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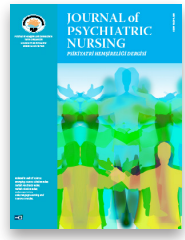

Review

Professional Quality of Life in Nurses: Compassion Satisfaction and Compassion Fatigue

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Abstract

Nurses as facilitators are experiencing various painful experiences throughout their working life. These experiences have both positive and negative consequences and they affect the nurses' professional quality of life. The professional quality of life has two dimensions: compassion satisfaction and compassion fatigue. The aim of this study is to discuss the concepts of compassion satisfaction and compassion fatigue, which are indicative of the professional quality of life, the developmental process of these situations, the physical and mental changes in the nurses, and the situations that can affect the professional quality of life. Studies show that compassion fatigue is increasing steadily; this reduces the nurses' professional quality of life.

Keywords: Compassion fatigue; compassion satisfaction; nursing; professional quality of life.

Professional quality of life is a concept that comprises satisfaction and perception in relation to work life. It is how one feels with respect to his/her work as a helper.[1] Professional quality of life comprises two aspects: compassion satisfaction and compassion fatigue. As a result of evaluations, Stamm[2] (2010) suggested that the professional quality of life has subscales for compassion fatigue, burnout and compassion satisfaction, and these three concepts should be taken together. In addition, he discussed these three concepts together in his professional quality of life scale. Compassion satisfaction is defined as the pleasure you derive from being able to do your work well, creating new life values; compassion fatigue is a negative consequence that occurs when helping with the pain and trauma of the individuals being cared for. Compassion fatigue is the physical and psychological burden felt by those helping others in distress.[3]

Nurses make contact with patients in each phase of the treatment and caring process. They have opportunities to help patients and their relatives to cope with the psychosocial problems arising from diagnosis and treatment of the disease. In this respect, nurses can play important roles in helping to solve the psychosocial problems of patients, to meet their needs, and make interventions that support healing.[4]

Professional quality of life is especially important for nurses. Studies on the various fields of nursing refer to several factors affecting the professional quality of life of nurses. It is remarkable that these factors are mostly related to the working environment and professional perspective. In addition, it is observed that personal factors are also influential. For instance, perception of professionalism,[5] the medical facility and its working conditions,[6,7] perception and ability of caregiving,[8] workplace violence,[9] religious beliefs, nursing experience, workplace position, type of job, and working hours[10] all have influences on professional quality of life and its components. However, in Turkey, studies conducted with nurses mostly analyzed the burnout level and the factors affecting it.[11] There are a small number of studies that directly address the term "professional quality of life" within the context of compassion satisfaction and compassion fatigue.[12,13] In the studies conducted with nurses, the emotional burnout level, which was

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defined as the predictor of burnout, was high.[14] Moreover, when the research on professional quality of life has been reviewed, it has been observed that burnout has been mostly taken into consideration while compassion fatigue and compassion satisfaction have not been examined together.[15,16] It is considered that addressing the positive aspects of working as a nurse will prevent viewing the issue as one-sided, and will positively affect the professional quality life as it affects perceptions toward nursing. In the studies that will be conducted to strengthen nurses, to increase awareness and to completely address professional quality of life rather than burnout, the aim was to discuss all dimensions of the concept of compassion fatigue, compassion satisfaction and burnout.

