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A STUDY ON COMPASSION FATIGUE IN HEALTH CARE INDUSTRY WITH SPECIAL REFERENCE TO NURSING STAFF OF MADHYA PRADESH, INDIA

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ABSTRACT: In the health care profession, more specifically with nursing staff, the incidence of compassion fatigue and burnout has become an increasing problem over the years. "Nursing is the profession in which most of the nurses entered with an intention to help out others and endow with compassionate care for patients with critical physical, mental, emotional, and spiritual needs". Empathic and caring nurses, however, can become sufferers of the continuing stress of meeting the often overwhelming needs of patients and their families, resulting in CF (compassion fatigue). CF (Compassion fatigue) not only affects the nurse's job satisfaction, emotional and physical health, but also affects the workplace environment by decreasing productivity and increasing turnover. Thus, the study explored STS (Secondary Traumatic Stress), BO (Burnout) and CS (Compassion Satisfaction) along with CF (Compassion Fatigue) of Nurses. For the purpose of study ProQOLdeveloped by Stamm was used. Study found average to moderately low BO (Burnout) and STS (Secondary Traumatic Stress) with moderately high Compassion Satisfaction (CS).

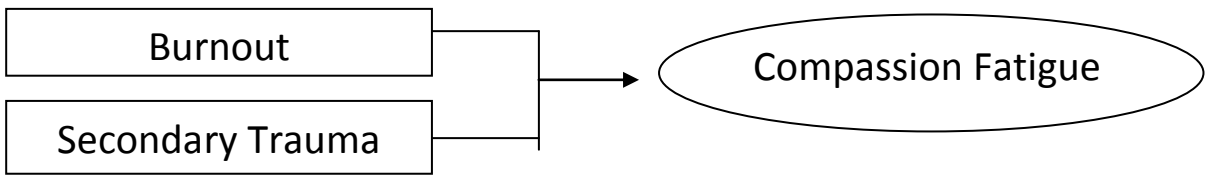
KEYWORDS: CF (Compassion fatigue), STS (Secondary Traumatic Stress), BO (Burnout), CS (Compassion satisfaction), Nurses.

I. INTRODUCTION:

Health Care is one amongst the largest sectors in India comprising of hospital deeds, medical and dental practice activities and other activities related to human health including nursing, pharmacy, allied health, diagnostic laboratories, medical equipment manufacturers and suppliers, etc. (Source:United Nations International Standard Industrial Classification)). Hospital Industry contributes the highest share in Healthcare sector. Indian brand equity foundation predicted Indian hospital industry to touchwhopping Rs. 8.6 trillion (US $132.84 billion) by FY 22. Professionals of health care industry exposed to people suffering from trauma, pain and help are found to possess CF (compassion fatigue). Amongst health care professionals, nurses are the one who are directly involved in providing care compassionately to the patient's and their family members. As emotions always going with the people and due to the demand of nursing profession and nature of the job, nurses are supposed to listen to the problems of others and observing emotional situations that enhanced the risk of CF (compassion fatigue), which negatively impacts their satisfaction with work and family members.

The term CF (compassion fatigue) also depicted as the cost of caring[1, 2] came into existence to describe a phenomenon where stress is because of anexperience to a traumatized individual instead of the trauma itself [3].The term CF (compassion fatigue) was coined byauthor[4].It is the emotional and physical exhaustion that the people who are professionally helping or giving care come across.

CF (Compassion fatigue) is possibly the broadest term of the three and describes "the overall experience of emotional and physical fatigue that health care professionals experience due to chronic use of empathy when treating patients who are suffering in some way" [5].



