Compassion Fatigue Syndrome in Social Workers and its relationship with Emotional Intelligence.

Abstract:

A study was conducted on how Emotional Intelligence and Compassion Fatigue interact in social workers. The hypothesis was that social workers with higher Emotional Intelligence were less likely to suffer/develop Compassion Fatigue. Methodology: a sample of 264 subjects was extracted from a universe of 2,014 active social workers in Seville (Spain). They were administered a sociodemographic questionnaire (α = .710), the Emotional Intelligence questionnaire TEIQue-SF (α = .790), and the Compassion Fatigue scale by Zamponi *et al.,* (2009) (α = .770). We carried out a reliability analysis (Cronbach's alpha), a frequency study, contingency tables, a Pearson-type correlations analysis, a linear regression analysis and ANOVA-type significance tests (with values between p = .001 and *p* = .005). The social workers who participated in this study presented high emotional intelligence, yet high percentages of Compassion Fatigue were found. Specifically, the lower the social worker's manifest level of emotional intelligence, the greater the suffering of Compassion Fatigue. As an overall conclusion, the social workers with higher Emotional Intelligence are less likely to suffer or develop Compassion Fatigue.

Keywords: Emotional intelligence, compassion fatigue, social work, social intervention.

INTRODUCTION

Traditionally, Social Work is one of the disciplines that presents most Compassion Fatigue. Moreover, Social Work professionals are affected by harsh social contexts, new

types of contracts, and other external factors such as workplace harassment or *mobbing*. In this regard, we find several examples and studies in the scientific literature, such as the work of Casado, Rosselló, and Cañas-Lerma (2023) linked to COVID-19, that of Winnett (2022) in relation to working with homeless people, or the research by Cuartero & Campos-Vidal (2019), Martin, Myers & Brickman (2020), and Wagaman *et al.* (2015), on the relationship between compassion fatigue and self-care in social workers. Not only do such conditions undermine the social services, but also the quality of the care provided, as well as the workers' job satisfaction (Kreitzer *et al*., 2020). For Yang (2021), the latter causes work-related mental health disorders such as stress, burnout, and in the specific case of Compassion Fatigue, Kabunga *et al.* (2020), tell us that worldwide, about 50% of professionals working with traumatized people present problems in this regard.

Compassion Fatigue (CF) was first referred to by Figley in 1995 to describe the behaviours and emotions experienced by professionals due to their exposure to complex events and the stress deriving from their overinvolvement (Yang, 2021).

As indicated by Bermejo (2020), CF is linked to cognitive changes produced by the prolonged exposure to another person's trauma, which generate what is also known as secondary post-traumatic stress. In other words, CF is a biopsychosocial response to continual and recurrent exposure to other people's trauma, tension or stress owing to compassionate and sensitive interaction (González *et al*., 2018).

CF significantly affects subjects who, due to their professional activity, face the suffering, anxieties or unease of others over long periods of time and thus carry a great emotional burden. Therefore, CF especially arises in the work domains where exposure to the pain of others and compassion predominate (Figley, 1995 cited by Cuartero, 2018).

As advanced by Ramiro (2014), Social Work professionals constitute a CF risk group for two reasons: the nature and scope of their work, which implies ongoing exposure to

traumatic events where feelings of chronic pain, stress, depression, sadness or anger are all present (Cuartero, 2018); and because compassion is an essential instrument to effectively perform the work (Ferrer, 2015) – indeed, "the main resource available to a social worker is him/herself" (Ramiro, 2014).

CF incidence in social workers is related to a range of factors. The greater the workers' exposure to psychosocial risks, the more likely they are to suffer this fatigue. According to Moncada *et al*. (2002), and Palma *et* al. (2022), psychosocial risks consist of all the workplace variables that affect the professional's psychological and physiological health. Based on this definition and given current work organisation models, there is a growing concern about risks to physical/psychological integrity. It seems likely, however, that a number of factors affecting the integrity of workers themselves owe to the absence of a protective legal concept or due to the harassment and violence affecting the work environment itself (Sierra, 2021). These stressors include the following: high psychological demands; scarce possibilities of active work (influence and control over work); poor social support and pay dissatisfaction (Palma *et al*., 2022); and the professional activity itself (Sierra, 2021). Nevertheless, also worthy of note are internal factors, i.e., subjective elements such as the skills, needs or culture of the workers themselves (Sierra, 2021).