Etymology

The word "compassion" is used as synonymous with the words "pity/mercy, kindness, grace" in Turkish-English translation dictionaries. Among researchers of emotion, it is defined as "the feeling that arises when you are confronted with another's suffering and feel motivated to relieve that suffering". It is reported that compassion is not the same as empathy or altruism, though the concepts are related.[17] The word was "compassioun" in Middle English, "compassiō, compassiōn" in Old French and Late Latin, and its origins was from the word "compassus, compatī". The word comes from the derivative of Late Latin "com" (together) + "pati" (to suffer) means to suffer together. In today's English, "compassion" is defined as a deep feeling of sharing and suffering for another person, a feeling of sympathy, pity, distress, and feeling sorry for someone who is suffering".[18] The Turkish Linguistic Society defines compassion as an Arabic origin word which means "sympathetic pity and concern for the sufferings or misfortunes of others".[19] The authors translated the name of the measurement tool related to compassion fatigue into Turkish as "eşduyum yorgunluğu (empathy fatigue)".[20] However, it is considered that the Turkish word "eşduyum" is not the exact meaning of "compassion". Instead, "eşduyum" means empathy. Empathy is the ability to understand another person's experience, perspective and feelings, and to express this understanding to the other person.[19] Therefore, the Turkish equivalents of compassion which are defined above do not coincide with the definition of empathy. In this study, although it does not have the exact meaning of compassion, the Turkish word of "merhamet" was used on behalf of it, and "merhamet yorgunluğu" and "merhamet memnuniyeti" were used for "compassion fatigue" and "compassion satisfaction", respectively. There is a need of discussion to find an appropriate Turkish word for this concept.

Compassion Satisfaction

Compassion satisfaction is the positive consequence of helping behavior. Stamm[2] and Figley's[1] study on professional quality of life refers to the concepts of compassion fatigue and compassion satisfaction. In the concept of professional quality of life, compassion fatigue is defined as an emotional state with negative consequences that emanates from taking care of individuals who are dealing with traumatic stress; compassion satisfaction is defined as positive direction and feelings about the caregiver's ability to help.[1,2] Compassion satisfaction is the direct opposite of compassion fatigue. In general, when levels of compassion satisfaction are higher, there is less risk of compassion fatigue. Compassion satisfaction and compassion fatigue focus on the experiences of individuals who work with traumatized people.[21] The indicator of compassion satisfaction is the sense of pleasure or fulfilment that caregivers derive from their work. Compassion satisfaction is the reward of caregiving. There is a satisfaction derived from working well (Fig. 1). It is stated that compassion satisfaction is related to the method of caring, the functioning of the health care system, positive work with colleagues, self-confidence, altruism and psychological solidity.[2]

Compassion Fatigue

The concept of compassion fatigue was first introduced in relation to the studies of burnout. It is also used similarly in reference to secondary trauma or indirect traumatization.[1] In Stamm's studies on professional quality of life, it was found that people who work as helpers or caregivers are at risk, as they are exposed to traumatic stressors in their professional lives, and it was observed that negative symptoms, including post-traumatic stress disorder, depression and burnout, can emerge. In their evaluations, Stamm[22] (2002), Figley[1] (1995) and Pearlman[23] (1995) used different concepts to define the negative symptoms that emerged on as a result of secondary trauma. Although it was stated that there are absolute differences between the terms used, they only have statement differences, and there is no significant difference among symptoms and terms. The common ground of these researchers was determining burnout symptoms in the groups they studied, and it is observed that they developed questions in the scales to determine the level of burnout. This negative situation that emerged in professional life was termed "compassion fatigue" by Figley, "secondary traumatic stress" by Stamm, and "indirect (vicarious) traumatization" by Pearlman.

Compassion fatigue has been called "a form of burnout" that occurs based on the sensitivity of caregiving professionals. It is described as a feeling of deep sympathy and sorrow for another who is stricken by suffering, a tolerance of distress, and a motivation to relieve suffering".[1] The nurse Joinson[24] (1992) first observed this as the 'loss of the ability to nurture' in some nurses in emergency department settings. It was stated that this occurred based on the expanding workload and long hours, and the traumatic experiences of the personnel. Compassion fatigue is a state experienced by healthcare professionals who help people in distress, and it is triggered by burnout and secondary trauma.[25] There are four significant factors that place health professionals at higher risk for compassion fatigue: lack of coping and self-care, having unresolved trauma, failure to control job stress, and decrease in work satisfaction.[1]

