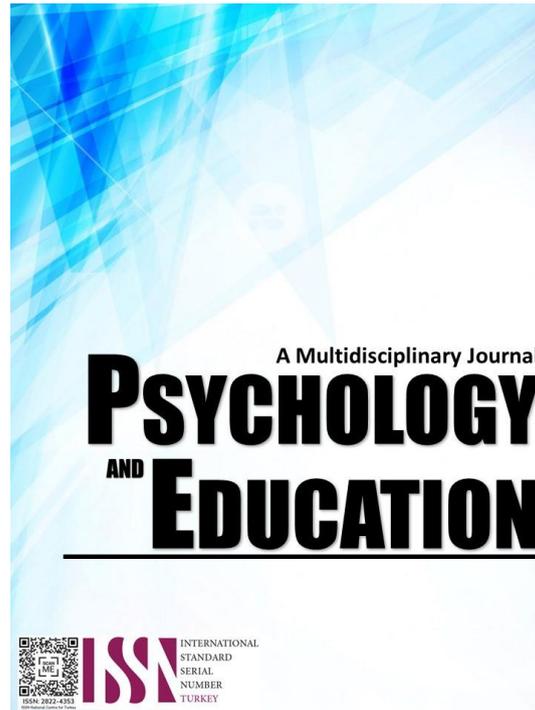


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SPIRITUAL ORIENTATION AMIDST COVID-19
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PROGRAM MODULE**



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Compassion Fatigue and Psychological Well-Being of Nurses as Moderated by Spiritual Orientation Amidst Covid-19 Pandemic: A Basis for Spiritual Wellness Program Module

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Abstract

While the entire world is in the midst of the fight against the Corona Virus Disease (COVID-19) pandemic, the medical frontline workers have become renowned heroes, receiving praise and cheers from streets and balconies across continents. However, behind this heroic picture lies the daily agony of dealing with the huge influx of patients while risking their own health due to consistent exposure to a contagious disease, which makes them more susceptible to developing mental health concerns. This study aimed to investigate the relationship of Compassion Fatigue (CF) and Psychological Well-being (PWB) of 105 COVID-19 ward nurses in Marikina City, Philippines, as moderated by Spiritual Orientation (SO). The data were gathered through self-report standardized tests; namely Professional Quality of Life version 5, Strathclyde Inventory-12, and Spirituality Scale. Results revealed a negative significant relationship between CF and PWB (Estimate=-0.797, $p < 0.001$) and the three factors of CF known as Compassion Satisfaction, Burnout, and Secondary Traumatic Stress significantly predict PWB ($p = 0.01$, $p = 0.04$, $p < 0.001$). Moreover, it was found that SO significantly moderates the relationship between CF and PWB (Estimate=-0.001, $p < 0.001$). Results showed that while higher levels of CF may negatively impact PWB, a well-founded SO can alleviate these negative effects.

Keywords: *compassion fatigue, helping profession, spiritual wellness, spiritual orientation, psychological well-being*

Introduction

In South China, the first group of individuals with severe pneumonia from an unidentified etiology was initially identified in December 2019. (Specht, et al., 2021). This novel disease is now known as the novel Coronavirus Disease 2019 (COVID-19). In just 4 months, COVID-19 spread quickly across borders, and by April 2020, it had become a worldwide health emergency (World Health Organization, 2020). Despite these alarming rates, nurses continued to have a vital role in patient care and earned great responsibilities during the pandemic (Fawaz, et al., 2020). As part of the health protocols, patients suffering from COVID-19 are isolated and taken away from their families, thus, left with the care of our medical frontline workers. Being in a helping profession, especially in time of a pandemic, it has always been a part of their role as medical frontline workers to show empathy to their patients, as well as to their relatives, while ensuring the effective delivery of services. The continual exposure to patients who are suffering from pain and difficulty with the absence of a known cure, and their tendency to show a huge amount of empathy to those under their care may eventually lead to compassion fatigue in the long run (Writes, 2016). Figley theorized that healthcare workers who tend to be more emphatic to their patients and their relatives have a higher chance of developing compassion fatigue as compared to those

who are less empathizing (Simpson, 2006). Unfortunately, compassion fatigue among nurses can be one of the most substantial repercussions of the COVID-19 pandemic (Alharbi, et al., 2020). This phenomenon has been known as the “cost of caring” for those who are in pain (Figley, 2002).

