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Assessment of Compassion Satisfaction, Compassion Fatigue, and Coping Strategies among Nurses in Gastroenterology and Diagnostic Units of a Tertiary Care Hospital, Tamilnadu, India

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Abstract: ***Nurses frequently encounter emotionally challenging situations that may lead to compassion fatigue, affecting their well-being and quality of care. This study aimed to assess the prevalence of compassion satisfaction, compassion fatigue, and coping strategies among nurses, and to determine associations between these variables and selected demographics. A facility-based cross-sectional study was conducted among 92 nurses working in the Gastroenterology Ward and Diagnostic Unit at Christian Medical College, Ranipet, Vellore. Data were collected using a self-administered questionnaire, which included the Professional Quality of Life Scale (ProQOL) and a Coping Strategy Questionnaire. Statistical analysis was performed using SPSS 2021. Results showed that 58.7% of nurses had high and 40.2% had average compassion satisfaction, while most experienced average burnout (94.6%) and secondary traumatic stress (54.3%). No significant association was found between coping strategies and compassion satisfaction (p>0.05). The findings highlight the importance of fostering institutional support and training programs to enhance adaptive coping and reduce burnout. Interventions promoting emotional resilience may sustain compassion satisfaction and improve patient care outcomes***

Keywords: Compassion fatigue, Compassion satisfaction, Coping strategies, Burnout, Nurses, Resilience.

1. Introduction

Nursing is a demanding profession that requires emotional strength, empathy, and constant exposure to patient suffering. Continuous involvement in such settings can lead to compassion fatigue (CF) is a form of emotional exhaustion that affects nurses' ability to provide quality care [1]. Conversely, compassion satisfaction (CS) refers to the pleasure derived from helping others and achieving professional fulfilment [2]. Globally, compassion fatigue is recognized as an emerging concern in healthcare systems, especially in specialties such as gastroenterology, oncology, and critical care [3,4]. Studies indicate that nurses with high compassion fatigue experience burnout, absenteeism, and job dissatisfaction [5]. On the other hand, compassion satisfaction can serve as a buffer against stress, supporting psychological resilience and professional motivation [6]. Coping mechanisms play a crucial role in how nurses handle occupational stress. Adaptive coping—problem-solving and emotional regulation—can prevent burnout, whereas maladaptive coping such as avoidance can worsen emotional strain [7]. CF is a preventable state of physical, emotional, and spiritual exhaustion induced by witnessing and absorbing the death and suffering of other peoples without establishing boundaries and self-care practices. Prolonged exposure to suffering, high workloads, and workplace stressors can contribute to burnout and diminished well-being. Understanding the balance between compassion satisfaction and fatigue, along with effective coping mechanisms, is essential for promoting job satisfaction, and quality patient care. Exploring the interplay between compassion fatigue, satisfaction, and coping may guide supportive interventions and promote healthier nursing environments.

This study aimed to assess compassion satisfaction, compassion fatigue, and coping strategies among nurses in gastroenterology and diagnostic units of a tertiary care hospital in South India. The objectives of the study are as follows

1) To assess the prevalence of compassion satisfaction, compassion fatigue and coping among nurses in Gastroenterology and hepatology general ward, High dependency area with critically ill patients and Diagnostic area (endoscopy procedure room)
2) To determine the relationship between compassion fatigue and coping strategy
3) To find the association between the demographic variables and their compassion satisfaction, compassion fatigue and coping strategies

2. Methods

A cross-sectional, facility-based study was carried out in the Gastroenterology Ward and Diagnostic Area. The study included 92 nurses selected through consecutive sampling over three weeks. Inclusion criteria covered nurses who were currently employed in the selected units, while those on extended leave were excluded. Data were collected using a self-administered questionnaire with three sections as following.

Section (A) consists of Demographic variables. (Age, Sex, Marital status, Type of family, Childhood nurturing environment, Living arrangement, Distance between workplace and home, Place of higher secondary education, Institution of nursing education, Educational qualification, Previous work experience other than present hospital,

Employment status, Area of work experience, Position in ward and Current working experience).

Section (B) is Professional Quality of Life Scale (ProQOL Version 5) to assess Compassion Satisfaction, Burnout, and Secondary Traumatic Stress [2], and

Section (C) is Coping Strategy Questionnaire for Nurses, designed by the investigator, assessing problem-focused (adaptive), emotion-focused (adaptive), and avoidance (maladaptive) coping using a 5-point Likert scale.

