

<https://doi.org/10.48047/AFJBS.6.15.2024.3533-3554>



**African Journal of Biological Sciences**

Journal homepage: <http://www.afjbs.com>



Research Paper

Open Access

## **Psychological exhaustion among nurses working in mental health, its causes and treatment**

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Volume 6, Issue 15, 2024

Received: 15 May 2024

Accepted: 18 Aug 2024

Published: 05 Sep 2024

[doi:10.48047/AFJBS.6.15.2024.3533-3554](https://doi.org/10.48047/AFJBS.6.15.2024.3533-3554)

### **Abstract**

Being a nurse is a very demanding job that might cause compassion fatigue. It is generally discovered that psychological capital plays a major role in improving nurses' ability to handle difficult situations and shielding them from compassion fatigue. Examine the consequences of this condition, including decreased job satisfaction, burnout, and compromised patient care. To address this issue, we discuss various intervention strategies, such as stress management techniques, counseling, and organizational changes. By understanding the causes and consequences of psychological exhaustion, we can implement effective measures to promote the well-being of mental health nurses and ensure high-quality patient care. Design: The study used a descriptive correlational design. Tools: A Personal and Job Data Sheet, the Secondary Traumatic Stress Scale, and the Psychological Capital Questionnaire were the two tools utilized to gather the required data. Findings: Of the nurses surveyed, less than two thirds (63.7%) reported having minor compassion fatigue, whereas more than three quarters (80.1%) reported having a moderate degree of psychological capital. In conclusion, it is evident that there is a statistically significant negative link between compassion fatigue and the overall psychological capital scores. Suggestions: Developing and implementing training programs on a regular basis to improve nurses' understanding of psychological capital, resilience, productive coping mechanisms, and stress-reduction techniques that might reduce the incidence of compassion fatigue.

**Keywords:** Psychological capital, nurses, and compassion fatigue.

### **Introduction**

The nursing profession is widely regarded as a very demanding and tough one. Nurses deal with a variety of situations that might be stressful, such as unfavorable working environment, lengthy workdays, high employee turnover, and lower patient satisfaction. (Itzhaki et al., 2018). Because

there is a shortage of nurses in the workforce today, nurses typically work long hours. Elevated workloads, inadequate pay and benefits, lack of acknowledgment and gratitude, moral conundrums, and unsuitable behaviors or non-cooperation from patients and their families all seem to contribute to annoyance, discontent, and a great deal of stress, which negatively impacts nurses' enthusiasm and sense of purpose in their work (Elsherif & Sabra, 2022).

Nurses provide compassionate care to patients with significant emotional, physical, mental, and spiritual needs. However, offering compassionate care may have a detrimental impact on nurses, causing them to endure constant stress from fulfilling the demands of patient care, increased patient acuity, and heavy physical and mental loads (Lamadah & Sayed, 2014). A vital component of nursing and a characteristic that sets professional nurses apart is compassion. It includes the ability to take on a nonjudgmental attitude in addition to enduring one's own misery when faced with the anguish and suffering of others. It is widely accepted that the hallmark of moral caregiving and the driving force behind the provision of excellent care is compassion ( Tehranineshat et al., 2019).

"The state of significant depletion or exhaustion of the nurse's store of compassion, resulting from recurrent activation over time of emphatic and sympathetic responses to pain and distress in patients" is the definition of compassion fatigue. (Cocker and Joss, 2016). The symptoms of compassion fatigue can be divided into three categories: job-related symptoms, which include not wanting to work with specific patients, feeling less empathy for patients and their families, and unhappiness. According to Duarte and Pinto (2017), compassion fatigue causes nurses to become more detached from patients and their families, focus more on the technical aspects of their work, avoid forming the vital nurse-patient relationship, and generally lose hope for meaningful change.

The phenomenon of compassion fatigue has been linked to a rise in nurse staff turnover, substandard care delivery, reduced productivity, and a low quality of life. These factors can have an adverse impact on patients' sense of security and fulfillment, as well as negatively impact nurses' psychological, intellectual, social, spiritual, and professional well-being (Pehlivan and Güner, 2018). Deduction: Compassion fatigue's cumulative effects can harm one's personal and professional health by resulting in harmful coping mechanisms including drug and alcohol abuse, poor decision-making when it comes to a patient's care, and persistent absenteeism (Cocker and Joss, 2016).

