



ASSESSMENT OF COMPASSION SATISFACTION AMONG INTENSIVE CARE UNIT NURSES AT TERTIARY CARE HOSPITAL

Ali Zaman^{1*}, Laraib Latif², Yasir Khan³, Sheraz Khan⁴, Sumbul Sheraz⁵, Abdullah Muhammad Zaman⁶, Nazia Shuaib⁷, Amir Sultan⁸

^{1*}MSN Scholar, Faculty of Nursing & Midwifery Ziauddin University, Karachi,
Email: ali.22633@zu.edu.pk

²Registered Nurse, Maternity Hospital, Kuwait, Email: gurryakhokhar88@gmail.com

³Assistant Professor, Sarhad Institute of Nursing and Health Sciences, Mardan

⁴Assistant Professor/ Principal, Amanullah Medical and Nursing Institute Nowshera,
Email: skhan.bmu@gmail.com

⁵Registered Nurse, Email: sumbals225@gmail.com

⁶Nursing Supervisor Saidu Group of Teaching Hospital, Swat, Email: abdullah.scnmsn@gmail.com

⁷Professor, Professional College of Nursing & Health Sciences, Islamabad

⁸Associate Professor and Principal, Department of Nursing, Times Institute, Multan

***Corresponding Author:** Ali Zaman

MSN Scholar, Faculty of Nursing & Midwifery,
Ziauddin University, Karachi, Pakistan
Email address: ali.22633@zu.edu.pk

Abstract

Background: Intensive care unit (ICU) is one of the crucial and specialized area of the hospital that required trained staff with latest and technical instruments and devices, standards and protocols. The aim of the study was to determine the level of compassion satisfaction among nurses working in ICU.

Methodology: The study was conducted in the tertiary care hospitals of Khyber pukhtankhwa Pakistan having cross-sectional descriptive design from February to may 2022. The total sample size was 190 using convenient sampling technique, while data was collected through valid and reliable questionnaire. The study was approved by ethical review committee while informed consent was taken from each participants. SPSS 22 was used for data analysis, while ANNOVA for differences and Pearson correlation test was applied for association of CS with demographic data.

Results: In the current study majority of the participants were female 131 (68.9%), aged 22 to 25 years 80 (42.1%), and education of 4 years BSN 92 (48.4%). The leading factors that have high mean score of CS among ICU nurses were: that I am proud that I can do what is good for patients (4.81 ± 0.51), followed by that I have happy thoughts and feelings that I could help the patients (4.72 ± 0.56), and my works make me feel satisfied (4.63 ± 0.80).

Conclusion: The study concluded that maximum number of nurses compassion satisfaction were high in ICU regarding their work. The work environment can benefit from an understanding of the components of professional quality of life.

Keywords: compassion satisfaction, burnout, Intensive care unit, nurses, quality of life

Introduction

Across the globe, nurses hold a unique position in the healthcare delivery system. A workforce of qualified and clinically proficient nurses is required to fulfill the requirements placed on the healthcare system [1]. Intensive care unit is one of the crucial and specialized area of the hospital that required trained staff with latest and technical instruments and devices, standards and protocols. Unlike the environment of ICU it required specialized nurses which are trained and having expertise in critical care because they provide care for patients who are in critical condition. In intensive care units ICU, where the treatment given is more complex and demanding than in other hospital departments, nurses play a crucial role in the delivery of critical care [2]. ICU nurses usually face intense pressure to do the tasks that have been delegated to them [3]. The majority of the nursing care provided in intensive care units ICU is described as complex, emotionally charged, and fast-paced. The critically ill patients in the intensive care unit require constant monitoring and prompt decision-making from the nursing staff [4]. In ICU, caring for patients who are very sick and supporting their families can have a negative effect on healthcare workers' physical and mental health as well as their quality of life both personally and professionally. ICU workers frequently have health issues as a result of heavy workloads and workplace stress [5]. More than any other health professional, healthcare workers in critical care units are vulnerable to stress [6]. Care-giving for patients who are dying, making moral decisions, patients' ongoing suffering, medical futility, misunderstandings, and the needs of patients' relatives all have an emotional impact on workers in these environment [7,8,9].