In any event, work stress is considered to be among the fastest-growing occupational risks today. Work stress stems both from work demands that are not adapted to workers' needs, expectations or capabilities, and from the lack of adequate pay (Sierra, 2021).

In the case of Social Work professionals, based on a recent 2022 study on CF suffered by social workers in Chile's juvenile offender system, three major factors that could harm integrity were found: high expectations and responsibilities at work; inadequate support from colleagues; and low pay for the amount of time spent. Other notable variables

include the difficulties in completing the work and the large number of cases faced by professionals. This leads to worker frustration, scarce promotion opportunities, lack of autonomy and, as a result, feelings of isolation (Reyes-Quilodran *et al.*, 2022).

Supporting the arguments above, the Unión de Profesionales de Asturias (España, 2021) defended that the performance of functions without due qualification can not only lead to harming the entity's own assets but can also affect the professional's future projects. At the same time, professionals may feel distrust towards the system, administrations or other public bodies for allowing the situation to occur. They may also suffer a loss of self-esteem. Unqualified practice is widespread in Social Work, above all in cases of voluntary activity exercised by many students of the discipline itself (Caballero *et al.*, 2021), and also in other professions. This unqualified practice not only potentially harms social workers, as mentioned above, but also affects users, since it makes them more vulnerable and exposes them to a greater risk, undermining the due attention their problems require. In some cases, it stops them from receiving adequate prevention care which can cause serious, long-term damage.

In this work, we also focused on the concept of Emotional Intelligence. In 1995, Daniel Goleman introduced a new scientific vision in his book *Emotional Intelligence*. For this author, Emotional Intelligence is the ability to reorganise one's own feelings, to motivate ourselves, and in turn, to manage our emotions towards others (Goleman, 2016). A more complete definition was proposed by Salovey *et al.* (1995), for whom Emotional Intelligence corresponds to the ability to predict, understand and generate emotions as a means to promote intellectual and emotional growth. It is a genuine form of intelligence based on our ability to use emotions to adjust to the environment and find solutions. Emotional Intelligence has four dimensions, the recognition of one's own emotions, the proper management of emotions, the capacity for self-motivation and recognising other

people's emotions, and establishing good relationships with others. The latter interact in a processual way, that is, as a series of sequences that must be fed back to achieve proper emotional regulation (Fernández and Cabello, 2019).

For Guerrero *et al*. (2020) and Tirado *et al*. (2020), Emotional Intelligence associated with the workplace could help to understand these professional's social situations at the workplace. Indeed, when people are more aware of their emotional dimensions, they achieve better relationships with others and contribute more to favourable work environments. As well described by Millán-Franco et al. (2020), applying Emotional Intelligence to Social Work could offer professionals a greater understanding, acceptance and adaptation to situations that generate ongoing and intense stress – such as emotional pain, illness, and death, among others. This way, anxiety and deterioration can be reduced. The work of Tirado *et al*. (2020) affirm that emotional intelligence could also favour adequate emotional expression, and the ability to understand emotions as well as their feelings about commitments, towards themselves and towards others.

Given the nature of their tasks, Social Work professionals are particularly exposed to the risk of work-related stress disorders. Emotional Intelligence could act as a preventive factor in certain stressful situations. It was thus logical to focus on the potential benefits of developing Emotional Intelligence skills to prevent fatigue in Social Work.

According to empirical findings, – e.g., the studies of de Zeidner, Hadar, Matthews and Roberts (2013) on coping styles and CF – an inverse and significant relationship exists between CF and Emotional Intelligence. In addition, higher CF levels are associated with lower levels of Emotional Intelligence and vice versa. Guerrero *et al*. (2020) argue that Emotional Intelligence may facilitate the management of the workers' own work-related emotions, but not only. It could also contribute to a better choice and management of the resources available as well as an understanding of the social concerns that arise in the

workplace. At the same time, according to Tirado *et al*. (2020), a greater awareness of one's own emotional dimensions leads to better relationships with others and contributes to creating more favourable work environments. De Lluc, (2015) states that if social workers develop CF and fail to implement well-being, protection and security strategies, they may suffer an imbalance in the quality of their professional practice. A good use of Emotional Intelligence skills, however, could help to improve the intervention.

In short, a balance must be found between professionals and the persons cared for. Indeed, if a social worker is not able to place beacons on the way, he or she will easily fall into a projective identification. In parallel, a countertransference can be triggered (Rothschild, 2006), that is, one can tend to believe that any professional's feeling (positive or negative) is caused by the client (Cuartero, 2018).

