



COMPARISON OF COMPASSION FATIGUE BETWEEN ONCOLOGY NURSES OF MILITARY AND PUBLIC HOSPITALS IN GREECE

Angeliki Mavrommati, Psychologist, RN, Msc,¹; Ioanna Tsatsou, RN, Msc, PhD¹; Ioannis Papavasileiou, Health Psychologist, Bsc, Msc, Adv Dip CBT
1.Hellenic Airforce General Hospital, Athens, Greece

ABSTRACT

Introduction: Oncology nurses are the healthcare professionals in most direct contact with advanced disease and death. Thus, they often experience compassion fatigue. Compassion fatigue is characterized by burnout, secondary traumatic stress, and low job satisfaction.

Objective: The aim of the study was to compare the levels of compassion fatigue between oncology nurses of military and civilian hospitals in Greece.

Methods: A quantitative, cross-sectional study was conducted between February and March 2023 and included 244 oncology nurses. Participants completed the Greek version of the Professional Quality Of Life Scale (ProQOL) and a demographic data form. The questionnaires were distributed online via a personal email through the email database of the Hellenic Oncology Nurses Society-Hellenic Nurses Association, after relevant permission. The acquired data were processed with the SPSS.22 data analysis program.

Results: The 63.5% (n=155) of the participants were civilian nurses and the 36.5% (n=89) were military nurses. The majority of the nurses were women (75%). Overall, levels of compassion fatigue did not statistically significant differ between military and public hospitals’ oncology nurses (p= 0.32). Levels of compassion fatigue appeared to be related to the educational background (p=0.00), palliative care expertise (p= 0.01), and psychological support (p=0.001) while no associations were seen with other demographic variables such as gender (p= 0.27), age (p= 0.06), and years of professional experience (p>0.05).

Conclusion: Although, the work environments of military and public hospitals may appear very different, cancer care in all its complexity and demand is similar, so are the levels of compassion fatigue in oncology nurses. Nevertheless, more studies are needed to thoroughly investigate compassion fatigue in this sample.

CONTACT

Dr Ioanna Tsatsou, Cancer Nurse
Hellenic Airforce General Hospital, Athens, Greece
Email: itsatsou@uniwa.gr

INTRODUCTION

Oncology nurses are the healthcare professionals in most direct contact with advanced disease and death, offering emotional as well as physical support to control the symptoms and side effects of each anticancer treatment. Thus, they often experience compassion fatigue. Compassion fatigue is characterized by burnout, secondary traumatic stress, and low job satisfaction. Given the research gap that exists regarding research on compassion fatigue in oncology nurses in Greece, both in Military and Civil hospitals, this specific research aimed to compare the levels of compassion fatigue between oncology nurses of military and civilian hospitals in Greece.

METHODS AND MATERIALS

A quantitative, cross-sectional study was conducted between February and March 2023 and included 244 oncology nurses. Participants completed the Greek version of the Professional Quality Of Life Scale (ProQOL) and a demographic data form. The ProQOL Scale is the most commonly used instrument for measuring compassion fatigue worldwide. The scale is designed to measure compassion fatigue, professional burnout, secondary traumatic stress, and compassion satisfaction. It does not only focus on the negative consequences of caring for others, but also attempts to capture the positive emotions that derive from caring. It consists of three subscales (compassion satisfaction, burnout, secondary traumatic stress) of ten items each. A score equal to or less than 22 indicates a low level of professional satisfaction, professional burnout, and secondary traumatic stress. A score of 23-41 indicates a moderate level of professional satisfaction, professional burnout, and secondary traumatic stress. A score equal to or greater than 42 indicates a high level of job satisfaction, burnout, and secondary traumatic stress. The analysis showed that the satisfaction with compassion scale had an acceptable level of reliability (Cronbach a=0.84) The questionnaires were distributed online via a personal email through the email database of the Hellenic Oncology Nurses Society-Hellenic Nurses Association, after relevant permission. The acquired data were processed with the SPSS.22 data analysis program.

