion fatigue among psychiatrists sheds light on numerous additional disorders that were probably a factor in the issues that physicians in this sample were facing. There were no statistically significant differences in these demographic factors by discipline, therefore it does not appear that age or the practise setting are factors in the elevated Compassion Fatigue scores for psychiatrists. Additionally, the gender effects that were seen in the entire group did not apply to the doctors. The elevated levels of compassion fatigue in this predominately male group indicate that the strength of discipline is a major factor in compassion fatigue.

Work-Related Quality of Life

Abasi et.al (2017) research proved that significant stressors were confirmed to include difficulty using protective measures at work, fear of contracting COVID-19 at work or spreading it to close family members. As a healthcare worker, however, feeling valued by the general public during the crisis had a positive impact on nurses' quality of work life in the dimensions of working conditions, control at work, career satisfaction, and the interface between home and work. These results imply that, in addition to developing immediate responses to sanitary crises (such as putting in place efficient protective measures at work), a more thorough introspection is required to develop long-term responses that take healthcare workers' quality of work life, experiences, needs, and expectations into account.

McFadden et.al (2022) Compared to normative groups of healthcare professionals like social workers, nurses, and other hospital staff, advanced practice registered nurses reported higher

levels of personal and professional burnout. All correlations between personal, work, and client (patient)-related burnout were significant; however, the magnitude between work-related burnout and Work-Related Quality of Life was highest. The magnitude of the negative associations between personal burnout and work-related burnout with Work-Related Quality of Life were striking. The relationship between the overall Work-Related Quality of Life score and work-related burnout was found to be most significant, followed by the subscales measuring job career satisfaction and working conditions. A likely sign of the pandemic's stress-producing impact on Work-Related Quality of Life is the data's highly correlated relationships between job career satisfaction and working conditions and work-related burnout. Burnout was also highly correlated with Work-Related Quality of Life with the greatest magnitude found in the dimensions of general well-being and the overall Work-Related Quality of Life score. Higher association between personal burnout and the control at work dimension of Work-Related Quality of Life. Additionally, our data demonstrate stronger relationships across all Work-Related Quality of Life variables. They discovered that client (patient)-related burnout was lower than that experienced by other healthcare workers (i.e., it was of smaller magnitudes), although there were still discernible relationships with Work-Related Quality of Life. The hypothesised that patient management was not as highly regarded for client (patient)-related burnout as it was for personal and professional circumstances. They hypothesised that burnout was not as strongly associated with patient treatment as it was with personal and professional circumstances. Due to COVID-19, advanced practice nurses reported experiencing more stress while seeing patients, yet client (patient)-related burnout levels were not severe.

Kelbiso et al. (2022) the goal of the study was to ascertain the association between work-life balance and job stress among EMTs in the province of Lowenstein. Work shift and stress connected to the workplace were found to be significantly correlated. EMTs on rotating shifts had greater stress than those on stable shifts. This result was in line with studies on nurses that were conducted in Ethiopia and Jordan and found that workers on rotational shifts experienced higher levels of stress than those on fixed shifts. As the current study found, working a fixed shift may therefore be advantageous for enhancing Work-Related Quality of Life. It was discovered that support from peers and managers was tied to a change in the workplace that was tailored to the individual, at their request. One well-known indicator of job stress among emergency care workers is a lack of social support. According to the findings of this study, only two-thirds of nurses had good WLQ. The home-work interface has been assigned with the lowest mean score among the WLQ subscales, whereas job and career satisfaction and workplace stress have attained the greatest mean scores. More than half of the Iranian nurses participating in this research reported having moderate-to-low Work-Related Quality of Life, according to other studies among those working in tertiary hospitals in Tehran, Kashan, and Tehran's intensive care units (ICUs). In addition, Kelbiso et al. (2017) observed that Work-Related Quality of Life was at an unacceptable level in two-thirds of the cases in a study on nurses working in hospitals and health care facilities in Nigeria, which was consistent with the findings of this study.

In summary, there is a significant body of research that states the ill effects of Compassion Fatigue and its effects on caring professionals. Professionals with lower job satisfaction are more likely to experience burnout and work stress is a key factor in developing Compassion Fatigue.

METHOD

Study Design and Sample

The study used a non-experimental survey design. Survey questionnaires were distributed through Google Forms and visiting different mental health organisations in Bengaluru, India. For this particular study, 150 counselling psychologists were chosen. For the objectives of this study, counselling psychologists are those individuals whose primary responsibility is to offer one-on-one or group care to people with mental health needs. Counselling Psychologists who provide direct client care and counselling psychologists who are employed on a full-time basis were considered.

