

The Effect of Oncology and Palliative Care Nurses' Compassion Fatigue on Job and Life Satisfaction

Onkoloji ve Palyatif Bakım Servisinde Çalışan Hemşirelerin Merhamet Yorgunluğunun İş ve Yaşam Doyumuna Etkisi

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ABSTRACT

Objective:

This study aimed to determine the effect of compassion fatigue on the job and life satisfaction of nurses working in the Oncology and Palliative Care services.

Methods: This research was conducted in the oncology and palliative care units of all the hospitals under the Ministry of Health in the Central Black Sea region of Turkey. No sampling was carried out, and the study was conducted with 110 nurses available who met the criteria. Data were collected using a Descriptive Form, the Professional Quality of Life IV-Compassion Fatigue Sub-Scale, the Minnesota Satisfaction Questionnaire, and the Satisfaction with Life Scale and analyzed using frequency, mean, standard deviation, oneway analysis of variance, independent samples *t*-test, Kruskal-Wallis test, and Mann-Whitney *U*-test statistics.

Results: The study results evinced the mean score of Professional Quality of Life-Compassion Fatigue (PRoQOL-CF-IV) as 22.6 ± 7.44 , the average score of Minnesota Satisfaction Questionnaire (MSQ) as 57.7 ± 13.07 , and the mean Satisfaction with Life Scale (SWLS) score as 12.4 ± 4.52 . A negative correlation was found between the nurses' compassion fatigue mean scores and life satisfaction scores and a positive correlation was found between job satisfaction and life satisfaction ($P = .036$, $P = .001$).

Conclusion: This study found that nurses experienced low levels of compassion fatigue and high levels of job satisfaction and life satisfaction, that an increase in compassion fatigue negatively affected life satisfaction but did not affect job satisfaction, and that an increase in job satisfaction had a positive effect on life satisfaction.

Keywords: compassion fatigue, job satisfaction, life satisfaction, nursing, oncology, palliative care, psycho-oncology

ÖZ

Amaç: Bu araştırma Onkoloji ve Palyatif Bakım servisinde çalışan hemşirelerin merhamet yorgunluğunun iş ve yaşam doyumuna etkisini belirlemek amacıyla tanımlayıcı olarak yapılmıştır.

Yöntemler: Araştırma, Türkiye'nin Orta Karadeniz bölgesinde yer alan Sağlık Bakanlığına bağlı tüm hastanelerin onkoloji ve palyatif bakım birimlerinde gerçekleştirilmiştir. Araştırmada örneklem seçimine gidilmemiş ulaşılabilen ve kriteri sağlayan 110 hemşire ile yürütülmüştür. Araştırmada veri toplama amacıyla, Tanıtıcı Form, Çalışanlar için Yaşam Kalitesi- Merhamet Yorgunluğu Alt Ölçeği (ÇYKÖ-MY), Minnesota İş Doyum Ölçeği (MİDÖ) ve Yaşam Doyum Ölçeği (YDÖ) ile toplanmıştır. Verilerin analizinde frekans, ortalama, standart sapma, tek yönlü varyans analizi, bağımsız örnekler *t* testi, Kruskal Wallis ve Mann Whitney *U* test istatistiği kullanılmıştır.

Bulgular: Araştırmada ÇYKÖ merhamet yorgunluğu puan ortalaması $22,6 \pm 7,44$; MİDÖ puan ortalaması $57,7 \pm 13,07$; YDÖ puan ortalaması $12,4 \pm 4,52$ olarak bulunmuştur. Hemşirelerin merhamet yorgunluğu puan ortalamaları yaşam doyumunu puan ortalamaları arasında negatif yönlü, iş doyumunu ile yaşam doyumunu arasında pozitif yönlü ilişki belirlenmiştir ($P = .036$, $P = .001$).

Sonuç: Hemşirelerin düşük düzeyde merhamet yorgunluğu, yüksek düzeyde iş doyumu ve yaşam doyumu yaşadığı saptanmıştır. Merhamet yorgunluğunun artmasının yaşam doyumunu olumsuz etkilediği, iş doyumunu ise etkilemediği belirlenmiştir. Hemşirelerin iş doyumunun artmasının yaşam doyumunu olumlu etkilediği belirlenmiştir.

Anahtar Kelimeler: Merhamet yorgunluğu, iş doyumu, yaşam doyumunu, hemşirelik, onkoloji, palyatif bakım, psiko-onkoloji.