Compassion is the "sensitivity to the pain or suffering of another, coupled with a deep desire to alleviate that suffering" [6]. Compassion is one of the basic requirements for the people who are human service providers. So, the ability of these providers depends on their compassion, empathetic abilities and performance. Their capabilities to understand and help others are affected by the same[7]. On many occasions CF indirectly also known asSTS (secondary traumatic stress), VT (vicarious trauma), BO (burnout) and victimizationetc. [8]. In

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order to completely comprehend and study the effect of CF (compassion fatigue); however, is important to examine comparability between the facts, for application to clinical practice and for research usethat cumulative data can be considered[9,10] . People who get care undergo too much of emotional pain and physical distress this further causes secondary traumatic stress (STS) for caregivers [11,12], and further this gathered with cumulative burnout (BO), a state which is caused by depleted ability of a human being to cope up with daily environment results in CF (compassion fatigue). Though STS, BO and CF (compassion fatigue) are often related, but according to author[13] they are separate outcomes of exposure. Many a time's survival strategies fail and lead to results like STS and BO[14]. Valent said BO usually arise when an individual is unable to achieve goals and as a result is conquered by frustration and feels like losing control and depleting morals whereas the researcher also said that STS occurs when an individual is unable to rescue others from harm and due to this the person felt guilt and distress.

Nursing education has been designed in a way that it somewhere fosters empathy and compassion in the candidate in order to fulfill the future demand for care from their profession [15.,16,17]. Well there is an increase in study of a traumatization experienced by health care industry, including burnout, secondary stress in traumatology, CF (compassion fatigue) and many more [18][16]. Another study says that there is a negative influence of CF on the well-being, job satisfaction and sustainability in profession. The same study also says that nurses exposed to BO (burnout) and CF (compassion fatigue) experience same as the nursing students feel at the time of their clinical placements. So further study says that nursing students are at a largerthreat of developing CF (compassion fatigue) during their tenures. As need for healthcare continues to accelerate as a result employingaccelerating demands on requirement of nurses. Relevantevidenceserves to notify the development of clinical practices in order to reduce burnout which further confirm quality care and will be able to retain nurses as an important asset in the workforce [19].Today's challenging circumstances which nurses encountered daily; compassion fatigue is likely to be a far more significant phenomenon than needs to be acknowledged. When thought about the organizational factors responsible for aggravating compassion fatigue, a study of [20] says that physical and emotionally challengingtasks and excess work days do contribute in CF. Also, a study of[21]said that empathy is having a significant role in development of CF (compassion fatigue), means nurses need to understand patients pain and experiences. Nursing as a profession experiences frequent and lengthy exposure to stress and pain while providing care [22]. To ensure compassionate care addressing problems related to understanding factors causing lack of ability to care and look after are crucial[23].The present research aimed to identify the extent to which CF (compassion fatigue) strikes nurses and an impact of demographic variables on CS (compassion satisfaction), BO (Burnout) and STS (secondary traumatic stress) of the nurses in public and private hospitals in the Indore City of Madhya Pradesh state in India.

II. REVIEW OF LITERATURE

Compassion fatigue came into existence to describe a phenomenon where stress is because of ancoverage to a traumatized individual, rather than from the trauma itself [3]. "Compassion fatigue is also defined as SV (secondary victimization), STS (secondary traumatic stress), and VT (vicarious traumatization)" [7]. For the purposes of present study, it will be referred to exclusively as CF (compassion fatigue). CF (Compassion fatigue) is a state in which those in the helping professions are, "affected by the trauma of another" [39]. This includes mental, physical, and emotional turbulences caused by working closely with traumatized clients.

People who get care undergo too much of emotional pain and physical distress this further causes secondary traumatic stress (STS) forcaregivers [3,12], and further this gathered with cumulative BO (burnout), a state which is caused by depleted ability of the human being to cope up with daily environment.Lynch and Lobo explained attributes of CF (compassion fatigue) as an outcome of the connection established between the care given to the patient; it includes the psychological and physical responses involved.

