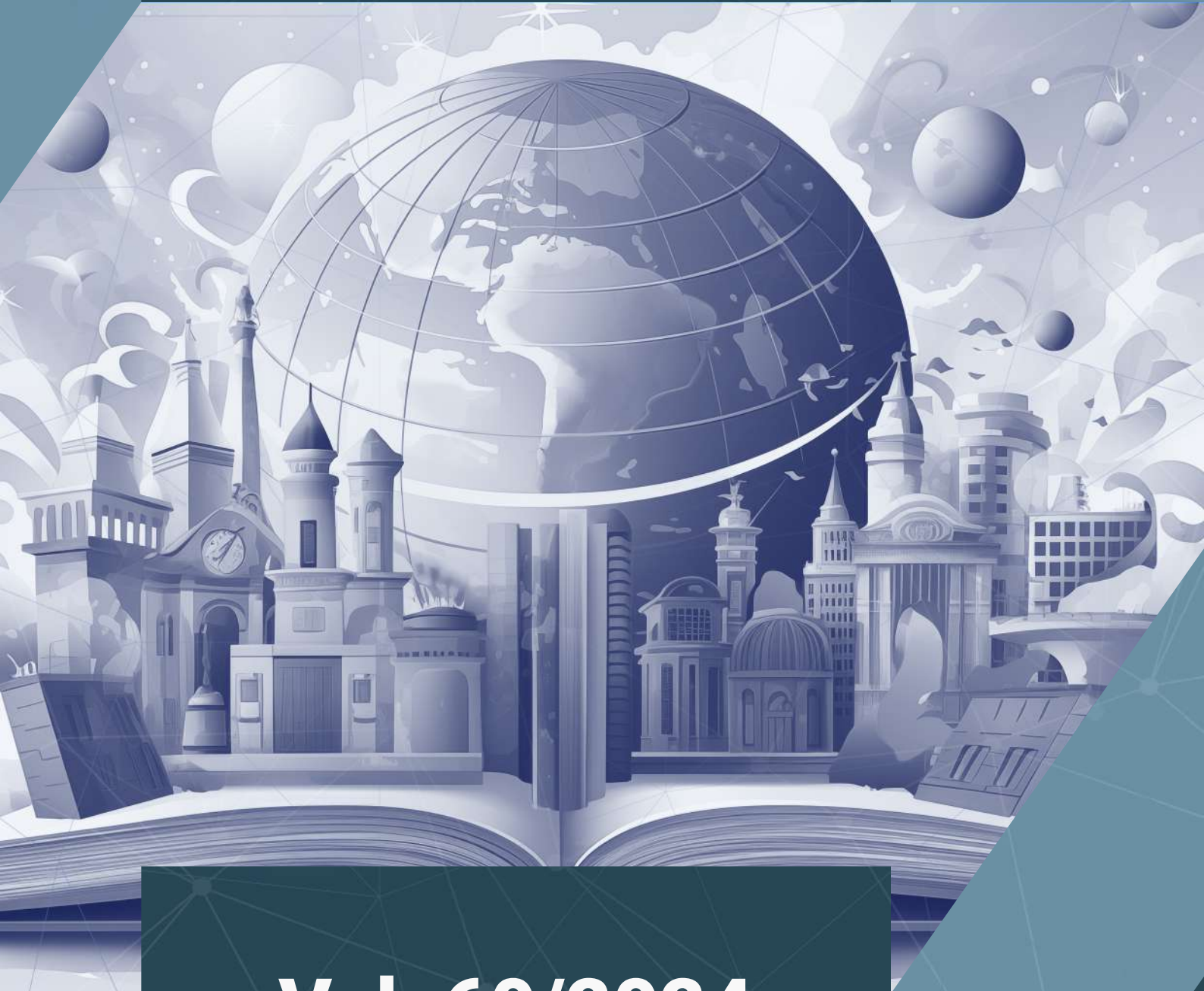




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# Compassion Fatigue and Workplace Well-Being among Healthcare Professionals at Level II Government Hospital in Western Visayas, Philippines

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**Abstract.** The study investigated compassion fatigue (CF) and workplace well-being among healthcare professionals in a Level II government hospital in Western Visayas, Philippines. The research aimed to identify potential variations in CF and well-being based on demographics and work-related factors, and to assess the relationship between these two constructs. The study utilized the Compassion Satisfaction and Fatigue Test (CSFT) and the Short Smith Wellbeing (SWELL) Questionnaire for Workers to measure CF and workplace well-being, respectively. The findings revealed that healthcare professionals generally reported low levels of CF and high levels of workplace well-being, regardless of their demographic characteristics or work-related factors. However, significant differences in CF were observed based on age and civil status, with younger and single individuals reporting higher levels of CF. The study also found no significant relationship between CF and workplace well-being, suggesting that other factors may play a more crucial role in influencing well-being. The research concludes by highlighting the importance of addressing CF and promoting workplace well-being among healthcare professionals, particularly those who are younger and single. The findings have practical implications for healthcare organizations, emphasizing the need for targeted interventions and support systems to mitigate CF and enhance the overall well-being of the healthcare workforce.

