

Research Article

A Descriptive Study to Assess the Level of Compassion Fatigue among Nurses Working in Dr. L. H. Hiranandani Hospital

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ABSTRACT

Aim: The study aimed to identify the level of compassion fatigue among the nurses and to correlate the level of compassion fatigue with demographic variables. **Materials and Methods:** The study was conducted on 200 staff nurses working in Dr. L. H. Hiranandani Hospital. The design used for the study is descriptive research design. Samples selected using non-probability convenient sampling technique. Tool used for the study is structured questionnaire. **Results:** Nurse creates a healing environment for patients and relatives with their daily interaction and technical skills. Primary task as helping professional is to meet the physical and emotional needs of the patient. Although compassion fatigue is a treatable problem, it causes severe negative effect on nurse's professional as well as personal life. To prevent this, we need to understand the early signs and symptoms of compassion fatigue. Compassion fatigue remains significant concerns in nursing, affecting both individuals and organizations. There are many strategies to prevent themselves from compassion fatigue. Compassion fatigue plays an important role in the professional outcome of the nurses. The data collected from staff nurses working in Dr. L. H. Hiranandani Hospital show average level of compassion fatigue for majority of the nurses 84% have average level of compassion fatigue and 16% of nurses show high level of compassion fatigue. **Conclusion:** The prevention of compassion fatigue starts from self-care. However, most of the nurses put their needs at last. Organizations should provide a supportive work environment, good opportunities, and guidelines for the nurses to work efficiently.

Keywords: Compassion fatigue, Staff nurses, Level

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Introduction

Compassion fatigue which arises out of continuous exposure to stressful work environment has been recognized as a key

problem among nurses. Understanding nurse's compassion fatigue level and its relation with occupational stressors are of importance to reduce the health risk among nurses and increase the quality of health-care services.^[1] Nursing is an extremely demanding yet rewarding profession that requires physical, emotional, and spiritual strength.^[2] Nurses enter into the lives of their patients during periods of physiological, emotional, or spiritual vulnerability and are witness to the stress, pain, and suffering accompanying these events. They are present at immediate and concrete levels to care for the physical and emotional/spiritual well-being of both the patient and the family.^[3] Constant exposure to stress and traumatic experiences inherent in nursing profession significantly contributes to the development of a reduced job satisfaction and compassion

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fatigue, leading to a considerably high turnover rate in nursing.^[4]

Compassion fatigue involves emotional, physical, and spiritual exhaustion related to prolonged exposure to trauma and difficult situations or giving of self.^[5] Compassion fatigue in nurses is a progressive process of taking patient's pain and suffering formed from the caring interactions with patients and relatives.^[6]

A research done by Tarra *et al.* on compassion satisfaction and compassion fatigue among critical care nurses shows that the nurses working with critically ill patients sees noticeable human suffering. The nurses provide compassionate care to patients experience illnesses and events that are often sudden, disfiguring, and life threatening. Nurses are professionally satisfied with their work, but repeated exposure to critically ill patient's makes them more prone to compassion fatigue was the signs and symptoms which are similar to those of PTSD.^[7]

A similar study by Borre *et al.* on compassion fatigue, burnout, and compassion satisfaction among emergency room nurses concluded that all nurses are at risk for compassion fatigue. Prevention of compassion fatigue is achieved through professional boundaries, self-care measures, self-awareness, and education on the concept at the individual and organizational level. Jarrad *et al.* done a research on compassion fatigue and substance use among nurse shows a significant difference in CF scores in nurses using sleeping pills, antianxiety drugs, smoking, and antidepressant drugs. Nurses used coffee, analgesics, and amphetamines were not showing a significant difference in the CF score. Institution, gender, and marital status significantly associated with the CF score.^[8]

Objectives of the study

The objective of this study was as follows:

1. To identify the level of compassion fatigue among the nurses.
2. To correlate the level of compassion fatigue with demographic variables of nurses.

