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Determination of the relationship between nurses' spiritual orientation and compassion fatigue and the factors affecting them: A cross-sectional correlational study

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ABSTRACT

Background & Aim: In the nursing profession, which is in intense emotional interaction with people, spiritual orientation is thought to be an effective factor on compassion fatigue. This study aimed to identify the factors influencing nurses' spiritual orientation and compassion fatigue, and to examine the relationship between these two variables.
Materials & Methods: This cross-sectional and correlational study was conducted with 346 nurses between July, 2023 and October, 2023. The data were collected through a web-based questionnaire created on Google Forms. The "Introductory Information Form", "Compassion Fatigue Scale" and "Spiritual Orientation Scale" were used to collect the data. Data were analyzed using SPSS 22.0 statistical software.
Results: It was determined that the spiritual orientation scores of the nurses were high (93.180±20.51) and their compassion fatigue levels were moderate (66.110±22.04). Nurses' spiritual orientation was affected by sex, educational status, working unit, attitude towards profession, and doing the profession with love. Compassion fatigue scores were affected by having children, working unit, working time in the unit, attitude towards profession, and doing the profession with love ($p<0.05$). No statistically significant relationship was found between nurses' spiritual orientation and compassion fatigue ($p>0.05$). A weak negative relationship ($r=-0.142$;$p=0.008$) was found between nurses' occupational burnout and spiritual orientation levels.
Conclusion: These results suggest that factors influencing compassion fatigue are not limited to spiritual orientation alone, but may include other factors besides it. In this context, it would be important to conduct more comprehensive follow-up studies to examine the relationship between the two concepts and to address the factors that may influence it.

Introduction

Nursing is a professional occupational group with important roles in the protection of individual and community health. Nurses, whose main task is to provide patient care, encounter many traumatizing events throughout their working lives (1, 2). These events leave negative effects on the physical, mental and social well-being of individuals over time. Compassion fatigue is one of the negative conditions frequently experienced by nurses as a result of intense work stress and heavy working conditions (3, 4). The concept of compassion fatigue was first described in the field of nursing by nurse Joinson as the emotional impact of trauma experienced indirectly while helping people who directly experience traumatic stress (5, 6). In the literature, it is stated that professional groups that help people are more at risk for compassion fatigue. Nurses are more vulnerable to compassion fatigue due to their compassion, empathy and long-term exposure to the trauma, pain and pain experienced by patients (1, 7, 8).

Nurses maintain patient care with a holistic approach that includes physical, social, psychological and spiritual aspects (7, 9). Therefore, spirituality is very important for nurses. In addition, recent studies address approaches to spirituality and spiritual orientations as an effective way to prevent compassion fatigue (10). Spiritual orientations are known to have a significant impact on health, well-being and quality of life (11).

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Spiritual orientations that develop the value system help people to feel well-being and peace by directing them towards good and positive concepts (12). Especially nurses, who are in close contact with patients and provide primary care, draw strength from their spiritual values. In this way, it is thought that nurses can cope with the stress they experience in the work environment and protect their physical and mental health against external factors (13, 14). It is thought that nurses' high level of spiritual orientation may prevent them from experiencing compassion fatigue by enabling them to perceive their working conditions and environments as less stressful. In summary, in line with the literature, we think that spiritual orientations may be a protective factor against compassion fatigue. In this context, the aim of this study is to examine the relationship between nurses' spiritual orientation and compassion fatigue and the factors affecting them.

Methods

Study design

The data of this cross-sectional and correlational study were collected between July 2023 and October 2023. Throughout this study, the authors followed the CHERRIES checklist standards (15).

Participants

The sample of the study consisted of 346 nurses who participated in the study within the given period. The inclusion criteria were working as a nurse in any hospital in Türkiye and volunteering to participate in the study. Nurses working as administrative staff or managers were not included in the study.

Sample size

According to post-hoc power analysis, statistical power was provided with effect size (f:0.19) for ANOVA test and correlation analysis (r:0.142) with total sample size (n:346) and significance level (α:0.05) of 85% and 86%, respectively.

Data collection tools

Personal Information Form, Compassion Fatigue Scale and Spiritual Orientation Scale were used to collect the data.

Personal information form: The form prepared by the researchers in line with the literature consists of 15 questions including socio-demographic characteristics and working conditions of nurses (7, 13, 14).