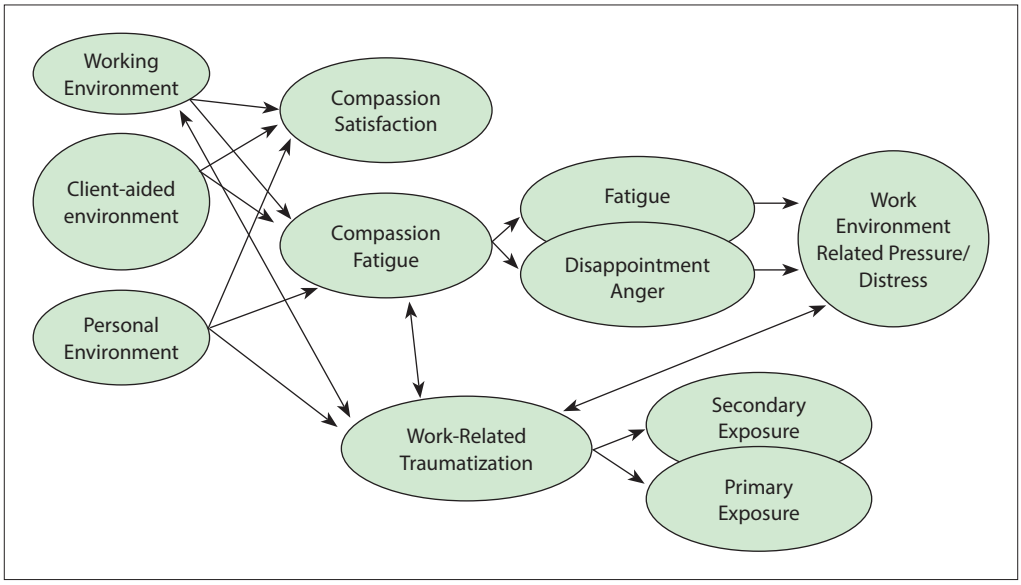

Figure 1. The conceptual model of compassion fatigue and compassion satisfaction.[2]

The Development Process of Compassion Fatigue in Nursing

Nursing is a caring profession that includes helping, compassion and universal values. Therefore, interpersonal communication skills and an empathic approach are basic structures of nursing roles. However, a wrong approach to empathy by nurses, and their eagerness to help more can cause stress. When stress at work is unmanageable, the response may be chronic, job-related emotional stress.[25] Sabo[26] (2011) viewed empathy as a double-edged sword for healthcare professionals, and suggested the use of empathy skills in an appropriate way, within the professional boundaries. Sabo (2011) stated that going beyond professional boundaries could place the nurse at risk for adverse effects. Gentry and Baranowsky[27] (2013) state that empathy is a primary tool that creates the platform for engagement between helpers and those they assist. Over time, when nurses are working in continuously emotionally charged situations, this empathy can become overtaxed and exhausted, even when the professional is diligently maintaining self-care skills.

When nurses help suffering traumatized patients, they sometimes involuntarily establish strong emotional bonds with the patient, they identify with the patient and think that they cannot leave the one who suffers as they develop the idea that "I am important, I am necessary for him/her", otherwise there will be no one to help the patient.[28] In this way, nurses internalize patients, their conditions and pains and lose their nursing abilities to provide effective, objective, unbiased care.[29] Nurses generally come into the life of others at critical times, and rather than being observers, they share the suffering, pain and traumatic experiences of their patients during their health journeys. This sharing, therapeutic interaction, and internalization of the patient's condition can result in excessive and inappropriate empathic responses that repeat time after time, and cause the emotions of self-accusation, feeling like nothing is being accomplished, and indecision and weakness.[30] It is stated that empathy skills, empathic behavior, help-related stress, feeling of success due to help, apathy towards the patient, exposure to traumatic events, traumatic experiences as a result of working with the patient, and a decrease in time spent outside of work can affect the development of compassion fatigue.[31] In addition, emotional involvement with the patients speeds up the process of compassion fatigue.[15]