The most important factor shielding nurses from difficulties they encounter in the healthcare system is psychological capital. The effects of unpleasant events or experiences may be lessened if people make use of positive resources that serve as an internal defense against frightening circumstances. The special adaptability psychological capital makes it a useful instrument for encouraging creativity in nurses while they carry out their duties, which may improve their well-being, happiness, and productivity at work (Yim et al., 2017).

"A comprehensive personal source representing a person's positive appraisal of circumstances and probability for success based on motivated effort and perseverance" is the definition of psychological capital (Luthans and Youssef, 2017). Four personal resources make up psychological capital: optimism, which represents one's capacity to develop positive traits within themselves to succeed in difficult tasks, self-efficacy, which is the confidence to seize every opportunity as a form of strength to achieve success in stimulating tasks, hope, which includes the perseverance in attaining goals and raising hopes for accomplishment, and resilience, which consist Asbari et al., (2021) describe persistence toward objectives and, when needed, rerouting paths to goals, as well as positive coping and the ability to bounce back from setbacks and adversity.

Psychological capital gives nurses the ability to bounce back and thrive in adversity, raises the likelihood that they will experience positive feelings and abilities, and motivates them to put in the work that eventually results in improved performance (Novitasari et al., 2022). Similarly, psychological capital and creative work practices have been shown to positively correlate. (Grover et al., 2018) Workers with psychological capital are more productive and content with their work. Because of its characteristics, they are able to approach situations in a way that promotes self-determination and later self-confidence, work, show more support, and have low levels of anxiety, emotional labor, and burnout (Slatten et al., 2019).

### **Problem Statement:**

There are negative effects on patients and nurses alike from psychological tiredness, which is a serious and widespread problem among nurses working in mental health settings. In spite of the critical role mental health nurses play in delivering necessary treatment, burnout and compassion fatigue disproportionately impact them. Factors like high workloads, demanding work conditions, and little support networks make this issue worse. Psychological weariness that follows may result

in lower job satisfaction, worse patient care, and higher turnover rates among mental health nurses. In order to address this issue, a thorough understanding of its origins must be established, and measures for preventing and reducing psychological weariness among mental health nurses must be developed and put into practice.

**The study's significance:**

Lies in the fact that nurses are asked to care for patients who are experiencing severe pain, grief, despair, or even death. Because of the specifics of their work, nurses are susceptible to compassion fatigue, which can have a negative impact on both their professional quality of life and the standard of patient care ( Bao and Taliaferro, 2015). In general, research on compassion fatigue in nurses has shown that the condition is more common than previously thought and that further study is warranted because the majority of nurses and other professional care providers exhibit symptoms of compassion fatigue (Peters, 2018).

Encouraging and sustaining nurses' compassionate care is essential to allowing them to deliver nursing care that produces the best results. Psychological capital might also offer further defense against compassion fatigue. Furthermore, psychological capital components that include Self-efficacy, optimism, hopefulness, and resilience may undoubtedly aid nurses in managing stressful and traumatic circumstances, ultimately contributing to their psychological well-being. Despite being important, this issue of the relationship between these two important factors has not been studied. In light of the various negative effects that compassion fatigue has on patients as well as nurses, it is imperative to raise awareness of compassion fatigue and psychological capital among nurses in order to support them in effectively managing all potential risks and stressors, carrying out their duties, avoiding psychological exhaustion, and maintaining their mental health.

**The study's objective**

The purpose of this study was to investigate the relationship between psychological capital and compassion fatigue among nurses employed at hospitals.

**Goals of the research:**

- Determine the psychological capital among the nurses employed.
- Find out how much compassion fatigue the nurses in the hospitals.
- Examine the relationship between compassion fatigue and psychological capital among nurses employed in hospitals.

### **Definitions conceptualize:**

**Psychological Capital** is a concept that encompasses an individual's positive psychological resources. These include **self-efficacy** (belief in one's ability to succeed), **hope** (perseverance and agency), **optimism** (positive expectations about the future), and **resilience** (the ability to bounce back from adversity). ( Abusamra et al.,2022)

**Compassion Fatigue** is a state of emotional and physical exhaustion that occurs when individuals are exposed to a high level of stress, trauma, or suffering. It can lead to a decline in empathy, compassion, and overall well-being. (Chao et al., 2024)

### **Method**

**Study methodology:** A descriptive correlational design was employed in this previous investigation.

**Subjects of the study:** A convenience sample of 200 nurses working in the above stated hospitals made up the subjects. They discovered the following requirements to be included in the research: from both genders, ready to participate in the research, and having worked as a nurse for at least a year.