"Compassion satisfaction" is the joy or happiness people feel when they assist or tend to the needs of others who are suffering. The concept posits that health professionals' professional quality of life is contingent upon their work environment, as well as client and personal qualities [10]. ICU staff report a modest level of compassion satisfaction, according to the majority of surveys conducted globally [11]. Burnout, secondary traumatic stress, and psychological stress are linked to low levels of compassion fulfillment [12]. Studies have actually demonstrated that, despite having a high degree of Compassion fatigue, medical professionals experience both good and negative emotions when providing care for patients [13]. It is thought that having empathy, compassion, and caring for patients has an impact on both the personal and professional facets of care givers' lives. The two constructs have been proven to be inversely associated, and it is ideal for CF and CS to be balanced both inside and outside of the workplace [14]. Poor professional quality of life can result in low self-worth, staff turnover, tardiness or absence from work, bad attitudes about the field, and reduced productivity [15]. Therefore the study was conducted with the aim to explore the CS among intensive care unit among nurses working in tertiary care hospital.

Methodology

The study was conducted in the tertiary care hospitals of Khyber pukhtankhwa Pakistan having cross-sectional descriptive design from February to may 2022. The study participants were the nurses working in the intensive care units of the study setting. The total nurses working in the ICU were the population then using 95% confidence level, 5% margin of error and 80% prevalence the total sample size was 192 using convenient sampling technique, while the two participants data were incomplete therefore they were skipped from the analysis.

The nurses who have works as designated ICU nurse, having experience at-least one year in ICU was the inclusion criteria while intern nurses, or not wiling to be the study participant was excluded from the study.

The data collection process was completed into two steps. Step 1 contain the demographic data of the participate such as gender, age, education and experience. In step 2 a valid and reliable questionnaire for compassion satisfaction was used.

The compassion satisfaction instrument was adopted that contain 10 items having a scale from 1 (never) to 5 (very often) having Cronbach alpha of 0.88 (16).

The study analysis were performed through SPSS 22 as descriptive and inferential statistics. Pearson correlation was performed to identify the association of CS with demographic data.

The study was approved by ethical review committee while permission was granted from study setting and informed consent were taken from each participants. It was assured to participant that their data will be kept confidential and only will be used for analysis while they have they can leave the study anytime to protect the ethical rights of the participant.

Results

In the current study majority of the participants were female 131 (68.9%), aged 22 to 25 years 80 (42.1%), education of 4 years BSN 92 (48.4%), and having experience of 1 to 2 years 87 (45.8%) (See table 1).

Table 1: Demographic data of the participants

	Frequency (190)	Percentage
Gender		
Male	59	31.1
Female	131	68.9
Age		
18-21 years	12	6.3
22 to 25 years	80	42.1
26 to 30 years	65	34.2
31 and above	33	17.4
Education		
Registered Nurse	14	7.4
BSN	92	48.4
Post-Rn	43	22.6
MSN	41	21.6
Experience		
1 to 2 years	87	45.8
3 to 5 years	42	22.1
6 to 10 years	36	18.9
11 and above	25	13.2

Compassion satisfaction among nurses

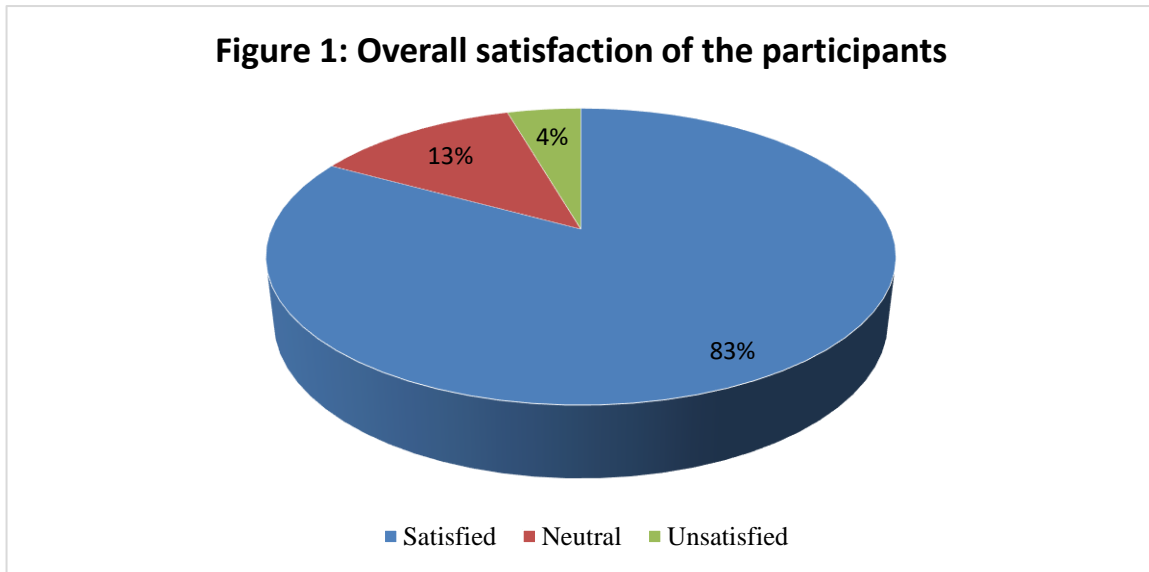
The leading factors that have high mean score of CS among ICU nurses were: that I am proud that I can do what is good for patients (4.81 ± 0.51), followed by that I have happy thoughts and feelings that I could help the patients (4.72 ± 0.56), then my works make me feel satisfied (4.63 ± 0.80) and I am happy to chose to do this work as nurse (4.63 ± 0.65),and while the factor that participate to lower satisfaction and having least mean score was that I feel refreshed after working (3.27 ± 1.20). (See table 2).