Scoring and interpretation: Professional quality of life scale (PROQOL) assess Compassion satisfaction, Burnout and Secondary traumatic stress. It has 30 items on a 5 point likert scale with scores of 1=Never, 2=Rarely, 3=Sometimes, 4=Often, and 5=Very often respectively. Coping Strategies Questionnaire for nurses prepared by investigator was used to assess the type of coping among nurses. It is 20 items on a 5-point likert scale. For questions 1 to 10 scoring is 1=Never, 2=Rarely, 3= Sometimes, 4=Often, 5=Very often. Items from 11 to 20 reverse scoring was done. It had 3 subsets 1) Problem-focused coping (Adaptive coping), 2) Emotion-focused coping (Adaptive or effective coping) and 3) Avoidance coping (Maladaptive or Ineffective coping).

Data were analyzed using SPSS Version 2021, applying descriptive and inferential statistics; chi-square tests determined associations between variables, with significance set at $p<0.05$. Ethical approval and informed consent were obtained.

3. Results

Table 1: Distribution of nurses based on their demographic variables (N=92)

Demographic Variables	Frequency	Percentage
Age		
<25 yrs	29	31.5
26-35yrs	**43**	**46.7**
35-45yrs	15	16.3
>45yrs	5	5.4
Sex		
Male	3	3.3
Female	**89**	**96.7**
Marital status		
Unmarried	41	44.6
Married	51	55.4
Type of family		
Nuclear	53	57.6
Joint	39	42.4
Distance between workplace and home		
<5 km	6	6.5
5-10 km	11	12.0
10-20 km	28	30.4
>20 km	33	35.9
Not applicable	14	15.2
Institution of nursing education		
CMC	18	19.6
Others	**74**	**80.4**

Table 1 Highlights the demographic details. Mmajority of them (46.7%) were between age of 26–35 years, 31.5% were below. Majority of participants were female (96.7%), and only 3.3% were male. Regarding marital status, 55.4% were married and 57.6% belonged to nuclear families, whereas 42.4% came from joint families. Most of the participants (84.8%) lived with their families, while 15.2% stayed in hostels. When considering the distance between their homes and workplaces30.4% travelled 10–20 km, and 35.9% commuted more than 20 km. Regarding their educational background, 19.6% had studied at Christian Medical College (CMC), while a larger portion (80.4%) had received their nursing education from other institutions.

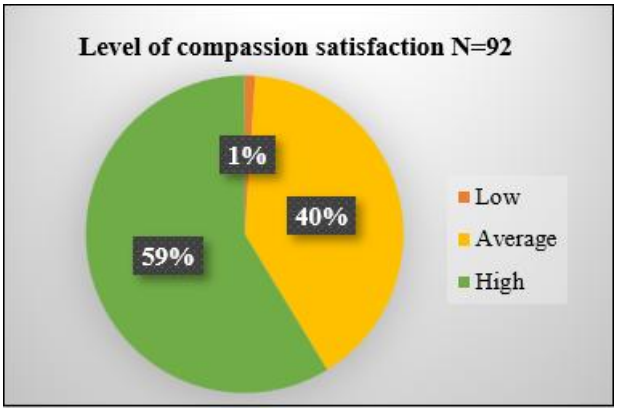

Figure 1: Level of compassion satisfaction among Nurses (N=92)

Fig:1 shows that majority of the subjects derive significant fulfillment and positive feelings from helping others. This suggests a strong sense of purpose and resilience in their roles. A substantial portion (40.22%) experiences a moderate level of satisfaction. These individuals may find their work rewarding but could also be facing some challenges or stressors that temper their overall sense of satisfaction.A very small percentage .(1.09%) have low compassion satisfaction. This may reflect burnout, emotional exhaustion, or a disconnect from the meaning of their work, which could potentially lead to compassion fatigue if not addressed.

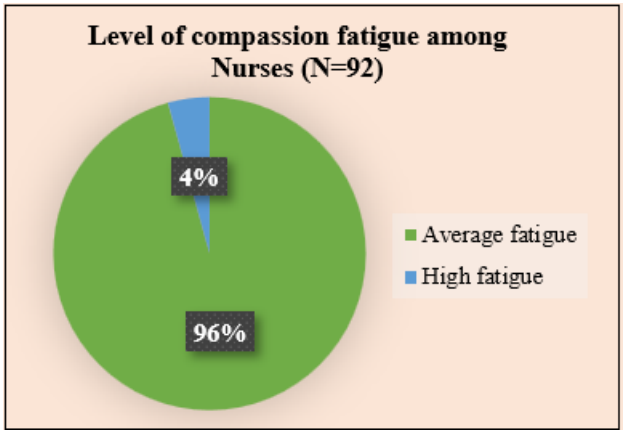

Figure 2: Level of compassion fatigue among nurses. N=92

Fig 2 shows that majority of participants fall into the average category. These individuals may experience some emotional impact from indirect exposure to trauma, but not to a debilitating degree. While manageable, this still signals a need for regular monitoring and self-care practices.