**Evaluation method:** Each question in the survey was scored using a six-point Likert scale that went from (1) "strongly disagree" to (6) "strongly agree." The order of scoring for items 13, 20, and 23 was inverted. The total score for each question was added together, and the highest score indicated a high degree of psychological capital. The questions' scores were added together for each domain, and the total was divided by the total number of questions to determine the mean score for each domain. If the percentage score was greater than 90%, the psychological capital level was high; if it was between 60% and 90%, the psychological capital level was moderate, and if it was less than 60%, it was low. The Secondary Traumatic Stress Scale (STSS) is the second instrument. The researcher translated the scale from English into Arabic after it was created by Bride, Robinson, Yegidis, and Figley

(2004). Via therapeutic treatment with traumatized populations during the previous seven days, the prevalence of compassion fatigue symptoms linked to indirect exposure to traumatic events was ascertained. The 17-item Self-Report Scale (STSS) is divided into three domains: arousal (five items), avoidance (seven items), and intrusion (five items). Pointing scheme: Every item in the STSS was assigned a number between (1) "never" and (5) "very often." Reverse-scored objects were not discovered. The replies from the contributors were totaled, and the sum was divided by the number of elements to get the mean score for each domain. Levels of compassion fatigue were recommended to be moderate if the percent score fell between 76 and 90%, mild if the percent score fell between 50 and 75%, and minimal or nonexistent if the percent score fell below 50%. High was defined as having a percentage score over 90%. Furthermore, A Work and Personal Data Sheet: This organized sheet was created in Arabic by the researcher. It included private information about the nurses, like their age, sex, marital status, salary, and level of education. It also included inquiries about information pertaining to job attributes like years of experience and department.

**Reliability of the study tools:** In order to achieve the goals of the current study, data collecting instruments were translated into Arabic. Both the forward and reverse translation steps were finished. After two multilingual experts completed the forward translation, two other linguistic experts who were not acquainted with the original versions translated the instruments' Arabic versions back into English. After that, the researchers compared their translations to the original texts to ensure that they were accurate and eliminated any discrepancies. Five judges in the area of psychiatric nursing, together with four professors, evaluated the translations' structure, clarity, relevance, and comprehensiveness. Therefore, the requisite modifications were considered. There is a six-week period for validating the translated instruments.

The Psychological Capital Questionnaire and Secondary Traumatic Stress Scale both have high Cronbach's alpha coefficients of  $\alpha = 0.84$  and  $0.89$ , respectively, indicating the reliability of the translated measures. Reliability testing went on for three weeks.

**Preliminary study:** Ten percent of the nurses under investigation, or twenty-one nurses, participated in a pilot study conducted prior to the start of the main research. The purpose of the pilot research was to determine the study instruments' applicability, clarity, and practicality; to assess the time needed to complete the study instruments; and to identify any barriers that may

come up when gathering data. Based on the results of the pilot research, no changes were made. The study aids included vivid, clear graphics. To ensure the consistency of the findings, nurses who participated in the pilot study were not included in the research work's total sample. A one-month pilot study was carried.

In order to make any inquiries to the examined nurses easier, the researchers observed while the studied nurses completed the data collecting instruments using a self-report approach, either alone or in small groups. It takes about 20 to 30 minutes for each person to finish the instruments. To avoid interfering with patient care, the data gathering method was carried out around two hours after the morning and afternoon shifts started. Following completion, the researcher verified that every item included in the instruments was completed. The researcher then expressed gratitude to the nurses under study for their kind efforts and time.

**Ethical considerations:**

- First, the study protocol was approved by the General Authority for Universal Health Insurance and the Ethical Committee of the General Secretariat of Mental Health and Addiction Treatment (GSMHAT).
- Second, the important authorities in the aforementioned situations provided their written permission.
- Thirdly, after a clear explanation of the purpose of the study, the nurses under investigation gave their informed permission.
- Fourthly, the research nurses' voluntary involvement was ensured since they were free to discontinue participation in the study at any moment without facing any consequences.
- Fifth, total discretion was upheld, and the researcher attested that the information gathered will only be used to examine how the operation of the previously described settings was unaffected by the data gathering procedure.