Apparently, compassion fatigue may have detrimental effects on one’s physical, spiritual, and overall psychological well-being (Writes, 2016), however, emerging studies also highlight how one’s spiritual orientation may alleviate the negative effects of compassion fatigue to psychological well-being (Newmeyer et al., 2016) and serve as a protective factor against the occupational hazards experienced by helping professionals (Patel, 2019). Ryff theorized one of the most systematic models of psychological well-being, stating that well-being involves more than just being happy or feeling good (David, 2017). Individuality, environmental mastery, personal growth, positive interpersonal interactions, a feeling of purpose in life, and self-acceptance are included in this (Henriques, 2014). Seeing and knowing about the suffering of other people while being clueless on how to exactly alleviate their symptoms may lead to an emotional exhaustion (Nagayama Hall, 2017). This kind of helplessness typically experienced by the medical frontline workers in the context of a pandemic, wherein the cure is yet to be discovered, may cause psychological symptoms such as mood swings, detachment, anxiety and depression, addiction,

productivity problems, and sleeping problems (Brennan, 2020). Aside from the personal consequences, these psychological disturbances can also put one's professional competency at risk, especially in the case of caring professions (Bouchoucha, 2021).

On the other hand, emerging studies in the related field suggests that an individual's spiritual orientation or religiosity may intercede against compassion fatigue (Newmeyer, et al., 2016), thus, a possibility of also improving one's psychological well-being. With these findings, religion and spirituality have been considered as one of the sources of hope (Pargament, 2013) that can serve as a protective factor against the effects of compassion fatigue, burnout, and stress to psychological well-being. Furthermore, this implies that higher levels of spirituality can increase the compassion satisfaction among caregivers, a phenomenon known as the Mother Teresa Effect (Newmeyer et al., 2014).

This study was guided by the Compassion Fatigue Theory of Charles R. Figley in 1995. Figley developed this concept when he started noticing how mental health practitioners dealing with traumatized patients seemed to vicariously experience the effects of such trauma (Figley, 1995; Figley, 1996). In this theory, Figley described compassion fatigue as secondary victimization (Figley, 1982) and secondary traumatic stress (Figley, 1983). Compassion fatigue is considered a hazard associated with clinical work and when a practitioner had a higher level of empathy to patients (Adams, et al., 2006). He characterized it as an emotional strain due to prolonged exposure to clients suffering from the aftereffects of traumatic situations.

In addition, this study was also anchored on Carl Rogers' Person-Centered Theory, specifically, on his definition of the fully functioning person in describing psychological well-being. Rogers defined a fully functioning person as someone who is ideal and whose characteristics are somehow difficult to achieve (McLeod, 2014). According to him, a psychologically healthy individual would be more adaptable, open to experiences, trusts their organismic self, lives completely in the present, has harmonious relationships with others, is whole and integrated, has a fundamental faith in human nature, and, in comparison to others, has a richer quality of life (Feist, et al., 2020). Despite his positive view of human nature, he also described in his theory some hindrances to psychological growth, such as conditions of worth, incongruence, defensiveness, and disorganization

(Feist, et al., 2020). Conditions of worth is the belief that an individual is only worthy of approval if he/she displays desirable behaviors or attitude (Schultz & Schultz, 2013), while incongruence is experienced if there is a discrepancy between one's organismic self and perceived self (Feist, at al., 2020). On the other hand, defensiveness happens as a result of the experiences incongruence, which may lead to disorganization if efforts to deny and distort the truth fails (Feist, at al., 2020), thus, a fully functioning person is able to develop all facets of oneself (Schultz & Schultz, 2013). In this study, the effects of compassion fatigue on the nurses' psychological well-being will be explored in the context of how Rogers described a fully functioning individual. Moreover, a person with high levels of psychological well-being will be illustrated in this study as someone free from conditions of worth, incongruence, defensiveness, and disorganization.