Figley[32] (2002b) defined three primary characteristics of the compassion fatigue development process: occurring within a traumatic experience (disaster, death, etc.) and the exposure to pain, deep concerns of professionals, and understanding and sharing the suffering felt by the patients for whom they provide care. In this case, as the empathic response starts, nurses have a tendency to internalize the situation as they observe the amount of pain suffered by those they care for. Nurses start to think in a way that brings to mind "it could have been me". At that point, they begin to be influenced by the skills they need to provide unbiased care, and the ability to act in a professional manner. They develop satisfaction as they are able to intervene within the situation and the pain it causes. When nurses suffer pain together with their patients, their helping skills start to decrease, and the interventions they use to reduce pain become insufficient; this leads to stress and anxiety in nurses. Seeing people continuously suffering for long time, monitoring them, and working with them can result in negative experiences, changes in the cognitive scheme, and traumatic memories in caregivers. This is the phase of developing compassion fatigue or the breaking point of compassion fatigue. When stress symptoms start to be observed in caregivers, they try various methods of coping to maintain their self-care. If coping skills are ineffective, or the necessary support is not received, the final stage arrives and this situation turns into chronic compassion fatigue. Physical,

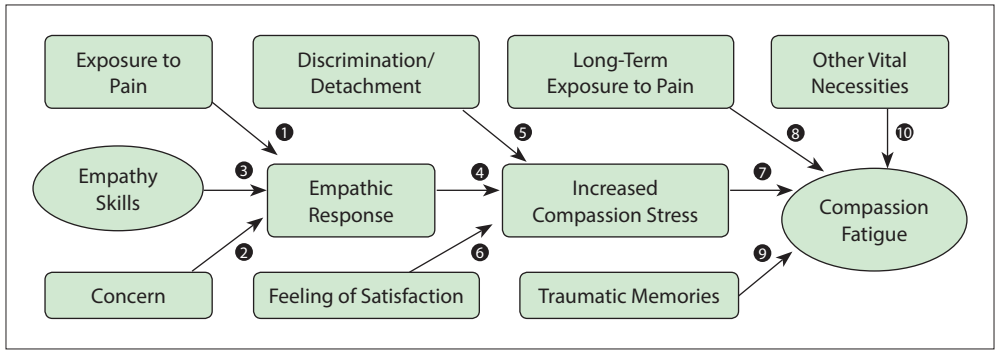

Figure 2. The development process of compassion fatigue.[32]

cognitive, emotional, behavioral, spiritual and social negative symptoms related to compassion fatigue are observed in individuals. These symptoms can cause individuals to disregard vital necessities (Fig. 2). Figley[31,32] (2002b) termed that as the "cost of caring".[33]

Symptoms of Compassion Fatigue

During compassion fatigue, helpers can suffer, sustain a traumatic injury, experience distress, fatigue, depression, and anger, feel unable to provide care, and feel apathy. Physically, somatic complaints are observed. Despite these emotional and physical symptoms, nurses go on with their work without recognizing their own needs and emotional burnout, and they make an excessive effort to meet the requirements of their patients, and spend time with their patients.[24,28] Although there have been differences among the researchers in classifying these symptoms, Figley[31] (2002a) who introduced the basic model regarding the issue, analyzes the symptoms of compassion fatigue in seven groups:

a. Cognitive Symptoms: Poor concentration, low self-esteem, apathy, rigidity, disorientation, perfectionism, preoccupation with trauma, thoughts of self-harm or harm to others

b. Emotional Symptoms: Powerlessness, guilt, anger, survivor's guilt, shutdown, numbness/no joy, fear, helplessness, sadness, depression, emotional roller coaster, decrease in energy, overly sensitive/vulnerable feeling.

c. Behavioral Symptoms: Impatient, introversion, pessimism/moody, withdrawn, sleep disturbances, nightmares, appetite changes, hyper-vigilant, startle response, accident prone, losing items.

