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Compassion Fatigue in Helping Professionals Working with Individuals with IDD: The Roles of Stress, Professional Identity and Emotion Regulation

Almina Bajic

Master in Psychology of Intercultural Relations

Supervisor: Cristina Maria Lopes Camilo, Invited Assistant Professor, ISCTE – Instituto Universitário de Lisboa

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CIÊNCIAS SOCIAIS
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Department of Psychology

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Resumo

O presente estudo quantitativo, de delineamento transversal, investigou a fadiga por compaixão em 92 profissionais de ajuda que atuam exclusivamente com indivíduos com deficiências intelectuais e de desenvolvimento profundas na Bósnia e Herzegovina. Foram avaliadas satisfação com a compaixão, burnout e estresse traumático secundário por meio da Escala de Qualidade de Vida Profissional (ProQL). O estresse, medido pela Escala de Estresse Percebido, foi considerado preditor. Dois moderadores foram incluídos: identidade profissional, avaliada pela Escala de Identificação de Grupo, e regulação emocional, examinada por 10 estratégias do Questionário do Modelo de Processos de Regulação Emocional. Os participantes relataram altos níveis de satisfação com a compaixão e níveis moderados de fadiga por compaixão. As análises mostraram forte associação entre estresse e todas as dimensões do ProQL. A identidade profissional apresentou relação positiva com a satisfação com a compaixão e negativa com burnout e estresse traumático secundário, mas não houve efeito de moderação. Seis estratégias de regulação emocional demonstraram amortecer a relação entre estresse e fadiga por compaixão, e duas apresentaram efeito amplificador sobre a satisfação com a compaixão, mais evidente em níveis baixos de utilização. O estudo destaca o papel protetor da identidade profissional social e das estratégias adaptativas e desadaptativas de regulação emocional em uma população pouco investigada, reforçando a necessidade de pesquisas adicionais. Foram discutidas implicações para o fortalecimento do valor profissional e a promoção de habilidades de enfrentamento mais saudáveis no ambiente de trabalho.

Palavras-chave: burnout, fadiga por compaixão, satisfação com a compaixão, regulação emocional, profissões de ajuda, estresse, identidade profissional, estresse traumático secundário

Categorias e Códigos de Classificação do PsycInfo:

3000 Psicologia Social
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Abstract

The quantitative, cross-sectional study examined compassion fatigue in a range of helping professionals (92) working exclusively with individuals with profound intellectual and developmental disabilities (IDD) in Bosnia and Herzegovina. It employed the Professional Quality of Life Scale (ProQL) to gather insight into compassion satisfaction, burnout and secondary traumatic stress in the population. The predictor was stress, measured by the Perceived Stress Scale. Two moderators were used: professional identity, measured by the Group Identification Scale, and emotion regulation, assessed by 10 distinct strategies from the Process Model of Emotion Regulation Questionnaire. Participants reported high compassion satisfaction and moderate compassion fatigue. Analyses revealed a strong association between stress and all dimensions of the ProQL. Professional identity showed positive relations to compassion satisfaction, and negative relations to burnout and secondary traumatic stress, but no moderation effect was detected. Six emotion regulation strategies showed a buffering effect on the relationship between stress and compassion fatigue, and two showed an amplifying effect for compassion satisfaction. These effects were most significant at low levels of use. The emotion regulation strategies showed numerous associations with the outcome variables. The study shed light on the protective tendencies of a professional social identity and adaptive and maladaptive coping strategies in an understudied population, emphasizing the need for more in-depth research on emotion regulation. Implications for reinforcing value in one's profession and healthier coping skills in the workplace were discussed.

Keywords: burnout, compassion fatigue, compassion satisfaction, emotion regulation, helping professions, stress, professional identity, secondary traumatic stress

PsycInfo Classification Categories and Codes:
3000 Social Psychology
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Introduction

Professionals who work with individuals with intellectual and developmental disabilities (IDD) play a pivotal role in their patients' daily lives. They provide varying levels of assistance, support, and encouragement to help these individuals develop skills, build and maintain relationships, participate in their communities, and engage in behaviours that foster greater self-direction (Smyth et al., 2015). Individuals with IDD experience more psychological distress compared to individuals without IDD, which is explained by multiple stressful or traumatic life events, communication difficulties, behavioural problems, lack of support, societal inequalities, among other reasons (Bertelli et al., 2022). The challenges of IDD, together with the environmental factors and discrimination against this population, contribute to their adversities and suffering. The staff can also be affected by these stressors, along with work stressors, such as challenging client behaviour (Mutkins et al., 2011). This does not suggest individuals with IDD or disabilities themselves are problematic but rather indicates how stressors can extend to those who provide support.

Professionals supporting individuals with IDD are typically part of helping professions, which include fields such as nursing, counselling, psychotherapy, social work, education, etc. A defining feature of these professions is engaging with clients to foster growth or respond to their physical, psychological, intellectual, or emotional needs (Noor et al., 2025). The continuous care and compassion required in this context can lead to compassion fatigue in such professionals (Tilley, 2024). Compassion fatigue is conceptualised as the convergence of burnout and secondary traumatic stress (Figley, 1995). Helping professionals working with individuals with IDD frequently report experiencing both burnout and secondary traumatic stress in the course of their work (Mercer et al., 2023; Smyth et al., 2015). Noor et al. (2025) point out that this becomes detrimental for the well-being of these professionals, compromises the quality of support delivered to the clients, and may take a toll on the organization. Additionally, compassion fatigue leads to higher turnover rates in professions working with people with IDD (Smyth et al., 2015; Tilley, 2024).

Furthermore, the United Nations 2030 Agenda for Sustainable Development (United Nations, 2015) includes goals such as good health and well-being (SDG3), quality education (SDG4), and decent work and economic growth (SDG8). These goals align with the pressing

challenges addressed in this study regarding the well-being of helping professionals, the quality of support and education they provide, as well as the organizational impact of these factors.

Compassion fatigue and stress have repeatedly been linked (Adams et al., 2006). Different factors have been included in studies related to the phenomenon, including emotion regulation strategies that can contribute to or prevent compassion fatigue, and professional identity, a potential protective factor against it, which emphasizes the value and feeling of belongingness that the social identity has for a professional. By incorporating cognitive-emotional factors and sense of self, the present study aimed to develop new research models to explore the roles of stress, professional identity, and emotion regulation in compassion fatigue and compassion satisfaction. The intended population was helping professions that work with individuals with IDD in Bosnia and Herzegovina, a small country in Southeastern Europe. With helping professions in this context not being studied sufficiently and a lack of such research in this country, this research hopes to contribute to the literature. Actually, research regarding compassion fatigue has only recently been extended to helping professions that work with individuals with IDD (Noor et al., 2025). Also, with more extensive models of emotion regulation being developed, this study hopes to shed light on distinct emotion regulation strategies from the process model of emotion regulation and their associations with compassion fatigue that have not yet been studied in this context. That being said, there is a necessity for further research on this topic to deepen our insights into the manifestations of compassion fatigue and understand the implications they might have.

CHAPTER 1

Literature Review

1.1. Compassion Fatigue

As maintaining rapport can be emotionally demanding for helping professionals, they are at risk of compassion fatigue (Radey & Figley, 2007; Tilley, 2024). Compassion fatigue is a quite recently defined phenomenon that emerged due to the observations of emergency room nurses struggling to maintain their nurturing ability (Tilley, 2024). Depicted as a unique form of burnout (Noor et al., 2025), it has consistently been described as the convergence of secondary traumatic stress and burnout, leading to its conceptualization as a multi-component construct (Zeidner et al., 2013). Figley (1995) explains that "it is the stress resulting from helping or wanting to help a traumatized or suffering person" (p. 7).

Burnout refers to a gradual decline in the ability to meet excessive job demands and continuously invest the energy required, and secondary traumatic stress describes experiencing other's trauma or suffering vicariously (Azam et al., 2023). Allday et al. (2018) point out that the potential triggers for compassion fatigue aren't necessarily clients' trauma, but rather a combination of cumulative psychological stressors that manifest in daily human service practice with those who are vulnerable or suffering in some way. Thus, it is important to acknowledge that the concepts of secondary and vicarious trauma are significant for understanding the development of compassion fatigue, but neither clients nor helping professionals are bound to being traumatised for it to occur (Allday et al., 2018). This also sheds light on the trouble with defining such a phenomenon.

Characteristics of compassion fatigue include depersonalization, depressed mood, feelings of fatigue, worthlessness, disillusionment, negative feelings toward work, life, and others (Singh et al., 2020; Zeidner et al., 2013). Also, professionals might experience self-contempt, low job satisfaction, psychosomatic ailments, absenteeism, and substance abuse, among other outcomes (Singh et al., 2020). Apart from the psychosocial consequences it has on professionals, it can also lead to a decreased quality of care given to those being cared for (Tilley, 2024). Moreover, the detrimental effects of the phenomenon on employees can also affect the organization, which is referred to as organizational compassion fatigue, and this can potentially lead to a decline in the

overall performance standards of a workplace (Lloyd & Campion, 2019). Radey & Figley (2007) argue that four major factors contribute to compassion fatigue: poor self-care, previous unresolved trauma, a lack of work satisfaction, and refusal or inability to control work stressors. The last factor considers the prominent impact of stress and emotion regulation, which further reinforces the need to enhance our understanding of the relations of these concepts. Interestingly, the lack of conceptual clarity regarding compassion fatigue has led to a wide variation in its prevalence, ranging from 16% to 85% in healthcare professions (Beck, 2011).

Given the complexity of compassion fatigue, many theoretical models exist that aim to explain its manifestation. The conservation of resources theory posits that individuals have their own balance of resources that they attempt to protect while also gaining more resources. Resources can be physical objects, conditions, or personal values such as employment, socioeconomic status, knowledge, time, energy, etc. Stress occurs when one faces a loss of resources or when the resource gain is smaller compared to the resources invested (Hobfoll, 1989), which may contribute to the etiology of compassion fatigue (Coetzee & Laschinger, 2017). This aligns with the transactional model of stress and coping that emphasizes the transaction between individual and environmental agendas.

The Compassion Fatigue Model further builds on this model by suggesting the caregiver can be either self- or other-focused oriented when using empathy (Coetzee & Laschinger, 2017). When the orientation is self-focused, one tends to confuse the other person's feelings with their own. Those who are well-resourced and have an other-oriented focus are more likely to be compassionate when caring for others. Also, they could experience a resource gain due to the positive effects of caring for others. Experiencing a lack of resources, or having a self-oriented focus, results in perceiving the needs of those being cared for as too demanding and leads to career withdrawing to preserve one's own resources, eventually resulting in compassion fatigue (Coetzee & Laschinger, 2017; Eng & Schad., 2021).