**Statistical analysis:** Data analysis was done using statistical analysis software, namely version 20.0 of SPSS. Quantitative variables were represented using means in addition to standard deviations, whereas qualitative data were presented using percentages and numbers. The Kolmogorov-Smirnov test was employed to ensure that the data were normally distributed. The

correlation between the several research variables was determined by computing the Spearman's rank correlation coefficient. If the P-value was the same as or less than 0.05, the obtained findings were considered significant.

## Results

Table 1 ,fig.1 and 2.shows that the mean age  $\pm$  SD of the nurses was  $29.1 \pm 6.9$  years, with a range of 20 to less than 30 years for nearly two thirds of them (65.7%), 58.7% of whom were female, and 46.2% of whom were single. In terms of their educational background, it was discovered that 1.0% of them held a master's degree, whilst 44.8% of them were Technical Institute of Nursing graduates. Regarding income, more than two thirds (69.1%) of the nurses under consideration did not make enough money each month.

**Table (1):** Demographic characteristic of the studied nurses .

| Characteristic             |                                | No. | Percent |
|----------------------------|--------------------------------|-----|---------|
| Marital Status             | Single                         | 93  | 46.2%   |
|                            | Married                        | 92  | 45.8%   |
|                            | Divorced                       | 13  | 6.5%    |
|                            | Widow                          | 2   | 1.5%    |
| Educational Qualifications | School of Nursing              | 47  | 23.4%   |
|                            | Technical Institute of Nursing | 90  | 44.8%   |
|                            | Bachelor's Degree              | 55  | 27.4%   |
|                            | Diploma Degree                 | 6   | 3.4%    |
|                            | Master's Degree                | 2   | 1.0%    |

|                  |                        |     |       |
|------------------|------------------------|-----|-------|
| Income (Monthly) | Enough                 | 56  | 27.9% |
|                  | Not Enough             | 138 | 69.1% |
|                  | Enough and Overflowing | 6   | 3.0%  |

**Fig (1):** gender characteristic of the studied nurses .

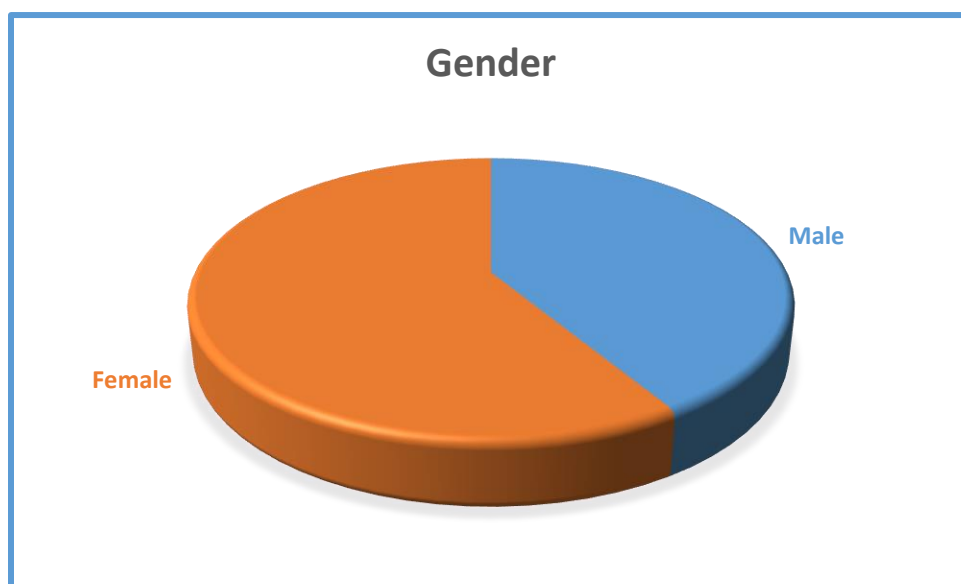
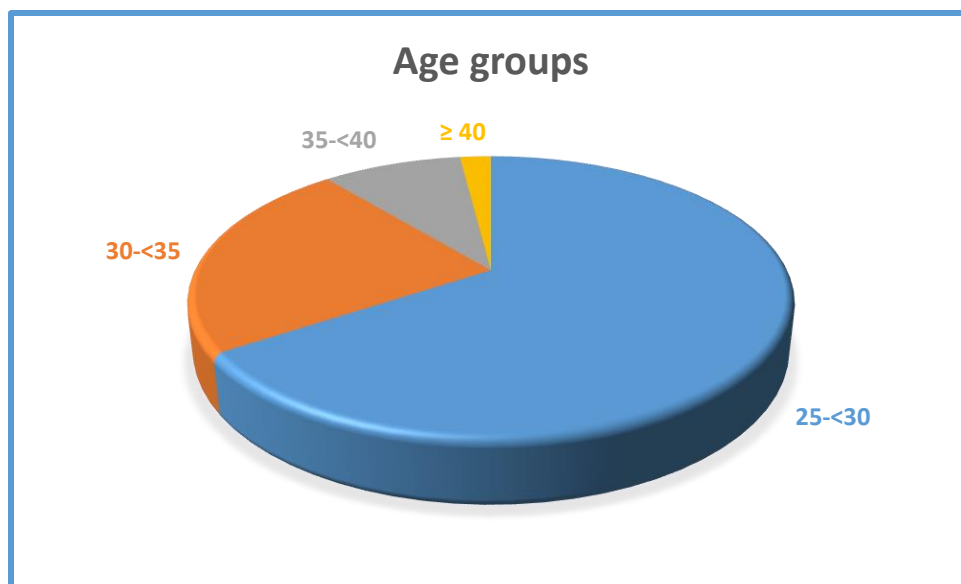


