

Compassion Satisfaction and Fatigue among Helping Professionals: A Comparative Study

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Abstract:

The health care field is becoming more aware of the profound emotional disturbances that occur in health care providers when they witness the suffering and pain of their patients in the face of an incurable disease or trauma. Compassion satisfaction and fatigue in nurses, doctors and other frontline care providers significantly impacts how they interact with patients, patients' family, with other health care workers and with other own family. Individuals who are drawn into health care careers may be more likely to develop compassion fatigue based on their drive for perfection and to do their best for their patients. This study mainly intends to analyse the gradual lessening of compassion satisfaction and increasing of fatigue among nurses and counsellors over the time.

Key words: Compassion satisfaction, Compassion fatigue, Burn out, Helping Professionals

1. Introduction

Human life is a boon of nature. The value of life seems to be pretty and worthwhile only when it functions in a systematic

and proper way. It gets affected when they cannot survive with the changing demands of the nature. If the structure and function of human life get disturbed, the whole system will collapse. The dysfunction of human life may effect in a variety of ways on individuals. It may be in the form of trauma or terminal illness or life threatening illnesses. Terminal illness describes an active and malignant disease that cannot be cured or adequately treated and that is reasonably expected result in the death of the patient. This term is more normally used for progressive disease such as cancer or advanced heart disease than for trauma. Terminal illness affects the patients both physically and emotionally.

Helping others puts healthcare providers in direct contact with other people's lives. Their compassion for those help have both positive and negative aspects. Helping can be powerful and fulfilling. However, there is always a risk that the need to be compassionate, the tragedy which has happened, can also impact the helper, especially when the work of helping prolonged or when the event is especially troubling.

Compassion satisfaction refers to the satisfaction derived from being able to help other people. It is closely related to job satisfaction. Job satisfaction has been discussed in a variety of ways, but all definitions generally interpret it as a multi-dimensional concept which measures a worker's positive emotions or attitude towards his /her job. (Barrick, 2006). It is simply how people feel about their job and different aspects of their job. In the past, it was approached from the perspective of needs fulfilment, that is, whether or not the job met the worker's physical or psychological needs. One good example of such need satisfaction is the theory designed by Maslow. According to Maslow (1954) job satisfaction is experienced when the job fulfils man's needs.

Similarly, one can easily imagine that health professionals, be it a clinician, or a social worker, or a nurse having a physical or psychological reactions to unprocessed or

acknowledged psychological experience in their work with these people. Adverse effects have been noted among health care providers working with clients experiencing pain and suffering often related with cancer, palliative or end of life care.

Burnout remains important concerns in nursing and other frontline health care providers, affecting both individuals and organizations. In the health care providing organisations, work stress may be contributing to absenteeism and turnover, which automatically lead to negative aspect on the quality of care. The demand for acute care services is increasing simultaneously with changing career expectations among potential helping professionals and increasing dissatisfaction among existing health sector.

Freudenberge (1972) coined the term “burnout” to describe workers’ reactions to the chronic stress common in occupations involving numerous direct interactions with people. According to him, burnout is normally conceptualized as a syndrome characterized by emotional exhaustion and reduced personal accomplishment. Work life is not independent from family life; these domains may even be in conflict. Stress may result from the combined responsibilities of work, marriage, and children.

Only in recent years, there has been a considerable efforts to examine the effects on the care givers of bearing witness to the inexpressible wounds inflicted by traumatic experiences. Studies says that nurses and social workers are the one who faces high rate of professional contact with traumatized people, that further lead to compassion fatigue among them. The word and concept compassion fatigue was first introduced by Joinson (2002) in the nursing literature. It is defined as a state of exhaustion and dysfunction- biologically, socially and psychologically as a result of prolonged exposure to compassion stress (Figley, 1995). Individuals differ in their responses to stressors; some are able to tolerate while others

are not. Differences in coping strategies to handle stressors can play an important role in compassion fatigue.

The purpose of this study is to shed light into Compassion satisfaction, fatigue and burnout among helping professionals especially nurses and counsellors.