Measures

The Professional Quality of Life (ProQOL)-Revision IV Questionnaire's Compassion Satisfaction (CS) and Compassion Fatigue/Secondary Traumatic Stress (CF/STS) subscales was used to measure CF and CS (Stamm, 2005). The ProQOL consists of three subscales and is a refined version of Figley's (1995) Compassion Fatigue Self-Test. The satisfaction that results from being able to do one's work well is the definition of the first subscale, CS. Higher ratings on this subscale indicate a person is more satisfied with their capacity to provide effective care. Higher scores in CF indicate increased secondary exposure to severely stressful events at work on the CF/STS subscale. The third subscale, known as burnout, which is characterised by emotions of helplessness and challenges handling work. The 30-item ProQol self-report measure has 10 items for each subscale. Respondents are asked to rate how frequently they experienced each of the six items on a Likert-type scale (0 = never to 5 = very often) over the course of the last 30 days. The elements on each subscale are added up to produce scores. The subscales' Cronbach's alpha reliability estimations are provided as.87 for CS and.80 for CF/STS (Stamm, 2005). Stamm stated that factor validity studies have not been published, but a multitrait, multimethod approach to convergent and discriminant validity supports the discriminant validity of the ProQOL (Bride, Radey, & Figley, 2007).

The Work-Related Quality of Life Scale (WRQoL), developed by Simon A. Easton and Darren L. Van Leer, was used to measure work-related quality of life. The Work-Related Quality of Life Scale (WRQoL) is a reliable indicator of the quality of working life and offers crucial data for gauging employee satisfaction. As a theoretical concept, Quality of Working Life (QoWL) seeks to incorporate the essence of a person's work experience in the broadest sense. An individual's QoWL is influenced by their direct work experiences as well as the direct and indirect factors that have an impact on these experiences, such as job satisfaction and other elements that are generally indicative of life satisfaction and overall wellbeing. The psychometric strength of the WRQoL scale, which is composed of six subfactors, has been demonstrated. It also has good reliability and validity. The 6 factors studied in the 23-item WRQoL scale are: Job and Career Satisfaction (JCS), General Well-Being (GWB), Stress at Work (SAW), Control at Work (CAW), Home-Work Interface (HWI) and Working Conditions (WCS). The WRQoL scale is a single sided paper questionnaire. There are 6 factors which are based on responses to 23 items. A 24th item “I am satisfied with the overall quality of my working life” is usually included to provide an outcome variable for measuring the reliability and validity of the items. Respondents are required to answer the questions on a 5 point scale comprising of: Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree. The data is usually coded such that Strongly Disagree = 1 and Strongly Agree = 5. In this way higher scores indicate more agreement. The scores of the three negatively phrased items are reversed (questions 7, 9, 19).

Research Design

A correlational research design was used in the study. The study followed a quantitative approach. The present study aimed at understanding the influence of Compassion Fatigue, Compassion Satisfaction on Work-Related Quality of Life among Counselling Psychologists. To understand the influence between the variables, Pearson's Correlation and Regression Analysis was used.

Objectives of the Study

- To assess the level of Compassion Satisfaction, Compassion Fatigue and Work-Related Quality of Life among Counselling Psychologists.
- To assess the relationship between Compassion Fatigue, Compassion Satisfaction and Work-Related Quality of Life among Counselling Psychologists.
- To predict the influence of Compassion Fatigue and Compassion Satisfaction on Work-Related Quality of Life among Counselling Psychologists.

Hypotheses

- H01: There is no significant relationship between Compassion Fatigue and Compassion Satisfaction on Counselling Psychologists in India.
- H02: There is no significant relationship between Compassion Fatigue and Work-Related Quality of Life on Counselling Psychologists in India.
- H03: There is no significant relationship between Compassion Satisfaction and Work-Related Quality of Life on Counselling Psychologists in India.

Variables

The variables of the study were Compassion Fatigue, which includes burnout and secondary traumatic stress, Compassion Satisfaction and Work-Related Quality of Life which includes Stress at Work, General Well-Being, Home-Work Interface, Job and Career Satisfaction, Control at Work and Working Conditions.

- **Dependent Variable:** Work-Related Quality of Life.
- **Independent Variable:** Compassion Satisfaction, Compassion Fatigue.

RESULTS AND DISCUSSION

Table 1: Demographic Characteristics (N = 150).