Compassion fatigue short scale: The scale developed by Adams et al. in 2006 was adapted into Turkish by Dinç and Ekinci in 2019. It is a 10-point Likert-type scale consisting of 13 items in total. The scale consists of two subscales: secondary trauma (5 items) and occupational burnout (8 items). There is no cut-off point for the scale and the scores vary between a minimum of 13 points and a maximum of 130 points. High scores from the scale indicate that the level of compassion fatigue experienced by the participants increases (16). The Cronbach Alpha reliability coefficient of the scale is 0.87, and the Cronbach Alpha reliability coefficient for this study is 0.88.

Spiritual orientation scale: It was developed by Kasapoğlu in 2015 to assess the spiritual orientation of individuals. It consists of 16 items and one dimension. The lowest score is 16 and the highest score is 112 points from the 7-point Likert-type scale. The higher the score, the higher the spiritual orientation (17). The Cronbach Alpha reliability coefficient is 0.87, and the Cronbach Alpha reliability coefficient for this study is 0.97.

Data collection

This study employed a convenience sampling method. The data were collected through a web-based online questionnaire created on Google Forms. The questionnaire form was sent to the participants by sharing it on social media groups (Whats App, Instagram, etc.). Informed consent was obtained by informing the nurses about the study with the information text at the beginning of the questionnaire form. Participants completed the questionnaire voluntarily; no incentive was given for them to complete the questionnaire. The participants took an average of 10 minutes

to answer the questionnaire. The questions in the questionnaire form were compulsory and participants could not move on to the next question without answering one question. In this way, no data was lost due to incomplete answers. The online forms were set up so that each participant could answer the questionnaire only once.

Ethical consideration

Ethical approval was obtained from the Ethics Committee of a university before the start of the study (Number: E-41901325-200-61088 Date: 2023/007). The purpose of the study was explained to the nurses before starting the survey. In accordance with the Declaration of Helsinki, all participants marked their consent to participate on the informed consent page before starting to fill out the questionnaire.

Statistical analysis

The data obtained in the study were evaluated using SPSS 22.0 statistical program. Frequency and percentage analyzes were used to determine the descriptive characteristics of the nurses participating in the study, and mean and standard deviation statistics were used to examine the scale. Parametric methods were used since the variables showed normal distribution. Independent groups t-test, one-way analysis of variance (ANOVA) and post hoc (Tukey, LSD) analyses were used to examine the scale scores according to the descriptive characteristics of the nurses. Pearson correlation analysis was used to examine the relationship between nurses' spiritual orientation and compassion fatigue. Statistical significance level was accepted as $p<0.05$.

Results

The characteristics of the nurses regarding their working life are given in Table 1. The mean age of the nurses was 31.30±6.54 years, 59% were 30 years of age or younger, and 88.7% were female. Of the nurses, 74.9% were university graduates, 58.4% were married, 74.9% lived in the city center and 53.8% had no children. Spiritual orientation scores of nurses differed according to gender and educational status ($p<0.05$). Compassion fatigue scores, secondary trauma subscale and occupational burnout subscale scores differed according to having children ($p<0.05$) (Table 1).

The mean score of the spiritual orientation scale was 93.18±20.51, the mean score of the compassion fatigue scale was 66.11±22.04, the mean score of the secondary trauma subscale was 23.59±9.68, and the mean score of the occupational burnout subscale was 42.52±14.50 (Table 2).

The spiritual orientation scores of nurses show a significant difference according to working unit, attitude towards profession, and doing the profession with love ($p<0.05$). The compassion fatigue scores of the nurses differed according to the working unit, working time in the unit, attitude towards the profession and doing the profession with love ($p<0.05$). The secondary trauma subscale scores of the nurses differ according to the attitude towards the profession and the status of doing the profession with love ($p<0.05$). Occupational burnout subscale scores of nurses differ according to the working unit, length of service in the profession, working time in the unit, attitude towards the profession and doing the profession with love ($p<0.05$) (Table 3).

No statistically significant relationship was found between spiritual orientation and compassion fatigue ($p>0.05$). A weak negative correlation ($r=-0.142$; $p=0.008$) was found between occupational burnout and spiritual orientation levels of nurses (Table 4).

Table 1. Socio-demographic characteristics of nurses and differentiation of spiritual orientation and compassion fatigue scores according to descriptive characteristics

