

Effectiveness of Self Instructional Module on Relieving Compassionate Fatigue among Nurses in KSMC

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Abstract: Background: When Compassion Fatigue is found in a workplace, the organization itself suffers. Because of compassion fatigue, the institution may face Chronic absenteeism, sick leave, wish to be transferred, high turnover rates and conflicts between employees, as well as conflict between staff and the management and these all will create additional stress on the workers. Compassion Fatigue Awareness is especially to educate the caregivers about the genuine, sustainable self-care and help to the organizations to reach their goals, which will enable the staff nurses to serve with compassion and care. Objective: The study has been conducted to assess the level of compassion fatigue among nurses before and after giving the self-instructional module and to find out the association between the pre and post level of compassion fatigue with their selected demographic variables. Methods: Professional Quality of life scale (ProQOL) was used to assess the compassionate fatigue among the staff nurses. This scale has three parts; Compassion Satisfaction Scale, Burn out Scale and Secondary Traumatic Scale. Totally 150 nurses were selected using Convenience Sampling Technique. Pretest followed by self-instructional module was distributed to the samples and post test was conducted. Results: While assessing compassion satisfaction, in the pretest, 96% nurses had low compassion satisfaction and 4% had average level, where as in the post test, 30.7% had low and 69.3% of the nurses improved and had got average compassion satisfaction. While assessing the burn out, in the pretest 49.3% of nurses had low and 50.7% of nurses had average level of burn-out. However, in the post test all (100%) the nurses attained low Burn out stage. While assessing the secondary trauma, in the pretest 70% had low and 80% had average level of secondary trauma. On the other hand, in the post test, the same was improved as the low was 96% and the average was 4%. While finding the effectiveness of health education on compassion fatigue among the nurses, the pretest compassion satisfaction means score was 23.6±5.9. The posttest compassion satisfaction means score was 43.8±2.8. The difference between the means was statistically highly significant ($P < 0.001$). The burn-out mean score at the pretest was 40.8±7.2 and the posttest mean was 19.6±4.1. The difference between the burn out means was statistically highly significant ($P < 0.001$). The secondary traumatic mean score at the pretest was 41.0±6.5 and the posttest was 21.8±6.3. The difference between the means was statistically highly significant ($P < 0.001$). Conclusion: The findings showed that health education (self-instruction module) was effective in reducing the compassion fatigue among the nurses. It also suggests the necessity of planning and implementing health education programmes in hospitals for the nurses so as to tackle compassionate fatigue in an effective manner, which can improve their professional quality of the nurses.

Keywords: Compassion Satisfaction, Secondary Trauma, Burn out.

1. Introduction

Compassion fatigue has been defined as a combination of physical, emotional, and spiritual depletion associated with caring the patients with significant emotional pain and physical distress [1]. Compassion fatigue in nurses has clear implications for nursing retention and the quality of care. Organizations, willing to invest in reducing compassion fatigue, have the potential to improve their financial savings by reducing the turnover and adverse events associated with the burnout. [4]. Compassion Fatigue cause stress-related symptoms and job dissatisfaction among the caregivers and this eventually leads to decreased productivity and job turnover in an organization [2]. One should understand compassion fatigue symptoms and develop a personal plan of care which will allow nurses to meet both their own needs and the needs of patients and families through an empathic relationship [3].

A study Conducted was in New York regarding Compassion Satisfaction and Compassion Fatigue among Critical Care Nurses. Their objective was to establish the prevalence of compassion satisfaction and compassion fatigue among adult, pediatric, and neonatal critical care nurses and to describe the potential contributing demographic, unit, and organizational characteristics. They used a cross-sectional design, and nurses were surveyed by using a demographic questionnaire and the Professional Quality of Life Scale to

measure the levels of compassion fatigue and compassion satisfaction. They concluded that understanding the elements of professional quality of life can have a positive effect on work environment. Moreover, a good environment decreases the stress and burnout [6]

Another Study was conducted in the United States and Canada regarding Compassion Fatigue, Burnout, and Compassion Satisfaction among Oncology Nurses. They Concluded that healthy and supportive work environments are imperative to nurses' health, well-being, and satisfaction. Improvements in the workplace can help prevent negative sequelae as well as improve the health outcomes of patients and nurses, decrease nurse turnover, and reduce healthcare expenditures. [7]

2. Materials and methods

A Quasi Experimental Study was conducted in medical surgical staff nurses in King Saud Medical City, Riyadh, Saudi Arabia. Pretest and posttest were Conducted, using ProQOL Scale and assessed Compassion Satisfaction scale, Burn out scale and secondary traumatic stress among nurse. Total 150 participants. The Pretest was administered followed by self-instructional module (Arabic and English) distributed to the samples and the post test was conducted. Self-instructional module was developed from various

Scientific References. Data information was collected after the informed consent.