Variables	Raw Count	Percentage
Gender		
Male	70	46.66
Female	80	53.33
City/State of Practice		
Bengaluru, Karnataka	56	37.33
Mumbai, Maharashtra	30	20
New Delhi	27	18
Pune, Maharashtra	17	11.33
Kolkata, West Bengal	16	10.66
Chennai, Tamil Nadu	4	2.66
Panjim, Goa	2	1.33
Years of Experience		
1-5 years	121	80.66
5-10 years	23	15.34
10-15 years	6	4

Characteristics of the study respondents are described in Table 1. Participants included 80 females (53.33%) and 70 males (46.66%). With regard to the city of practice, the sample comprised of 56 counselling psychologists from Bengaluru, Karnataka (37.33%), 30 counselling psychologists from Mumbai, Maharashtra (20%), 27 counselling psychologists from New Delhi (11.33%), 17 counselling psychologists from Pune, Maharashtra (11.33%), 16 counselling psychologists from Kolkata, West Bengal (10.66%), 4 counselling psychologists from Chennai, Tamil Nadu (2.66%) and 2 counselling psychologists from Panjim, Goa (1.33%). 121 participants reported having 1-5 years of experience (80.66%), while 23 reported having 5-10 years of experience (15.34%) and 6 participants reported having 10-15 years of work experience (4%).

Objective 1: To assess the level of Compassion Satisfaction, Compassion Fatigue and Work-Related Quality of Life among Counselling Psychologists.

Table 2: Descriptive Statistics for Professional Quality of Life Subscales and Work-Related Quality of Life Subscales.

Items	Mean	SD
Compassion Satisfaction	42.013	5.7754
Burnout	20.320	4.2982
Compassion Fatigue	22.947	6.8969
Work-Related Quality of Life	79.280	10.7573
General Wellbeing (GWB)	21.293	3.6574
Home Work Interface (HMI)	10.167	2.7057
Job and Career Satisfaction (JCS)	22.873	3.2918
Control At Work (CAW)	10.500	2.0943
Working Conditions (WCS)	7.387	1.5792
Stress At Work (SAW)	7.060	0.7257

(Note. N=150)

Table 2 indicates the descriptive statistics for all three components of the Professional Quality of Life scale and the six components of the Work-Related Quality of Life scale among the Counselling Psychologists sample (N=150) i.e., Compassion Satisfaction (M=42.013; SD=5.7754), Burnout (M= 20.320; SD=4.2982), Compassion Fatigue (M=22.947; SD=6.8969), Work-Related Quality of Life (M=79.280; SD=10.7573), General Wellbeing (M=21.293; SD=3.6574), Home Work Interface (M=10.167; SD=2.7057), Job and Career Satisfaction (M=22.873; SD=3.2918), Control at Work (M=22.873; SD=3.2918), Working Conditions (M=7.387; SD=1.5792), Stress at Work (M=7.060; SD=0.7257)

The mean score for Compassion Fatigue (M=22.947; SD=6.8969) indicate moderate levels of Compassion Fatigue amongst the group. Compassion Fatigue refers to Work-Related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. This result indicates that the sample receive positive reinforcement from their work. They carry no significant concerns about being "bogged down" or inability to be efficacious in their work—either as an individual or within their organization. They do not suffer any noteworthy fears resulting from their work. These persons may benefit from engagement, opportunities for continuing education, and other opportunities to grow in their position. They are likely good influences

on their colleagues and their organization. They are probably liked by their patients, who seek out their assistance.

The mean score for Compassion Satisfaction (M=42.013; SD=5.7754) indicate high levels of Compassion Satisfaction amongst the group. Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. The high represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The mean score for Work-Related Quality of Life (M=79.280; SD=10.7573) indicate an average Work-Related Quality of Life. This score may indicate that their working life overall probably does not provide them with very high levels of satisfaction, but then again, they are not wholly dissatisfied either. The average mean scores in the subscales also indicate the same.

Objective 2: To assess the relationship between Compassion Fatigue, Compassion Satisfaction and Work-Related Quality of Life among Counselling Psychologists.

Table 3: Correlations among Study Variables.