Expanding on Figley's (1995) model, Stamm's (2010) professional quality of life model (ProQL) describes how the client, work, and personal environments of the caregiver contribute to either a positive outcome of helping others – *compassion satisfaction,* or a negative outcome – compassion fatigue. It was the first to introduce compassion satisfaction as a term at the opposite end of compassion fatigue. Compassion satisfaction is characterized by positive engagements with clients, meaningful relationships with co-workers and personal and spiritual satisfaction of being

in a helping profession (Allday et al., 2018; Stamm, 2005). Like many other models, the ProQL posits that compassion fatigue consists of two aspects: burnout and primary/secondary exposure to trauma. Furthermore, by considering other sources of stress, such as work environment and the caregiver's personal environment, as well as the combination of these factors with the client's environment, it sheds light on the development of either compassion satisfaction or compassion fatigue (Stamm, 2010; Coetzee & Laschinger, 2017). This is the dominant model of research on the phenomenon in work-related stress studies (Geoffrion, 2015), and its scale will be used to assess compassion fatigue in this study, as it offers a multidimensional understanding of the construct.

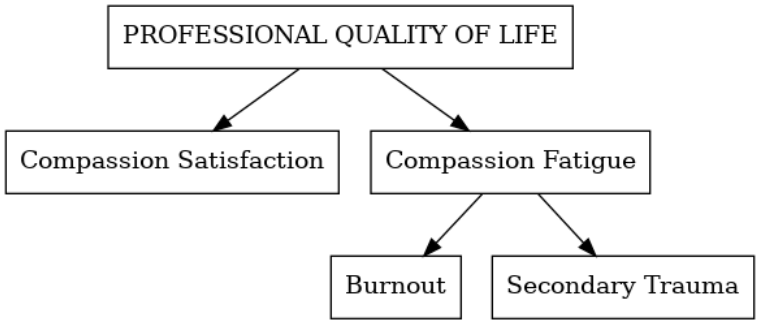


Figure 1.

The professional quality of life model (Stamm, 2010)

Tilley (2024) conducted a qualitative study on compassion fatigue and compassion satisfaction in special education teachers. It revealed the numbness and emotional exhaustion the participants felt, and one of the major themes that was explored was 'combating compassion fatigue and explaining the why', where the purpose of their work in a helping profession was identified. Noor et al. (2025) reviewed a large number of studies on compassion fatigue and found high levels of it in educators, nurses, and psychologists, which are all professions that work with individuals with IDD, among other populations. Furthermore, a study on compassion fatigue in helping professionals at rehabilitation centres used the ProQL and found that 73% showed moderate to high levels of burnout and secondary traumatic stress (Allday et al., 2018).

1.2. The Transactional Model of Stress and Coping

A common model used to understand stress is the transactional model of stress and coping by Lazarus and Folkman (1984). This model posits that the intensity of a stress reaction is influenced by appraisal, the cognitive process through which meaning is attributed to events or stimuli (Biggs et al., 2017). Lazarus and Folkman (1984) imply that appraisal has a mediating role between individual and environmental transactions. Specifically, between (1) an individual's personal agenda, which includes their values, beliefs, goals, etc., and (2) environmental factors, including demands and resources. The variations in personal agendas and environmental contexts demonstrate how people differ significantly in their appraisals of the same environmental context. Thus, appraisal holds great importance in the transactional theory of stress and coping as it highlights that it is not the event itself that is stressful, but rather the perception of the event. This determines the extent to which coping strategies are activated and stressors are addressed (Lazarus, 1999).

Primary appraisal assesses the stressor and the outcome. One's perception and interpretation of a situation could be inconsequential, neutral leaning positive, or stressful. If one perceives a situation as stressful, this stress can be categorized as harm/loss, threat, or challenge (Biggs et al., 2017). Threat and harm/loss appraisals describe situations that can potentially cause harm, damage, or provoke negative emotions. On the other hand, challenge appraisals imply the potential for rewards and growth when sufficient coping resources are accessible. They are characterized by positive emotions (Hobfoll, 1989). Helping professionals working with individuals with IDD face various work stressors daily, such as challenging behaviours and organizational concerns (Mutkins et al., 2022). Primary appraisal determines the significance given to such situations (Biggs et al., 2017), which means that the same situation will cause a variation in stress or no stress at all to some workers, and can be categorized differently.

The response to the stressor is secondary appraisal (Willey, 2023; Lazarus & Folkman, 1984). A response involves various coping strategies that one may use to handle the emotions that arise due to the stressor. The extensive research referring to this theory highlights that an individual's appraisal of a situation strongly influences the resulting emotions, coping strategies, and other outcomes (Biggs et al., 2017). Willey (2023) describes how studies have delved deeper into the research of such coping strategies. Thus, emotion-focused coping, problem-focused coping, and meaning-focused coping have all been depicted. The variable of stress in this study

emphasizes how the individual perceives the stressful situations. Additionally, emotion regulation sheds light on the response to the stressors.

Compassion fatigue has been frequently associated with psychological distress (Adams et al., 2006). Mutkins et al. (2022) observed that work stressors resulted in around one-third of staff supporting individuals with IDD reporting that they experienced stress levels that indicated a mental health problem was present. Smyth et al. (2015) observed that disability support workers' experiences with challenging behaviour, characterized by severe and frequent aggressive/destructive actions of clients, predicted emotional exhaustion and correlated with perceived stress. They also revealed a strong correlation between perceived stress and burnout.

1.3. The Process Model of Emotion Regulation

Emotion regulation bridges upon the matter of stress and dives into the strategies one may use to deal with stressors in their lives. Though emotions serve a functional purpose, the type, intensity, or duration can be perceived as maladaptive in certain situations (Gross, 2015). One can attempt to modify the emotion, thus regulating their own emotions. Gross (2015) defines emotion regulation as the process of activating the goal to alter an occurring emotional response.

Emotions unfold following a general sequence. Beginning with a situation, then by attention to the situation, followed by an appraisal of the situation, and a response (Olderbak et al, 2023). Based on this sequence, the process model of emotion regulation (PMER) by Gross (1998) identified five categories of emotion regulation strategies. It also differentiates between the orientation of strategies, which can be engagement- or disengagement-oriented. These distinctive orientations stem from research on coping. Coping strategies that are engagement-oriented are directed towards dealing with the stressor or the emotions that arise from it. On the other hand, disengagement-oriented strategies are directed towards avoiding the stressor and/or its subsequent emotions (Carver, 2011). With five categories of emotion regulation strategies and two orientations for each one, a total of 10 emotion regulation strategies are a part of the process model of emotion regulation questionnaire (PMERQ) proposed by Olderbak et al (2023).

The first category is *situation selection*, which implies actively confronting or avoiding a situation. The engagement strategy is *confronting unpleasant situations*, and the disengagement strategy is *avoiding unpleasant situations.* The second is *situation modification,* which describes whether problems are addressed or evaded as a reactive action in a situation. The engagement

strategy is *resolve conflicts*, whereas the disengagement strategy is *avoid conflicts*. Next, *attentional deployment* relates to whether one directs their attention towards a situation or shifts it away from it. *Focus elsewhere* is the engagement strategy and *cognitively distract* is the disengagement strategy in this category.

The fourth category is *cognitive change*, which involves altering the way one thinks about a certain situation to change how they feel about it. It includes the engagement strategy *consider benefits,* as well as the disengagement strategy *reduce importance*. The last category is *response modulation*, which unfolds after an emotion has been generated. It relates to altering components of the evoked emotion, such as expressive behaviours, physiological arousal, etc. The engagement strategy is *support by emotion sharing*, and the disengagement strategy is *expressive suppression*. The conceptual model of the scale is shown in Figure 2.

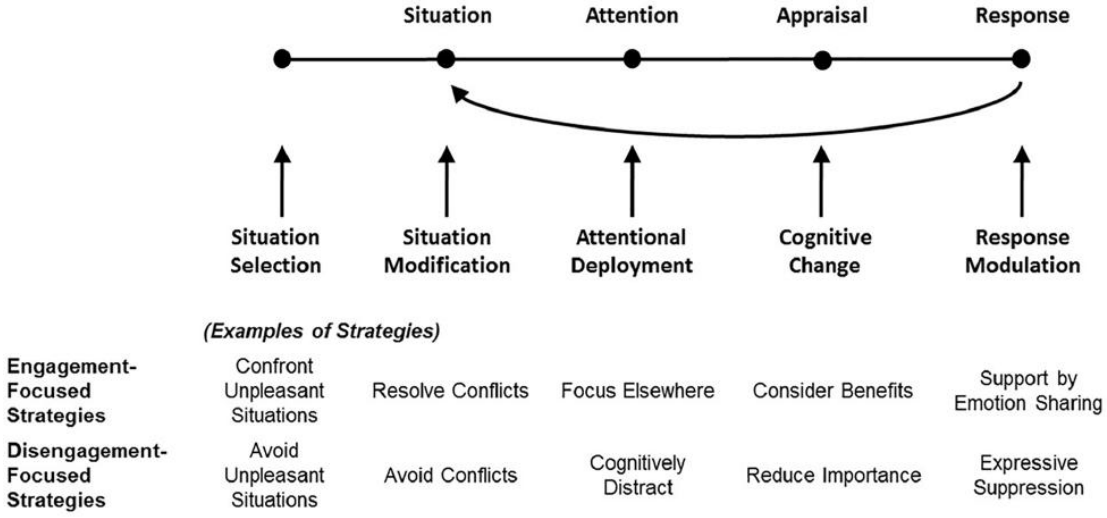


Figure 2.

The process model of emotion regulation questionnaire (Olderbak et al., 2023)

Emotion regulation strategies that are used effectively play a role in improving social functioning and psychological resilience and reducing negative states (Mohamed & El-said, 2025). Previous models focused mostly on two strategies: cognitive reappraisal and expressive suppression. Antecedent-focused strategies, such as cognitive reappraisal, have been shown to reduce negative emotions and contribute to mental health, whereas expressive suppression usually results in increased stress and reduced well-being. It is suggested that frequent use of suppression

is associated with higher levels of stress and compromised social functioning. (Gross & John, 2003; Xu et al., 2024). Furthermore, engagement-oriented strategies, such as resolving conflicts, confronting unpleasant situations, or seeking emotional support, are associated with higher well-being. The disengagement-oriented strategies of suppressing emotions and cognitive distraction are related to ill-being. Though many engagement strategies are related to higher well-being, this does not exclude disengagement strategies, as reduce importance has been positively associated with well-being (Olderbak et al., 2023). Thus, strategy orientation alone does not determine whether an emotional regulation strategy is helpful or detrimental.

