



Prevalence of Compassion Fatigue among the Nurses in Pemba Provincial Hospital, in Mozambique

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ABSTRACT :

Compassion fatigue is a significant concern among healthcare professionals, particularly nurses who are continually exposed to the emotional and physical demands of patient care. This study examined levels of compassion fatigue among the nurses in Pemba Provincial hospital, in Mozambique. The study adopted embedded mixed method research design. Using census method the study utilized a sample size of 150 participants. Using purposive sampling, 10 participants were selected from the total sample size for the interviews. Quantitative data was collected using Professional Quality of Life Scale (ProQOL) while qualitative data was collected using Interview Guide. Quantitative data were analyzed using descriptive statistics with SPSS version 23, while qualitative data were analyzed using thematic analysis. The results were presented in tables using frequencies and percentages. The results showed that majority of respondents (62.6%) fall into the moderate risk category, indicating that while they are experiencing symptoms of compassion fatigue, they are not yet at a severe stage. Additionally, the results revealed a significant portion (30.5%) is categorized as high risk, meaning they are facing considerable emotional exhaustion and stress. The study recommends the need for targeted interventions to enhance well-being through psychological support, self-care, and better workplace conditions.

Key Words: Prevalence, Compassion fatigue, Nurses, Pemba Provincial hospital, Mozambique

INTRODUCTION

Compassion fatigue is a prevalent issue among nurses, particularly those working in the health care industry with high-stress environments. This phenomenon manifests itself as a profound emotional and physical exhaustion. Understanding the levels of compassion fatigue and the factors contributing to it is crucial for developing effective interventions to support nurses' well-being and enhance the quality of patient care. According to Cocker and Joss (2016), Compassion fatigue leaves a person with severely reduced feelings of empathy for another person's suffering. As nurses establish relationships and develop sympathy with patients and their families more frequently, they are among the most affected professions, experiencing intense compassion fatigue (Stamm, 2010; Weintraub et al., 2016).

Wu et al. (2016) investigated the experiences of compassion fatigue, burnout, and satisfaction among oncology nurses in the US and Canada. Descriptive, non-experimental study, adhered to a quantitative methodology, an approach that suited the use of surveys to collect data. The theories applied in this study were Watson's Theory of Human Caring (Sourial, 1996) and Maslow's Hierarchy of Needs (Burtson & Stichler, 2010). Data were gathered using the Professional Quality of Life (ProQOL) scale, version 5 (Yang & Kim, 2012), and the modified Abendroth Demographic Questionnaire (Abendroth & Flannery, 2006). This study was conducted with practising oncology nurses employed in Canada and the United States. All participants were members of the Canadian Association of Nurses in Oncology (CANO) and the Oncology Nursing Society (ONS). The results were similar in the American and Canadian participants, and both reported high levels of compassion fatigue, burnout, and compassion satisfaction. In other words, elevations in both subscales have indicated high levels of compassion fatigue. This depth of study on compassion fatigue has not been done with nurses at the Pemba Provincial Hospital. Two theories were used as mentioned above but for the current study, Watson's Human Caring Theory only was used.

Fonseca et al. (2019), conducted a study on Compassion Fatigue in adult hospital emergency nurses, in Porto, Portugal, with the aim of evaluating the level of compassion fatigue in nurses and its association depending on sociodemographic characteristics/ professionals. The study used a quantitative, descriptive and cross-sectional method, with 87 nurses from an adult urgency and emergency service at a university hospital. The Professional Quality of Life Scale 5 and a sociodemographic/professional questionnaire were used. Both descriptive and inferential statistics were applied to the data analysis. The findings showed that 51% of nurses had high levels of compassion satisfaction, 54% had burnout, and 59% had secondary traumatic stress. The study's findings indicate that a significant portion of nurses who experience high levels of burnout and secondary traumatic stress also exhibit compassion fatigue. This study was carried out in Portugal, the population were emergency nurses and the quantitative, descriptive and cross-sectional method was used. The present study was conducted in Mozambique, and the population was nurses who work at the Pemba provincial hospital without a specific area, and the mixed method was used.