Based on the above, we proposed the following hypothesis: social workers with higher Emotional Intelligence levels are less likely to suffer/develop CF. Consequently, we set out the following research objective: to analyse how Emotional Intelligence and CF interact in Social Work professionals.

METHODOLOGY

Sample

The universe was 2,014 Collegiate Social Workers as of 28 January 2022 from the College of Social Work of Seville, (1815 women and 199 men). The following inclusion criteria were applied to this universe: being a social worker and exercising or having exercised the profession in Seville province. The exclusion criteria were not being a social worker or not having ever exercised the profession in Seville province. After applying these criteria and having obtained the questionnaire responses, a total sample of 264 participants was obtained (with a 13.4% response rate) of which 244 were women (13.5% response rate) and 25 men (12.1% response rate).

The average age was 41 years, although the mode was 45 years. A majority had a married marital status (46.5%). A total of 83.3% were currently working and almost all of them (96.8%) were employed (as opposed to self-employed). Specifically, 58.4% worked for a public entity (52.8% at the municipal level, followed by 23.4% at the provincial level). Full working days predominated (84.8%). A total of 28.3% of respondents worked in Community Social Services, compared to 71.7% who worked for other groups, notably the elderly (12.6%), followed by healthcare work and minors (both accounting for 10%).

Variables and instruments

The three instruments described below were used in the study.

The socio-demographic questionnaire: this tool provided sociodemographic information on the sample profiles which could be crossed with the information of the scales used. We focused on the following variables: gender, age, marital status, employment status, time employed, type of professional activity, scope of action, and professional practice context. In the same way, work and family conciliation, unqualified practice, physical or psychological integrity risks, and access to supervision were measured. This instrument produced a reliability of $\alpha = .710$ (Cronbach's Alpha).

Spanish version of the **Trait Emotional Intelligence Questionnaire-Short Form (TEIQue-SF)**, with Cronbach's alpha coefficient $\alpha = .790$, aimed at knowing the subjects' Emotional Intelligence competences. The instrument measures the following variables through Likert-type response options (with ranges between 1-7): Global Emotional Intelligence, the Well-being Factor, the Self-Control Factor, the Emotionality Factor, the Sociability Factor and Independent Traits.

Compassion Fatigue scale (Zamponi *et al.*, 2009), to assess the CF levels of individuals (Cronbach $\alpha = .770$). The instrument establishes four different subject profiles depending

on the degree of fatigue. Thus, profile 1 corresponds to optimal compassion functioning, without risk of suffering from CF, and profile 4 corresponds to abnormal compassion functioning, with CF. The measurement is based on the variables of professional involvement, personal care, vulnerability, and the global measurement of CF.

Procedure

The study was approved by the Ethics Committee of the (name of institution concealed to ensure blind review) University (code 21/8-2). We also guaranteed the participants that the data obtained from the study was covered by the Organic Law on Protection of Personal Data and Guarantee of Digital Rights 3/2018 of 5 December and was subject to the Code of Ethics of the International Federation of Social Work (IFSW).

Participants were contacted through the Official College of Social Work of Seville, via corporate mailing, the newsletter and social networks. The instrument (sociodemographic questionnaire, TEIQue-SF, and the CF scale) was then sent through Google Forms. This allowed us to obtain an initial Excel sheet with the raw results data. The Excel was encoded and exported to SPSS (IBM version 28.0.1). Subsequently, an analysis was conducted of each scale's different items to determine each instrument's scalar values and the variables and sub-variables that compose it. We then carried out a reliability analysis (Cronbach's alpha), a frequency study, contingency tables, a Pearson-type correlations analysis, a linear regression analysis and ANOVA-type significance tests. We thus established relationships and patterns between the study variables allowing us to understand their functioning.

Limitations of the study

The limitations of the study are related to the sample size itself, although it was quite large. The results could be further generalized through comparative samples from

different regions of the world. Data limitations do not allow us to generalize to any cultural or geographic context. Another limitation is the subjective aspects of CF and its relationship with emotional intelligence, which this research has not been able to work on, since it has not used qualitative methodology.

RESULTS

Among other analysed data, we found that 75.8% of the sample believed that they had suffered risks to their physical integrity and 60.2% that unqualified practice took place in the institution they worked for.

Regarding the Emotional Intelligence of the social workers in our sample, 84.8% of the participants were found to be in the 'above average' category (see Table 1).

(Table 1 here)

The sample therefore presented a high level of emotional intelligence according to the scale data.

