Professional Quality of Life in Psychiatric Nurses: The Relationship Between Compassion Satisfaction and Compassion Fatigue

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ABSTRACT

Background: Psychiatric nurses are in a position of exposure to several factors affecting their CS and CF which subsequently influence their Professional Quality of Life (ProQOL). This study aims to explore the ProQOL and the relationship between Compassion Satisfaction (CS) and Compassion Fatigue (CF) among psychiatric nurses at Eradah and Mental Health Complex in Jeddah, Saudi Arabia.

Methods: A descriptive, cross-sectional, correlational study was conducted among psychiatric nurses at Eradah and Mental Health Complex in Jeddah, Saudi Arabia. A convenient sample of 173 nurses participated in the study through self-administered questionnaires which was adopted from previous studies on ProQOL, CS and CF. The data was analyzed using SPSS program.

Results: The findings of this study showed that 95.4% of the psychiatric nurses reported an average level of ProQOL and average level (62.4%) of compassion satisfaction. In terms of burnout, 72.8% stated having a medium level, while the secondary traumatic stress, was mainly average (61.3%) level. CF was an average level was present in 70.5% of nurses. It was found that there is a significant negative correlation between CS and CF of nurses.

Conclusion: The study concluded that psychiatric nurses experienced e nurses had an average level of professional quality of life, low level, of CS and a low level of compassion fatigue. CS was negatively correlated with compassion fatigue.

Keywords: Compassion fatigue; compassion satisfaction; psychiatric nurses; professional quality of life

INTRODUCTION

The ProQOL is a multidimensional concept that comprises three interconnected dimensions: compassion fatigue, burnout, and Secondary Traumatic Stress (STS)[1]. It encompasses the satisfaction derived from one's job and, for nurses, it specifically relates to the contentment they experience in providing care to patients[2].

However, the nature of nursing work, especially in psychiatric settings, can be emotionally demanding and even traumatic, leading to challenges in maintaining ProQOL[3]. ProQOL CF occurs when nurses become emotionally exhausted and struggle to empathize with their patients. Burnout is characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. STS refers to symptoms similar to post-traumatic stress disorder resulting from exposure to traumatic events[4].

Psychiatric nurses face unique challenges in managing their ProQOL due to the nature of their work. They often care for patients with severe mental illnesses, which can be emotionally draining. Additionally, they may encounter violence and aggression from patients, leading to fear and anxiety. These factors make it difficult for psychiatric nurses to maintain work-life balance and prevent burnout[5].

To promote ProQOL for nurses and psychiatric nurses, organizations must prioritize staff well-being and provide adequate support[6]. This includes offering counseling services, facilitating debriefing sessions after traumatic events, and providing opportunities for professional development and training. Furthermore, organizations should foster a culture of self-care and encourage nurses to engage in mindfulness practices, exercise, and take regular breaks[7].

An analysis of ProQOL in nursing is incomplete without considering two key components: CS and compassion fatigue. These terms, introduced by Stamm (2012), play a significant role in evaluating ProQOLby assessing the levels of compassion fatigue, burnout, and compassion satisfaction. These components and their subscales serve as important measures of the ProQOL of psychiatric nurses[8].

Researchers have provided various definitions for CS (CS) and CF (CF). CS refers to the positive emotional rewards derived from helping others in need, while CF encompasses the negative aspects of job activities and includes STS(STS) and burnout (BO)[9,10]. CF can significantly impact nurses' job performance and their ability to provide safe and ethical care. CS, on the other hand, signifies a sense of fulfillment despite the inherent stress involved in caregiving[10].

Psychiatric nurses are particularly susceptible to CF due to the stressors associated with patient violence, psychological traumas, and daily challenges in their work environment[11]. Workplace violence (WPV) is a prevalent issue in psychiatric wards, where patients with mental

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illnesses may exhibit behaviors that are distressing and occasionally aggressive towards nurses. They also have demanding job roles, working long hours in shifts to provide care and communication to mentally unstable patients[12].

The global COVID-19 pandemic has further increased the workload of psychiatric nurses due to the rising number of psychiatric patients[13]. Consequently, the prevalence of CF among nurses has increased, primarily due to burnout and secondary traumatic stress. Burnout, characterized by a sense of unfulfillment, has adverse psychological effects on nurses and can negatively impact their ProQOL[14]. Similarly, STS arises from the emotional impact of learning about traumatic events, which is particularly common in psychiatric settings. Given these challenges, it is essential to critically analyze the levels of CS, CF, burnout, and STS experienced by psychiatric nurses and identify strategies to improve their professional quality of life.