Table 2: Compassion fatigue among the participants

Compassion satisfaction items			Mean \pm SD	Mode
1	3	I get satisfaction from being able to people.	3.97 ± 1.05	5.0
2	6	I feel refreshed after working	3.27 ± 1.20	3.0
3	12	I like my work.	4.65 ± 0.58	5.0
4	16	I am pleased that I can keep up technique and protocol to help.	4.23 ± 0.86	5.0
5	18	My work makes me feel satisfied.	4.63 ± 0.80	5.0
6	20	I have happy thoughts and feelings about that I could help them.	4.72 ± 0.56	5.0
7	22	I believe I can make a difference through my work.	4.36 ± 0.88	5.0
8	24	I am proud of what I can do to [help].	4.81 ± 0.51	5.0
9	27	I have thoughts that I am a "success" as a [helper].	4.45 ± 0.81	5.0
10	30	I am happy that I chose to do this work.	4.63 ± 0.65	5.0

Overall Satisfaction of the participants

Figure 1 illustrates that majority of the participants 83% were satisfied as nurse working in ICU, while 13% were neither satisfied nor unsatisfied, and only 4% of the nurses were unsatisfied from working as ICU nurse.



Differences within the groups of Compassion satisfaction

Table 3 shows that there is significant difference within the group of gender (P-0.000), age (P-0.000), education (P-0.000) and experience (0.000) regarding CS.

	Mean	SD	F value	P-value
Gender				
Male	4.36	0.45	12.709	0.000
Female	4.38	0.43		
Age				
18-21 years	4.40	0.25	14.249	0.000
22 to 25 years	4.45	0.43		
26 to 30 years	4.30	0.46		
31 and above	4.31	0.44		
Education				
Registered Nurse	3.75	0.67	18.006	0.000
BSN	4.44	0.41		
Post-Rn	4.39	0.34		
MSN	4.40	0.31		
Experience				
1 to 2 years	4.32	0.56	12.937	0.000
3 to 5 years	4.54	0.16		
6 to 10 years	4.28	0.35		
11 and above	4.39	0.32		

Association of compassion satisfaction with demographic variables

The compassion satisfaction is positive but weakly associated with gender, education and experience, while weak negatively associated with age and living status.

Table 3: Association of compassion satisfaction with demographic variables

	1	2	3	4	5	6
1: Gender	-	-.082	-.283**	-.056	-.290**	.011
2: Age		-	.590**	.824**	.258**	-.128
3: Education			-	.635**	.360**	.160*
4: Experience				-	.159*	.022
5: Living in					-	-.079
6: Compassion satisfaction						-

Discussion

The current study was conducted with the aim to determine the level of CS among nurses working in the ICU of tertiary care hospital.

