

Examination of the relationship between compassion fatigue and life satisfaction in midwives, Kars province, Turkey

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ABSTRACT

INTRODUCTION Compassion fatigue can turn the caregiver into a tired, discontented, desperate and hopeless person with regard to his/her condition or life. The aim of this study was to examine the relationship between compassion fatigue and life satisfaction in midwives.

METHODS This research was planned as a descriptive and correlational study. The data of the research were collected face-to-face by the researchers between January and March 2019 in Kars, Turkey. The 'Personal Information Form', 'Compassion Fatigue Scale' and 'Life Satisfaction Scale' were used in data collection. The whole population (119) was included in the study without sample selection.

RESULTS Of the midwives who participated in the study,

49.6% were aged 20–29 years, 81.5% were university graduates, 13.4% were working in obstetrics, 21.0% in gynecology, 34.5% in the delivery room, and 31.1% in a family health center. The life satisfaction mean score (\pm SD) of the midwives was 15.05 ± 4.0 , while the compassion fatigue mean score was found to be 3.68 ± 0.40 . No significance was found between the midwives' sociodemographic characteristics, compassion fatigue, and life satisfaction mean scores.

CONCLUSIONS In such a profession in which workload and responsibility are heavy and affect the quality of care, not having compassion fatigue is important for the health of the mother and child.

INTRODUCTION

Compassion fatigue is emotional, biological and physiological exhaustion due to being continuously exposed to others' suffering for a long time and is characterized by a decrease in compassion over time^{1,2}. Compassion fatigue is also considered as the negative effect of helping people who have experienced a traumatic event, have pain, or suffer³. Healthcare professionals who provide care for patients, observe and listen to patients' suffering and fears continuously, and try to heal them, constitute a high-risk group in terms of compassion fatigue¹. Due to compassion fatigue, the loss of empathy and desensitization may be observed. This may lead to inappropriate care behaviors in healthcare services^{4,6}. It threatens the health of the mother and neonate and decreases the quality of care.

Life satisfaction is not related to a specific field, and

it can be described as a positive evaluation of the whole life. The life satisfaction of individuals may be influenced by many factors, some are the happiness felt in daily life, meaning attributed to life, compliance with achieving goals, positive personal identity, feeling good in the physical sense, economic, related to safety, and social relationships⁷. Studies have shown that individuals with high life satisfaction solve problems more effectively and are more resistant to stressful life events⁸⁻¹⁰, whereas compassion fatigue can turn the caregiver into a tired, discontented, desperate, and hopeless person with regard to their condition or life¹.

The literature is observed to concentrate on nursing studies in terms of compassion fatigue. Studies were especially conducted on nurses working in fields such as oncology, pediatrics, intensive care, emergency medicine, and palliative care¹¹⁻¹⁵. No studies on midwives who are

directly responsible for the health of the mother and infant have been encountered. However, it is important both professionally and for public health that midwives who are mainly responsible for mother and infant care, which constitutes the basis of a society, are evaluated for this concept. The outcomes of compassion fatigue, which can be observed in midwives, can leave deep marks on mothers and infants. Compassion is important for mothers to experience a positive childbirth. The importance of the compassionate approach is also emphasized in the WHO recommendations in 'Intrapartum care for a positive childbirth experience'¹⁶. For this reason, this study was conducted to examine the relationship between compassion fatigue and life satisfaction in midwives.

METHODS

Design and sample

This research was planned as a descriptive and correlational study between January and March 2019. The study population consisted of midwives working at Kars Harakani State Hospital and family health centers in Kars province. The whole population (119) was included in the study without sample selection.

Instrument

In the study, the 'Personal Information Form', 'Compassion Fatigue Scale' and 'Life Satisfaction Scale' were used in data collection.

Personal information form

The Personal Information Form was created under the guidance of related literature. This form consists of 13 questions including midwives' sociodemographic characteristics (age, education level, number of children, etc.) and information about the midwifery profession (their clinic, working duration, and their opinions about the profession, etc.).

Compassion fatigue scale

'The Compassion Fatigue Scale', which was developed by Pommier (2010) and with which validity and reliability studies were conducted in Turkish by Akdeniz and Deniz¹⁷, has 24 items and is a 5-point Likert-type scale (1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always). The scale consists of six subscales as kindness (items: 6, 8, 16, 24), indifference (2, 12, 14, 18), common humanity (11, 15, 17, 20), disengagement (3, 5, 10, 22), mindfulness (4, 9, 13, 21), and separation (1, 7, 19, 23). After this calculation, the mean total score was obtained; as the total score increases, the compassion level also increases. In the study by Akdeniz and Deniz¹⁷, Cronbach's alpha value was found to be 0.85, whereas Cronbach's alpha value of the present study was 0.81.