Nursing staff are compassionately involved in mitigating patients suffering by curative actions and self-benevolence while caring for a person [24].Health care specialists are theinitial responders dealing with traumatized patients,suppress their stress and get affected by CF (compassion fatigue)[25]. Patients of CFstate symptoms like cluelessness, deficient incontentment, nervousness, strain, sleeplessness and a pessimistic attitude towards life. This declines self-efficacy and confidence leading to weakening in performance and work output [26]. Empathic and caring nurses, however, can become victims of the ongoing stress of meeting the often tremendous needs of patients and their families, resulting in CF.CF (Compassion fatigue) affects not only the nurse in terms of job satisfaction rather also impacts their emotional and substantial health, further contributing to the workplace environment by decreasing productivity and increasing turnover. External factors are stress due to job, societal support, family and friends, background and training. Anyone having both the sets of prompting factors can be considered to be at high risk of developing CF (compassion fatigue). [27].

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Another[29] study found that there are distinctions in compassion fatigue (CF) score amongst nurses based on substance use. Compassion fatigue may vary according to demographics like institution type, gender, and marital status and vice versa in case of income.

Further [30]study has been conductedto identify the relationship between CF (compassion fatigue), satisfaction and BO (burnout)on mental health providers in a rural southern state diagnosed higher level of CF (compassion fatigue) amongst female gender and therapist with specialized training in trauma than non-specialist. Psychiatrists reported higher CF (compassion fatigue) as compared to their non-medicalnon-medical counterpart. They also found that most of the rural care providers have increased level of BO (burnout symptoms), but there are no differences in CF (compassion fatigue) and CS (compassion satisfaction) between them and their colleagues. Important practice, education, and policy implications are noted for a multidisciplinary audience.

Patricia Smith[28] in her article on nursing home employees often suffer from compassion fatigue discussed that job stress costs American industry, an estimated $200-300 billion annually. Nurses are involved in providing care to others and it always involves an emotional cost. If there is no balance in caring for individuals and others it will lead to stress and CF (compassion fatigue).Encouraging weekly support groups. Corporate wellness programs can help to enhance employee'scompassion satisfaction.

Another study [31]foundoccurrence of BO (burnout), CF (compassion fatigue), STS (secondary traumatic stress) and VT (vicarious trauma) amongst ICU healthcare professionals. He suggested through a review of extensive literature that proper work scheduling, educational programs on managing with emotional distress, improving communication skills, and other relaxation methods will help to resolve the issue.

Another study[32] conducted on CF (Compassion Fatigue), BO (Burnout) and CS (Compassion Satisfaction) among nurses in the context of maternal and prenatal deaths reported that moderate to high levels of burnout and compassion fatigue with relatively high compassion satisfaction. An article [33] discussed that nurses are an integral part of the healthcare system, but hardly have they got importance and recognition for their work. There is a huge shortage of nursing staff in India due to which majority of the nurses is overburdened with work. Compassion is the major component of nursing job, nurses are continuously exposed to the incidents of temperaments of different patients and doctors. Apart from these challenges they are supposed to work carefully to give quality healthcare to everyone. Collaborative team work by all stakeholders is very important, driven by a deep desire to preserve the art and science of helping others heal[34].

Study [35] conducted to identify the professional quality of life found average level of CF and BO was found among the study respondents whereas participants reported higher level of the secondary traumatic stress. The result also indicated that CS, BO and STS of participants may vary based on additional training, designation type and workplace type.

[36]Another study conducted an exploratory research on CF (Compassion Fatigue) and BO (Burnout) amongst Clinicians found that professionals involved in diabetic practice, having a poor work condition have high BO (burnout) score and less CS (compassion satisfaction). Experience and private practice professionals have higher CF (compassion fatigue). According to study[37], problem of CF (compassion fatigue) is faced by nurses at any stage of their career and its level may vary according to type of health care settings. World health organization report[38] said that there is a global shortage of nursing staff and compassion fatigue negatively affects nursing workforce hence there is a need to identify and prevent the compassion fatigue.

