Compassion Satisfaction and Compassion Fatigue among Oncology Nurses

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Abstract: *Oncology nurses encounter a complex work environment as they care for patients undergoing intense treatment regimens. Despite the demanding and stressful work, Oncology nurses experience satisfaction as they strive to deliver the highest standard of care. Constant exposure to stress can however, take a heavy toll on the psychological health of the nurses. A descriptive study was undertaken to assess the Compassion satisfaction and compassion fatigue among Oncology nurses. A total of 110 Oncology nurses were selected using convenience sampling technique. Data was collected using the Professional Quality of life Questionnaire version 5. The results revealed that 60% of the subjects had high level of compassion satisfaction, however 90% of them had average levels of burn out and 59% had average levels of secondary traumatic stress. The mean compassion satisfaction score was 42.05±5.76. There was negative correlation between compassion satisfaction and burn out (p:-0.0002). There was no significant association between compassion satisfaction, compassion fatigue and demographic variables. The study findings accentuate the need for instituting supportive measures to mitigate compassion fatigue.*

Keywords: Oncology nurses, Compassion satisfaction, Compassion fatigue

1. Introduction

Compassion, or caring can be viewed as "nursing's most precious asset" a fundamental element of nursing care and as one of the strengths of the profession. (Perez-Bret et al., 2016). By profession, nurses are caring and compassionate individuals who provide support, healing, and encouragement when other individuals of society are facing physical, emotional, and spiritual anguish. However, a continuum of self-giving spells poses risk for developing compassion fatigue. Constant exposure to stress and traumatic experiences inherent in nursing profession significantly contribute to the development of a reduced job satisfaction, compassion fatigue, and burnout.(Zhang et al., 2018).

Oncology nursing is often a source of substantial stress (Ko & Kiser-Larson, 2016). The Oncology unit has complex demands, nurses must care for many critically ill and dying patients, be able to maintain highly technical and complex equipment and confront the needs and questions of families. Oncology nurses witness their patients' physical, emotional, spiritual, and existential suffering every day that they go to work. (*Compassion Fatigue in Oncology Nursing*, 2010). This repeated exposure to trauma results in high prevalence burnout and psychological distress. (Sherman et al., 2006).

The Professional Quality of Life (Pro QOL) is defined as an emotional perception that each individual perceives from his/her own work and it consists of two dimensions: Compassion Satisfaction (CS) and Compassion Fatigue (CF). Compassion satisfaction indicates the positive dimensions of care provided by health-care professionals. It is a pleasure derived from the ability to do the job, which helps one to enjoy helping others through his/her work. Employees with a good professional quality of life offer better services than those with poor quality of life and may remain longer in their jobs.(*Professional Quality of Life*, n.d.) Compassion fatigue is subdivided into two parts. The first part concerns things such as exhaustion, frustration, anger and depression typical of burnout, the second part is Secondary Traumatic Stress (STS) which is a negative feeling driven by fear and work-related trauma. While CF is a job risk for individuals who experience mental trauma. It is common in staff who are faced with others' suffering, physical, and mental pain and receive no emotional support in the workplace.

Although nursing cancer patients can provide personal and intellectual fulfillment, this can take a toll on the oncology nurses' physical and emotional health (Wentzel et al., 2019). This study aims to explore the CS and CF among Oncology nurses in a tertiary care center. The study will throw light into the unexplored Indian nurses' perspectives in this area which will enable us to address, as well as create a healthier and supportive work environments.

2. Objectives

- To assess the compassion satisfaction and compassion fatigue among Oncology nurses.
- To determine the relationship between compassion satisfaction and compassion fatigue.
- To determine the association between compassion satisfaction, compassion fatigue and selected demographic variables.

3. Methods

3.1 Design

A quantitative research approach was adopted to assess CS and CF among Oncology nurses.

3.2 Population and samples

The study population included Registered nurses working in the Oncology inpatient unit with a minimum of 1 year

experience. A total of 110 samples were selected using convenience sampling technique.

3.3 Data collection

The data collection tool was a questionnaire which consists of two parts. The first part assessed demographic details of the participants such as age, marital status, college where nursing education was received, highest level of education, any special training in Oncology, number of years of experience in nursing, number of years of experience in the Oncology ward and the area of work.

