

Outcome of Nurse-Led Intervention On Management of Compassion Fatigue Among Nurses in Lagos University Teaching Hospital, Nigeria

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Abstract

The study investigated the outcome of nurse-led intervention on management of compassion fatigue among nurses in Lagos University Teaching Hospital (LUTH), Nigeria. The research design for this study was a quasi-experimental (one group pre-test and post-test). The population for this study were nurses in the adult and children emergency department, the intensive care unit, the female oncology ward and the medical and surgical wards. The total sample size for the study was 87 respondents. The Instrument for data collection was a self-designed questionnaire that elicited information relevant to the objectives of the study. It consisted of two sections A and B. The questionnaire was validated using face and content validity by experts in the field of nursing, who ensured that the questions in the research instrument were relevant to the purpose of the study. A reliability index of 0.853 was obtained, thus, the instrument was said to be reliable. The experimental procedure was in three stages namely pre-intervention phase, intervention phase and post-intervention phase. Data collected were analysed using descriptive and inferential statistics. The pre and post intervention mean scores on management measure of compassion fatigue were (11.89 ± 4.53) and (22.96 ± 2.99) . There were significant differences between pre and post-intervention level of management (Knowledge gained = 11.89; $t = 22.96$; $p = .000$) of compassion fatigue among the nurses. It was recommended among others that

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nurses should be encouraged by their superiors and managers, to also care for themselves as they care for others and protect their physical and mental health.

Keywords: Nurse-led, Intervention, Management, Compassion Fatigue, Nurses,

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Introduction

Chernoff and Rachel, (2016) identified compassion fatigue in relation to professional healthcare, while observing helpers and family members who worked with soldiers with posttraumatic stress disorder and later discussed compassion fatigue among emergency room nurses and described the condition as one that is rooted in empathy, a concept inherent within any caring profession, highest of all; nursing. Figley (1995), a clinical psychologist, later defined compassion fatigue as a state of tension and preoccupation with the individual or cumulative traumas of clients and described this state as the price paid by caregivers or those in the helping profession as a result of caring for others. This phenomenon may emerge without warning thereby producing a sense of helplessness, confusion, and ultimately loss of self or inability to separate from others trauma. Caring too much can hurt and when caregivers focus on others without practicing self-care, destructive behaviors can surface. Apathy, isolation, bottled up emotions and substance abuse head a long list of symptoms associated with the secondary traumatic stress disorder now labelled as compassion fatigue. Physical symptoms of compassion fatigue can include increased blood pressure, weight gain, fatigue and immune dysfunction, among others (Scroggins, 2015).

The ability to feel empathy and compassion is a requisite to compassion fatigue which is described at its most basic as the loss of empathy and compassion resulting from continuous exposure to stress (Nolte, Downing, Temane & Hastings-Tolsma, 2017). Moral distress occurs when the nurse conducts himself/herself in ways that contradict his/her personal values and beliefs. This is a result of not performing professional nursing duties as to normal capabilities, and includes disinterest or poor performance. The nurse no longer has control over the situation, and compassion fatigue can occur (Cross, 2019).

The emotional feeling of apathy, hopelessness, disinterest, dissatisfaction, indifference and moral distress compromise nurses in their ability to care for patients because of symptoms that parallel posttraumatic stress disorder caused by long term exposure to the suffering of others. This is exacerbated by lack of knowledge of compassion fatigue, including knowledge of prevention and management. As stated by Adimando (2018), caregivers must be knowledgeable on management strategies to decrease its incidence and negative impacts with a strong emphasis being placed on self-awareness, self-care, and stress management. As new nurses transition into professional positions, they need to be knowledgeable about the best ways to care for themselves and manage compassion fatigue, although this is not usually the case especially in developing nations.

Novice nurses are exposed to multiple stressors as they transit from the school environment to practice and are unaware of the link between unmanaged stress and their own health. As they have little to no experience with trauma and traumatic conditions, they are more susceptible to the stressors present in the profession (Woonhwa & Kiser-Larson, 2016). Novice nurses are more likely to experience compassion fatigue than their seasoned coworkers because of the demands of a new profession, along with new experiences with complex patients, new business models, and economic restraints.

Pembroke, (2015) offered two management strategies that could help caregivers with compassion fatigue namely equity and equanimity. The principle of equal regard is a notion that agape (disinterested universal love) requires people to love others neither more nor less than they love themselves. If the nurse operates from the ethical principle of self-sacrifice, self-care is much less likely to be a personal priority. The ANA (2015) Code of Ethics for Nurses with Interpretative Statements Provision 5 plainly states, "The nurse owes the same duties to self as to others, including the responsibility to promote health and safety,

preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth” (p. 19). Therefore, the nursing duties and the nurse’s duty to self must be held in balance. The second strategy, equanimity, refers to even-mindedness or impartiality in carrying out duties along with compassion, loving-kindness, and sympathetic joy and are said to be the uplifting-required attitudes.