De-Los-Santos (2023) conducted similar research on Compassion Fatigue Influences the Mental Health and Turnover Intention of Nurses in the COVID-19 Pandemic. The study was conducted in hospitals in the central Philippines. The target population of the study was 300 nurses, and the study employed a cross-sectional design using questionnaires. The CF-Short Scale 24 was used to measure CF among the participants. Was used SPSS to analyze the data

and descriptive statistics were used to present the means frequencies and percentages. Findings revealed that the nurses have good mental health but also have high stress, moderate to high compassion fatigue, and moderate intention to leave their current organization. However, the study focused on compassion fatigue, mental health and turnover intention with 300 nurses as participants in Central Philippines, but for the ongoing study it focused on compassion fatigue and psychological well-being among nurses who work at the Pemba Provincial Hospital and the population was 150 nurses. Even though the study was carried out during the COVID-19 pandemic, the results might be valid for nurses today, as they deal with many patients with different pathologies daily.

Mlaba (2023) investigated the occurrence of compassion fatigue (CF) among oncology healthcare professionals (OHPs) in three public healthcare institutions in KwaZulu-Natal, South Africa. The study was conducted at Greys Hospital (GH) in Pietermaritzburg, and Addington Hospital (ADH) and Inkosi Albert Luthuli Central Hospital (IALCH) in Durban. Using a descriptive cross-sectional research design, the study aimed to determine the prevalence of CF among OHPs at these facilities. The research included all medical professionals treating cancer patients at the three hospitals. Data was collected through a self-administered questionnaire, which included the Professional Quality of Life Scale version 5 (ProQOL-V) and demographic questions. The ProQOL-V is a 30-item tool that measures compassion satisfaction, burnout, and CF. Data analysis was performed using the Statistical Package for Social Sciences (SPSS) version 28, employing both descriptive and inferential statistics. The results showed that 32 (43.8%) OHPs had low CF scores, while 41 (56.2%) had average CF scores; no participants had high CF scores. There was a statistically significant difference in CF mean scores among the three hospitals ($p = 0.025$). OHPs at IALCH had the highest mean CF score (26.76), followed by GH (22.85), and ADH (21.17). A post hoc analysis revealed a significant difference in CF mean scores between ADH and IALCH ($p = 0.027$). Female participants had a higher mean CF score (24.25) compared to male participants (20.64), but this difference was not statistically significant ($p = 0.075$).

In keeping with this, Amir and Okalo (2022) evaluated the prevalence and contextual factors related to compassion fatigue in nurses in Kampala, Uganda, during the Second Wave of COVID-19. Their study focused on compassion fatigue in frontline nurses and associated predictive factors. The study employed a cross-sectional study design. 395 nurses were included in this study. Stamm's Professional Quality of Life V-5 was used to assess the levels of compassion fatigue. In the analysis of the prevalence of compassion fatigue, the scale was analyzed as a categorical variable. A descriptive analysis was conducted on demographic and compassion fatigue-related variables. The result showed, that 49.11% ($N = 194$) reported high levels of compassion fatigue, 29.62% ($N = 117$) reported medium levels of compassion fatigue and 21, 27% ($N = 84$) indicated they had low levels of compassion fatigue. Although this study was about nurses in Kampala, it was useful with the nurses at the Pemba provincial hospital who day after day have been dealing with and spending a lot of time with patients, especially in recent times when due to various factors such as terrorism the hospital has been crowded.

