International Journal of Movement Education and Social Science
Peer Reviewed and Indexed Journal
IJMESS Vol. 9 Issue 1 (March 2020)
ISSN: 2278-0793 (Print) & 2321-2279 (Online)
Impact Factor 5.62
www.ijmess.org

PREDICTORS OF COMPASSION SATISFACTION, BURNOUT AND SECONDARY TRAUMATIC STRESS IN FEMALE NURSES

Dr.Anuradha Bhandari, Professor
Department of Psychology,Panjab University, Chandigarh
Dr. Harguneet Kaur, Ex-Assistant Professor
Department of Psychology,
University Institute of Liberal Arts and Humanities (U.I.L.A.H), Chandigarh University, Mohali

Abstract

The present research investigation was designed to study compassion satisfaction, burnout and secondary traumatic stress indices of professional quality of life of nurses. 103 female nurses with nursing experience ranging from 4 to 8 years working in Patiala district comprised the sample for the study. Based on M+-1/2 S.D. nurses were categorized as experiencing low compassion satisfaction or high compassion satisfaction, low burnout or high burnout, low secondary traumatic stress or high secondary traumatic stress. Professional Quality of Life Scale (Stamm, 2010) and Depression Anxiety Stress Scales (Lovibond & Lovibond, 1995) were administered to the participants. Correlation and regression analysis were performed on the data obtained. Depression emerged to be a negative predictor of nurses low on compassion satisfaction and nurses high on compassion satisfaction explaining 12.1% and 8.7% variance respectively. Anxiety emerged to be a positive predictor of nurses low on burnout and nurses high on burnout explaining 16.1% and 29.5% of variance respectively. Depression emerged to be a positive predictor of nurses high on secondary traumatic stress explaining 14.3% of variance. These findings are discussed in the light of mental health of care givers.

Key words: Compassion satisfaction, Burnout, Secondary traumatic stress, Nurses

Introduction

Nurses are the backbone of healthcare system and it is to commemorate their immeasurable contributions to the society as a whole, that 12th May, birth anniversary of Florence Nightingale, is celebrated worldwide as I**nternational** Nurses Day (World Health Organization,2018). A nurse's role not only involves taking proper care of the victim; but also extends to the concerned family in the form of keeping them updated with the condition of the patient. A nurse, therefore, also acts as a witness to the pain and distress felt by the family after any exchange of negative news with them (Boyle, 2011). "Professional quality of life is the quality one feels in relation to their work as a helper" (Stamm, 2010, p.8).According to Stamm (2010), the professional quality of life model includes the three components of compassion satisfaction, burnout and secondary traumatic stress. In the earlier versions of the Professional Quality of Life Scale, the secondary traumatic stress subscale was referred to as the "compassion fatigue scale". Compassion satisfaction is "the pleasure, purpose, and gratification received by professional caregivers through their contributions to the well-being of patients and their families" (Sacco & Copel, 2018, p.78). Figley (2002) described compassion satisfaction as "a sense of achievement". Benoit, Veach, and LeRoy (2007) opined that

ISSN: 2278-0793 (Print) & 2321-2279 (Online)
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www.ijmess.org

appreciation from patients and their families, and/or feeling of happiness created in performance at work lead to this sense of achievement in the helping professionals. Compassion satisfaction is the productive facet of care giving which helps in motivating and sustaining the professionals even when they exhibit secondary trauma symptoms (Bride & Figley, 2009). Burnout is a continuous "loss of idealism" and enthusiasm which is a consequence of individual or work-related stress (Figley, 2012). Burnout is a state which is commonly seen in people when they are under constant pressure (Haber, Palgi, Hamama-Raz, Shrira& Ben-Ezra, 2013). Yoder (2010) identified the trigger situations leading to burnout in nurses. "Caring for patients" who were physically or emotionally very serious or were about to die; patients who were very demanding or who had no chance of survival acted as a trigger for burnout. "System issues" such as work overload in the form of high number of cases, overtime, high acuity of patient cases, extra work days, management decisions with which the nurses were not happy or satisfied with, were reported as other possible factors causing burnout. "Personal issues" involved personal limitations of the nurses viz., inexperience, having inadequate energy and overlooking serious patient symptoms, stressful/difficult past personal experiences similar to the one in which the patient is in. Similarity with the patient in terms of age, gender etc. was also reported to be one of the trigger situations. Secondary traumatic stress is a behaviour and emotion resulting from a desire to help another person who has been through significant painful experiences in his/her life (Figley, 1995).Stamm (2010) contends that secondary traumatic stress is related to "vicarious trauma" as they have similar features. Secondary traumatic stress symptoms include intrusive thoughts regarding clients and the traumatic situation, anger, irritability, getting emotional and crying after sessions, having flashbacks of clients' stories, physical and mental exhaustion, thoughts that the professional was not doing enough for his clients, hyper arousal symptoms and avoidant symptoms such as denial, being "numb" about the event and avoidance of the traumatic event site (Pulido, 2007). Todaro-Franceschi (2012) had opined that nurses' professional quality of life is crucial for both caregivers and the recipients of care. Therefore, it would be meaningful to explore the predictors of the three components of professional quality of life i.e., compassion satisfaction, burnout and secondary traumatic stress. Letvak, Ruhm, and McCoy (2012) studied individual and workplace characteristics as predictors of depression in nurses. Among individual characteristics, number of health problems was positively associated with depression while mental well-being had a negative relationship with depression. Workplace characteristics such as low job satisfaction and decreased health-related productivity were found associated with depression. Kim and Na (2017) found strong correlations between professional quality of life and depression among nurses looking after cancer patients. A negative relationship was found between compassion satisfaction and depression while burnout and secondary traumatic stress were found to be positively related with depression. Getting anxious in stressful situations is a common and normal human reaction. However, feeling anxious in situations which majority of people can manage is cause of concern (Nolen-Hoeksema, Fredrickson, Loftus,&Wagenaar, 2009). "Anxiety can be best characterized as a unique, coherent cognitive-affective structure within the defensive motivational system" (Barlow, 2000,

