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Original Article

Self-Compassion and Professional Quality of Life among Emergency Respondents

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ABSTRACT

Background: Emergency responders are routinely subjected to high-stress situations that can have significant implications for their mental health and professional quality of life (ProQOL). Self-compassion has been identified as a potential buffer against occupational stressors in these high-risk occupations.

Objective: This study aimed to investigate the relationship between self-compassion and ProQOL among emergency responders. It also sought to examine the association of various demographic variables with these constructs.

Methods: A cross-sectional correlational study design was adopted, with a purposive sample of 224 male emergency respondents, aged 18 to 60 years, from emergency rescue services in Islamabad and Rawalpindi. Instruments included the Self-Compassion Scale (SCS) and the Professional Quality of Life Scale (ProQOL). Data analysis involved correlation, t-tests, and ANOVA to explore relationships between self-compassion, ProQOL, and demographic variables.

Results: Self-compassion positively correlated with compassion satisfaction ($r = .36$, $p < .01$) and negatively with burn out ($r = -.65$, $p < .01$) and compassion fatigue ($r = -.49$, $p < .01$). Age showed a negative correlation with self-compassion ($r = -.30$, $p < .01$), while income was positively correlated with compassion satisfaction ($r = .18$, $p < .01$). Working hours were positively associated with self-compassion ($r = .15$, $p < .05$) and compassion satisfaction ($r = .15$, $p < .05$). Marital status and family system significantly impacted self-compassion and burn out, respectively. No significant differences were found concerning work shifts or job nature.

Conclusion: The study reinforces the importance of self-compassion in promoting a healthier ProQOL among emergency responders. Interventions aimed at increasing self-compassion could potentially mitigate adverse outcomes associated with emergency work.

Keywords: Self-Compassion, Professional Quality of Life, Emergency Responders, Occupational Stress, Mental Health, Burn Out, Compassion Fatigue.

INTRODUCTION

Emergency responders, such as first responders, are on the front lines of crisis situations, facing hazardous and complex environments regularly (1). Their role is crucial in safeguarding lives, property, and the environment, yet this comes with a cost to their mental health. The nature of their work exposes them to traumatic events, leading to a higher risk of mental health issues like anxiety, depression, PTSD, and even an increased risk of suicide (2, 3). The prevalence of PTSD among these professionals is notably high, with an estimated range of 20-25%, while depression and anxiety rates stand at 11-16% (4, 5).

The professional quality of life (ProQOL) of emergency responders is a dual-edged sword, encompassing both positive aspects like compassion satisfaction and negative outcomes such as burn out and compassion fatigue (6). While their work brings the satisfaction of helping others, it also involves the risk of emotional distress due to secondary exposure to traumatic events. This can lead to compassion fatigue, a phenomenon characterized by reduced concentration, helplessness, and hyper-vigilance, which can affect job performance and retention (7).

Given the challenging nature of their work, it is essential to identify protective factors that can enhance the psychological well-being and ProQOL of emergency responders. Self-compassion, a concept involving kindness

towards oneself, recognizing common human experiences, and mindful awareness, has emerged as a potential protective factor (8). It is associated with reduced psychological distress and increased psychological well-being, fostering resilience and positive emotional states (9-11). This study aimed to examine the relationship between self-compassion and ProQOL among emergency respondents.

Self-compassion, encompassing self-kindness, common humanity, and mindfulness, plays a crucial role in mitigating the negative effects of occupational stress (12). Research shows that higher levels of self-compassion correlate with lower levels of compassion fatigue and burn out, suggesting its protective role in the professional lives of emergency responders (13).

The study explored how self-compassion influences ProQOL among emergency respondents, considering factors like age, marital status, education, family system, working shift, nature of job, work experience, and working hours. Understanding this relationship is pivotal for developing strategies to foster self-compassion, potentially leading to better job satisfaction, reduced burn out, and overall enhanced job performance among these critical professionals (14, 15). This exploration was not only crucial for the well-being of emergency respondents but also for the efficiency and effectiveness of the emergency services they provide.