ProQoL	Mean (SD)	Min - Max
Compassion satisfaction	35.28(6.62)	10-50
Professional burnout	26.18(5.12)	10-38
Secondary traumatic stress	24.62(6.23)	10-44

Table 1. Descriptives of ProQoL scale

RESULTS

The 63.5% (n=155) of the participants were civilian nurses and the 36.5% (n=89) were military nurses. The majority of the nurses were women (75%). The 25.8% (N=63) work in an outpatient unit and 74.2% (N=181) in a clinic. The majority of the sample (N=150) had over 3 years of clinical experience, while 52.5% (N=128) had undertaken training in palliative care by personal choice. The majority of institutions, 79.5% (N=194) had not trained their staff in palliative care, as well as they did not provide psychological support in 84% (N=205). The nurses as a whole present moderate levels of compassion satisfaction with a mean value of 35.28 (SD= 6.62), burnout with a mean value of 26.18 (SD=5.12), compassion fatigue and secondary traumatic stress with a mean value of 24.62 (SD=6.23) (Table 1). Overall, levels of compassion satisfaction, professional burnout, secondary trauma stress did not statistically significant differ between military and public hospitals’ oncology nurses (p= 0.32. p=0.56,p=0.42 for the three subscales respectively). The Mann-Whitney non-parametric test was used to extract these results (figure 1,2,3). Regarding the demographic data, the Kendall correlation coefficient τ was used, which is non-parametric and offers a better estimate of the correlation in the population. Levels of compassion fatigue appeared to be related to the educational background (p=0.00), palliative care expertise (p= 0.01), and psychological support (p=0.001) while no associations were found with other demographic variables such as gender (p= 0.27), age (p= 0.06), and years of professional experience (p>0.05) (table 2).

Variables	CS	BO	STS
	τ (P)	τ (P)	τ (P)
Gender	.06(.27)	.01(.83)	.13(.013)
Age	.03(.06)	-.03(.55)	-.03(.54)
Educational level	.21(.00)	-.23(.00)	.24(.00)
Department	-.18(.05)	.25(.00)	.02(.70)
Work experience	.06(.22)	- .05(.39)	-.03(.63)
Palliative care training	.26(.00)	-.14(.01)	.13(.01)
Psychological support	.10(.06)	-.06(.28)	.19(.001)

Table 2. Correlation of demographic variables with ProQoL subscales.