Yet when examining CF (Table 2), 46.1% of the subjects were in profile 3, i.e., they presented 'normal compassion functioning, at risk of contracting CF', followed by 46.1% who were in profile 4 'abnormal compassion functioning, with CF '. Only 3.3% of participants showed 'optimal compassion functioning' (1.1%) and 'normal without risk of contracting CF' (2.2%).

(Table 2 here)

These findings implied that 96.7% of the analysed sample generally presented CF.

To explore the initial hypothesis more in depth, we then conducted a more detailed analysis. As observable in Figure 1, the lesser the Emotional Intelligence (total), the greater the CF in the most severe profile (profile 4).

(Figure 1 here)

Table 3 presents a more detailed account. The table allows to explore the association between Emotional Intelligence factors (well-being, self-control, emotionality, sociability and independent traits) and the CF profiles, profiles 3 and 4 presenting CF issues.

(Table 3 here)

As can be observed, the below-average levels of the Emotional Intelligence scale factors presented the highest percentages of the most severe CF. The well-being factor presented 75% in profile 4, self-control, 66.7%, emotionality, 73.3%, sociability, 80%, and independent factors, 66.7%, also in profile 4. A clear relationship was therefore found between low emotional intelligence and CF in social workers.

The correlation analysis also revealed this interdependence (Table 4).

(Table 4 here)

In summary, all variables and subdimensions of the CF and Emotional Intelligence scales correlated with each other (they presented associated behaviours). Significant correlations $p = .001$ and $p = .005$ were found between all the elements and variables of both scales. The correlation was so significant that we proceeded to make a linear regression analysis, which generated a predictive model $Y=111.67-(.23)X$ (see Table 5), with an ANOVA significance level of $p = .002$.

(Table 5 here)

Figure 2 allows to appreciate the connection between the variables produced by the histogram and the P-P regression graph, that is, the lower the Emotional Intelligence skills, the greater the CF in the Social Work profession.

(Figure 2 here)

DISCUSSION

In relation to the first finding (the sample had experienced risks to their physical integrity) a study outcome that coincided with that of Moncada *et al.* (2002), and Palma *et al.* (2022). Such a finding is a matter of concern: social workers are subject to occupational risks, and, in line with Sierra (2021), the profession can generate low social support as well as job and pay dissatisfaction. In the same way (Palma *et al*., 2022), the very reason for exercising their profession risks being nullified. Social workers thus find themselves in a vulnerable position.

Regarding the second finding, unqualified practice was widespread in the social workers' institutions. This can have an impact on the professionals' future projects (España, 2021). They may experience distrust towards the system, administrations or other public bodies for allowing this situation to occur or loose self-esteem. Caballero *et al*. (2021) warned of the threat this poses to the Social Work profession, especially in cases of unqualified practice of voluntary activities, and other unqualified professions, which can harm not only the professionals but also the persons cared for.

Third, and according to our results, the social worker group generally presented high emotional intelligence. This is tremendously positive, because as explained by Guerrero *et al*. (2020) and Tirado *et al*. (2020), it favours an understanding of these professionals' social situations at the workplace. That is, the greater the awareness of their emotional

dimensions, the better the relationships social workers can achieve and the more positive the results of their work.

In the fourth finding, we have explained that the sample generally presented CF. It should be recalled that practically the sample had CF values of level 3 and 4, the highest levels. We agree here with Yang's assessments (2021) of its impact, and especially with the appreciations of Kabunga *et al*. (2020), who linked CF to professions that work with the most vulnerable and excluded sectors of the population. Social workers would suffer it anyway due to their exposure to complex events and the stress that derives from an over-involvement (Yang, 2021). That is, prolonged exposure to another person's trauma comes at a cost for social workers, as it generates what is also known as post-traumatic stress (González *et al*., 2018). The results support the contributions of Figley (1995) and Cuartero (2018), who explained that social workers suffer an impact because they carry a great emotional burden. For all these reasons, we agree with Ramiro (2014), Ferrer (2015), Casado, *et al.* (2023), Winnett (2022), Cuartero & Campos-Vidal (2019), Martin, *et al.* (2020), and Wagaman *et al.* (2015), according to whom Social Work is a CF risk group.

