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Compassion fatigue, burnout and contributory factors among nurses in Latvia

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Abstract

Compassion fatigue is a quite newly defined disorder, characterized by depressed mood in relationship to work accompanied by feelings of fatigue, disillusionment and worthlessness. Burnout is a state of emotional and physical exhaustion caused by excessive and prolonged stress. The objective of the research was to identify the existence of compassion fatigue and burn-out syndrome, and contributory factors in the working environment among nurses practicing in Latvia. The participants of the study were 129 nurses from several hospitals in Latvia. Results of the research indicate burnout and compassion fatigue presence among nurses. A number of factors contributing to burn-out syndrome have been identified.

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Keywords: compassion fatigue, burnout, contributory factors, nurses;

1. Introduction

Stress-related disorders encompass a broad array of conditions, including psychological disorders like compassion fatigue and burnout. The nursing care field is becoming more aware of the emotional disturbances that occur in nurses when they witness the suffering and pain of their patients (Aldwin, 2000). Latvia's social-economic situation is stressful and a lot of nurses still need to work more than in one workplace. There are no complete studies about nurses burnout and compassion fatigue situation in Latvia.

Nursing is synonymous with caring and compassion. Compassion satisfaction is a positive aspect of caring that helps to "balance out" the negative aspects of working with acutely ill or traumatized persons (Hooper et. al., 2010). Compassion fatigue is a quite newly defined disorder, characterized by depressed mood in relationship to work accompanied by feelings of fatigue, disillusionment and worthlessness. Joinson (1992) first coined the term compassion fatigue (CF) while studying burnout in nurses who worked in emergency departments. She suggested that nurses, who are empathetic, caring individuals, may absorb the traumatic stress of those they help (Najjar et al., 2009). Nurses may feel chronically tired and irritable, dread going to work or walking into a patient's room, lack joy in life, feel trapped, drink more alcohol or overeat or experience an aggravation of existing physical ailments, such as headache or body aches. Specific symptoms of CF may include re-experiencing the traumatic event, having intrusive thoughts, avoiding or numbing reminders of the event and having sleep disturbances (Stamm, 2002).

Compassion fatigue is defined as the natural consequence of working with traumatized clients or those who have experienced extremely stressful events in tandem with the level of empathy practitioners have for such clients.

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Figley (2002) later defined compassion fatigue as a state of tension and preoccupation with the individual or cumulative traumas of clients (Collins & Long, 2003; Figley, 2002).

Compassion fatigue results from giving high levels of energy and compassion over a prolonged period to those who are suffering, often without experiencing the positive outcomes of seeing patients improve. Stamm (2002) introduced new term linked to compassion fatigue - Professional quality of life. According to Stamm Professional quality of life incorporates two aspects, the positive (Compassion Satisfaction) and the negative (Compassion Fatigue). Compassion fatigue breaks into two parts. The first part concerns things such as such as exhaustion, frustration, anger and depression typical of burnout. Secondary Traumatic Stress is a negative feeling driven by fear and work-related trauma (Stamm, 2002). The concepts of compassion fatigue and burnout are closely related and sometimes ambiguously defined.

The subject of burnout syndrome is considered to be one of the most critical problems in the 21st century. Maslach and her colleague Jackson first identified the construct "burnout" in the 1970s, and developed a measure that weighs the effects of emotional exhaustion, depersonalization, and reduced sense of personal accomplishment (Schaufeli & Enzmann, 1998). Burnout is a state of emotional and physical exhaustion caused by excessive and prolonged stress (Bratis et al., 2009). The signs of burnout tend to be more mental than physical. They can include feelings of: powerlessness, hopelessness, emotional exhaustion, detachment, isolation, irritability, frustration, being trapped, failure, despair, cynicism, apathy. At the same time some physical symptoms are common: headaches, sleep problems, gastrointestinal problems, chronic fatigue, muscle aches, high blood pressure, frequent colds, sudden weight loss or gain (Maslach & Leiter, 1997). The most widely accepted definition of burnout was formulated by Maslach, who described it as a mental syndrome (along with bodily exhaustion) that develops in people who have a professional relationship with other persons: the worker loses the interest and positive sentiments that he/she had for patients or customers and develops a negative self-image (Maslach & Leiter, 1997). The etiology of burnout is apparently multifactorial (Schaufeli & Enzmann, 1998).

