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A descriptive study to assess compassion satisfaction and compassion fatigue among staff nurses working in selected hospitals of Pune city

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Abstract

Objectives: To assess the level of Compassion Satisfaction and Compassion Fatigue among staff nurses working in selected hospitals of Pune city.

Materials and Methods: A Descriptive design was used and a total of 100 Staff Nurses working in critical care areas were selected by using Non-Probability Purposive Sampling Technique. The model used to develop conceptual framework for the study included compassion satisfaction and compassion fatigue (Cs-Cf) model by Beth Hudnall Stamm. The tool used in the study included two sections, Section-I including demographic variables like, Gender, Age, Professional Qualification, area of work, and clinical experience while section-II used Professional Quality of Life Scale (ProQOL) Version-V. Permission was taken prior from the author for the use of Standard tool in the study. A quantitative descriptive research design is used in this research study.

Result: The findings of the study showed that majority 87% (87) of staff nurses have high compassion satisfaction while the compassion fatigue among staff nurse's findings revealed that majority 86% of staff nurses had moderate burn-out and Majority 87 (87%) staff nurses reported low on Secondary Traumatic Stress.

Conclusion: The study revealed that the Nurses while continuously working in critical care units for promotion of health of patients and a better recovery also exposes them to greater risks of compassion fatigue which needs focus.

Keywords: compassion satisfaction, compassion fatigue, burnout, secondary traumatic stress, staff nurse

Introduction

Nursing profession is one the oldest practised lines of work. It applies both theoretical and practical knowledge to develop its body of insight. The efforts put into the work by eminent scholars has been relentless. As a whole the profession has shown marvellous results and has touched new ceilings. However, all the talk about the achievements of Nursing as a profession, the contribution and competitive nature behind its success by the likes of Florence Nightingale, followed by rest of Nursing officers cannot be overshadowed.

Need of the study

Researches have been conducted Globally on a regular basis across multiple types of traumatic exposures, which revealed the accepted terms used in favour of negative symptoms are: compassion fatigue, secondary traumatic stress and vicarious trauma

These terms seem to be used interchangeably considering no indication sufficient to state differences between. There have been a few papers that have tried to hunt out the specific differences between these terms but the attempts made were largely unsuccessful. In general, looking beyond issues of taxonomy, there has been little negative critique of the topic as a whole. Nonetheless, there are articles that question in its entirety the concept of secondary negative effects due to work with people who have been traumatized.

Haider Ghazanfar, Muhammad Tariq Chaudhry, *et al* (2018) [3] conducted a research study on Compassion Satisfaction, Burnout, and Compassion Fatigue in Cardiac Physicians

Working in Tertiary Care Cardiac Hospitals in Pakistan. a cross-sectional study in four tertiary care cardiac hospitals located in Rawalpindi and Lahore, Pakistan from June 2017 to January 2018. The study comprised of three stages. The first stage involved administration of the Professional Quality of Life Scale (ProQOL-5) questionnaire in order to assess the prevalence of compassion satisfaction, compassion fatigue, and burnout in cardiac physicians. In the second stage, cardiac physicians were divided into two groups according to their compassion fatigue level. In the third stage, 50 participants were selected via convenience sampling to participate in a 15-minute interview regarding compassion fatigue and risk factors. The results indicated that The mean score in the compassion satisfaction category was 39.13 ± 5.54 while the mean score of burnout category was 24.7 ± 4.28 and that of secondary traumatic stress (compassion fatigue) was 25.97 ± 6.39 . Participants whose age was less than 40 years had a higher score in Burnout ($p < 0.001$) and secondary traumatic stress category ($p < 0.05$). The conclusion of the study is that compassion fatigue, despite being reported as a negative phenomenon, has received little or no attention. There is a dire need to increase awareness about compassion fatigue and burnout among health professionals.

Objectives of the study

1. To assess the level of compassion satisfaction among staff nurses working in selected hospitals of pune city.
2. To assess the level of compassion fatigue among staff nurses working in selected hospitals of pune city.
3. To correlate the level of compassion satisfaction and compassion fatigue among staff nurses working in selected hospitals of pune city.
4. To associate the level of compassion satisfaction with selected demographic variables.
5. To associate the level of compassion fatigue with selected demographic variables.

Methodology

Research Approach: A Quantitative Approach

Research Design: Descriptive Design.

Research Settings: Study samples were selected from the following areas of pune city:

1. Hospital A
2. Hospital B
3. Hospital C

Population: The population under study are staff nurses working in critical care areas of pune city.

Sample: Staff nurses working in selected critical care areas of pune city available at the time of data collection

Criteria for Sample Selection:

Inclusion criteria:

- Staff nurses available at the time of data collection.

Sample Size: - 100

Sampling Technique: Non-probability purposive sampling technique

Data Collection Tool refers to “a purposive gathering of information related to the topic matter”. Tool is selected

appropriately in a given situation depending on the research approach, sample size, laid down criteria etc. The standard questionnaire was found to be valid used by different researchers doing work on same topic.

Results

1. Findings related to the demographic characteristics of the subject

Among all the participants, majority 72% participants were female, and 28% were male.

Majority 63% of the participants belonged to an age group of 21-25 Years, 21% were from 26-30 Years and 16% were from 31-35 Years of age.

Findings also suggest that Majority of participants 58% were having a professional education of G.N.M. and 32% participants were with BSc. Nursing and 10% participants were with PBBS Nursing.

Regarding total clinical work experience, 63% the participants belonged to a minimum of 6 months to 3 years, 21% having 4-6 years of experience and 16% participants were 7-9 years of work experience.

Maximum 34% participants were working in ICU-1, 25% were working in ICU-2, 22% participants were working in ICU-3 and least 19% were working in casualty area.