ç. Spiritual Symptoms: Questioning the meaning of life, loss of purpose, lack of self-satisfaction, anger at God, questioning religious beliefs, loss of faith, skepticism.

d. Personal Relationships: autism, decreased interest in intimacy or sex, mistrust, isolation, parental over protection, intolerance/impatience, loneliness, interpersonal conflicts

e. Physical Symptoms: Shock, sweating, rapid breathing, rapid heartbeat, breathing difficulties, aches and pains, dizziness, disorientation, increased medical concerns, impaired immune system, and somatic complaints.

f. Work Performance: Demoralization, low motivation, avoiding tasks, obsession over details, repeating thoughts, apathy, negativity, decrease in attention to appearance, neutrality, low quality of work and communication, staff conflicts, absenteeism, fatigue and anger, withdrawal from colleagues.

Factors Affecting Professional Quality of Life

If compassion fatigue is not recognized and addressed, it can lead into several stress-related chronic diseases.[31] It was observed that compassion fatigue is more common in healthcare professionals working in the critical patient units, such as hospice nurses,[34] community health nurses working with disaster victims,[35,36] oncology nurses,[12,37,38] emergency service nurses,[39] and intensive care nurses.[40,41] Compassion satisfaction and compassion fatigue, in other words the professional quality of life of nurses working in these units, are affected by some sociodemographic and work-related factors. It was determined that professional quality of life is affected by factors such as trauma, anxiety, life expectations, extreme empathy,[34] developmental crises,[35] coping with work-related stress and health maintaining behaviors,[36] professional resources, education programs, having a personal resting area and regular hours,[37] a supportive workplace, years of professional experience,[38] age, education status, number of children, having oncology training, working hours in oncology, the number of shifts per month, weekly working hours, willingness to work as a nurse and willingness to work with oncology patients,[12] excessiveness of caregiving role,[39] death rate in the clinic,[40] moral distress and medical mistakes,[41] low pay, psychological pressure,[42] intention to leave the job,[43] perception of work as accomplishing nothing, self-protection, being ineffective as a nurse, losing balance, feeling suffocated by everything, nursing type and working to survive,[44] receiving education in coping,[45,46] life stresses, stressful events in the workplace, group solidarity and support from the medical facility.[47]

Interventions to Increase Professional Quality of Life

It was observed that educational and supportive interventions to increase compassion satisfaction and decrease compassion fatigue are useful. In the systematic review, Ruotsalainen, Ver-

beek, Mariné and Serra[48] (2015) stated that healthcare workers can suffer from occupational stress as a result of lack of skills, organizational factors, and low social support at work; this may lead to distress, burnout and psychosomatic problems, and deterioration in quality of life and service provision. They found that mental and physical relaxation, changes in working conditions in organizations, support from management, changing in care process, increasing communication skills and changing work schedules have an effect on reducing these stressors. In the historical review conducted with hospice and palliative care nurses, Melvin[49] (2015) found that symptoms of compassion fatigue and burnout should be described to nurses for the early detection of professional compassion fatigue and burnout. Also, knowing the symptoms can help nurses refine their resiliency, increase personal awareness, sharpen self-care skills, assertiveness skills, deepen spirituality, and reinforce the ability of the nurse to say no. Their ability to give and receive support should be developed. In a systematic review, it was stated that breathing and meditation, energy management and self-awareness, a healthy diet and relaxation, determination of biopsychosocial requirements, psychological solidity, hope, dreaming and musical support decrease compassion fatigue.[50]