**Fig (2):** Age groups of the studied nurses .



According to Table (2), which displays the job characteristics of the nurses under study, over half of them had less than five years of experience and worked in inpatient departments (55.7% and 54.7%, respectively), with 64.2% of them having this experience. were putting in between thirty and fifty hours a week at work. The table also revealed that 67.2% of the nurses who were studied were proud to be nurses.

**Table (2):** Job Characteristic of the studied nurses.

| Characteristic      |                   | No. | Percent |
|---------------------|-------------------|-----|---------|
| Years of Experience | Less than 5       | 112 | 55.7%   |
|                     | 5-<10             | 53  | 26.4%   |
|                     | ≥ 10              | 35  | 17.9%   |
| Department          | Emergency         | 32  | 15.9%   |
|                     | Inpatient         | 110 | 54.7%   |
|                     | Operating Theater | 30  | 14.9%   |

|                        |                                             |     |       |
|------------------------|---------------------------------------------|-----|-------|
|                        | ICU and CCU                                 | 17  | 9.0%  |
|                        | Quality Accreditation and Infection Control | 3   | 1.5%  |
|                        | Administration                              | 8   | 4.0%  |
| Working Hours (Week)   | Less than 30                                | 9   | 4.5%  |
|                        | 30-<50                                      | 128 | 64.2% |
|                        | ≥ 50                                        | 63  | 31.3% |
| Being Proud of Nursing | Yes                                         | 135 | 67.2% |
|                        | May be                                      | 56  | 28.3% |
|                        | No                                          | 9   | 4.5%  |

Table (3) deciphers the relationship between the psychological capital levels of the nurses under study and their personal and work characteristics. The findings showed that there were statistically significant relationships between individual, occupational, and

**Table (3a):** Relation between personal, job characteristics, and psychological capital levels among the studied nurses.

| Personal and Job Characteristics | Psychological Capital Levels | Significance |
|----------------------------------|------------------------------|--------------|
| Gender                           |                              |              |
| Male                             | Mild (n=14)                  | 51.9%        |
|                                  | Moderate (n=65)              | 40.4%        |
|                                  | High (n=4)                   | 30.8%        |
| Female                           | Mild (n=13)                  | 48.1%        |