CS: Compassion satisfaction, BO: Burn out, STS: Secondary trauma stress

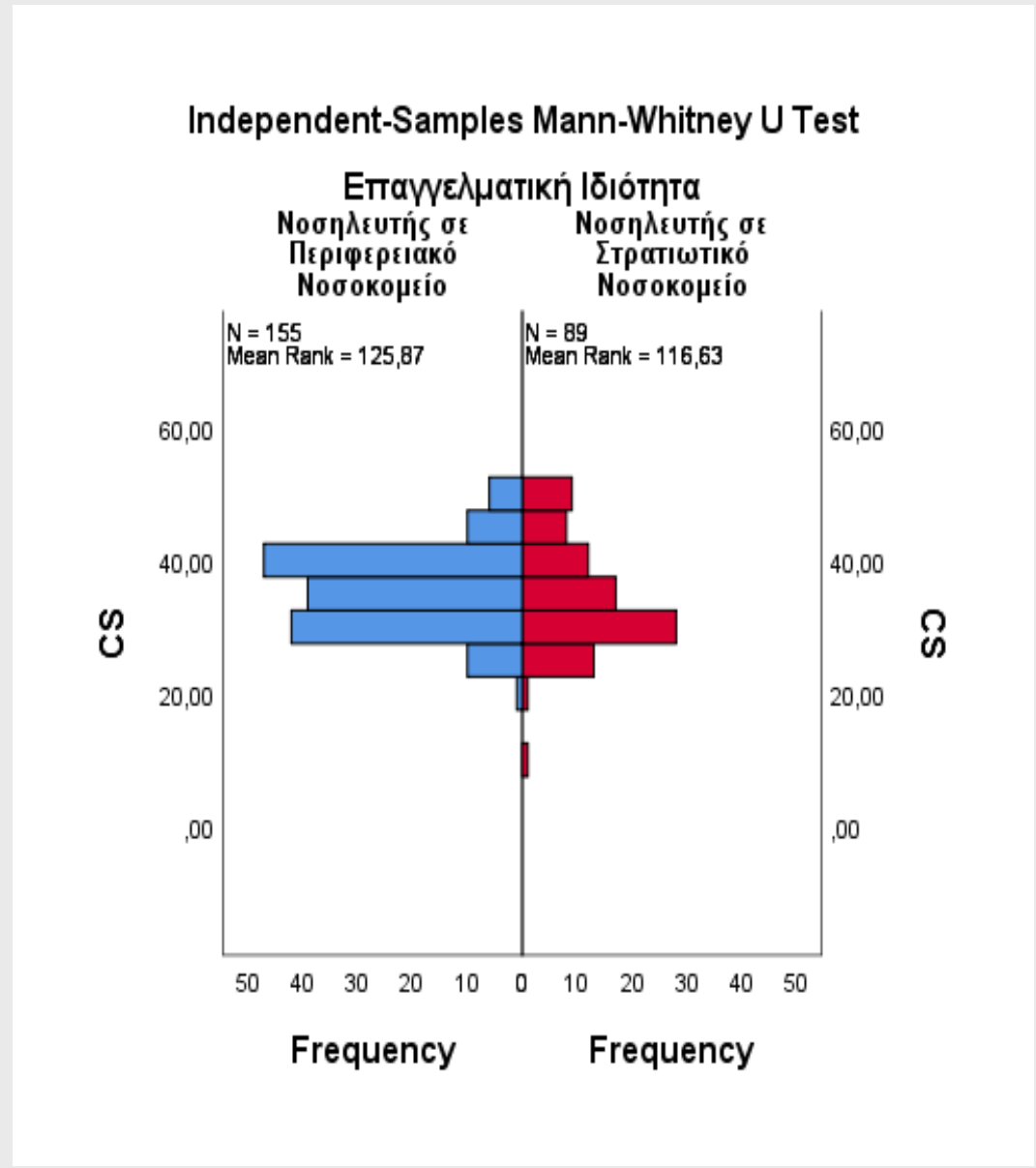


Figure 1. Independent Mann-Whitney test for compassion satisfaction

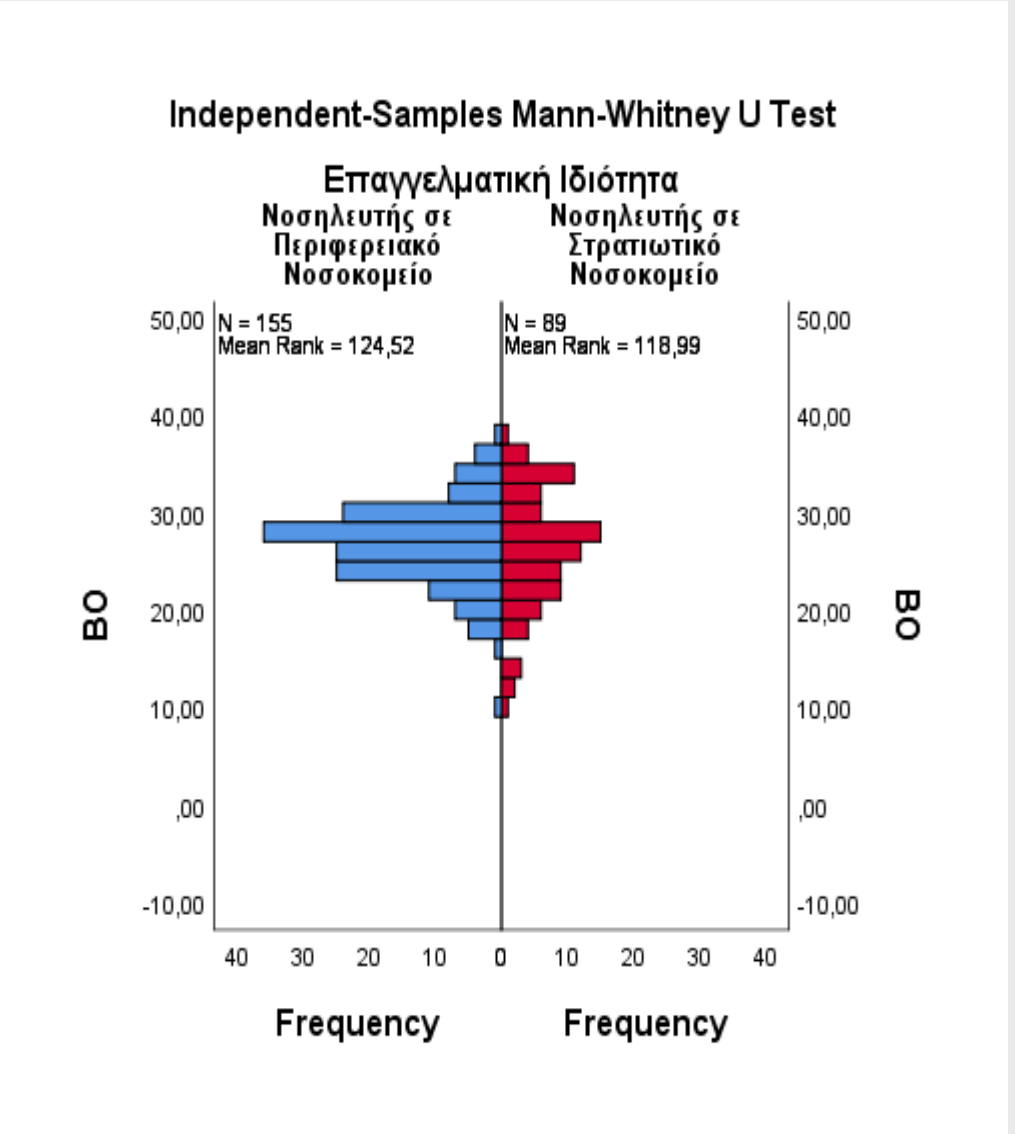


Figure 2. Independent Mann-Whitney test for burn out

DISCUSSION

While the work environments of military oncology nurses and oncology nurses in public hospitals may appear very different, there are several factors that may contribute to similar levels of compassion fatigue in both groups. First, both oncology nurses in military and public hospitals care for patients facing the serious illness of cancer. Cancer patients may experience physical pain, emotional distress, and uncertainty about the future. Regular witnesses to this pain are likely to lead to emotional exhaustion and reduced empathy, which are characteristics of compassion fatigue. Second, both groups of nurses may experience high levels of stress due to the demands of their work. Military oncology nurses work in austere environments where resources are limited, while nurses in public hospitals face also staff shortages and a high workload. In addition, military nurses face frequent travel, which disrupts their personal lives and contributes to feelings of isolation and burnout. These factors increase the pressure on oncology nurses in both hospital settings, making it difficult to avoid compassion fatigue and burn out.