INTRODUCTION

Compassion fatigue is described as an occupational hazard for healthcare professionals caring for patients with severe trauma and pain¹ and is defined as “distress caused by repeated or prolonged expression of compassion or empathy.”² A meta-analysis reported that compassion fatigue was observed in 53% of nurses.³ Oncology and palliative care nurses work with patients with intense care needs, severe pain, and in the terminal period and face the losses of patients they provide long-term care.⁴ Therefore, the risk of nurses who care for these patient groups to develop compassion fatigue increases.⁵ Awareness of compassion fatigue and its symptoms can serve as a barometer for the nurse, as well as creating an early warning system.¹ Compassion fatigue can lead to other negative consequences for both nurses and patients by decreasing the pleasure taken from work and life.⁶

Jenkins and Warren⁶ evinced that individuals disappointed in the work environment develop adverse reactions toward their jobs. Compassion fatigue can lead to the disruption of the communication between the patient and the nurse, an increase in the number of leaves taken, the misinterpretation of the information received, a decrease in patient satisfaction and the quality of care, an increase in the number of resignations, and fear to provide care to the patient.¹⁷ Alan⁸ stated that compassion fatigue, expressed as the emotional burden of care, negatively affected life in general as well as professional life. Compassion fatigue can cause problems in close relationships in daily life, substance use, increased anxiety and meaningless fears, deterioration of worldview, and decreased sympathy and empathy skills.¹ Witnessing the pain of patients and their relatives in this challenging process and being in contact with them limits the ability of nurses to provide compassionate care in the long term.⁴

It is necessary to recognize compassion fatigue and its effects on job and life satisfaction to maintain the patient's quality of care and create a satisfying work and living space for the nurse.

METHODS

Sample

This descriptive and relationship-seeking research was conducted between December 2018 and December 2019. The research population consisted of 132 nurses working in the oncology and palliative care units of the hospitals under the Ministry of Health (8 hospitals) located in the Central Black Sea region of Türkiye (northern Türkiye), had no communication barriers, and had been working in their unit for at least 6 months. We aimed to reach the whole universe by not selecting samples. However, 5 nurses on annual leave during the research and 18 who did not want to participate by their own will could not be included in the study. Thus, the study was conducted with 110 nurses (80% of the population).

Statistical Analysis

The quantitative data obtained in this study were analyzed using the IBM Statistical Package for Social Sciences (IBM SPSS

Corp., Armonk, NY, USA) 25 program. Quantitative data were presented as frequency, percentage, mean–SD, and median. To determine the relationship between the scale total scores and the descriptive characteristics of the nurses, in the analysis of normally distributed data, we used a *t*-test for the comparison between groups for independent groups and a 1-way analysis of variance in case there were 3 or more groups. Mann–Whitney *U*-test was used to compare groups to analyze data that did not show normal distribution. The level of significance was taken as $P < .05$.

Instrument

This descriptive study used a Descriptive Form prepared by the researcher in line with the literature, Data were collected using the Professional Quality of Life Scale-IV-Compassion Fatigue (ProQOL-CF-IV), the Minnesota Satisfaction Questionnaire (MSQ), and the Satisfaction with Life Scale (SWLS).

Descriptive Form

The form included 8 questions about the sociodemographic and working characteristics of the nurses (age, gender, marital status, professional experience, satisfaction with working conditions, whether they have chosen the department where they work willingly, whether willingly doing their job, etc.) and 2 questions about general information (whether being affected by traumatizing events encountered in the working environment and whether having received psychological support).

Professional Quality of Life Scale IV-Compassion Fatigue

The Turkish validity and reliability of the Professional Quality of Life Scale IV-Compassion Fatigue (ProQOL-CF-IV), which was prepared by Stamm,⁹ was done by Yeşil et al.¹⁰ It is a self-assessment scale with 3 sub-scales—compassion satisfaction, burnout, and compassion fatigue—and 30 items. The scale does not have a total score. The sub-scales are used separately. Compassion fatigue subscale consists of 10 items. The assessment uses a 6-step chart scoring ranging from “Never” (0) to “Very often” (5) (Min 0–Max 50). Compassion fatigue increases as the scores increase.¹⁰ In the validity and reliability study, the cronbach alpha value of compassion fatigue was determined as 0.80. The Cronbach's Alpha coefficient (α) for the compassion fatigue sub-dimension in this study was determined as 0.84.

