Pro-Social Behaviour of Mental Health Professionals and Other Helping Professionals in Relation to Their Compassion Fatigue and Mental Well-Being

[1]Soumya Chiluka and [2]Cynthia Douglas Gandham

[1]Mental Health Professional, NGO, Hyderabad, Telangana State, India

[2]Faculty Member, Academic Advisor, Counseling Psychologist & Counseling Supervisor; Member-Working Group-Manodarpan, Ministry of Education, Govt. of India; Director, Kairos Counseling and Consulting

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ABSTRACT

Pro-social behavior plays a crucial role in therapeutic and intervention settings. Involvement in prosocial behaviors such as helping, caring, sharing, and empathic responding may improve interpersonal relationships and psychological functioning. Constant exposure to the emotional fatigue of others may increase vulnerability to compassion fatigue. Compassion fatigue may affect the mental well-being of individuals working in helping professions. Despite growing interest in these areas, there is limited research studying interrelationships among different groups of helping professionals in India. The study, therefore, explores the relationship between pro-social behavior, Compassion Fatigue, and Mental Well-being using the Pro-Social Behavior Scale (PBS) (Caprara et al., 2005), the Warwick–Edinburgh Mental Well-being Scale (WEMWBS) by Warwick-Edinburgh & Compassion Fatigue-Short Scale (Adams, Boscarino, & Figley, 2006). As part of the study, 100 participants were selected, including 50 Mental Health Professionals and 50 other professionals using purposive sampling. The results reveal a very low negative correlation (r=-0.07) between Pro-social behavior and mental well-being, a positive correlation between Sharing and Mental Well-being (r=0.14), a positive correlation between Helping and Mental Well-being (r=0.27), a positive correlation between Caring and Mental Well-being (r=0.24), and a low positive correlation between Empathetic/Sympathetic reactions and Mental Well-being (r=0.19).

Keywords: pro-social behavior, compassion fatigue, mental well-being, mental health professionals, other professionals.

INTRODUCTION

Helping Professionals dedicate their careers to improving the lives of individuals experiencing physical illness, psychological distress, trauma, and social adversity. Mental health professionals, physicians, nurses, counselors, and social workers are expected to provide competent care while maintaining empathy, compassion, and emotional sensitivity. These qualities enable professionals to establish trusting relationships, facilitate recovery, and promote positive outcomes for those they serve. However, the continuous emotional investment required in helping professions may also expose professionals to significant psychological challenges. Understanding the factors that promote well-being while reducing occupational stress has therefore become an important area of research.

Pro-social behavior is defined as "…any act performed to benefit another person" (Aronson, Wilson, & Akert, 2004, p. 382). Prosocial behaviors are voluntarily made with the intention of benefiting others. Staub (1979) defined pro-social behavior as voluntary behavior intended to benefit another person. "Voluntary" emphasizes the spontaneous initiative by the actor in contrast to professional help (e.g., physicians or nurses). Pro-social behavior may include helping, sharing, giving, and comforting (Bierhoff, 2002).

There may also be some individual factors that affect whether a person is likely to engage in prosocial behaviors:

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- What they learned about prosocial behaviors as a child -e.g., did their parents donate or volunteer?
- The person's cognitive, physical, and social capabilities
- Their standards and ideals
- Whether they practice empathy in their communication with others
- Whether they have an agreeable disposition

Compassion fatigue and empathy fatigue: The terms compassion fatigue and empathy fatigue are occasionally used interchangeably. But this can confuse the issue slightly, as some models of compassion fatigue don't agree on the role of empathy in the development of compassion fatigue. According to Figley (2002a), without the ability to empathize, there is little room for compassion fatigue, because empathy is essential to helping work and experiencing the strains of caring. Empathic concern is our impetus to help those people who are suffering, for example, by providing our services as a therapist (Figley, 2002a).

Our empathic response toward clients and patients is how we try to remedy a client's suffering and can lead us to share in their emotional responses. "Compassion stress" is the consequence of empathic responding and represents the ongoing desire to reduce the suffering of the client or patient (Figley, 2002a). If compassion stress is severe and/or compounded by other life stresses, it can lead to compassion fatigue (Figley, 2002a), which can be emotionally overwhelming and make it more difficult to experience empathy (Clay, 2020).

