

Research Paper

## Compassion Satisfaction, Compassion Fatigue and Mental-Well Being among Health Care Workers during COVID-19 outbreak

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### ABSTRACT

Health care workers have been showing up to provide medical care and assistance to patients even during a global pandemic of Covid-19. Their work has affected their lives, both positively and negatively. Both Compassion Satisfaction and Compassion Fatigue can be an outcome of their hard work and empathy. In light of this unprecedented crisis, it has become crucial to acknowledge the medical fraternity's mental health status. The present research aims to study compassion satisfaction, burnout, secondary traumatic stress, and mental well-being among health care workers. 84 professionals (physicians, nurses, pharmacists, and technicians) participated in this study. Standardized scales were used to assess compassion satisfaction, compassion fatigue, and mental well-being. The results revealed that there is a negative correlation between burnout and mental well-being among healthcare workers. Secondary traumatic stress and burnout also came out to be positively correlated. Another finding showed that women have higher stress levels as compared to men. Thus, it is necessary to implement mental health interventions among professionals to promote psychological care and reduce stress levels. It is also essential to incorporate the responsibility of institutions in this regard. Regardless of the pandemic, long-term interventions are needed to improve compassion skills among health care workers.

**Keywords:** *Compassion Satisfaction, Compassion Fatigue, Burnout, Secondary Traumatic Stress, Mental Well-Being, Healthcare Workers, COVID-19*

The novel coronavirus disease (COVID-19) has affected over 7 million people all across the globe. It does not take into consideration race, socio-economic status, or countries while infecting. It has also infiltrated into India with over 250 000 cases in a population of over 1.3 billion. The virus has posed a significant challenge for all the frontline workers, including Healthline workers, food and grocery suppliers, sanitation workers, and other essential service workers. By working relentlessly, they have put their own lives at risk to save others. The healthcare workers have had the most elevated risk of contracting the virus. These professionals have had to acclimatize themselves to the emerging knowledge and institutional rules and regulations.

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Moreover, Healthcare workers have been caring for severely ill colleagues, dying patients, and consoling patients' family members. It was significantly more challenging for them because of the pandemic exceeding the hospitals' resources and intensive care units (ICUs) worldwide. Non-COVID-related health problems and personal health challenges among healthcare workers have further exhausted their working capacities. These high-pressure environments have caused many psychological issues for these workers, including post-traumatic stress disorder (PTSD), depression, anxiety disorders, depression, insomnia, substance abuse disorders, and suicide.

Furthermore, Healthcare workers derive immense satisfaction from their ability to help in such crucial times. At the same time, some may experience emotional and physical exhaustion due to increased exposure to trauma and stress. The latter diminishes their empathy and compassion for others and makes them wary of giving and caring.

A study performed by Fernandez et al. (2020) on 506 health care professionals in Spain showed that physicians working in COVID-care units had higher levels of compassion fatigue and burnout.

Another study by Pearman et al. (2020) conducted on 90 HWCs revealed that Healthcare workers have higher levels of depressive symptoms, stress, general anxiety, and tiredness than non-Healthcare workers.

### **Compassion Satisfaction**

Compassion Satisfaction refers to the pleasure one derives from doing their work well. It is a positive feeling one gets after contributing to the work setting or society's greater good. It may be associated with providing care, working with colleagues, beliefs about self, and altruism.

Collins and Long (2003) speculated that "compassion satisfaction might fuel people's will to work and protect against compassion fatigue and burnout."

A study performed by Hunt et al. (2019) on 117 cancer health care professionals revealed a negative correlation between personal distress and compassion satisfaction.

### **Burnout**

Burnout is the first component of Compassion Fatigue. According to the World Health Organization (1994), it is characterized by "feelings of energy depletion or exhaustion, increased mental distance from one's job, or feelings of negativism or cynicism related to one's job, and reduced professional efficacy." Freudenberger (1974) described burnout as exhaustion resulting from "excessive demands on energy, strength, or resources" in the workplace, characterizing it by a set of symptoms such as malaise, fatigue, frustration, cynicism, and inefficacy. Some may experience disengagement, blunted emotions, loss of motivation, loss of hope, and depression.

