

Do Compassion Satisfaction and Compassion Fatigue Differ among Health Care Professionals in a Home Palliative Care Unit for cancer patients in Greece?



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Introduction. Health Care Professionals (HCP) working in Palliative Care (PC) are exposed to different issues and challenges associated with death and dying which may contribute to Compassion Fatigue (CF) and Compassion Satisfaction (CS). The purpose was to explore whether there was a difference among HCP' teams concerning CF and CS.

Material and Method. A mixed methodology was used. A sample of 12 HCPs (85.71% compliance) completed a demographic/ work-related characteristics form and the Greek version of the Professional Quality of Life version 5 (ProQOL-5). The ProQOL-5 is a 6 point (0-5) Likert type 30 items instrument divided to three sub-scales: CS, Burnout (B) and Secondary Traumatic Stress (STS). Additionally, based on quantitative analysis results, two focus groups (one for nurses and another for all the other HCP) were held to better explore CF and CS.

Demographic and Professional Characteristics

Sex	N (%)
Female	9 (75%)
Male	3 (25%)
Marital Status	
Married	7 (58.3%)
Single	5 (41.7%)
Children	
No	9 (75%)
Yes	3 (25%)
Mean duration of Professional Experience (years)	9.2±8.4
Mean duration of Professional Experience in Palliative Care	4.3±2.0
Mean number of working hours per week	40.3±7.9
Participation in Out of Hours Telephone Service	
Yes	8 (66.7%)
No	4 (33.3%)
SD Standard Deviation	

Participants Responses for ProQOL-5 Subscales

ProQOL-5 Subscales	Mean±SD
Compassion Satisfaction	39.5±4.0
Physicians	41.7±4.7
Nurses	38.3±4.7
Social Workers	38.5±0.7
Burnout	20.0±4.4
Physicians	19.3±2.3
Nurses	20.5±6.0
Social Workers	19.0±4.2
Secondary Traumatic Distress	21.9±4.1
Physicians	24.0±3.6
Nurses	19.5±3.8
Social Workers	24.0±4.2
SD Standard Deviation	

Compassion Satisfaction <50, Burnout >50, Secondary Traumatic Stress >50

Results and Discussion

A total number of 6 nurses/N (50%), 3 physicians/P (25%), 2 social workers/SW (16,7%) and one physiotherapist/Ph (8,3%) participated. N reported less STS (19,50±3,78) and more B (20,50±5,96) than other HCP (p>0.050). P and SW had STS (24,00±4,24) and B (19,00±4,24) at about the same level. The lowest satisfaction reported SW (38,50±0,70), followed by N (38,83±4,67) and P (41,67±4,73). The results were confirmed by the focus groups. On one hand, N and SW reported that the care for patients and family is a source of satisfaction for them.

Focus Group Thematic Analysis

Common Themes

(Nurses, Social Workers, Physicians)

Sources of Compassion Satisfaction:

- Interdisciplinary team
- Therapeutic relationship with patient/ family
- Palliation - Good death

Lack of professional satisfaction:

- No job recognition
- Palliative care unit organization/ administration

Strategies to manage low CS:

- Sharing with seniors HCP
- Sharing with others (friends, family etc.)
- Sharing with other Palliative Care Units
- Continuing education

The two focus group thematic analysis has common and different themes. The low nurses' CS has been confirmed.

Different Themes

Insufficient social services (Physicians, Social Workers)

Pure work related parameters (salary, leaves, out of hour telephone service) (Physicians, Nurses)

Lack of professional satisfaction

Limited opportunities for professional development (Physicians)

- Caring for patients and family (Nurses, Social Workers)
- More interaction with same HCP team (Nurses, Social Workers)

Sources of Compassion Satisfaction

Symptom management/ available patient's caregiver (Physician)

Strategies to manage low CS

a) same professional team (Nurses, Social Workers)

Sharing with

b) closest HCPs (Physicians)

Conclusion. Different factors contribute to CF and CS for different HCP teams. There are different strategies which each team use to manage lack of satisfaction.