

Factors Associated With Compassion Fatigue And Satisfaction Among Nurses In Public Hospitals In Klang Valley, Malaysia

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Sin Wan Tham^{1,2}, Victor CW Hoe¹, Mahmoud Danaee¹
 *Sin Wan Tham, sw0145an@gmail.com
¹ Universiti Malaya, Kuala Lumpur, Malaysia,
² Institute for Public Health, National Institutes of Health, Ministry of Health, Shah Alam, Malaysia

INTRODUCTION

- Nursing is a caring profession where compassion is their core value¹.
- Compassion fatigue (CF) is a negative consequence that nurses face while providing patient care. However, caring can also be a source of compassion satisfaction (CS)^{1,2}.
- CF and CS varied among nurses during the COVID-19 pandemic and have been significant concerns within the healthcare industry.

Significance

- Understanding the level of compassion fatigue and satisfaction of the nurses will allow us to know the mental health status of this working population early and provide intervention to prevent progressing to a debilitating condition.
- This study provides hospital administrators and health policymakers with a theoretical basis for planning strategies and interventions to improve the work environment of nurses in hospitals.

OBJECTIVES

General Objective

- To determine the level of compassion fatigue and compassion satisfaction and their associated factors among nurses in public hospitals in Klang Valley, Malaysia.

Specific Objective

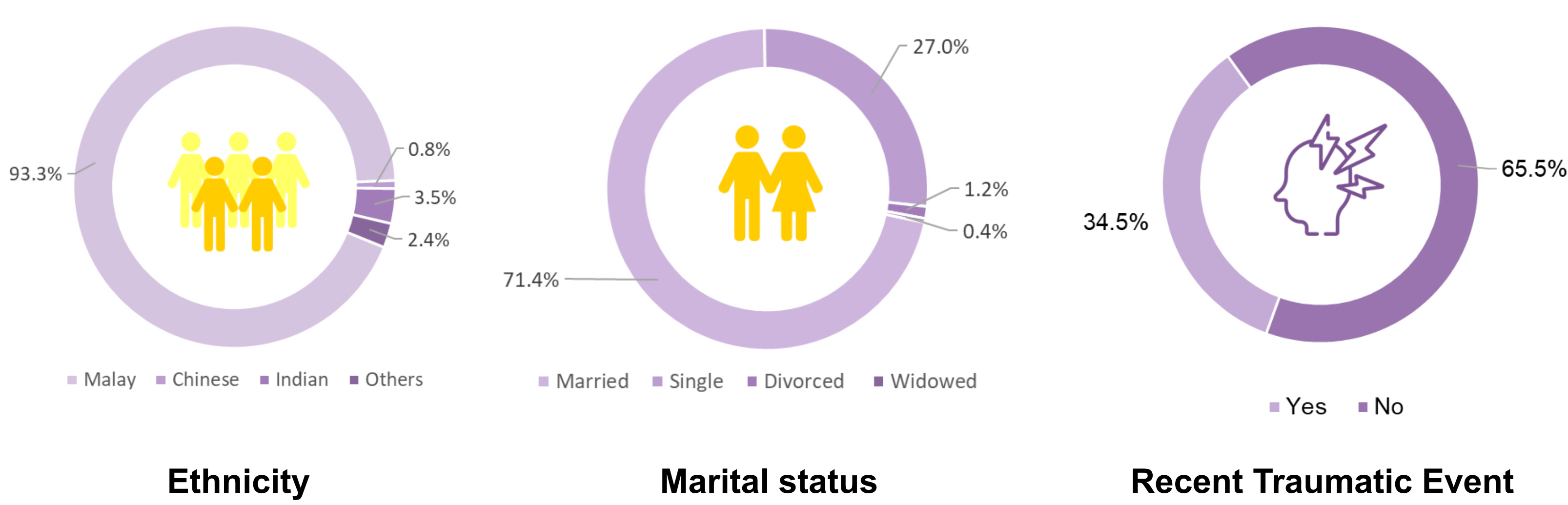
- To determine the relationship between job demands (JD) and job resources (JR) with CF and CS among nurses in Klang Valley using the job demands-resources model.