Some researchers (Surgenor, Spearing et al., 2009) findings shows correlations among burnout and contributory factors at working place, for example - working longer hours, lower job satisfaction, and shorter time in the current job independently increased the risk of high Emotional Exhaustion, working longer hours and lower job satisfaction independently increased the risk of high Depersonalisation, longer time in the same job increased the risk of low Personal Accomplishment (Surgenor et al., 2009).

The phenomena of burnout and compassion fatigue are significant for healthcare organizations because of the correlations to nurse retention and turnover, patient satisfaction, and patient safety. Researchers also have shown that compassion fatigue can take a toll on the caregiving professional as well as the workplace, causing decreased productivity, more sick days used, and higher turnover (Potter et al., 2010).

2. Aim of the study

The objective of the research was to identify the existence of compassion fatigue and burn-out syndrome, and contributory factors in the working environment among nurses practicing in Latvia.

3. Methods

Research performed using quantitative method. The instruments which used for data collection: demographic questionnaire, Professional Quality of Life Scale: Compassion Satisfaction and Fatigue Version 5 (ProQOL R-V), Maslach Burnout Inventory (by C. Maslach) and questionnaire about contributory factors in the working environment of nurses.

To measure burnout we used Maslach's 22- item Burnout Inventory (MBI). It is the well-studied measurement of burnout in the literature is the Maslach Burnout Inventory. Maslach and Jackson first developed a measure that weighs the effects of emotional exhaustion, depersonalization, and reduced sense of personal accomplishment. MBI assesses emotional exhaustion, depersonalization and the lack of personal achievement (Levert et. al., 2000).

Professional Quality of Life Scale: Compassion Satisfaction and Fatigue Version 5 (ProQOL V) developed by B. Hudnall Stamm. Scale consists of 30 questions, 3 subscales: Compassion Satisfaction, Burnout and Secondary Traumatic Stress (Stamm, 2009). This scale is translated in Latvian by authors of the article.

Questionnaire about contributory factors in the working environment of nurses consists of 10 questions developed by authors of the article.

Descriptive statistics and Pearson's correlation were used for the evaluation of data. Two-tailed statistical significance was set at $p \leq 0.01$. The computations were carried out with SPSS for Windows, version 17.0, statistical software.

4. Results

The participants of the study were 129 practicing nurses from several hospitals in Latvia. All participants were women, age range - from 26 till 58 years. The age range distribution is shown in the Figure 1.

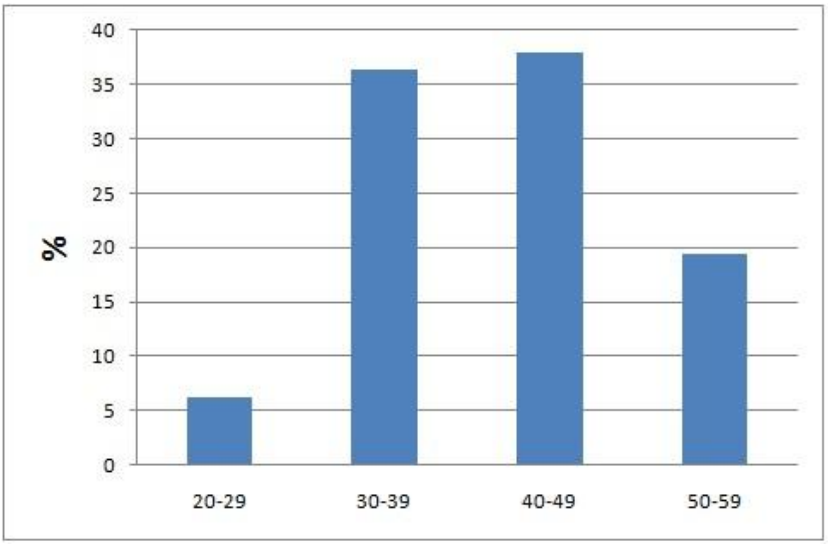

Figure 1. Age range distribution of respondents

Descriptive statistical parameters for Maslach Burnot Inventory by subscales are shown in Table 1. Mean for Emotional Exhaustion subscale - 22,37 (±10,83), for Depersonalization subscale was 7,17 (±6,01) and for rank of personal success subscale - 36,37 (±7,34).