With previous research being linked to coping and defence mechanisms, more studies are focusing on emotion regulation. According to Tessitore et al. (2023), several studies have confirmed the positive association between emotion regulation and secondary traumatic stress and burnout, which are components of compassion fatigue, and it was found that 'difficulties' in emotion regulation were positively associated with professional burnout and negatively associated with professional satisfaction (Tessitore et al., 2023). Willey (2023) points out the need for more research into emotion-focused coping, a concept resembling emotion regulation, to understand the benefits and drawbacks of using different coping strategies. Additionally, the process model of emotion regulation scale by Olderbak et al. (2023) is novel, and no known research has utilized it in the context of compassion fatigue in helping professions, which this study additionally contributes to. Utilizing 10 different emotion regulation strategies, this study aims to provide more depth on how these strategies might moderate compassion fatigue in helping professions that work with people with IDD.

1.4. Identity in the Professional Context

Tajfel (1972) introduced the concept of *social identity* as one's understanding of belonging to certain social groups along with the emotional meaning and value attached to their group membership. Social identity theory (SIT), developed by Tajfel & Turner (1979), emphasizes the importance of group belongingness as a result of the interpersonal-intergroup continuum, and according to the theory, social identity is supported and sustained by group membership and develops in-group behaviour (Willets & Clarke, 2014). The SIT sheds light on how a system of social categorizations shapes and defines an individual's place within society (Hogg & Terry, 2000). Consistent with the theory's cognitive definition of a social group and group level of

analysis, organizations, units, divisions, and professions are considered to be groups, each having different social identities and group prototypes (Hogg & Terry, 2000). Numerous studies have applied SIT to organizational contexts (Willets & Clarke, 2014), and there is an increase in researchers incorporating self and identity constructs in mental health studies (Geoffrion et al., 2015). *Professional identity* is one such concept.

Professional identity represents a person's professional self-concept based on their attributes, beliefs, values, motives, and experiences (Slay & Smith, 2011). It refers to a system of meanings associated with a professional's role, which is shaped through professional socialization, occupational culture, previous work experiences, and the influence of organizations (Dick, 2000). Hence, professional identity is influenced by social structures and simultaneously represents a subjective lens that interprets and gives meaning to work-related stressors, according to Geoffrin et al. (2015). As previously discussed, the transactional model of stress and coping by Lazarus and Folkman (1984) highlights that the response that follows to perceived stress depends on the subjective meaning one assigns to an event. This can further suggest that compassion fatigue itself isn't simply a reaction to external stimuli but is rather influenced by interpretations attached to a situation (Geoffrin et al., 2015).

Geoffrin et al. (2015) contend, within the framework of SIT, that assessing a person's commitment to their professional identity is necessary to understand how salient this identity is to them, and that acknowledging this significance helps evaluate how it could impact their self and psychological state. Several studies have shown a negative correlation between professional identity and compassion fatigue (Durmaz et al., 2024; Geoffrin et al., 2015; Yi et al., 2022). Geoffrin et al. (2015) argued that professional identity modulates the experience of work stress on compassion fatigue, and that the relation between professional identity and compassion fatigue was bidirectional. They also observed that compassion satisfaction could increase a commitment to professional identity which fosters psychological well-being, explaining that professional identity guides how professionals define and act towards stressors in a workplace. Yi et al. (2022) reported that a high level of professional identity can improve healthcare workers' psychological state and make them less susceptible to compassion fatigue. Similarly, a study conducted on burnout among school counsellors revealed a negative correlation between professional identity and burnout, as well as a moderating effect of professional identity on the relationship between

role stress and burnout, which further highlighted the resilience factor of professional identity (Maor & Hemi, 2021).

Furthermore, using self-determination theory, which emphasizes competence, relatedness, and autonomy, Tilley (2004) identified a lack of belonging (relatedness) as a key theme that contributed to compassion fatigue in special education teachers. Hence, there is strong evidence that suggests professional identity can act as a protective factor - emphasizing meaning, value, and belonging in the professional role - and moderate the relationship between stress and compassion fatigue in the present study. Moreover, there is a lack of research on compassion fatigue in helping professions that work with individuals with IDD that include professional identity. That being said, the current study will additionally address this gap.

1.6. The Present Study

The present study focused on examining compassion fatigue in helping professions working with people with profound IDD in Bosnia and Herzegovina. It aimed to understand the association between stress and compassion fatigue (burnout and secondary traumatic stress), as well as compassion satisfaction. In addition, the study investigated the potential buffering effects of professional identity and emotion regulation in this relationship. Professional identity, defined as the degree to which individuals integrate their professional role into their sense of self, could provide a psychological anchor that strengthens resilience to stress. A strong professional identity may enhance meaning, promote commitment to professional values, and protect against the depletion of emotional resources often associated with compassion fatigue (Figure 3).

Emotion regulation was conceptualized through ten strategies (Figure 4), reflecting recent advances in process-oriented models of emotional functioning. These strategies can serve as protective mechanisms by reducing the intensity of negative emotional experiences, enhancing recovery after exposure to stressors, and preserving emotional energy for client care. For example, adaptive strategies related to reappraisal or mindfulness may mitigate the risk of secondary traumatic stress by reframing challenging experiences, whereas maladaptive strategies connected to distraction or suppression might exacerbate vulnerability to burnout (Olderbak et al., 2023).

By examining how professional identity and emotion regulation interact with stress and compassion outcomes, this study aims to highlight their moderating roles as buffers that can dampen the negative impact of stressors and foster compassion satisfaction. Apart from focusing

on an understudied context and population, it seeks to address gaps related to the interplay of these variables, particularly the underexplored contribution of professional identity and the application of newer models of emotion regulation that have only recently appeared in research. Ultimately, the findings are expected to provide valuable insights that may support the development of targeted interventions to strengthen professional well-being and improve the quality of services delivered to individuals with IDD.

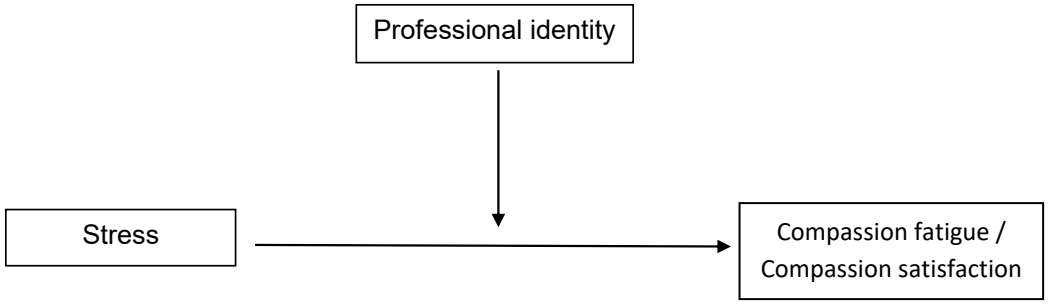


Figure 3.

Research model 1

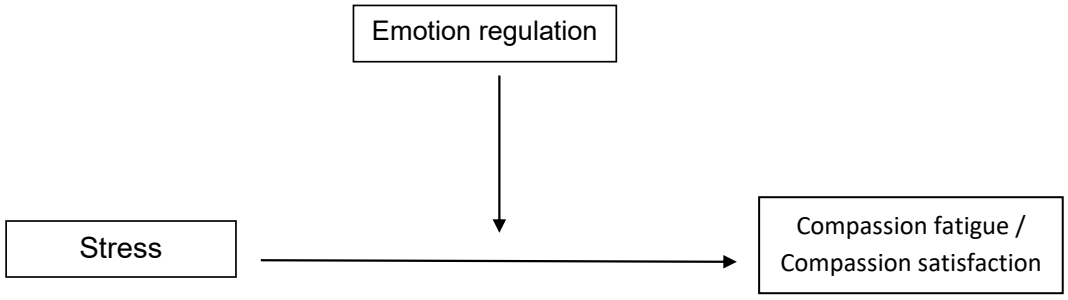


Figure 4.

Research model 2

1.7. Objectives and Hypotheses

One of the objectives was to describe compassion fatigue and compassion satisfaction in the studied sample. The hypotheses are listed below. Only certain emotion regulation strategies are specified, as the rest of them are exploratory, and we do not hold clear expectations for them.

H1: Perceived stress will be positively correlated with compassion fatigue and negatively correlated with compassion satisfaction.

H2a: Professional identity will moderate the relationship between stress and compassion fatigue, such that for individuals with higher professional identity, the association between stress and compassion fatigue will be weaker or non-significant, whereas for individuals with lower professional identity, the association will be stronger.

H2b: Professional identity will moderate the relationship between stress and compassion satisfaction, such that for individuals with lower professional identity, the association between stress and compassion satisfaction will be weaker or nonsignificant, whereas for individuals with higher professional identity, the association will be stronger.

H3: The following emotion regulation strategies will moderate the path between stress and compassion fatigue, such that more use of the strategy amplifies the association between stress and compassion fatigue, and lowers compassion satisfaction:

H3a: cognitively distract

H3b: expressive suppression

H4: The following emotion regulation strategies will moderate the relationship between stress and compassion fatigue, such that greater use of these strategies will weaken the association between stress and compassion fatigue, while being linked to higher compassion satisfaction:

H4a: resolve conflicts

H4b: consider benefits

H4c: focus elsewhere

H4d: reduce importance

H4e: support by emotion sharing

CHAPTER 2

Methods

2.1. Design

A quantitative, cross-sectional design was adopted for this study, and several moderation models were used. Compassion fatigue and compassion satisfaction served as the outcome variables, whereas stress served as the predictor. Professional identity and emotion regulation were both moderators. Each emotion regulation strategy was analysed within the model separately, which gives a total of 11 moderators.

2.2. Participants

The participants in this study were professionals in helping fields who work directly with individuals with IDD in Bosnia and Herzegovina. A prerequisite was having at least 6 months of experience in this field. The target age of participants was 20 to 65 years old. These thresholds considered the ages needed to acquire sufficient education and experience, as well as the usual age related to retirement.