In their study, Wu et al. (2020) compared the burnout frequency among frontline healthcare workers and usual ward staff during COVID-19 and found that the former had a higher frequency of burnout.

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In their study, Soler et al. (2014) examined the adverse professional consequences of burnout in Spain's healthcare professionals.

Barello et al. (2020), in their study, provided an account of psychological pressure, emotional burnout, and somatic symptoms among COVID-19 healthcare workers in Italy.

### **Secondary Traumatic Stress**

Secondary Traumatic Stress is the second component of Compassion Fatigue. It is associated with work-related, secondary exposure to significantly or traumatically stressful events, i.e., when an individual hears about someone else's firsthand trauma experiences. Listening to trauma stories can often take an emotional toll that compromises professional functioning and diminishes the quality of life. Secondary traumatic stress symptoms include being afraid, sleeping difficulties, having images of the upsetting event pop into your mind, or avoiding triggers that remind you of the event.

Penix et al. (2019) conducted a study on healthcare staff that reported secondary traumatic stress was negatively associated with job performance and family connectedness. STS was also positively correlated to exposure to combat events, occupational demands, and burnout. Kintzle et al. (2013) performed a study on Military and Mental healthcare providers and found out that mental health professionals were higher on STS than military workers.

### **Mental Well-Being**

The World Health Organization (1994) defines it as "Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."

Mental well-being refers to a positive state of psychological and emotional health; it indicates That a person can function cognitively and emotionally in a productive and fulfilling manner; well-being is a multi-dimensional construct (Seligman, 2012) that involves more than just being in a good mood or feeling happy.

A majority of studies provide a higher prevalence of a range of mental health outcomes among healthcare workers, including anxiety, fear, depression, insomnia, somatization, OCD, and PTSD compared with non-medical staff.

Benjamin et al. (2020), administered a survey on Healthcare Workers in Singapore to study the psychological impacts of the COVID-19 pandemic. Their study's primary outcome was the prevalence of depression, stress, anxiety, and PTSD among Healthcare workers.

### ***Purpose***

The present research aims to study the effect of the COVID-19 outbreak on compassion satisfaction and compassion fatigue among healthcare workers. There is a strong need to look into these variables in the Indian context as a considerable amount of research has been done internationally.

### ***Hypothesis***

- There will be a negative correlation between compassion satisfaction and compassion fatigue among healthcare workers.

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- There will be a positive correlation between compassion satisfaction and mental well-being among healthcare workers.
- There will be a negative correlation between compassion fatigue and mental well-being among healthcare workers.

### METHODOLOGY

#### Sample

The study was conducted on 84 healthcare workers (42 men and 42 women) from Punjab, Chandigarh, and Himachal Pradesh. The sample consisted of physicians, nurses, pharmacists, and technicians who have been working during the COVID-19 outbreak.

#### Measures

The standardized tests used for this study were:

**The Professional Quality of Life Scale (PROQOL)**- PROQOL is a 30 item self-report questionnaire developed to measure compassion satisfaction and compassion fatigue among helping professionals. B. Hudnall Stamm developed the 5th version of PROQOL in 2009. It measures three aspects of professional quality of life:

**Compassion Satisfaction** (pleasure one derives from being able to do their work well), **Burnout** (exhaustion, frustration, anger, and depression related to work), and **Secondary Traumatic Stress** (fear faced due to work-related primary or secondary trauma). Each item was scored on a five-point Likert scale ranging from Never to Very Often.

**Warwick-Edinburgh Mental Well-being Scale (WEMWBS)**- WEMWBS is a scale consisting of 14 positively worded items. It measures both aspects of mental well-being – feelings and functional aspects. Sarah Stewart-Brown and Stephen Platt at the University of Edinburgh developed this scale in 2007.

#### Procedures

The participants were informed about the purpose of the research, and the questionnaires were filled using Google forms. The participants were requested to respond honestly and were assured of the confidentiality of their responses. They were thanked for their time and cooperation. Standardized psychological tests were administered to the participants.

### RESULTS

Mean, Standard Deviation, and Correlations were worked out to find out the relation.