The entire description given above reveals that compassion fatigue is a serious problem faced by health care professionals today, therefore reducing and managing negative effects of compassion fatigue faced by health care professionals is a major issue. Very few studies have been carried out in India on Compassion Fatigue of Nurses, to bring this issue in light and to know the level of CF (compassion fatigue) and CS (compassion satisfaction), we have attempted to conduct a study of compassion fatigue amongst nurses in Indian context.

OBJECTIVES OF THE STUDY

- To study the prevalence of CF (Compassion Fatigue) amongst the Nursing Staff.
- To identify the impact of Gender on the CF (Compassion Fatigue)of the Nursing Staff.
- To know the impact of Marital Status on the CF (Compassion Fatigue) of the Nursing Staff.

HYPOTHESIS OF THE STUDY:

H_{01}: There is no significant difference in compassion fatigue based on the gender of the Nursing Staff

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$H_{02:}$ There is no significant difference in compassion fatigue based on the Marital Status of the Nursing Staff

III. RESEARCH METHODOLOGY:

Sample and Design

This study used a non probability convenience sampling method to survey Compassion Fatigue and associated demographic variables amongst nurses in public and private hospitals in Indore District of Madhya Pradesh State in India. Sample size taken for the purpose of study is 144 nurses. The questionnaire is distributed amongst the nurses working in different departments like ICUs (intensive care units), emergency departments, medical and surgical floors etc in selected hospitals.

Measure

For the purpose of data collection nurses is being surveyed by using a ProQOLdeveloped by Beth HudnallStamm, Ph.D., Craig Higson-Smith, Amy C. Hudnall, Henry E. Stamm. ProQOLis a measure intended to provide practitioners and researchers with an indication of a caring professional's CF (compassion satisfaction, BO (burnout), and STS (secondary traumatic stress). Stamm, has reported evidence of scale validity and reliability. Based on Stamm's scale structure the reliability and validity of scale found for the ProQOL: CS (Compassion Satisfaction) α = .88 (n=1130), BO (Burnout) α = .75 (n=976), CF (Compassion Fatigue) α = .81 (n=1135). To calculate the CS score, if the scores are below 22 or less, it probably reflectsthatthere is a problem in the job and average score is to be consideredbetween 23 and 41, also it is considered high if score is 42 or above for CS. For Burnout (BO), if BO Score is above 42, it indicates the negative feelings experienced in work,but if the score is below 42 this probably reflects positive feelings about ability to be effective in work. For STS (Secondary traumatic stress), if STS Score is above 42, it indicates that there is a need to examine about feelings at work and work environment. For identifying the impact of demographic variables on CS, BO and STS Multivariate statistical analysis tool MANOVA is applied.

IV. RESULTS AND INTERPRETATION:

Table-1: Frequency, percentage of the levels of Compassion Fatigue amongst Nurses

Compassion Satisfaction (CS)	**Level**	**Respondents Percentage**
	Low	----------
	Average	88 (61.11%)
	High	56 (38.88%)
Burnout (BO)	**Low**	56(38.88%)
	Average	88(61.11%)
	High	-
Secondary Traumatic Stress(STS)	**Low**	72(50%)
	Average	72(50%)
	High	-

Table No. 1 indicates that the CS score of 61.11% of the nursing staff is in between 23 and 41 results in Average Compassion Satisfaction and about 38.88% of nursing staff score is above 42 results in high Compassion satisfaction. In case of Burnout 38.88% nursing staff have score less than 22 that results in low burnout and 61.11% people have score in between 23 and 41 results in Average burnout. Secondary Traumatic Stress 50% of people scored less than 22 results in low STS and 50% people have score in between 23and 41 results in Average STS.