**Keywords.** Compassion fatigue, workplace well-being, healthcare professionals, government hospital, Philippines

## 1.0 Introduction

Compassion fatigue is a significant occupational hazard for healthcare professionals and is characterized by physical and mental exhaustion stemming from prolonged exposure to the suffering of others. Defined as a convergence of secondary traumatic stress (STS) and cumulative burnout (BO) [1], compassion fatigue can lead to both burnout and STS [2]. While recent studies suggest that compassion fatigue and burnout levels among healthcare workers might be lower thanks to the public recognition of their work as essential [3], research specifically within the pediatrics department found higher compassion fatigue scores than pre-pandemic levels, with risk factors being a significant contributor [4]. This highlights the complex nature of compassion fatigue and how it may vary across different healthcare settings.

Compassion fatigue poses a critical threat to the workplace well-being of healthcare professionals. As hospitals recognize the prevalence of compassion fatigue, many have initiated programs to enhance workplace well-being. Studies show that a better work environment can increase "preoccupation," a positive state where employees' health and well-being positively impact their productivity and work performance [5,6]. For healthcare workers, especially those in highly stressful settings like emergency departments, compassion fatigue is a significant contributor to mental health risks [7]. Effective workplace well-being interventions should address stressors both proactively and after they've impacted employees [7]. By prioritizing interventions that foster peer supervision, formal debriefing, team support, and a focus on workload and work-life balance, organizations can bolster healthcare professionals' psychological resilience and mitigate the effects of compassion fatigue [8]. However, it's important to note that while improving workplace well-being is essential, organizations may face challenges in balancing these efforts with potential increases in costs.

Studies indicate that there is a strong connection between compassion fatigue and workplace well-being, particularly within healthcare professions. Compassion fatigue, characterized by emotional and physical exhaustion due to prolonged exposure to suffering, directly impacts the mental, emotional, and even physical well-being of healthcare workers [9]. This can manifest as burnout, decreased job satisfaction, and even physical health problems [1]. Research indicates that a decline in workplace well-being can exacerbate compassion fatigue, creating a negative cycle [7]. Conversely, prioritizing workplace well-being programs that offer mental health support, workload management, and promote a positive work culture have been shown to help mitigate compassion fatigue [8].

The demanding nature of healthcare work in the Philippines, including the Western Visayas and Negros Occidental, creates a significant risk for compassion fatigue amongst healthcare professionals. Filipino healthcare workers endure heavy workloads, limited resources, and emotionally taxing patient care [10]. Systemic issues like workforce shortages further exacerbate this stress. While precise data on compassion fatigue in this region is limited, increasing employee turnover and reduced morale, noted in a government secondary hospital, indicate a detrimental impact on workplace well-being. The emotional toll is particularly intense in the ICU setting [11]. Compassion fatigue's link to decreased overall well-being underscores the urgent need for interventions. Prioritizing workload management, mental health support, and a supportive culture within hospitals and healthcare organizations could help mitigate this critical issue may prove beneficial within the Philippine context [12].

While significant research indicates a heightened risk of compassion fatigue among healthcare workers, particularly during the pandemic, there are notable gaps in the literature. Some studies suggest minimal differences in compassion fatigue levels between pre- and early pandemic periods [3], raising questions about the complex interplay of factors contributing to this phenomenon. Furthermore, much existing research focuses on nurses and physicians as the primary groups exposed to compassion fatigue stressors, with less emphasis on other healthcare professionals [13]. There's a distinct lack of studies examining how compassion fatigue relates to variations in risk and stressor exposure across different healthcare roles. Additionally, research on compassion fatigue remains largely concentrated in developed countries, with limited insights into the unique challenges and workplace well-being needs within developing countries like the Philippines [13]. This lack of localized research represents a critical gap, hindering the development of context-specific interventions to support Filipino healthcare workers.