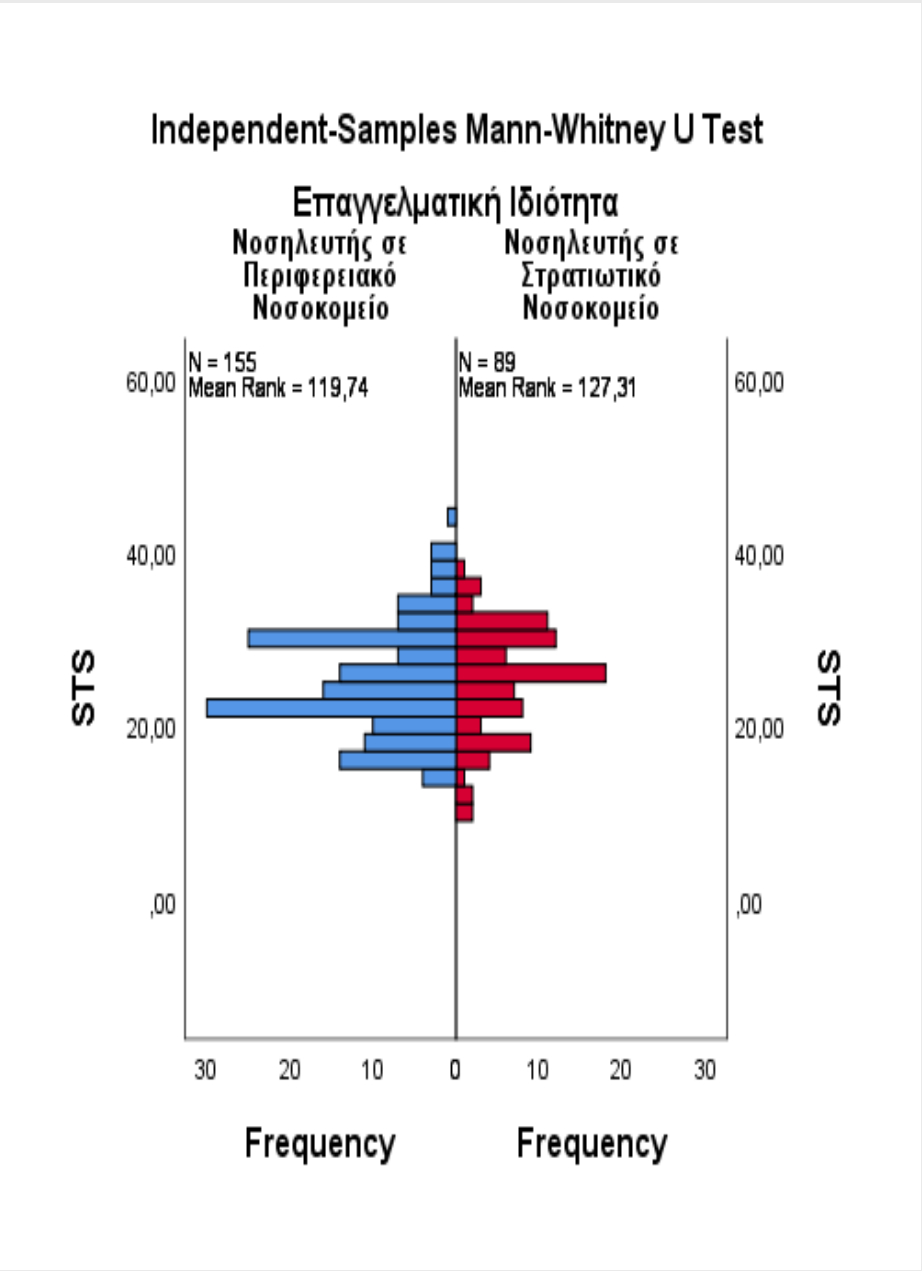


Figure 3. Independent Mann-Whitney test for secondary trauma stress

CONCLUSIONS

Although, the work environments of military and public hospitals may appear very different, cancer care in all its complexity and demand is similar, so are the levels of compassion fatigue in oncology nurses. Nevertheless, more studies are needed to thoroughly investigate compassion fatigue in this sample.

REFERENCES

- Jang, I., Kim, Y., & Kim, K. (2016). Professionalism and professional quality of life for oncology nurses. *Journal of clinical nursing*, 25(19-20), 2835-2845.
- Jarrad, R. A., & Hammad, S. (2020). Oncology nurses' compassion fatigue, burn out and compassion satisfaction. *Annals of general psychiatry*, 19(1), 1-8.
- Misouridou, E., Mangoulia, P., Pavlou, V., Kasidi, K., Stefanou, E., Mavridoglou, E., Kelesi M. & Fradelos, E. (2021). Reliability and Validity of the Greek Version of the Professional Quality of Life Scale (ProQOL-V). *Materia Socio-medica*, 33(3), 179.
- Sacco, T. L., & Copel, L. C. (2018). Compassion satisfaction: A concept analysis in nursing. In *Nursing forum*, 53(1), 76-83.
- Stamm, B. H. (2010). *The concise ProQOL Manual*.