Minnesota Satisfaction Questionnaire

The Minnesota Job Satisfaction Scale was developed by Weiss et al.¹¹ and its Turkish validity and reliability were done by Baycan.¹² It is a 5-point Likert-type self-assessment scale consisting of 20 questions. Scoring ranging from “Not satisfied at all” (1) to “Very satisfied (5)” is used to evaluate the scale. The highest score on the scale is 100, while the lowest is 20. The satisfaction level decreases as the scores approach 20, while the satisfaction level increases closer to 100.¹² In the validity and reliability study, the cronbach alpha value was determined as 0.77. The cronbach alpha coefficient (α) in this study was found to be 0.90.

Satisfaction with Life Scale

The Turkish validity and reliability of the SWLS, developed by Diener, Emmons, Larsen, and Griffin (1985), was conducted by Dağlı and Baysal.¹³ It is a self-assessment scale consisting of 5 questions. The evaluation of the scale uses a 5-point Likert-type assessment, with scores ranging from “I strongly disagree (1)” to “I completely agree (5)”. An increase in scores indicates an increased satisfaction with life.¹³ In the validity and reliability study, the cronbach alpha value was determined as 0.88. The cronbach alpha coefficient of the scale in this study was determined to be 0.87.

RESULTS

In this study, 68.2% of the participant nurses were working in the palliative care unit. Their mean scores of compassion fatigue were 22.6 ± 7.44 , job satisfaction 57.7 ± 13.07 , and life satisfaction 12.4 ± 4.52 (Table 1). Score distributions of compassion fatigue and job and life satisfaction scales were given according to specific characteristics of nurses. Accordingly, we found that compassion fatigue was affected by traumatic events and whether psychological support was received or not ($P < .001$). A statistically significant difference was found between job satisfaction and the variables of clinic worked, willingness to work, satisfaction with working conditions, and psychological support received ($P = .037, P = .001, P < .001, P = .022$ Table 2). The difference between life satisfaction and the variables of willingness to work, satisfaction with working conditions, and being affected by trauma was statistically significant ($P = .001, P = .010, P = .023$ Table 2). No correlation was found between compassion fatigue and job satisfaction ($r = -0.146; P = .127$), while there was a negative correlation between compassion fatigue and life satisfaction ($r = -0.200, P = .036$). However, a weak positive relationship was found between job satisfaction and life satisfaction ($r = 0.386, P < .001$; Table 3).

DISCUSSION

This study found the compassion fatigue of oncology and palliative care nurses to be low (22.6 ± 7.44 ; Table 1). Al-Maji et al¹⁴ and Mooney et al¹⁵ obtained similar results. The study by Khan et al¹⁶ conducted with 254 healthcare workers reported that 34.8% of the nurses experienced low and 65.2% experienced moderate risk compassion fatigue, while none had a high-risk score average. In parallel to the results of this study, many studies in the literature also showed that nurses experienced low levels of compassion fatigue.¹⁷

The nurses in this study had high job satisfaction. Similarly, Korzeniewska et al¹⁸ stated that palliative care professionals experienced high job satisfaction. Kumaş et al¹⁹ also reported high nurse job satisfaction. Furthermore, the studies in the literature conducted to examine the job satisfaction of nurses determined that the job satisfaction levels of nurses were above average.²⁰

This study observed that oncology and palliative care nurses had a high level of life satisfaction. Similarly, Piotrkowska et al²¹ and Eren²² also reported that oncology nurses had high life satisfaction. Furthermore, Atasoy and Turan²³ reported the same. Topuz²⁴

Table 2. Compassion Fatigue, Job, and Life Satisfaction Mean Scores According to Certain Variables

