



### RESEARCH ARTICLE / ARAŞTIRMA MAKALESİ

## COMPASSION FATIGUE IN NURSES WORKING IN SURGICAL CLINICS\*

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### ABSTRACT

This research was carried out with a total of 207 nurses who agreed to participate in the study in a research hospital surgical clinics between February and May 2016. The data collection tool used was the socio-demographic characteristics form and the Quality of Life Scale for Employees, which consist of the sub-dimensions of occupational satisfaction, burnout and compassion fatigue. As a result of the study, it was found that as the age of increased, the rate of professional satisfaction increased, the rate of job satisfaction was higher for female and the rate of burnout was higher for men, the lower level of education was cause lower professional satisfaction and higher compassion fatigue.

### Key Words

*Professional Quality of Life, Surgical Nurse, Compassion Fatigue*

## CERRAHİ KLİNİKLERDE ÇALIŞAN HEMŞİRELERDE MERHAMET YORGUNLUĞU

### ÖZ

Bu araştırma bir araştırma hastanesi cerrahi kliniklerinde, Şubat-Mayıs 2016 tarihleri arasında araştırmaya katılmayı kabul eden 207 hemşire ile yapıldı. Araştırmada veri toplama aracı olarak sosyo-demografik özellikler formu ve mesleki tatmin, tükenmişlik ve merhamet yorgunluğu alt boyutlarından oluşan Çalışanlar İçin Yaşam Kalitesi Ölçeği kullanıldı. Araştırma sonucunda hemşirelerin yaşları arttıkça mesleki memnuniyet oranının da arttığı, kadınların mesleki memnuniyet oranının, erkeklerin ise tükenmişlik oranının daha yüksek olduğu, eğitim düzeyi düştükçe mesleki memnuniyet oranının azaldığı ve merhamet yorgunluğunun arttığı bulundu.

### Anahtar Kelimeler

*Mesleki Yaşam Kalitesi, Cerrahi Hemşire, Merhamet Yorgunluğu*

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## Introduction

Nursing is a profession which is difficult to work in terms of physical, social and spiritual aspects. Factors that make the job difficult; to be in active contact with patients, to work in shifts, to care more than necessary patients and to communicate with relatives of patients in different moods. Difficulties of the profession can cause negative physical and psychological effects in nurses and even reach the dimension of exhaustion.

Humans are meaningful creatures. What creates this meaning is their ability to internalize the emotions they live in and sense from the environment in daily life. These emotions can be pain, joy, sorrow, tolerance, and compassion (Zohar and Marshall, 2004). According to Turkish Language Association, compassion is defined as the feeling of sadness and pity for the plight a human or a living creature encounters (TDK, 2017). Compassion, a fundamental component of a good nursing care, can be transmitted through small actions (Curtis, 2015). Compassion is a feeling of caring for the suffering and sadness of others (Blomberg et al., 2016; Christiansen et al., 2015).

Compassion satisfaction appears as an emotional reward of providing health care for the patients. When they perceive a positive change in the patients or their families, nurses feel satisfied connected with getting result in return for their effort (Flarity, Gentry and Mesnikoff, 2013). Compassion satisfaction is mostly known as the positive emotion that is felt when the patient care process is successful and the patients are empathized with (Slatten, Carson and Carson, 2011), but it may not always have positive effects. One of the negative effects this emotion creates is the compassion fatigue. "Compassion fatigue" was first used in 1992 by nurse Joinson as a term for the nurses working in emergency service. According to the index of medical terms, compassion fatigue is defined as "the response given by the professionals working in the caregiver role to stress" (MESH, 2017).

Sabo (2006) defines the compassion fatigue as a natural consequence that arises with the physical and emotional reactions because of giving care for a traumatized and suffering patient, whereas Showalter (2010) defines it as a term that is associated with the cost of care and that arises with strain and weariness over time. Boyle (2011) said that it is a state of psychic exhaustion. Smith (2012) stated that the evolution of compassion fatigue is a natural consequence for the ones who give medical care and help the traumatized and suffering people and noted that 25% to 50% of the health care workers show compassionate fatigue.

Franza (2015) thought that the capacity to work efficiently in terms of protecting the health and emotional well-being of the persons is an important situation, but the compassion fatigue negatively affects this situation. The studies on compassion fatigue are often conducted in non-nursing fields. Therefore, a limited number of studies that meet the inclusion criteria have been reached in this study (Boyle, 2011; Kelly, Runge and Spencer, 2015; Abendroth and Flannery, 2006; Meyer et al., 2015; Sacco et al., 2015; Kim, 2013). Considering that the compassion fatigue causes forgetfulness, lack of attention, weariness, physical illnesses, apathy, and anger in nurses and negatively affect the quality of patient care, increasing the number of studies related to the subject is important for filling the gap in this field.