Variables	n	M	SD	1	2	3
Compassion Satisfaction	150	42.013	5.7754	-	-	-
Compassion Fatigue	150	22.947	6.8969	-0.342**	-	-
Work-Related Quality of Life	150	79.280	10.7573	0.551**	-0.445**	-

** Correlation is significant at the 0.01 level (2-tailed).

In this research, we analysed to understand the relationship between Compassion Satisfaction, Compassion Fatigue and Work-Related Quality of Life. Table 3 includes a correlation matrix presenting the correlations of Compassion Satisfaction, Compassion Fatigue and Work-Related Quality of Life. Compassion Satisfaction was significantly and negatively associated the Compassion Fatigue ($r = -0.342$, $p < .01$). Compassion Satisfaction was positively associated with Work-Related Quality of Life ($r = 0.551$, $p < .01$). Compassion Fatigue was negatively associated with Work-Related Quality of Life ($r=-0.445$, $p < .01$). Both Compassion Satisfaction and Compassion Fatigue were significantly associated Work-Related Quality of Life.

The results are consistent with Ray et al., (2013). The study was conducted on Frontline Mental Health Care Professionals (FMHPs). Their research sought to comprehend the connections between burnout, work-life conditions, compassion fatigue, and compassion satisfaction among FMHPs. These results show that since high Compassion Fatigue ratings were associated with higher levels of emotional tiredness, professionals with histories of trauma may require additional support or supervision to prevent and/or resolve Compassion Fatigue. Significant Correlations were found in Areas of Work Life, Compassion Fatigue and Compassion Satisfaction.

Objective 3: To predict the influence of Compassion Fatigue and Compassion Satisfaction on Work-Related Quality of Life among Counselling Psychologists.

Table 4: Coefficients for Final Multiple Linear Regression Analysis

Variables	R^2	Adjusted R^2	B	β	t	p
Compassion Satisfaction	0.379	0.370	0.842	0.452	6.532	0.00
Compassion Fatigue			-0.454	-0.291	-4.207	0.00

Note. Dependent Variable: Work-Related Quality of Life

For the regression models, Compassion Fatigue and Compassion Satisfaction were entered as independent variables and Work-Related Quality of Life was entered as the dependent variable.

Table 4 reports the regression results for the overall respondents. The R^2 for regression model is found to be 0.379. This indicates that 37.9% of the variation in the dependent variable (Work-Related Quality of Life) is explained by the study variables for the overall respondents. It also shows that adjusted $R^2 = 0.370$ for the overall, which means that any time another independent variable is added to this model, the R^2 will increase (even if only slightly). This regression model results in the ANOVA which is reported by F ratio = 44.806 ($p = 0.000$). This indicates that the regression model for the overall respondents is significant. On examination of the standardized beta coefficients, it is found that Compassion Satisfaction and Compassion Fatigue are significant at 0.00 levels. The statistical significance is found to be in the directions hypothesized that there is an influence of Compassion Satisfaction and Compassion Fatigue on Work-Related Quality of Life among Counselling Psychologists.

The results are consistent with those of Killian (2008), who claimed that work-life balance influences both compassion satisfaction and compassion fatigue. Increased overall congruence in the six aspects of work life predicted lower burnout, which is in line with findings from earlier studies (Lasalvia et al., 2009; Laschinger et al., 2006; Leiter & Maslach, 2004; Leiter & Maslach, 2009). The present study aimed to assess the relationship between Compassion Satisfaction, Compassion Fatigue and Work-Related Quality of Life among Mental Health Professionals. It was hypothesized that there would be no significant relationship in Compassion Satisfaction, Compassion Fatigue and Work-Related Quality of Life among Mental Health Professionals. This null hypothesis was rejected. As the results indicated, there is a significant relationship between Compassion Satisfaction and Compassion Fatigue, Compassion Satisfaction and Work-Related Quality of Life, Compassion Fatigue and Work-Related Quality of Life.

SUMMARY

The objective of the present research was to study the influence of Compassion Fatigue, Compassion Satisfaction on Work-Related Quality of Life among Counselling Psychologists with 1-15 years of work experience from different parts of India. The sample of the study consisted of 150 participants. It was found that there is a significant relationship between Compassion Satisfaction, Compassion Fatigue and Work-Related Quality of Life among counselling psychologists. Compassion Satisfaction was significantly and negatively associated the Compassion Fatigue Compassion Satisfaction was positively associated with Work-Related Quality of Life. Compassion Fatigue was negatively associated with Work-Related Quality of Life. Both Compassion Satisfaction and Compassion Fatigue were

significantly associated Work-Related Quality of Life. The statistical significance is shown to be in the hypothesised directions that compassion satisfaction and compassion fatigue have an impact on counselling psychologists' work-related quality of life.