It has been discussed by compassion fatigue theories that empathes, especially those in the caring profession who have a higher empathic orientation, tend to be more vulnerable to developing compassion fatigue (Manson, 2019). However, various emerging research in the field revealed that an individual's level of spirituality, or the perceived sense of transcendent connection, and other spiritual experiences such as awe, deep inner peace, gratefulness, and compassionate love (Underwood, 2021) may serve as a protecting element against compassion fatigue (Newmeyer et al., 2016). Cognizant to this, the current study was anchored mainly on this phenomenon known as the Mother Teresa Effect. This term was first used in reference to the experiment conducted by Dr. David McClelland in 1980 where he illustrated the effects of good deeds in the immunoglobulin A, a hormone that has a protective effect in one's immune system (Lupien, 2020). In this experiment, Dr. McClelland found that people who saw the good deeds of Mother Teresa through a film produced significantly more secretory immunoglobulin A, thus, the Mother Teresa Effect (Lupien, 2020). Considering these findings, it can be implied that spirituality expressed through altruism, compassionate love, and sense transcendent connection as displayed by Mother Teresa can improve sense of well-being and may result to positive effects on the one's stress response. In this light, this study will also be exploring the moderating role of spiritual orientation in the association of compassion fatigue and psychological well-being.

Research Questions

This study aimed to look at the relationships between psychological well-being and compassion fatigue of

the selected practicing registered nurses assigned to COVID-19 wards in Marikina City, and the moderating role of Spiritual Orientation. Specifically, it sought to answer the following research questions:

1. What is the level of Compassion Fatigue (CF) of the respondents in terms of:
 - 1.1. Compassion Satisfaction;
 - 1.2. Burnout; and
 - 1.3. Secondary Traumatic Stress?
2. What is the level of Psychological Well-being (PW) of the respondents?
3. What is the level of the Spiritual Orientation (SO) of the respondents?
4. Is there a significant relationship between the Compassion Fatigue (CF) and Psychological Well-being (PW) of the respondents?
5. What factor of Compassion Fatigue (CF) predicts the Psychological Well-being (PW) of the respondents?
6. Does Spiritual Orientation (SO) significantly moderate the relationship between the Compassion Fatigue (CF) and Psychological Well-being (PW) of the respondents?
7. What spiritual wellness program module may be proposed based from the findings?

Methodology

Participants

The target population of the study are the practicing registered nurses currently assigned in COVID-19 wards of medical institutions in Marikina City. Volunteers were invited to participate through referrals and advertisements on social networking sites; such as Facebook, Instagram, as well as Twitter, regardless of their age, gender preference, length of service, position, salary grade, previous work experiences, number of cases handled, and other identifiable characteristics. These registered nurses are directly attending to COVID-19 patients, regardless of the severity. This study utilized convenience sampling technique, hence, the convenient proximity of the target population to the researcher will immediately qualify them as respondents, provided that they fit the qualifications. A total of 105 respondents was acquired for the study.

Instruments of the Study

This research is a quantitative study which utilized a survey method. Specifically, the researchers made use of the Professional Quality of Life Scale version 5 (ProQOL-5) developed by Beth Hudnall Stamm in 2010; a 30-item self-report test that assesses the level of compassion fatigue in terms of compassion satisfaction, burnout, and secondary traumatic stress and is answered on a 5-point scale ranging from (1) Never to (5) Very Often, the Strathclyde Inventory-12 (SI-12) developed by Elizabeth Freire, Robert Elliott, Susan Stephen, and Brian Rodgers; a 12-item self-report measure also answered in a 5-point scale ranging from (1) Never to (5) All or most of the time, and is designed to assess an individual in terms of Carl Rogers' concept of the fully functioning person, as well as the Spirituality Scale (SS) developed by Colleen Delaney in 2003; a 23-item self-report instrument created by researchers to gauge the spiritual dimension of people as it manifests in adult populations, which is answered in a 6-point scale ranging from (1) Strongly Disagree to (6) Strongly Agree.

Procedures

In data gathering, the researcher followed a standardized procedure of administration, scoring, and interpretation of test results as stated in the test manuals of the instruments that will be used, however, the entire administration process of the tests was modified to be accessible online. All the instruments, including the Professional Quality of Life version 5, the Strathclyde Inventory-12, and the Spirituality Scale allow the free use of the measures, given that it will only be used for the sole purpose of the study and authors will be properly acknowledged. The informed consent form, together with the three measures; was converted to google forms in order to make it more accessible to the target population. The entire test took approximately 30 minutes to finish. On the other hand, factors such as differences in the respondents' location and its temperature, respondents' psychological and physiological conditions, disturbances during the testing situation, unexpected respondent reactions, and other extraneous variables may affect the test results. The accomplished google forms, as well as the instruments used which were converted into google forms, were safeguarded and were only accessible to the researchers. The data gathered were then subjected to statistical treatment.