Lastly, in the fifth finding, the study establishes that the lesser the worker's manifest emotional intelligence, the more the worker suffers from CF. We thus support Millán-Franco et al. (2020), in the sense that applying Emotional Intelligence to the Social Work discipline can help professionals to develop a greater understanding, acceptance and adaptation to situations that generate ongoing and intense stress – such as CF itself. The contributions of Tirado *et al*. (2020), those of Zeidner, Hadar, Matthews and Roberts (2013), Guerrero *et al*. (2020), Tirado *et al*. (2020) are notably relevant: they advance different approaches and studies that also determined the positive effect of Emotional Intelligence in counteracting, preventing or at least softening CF effects.

The findings of the present study have important implications for social work practice. It can serve to improve occupational risk policies in the contexts where social workers work, promote preventive measures and the attention given to this professional group. For example, Emotional intelligence development programmes could be provided to prevent or reverse CF. As indicated by De Lluc, (2015), if social workers develop CF and do not implement the strategies that guarantee their well-being, protection and security, they may suffer an imbalance affecting the quality of their profesional practice. By making a good use of Emotional Intelligence skills, however, they could contribute to improving their interventions. The implications for Social Work research and education are also relevant. These findings could, in the first place and from university education, rethink the training needs of future social workers, to achieve better skills and abilities that combine emotional intelligence to counteract the effects of CF. In parallel, these ideas open up numerous possibilities for research in this regard. In line with all these implications, there are also ethical considerations. Studies, research and training and intervention approaches must assume, from an ethical dimension, the implications that CF generates on social workers. Agencies and administrations that employ social workers must be aware of these risks and prevent them.

CONCLUSION

Finally, the performed and described analysis allowed us to meet the research objective of analysing how Emotional Intelligence and Compassion Fatigue Syndrome interact in Social Work professionals. More concretely, the following conclusions were extracted:

First, the sample had experienced risks to their physical integrity,

Second, unqualified practice was widespread in the social workers' institutions.

Third, the social worker group generally presented high emotional intelligence.

Fourth, the sample generally presented CF. It should be recalled that practically the sample had CF values of level 3 and 4, the highest levels.

Fifth, the study establishes that the lesser the worker's manifest emotional intelligence, the more the worker suffers from CF.

The study confirmed our initial hypothesis: social workers with higher Emotional Intelligence are less likely to suffer/develop CF.

Based on the study conducted, future research could be considered. For example, international analyses could be carried out to verify geographical and cultural differences in relation to CF in Social Work. It would also be interesting to analyse the incidence of CF in relation to the length of professional practice, and the type of entity where social workers practice. Or even, analysis of the prevalence of CF in Social Workers, according to sex and availability of supervision.

These findings are of relevance for Social Work as a profession and discipline. They represent the description of a professional reality that has been little studied and that would imply a better and greater protection for social workers and their interventions. On a scientific scale, it opens the possibility for new studies and research on the subject.

REFERENCES

Bermejo, J. C. (2020). Satisfacción por compasión. In F. Pérez B. (Ed.), *Madrid:*

Revista Chilena de Endocrinología y diabetes, 13 (2), 74-75.

Caballero, S. C., Orellana, N., Mollón, J. V., & Mangnani, S. V. (2021). Attitudes of students in Education and Social Work towards volunteerism as a form of unauthorized practice of a profession. *Revista de educación social*, 33, 1-20.

Casado, T., Rosselló, M. V., & Cañas-Lerma, A. (2023). Changes in social interventions after COVID-19: The experience of front-line social workers. *Social Sciences,* 12(1) doi:10.3390/socsci12010041 .

Cuartero, M. E., (2018). Desgaste por empatía: cómo ser un profesional del trabajo social y no desfallecer en el intento. *Cuaderno de Trabajo Social*, 11, 11-26.

Cuartero, M. E., & Campos-Vidal, J.F. (2019). Self-care behaviours and their relationship with satisfaction and compassion fatigue levels among social workers. *Social Work in Health Care*, 58(3), 274-290. doi:10.1080/00981389.2018.1558164.

De la Cruz-Portilla, A. C. (2020). Influencia de la inteligencia emocional sobre la satisfacción laboral: Revisión de Estudios. *Revista UNIMAR*, 38(2), 63-92.

De Lluc, M., Caldentey, N., & Campos, F. (2015). Análisis conceptual del Desgaste por Empatía: el coste de ayudar a los demás. Universidad de las Islas Baleares, 1-25.

España, L. N. (2021, mayo 13). *Intrusismo profesional, ¿cómo afecta a los profesionales y por qué lo sufren los usuarios de servicios públicos y privados?* La Nueva España. https://www.lne.es/asociaciones-profesionales/2021/05/13/intrusismo-profesional-afecta-profesionales-sufren-51759167.html

Fernández, P. & Cabello, R. (2019). Emociones que educan. Programa INTEMO+. *Cuadernos de pedagogía*, 499, 112-118.