2. Materials and Methods

2.1 Statement and rationale of the research

Almost all the healthcare providers who work with traumatized people negatively or positively experience from their working. Health care professionals who work with traumatized population often share the emotional burden of their clients in order to facilitate the healing process. In so doing they bear witness to damage and unforgettable past events, coming face to face with the reality of terrible and traumatic events in the world. Confrontation of such facts may result in the shattering of clinicians' assumptions of invulnerability, the world as meaningful, and positive self-perceptions. Effective trauma treatment often involves assisting the individual in a process in which the client repeatedly recalls memories of event in order to bring closure to the experience. Through this process, the clinician is often repeatedly exposed to traumatic events through vivid imagery. It is widely recognized that the indirect exposure to trauma involves an inherent risk of significant emotional, referred to as compassion fatigue/secondary traumatic stress disorder is now viewed as an occupational hazard of clinical work that addresses psychological trauma, a view supported by a growing body of empirical research. This study concentrates on the positive and negative experiences of nurses and counselors in their caring work and to know how this affects their personal life. Associated with cancer, palliative or end-of-life care, that's why the helping professionals may develop a distance from the patient as a way of protection.

Although the psychological consequences of providing social support and care to traumatized individuals have been noted for over 2 decades, relatively few studies have focused on professional caregivers (i.e, therapists, child protection workers, nurses etc) and these emotional responses to dealing with traumatized clients. Studies have shown that providing such care can be both highly rewarding and highly stressful. Individuals working in the caring professions though may have occupational environments and arguing demands that increase the likelihood of adverse psychological outcomes. Thus the present study is relevant in this context. The discussions in the above sections clearly point to the peculiar compassion satisfaction, burnout and fatigue encountered by helping professionals, especially by nurses and counselors. However, not much research has been done in this area. Although a few studies have been undertaken in the case of helping professional, apparently no studies have been conducted exclusively on them. So the present study is expected to shed light on the relationship between compassion satisfaction, burnout and fatigue encountered by them in our state. It is hoped that the study will provide an understanding of these three variables by helping professionals, particularly by the nurses and counselors in our state. The above study is expected to suggest to useful means for possible interventions to improve compassion satisfaction and to reduce burnout and compassion fatigue.

2.2 Objectives of the study

The current study's general objective is to study the compassion satisfaction, burnout and fatigue among health care providers.

Specific objectives of the study are as follows:

- To know the socio demographic details of the respondents

- To measure compassion satisfaction of helping professionals
- To understand the burnout experienced by helping professionals
- To assess compassion fatigue experienced by helping professionals

2.3 Hypotheses

Hypotheses 1

There will be significant relationship between marital status and compassion satisfaction, burnout and compassion fatigue

Hypotheses 2

There will be significant relationship between age and compassion satisfaction, burnout and compassion fatigue

Hypotheses 3

There will be significant relationship between religion and compassion satisfaction, burnout and compassion fatigue

2.4 Research Sample-Limitations

Since all have equal importance in the study, random sampling method was used to collect the data. The sample includes 60 respondents. i.e. 30 nurses and 30 counsellors who are working in various health related institutions in Kerala. The research sample is too small, thus, the research findings cannot and should not be generalized.

2.5 Data Collection

The tool used in this study is Professional Quality of Life Scale: Compassion satisfaction and fatigue version V developed by B. Hudnall Stamm, 2002. This is a 30 items presented in a 5-point rating format) to measure Compassion satisfaction, burnout and Compassion Fatigue. It was chosen as the data collection tool, since it allows the gathering of multitude information in a short period of time.

2.6 Data Analysis

The data collected by Quality of Life Scale: Compassion satisfaction and fatigue version V were analyzed by SPSS V 16. It is a widely used statistical analysis program in the Social Sciences field.

3. Results and Discussion

3.1 Background Variables

Several studies have highlighted the role of certain socio demographic variables in the perception of compassion satisfaction, burnout and compassion fatigue. So an understanding of the relevant socio demographic characteristics of the sample seems important in interpreting the psychological variables. This section provides the analysis of the socio demographic characteristics of the sample as well as certain job related information collected through the personal data sheet.

3.1.1. Age wise distribution of respondents

Age group	No. of respondents	Percentage
20-30	27	45%
30-40	21	35%
40-50	10	16.6%
50-60	2	3.33%

In the study, the age compositions of respondents are taken as variable. The age group is divided into four categories. They are 20-30, 30-40, 40-50 and 50-60. According to this , study there ware 45% respondents belong in the age group of 20-30,35%in the age group of 30-40, 16.6% in the age group of 40-50 and 3.33% in the age group of 50-60. It is seen that the highest percentage of respondents belong in the age group of 20-30 and the lowest in the age group of 50-60.