To determine the recommended sample size for the study, a G*Power 3.1 analysis was conducted (Faul et al., 2009). The analysis revealed a minimum of 124 participants was required to detect a medium effect size ($f^2 = .15$), an alpha level of .05, and the statistical power of .80. A total of 136 responses were received during data collection. 44 responses were removed due to unmet requirements or, in most cases, incomplete responses. Responses were considered acceptable if at least 80% of the survey was completed, and any response below this threshold was excluded. The final sample size was $n = 92$. Participants were highly educated, with over 90% holding a bachelor's degree or higher. Most participants were women (83.7%), a common occurrence in helping professions. Over 20 different professions were listed, which were subsequently categorized into five groups. These categories are *educators* (teachers, preschool teachers, pedagogues, etc.), *rehabilitation specialists and therapists* (rehabilitation specialists, physical therapists, speech language therapists, etc.), *psychosocial support staff* (psychologists, social workers, etc.), *assistants,* and *other* which included professions that were named only once and do not fit in any of the above listed professions, such as nurse. Furthermore, almost two-thirds

of the participants were married (65.2%). 87% of participants were of Bosnian nationality, around 10% were Croatian and Serbian, and 3% were of other nationalities or did not wish to respond. The ages ranged from 20 to 62 (*M=39.56, SD =9.27*), and the number of years working with people with individual and developmental disabilities ranged from 1 to 31 years (*M= 8.85, SD=7.32).* These two variables were distributed in ranges in Table 1, along with the percentages for other sociodemographic variables.

Table 1.

Sociodemographic information about participants

	Total (N=92)	
	n	%
Gender		
Male	15	16.3%
Female	77	83.7%
Education		
High school	4	4.3%
Specialization after high school	2	2.2%
Bachelor's degree (BA, BSc)	50	54.3%
Master's degree (MA, MSc)	33	35.9%
Doctorate (PhD)	3	3.3%
Profession		
Educators	38	41.3%
Rehabilitation specialists & therapists	32	34.8%
Psychosocial support staff	7	7.6%
Assistants	10	10.9%
Other	5	5.4%
Marital status		
Single	25	27.2%
Married	60	65.2%
Other	7	7.6%
Nationality		
Bosnia & Herzegovina	80	87%
Other	12	13%
Age range		

20-29	17	18.9%
30-39	25	27.8%
40-49	36	40%
50-59	11	12.2%
60+	1	1.1%
Years of working with individuals with IDD		
1-4	32	35.2%
5-9	27	29.7%
10-14	10	11%
15-19	11	12.1%
20-24	6	6.6%
25+	5	5.5%

2.3. Materials and Measures

The survey consisted of four carefully chosen scales, as well as a sociodemographic section at the beginning.

2.3.1. Sociodemographic Information

This section consisted of questions regarding age, gender, marital status, education, profession, years of employment in the profession, years working with the targeted group (individuals with IDD), as well as nationality. Multiple choice options were given for the categorical variables, excluding profession which was an open-ended answer. Continuous variables were also open-ended with a character limit, allowing numerical responses. The questions can be found in Appendix C.

2.3.2. Compassion Fatigue

Compassion fatigue and compassion satisfaction were measured via the ProQL (Stamm, 2010). The scale has been in use since 1995 and has had several revisions. It is a common scale used in studies to assess compassion fatigue (Stamm, 2005). The scale utilizes a 5-point Likert scale from 1 = *never* to 5 = *very often.* It consists of 30 items, which include 10 items for each subscale: burnout (e.g., "I feel trapped by my job as a helper"), secondary traumatic stress (e.g., "Because of my helping, I have felt "on edge" about various things"), and compassion satisfaction (e.g., "I feel

invigorated after working with those I help"). Internal consistency, as measured by Cronbach's alpha, was .84 for burnout, .79 for secondary traumatic stress, and .89 for compassion satisfaction. The item "I jump or am startled by unexpected sounds", which was on the secondary traumatic stress subscale, was removed due to its relationship with direct exposure to trauma, which was not relevant and applicable in the context of this study, leaving 29 items remaining. In the same subscale, the word 'trauma' was substituted for 'stress' for similar reasons in some items. All modifications were done in accordance with the scale's guidelines, and are shown in italics in Appendix G, where the full scale is provided.

2.3.3. Stress

To assess the stress level of participants, the Perceived Stress Scale by Cohen et al. (1983) was used. Internal consistency was $\alpha = 0.89$. This scale included 10 items about one's feelings and thoughts regarding stress during the last month that were evaluated on a 5-point Likert scale from 1 = *never* to 5 = *very often.* An example item is "In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?". It was emphasized that the stress participants feel at work or related to work was being assessed. Slight changes were made, for example, 'personal' was changed to 'professional' where applicable. These changes are italicized in Appendix D, which includes the full scale.

2.3.4. Professional Identity

As for Professional Identity, the moderator, the Group Identification scale by Brown et al. (1986) was employed. The scale showed good reliability ($\alpha = .84$). It used a 5-point Likert scale from 1= *never* to 5 = *very often*, consisting of 10 items related to how one feels about their group membership regarding their profession (e.g., "I am a person who is glad to belong to this *profession*"*)*. The word 'group' was changed to 'profession' in all items to better suit the context. Modifications were made in accordance with the scale's guidelines and are italicized in the appendix. Appendix F contains the full scale.

2.3.5. Emotion Regulation

The Process Model of Emotion Regulation Questionnaire (Olderbak et al., 2023) was used to evaluate emotion regulation. This is a recently developed questionnaire that aims to provide deeper

insights into both engagement and disengagement orientations of each stage of the process model of emotion regulation. This makes it a valuable measure to examine differences in the individual use of emotion regulation strategies (Olderbak et al., 2023). As mentioned previously, this scale has 5 categories based on the sequential stage of the emotion regulation process, and an engagement and disengagement strategy in each category, which adds up to 10 strategies/subscales in total. The scale consisted of 45 items, which were answered on a 6-point Likert scale from 1 = *strongly disagree* to 6 = *strongly agree*.

The first category *situation selection* included the engagement strategy *confront unpleasant situations* with an internal consistency of .83 (e.g., "To feel less anxious, I tackle stressful situations head-on"), as well as the disengagement strategy *avoid unpleasant situations* with a high reliability of .91 (e.g., "I avoid stressful situations, to prevent feeling anxious"). The category *situation modification* consists of the engagement strategy *resolve conflicts* (α = .86; e.g., "During a conflict, to calm myself down, I work toward finding a compromise"), and the disengagement strategy *avoid conflicts* (α = .95; e.g., "I steer contentious conversations toward a different topic to reduce how upset they make me feel."). *Attentional deployment* included the strategies *focus elsewhere* (α = .87; e.g., "I concentrate on the least negative aspects of an upsetting situation, to feel less upset") and *cognitively distract* (α = .93; e.g., "To reduce how bad I feel during unpleasant situations, I do something to distract myself"). The emotion regulation family *cognitive change* includes the engagement strategy *consider benefits* (α = .89; e.g., "When something does not work out, to calm down, I try to see it as a blessing in disguise"), and the disengagement strategy *reduce importance* (α = .77; e.g., "When something does not go as planned, I re-evaluate its importance to reduce how bad I feel"). Finally, the last category is *response modulation* with *support by emotion sharing* as the engagement strategy (α = .88; e.g., "I express how I feel to my friends as a way to feel less bad"), and *expressive suppression* as the disengagement strategy (α = .81; e.g., "To calm down, I do not show others how I feel"). The entire scale is included in Appendix E.

2.4. Procedure

The ethics committee of ISCTE approved all the materials used in the study (04/25). The single-response survey was conducted via Qualtrics. Recruitment of participants was carried out by contacting special education schools, organizations, and similar institutions that primarily dealt with providing services to individuals with IDD. We also relied on word of mouth. The survey

was translated from English into the Bosnian language by three individuals independently, and the final version was carefully curated using all three translations. This was done to maximize the accuracy of the survey in an attempt to preserve the original meaning as much as possible and minimize biases.

At the beginning of the survey, the study's objective was stated. Participants were informed that the study was voluntary and anonymous, and that they could withdraw from participating at any time. They did not receive any compensation for their participation, and their consent was required to proceed with the survey. An estimated 15-20 minutes was necessary to complete the survey, which consisted of nearly 100 items in total. Once completed, participants were debriefed. One of the concerns of the study was that the questions might be distressing for participants, as several items related to stressful experiences. This concern was noted at the beginning of the survey, and links for support and crisis hotlines were provided after the debriefing. At the end, they were also thanked for their participation, and an email address to reach out to for further questions was available. The informed consent and debriefing can be found in Appendix A and B.

CHAPTER 3

Results

Statistical analyses were conducted using IBM SPSS Statistics, version 29, and SPSS Process macro (Hayes, 2018). Both descriptive and inferential statistical analyses have been used to analyse and discuss the data in this chapter.

3.1. Descriptive Analysis of the Variables

Table 2.

Descriptive statistics for stress, professional identity, emotion regulation & compassion fatigue

	N	Min	Max	Mean	SD	Skewness	Kurtosis	KS (sig)
Stress	92	1.30	4.30	2.81	.64	.01	-.44	.786
Professional identity	92	2.60	5.00	4.39	.52	-1.32	1.79	<.001
Confront unpleasant situations	92	1.25	6.00	4.05	.95	-.49	-.26	.011
Avoid unpleasant situations	92	1.00	5.83	3.99	1.07	-.39	-.54	.037
Resolve conflicts	92	1.67	6.00	4.38	.74	-.46	1.37	.027
Avoid conflicts	92	1.00	6.00	3.32	1.12	.23	-.90	<.001
Focus elsewhere	92	2.00	6.00	3.65	.99	-.04	-.55	.002
Cognitively distract	92	1.40	6.00	3.20	1.04	-38	-.81	<.001
Consider benefits	91	2.50	6.00	4.38	.78	-.25	-.16	.061
Reduce importance	91	2.00	5.67	3.92	.86	-.26	-.24	.023
Support by emotion sharing	91	1.67	6.00	4.15	1.03	-.56	-.06	<.001
Expressive suppression	91	1.00	6.00	3.27	1.07	.34	-.62	.001
Burnout	92	.70	3.60	2.18	.59	-.27	-.13	.632
Secondary traumatic stress	92	1.20	5.00	2.17	.59	.01	-.53	.362
Compassion satisfaction	92	1.00	3.89	3.92	.77	-1.59	3.79	<.001

The mean, standard deviation values, skewness and kurtosis for each variable and its' subscales were reported in Table 2.

