

Relationship between Compassion Fatigue and Social Adjustment among Staff Nurses in a Hospital

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Abstract: *This study aimed to investigate the influence of compassion fatigue on the social adjustment of staff nurses in hospitals. It sought to determine whether compassion fatigue is related to the level of social adjustment among staff nurses. A total of 150 staff nurses, aged 22 to 50 years, were used in this study. Two instruments were used in data collection: one to measure compassion fatigue and the other to determine the level of social adjustment. Results showed that compassion fatigue was moderate to high, with a mean score of 75.8400 and a standard deviation of 7.6653, indicating a big difference in the level of compassion fatigue among staff nurses. Results on social adjustment showed a mean score of 2.4935, a standard deviation of 0.5490, indicating a big difference in the level of social adjustment among staff nurses. Using the Pearson correlation method, compassion fatigue was found to have a positive and significant correlation with social adjustment. Results of this study showed that compassion fatigue could play an important role in the social adjustment of staff nurses in hospitals.*

Keywords: Compassion fatigue, social adjustment, Staff nurses, hospitals

1. Introduction

Nurses are very close to patients who are ill, injured, or in pain. This means that nurses are often emotionally affected as they work with patients. When nurses are constantly exposed to suffering patients, they begin to feel emotionally drained and less empathetic. This is referred to as compassion fatigue. Compassion fatigue is not only a result of the job but is also affected by the level of social adjustment that nurses make in their workplace. In a hospital setting, nurses have to make social adjustments as they interact with colleagues, administrators, physicians, patients, and their families.

- Positive social adjustment, such as the development of good relationships, good communication, and adaptation to team dynamics, can help alleviate stress and protect nurses from compassion fatigue.
- Negative social adjustment, such as isolation, conflict, and maladaptation to group norms, can increase stress and contribute to compassion fatigue.

Understand the impact of social adjustment on compassion fatigue to improve the well-being of nurses. If nurses can adjust well to social situations, they will be able to cope better, remain motivated, and deliver better care. If they are not able to adjust well to social situations, they may become stressed, fatigued, and emotionally exhausted. The purpose of this study is to examine the relationship between compassion fatigue and social adjustment among the staff nurses of hospitals.

Definition

Compassion fatigue: Compassion fatigue refers to the emotional and physical exhaustion that helping professionals experience after continuous exposure to others' pain and suffering. It results in reduced empathy, decreased ability to care, and a feeling of being overwhelmed by others' distress.

Charles R. Figley (1995),

Social adjustment: Social adjustment is defined as the capacity of the individual to adjust their thoughts, feelings, attitudes, and behaviour to suit the demands of the social environment. In this way, the individual is able to attain harmony with the social group while at the same time

ensuring their personal well-being. As Bell (1962) defined it, social adjustment is a process of adapting to the demands of the social environment through the four important aspects of health, home, social, and emotional adjustment.

Robert L. Bell (1962)

2. Literature Review

Smith and Johnson (2020) conducted a study to examine the relationship between compassion fatigue and social influence among staff nurses working in hospital settings. The tools used were the Professional Quality of Life Scale (ProQOL) to assess compassion fatigue and the Social Influence Scale (SIS) to evaluate the impact of peer and organisational influence. The sample comprised 350 staff nurses from various departments, including medical, surgical, and critical care units. The method adopted was a cross-sectional research design, carried out between January and April 2019. Data were analysed using correlation and multiple regression techniques to determine the strength of association between variables. The findings revealed that higher levels of negative social influence were associated with greater compassion fatigue, while supportive workplace influence significantly reduced emotional exhaustion. The study highlights that social influence plays a critical role in shaping nurses' emotional well-being and can either buffer or intensify compassion fatigue, depending on its nature.

Park & Chen (2019) aimed to assess associations between compassion fatigue and organisational norms/social pressure among critical care nurses. The instruments used were the Maslach Burnout Inventory (emotional exhaustion subscale) to measure emotional strain and the Organisational Social Pressure Scale to evaluate workplace norms and expectations. The sample consisted of 185 ICU nurses recruited from tertiary care hospitals. The study employed a cross-sectional design, and data were analysed using structural equation modelling (SEM) to identify direct and indirect pathways between variables. The findings revealed that higher organisational pressure significantly increased levels of compassion fatigue, operating indirectly through reduced perceived social support and heightened emotional demands. The study underscores how workplace social expectations

and norms play a substantial role in influencing nurses' emotional well-being, thereby contributing to the development and severity of compassion fatigue.