Thus, this study determined potential variations in compassion fatigue and workplace well-being among healthcare professionals (doctors and nurses) at a Level II government hospital in Western Visayas, Philippines. It examined how demographics like work hours, age, sex, and civil status might influence these factors, and assessed the potential relationship between compassion fatigue and well-being. The findings served as baseline data for the proposed mental health plan that would promote improved well-being for both healthcare personnel of the government hospital.

## **2.0 Literature Review**

Compassion fatigue (CF) is a widespread issue among healthcare professionals, often leading to burnout, reduced care quality, and mental health decline [14,15,1]. Factors like workplace trauma and workload significantly contribute to CF, while resources like social support can act as a buffer [16]. Promising interventions based on mindfulness and compassion training have shown potential in mitigating CF and cultivating self-compassion [17].

The prevalence and intensity of CF vary among healthcare professionals, influenced by specialty and work hours. Extended work hours correlate with higher CF levels [18]. While older and more experienced professionals may report lower CF due to accumulated coping skills, work-related factors like traumatic events and excessive workload remain significant contributors [19,20,16]. Evidence-based practices and addressing attachment insecurities offer potential solutions [21,19]. Recent research presents mixed findings on gender differences in CF. Some studies find no significant association, while others suggest female healthcare workers might be more susceptible to certain aspects of burnout and stress [22,23,24,19]. Additionally, civil status and job roles play a role, with single nurses reporting higher burnout levels [25] and specific roles like emergency department staff experiencing similar CF rates [26]. Individual factors like years of experience and workplace trauma also contribute, but job resources like support can mitigate these effects [27,16].

Workplace well-being is crucial for healthcare professionals, as poor well-being and burnout are linked to adverse outcomes like reduced patient safety and lower satisfaction [28,29]. Interventions such as mindfulness training, stress management, and organizational changes have proven effective in improving well-being, engagement, and resilience, while reducing burnout, stress, and anxiety [30,31]. Approaches like tai chi [32] and positive psychology interventions [33] also enhance well-being. Moreover, workplace well-being is influenced by work hours and environment. Long hours negatively impact physical and mental health, but employees with control over their hours experience fewer negative effects [34,35,36,37].

Other factors like job satisfaction, social support, and a safe environment also play a role [34]. Promoting work-life balance, flexibility, and a supportive atmosphere are crucial. Age and sex significantly impact workplace well-being in healthcare. Younger workers experience more occupational stress and burnout [38], while older workers face physical limitations and ageism [39,40]. Female professionals report higher stress and burnout due to workload, less control, and caregiving responsibilities [41,42,43]. Organizations must address these disparities through interventions, flexibility, and inclusive cultures [43,44].

## **3.0 Framework of the Study**

This research builds on the assumption that healthcare professionals' experiences of compassion fatigue and workplace well-being vary based on individual characteristics like work hours, age, sex, civil status, and designation. It hypothesized that these demographic factors

don't necessarily have a significant influence, suggesting a focus on broader systemic influences within the hospital environment. Additionally, the study posits a link between compassion fatigue and workplace well-being, theorizing that higher levels of compassion fatigue correspond with lower workplace well-being, and vice versa. This research assumption draws support from Job Demands-Resources (JD-R) theory [45].

The Job Demands-Resources (JD-R) theory is a framework for understanding employee well-being, positing that high job demands can lead to burnout while job resources foster engagement. The theory has expanded to include individual differences, organizational levels, proactive behaviors, personal resources, and non-work factors. In emotionally demanding jobs, JD-R theory is particularly relevant to understanding compassion fatigue, as high demands like exposure to trauma can be mitigated by resources like social support and autonomy. The theory has informed workplace interventions aimed at reducing demands, increasing resources, and promoting coping strategies to improve well-being and organizational effectiveness [45,46].

In the context of the study, the Job Demands-Resources (JD-R) model effectively explains the interplay of workplace factors influencing compassion fatigue and well-being in healthcare professionals. High job demands like heavy workload, emotional intensity, and exposure to trauma can deplete resources, leading to compassion fatigue and burnout. However, job resources such as social support, autonomy, and opportunities for recovery can buffer these negative impacts, promoting well-being. Research supports this model, demonstrating the link between high demands and increased compassion fatigue, while high resources mitigate these effects. Understanding this dynamic allows healthcare organizations to implement targeted interventions, like reducing workload, providing emotional support and training, and fostering a positive work culture, ultimately enhancing healthcare professionals' well-being and mitigating compassion fatigue.