Demographic characteristics	n	%	Spiritual orientation	Compassion fatigue	Secondary trauma sub-scale	Occupational burnout sub-scale
			Mean±SD	Mean±SD	Mean±SD	Mean±SD
Age						
30 and below	204	59.0	93.370±20.818	67.080±21.985	23.750±9.828	43.330±14.364
31-40	95	27.5	90.320±22.090	65.580±20.612	22.560±9.048	43.020±13.467
41 and above	47	13.6	98.170±14.235	62.980±25.093	24.960±10.272	38.020±16.533
F/ p			2.344 /0.09	0.699/0.49	1.038/0.35	2.658/0.07
Sex						
Women	307	88.7	94.490±20.100	65.780±22.125	23.580±9.820	42.200±14.466
Men	39	11.3	82.920±21.071	68.740±21.521	23.640±8.643	45.100±14.764
t/p			3.365/<0.001	-0.791/0.43	-0.035/0.97	-1.179/0.23
Educational status						
Highschool	22	6.4	80.910±28.522	74.680±19.261	25.770±7.413	48.910±15.061
University	259	74.9	93.970±19.650	66.170±22.233	23.670±10.030	42.500±14.327
Postgraduate	65	18.8	94.220±19.717	62.980±21.694	22.520±8.892	40.460±14.643
F/p			4.290/0.014	2.335/0.09	0.962/0.38	2.817/0.06
PostHoc			2>1. 3>1			
Marital status						
Single	144	41.6	91.150±21.783	66.430±21.579	23.420±9.908	43.010±14.073
Married	202	58.4	94.630±19.478	65.890±22.425	23.710±9.543	42.180±14.835
t/p			-1.557/0.120	0.226/0.821	-0.269/0.788	0.523/0.601
Having a children						
Yes	160	46.2	95.320±19.035	61.410±22.101	22.020±9.189	39.390±14.642
No	186	53.8	91.340±21.580	70.160±21.237	24.940±9.915	45.220±13.872
t/p			1.803/0.072	-3.752/0.000	-2.827/0.005	-3.801/0.000
Place of residence						
Town-village	42	12.1	94.500±17.387	64.900±20.988	23.100±9.687	41.810±13.278
City	259	74.9	93.550±20.512	66.790±21.537	23.890±9.316	42.900±14.417
Metropolitan city	45	13.0	89.840±23.144	63.360±25.867	22.310±11.683	41.040±16.241
F/p			0.723/0.486	0.535/0.586	0.572/0.565	0.369/0.692

F: One Way Anova Test; t: Independent Sample T-test; Post Hoc:Tukey, LSD

Table 2. Mean scores of spiritual orientation scale and compassion fatigue scale

	Mean	SD	Min	Max
Spiritual orientation scale	93.180	20.51	20	112
Compassion fatigue scale	66.110	22.04	14	120
Secondary trauma subscale	23.590	9.68	5	50
Occupational burnout subscale	42.520	14.50	8	78

Table 3. Professional characteristics of nurses and differentiation of spiritual orientation and compassion fatigue scores according to professional characteristics

Occupational characteristics	n	%	Spiritual orientation scale	Compassion fatigue scale	Secondary trauma sub-scale	Occupational burnout sub-scale
Working unit			Mean±SD	Mean±SD	Mean±SD	Mean±SD
Outpatient unit	65	18.8	99.060±15.080	62.020±23.704	23.220±10.517	38.800±14.533
Clinic/inpatient ward	113	32.7	93.210±19.538	69.420±23.316	24.790±9.799	44.630±15.176
Operating room	28	8.1	96.540±16.482	56.070±21.062	20.930±8.046	35.140±15.518
Intensive care unit	118	34.1	89.350±24.107	66.740±20.913	22.950±9.875	43.790±13.864
Emergency service	22	6.4	91.950±19.711	70.680±9.877	25.360±6.441	45.320±6.992
F/p			2.622/0.035	2.974/0.020	1.304/0.268	4.043/0.003
PostHoc			1>4 (p<0.05)	2>1, 2>3, 4>3, 5>3 (p<0.05)		2>1, 4>1, 2>3, 4>3, 5>3 (p<0.05)
Length of service in the profession						
Less than 1 year	18	5.2	89.610±15.823	69.940±26.125	24.560±12.316	45.390±15.838
1-5 Years	120	34.7	95.060±18.877	69.300±20.538	24.430±9.339	44.870±13.483
6-10 Years	104	30.1	91.550±24.536	65.250±23.547	22.870±10.086	42.380±15.501