However, studies have indicated that higher levels of CS can overshadow CF, burnout, and STS experienced by nurses[15]. It is crucial to focus on mitigating CF and promoting CS to enhance nurses' professional quality of life. This study aims to examine the impact of CF and CS on nurses' ProQOLand explore the relationship between these factors, with the goal of identifying strategies to prevent CF and increase CS. This study investigated the ProQOL among Psychiatric Nurses (PNs) at Eradah Mental Health Complex in Jeddah.

MATERIAL AND METHODS

Study Design: A descriptive, cross-sectional, correlational research design was used to investigate the relationship between ProQOL, CF and CS experienced by PNs in Eradah and Mental Health Complex in Jeddah, Saudi Arabia.

Study Participants and Sample: Convenient sampling was used to select the PNs in the psychiatric ward of the hospital. The total number of psychiatric nurses working in the hospital was about 250 nurses, from them, the sample was selected based on their availability, experience, and English proficiency because the questionnaire was administered in English language. Considering a 95% confidence level, 152 PNs were the minimum sample size required for the research from the hospital based on the power analysis calculation[16]. However, the responses were obtained from 173 nurses once the questionnaire was distributed in the study setting.

Setting and Recruitment: This study took place in all floors and departments of Eradah and Mental Health Complex in Jeddah, Saudi Arabia. The hospital is the biggest hospital specialized in psychiatric and mental health in Jeddah. It is a governmental hospital providing treatment for addiction and all mental health disorders. Offering psychiatric, psychological, and social care as well. Among the services offered were the psychotherapy, psychiatric healthcare, social services, evaluation & diagnosis, treatment of all mental health disorders, occupational therapy, rehabilitation services, ER services, outpatient clinics, inpatient admission, and addiction rehabilitation.

Data Collection Procedure: The data was collected by questionnaire. The online forms were distributed to the nurses in the hospital and the terms, provisions and conditions indicated therein were explained to the respondents, answering any questions that they may have had for more clarification.

Research Scale/Instrument: One Self-administered questionnaires tool was used for data collection. It is divided into three parts.
Part I: sociodemographic: gathered some attributes of the respondents

such as gender, age, clinical experience, and educational qualification. Part II: ProQOLScale (ProQOL), CS and CF (Burnout and secondary traumatic stress): adopted from (Stamm, 2009 & 2010). The second part of the questionnaire assessed the experiences of the PNs that caused CS and CF among them. The ProQOL scale, English version was used since English as it is the official language of nursing education and practice in Saudi Arabia.

The ProQOL Version 5 has 30 items presented in three subscales: CS (items 3, 6,12, 16, 18, 20, 22, 24, 27, 30), burnout (items 1, 4, 8, 10, 15,17, 19, 21, 26, 29), and STS(items 2, 5,7, 9, 11, 13, 14, 23, 25, 28)[9,17]. The ProQOL is a 5-point Likert-type scale (1=Never to 5=Very often) used to measure the frequency of respondents 'experiences at work over the past 30 days[17,18]. Burnout and STS are scales of the CF as described by the main author of the ProQOL.

The tool was used previously by many researchers, it is valid, and reliable as the Cronbach's alpha coefficient was found to be 0.88 for compassion satisfaction, 0.75 for burnout, and 0.81 for STS scale[9].

Scoring system: Each question of the questionnaire was scored based on a 5-point Likert-type scale ranged from 1-5. Therefore, the score for each subscale depended on the sum score and ranged from 10 to 50, and for the whole ProQOL ranged from 30 to 150.

Data Analysis: The data gathered were analyzed using the Statistical Package for the Social Sciences (SPSS) V 20. Statistical analysis was done accordingly to the most current reliable and valid statistical methods. Descriptive analysis in terms of frequency and percentage was used to analyze the demographic characteristics of the respondents. The average weighted mean was utilized to describe the ProQOL, CS, and CF. Moreover, the Pearson correlation coefficient was recruited to understand the relationship between CS and CF among the PNs using as factors affecting the ProQOL of psychiatric health nursing.