Table 1. Descriptive statistic parameters of Maslach Burnot Inventory (MBI)

	MBI emotional exhaustion subscale	MBI depersonalization subscale	MBI reduced sense of personal accomplishment
Mean	22,37	7,17	36,37
Median	20,00	5,00	37,00
Mode	12	2	41
Std. Deviation	10,83	6,01	7,34
Minimum	3	0	18
Maximum	53	30	48

Averages for Professional Quality of Life Scale are shown in Table 2. Mean for Compassion Satisfaction subscale was 37,42 (±6,67), for Burnout subscale mean was 23,50 (±6,38), for Secondary Traumatic Stress subscale mean was 19,59 (±6,58).

Table 2. Descriptive statistic parameters of Professional Quality of Life Scale: Compassion Satisfaction and Fatigue Version 5 (ProQOL R-V)

	ProQOL R-V Compassion Satisfaction subscale	ProQOL R-V Burnout subscale	ProQOL R-V Secondary Traumatic Stress subscale
Mean	37,42	23,50	19,59
Median	37,00	24,00	19,00
Mode	37	26	17
Std. Deviation	6,67	6,38	6,58
Minimum	14	6	6
Maximum	50	42	34

Some of significant correlations (Pearson correlation coefficient) that we found during data analysis ($p \leq 0.01$) between results are correlation between MBI emotional exhaustion subscale and ProQOL R-V Burnout subscale 0,616 ($p \leq 0.01$), MBI emotional exhaustion subscale and ProQOL R-V Secondary Traumatic Stress subscale 0,579 ($p \leq 0.01$) and MBI reduced sense of personal accomplishment subscale and ProQOL R-V Secondary Traumatic Stress subscale 0,576 ($p \leq 0.01$).

A number of factors contributing to burn-out syndrome have been identified, e.g. inadequate salary, psychological pressure working with patients and the professional achievement of nurses, which are often underestimated. As a result of relations analysis between factors and MBI subscales like example can be shown correlation between lack of personal accomplishment subscale and unclear distribution of duties ($r = -0,564$, $p<0,01$), and constant high anxiety situations at work ($r = -0,474$, $p<0,01$).

5. Discussion

Results of this study indicate presence of stress related disorders such as compassion fatigue and burnout among nurses.

Results for MBI emotional exhaustion subscale show that 46% of respondents and MBI depersonalization subscale 40% of respondents have higher scores than mean, and MBI reduced sense of personal accomplishment subscale - 42% have lover scores than mean, this subscale lover results indicate higher possibility of burnout, while other two subscales interpretation are traditional - higher scores mean higher possibility to burnout. Comparing results of MBI with a study performed in Greece (Tselebis et al.) where the mean of Emotional Exhaustion subscale was 21,83 (±9,94) and the mean of rank of personal success subscale was 35,36 (±6,54) we can conclude that Latvian nurses scores are higher, the mean for Emotional Exhaustion subscale was 22,37 (±10,83) and for rank of personal success subscale - 36,37 (±7,34) [14]. We founded different situation with the third subscale results - the mean for Depersonalization subscale was 7,17 (±6,01) among Latvian nurses and which is lower than in a study performed in Greece (Tselebis et al.) where the mean for the third subscale was 8,07 (±6,30) (Tselebis et al., 2001).

The results of ProQOL R-V Compassion Satisfaction subscale shows that 53% have higher scores than mean, ProQOL R-V Burnout subscale - 54% and ProQOL R-V Secondary Traumatic Stress subscale - 50%.

Analyzing relations between parameters, the most significant correlations are founded between MBI emotional exhaustion subscale and ProQOL R-V Burnout subscale ($r=0,616$; $p \leq 0.01$). That is not surprising because both instruments are developed to measure burnout.

This study has limitations, such number of respondents and adaptation of instruments used for measuring parameters.

6. Conclusions

This article shows just a part of a research which is started in Riga Stradiņš University and will be performed in the next years. Even now there are results which indicate burnout, compassion fatigue presence among nurses. The research will continue with collecting data among nurses practicing in different fields of health care, which will help

to develop prevention program and early recognition of compassion fatigue, burnout and related psychological disorders.

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