Adem et al. (2022) conducted a study on the Level of compassion fatigue and associated factors among nurses working at comprehensive specialized hospitals in northwest Amhara region, Ethiopia. This was a cross-sectional study, and a simple random sampling method was used to select participants. Data was collected using a structured self-administered questionnaire. Epi info version 7.2.5 software was used to enter the data, which was then exported and analyzed using SPSS version 25. The overall minimum sample size was determined by using a single population Proportion calculation formula. (Was taken 50%) Then the final sample size $n=423$. compassion fatigue was measured with Adopted validated revised Stamm's ProQOL V-5 containing ten items which have a 5-point Likert scale of 1 to 5 (21). The study assessed the level of compassion fatigue among nurses using a professional quality of life assessment scale. Among 410 nurses about 112 (27.3%) 95% CI (22.7–31.5) was low, 164 (40%) 95% CI (35.6–45.4) was medium and 134 (32.7%) 95% CI (28.3–37.3) was a high level of compassion fatigue.

Mirutse et al. (2020) looked at the prevalence of compassion fatigue, burnout, compassion satisfaction, and related factors among nurses working in Ethiopian cancer treatment centers, they found that compassion fatigue was not very common. A quantitative cross-sectional design was conducted in five randomly selected public hospitals in Ethiopia. All the nurses who were working in the cancer treatment centers of the five hospitals were included in the study. Utilizing the Professional Quality of Life Scale (PROQOL) instrument version 5, a typical self-administered structured inquiry was used to gather data. The data were analyzed by using the SPSS 21 version. The study was carried out in five public hospitals where they provide cancer treatment, so the current study was carried out in one hospital and involved all nurses in Pemba. Even though the study was only in those centers with cancer treatment, it had an impact on the current study as every healthcare professional is prone to compassion fatigue due to the nature of their work. The study aimed to examine the levels of compassion fatigue among the nurses in Pemba Provincial hospital, in Mozambique.

METHODOLOGY

The study adopted a mixed-method approach, specifically the embedded design. This design implies the collection of quantitative and qualitative data. The embedded design is when the quantitative and qualitative data are collected simultaneously, but the qualitative data is embedded within the quantitative data for the analysis. In other words, is a combination of collection and analysis of both quantitative and qualitative data within a traditional quantitative research design or qualitative research design (Creswell & Clark, 2010). The study was carried out at Pemba Provincial Hospital, in Cabo Delgado, Mozambique. Pemba Provincial Hospital is the largest hospital in the province of Cabo Delgado located in the city of Pemba.

The study target population consisted of 150 nurses working in Pemba Provincial Hospital, in Mozambique. Since the target population was small, the study employed census method to include the whole population 150 as a sample size. Using purposive sampling, 10 participants were selected from the total sample size to participate for interviews. The study employed Professional Quality of Life Scale (ProQOL), developed by B. Hudnall Stamm (2010b) designed to measure compassion fatigue. It is a widely used scale of 30 item self-report questionnaires designed to measure compassion fatigue. Each item is rated on a 5-point Likert scale ranging from 1 (never) to 5 (very often). The scores for each subscale are calculated separately, and higher scores indicate higher levels of the respective construct. The qualitative data was collected using Interview Guide. The quantitative data was analyzed using descriptive statistics particularly frequencies and percentages. Qualitative data was analyzed using thematic analysis.

RESULTS AND DISCUSSION

The study aimed to examine the levels of compassion fatigue among the nurses in Pemba Provincial Hospital in Mozambique. The study had an 87% response rate, with 131 participants. Females (64.9%) outnumbered males, and most (76.4%) were aged 18-39, with the largest group being 30-39. Most nurses were single (71.8%), and married nurses had a higher proportion of Degree holders, suggesting a link between education and marriage. The majority (64.9%) had 1-10 years of experience, with fewer in higher brackets due to retirements or career shifts. Catholics were the largest religious group (44.3%), followed by "Other" (36.6%) and Protestants (19.1%). Across all groups, most had 1-10 years of experience, with lower long-term retention.