Table No. 2 and 3 indicates the impact of gender on compassion fatigue and it shows thatthere was no statistically substantial difference in Compassion Fatiguein accordance to gender. Compassion satisfaction (CS)with mean (4.003±.509) for female and (3.765± .550) for male, Burnout (BO) with mean (2.356±.394) for female and (2,550±..296) for male, Secondary Traumatic stress (STS) with mean (2.253±.477) for female and (2.268±.404) for male Nursing Staff with F (6, 280) = 3.037, p> .0005; Wilk's Λ = 0.882, partial η^2 = .061.

Table no. 4 and 5 represents the impact of marital status on Compassion Fatigue and it shows that there was statistically substantial difference in Compassion Fatigue based on Marital Status. Compassion satisfaction (CS) with mean (3.507±.404) for Married and (4.169 ± .449) for Unmarried Nursing Staff, Burnout (BO) with mean (2.432±.403) for Married and (2.39±.368) for Unmarried, Secondary Traumatic stress (STS) with mean

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(2.12±.202) for Married and (2.33±.534) for Unmarried Nursing Staff with F (6, 280) = 12.419, p< .0005; Wilk's $\Lambda = 0.624$, partial $\eta^2 = .210$.

We can also see this from table no. 6 that Marital Status has statistically significant effect on CS (F (2, 142) = 138.684; p< .0005; partial $\eta^2 = .353$) and has no statistically significant effect on both Burnout and STS as (F (2, 142) = 14.30; p< .0005; partial $\eta^2 = .003$ and $\eta^2 = .050$ respectively.

V. CONCLUSION

One of the important concern in today's of current times where the work life balance, competition and the changing environments are major role players. Contribution towards professional quality of life has significant positive effect on work environments. Though nursing staff achieve satisfaction from offering compassion to patients and their relative, the nurses are at the risk of compassion fatigue. Compassion fatigue i.e. Burnout (BO) and Secondary Traumatic Stress (STS) is average and moderately low respectively amongst the nursing staff which shows that nurses are facing the problem of compassion fatigue. The research has its relevance of result with [28]study where he also diagnosed no effect of gender on compassion fatigue. The research also found that the level of compassion satisfaction is moderately high. This all clearly demonstrate that presence of compassion fatigue, Secondary traumatic stress and Burnout can't be denied. This further has a significant effect on psychological wellbeing and productivity of the nursing staff.

VI. IMPLICATIONS OF THE RESEARCH STUDY AND FUTURE SCOPE

As we know that the vital need of every family is education, health and law. Out of which the health care occupies the second place after education and nursing staff plays one of the major roles in health care industry. The present study brings in to the notice of various stakeholders in the healthcare industry that compassion fatigue strikes the nursing staff and it is a big issue to be focus on.

The study will be helpful to the hospital management to develop an understanding about the need of designing a practical and workable policy to reduce the negative environment affective compassion fatigue. If the nursing staff is satisfied, faithful and committed then the delivery of services with quality result is ensured.

The research will also be helpful to the Nursing Staff to understand that it is necessary for them to take this issue in to consideration and take measures to reduce the effects of compassion fatigue.

The research will also be helpful for the society, if hospital management takes care of the nursing staff, their output will increase in the form of care given to the patients which in turn will help the society by providing quality care hence both nursing staff and their families are benefitted.

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ANNEXURE

Table No. 2 Descriptive Analysis based on Gender

Multivariate Tests[a]									
Effect		Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power[d]
Intercept	Pillai's Trace	.883	351.889[b]	3.000	140.000	.000	.883	1055.668	1.000
	Wilks' Lambda	.117	351.889[b]	3.000	140.000	.000	.883	1055.668	1.000
	Hotelling's Trace	7.540	351.889[b]	3.000	140.000	.000	.883	1055.668	1.000
	Roy's Largest Root	7.540	351.889[b]	3.000	140.000	.000	.883	1055.668	1.000
Gender	Pillai's Trace	.122	3.052	6.000	282.000	.007	.061	18.310	.909
	Wilks' Lambda	.882	3.037[b]	6.000	280.000	.007	.061	18.223	.907
	Hotelling's Trace	.130	3.023	6.000	278.000	.007	.061	18.135	.906
	Roy's Largest Root	.083	3.915[c]	3.000	141.000	.010	.077	11.745	.820
a. Design: Intercept + Gender									
b. Exact statistic									
c. The statistic is an upper bound on F that yields a lower bound on the significance level.									
d. Computed using alpha = .05									

