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COMPASSION SATISFACTION AND COMPASSION FATIGUE AMONG REGISTERED NURSES OF SOUTH GUJARAT.

Nursing

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ABSTRACT

Nurses while working under constant stress, often fail to feel compassion as they provide care and are unable to derive satisfaction from their positive work experience. The aim of the study was to identify level of compassion satisfaction and compassion fatigue among registered nurses working in intensive care units and wards of hospitals in South Gujarat. **Subjects and methods:** Descriptive survey design was used. The study was conducted in hospitals from Bardoli and Navsari, Data was collected from 201 nurses available at the time of study using convenience sampling technique. Tool used: Professional quality of life scale (PROQOL) version 5 and demographic proforma. **Results:** Mean score of compassion fatigue was greater than compassion satisfaction. Burn out and secondary traumatic stress had a moderately positive correlation where compassion satisfaction and burnout, compassion satisfaction and compassion fatigue were negatively correlated. Level of satisfaction was significantly associated with education, religion and income of the subjects whereas level of compassion fatigue was associated with education, income and years of experience. Recommendation: Hospital administrators need to make nurses aware about compassion fatigue, assess it periodically, and should take adequate measures to reduce it. Nurses need training regarding personal measures to reduce compassion fatigue and increase compassion satisfaction.

KEYWORDS

compassion satisfaction, compassion fatigue, burnout, secondary traumatic stress.

I.INTRODUCTION:

Nurses are frequently exposed to highly stressful and emotional on the job situations such as severe illness or death of a patient .Nurses often struggle to provide quality patient care in the face of an overwhelming workload. Although nurses obtain professional satisfaction when they care for critically ill patients, it also has marked aftermath on them, which is known as compassion fatigue **(Angela LI, Sean. F.2014)**.

Figely defined compassion fatigue(CF)as a " state of exhaustion and dysfunction biologically, psychologically and socially as a result of prolonged exposure to compassion stress and all it invokes".**(Fiona cocker, Nerida Joss. 2016**). Compassion satisfaction (CS) is the pleasure derived from alleviation of patient suffering and positive work experience where as CF is the diminished ability to feel compassion or empathize when providing care. Burn out and secondary traumatic stress are the components of CF (**Baqueas, Jenny, Beverly 2021).**

CF is characterized by exhaustion., anger, irritability, negative coping behaviors including alcohol and drug abuse, reduced ability to feel sympathy and empathy, a diminished sense of enjoyment or satisfaction with work, increased absenteeism, and an impaired ability to make decision and care for patients or clients**(Mathieu, F.,2007).**

Researchers have identified various triggering events such as constant progressive and cumulative negative experiences associated with clinical settings **(Fiona, Nerida 2016)** nurses taking care of serious life threatening situations and cases involving futile or palliative care **(Yoder,2010),** system issues or organizational factors such as physical and emotionally demanding assignments and extra work days **(Lynch, Lobo, 2012).**

Individual or organizational risk factors include work load intensity, inadequate rest time periods between shifts, task repetitiveness, low control and low job satisfaction, poor resilience, lack of meaningful recognition and poor management support (Ray, Wong et al. 2013). Younger age group, nurses with more years of experience, lack of meaningful recognition are predictors of burn out **(Kelly, Runge, Spensor, 2015)**.CF has a negative impact on job satisfaction and patient outcome (**Baqueas etal. 2021**).

CF in nurses reduces quality of nursing care, heightens absenteeism and weakens retention of staff, It is thus all the more important to investigate the issue of CF. Nurses have to contend with unbearable workloads, poor working conditions and lack of resources, putting severe pressure on their physical and psychosocial well being (**Wentzel.2018**). It is important to create healthy caregivers that are able to master the art of resiliency and return quickly to high functioning behaviors both at work and outside the workplace, after exposure to the traumatic experience or client (**Ray, Wong. 2013**).

CF is measured using validated PROQOL scale. Many studies have used Professional Quality of Life: compassion satisfaction and compassion fatigue measure to examine compassion. This instrument was developed by Figeley and Stamm in 1995 with a sample of 463 people. CS items were derived from the positive and altruistic aspects that people take from their work and CF comprised the negative aspects (**Erin etal.2020**).