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Impact Factor 5.62
www.ijmess.org

p.1249). Stress is described as going through situations which are harmful to an individual's physical or mental well-being. Stress is triggered by traumatic events such as natural calamities, accidents, abuse etc.; situations which can't be predicted are beyond one's control and/or major upheavalsin a person's life (Nolen-Hoeksema et al., 2009). In a study conducted by Tajvar et al. (2015) in Bandar Abbas city (Iran), occupational stress was found to be positively linked to depression in female nurses.

Methodology

The sample for the present study comprised 103 female nurses in the age range of 26-32 years and with nursing experience ranging from 4 to 8 years. These nurses were selected from urban private hospitals in Patiala district. Means and standard deviations of compassion satisfaction (M=44.64, S.D. =4.96), burnout (M=23.68, S.D. = 5.99) and secondary traumatic stress (M=24.06, S.D. = 6.87) were computed. Based on M+-1/2 S.D., nurses were categorized as experiencing low compassion satisfaction (n=33) or high compassion satisfaction (n=48), low burnout (n= 40) or high burnout (n= 37), low secondary traumatic stress (n= 40) or high secondary traumatic stress (n= 43). Professional Quality of Life Scale developed by Stamm is used to measure how having direct contact with people one helps, affects the helping professional in positive and negative ways. The scale taps positive and negative experiences at work in the last thirty days. Professional Quality of Life Scale includes three subscales i.e. compassion satisfaction, burnout and secondary traumatic stress with ten items each. The items are rated on a five-point likert scale with response alternatives ranging from: 1 = never, 2 = rarely, 3 = sometimes, 4 = often and 5 = very often. The scale includes five reverse items in the burnout subscale. The scores on each subscale range from 0 to 50 points. DASS 21 is a quantitative measure of distress which taps the negative emotional states of depression, anxiety and stress. The depression subscale measures "dysphoria", "hopelessness", "devaluation of life", "self-deprecation", "lack of interest / involvement", "anhedonia" and "inertia". The anxiety scale assesses "autonomic arousal", "skeletal muscle effects", "situational anxiety", and "subjective experience of anxious affect". The stress subscale assesses "difficulty relaxing", "nervous arousal", "agitation", "irritability" and "impatience". There are seven items in each subscale which are rated on a four-point likert scale. The scores on the subscales are required to be multiplied by two in order to find the final score. The scores on each subscale range from 0 to 42 points. Permission was obtained from the hospitals to conduct study on their employees. Nurses were briefed personally about the purpose of the study and requested to participate. Nurses were assured regarding the confidentiality of their responses. Care was taken not to disturb the routine of the nursing professionals.

ISSN: 2278-0793 (Print) & 2321-2279 (Online)
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Findings

TABLE 1
MEANS AND STANDARD DEVIATIONS

Variables	Low CS (n=33)		High CS (n=48)		Low B (n=40)		High B (n=37)		Low STS (n=40)		High STS (n=43)	
Depression	13.15	9.73	7.29	7.88	5.70	6.12	13.46	9.78	6.95	7.37	11.49	9.80
Anxiety	10.42	10.23	4.08	6.26	4.10	4.98	10.11	10.56	4.00	6.85	9.30	8.90
Stress	13.58	10.60	6.96	7.39	5.55	6.59	13.57	10.85	6.45	8.28	13.35	9.31

Table 1 shows the means and standard deviations of depression, anxiety and stress for nurses with low compassion satisfaction, high compassion satisfaction, low burnout, high burnout, low secondary traumatic stress and high secondary traumatic stress.