Table. No. 3: MANOVA for Gender

Descriptive Statistics				
	Gender	Mean	Std. Deviation	N
CS	F	4.0003	.50911	106
	M	3.7658	.55081	38
	Total	3.9306	.53532	145
Burnout	F	2.3562	.39471	106
	M	2.5500	.29660	38
	Total	2.4059	.37921	145
STS	F	2.2534	.47751	106
	M	2.2684	.40477	38
	Total	2.2583	.45666	145

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Descriptive Statistics				
	Marital Status	Mean	Std. Deviation	N
CS	M	3.5077	.40480	52
	UM	4.1696	.44911	92
	Total	3.9306	.53532	145
Burnout	M	2.4327	.40328	52
	UM	2.3913	.36844	92
	Total	2.4059	.37921	145
STS	M	2.1231	.20255	52
	UM	2.3348	.53912	92
	Total	2.2583	.45666	145

Table No. 4: Descriptive Analysis based on Marital Status

Multivariate Tests[a]									
Effect		Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power[d]
Intercept	Pillai's Trace	.918	521.919[b]	3.000	140.000	.000	.918	1565.758	1.000
	Wilks' Lambda	.082	521.919[b]	3.000	140.000	.000	.918	1565.758	1.000
	Hotelling's Trace	11.184	521.919[b]	3.000	140.000	.000	.918	1565.758	1.000
	Roy's Largest Root	11.184	521.919[b]	3.000	140.000	.000	.918	1565.758	1.000
MaritalStatus	Pillai's Trace	.376	10.891	6.000	282.000	.000	.188	65.346	1.000
	Wilks' Lambda	.624	12.419[b]	6.000	280.000	.000	.210	74.516	1.000
	Hotelling's Trace	.603	13.969	6.000	278.000	.000	.232	83.815	1.000
	Roy's Largest Root	.603	28.333[c]	3.000	141.000	.000	.376	85.000	1.000
a. Design: Intercept + MaritalStatus									
b. Exact statistic									
c. The statistic is an upper bound on F that yields a lower bound on the significance level.									
d. Computed using alpha = .05									

Table No. 5: MANOVA for Marital Status

Tests of Between-Subjects Effects									
Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power[d]
Corrected Model	CS	14.554[a]	2	7.277	38.684	.000	.353	77.369	1.000
	Burnout	.059[b]	2	.030	.204	.815	.003	.409	.081
	STS	1.489[c]	2	.744	3.704	.027	.050	7.408	.672
Intercept	CS	130.804	1	130.804	695.357	.000	.830	695.357	1.000
	Burnout	50.040	1	50.040	344.141	.000	.708	344.141	1.000
	STS	43.789	1	43.789	217.864	.000	.605	217.864	1.000
MaritalStatus	CS	14.554	2	7.277	38.684	.000	.353	77.369	1.000

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	Burnout	.059	2	.030	.204	.815	.003	.409	.081
	STS	1.489	2	.744	3.704	.027	.050	7.408	.672
Error	CS	26.712	142	.188					
	Burnout	20.647	142	.145					
	STS	28.541	142	.201					
Total	CS	2281.409	145						
	Burnout	860.019	145						
	STS	769.540	145						
Corrected Total	CS	41.266	144						
	Burnout	20.707	144						
	STS	30.030	144						
a. R Squared = .353 (Adjusted R Squared = .344)									
b. R Squared = .003 (Adjusted R Squared = -.011)									
c. R Squared = .050 (Adjusted R Squared = .036)									
d. Computed using alpha = .05									

Table No. 6: Tests of Between-Subjects Effects