Materials and Methods

Research approach

A quantitative research approach was adopted to achieve the desired objective of the study.

Research design

Descriptive survey design [Figure 1] was used to assess the level of compassion fatigue.

Setting

Dr. L. H. Hiranandani Hospital, Powai, was selected for the study.

Sample and sampling technique

The present study consisted of 200 samples. Non-probability convenient sampling technique is used for the study.

Method

Prior permission was taken from concerned authorities. Informed consent was taken from each sample. Structured

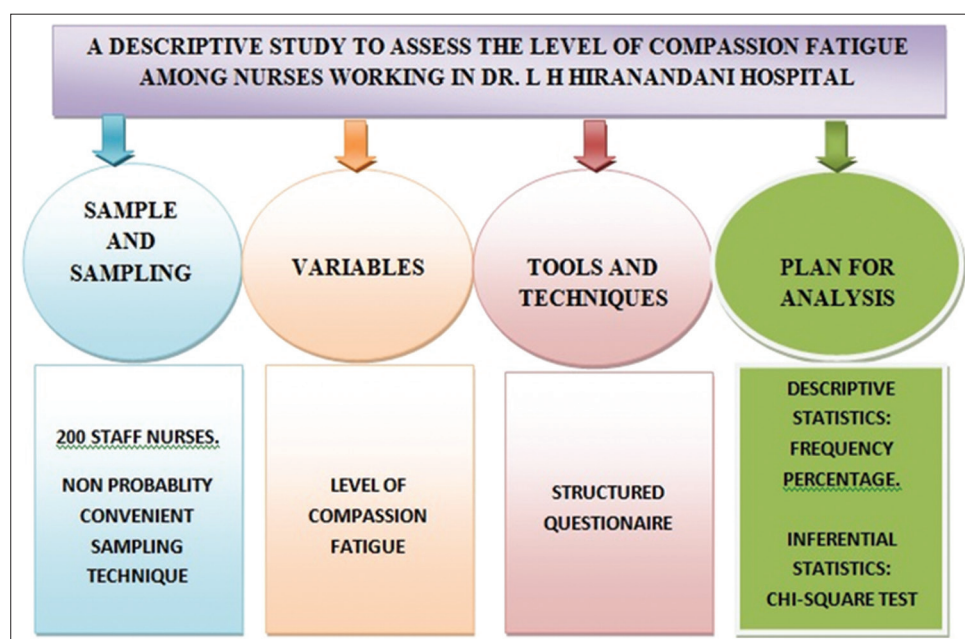


Figure 1: Descriptive design adopted for the study

questionnaire was used to collect the data. Demographic data of each sample were collected at the same time.

Results

The data collected from 200 samples to assess the level of compassion fatigue among staff nurses working in Dr. L. H. Hiranandani Hospital. Analysis was done using descriptive statistics and inferential statistics.

Table 1: Frequency and percentage distributions of demographic variables ($n=200$)

Demographic variables	Frequency	Percentage
Gender		
Male	9	4.5
Female	191	95.5
Year of experience		
0–5	171	85.5
5–10	6	3
10–15	9	4.5
15–20	3	1.5
>20 years	11	5.5
Basic nursing training		
Public institute of higher learning	31	15.5
Nursing college	169	84.5
Academic achievement		
Diploma in nursing	50	25
Degree in nursing	150	75
Marital status		
Married	59	29.5
Unmarried	141	70.5
Patient ratio		
NA (Not Applicable)–1:2	57	28.5
1:3–1:5	86	43
1:6–1:8	57	28.5

Table 1 describes the demographic variables of the samples. About 4.5% of male staff nurses participated in the study, whereas 95.5% of female staff participated. Majority of the staff were having an experience of <5 years, 6% of nurses have 5–10 years and 4.5% have 10–15 years of experience, 1.5% having 15–20 years of experience, and 5.5% have more than 20 years of experience. Maximum staff nurses (86%) completed basic nursing training from nursing college and 14% from public institute of higher learning. While considering the academic achievement, almost 75% of staff nurses have degree in nursing and 25% have diploma in nursing. Majority were unmarried, i.e., 70.5% and 29.5% married.