Ethical Considerations

Participation in this study is strictly voluntary. Participants are free to opt in or out of the study at any

point in time. The details of the study, purpose, risks to confidentiality, and benefits were known to the participants before they agree or decline to join the study through the informed consent form. The information collected were used for research purposes only. Written results discussed group findings only and did not include information that identified any participant or institution. Physical, social, psychological and all other types of harm are kept to an absolute minimum, including the risks to data privacy due to online transmission of data. The researcher ensured that the work is free of plagiarism or research misconduct, and that results were accurately presented.

Results and Discussion

Table 1 displays the mean and standard deviation (SD) of the respondents' Compassion Fatigue in terms of the subscale Compassion Satisfaction. Item 3, "I get satisfaction from being able to help people.", obtained the highest mean of 4.30 and revealed a standard deviation of 0.86. On the other hand, Item 6 and Item 27 got the lowest mean of 3.70 and standard deviation of 1.02 and 1.07, respectively. These items are "I feel invigorated after working with those I help." and "I have thoughts that I am a "success" as a helper.", respectively. The overall level of Compassion Satisfaction of the respondents, which was obtained by adding up the mean scores for each item on this subscale, was 39.21 with a standard deviation of 7.70. This can be verbally interpreted as Moderate Compassion Satisfaction, based on the cut scores provided by the Professional Quality of Life Version 5 Test Manual.

Table 1. *Level of Compassion Fatigue in Terms of Compassion Satisfaction*

<i>Item</i>	<i>Mean</i>	<i>Standard Deviation</i>
3	4.30	0.86
6	3.70	1.02
12	3.76	1.07
16	3.90	0.96
18	3.83	1.07
20	3.89	1.09
22	3.95	0.98
24	4.22	0.87
27	3.70	1.07
30	3.94	0.98
Compassion Fatigue	39.21	7.70

Table 2 illustrates the mean and standard deviation of the respondents' Compassion Fatigue in terms of the subscale Burnout. The items of this subscale undergone reversed scoring prior to statistical treatment and interpretation. Item 8, "I am not as productive at work because I am losing sleep over traumatic experiences of a person I help.", obtained the highest mean of 3.68 and revealed a standard deviation of 1.15. On the other hand, Item 15, "I have beliefs that sustain me.", got the lowest mean of 2.00 and standard deviation of 0.93. The overall level of Burnout of the respondents, which was obtained by adding up the reversed mean scores for each item on this subscale, was 27.60 with a standard deviation of 4.37. This can be also verbally interpreted as Moderate Burnout, based on the cut scores provided by the Professional Quality of Life Version 5 Test Manual.

Table 2. *Level of Compassion Fatigue in Terms of Burnout*

<i>Item</i>	<i>Mean</i>	<i>Standard Deviation</i>
1	2.39	1.11
4	2.28	1.11
8	3.68	1.15
10	3.60	1.25
15	2.00	0.93
17	2.48	1.15
19	3.13	1.24
21	2.95	1.27
26	3.30	1.19
29	1.79	0.91
Burnout	27.60	4.37

Table 3 illustrates the mean and standard deviation of the respondents' Compassion Fatigue in terms of the subscale Secondary Traumatic Stress. Item 2, "I am preoccupied with more than one person I help.", obtained the highest mean of 3.16 and revealed a standard deviation of 1.29. On the other hand, Item 13, "I feel depressed because of the traumatic experiences of the people I help.", got the lowest mean of 2.30 and standard deviation of 1.10, followed by Item 25, "As a result of my helping, I have intrusive, frightening thoughts.", with a mean score of 2.31 and a standard deviation of 1.16. The overall level of Secondary Traumatic Stress of the respondents, which was obtained by adding up the mean scores for each item on this subscale, was 26.13 with a standard deviation of 8.74. This can be also verbally interpreted as Moderate Secondary Traumatic Stress, based on the cut scores provided by the Professional Quality of Life Version 5 Test Manual.

