

Original Research Article

# Compassionate Fatigue among Nurses Working in Critical Care Areas

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## ABSTRACT

The study was conducted at two corporate hospitals of Kerala to find out whether nurses experience compassion fatigue at critical care areas. Objectives were to identify the Compassionate Fatigue among nurses working in critical care areas by using PROQOL 5 scale. Compare the Compassionate Fatigue among nurses working in ICUs and Emergency department and to find out the association between selected demographic variable and compassion in fatigue. Using purposive sampling 50 staff nurses working at intensive care units and emergency departments of the two hospitals were selected after necessary ethical clearance. 60.5% of the participants had average burn out and 59.7% had compassion satisfaction and 0.8% had secondary traumatic stress. 75% of nurses working in these areas had compassion fatigue. The result also showed there was no significant association between other demographic variable such as Age ( $p = 0.658$ ), Gender ( $p = 0.662$ ), Qualification ( $p = 0.706$ ), Area of work ( $p = 0.362$ ), Total years of experience ( $p = 0.602$ ), Experience in critical care areas ( $p = 0.391$ ), position in the unit ( $p = 0.781$ ) and Number of patient assignment ( $p = 0.222$ ). While comparing the findings at two settings, it was showed that the mean score for burn out were 28.27 at Kozhikode and 21.81 at Kochi with a “t” value of 8.22. The  $p = 0.001$  showing a high significant difference. While comparing the findings at two settings, it was showed that the mean score for burn out were 28.27 at Kozhikode and 21.81 at Kochi with a “t” value of 8.22. The  $p = 0.001$  showing a high significance difference. The Compassion fatigue (secondary traumatic stress) also showed the same type of findings with mean score 28.4 and 25.13 with a “t” value 3.19 respectively, showing a highly significant finding ( $p = 0.002$ ). The results showed that there was a significant association between place of work and compassion fatigue ( $\chi^2 = 8.92$ ,  $df = 2$ ,  $p = 0.012$ ). Compassion fatigue or secondary traumatic stress was more among nurses working at Kozhikode. In the present study, nurses working in emergency unit as well as critical care units both had average compassion fatigue.

**Key Terms:** Compassion Satisfaction, Compassion Fatigue, Burn Out, Secondary Traumatic Stress

## INTRODUCTION

Nursing, a humanistic profession from time immemorial had taken care of people suffering from illnesses. Contrary to previous generation, present day nurses consider nursing as a profession that yields better job opportunities. But being a profession dealing with human beings under

various troubled situations, nurses are tutored to possess compassion and empathy. They face multiple vulnerable situations like premature death, profound and multiple injuries. To an extent the major chunk of nurses provides empathetic care for patients with critical, physical, mental, emotional, and spiritual needs. This exposes them to a

great amount of mental agony and distress on a routine basis that has emotional implications. With heavy patient care workloads, increased patient acuity, high physical and psychological demands and caring for patients can result in decreased productivity and lower job satisfaction for individual nurses. Due to increased job demands and the additional emotional stress from caring for patients who have physical and emotional pain, nurses have the potential to develop compassion fatigue. Growing body of evidence suggests that burnout among ICU nurses and physicians are a remarkable result of the demanding and continuously high-stress work environment. It has been suggested that ICU professionals could be emotionally affected by end-of-life issues, ethical decision-making, observing the continuous suffering from patients, disproportionate care or medical futility, miscommunication and demanding relatives of the patients. [1]

The term compassion fatigue was first coined in connection with nurse's burn out nearly two decades ago. In 1992, Joinson described the term as loss of ability to nurture in connection with duties of nurses working at emergency departments. [2] Compassionate fatigue is a serious occupational hazard among those who are working in any helping profession. It is the physical and emotional exhaustion and a profound decrease in the ability to empathize. It is a form of secondary traumatic stress. According to Charles Figley it is an extreme state of tension and preoccupation with suffering from those being helped to the degree that it can create a secondary traumatic stress for the helper". [2] He used compassion fatigue as a more friendly term for secondary traumatic stress. Compassion fatigue is characterized by exhaustion, anger and 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 decisions and care for patients and/or

clients. [4] Nurses working in any setting are exposed secondary traumatic stress. It is clear that it may be an indirect exposure to trauma involves an inherent risk of significant emotional, cognitive, and behavioral changes in the practitioner as they recall memories of the event faced by their clients