Life satisfaction scale

The Life Satisfaction Scale was developed by Diener Emmons,

Laresen, and Griffin (1985) and adapted to Turkish by Köker (1991). The scale consists of five items related to life satisfaction. Each item response used a 7-point rating system (1=not appropriate to 7=extremely appropriate). The scale, which aims to measure the general life satisfaction, is suitable for all ages from adolescents to adults. In the study carried out by Köker (1991), Cronbach's alpha value of the scale was found to be 0.85. Cronbach's alpha value in the present study was found to be 0.84.

Data collection

After the midwives were informed about the purpose of the research and their consent was received, data were collected from them via face-to-face interviews.

Statistical analysis

The data obtained from the study were analyzed using the SPSS 20 (Statistical Package for Social Sciences) for Windows program. Percentages were used to describe the midwives' sociodemographic characteristics. The independent t-test and ANOVA were used to compare the midwives' sociodemographic characteristics with the Life Satisfaction Scale and the Compassion Fatigue Scale. Pearson's correlation test was used to determine the relationship between the life satisfaction and compassion fatigue of midwives. The results were evaluated at a 95% confidence interval with a $p < 0.05$ significance level.

RESULTS

Of the midwives who participated in the study, 49.6% were aged 20–29 years, and 81.5% were university graduates. The great majority of the midwives were married and had children. Of the midwives who participated in the study, 13.4% were working in obstetrics, 21.0% in gynecology, 34.5% in the delivery room, and 31.1% in a family health center (Table 1).

The life satisfaction mean score (\pm SD) of the midwives was 15.05 ± 4.0 while the compassion fatigue mean score was

Table 1. Distribution of the sociodemographic characteristics of the participants, Kars, Turkey, 2019 (N=119)

Characteristics	n	%
Age (years)		
20–29	59	49.6
30–39	26	21.8
40–49	20	16.8
50–57	14	11.8
Education level		
High school	22	18.5
University	97	81.5

Continued

Table 1. Continued

Characteristics	n	%
Marital status		
Married	76	63.9
Single	43	36.1
Number of children		
0	52	43.7
1	19	16.0
2	33	27.7
3	13	10.9
4	2	1.7
Working years		
0-10	67	56.3
11-20	22	18.5
21-30	21	17.6
31-40	9	7.6
Status of liking the job		
Yes	112	94.1
No	7	5.9
Opinion about the midwifery profession		
Positive*	100	84.0
Negative**	19	16.0
Departments that midwives worked in		
Obstetrics	16	13.4
Gynecology	25	21.0
Delivery room	41	34.5
Family health center	37	31.1

*The low status of the midwifery profession in society. ** I like this profession due to its high spirituality and because I am a mother, a woman.

Table 2. Evaluation of scale score averages among midwives, Kars, Turkey, 2019 (N=119)

Variable	Mean±SD	Range
Life satisfaction*	15.05±4.00	5-25
Compassion fatigue**	3.68±0.40	2.75-4.38
Subscale of the compassion fatigue scale		
Kindness	4.20±0.72	2.00-5.00
Indifference	4.00±0.59	2.25-5.00
Common humanity	3.92±0.75	1.75-5.00
Separation	4.00±0.68	1.00-5.00
Mindfulness	4.06±0.65	2.25-5.00
Disengagement	4.11±0.61	2.00-5.00

*Range for life satisfaction is 5-35. **Range for compassion fatigue is 1-5.

found to be 3.68±0.40. The mean scores of the compassion fatigue subscales were close to each other. The lowest average score in the compassion fatigue scale was in the common humanity subscale (3.92±0.75) (Table 2).

As the working years of midwives increased, their compassion and life satisfaction decreased. In midwives working for 21-30 years, compassion level was 3.64±0.45 and life satisfaction level was 14.23±4.75. When we evaluated the midwives according to the units they worked in, the highest level of compassion was in those working in the obstetrics unit (3.84±0.38) and the highest level of life satisfaction was in the midwives working in a family health center (15.51±3.91). No significance was found between the midwives' sociodemographic characteristics, compassion fatigue, and life satisfaction mean scores (p>0.05) (Table 3).