To examine the levels of compassion fatigue among nurses, a descriptive statistics was run and the results are presented in table 1

Table 1: Levels of Compassion Fatigue among Nurses in Pemba Provincial Hospital

		Frequency	Percentage %
Valid	Low risk	7	5.3%
	Moderate risk	82	62.6%
	High risk	40	30.5%
	Extremely high risk	2	1.5%
Total		131	100.0

The findings from table 1 reveals a concerning trend regarding compassion fatigue levels among the 131 nurses surveyed. The majority of respondents (62.6%) fall into the moderate risk category, indicating that while they are experiencing symptoms of compassion fatigue, they are not yet at a severe stage. Additionally, a significant portion (30.5%) was categorized as high risk, meaning they are facing considerable emotional exhaustion and stress. This group may struggle with feelings of burnout, reduced empathy, and a sense of being overwhelmed. This was strongly supported by qualitative responses from nurses, highlighting the impact of severe staff shortages on their well-being and job performance. One nurse stated,

In my experience, fatigue and stress stem from the workload in the nursing field and the very low number of nurses. For example, here at HPP, there are only two nurses per shift, which makes it difficult to work. The nurse starts at 7 AM and only leaves at 7 PM, and sometimes without a break, meaning that a nurse in this provincial hospital in Pemba can work day and night for two days without a day off (Interviewed on the 18th of December 2024).

Similarly was expressed by respondent3 who pointed out the following:

According to my experience, fatigue or stress at work is influenced by the lack of human resources. As you can see, in each shift, we work with only two nurses and receive many patients. Because the number of nurses is low, I end up doing a lower quality job, which causes a lot of emotional fatigue (Interviewed on the 22nd of December 2024).

A small number of participants fall into the extremely high-risk category. These nurses are likely experiencing severe emotional and psychological strain, which may significantly impact their work performance and personal well-being. Furthermore, in support on this some nurses responded:

When I attend to a patient and they do not leave alive, it brings me a lot of fatigue; I have many questions about what might have gone wrong (Respondents 1, interviewed on 18th of December).

When a patient enters the ward and does not leave alive, it has been a constraint that leads me to fatigue and stress (Respondent 4, interviewed on 23rd of December).

When a patient dies, it is a total destruction for me; I keep asking myself if I could have done more (Respondent 5, interviewed on 23rd of December).

On the other end of the spectrum, only few of participants are classified as low risk, suggesting that very few nurses are free from significant compassion fatigue concerns. This highlights the widespread impact of emotionally demanding work environments, where stress and emotional exhaustion are prevalent. Overall, the data suggests that the majority of individuals experience at least moderate levels of compassion fatigue, highlighting a critical need for intervention. These findings align with Mirutse et al. (2020), which underscores the high prevalence of compassion fatigue among nurses and the significant emotional exhaustion they endure. Similarly, the study by De-Los-Santos (2023) in the Philippines reinforces this reality, revealing that moderate to high levels of compassion fatigue are common among nurses. Furthermore, the findings of this study are consistent with those of Amir and Okalo (2022) in Uganda, as both identify moderate compassion fatigue as the most prevalent and high levels as a significant concern. However, while Amir and Okalo (2022) report a higher overall prevalence, likely due to the impact of the COVID-19 crisis, the current study highlights staff shortages and patient deaths as key contributing factors. Despite these contextual differences, all studies emphasize the urgent need for interventions to support nurses' well-being and mitigate the effects of compassion fatigue.

CONCLUSION

The study concluded that majority of nurses experience moderate to high levels of compassion fatigue, primarily due to severe staff shortages and overwhelming workloads. Given these findings, it is imperative for hospital administrators and policymakers to prioritize interventions aimed at alleviating compassion fatigue and enhancing psychological well-being. Increasing staffing levels, implementing mental health support programs, fostering teamwork, and promoting professional development opportunities for nurses are essential measures to create a more supportive and sustainable work environment. Addressing these challenges will not only improve nurses' overall well-being but also enhance the quality of care provided to patients, ultimately strengthening the healthcare system in Mozambique.

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