Surgical nursing is a branch of nursing in which; the physical, psychological, and the social needs of the patient are determined; the nursing activities based on the scientific knowledge are coordinated; and the individualized care is practiced to recover and maintain the patient's well-being and health (Aslan, Vural and Avci, 2003; Aksoy, Kanan and Akyolcu, 2012).

The patients in surgical clinics may be subject to intentional trauma such as surgical operation, apply to the emergency units with trauma, or stay in intensive care for a certain period of time after surgery. In the entire processes mentioned, patients may experience pain and suffer. It is considered that the health care workers, especially nurses, who care for these patients, may experience compassion fatigue as well as compassion satisfaction.

Since at the base of the nursing profession lie the need for the nurses who are compassionate and caring towards the patients, compassion fatigue is an important concept for the nursing profession. For improving quality and safe patient care, increasing the satisfaction of the patients and workers, and maintaining the professional loyalty, individuals should be educated in compassion fatigue and programs should be formed to prevent and treat the compassion fatigue. Nurses should be provided with the opportunities to improve their self-care and supported in regulating their social lives (Taycan et al., 2006).

### **Material and Methods**

This study is a descriptive research. The research was carried out between February 23 and May 23, 2016 at a research hospital. The research population consisted of 284 nurses who was serving at the surgical clinics of the training and research hospital between February 23 and May 23, 2016. The sample consisted of 207 nurses who were still serving at the surgical clinics between the same dates and accepted to participate in the research. Nurses, who have worked at least one year and are still working in any surgical clinic. The data were collected through face-to-face interview technique by the researcher when the nurses are available during day time. The research reached 207 nurses who were serving at the surgical clinics and complied the inclusion criteria.

### **Measurement**

The data of this study was collected by using the Professional Quality of Life Scale and Socio-Demographic Form that introduces the nurses.

*Socio-Demographic Characteristics Form:* In this form prepared by the researcher, there are 16 questions to determine the socio-demographic characteristics of the nurses. The socio-demographic form consists of two parts. In the first part the personal characteristics of the persons, in the second part the properties of the working area and the information about the working conditions are included.

*Professional Quality of Life Scale:* The scale was developed by Stamm (2005), and for the emergency nurses the validity and reliability study was conducted in Turkish by Yeşil (2007). The scale, which has the sub-dimensions of Job Satisfaction, Burnout, and compassion fatigue, is composed of 30 items. The Cronbach alpha value of the scale was 0.84. The evaluation of the items in the scale was made on a six-level chart ranging from "Never" (0) to "Very often" (5). The scale has 3 subdivisions named "job satisfaction, burnout and compassion fatigue" (Stam, 2010).

### **Data Analysis**

The data were analyzed using SPSS.20 software. Numbers, percentage, T-Test, Kruskal Wallis, Mann-Whitney U Tests were used in the evaluation of the data.

### **Ethical Consideration**

Before starting the research, ethical approval for this study was received from the Non-Invasive Research Ethics Committee (No: 2016/03). Furthermore, institutional permission was obtained from the training and research hospital where the research data were collected. Before the data were collected, necessary explanations, such as the purpose and method of the research, were given to the nurses. Participation in the research was voluntary. For this reason, a written consent was received from the nurses who agreed to participate in the research.

## Results

**Table 1. Socio-demographic characteristics of nurses (N=207)**

Socio-Demographic Characteristics	N	%
<b>Age</b>		
20-24	27	13
25-29	80	38.6
30-34	64	30.9
35-39	29	14
40 and upper	7	3.4
<b>Gender</b>		
Female	162	78.3
Male	45	21.7
<b>Education Level</b>		
Health Vocational Health School	4	1.9
Associate Degree	13	6.3
University	175	84.5
Master	15	7.2

It was found that 38.6% of the nurses participating in the research were in the age range of 25-29 years, 78.3% were female and 84.5% had a bachelor's degree (Table 1).

**Table 2. Nurses' work units and work types (N=207)**

Work Units and Work Types	N	%
<b>Work Units</b>		
Emergency	22	10.6
Clinics	90	43.5
Critical Cares	95	45.9
<b>Job</b>		
Nurse	193	93.2
Supervisor	14	6.8
<b>Necessity of Nursing Profession</b>		
Yes	142	68.6
No	65	31.4

The findings about the units the nurses were working in and the working patterns of the nurses are given in Table 2. It was found that 45.9% of the nurses participated in the research worked in intensive care unit and 93.2% worked as clinical nurses.

