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**THE PRESENCE OF COMPASSION SATISFACTION,
COMPASSION FATIGUE, AND BURN-OUT
AMONG THE GENERAL POPULATION
DURING THE COVID-19 PANDEMIC**

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ABSTRACT

Aim/Purpose	This paper aimed to explore the impact of compassion fatigue, compassion satisfaction, and burn-out among the general population during the pandemic.
Background	The paper has attempted to explore compassion fatigue, compassion satisfaction, and burn-out among the population at large, especially during the pandemic. This area has not been explored as yet.
Methodology	A simple random sample of 98 males and 88 females was collected anonymously through a Google form survey. Part A collected demographic data and Part B comprised of 15 statements with 5 each for compassion fatigue, compassion satisfaction, and burn-out, adapted from a Compassion Fatigue/Satisfaction Self-Test. ANOVA single factor was employed for the three variables of compassion fatigue, compassion satisfaction, and burn-out using a 0.05 significance level. Correlations among the variables were also analyzed.
Contribution	The present paper contributes to covering the research gap of investigating the presence of compassion fatigue, compassion satisfaction, and burn-out among the population at large comprising the age group of 18 to 60+ and from different professions.

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Findings	The findings revealed significant differences in the levels of compassion fatigue, compassion satisfaction, and burn-out in the population at large during the pandemic.
Impact on Society	The paper addresses issues in society at large.
Future Research	The findings can be further strengthened by extending it to a larger sample size across different nations and, specifically, studying gender differences during such adverse pandemic situations.
Keywords	compassion fatigue, compassion satisfaction, burn-out, general population, pandemic (COVID-19)

INTRODUCTION

“All of us who attempt to heal the wounds of others will ourselves be wounded; it is, after all, inherent in the relationship” (Figley, 2002).

Compassion fatigue depicts a feeling of exhaustion on all levels – physical, emotional, and spiritual – as stated by Braunschneider (2013). Compassion fatigue is defined by Figley (1995), world-renowned traumatologist, as “the cost of caring” and “the deep physical, mental, and spiritual toll of caring”, resulting from rigorous day-to-day working in a care-giver environment. Nearly three decades ago, the term “compassion fatigue” was introduced by Joinson (1992), in the context of studying burnout in nurses and came up with the term to explain the “loss of the ability to nurture” among nurses. Long-term exposure implies a continuous sense of duty for the care of the sufferer and the distressed over a prolonged length of time writes Figley (1995, p. 6) in his landmark work. Compassion fatigue is considered to be a consequence of secondary traumatic stress, according to Stamm (2009), a well-known professor and researcher in the area of traumatic stress and burn-out.

Compassion satisfaction and burn-out are two more related notions to compassion fatigue. The phrase “compassion satisfaction” was introduced by Stamm (2002, 108) to explain the feelings of increased motivation and satisfaction which arise from aiding those who are struggling. The concept of “burn-out” was worked on in the 1970s by American psychologist Freudenberg (Fontes, 2020), who explained how stress and high ethics in “assisting” occupations like nurses and doctors, who devote themselves to others and eventually wind up “burned-out”. Demerouti et al. (2001) suggested that stressful job demands lead to physical and emotional fatigue, whereas low job resources cause disengagement and low motivation in the workplace. Compassion fatigue differs from burn-out in that the former occurs as a result of working with trauma victims, whereas the latter occurs as a result of being overworked and experiencing occupational stress.

This paper reviews the research on compassion fatigue, compassion satisfaction, and burn-out, as well as the implications from a transdisciplinary perspective for the general public during a pandemic. It examines the incidence of compassion fatigue, compassion satisfaction, and burn-out among the public at large, which includes men and women in the age group of 18 and above from different professions. A Google survey was randomly distributed to individuals in different professions. The intention was to study the general population during the pandemic, as COVID-19 has affected each individual, and not only the frontline workers or individuals from the medical and mental health profession. The findings will give insight for researchers to explore this area of research further and how to work on compassion fatigue, compassion satisfaction, and burn-out in the population at large.