No significant relationships were found between life satisfaction and compassion fatigue, or their subscales, of the midwives (Table 4).

Table 3. Comparison of compassion fatigue, life satisfaction, and midwives' sociodemographic characteristics, Kars, Turkey, 2019 (N=119)

Characteristics	n	Compassion fatigue		Life satisfaction	
		mean±SD	p	mean±SD	p
Age (years)					
20-29	59	3.73±0.41		15.50±4.09	
30-39	26	3.74±0.27	F=1.644	15.42±2.77	F=1.394
40-49	20	3.60±0.45	p=0.183	13.50±4.22	p=0.248
50-57	14	3.50±0.44		14.64±4.98	
Education level					
High school	22	3.67±0.37	t=1.99	16.86±4.37	t=0.585
University	97	3.69±0.41	p=0.843	14.63±3.81	p=0.018

Continued

Table 3. Continued

Characteristics	n	Compassion fatigue		Life satisfaction	
		mean±SD	p	mean±SD	p
Marital status					
Married	76	3.65±0.37	t=1.344	15.25±3.65	t=0.721
Single	43	3.75±0.45	p=0.182	14.69±4.57	P=0.472
Having children					
0	52	3.68±0.46		15.26±4.22	
1	19	3.86±0.36		14.84±3.89	
2	33	3.61±0.35	F=1.298	15.57±3.43	F=0.839
3	13	3.65±0.31	p=0.275	13.30±4.73	p=0.503
4	2	3.50±0.11		14.00±2.82	
Working years					
0-10	67	3.72±0.40		15.31±3.93	
11-20	22	3.70±0.35	F=0.980	15.81±3.23	F=0.414
21-30	21	3.64±0.45	p=0.514	14.23±4.75	p=0.743
31-40	9	3.52±0.38		14.66±4.71	
Unit worked in					
Obstetrics	16	3.84±0.38		14.50±4.73	
Gynecology	25	3.56±0.42	F=1.659	14.16±4.00	F=0.773
Delivery room	41	3.71±0.40	p=0.180	15.51±3.91	p=0.511
Family health center	37	3.68±0.39		15.37±3.79	
Opinion about the midwifery profession					
Positive	100	3.70±0.40	t=1.123	15.22±3.99	t=0.291
Negative	19	3.59±0.40	p=0.768	14.15±4.03	p=1.061

***The comparison of the subscales of the Compassion Fatigue Scale and the sociodemographic variables in the table was not found to be statistically significant.

Table 4. Correlation of compassion fatigue, and its subscales, and life satisfaction among midwives from Kars, Turkey, 2019 (N=119)

	Pearson's correlation	p
Compassion fatigue	0.077	0.403
Compassion fatigue subscale		
Kindness	0.056	0.546
Indifference	0.129	0.163
Common humanity	-0.068	0.461
Separation	0.163	0.076
Mindfulness	0.071	0.444
Disengagement	-0.017	0.853

DISCUSSION

Life satisfaction is one of the significant factors that determine individuals' mental health and their relationships with society. Life satisfaction is affected by many factors, such as working and occupational conditions^{18,19}. The heavy workload of healthcare professionals, taking the responsibility of patients, the necessity of providing patients and their relatives with emotional support, insufficient physical opportunities and difficult working conditions (such as watch duty) cause work stress²⁰. These factors may have affected the life satisfaction scores of midwives who work with a sensitive group like mothers and their children. Despite this, it is noteworthy that compassion fatigue is not observed in midwives. Factors that cause compassion fatigue include heavy workload and stress, and providing care for people in pain and suffering^{1,21}.