The descriptive statistics showed nearly identical mean scores of burnout (M = 2.18) and secondary traumatic stress (M = 2.17), which indicate a moderate level of compassion fatigue present in this population sample. Burnout had a low skewness (-27) and kurtosis (-.13), suggesting an approximate normal distribution of scores. A very low skewness (.01) and negative kurtosis (-.53) for secondary traumatic stress indicate the distribution is symmetrical but flatter than a normal one. Furthermore, the results revealed a high prevalence of compassion satisfaction (M = 3.89) in the population. This variable deviates significantly from normality, according to the Kolmogorov-Smirnov (KS) test ($p < .001$). A high kurtosis (3.79) and negative skewness (-1.59) indicate scores were clustered around the mean and were more concentrated toward the higher end of the scale. As compassion satisfaction and compassion fatigue are seen as a continuum, with each concept on the opposite end of the spectrum, the results suggest the sample in this study is positioned closer to compassion satisfaction.

The mean level for stress was 2.81, meaning there is a moderate level of stress found in this sample. The skewness was very low (.01), indicating an equal distribution across both ends. The kurtosis (-.44) reveals that the distribution is slightly flatter than normal.

Professional identity had a mean score of 4.39, the highest mean score of all variables. The distribution significantly deviated from normality ($p < .001$), with a strong skewness (-1.32) and kurtosis (1.59). This revealed an asymmetrical distribution with most scores concentrated on the higher end of the scale, which reveals a strong sense of belonging and high value related to their profession among the participants.

Answered on a Likert scale from 1 to 6, the emotion regulation strategies used most frequently in the population sample were resolve conflicts (M = 4.38), consider benefits (M = 4.38), and support by emotion sharing (M = 4.15). Interestingly, these strategies are all engagement-oriented strategies at different stages.

Avoid unpleasant situations (S = .39, K = -.54) suggests the distribution is relatively spread out. Confront unpleasant situations (S = -.49, K = -.46) showed a slight tendency toward higher results. Both strategies follow a fairly normal distribution according to the KS test.

Avoid conflicts didn't follow a normal distribution ($p<.001$). With a negative kurtosis (-.90) and a low skewness (.23), scores were widely distributed but fairly symmetrical. The

engagement strategy for this stage, resolve conflicts (S = .46, K = 1.37), showed a distribution with a sharper peak.

Cognitively distract did not follow a normal distribution according to the KS test ($p<.001$), with a negative skewness (-.34) and kurtosis (-.81), suggesting widely distributed scores. This strategy has the lowest mean of all strategies (M = 3.20), meaning cognitively distracting oneself from a situation is used less compared to other strategies. Focus elsewhere, the engagement strategy in the category cognitive change, showed a very low skewness (.04), and a negative kurtosis (-.55), meaning the results were more distributed across opposite ends, but symmetrical.

Both strategies in the category cognitive change, reduce importance (S = -.26, K = -24) and Consider benefits (S = -.25, K = -.16), followed fairly normal distributions.

Support by emotion sharing showed a significant deviation from normality ($p<.001$), with a negative skewness (-.56), suggesting results were concentrated toward higher scores. The disengagement strategy for the stage is expressive suppression, which is notorious for its associations with negative impacts on well-being and relationships. With one of the lowest means, this strategy (M = 3.27, S = .34, K = -.62) reveals scores were more spread out than normal, with a slight tendency toward lower results. This suggests a lower use of this strategy among the participants.

3.2. Correlations among Variables

The correlations outlined in Table 3. provide insight into the association between each subscale. Significant relationships were found between stress and all dimensions of compassion fatigue and compassion satisfaction. It is positively correlated with burnout ($p<.01$) and secondary traumatic stress ($p<.01$), and negatively associated with compassion satisfaction ($p<0.05$).

Furthermore, professional identity shows a strong negative association with burnout ($p<0.01$) and secondary traumatic stress ($p<0.01$). It also shows a positive association with compassion fatigue ($p<0.05$). However, there is no strong association between stress and professional identity. There are no significant relationships between professional identity and any of the emotion regulation strategies.

Observing the relationships between stress and emotion regulation strategies, there are several notable correlations. The negative association between stress and confront unpleasant situations is significant ($p<0.05$). On the contrary, there was a significant association between

stress and avoid unpleasant situations, the disengagement strategy of the same category ($p<0.01$). Stress was negatively associated with the strategy consider benefits ($p<0.05$), and positively associated with the strategies cognitively distract ($p<0.05$) and support by emotion sharing ($p<0.01$).

Furthermore, the associations between emotion regulation strategies and compassion fatigue were also examined. The strategy resolve conflicts was positively correlated with compassion satisfaction ($p<0.05$), and negatively correlated with burnout ($p<0.05$). On a similar note, the strategy consider benefits was strongly associated with compassion satisfaction ($p<0.01$), and negatively associated with burnout ($p<0.01$). These strategies were not significantly related with secondary traumatic stress, however, support by emotion sharing ($p<0.01$) and expressive suppression ($p<0.01$) were both positively associated with secondary traumatic stress. Both strategies are part of the last stage of the PMER – response modulation. Moreover, the strategies of the situation selection category are both significantly related to compassion satisfaction, with confront unpleasant situations ($p<0.05$) showing a positive association, and avoid unpleasant situations ($p<0.05$) showing a negative one.

Table 3.

Pearson correlations

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.
1. Stress	-														
2. Professional Identity	.00	-													
3. ER: Confront Unpleasant Situations	-.21*	.06	-												
4. ER: Avoid Unpleasant Situations	.33**	.01	-.15	-											
5. ER: Resolve Conflicts	-.14	.16	.20	.30**	-										
6. ER: Avoid conflicts	.17	.02	-.13	.49**	.26*	-									
7. ER: Focus Elsewhere	.10	.09	.06	.45**	.46**	.69**	-								
8. ER: Cognitively Distract	.22*	-.05	-.09	.36**	.16	.74**	.64**	-							
9. ER: Consider Benefits	-.21*	.14	.30**	.10	.48**	.14	.44**	.15	-						
10. ER: Reduce Importance	.14	.09	.21*	.31**	.41**	.36**	.56**	.39**	.57**	-					
11. ER: Support by Emotion Sharing	.35**	-.11	.28**	.27**	.08	.07	.20	.06	.20	.39**	-				
12. ER: Expressive Suppression	.10	-.11	-.02	.16	.03	.36**	.31**	.40**	.03	.18	-.16	-			
13. CF: Burnout	.39**	-.55**	-.14	.07	-.24*	.02	-.07	.12	-.32**	-.05	.13	.20	-		
14. CF: Compassion Satisfaction	-.26*	.23*	.25*	-.23*	.22*	-.12	.05	-.13	.38**	.17	.003	-.14	-.12	-	
15. CF: Secondary Traumatic Stress	.50**	-.40**	.02	.10	-.17	.10	.13	.21*	-.11	.15	.35**	.28**	.74**	-.11	-

**p<0.05 ** p<0.01*

3.3. Moderation Analyses for Compassion Fatigue

Moderation analyses between stress and each dimension of ProQL were conducted. The tables were divided according to each of the three dimensions. The moderation analyses between stress and burnout are shown in Table 4, and the moderation analyses between stress and secondary traumatic stress are shown in Table 5. These results will be reported together, as these two dimensions form compassion fatigue.

Firstly, when it comes to the moderator professional identity, no significant moderating effect has been detected for either dimension.

Next, moderation analyses were conducted for each emotion regulation strategy. Significant negative moderations were found for seven strategies in burnout, and six of the same strategies in secondary traumatic stress. Negative interaction effects suggest that the emotion regulation strategies act as a buffer against compassion fatigue. Many of them showed nonsignificant or weaker results for the high conditional effect, but significant results for low and medium usage of the strategy.

Avoid unpleasant situations had a significant effect for burnout (B = -.30, SE = .08, t= -3.99, p<.01) and secondary traumatic stress (B = -.26, SE = .07, t = -3.51 p<.01). The conditional effects for this strategy showed significant results for low uses (burnout: B = 0.45, SE = .09, t = 5.00, p<.001; secondary traumatic stress: B = .77, SE = .12, t = 6.57, p< .001) and medium uses of the strategy (burnout: B = .39, SE = .09, t = 4.43, p< .001, secondary traumatic stress: B = .50, SE = .08, t= 5.89, p<.001). However, high usage of the strategy was not significant for either dimension (burnout: B = .06, SE = .12, t = 4.43, p< .001, secondary traumatic stress: B = .22, SE = .11, t = 1.97, p<.001).

The strategy resolve conflicts also showed a negative interaction effect for burnout (B = -.25, SE = .09, t = -2.75, p < .01) and secondary traumatic stress (B = -.24, SE = .09, t = -2.73, p < .01). The conditional effects were significant for lower (burnout: B = .51, SE = .11, t = 4.74, p< .001; secondary traumatic stress: B = .62, SE = .10, t = 6.02, p<.001) and medium usages (burnout: B = .32, SE = .09, t = 3.76, p<.001; secondary traumatic stress: B = .44, SE = .08, t = 5.38, p<.001) of the strategy. High usage was found to be nonsignificant for burnout. Secondary traumatic stress was significant with high usage, but the effect was visibly weaker (B = .27, SE = .11, t = 2.50, p<.05).

The strategy avoid conflicts was significant for burnout (B = -.27, SE = .08, t = -3.52, p< .01) and secondary traumatic stress (B = -.21, SE = .07, t = -.2.83, p < .01), showing a negative interaction effect. Similar to previous strategies, the conditional effects revealed that low usages (burnout: B = .64, SE = .11, t = 5.5, p<.001; secondary traumatic stress: B = .64, SE = .11, t= 6.00, p<.001) and medium usages (burnout: B = 34, SE = .09, t = 4.00, p<.001; secondary traumatic stress: B = .44, SE = .08, t = 5.37, p<.001) of the strategy were significant, whereas high usages of the strategy were nonsignificant for both dimensions.

A similar pattern was found in the strategy focus elsewhere (burnout: B = -.26, SE = .08, t= -3.32, p<.01; secondary traumatic stress: B = -.25, SE = .07, t = -3.39, p < .01). Low uses of the strategy were found to be significant (burnout: B = .61 SE = .11, t = 5.43, p<.001; secondary traumatic stress: B = .70, SE = .11, t = 6.51, p<.001)., as well as medium use (burnout: B = .35, SE = .09, t = 4.15, p<.001; secondary traumatic stress: B = .44, SE = .08, t = 5.53, p<.001). High usage of the strategy was nonsignificant for both dimensions.

Cognitively distract showed a significant interaction effect for burnout (B = -.18, SE = .08, t = -2.35, p < .05) but not secondary traumatic stress. The conditional effects revealed the significance for low (B = .52, SE = .11, t = 4.51, p<.0001) and medium (B = .33, SE = .09, t = 3.68, p<.001) usages of the strategy, but not for high usage.