This paper attempts to explore compassion fatigue, compassion satisfaction, and burn-out among the general population, especially during the pandemic, making it trans-disciplinary in nature, involving medicine, social psychology, and public health. Transdisciplinary emerged with Informing Science in the late 1990s to enhance collaboration and communication among different disciplines. *Informing*

Science: The International Journal of an Emerging Transdiscipline has been actively involved in collaborating with different disciplines as discussed by Gill (2015). The pandemic has made the general population serve as caregivers for their family members due to the paucity of trained medical support staff.

Figure 1 shows the compassion fatigue process, which is a model for predicting and preventing compassion fatigue.

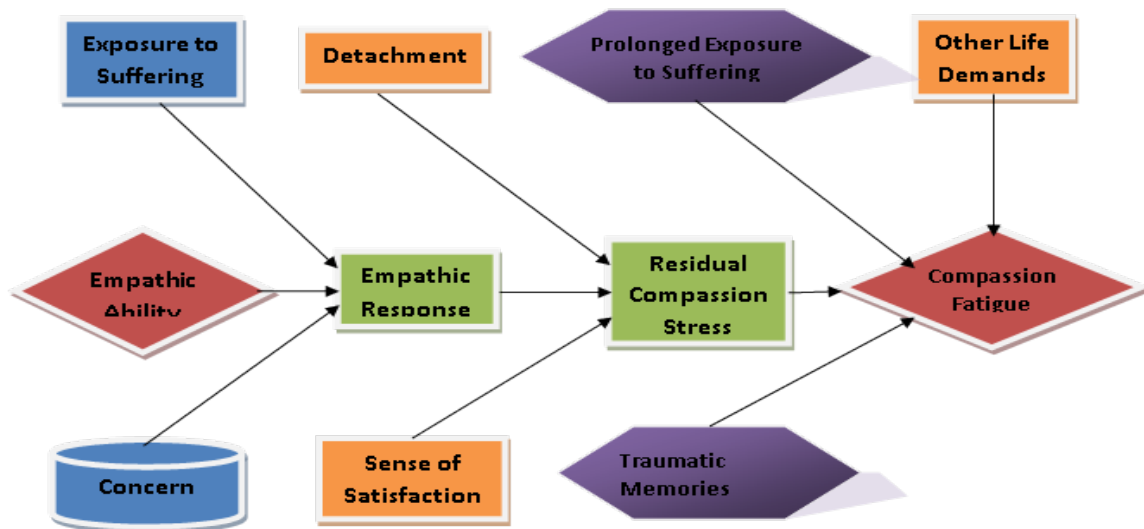


Figure 1. The compassion fatigue process (Figley & Roop, 2006)

REVIEW OF THE LITERATURE

Empathy, or the ability to comprehend others, and compassion, or knowledge of others' pain and wish to alleviate it (Oxford Learner's Dictionary, n.d.), are both common and required skills for people working in health care settings. Trying to understand others in distress, on the other hand, can be emotionally exhausting for mental health professionals (Thompson et al., 2014). Compassion fatigue is caused by the negative effects of caring. Figley (2013) reviewed traumatology literature and found out that people who treat trauma patients also become traumatized resulting in compassion fatigue.

Franza et al. (2020) undertook a study on the influence of compassion fatigue, burn-out, and hopelessness in health care experiences during COVID-19. The Compassion Fatigue Scale, Care-giver Burden Inventory, Professional Quality of Life Scale, and Beck Hopelessness Scale evaluation questionnaires were used to assess stress levels, compassion fatigue, burn-out, and hopelessness in 102 health workers from various disciplines. In various groups, high compassion fatigue and burn-out percentages were discovered. Higher educational levels may shield workers from developing high levels of work stress, whereas some professional figures have the highest degrees of hopelessness. The higher scores in the data were obtained during the pandemic.