MATERIAL AND METHODS

The study employed a cross-sectional correlational survey design to investigate the impact of self-compassion on the professional quality of life among emergency respondents. A purposive sampling technique was utilized to select participants, focusing on male emergency responders aged 18 to 60 years, with a mean age of 37.06 years (16). The sample consisted of 224 individuals employed in various emergency services, including firefighters, emergency medical staff, ambulance drivers, and other emergency rescue workers (17). These participants were drawn from different hospitals and emergency rescue centers in Islamabad and Rawalpindi. For inclusion in the study, respondents were required to be active field staff with a minimum of six months of experience in their respective emergency service roles. Individuals currently suffering from any psychological issue were excluded from the sample to maintain the integrity of the study's findings.

The primary instrument used for measuring self-compassion was the Urdu version of the Self-Compassion Scale (SCS) (18), originally developed by Neff (2003) and adapted into Urdu by Imtiaz (18, 19). This scale encompasses 25 items across six subscales: Self-kindness, Self-judgment, Common humanity, Isolation, Mindfulness, and Over-identification. Participant responses were captured on a five-point Likert scale, ranging from 'almost never' to 'almost always' (20). To assess the professional quality of life, the study employed the Urdu-translated version of the Professional Quality of Life Scale (ProQOL R-V) by Stamm (2010) (21), adapted by Iftikhar (22). This 30-item scale measures both the positive and negative impacts of stressful incidents on helpers' quality of life and is divided into three subscales: Compassion Satisfaction Scale, Burn out Scale, and Trauma/Compassion Fatigue Scale (23, 24). The scale does not yield a composite score, and its subscale reliabilities range from .75 to .81 (25).

Additionally, a demographic sheet was utilized to gather information on participants' age, marital status, number of children, family system, educational background, nature of the job, work shift, monthly income, working hours per day, duration of employment, any psychological problems faced, exposure to traumatic events, and the level of stress experienced by the individual. This comprehensive data collection approach was designed to provide a thorough understanding of the factors influencing the professional quality of life among emergency respondents.

RESULTS

In Table 1, the demographic profile of the sample of 224 emergency respondents is outlined. The marital status of the participants shows a significant difference, with a majority of 84.8% (190 participants) being unmarried, while only 15.2% (34 participants) are married.

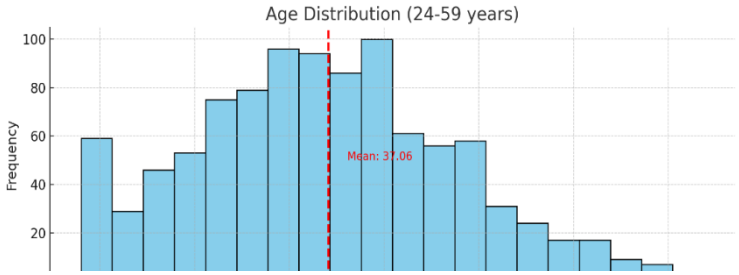

Figure 1 Age

Table 1: Demographic Profile and Descriptive Statistics of the Sample (N = 224)

Demographic Variables	Frequency (%)
Marital Status	
- Married	34 (15.2%)
- Unmarried	190 (84.8%)
Family System	
- Nuclear	72 (32.1%)
- Joint	152 (67.9%)
Education	
- Matric or below	79 (35.3%)
- Intermediate/Grad	132 (58.9%)
- Post-graduation	13 (5.8%)
Nature of Job	
- Firefighter	28 (12.5%)
- Emergency Medical	99 (44.2%)
- Ambulance Driver	75 (33.5%)
- Rescue Worker	22 (9.8%)
Working Shift	
- Day	114 (50.9%)
- Night	110 (49.1%)
Working Hours	
- 1-8 hours	195 (87.1%)
- 9 & above	29 (12.9%)
Duration of Job	
- 1-5 years	59 (26.3%)
- 6-15 years	90 (40.2%)
- Above 15 years	75 (33.5%)