Ferrer, A. (2015). Síndrome de desgaste por empatía: análisis, escalas de evaluación y medidas de prevención. *Universitat de les illes balrears*, 2-17.

Figley, C. (1995). *Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder In Those Who Treat The Traumatized.* Nueva York: Taylor & Francis.

Goleman, D. (1995). *Emotional Intelligence.* Bantam Books

Goleman, D. (2016). What makes a leader? In R. Allen, L. Porter & H.L. Angle, *Organizational influence processes*. Routledge. (pp. 229-241) doi:10.4324/9781315290614-22.

González, C., Sánchez, Y. and Peña, G. (2018). Fatigue for compassion in the professionals of the emergency service. *Revista Dominio de las Ciencias*, 4(1), pp. 483-498. http://dominiodelasciencias.com/ojs/index.php/es/index

Guerrero-Barona, E., Guerrero Molina, M., García Gómez, A., Moreno Manso J. M. and García Baamonde, M. E. (2020). Quality of working life, psychosocial factors, Burnout Syndrome and Emotional Intelligence. *International Journal of Enviromental Reserach and Public Health*, 17(24), 1-15. doi: 10.3390/ijerph17249550

Kabunga, A., Anyolitho, M. K., & Betty, A. (2020). Emotional intelligence and compassion fatigue among psychotherapists in selected districts of Northern Uganda. *South African Journal of Psychology*, 50(3), 359–370.

Kreitzer, L., Brintnell, S. E. y Austin, W. (2020). Institutional barriers to healthy workplace environments: from the voices of social workers experiencing compassion fatigue. *British Journal of Social Work*, 50(7), 1942-1960.

Martin, E. M., Myers, K., & Brickman, K. (2020). Self-preservation in the workplace: The importance of well-being for Social Work practitioners and field supervisors. *Social Work*, 65(1), 74-81. doi:10.1093/sw/swz040.

Millán-Franco, M., Orgambídez Ramos, A., Domínguez de la Rosa, L. y Martínez Martínez, S.L. (2020). Emotional intelligence and subjective happiness in social work students. *Alternativas. Cuadernos de Trabajo Social*, 27, 117-132. https://doi.org/10.14198/ALTERN2020.27.06 .

Moncada, S., Llorens, C. & Kristensen, T. S. (2002). Método ISTAS21 (CoPsoQ): manual para la evaluación de riesgos psicosociales en el trabajo. *Instituto Sindical de Trabajo Ambiente y Salud.* http://istas.net/descargas/m_metodo_istas21.pdf.

Palma A., Gerber, M. M., Ansoleaga, E. (2022). Riesgos Psicosociales Laborales, características organizacionales y salud mental: el rol mediador de la violencia laboral. *Psykhe*, 31(1), 1-18.

Ramiro, B. E. (2014). Una aproximación a la influencia de la inteligencia emocional percibida en su relación con los niveles de Burnout y Engagement en el desempeño del Trabajo Social. *Revista internacional de Trabajo Social y bienestar*, 123-125.

Reyes-Quilodran, C., Ruffolo, M. C., & Chang, S.-Y. (2022). Compassion fatigue among social workers in juvenile offender systems in Chile. *International Social Work*,0 (0).

Rothschild, B. (2006). *Ayuda para el profesional de la ayuda*. Nueva York: Desclée de Brouwer.

Salovey, P., Mayer, J. D., Goldman, S. L., Turvey, C. & Palfai, T. P. (1995). Emotional attention, clarity, and repair: exploring emotional intelligence using the Trait MetaMood Scale. In J. W. Pennebaker (Ed.), *Emotion, Disclosure, & Health* (pp. 125- 154). Washington: American Psychological Association.

Sierra, E. (2021). Delimitación del concepto de riesgo psicosocial en el trabajo. Foro: Revista de Derecho (35), 8-27.

Tirado Vides, M. M., Crudis Torres, L., Redondo Marín, M. P. y Jiménez Ruiz, L. K. (2020). Inteligencia Emocional, clima organizacional y estrés ocupacional en profesionales que prestan servicios en primera infancia. *Clío América*, 14(27), 441-453.

Winnett, R. (2022). The experiences of hospital social workers who care for homeless patients: An interpretive phenomenological analysis. *Social Work in Health Care*, 61(1), 52-68. doi:10.1080/00981389.2022.2033379.