**Table 3. Comparison of socio-demographic characteristics of nurses and Quality of Life Scale average for employees (N=207)**

Socio-demographic Characteristics	Quality of Life Scale for Employees Subscale Score Average			
	Professional Satisfaction	Burnout	Compassion Fatigue	Total
	X±SS	X±SS	X±SS	X±SS

<b>Age</b>				
20-24	26.88±9.58	18.88±7.55	15.77±7.72	61.55±11.40
25-29	28.48±8.37	19.07±5.85	15.61±7.20	63.17±11.88
30-34	27.32±8.34	19.39±6.26	15.89±7.29	62.60±12.40
35-39	28.20±8.83	18.34±6.13	14.68±6.47	61.24±11.84
40 and upper	30.28±9.63	17.57±4.42	16.71±4.78	64.57±8.24
Kruskal-Wallis Test	p=0.84	p=0.77	p=0.71	p=0.84
<b>Gender</b>				
Female	28.53±8.38	18.61±6.11	15.67±7.13	62.82±11.60
Male	25.82±9.04	20.37±6.29	15.44±6.92	61.64±12.59
t-test	p=0.06	p=0.09	p=0.84	p=0.55
<b>Education Level</b>				
Health Vocational School	27.50±11.90	20.25±9.91	19.50±9.71	67.25±12.31
Associate Degree	28.61±7.55	18.46±4.89	13.69±7.59	60.79±12.72
University	27.66±8.73	19±6.13	15.72±6.94	62.39±11.93
Master	30.66±6.85	19±7.24	15.20±7.73	64.86±9.65
Kruskal-Wallis Test	p=0.51	p=0.97	p=0.52	p=0.32

When the ages of the nurses were compared with their job satisfaction score averages, it was found that the average scores of the group with the age of 40 and above were higher than the other groups (Table 3).

**Table 4. Comparison of Quality of Life Scale points average for nurses' worked units and working figures and employees (N=207)**

<b>Work Units and Work Types</b>	Quality of Life Scale for Employees Subscale Score Average			
	Professional Satisfaction X±SS	Burnout X±SS	Compassion Fatigue X±SS	Total X±SS
<b>Work Units</b>				
Emergency	24.31±9.10	21.59±6.58	18.04±7.95	63.95±13.65
Clinics	29.22±8.23	18.24±5.89	14.91±6.96	62.37±10.65
Critical Cares	27.56±8.60	19.10±6.24	15.74±6.91	62.42±12.48
Kruskal-Wallis Test	<b>p=0.04*</b>	p=0.10	p=0.11	p=0.74
<b>Job</b>				
Nurse	27.62±8.46	19.27±6.16	15.64±7.12	62.54±11.92
Supervisor	32.28±9.40	15.14±5.21	15.35±6.57	62.78±10.42
t-test	p=0.10	<b>p=0.01*</b>	p=0.86	p=0.90
<b>Voluntarily Choosing a Nursing Profession</b>				
Yes	29.08±8.65	17.90±6.27	15.23±7.05	62.22±12.13
No	25.44±7.93	21.36±5.28	16.49±7.09	63.30±11.11
t-test	<b>p=0.004*</b>	<b>p=0.000*</b>	p=0.23	p=0.54

When the units the nurses were working in and the job satisfaction score averages were compared, the score averages of those working in the clinics were higher and the difference between the groups was statistically significant (p=0.04). The score averages of those working as a clinic nurse were higher and the difference between the groups was statistically significant (p=0.01). The job satisfaction of those who

willingly selected their profession was higher and the difference between the groups was statistically significant ( $p=0.004$ ). The burnout level of those who unwillingly selected their profession was higher the difference between the groups was statistically significant ( $p=0.000$ ).

### Discussion and Conclusion

In our research, when the ages of the surgical nurses were compared with their job satisfaction score averages, it was found that the job satisfaction average scores of the group with the age of 40 and above were higher than the other groups and their burnout levels were lower than the other groups. In the research conducted by Başkale et al. (2016), the job satisfaction average score of the group with the age of 41 and over was found to be higher than the other groups. Increased age, increased professional experience, and the development of skills to cope with stress factors caused by the profession may have reduced the negative aspects of the profession, thereby increasing the rate of job satisfaction and reducing the level of burnout.

In our research, the age and quality of life of the nurses were compared and the quality of life of the nurses in the age group of 40 and above was found to be higher. In their research, Hyeon Ju and Heejung (2012) reached the conclusion that the professional quality of life of the health care workers, who were younger and had fewer working hours, was lower. In their research, Burtson ve Stichler (2010) found that the compassion fatigue decreases as professional knowledge and skills increases; as the age of nurses increases, their experience, knowledge, and skill increase; the young and/or less experienced nurses are under a higher risk for the compassionate fatigue than their older colleagues.