RESULTS

Table 1 presents sociodemographic data of 173 psychiatric nurses, including their nationality, gender, marital status, work unit or department, and educational qualification. It was found that 83.2% of nurses were Saudi nationals and 16.8% were from other nationalities, among them 35.8% female and 64.2% male. Their marital status was married (51.4%), 45.7% single or 2.9% widowed or separated. The participants belonged to various work units or departments, including the Emergency Department (35%), Inpatient Department (44%), and Outpatient Department (21%). In terms of educational qualification, more than half of the participants (50.3%) held a BSN degree, 21.4% held a diploma, 10.4% held a higher diploma, while 17.9% held a postgraduate education in nursing.

Table 2 presents the distribution of responses to the CS subscale items among 173 psychiatric nurses in Jeddah. The results show that the majority of nurses have CS from being able to help and feeling energized after helping others. Overall, these results suggest that the psychiatric nurses in Jeddah experience a high level of CS in their work.

Table 3 presents the distribution of responses to the Burnout subscale items among 173 psychiatric nurses in Jeddah. The results indicate that a significant proportion of participants reported feeling worn out because of their work as a helper, feeling overwhelmed because their case workload seems endless, feeling trapped by their job as a helper, and feeling "bogged down" by the system. Additionally, a substantial number of participants reported not being as productive at work

because they were losing sleep over traumatic experiences of a person they helped.

Table 4 shows that the STS symptoms have been reported by a sizable portion of study participants who assist in the field of mental nursing in Jeddah. They frequently have multi-person preoccupations, find it difficult to distinguish their personal lives from their professional roles, and think that the terrible stress of those they aid has affected them. Numerous participants also mentioned suffering depressive symptoms as a result of the painful events that the people they aid have gone through, and they feel as though they are going through the trauma themselves. They also have disturbing and intrusive thoughts as a result of their assisting activities. However, fewer participants claimed to have avoided specific situations or activities because of those people's unpleasant experiences.

Table 5 provided information on the ProQOL(ProQOL) of psychiatric nurses at Eradah and the mental health complex, as measured by

three subscales: Compassion Satisfaction, Burnout, and Secondary Traumatic Stress. The table shows that the majority of nurses reported experiencing the average ProQOL score sometimes (28%) or often (22%), while a smaller percentage reported experiencing it very often (14%). The average ProQOL score was 29.64 ± 4.86, indicating a moderate level.

Figure 1 shows the mean score of ProQOL, compassion satisfaction, burnout, and STS scale. Th ProQOL score of the nurses is the total of the 30 questions and the sum score of the three subscales (CS scale, burnout scale, and secondary traumatic stress). It was found that 95.4% of the nurses reported an average level of ProQOL. 62.4% had intermediate level of compassion satisfaction, and 27.2% had high. In terms of burnout, it was found that 27.2% of partipants have a low level, and 72.8% reported having a medium level. The STS was reported at three levels: low (31.8%), average (61.3%), and high (6.9%). CF was found to be low at 29.5%, average level in 70.5%.

Table 1: Sociodemographic data of the nurses at Eradah and Mental Health Complex in Jeddah, KSA (N=173)

Sociodemographic		n (%)
Age	20-34 years	110 (63.6%)
	35-49 years	57(32.9%)
	50 years or more	6(3.5%)
Clinical Experience	Less than 5 years	58(33.5%)
	Five years or more	115(66.5%)
Nationality	Non-Saudi	29(16.8%)
	Saudi	144(83.2%)
Gender	Female	62(35.8%)
	Male	111(64.2%)
Marital status	Married	89(51.4%)
	Single	79(45.7%)
	Widow / Separated	5(2.9%)
Work Unit or Department	Emergency Department	61(35%)
	Inpatient Department	76(44%)
	Outpatient Department	36(21%)
Educational qualification	Diploma	37(21.4%)
	BSN	87(50.3%)
	Higher diploma	18(10.4%)
	Postgraduate education	31(17.9%)

n= frequency, % percentage, BSN= Bachelor of Science in Nursing

Table 2: Percentage Distribution of the CS subscale items (N=173)