However, a more recent model of compassion fatigue challenges the idea that empathy makes us vulnerable to compassion fatigue (Coetzee & Laschinger, 2017). Instead, Coetzee and Laschinger (2017) suggest a lack of resources, the person's response to the distress, and inadequate positive feedback make us susceptible to compassion fatigue. We'll get into these models in more detail a little further on.

Causes of compassion Fatigue: There are two components to compassion fatigue: secondary traumatic stress and burnout. When our job is to help others who are in distress or traumatized, we must adopt the perspective of the person who is suffering to empathize with them (Figley, 2002a).

By doing this, we are necessarily exposed to the emotional energy and trauma of the particular patient we are working with, which can lead to secondary traumatic stress (Figley, 2002b; Stamm, 2012). Over time, we can also experience burnout and feel as though our helping work is not having a positive impact (Stamm, 2012). According to Stamm (2012), we do it for compassion satisfaction – the positive and pleasurable experience of helping others that can be nourishing. You can experience compassion satisfaction and fatigue simultaneously, but when compassion fatigue overrides, it may undermine your ability to feel compassion satisfaction (Stamm, 2002; Bride, Radey, & Figley, 2007).

The Compassion Stress and Fatigue Model: At the heart of it, Figley (1995, 2002a) proposes that empathy and emotional energy are essential for therapists (or helpers) to connect with others and to respond to their suffering effectively. Essentially, we need to be able to adopt the perspective of the person we're helping to understand the best way to help them. As a result, therapists are then directly exposed to the emotions of the person in pain and are motivated to remedy or decrease their suffering through their empathetic responses (Figley, 2002a).

When the therapist feels a continuing demand to reduce the client's suffering, this can create compassion stress. This can negatively impact the therapist's wellbeing unless they manage this stress through a sense of achievement or withdrawal (Figley, 2002a). With disengagement, the therapist actively distances themselves from the client's suffering between sessions and puts effort into their own self-care. Obtaining a sense of achievement and satisfaction from helping work also requires therapists to have some awareness to understand the limits of their responsibility (Figley, 2002a).

Compassion Fatigue Model: The compassion fatigue model (Coetzee & Laschinger, 2017) aimed to build on previous models of compassion fatigue by weaving in the conservation of resources theory and growing research on the social neuroscience of empathy. This model suggests that positive feedback, balanced resources, and

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reducing self-focused personal distress when working with those we help can mitigate compassion fatigue (Coetzee & Laschinger, 2017).

Mental well-being:

The World Health Organization (2004) defines mental health in the following way: It is a state of well-being, in which the individual realizes their abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to their community. Mental health is framed as part of a larger set of behaviors that result in a healthy, happy, and meaningful existence (World Health Organization, 2004). Together with physiological health, mental health is considered part of the broader concept of health. However, the determinants of physical health and psychological health are different. Specifically, to be physically healthy typically implies the absence of illness (Fusar-Poli et al., 2020). The World Health Organization (2004) states that mental health is not limited to the absence of mental illnesses or diseases.

Mental wellbeing is often referred to as subjective wellbeing. Subjective wellbeing is defined as our perception and evaluation of our life (Keyes, 2006). Two components comprise subjective wellbeing: hedonia and eudaimonia.

Other definitions of mental wellbeing highlight other behaviors and activities. For example, Ryff (1989; 2013) argues that mental wellbeing comprises six subdomains:

1. Believing that your life has meaning
2. Continued self-development and growth
3. Good-quality social connections
4. Believing that you can overcome hurdles
5. Having a positive self-concept
6. Having a sense of purpose

This study aims to explore the relationship between pro-social behavior, compassion fatigue, and the mental well-being of mental health professionals and other helping professionals. This study tries to understand mental health professionals' pro-social behavior in comparison with other helping professionals, including medical nurses, medical doctors, and social workers.

REVIEW OF LITERATURE

Several studies have demonstrated that prosocial behavior serves as an important protective factor for mental health. Bryant P H Hui (2021) provides fresh insights, including the moderating roles of prosocial behavior and well-being and fading (and anti-fading) of the positive feedback loop. It also offers various promising lines of inquiry for future work. It highlights powerful and ecologically valid research designs, such as experience-sampling studies and multiple-time-point field experiments to capture the evolving interaction between prosocial behavior and well-being.

Andrew Miles, Meena Andiappan, Laura Upenieks, Christos Orfanidis (2021) studied the effect of a three-week prosocial intervention on two indicators of emotional well-being (happiness and the belief that one's life is valuable) and mental health (anxiety and depression).

