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Secondary Traumatic Stress and Compassion Satisfaction among Inpatient Ward Nurses: A Correlational Study

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Abstract

Background: Compassion satisfaction, a positive feeling a nurse experiences after helping someone, affects the nursing care quality and service. Nurses unable to control their empathy or sympathy when caring for patients may experience negative emotions, resulting in secondary traumatic stress. These conditions can affect nurses' professional quality of life and decrease their sense of compassion and satisfaction. This study aimed to determine the relationship between secondary traumatic stress and compassion satisfaction in inpatient nurses at the Central Aceh General Hospital.

Methods: This cross-sectional study was conducted for two weeks in December 2022 at the Central Aceh General

Hospital. The research sample was 154 inpatient nurses selected using a proportional random sampling technique. Respondents' demographic data includes age, gender, education level, income level, and years of service.

Results: Most of the respondents were 26-35 years old (81.2%), female (66.9%), graduated as a nurse (51.9%), had low income (89.6%), and had short working years (64.3%). The Chi-square test revealed a relationship between nurses' compassion satisfaction and secondary traumatic stress ($p=0.008$).

Conclusion: It can be concluded that secondary traumatic stress affects nurses' compassion satisfaction, which in turn influences their professional quality of life.

Keywords: Secondary Traumatic Stress, Compassion Satisfaction, Nurses, Inpatient Ward, Compassion Fatigue

1. Introduction

Nurses are among the healthcare professionals that can experience mental health vulnerabilities which can impact the nurses' Professional Quality of Life (ProQOL) ^[1]. ProQOL may positively and negatively impact nurses, which will benefit their ability to feel satisfied at work, have a high level of empathy, and positively interact with patients and colleagues. However, if the nurse's ProQOL is not adequately met, it will negatively impact the nurse's physical and psychological well-being ^[2].

The ProQOL model has two interrelated aspects: negative and positive aspects. The negative part is compassion fatigue which includes burnout and secondary traumatic stress. When people experience trauma directly tied to their work or specific events, they may exhibit undesirable behaviors known as secondary traumatic stress. Although they did not now share the traumatic event, nurses who hear about the negative experiences of their work colleagues and patients cannot help but feel they are going through the same thing. As a result, they become overwhelmed with negative emotions and are unable to control their feelings of sympathy and empathy ^[3]. While the positive aspect is compassion satisfaction which refers to a pleasant feeling that nurses experience when delivering nursing care because they have succeeded in assisting patients or satisfaction in offering affection ^[4].

Research conducted in a private hospital in western Indonesia showed that most nurses' levels of compassion satisfaction (75%) and secondary traumatic stress (50%) were in the moderate category ^[5]. Similarly, a study conducted at a Yogyakarta regional hospital found that most of the levels of compassion satisfaction (44.9%) and secondary traumatic stress (43%) among nurses were in the moderate category ^[6]. Nurses with high compassion satisfaction can provide adaptive responses to unpleasant events to reduce the risk of experiencing secondary traumatic stress. In addition, nurses will continue to feel compassion and satisfaction since they have performed their duties as entirely as possible with sincere feelings, even though they frequently encounter unfortunate circumstances when providing care ^[7].

Based on the explanation above, the authors are interested in investigating the relationship between secondary traumatic stress and compassion satisfaction in nurses.

2. Methods

This cross-sectional study was conducted for two weeks in December 2022 at the Central Aceh District Government General Hospital. This study involved 154 inpatient nurses selected using a proportional random sampling technique as participants. Data were collected using a demographic data questionnaire and a standardized professional quality of life questionnaire (ProQOL) version 5 developed by Stamm [8]. Demographic data include age, gender, education level, income level, and years of work as a nurse. Data was collected by distributing questionnaires and guided interviews. This research was approved by the Faculty of Nursing Ethics Committee at Universitas Syiah Kuala, and the respondents involved gave their consent after reading the informed consent form.

3. Results and Discussions

The study results showed that most of the respondents were aged 26-35 years (81.2%), female (66.9%), graduated as a nurse (51.9%), had low income (89.6%), and had short working years (64.3%). Further explanation regarding the respondents' demographic data is figured in Table 1.

Table 1: Demographic data

Demographic Data	n	%
Age		
26-35 years	125	81,2
36-55 years	29	18,8
Gender		
male	51	33,1
female	103	66,9
Education Level		
D-III (Diploma)	74	48,1
Professional Nurse	80	51,9
Income		
more than the minimum wage	16	10,4
less than the minimum wage	138	89,6
Working Years		
long (>10 years)	22	14,3
moderate (5-6 years)	33	21,4
short (0-5 years)	99	64,3
Total	154	100

Bivariate analysis using the Chi-Square test showed a relationship between secondary traumatic stress and compassion satisfaction in nurses ($p = 0.008$). Bivariate analysis is further described in Table 2.

Table 2: Bivariate analysis

Secondary Traumatic Stress (Median = 23)	Compassion Satisfaction (Median = 40)				Total		P-value
	High	%	Low	%	n	%	
Low	49	67,1	24	32,9	73		100 0,008
High	36	44,4	45	55,6	81		
Total	85	55,2	69	44,8	154		

Occupational stress best predicts a nurse's quality of life and well-being. Stress affects a person's psychological well-being as well as physical health [9]. In addition, stress can stimulate individual development and growth, making it acceptable or necessary in specific situations. However, excessive pressure, particularly for a nurse, can cause disease, impaired intuition, and an inability to survive or adapt. As a result, nurses struggle to experience high compassion fulfillment at work [10].

Research on 464 nurses in Saudi Arabia indicated an association between compassion satisfaction and secondary traumatic stress ($p = 0.015$), which confirmed the findings of this study [11]. Secondary traumatic stress has a negative link with compassion satisfaction, according to research conducted in Iran on 400 nurses working in critical care rooms ($r = 0.032$, $p 0.001$). This study finding indicates that compared to nurses with high levels of secondary traumatic stress, those with low levels typically experience higher levels of compassion satisfaction [12].

This finding is consistent with earlier studies showing that nurses may experience high levels of STS, lower levels of compassion satisfaction, and a lower quality of professional life due to negative emotions due to the workload of caring for patients who are terminally ill and victims of traumatic events [13]. In addition, compassion satisfaction for nurses can indirectly decrease due to the emergence of secondary traumatic stress due to workplace violence (verbal harassment, physical threats, and physical violence). The most severe secondary traumatic stress was seen in nurses encountering these three types of violence. This secondary traumatic stress also increased turnover, which decreased nurses' professional quality of life [14].

4. Conclusion

The influence of secondary traumatic stress on compassion satisfaction affects nurses' professional quality of life. However, other factors that can be considered for future research can also directly or indirectly impact compassion satisfaction. The findings of this study can be applied to the prevention of secondary traumatic stress to promote compassion satisfaction among nurses, who have the highest level of patient contact among all healthcare professionals.

5. References

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