Circenis and Millere (2011) used quantitative approaches to determine the presence of compassion fatigue and burn-out syndrome, as well as other contributing factors, in the working environment of Latvian nurses. Demographic questionnaire, Professional Quality of Life Scale, Compassion Satisfaction and Fatigue Version 5 (ProQOL R-V), Maslach Burnout Inventory, and questionnaire on contributory elements in the working environment of nurses were utilized as data collection instruments. The study sample consisted of 129 female nurses from several hospitals in Latvia, employing descriptive statistics and Pearson's correlation to come up with a solution. A p-value of $p \leq 0.01$ was set and SPSS was used for data analysis. The presence of compassion fatigue and burn-out was indicated in the findings.

Compassion fatigue and compassion satisfaction among psychologists were investigated by Dehlin and Lundh (2018). Two criteria were highlighted in the research as potentially protecting against the development of compassion fatigue and facilitating the development of compassion satisfaction: (i) availability to supervision, and (ii) a reflective perspective. An online survey was sent to two restricted Swedish Facebook groups of psychologists, and 383 professional psychologists (320 women and 63 men) responded with complete data. Both variable-oriented and person-oriented analyses were performed. The findings revealed that reflective stance and compassion fatigue have a nonlinear and multidimensional relationship, as indicated in correlational and cluster analyses.

Hansen et al. (2018) investigated whether feelings and empathy result in compassion fatigue or satisfaction. The study included 253 nursing and behavioral students (211 women, 41 men, and one unidentified). The first section of the questionnaire concentrated on the short-term implications of empathy, while the second portion focused on the long-term consequences. With time perspective and circumstance type as variables, a 2*2 factorial design was used. The findings of these investigations revealed that people's judgments of the impacts of feeling and empathy, whether positive or negative, differed. The empathizer became stronger with time towards the situations which earlier caused stress.

Weintraub et al. (2016) investigated compassion fatigue, burn-out, and compassion satisfaction to determine their prevalence in neonatologists in the United States and identify predictors for these phenomena. A modified compassion fatigue and self-satisfaction exam was emailed to 1,258 neonatologists across the United States with 433 completed replies being used as a sample. With compassion fatigue, compassion satisfaction, and burn-out as potential predictors, multivariable logistic and linear regression models were built. The prevalence rates for compassion fatigue, compassion satisfaction, and burn-out were 15.7, 20.8, and 21.9 respectively, indicating that compassion fatigue and burn-out may have an impact on emotional well-being and mental health, revealing that compassion fatigue and burn-out influenced both emotional well-being and professional work output of the neonatologists.

Burnett and Wahl (2015) studied the relationships among resilience and compassion fatigue, burn-out, and compassion satisfaction in a convenience sample of 159 disaster behavioral health and emergency responders. The researchers used a 30-item Professional Quality of Life Scale, a 14-item Resilience Scale, and a demographic questionnaire. Of the individuals, 72% felt compassion fatigue, 19% suffered burn-out, and 22% had high resilience, according to the data. Compassion fatigue and burn-out showed a substantial negative correlation, while compassion satisfaction and resilience showed a significant positive correlation. The results of the mediation analysis indicated that resilience plays a moderate yet important role in compassion fatigue and burn-out.

Park et al. (2021) explored burn-out and psychological distress among 62 psychology graduate students. The findings indicated that 60% of the participants met the criteria for burn-out and 1 in 3 students met the criteria for psychological distress. The participants also reported high levels of social support and its importance in well-being enhancement.

The impacts of work stress, compassion fatigue, compassion satisfaction, and burn-out in clinical nurses were studied by Lee and Yom (2013). Data were evaluated using frequencies, mean, SD, t-test, ANOVA, correlation, and multiple regression on 268 nurses from two general hospitals in Seoul and Gyeonggi province. The findings revealed that compassion fatigue had a substantial positive effect on burn-out, compassion satisfaction had a negative effect, and burn-out was caused by work stress and compassion fatigue.

Ray et al. (2013) studied compassion fatigue, compassion satisfaction, work-life balance, and burn-out among frontline mental health professionals (FMHP). This study used a non-experimental, predictive survey design. A convenience sample of 430 FMHP was selected and sent a survey form. The goal of this cross-sectional, non-experimental study was to see how compassion satisfaction, compassion fatigue, work-life situations, and burn-out affect FMHPs. The Areas of Work Life Survey, the

Professional Quality of Life Revision IV (ProQOL), and the Maslach Burnout Inventory along with demographic information were filled by 169 FMHPs. Low burn-out and a high level of compassion satisfaction were indicated in FMHPs along with low levels of compassion fatigue.