CS Subscale items	Never		Rarely		Sometimes		Often		Very Often	
	n	%	n	%	n	%	n	%	n	%
I get satisfaction from being able to help people	10	5.80%	12	6.90%	35	20.20%	53	30.60%	63	36.40%
I feel invigorated after working with those I help	14	8.10%	26	15.00%	49	28.30%	56	32.40%	28	16.20%
I like my work as a helper	10	5.80%	19	11.00%	49	28.30%	45	26.00%	50	28.90%
I am pleased with how I am able to keep up with helping techniques and protocols	13	7.50%	24	13.90%	47	27.20%	48	27.70%	41	23.70%
My work makes me feel satisfied	15	8.70%	22	12.70%	42	24.30%	50	28.90%	44	25.40%
I have happy thoughts and feelings about those I help and how I could help them	10	5.80%	17	9.80%	56	32.40%	60	34.70%	30	17.30%
I believe I can make a difference through my work	9	5.20%	20	11.60%	46	26.60%	56	32.40%	42	24.30%
I am proud of what I can do to help	10	5.80%	11	6.40%	44	25.40%	58	33.50%	50	28.90%
I have thoughts that I am a "success" as a helper	7	4.00%	16	9.20%	54	31.20%	60	34.70%	36	20.80%
I am happy that I chose to do this work	10	5.80%	18	10.40%	55	31.80%	48	27.70%	42	24.30%
Total CS Subscale	108	6%	185	11%	477	28%	534	31%	426	25%
	M±SD= 35.69 ± 9.07									

n frequency, % percentage

Tables 6 and 7 represent evaluation of ProfQOL total scores based on some sociodemographic characteristics of the participants. Using different tests to assess the variation of Prof QoL total-scores (T-test, Mann-Whitney Test, and ANOVA test), there was no significant difference in ProfQOL sum-scores among participants based on any sociodemographic characteristics as reflected by P-value of more than 0.05.

Table 8 represents the correlation between CS and CF among psychiatric nurses at Eradah and Mental Health Complex in Jeddah. The correlation analysis shows a strong negative correlation between CS and compassion fatigue, with a Pearson correlation coefficient of -.602 and the P value of 0.000. The correlation is significant at the 0.01 level (2-tailed). This indicates that as CS increases, CF decreases among the participants, and vice versa.

Table 3: Distribution of the Burnout subscale items (N=173)

Burnout Subscale items	Never		Rarely		Sometimes		Often		Very Often	
	n	%	n	%	n	%	n	%	n	%
I am happy	47	27.20%	53	30.60%	51	29.50%	13	7.50%	9	5.20%
I feel connected to others	34	19.70%	44	25.40%	49	28.30%	31	17.90%	15	8.70%
I am not as productive at work because I am losing sleep over traumatic experiences of a person I help	67	38.70%	30	17.30%	40	23.10%	26	15.00%	10	5.80%
I feel trapped by my job as a helper	41	23.70%	44	25.40%	45	26.00%	29	16.80%	14	8.10%
I have beliefs that sustain me	35	20.20%	50	28.90%	50	28.90%	21	12.10%	17	9.80%
I am the person I always wanted to be	38	22.00%	51	29.50%	48	27.70%	23	13.30%	13	7.50%
I feel worn out because of my work as a helper	33	19.10%	39	22.50%	57	32.90%	29	16.80%	15	8.70%
I feel overwhelmed because my case workload seems endless	27	15.60%	46	26.60%	48	27.70%	33	19.10%	19	11.00%
I feel "bogged down" by the system	30	17.30%	34	19.70%	57	32.90%	35	20.20%	17	9.80%
I am a very caring person	37	21.40%	52	30.10%	50	28.90%	24	13.90%	10	5.80%
Total Burnout Subscale	389	22%	443	26%	495	29%	264	15%	139	8%
	M±SD= 26.08 ± 5.77									

n frequency, % percentage

Table 4: Distribution of the STS Subscale items (N=173)