The family system data indicates that 67.9% (152 participants) belong to a joint family system, whereas 32.1% (72 participants) are from nuclear families. Regarding educational background, a substantial number, 58.9% (132 participants), have an education level ranging from Intermediate to Graduation, while 35.3% (79 participants) possess Matriculation or below, and only 5.8% (13 participants) have post-graduate qualifications. In terms of job nature, 44.2% (99 participants) are emergency medical staff, followed by 33.5% (75 participants) who are ambulance drivers, 12.5% (28 participants) firefighters, and 9.8% (22 participants) rescue workers. The working shift data reveals a nearly even split, with 50.9% (114 participants) working day shifts and 49.1% (110 participants) on night shifts. A large majority, 87.1% (195 participants), work 1-8 hours a day, while a smaller segment, 12.9% (29 participants), work 9 hours or more. Job duration is diverse, with 40.2% (90 participants) having 6-15 years of experience, 33.5% (75 participants) with more than 15 years, and 26.3% (59 participants) with 1-5 years of experience.

The first graph shows the age distribution of the sample, which ranges from 24 to 59 years. The histogram illustrates that the ages are fairly normally distributed, with the highest frequency around the 30 to 40-year age range. The mean age of the sample is indicated by the dashed red line at 37.06 years. This central age suggests that the majority of the respondents are in their late thirties.

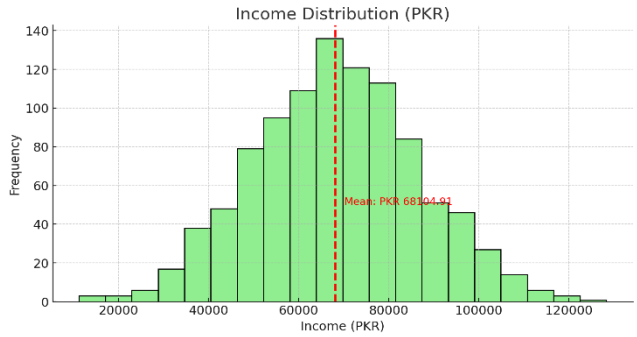

Figure 2 Income

The second graph represents the income distribution of the sample in Pakistani Rupees (PKR). The histogram indicates a roughly normal distribution of income, with the majority of the sample earning between 40,000 to 80,000 PKR. The mean income is marked by a dashed red line at PKR 68,104.91, indicating the central tendency of the sample's income. The spread of the income

data shows that there are some individuals earning both significantly less and significantly more than the mean, but the bulk of the sample's income is clustered around the mean.

Both graphs use a histogram format to display the frequency of respondents across various intervals of age and income. The shape of the distributions and the placement of the mean provide a visual representation of the central tendency and the spread of the data within the sample population.

Table 2 Correlation Matrix and Alpha Coefficients for Study Variables (N = 224)

Scales	Self-Compassion Scale (SCS)	Compassion Satisfaction (CS)	Burn Out (BO)	Compassion Fatigue (CF)
Alpha Coefficients (α)	.78	.82	.75	.81
Mean (M)	85.82	38.77	22.84	26.02
Standard Deviation (SD)	11.34	6.61	6.31	7.32
SCS	-	.36**	-.65**	-.49**
CS		-	-.59**	-.15**
BO			-	.63**
CF				-

*Note: *p < .05. **p < .01.*

Table 2 presents the alpha coefficients, mean scores, standard deviations, and correlations among study variables. The Self-Compassion Scale (SCS) shows a reliability coefficient (α) of .78, with a mean score of 85.82 and a standard deviation of 11.34. The Compassion Satisfaction (CS) scale has an α of .82, a mean of 38.77, and an SD of 6.61. The Burn Out (BO) scale records an α of .75, a mean of 22.84, and an SD of 6.31. Lastly, the Compassion Fatigue (CF) scale has an α of .81, a mean of 26.02, and an SD of 7.32. The correlation matrix shows significant correlations among the scales, with SCS positively correlated with CS (.36**) and negatively correlated with BO (-.65**) and CF (-.49**). Additionally, CS negatively correlates with BO (-.59**) and has a weaker negative correlation with CF (-.15**). BO and CF are positively correlated (.63**).

