

Understanding Compassion Fatigue and Its Contributing Factors Among Nurses: A Focus Group Discussion Approach



Mrs. Simranjit Kaur ^{1*}, Dr. Bharat Pareek ²

^{1*}Professor Department-Nursing University-Baba Farid University of Health Sciences, Faridkot, Punjab City-Patiala state-Punjab Email adress-simran13486@yahoo.com

²Professor. Department-Nursing University-Baba Farid University of Health Sciences, Faridkot, Punjab City-Mohali state-Punjab Email adress-pareekbharat10@gmail.com

Abstract

Background: Empathetic and caring nurses, become the victims of the continuing stress of the overwhelming needs of the patients & their families, resulting in compassion fatigue. The aim of the study is to explore the factors leading to compassion fatigue among nurses at various levels in the selected private & government hospitals of Punjab, India.

Materials and Methods: Qualitative approach was adopted where multiple focus group discussions were planned and conducted. The study was carried out among nurses from the selected private & government hospitals of Punjab. Thematic analysis, using the argumentative interactions approach was used. The consolidated criteria for reporting qualitative research (COREQ) guide were followed.

Results: Workload, less salary, less resources, stress, partiality, salary issues, long working hours and other related factors were reported as having a negative influence on staff nurses working efficiency.

Conclusion: Most of the institutions included in the present study, lacked basic facilities for the professional development and smooth running of work of staff nurses.

Keywords: Focus group discussion, compassion fatigue; qualitative research.

Introduction

Nursing is a profession focusing on the care of individuals, families, and communities. Nurses help the patients in attaining, maintaining, and recovering optimal health and quality of life. Nurses collaboratively work with the therapists, physicians, patients, patient's family members, and other health-care team members to treat illness and improve the quality of life of patients. (1) Nursing is an important part of the health care delivery system, shares responsibilities with other health professionals to maintain optimal health for all members of society. In India, nurses account for the highest percentage (38%) of the health care workforce. Positive attitudes towards their profession increase compassion in caring and inculcate a feeling of pride about the profession. Negative views of the profession, cause them to lose interest in treating patients. Unfortunately, the increasing workload, poor salary, lack of financial incentives, lack of appreciation and recognition had a negative impact on employees' job satisfaction and retention in an organisation. Negative views toward their profession and dissatisfaction at job will make it difficult for nurses to focus on their work, which will lead to laziness and absenteeism, and will reduce the availability of nursing services. In addition, they will have a negative impact on their co-workers, which could influence the co-workers' motivation and productivity. (2) Nurses become aware of their patients' needs through

compassion-based care. Compassion, the core of care, is the most valuable asset in nursing and a key element in nursing care. Illness and hospitalization are usually stressful and have threatening experiences for patients and their family members. Nurses are an important member of the health team who spend the maximum time with patients and their families, and by providing skilled care, including compassionate care and emotional work, play a major role in reducing stress and negative experiences resulting from hospitalization. (3) A nurse is continuously exposed to the trauma and suffering of others as a part of professional life. And it is almost impossible to keep away their personal life from its impact. According to Lombardo and Eyre, an empathetic nurse becomes victim of the constant stress of meeting the requirements of patients and their family members, leading to compassion fatigue, which affects the nurse physically and emotionally. Compassion fatigue reduces job satisfaction as well as leads to reduced productivity and increased turnover". Figley coined the term *Compassion Fatigue* and according to him compassion fatigue occurs because of continuous exposure to chronic stress in caring for patients undergoing pain, grief, catastrophe, and misery. (4)

Material and Methods

Study design and setting:

This was a qualitative exploratory study using an emergent-systematic focus group. The design was

adopted where multiple focus group discussions were planned and conducted withdrawing on template analysis. The study was carried out in different government and private hospitals.

Study participants and sampling:

Staff Nurses, who were interested to participate in the focus group discussion, were assertive to share their views, were available for one hour were selected by using purposive (maximum variation) sampling technique.

Data Collection Tool and techniques:

The focus group discussion was selected as a method of data collection as it provides in-depth and interactive description of the participants experiences. Total 06 focus group discussions were conducted in which 32 participants (n=32) had participated. The researcher performed the role of facilitator, moderator and interpreter to facilitate the discussion. Comfortable room with basic facilities were selected for the discussion.

All the sessions were recorded, lasted for 45-60 minutes. An argumentative interactive approach was used where the researcher adequately covered all structured questions. Immediately after each session, the moderator debriefed the session and a short transcript of each discussion was prepared.

Data Analysis:

Thematic analysis was carried out where all the transcripts were observed for relevant categories and cods were applied. Descriptive analysis was done with the help of SPSS.

Ethical Consideration:

The research was approved by the institutional Ethics committee (IEC) of Saraswati Professional and Higher Education College of Nursing, Mohali, Punjab. All participants signed the informed consent form and anonymity and confidentiality of data were ensured.