#### **4.0 Methods**

This quantitative study employed descriptive, comparative, and correlational approaches to examine compassion fatigue and workplace well-being among 152 healthcare professionals in a Level II hospital in Western Visayas, Philippines. The sample included clinical and ancillary staff. The study utilized the Compassion Satisfaction and Fatigue Test (CSFT) and the Short Smith Wellbeing (SWELL) Questionnaire for Workers [47] as research instruments. The CSFT assesses compassion fatigue, burnout, and compassion satisfaction, while the SWELL measures positive and negative aspects of workplace well-being. Both instruments were pilot tested, demonstrating reliability.

Data collection involved obtaining informed consent from participants and conducting face-to-face surveys with the assistance of enumerators. Descriptive statistics, including mean and standard deviation, were used to characterize compassion fatigue and workplace well-being. Comparative analysis using Mann Whitney U and Kruskal Wallis tests examined differences based on demographics, while Spearman rank correlation assessed the relationship between compassion fatigue and workplace well-being. This study adhered to ethical guidelines by obtaining informed consent, protecting participant privacy, and minimizing potential harm while maximizing benefits for the healthcare community. Transparency was maintained through conflict of interest disclosure and dissemination of findings, while the researcher's qualifications and resources ensured research quality.

## 5.0 Results and Discussion

### *Profile of the Respondents*

When grouped according to work hours, 84.9% (n=129) are on 8 hours shifts, 6.6% (n=10) are on 12 hours shifts, 8.6% (n=13) are on 16 hours shifts. In terms of age, 59.2% (n=90) are 35 years old and below, 40.8% (n=62) are 36 years old and above. Regarding sex, 20.4% (n=31) are male, 79.6% (n=121) are female. With respect to civil status, 53.3% (n=81) are single, 46.7% (n=71) are married. According to designation, 84.9% (n=129) are clinical staff, 15.1% (n=23) are ancillary/support staff. The study's participants were predominantly female clinical staff working standard 8-hour shifts, with a balanced representation of younger and older professionals, as well as single and married individuals. This diverse sample allows for a comprehensive exploration of how factors such as age, civil status, and work experience might influence the experience of compassion fatigue among healthcare professionals. The inclusion of both clinical and ancillary staff further broadens the study's scope, capturing the potential influence of compassion fatigue across different roles within the healthcare setting.

### *Level of Compassion Fatigue of Healthcare Professionals*

Healthcare professionals in a Level II government hospital in Western Visayas, Philippines, generally report low levels of compassion fatigue (CF) across various demographics and work-related factors (Table 1). This positive outcome may be attributed to effective coping strategies, strong support systems, or a positive work environment [48,49,50]. Interestingly, married professionals exhibit even lower CF, potentially due to personality traits, professional self-esteem, and the ability to maintain boundaries between work and personal life [51,52,50,53]. These findings highlight the importance of proactive measures to prevent and mitigate CF in healthcare settings, ultimately leading to improved patient care [15,54,55,56].

**Table 1.** *Level of Compassion Fatigue of Healthcare Professionals*

<b>Variables</b>	<b>M</b>	<b>SD</b>	<b>Interpretation</b>
Work Hours			
8 hours	1.97	0.69	Lo
12 hours	2.32	0.57	Lo
16 hours	1.83	0.82	Lo
Age			
35 years old and below	2.09	0.72	Lo
36 years old and above	1.82	0.64	Lo
Sex			
Male	1.95	0.76	Lo
Female	1.99	0.69	Lo
Civil status			
Single	2.15	0.72	Lo
Married	1.79	0.63	VL
Designation			
Clinical Staff	2.01	0.72	Lo
Ancillary/Support Staff	1.83	0.57	Lo
<b>Whole</b>	<b>1.98</b>	<b>0.70</b>	<b>Lo</b>

Note: VL=Very Low, Lo=Low

### *Level of Workplace Well-Being of Healthcare Professionals*

Healthcare professionals in a Level II government hospital in Western Visayas, Philippines, generally report high levels of workplace well-being (M=3.47), regardless of work hours, age, sex, or civil status (Table 2). This suggests a positive work environment that fosters

satisfaction and engagement among employees [57,31]. However, a notable difference exists between clinical staff (high well-being) and ancillary/support staff (moderate well-being), underscoring the importance of tailoring well-being initiatives to specific needs and challenges [58,59,60,61,62]. By addressing these disparities, the hospital can further enhance workplace well-being for all employees, leading to improved job satisfaction, reduced turnover, and ultimately, better patient care [63,64,65,66,67].