Table 3 Mean Differences Across Demographic Variables (N = 224)

Demographic Variable	Self-Compassion Scale (SCS)	Compassion Satisfaction (CS)	Burn Out (BO)	Compassion Fatigue (CF)
Age	-.30**	.09	.01	-.05
Education	.02	-.06	.06	-.07
Income	-.07	.18**	-.04	.01
Working Hours	.15*	.15*	-.29**	-.21**
Job Experience	-.30**	.01	.10	.01

*Note: *p < .05. **p < .01.*

Table 3 details the relationships between demographic variables and the study scales. Age shows a significant negative correlation with SCS (-.30**) but has negligible correlations with CS, BO, and CF. Education level does not significantly correlate with any of the study scales. Income shows a positive correlation with CS (.18**) but has minimal impact on SCS, BO, and CF. Working hours are positively correlated with SCS (.15*) and CS (.15*) and negatively correlated with BO (-.29**) and CF (-.21**). Lastly, job experience negatively correlates with SCS (-.30**) and has minimal correlations with CS, BO, and CF.

DISCUSSION

The present study sought to examine the influence of self-compassion on the professional quality of life among emergency respondents and to assess the impact of various demographic variables on these constructs. The study's hypotheses were substantiated, revealing that self-compassion is positively associated with compassion satisfaction while inversely related to burn out and compassion fatigue. These findings align with existing literature which underscores the protective role of self-compassion against occupational stressors (18).

A significant negative correlation between age and self-compassion was observed, resonating with prior research suggesting that older individuals may have been conditioned to prioritize selflessness over self-care, particularly in collectivist cultures (26, 27). Conversely, income showed a positive correlation with compassion satisfaction, reinforcing the notion that financial stability can contribute to a sense of fulfillment and well-being in one's professional life (28).

Working hours were positively linked to self-compassion and compassion satisfaction, suggesting that meaningful engagement in professional roles may enhance these attributes (Stamm, 2010). However, an increase in job experience was associated with a decline in self-compassion, potentially due to cumulative workplace stressors leading to emotional fatigue (29). Marital status influenced self-compassion and compassion satisfaction, with unmarried individuals reporting higher levels of self-compassion than their married counterparts. This finding could reflect how marital satisfaction, or lack thereof, impacts one's self-relationship (30). Family system differences revealed that individuals from nuclear families reported higher levels of burn out, suggesting that the shared responsibilities in joint family systems might alleviate stress and prevent burn out (31, 32).

No significant differences were found in self-compassion, compassion satisfaction, burn out, and compassion fatigue when comparing respondents across different working shifts and job natures. This may indicate that the nature of emergency work, characterized by unpredictable and critical demands, exerts a uniform impact regardless of work shift or specific role within the emergency services.

Despite the robust findings, the study had limitations. The use of self-report measures may introduce response bias, and the cross-sectional design limits the ability to infer causality. The sample, drawn solely from Islamabad and Rawalpindi, may not be representative of the broader population, suggesting caution in generalizing the results. Furthermore, the small sample size for certain analyses could affect the robustness of the findings.

The insights from this research contribute valuable knowledge to the literature on emergency service workers' professional quality of life. They emphasize the need for mental health interventions that foster self-compassion, which could prove instrumental in enhancing the well-being and resilience of these critical personnel. Future studies are encouraged to address these limitations and expand upon the findings, employing longitudinal designs and larger, more diverse samples to further elucidate these important relationships.

CONCLUSION

The study successfully delineated the relationships between self-compassion, professional quality of life, and demographic variables in a sample of 224 emergency respondents from Islamabad and Rawalpindi. The data substantiate the beneficial effects of self-compassion on mitigating the negative aspects of professional quality of life, such as burn out and compassion fatigue, and enhancing positive aspects like compassion satisfaction. The demographic variables of age, income, working hours, marital status, and family system play a significant role in these relationships.

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