Christina Andersson, Cecilia U. D. Stenfors, Peter Lilliengren, Stefan Einhorn, Walter Osika (2021) examined the associations between benevolence, stress, mental health, self-compassion, and satisfaction with life in two workplace samples.

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Elizabeth B. Raposa, Holly B. Laws, and Emily B. Ansell (2017) used daily diary data to investigate whether engaging in prosocial behavior buffered the negative effects of naturally occurring stressors on emotional well-being.

Astrid M G Poorthuis, Sander Thomas, Jaap J A Denissen, Marcel A G van Aken, and Bram Orobio de Castro (2012) examined whether the link between children's prosocial tendencies and their perceived friendship quality was dependent on children's level of popularity in the peer group.

Tamkeen Saleem & Eeman Suleiman Hawamdeh (2023) studied the relationship between spiritual well-being and counselor self-efficacy. Moreover, there was a positive relationship between compassion satisfaction and counselor self-efficacy.

Yu Wang, Yingli Li, Wanting Li, Aixue Chen, Zhuocheng Sun (2023) studied, the three factors of compassion fatigue affected the caring ability of young in the order compassion satisfaction > burnout>secondary traumatic stress by dominance analysis; (2) burnout played a partially mediating effect between compassion satisfaction and caring ability; and (3) secondary traumatic stress and burnout had a chain mediating effect between compassion satisfaction and caring ability. Higher levels of compassion satisfaction had the strongest impact on the caring ability of young psychiatric nurses, which could be mediated via burnout and secondary traumatic stress.

Hongrui Shi, Baifeng Shan, Qian Chen, Fang Guo, Xue Zhou, Meihong Shi, Yan Liu (2022) studied the prevalence and predictors of compassion satisfaction, secondary traumatic stress, and burnout among Chinese hospice nurses.

Ishita Saggar (2021) studied compassion satisfaction, burnout, secondary traumatic stress, and mental well-being among health care workers and found it is necessary to implement mental health interventions among professionals to promote psychological care and reduce stress levels.

G Kinman, L Grant (2020 Apr 20) suggested that evidence-based interventions are needed to reduce compassion fatigue and enhance compassion satisfaction and self-compassion in social care work and found some evidence that compassion satisfaction and self-compassion buffer the negative effects of emotional demand on mental health, contributing 2 and 3%, respectively, to the incremental variance.

Jialin Wang, Chizimuzo T C Okoli, Huijuan He, Fen Feng, Junwen Li, Linli Zhuang, Min Lin (2019) revealed a serious phenomenon of the poor professional quality of life among Chinese nurses. The results provided clues to help nursing managers identify nurses' vulnerability to compassion fatigue and implement targeted strategies to reduce nurses' burnout and secondary traumatic stress, while supporting compassion satisfaction.

Ruchi Patel (2018) used a cross-sectional design to survey mental healthcare providers across specialties and disciplines to better understand the relationship between a provider’s degree of compassion fatigue and specific demographic variables, physical health, and their spirituality.

Research gap:

There has been limited research comparing three variables (Pro-social behavior, Compassion fatigue, and Mental well-being) among mental health professionals and those of other professionals.

Rationale:

Research has shown that pro-social behavior has a positive impact on an individual’s mental well-being; however, it can also result in compassion fatigue when it becomes overwhelming. Compassion fatigue is most often experienced by professionals tasked with supporting people through stress and trauma, like doctors or therapists. It is important to study the role of Mental well-being and Pro-social behavior in reducing Compassion fatigue and how these three variables are interrelated.

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METHOD

The current research problem is to analyze the relationship of Pro-social behavior with Compassion Fatigue and Mental Well-being among Mental Health Professionals and Other Professionals.

Objectives of the research

- To study differences in Compassion Fatigue, Pro-social behavior, and Mental well-being of Mental health professionals and other professionals
- To analyze the relationship between Compassion Fatigue, Pro-social behavior, and Mental well-being of Mental health professionals and other professionals.

Hypotheses

H1: There will be a significant difference in the Pro-social behavior, Compassion fatigue, and Mental well-being of Mental health professionals and Other professionals.

H2: There will be a negative relationship between Pro-social behavior and Compassion Fatigue of Mental Health Professionals and Other professionals.

H3: There will be a negative relationship between Compassion fatigue and Mental well-being ofMental Health Professionals and Other professionals.