Based on the foregoing, the study investigated the outcome of nurse-led intervention on management of compassion fatigue among nurses in Lagos University Teaching Hospital (LUTH), Nigeria. The study specifically examined:

- i. the pre and post intervention management measure of compassion fatigue of nurses; and
- ii. the difference between pre and post intervention level of management of compassion fatigue among nurses.

Research Questions

The following research questions were raised to guide the study:

1. What is the pre intervention management measure of compassion fatigue of nurses in LUTH?
2. What is the post intervention management measure of compassion fatigue of nurses in LUTH?

Research Hypothesis

This hypothesis was generated for this study:

1. There is a significant difference between pre and post intervention level of management of compassion fatigue among nurses in LUTH

Methodology

The research design for this study was a quasi-experimental (one group pre-test and post-test). The population for this study were nurses in the adult and children emergency department, the intensive care unit, the female oncology ward and the medical and surgical wards in Lagos University Teaching hospital, which are wards A2 (male medical ward), A3 (female medical ward), A4(female medical ward), C1 (female oncology ward), E3 (female surgical ward), E4 (pediatric surgical) and E5 (male medical ward). The population size is as follows:

Table 1: Table of Wards and correlational population of nurses

Cadres	A & E (Adult)	A & E (Children)	ICU	A2 (male medical ward)	A3 (female medical ward)	A4	C1	E3	E4	E5	Grand Total
NOII	5	4	5	2	2	1	3	3	2	3	30
NOI	6	3	6	3	6	7	2	2	6	3	44
SNO	7	5	8	1	2	2	1	1	2	2	31
ACNO	4	2	5	2	2	1	3	1	1	3	24
TOTAL	22	14	24	8	12	11	9	7	11	11	129

Therefore, total population size is 129

Inclusion criteria for this study were nurses within the cadres of NOII, NOI, SNO and ACNO, who work in the selected wards (which are A&E (Adult), A&E (Children), ICU, A2, A3, A4, C1, E3, E4 and E5) in the Lagos University Teaching Hospital. Exclusion criteria for this study were nurses above the rank of ACNO in the selected wards, nurses in other wards such as orthopedic wards, neonatal wards, the theatres, labour ward in LUTH, and nurses working

in the educational section of LUTH i.e. Nurses in the Schools of Nursing, Midwifery and Post basic nursing. The total sample size for the study was 87 respondents

The Instrument for data collection was a self-designed questionnaire that elicited information relevant to the objectives of the study. It consisted of two sections A and B. The questionnaire was validated using face and content validity by experts in the field of nursing, who ensured that the questions in the research instrument were relevant to the purpose of the study. The reliability index was calculated using the Cronbach alpha formula alongside the statistical package for social sciences version 25 (SPSS 25). A reliability index of 0.853 was obtained, thus, the instrument was said to be reliable.

The educational package on management of compassion fatigue was self-designed by the researcher. The experimental procedure was carried out in three stages namely pre-intervention phase, intervention phase and post-intervention phase. Data collected were analyzed using descriptive and inferential statistics. The only hypothesis was tested using t-test at 0.05 level of significance.

Results

Research Question 1: What is the pre intervention management measure of compassion fatigue of nurses in LUTH?

Table 2: Pre intervention management of compassion fatigue of nurses in LUTH

Management of compassion fatigue of nurses	Category of scores	Pre- intervention	
		Freq.	%
Low	1-8	19	21.8
Average	9-16	43	49.4
High	17-24	25	28.7
Total		87	100.0
Mean		11.89 (49.5%)	
Standard dev.		4.53	

Table 2 presents the pre mean scores of educational training on management of compassion fatigue of nurses in Lagos University Teaching Hospital. The nurses' knowledge of management of compassion fatigue mean score at pre-test was 11.89 which is equivalent to 49.5%. Thus, it could be said that nurses' knowledge of management measure of compassion fatigue before intervention was fair.

Research Question 2: What is the post intervention management measure of compassion fatigue of nurses in LUTH?

Table 3: Post intervention management of compassion fatigue of nurses in LUTH

Management of compassion fatigue of nurses	Category of scores	Post- intervention	
		Freq.	%
Low	1-8	-	-
Average	9-16	21	24.1
High	17-24	66	75.9
Total		87	100.0
Mean		22.96 (95.67%)	
Standard dev.		2.99	

Table 3 presents the post mean scores of educational training on management of compassion fatigue of nurses in Lagos University Teaching Hospital. The nurses' knowledge of management of compassion fatigue after the intervention was 22.96 (95.67%).