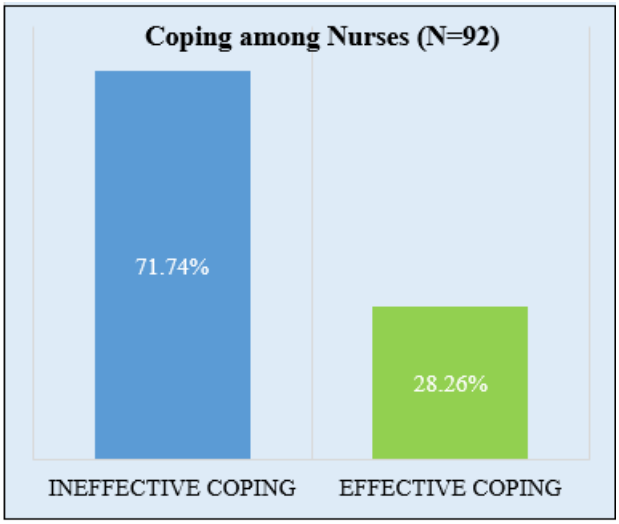

Figure 3: Level of coping among Nurses (N=92)

Fig 3 shows that majority has ineffective coping strategies to adjust to the clinical area demands. The study emphasizes the importance of continued support for nurses' mental well-being and highlights the need for interventions that promote healthy coping mechanisms

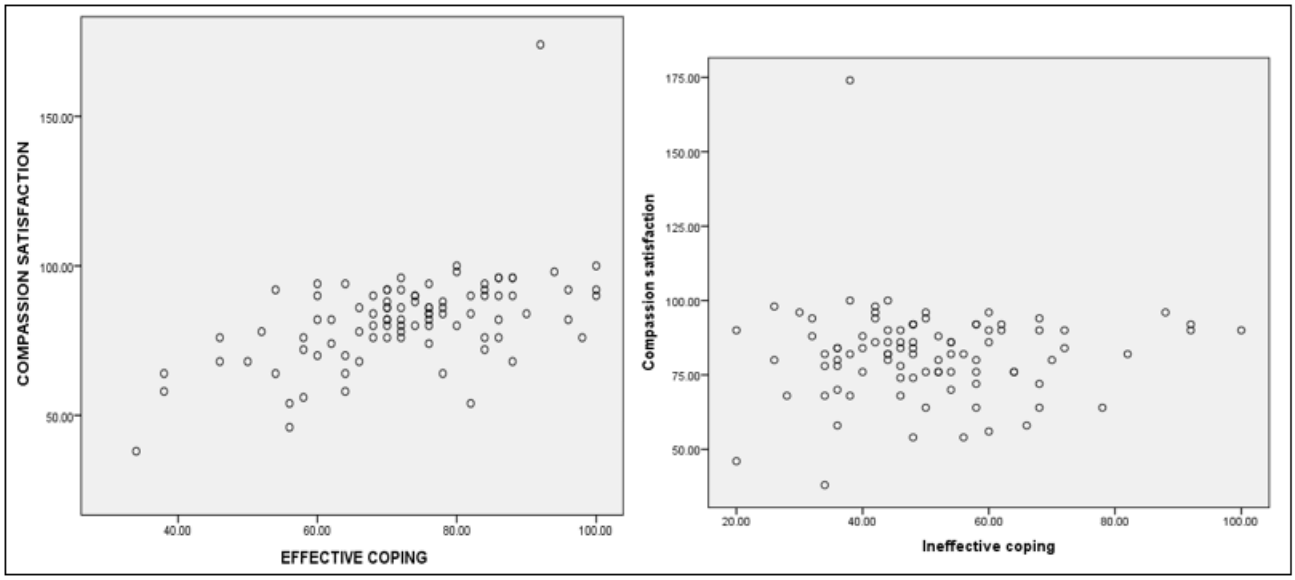

Figure 4: Comparison of nurses based on their compassion satisfaction and adaptive and maladaptive coping(N=92)
*p=<0.05, statistically significant

Based on the analysis there is no statistically significant relationship between compassion satisfaction and both adaptive and maladaptive coping among nurses. The p-value for adaptive coping is 0.235 and for maladaptive coping is 0.197, both of which are greater than the significance level of 0.05. This means that differences in coping styles, whether adaptive or maladaptive, are not significantly associated with the level of compassion satisfaction experienced by the nurses in this study. There was no statically significant association between other selected demographic variables and ineffective coping except institution of nursing education (p= 0.001), and the position in the ward (p-value of 0.004). This indicates that the place where nurses received their nursing education and their specific role or position in the ward may influence how they cope in a maladaptive way.

