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## BRIEF REPORT

### Burnout, compassion fatigue and compassion satisfaction among nurses in the context of maternal and perinatal deaths

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This study investigated the prevalence and levels of burnout, compassion fatigue and compassion satisfaction among nurses with exposure to maternal and perinatal deaths. A convenience sample of 83 nurses was selected for participation from six hospitals in Limpopo province, South Africa, comprising 98% females with an age range of 21 to 62 years, and 15 to 18 mean years of experience in maternal and perinatal care. The nurses completed the Professional Quality of Life Scale (ProQOL R-IV), which is a measure of burnout, compassion fatigue and compassion satisfaction. The analysis examined the prevalence and level of burnout, compassion fatigue and compassion satisfaction among the nurses. Most of the respondents (92%) reported with moderate burnout scores, and about 67% reported with moderate to high compassion fatigue scores, whilst 82% reported with compassion satisfaction scores. Moderate levels of high burnout and compassion fatigue can co-occur with relatively high compassion satisfaction among nurses in critical-care health services.

**Keywords:** compassion satisfaction, burnout and compassion fatigue, maternal and perinatal deaths, South Africa

#### Introduction

In sub-Saharan Africa, including South Africa, maternal mortality remains a major public health problem. In South Africa, the maternal mortality ratio (MMR) increased by 22% between 2005/2007 and 2008/2010, mostly from non-pregnancy-related infections (HIV/AIDS), obstetric haemorrhage and hypertension (National Department of Health, 2012). In South Africa, a total number of 4 867 maternal deaths were reported between 2008 and 2010. The Limpopo province recorded a district MMR of 275.9 per 100 000 live births (Capricorn district) and 616 maternal deaths (12% of the country's total maternal deaths) between 2008 and 2010 (National Department of Health, 2012).

The potential health consequence for workers involved in direct patient care with high risk for unpredictable mortality is sparsely studied. Related work stressors can lead to burnout and compassion fatigue which may result in absenteeism, staff turnover, aggressive behaviour among staff and medical errors. Burnout (BO) is defined as 'a syndrome of emotional exhaustion, depersonalization towards patients, and reduced sense of personal accomplishment' (Maslach, 1982, p. 3), and is also seen as 'a psychological syndrome that involves a prolonged response to chronic interpersonal stressors on the job' (Leiter & Maslach, 2004, p. 93) consisting of three components: emotional exhaustion, cynicism, and personal efficacy.

Compassion fatigue (CF) is, as Joinson (1992) describes, found in situations where health providers either turned off their own feelings or experienced helplessness from exposure to treatment or care settings for devastating

illnesses or trauma. CF is a 'cost of caring' (Figley, 1995, p. 1) and may deplete professionals of the empathy and emotional energy critical for a therapeutic relationship with a client or patient (Figley, 2002; Adams, Boscarino, & Figley 2006); while vicarious trauma includes 're-experiencing the traumatic events, avoidance/numbing of reminders and persistent arousal' from care settings (Figley, 2002, p. 1435).

Compassion satisfaction (CS) refers to the positivity involved in caring (Phelps, Lloyd, Creamer, & Forbes, 2009), and involves 'the ability to receive gratification from caregiving' (Simon, Pryce, Roff, & Klemmack, 2006, p. 6).

The three concepts – BO, CS and CF – may influence care provisioning in complex ways. For instance, some studies have reported a negative correlation between CS and BO, with lower CS when BO is reported to be higher (Rossi, Cetrano, Pertile, Rabbi, Donisi, Grigoletti, Curtolo, Tansella, Thornicroft, & Amaddeo, 2012; El-Bar, Levy, Wald, & Biderman, 2013; Slocum-Gori, Hemsworth, Chan, Carson, & Kazanjian, 2013). A similar negative association has been reported in the relationship between CS and CF (Rossi et al., 2012; Slocum-Gori et al., 2013). There is consensus among studies that high levels of BO or CF would harm a health provider's CS (Stamm, 2002). This study sought to replicate the findings about the relationships between BO, CF and CS in the context of exposure to maternal and perinatal deaths in a hospital setting.

## Methods

### Participants and setting

Participants were a convenience sample of 83 nurses from six hospitals in Limpopo province, South Africa (98% female, with 2–5+ years of experience in maternity wards) (see Table 1).

### Instruments

The nurses completed the Professional Quality of Life Scale (ProQOL R-IV: Stamm, 2005) and a sociodemographic questionnaire. The ProQOL R-IV comprises a 30-item scale for measuring compassion fatigue, burnout and compassion satisfaction. The questionnaire has a five-point Likert scale ranging from 1 ('Never') to 5 ('Very often'). Stamm (2010) reported the reliability of scores from the ProQOL R-IV as follows: 0.88 for Compassion Satisfaction, 0.75 for Burnout, and 0.81 for Compassion Fatigue. In the present study, Cronbach's alphas for scores from the ProQOL R-IV were as follows: 0.79 for Compassion Satisfaction, 0.46 for Burnout, and 0.68 for Compassion Fatigue.

### Procedure

Ethics approval was obtained from the Polokwane/Mankweng Hospital Complex Research Ethics Committee (PMHREC) of the University of Limpopo in South Africa.