TABLE 2
CORRELATIONS

Variables	Depression	Anxiety	Stress
Low Compassion Satisfaction (n=33)	-0.35*	-0.29	0.18
High Compassion Satisfaction (n=48)	-0.30*	-0.07	0.28
Low Burnout (n=40)	0.38*	0.40*	39*
High Burnout (n=37)	.41*	.54**	41*
Low Secondary Traumatic Stress (n=40)	.26	.13	23
High Secondary Traumatic Stress (n=43)	.38*	.28	38*

* significant at 0.05 level
** significant at 0.01 level

Table 2 shows the significant correlations of low compassion satisfaction, high compassion satisfaction, low burnout, high burnout, low secondary traumatic stress and high secondary traumatic stress with depression, anxiety and stress. Low and high compassion satisfaction were found to be negatively related to depression and insignificantly related to anxiety and stress. Low and high burnout were found to be positively related to depression, anxiety and stress. Low secondary traumatic stress was found to be insignificantly related with depression, anxiety and stress. High secondary traumatic stress was found to be positively related with depression and stress.

TABLE 3
PREDICTORS OF LOW COMPASSION SATISFACTION, HIGH COMPASSION SATISFACTION, LOW BURNOUT, HIGH BURNOUT AND HIGH SECONDARY TRAUMATIC STRESS

Criterion Variable	Predictors	R	Beta Coefficient	T	F	R^2 Change	F-value
Low CS (n= 33)	Depression	35	-.35	2.01*	121	121	4.27*
High CS (n= 48)	Depression	30	-.30	-2.09*	087	087	4.39*
Low B (n=40)	Anxiety	40	.40	2.70**	161	161	7.27**
High B (n=37)	Anxiety	54	.54	3.83**	295	295	14.68**
High STS (n=43)	Depression	38	.38	2.61**	143	143	6.83**

* significant at 0.05 level
** significant at 0.01 level

Depression emerged as the single significant predictor of both low and high compassion satisfaction. Depression was found to be a negative predictor of both low and high compassion satisfaction explaining 12.1% and 8.7% of variance respectively. Anxiety emerged to be a positive predictor of both low and high burnout. Anxiety explained 16.1% and 29.5% of variance respectively in the two groups. There emerged no significant predictor of low secondary traumatic stress. Depression emerged as the single significant predictor of high secondary traumatic stress. Depression was found to be a positive predictor explaining 14.3% variance in it.

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Discussion of Findings

Low and high compassion satisfaction were found to be negatively related to depression and insignificantly related to anxiety and stress. Earlier, Craigie et al. (2016) had reported a negative relationship between compassion satisfaction and depression. In a more recent study, Kim and Na (2017) reported high compassion satisfaction related to low depression in the same professional group of caregivers i.e., nurses.

Low and high burnout were found to be positively related to depression, anxiety and stress. Iacovides et al. (2003) opined that burnout has some features similar to depression: a) both burnout and depression negatively impact one's relationships with friends and family b) because of burnout and depression an individual may develop a negative outlook towards life c) learned helplessness theory is a valid causal explanation for both burnout and depression.

Low secondary traumatic stress was found to be insignificantly related with depression, anxiety and stress. High secondary traumatic stress was found to be positively related with depression and stress. Abendroth and Flannery (2006) studied nurses working in Florida. The sample predominantly comprised of females. It was found that nurses who were diagnosed with depression showed a higher risk of compassion fatigue in contrast to those who did not show depression symptoms.

Conclusions

The indices of professional quality of life were found to be correlated with the negative emotional states of depression, anxiety, stress. Depression was found to contribute negatively to low as well as high compassion satisfaction. Anxiety contributed significantly to low burnout and high burnout. None of the predictor variables taken in the study emerged to be significant predictors of low secondary traumatic stress. Depression was found to be a determinant of high secondary traumatic stress. Stress did not emerge to be a significant predictor of any of the components of professional quality of life. Keeping in view the results of the present research study it is suggested that time to time nurses' depression, anxiety and stress levels need to be assessed and monitored. High and low compassion satisfaction, high and low burnout and high secondary traumatic stress have been found to be associated with these emotional states of distress. There is a need to carry out more cross sectional studies with larger samples as well as longitudinal studies to identify the predictors of components of professional quality of life of nurses.

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