H4: There will be a significant relationship between Pro-social behavior and Mental well-being of Mental Health Professionals and Other Professionals

Research Design: Correlational Study-Participants from two groups (Mental health professionals and other professionals) were provided with standardized questionnaires used to measure the variables (Compassion Fatigue, Pro-social behavior, and Mental well-being), and further scoring was done by analyzing correlation among the variables and T-ratio between two groups.

Measures used for the research study

Pro-social behavior Scale (Caprara et al., 2005), Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS), Compassion Fatigue--Short Scale the Compassion Fatigue--Short Scale (Adams, Boscarino, & Figley, 2006)

Description of the measures

Pro-social behavior scale (PBS)

The PBS (Caprara et al., 2005) is a 16-item questionnaire rated on a 5-point Likert scale ranging from 1 (never/seldom true) to 5 (almost always/always true) that assesses four types of prosocial behaviors (sharing, helping, taking care of, and feeling empathic; 4 items per dimension).

The Compassion Fatigue--Short Scale

Developed for use in a study on compassion fatigue (CF) and psychological distress among social workers, the Compassion Fatigue--Short Scale (Adams, Boscarino, & Figley, 2006) assesses emotional exhaustion from working with traumatized clients, referred to as compassion fatigue. This is a short form of Figley's (1995) 30-item Compassion Fatigue (CF) Scale—Revised (Gentry et al., 2002). Respondents answered a 10-point, visual analog–type Likert scale (rarely/never = 1 to very often = 10).

Warwick’s mental well-being short scale

The Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) is a 7-item questionnaire that measures positive mental health, focusing on thoughts and feelings over the past two weeks. Scores range from 7 to 35, where higher scores show greater mental well-being.

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Participants: This group comprised 100 participants aged 21-60, irrespective of gender, of whom 50 were mental health professionals (currently working in the mental health sector as Psychologists, psychiatrists, and Counselors) and 50 Were Other Professionals (Medical Doctors, Medical Nurses, medical nurses). Method of participant selection: Purposive and Snowball sampling

Procedure: Individuals who met the required criteria (two groups) were contacted to be part of the study by obtaining their consent and demographic details. Data were collected through both online and offline modes; 70% of the data were collected by visiting hospitals, rehabilitation centers, NGOs, &related organizations. 30% of the data was collected by sending a Google Form asking them to fill it out. Offline data were collected within Telangana locality, whereas online forms were sent all over India. The selected measures were given to the participants, and they were asked to fill out the questionnaires according to the instructions provided. Data were collected from the participants after the completion of the test for scoring and analysis using standard statistical methods.

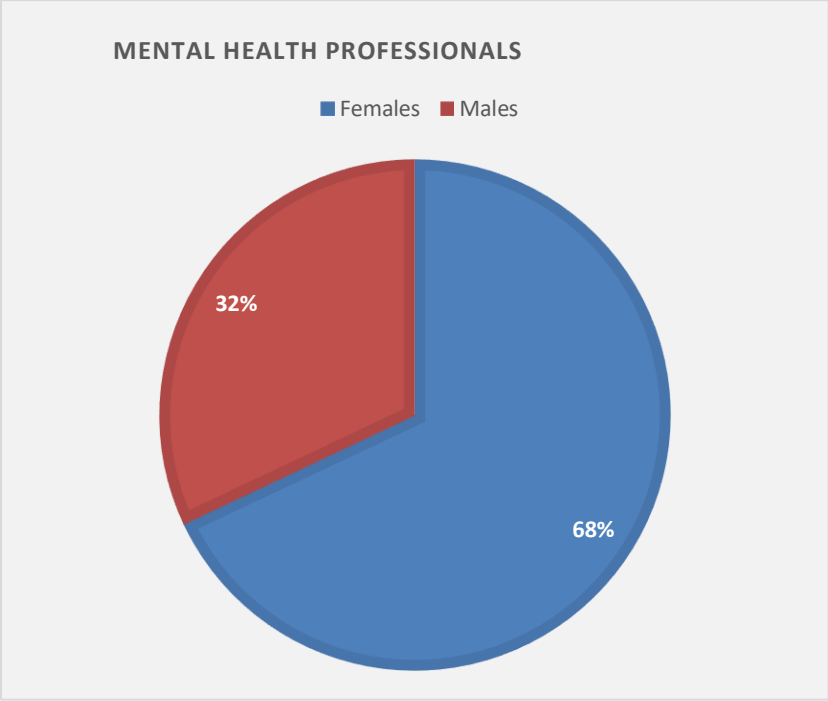
RESULTS AND DISCUSSION

Table 1 Sociodemographic Characteristics of Participants: Gender

Socio-demographic characteristics	Mental Health professionals		Other Professionals		Full sample	
	n	%	*n*	%	*n*	%
Female	34	68	40	80	74	74
Male	16	32	10	20	26	26
Total	50	100	50	100	100	100