Methodological Rigor:

The methodological rigor of the study was determined based on the criteria described by the Lincoln and Guba for qualitative research, that is:

The **credibility** of the study was ensured where focus group discussion adequately covered all predeveloped questions and argumentative interactive approach was used. Emerged theme could be verified easily as in the present study audio records and written verbatims of the participants were used. A consensus approach was used.

Dependability was ensured by preparing a short transcript of each discussion, which was helpful to focus on the research questions and provide a rich description of emerging themes. All the changes

were documented and kept a trackable record of when and how changes were implemented.

Confirmability of the emerged categories and themes was attained by the investigator triangulation. A consensus approach to integrating the categories and themes emerging from the data was performed.

Transferability was enhanced by ensuring at a saturation. Thoroughness was determined by organizing multiple focus group session in different settings to explore the diverse responses of participants.

Results:

A total of 32 staff nurses were included in six focus group discussion sessions. No one refused to participate in the study. Characteristics of participants are shown in Table No.1.

Explored factors influencing compassion fatigue among staff nurses:

Workload: Key significant statement made by the participants include: "wards remain overcrowded most of the time", "it's very troublesome to take care of inventory", "complete responsibility of the ward is very difficult to handle, if patients are taking wheel chairs out of the ward, it is required to enter the details with Aadhar card, which is very hectic", "Sometimes due to more admissions of patients, day off is shifted to next month", "Documentation is very much time consuming, which has been considered more important", "While handling the critical patients, it's difficult to handle multiple task", "Staff feels under pressure during code yellow and code blue", "One staff goes in OT, ICU and Emergency etc on same duty."

Less Staff: "Single staff may have to handle the patient completely, starting from the admission, medication, preparation of procedure to discharge etc", "sometimes single staff handles the entire ward, staff from other ward comes for assistance", "Patient staff ratio is not appropriate", "sometimes one staff is appointed in shift", "Patients are more and staff is less as per norms."

Less resources: "Beds are not sufficient as per requirement", "Less resources, like manpower, and hospital supply", "Limited beds and more patients, in that case critical patients suffer."

Job Demands: "Patient demands are not possible to be fulfilled all the time. They seek for free supply as they are in government hospital", "Patient demand for individual attention all the time."

Health Issues: "Due to frequent shifts, diet issues are there, we are not taking proper diet", "OCD is very common in staff working in psychiatric wards", "in psychiatric wards, staff is always at risk of physical trauma due to aggressive behaviour of

patients", "Hectic duty schedules lead to disturbed meal timing and health."

Lack of Cooperation: "Sometimes, if we require to adjust our shift, it's not an easy task", "Sudden change in shift is very much problematic", "Patients are not cooperative, due to more patients it takes time to attend another one, but patients do not understand", "Staff feels pressure due to non-cooperation among staff", "Interpersonal relationships are not good among staff", "Hospital management do not treat the issues on priority basis", "In case of emergency, all the team members do not respond immediately", "Duty adjustment issues are there", "Senior staff always dominate junior staff, like random distribution of work, change of shift etc without consent", "Senior staff don't listen to junior staff, sometimes", "Senior staff don't want to teach newly appointed staff, they assume that new staff should learn by their own."

Disrespect: "Qualification disputes are there, staff having less qualification but holding higher positions due to experience don't cooperate with staff having higher qualification but less experience. Likewise, staff having higher qualification feels like we are the best or better than others", "Sometimes, staff feels discrimination from doctors, they don't give respect to staff, scolding in front of patients, relatives or co-workers", "If staff talks to the management regarding the hardship they are facing, they don't listen and ignored by saying, if you want to go then go, we have many more to recruit", "Unnecessarily blaming by the senior staff that you are doing nothing while we are handling the patient on bedside."

Stress: "Sudden change in duty schedule is really irritating", "Duty adjustment is another big issue, many times we skip our family functions", "Patients demand perfection, they says we are paying you for this."

Disturbed domestic life: "Due to disturbed duty hours, it's very difficult to adjust in domestic life, which leads to frustration", "Due to hectic schedule there is disturbance in domestic life", "Seniors take holiday on festivals and juniors handles the shift", "We plan our family activities according to our shifts", "Lack of enjoyment in life due to lack of time", "Not able to give time to our hobby, relations and family."

Partiality: "Favourite staff gets more benefits."

Lack of Interest: "There is lack of interest among staff regarding job or new learning."

Salary Issues: "Staff is not satisfied with salary packages."

Communication: "Lack of proper handling the patient, management and communication among staff is big issue."

Long working hours: "Continue double duty is very hard to do."

Lack of trained staff: "Staff is not well trained, in that case few trained staff handle most of the situations, which is hectic."

Lack of break: "Half an hour break in 8 hours, no break in 6 hours of duty, if we can take break, seniors scold that patients are suffering because of your break."

Discussion

The present study explored number of factors influencing nurse, Various studies have shown that demographic, personal, professional and organization factors affect nurse's level of compassion.