Testing of Hypothesis

Hypothesis 1: There is a significant difference between pre and post intervention level of management of compassion fatigue among nurses in LUTH

Table 4: Independent t-test to shows the significant difference between pre and post intervention level of management of compassion fatigue among nurses

	N	Mean	Std. Deviation	df	T	Mean diff	Sig
Pre-intervention	87	11.89	4.53				
Post-intervention	87	22.96	2.99	172	17.53	11.07	.000

Results in Table 4 indicate significant difference between pre and post intervention level of management of compassion fatigue among nurses in Lagos University Teaching Hospital (Knowledge gained = 11.89; $t = 22.96$; $p = .000$). It could be deduced from these findings that the difference observed between pre and post intervention groups could not have been by chance but as a result of the educational intervention the participants were exposed to. Going through the knowledge mean scores of nurses about management of compassion fatigue as shown above, one can say that there is an improvement between pre-intervention (4.898) and the post-intervention (7.911). The earlier set hypothesis was sustained.

Discussion

The outcome of this study showed that the nurses' knowledge of management of compassion fatigue mean score at pre-test was 11.89 which is equivalent to 49.5%. Thus, it could be said that nurses' knowledge of management of compassion fatigue before intervention was fair. After the intervention, the study revealed that nurses' knowledge of management of compassion fatigue mean score was 22.96 (95.67%). The only reason adduced for this improvement is that the training was able to achieve the aim of improving nurses' management of compassion fatigue. This corroborates previous findings on management of compassion fatigue in Australia and United States of America.

Educational programs that taught recognition and management of compassion fatigue were found to be effective in resilience and coping (Knobloch & Klopper, 2010; Sorenson et al., 2016). Such education can enhance self-esteem, fostering the ability to handle difficulties and stressors inherent in providing health care (Finzi-Dottan & Kormosh, 2016). Strategies to promote teamwork and positive working relationships should be promoted (Finzi-Dottan & Kormosh, 2016; Sorenson et al., 2016). This can facilitate the development of a peer support network, making it possible for nurses to seek early assistance in dealing with the effects of compassion fatigue (Knobloch & Klopper, 2010).

The findings of the only hypothesis indicated significant difference between pre and post intervention level of management of compassion fatigue among nurses in Lagos University Teaching Hospital. It could be deduced from the findings that the difference observed between pre and post intervention groups could not have been by chance but as a result of the educational intervention the participants were exposed to.

Summary of Findings

1. Nurses' knowledge of management of compassion fatigue mean score at pre-test was fair (49.5%) while after the intervention was good (95.67%).
2. There is significant difference between pre and post intervention level of management of compassion fatigue among nurses.

Conclusion

The study found difference between pre and post intervention level of management of compassion fatigue among nurses. It is concluded that the intervention programme on management of compassion fatigue was effective.

Nursing Implication of Findings

- a) This study will ensure that initiatives aimed at larger scale studies integrated with management of compassion fatigue are included in the education programs for student nurses and healthcare professionals at the postgraduate level by the educational section of the Nursing and Midwifery Council of Nigeria (NMCN) and other Nursing Regulatory Bodies in other countries of the world.
- b) A thorough review of nursing core curriculum can be instigated by this study, both at undergraduate and postgraduate levels by the board members of NMCN, to ensure the inclusion of information on compassion fatigue in educational modules in order to provide adequate, relevant and appropriate information and subsequently equip nurses to effectively manage their stress levels and fatigue emanating from the care rendered to patients.
- c) Right from the training schools, nurses should be offered the opportunity to learn how to regulate their stress, restore their energy, and perform self-care, not only will the nursing profession benefit, so will patient care.
- d) The result of this study will encourage the nurse administrators to improving nurses' management of compassion fatigue in all health sectors. This in turn will be an important key to improving the quality of patient's care.
- e) The evidence presented by this study if added to the evidence based practices carried out by nurses working in various clinical settings who care for different patient population, experiencing compassion fatigue, will go a long way in promoting compassion satisfaction
- f) This research work can initiate evidence based nursing practice on prompt management of compassion fatigue.

Recommendations

In view of the findings stated earlier, the following recommendations are made:

- i. Nurses should be encouraged by their superiors and managers, to also care for themselves as they care for others and protect their physical and mental health.
- ii. There should be early assessment of nurses, especially those at higher risk; by management board of each health care facility, using appropriate instruments such as the professional quality of life scale, for signs of compassion fatigue.

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