Note: n=100, n- Number of participants

From Table 1, we can observe that, out of 100 participants, 50 were Mental health professionals and 50 were other professionals. Among mental health professionals, 34 were females (68%), and 16 were males (32%) of the total mental health professionals. Among 50 other professionals, 40 were females (80% & 10 were males (20%) of the total other professionals.



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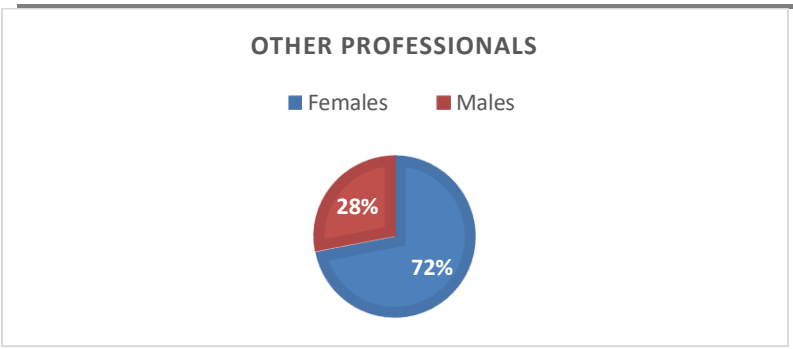

Figures 1 and 2 show the socio-demographic details of Mental Health Professionals and Other Professionals.

Table 2 Pro-social behavior of Mental Health Professionals M.H. P and Other Professionals O. P

Variable	M.H. P		O. P		t (100)	*p*	Cohen's *d*
	M	*SD*	*M*	*SD*			
Compassion fatigue	33.76	2.15	45	3.17	2.31	0.023	-0.463
Secondary trauma	13.56	.87	19.5	1.44	.75	<0.001	-0.75
Job burnout	20.2	1.49	25.5	2.14	.95	0.34	-0.19

P<0.05, p<0.005

Table 2 showing the mean and standard deviation values of the pro-social behavior scale for all the dimensions. We can observe that both groups scored higher levels of pro-social behavior; however, there are significant differences, as the p-value for overall pro-social behavior is p =0.02(p < 0.05). This indicates that there is a significant difference in pro-social behavior between the two groups; likewise, significant differences were found in helping and empathetic/sympathetic reactions of both groups.

Table 3 Compassion Fatigue of Mental Health Professionals and Other Professionals

Variable	M.H. P		O. P		t (100)	*p*	Cohen's *d*
	M	*SD*	*M*	*SD*			
Pro-social behavior	61.64	1.35	65.92	1.06	2.26	0.02	-0.45
Sharing	15.52	.44	16.06	.39	0.91	0.36	-0.64
Helping	15.76	.45	17.08	.38	2.24	0.002	-0.21
Caring	14.86	.43	16.68	.33	3.21	0.29	-0.19
Empathetic/Sympathetic reactions	15.5	.42	16.1	.44	1.06	0.02	-0.21

p<0.001, p< 0.01

Table 3 shows the mean, standard deviation, and t values of the compassion fatigue scale. Results are as follows: mean values indicate that other professionals have more compassion fatigue compared to mental health professionals; they also suggest that the mean values of the compassion fatigue sub-scales (i.e., secondary trauma and job burnout) are higher in other professionals than in mental health professionals. The p-value of overall

compassion fatigue is p = 0.02 (p < 0.05), indicating a significant difference between the two groups. The p-value for secondary trauma is p < 0.001, indicating a significant difference between the two groups.

Table 4 Mental Well-being of Mental Health Professionals and Other Professionals

Variable	M.H. P		O. P		t (100)	*p*	Cohen's *d*
	M	*SD*	*M*	*SD*			
Mental Well-being	53.38	1.31	50.64	1.27	1.493	0.139	0.299

p<0.05

Note: M.H.P- mental health professionals, O.P- other professionals, M- mean, SD- standard deviation

The above table presents the t-ratio values for the mental well-being scale. From the mean values, we can infer that both groups have moderate levels of mental well-being. The p-value is p = 0.13 (p < 0.05); we can infer that no significant differences were found in mental well-being.