Compassion fatigue (CF) is stress resulting from exposure to a traumatized individual (Fiona Cocker and Nerida Joss (2016) Compassion fatigue can be symbolized as bruises in the soul, hurtful, but with time it can fade away, although it leaves a sense of caution within the nurse, which can affect the suffering patient. (Tove Gustafsson and Jessica Hemberg, 2021)

The present study revealed that there is need to adopt flexible health workforce planning & recruitment policy to manage the **patient load and disease burden**, it is consistent with the study done by Mortuja, 2023, the workplace indicators of staffing need (WISN) method can help policy-makers is optimizing utilization of existing human resources. (5)

The study conducted by, Fiona Cocker, 2016 revealed that Compassion Fatigue can impact standards of patient care services, **relationships with colleagues**, or lead to more serious mental health conditions such as posttraumatic stress disorder (PTSD), anxiety and depression etc. (6)

Study revealed that nursing in a demanding and stressful profession, it is consistent with the study done by Manar Ali Bani-Hani et. al. 2016, in nursing **job demand** is unavoidable stressor that shows negative impact & leads to job dissatisfaction. (7)

The study conducted by, Bagheri Hossein Abadi, 2021, revealed that, **Job demand** is a factor that plays a key role in enhancing occupational stress. Nursing is a job known for its high psychological and physical demands. Studies shown that high psychological demand often leads to low self-monitoring, which has negative effects on employees' general well-being. (8)

Present study found that **working hours**, effects the **mental & physical health**, intention to leave & the quality of nursing care, it is consistent with the study done by Mu'taman Jarrar et. al., shift length is

an important issue & organizations must consider it as it can adversely correlate with the nurses' perception of work & life.(9)

The study conducted by Tove Gustafsson and Jessica Hemberg, 2021, also reveals that compassion fatigue affect nurses' health and study reported **physical, mental, and behavioral problems** occurs due to compassion fatigue. The fatigue that the nurses experienced is not any ordinary fatigue but it is deep and sweeping and it could not be reversed by sleeping.(10)

The present study revealed that **workplace disrespect** established negative effect on the personal & professional well-being of nurses. Study conducted by Bofo, 2018, reported 52.7% of participants had been abused verbally & 12% had been sexually harassed.(11)

The present study revealed that nurses are a stressed group and that may affect their health & work performance. A study conducted by Aditi Veda & Rishu Roey 2022, found that **stress** has become one of the important factors, influencing individual efficacy & satisfaction at workplace.(12)

The study conducted by, Mahdieh Sabery, 2017, found that **Stress** is a significant finding of CF, even under the best conditions, the hospital settings are exposed to challenges, creating stressors for nurses. Professional-organizational stressors include staff shortage, budget deficit, long working hours, lack of support, management stress, stressed workplace, heavy workload, excessive noises or silence, high technology, invasive and violent alternative treatments, lack of promotion in job, or secondary opportunities. Emotional stressors included repeated exposure to patients' and family's pain, suffering, distress and deaths. Conflicts with physicians, colleagues, and supervisors. (13) Study Conducted by C.N. Rawal, 2015, revealed that it is mandatory to reorganize work environment and remove **stressors** as many as possible, along with training of staff in ways with which they can manage job stress and achieve better adjustment in order to promote employees' health and safety. (14)

The present study revealed that nurses are experiencing poor **quality of life**. Study conducted by Haitham Khatatbeh et al, 2021, found significant relationships between the burnout dimension(s) and quality of life dimension(s) among the nurses. Nurses have moderate to high levels of burnout and were negatively associated with poor quality of life. (15) The present study revealed that nurses are experiencing **lack of interest** in their job, It is consistent with the study done by Negussie, Bayisa Bereka et. al, 2021, it is better to improve the nurses' job motivation through implementation of performance appraisal system, which helps to recognize the nurses according to their workload

and performance, creating collaborative and cooperative working environment, and team spirit among health care providers.(16)

Study revealed **dissatisfaction** among staff nurses. A study conducted by Jagdale, 2016 shown that 55.2% of nurses have job dissatisfaction in clinical setting in Pune city, leading to high & shortage of the nurses.(17)

Limitations and Recommendations

Several limitations to this study deserve consideration. First, focus group discussion sessions were conducted at workplaces of the staff nurses, which may influence and inhibit their responses, moreover, it can lead to social desirability bias. Second. Despite rigor, our research design & maximum variation sampling, most of the study participants were young and belonged to private institutions, thus, findings might have limited generalizability. The present study recommends that future studies are required to replicate and extend the findings by using a large sample from a wider professional range. Researches need to be conducted to develop strategies to develop healthy workplace in nursing

Conclusion

The factors influencing staff nurse's compassion have been explored. Findings can be used by the governing/ regulating authorities to make policies that improve work environment in nursing. Moreover, the study will also help accreditation bodies to identify major concerns and challenges and finally determine their focus to ensure the quality and uniformity of nursing care.

Acknowledgements

We are grateful to Baba Farid University of Health Sciences and study participants without that this project would not have been completed.

Declaration of participant consent

The author certify that she has obtained the appropriate consent for participation. The participants understand that their names will not be published and due effort will be made to conceal their identity.

Financial Support and Sponsorship

Nil

Conflicts of Interest

There are no conflicts of interest.

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