Occupational characteristics	n	%	Spiritual orientation scale	Compassion fatigue scale	Secondary trauma sub-scale	Occupational burnout sub-scale
11 Years and over	104	30.1	93.270±18.571	62.630±21.126	23.170±9.211	39.460±13.999
F/p			0.736/0.531	1.949/0.121	0.619/0.603	2.871/0.036
PostHoc						2>4 (p<0.05)
Working time in the unit						
Less than 1 year	61	17.6	91.510±18.716	71.150±22.542	25.690±10.311	45.460±14.156
1-5 Years	189	54.6	94.350±21.108	67.560±21.798	23.870±9.638	43.690±14.215
6-10 Years	56	16.2	92.980±22.635	61.430±22.145	20.930±9.548	40.500±15.101
11 Years and over	40	11.6	90.500±17.133	58.150±19.740	22.800±8.456	35.350±13.389
F/p			0.567/0.637	4.017/0.008	2.539/0.056	5.036/0.002
PostHoc				1>3, 1>4, 2>4 (p<0.05)		1>4, 2>4 (p<0.05)
Working style						
Day shift	76	22.0	95.200±19.290	64.250±24.544	23.140±10.188	41.110±15.544
Night shift	30	8.7	88.530±23.827	74.630±22.186	26.270±9.934	48.370±14.656
Day shift + Night shift	240	69.4	93.120±20.434	65.640±21.034	23.400±9.477	42.240±14.033
F/p			1.139/0.321	2.591/0.076	1.277/0.280	2.873/0.058
Attitude towards the profession						
Positive	184	53.2	95.930±19.177	59.080±22.174	22.330±9.544	36.750±14.533
Negative	162	46.8	90.060±21.563	74.100±19.023	25.020±9.669	49.080±11.384
t/p			2.679/0.008	-6.720/0.000	-2.608/0.009	-8.701/0.000
Doing the profession with love						
Yes	218	63.0	95.780±19.457	60.030±21.832	22.310±9.647	37.720±14.186
No	128	37.0	88.770±21.556	76.470±18.289	25.770±9.388	50.700±10.995
t/p			3.107/0.002	-7.167/0.000	-3.247/0.001	-8.901/0.000

F: Anova Test; t: Independent Groups T-Test; PostHoc: Tukey, LSD

Table 4. The relationship between nurses' spiritual orientation scores and compassion fatigue scores

		Spiritual orientation scale	Compassion fatigue scale	Secondary trauma sub-scale	Occupational burnout sub-scale
Spiritual orientation scale	r*	1.000			
	p	0.000			
Compassion fatigue scale	r*	-0.083	1.000		
	p	0.122	0.000		
Secondary trauma sub-scale	r*	0.023	0.865	1.000	
	p	0.667	0.001	0.000	
Occupational burnout sub-scale	r*	-0.142	0.942	0.647	1.000
	p	0.008	0.001	0.001	0.000

*Pearson Correlation Analysis

Discussion

The aim of this study is to identify the factors affecting nurses' spiritual orientation and compassion fatigue and to examine the relationship between nurses' spiritual orientation and compassion fatigue. Although spirituality is a concept that includes religious elements, it is all actions that serve the good of the individual (13). In recent years, it is believed that as nurses' orientation towards spiritual and religious values increases, their performance towards patient care will be better. At the same time, it is stated that individuals with high spiritual orientation see providing nursing care as a worship and are more motivated to care (12). In this study, it was determined that the spiritual orientation scores of the nurses were at a high level. In similar studies in the literature, it is stated that spiritual orientation levels vary between moderate and good levels in a similar way (11, 14). The high level of spiritual orientation in the study can be interpreted as stemming from the Islamic belief system dominant in the country where the study was conducted. Compassion fatigue is a consequence of exposure to chronic work-related stress. In recent years, compassion fatigue experienced by nurses has become an important issue due to increasing evidence of its negative effects on physical and psychological health (4). In the literature, it is stated that more than 50% of nurses experience

compassion fatigue and experience significant problems (work life, personal health, etc.) related to it (10). In our study, it can be stated that the level of compassion fatigue of nurses is at a moderate level. In the literature, it is compatible with our study findings and states that nurses' compassion fatigue is at a moderate level (4, 14).

Our study findings show that spiritual orientation scores are affected by gender, educational status, unit of study, and attitude towards the profession. There are various studies in the literature on the factors affecting spiritual orientation. In our study, similar to the literature, spiritual orientation levels increase with increasing educational level (10, 18). In our study, gender emerged as a factor affecting spiritual orientation. Similarly, it is stated in the literature that women have higher levels of spiritual orientation (11, 19) Women are also psychologically more vulnerable to stress than men (20). This is supported by the information in the literature that male nurses frequently focus on the physical aspects of care, while female nurses focus on the emotional aspects of care (21). In this study, compassion fatigue was not associated with factors such as age, gender, educational status and marital status. In a meta-analysis study in the literature, it is stated that socio-demographic and working life variables do not affect the rates of compassion fatigue (22). In another meta-analysis study, it is stated that the effect of demographic variables such as professional experience and expertise is not clear (1). There are different results in the literature regarding the factors affecting compassion fatigue.