Reduce importance (burnout: B = -.21, SE = .08, t = -2.45, p < .05; secondary traumatic stress: B = -.22 SE = .08, t = -2.73, p < .01) also showed a significant interaction effect. Low use of the strategy (burnout: B = .55, SE = .11, t = 5.20, p<.001; secondary traumatic stress: B = .64, SE = .10, t = 6.22, p<.001), as well as medium (burnout: B= .38, SE = .09, t = 4.39, p<.001; secondary traumatic stress: B = .45, SE = .08, t = 5.42, p<.001), were significant. High usage was not.

Lastly, support by emotion sharing was significant for burnout (B = -.21, SE = .08, t = -2.64, p < .01) and secondary traumatic stress (B = -.17, SE = .07, t = -2.30, p < .05) across all levels of strategy use. Low (burnout: B = .65, SE = 13, t = 4.86, p<.001; secondary traumatic stress: B = .63, SE = .13, t = 4.98, p<.001) and medium levels (burnout: B = .44, SE = .09, t = 4.73, p<.001; secondary traumatic stress: B = .46, SE = .09, t = 5.20, p<.001) showed a stronger effect, high levels of the use slightly weakened the relationship but were still significant (burnout: B = .22, SE = .11, t = 2.03, p<.05; secondary traumatic stress: B = .28, SE = .10, t = 2.67, p<.01).

Table 4.

Moderation analyses for Burnout

Outcome: burnout (compassion fatigue)					
	B	**SE**	**T**	**p**	**model R^2**
1. Professional identity					
Stress	.26	.53	.49	.62	.46
Professional identity	-.70	.36	-1.91	.06	
S X PI	.02	.12	.18	.85	
2. Emotion regulation strategies					
Stress	.30	.35	.84	.40	.15
Confront unpleasant situations	-.07	.24	-.29	.77	
S X CUS	.01	.08	.13	.90	
Stress	1.59	.32	5.01	.00	.28
Avoid unpleasant situations	.78	.21	3.70	.00	
S x AUS	-.30	.08	-3.99	.00	
Stress	1.42	.41	3.51	.00	.25
Resolve conflicts	.61	.28	2.14	.04	
A x RC	-.25	.09	-2.75	.01	
Stress	1.23	.26	4.71	.00	.26
Avoid conflicts	.74	.22	3.33	.00	
S x AC	-.27	.08	-3.52	.00	
Stress	1.31	.30	4.41	.00	.26
Focus elsewhere	.70	.24	2.96	.00	
S x FE	-.26	.08	-3.32	.00	
Stress	.89	.25	3.59	.00	.20
Cognitively distract	.53	.22	2.38	.02	
S x CD	-.18	.08	-2.35	.02	
Stress	.80	.42	1.91	.06	.24
Consider benefits	.13	.28	.47	.64	
S X CB	-.11	.09	-1.13	.26	
Stress	1.18	.33	3.53	.00	.24
Reduce importance	.50	.24	2.06	.04	
S x RI	-.21	.08	-2.45	.02	
Stress	1.29	.35	3.66	.00	.24
Support by emotion sharing	.55	.22	2.51	.01	
S x SES	-.21	.08	-2.64	.01	
Stress	.71	.27	2.61	.01	.22
Expressive suppression	.39	.23	1.66	.10	
S x ES	-.11	.08	-1.33	.19	

Table 5.

Moderation analyses for secondary traumatic stress

Outcome: secondary traumatic stress (compassion fatigue)					
	B	**SE**	**T**	**p**	**model R^2**
1. Professional identity					
Stress	.36	.56	.65	.51	.41
Professional identity	-.53	.38	-1.38	.17	
S X PI	.02	.13	.18	.86	
2. Emotion regulation strategies					
Stress	.82	.33	2.47	.02	.28
Confront unpleasant situations	.30	.23	1.34	.18	
S X CUS	-.08	.08	-1.02	.31	
Stress	1.52	.31	4.95	.00	.35
Avoid unpleasant situations	.65	.20	3.21	.00	
S x AUS	-.26	.07	-3.51	.00	
Stress	1.49	.39	3.83	.00	.32
Resolve conflicts	.64	.27	2.35	.02	
A x RC	-.24	.09	-2.73	.01	
Stress	1.14	.25	4.49	.00	.31
Avoid conflicts	.60	.22	2.81	.01	
S x AC	-.21	.07	-.2.83	.01	
Stress	1.37	.28	4.87	.00	.34
Focus elsewhere	.79	.22	3.52	.00	
S x FE	-.25	.07	-3.39	.00	
Stress	.76	.24	3.17	.00	.28
Cognitively distract	.35	-21	1.65	.10	
S x CD	-.10	.07	-1.41	.16	
Stress	1.15	.42	2.76	.01	.29
Consider benefits	.44	.28	1.60	.11	
S X CB	-.15	.09	-1.65	.10	
Stress	1.32	.32	4.11	.00	.33
Reduce importance	.67	.23	2.87	.01	
S x RI	-.22	.08	-2.73	.01	
Stress	1.17	.34	3.46	.00	.34
Support by emotion sharing	.58	.21	2.74	.01	
S x SES	-.17	.07	-2.30	.02	
Stress	.70	.26	2.69	.01	.33
Expressive suppression	.34	.22	1.54	.13	
S x ES	-.08	.07	-.98	.33	

3.4. Moderation Analyses for Compassion Satisfaction

Moderation analyses conducted for the dimension compassion satisfaction are reported in Table 6. Professional identity was also nonsignificant for this dimension as a moderator.

The moderation analyses for the emotion regulation strategies showed two significant interaction effects. Resolve conflicts, which was also significant for the other two dimensions, showed a positive interaction effect for compassion satisfaction (B = .38, SE = .13, t = 2.99, p< 01). The conditional effects revealed significant results for low usage of the strategy (B = -.54, SE = .15, t = -3.66, p<.001). Medium usage was slightly weaker but still significant (B = -.26, SE = .12, t = -2.23, p<.05). Finally, high usage was nonsignificant.

Cognitively distract also revealed a positive interaction (B = .25, SE = .10, t = 2.38, p< 05). Similar to the previous strategy, conditional effects revealed significant results for low (B = -.52, SE = .16, t = -3.31, p<.01) and medium (B = -.26, SE = .12, t = -2.13, p<.05) usage of the strategy. The effect slightly weakened for medium usage. Furthermore, high use of the strategy was not significant.

Table 6.

Moderation analyses for compassion satisfaction

Outcome: compassion satisfaction					
	B	**SE**	**T**	**p**	**model R^2**
1. Professional identity					
Stress	-.95	.89	-1.07	.29	.12
Professional identity	-.09	.61	-.14	.89	
S X PI	.15	.20	.73	.47	
2. Emotion regulation strategies					
Stress	-.70	.48	-1.47	.15	.11
Confront unpleasant situations	-.14	.33	-.43	.67	
S X CUS	.12	.12	.96	.34	
Stress	-1.01	.47	-2.16	.03	.12
Avoid unpleasant situations	-.63	.31	-2.04	.04	
S x AUS	.19	.11	1.70	.09	
Stress	-1.91	.56	-3.42	.00	.18
Resolve conflicts	-.93	.39	-2.37	.02	
A x RC	.38	.13	2.99	.00	
Stress	-.82	.38	-2.15	.03	.09
Avoid conflicts	-.52	.32	-1.60	.11	
S x AC	.16	.11	1.46	.15	
Stress	-.90	.43	-.2.08	.04	.09
Focus elsewhere	-.41	.35	-1.20	.23	
S x FE	.16	.12	1.40	.16	
Stress	-1.05	.34	-3.06	.00	.13
Cognitively distract	-.77	.31	-2.51	.01	
S x CD	.25	.10	2.38	.02	
Stress	-1.07	.55	-1.96	.05	.20
Consider benefits	-.26	.36	-.71	.48	
S X CB	.20	.12	1.66	.10	
Stress	-.96	.46	-2.10	.04	.12
Reduce importance	-.30	.33	-.92	.36	
S x RI	.17	.12	1.50	.14	
Stress	-1.02	.49	-2.09	.04	.09
Support by emotion sharing	-.38	.31	-1.24	.22	
S x SES	.16	.11	1.52	.13	
Stress	-.48	.38	-1.26	.21	.07
Expressive suppression	-.28	.33	-.85	.40	
S x ES	.07	.11	.62	.54	

CHAPTER 3

Discussion

The study considered the role of stress, professional identity, and emotion regulation strategies in shaping the occurrence of compassion fatigue, as well as compassion satisfaction on the other end of the continuum. The sample consisted of helping professionals who work with people with IDD in Bosnia and Herzegovina. Certain hypotheses were confirmed, but several were not. Some findings were contrary to our initial expectations. Nevertheless, the findings provided insight into compassion fatigue in this population. The implications are discussed along with the findings in this chapter.

It was revealed that the population exhibited high levels of compassion satisfaction and moderate levels of compassion fatigue. This indicates that many within the population find pleasure in their interactions as helping professionals and generally experience more positive engagements with clients and colleagues (Stamm, 2010). However, moderate levels of burnout and secondary traumatic stress suggest that the cost of caring is present to some degree. Daily exposure to the suffering of others contributes to emotional exhaustion, feelings of hopelessness, and difficulties in doing their job effectively in some participants (Azam et al., 2023).

We found that stress is positively associated with compassion fatigue and negatively associated with compassion satisfaction, fully confirming the first hypothesis (H1). These results align with prior research that examined the association between the two concepts (Adams et al., 2006; Barr, 2017; Mutkins et al., 2011).

4.1. The Protective Functions of Professional Identity

On average, the participants portray high levels of professional identity. This indicates that most of the participants experience a sense of belonging and pride related to their profession and that this social identity is salient to them (Geoffrin et al., 2015; Tajfel, 1972). Professional identity was hypothesized to moderate the relationship between stress and compassion fatigue/compassion satisfaction. It was expected to buffer the effect of stress on compassion fatigue, and amplify the effect on compassion satisfaction. Contrary to expectations, no significant moderation effects were found for professional identity. Therefore, H2a and H2b were not supported. Perhaps using a

different predictor could yield a different outcome, as no relation was found between stress and professional identity. However, it was negatively associated with both dimensions of compassion fatigue, and positively associated with compassion satisfaction, confirming a link between the two concepts. This was consistent with the findings of other studies (Durmaz et al., 2024; Yi et al., 2022). The results explain the high levels of both compassion satisfaction and professional identity found in this sample. Geoffrin et al. (2015) argues that compassion satisfaction can foster more commitment towards professional identity which can also promote well-being. This reiterates the positive effects of professional identity on compassion satisfaction.