The second part consists of the Professional Quality of life questionnaire, version 5 (Pro QOL-V) prepared by Stamm, (2010). It is a self-report, 30-item, 5 point Likert scale response with three subscales that assess CS and CF: secondary traumatic stress, and burnout. The ProQOL-V has been demonstrated to have satisfactory reliability and construct validity, with a Cronbach alpha ranging from 0.7 to 0.91. Of the 30 items, 10 items each measure CS, burnout and secondary traumatic stress, respectively. Total scores range from 10 to 50 ($\leq$ 22: low, 23–41: moderate, and $\geq$ 42: high). (Stamm, 2010).

4. Results

110 Oncology nurses completed the questionnaire. Table 1 describes the demographic characteristics of the subjects.

Table 1: Demographic profile of the participants (n=110)

Demographic characteristics	N (%)
Age: <30yrs 30-40yrs >40yrs	38 (34.54) 56(50.90) 16(14.54)
Marital status: Single Married	25(22.7) 85(77.27)
Highest level of education: GNM BSc. PcBSc	101(91.82) 6(5.45) 3(2.73)
Oncology training: Yes No	8(7.27) 102 (92.73)
Experience in Oncology: < 5yrs >5yrs	46(41.81) 64(58.18)
Area of work: Radiation Oncology Pediatric Oncology Gyne- Oncology Hemato-Oncology	9(8.18) 9(8.18) 12(10.91) 80(72.73)

50% of subjects were between the age group of 30-40yrs and the mean age was 33.23yrs. Majority of the subjects (77.27%) were married. 91.82% of subjects had undergone Diploma Nursing training. Only 7.27% of subjects (n=8) had undergone Oncology training. 58.18% (n=64) of subjects had more than 5 years of experience in Oncology. 80% of the subjects were from the Hemato-Oncology unit.

Table 2: Overall Pro QOL (n=110)

Variable	Mean	SD
Compassion satisfaction	42.05	5.76
Burn out	28.10	4.19
Secondary traumatic stress	23.93	5.22

Assessment of the ProQOL revealed that the mean raw score of CS was 42.05$\pm$ 5.76 (table 2). The mean raw scores of BO and STS were within the average range of 28.10$\pm$4.19, 23.93$\pm$5.22 respectively.

Table 3: Professional quality of life (n=110)

Level	CS		BO		STS	
	N	%	N	%	N	%
Low	-	-	10	9.08	45	40.91
Moderate	44	40	100	90.91	65	59.09
High	66	60	-	-	-	-

Table 3 reveals that about half of the subjects (n=66) exhibited high levels of CS (scores $\geq$42). None of the subjects exhibited a low level of compassion satisfaction (scores $\leq$ 22). 90.91% (n=100) of subjects exhibited average levels of burn out (scores between 23-41) and about half of the subjects (n= 65) exhibited average levels of secondary traumatic stress (scores between 23-41).
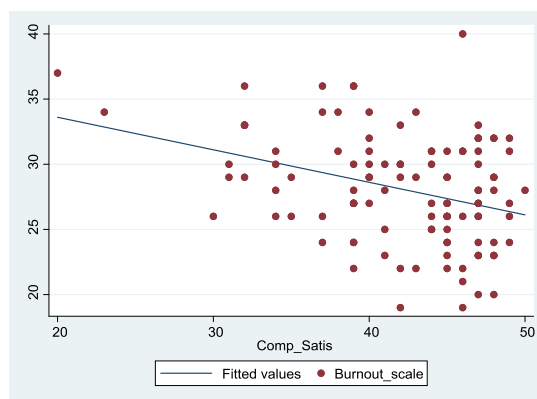

Figure 1: Correlation between CS and BO

Examination of the correlation between the independent variables revealed that there was a negative correlation between CS and BO (p=0.0002) as illustrated in Figure 1. Burn out and Secondary traumatic stress also had negative correlation.

Pearson's Chi-square was used to assess the association between CS, BO, STS and demographic variables. The findings are illustrated in Table 4.

Table 4: Association between compassion satisfaction, compassion fatigue and demographic variables (n=110)