MATERIALS AND METHODS

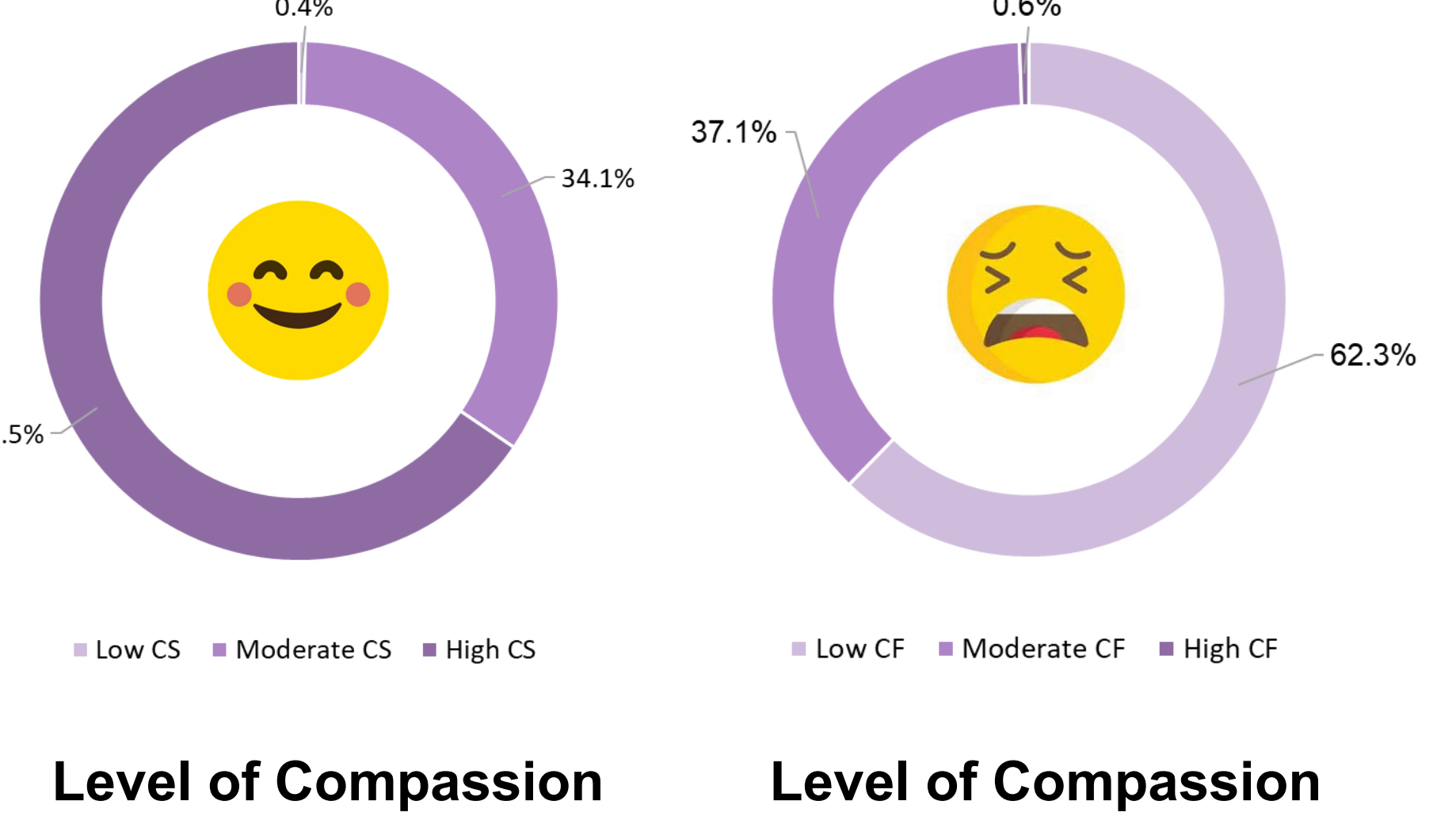
Study design	Cross-sectional Study
Study location	Hospital Kuala Lumpur, Hospital Sungai Buloh, University of Malaya Medical Centre
Study duration	April 2022 to September 2022
Study population	Inclusion criteria: <ul style="list-style-type: none"> Fully trained nurses who had served for at least 6 months Able to read and write in English or Malay Exclusion criteria: <ul style="list-style-type: none"> Nurse with pre-existing psychiatric illnesses (Self-report)
Sampling technique	Universal sampling
Estimated sample size	460 (Arya et al., 2012, Hair et al., 2014)
Variables & Instruments	Exogenous variables: <ul style="list-style-type: none"> JD & JR (Copenhagen Psychosocial Questionnaire) Endogenous variables: <ul style="list-style-type: none"> Resilient coping (Brief Resilient Coping Scale) CF & CS (Professional Quality of Life Scale)
Data collection	Online survey to all nurses in the hospital through their "Whatsapp" groups
Data analysis	Descriptive statistics Univariate analysis, significant level <0.05 (SPSS 24) Structural equation modelling (SEM) as a multivariate approach (Smart-PLS Version 4.0.8.5)