Huggard and Dixon (2011) carried out research to investigate if doctors suffer from compassion fatigue. An anonymous questionnaire containing the ProQOL measure was completed by a self-selected sample of 253 doctors working in four locations across New Zealand and training in a variety of specialties. The tool assesses compassion fatigue, burn-out, and compassion satisfaction. According to the findings, 17.1% of the participants were at risk for compassion fatigue, as indicated by a high score on the ProQOL's compassion fatigue subscale, and 19.5% were at risk for burn-out. These findings indicate that clinicians should use prudence towards the demanding emotional areas of patient care following the September 11, 2001, terrorist attack on the World Trade Center.

Adams et al. (2006) conducted a survey on a randomly selected sample of 600 social workers in New York City to assess the psychometric properties of a compassion fatigue scale and to examine the predictive validity of the scale. The questionnaires were mailed, and 286 responses were generated. The scale's predictive value was determined using a 10-point Likert scale. The predictive efficacy of the compassion fatigue measures, burn-out, and secondary trauma were studied in a multivariate model. The regression analysis indicates decreased burn-out, secondary trauma, and compassion fatigue. Psychological distress was evident despite controlling demography, exposure to stress, and psychological factors.

RESEARCH GAP

The review of the literature reveals several studies have been conducted using doctors by Huggard and Dixon (2011), health workers by Franza et al. (2020), and nurses by Circenis and Millere (2019). Dehlin and Lundh (2018) explored compassion fatigue in professional psychologists and Weintraub et al. (2016) investigated compassion fatigue, compassion satisfaction, and burn-out in neonatologists. Similarly, counselors, caregivers, mental health workers, and frontline workers also were studied by various researchers as mentioned in the review of the literature. All the above studies indicate an obvious need to cover the research gap of investigating the presence of compassion fatigue, compassion satisfaction, and burn-out among the population at large comprising the age group of 18-60+ and from different professions such as students, workers, housewives, businessmen, and retired people and not only belonging to medical or associated areas, especially during the COVID-19 pandemic. The present study will pave the way for further research in this area.

METHODOLOGY

The objective of this research was to analyze the presence of compassion fatigue, compassion satisfaction, and burn-out among the general population during the COVID-19 pandemic.

HYPOTHESIS

H0: There is no significant difference in the levels of compassion fatigue, compassion satisfaction, and burn-out among the general population during the pandemic.

H1: There is a significant difference in the levels of compassion fatigue, compassion satisfaction, and burn-out among the general population during the COVID-19 pandemic.

VARIABLES

The independent variables were compassion fatigue, compassion satisfaction, and burn-out. Participants' responses formed the dependent variable in this study.

SAMPLING

The study used a random sample of 98 Indian males and 88 females, collected anonymously through a Google form survey, sent via an electronic medium. Part A collected the demographic details such as age, gender, and profession. Part B comprised 15 statements with 5 each for compassion fatigue, compassion satisfaction, and burn-out, adapted from the Compassion Fatigue/Satisfaction Self-Test (Figley & Stamm, 1996). A six-point Likert scale was employed (ranging from 0=never to 5=very often), which is the same as used in the Compassion Fatigue/Satisfaction Self-test (CFST). Figley and Stamm (1996) more fully developed the CFST with the addition of a series of positively oriented questions paralleling the negative orientation of the compassion fatigue items, resulting in a 66-item instrument. The addition of positively oriented items was intended to measure compassion satisfaction. Pilot work on this revised version of the CFST was conducted and provided good evidence of reliability with internal consistency alphas of the three subscales as follows: compassion satisfaction (0.87), burn-out (0.90), and compassion fatigue (0.87) (Stamm, 2002). Continued development of this version of the CFST has resulted in a renamed instrument, the Professional Quality of Life Scale (ProQOL).