Singh et al. (2020) examined the relationship between compassion fatigue, peer influence, and help-seeking behaviour among hospital nurses. The tools used included the Professional Quality of Life Scale (ProQOL) to assess compassion fatigue, a Peer Influence Inventory to measure the nature of peer interactions, and a Help-Seeking Scale to evaluate willingness to seek professional or social support. The sample comprised 400 staff nurses drawn from various clinical departments such as medical, surgical, emergency, and intensive care units. The study adopted a cross-sectional survey design, and data were analysed using logistic regression techniques to determine predictive relationships among the variables. The findings revealed that positive peer influence significantly increased help-seeking behaviour and was associated with lower levels of compassion fatigue, indicating that supportive peer environments play a protective role in reducing emotional exhaustion among nurses.

3. Research Methodology

3.1 Objective

- Assess the level of compassion fatigue among staff nurses aged 22–50 years.
- Assess the social adjustment used by staff nurses aged 22–50 years.
- Examine the relationship between compassion fatigue and social adjustment among staff nurses.
- To analyse the impact of selected demographic variables on the level of compassion fatigue among staff nurses.

3.2 Hypothesis

(Ho): There is no significant relationship between compassion fatigue and social adjustment among staff nurses aged 22 to 50 years.

3.3 Research Design

The present study employed a quantitative, correlational research design to examine the relationship between compassion fatigue and social adjustment among staff nurses aged 22–50 years working in hospital settings. This design was selected as it facilitates the assessment of the strength and direction of the relationship between the two variables without any manipulation, thereby preserving the natural context of the participant's professional environment.

4. Sample and sampling technique

The population selected for this research is staff nurses working in a hospital and the sample size for this research study is 150 staff nurses. The sampling technique used in this study is “purposive sampling”, a type of non-probability sampling, in which participants are deliberately selected based on their relevance to the research objectives.

4.1 Inclusion criteria

- Staff nurses who are currently working in a hospital or clinical setting.
- Nurse staff aged between 22 and 50 years.
- Nurses who are actively involved in direct patient care (wards, ICU, emergency, operating theatre, etc.)

4.2 Exclusion criteria

- Staff nurses who are not currently working or are on long-term leave (medical, maternity, or study leave).
- Staff nurses below 22 years or above 50 years of age.
- Nurses who are engaged only in administrative or non-clinical roles and have no direct patient contact.

4.3 Tool used and description:

• Social Adjustment Scale - self report

The Social Adjustment Scale (SAS) developed by Weissman and Bothwell in 1976. This is a 54-item scale designed to measure the social, occupational, and interpersonal adjustment of the respondent. It has a 5-point Likert scale, with 1 point corresponding to Never and 5 points corresponding to Always. It includes items such as work, social, and leisure behaviors. It has good reliability, with a range of 0.74 to 0.89 in Cronbach's Alpha.

• Professional Quality of Life Scale (ProQOL)

The Professional Quality of Life Scale (ProQOL), was developed by Stamm (2009), is a 30-item self-report scale that measures the positive and negative outcomes of helping individuals who are suffering or traumatised. The scale has three subscales: Compassion Satisfaction, Burnout, and Secondary Traumatic Stress. The items are scored based on a Likert scale of 5, from Never (1) to Very Often (5). A higher score in Compassion Satisfaction reflects higher levels of satisfaction from helping other people, whereas higher scores in Burnout and Secondary Traumatic Stress indicate higher levels of stress. The Professional Quality of Life Scale has shown to be highly reliable, with a range of Cronbach's alpha from 0.84 to 0.90.

4.4 Statistical analysis

Data will be analysed using IBM SPSS Statistics (version 26.0). Descriptive statistics such as means, standard deviations, frequencies, and percentages will be used to summarise participants' demographic characteristics, levels of compassion fatigue, and social adjustment scores. Pearson's correlation analysis will be conducted to examine the relationship between compassion fatigue and different dimensions of social adjustment.

5. Result

This chapter discusses the results and interpretation of the analysis done to understand the relationship between compassion fatigue and social adjustment among staff nurses in a hospital.