Critical care nurses usually faces many stresses and burn out is a common phenomenon. From the very beginning from the entry to the nursing course, nurses are tuned for tutored compassion. Everyone who is the under care of nurses wants nurses to be compassionate. Being compassionate to those under the care requires lots of positive energy, emotional intelligence and emotional strength. Over use of such skills will lead to fatigue. Once fatigue develops it cost the physical and mental health of the nurses leading to poor quality of care. Fatigue may result in committing errors jeopardizing the life of patients under care. This also may cost patient safety and low satisfaction. Nurse's empathetic engagement with clients who suffered traumatic experience of accidents, trauma or severe illness can cause disruption in their sense of meaning. It affect their tolerance, sense of self, interpersonal relationships and sensory memory. By keeping these facts the investigators are planned to identify compassionate fatigue among nurses working in critical areas and to identify the key factors behind it.

Like any other health delivery system, nurses form the 80% of health work force in Kerala the southern state of India. Kerala with its very good health indices, and in the influx of corporate hospitals nurses are working under pressure. Very few studies have been done on nurse's burn out or compassion fatigue in this state especially among critical care nurses. Working in a corporate hospital, where many accreditation statuses are maintained, nurse's work is closely monitored by the system and the patients. The satisfaction surveys of patients give higher rating for nursing care in these institutes. But no one

had attempted to find out how nurses feel about their work and how they cope with the work pressure. With this study the researchers attempted to find out whether nurses working at critical care units and emergency unit in two corporate hospitals have compassion fatigue.

**The objectives of the study were:**

Identify the Compassionate Fatigue among nurses working in critical care areas by using PROQOL 5 scale.

Compare the Compassionate Fatigue among nurses working in ICUs and Emergency department.

Compare the Compassion Fatigue among staff nurses working at two major corporate hospitals of Kochi and Kozhikode.

Find out the association between selected demographic variable and compassion in fatigue.

**METHODOLOGY**

Populations for the study were staff nurses working at two major corporate hospitals of Kochi and Kozhikode. Using purposive sampling a sample size of 50 staff nurses working in critical care units and emergency units were selected. Quantitative descriptive survey was conducted using

PROQOL 5 scale. The tools used were Demographic data tool and Compassionate fatigue scale (PROQOL 5). Compassion fatigue scale is a tool that is standardized and permission for using the tool was obtained from the original author Beth Hudnall Stamm, Ph.D. The tool was administered to the participants after informed consent and the proposal got ethics committee clearance and permission from Aster MIMS Hospital Kozhikode.

**DATA ANALYSIS:**

Prior to analysis, the data were examined for outlying and missing data. Descriptive statistics were used to analyze demographic data such as Age, Gender, Qualification, Place of work, Area of work, Total years of experience, Experience in critical care areas, position in the unit and Number of patient assignment. Inferential statistics such as independent t test was used to compare the sub scales of compassion fatigue among staff working in ICUs and emergency department. Pearson Chi square was used to find the association between demographic variables and compassion fatigue. Data were analyzed by using SPSS version 17.0

**RESULTS**

**Table 1: Demographic characteristics**

	DEMOGRAPHIC VARIABLE	CATEGORY	FREQUENCY	PERCENTAGE
1.	Age in years	<24	16	12.9
		24-27	64	51.6
		> 28	44	35.5
2.	Gender	Male	29	23.4
		Female	95	76.6
3.	Educational qualification	GNM	18	14.5
		BSc Nursing	103	83.1
		MSc Nursing	3	2.4
4.	Place of work	Kozhikode	45	36.3
		Kochi	79	63.7
5.	Area of work	ICU	82	66.1
		ED	41	33.1
6.	Years of experience	<1	7	5.6
		1-3	55	44.4
		>3	62	50.0
7.	Critical care experience	<1 year	15	12.1
		1-3 years	63	50.8
		>3 years	46	37.1
8.	Position in the unit	Staff Nurse	121	97.6
		Head Nurse	2	1.6

51.6 % of participants were belonging to the age group of 24-27 years. 76.6% of the

participants were females. 83.1% of the participants had a basic degree in nursing as

their nursing qualification. 66.6% worked in Intensive care units 50% of them had more than 3 years of experience in their respective filed.