RESULTS

Individual survey responses from 186 participants were exported from the Google form into an Excel spreadsheet and coded for statistical purposes. Table 1 shows the demographic details. Table 2 depicts the qualitative data, Tables 3 and 4 show the summary data and ANOVA analysis respectively while correlation values between compassion fatigue, compassion satisfaction, and burn-out are shown in Table 5. ANOVA single factor was employed for the three variables of compassion fatigue, compassion satisfaction, and burn-out using a 0.05 significance level. Correlations among the variables were also analyzed.

Table 1. Demographic data

Gender		Male			Female	
	Frequency	98			88	
	Percentage	53%			47%	
AGE		18-25	26-35	36-45	46-60	60 & above
	Frequency	88	28	38	26	6
	Percentage	48%	15%	20%	14%	3%
PROFESSION		Student	Working	Business	Housewife	Retired
	Frequency	88	70	14	12	2
	Percentage	48%	37%	7.5%	6.5%	1.1%

Table 2. Qualitative data

	Scale description					
	Never (0)	Rarely (1)	A few times (2)	Somewhat often (3)	Often (4)	Very often (5)
Statement for compassion satisfaction I feel invigorated after working with those I help.						
Frequency	12	32	42	36	42	22
Percentage	6%	17%	23%	19%	23%	12%
I have good peer support when I need to work through a stressful situation						
Frequency	6	20	38	40	44	38
Percentage	3.2	10.8	20.4	21.5	23.7	20.4
I am pleased with how I am able to keep up with helping techniques and protocols						
Frequency	2	12	46	34	70	22
Percentage	1%	6%	25%	18%	38%	12%
I feel connected to others						
Frequency	0	2	44	26	62	52
Percentage	0%	1%	23.7%	14%	33.3%	28%
I find I learn new things from people I care for						
Frequency	2	12	26	18	90	38
Percentage	1%	6.5%	14%	9.7%	48.4%	20.4%
Statements for compassion fatigue I have outbursts of anger, irritability with little provocation						
Frequency	14	54	72	22	10	14
Percentage	8%	29%	39%	12%	5%	7%
I feel estranged from others						
Frequency	12	52	70	32	16	4
Percentage	6%	28%	38%	17%	9%	2%
I have experienced intrusive thought of times with especially difficult people I helped						
Frequency	10	46	80	30	10	10
Percentage	5%	25%	43%	16%	5%	5%

Compassion Fatigue, Compassion Fatigue, and Burn-out During the Pandemic

	Scale description					
	Never (0)	Rarely (1)	A few times (2)	Somewhat often (3)	Often (4)	Very often (5)
I have been in danger working with people I help						
Frequency	68	58	32	14	6	8
Percentage	37%	31%	17%	8%	3%	4%
I am losing sleep over a person I help in a traumatic situation						
Frequency	60	48	38	22	10	8
Percentage	32%	26%	20%	12%	5%	4%
Statements for burn-out						
I have felt on edge about various things and I attribute this to working with certain people I help						
Frequency	8	28	66	50	26	8
Percentage	4%	15%	35%	27%	14%	4%
I have felt weak, tired, run-down as a result of my work as a helper						
Frequency	32	50	50	24	20	10
Percentage	17%	27%	27%	13%	11%	5%
I have felt depressed as a result of my work as a helper						
Frequency	64	58	38	10	10	6
Percentage	34%	31%	20%	5%	5%	3%
I have a sense of worthlessness/resentment associated with my role as a helper						
Frequency	72	46	42	10	10	6
Percentage	39%	25%	23%	5%	5%	3%
I wish that I could have avoided working with people I help						
Frequency	56	48	54	14	4	10
Percentage	30%	26%	29%	8 %	2%	5 %

Table 3. Raw data summary

Groups	Count	Sum	Average	Variance
Total compassion fatigue	186	3024	16.250806	16.23575
Total compassion satisfaction	186	1630	8.763441	17.34914
Total burn-out	186	1534	8.247312	22.69526

Table 4. ANOVA

Source of variation	SS	df	MS	F	P-value	Fcrit
Between groups	7477.692	2	3738.846	199.2983	5.87	3.011961
Within groups	10411.83	555	18.76005	-	-	-
Total	17889.52	557	-	-	-	-

Key: SS = sum of squares, df = degrees of freedom, MS = Mean Square, F = analysis of variance, P = significance value, Fcrit = F critical

As per the results, it is found that there is a significant difference in the levels of compassion fatigue, compassion satisfaction, and burn-out among the general population during the COVID-19 pandemic. The significance value of 0.05 is less than the calculated value that is 3.011961. As a result, the null hypothesis is rejected and the alternative hypothesis is accepted.