Midwifery is one of the most important professions concerning the health of the mother and child. In this study, it was found out that midwives do not experience compassion fatigue, which affects the quality of healthcare. Compassion fatigue is the emotional, biological, and physiological exhaustion due to being continuously exposed to others' suffering for a long time and is characterized by the gradual decrease in compassion over time. Healthcare professionals constitute a high-risk group in terms of compassion fatigue²². Midwifery plays a role in processes including pre-labor, labor, and post-labor, and neonatal period. Contributing to the arrival of a new living being in the world, and seeing the result of their efforts, may have prevented the development of compassion fatigue in midwives. Motherhood is, of course, considered sacred, worldwide including Turkey²³. In Islamic culture, the belief that 'whoever helps with labor and cuts the umbilical cord goes to heaven' gives a spiritual dimension to the profession of midwifery, which may have prevented the development of compassion fatigue in the study midwives. The development of compassion fatigue will decrease the quality of healthcare service, cause midwives to become insensitive and lose their ability for empathy. Thus, it will lead to negative pregnancy and childbirth experiences in women. Negative labor experience can lead to many undesired effects such as depression, post-traumatic stress disorder, and emotional burnouts/sadness in mothers, a decrease in the love felt for the infant by the mother, and insufficient breastfeeding^{24,25}. Moreover, a negative childbirth experience is associated with chronic maternal morbidity^{24,25}. It is a pleasing situation in terms of the health of the mother and infant that compassion fatigue was not experienced in our study group. In the recommendations published by the WHO for women to have a positive childbirth experience, it is emphasized that they should receive compassionate care from healthcare professionals, especially in the first stage of labor and during the childbirth¹⁶. Similarly, as stated in the theme 'Midwives leading the way with quality care' of the International Confederation of Midwifery (ICM) 2018, midwifery can make significant contributions to the quality of the care led by midwives in the compassionate approach²⁶.

The sociodemographic characteristics of midwives did not affect compassion fatigue. As age increases, there is a slight decrease in midwives' levels of compassion, but not at a significant level. This slight decrease may result from the increase in working years and the years spent in the profession. Furthermore, a slight decrease is also observed in life satisfaction with working years. All these research findings are consistent.

Compassion levels were found to be higher in midwives working in obstetrics and delivery rooms. In the definition of compassion fatigue, the literature states that individuals' exposure to pain and stress affects the development of compassion fatigue^{1,2}. Although these units require continuous follow-up and observation during labor and work more intensively in terms of midwifery, compassion levels

are higher. Midwives see that women have more pain and suffer more in obstetrics and delivery rooms, and these are more stressful environments compared to others. Although higher compassion fatigue is expected in this situation, the levels of compassion are higher. Despite seeing people in pain and suffering and knowing that unexpected risks can be encountered in every labor, midwives may have been affected positively because this process mostly results in happiness. Furthermore, witnessing women's happiness and contributing to this happiness may have increased the life satisfaction of midwives and prevented them from experiencing compassion fatigue. Moreover, it is also thought that midwives' positive opinion about midwifery and association of their profession with motherhood and womanhood have a positive effect. McHolm¹ states that compassion fatigue 'arises as a result of giving a high level of energy and compassion to people in pain for a long time, generally without experiencing the positive results of seeing patients recover'. The results of this study confirm this statement by McHolm¹.

No relationships were found between the midwives' life satisfaction and compassion fatigue. Although their life satisfaction is low, mostly dealing with healthy mothers and neonates, experiencing the excitement of each labor and contributing to the arrival of a new living being in life, may have prevented the study midwives from having emotions leading to compassion fatigue.

Limitations

The fact that this study was conducted in only one city is an important limitation of the study, as the results may not be generalizable to the general population of Turkey. Moreover, the results are self-reported, and the cross-sectional study design does not allow conclusions on causality to be made.

CONCLUSIONS

In the midwifery profession where the workload and responsibility are heavy and affect the quality of care, not experiencing compassion fatigue is an important result for the health of the mother and child. Protecting and improving the health of the mother and child, factors that influence the health of societies and the future of the countries, are among the main duties of midwives. The fact that low life satisfaction does not affect their sense of compassion shows that they attach importance to the health of the mother and neonate. When assessed in terms of social midwifery, a compassionate approach is extremely significant for protecting and improving the health of the mother and neonate. Working environments should be supported to maintain the compassionate approach of midwives and help to increase their life satisfaction. It is also recommended that the decrease in life satisfaction should be examined in terms of working conditions.

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CONFLICTS OF INTEREST

The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none was reported.

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ETHICAL APPROVAL AND INFORMED CONSENT

Ethical approval from the Non-Interventional Clinical Research Ethics

Committee of the Faculty of Medicine, Atatürk University, and written permission of the hospital where the research was conducted were obtained. (Date: 28-11-2018; Reference No. B.30.2.ATA.0.01.00/305). Oral informed consent was also obtained by the participating midwives. All midwives were informed that all data would be kept confidential.

DATA AVAILABILITY

The data supporting this research cannot be made available for privacy reasons.

PROVENANCE AND PEER REVIEW

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