

Beyond Empathy: Analyzing Compassion Fatigue Among Counselor

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Abstract: Compassion fatigue is an emotional response characterized by a diminished capacity or interest in empathizing with others. This phenomenon often results from continuous exposure to traumatic narratives recounted by clients, leading to negative behavioral and emotional outcomes in counselors. Compassion fatigue can impair the ability to support others and hinder overall productivity. Counselors are particularly vulnerable to experiencing compassion fatigue. Given the increasing number of counselors, it is imperative to investigate the prevalence and characteristics of compassion fatigue. This study aims to delineate the features of compassion fatigue among 45 counselors at East & Central Java. The research employs a quantitative descriptive methodology. The Professional Quality of Life Scale (ProQOL) was adapted for this study, encompassing three subscales that assess compassion fatigue, compassion satisfaction, and burnout. This instrument represents an advanced iteration of the original compassion fatigue scale.

1. INTRODUCTION

In Indonesia there is still a gap in demand for mental health workers. If summarized in a comparison, 1 psychiatrist must handle 250,000 people while 1 psychologist must handle 90,000 people. This is still far from the ratio suggested by WHO which ideally gives a ratio between mental health workers and the population with a ratio of 1:30,000 (Winurini, 2023). In the process of dealing with clients, counseling is the main skill often used by social workers. Especially those close to the world of mental health. Psychologists, psychiatrists, school counselors use counseling in their daily work. Counseling is emotionally draining work (Skovholt & Trotter-Mathison, 2014). Being a counselor means having compassion and empathy in it. And as an attempt to understand someone's view in counseling. Compassion and empathy can have some disadvantages in various situations (Figley, 2002). Professional quality of life in counselor work can have an impact from several factors such as work environment, number of cases, characters handled, direct exposure to trauma and stress experienced by clients (Lawson & Myers, 2011). So it is possible for counselors to experience compassion fatigue. Like other fatigue, compassion fatigue reduces the counselor's capacity or interest to bear the suffering of others (Figley, 2002).

Compassion fatigue contains two factors, first is burnout or feelings of hopelessness and difficulty in handling work or doing it effectively and second is secondary traumatic stress or exposure to stress and trauma from clients (Stamm, 2005). Compassion stress is the residual emotional energy of an empathic response to a client and is a continuous demand to take action to alleviate the client's suffering. As with any stress, with sufficient

intensity, it can negatively affect the human immune system and general quality of life. Together with other factors, this can contribute to compassion fatigue unless the workers act to control compassion stress (Figley, 2002). In its formulation, the compassion fatigue scale developed into a professional quality of life (ProQol) which targets compassion fatigue, compassion satisfaction and burnout. Compassion satisfaction is the satisfaction obtained by helping others. The purpose of combining three variables is to provide a balanced view of the positive and negative aspects of counselors' work lives (Browning et al., 2019).

The primary purpose of this research is to describe the professional quality of life among counselors, focusing on the levels of compassion satisfaction, burnout, and secondary traumatic stress. It is important to know the level of mental health of counselors so this research was conducted to reveal the quality of counselors' work life through compassion fatigue. Because to get a variety of data describing the state of mental health in Indonesia. so that various kinds of interventions can be determined to improve the quality of mental health services in Indonesia.

2. METHODS

The current study used a purposive sampling method in collecting participants. Sample of this study was 45 counselors. The inclusion criteria included 1) Have attended Counsellor Training / Courses related to Counselling, 2) Have been a Counsellor in Counselling Session, and 3) Have experience at least 3 times as a counsellor in the last 3 months. These counselors were selected based on their willingness to participate and their experience in dealing with clients who have experienced trauma. All

Table 1. Demographic results based on categories (N = 45)

Variable	Classification	Frequency	Percentage (%)
Gender	Male	7	15.5%
	Female	38	84.5%
Age (Years)	18-20	20	44.4%
	21-29	17	37.8%
	30-39	6	13.3%
	>40	2	4.5%
Domicile	Surabaya	21	46.7%
	Outside of Surabaya	23	53.3%
Ethnicity	Java	38	84.4%
	Outside of Java (Madura, Minang, Bali, Lampung)	7	15.6%
Education	Undergraduate Student	30	66.7%
	Bachelor (S1)	9	20%
	Postgraduate (S2)	6	13.3%
Education Background	Psychology	28	62.2%
	Guidance and Counseling	16	35.5%
	Other	1	0.3%
Status	Peer Counselor	30	66.7%
	Professional Counselor	15	33.3%
Job title (Professional)	Counselor at School	7	46.7%
	Counselor at Mental health provider	8	53.3%
Experience	< 1 year	30	66.7%
	>1 year	15	33.3%