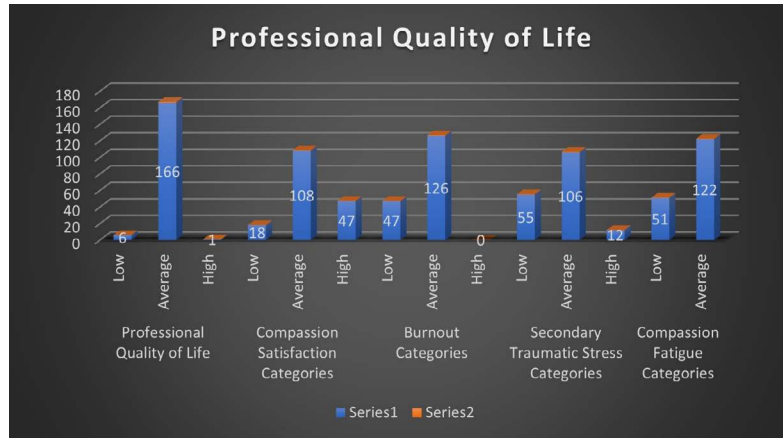| STS Subscale items	Never		Rarely		Sometimes		Often		Very Of ten	
	N	%	n	%	N	%	n	%	n	%
I am preoccupied with more than one person I help	10	5.80%	25	14.50%	50	28.90%	61	35.30%	27	15.60%
I jump or am startled by unexpected sounds	38	22.00%	29	16.80%	52	30.10%	38	22.00%	16	9.20%
I find it difficult to separate my personal life from my life as a helper	38	22.00%	46	26.60%	39	22.50%	36	20.80%	14	8.10%
I think that I might have been affected by the traumatic stress of those I help	41	23.70%	45	26.00%	53	30.60%	17	9.80%	17	9.80%
Because of my helping, I have felt "on edge" about various things	39	22.50%	44	25.40%	52	30.10%	30	17.30%	8	4.60%
I feel depressed because of the traumatic experiences of the people I help	47	27.20%	37	21.40%	53	30.60%	24	13.90%	12	6.90%
I feel as though I am experiencing the trauma of someone, I have helped	50	28.90%	45	26.00%	33	19.10%	36	20.80%	9	5.20%
I avoid certain activities or situations because they remind me of frightening experiences of the people, I help	29	16.80%	43	24.90%	56	32.40%	30	17.30%	15	8.70%
As a result of my helping, I have intrusive, frightening thoughts	48	27.70%	37	21.40%	41	23.70%	30	17.30%	17	9.80%
I can't recall important parts of my work with trauma victims	29	16.80%	40	23.10%	52	30.10%	38	22.00%	14	8.10%
	369	21%	391	23%	481	28%	340	20%	149	9%
	M±SD= 27.16 ± 8.88									

n frequency, % percentage

Figure 1: ProQOL of psychiatric nurses at Eradah and Mental Health Complex in Jeddah, Saudi Arabia (N=173)

Table 5: Distribution of total quality of life subscales among studied sample

ProQOL of psychiatric nurses	Never		Rarely		Sometimes		Often		Very Often	
	N	%	n	%	N	%	n	%	n	%
Total CS Subscale	108	6%	185	11%	477	28%	534	31%	426	25%
Total Burnout Subscale	389	22%	443	26%	495	29%	264	15%	139	8%
Total STS Subscale	369	21%	391	23%	481	28%	340	20%	149	9%
Average Professional Quality of Life	866	17%	1019	20%	1453	28%	1138	22%	714	14%
	M±SD= 29.64 ± 4.86									

n frequency, % percentage

Table 6: Distribution of total quality of life levels and studied nurses' sociodemographic characteristics

ProfQOL difference based on Sociodemographic data		N	Mean	Std. Deviation	Std. Error Mean	P-value
Experience Categories	Less than 5 years	58	91.7069	12.85685	1.68819	T-test P=0.309
	Five years or more	115	87.5304	15.23749	1.42090	

Prof QoL difference based on Sociodemographic data		N	Mean Rank	Sum of Ranks	P value
Nationality	Non-Saudi	29	87.59	2540.00	
	Saudi	144	86.88	12511.00	Mann-Whitney Test P=0.945
	Total	173			
Gender	Female	62	86.56	5366.50	
	Male	111	87.25	9684.50	Mann-Whitney Test P=0.931
	Total	173			

* Significant at the 0.05 level, ** Significant at the 0.01 level

Table 7: Distribution of total ProQOL levels and studied nurses' sociodemographic characteristics

ProfQOL difference based on Sociodemographic data using ANOVA		Sum of Squares	Df	Mean Square	F	Sig.
Age	Between Groups	7935.026	30	264.501	1.312	
	Within Groups	28628.141	142	201.607		P=.149
	Total	36563.168	172			
Marital Status	Between Groups	226.467	2	113.233	.530	
	Within Groups	36336.701	170	213.745		P=.590
	Total	36563.168	172			
Work Department	Between Groups	71.364	2	35.682	.166	
	Within Groups	36491.803	170	214.658		P=.847
	Total	36563.168	172			
Education	Between Groups	971.549	4	242.887	1.146	
	Within Groups	35591.618	168	211.855		P=.337
	Total	36563.168	172			

