

# The Relationship Between Compassion Fatigue and Sexual Dysfunction Among Healthcare Professionals: A Correlational Study

Jothika. V<sup>1</sup>, Manoj.R<sup>2</sup>, Mahalakshmi. K<sup>3</sup>

<sup>1</sup>Student, department of psychology 1<sup>st</sup>, Dr. MGR educational & research institution

<sup>2</sup>Head of the department, department of psychology 2<sup>nd</sup>, Dr. MGR educational & research institution

<sup>3</sup>Assistant Professor, department of psychology 3<sup>rd</sup>, Dr. MGR educational & research institution

## Abstract

The present study explored the association of The Relationship Between Compassion Fatigue and Sexual Dysfunction Among Healthcare Professionals. Professional Quality of Life Scale (ProQOL-5) Stamm (2010) Sexual Desire Inventory (SDI) – Spector et al. (1996) were administered to 150 healthcare professionals (age range 25-35 years) in Chennai, India. The descriptive statistics indicated that on average respondents reported a level of compassion fatigue 93.24 (SD = 12.064) and a level of sexual dysfunction of 31.80 (SD = 20.141). There was evidence of a positive relationship between Compassion Fatigue and Sexual Dysfunction ( $r = .182, p < .05$ ) The null hypothesis was rejected, thereby indicating the need for specialized mental health intervention and couple intervention in order to reduce caregiver distress and stabilize the marriage.

**Keywords:** Compassion fatigue and sexual dysfunction

## Introduction

Compassion fatigue is a psychological phenomenon, individuals are repeatedly exposed to the suffering of others. In caregiving contexts, this may involve loss of time, energy, emotional reserves, or social support. Proper self care, emotional support and stress management can help reduce the impact of compassion fatigue. The theoretical understanding of compassion fatigue is multifaceted. Conservation of Resources (COR) theory suggests that stress emerges when individuals perceive a threat to, or loss of, their personal, social, or professional resources. The term “compassion fatigue” was first introduced by Joinson in 1992. sexual dysfunction refers to how peoples are facing difficulties with arousal, orgasm, sexual desire that can affect there personal life and professional life, These problems can be caused by physical health issues, psychological stress, or relationship difficulties. Factors like anxiety, hormonal imbalance, and lifestyle habits may also influence sexual functioning. Psychology factors are equally important in understand sexual dysfunction, emotional stress and interpersonal conflicts reduce sexual interest, it is address sexual dysfunction and individual experiences. Early identification and proper support are important.

## Definitions of compassion fatigue:

“Carla Joinson (1992): defined it as a unique form of fatigue affecting healthcare ptofessions.

**Charles Figley(1995):** defined it as the deep physical, emotional and spiritual exhaustion that can result from working day to day in an intense caregiving environment.

**Definitions of sexual dysfunctional:**

**World Health Organization (ICD-10/ICD-11):** Defines Sexual dysfunction as a “persons inability to participate in a sexual relationship as they would wish”.

**Helen singer Kaplan (1974,1979):** sex therapy by introducing a triphasic (three-phases )model of human sexual responses -desire ,excitement /arousal, and orgasm-integrating psychological ,psychoanalytic, and behavioural approaches .

**Review of literature**

**Kraus, Vanieca I(2005)** conducted a study on relationship between Self-Care and Compassion Satisfaction, Compassion Fatigue, and Burnout Among Mental Health Professionals Working with Adolescent Sex Offenders. To investigate the potential diminishing effects of therapist self-care on compassion fatigue and burnout, measures of self-care, compassion fatigue, burnout, and compassion satisfaction were distributed to mental health professionals (N = 90) who work with adolescent sex offenders at various programs throughout the state of Oregon. Results indicate that self-care does not strongly influence compassion fatigue or burnout. It does, however appear to influence compassion satisfaction.

**Ruud C.W Vermeulen Hans R Scholte (2004)** conducted the study on chronic fatigue syndrome and sexual dysfunction for the populations to female patients with chronic fatigue syndrome (CFS) The severity of CFS was measured with a fatigue questionnaire and the presence and severity of sexual dysfunction with a questionnaire about sexual functioning. The results indicates that the control group showed negative correlation between the score of the fatigue questionnaire and the frequency of sexual fantasies and satisfaction with sex life.

**Research Methodology :**

**Research question :** The Relationship Between Compassion Fatigue and Sexual Dysfunction Among Healthcare Professionals.

**Objectives:**

- To check how much emotional strain health workers feel
- To check how common sexual problems are in people who work in healthcare
- To explore how compassion fatigue connects to sexual problems
- To check how men and women differ when it comes to emotional burnout along with intimacy issues

**Hypotheses:**

**H1:** There is a significant relationship between compassion fatigue and sexual dysfunction among healthcare professionals.

**H2:** Compassion fatigue is negatively associated with sexual satisfaction among healthcare professionals

**H3:** Higher levels of work-related emotional exhaustion are positively associated with greater sexual functioning difficulties among healthcare professionals

**Research design:**

The study will employ a quantitative correlational research design to investigate The Relationship Between Compassion Fatigue and Sexual Dysfunction Among Healthcare Professionals. Compassion fatigue is independent variable and sexual dysfunction is dependent variable

**Sampling technique:**

Through purposive sampling (Judgmental sampling). Participants will include healthcare professionals who report varying levels of stress related to caregiving. Sample for the study consisted of 150 healthcare professionals aged 25–50 years

**Data collection:**

- Data will be collected through offline questionnaires distributed to the participants.
- Participants will provide demographic information, followed by responses to the two standardized scales.