Table 1- showing correlations of all variables

	Compassion Satisfaction	Burnout	Secondary Traumatic Stress	Mental Well-Being
Compassion Satisfaction	—			
Burnout	-0.008	—		
Secondary Traumatic Stress	-0.033	0.352**	—	
Mental Well-Being	<b>0.210</b>	<b>-0.527***</b>	<b>-0.194</b>	—

Where, \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

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**Table 2- showing Independent Samples T-Test**

		<b>Statistic</b>	<b>df</b>	<b>p</b>
Compassion Satisfaction	Student's t	-0.500	82.0	0.619
Burnout	Student's t	0.558	82.0	0.579
Secondary Traumatic Stress	Student's t	2.350	82.0	0.021
Mental Well-Being	Student's t	-0.913 <sup>a</sup>	82.0	0.364

<sup>a</sup> Levene's test is significant ( $p < .05$ ), suggesting a violation of the assumption of equal variances

**Table 3- showing group descriptive**

	<b>Group</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>
Compassion Satisfaction	Female	42	38.2	8.28
	Male	42	39.0	6.45
Burnout	Female	42	25.9	3.56
	Male	42	25.5	3.08
Secondary Traumatic Stress	Female	42	27.6	7.95
	Male	42	24.1	5.48
Mental Well-Being	Female	42	50.5	11.00
	Male	42	52.4	7.56

## **DISCUSSION**

The results found out that there is a negative correlation between burnout and mental well-being ( $r= -0.527$ ,  $p<0.001$ ). Hence, the hypothesis that a negative correlation between compassion fatigue and mental well-being is accepted. The results also found out that there is a positive correlation between burnout and secondary traumatic stress ( $r=0.352$ ,  $p<.01$ ). Further, we found out insignificant negative correlations between compassion satisfaction and compassion fatigue, and an insignificant positive correlation between compassion satisfaction and mental well-being ( $r=0.210$ ). Additionally, the comparative study revealed that women are higher on secondary traumatic stress as compared to men. ( $p=0.021$ )

Weintraub et al. (2016) conducted a study on neonatologists in the US and obtained strong correlations between CF and BO and obtained negative correlations between BO and CS.

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In another study by Johnson et al. (2017), the results implied higher burnout and poorer well-being among healthcare providers are associated with more inadequate patient care, higher absenteeism, and higher turnout rates.

Craig & Sprang (2008) performed a study on trauma treatment therapists. Interestingly age became a powerful predictor of burnout and compassion satisfaction. Younger professionals reported higher burnout levels, and more experienced providers endorsed more elevated levels of compassion satisfaction.

A study conducted by Goodman et al. (2012) involved a mindfulness-based intervention performed on healthcare professionals, which decreased their burnout levels and improved well-being.

### CONCLUSION

The present study has found the psychological implications prevalent in the healthcare workers during the COVID-19 outbreak. Healthcare workers may also suffer from mental distress even years after the pandemic. The count of COVID-19 patients has been increasing dramatically in India, especially in Punjab and Maharashtra. Heavier workloads and increasingly taxing job demands have aggravated the risk perception in Healthcare workers. Given the lack of vaccines and shortages of protective equipment contribute to the high-pressure environment. Providing support and help in these times to patients is another major challenge that requires adequate psychological resources. Many Healthcare workers have been working rigorously without receiving any good training to improve their mental health. Thus, urgent psychological care is needed to address these issues.

Higher compassion fatigue among healthcare workers during COVID signifies lower levels of mental well-being and lower levels of compassion satisfaction. Several protective interventions must be introduced in hospice settings, such as providing effective equipment, allowing regular rest breaks, and designing safe places for their rest. Training and educative interventions regarding mental health must be communicated to all Healthcare workers, either face-to-face or online sessions, by trained therapists. Relaxation techniques such as yoga, meditation, mindfulness, etc., may also help prevent burnout and stress. Long-term interventions on improving compassion skills among healthcare workers may also prove to be beneficial.

Furthermore, female health workers are more prone to secondary traumatic stress. Higher Compassion Satisfaction contributes to better mental health. Thus, long-term interventions on improving compassion skills among healthcare workers may also prove to be beneficial.

On a societal level, we must acknowledge their efforts and motivate them to continue doing what they do.

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***Conflict of Interest***

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