Table 3. *Level of Compassion Fatigue in Terms of Secondary Traumatic Stress*

<i>Item</i>	<i>Mean</i>	<i>Standard Deviation</i>
2	3.16	1.29
5	2.89	1.33
7	2.73	1.27
9	2.55	1.19
11	2.73	1.31
13	2.30	1.10
14	2.54	1.20
23	2.56	1.24
25	2.31	1.16
28	2.34	1.04
Secondary Traumatic Stress	26.13	8.74

Table 4 displays the mean and standard deviation of the respondents' level of Psychological Well-being. Among the 12 items, Item 12, "I have felt it is all right to be the kind of person I am.", obtained the highest mean of 2.96 and revealed a standard deviation of 1.08. This was followed by Item 6, "I have listened sensitively to myself", with a mean of 2.84 and a standard deviation of 1.17. On the other hand, Item 3, "I have tried to be what others think I should be.", and Item 11, "I have felt myself doing things that are out of character for me.", got the lowest mean of 2.01 and a standard deviation of 1.41 and 1.34, respectively. This was followed by Item 2, "I have condemned myself for my attitudes or behavior.", and Item 10, "I have hidden some elements of myself behind a mask.", with a mean of 2.09 and a standard deviation of 1.22 and 1.33, respectively. The overall level of Psychological Well-being of the respondents, which was obtained by calculating the average of mean scores for each item of the test, was 2.48 with a standard deviation of 0.55. Based on the cut scores provided by the Strathclyde Inventory-12 Test Manual, this overall mean score can be interpreted as Better Psychological Health.



Table 5. *Level of Spiritual Orientation of the Respondents*

<i>Item</i>	<i>Mean</i>	<i>Standard Deviation</i>
1	4.52	1.46
2	4.44	1.42
3	4.38	1.48
4	4.19	1.38
5	3.78	1.59
6	4.18	1.46
7	4.59	1.35
8	4.88	1.26
9	4.63	1.34
10	5.19	1.34
11	5.06	1.22
12	5.03	1.22
13	5.12	1.18
14	5.43	1.05
15	4.11	1.51
16	4.56	1.45
17	4.76	1.33
18	4.35	1.55
19	4.85	1.19
20	5.31	1.14
21	4.25	1.62
22	4.51	1.42
23	4.55	1.37
Spiritual Orientation	106.69	23.99

Table 4. *Level of Psychological Well-being of the Respondents*

<i>Item</i>	<i>Mean</i>	<i>Standard Deviation</i>
1	2.67	1.11
2	2.09	1.22
3	2.01	1.41
4	2.76	1.04
5	2.22	1.28
6	2.84	1.17
7	2.24	1.36
8	2.64	1.13
9	3.20	0.91
10	2.09	1.33
11	2.01	1.34
12	2.96	1.08
Psychological Well-Being	2.48	0.55

Table 5 shows the mean and standard deviation of the respondents' level of Spiritual Orientation. Among the 23 items, Item 14, "I believe that nature should be respected.", obtained the highest mean of 5.43 and revealed a standard deviation of 1.05. This was followed by Item 20, "I respect the diversity of people.", with a mean of 5.31 and a standard deviation of 1.14. On the other hand, Item 5, "I meditate to gain access to my inner spirit.", got the lowest mean of 3.78 and a standard deviation of 1.59. This was followed by Item 15, "I have a relationship with a Higher Power/Universal Intelligence.", with a mean of 4.11 and a standard deviation of 1.51. The overall level of Spiritual Orientation of the respondents, which was obtained by adding up the mean scores for each item of the test, was 106.69 with a standard deviation of 23.99. Based on the cut scores provided by the Spirituality Scale Test Manual, this total score can be interpreted as Moderate Spirituality.

Table 6 presents the significance of relationship between the respondents' level of Compassion Fatigue and Psychological Well-being, as well as how Compassion Fatigue as independent variable affects Psychological Well-being as the dependent variable. Using a linear regression analysis, it was found that Compassion Fatigue has a strong negative correlation (Standard Estimate = 0.797) with the Psychological Well-being of the respondents, which means that as the level of Compassion Fatigue increases, the level of Psychological Well-being decreases. This relationship was also significant ($p = <0.001$), therefore, rejecting the null hypothesis.