Variables	n	%	ProQOL-CF	MSQ	SWLS
<i>Age</i>					
20-30	40	36.4	11 (1-38)	58.0 ± 14.0	12.0 ± 3.9
31-41	33	30.0	13 (3-36)	53.7 ± 12.9	12.2 ± 4.6
≥42	37	33.6	13 (0-24)	60.9 ± 11.5	13.2 ± 5.1
			$\chi^2 = 1.285;$ $P = .526$	$F = 2.72;$ $P = .070$	$F = 0.78;$ $P = .461$
<i>Gender</i>					
Female	98	89.1	12 (0-38)	57.6 ± 12.6	13 (5-24)
Male	12	10.9	7 (1-24)	58.3 ± 16.9	10 (5-20)
			$U = 423.0;$ $P = .113$	$t = -1.54;$ $P = .078$	$U = 385.5;$ $P = .052$
<i>Marital status</i>					
Married	72	65.5	12.5 (0-31)	57.6 ± 12.9	13 (5-24)
Single	38	34.5	11.0 (1-38)	57.8 ± 13.5	10 (5-20)
			$U = 1.348;$ $P = .900$	$t = -0.067;$ $P = .947$	$U = 1.118;$ $P = .116$
<i>Educational status</i>					
High-school	5	4.5	12.0 (10-17)	48.8 ± 15.1	12.0 (5-16)
Associate	32	29.1	10.5 (0-38)	60.7 ± 11.3	12.5 (5-24)
Undergraduate	66	60.0	11.0 (1-36)	56.9 ± 13.9	12.0 (5-23)
Postgraduate	7	6.4	13.0 (4-18)	57.4 ± 9.1	14.0 (9-19)
			$\chi^2 = 0.485;$ $P = .922$	$F = 1.434;$ $P = .237$	$\chi^2 = 1.049;$ $P = .789$
<i>Work unit</i>					
Palliative care	75	68.2	11 (1-38)	56.1 ± 13.9	12.2 ± 4.6
Oncology service	35	31.8	10 (0-24)	61.1 ± 10.4	12.9 ± 4.4
			$U = 1.196;$ $P = .456$	$t = -2.119;$ $P = .037$	$t = -7.09;$ $P = .480$
<i>Professional experience (years)</i>					
≤10	47	42.7	11 (1-38)	56.3 ± 14.5	12.2 ± 4.1
11-24	25	22.7	10 (3-36)	55.8 ± 12.1	11.8 ± 4.0
≥25	38	34.5	14 (0-29)	60.7 ± 11.5	13.1 ± 5.3
			$\chi^2 = 1.152;$ $P = .562$	$F = 1.540;$ $P = .219$	$F = 0.642;$ $P = .528$
<i>Doing job willingly</i>					
Yes	84	76.4	11.0 (0-38)	59.9 ± 13.1	13.3 ± 4.6
No	26	23.6	13.5 (1-29)	50.7 ± 10.2	9.6 ± 2.8
			$U = 1.269;$ $P = .86$	$t = 3.263;$ $P = .001$	$t = 4.920;$ $P < .001$
<i>Satisfied with working conditions</i>					
Yes	33	30.0	11 (0-21)	66.9 ± 10.4	14 (7-24)
No	77	70.0	12 (3-38)	53.7 ± 12.1	11 (5-23)
			$U = 1.452;$ $P = .234$	$t = 5.456;$ $P < .001$	$U = 876.5;$ $P = .010$
<i>Affected by traumatic events</i>					

(Continued)

Table 1. Compassion Fatigue, Job Satisfaction, and Life Satisfaction Scale Total Scores

Scales	X ± SS	Minimum–Maximum Score
ProQOL-CF	12.6 ± 7.44	0-50
MSQ	57.7 ± 13.07	20-100
SWLS	12.4 ± 4.52	5-25

MSQ, Minnesota Satisfaction Questionnaire; ProQOL-CF, Professional Quality of Life IV-Compassion Fatigue Sub-Scale; SWLS, Satisfaction with Life Scale.

Table 2. Compassion Fatigue, Job, and Life Satisfaction Mean Scores According to Certain Variables (Continued)

Variables	n	%	ProQOL-CF	MSQ	SWLS
Yes	73	66.4	13 (3-38)	56.3 ± 12.7	11 (5-23)
No	37	33.6	12 (3-38)	60.5 ± 13.4	14 (5-24)
			U = 798.0; P < .001	t = -1.635; P = .105	U = 991.5; P = .023
<i>Psychological support received</i>					
Yes	17	15.5	18 (4-38)	51.1 ± 11.5	11 (5-20)
No	93	84.5	11 (0-36)	58.9 ± 13.0	13 (5-24)
			U = 527.0; P = .029	t = 2.324; P = .022	U = 664.0; P = .294

MSQ, Minnesota Satisfaction Questionnaire; ProQOL-CF, Professional Quality of Life Scale-Compassion Fatigue; SWLS, Satisfaction with Life Scale.

stated the total score of nurses' life satisfaction as 10.30 ± 7.03 . In a study conducted in Iran, Mirfarhadi et al²⁵ reported that 81.9% of the nurses participating in the study had high life satisfaction. Other studies have also reported that the level of life satisfaction of nurses was high.²⁶ Thus, the findings of this study were in line with the literature. The high life satisfaction of the nurses has been associated with the sense of satisfaction that caregiving gives to the caregiver. Nursing, which is a helping profession, raises the nurses' self-perception of value while caring for the patient, and this, in turn, increases life satisfaction.