|                           |                          |       |
|---------------------------|--------------------------|-------|
|                           | Moderate (n=96)          | 59.6% |
|                           | High (n=9)               | 69.2% |
|                           | $\chi^2=1.89$ , $P=0.38$ |       |
| Age (years)               |                          |       |
| 20-<30                    | Mild (n=12)              | 44.5% |
|                           | Moderate (n=114)         | 70.8% |
|                           | High (n=6)               | 46.1% |
| 30-<40                    | Mild (n=10)              | 37.0% |
|                           | Moderate (n=34)          | 21.1% |
|                           | High (n=3)               | 23.1% |
| 40-<50                    | Mild (n=3)               | 11.1% |
|                           | Moderate (n=12)          | 7.5%  |
|                           | High (n=3)               | 23.1% |
| $\geq 50$                 | Mild (n=2)               | 7.4%  |
|                           | Moderate (n=1)           | 0.6%  |
|                           | High (n=1)               | 7.7%  |
| $\chi^2=16.82$ , $P=0.01$ |                          |       |

**Table (3b):** Relation between personal, job characteristics, and psychological capital levels among the studied nurses

| Working Hours (Week) |                 |       |
|----------------------|-----------------|-------|
| Less than 30         | Mild (n=3)      | 11.1% |
|                      | Moderate (n=16) | 59.3% |
|                      | High (n=2)      | 15.4% |
| 30-<50               | Mild (n=16)     | 59.3% |

|                                |                  |        |
|--------------------------------|------------------|--------|
|                                | Moderate (n=105) | 65.2%  |
|                                | High (n=8)       | 61.5%  |
| ≥ 50                           | Mild (n=8)       | 29.6%  |
|                                | Moderate (n=52)  | 32.3%  |
|                                | High (n=3)       | 23.1%  |
| X <sup>2</sup> =8.034, P=0.090 |                  |        |
| Being Proud of Nursing         |                  |        |
| Yes                            | Mild (n=12)      | 44.5%  |
|                                | Moderate (n=110) | 68.3%  |
|                                | High (n=13)      | 100.0% |
| To Some Extent                 | Mild (n=11)      | 40.7%  |
|                                | Moderate (n=46)  | 28.6%  |
|                                | High             |        |

$P \leq 0.01$  was found for psychological capital levels among the nurses in the study when compared to age, marital status, and the nurses' pride in their profession. Table (4) presents the relationship between the nurses under study's personal and occupational characteristics and their levels of compassion fatigue. The findings showed that among the nurses under study, there were statistically significant relationships between personal and occupational characteristics and degrees of compassion fatigue in connection to monthly salary and working hours, with  $P < 0.05$ . The findings also showed that, at  $P \leq 0.01$ , there were statistically significant relationships between nurses' degrees of compassion fatigue and their gender, age, marital status, department, and pride in nursing.

Table 4: Correlation between Total Scores.

| Psychological Capital Domains | Compassion Fatigue Domains | r      | P     |
|-------------------------------|----------------------------|--------|-------|
| Self-Efficacy                 | Intrusion                  | -0.096 | 0.174 |

|            |           |        |         |
|------------|-----------|--------|---------|
|            | Arousal   | -0.089 | 0.209   |
|            | Avoidance | -0.291 | 0.000** |
| Hope       | Intrusion | -0.199 | 0.005** |
|            | Arousal   | -0.100 | 0.159   |
|            | Avoidance | -0.246 | 0.000** |
| Resiliency | Intrusion | 0.041  | 0.567   |
|            | Arousal   | 0.073  | 0.301   |
|            | Avoidance | -0.072 | 0.307   |
| Optimism   | Intrusion | -0.078 | 0.269   |
|            | Arousal   | -0.011 | 0.875   |
|            | Avoidance | -0.153 | 0.030*  |

r= Spearman correlation \*Significant at  $P \leq 0.05$  \*\*Significant at  $P \leq 0.01$

presents the relationship between the overall psychological capital scores of the nurses under study and their level of compassion fatigue. The table made clear that there was a substantial negative correlation ( $r = -0.18$ ) between the overall score of compassion fatigue and the psychological capital. Through a considerable drop in the overall score of compassion fatigue as psychological capital increased.(Table 5)

**Table (5):** Correlation between total scores of psychological capital and compassion fatigue among the studied nurses.