It is thought that as the working years and age increase, the nurses become more committed to their profession, because they attach more importance to their profession, they become more compliant with the working conditions and more experienced in coping with the stress. The fact that older nurses have more experience in professional life and when they confront a problem, they are able to find faster and easier solutions due to their experience may be the reason for this result (Burtson and Stichler, 2010).

The educational level and the quality of life score averages of the nurses participating in the research were compared. The job satisfaction of the nurses who had an education at the level of postgraduate was found to be higher than the other groups. Başkale et al. (2016) also concluded that the job satisfaction rates of the nurses who had an education at the level of postgraduate was higher than those of the other groups. In their research, Yeşil et al. (2010) also reached the conclusion that as the level of education increased, the rate of job satisfaction increased.

Education is important for gaining professionalism (Beydağ and Arslan, 2008). In the literature, it has been stated that when a positive professional identity is developed the job satisfaction increases and the job quitting and burnout decrease (Strasen, 1992; Deppoliti, 2008). While it has been stated that a member of the profession with a strong professional identity provides a quality service in the health care team, gives a qualified patient care, will be authorized to develop clinic expertise, it was also found that personnel shortage and the job quitting may decline. A positive professional identity will also lead to a qualified nursing care and increase the satisfaction from the care for the people.

In our study, when the units the nurses were working in and the job satisfaction score averages were compared, it was found that the score averages of those working in the clinics were higher than the other units and there was statistically significance between the groups ( $p<0.05$ ).

Providing health care to the critically ill patients in surgical clinics increases the responsibilities of the nurses. It has been emphasized that the increased responsibility of the nurses positively affects the job satisfaction (Kahraman et al., 2011). In the study conducted by Taycan et al. (2006), the personal success scores of the nurses working in surgical clinics were found to be higher than those working in other departments. The nurses working in surgical units feel successful and regard this



situation as positive. They attributed this result to that there is an area of professional responsibility in surgical units and this area is drawn with clear boundaries; the hierarchy and the distribution of work in the team are clearer; differently from the other units, not only there are fewer patients who have chronic illness and are difficult to care but also relatively more current treatments are applied instead of more complex treatments.

When the job satisfaction score averages of the nurses participating in the research and their jobs within the clinic were examined, it was found that the job satisfaction scores of the chief nurses were higher the others. When the burnout levels and jobs of the nurses were examined, it was found that the burnout level and assistance requirements of those who serve as clinic nurse were higher and the difference between the groups was statistically significant ( $p < 0.05$ ).

Kavlu et al. (2009) found that the job satisfaction of executive nurses is higher. According to these findings, it can be said that the status has an effect on job satisfaction. In this regard, most of the studies conducted in our country support our finding that the job satisfaction of executive nurses is high (Aydın and Kutlu, 2001; Erbil and Bakır, 2009).

The surgical environment is a risky environment for the surgical nurse because of the possibility of infection, injury, and exposure to dangerous substances. The existence of life-threatening situations and the need to make quick decisions also create stress in the nurses, which causes the burnout in the nurses (Erbil and Bakır, 2009).

Job satisfaction, burnout, and assistance requirement levels of the nurses participating the research and the status whether they selected the profession willingly were compared. It was found that the job satisfaction of those who selected the profession willingly was higher and the difference between the groups was statistically significant ( $p < 0.01$ ). Burnout levels of nurses, who selected the profession unwillingly, were high as expected, and the difference between the groups was statistically significant ( $p < 0.001$ ).

In their study on the nurses in Canada, England, Scotland, and Germany, Aiken et al. (2001) determined that 41% of the hospital nurses were not satisfied with their profession and 22% of them planned to leave their jobs within the next year.

It is thought that when the nurses as much as possible work in the fields that they are willing, interested in, have skill in, had an education in through a certificate program, a positive working environment will be created, their burnout level will decrease, and thus, this situation in which the persons will be more successful and satisfied in the professions they selected will increase the quality of work done.

When the previous research conducted in our country are examined, it is seen that, in the selection of the nursing profession, the coincidences, the opportunity of easily finding a job, family decisions and the economic reasons are more important than the individual preferences (Duygulu and Korkmaz, 2008; Bozkır et al., 2008; Korkmaz and Görgülü, 2010). Whatever the reasons for the selection of profession may be, there is a fact that the satisfaction level of the nurses is at the level of medium and the rate of considering leaving from the profession is around 50% (Burtson and Stichler, 2010). And this fact prevents them from fully fulfilling the professional responsibilities (Korkmaz and Görgülü, 2010).

As the age progressed in nursing, the results were obtained that the rate of occupational satisfaction increased, the occupational satisfaction rates of women were higher, the burnout rates of men were higher, the compassion fatigue increased when the education level was lower and occupational satisfaction rate of working in clinics increased. It recommended to carry out improvement studies on the causes of burnout and aid needs in the research results.

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