CF is studied in wide range of settings in various countries. Limited evidence is available in Indian settings and no evidence is available from south Gujarat. This study emphasizes the significance of investigating CF in nurses working in Intensive care units (ICU) and wards of hospitals in south Gujarat. Based on the findings, recommendations can be made regarding implementation of interventions to reduce CF among nurses

The Study Aim:

This study aimed to investigate the level of compassion satisfaction and compassion fatigue among nurses working in ICU and wards of hospitals in south Gujarat.

II.SUBJECTS AND METHOD:

Research design: Descriptive survey design was used.

Setting: The study was conducted in four private hospitals, two from Bardoli and two from Navasari, belonging to Surat district, south Gujarat.

Subjects: 201 nurses working in wards and ICU. Who consented to be part of the study was recruited using convenience sampling technique.

Tools:

Part 1: Nurses demographic characteristics such as age, gender, education, marital status, religion, income, department, and years of experience.

Part 2: Professional Quality of Life (PROQOL) compassion satisfaction and compassion fatigue (version-5) 2009 was used. It consisted of 30 items with a 5point rating. It consisted of 10 items each related to CS, Burnout and secondary traumatic stress.

Scoring: Total score in each area was 50, where 22 or less (low), between 23-41(average), and 42 or more (high).

METHOD:

Ethical Consideration
Ethical approval was obtained from the institutional ethical committee of the college. Approval was obtained from heads of hospitals. Informed consent was signed by the nurses after due explanation and assured the nurses that their responses will be kept confidential and used for research purposes.

Validity And Reliability:
PROQOL is a standardized tool. The tool was translated into Gujarati by language expert and retranslated into English by English language expert. Reliability was established using Cronbach's Alpha coefficient test. The internal consistency for compassion satisfaction was .88, burn out was .75 and secondary traumatic stress was .81 respectively.

Data Collection:
The translated PROQOL tool was administered to the subjects after explaining about the study. The subjects needed 20-25 minutes to answer the tool. The data was collected from first of March 2019 to April 2019.

Data Analysis:
Data was organized and analyzed using statistical package for social sciences (SPSS/ version 16). Quantitative data was analyzed using mean and standard deviation. Pearson co-efficient was used to determine correlation between compassion satisfaction and compassion fatigue where as Chi square test was used to determine association with demographic variables.

III.RESULTS:

Sociodemographic Variables Of Subjects:
The findings revealed that 54 percent of the nurses were from the age group of 21-30 years, 99 percent of them were females, 80 percent of them have qualified General Nursing and Midwifery course, 84 percent of them were practicing Hindu religion, 35percnt worked in Intensive care units and 65 percent in wards, 53 percent of them had monthly income Rs 10,000and above, 61 percent of them were married, 59 percent of them had work experience more than 5 years.

Table 1: Mean, Median, Mode, Standard Deviation And Range Of Compassion Satisfaction, Burn Out, Sts: N=201

Aspect	Mean	Median	Mode	Standard Deviation	Range
1.Compassion Satisfaction	36.84	38	42	6.67	31
2. Burnout scores	24.41	24	16	6.81	27
3.Secondary traumatic stress scores	23.96	24	24	5.07	26
Total (1+2+3)	85.21	84	81	8.74	51
Fatigue Scores (2+3)	48.37	50	37	10.29	46

As evident from table 1, mean score of compassion satisfaction was 36.84, SD 6.67, whereas mean score of compassion fatigue was 48.37,SD 10.29. Registered nurses experienced greater compassion fatigue than compassion satisfaction.

Table 2: Correlation Between Compassion Satisfaction And Compassion Fatigue: N=201

	Calculated R value	Tabulated R value
Compassion satisfaction and Burnout	-0.482	0.181
Compassion satisfaction and secondary traumatic stress	-0.446	0.181
Burnout & secondary traumatic stress	0.488	0.181
Compassion satisfaction and fatigue (burnout + traumatic stress)	-0.539	0.181

All values are significant at 0.01 level of significance.

As illustrated in table 2, compassion satisfaction was negatively correlated (r=-0.53, p= <0.01) whereas burn out and STS was positively correlated (r= 0.488, p=<0.01).