3. Statistical Analysis

In the study, nurses were described in respect of their demographic characteristics in terms of averages and percentages according to the type of variables such as continuous or categorical variables. The pre and posttests scores were described and interpreted by student paired “t” test. The associations between the demographic variables with scores were undertaken by χ^2 Chi-square test. The above statistical procedures were performed with the help of the statistical package namely IBM SPSS statistics-20. The P values less than or equal to 0.05 ($P \leq 0.05$) were fixed as the level of statistical significance.

4. Results

Description of Study Subjects:

The study subjects were described according to their demographic profiles.

Table 1: Description of nurses in terms of their demographic profiles;

S. No	Demographic Profiles	Components of Variables	Nurses. n= 150	
			Frequency	%
1	Age groups (years)	20-24	17	11.3
		25-29	82	54.7
		30-34	37	24.7
		35+	14	9.3
2	Gender	Males	3	2.0
		Females	147	98.0
3	Nationality	Saudi	49	32.7
		Non Saudi	101	67.3
4	Marital status	Single	44	29.3
		Married	102	68.0
		Sep/Div	3	2.0
		Widowhood	1	0.7

5	Education (Nursing)	Diploma	55	36.7
		Degree	93	62.0
		Post graduate	2	1.3
6	Experience (years)	<5	84	56.0
		5+	66	44.0
7	Monthly income (SR)	<5000	65	43.3
		5000-10000	75	50.0
		10000+	10	6.7
8	Hobbies	Yes	47	31.3
		No	103	68.7
9	Type of Food	Vegetarian	35	23.3
		Mixed	115	76.7
10	Average Daily Sleep Duration	6+ hours	94	62.7
		<6 hours	56	37.3
11	Regular Exercise	Yes	38	25.3
		No	112	74.7

In table-1, the demographic profiles of the study subjects have been described. In respect to age, the maximum of 54.7% were in the age bracket of 25-29 and next to that 30-34 as 24.7%. The least was 35+ year ages as 9.3%. The male and female participation was 2% and 98%. Regarding the nationalities, the non- Saudis were two third (67.3%) and Saudis were one third (32.7%). The ever married study subjects were 70.7% and never married was 29.3%. In respect of their educational status ,36.7% were diploma holders, 62% were graduates and 1.3% were post graduates. Among the study subjects ,56% had <5 years of experience and remaining 44% had more than 5 years of experience. Regarding the monthly income 43.3% were < 5000, half (50%) of them were 5-10 thousand and only 6.7% had thousand and above. Regarding hobbies ,68.7% were not having and only 31.3% had it. Majority (76.7%) of nurses had mixed food habit and only 23.3% had vegetarian food habit. Nearly two third (62.7%) of the nurses had 6+ hours of average daily sleep duration and 37.3% had <6 hours sleep duration. One fourth (25.3%) of the nurses had regular exercise and three fourth (74.7%) did not have regular exercise.

Table 2: Assessment of compassion Satisfaction scale, Burnout scale, Secondary Traumatic scale at pre and posttests:

Category of Scale	Scores	Compassion Satisfaction				Burnout Scale				Secondary Traumatic Scale			
		Pre test		Post test		Pre test		Post test		Pre test		Post test	
		f	%	f	%	f	%	f	%	f	%	f	%
Low	<43	144	96.0	46	30.7	74	49.3	150	100.0	70	46.7	144	96.0
Average	44-56	6	4.0	104	69.3	76	50.7	0	0.0	80	53.3	6	4.0
High	57+	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total		150	100.0	150	100.0	150	100.0	150	100.0	150	100.0	150	100.0

Table-2 assesses compassion satisfaction, Burnout, Secondary Traumatic stress of the nurses at pre and posttests. At pretest, 96% nurses had low compassion satisfaction and 4% had average. At posttest, 30.7% had low and 69.3% of nurses improved to average compassion satisfaction. Whereas burnout for pretest 49.3% and 50.7% of nurses had low and average level of burn-out. At posttest

100% of nurses had attained low Burn out stage. In addition to this secondary traumatic stress in pretest, 70% and 80% had low and average levels. At posttest, the same was improved as low 96% and average 4%.