This study evinced that the compassion fatigue score was affected by the variable of being affected by traumatic events and receiving psychological support ($P < .05$). This finding is similar to the results of the studies examining nurses' compassion fatigue.^{22,27,28} Other studies stated that nurses working in oncology and palliative care clinics could experience compassion fatigue due to the constant suffering and deaths of the patient population they cared for.²⁹

Bab³⁰ reported in their study conducted with those working in the field of oncology that 92.9% of the participant employees experienced social, physical, and psychological problems, while Eren²² reported that working with terminal patients and their relatives could lead to the need for psychological support for nurses. Similar to the results of this study, Bağcıvan²⁸ reported that nurses who were not satisfied with their lives experienced higher compassion fatigue. Rees et al³¹ put forth endurance as an essential weapon against compassion fatigue.

This study found that the job satisfaction of the nurses working in the oncology unit was higher, and the difference was statistically significant ($P < .05$). Although there were similar findings in the literature,^{32,33} Head et al³⁴ reported high job satisfaction among

Table 3. The Relationship Between Compassion Fatigue and Job and Life Satisfaction

Scales	MSQ	SWLS
ProQOL-CF	$r = -0.146$ $P = .127$	$r = -0.200$ $P = .036^*$
MSQ		$r = 0.386$ $P < .001^{**}$

r = Spearman's rho correlation coefficient.

MSQ, Minnesota Satisfaction Questionnaire; ProQOL-CF, Professional Quality of Life Scale-Compassion Fatigue; SWLS, Satisfaction with Life Scale.

^{*} $P < .001$, ^{**} $P < .05$.

palliative care and hospice nurses. This study evinced that the job satisfaction of nurses was affected by the variables of willingly choosing the unit they work in, being satisfied with their working conditions, willingly doing their job, getting psychological support, and being affected by traumatic situations. In their literature review, Lu et al³⁵ reported that job satisfaction was affected by many factors, such as the quality of patient care, personal characteristics, culture, geographical characteristics, the institution worked in, and perceptions about the profession. Similar to the findings of this study, Başer³⁶ reported that healthcare workers who did not need psychological support had high job satisfaction.

This study revealed that the life satisfaction of the nurses was affected by the variables of working conditions and being affected by traumatic events ($P < .05$). We determined that nurses satisfied with their working conditions had higher life satisfaction scores. Similarly, Dinç³⁷ stated that employees satisfied with their work-life had significantly higher life satisfaction scores than those who were not. Eroğlu and Sarıkan³⁸ reported a significant negative correlation between life satisfaction and trauma experienced in their study with emergency healthcare workers. Bilen and Kiran³⁹ reported that the life satisfaction of those who witnessed severe injury, disability, or unexpected death events decreased significantly compared to those who never experienced such occurrences.

Evaluation of the relationship between the scales showed that there was a negative relationship between compassion fatigue and life satisfaction (Table 3; $P = .036$, $r = 0.200$). Compassion fatigue, depression, affective disorders, decreased energy, physical symptoms, and so on create conditions that negatively affect the life satisfaction of individuals.⁴⁰

This study found a positive relationship between job satisfaction and life satisfaction ($P < .001$, $r = 0.386$). Sargut and Sargut⁴¹ also reported a significant positive relationship between job and life satisfaction in their study. Similarly, Kazaz mentioned the same in their research.⁴² In parallel to the findings of this study, there are studies in the literature that reported that life satisfaction increased when job satisfaction increased.^{22,43-45}

Study Limitations

This research was limited to the relevant sample due to geographical and social differences and cannot be generalized to other groups.

In this study, it was found that the nurses experienced low levels of compassion fatigue and high levels of job and life satisfaction. It was determined that increased compassion fatigue negatively affected life satisfaction but did not affect job satisfaction. It has also been shown that an increase in the job satisfaction of nurses had a positive effect on life satisfaction.

The researchers of this study recommend the following:

Establishing supportive areas that can provide self-care (adequate nutrition and personal time, regular sleep, participation in social activities outside the hospital, exercise, hobby or spiritual practices) to protect nurses from compassion fatigue and increase their life satisfaction. Creating environments where nurses can share their feelings and thoughts to understand the traumatic situations they may encounter or have encountered in their work and personal life, evaluating the social support systems of nurses, and establishing institutions such as "Nursing Renewal Center." Checking the job satisfaction levels of nurses

at regular intervals and creating rest intervals of the shift charts which can contribute to job satisfaction, arranging work areas in a way that can reduce work stress, providing mental and physical relaxation, increasing the number of leaves, reducing overtime, and organizing in-service training to meet the needs of patients who receive regular care.

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