3.1.2 Gender wise Distribution of the respondents

Sex	No. of respondents	Percentage
Male	24	

		40%
Female	34	60%

In this study, sex composition of respondents is taken as a variable. According to this study, there were 60% respondents belong to female groups and 40% respondents belong to male group in this study, majority of the respondents belong to female group.

3.1.3 Marital status of the respondents

Marital status	No. of respondents	Percentage
Single	21	35%
Married	39	65%

From the above, it can be seen that the most of the respondents were married, i.e. 65% when compared to single (35%). In this table, out of 60 respondents, 65% were married persons. Nearly 35% were found to be unmarried. While considering each job level there is variations in the marital status.

3.1.4 Religious wise distribution

Religion	No. of respondents	Percentage
Hindu	22	36.66%
Christian	30	50%
Muslim	8	13.33%
Total	60	100%

From the above table it can be seen that the Christian religion obtained highest percentage (50%) in religious distribution compared to Hindu religion (36.66%) and Muslim religion (13.33%). Traditionally, Christian religion prefers nursing profession. It is evident that the Muslim people are less engaged in nursing and counseling professions. The Muslim religion had significantly lower percentage than the Christian religion, and the Christian group also had significantly high percentage than the Hindu religion but there is only slight difference in the percentage of Hindu and Christian religions.

3.2 Main variables

In this section, the analysis of main variable is presented, with respect to the relevant socio demographic variables.

3.2.1 Means and Standard Deviation of Compassion Satisfaction Burnout and Compassion fatigue and corresponding 't' values obtained by nurses and counselors.

	Designation				't'
	Nurse(N=30)		Counselor(N=30)		
	Mean	SD	Mean	SD	
Compassion Satisfaction(CS)	33.7	4.8	34.23	4.9	-.429
Burnout(BO)	26.3	6.9	25.9	4.3	.223
Compassion Fatigue(CF)	29	4.9	28.4	4.2	.139

The mean scores, SD's and 't' values obtained by the nurses and counselors and the corresponding 't' values are given in the table 3.2.1. From the table it can be seen that 't' value is not significant, but in most of the mean scores there are significant difference between the nurses and counselors. The counselors (M=34.23) had significantly higher scores in compassion satisfaction than nurses (M=33.7). But the nurses had higher scores in burnout (M=26.3) when compared to counselors (M=29) when compared to counselors (M=28.4). Thus the result shows that the nurses are experiencing compassion fatigue and burnout more than counselors.

3.2.2. Means and Standard Deviation of compassion Satisfaction, Burnout and Compassion fatigue and corresponding 't' values with respect to gender

	Male(N=24)		Female(N=36)		't'
	Mean	SD	Mean	SD	
Compassion Satisfaction(CS)	32.71	4.8	34.8	4.6	-1.688
Burnout(BO)	27	4.26	25.5	6.51	

					.993
Compassion Fatigue(CF)	28.6	4.7	28.7	4.48	-.046

The mean scores and SD's obtained by males and females and the corresponding 't' values are given in the table 3.2.2. From the table, it is clear that there is no significant difference between the males and the females in compassion satisfaction, burnout and compassion fatigue. It can be seen that in most of the dimensions, the females had significantly higher scores than male. The females (M=34.81) had significantly higher score in compassion satisfaction than males (M=32.71) and females (M=28.7) also had significantly higher score in compassion fatigue than males (M=28.6). there is only slight difference between them in the case of compassion fatigue. But it is seemed that the highest score of burnout is found among males (M=27 than females (M=25.5). The study shows that the highest scores are found among females in the case of compassion satisfaction and compassion fatigue. Thus in this particular stud, sex is not a determining factor.

3.2.3. Means and Standard Deviation of compassion Satisfaction, Burnout and Compassion fatigue and corresponding 't' values obtained by marital status

	Single(N=21)		Married(N=39)		't'
	Mean	SD	Mean	SD	
Compassion Satisfaction(CS)	34.57	4.697	33.64	4.864	.715
Burnout(BO)	25.67	4.476	26.33	6.347	-.427
Compassion Fatigue(CF)	27.90	4.549	29.13	4.549	-.994

From the table 3.2.2, it is shown that marital status is related to compassion satisfaction, burnout and compassion fatigue. The impact of marital status may be particularly true in the case of women employees. So an understanding regarding the marital status of the respondents seems useful.