Our findings suggest that professional identity does, in fact, protect one against compassion fatigue, although it does not buffer the effect of perceived work-related stress. Perhaps, it is possible that professional identity isn't sufficient to mitigate the effects of stress on compassion fatigue, which may be more acute, but rather contributes to more compassion satisfaction and less burnout and secondary traumatic stress in the long term. Ultimately, we have found professional identity to be a predictor of compassion fatigue and compassion satisfaction, but not a moderator of their relationship with stress. More research would need to be conducted to understand such dynamics.

The role of professional identity in combating compassion fatigue is evident and highlights the importance of strengthening and fostering professional identity in helping professionals. This could be carried out through workshops, mentorship programmes, as well as teambuilding opportunities, as the social identity depends largely on whether the individual feels like they belong to the community of professionals. This could be targeted even during their studies. Though they might work with different populations in the future, the sense of self may be cultivated early. That being said, professional identity could also be researched more in relation to the particular profession itself.

4.2. The Role of Emotion Regulation Strategies in Mitigating Compassion Fatigue

The emotion regulation strategies are discussed below following their order in the PMERQ along with the insightful implications towards research and practice.

The emotion regulation strategies for the stage *situation selection* were confront unpleasant situations and avoid unpleasant situations. There were no hypotheses formed for these two

engagement strategies. The engagement strategy showed no significant results for either dimension, whereas avoid unpleasant situations was found to be a buffer for compassion fatigue (burnout and secondary traumatic stress). Low and medium usage of this strategy was shown to have a buffering effect, whereas the highest level did not. The same pattern was found for the disengagement strategy of the following stage *situation modification* – avoid conflicts. These two strategies occur at the beginning of the emotion regulation process and involve avoiding a situation or conflict. As the buffering effect is effective only for the low and moderate usage of the strategies, it could indicate that the effect is strong enough to render the relationship between stress and compassion fatigue.

The engagement strategy resolve conflicts was significant across all three dimensions, buffering the effect when it came to compassion fatigue, and amplifying it in the case of compassion satisfaction. Thus, hypothesis H4a was confirmed. Low and moderate levels of strategy use for burnout and secondary traumatic stress were significant, and high use was significant but weaker only for secondary traumatic stress. In professions where one is consistently interacting with demanding clients and coworkers, these findings could demonstrate the useful strategy of choosing to resolve situations that might be upsetting when necessary. Though it could seem confusing that avoid strategies and avoid unpleasant situations showed similar results despite being the opposite strategy in the same stage of the PMER, it might indicate the importance of carefully choosing to avoid or resolve certain situations, and not excessively using either of the two strategies. In addition, resolve conflicts was one of the most used strategies in the sample and the only strategy that was significant across all three dimensions of the ProQL. This sheds light on problem-focused coping. As there were several significant findings for these strategies, it could suggest that interpersonal relations in such a context can be worth exploring more to examine the interactions between helping professionals and clients, their parents/caregivers if applicable, colleagues, etc.

The third stage of the PMER was *attentional deployment,* which contains focus elsewhere as the engagement strategy. Similar to previous strategies, focus elsewhere revealed to buffer the effect of stress on compassion fatigue, for all levels of use except high. It did not show any effect for compassion satisfaction. This indicates hypothesis H4c was partially confirmed. Focus elsewhere is an adaptive strategy linked to well-being and also encompasses mindfulness which is known for its benefits regarding stress (Olderbak et al, 2023; Bergin, 2016). This suggests

redirecting one's attention to a certain degree can mitigate the effects of stress on compassion fatigue. However, it does not seem impactful enough to amplify compassion satisfaction.

The disengagement strategy in the stage of *attention deployment* was cognitively distract. It was the only strategy that was significant for burnout but not for secondary traumatic stress. However, it was also significant in the relationship between stress and compassion satisfaction, showing a positive interaction effect. The moderator was strongest at the lowest level, with the effect weakening with moderate usage. High usage of the strategy was nonsignificant for both dimensions. These results complement each other, as low and medium levels of the strategy cognitively distract amplify compassion satisfaction, and act as a buffer against compassion fatigue. This finding was somewhat controversial, as cognitively distract was expected to contribute to compassion fatigue. Olderbak et al (2023) posit that the strategy is related to ill-being, and focuses on less positive aspects compared to focus elsewhere. Thus, hypothesis H3a was not confirmed. It could indicate that disengaging to distract oneself is helpful to a certain level, especially taking into account the conditional effects. It was also unexpected to find no moderation effect for focus elsewhere between stress and compassion satisfaction, whereas it was found for cognitively distract. It might also suggest that the differentiation between the two strategies could be explored in more depth as this is visibly lacking in the literature.

Consider benefits, the engagement strategy for the *cognitive change* stage of the PMER, was hypothesized to be an adaptive strategy that would buffer the effect of compassion fatigue in the relationship between stress and compassion fatigue. It was also expected to amplify compassion satisfaction. No significant results were found for this strategy, which means H4b was not supported. Along with expressive suppression, consider benefits was explored in more depth in prior research, as it is adapted from the *cognitive reappraisal* strategy. As previously mentioned, expressive suppression and cognitive reappraisal are most commonly researched as they are the only two strategies in the widely used Emotion Regulation Questionnaire (Gross & John, 2003). Though it did not show significance as a moderator, consider benefits was positively related to compassion satisfaction and negatively related to stress and burnout, but not to secondary traumatic stress. This could indicate the usefulness of the strategy.

Furthermore, reduce importance showed a buffering effect on the relationship between stress and compassion fatigue. Although it represents a disengagement strategy, it has been hypothesized to mitigate compassion fatigue as it has been described as adaptive (Olderbak et al.,

2023). Hypothesis H4d was partially confirmed, as it did not show significance in the relationship between stress and compassion satisfaction. High usages of this strategy did not show significance, implying that it is effective when used in moderation.

The last stage of the PMER *response modulation* showed the strategy support by emotion sharing as a buffer in the relationship between stress and compassion fatigue. As it was not significant in the compassion satisfaction dimension, H4e was partially confirmed. This engagement strategy was significant across all levels of strategy use, although the effect weakened with more strategy use. Evidently, high usage was not found to be significant in many strategies, which makes this strategy stand out. Sharing one's emotions has repeatedly shown positive effects and a contribution towards well-being (Olderbak et al., 2023). As social support has also been researched in relation to compassion fatigue, the overlap between social support and this strategy can be considered in future studies, as its salience could reveal more implications on how to promote the use of this strategy.

The disengagement strategy for the last stage was expressive suppression, which was hypothesized to have an amplifying effect on compassion fatigue. Contrary to our expectations, it did not show a significant moderation effect on any of the dimensions. Thus, hypothesis H3b was not confirmed. However, it was found to be positively associated with secondary traumatic stress. This contributes to the notion that this strategy is maladaptive, as this is a well-researched emotion regulation strategy that has been repeatedly linked to ill-being and lower well-being (Olderbak et al., 2023; Xu et al., 2024), and has been associated with burnout and secondary traumatic stress before (Măirean, 2018, Sun et al., 2018).

These findings shed light on emotion regulation strategies that could serve as protective and resilience factors against compassion fatigue and contribute to compassion satisfaction. Furthermore, there were no positive moderation effects for compassion fatigue, or negative ones for compassion satisfaction. In other words, this study did not find any results indicating that certain emotion regulation strategies exacerbate the relationship between stress and compassion fatigue.

The findings also highlight the adaptive potential certain disengagement strategies could have when used sparingly. This emphasizes the importance of going beyond categorizing engagement strategies as adaptive and disengagement strategies as maladaptive. It sheds light upon the complexities of the strategies taking into account the orientation, stage, situations, and context.

Antecedent strategies showed more significant effects. The high usage of strategies being nonsignificant in many cases raises questions on whether the reason is due to ceiling effects, the upper limit of their protective capacity being reached, or other contextual factors that limit the efficacy of the strategy.

That being said, as research on emotion regulation is expanding, this study was the first to employ the PMERQ in the context of compassion fatigue, highlighting that there is a need for broader examination of regulating one's emotions in the workplace, especially in helping professions where interactions with others are a daily occurrence with high impact on clients.

This implies practical implications such as creating training programmes to foster the use of adaptive emotion regulation strategies. Additionally, creating space in workplaces to promote mindfulness, emotion sharing, and conflict resolution skills among professionals. Though each individual regulates emotions differently, developing coping skills for adaptive strategies is feasible and essential. This could be done through workshops, guided discussions, reflections, etc. Qualitative research can also conduct interviews with helping professionals in this field to enrich the knowledge of how emotion regulation strategies are applied in practice.

4.3. Limitations

Each study comes with inevitable limitations. As this study used a self-reported survey, one limitation could be that people falsely reported, and may have been influenced by recall bias or social desirability. In relation to the survey, it was relatively long as it included around 100 items in total. This resulted in almost one-third of collected responses being incomplete, and thus not being included in the population sample. The final sample was not adequate to detect the desired effect which was calculated using G*Power 3.1 analysis (Faul et al., 2009). The PMERQ was the longest scale, consisting of 45 items. Though this new emotion regulation questionnaire is insightful and resulted in a deeper assessment of emotion regulation strategies in this study, the length of the scale overshadowed the other scales and variables. Many of the items were repetitive, and there were up to six items for certain strategies. It would be beneficial to develop a shorter scale for the PMER to improve efficiency. Furthermore, the study consisted mostly of women, which created a gender imbalance. It did not consider sociodemographic variables in the analyses, which might have had significant roles in this context.

4.4. Conclusion

Moderate levels of compassion fatigue and high levels of compassion satisfaction were found in helping professionals who work with individuals with IDD in Bosnia and Herzegovina. The role of stress was observed, confirming previous findings of the positive relation with compassion fatigue and the negative relation with compassion satisfaction. The moderating roles of professional identity and emotion regulation strategies were explored in these relationships. The outcomes showed that professional identity did not moderate the relationship, though it was linked to greater compassion satisfaction and lower compassion fatigue, indicating the protective tendencies of the social identity. The broader assessment of emotion regulation strategies was conducted, and several strategies were revealed to mitigate the effect of compassion fatigue, especially at low levels of use. Namely, avoid unpleasant situations, resolve conflicts, avoid conflicts, focus elsewhere, reduce importance, and support by emotion sharing. The strategies resolve conflicts and cognitively distract and showed an enhancing effect on the relationship between stress and compassion satisfaction. Though no moderation effects were found regarding the amplification of compassion fatigue, there were a number of associations between the strategies and the ProQL dimensions. The findings depict numerous strategies with different orientations that challenge the binary classification of emotion regulation strategies. Deepening our understanding of them is a requisite to enhance interventions. Implications for further research and possible interventions to target professional identity development and adaptive emotion regulation skills in the workplace have been discussed. These suggestions considered the context in which these professionals work and personal experiences. This study contributes to the literature by examining helping professionals' subjective perspective and emotional lens in regards to compassion fatigue, while including expanded approaches to emotion regulation and new populations. It highlights the need for caring for those who display the costs of caring, to safeguard their mental health, and to ensure the quality of support delivered to individuals with IDD.