participants provided informed consent prior to their inclusion in the study. This study employed a quantitative descriptive methodology to investigate the prevalence and characteristics of compassion fatigue among counselors. This approach was chosen to systematically describe the data and identify patterns related to compassion fatigue, burnout, and compassion satisfaction. The primary instrument used in this study was the Professional Quality of Life Scale (ProQOL) by Figley (Bride et al., 2007). This scale is an advanced iteration of the original compassion fatigue scale and includes three subscales: 1) Compassion Fatigue: Evaluates the negative effects of working with traumatized individuals, 2) Burnout: Assesses feelings of hopelessness and difficulties in dealing with work or doing the job effectively, 3) Compassion Satisfaction: Measures the positive aspects of working as a helper. The ProQOL scale was adapted to suit the context of this study and was translated into Indonesian to ensure comprehension among the participants.

Descriptive statistics were used to analyze the data collected from the ProQOL scale. This included calculating the mean and frequency distribution for each of the three subscales (compassion satisfaction, burnout, and compassion fatigue). Comparative Analysis used for knowing differences in compassion fatigue levels were examined based on various demographic factors such as age, gender, job title and years experiences. This analysis aimed to identify any significant variations in the prevalence and characteristics of compassion fatigue among different groups of counselors.

3. RESULT

This study involved 45 counsellors consisting of 7 male and 38 female respondents. Most of the respondents were between 18-20 years old (N=20), followed by 21-29 years old (N=17) and after that 30-39 years old (N=6), to the least age >40 (N=2). Based on the domicile of origin of the respondents, 46.7% (N=21) came from Surabaya city, while the other 53.3% (N=23) came from outside Surabaya city, that is Sidoarjo, Gresik, Lamongan, Mojokerto, Blitar, Tuban, Banyuwangi and from outside East Java province, which was Solo, Sleman, and Blora. Followed by 84.3% (N=38) from Javanese ethnicity, and the remaining 15.6% (N=7) from non-Javanese ethnicity, namely Madurese, Minang, Balinese, Dayak, Lampung, and Malay. Based on their educational status, 66.7% (N=30) are still undergoing graduate students, 20% (N=9) have completed undergraduate education, while the remaining 13.3% (N=6) have postgraduate status. Most of the counsellors have an educational background from psychology, 62.2% (N=28), followed by the Guidance and Counselling 35.5% (N=16), and 1 person from another major, that is Nutritionist 0.3% (N=1). The data obtained regarding the number of counsellors from among peer counsellors as much as 66.7% (N=30) and professional counsellors such as Guidance and Counselling Teachers, Counsellors / Psychologist in Hospitals and private practices as much as 33.3% (N=15). The professional counselors, are employed in school settings 46.7% (N=7) and 53.3% (N=8) employed in mental health settings such as hospitals, primary health care, or private practices. Furthermore for 66.7% (N=30) have less than one year of experience, besides 33.3% (N=15) of the total participants, have more than one year of

experience. Demographic results based on categories can be seen in Table 1.

Table 2. Descriptive analysis based on gender

Professional Counselor													
	Total	ProQoL Total			Compassion Fatigue			Compassion Satisfaction			Burnout		
		Low	Mid	High	Low	Mid	High	Low	Mid	High	Low	Mid	High
Female	13	0	11	2	1	11	1	0	10	3	0	11	2
Male	2	1	1	0	0	2	0	0	1	1	2	0	0
Peer Counselor													
Female	25	3	18	4	1	3	1	7	14	0	3	16	6
Male	5	1	3	1	0	4	1	2	3	0	1	2	2

Table 3. Descriptive analysis based on age of professional counselor

Age	Total	ProQOL			Compassion Fatigue			Compassion Satisfaction			Burnout		
		Low	Mid	High	Low	Mid	High	Low	Mid	High	Low	Mid	High
22-30	8	0	7	1	1	7	0	0	6	2	0	7	1
31-40	5	0	4	1	0	4	1	0	3	2	1	3	1
41-55	2	1	1	0	0	2	0	0	2	0	1	1	0

Table 4. Descriptive analysis based on age of peer counselor

Age	Total	PROQOL			Compassion Fatigue			Compassion Satisfaction			Burnout		
		Low	Mid	High	Low	Mid	High	Low	Mid	High	Low	Mid	High
18-20	20	1	15	4	1	13	6	2	11	7	4	13	3
21-24	8	2	5	1	2	4	2	1	5	2	3	5	0
24>	2	1	1	0	1	1	0	1	1	0	0	1	1

Based on the gender, data for professional counsellors shows that a total of 13 female counselors and 2 male counselors. Among female professional counselors, the majority (N=11) experience mid-levels of overall total score of ProQoL, with none at low and 2 at high levels. Regarding compassion fatigue, most female counselors (11) are at a mid-level, while 2 are at a high level. For compassion satisfaction, 10 female counselors are at a high level, with 3 at mid-level, and none at low. When it comes to burnout, a significant portion (11) are at mid-level, with 2 at high and none at low. Male professional counselors are at a mid and low level for overall ProQOL,. Both male counselors have mid-level compassion fatigue, mid and high compassion satisfaction, and all of them at mid-level burnout. The data shows at table 2 Descriptive analysis based on gender.