Implications

The results obtained from this study have various theoretical and practical implications. The findings fall in line with The Compassion Fatigue Resilience Model (CFRM) (Figley, 2014). The CFRM model, which is applicable to all human service workers, can help identify those employees who may be more susceptible to burnout, compassion fatigue, and other types of trauma. By using the Work-Related Quality of Life scale, we were able to identify the various Work-Related factors that can lead to Compassion Satisfaction or Compassion Fatigue. This study can be used to raise awareness about the working conditions in the field of mental health. The statistics can be used to come up with solutions in order to create safe spaces for mental health professionals. It can also help employers provide better human resource policies to ensure the well-being of their employees.

Limitations of the Study and Scope for Future Research

Despite much planning and effort, the study is not free of limitations. The study focused predominantly on one type of mental health professional (Counselling Psychologists). Future research could include a replication and analysis of different types of Mental Health Professionals or the expansion of this study by including an intervention.

REFERENCES

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

Craig, C., & Sprang, G. (2010). Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. *Anxiety, Stress &Amp; Coping*, *23*(3), 319–339. https://doi.org/10.1080/10615800903085818

Duyan, E. C. (2013). Measuring Work Related Quality of Life and Affective Well-being in Turkey. *Mediterranean Journal of Social Sciences*. https://doi.org/10.5901/mjss.2013.v4n1p105

Feldt, L. S. (1969). The Effect of Limitations on the Number of Criterion Score Values on the Significance Level of the F-Test. *American Educational Research Journal*, *6*(4), 515. https://doi.org/10.2307/1162248

Henrique Pereira, Gergely Feher, Antal Tibold, Vítor Costa, Samuel Monteiro, & Graça Esgalhado. (2021). Mediating Effect of Burnout on the Association between Work-Related Quality of Life and Mental Health Symptoms. *Brain Sciences*, *11*(6), 813. https://doi.org/10.3390/brainsci11060813

Leiter, M. P., & Maslach, C. (1999). AREAS OF WORKLIFE: A STRUCTURED APPROACH TO ORGANIZATIONAL PREDICTORS OF JOB BURNOUT. *Research in Occupational Stress and Well-being*, 91–134. https://doi.org/10.1016/s1479-3555(03)03003-8

Leiter, M. P., & Maslach, C. (2011). *Banishing Burnout: Six Strategies for Improving Your Relationship with Work*. Hoboken, NJ, United States: Wiley.

Lluch, C., Galiana, L., Doménech, P., & Sansó, N. (2022). The Impact of the COVID-19 Pandemic on Burnout, Compassion Fatigue, and Compassion Satisfaction in Healthcare Personnel: A Systematic Review of the Literature Published during the

First Year of the Pandemic. *Healthcare*, *10*(2), 364. https://doi.org/10.3390/healthcare10020364

Michael P. Leiter & Christina Maslach. (2003). AREAS OF WORKLIFE: A STRUCTURED APPROACH TO ORGANIZATIONAL PREDICTORS OF JOB BURNOUT. *Research in Occupational Stress and Well Being*, 91–134. https://doi.org/10.1016/s1479-3555(03)03003-8

O'Connor, K., Muller Neff, D., & Pitman, S. (2018). Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants. *European Psychiatry*, *53*, 74–99. https://doi.org/10.1016/j.eurpsy.2018.06.003

Ray, S. L., Wong, C., White, D., & Heaslip, K. (2013). Compassion satisfaction, compassion fatigue, work life conditions, and burnout among frontline mental health care professionals. *Traumatology*, *19*(4), 255–267. https://doi.org/10.1177/1534765612471144

Simon Easton, & Darren Van Laar. (2013). QoWL (Quality of Working Life)—What, How, and Why? *Journal of Psychology Research*, *3*(10). https://doi.org/10.17265/2159-5542/2013.10.006

Van Laar, D., Edwards, J. A., & Easton, S. (2007). The Work-Related Quality of Life scale for healthcare workers. *Journal of Advanced Nursing*, *60*(3), 325–333. https://doi.org/10.1111/j.1365-2648.2007.04409.x

Zeidner, M., Hadar, D., Matthews, G., & Roberts, R. D. (2013). Personal factors related to compassion fatigue in health professionals. *Anxiety, Stress &Amp; Coping*, *26*(6), 595–609. https://doi.org/10.1080/10615806.2013.777045

Acknowledgement

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Anand, L. & Joy, M. (2023). The Influence of Compassion Fatigue and Compassion Satisfaction on Work-Related Quality of Life among Counselling Psychologists. *International Journal of Indian Psychology*, *11(2),* 112-124. DIP:18.01.008.20231102, DOI:10.25215/1102.008