**Table 2: Compassionate Fatigue among nurses working in critical care areas**

	Demographic variable	Category	Frequency	Percent
1.	Burn out	Low	49	39.5
		Average	75	60.5
2.	Compassion satisfaction	Low	1	.8
		Average	74	59.7
		High	49	39.5
3.	Secondary Traumatic stress	Low	30	24.2
		Average	93	75.0
		High	1	.8

60.5% of the participants had average burn out and 59.7% had compassion satisfaction and 0.8% had secondary traumatic stress.75% of nurses working in these areas had compassion fatigue.

**Table 3: Compassionate Fatigue among nurses working in ICUs and Emergency department.**

	Area of work	N	Mean	Std. Deviation
Secondary traumatic stress	ICU	82	26.55	5.014
	ED	41	25.90	6.931
Compassion satisfaction	ICU	82	38.51	6.950
	ED	41	38.39	7.293
Burnout total	ICU	82	24.00	5.166
	ED	41	24.61	5.338

Independent t test was done to compare the compassion satisfaction among nurses working in ICUs and Emergency department. It showed that the mean difference between 2 groups were 0.122 with p value 0.928. So there is no significant difference between compassion satisfaction among staff nurses working in ICUs and Emergency department.

Association between selected demographic variable and compassion fatigue (Secondary Traumatic Stress) was assessed with Pearson chi square. The result showed that there was a significant association between place of work and compassion fatigue ( $X^2 = 8.92$ ,  $df = 2$ ,  $p = 0.012$ ). The nurses working at Kochi had more compassion satisfaction than those in Kozhikode ( $p=0.012$ ). Compassion fatigue or secondary traumatic stress was more among nurses working at Kozhikode. The result also showed there was no significant association between other demographic

variable such as Age ( $p = 0.658$ ), Gender ( $p= 0.662$ ), Qualification ( $p=0.706$ ), Area of work ( $p= 0.362$ ), Total years of experience ( $p= 0.602$ ), Experience in critical care areas ( $p= 0.391$ ), position in the unit ( $p= 0.781$ ) and Number of patient assignment ( $p=0.222$ ).

While comparing the findings at two settings, it was showed that the mean score for burn out were 28.27 at Kozhikode and 21.81 at Kochi with a “t” value of 8.22. The  $p= 0.001$  showing a high significance difference. In the same way the compassion satisfaction at Kozhikode was 32.73 and 41.82 at Kochi with a “t” value of 8.82. The  $p=0.001$  showing a highly significant difference. The Compassion fatigue (secondary traumatic stress) also showed the same type of findings with mean score 28.4 and 25.13 with a “t” value 3.19 respectively, showing a highly significant finding ( $p=0.002$ )

## DISCUSSION

Nurses are particularly vulnerable to compassion fatigue due to the fact that they are constantly working with people who are emotionally turmoil due to their physical and physiological issues.

A study was conducted to determine the level of compassion fatigue which experienced by nurses who work in intensive care units by using questionnaire and compassion fatigue (CF) subscale of the Professional Quality of Life Scale (ProQOL R-IV) to measure levels of compassion fatigue at a large National Education and Research Hospital located in Northwest of Turkey. A total of 69 critical care nurses participated in the study. To analyze the data further, participants were re-categorized into 2 groups for CF scores: (1) higher than 17: high risk and (2) lower than 17: low risk. The findings showed that critical care nurses were at high risk (52.7%) and low risk (47.3%) for CF. The present study result showed that 75% of staff nurses working in critical care area had average, 24.2% had low and 0.8% had high compassion fatigue. [5]

A study was conducted to determine the level of compassion fatigue among nurses working in critical area by Keshia Ryan Kotula. Registered nurses (N=58) from two intensive care units completed the Professional Quality of Life Scale, Version 5 (ProQOL5) and a demographic questionnaire. The study revealed that the mean score of secondary traumatic stress was 22.31, mean compassion satisfaction 38.03 and mean burnout 24.78 which was well supported by the current study with mean score of secondary traumatic stress 26.33, mean compassion satisfaction 38.47 and mean burn out 24.2. [6]

### CONCLUSION

Compassion fatigue has not been officially defined and addressed in nursing practice at Kerala, nurses need to be informed of the concepts of compassion fatigue. They need to be made aware of their role in combating compassion fatigue effectively. Since nurses are the frontline workers witnessing the tragedies of people require respect from colleagues and superiors rather than blames. Nurses expressed the hostile attitude and open blame culture imparted by physician

colleagues stay as the main reason for compassion fatigue to nurses.

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