Educational studies indicate that the following programs are effective in managing compassion fatigue, burnout and compassion satisfaction: psychoeducation[12] and psychological resiliency[46] including debriefing on compassion fatigue, awareness, problem solving, communication, empathy and coping methods for nurses who work with oncology patients; self-care and resiliency for emergency service nurses;[45] awareness based communication skills[51] for palliative care professionals; spiritual care, self-care abilities, education on perception of death and death[52] for nurses, education of coping with death, self-preparation to death psychologically, psychological care intended for cancer patients;[53] awareness of people and social workers who have losses;[54] for oncology nurses, education of mourning and end-of-life care, compassion fatigue (its cause, symptoms, effect, etc.), holistic self-care and spiritual self-care;[55] end-of-life care and psychological care for mourning to decrease burnout in oncology patients;[56] and the transactional model-based education programs for physicians.[57] In addition, it was determined that painting workshops carried on in social art therapy sessions reduces compassion fatigue and work-related stress in women who care for people exposed to sexual and physical violence.[58] It was determined that team structuring and music therapy for hospice professionals increases their compassion satisfaction scores and reduces compassion fatigue scores for hospice professionals.[59]

Professional Quality of Life and Psychiatric Consultation-Liaison Nursing

The psychiatric consultation-liaison nurse has clinical, educational, research and management roles.[60,61] The educational role includes the preparation of education programs for patients/families and nurses. These education programs reveal emotions, thoughts, wrong concepts, dreams, and barriers, and can lead to terminal structural changes.[61] One of the objectives of the psychiatric consultation-liaison nurse is to help nurses to increase their self-respect, to cope with job stress and solve team conflicts. To fulfill this objective, they directly/indirectly intervene, prepare educational programs, provide consultation, and become role models.[62] As defined in the Nursing Regulations (2011); psychiatric consultation-liaison nurses, in addition to having general duties, authority and responsibilities, engage in several activities by integrating physical and psychological aspects intended for individuals with physical complaints, their families and caregivers. Among these activities, the following items in particular are intended for solving the problems experienced by nurses: "helping nurses who work in the general hospital to describe their emotions on work stress-problems that they experienced, and help them to solve their problems; supporting healthcare professionals; establishing and maintaining support groups; planning and carrying out therapeutic group workshops which are necessary to increase professional identity, self-respect and entrepreneurship of nurses." Also, "to make an endeavor to find out how to prevent, resolve or change the causes reducing the effectiveness of care, and the operation of the system; to determine, plan, apply and evaluate the necessity of psychological education in the hospital; assist in solving communication problems and conflicts between the patient and the nurse; plan effective activities to facilitate interpersonal communication and therapeutic relationships" are among the tasks and responsibilities of psychiatric consultation-liaison nurses.[63] In this regard, it is important to cooperate with psychiatric consultation-liaison nursing to increase professional quality of life.

Conclusion

In evaluating the previous studies, it was seen that compassion satisfaction and compassion fatigue are related to working conditions,[16] individual coping, setting boundaries, communication skills, and education. It was found that compassion fatigue is most common in nurses.[64,65] Common points of researchers are as follows: compassion fatigue is an advanced form of burnout;[31] it emerges as a result of traumatic experiences; it results from not being able to establish professional boundaries;[24,26] and it increases in the case of ineffective use of empathic skills. In the measurement tools, the concepts of compassion satisfaction and compassion fatigue are addressed within the context of professional quality of life; a decline in compassion fatigue leads to an increase in compassion satisfaction.[1,2] Although concepts such as compassion fatigue, secondary traumatic stress, and indirect trauma are used interchangeably in the literature, compassion fatigue appears more in the individuals who cannot limit their empathy skills, who cannot set their professional boundaries, and who lack coping skills in a working environment with a heavy emotional burden. To increase the professional quality of life of nurses, in other words to transform compassion fatigue into compassion satisfaction and enable them to have job satis-

faction, particularly for nursing managers, it is recommended that continuing education programs on coping, relaxation, communication skills (especially effective use of empathy), sparing time for self, setting professional boundaries, etc. be provided in order to offer awareness education and screening. It is also important to receive support from the psychiatric consultation-liaison nursing in organizing recovery programs for those who experience problems.

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