Table 1: Descriptive statistics showing the mean and standard deviation of compassion fatigue and social adjustment among staff nurses in a hospital

Variables	Mean	Standard deviation	N
Compassion fatigue	75.8400	7.665.3	150
Social adjustment	2.4935	0.54.90	150

The descriptive table shows the mean and standard deviation for the variables. Perceived Compassion fatigue has a sample N=150, mean=75.8400 and standard deviation=7.665.3. Social adjustment has a sample N=150, mean=2.4935 and standard deviation=0.54.90.

Table 2: Correlational analysis showing the relationship between compassion fatigue and social adjustment among staff nurses in a hospital

Variables	Pearson's correlation	r value	Decision
Compassion fatigue Social adjustment	0.027	0.18	Rejecting (H ₀)

**Correlation is significant at 0.05 (2 tailed)*

Table 2 presents the Pearson's correlation between compassion fatigue and Social adjustment. The correlation coefficient obtained was $r = .180$, and the significance value was $p = .027$, which is significant at the 0.05 level. This result indicates a positive and statistically significant relationship between self-criticism and self-regulation among the participants.

6. Discussion

The present study sought to investigate the relationship between compassion fatigue and social adjustment among staff nurses in hospitals. The findings indicated a positive relationship between compassion fatigue and social adjustment ($r = .180$, $p = 0.027$), indicating that nurses with high levels of emotional exhaustion from patient care may also have high levels of social adaptability in their working environment. This may suggest that nurses with compassion fatigue are actively adapting their social behaviours, such as seeking support from colleagues or changing the way they communicate, as a way of coping with stress.

Nurses who have difficulties with social adjustment may find compassion fatigue more debilitating, resulting in feelings of isolation or ineffectiveness in their interpersonal interactions. Ineffective social adaptation in hospital environments, including conflict and withdrawal, can contribute to increased emotional distress and maladaptive functioning. In conclusion, the findings from the current study suggest that high levels of social adjustment skills may mitigate the negative consequences of compassion fatigue, allowing nurses to remain motivated and deliver high-quality care.

7. Summary

The present study aimed to explore the relationship between compassion fatigue and social adjustment among staff nurses in hospitals. The sample for the current study consisted of 150 nurses with an age range of 22 to 50 years. The researchers used two standardized instruments: the Social Adjustment Scale (Self-Report) and the Professional Quality of Life Scale

(ProQOL) to collect data. According to descriptive statistics, compassion fatigue is at a moderate level with a mean of 75.84 and a standard deviation of 7.66. Similarly, social adjustment is at a moderate level with a mean of 2.49 and a standard deviation of 0.54. Moreover, Pearson's correlation analysis showed a positive relationship between compassion fatigue and social adjustment at a significant level of 0.05. The relationship coefficient is 0.180. It is found that compassion fatigue is positively correlated with social adjustment among staff nurses. Hence, it can be concluded that the null hypothesis is rejected.

8. Conclusion

The current research study was able to successfully validate and prove that there is indeed a positive and significant relationship existing between compassion fatigue and social adjustment among staff nurses working in various hospitals ($r = .180$, $p < .05$), thereby disproving the null hypothesis. Nurses who work in hospitals and experience compassion fatigue due to their work with patients are also found to be better adjusted socially, possibly due to their ability to effectively manage their compassion fatigue through support-seeking and flexibility in their social interactions with their peers in their working environment. The significance of social adjustment cannot be over-emphasised in helping nurses overcome compassion fatigue and continue with their work effectively and efficiently, thereby improving patient care and reducing staff turnover rates in various hospitals and healthcare facilities.

9. Limitation

- The samples size was restricted to 150 staff nurses, which does not represent the overall nursing population.
- The samples were collected using purposive sampling, which is not a probability method and hence may not be representative in other nursing settings.
- The study only used self-report measures, which are ProQOL and SAS-SR, and hence may not be free from response bias.
- The study only examined compassion fatigue and social adjustment, while other factors influencing these variables were not examined.
- The study was conducted in a limited geographical area, while the overall nursing population cannot be represented in this way.

10. Recommendations

For further studies in the field, it is recommended that the researcher replicates the study with a large sample size. They may select all the regions or states to collect the data from, as well as do a comparative analysis. The data was collected from equal numbers of female and male adults, as well as t test. In research, t test can be used, as it was at the same level for male and female respondents.

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