Table 2: Relationship between Compassion Fatigue & Coping Strategy (N=92)

Coping dimension	*R* (with Compassion Fatigue)	*P -value*	Interpretation
Effective Coping Total	**0.27**	0.01	Small-to-moderate positive relationship – nurses who report *more* effective coping also show slightly higher compassion fatigue.
Problem-Focused Coping	**0.3**	0.003	Moderate positive relationship – greater use of problem-focused strategies is associated with higher compassion fatigue.
Emotion-Focused Coping	0.19	0.066	Not statistically significant at 0.05 – little evidence of a linear relationship.
Ineffective Coping Total	**0.39**	<0.001	Strongest positive relationship nurses engaging in *ineffective* coping show markedly higher compassion fatigue.

In the statistical analysis to determine association between the demographic variables and their compassion satisfaction, compassion fatigue and coping strategies the following results were found. There was no statistically significant relationship between selected demographic variable and compassion satisfaction. Among all the variables, marital status ($p = 0.037$), living arrangement ($p = 0.001$), institution of nursing education ($p = 0.003$), and educational qualification ($p = 0.033$) showed statistically significant associations with effective coping. There was no statically significant association between other selected demographic variables and ineffective coping except institution of nursing education ($p= 0.001$), and the position in the ward (p-value of 0.004). This indicates that the place where nurses received their nursing education and their specific role or position in the ward may influence how they cope in a maladaptive way.

4. Discussion

This study revealed that nurses maintained moderate to high compassion satisfaction despite exposure to emotionally taxing environments. Similar patterns were observed in emergency and oncology settings, where supportive teamwork mitigated compassion fatigue [6]. The predominance of moderate burnout and secondary traumatic stress suggests resilience among participants, though accumulated exposure may lead to emotional depletion if unaddressed [8]. Contrary to previous findings showing a positive link between adaptive coping and compassion satisfaction [7], this study found no significant correlation—possibly due to contextual and workload variations. The observed tendency of some nurses with higher compassion satisfaction to exhibit maladaptive coping could reflect emotional overinvestment in patient care, leading to temporary avoidance or fatigue [9]. Institutional interventions such as resilience training, mindfulness programs, and debriefing sessions have proven effective in enhancing well-being and reducing burnout [10].

5. Conclusion

Most nurses in gastroenterology and diagnostic units experienced moderate to high compassion satisfaction with manageable levels of burnout and secondary traumatic stress. Although coping strategies did not significantly influence compassion satisfaction, the findings emphasize the need for continuous training and organizational support to strengthen emotional resilience and positive coping among nurses.

6. Recommendations for improving coping

1) Regular workshops on stress management and mindfulness.
2) Encourage peer debriefing sessions after emotionally intense clinical encounters.
3) Provide institutional counseling services and periodic psychological assessments.
4) Implement time management and work-life balance initiatives.
5) Integrate compassion satisfaction and resilience modules in continuing nursing education.

References

[1] Figley CR. Compassion fatigue: Psychotherapists' chronic lack of self- care. J Clin Psychol. 2002;58(11):1433–41.
[2] Stamm BH. The Concise ProQOL Manual. 2nd ed. Pocatello, ID: ProQOL.org; 2010.
[3] Peters E. Compassion fatigue in nursing: A concept analysis. Nurs Forum. 2018;53(4):466–80.
[4] Zhang YY, Han WL, Qin W, Yin HX, Zhang CF, Kong C, et al. Extent of compassion satisfaction, compassion fatigue and burnout in nursing: A meta-analysis. J Nurs Manag. 2021;29(3):407–18.
[5] Kelly L, Runge J, Spencer C. Predictors of compassion fatigue and compassion satisfaction in acute care nurses. J Nurs Scholarsh. 2015;47(6):522–8.
[6] Hunsaker S, Chen HC, Maughan D, Heaston S. Factors influencing compassion fatigue, burnout, and satisfaction among emergency nurses. J Nurs Scholarsh. 2015;47(2):186–94.
[7] Kim K, Kim JS. Relationship between coping strategies, job satisfaction, and burnout among hospital nurses. Int J Environ Res Public Health. 2020;17(18):6856.
[8] Klein CJ, Riggenbach-Hays JJ, Sollenberger LM, Harney DM, McGarvey JS. Quality of life and compassion satisfaction in clinicians: A pilot intervention. J Hosp Admin. 2020;9(4):35–42.
[9] Mills J, Wand T, Fraser JA. Exploring the meaning and practice of self-care among palliative care nurses and doctors: A qualitative study. BMC Palliat Care. 2018;17(1):63.
[10] Harker R, Pidgeon AM, Klaassen F, King S. Exploring resilience and mindfulness as preventative factors for burnout in healthcare staff. J Contemp Psychother. 2016;46(2):85–97.