The mean and SD's scores obtained by marital status and the corresponding 't' values are given in the table 3.2.3. From the above table; we can see that there are significant differences between the single and the married in compassion satisfaction burnout and fatigue. It can be seen that the highest score of compassion satisfaction found among single people (M=34.57) than married (M=33.64). But the highest scores of compassion fatigue and burnout are found among the married people when compared to the single. The score of burnout among married is M=26.33, but it is lowest among single i.e. 25.67. Similarly the single (M=27.90) had significantly lowest score in the case of compassion fatigue, but the score is high among married (M=29.13).

3.2.4 Correlation between age and compassion satisfaction, burnout compassion and fatigue

	Compassion Satisfaction (CS)	Burnout(BO)	Compassion Fatigue(CF)
Age	-.320(*)	.210	.353(**)

From the table 3.2.4; it is seen that compassion satisfaction is negatively correlated with the age variable (-.320). That is, as age increases, the satisfaction level decreases. Similarly the compassion fatigue is having significant positive correlation with age (.353). That is, with the increase in age, there is increase in compassion fatigue also. The results also show that there is no correlation between age and burnout.

Compassion satisfaction

Over time, the findings of research have been inconsistent: this may be due to wide variations in definitions of job satisfaction and in the validity of methods used to measure it (Schalow, 1999). Locke (1976) identifies two very significant reasons for being concerned with the phenomena of job satisfaction. Firstly, it can lead to happier life. Secondly, it contributes to other attitudes: family attitudes and the individual's job attitude. A

study on job satisfaction of family physicians by Schulz, Greenley and Brown (1995) finds that job satisfaction is also good for employers because satisfied workers tend to be more productive, creative and committed to contribute to higher quality patient care and patient satisfaction. Conversely, job dissatisfaction will cause rising financial costs due to high turnover, absenteeism, problems of low morale and employee conflicts in the workplace, elements that may compromise client outcomes (Sprang, Clark & Whitt Woosley, 2007).

Burnout

Empirical studies support the theory that counsellors and nurses who work with the traumatized people have an increased likelihood of experiencing a change in their own psychological functioning. (Chrestman, 1995). As a carrer, counselling is recognized as emotionally demanding. Therapists are called upon to be empathetic, understanding and giving, yet they must control their own emotional needs in dealing with their clients. When engaging empathetically with an adult or child who has been distressed, health providers are at risk of experiencing a state of emotional, mental, and physical exhaustion (Sexton, 1999). A study conducted by Lim Bee Ean (2007) on the job satisfaction and burnout among medical social workers states that the job satisfaction and burnout among employees in an organization should be studied extensively because it affects productivity and service delivery. The findings of the study conducted by Theda Parker (2009) indicated that burnout has a positive relationship between compassion fatigue and negative relationship with compassion satisfaction. Research has shown that therapists and nurses are particularly vulnerable to burnout because of personal isolation, vague successes and the emotional drain of remaining empathetic (McCann & Pearlman, 1990).

Compassion Fatigue

Health care professionals who work with trauma people often share the emotional burden of their clients in order to facilitate healing process (Hyman, 2004). A study conducted by Mary Vanhook & Michael (2008) on quality of life and compassion satisfaction/ fatigue and burnout in child welfare workers states that Compassion fatigue has been increasingly identified as a risk for professionals working with individuals who have experienced trauma. Both direct client contact and supervision of workers with contact with victims of trauma places individuals at risk for vicarious trauma (Horwitz, 2006). Reaserach has identified that counselor's psychological wellbeing as a contributing factor in the avoidance of Campassion Fatigue Syndrom (Figley, 1995).

Conclusion

The present investigation has unravelled the compassion satisfaction, burnout and compassion fatigue inherent in the helping professionals especially nurses and counsellors. The study was succeeded in bringing out the causes of compassion satisfaction, fatigue and burnout in nurses and counsellors in terms of helping professionals.

Admitting its limitations, the investigator hopes that it will help to initiate appropriate intervention strategies to improve compassion satisfaction and to reduce burnout and compassion fatigue encountered by the helping professionals. It is also hope that the present study will stimulate further research in this area.

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