In the current study majority of the participants were female 131 (68.9%), aged 22 to 25 years 80 (42.1%), education of 4 years BSN 92 (48.4%), and having experience of 1 to 2 years 87 (45.8%). A similar study conducted in Pakistan With 71.2% of the sample's participants being female and 28.8% being male. The age distribution of the participants revealed a concentration in the younger age groups: 38.9% were between the ages of 22 and 25 and 35.3% were between 26 and 30. Participants' backgrounds varied, but 45.8% of them had a Bachelor of Science in Nursing (BSN), and a sizable portion of the sample (42.5%) had one to two years of experience [17]. A study conducted in Iran shows that the participants were 400 nurses, in which majority were female 369 (92.2%), age group 30-39 years 209 (52.3%) and bachelor of nursing education 365 (91.3%) that are align with our demographic data [18]. Another study conducted in Australia reveals that majority of the nurses were female 160 (89.8%), age group 18-29 years 85 (47.7%) [11].

In the current study majority of the participants 83% were satisfied as nurse working in ICU, while 13% were neither satisfied nor unsatisfied, and only 4% of the nurses were unsatisfied from working as ICU nurse. Moreover the mean score of male were lower (4.36 ± 0.45) than females (4.38 ± 0.43) and shows significant difference within the groups of gender $p=0.000$, age $p=0.000$, education ($p=0.000$), and experience $p=0.000$ that may be due to cultural perspective of Pashtoon towards patients as more shows empathy and sympathy during providing of care and it may be due to different approaches of gender female shows more compassion than male, while young nurses have stamina and energy, while experience and education improve quality and delivery of care that enhance their satisfaction level. A comparable study carried out in Pakistan that supports our findings shows that nurses overall compassion satisfaction score was high having mean score of 43.93 ± 4.17 , A p-value of 0.936 indicates that there was no statistically significant difference in the CS scores of male and female nurses. However, there was a substantial correlation found between age and CS, with nurses between the ages of 18 and 21 and 22 and 25 reporting higher CS scores. This suggests that younger nurses may be more satisfied with their work as caregivers. Qualification levels had a major impact on CS as well; registered nurses reported considerably lower CS ratings than their more educated counterparts, demonstrating the importance of education for achieving professional fulfillment in the nursing field [17]. This observation is in line with a Saudi Arabian study that also found that nurses there had above-average levels of compassion satisfaction [19], as well as with results from earlier studies on Chinese and Saudi Arabian nurses [20,21]. A study conducted in Iran reveals that The average CS score for nurses working in critical care units was 36.27, according to the results of our study, with 37% of respondents placing in the least favorable category. The participants had a moderate scoring range for almost half of them. Consistent with our results, the ProQOL questionnaire tests conducted by Circenis and Millere (2011), Galiana et al. (2017), and Smart et al. (2014) reported CS values of 37, 41.05, and 38.2, in that order [22, 23, 14]. Mason et al. (2014) found that moderate levels of CS were present in 73% of surgical intensive care nurses in the United States [24].

The study was conducted in one province, while the design was observational, sampling technique was convenient that was the limitation of the study.

Conclusion

The study found that the satisfaction level of nurses working in the critical care unit was high. Further research on compassion satisfaction or professional quality of life among healthcare personnel in ICU is essential, especially as COVID-19 pandemic stressors subside. The creation and assessment of interventions aimed at enhancing resilience and a love of work may be able to assist critical care health personnel in preserving their psychological health after the pandemic.

References:

1. Noreen N, Nisa WT, Shah A, Sultan A. Satisfaction of Undergraduate Nursing Students Regarding their Clinical Placement: A Focus Group Study: Satisfaction of Undergraduate Nursing Students. *NURSEARCHER (Journal of Nursing & Midwifery Sciences)*. 2023 Dec 31:38-42.
2. Al-Bsheish M, Jarrar MT, Mustafa M, et al. ICU nurses' safety performance related to respect for safety and management commitment: a cross-sectional study. *Contemp Nurse*. 2022:1–14. doi: 10.1080/10376178.2022.2104740.
3. Woodrow P. *Intensive Care Nursing: A Framework for Practice*. Routledge; 2018.
4. Ullah I, Ali S, Hussain R, Hussain A, Iqbal M, Sultan A. Factors Affecting Nurses Performance Working in Intensive Care Units at Tertiary Care Hospitals Peshawar: Nurses Performance Working in ICU. *Pakistan Journal of Health Sciences*. 2023 Jun 30:72-6.
5. Nihal Esin M, Sezgin D. *Intensive Care Unit Workforce: Occupational Health and Safety*. Intensive Care. 2017.
6. American Association of Critical-Care Nurses. Position statement: Moral distress. Aliso Viejo, CA: American Association of Critical-Care Nurses. 2008.
7. Todaro-Franceschi V. Critical care nurses' perceptions of preparedness and ability to care for the dying and their professional quality of life. *Dimensions of Critical Care Nursing*. 2013 Jul 1;32(4):184-90.
8. Teixeira C, Ribeiro O, Fonseca AM, Carvalho AS. Ethical decision making in intensive care units: a burnout risk factor? Results from a multicentre study conducted with physicians and nurses. *Journal of medical ethics*. 2014 Feb 1;40(2):97-103.
9. Curtis JR, Sprung CL, Azoulay E. The importance of word choice in the care of critically ill patients and their families. *Intensive care medicine*. 2014 Apr;40:606-8.
10. Stamm BH. The concise ProQOL manual <https://proqol.org/uploads/ProQOLManual.pdf>. 2010.
11. Unjai S, Forster EM, Mitchell AE, Creedy DK. Compassion satisfaction, resilience and passion for work among nurses and physicians working in intensive care units: a mixed method systematic review. *Intensive and Critical Care Nursing*. 2022 Aug 1;71:103248.
12. Jakimowicz S, Perry L, Lewis J. Compassion satisfaction and fatigue: A cross-sectional survey of Australian intensive care nurses. *Australian Critical Care*. 2018 Nov 1;31(6):396-405.
13. Dunn DJ. The intentionality of compassion energy. *Holistic Nursing Practice*. 2009 Jul 1;23(4):222-9.
14. Smart D, English A, James J, Wilson M, Daratha KB, Childers B, Magera C. Compassion fatigue and satisfaction: A cross-sectional survey among US healthcare workers. *Nursing & health sciences*. 2014 Mar;16(1):3-10.
15. Poghosyan L, Clarke SP, Finlayson M, Aiken LH. Nurse burnout and quality of care: Cross-national investigation in six countries. *Research in nursing & health*. 2010 Aug;33(4):288-98.
16. Hundall Stamm B. Professional quality of life measure: compassion, satisfaction, and fatigue version 5 (ProQOL) 2009.
17. Haq F, Bashir S, Kumar S. Association of Compassion Satisfaction and Burnout among Nurses Dealing with COVID-19 Patients in Intensive Care Unit. *Journal of Health and Rehabilitation Research*. 2024 Feb 24;4(1):961-6.
18. Salimi S, Pakpour V, Rahmani A, Wilson M, Feizollahzadeh H. Compassion satisfaction, burnout, and secondary traumatic stress among critical care nurses in Iran. *Journal of Transcultural Nursing*. 2020 Jan;31(1):59-66.

19. Bahari G, Asiri K, Nouh N, Alqahtani N. Professional quality of life among nurses: compassion satisfaction, burnout, and secondary traumatic stress: a multisite study. *SAGE Open Nurs.* 2022 Jul;8:23779608221112329.
20. Alharbi J, Jackson D, Usher K. Personal characteristics, coping strategies, and resilience impact on compassion fatigue in critical care nurses: A cross-sectional study. *Nurs Health Sci.* 2020 Mar;22(1):20-7.
21. Wang J, Okoli CT, He H, Feng F, Li J, Zhuang L, Lin M. Factors associated with compassion satisfaction, burnout, and secondary traumatic stress among Chinese nurses in tertiary hospitals: A cross-sectional study. *Int J Nurs Stud.* 2020 Feb 1;102:103472.
22. Circenis K, Millere I. Compassion fatigue, burnout and contributory factors among nurses in Latvia. *Procedia-Social and Behavioral Sciences.* 2011 Jan 1;30:2042-6.
23. Galiana L, Arena F, Oliver A, Sansó N, Benito E. Compassion satisfaction, compassion fatigue, and burnout in Spain and Brazil: ProQOL validation and cross-cultural diagnosis. *Journal of pain and symptom management.* 2017 Mar 1;53(3):598-604.
24. Mason VM, Leslie G, Clark K, Lyons P, Walke E, Butler C, Griffin M. Compassion fatigue, moral distress, and work engagement in surgical intensive care unit trauma nurses: a pilot study. *Dimensions of Critical Care Nursing.* 2014 Jul 1;33(4):215-25.