**Tool description:**

Professional Quality of Life Scale (ProQOL-5) Stamm (2010). The instrument contains 30 questions divided into three subscales and each contains 10 items: compassion satisfaction (10 items), burnout (10 items), and secondary traumatic stress (10 items). This scale contains good reliability with Cronbach's Alpha, compassion satisfaction  $\alpha = 0.88$ , burnout  $\alpha = 0.75$ , secondary traumatic stress  $\alpha = 0.81$

Sexual Desire Inventory (SDI) – Spector et al. (1996) the instrument contains 14 items divided into two subscales. It demonstrates good internal consistency reliability. Each subscale contains 7 items, dyadic sexual desire  $\alpha = 0.86$ , solitary sexual desire  $\alpha = 0.96$

**Statistical analysis:**

The data collected has been evaluated with the assistance of the Statistical Package (SPSS). A covariance analysis was done using the Pearson Product-Moment Correlation Coefficient to provide both strength and direction (i.e., positive or negative) for each variable's relationship with one another.

**Inclusion Criteria**

- Qualified medical practitioners or registered nurses
- Between 25 to 45 years old
- Have at least a year of experience in their present healthcare work
- Voluntarily participate in research after being informed about the purpose of the research

**Exclusion Criteria**

- Healthcare professionals under the age of 25 years
- Healthcare professionals aged more than 45 years
- People with pre-existing psychological problems or sexual health issues not caused by job-related stress
- Persons who are already employing any medications or substances known to affect sexuality

**Result:**

This chapter discusses the results and interpretation of the analysis done to understand The Relationship Between Compassion Fatigue and Sexual Dysfunction Among Healthcare Professionals.

**Table 1: Descriptive statistics showing the mean and standard deviation of Compassion Fatigue and Sexual Dysfunction Among Healthcare.**

Variables	Mean	Standard deviation	N
Compassion fatigue	93.24	12.064	150
Sexual dysfunction	31.80	20.141	150

**Discussion for Descriptive Statistics Table:**

The descriptive statistics show that the mean score of Compassion Fatigue (M = 93.24, SD = 12.604) indicates the level of compassion fatigue among the participants. The mean score of Sexual Dysfunction (M = 31.80, SD = 20.141) shows variation in sexual dysfunction levels. The higher standard deviation in sexual dysfunction suggests greater variability among participants.

**Table 2: Correlations**

Variables	Pearson correlation	R value	Decision
<b>Compassion fatigue</b>	Pearson Correlation	1	.182*
	Sig.(2-tailed)		.026
	N	150	150
<b>Sexual dysfunction</b>	Pearson Correlation	.182*	1
	Sig.(2-tailed)	.026	
	N	150	150

**Discussion for Correlation Table**

The correlation analysis revealed a positive relationship between Compassion Fatigue and Sexual Dysfunction (r = .182, p < .05). This indicates that higher compassion fatigue is associated with higher sexual dysfunction among the participants, although the strength of the relationship is weak.

**Discussion:**

This study revealed the statistically significant positive correlation between compassion fatigue and sexual dysfunction (Pearson r = .182, p < 0.05). this Compassion fatigue was identify by using the Professional Quality of Life Scale (M = 93.24, SD = 12.064), and sexual dysfunction was identify by using this scale Sexual Desire Inventory (M = 31.80, SD = 20.141). the result of this study is that healthcare professionals experience high compassion fatigue that may affects their sexual life, there are suffering the work pressure and that may causes stress and intimate relationship, decreased intimacy and difficulties in sexual functioning, they may have less energy for closeness with their partner continues exposure to others suffering can causes emotional exhaustion and stress .

**Summary:**

This study is focus on the compassion fatigue is related to the sexual dysfunction among health care pro-

professional, the results shows there is a significant but weak positive association relationship between the two variables ,this study suggests the high level of compassion fatigue may slightly contribute to sexual functioning ,if the working professional are suffering the work pressure and that may causes stress and decreased intimacy and difficulties in sexual activity and continues caregiving may cause emotional dysfunctions . All participants were informed about the study prior to participating, and were assured their identity would remain confidential; were informed that they have the ability to withdraw from the study at their discretion. Data for the study was collected with the help of two standardized questionnaires Professional Quality of Life Scale(ProQOL–5)Stamm(2010) Sexual Desire Inventory (SDI) – Spector et al. (1996) these are using with SPSS (Statistical Package for Social Sciences).

### **Conclusion:**

This study is explains the compassion fatigue is related to the sexual dysfunction among health care professional, the results shows there is a significant but weak positive association relationship between the two variables this study suggests the high level of compassion fatigue may slightly contribute to sexual functioning ,if the working professional are suffering the work pressure and that may causes stress and decreased intimacy and difficulties in sexual activity and continues caregiving may cause emotional dysfunctions .The study explains the need of emotional support ,stress management ,mindfulness, positive healthy bonding .

### **Limitations:**

- The study was conducted by 150 participants
- The data was collected by using the self report, so participants may answers for that all
- Although India has many adults, the number included here stayed quite low.
- Information came strictly from Chennai, limiting wider conclusions.
- The data was collected by only Chennai.
- Similar research could be done for other population and different ethnic group.
- The sample will not involve uneducated people.

### **Recommendations:**

- Future research may focus on the different gender and different region
- Future research can explore additional psychological factors burnout ,work stress Researchers may explore role of social supports systems
- Studies can explore how personal coping methods to help reduce compassion fatigue

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