**Table 1:** Demographic information of the participants,  $N = 83$

	<i>N</i>	%
<b>Gender</b>		
Male	2	2
Female	81	98
<b>Age</b>		
20–31	20	25
32–49	44	53
50+	18	22
<b>Marital status</b>		
Single	24	29
Married	48	59
Widowed	10	12
<b>Education level</b>		
Matric	44	54
Diploma	21	26
Degree	14	17
Post-graduate	2	3
<b>Occupational status</b>		
Manager/assistant	10	12
Registered nurses	61	74
Enrolled nurses	12	15
<b>Years of experience in maternity ward</b>		
≤1	18	22
2–5	53	65
>5	11	13

**Table 2:** Mean level of compassion fatigue, burnout and compassion satisfaction

	Mean(SD)	Min; Max	Low (22 or less)	Moderate (23 to 41)	High (42 or more)
Burnout	30.7(5.3)	19; 41	7(8%)	76(92%)	–
Compassion fatigue	31.1(8.9)	6; 55	12(15%)	63(75%)	8(10%)
Compassion satisfaction	37.9(8.8)	20; 57	6(7%)	45(54%)	32(39%)

Anonymity and confidentiality of data was assured by group data analysis without any personal identifiers.

### Data analysis

Descriptive and inferential analyses were performed with Stata Statistical Software (Release 10. College Station, TX: StataCorp LP). A mean comparison among categories of each individual variable was performed for CF, BO, and CS. A p-value of less than 0.05 was considered statistically significant. For all scales, a low-risk cut-off score was set at the total sum of 22 or less, between 23–41 for 'moderate-risk' and 42 or more to 'high-risk'. The cut-off values were based on the scores reported in the ProQOL Manual (Stamm, 2010).

## Results and discussion

### Burnout

Overall, ninety-two per cent of the respondents rated themselves as having moderate burnout (see Table 2). BO was relatively higher among respondents in the 44–49 age group, who were married, in managerial positions and stationed in a tertiary hospital; however, the results were not statistically significant ( $p > 0.05$ , see also Table 3). Surprisingly, the number of years worked in maternal and perinatal care were also not significantly related to burnout score ( $p > 0.05$ ).

### Compassion fatigue

Most of the respondents (85%) had moderate to high compassion fatigue (see Table 2). CF was also relatively higher among married nurses aged 44–49, and with one year or less work experience in maternal and perinatal care.

Findings replicate those of previous studies that reported nurses working in intensive, maternal and perinatal care units to have symptoms of BO and CF (Craig & Sprang, 2010; Hinderer, VonRueden, Friedmann, McQuillan, Gilmore, Kramer, & Murray, 2014). Both BO and CF have also been reported among hospital and homecare nurses (Slocum-Gori et al., 2013).

The moderate levels of BO and CF among the nurses might be explained by the fact that the nurses could likely have developed coping strategies, as attested by high CS, to deal with a stressful work situation. For instance, Stamm (2002) reported that quality of the professional's interaction with colleagues and satisfaction moderated work-related stressors.

### Compassion satisfaction

Ninety-three per cent of the respondents had moderate to high compassion satisfaction (see Table 2). Similar findings were found in Nigeria (Ugwa & Ugwa, 2014) and India (Jaiswal, Gadpayle, Singhal, Sachdeva, Modi, Padaria, & Ravi, 2015).

**Table 3:** Mean level of burnout, compassion fatigue and satisfaction among nurses by demographics

	n	Burnout			Compassion fatigue			Compassion satisfaction		
		% Above cut-off	mean ±SD	p-value	% Above cut-off	mean ±SD	p-value	% Above cut-off	mean ±SD	p-value
<b>Age</b>										
20–31	20	100	31.2±3.9		90	31.1±6.8		95	38.1±8.3	
32–43	27	89	29.3±5.3	0.175	88	28.9±8.4	0.365	89	34.9±9.7	0.105
44–49	17	89	32.9±6.1		94	33.9±11.2		100	41.5±7.2	
50+	18	89	30.3±5.6		84	31.4±9.2		89	38.2±8.3	
<b>Marital status</b>										
Single	24	92	29.6±4.8		87	29.6±8.2		96	35.9±8.8	
Married	48	94	31.4±5.4	0.416	85	32.5±8.7	0.148	94	38.6±8.0	0.480
Widowed	10	80	30.2±6.4		80	27.1±10.3		80	38.2±11.9	
<b>Education level</b>										
Matric	44	91	30.3±5.2		84	30.0±8.6		89	37.4±9.4	
Diploma	21	95	32.4±4.9	0.274	90	32.0±9.9	0.596	100	38.2±6.2	0.955
Degree	14	86	29.5±6.2		79	33.1±9.3		100	38.2±6.2	
Post-grad.	2	100	27.5±2.1		100	27.0±5.7		100	36.0±11.3	
<b>Occupational status</b>										
Manager	10	90	32.3±4.5		100	33.9±6.1		90	39.1±8.5	
RN	61	92	30.7±5.2	0.431	82	31.2±9.8	0.307	97	38.6±8.2	0.162
EN	12	92	29.3±6.9		92	28.1±4.5		75	33.4±11.2	
<b>No. of years working in maternity ward</b>										
≤1	18	94	30.3±4.5		100	31.6±8.2		94	39.2±9.5	
2–5	53	94	30.9±5.2	0.863	81	30.8±9.2	0.956	92	37.8±8.7	0.753
>5	11	73	30.1±6.9		82	31.2±9.5		91	36.8±8.8	
<b>Facility type</b>										
District	30	90	29.9±5.7		93	30.6±6.7		90	36.8±9.2	
Regional	15	87	30.2±5.8	0.437	80	31.6±10.5	0.919	87	35.6±10.7	0.229
Tertiary	38	95	31.5±4.8		82	31.8±9.9		97	39.6±7.4	

% above cut-off: moderate to high scores; RN: Registered nurses; EN: Enrolled nurses

In conclusion, the findings suggest that nurses with maternal and perinatal mortality experience in care are at moderate risk for burnout and compassion fatigue. However, the nurses also experienced compassionate satisfaction from their critical care roles.

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