Effectiveness of Health Education among the Nurses:

Table 5: Effectiveness of health education on compassion Satisfaction, Burn out, secondary traumatic and grand scales

Scales	Pre test		Post test		Improvements		“t”	df	Sig
	Mean	SD	Mean	SD	Mean	SD			
Compassion	23.6	5.9	43.8	2.8	20.1	6.5	37.744	149	P<0.001
Burn- out	40.8	7.2	19.6	4.1	21.2	9.1	28.830	149	P<0.001
Sec. Trauma	41.0	6.5	21.8	6.3	19.2	10.1	23.289	149	P<0.001
Grand total	105.4	11.1	85.1	10.6	20.3	17.2	14.422	149	P<0.001

Table-5 states the effectiveness of health education among the nurses. The pretest compassion satisfaction means score was 23.6 ± 5.9 . The posttest compassion satisfaction means score was 43.8 ± 2.8 . The difference between the means was statistically very highly significant ($P < 0.001$). The burn-out mean score at pretest was 40.8 ± 7.2 and posttest mean was 19.6 ± 4.1 . The difference between the burn out means was statistically very highly significant ($P < 0.001$). The secondary traumatic mean score at pretest was 41.0 ± 6.5 and posttest was 21.8 ± 6.3 . The difference between the means was statistically very highly significant ($P < 0.001$).

Association between demographic variables with pre and posttest knowledge:

There is no association between the demographic variables of the nurses with pre and posttest grand total score, compassion satisfaction score, While, there is an association between the educational status of the nurses with burn out of posttests. At posttest, the diploma holders were associated with $<$ median score and the UG+PG holders were associated with median+ score. The association was statistically significant ($P < 0.05$). The association between the regular exercise of the nurses with burn outs of pre and posttests. At pretest, no regular exercise was associated with median + score ($P < 0.05$).

5. Discussion

The present study has been conducted to evaluate the effectiveness of the structured instructional module to relieve compassion fatigue among staff nurses. It is evident from the study that compassion satisfaction of the nurses in the pretest showed that 96% nurses had low compassion satisfaction and 4% had average compassion satisfaction. Whereas, in the posttest 30.7% had low and 69.3% of nurses improved their average compassion satisfaction. The burn out of nurses in the pretest 49.3% and 50.7% of nurses had low and average level of burn-out, but in posttest 100% of nurses had attained the low Burn out stage. The secondary traumatic scale in pretest, 70% and 80% had low and average levels, but in posttest, the same was improved as low 96% and average 4%. The pretest compassion satisfaction means score was 23.6 ± 5.9 . The posttest compassion satisfaction means score was 43.8 ± 2.8 . The difference between the means was statistically very highly significant ($P < 0.001$). The burn-out mean score at pretest was 40.8 ± 7.2 and posttest mean was 19.6 ± 4.1 . The difference between the burn out means was statistically very highly significant ($P < 0.001$). The secondary traumatic mean score at pretest was 41.0 ± 6.5 and posttest was 21.8 ± 6.3 . The difference between the means was statistically very highly significant ($P < 0.001$). Overall these results shows that the effectiveness of health education among the nurses is very effective and their compassion fatigue has been significantly reduced.

A Meta-analysis has been done on the Extent of compassion satisfaction, compassion fatigue and burnout in nursing and the study concludes that in nursing, the prevalence rates of compassion fatigue and burnout are high. Better education and training may have a moderating effect on compassion fatigue and burnout and can improve the quality of the life of the nurses. [7]

A study conducted regarding Predicting the Risk of Compassion Fatigue among Hospice Nurses shown that hospice nurses are at a moderate to high risk for CF. They experienced on average, seven patient deaths per month and must communicate compassionately and professionally with distraught families before, during, and after the dying process. Therefore, these nurses may be at risk for increased absenteeism and an exodus from the profession, which results in low of revenue for the organization. More difficult to measure is the loss when an experienced hospice nurse leaves the profession. On average, hospice nurses have more than 20 years' nursing and hospice nursing experience. Not only is there a financial impact on the organization when they leave the profession but there is also a huge loss of mentorship to newer nurses and a loss of established relationships with the physicians. This study is able to fill some of the gaps in literature; however, other factors, such as comparison studies of larger populations, analysis of existing policies in relation to CF risk, and implementation of qualitative studies to provide greater depth to quantitative findings still exist.

CF is a preventable and treatable phenomenon. Hospice organizations with policies, interventions, and evaluation methodologies that address CF risk may result in substantial employee benefit cost savings, uninterrupted professional nursing care, and increased patient family satisfaction and may continue to be regarded highly in communities as an optimal choice in EOL care. [8]

6. Conclusion

In summary, the study has evaluated the effectiveness of SIM in Reliving Compassion Fatigue among Nurses. The program me has been found effective in reducing the compassion fatigue scores. A well-planned health education program about risk factors and prevention and guidance should be included in general nursing orientation programs and continuing education programs to enhance individualized learning so that it helps them to maintain a quality of life and to render quality patient care too.

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