

# The Influencing Mechanism of Compassion Fatigue in Nurses

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**Abstract:** As an indispensable part of daily communication, compassion plays an important role in clinical communication with patients. However, due to the particularity of nursing work, nurse's compassion fatigue is universal. This paper collects and extracts novel influencing factors and relevant measures through qualitative research, and then verifies its universality through questionnaire survey. In this study, through the PROQOL scale, it was found that all the respondents had compassion fatigue, but there are still some measures to improve compassion fatigue worth discussing.

**Keywords:** Nurses, Compassion fatigue, Influencing factors, Measures.

## 1. Introduction

Compassion fatigue was first proposed in 1992. Then described by Figley as "the cost of care" was the extreme stress experienced by a rescuer who develops secondary traumatic stress as a result of constant attention to the suffering of others.

Compassion is essential in the medical system. Medical staff can fully understand the patients and communicate effectively, so that targeted treatment can be carried out. The needs of the family can also be understood, encourage family members to actively participate in the patient's care plan, thus the patient care can be supported by the family. Research has shown that emotionally engaged health care workers are more

trusted by patients and that patient adherence to treatment improves, achieving better outcomes [1].

Combined with domestic and foreign studies, nurses are prone to compassion fatigue due to the constant self-sacrifice, high working intensity, long working years, long hours at work, repeated exposure to the negative events, etc [2-3]. At present, the level of compassion fatigue of nurses at home and abroad is in the medium to severe level. More seriously, compassion fatigue is regarded as an occupational hazard of clinical work, which can lead to emotional breakdown, loss of empathy, increased medical errors, reduced work efficiency and higher turnover rate of nurses [4]. Therefore, it is particularly important to find out the influencing factors of compassion fatigue and fundamentally alleviate the compassion fatigue of nurses.

**Table 1.** Analysis on the influencing mechanism of nursing staff empathy fatigue

Third code	Secondary code	Primary code
Compassion fatigue	Relationship between nurses and patients	Poor patient compliance (2); Uncooperative patients(4); Difficulty in communicating with patients (7); Patients cannot understand nurses and nursing work (11); Feelings of powerlessness for patients' suffering (5); Patients' blame (7); Patients' impatient (4); Patients give up treatment due to financial problems (2); Patients' anger toward others was directed at the nurses (1); Patients' low professional recognition (3)
	Interpersonal relationships	A lack of boundaries (1); Complex interpersonal relationships (1); Vicious competition among colleagues (1); Ineffective communication with the mentor to doctors in training (1)
	Self	Heavy family burden (1); Negative emotions caused by adverse events such as separation and death (8); Too much pursuit of Perfection (1)
	Work	Unfixed holidays (3); Affect normal life (4); Unsatisfactory salary (6); Lots of training and tests (8); Three shifts (9); Great pressure (11); Trivial work and broad scope (3) Dislike of work (2); many rules (2); Related to life and health (4); Unfair treatment (2); bloody and disgusting work (1); Epidemic led to higher work intensity (3); The nursing Department doesn't value the psychology of nurse (2); No place to relax(1)
	Social	The deepening of misunderstanding of medical workers caused by excessive media coverage (1); Social prejudice against nursing work (6); Being disrespected and looked down upon (2); Society's high moral positioning for nurses (1)
Kindness satisfaction	Relationship between nurses and patients	Patients' gratitude (3); Patients' praise (6); Remembered by patients (2); Think from the perspective of patients (6); The pleasure of communication (2); Understanding and friendly patients (5); Patients with active cooperation (3); Outdoor activities (1); Treat patients as children (1); Patients recovered or improved (9)
	Interpersonal relationships	Team with good atmosphere (4); Family support (3); Support and affirmation from leaders (4)
	Self	A sense of responsibility (2); Pouring out bad feelings (4). Stay calm (4). Keep a good mood (5); Think little of unpleasant things (3); Do what you like (5). Adapting (5); Self-motivation (1); A clear conscience (2); Enough rest (3)
	Work	Be proud and feel a sense of accomplishment (10); Like the job (2); Satisfaction and happiness (3); Be able to expand and make progress (4)

There are many studies on the factors affecting compassion fatigue, but most of them are proposed by researchers. In this paper, novel possible influencing factors proposed by clinical nurses will be summarized first, and then whether they are related to compassion fatigue will be evaluated.

## 2. Qualitative Research

The first part of the study was conducted by interview method. 17 interviewees participated in this research, including nurses from the First Affiliated Hospital of Soochow University and the Second Affiliated Hospital of Soochow University. Due to the particularity of nursing work and the concept of choosing a career, most nursing practitioners are female, so the interviewees are basically female. Their age ranges from just entering the workforce to more than 20 years of service. Because of the the outbreak of COVID-19, face-to-face interviews could not be conducted. Instead, documents and WeChat phone calls were used. Finally, summary and statistics are made, followed by coding analysis. The analysis results are shown in Table 1.

According to the analysis, there are many related factors that cause compassion fatigue of nurses. Among them, the number of training and assessment, work mode, salary, the occurrence of adverse events and social ignorance of nursing work are obviously correlated with compassion fatigue. On the other hand, according to most respondents, the sense of accomplishment of nursing work brought by patients' planned recovery, the goodwill of people around them including leaders, colleagues and patients, as well as mood regulating activities can improve compassion fatigue.

## 3. The Questionnaire Survey

According to these influencing factors, questionnaires

containing PROQOL were issued. A total of 97 questionnaires were sent out and all were effectively collected.