**Table 2.** *Level of Workplace Well-Being of Healthcare Professionals*

<b>Variable</b>	<b>M</b>	<b>SD</b>	<b>Interpretation</b>
Work Hours			
8 hours	3.46	0.45	High
12 hours	3.64	0.30	High
16 hours	3.45	0.30	High
Age			
35 years old and below	3.48	0.43	High
36 years old and above	3.46	0.42	High
Sex			
Male	3.42	0.47	High
Female	3.48	0.42	High
Civil status			
Single	3.50	0.46	High
Married	3.44	0.39	High
Designation			
Clinical Staff	3.49	0.42	High
Ancillary/Support Staff	3.38	0.49	Moderate
<b>Whole</b>	<b>3.47</b>	<b>0.43</b>	<b>High</b>

***Difference in the Level of Compassion Fatigue of Healthcare Professionals***

Comparative analysis revealed no significant difference in compassion fatigue levels among healthcare professionals based on sex ( $U=1759.500$ ,  $p=0.596$ ), designation ( $U=1295.000$ ,  $p=0.332$ ), and work hours ( $\chi^2(2)=4.754$ ,  $p=0.093$ ), suggesting that compassion fatigue affects healthcare workers across various roles and demographics within the hospital setting. However, significant differences were found based on age ( $U=2142.500$ ,  $p=0.015$ ) and civil status ( $U=1954.500$ ,  $p=0.001$ ), with younger (35 years old and below) and single healthcare professionals reporting higher levels of compassion fatigue. These findings highlight the need for targeted interventions, such as support systems, mentorship, and stress management resources, to address compassion fatigue in vulnerable groups, while promoting work-life balance and a supportive workplace culture for all healthcare professionals [55,49,15,68,69,48,54,1].

**Table 3.** *Difference in the Level of Compassion Fatigue of Healthcare Professionals*

<b>Variable</b>	<b>U</b>	<b>z</b>	<b>p</b>
Age	2142.500*	-2.428	0.015
Sex	1759.500	-0.531	0.596
Civil status	1954.500*	-3.402	0.001
Designation	1295.000	-0.969	0.332
Variable	$\chi^2$	df	p
Work Hours	4.754	2	0.093

Note: \*difference is significant when  $p \leq 0.05$

***Difference in the Level of Workplace Well-Being of Healthcare Professionals***

Comparative analysis revealed no significant difference in workplace well-being among healthcare professionals based on age ( $U=2669.000$ ,  $p=0.649$ ), sex ( $U=1770.000$ ,  $p=0.628$ ), civil status ( $U=2698.000$ ,  $p=0.511$ ), designation ( $U=1319.000$ ,  $p=0.396$ ), or work hours ( $\chi^2(2)=2.247$ ,  $p=0.325$ ). This suggests the hospital has successfully fostered a supportive and inclusive environment for all staff, promoting equitable well-being across various demographics. While individual experiences may vary, this consistent well-being can likely be attributed to factors like fair compensation, adequate resources, professional development opportunities, and a positive organizational culture [70,67,71]. It is essential for the hospital to continue monitoring and addressing any potential issues to maintain this positive trend [31,59,70].

**Table 4.** *Difference in the Level of Workplace Well-Being of Healthcare Professionals*

<b>Variable</b>	<b>U</b>	<b>z</b>	<b>p</b>
Age	2669.000	-0.455	0.649
Sex	1770.000	-0.484	0.628
Civil status	2698.000	-0.658	0.511
Designation	1319.000	-0.849	0.396
Variable	$\chi^2$	df	p
Work Hours	2.247	2	0.325

*Note:* difference is significant when  $p \leq 0.05$

***Relationship between Level of Compassion Fatigue and Workplace Well-Being***

Spearman rank correlation analysis revealed no significant relationship between compassion fatigue and workplace well-being among healthcare professionals ( $r_s(150)=-0.048$ ,  $p=0.556$ ), suggesting that factors like supportive colleagues, effective management, and a positive work environment may play a more significant role in determining workplace well-being [49,55,54,72]. However, further research is needed to confirm these findings and explore the complex interplay of factors contributing to healthcare professionals' well-being, while organizations should continue prioritizing interventions addressing compassion fatigue and fostering a supportive work environment [55,67,49,48,73,54,15].