RESULTS

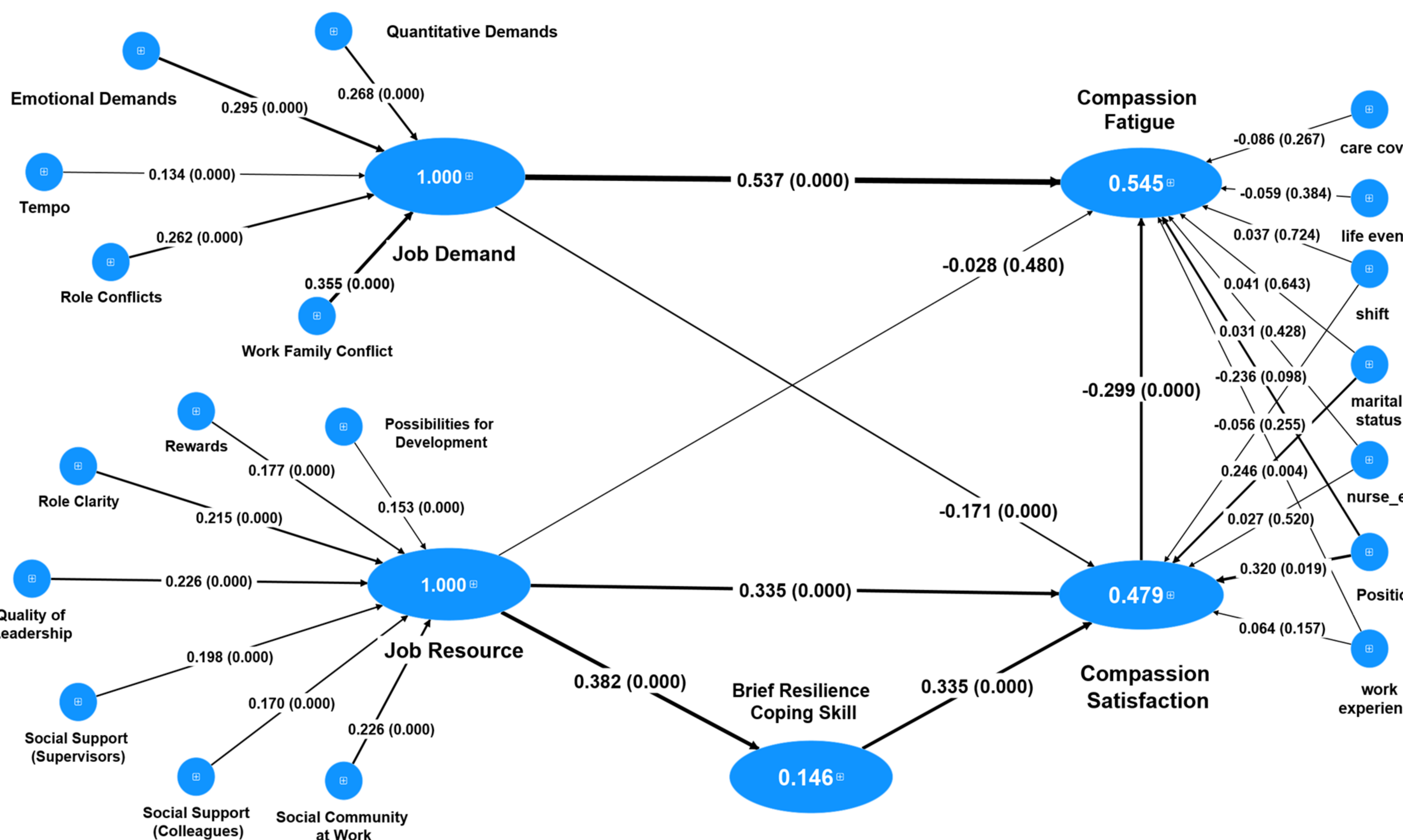
Sociodemographic characteristics (n = 493)