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Appendix A – Informed Consent

Thank you for your interest in this study. My name is Almina Bajić, and I am conducting this study for my master's thesis in psychology, supervised by Dr. Cristina Camilo, at ISCTE – University Institute of Lisbon.

The study aims to gain insight into compassion fatigue and explore potential factors that may play a role in the well-being of professionals, the quality of their work, and their ability to cope with the emotional demands of their work. The population we are interested in is helping professionals currently working with people with intellectual/developmental disabilities. **Participants must be between the ages of 20-65, and have at least 6 months of relevant working experience. Also, please note that it is mandatory to reside in Bosnia and Herzegovina to participate in this study**.

This survey should take approximately 10-15 minutes to complete. As some of the questions relate to stressful experiences, it might be uncomfortable for some participants to complete. Please note that you can withdraw from completing the survey at any time without indicating the reason. The survey is voluntary, and no compensation is involved. There is no conflict of interest, and it is not funded. Furthermore, **this study is anonymous, and no personal data will be collected.** If you have any questions about the study, please feel free to contact me at:

almina_bajic@iscte-iul.pt

◘ I have read the conditions and understand the nature of the research, as well as the information regarding data anonymization and confidentiality, including how the collected data will be processed and stored.*

Do you agree to participate in this study, knowing that you can withdraw at any time and for any reason?

- ◘ I agree
- ◘ I do not agree

Appendix B - Debriefing

Thank you very much for your time and participation!

Your responses are extremely valuable and will help us better understand the challenges faced by professionals in this field.

If you would like to learn more, ask questions, or be informed about the results and conclusions of the research, you can contact: almina_bajic@iscte-iul.pt

If you feel distressed due to the content of the questionnaire, the following links may be helpful:
Overview of mental health centers in BiH:
https://bih.iom.int/sites/g/files/tmzbdl1076/files/documents/pregledi60str.pdf
Plavi Telefon:
https://plavitelefon.ba/

Appendix C – Sociodemographic Questions

1. Gender
   female, male, other

2. Marital status
   single, married, in a domestic partnership, divorced, separated, widowed

3. Highest level of education completed
   high school, vocational training, bachelor's degree,master's degree,doctorate degree,other

4. Years of experience in the profession
   Please note that you must have at least 6 months of experience in this profession to be eligible for this study.

5. Years of experience working with people with intellectual/developmental disabilities

6. Nationality
   (open-ended)

7. Are you a resident of Bosnia and Herzegovina?
   Please note that you must be a resident of Bosnia and Herzegovina to be eligible for this study.
   Yes/No

Appendix D - Stress

Perceived Stress Scale (Cohen et al., 1983)

"This scale contains questions about your feelings and thoughts during the past month in the context of work – your professional life. Please answer each question honestly using the following scale:
1 - Never 2 - Almost Never 3 - Sometimes 4 - Fairly Often 5 - Very Often"

1. In the last month, how often have you been upset because of something that happened unexpectedly *at work*?
2. In the last month, how often have you felt that you were unable to control the important things in your *professional* life?
3. In the last month, how often have you felt nervous and "stressed" *at work*?
4. In the last month, how often have you felt confident about your ability to handle your problems *at work*?
5. In the last month, how often have you felt that things were going your way?
6. In the last month, how often have you found that you could not cope with all the things that you had to do *at work*?
7. In the last month, how often have you been able to control irritations in your *professional* life?
8. In the last month, how often have you felt that you were on top of things?
9. In the last month, how often have you been angered because of things that were outside of your control *at work*?
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Appendix E – Emotion Regulation

The Process Model of Emotion Regulation Questionnaire (Olderbak et al., 2023)

"Please answer the following questions regarding how you regulate your emotions in different situations in life. Choose the number that best reflects your answer using the following scale from 1 to 6:
1 - Strongly disagree 2 – Agree 3 – Slightly disagree 4- Slightly Agree 5 – Agree 6 – Strongly Agree"

Items for the strategy Confront Unpleasant Situations
1. To feel less anxious, I tackle stressful situations head-on.
2. When I have something unpleasant to discuss with someone, I confront them to feel less bad.
3. I confront upsetting situations head-on to feel less upset.
4. To reduce how upset a situation makes me feel, I tackle it head-on.

Items for the strategy: Avoid Unpleasant Situations
1. I avoid stressful situations, to prevent feeling anxious.
2. To feel less bad, I avoid people if I expect an interaction with them to be unpleasant.
3. I avoid situations others tell me will be unpleasant, to feel less bad.
4. To reduce how upset a situation makes me feel, I avoid the situation.
5. I avoid upsetting conversations to feel less upset.
6. To feel less anxious, I avoid stressful situations.

Items for the strategy: Resolve Conflicts
1. During conflicts, I calm down by negotiating a resolution to the conflict.
2. I work to find a solution to conflicts, to decrease how anxious they make me feel.
3. To reduce how upset conflicts make me, I actively find compromises.
4. To reduce how bad conflicts make me feel, I work to solve the disagreement.
5. I work to negotiate a resolution to conflicts I have with others, to decrease how bad I feel.
6. During a conflict, to calm myself down I work toward finding a compromise.

Items for the strategy: Avoid Conflicts
1. I steer contentious conversations toward a different topic to reduce how upset they make me

feel.

2. I steer combative conversations to neutral topics, to reduce how bad they make me feel.

3. During conflicts I change the topic toward something less upsetting, to feel less bad.

4. To feel less anxious during a conflict, I move the conversation to another topic.

5. To feel less upset during a heated conversation, I change the subject.

Items for the strategy: Focus Elsewhere

1. I focus on the least negative components of a stressful situation, to feel less anxious.

2. To reduce how anxious I feel during stressful conversations, I focus on things the person says that are not negative.

3. I concentrate on the least negative aspects of an upsetting situation, to feel less upset.

4. To reduce how bad I feel during unpleasant conversations, I focus on anything the person says that is not unpleasant.

Items for the strategy: Cognitively Distract

1. During stressful conversations, I distract myself to feel less anxious.

2. To feel less upset during upsetting situations, I divert my attention away from what is happening.

3. I distract myself during unpleasant situations to feel less bad.

4. To feel less anxious in stressful situations, I divert my attention away from the situation.

5. To reduce how bad I feel during unpleasant situations, I do something to distract myself.

Items for the strategy: Consider Benefits

1. To reduce how upset I feel when something upsetting happens, I think of this as a chance to grow.

2. When something does not work out, to calm down I try to see it as a blessing in disguise.

3. When something upsetting happens, to feel less upset, I think about the possible benefits of the situation.

4. To feel less nervous during a stressful situation, I think about the good things that could come from the situation.

5. To feel less upset when things do not work out as planned, I think of it as a chance to learn.

6. To feel less upset when things do not go as planned, I think about what may be the benefits.

Items for the strategy: Reduce Importance

1. When something does not go as planned, I re-evaluate its importance to reduce how bad I feel.

2. If something does not work out as I wanted, to feel less bad I decide that perhaps it was not so important.

3. When going for something I want gets me in a stressful situation, to feel less anxious I question the importance of what I want.

Items for the strategy: Support by Emotion Sharing

1. I express how I feel to my friends as a way to feel less bad.

2. To feel less stressed, I ask others for help.

3. I talk with others about what makes me nervous, to feel less anxious.

Items for the strategy: Expressive Suppression

1. I suppress my emotion expressions during stressful conversations to feel less anxious.

2. To calm down, I do not show others how I feel.

3. I do not tell others when I am upset, as a way to reduce how upset I feel.

Appendix F – Professional Identity

Group Identification scale (Brown et al.., 1986)

" Below are questions related to how you feel and identify with your profession or group.
Your profession is _____
Please answer honestly about how you feel regarding the following statements using the scale from 1 to 5:
1 - never 2 - rarely 3 - sometimes 4 - often 5 - very often"

1. I am a person who considers this *profession* important.
2. I am a person who identifies with this *profession*.
3. I am a person who is glad to belong to this *profession*.
4. I am a person who feels strong ties to this *profession*.
5. I am a person who sees myself as belonging to this *profession.*
6. I am a person who makes excuses for belonging to this *profession.*
7. I am a person who tries to hide belonging to this *profession.*
8. I am a person who feels held back by this *profession.*
9. I am a person who is annoyed to say I'm a member of this *profession*.
10. I am a person who criticizes this *profession*.

Appendix G – Compassion Fatigue / Satisfaction

Professional Quality of Life Scale (Stamm, 2010)

"Below, you can find some questions about your experiences as a helper/professional that helps people. Consider each of the following questions about you and your current work situation. Select the number that accurately reflects how frequently you experienced these things in the last 30 days. The scale used is from 1 to 5:
1 - never 2 - rarely 3 - sometimes 4 - often 5 - very often"

1. I am happy.
2. I am preoccupied with more than one person I help.
3. I get satisfaction from being able to help people.
4. I feel connected to others.
~~5. I jump or am startled by unexpected sounds.~~
6. I feel invigorated after working with those I help.
7. I find it difficult to separate my personal life from my life as a helper.
8. I am not as productive at work because I am losing sleep over *stressful* experiences of a person I help.
9. I think that I might have been affected by the *stress* of those I help.
10. I feel trapped by my job as a helper.
11. Because of my helping, I have felt "on edge" about various things.
12. I like my work as a helper.
13. I feel depressed because of the *stressful* experiences of the people I help.
14. I feel as though I am experiencing the *stress* of someone I have helped.
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with helping techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a helper.
20. I have happy thoughts and feelings about those I help and how I could help them.

21. I feel overwhelmed because my workload seems endless.

22. I believe I can make a difference through my work.

23. I avoid certain activities or situations because they remind me of *stressful* experiences of the people I help.

24. I am proud of what I can do to help.

25. As a result of my helping, I have intrusive thoughts.

26. I feel "bogged down" by the system.

27. I have thoughts that I am a "success" as a helper.

28. I can't recall important parts of my work with *individuals I help*.

29. I am a very caring person.

30. I am happy that I chose to do this work.