**Table 5.** *Relationship between the Level of Compassion Fatigue and Workplace Well-Being*

<b>Variable</b>	<b><math>r_s</math></b>	<b>df</b>	<b>p</b>
Compassion Fatigue and Workplace Well-Being	-0.048	150	0.556

*Note:* difference is significant when  $p \leq 0.05$

Overall, the Job Demands-Resources (JD-R) theory provides valuable insights into the findings of a study on healthcare professionals' compassion fatigue and workplace well-being. The study found low compassion fatigue and high workplace well-being overall, which could be attributed to sufficient job resources buffering the negative effects of job demands. Differences in compassion fatigue based on marital status and job designation highlight variations in job demands and resources between groups. Younger healthcare professionals reported higher compassion fatigue, potentially due to less experience and perceived fewer resources. The absence of a significant relationship between compassion fatigue and workplace well-being suggests that various job demands and resources interact in complex ways to influence well-being. These findings underscore the importance of ensuring adequate job

resources for healthcare professionals to mitigate the negative effects of demanding work and promote well-being. Future research could delve into specific job demands and resources in healthcare, individual differences in perceiving and responding to these factors, and interventions targeting job resources to enhance healthcare professionals' overall well-being.

### **6.0. Conclusion**

This study provides valuable insights into the levels of compassion fatigue and workplace well-being among healthcare professionals in a Level II government hospital in Western Visayas, Philippines. The findings suggest that while compassion fatigue is generally low and workplace well-being is high, there are significant differences based on age and civil status. Younger and single healthcare professionals are more vulnerable to compassion fatigue, highlighting the need for targeted interventions and support systems for these groups. The research also underscores the importance of fostering a positive workplace environment that promotes well-being for all staff members, regardless of their demographic characteristics. By addressing the specific needs of different groups and implementing strategies to mitigate compassion fatigue, healthcare organizations can enhance the overall well-being of their workforce and ultimately improve patient care. Finally, this study contributes to the growing body of knowledge on compassion fatigue and workplace well-being in healthcare settings, offering valuable insights for future research and interventions.

### **7.0. Limitations of the Findings**

The study's limitations include the sample size, which may not be large enough to detect subtle relationships between variables. Additionally, the study was conducted in a single Level II government hospital in Western Visayas, Philippines, limiting the generalizability of the findings to other healthcare settings or regions. The self-reported nature of the data collection might introduce response bias, and the cross-sectional design prevents the establishment of causal relationships between compassion fatigue, workplace well-being, and demographic factors. Future research could address these limitations by expanding the sample size, including multiple healthcare settings, and employing longitudinal designs to examine the dynamic interplay of these factors over time.

### **8.0. Practical Value of the Paper**

The study's findings have several practical applications for healthcare settings. First, the identification of younger and single healthcare professionals as more vulnerable to compassion fatigue can inform targeted interventions, such as mentorship programs, stress management workshops, and counseling services, to provide tailored support and resources. Second, the understanding that civil status can influence compassion fatigue levels highlights the importance of promoting work-life balance and fostering a supportive workplace culture that values personal well-being. This could involve flexible scheduling, family-friendly policies, and social activities to encourage camaraderie and reduce feelings of isolation.

Third, the absence of a significant relationship between compassion fatigue and workplace well-being suggests that addressing compassion fatigue alone may not be sufficient to improve overall well-being. Therefore, healthcare organizations should focus on creating a positive work environment that fosters employee engagement, satisfaction, and resilience through effective leadership, teamwork, and professional development opportunities. Finally, the consistent levels of workplace well-being across different demographic groups indicate that the hospital's existing policies and practices are generally effective in promoting a supportive

and inclusive atmosphere. However, continuous monitoring and evaluation are crucial to identify and address any emerging issues that may affect specific groups of employees, ensuring that all staff members feel valued and supported in their roles.

### **9.0. Directions for Future Research**

Future research could delve deeper into the specific coping mechanisms employed by healthcare professionals who report low levels of compassion fatigue, as understanding these strategies could inform interventions for those experiencing higher levels. Additionally, exploring the role of personality traits in compassion fatigue and workplace well-being could offer insights into individual differences in resilience and susceptibility. Investigating the impact of specific workplace stressors, such as patient acuity or workload, on compassion fatigue and well-being could help identify areas for targeted interventions. Finally, longitudinal studies could examine the long-term effects of compassion fatigue and workplace well-being on healthcare professionals' career trajectories and overall mental health.

### **10.0. Declaration of Conflict of Interest**

The authors declare no conflict of interest.

### **11.0 Acknowledgement**

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