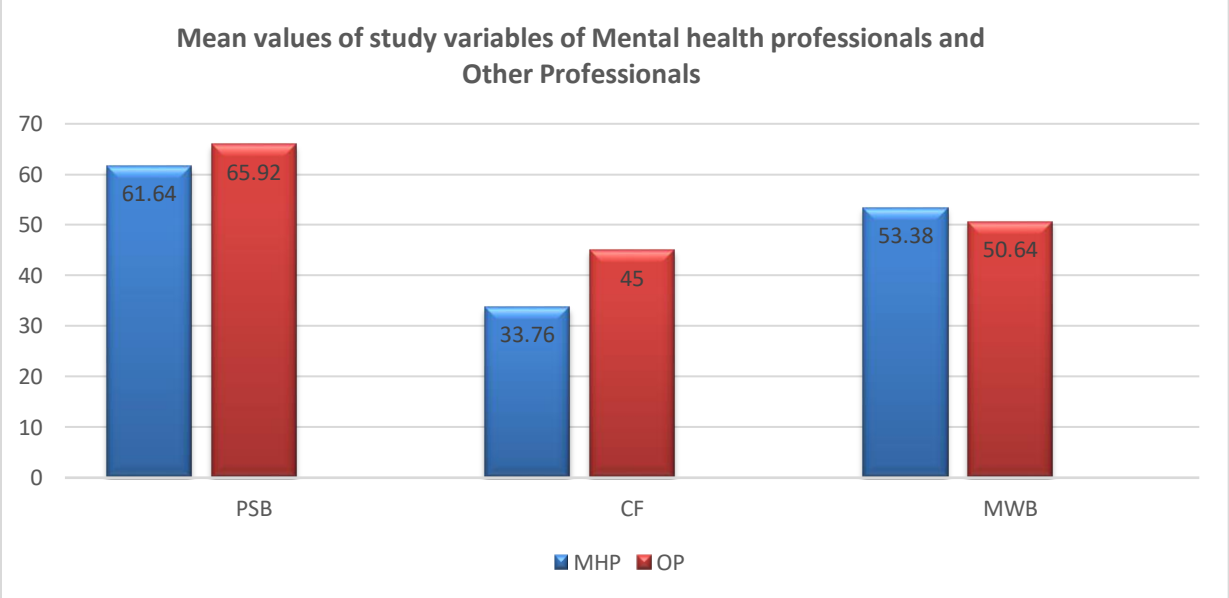

Figure 3 Mean values of Pro-Social Behavior, Compassion Fatigue and Mental Well-being of Mental Health Professionals and Other Professionals

Table 5 Descriptive Statistics and Correlations for Pro-Social Behavior, Compassion Fatigue and Mental Well-being of Mental Health Professionals and Other Professionals

	n	*Mean*	*SD*	*ST*	*JB*	*CF*	*SH*	*HE*	*CA*	*E/S*	*PSB*	*MWB*
ST	100	16.53	0.89	-_								
JB	100	22.85	1.32	0.54***	-_							
CF	100	39.38	1.99	0.82***	0.92***	-_						
SH	100	15.79	0.29	-0.06	-0.06	-0.07	-					
HE	100	16.42	0.3	0.23*	0.01	0.12	0.39***	-				

CA	100	15.77	0.28	0.3**	0.09	0.2	0.27**	0.41***	-_			
E/S	100	15.8	0.3	0.3**	0.08	0.14	0.41***	0.35***	0.49***	_		
PSB	100	63.78	0.88	0.2**	0.08	0.14	0.36***	0.3**	0.31**	0.3**	_	
MWB	100	52.01	0.92	0.2**	-0.16	-0.08	0.14	0.27**	0.24*	0.19**	-0.07	_

*P<0.05

Note: PSB- Pro-social behavior, CF- Compassion fatigue, MWB- Mental well-being, MHP- Mental health professionals& OP- Other professionals

Note: ST-secondary trauma, JB- job burnout, CF-compassion fatigue, SH-sharing, HE- helping, CA- caring, E/S- empathetic/sympathetic reactions, PSB- pro-social behavior& MWB- mental well-being.