Level of Compassion Fatigue & Satisfaction



Multivariate Analysis: Structural Equation Modelling (SEM)



From the SEM results, JD had a significant positive relationship with CF ($\beta=0.537$, $p<0.001$) and a negative relationship with CS ($\beta= -0.171$, $p<0.001$). JR had a significant positive relationship ($\beta=0.335$, $p<0.001$) with CS. Resilient coping complementary mediated the relationship between JR and CS ($\beta_{ab}=0.128$, $p<0.001$). CS indirect-only mediated the relationship between JR and CF ($\beta_{ab}= -0.100$, $p<0.001$).

The adjusted R^2 for CF and CS in this model were 0.545 and 0.479 respectively that indicated 54.5% of CF and 47.9% of CS could be explained by all exogenous variables including job demands (quantitative demands, emotional demands, tempo, role conflicts, work family conflict), job resources (possibilities of development, rewards, role clarity, quality of leadership, social support from supervisors, social support from colleague, social community at work), compassion fatigue (0.448), and compassion satisfaction (0.309) are larger than zero, indicating that the independent constructs have predictive relevance for both mediator and dependent constructs in this study.

Figure 1: Structural model of CF and CS among nurses using bootstrapping method

Table 1: Mediation: Direct, indirect and total effects on the endogenous variables

Path	Total Effect	Direct Effect	Indirect Effect	Decision
JR -> BRCS -> CS	0.463 ($p<0.001$)	0.335 ($p<0.001$)	0.128 ($p<0.001$)	Complementary mediation
JR -> CS -> CF	-0.166 ($p<0.001$)	-0.028 ($p=0.480$)	-0.100 ($p<0.001$)	Indirect-only mediation

Table 2: Results of path model of subdomains of job demand with compassion fatigue

Path	β	P values
Work-Family Conflict -> CF	0.209	<0.001
Emotional Demands-> CF	0.174	<0.001
Quantitative Demands -> CF	0.158	<0.001
Role Conflict -> CF	0.154	<0.001
Tempo -> CF	0.079	<0.001

DISCUSSION

Most nurses reported low compassion fatigue (62.3%) and high compassion satisfaction (65.5%).

The finding was in contrast with other studies^{3,4}, probably due to cultural⁵ and social diversity across geographic regions.⁶

The positive relationships between JD and CF as well as JR and CS are in agreement with other studies⁷.

Among the domains of JD, work-family conflict (WFC) has the highest strength of relationship with CF as seen in other studies⁹ probably because nursing workforce in Malaysia consists mostly of women.

Female workers have to fulfil family household responsibilities in addition to bearing workplace pressure, resulting in conflicts between family and work.

Resilience coping serve as the personal resource mediates the relationship between JR and CS is consistent with the finding of other studies⁹.

Strength

- This study is the first of its kind in Selangor and Kuala Lumpur. It adds knowledge to the nursing population in Malaysia.
- Serve as a guidance to moving forward to handling CF and improve CS among nurses.

Limitation

- Self-reporting leading to reporting bias, acquiescence bias and social-desirability bias which could lead to underestimation of level of CF and CS among the nurses.

CONCLUSION

The study found that JD and JR are related to CF and CS. Resilient coping and CS can serve as protective factor for CF. The JD-R model is applicable to CF and CS among nurses and could act as a guide to refine job demands and enhance resources to safeguard the mental health of the nurses. The hospital administrators can use the finding as theoretical basis in planning strategies to improve work environment of nurses in hospitals. In turn, can improve wellbeing of nurses and increase the quality of patient care.

Recommendation

Future intervention research on CF and CS among healthcare professional is warranted. Future research could investigate other modifiable mediators or moderators linking between job demands and job resources with CF and CS.

ACKNOWLEDGEMENT

We would like to thank the Director General of Health for his permission to present this study. We appreciate the help of all the experts for their valuable suggestions. Acknowledgements to all staff nurses in HKL, HSB and UMMC on the success of this research.

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