| Variable              | r     | p-value |
|-----------------------|-------|---------|
| Psychological Capital | -0.18 | 0.007** |

r= Spearman correlation \*\*Significant at  $P \leq 0.01$

## Discussion

The high levels of stress that nurses work in are caused by their routine workloads and concomitant psychological risks, such as compassion fatigue, which have an adverse effect on the patient, the organization, and society at large in addition to the nurse. Compassion fatigue is the ultimate result of prolonged, intense, and ongoing interactions with patients; it is the sensation of helplessness in addition to experiencing anguish (Kumar & Madhu, 2017; Pehlivan & Güner, 2018). Nursing is regarded as the most difficult profession in the world. In addition to being physically exciting, nursing is said to be a mentally stimulating occupation. Thus, taking good care of nurses' health needs to be a primary priority. The problem of compassion fatigue has to be studied more in the nursing field in order to raise the awareness of how it affects nurses and the standard of care they provide. Psychological capital has the potential to enable nurses to be adaptable and successful under pressure. Its impact on behavior, cognition, and well-being was notable (Nolzen, 2018; Novitasari et al., 2022).

Psychological capital nudges people to engage in and carry out constructive actions. The four core components of psychological capital—hope, optimism, resilience, and efficacy—are closely linked to employees' feelings and attitudes, which may then have an impact on their intentions to behave (Pierdziwol, 2022). Therefore, in order to maintain nurses' psychological well-being, help them deal with stress in an aggressive manner, and enable them to fulfill their important duty, it was imperative to evaluate psychological capital and compassion fatigue among nurses. One of the current work-related requirements found that the majority of research participants had a modest amount of psychological capital. This outcome might be explained by the fact that psychological capital develops in children early on due to a variety of circumstances, including parental love and support and prior experiences. Additionally, it may be improved by efficient supervisor-nurse communication, a well-organized workplace, or the perception of low occupational stress among nurses. A study by Zhou et al. (2017) titled "Mediating effect of coping styles on the association between psychological capital and psychological distress among Chinese nurses" provided confirmation for this finding, stating that most of the nurses had moderate levels of psychological capital. This study was carried out by Metwaly and Ahmed (2018) to investigate the effect of psychiatric nurses' psychological capital on their burnout and coping style. According to recent data, less than two thirds of the nurses under consideration showed signs of minor compassion fatigue. This could mean that nurses are reluctant to admit when they have compassion fatigue because doing so could be seen as a sign of seeking assistance, which could

be frowned upon or ignored due to the stigma associated with counseling. Additionally, admitting to having compassion fatigue could be seen as a sign of diminished competency. Conversely, this could be because of the advantages of expressing care and support.

In the United States, research conducted in 2015 by Hunsaker, Chen, Maughan, and Heaston on "Factors that influence the development of compassion fatigue in emergency department nurses" confirmed similar findings, showing that nurses' levels of compassion fatigue were low. On the other hand, Zhang et al. (2018) clarified that burnout and compassion fatigue are widespread in the nursing profession. Furthermore, a study by Xie et al. (2020) titled "Prevalence and factors of compassion fatigue among Chinese nurses" indicated that a significant degree of compassion fatigue was experienced by nurses. Taking into account the relationship between the nurses under study's psychological capital and their personal and professional traits. The results showed that married nurses had a low psychological capital level; this may be explained by the fact that married individuals often have more obligations and worries, such as those related to their homes and children. This can lessen their mental resources. According to Yim et al. (2017), who investigated the "Mediating role of psychological capital in relationship between occupational stress and turnover intention among nurses" in Korea, married nurses had a modest degree of psychological capital, which lends credence to this theory. According to a recent study, young nurses' psychological capital was moderate. This may be because newly licensed nurses often possess the physical and mental stamina to strive for their objectives and adjust to obstacles and changes. When faced with failure, they recover fast and adjust their strategy to ensure that they don't repeat the same mistakes twice. Compared to older people, they are more aspirational, hopeful, and optimistic about the future. Avey, Nimnicht, and Pigeon (2010) in the same scene, they found a substantial negative correlation between psychological capital and age in their study, "Two field studies examining the association between positive psychological capital and employee performance". On the other hand, Sweet and Swayze (2017) found that elderly nurses in the US had a high degree of psychological capital. Current research has confirmed that nurses with strong psychological capital levels were also proud of their profession as nurses. It might be because of this that individuals who take pleasure in their profession tend to be more self-assured, hopeful, and cheerful. Positivity toward one's work can ultimately assist one in overcoming challenges and achieving goals. Consequently, researchers

Badran and Youssef-Morgan (2015) found a favorable relationship between psychological capital and work satisfaction in Egypt.