From Table 5, we can observe mean and standard deviation values of study variables. The correlational coefficient value of pro-social behavior and compassion fatigue is r=0.14($p < 0.05$), this indicates that there is weak positive correlation between pro-social behavior and compassion fatigue, in the same way correlational coefficient value if pro-social behavior and mental well-being is r = -0.07 ($p < 0.05$), this indicates that there is a weak negative correlation between pro-social behavior and mental well-being, the correlational coefficient value of compassion fatigue and mental well-being is r = -0.08($p < 0.05$), this indicates that, there is a weak negative correlation between compassion fatigue and mental well-being.

The purpose of this study was to understand the relationship between pro-social behavior and compassion fatigue, pro-social behavior and mental well-being, and compassion fatigue and mental well-being. The results of the present study support the hypotheses except hypothesis(H4).

This supports evidence for an increase in pro-social behavior, which results in compassion fatigue for helping professions. The results demonstrated that, both the groups (mental health professionals and other professionals) showed higher levels of pro-social behavior, still comparatively other professions including medical doctors, medical nurses and social workers showed higher than mental health professionals, this could be due to most of the participants in this group were medical nurses (out of 50 participants, 27 were medical nurses), who are constantly dedicated their life for helping the patients. This study also found that both groups showed low to moderate levels of compassion fatigue, but comparatively, others showed higher levels. The mental well-being of both groups was found to be moderate to high, with little difference; mental health professionals were found to have higher mental well-being than other professionals.

There are 6 major findings:

- Other professionals showed greater pro-social behavior than mental health professionals.
- Other professionals had more compassion fatigue than mental health professionals.
- Pro-social behavior and compassion fatigue have a positive weak correlation.
- Pro-social behavior and mental well-being have a negative weak correlation.
- Subscales of the pro-social behavior scale (sharing, helping, caring& empathetic/sympathetic reactions) are positively correlated.
- Compassion fatigue and mental well-being are negatively correlated.

This pattern of results is partially consistent with the previous studies. These results are consistent with the claim that compassion fatigue was a significant risk factor for well-being (G Kinman, L Grant, 2020). Studies indicate the impact of pro-social behavior on compassion fatigue. As discussed earlier, compassion fatigue is experienced by helping professionals because of the second-hand experience of the trauma. Studies also showed the impact of compassion fatigue. Previous studies mostly focused on how interventions in pro-social behavior helped individuals reduce anxiety and stress (Andrew Miles, 2021). In contrast, this study tried to find out the relationship between pro-social behavior and compassion.

It was found that when a higher level of pro-social behavior is observed, it can result in compassion fatigue. Pro-social behavior is sometimes intentional or expecting something in return; these intentions and expectations might not reach the point, which could be one of the reasons. Although results indicated that pro-social behavior is negatively correlated with mental well-being with a weak negative correlation, this could be because of the level of compassion fatigue; even moderate levels of compassion fatigue can impact an individual's mental well-being.

Subscales of the pro-social behavior support previous studies' claims; sharing, helping, caring & empathetic/sympathetic reactions are positively correlated. All these qualities show a positive impact when an individual possesses the quality without expecting anything in return.

There are a few potential limitations for the study. Firstly, the study was conducted on a small sample (N=100). A second limitation could be that among the other professionals, there are three types of professions; the results cannot be completely generalized. Although the present results support the previous studies, these results are limited to this sample.

CONCLUSION

There are significant differences in Pro-social behavior of Mental Health Professionals and Other Professionals. Significant differences were found in the level of Compassion Fatigue of Mental Health Professionals. As discussed above, except for hypothesis 4, all three hypotheses were accepted; this indicates that there is a positive relationship between pro-social behavior and compassion fatigue, and increased pro-social behavior may result in compassion fatigue. Pro-social behavior is found to have a negative relationship for the selected sample; however, all the dimensions of the pro-social behavior scale sharing, helping, caring, and empathetic/sympathetic reactions are positively correlated. This means these qualities of pro-social behavior may enhance helping professionals' mental well-being.

Implications Of The Study

Pro-social behavior plays a major role in promoting mental well-being; it is important to understand helping professionals, who are at high risk of being affected by compassion fatigue. This study explored the relationship between three variables that help us understand how helping professionals are affected by compassion fatigue, with pro-social behavior as a factor. The study mainly focused on Pro-social behavior and how it is impacting compassion fatigue and the well-being of helping professionals. Compassion fatigue can affect an individual psychologically. Interventions can be designed to reduce compassion fatigue and help manage mental well-being daily.

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