Table 1 shows the level of compassion fatigue with respect of demographic variables. Female staff nurses have a high level of compassion fatigue compared to male staff nurses. Maximum compassion fatigue in nurses work with more patient ratio. There is high compassion fatigue found in unmarried staff nurses than married staff and staff <10 years of experience shows high compassion fatigue.

Table 2 suggests the level of compassion fatigue among staff nurses. Majority of staff nurses, that is, 84% working in Dr. L. H. Hiranandani had average level of compassion fatigue and 16% of them had high level of compassion fatigue.

Table 3 suggests that compassion fatigue differs with some of the demographic variables of the staff nurses. In regard with gender, patient ratio, and year of experience, there is a statistically significant association as $P < 0.05$. Chi-square test is used for the study.

Discussion

This research strongly indicates that there is a serious nursing compassion fatigue problem. The study conducted in Table 4

Table 2: Level of compassion fatigue with respect of demographic variables ($n=200$)

Demographic variables	Level of compassion fatigue			
	Average		High	
	Frequency	Percentage	Frequency	Percentage
Gender				
Male	6	3	3	1.5
Female	162	81	29	14.5
Marital status				
Married	48	24	11	5.5
Unmarried	120	60	21	10.5
Year of experience				
0–5	153	76.5	18	9
5–10	3	1.5	3	1.5
10–15	5	2.5	4	2
15–20	1	0.5	2	1
>20 years	6	3	5	2.5
Patient ratio				
NA (Not Applicable)–1:2	46	23	11	5.5
1:3–1:5	74	37	12	6
1:6–1:8	48	24	9	4.5

Table 3: Frequency and percentage distribution of the level of compassion fatigue ($n=200$)

Level of compassion fatigue	Frequency	Percentage
Average (70–110)	168	84
High (110–150)	32	16

Table 4: Association of the level of compassion fatigue with selected demographic variables ($n=200$)

Demographic variable	Chi-square	P value	Association
Gender	22	0.01	Significantly associated
Patient ratio	16	0.001	Significantly associated
Year of experience	14.5	0.0001	Significantly associated
Marital status	24	0.01	Significantly associated

shows that Dr. L. H. Hiranandani Hospital among staff nurses. Majority of staff nurse, i.e., 84% working in Dr. L. H. Hiranandani Hospital had average level of compassion fatigue. About 16% had high level of compassion fatigue as per the data collected from the samples. Level of compassion fatigue is significantly associated with gender and patient ratio as $P < 0.05$. These findings suggest that there is a need to establish saving managerial strategic interventional plans to rescue the staff nurses before further personal and organizational damage is inflicted. Understanding the concept of compassion fatigue and compassion satisfaction, the organizations and individuals can develop interventions related to the specific situations to reduce compassion fatigue and allow them to continue giving excellent nursing care.^[9] This study is supported with a similar study done by Danielle Lisa Katherine Chatterton on compassion fatigue and its association with workplace empowerment in acute care settings. The result of the study suggests that high level of compassion fatigue exists in nursing fields.^[10] Similar study done by Hooper C on compassion satisfaction, burnout, and compassion fatigue among emergency nurses compared with nurses in other selected inpatient specialties. The result shows that 86% of the emergency staff nurses have moderate to high level of compassion fatigue than other wards.^[11] Compassion satisfaction creates a sense of worth that has been described as the most rewarding part of what nurses do. Those experiencing compassion satisfaction derive gratification from their work and feel positive about the patient/family, the care team, and their ability to contribute to better care and, therefore, better patient outcomes. Self-care, social connection, and support

from organization these are equally important in preventing compassion fatigue and complement each other. Nurses have the collective opportunity together to prevent individual and collective compassion fatigue.^[12]

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