The results of the current study showed that nurses working in ICUs and CCUs had more compassion fatigue than nurses working in other units. This finding could have been explained by the correlation between ICU and CCU nurses and higher patient mortality rates due to factors such as increased acuity, more severe symptoms, a higher risk of complications, grieving families, witnessing pain and suffering repeatedly, persistent exhaustion, risk of exposure to danger, and more aggressive treatment regimens. Hinderer et al. (2014) in the United States noted that nurses who worked in intensive care units had a significant degree of compassion fatigue in the same environment. Furthermore, Elkoni and Van der Vyver (2011) made clear in a research named "Positive and negative emotional responses to work-related trauma of intensive care nurses in private health care facilities" "There is a serious risk of compassion fatigue among ICU nurses. The findings showed that compared to male nurses, female nurses had less compassion fatigue. This outcome was at odds with the findings of Mooney et al. (2017), who conducted "A preliminary analysis of compassion satisfaction and compassion fatigue with considerations for nursing unit specialization and demographic factors" and discovered that men experienced significantly lower levels of compassion fatigue than women. However, Hunsaker et al. (2015) reported that no statistically significant relationship was seen between compassion tiredness and gender. Additionally, Zhang et al. (2018) discovered that there was no significant correlation between gender and length of service and compassion fatigue in nurses. The results of the study investigated the relationship between compassion fatigue and pride in nursing among nurses. This may be because The results of the study investigated the relationship between compassion fatigue and pride in nursing among nurses. This could be because an individual can tolerate the challenges of their line of work better if they are more proud of it. A study conducted in 2019 by Chegini, Asghari Jafarabadi, and Kakemam on "Occupational stress, quality of working life, and turnover intention amongst nurses in Iran" addressed this issue by finding that a lower level of occupational stress was linked to a higher sense of felt job pride, which may help reduce compassion fatigue. The sole protective factor, according to Garg, Yadav, Chauhan, Verma, and Bansal's (2020) study "Prevalence of psychological morbidities and their influential variables among nurses in a designated COVID-19 tertiary care hospital in India,"

In keeping with the aforementioned, the findings of a research led by Bao and Taliaferro (2015) indicated that there was a proven negative relationship between psychological capital and compassion fatigue. Additionally, Zhao and Zhang (2010) contended that burnout, which results in compassion fatigue, has a negative link with psychological capital. Tang (2020) made it rather evident in the same scenario that psychological capital usually refers to an individual's positive conduct attribute. As a result, it represents human nature in all its forms—hope, inventiveness, understanding, accountability, and other qualities that are essential to becoming an entrepreneur and caring person. Most people believe that these good aspects of human nature outweigh the bad ones, such stress, burnout, and compassion fatigue. Therefore, its concentration is on bringing about a good transformation in an individual.

by understanding future conditions from current circumstances. The conversation above aims to shed light on how psychological capital plays a role in removing compassion fatigue. From the conversation, it is clear that psychological capital supports people's psychological welfare. Through emotional stability, a person's positive psychological construct gives them the confidence to take chances and deal with difficult, stressful situations. Without a doubt, the relevance and inevitable nature of considering psychological capital as a pathway leading to a shortage of nurses' propensity for compassion fatigue make this study noteworthy in terms of both theoretical and practical implications. Thus, it is anticipated and desired that the findings of this recent study would direct and motivate managers and health care organizations to create interventions. For nursing personnel who are likely to use the four core psychological capital categories of resilience, efficacy, optimism, and hope

## **Conclusion**

The study found a significant negative correlation between hope, intrusion, avoidance, self-efficacy, hope, optimism, and psychological capital and compassion fatigue among nurses. it is imperative to implement effective intervention strategies. These may include stress management techniques, counseling services, organizational changes to improve work conditions, and increased support for mental health nurses. By prioritizing the well-being of mental health nurses, we can create a more sustainable and supportive work environment, ultimately leading to improved patient outcomes. Recommendations include designing training programs to improve nurses' psychological capital, developing early compassion fatigue screening programs, providing

preventative support services, and promoting a healthy lifestyle. Additional research is needed to identify factors contributing to compassion fatigue and to maximize its benefits in human resources. The study also emphasizes the importance of psychological capital in addressing nursing stress.

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