Wagaman, M. A., Geiger, J. M., Shockley, C., & Segal, E. A. (2015). The role of empathy in burnout, compassion satisfaction, and secondary traumatic stress among social workers. *Social Work*, 60(3), 201-209. doi:10.1093/sw/swv014.

Yang, C., (2021). Online teaching self-efficacy, social-emotional learning (SEL) competencies, and compassion fatigue among educators during the COVID-19 pandemic. *School Psychology Review*, 50(4), 505-518.

Zamponi, J., Rondón, J. M. y Viñuela, M. A. (2009). Primer cuestionario validado para evaluar Sindrome de Desgaste por Empatía. *VI Jornadas Universitarias y III Congreso Latinoamericano de Psicología del Trabajo*. Buenos Aires, Argentina. http://23118.psi.uba.ar/academica/carrerasdegrado/psicologia/informacion_adicional/obligatorias/040_trabajo1/cdcongreso/CD/POSTERS/1.pdf

Zeidner, M., Hadar D., Matthews, G. y Roberts, R. (2013). Personal factors related to compassion fatigue in health professionals. *Anxiety, Stress and Coping*, 26 (6), 595-609. doi: 10.1080/10615806.2013.777045 .

Table 1: Global emotional intelligence.

		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	Below average	9	3,3	3,3	3,3
	Average	32	11,9	11,9	15,2
	Above average	228	84,8	84,8	100,0
	Total	269	100,0	100,0	

Source: authors.

Table 2: Compassion Fatigue profile table.

		Frequency	Percentage	Valid percentage	Cumulative percentage
Valid	Profile 1	3	1,1	1,1	1,1
	Profile 2	6	2,2	2,2	3,3
	Profile 3	136	50,6	50,6	53,9
	Profile 4	124	46,1	46,1	100,0
	Total	269	100,0	100,0	

Source: authors.

Table 3: Association between Emotional Intelligence factors and Compassion Fatigue profiles.

		Fatigue profile				Total
Below-average emotional intelligence levels		Profile 1	Profile 2	Profile 3	Profile 4	
Well-being factor	Total	2	0	0	6	8
	%	25,00	0,00	0,00	75,00	100,00
Self-control factor	Total	2	0	3	10	15
	%	13.30	0.00	20,00	66,70	100,00
Emotionality factor	Total	2	0	2	11	15
	%	13.30	0.00	13,30	73,30	100,00
Sociability factor	Total	2	0	0	8	10
	%	20.00	0.00	0,00	80,00	100,00
Independent traits	Total	3	0	2	10	15
	%	20,00	0,00	13,30	66,70	100,00

Source: authors.

Table 4: Correlations between Compassion Fatigue and Emotional Intelligence.

	1	2	3	4	5	6	7	8	9	10	11
GLOBAL											
WELL-BEING FACTOR	**,824****										
SELF-CONTROL FACTOR	**,812****	**,595****									
EMOTIONALITY FACTOR	**,815****	**,545****	**,577****								
SOCIABILITY FACTOR	**,816****	**,606****	**,549****	**,547****							
INDEPENDENT TRAITS	**,581****	**,571****	**,652****	**,296****	**,444****						
FATIGUE TOTAL SCORE	**,134***	**,097**	**,114**	**,122***	**,097**	**-,029**					

FATIGUE PROFILE	**,130***	**,034**	**,148***	**,123***	**,088**	**-0,052**	**,851****				
PROFESSIONAL INVOLVEMENT	**,089**	**,086**	**,058**	**,062**	**,077**	**-,022**	**,840****	**,722****			
PERSONAL CARE	**,087**	**0,01**	**,089**	**,131***	**,053**	**-,068**	**,844****	**,698****	**,502****		
VULNERABILITY	**,179****	**,103**	**,162****	**,170****	**,106**	**-,059**	**,577****	**,610****	**,529****	**,427****	
** The correlation is significant at level 0.01 (bilateral).											
* The correlation is significant at level 0.05 (bilateral).											

Source: authors.

Table 5: Linear regression analysis between Compassion Fatigue and Emotional Intelligence.

Variables	R-squared linear regression	ANOVA significance level	Coefficient and constant	Significance of the coefficient and constant	Regression model
Compassion Fatigue and emotional intelligence.	.134	.002	111.661 .226	.001 .001	Y=111.67-(.23)x

Source: authors.