2. Findings related to compassion satisfaction of staff nurses working in selected hospitals of Pune city

Table 1: shows compassion satisfaction of staff Nurses working in selected hospitals of Pune city n=100

	Compassion Satisfaction			
	Low	Moderate	High	Total
Frequency	0	13	87	100
Percentage	00%	13%	87%	100%

Table-1 shows the compassion satisfaction of staff nurses reveals that majority 87% (87) of staff nurses high compassion satisfaction and 13% (13) staff nurses have moderate compassion satisfaction.

3. Findings related to compassion fatigue of staff nurses working in selected hospitals of Pune city

Table 2: shows compassion fatigue of staff Nurses working in selected hospitals of Pune city n=100

Variable	Compassion Fatigue		
	Category	Frequency	Percentage
Burn-out	Low	14	14%
	Moderate	86	86%
	High	00	00%
Secondary traumatic stress scale	Low	87	85%
	Moderate	13	15%
	High	00	00%

Table 2 shows the compassion fatigue among staff nurses findings reveals that majority 86% of staff nurses have moderate burn-out and 14% (14) staff nurses have low burn-out. Majority 87% (87) staff nurses have low secondary traumatic stress and 13 (13%) have secondary traumatic stress level.

4. Findings related to correlation of level of compassion satisfaction and compassion fatigue Burnout among staff nurses working in selected hospitals of pune city:

Table 3: Correlation of compassion satisfaction with compassion fatigue burnout of staff nurses. n=100

Correlation r-value
-0.112

Table 3 shows the correlation r-value=-0.112 and p-value is 0.26. According to Pearson's Product Moment Correlation if the r-value is lies between -0.1 to -0.3 then it shows weak negative correlation so here the r-value is -0.112 shows weak negative correlation between compassion satisfaction with compassion fatigue burnout.

5. Findings related to correlation of compassion satisfaction with compassion fatigue secondary traumatic stress of staff nurses.

Table 4: Correlation of compassion satisfaction with compassion fatigue secondary traumatic stress of staff nurses. n=100

Correlation r-value
-0.190

Table 11 shows the correlation r-value= -0.190 and p-value is 0.058. According to Pearson's Product Moment Correlation if the r-value is lies between -0.1 to -0.3 then it shows weak negative correlation so here the r-value is -0.190 shows weak negative correlation between compassion satisfaction with compassion fatigue secondary traumatic stress

6. Findings related to association of level of compassion satisfaction with selected demographic variables:

All the p-values were more than 0.05 so no demographic variable is associated with compassion satisfaction of nurses.

7. Findings related to association of compassion Fatigue-Burnout with selected demographic variables:

All the p values were more than 0.05 so no demographic variable is associated with compassion fatigue (burn-out) and Compassion Fatigue (Secondary traumatic stress) of nurses.

8. Findings related to association of demographic variables with compassion fatigue- secondary traumatic stress score of staff nurses

All the p values were more than 0.05 so no any demographic variable is associated with compassion fatigue (secondary traumatic stress) of nurses.

Acknowledgement

We will like to extend our sincere gratitude to all the participants for taking part in our study and making this study a success. We will also like to thank all the concerned authorities for granting us permission to conduct this research.

Discussion

Since student period it was observed that health care workers practised their skills to produce effective results and deliver better care to patients. Also they would get a positive

energy and satisfaction when this care worked well with the health status of these patients. However, the other side of the coin was when despite anything they did, wouldn't work and the health of the patient would deteriorate or the health team would lose the patient. This resulted in negative feeling to the team and thus compassion fatigue.

The researcher decided to work on this aspect on Staff nurses working in selected hospitals of Pune city and found that a majority of the staff nurses had a high level of compassion satisfaction while a small number of them had a moderate compassion fatigue.

Conclusion

The conclusion drawn out from the study revealed that as follows:

The findings of the study show that the compassion satisfaction of staff nurses reveals that majority of staff nurses have high compassion satisfaction while small number of staff nurses have moderate compassion satisfaction. While mean compassion satisfaction score of staff nurses was found to be 45.14 and Standard Deviation was 3.02.

Also the compassion fatigue among staff nurse's findings reveals that majority of staff nurses have moderate burn-out and less number of staff nurses have low burn-out. Majority of staff nurses have low secondary traumatic stress and less number of them have secondary traumatic stress level. The mean burn-out score was found to be 29.96 with a standard deviation of 4.09 and mean secondary traumatic stress score was found to be 20.71 with a standard deviation of 1.80

The study also showed a weak negative correlation between compassion satisfaction with compassion fatigue (Burn-out and Secondary traumatic stress).

All the p-values were more than 0.05 so no any demographic variable is associated with compassion satisfaction and compassion fatigue of nurses.

Professional Quality of life scale Version-V was used to find the level of compassion satisfaction and compassion fatigue, Pearson's Product moment CO-efficient was used to find the correlation between Compassion Satisfaction and Compassion fatigue also Chi Square test was used to find the association of variables under study with selected demographic variables.

The study reveals that there is a dire need to further study this topic in depth atleast in Indian subcontinent as not many studies have been conducted on this topic. Also, we need to draw a line between working compassionately in health care and identifying its negative side at the same time as we work. Awareness programs could be conducted on a regular basis to make nurses aware about the signs and symptoms of Compassion fatigue and also empower them with ways and methods to seek help in this regard if they need it. Teaching students the negative aspect of working as a nurse especially in critical care units, signs and symptoms for identifying at an early stage and methods to cope it and still be able to be an important asset of health care system could be a massive change that will reflect in their working careers later as they complete their diploma and degree programs.

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