Association Of Compassion Satisfaction And Compassion Fatigue With Demographic Variables.
Level of compassion satisfaction had significant association with education (x^2=25.891,p=<0.05), religion (x^2=13.359, p=<0.05), and income (x2=9.609,p= <0.05) of subjects. Age, gender, marital status work experience and work area did not have association with compassion satisfaction.

Level of compassion fatigue was significantly associated with education (x^2=20.067, p=<0.05), income (x^2=8.317,p= <0.05), years of experience (x^2=9.195, p=<0.05),work area (x^2=10.359, p=<0.05)of the subjects. Age, Gender, Religion, Marital status did not have association with compassion fatigue.

IV.DISCUSSION:

Compassion fatigue in nurses reduces quality of nursing care, heightens absenteeism and weakens retention of staff (Wentzel - 2018), so this study aimed to assess the compassion satisfaction and compassion fatigue among nurses working in ICU & wards of hospitals in south Gujarat.

Sociodemographic characteristics of the subject highlighted that they were young (21-30 years) females (99%), Married (61%), with work experience more than 5 years (59%). This finding is supported by Delsey, Hegney (2015). In their study they reported that the study subjects were females (86%) aged between 20 – 49 years (88.5%), Married (63.6%) and with work experience of more than 5 years (78%). The study findings show that the mean score of compassion fatigue (48.37) was higher than the mean score of compassion satisfaction 36.84. this finding is supported by Delsey, Hegney(2015) who reported that the mean score of compassion fatigue (42.26) was greater than mean score of compassion satisfaction (35.66) among Australian nurses. Stacy(2016) reported a higher compassion fatigue mean score(45.31) than compassion satisfaction mean score(42.37) among American Nurses. Compassion fatigue score was higher(44.49) than compassion satisfaction (42.6) among Canadian Nurses. Irrespective of which country you belong to, Nurses experience compassion fatigue.

The findings of the study indicate that compassion and burn out had weak negative correlation (r=-0.482). CS and STS had weak negative correlation (-0.446). BO and STS had moderately positive correlation (r=0.488) and compassion satisfaction and compassion fatigue had a moderate negative correlation (r= -0.539). Zhang Cheng(2018), study results supports the above findings. In the systematic review conducted by the authors, they found strong positive correlation between compassion fatigue and burnout(r=0.59)whereas CS had weak negative correlation with CF(r=-0.226). However Karen Alkema's (2008) findings reported a negative correlation between compassion satisfaction & burn out (r=-0.612), negative correlation between compassion satisfaction & compassion fatigue (r=-0.30) and strong positive correlation between compassion fatigue and burn out (r=0.761). Ishita Sagar(2021) reported negative correlation between burnout & mental wellbeing among health care workers, STS & BO had positive correlation.

The current study result revealed that there is a significant association of level of compassion satisfaction with education, religion and income of subjects whereas level of compassion fatigue had a significant association with education, income and years of experience. Kelly Runge (2015) reported that receiving meaningful recognition, higher job satisfaction, nurses with higher ages (50-65 years) experienced significant compassion satisfaction whereas Millennial Graduates (21-33 years), lack of meaningful recognition, nurses with more years of experience had significant burnout. Al Majid, Carlson (2018) reported that Charge nurses had higher satisfaction than direct care nurses, nurses with less than 10 years of experience had lower compassion satisfaction than experienced nurses.

V. CONCLUSION

Assessing compassion satisfaction and compassion fatigue among registered nurses of south Gujarat indicates that compassion fatigue was greater than compassion satisfaction, BO and STS was positively correlated. Education, income and religion had significant association with compassion satisfaction whereas education, income and years of experience was significantly associated with compassion fatigue.

VI. Recommendations:

- A large sample size survey involving all the states of India can be

undertaken.

- Predictors of compassion satisfaction and compassion fatigue and its impact on job satisfaction & retention need to be studied.
- Administration policies & procedures to reduce organizational & individual factors of compassion fatigue can be studied.
- Effect of intervention such as debriefing, stress reduction, peer support and team building on compassion fatigue and compassion satisfaction can be studied.

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