Table 6. Test of Significance of Relationship Between Compassion Fatigue and Psychological Well-being of the Respondents

Predictor	Estimate	Std. Error	95% Confidence Interval		t	p	Std. Est.
			Lower	Upper			
Intercept	6.48	0.31	5.86	7.10	20.9	<0.001	
Compassion Fatigue	-0.08	0.01	-0.09	-0.07	13.4	<0.001	0.797

Table 7 presents the manner to which the three subscales of Compassion Fatigue, as defined by the Professional Quality of Life Scale Version 5, might be able to predict one’s psychological well-being. According to the test manual, these three subscales include Compassion Satisfaction, Burnout, and Secondary Traumatic Stress (Stamm, 2010). With the use of multiple regression analysis, this study revealed that the level of Compassion Satisfaction, Burnout, and Secondary Traumatic Stress, can significantly predict the Psychological Well-being of the respondents. As shown on Table 10, this study revealed that the first factor, Compassion Satisfaction, has a moderate positive correlation (Standard Estimate = 0.20) with the Psychological Well-being of the respondents, which means that as the level of Compassion Satisfaction increases, the level of Psychological Well-being also increases. This relationship was also found to be significant (p = 0.01), therefore, rejecting the null hypothesis. On the other hand, this study also found that the second factor, Burnout, has a moderate negative correlation (Standard Estimate = -0.15) with the Psychological Well-being of the respondents, which means that as the level of Burnout increases, the level of Psychological Well-being decreases, and vice-versa. This relationship was also found to be significant (p = 0.04), therefore, rejecting the null hypothesis. Moreover, this study also demonstrated how the third and last factor of Compassion Fatigue, known as Secondary Traumatic Stress, has a strong negative correlation (Standard Estimate = -0.75) with one’s Psychological Well-being. This implies that as Secondary Traumatic Stress increases, Psychological Well-being also increases. Similar to Compassion Satisfaction and Burnout, Secondary Traumatic Stress has a significant relationship (p = <0.001) with Psychological Well-being, therefore, also rejecting the null hypothesis.

Table 7. Psychological Well-being as Predicted by the Compassion Fatigue Factors

Predictor	Estimate	Std. Error	95% Confidence Interval		t	p	Std. Est.
			Lower	Upper			
Intercept	4.01	0.72	2.59	5.43	5.61	<0.001	
Compassion Satisfaction	0.02	0.01	<0.00	0.03	2.63	0.01	0.20
Burnout	-0.03	0.01	-0.05	<-0.00	-2.12	0.04	-0.15
Secondary Traumatic Stress	-0.06	0.01	0.08	-0.05	-8.85	<0.001	-0.75

Table 8 presents the overall moderated regression model between the moderating variable, Spiritual Orientation, and the Compassion Fatigue together with the Psychological Well-being of the respondents. This includes both the direct effects of Compassion Fatigue and Spiritual Orientation to the Psychological Well-being, as well as the interaction effect. As revealed by this study, the direct effects of Compassion Fatigue and Spiritual Orientation on Psychological Well-being are both significant (p = <0.001). Based on the beta or estimate provided in the table, Compassion Fatigue was revealed as a negative predictor (Estimate = -0.05) of Psychological Well-being, whereas Spiritual Orientation was revealed as a positive predictor (Estimate = 0.01) of Psychological Well-being. This implies that as Compassion Fatigue increases, Psychological Well-being may tend to decrease. On the other hand, as Spiritual Orientation increases, Psychological Well-being increases as well. Based on the interaction effects revealed among the variables, this study found that Spiritual Orientation significantly moderates the relationship between Compassion Fatigue and Psychological Well-being (p = <0.001), therefore rejecting the null hypothesis. It was also found that Spiritual Orientation is a negative moderator (Estimate = -0.001) between Compassion Fatigue and Psychological Well-being, which means that as Spiritual Orientation increases, the effects of Compassion Fatigue on the Psychological Well-being of the respondent tend to decrease, and vice-versa.