### 3.1. PROQOL

PROQOL was compiled by Stamm and translated into Chinese by Zheng Xing and Yang Min's team. The scale has three dimensions, including compassion satisfaction, job burnout and secondary trauma, Each containing 10 items. Cronbach's  $\alpha$  coefficients of the three dimensions were 0.82, 0.73 and 0.76 respectively. The retest reliability ranged from 0.39 to 0.93, of which the retest reliability of "nursing makes me feel satisfied" was 0.39, and the rest items were all  $\geq 0.50$ . It can be seen that PROQOL has good validity[5].

### 3.2. Analysis of Questionnaire

In this study, SPSS19.0 software was used to process data.

#### 3.2.1. Descriptive Statistical Analysis

In this questionnaire study, a sampling survey was conducted among clinical nurses in early May 2022, including nurses from three hospitals in Suzhou. According to the collected questionnaires, the lowest score of PROQOL is 66, which is higher than the lowest critical value of severe compassion fatigue, indicating that the compassion fatigue of nurses is very serious.

#### 3.2.2. Correlation Analysis

The results in Table 2 are obtained by using Bivariate Pearson analysis. It can be seen that PROQOL and each of the dimensions, job burnout and secondary traumatic stress are significantly positively correlated, while Job burnout and compassion fatigue are significantly negatively correlated.

**Table 2.** Correlation analysis of PROQOL and its three dimensions

	Compassion fatigue	Job burnout	Secondary traumatic stress	PROQOL
Compassion fatigue	1			
Job burnout	-0.829**	1		
Secondary traumatic stress	0.026	0.383**	1	
PROQOL	0.295**	0.230*	0.924**	1

Note: \*\* for  $P < 0.01$ , \* for  $P < 0.05$ .

#### 3.2.3. Single Sample T Test

Based on the qualitative study, five influential factors were listed in the questionnaire, which are the majority or relatively new. They are lots of training and tests; unsatisfactory salary; working mode of three shifts; social prejudice and low opinion of nurses' professionalism; negative emotions caused by adverse events such as separation and death. For each factor, one to five points were given from strongly disagree to strongly agree. After completing single sample T test, the P of the five factors is less than 0.05, so there is a significant difference with 3 points. As the average scores of the five factors were respectively 4.14, 3.94, 4.02, 3.95 and 3.48, all of which were greater than 3 points, it could be seen that the five factors were generally recognized. Therefore, these five factors can all be regarded as the related factors of compassion fatigue.

## 4. Relevant Factors and Measures

As the results of qualitative research applied to the questionnaire survey, five relevant factors and some methods were found to alleviate the compassion fatigue.

Training and assessment, which are often mentioned in qualitative studies, rank first in the questionnaire survey. Probably because nursing work revolves around life and health, so it needs to be very careful, which will inevitably lead to nervous. At this time, it is particularly important to improve nurses' professional skills, reduce the pressure of examinations and hold outdoor activities to relieve the tension of nurses.

A nurse who feels underpaid is likely to be demotivated. During the interview, one of the nurses also mentioned that there was no place to relax. Therefore, it may be possible to

improve the quality of nurses' rest and improve their salary so that they can feel the sense of achievement that their efforts have gained.

The working pattern of three shifts also leads to irregular holidays, which can affect normal life, such as less time off with family. Maybe we can learn the foreign scheduling mode, freely choose continuous day shift or night shift, form a regular instead of occasional chaos of day and night, looking forward to a more humanized work arrangement in the future.

Most people in society now have prejudice against nurses. They think that nurses are only good at injecting or dispensing medicine and look down on their professionalism, but they do not know that nurses also need to check doctors' orders and have the ability to rescue in the face of emergencies. They have a lot of training and exams in schools and units. It should be possible to organize the masses to get to know nurses through the Internet and publicity, and learn to respect each profession.

There are deaths and departures in hospitals everyday. However nurses as the people who have the most contact with patients, are easily affected by these adverse events. Therefore, it is very important to have the guidance of seniors and the support of family members. Hospitals should also carry out psychological counseling courses to help nurses regulate their emotions.

In addition, the questionnaire results showed that there are other related measures to alleviate compassion fatigue. The kindness of the patients and the attendants will satisfy the nurse. The harmony of working atmosphere can make collocation tacit understanding and comfortable. Understanding and support from leaders can avoid a large proportion of unfair grievances. Plenty of outdoor activities can make people feel happy and optimistic. Regular psychological counseling can find nurses' emotional problems as early as possible and give appropriate correction. Getting plenty of rest and being able to do things you enjoy during breaks can make you feel comfortable and content. Among them, team atmosphere, supportive leadership and adequate rest play a dominant role in alleviating compassion fatigue. Therefore, these aspects should all be taken seriously.

## 5. Conclusion

This paper uses quantitative research to judge the universality of qualitative research results. The study found that the relevant factors identified by interview analysis were

also relatively well accepted in the questionnaire survey. Therefore, the results of qualitative research and quantitative research of this study are mutually confirmed. With the frequent occurrence of psychological problems, it is important to get the causes of compassion fatigue in nurses and put forward solutions.

It can be found from the two surveys that there are still some measures to relieve the compassion fatigue of nurses have significant significance. Therefore, it is suggested that nurses should strengthen the cognition of their own mental state, evaluate regularly and find solutions. Meanwhile, nursing managers should recognize signs of nurse compassion fatigue as early as possible and take appropriate measures on the nurses' individual aspirations.

However, there are still some problems that are not quite perfect. In the quantitative survey, unexpectedly, all the respondents showed severe compassion fatigue, which led to the lack of compassion satisfaction for comparison with fatigue. In addition, some novel ideas were collected in the qualitative research on related factors and corresponding measures, but were not included in the quantitative research due to the small sample size. Finally, it is worth mentioning that the measures in this study are all from interviews and questionnaires, and relevant experiments are not carried out for verification. It can be seen that there is still room for research on the influencing mechanism of nurses' compassion fatigue. For these points, further research can be carried out in the future.

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