Variables	CS				BO				STS			
	Low n (%)	Average n (%)	High n (%)	p value	Low n (%)	Average n (%)	High n (%)	p value	Low n (%)	Average n (%)	High n (%)	p value
Age < 30 yrs 30-40yrs >40 yrs	19(43.18) 18 (40.91) 7 (15.91)	24 (36.36) 32 (48.48) 10 (15.15)	-	0.726	6(60) 3 (30) 1 (10)	37(37) 47 (47) 16 (16)	-	0.479	17(37.78) 20(44.44) 8 (17.78)	26 (46.15) 30 (46.15) 9 (13.85)	-	0.900
Years of experience in Oncology < 5yrs >5yrs	-	18 (40.91) 26 (59.09)	27(40.91) 39 (59.09)	1.000	-	6 (60) 4(40)	39(39) 61(61)	0.312	-	19(42.22) 26(57.78)	26(40) 39(60)	0.846
Marital status Unmarried Married	13 (29.55) 31 (70.45)	12 (18.88) 54 (81.82)	-	0.137	3 (30) 7 (7)	22 (22) 78 (78)	-	0.692	10(22.22) 35(77.78)	15 (23.08) 50 (76.92)	-	1.000
Education GNM BSC	38 (86.36) 6 (13.64)	62 (93.94) 4(6.06)	-	0.194	9(90) 1 (10)	91 (91) 9 (9)	-	1.000	38(84.4) 7 (15.56)	62 (95.38)	-	0.088

There was no significant association Between CS, BO, STS and demographic variables.

5. Discussion

Oncology nurses are consistently exposed to stressors. This repeated exposure to trauma results in high prevalence of burnout and psychological distress. (Sherman et al., 2006).The risk of CF among Oncology nurses is higher than nurses working in other areas (Hooper et al., 2010).

The results of this study are similar to those reported in the literature, some difference however were also noted. In this study, almost half of the participants (60%) had high CS, however, 90.91% of the subjects exhibited average levels of BO and 59.09% showed STS. This suggests that the nurse derives satisfaction from her work, yet she undergoes its negative impact: burn out and secondary traumatic stress. Giarelli et al., (2016) assessed the 'Perceived Quality of Work Life and Risk for Compassion Fatigue among 20 Oncology Nurses'. The findings revealed that 55% of the participants described their overall work experience as 'life affirming and rewarding, the mean CS score was 39 ± 8.15. Several studies (Arimon-Pagès et al., 2019; Jarrad & Hammad, 2020; Ortega-Campos et al., 2020; Slocum-Gori et al., 2013) reported that the Oncology nurses experienced low compassion satisfaction and moderate to high levels of compassion fatigue. This can be attributed to the enormous amount of stress encountered by the nurses due to repeated exposure to critically ill and often terminally ill patients without the opportunity to recuperate from one stressor to another. Nurses deliver empathetic care which leads to physical, psychological, and emotional exhaustion resulting in CF.

This study did not demonstrate any significant association between CS, BO, STS and demographic variables such as age, marital status, and highest level of nursing education, additional Oncology nursing training and number of years of Oncology clinical nursing experience. Lowry, (2011) reported that nurses aged 40-49 years were at the highest risk of developing CF compared with younger or older nurses. Other factors associated with a heightened risk were having a family member with cancer, having a Bachelor of science degree in nursing or a Diploma in nursing, and working in Oncology for less than 5 years or for more than 10 years. Yu et al., (2016) also reported that nurses with more years of clinical experience was predictive of a higher risk of CF (p=0.05).A few studies reported no significant relationships between age and CF (Frey et al., 2018; Wells-English et al., 2019).

There are varied findings with regards to the association between marital status of the nurse and their professional quality of life. Ruiz-Fernández et al., (2020) reported that being married is a predictor of having a higher CF. However, the studies by Yu et al., (2016) did not report statistically significant values for these variables. The marital status variable is related to the perception of social support. Perhaps, in the work context, the perceived social support of having a stable partner is not a factor influencing CF or CS. Nursing professionals seek support more from co-workers or spiritual beliefs (Akbari & Hossaini, 2018) than from personal relationships.

Various strategies for coping with CF have been described in the literature such as self care, social connections and support from the organization (Thomas et al., 2019), nurturing non-work relationships; maintaining a sense of humor; participating in discussion forums; seeking psychological and peer support; engaging in pastoral care; debriefing; journaling; creating quiet spaces at work; attending bereavement sessions or caregiver retreats; and participating in massage, yoga, art therapy (Abernathy & Martin, 2019).

6. Implications for nursing

The study findings affirm that Oncology nurses are at risk of developing CF. Compassion fatigue is deleterious to the nurse causing physical and psychological disorders. It also significantly impairs her ability to provide holistic and quality care to her patients. It is imperative that Nurse leaders take appropriate measures to educate the nurses about

compassion fatigue and create a supportive work environment to mitigate this professional hazard.

7. Conclusion

It is vital to maintain optimal levels of compassion satisfaction among Oncology nurses to ensure that they are able to deliver quality care. Concurrently, institutions should also remember the vulnerability of their nurses to CF. It is therefore essential to assess the levels of CS and CF periodically and have policies and strategies in place to assist nurses to cope with CF.

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