Table 8. *Compassion Fatigue and Psychological Well-being of Nurses as Moderated by Spiritual Orientation*

	Estimate	Std. Error	95% Confidence Interval		Z	p
			Lower	Upper		
Compassion Fatigue	-0.05	0.01	-0.06	-0.04	-7.87	<0.001
Spiritual Orientation	0.01	0.002	0.003	0.01	4.00	<0.001
Interaction	-0.001	2.95	-0.002	6.27	-4.09	<0.001

Conclusion

The level of the Compassion Fatigue of the respondents in terms of Compassion Satisfaction, Burnout, and Secondary Traumatic Stress are all moderate. The nature of the job of health care providers makes them more susceptible to Compassion Fatigue, especially in the midst of a pandemic. The occupational hazards and the emotional demands of caring for people with infectious diseases in the context of a world health crisis may result to tension and to the development of a cumulative trauma, which can significantly affect their personal and daily life.

The respondents reported to have a better Psychological Well-being. Despite the experienced level of Compassion Fatigue and its manifestations, health care providers may still perceive and maintain a better Psychological Well-being. This could be due to the effects of several factors in between these variables that could moderate the relationship, and from specific life instances, intrapersonal perspectives, personality, levels of empathy, and other related factors.

The respondents reported to have a moderate Spiritual Orientation. Health care providers was able to maintain a moderate level of Spiritual Orientation during the COVID-19 pandemic. This spirituality is not limited to religious beliefs and practices. It could be in the form of personal discovery, interpersonal relationships, and deeper connection to one's nature and environment.

A significant relationship between the respondents' level of Compassion Fatigue and level of Psychological Well-being is apparent. This relationship can be described as strong positive correlation. Higher levels of Compassion Fatigue increase the risks of developing problems with regards to Psychological Well-being. The prolonged exposure to the occupational demands and hazards of being in a healthcare profession in the midst of a world health crisis may eventually lead to psychological distress

and poor mental health.

The three factors of Compassion Fatigue, known as Compassion Satisfaction, Burnout, and Secondary Traumatic Stress, were all revealed to be significant predictors of Psychological Well-being. Compassion Satisfaction was found to be a positive predictor of Psychological Well-being, whereas Burnout and Secondary Traumatic Stress are both negative predictors of Psychological Well-being. Compassion Satisfaction, Burnout, and Secondary Traumatic Stress can predict and have significant impact on Psychological Well-being. The higher the levels of Compassion Satisfaction, or the positive feelings brought about by helping other people and bringing significant changes in their lives, the higher the tendency of developing a better Psychological Well-being. This implies that helping other people could have positive effects in one's mental health. On the other hand, higher levels of Burnout and Secondary Traumatic Stress may result to poorer Psychological Well-being. This implies that constant work-related stress may negatively impact one's mental health.

Spiritual Orientation significantly moderates the relationship between Compassion Fatigue and Psychological Well-being in a negative manner. Higher levels of Spiritual Orientation were found to lessen the negative effects of Compassion Fatigue to the Psychological Well-being of the respondents. Spiritual Orientation indeed serves as a protective factor of an individual's Psychological Well-being against the effects of Compassion Fatigue. Regardless of the difficulties and challenges experienced by the health care providers due to the demands of their jobs, finding a way to connect and to transcend over the situation through personal, interpersonal, and transpersonal dimension, aids in the development of better Psychological Well-being. Maintaining higher levels of spirituality may be beneficial to one's psychological health despite the work-related stress experienced by those in the helping professions.

Based on the results of this study, an intervention program module which specifically taps spirituality or spiritual orientation, such as the Helping Profession Spiritual Wellness Program Module (HPSWPM), may aid in alleviating, if not eliminating, the negative effects of Compassion Fatigue to the Psychological Well-being of helping professionals. Each part of the module provides the session overview, specific objectives, procedures, materials needed, guide questions for the processing procedures, and worksheets needed for each corresponding activity. Each of the three parts shall be conducted in one

session, which may take up to 1 hour and 30 minutes per session. Each session includes different activities with complete instructions and procedures. For the full copy of the module, please contact the author at dilapdilapravendm@gmail.com.

The results of this study highlights that while compassion fatigue negatively affects the psychological well-being of nurses, one's spiritual orientation weakens its negative consequences. A possible explanation to this could be the belief of medical workers in the importance of spiritual connectedness to oneself and to their patients in the nature of their occupation. The importance they place on helping people in need, especially in the context of a world health crisis, helps them overcome psychological effects of the burnout and stress brought by their job, thus, spiritual orientation as a protective factor against exacerbating effects of compassion fatigue.

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