Based on the age group of professional counselor, there are 8 counselors in 1) 22-30 age group: For overall ProQOL, 7 are at a mid-level, and 1 is at a high level. In terms of compassion fatigue, 7 counselors experience mid-levels, with 1 at a high level. For compassion satisfaction, 6 counselors are at a high level, and 2 at mid-level. Burnout is predominantly at a mid-level for 7 counselors, with 1 experiencing high burnout. 2) Age group 31-40: This group consists of 5 counselors. For overall ProQOL, 4 counselors are at a mid-level, and 1 is at a high level. All 5 counselors report mid-level

compassion fatigue. In terms of compassion satisfaction, 3 counselors are at a high level, and 2 at mid-level. Burnout levels are mixed, with 1 counselor at low, 3 at mid, and 1 at high levels. 3) Age group 41-55: There are 2 counselors in this group. For overall ProQOL, 1 counselor is at mid-level, and the other is at a high level. Both counselors experience mid-level compassion fatigue. Regarding compassion satisfaction, both counselors are at high levels. Burnout levels are split, with 1 counselor at low and the other at mid-level. The table provides a descriptive analysis of professional counselors based on age, focusing on three key aspects: compassion fatigue, compassion satisfaction, and burnout. Table 3 provides a descriptive analysis of professional counselors based on age, focusing on three key aspects of ProQOL: compassion fatigue, compassion satisfaction, and burnout.

According to the age group of peer counsellor, 1) Age group 18-20: There are 20 counselors in this age group. For overall ProQOL, 15 are at a mid-level, 4 are at high, and 1 is at low. Compassion fatigue is predominantly mid-level (13), with 6 at high and 1 at low. For compassion satisfaction, 11 counselors are at mid-level, 7 at high, and 2 at low. Burnout is primarily mid-level (13), with 3 at high and 4 at low. 2) Age group 21-24: This group consists of 8 counselors. For overall ProQOL, 5 are at mid-level, 2 at low, and 1 at high. Compassion fatigue is spread across low (2), mid (4), and high

(2) levels. For compassion satisfaction, 5 counselors are at mid-level, 2 at high, and 1 at low. Burnout is mainly mid-level (5), with 3 at high, 3) Age group >24: There are 2 counselors in this group. For overall ProQOL, 1 counselor is at mid-level, and 1 at low. Both counselors report mid-level compassion fatigue. For compassion satisfaction, 1 counselor is at high, and the other at low. Burnout is split, with 1 counselor at mid and the other at high level. More details about this can be seen in table 4. Descriptive analysis based on age peer counselor.

4. DISCUSSION

From the data provided, the picture of compassion fatigue in counselors varied and the highest was the moderate category. In the data provided, the prevalence of compassion fatigue in counselors in East and Central Java highlighted the emotional demands placed on professionals. Emotional demands are the result of physical, emotional and spiritual exhaustion due to daily work with an intense nurturing environment (Figley, 2002). The nurturing environment here means the empathic and compassionate environment faced daily by professional counselors. This description also provides results in accordance with previous literature which suggests that continuous exposure to client trauma can lead to significant emotional exhaustion (Figley, 2002). From gender differences, women experience more compassion fatigue than men. Thus, the higher levels of compassion fatigue among female counselors may be attributed to gender-specific emotional responses and societal expectations related to caregiving roles (Sprang et al., 2007). Mental health professionals are expected to be higher functioning than their clients. Professionals are expected to be helpful and compassionate and have effective and empathic communication skills. Sometimes these expectations can be stressful and allow for compassion fatigue to develop (Yılmaz & Üstün, 2018). Professional counselors experience higher compassion fatigue than peer counselors this is likely due to the more severe and frequent cases they handle compared to peer counselors, who might deal with less intense situations (Bride et al., 2007).

5. CONCLUSION AND SUGGESTIONS

High compassion fatigue can lead to a decrease in counselor productivity. There is also a high demand for counselors, given the high rate of compassion fatigue among counselors. To reduce compassion fatigue, it is crucial to implement supportive measures such as regular supervision, peer support groups, and resilience training programs. Encouraging self-care practices and providing adequate professional development opportunities can also help counselors manage their emotional well-being more effectively, thus minimizing the

occurrence of compassion fatigue in individual counselors. This study suggests further research to explore the effectiveness of specific interventions in reducing compassion fatigue and improving counselors' overall well-being. Longitudinal research can provide deeper insights into the long-term impact of compassion fatigue and the efficacy of various coping strategies.

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