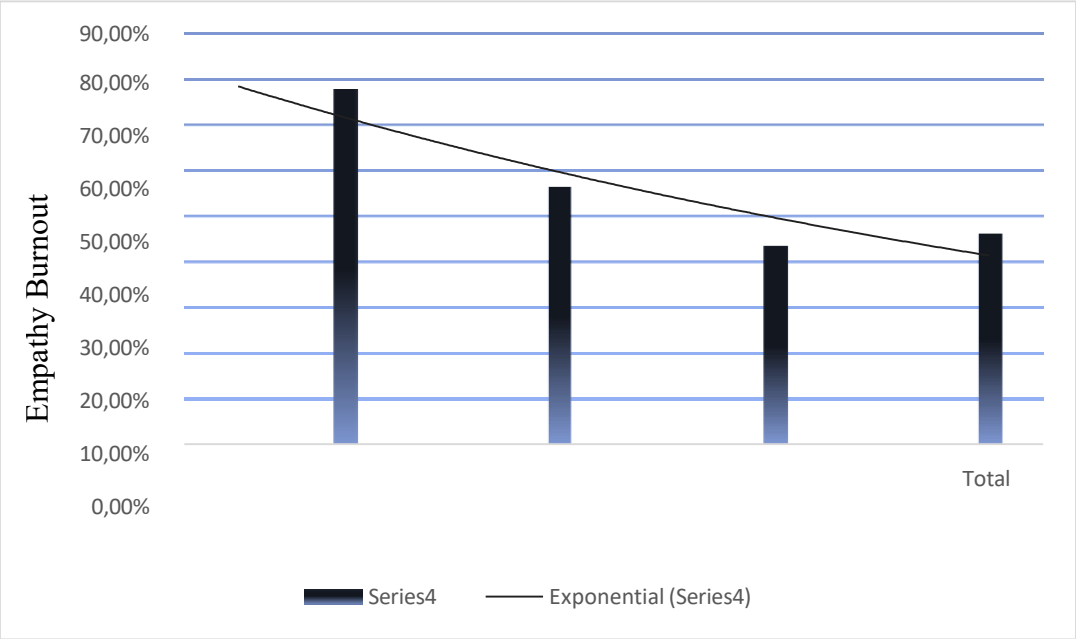

Figure 1: Graph of Empathy Burnout and Emotional Intelligence level

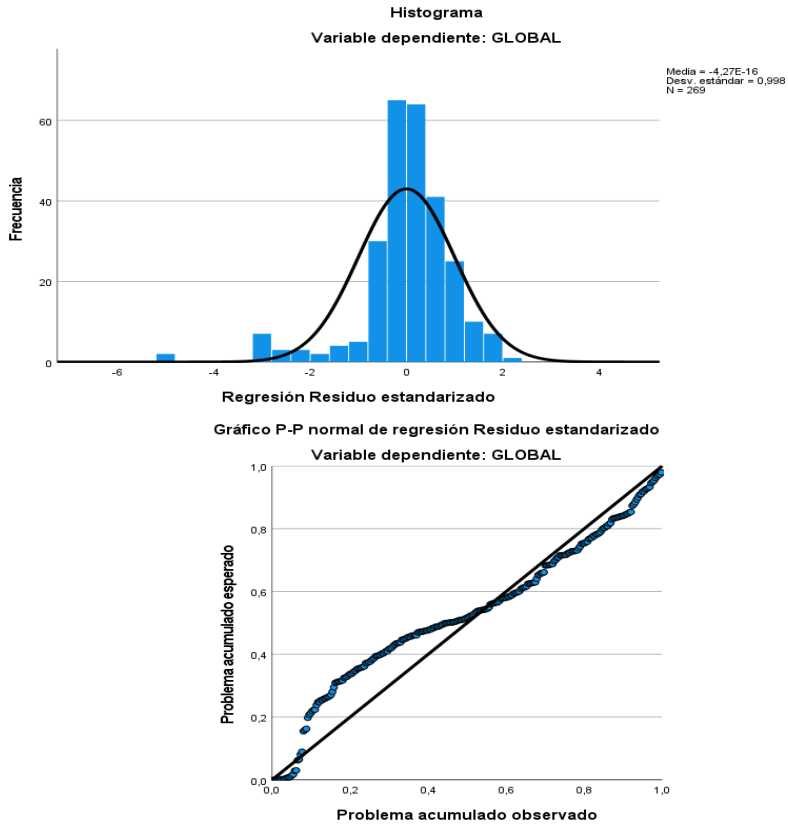

Figure 2: Linear regression between Empathy Burnout and Emotional Intelligence