Table 5. Correlations among compassion fatigue, compassion satisfaction, and burn-out

	Compassion fatigue	Compassion satisfaction	Burn-out
Compassion fatigue	1	--	--
Compassion satisfaction	0.11	1	--
Burn-out	0.41	0.61	1

DISCUSSION

The objective of the study was to analyze the presence of compassion fatigue, compassion satisfaction, and burn-out among the general population during the pandemic. The demographic data analysis shows that the survey was attempted by 53% male and 47% female participants. It also reveals that 48% of the sample population were in the age group of 18-25, who took a keen interest in responding to the online survey. The null hypothesis (H0) states that there is no significant difference in the levels of compassion fatigue, compassion satisfaction, and burn-out among the general population during the pandemic. The alternative hypothesis (H1) states that there is a significant difference in the levels of compassion fatigue, compassion satisfaction, and burn-out among the general population during the pandemic (COVID-19).

The data analyses show that 48% of the participants scored high on the compassion satisfaction statement of "I feel connected to others" and 38% were pleased to help others while keeping up with the COVID-19 protocols during the pandemic. On the other hand, on the statements of compassion fatigue, 39% have felt outbursts of anger and irritability with little provocation, 38% have felt estranged from others, and 43% of the participants have experienced intrusive thoughts while helping people in difficult situations during the COVID-19 pandemic. The burn-out statements also indicate moderately high percentage scores on nearly all the statements, e.g., 27% of the general population has felt weak, tired, and run down due to their roles as a helper, especially during the pandemic. ANOVA gives a highly significant p-value (5.87), substantiating acceptance of the alternative hypothesis (H1) and rejection of the null hypothesis (H0).

The above findings are consistent with the alternative hypothesis (H1) by indicating the presence of compassion fatigue, compassion satisfaction, and burn-out among the general population, particularly during the pandemic. Similarly, the correlation analyses imply that compassion fatigue and burn-

out have a higher correlation than other combinations. The findings are also consistent with various studies given in the literature review, such as Huggard and Dixon (2011) who investigated whether doctors suffer from compassion fatigue. According to the findings, 17.1% of the participants were at risk for compassion fatigue, as evidenced by a high score on the Professional Quality of Life's compassion fatigue sub-scale, and 19.5% of the participants were at risk for burn-out. The current study is significant as it aimed to cover the research gap shown in the literature review; that is, that ample studies have been conducted on doctors, nurses, support staff, frontline workers, counselors, psychologists, and caregivers, but none on the general population especially during the COVID-19 pandemic. This indicates an obvious need to examine the presence of compassion fatigue, compassion satisfaction, and burn-out among the general population during the pandemic.

This study provides a new perspective about the presence of the three factors (compassion fatigue, compassion satisfaction, and burn-out) in the general population and not just medical, frontline, and mental health professionals during the pandemic as most of the studies in the review of the literature suggest. It further opens up the need to study the mental well-being of the general population as well during such adverse conditions.

The findings can be further strengthened by extending it to a larger sample size across different nations and, specifically, studying gender differences during such adverse pandemic situations.

CONCLUSION

During the pandemic, it was observed that people were helping each other and trying to create positivity among the people even though physical presence was not possible every time, owing to pandemic constraints. Those affected were emotionally weak due to the kind of situation and negativity all around. The data analysis and the results have revealed that the general population (population comprising the age-group of 18 to 60+ and from different professions such as students, workers, housewives, businessmen, and retirees) went through compassion fatigue and burn-out significantly, as predominantly the environment within and around them had many negative incidents and experiences and the general population, at times, had to take the role of caregivers due to the paucity of doctors and health workers.

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