In our study, compassion fatigue is affected by the unit of work, working time, having children, and attitude towards the profession. Marital status does not affect compassion fatigue in our study. The effect of being married or single on compassion fatigue is not clear and there are different findings (23, 24). Although it has been reported that gender is among the factors affecting compassion fatigue and that compassion fatigue is more common in women (7, 23, 24), gender was not a factor affecting compassion fatigue in this study. The reason why gender had no effect on compassion fatigue in our study may be thought to be due to the lack of representativeness of male nurses. In our study, the compassion fatigue scores of nurses working in emergency services, clinical (inpatient) services and intensive care units were found to be higher, while the compassion fatigue scores of operating room nurses were found to be lower. A meta-analysis study reported that intensive care nurses experienced severe compassion fatigue (4), Yu et al. (2021) reported that nurses working in the emergency department and Aslan et al. (2022) reported that nurses working in intensive care experienced more compassion fatigue (25, 26). In the literature, different results are reported in different studies on compassion fatigue of nurses working in the same units (22). Emergency services, intensive care units and inpatient wards are fast-paced, stressful and high workload areas where nurses care for critically ill patients. (24). Patient losses can often occur in these units and these losses can affect nurses. In addition, these areas can be complex and stressful for nurses. This situation increases occupational burnout and secondary trauma and causes compassion fatigue.

While working time in the profession did not affect compassion fatigue, it was found to be effective on occupational burnout. It was also determined that working time in the unit affected compassion fatigue. It is a remarkable finding in this study that compassion fatigue decreases as professional experience increases. While it is stated in the literature that compassion fatigue increases as professional experience increases and at older ages (23, 26), our study findings show the opposite. However, there are also findings in the literature that support our study. Berger et al. (2015) reported that young working nurses with 6-10 years of experience and Kolthoff and Hickman (2017) reported that new nurses experienced compassion fatigue more intensely (27, 28). This situation is thought to be caused by the stressful events experienced by the young nurse group during the professional adaptation process. In addition, the worldwide pandemic affected nurses and caused young nurses to work under severe conditions (29, 30). Since the study data were collected after the pandemic, it

is thought that the intense stress and heavy working conditions may have affected. Although there was no statistically significant difference in our study, the level of compassion fatigue was found to be higher in nurses working night shifts. Studies in the literature support our research finding and indicate that the level of compassion fatigue is higher in nurses working night shifts and nurses working in shifts (2, 26).

Nurses who have positive attitudes towards their profession and do their profession with love have higher spiritual orientations and lower compassion fatigue. In the literature, it is stated that nurses who have a negative attitude towards the past, future and present are more likely to experience compassion fatigue (24). This finding supports our study findings. It can be thought that practicing a profession with love and having a positive attitude towards the profession makes it easier to adapt to the challenging conditions of that profession. In addition, individuals with high spiritual orientations see caring for people, helping and working as worship and have a positive attitude towards the profession.

In our study, no relationship was found between nurses' spiritual orientation and compassion fatigue. However, as spiritual orientation scores increased, occupational burnout scores decreased. The general opinion in the literature is that compassion fatigue can be prevented by the individual being spiritually well (10). Similar to our study, Polat et al. (2020) reported that there was no relationship between spiritual orientation and compassion fatigue (7). However, in the study of Ünlügedik and Akbaş (2023), it is stated that the level of spiritual well-being of intensive care nurses is effective on compassion fatigue (14). Nurses are an important professional group in maintaining patient care. The fact that nurses spend most of their time in a complex and stressful work environment can cause compassion fatigue (29). However, if nurses are spiritually well, coping with this process becomes easier and less challenging. Steps can be taken to prevent compassion fatigue by determining the spiritual needs of nurses and increasing their awareness of them. Using a longitudinal design in the studies to be conducted on this subject and conducting intervention studies will be an important initiative.

Limitations

Due to the cross-sectional design of the study, the change in nurses' spiritual orientation and compassion fatigue over time and causal relationships could not be examined. The low number of male participants in our study can be considered as another limitation. Since the study was conducted online, nurses who do not use internet and social media tools could not be reached. In addition, the findings of the study are based on nurses' self-reports.

Conclusion

Our results showed that there was no relationship between compassion fatigue and spiritual orientations. However, as nurses' spiritual orientations decreased, their occupational burnout levels increased. It will be important to conduct status determination studies for the spiritual needs of nurses. It is necessary to determine the risk factors that cause compassion fatigue in nurses in health institutions and to make interventions related to these factors. In addition, conducting more comprehensive and follow-up-based studies in this context will be important in examining and clarifying the relationship between the two concepts.

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Conflict of interests

The authors declare that they have no potential conflicts of interest.

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