* Significant at the 0.05 level, ** Significant at the 0.01 level

Table 8: Correlation between CS and CF among psychiatric nurses

Correlations		Compassion Satisfaction		Compassion Fatigue	
	Pearson Correlation	1		-.602[**]	
Compassion Satisfaction	Sig. (2-tailed)			.000	
	N	173		173	
	Pearson Correlation	-.602[**]		1	
Compassion Fatigue	Sig. (2-tailed)	.000			
	N	173		173	

			C Satisfaction	Burnout	STS
		Correlation Coefficient	1.000	-.601[**]	.132
	C Satisfaction	Sig. (2-tailed)		.000	.084
		N	173	173	173
		Correlation Coefficient	-.601[**]	1.000	.413[**]
Spearman's rho	Burnout	Sig. (2-tailed)	.000		.000
		N	173	173	173
		Correlation Coefficient	.132	.413[**]	1.000
	STS	Sig. (2-tailed)	.084	.000	
		N	173	173	173

[**]. Correlation is significant at the 0.01 level (2-tailed).

DISCUSSION

The findings of the current study suggested that psychiatric nurses at Eradah and Mental Health Complex experienced a high level of CS in their work. These findings are in line with previous studies that have indicated high levels of CS among healthcare professionals, including nurses working at mental health settings. A study conducted by Lee, Lee & Jang, 2021[19] showed that nurses who work with patients of trauma experienced high levels of CS. Previous research also identified that there are many factors that contribute to the CS among healthcare professionals. One previous study conducted by Zhang et al., 2022[20] showed that healthcare professionals who experienced high levels of CS were more likely to have positive attitudes towards their work, and feel a sense of personal accomplishment. This finding is also consistent with previous research study that has shown that CS can be a protective factor against burnout and STS[21]. On the other hand, some studies have found low levels of CS among healthcare professionals. A study conducted by Hooper et al. (2010), found that nurses who work in mental health settings experience high levels of burnout and secondary traumatic stress, which subsequently could result in low levels of CS[22].

The findings of our study reflected that the nurses have experienced some degree of burnout in their work, particularly feeling worn out, exhausted, trapped, and sluggish due to the system. These findings are in line with previous research that has found that burnout is a significant problem among healthcare workers, including nurses who work psychiatric units. One of these studies was done by West, 2018, which showed that burnout is a common issue among physicians, where near half of them experiencing burnout at some degree in their work[23]. Another study that has shown burnout to be a common problem among healthcare professionals, including nurses, it was conducted by Karcem 2020[24]. However, it is notable that none of the nurses in our study had a high level of burnout, which suggests that the organization may be effectively managing nurses' workload and related factors that lead to burnout.

The findings of this study identified that the factors that contribute to burnout among nurses include high workload and limited facilities. It showed that the positive qualities and characteristics may help mitigate the negative effects of burnout among psychiatric nurses. These positive qualities and characteristics are similar to previous studies that have showed that resilience and coping strategies as important factors in reducing the harmful effects of burnout among healthcare workers. Similarly, a previous study conducted by Maslach & Leiter, 2016 found that burnout is frequently caused by a combination of high job burden, low job resources, and uncontrollable aspects of one's work[25]. On the other hand, some previous studies have found that low levels of burnout among healthcare workers. For instance, a study conducted by Gleichgerrcht & Decety, 2013 found that nurses who reported high levels of empathy and compassion were less likely to have burnout[26], Another previous study, conducted by Mealer, Jones, & Meek, 2017[27], found that nurses who have high levels of resilience were less likely to report burnout.

The findings of this study indicated that psychiatric nurses in the hospital have symptoms of STS related to their work helping patients. These results are in line with previous research that has identified STS as a common issue among healthcare workers including nurses, who work with patients in psychiatric units. This findings are also consistent with a previous study that has identified STS as a common issue among healthcare workers[28]. One of these studies was conducted by Bride, et, el., 2004 showed that nurses who work with trauma patients are at high risk for STS[29]. These findings are consistent with previous studies that have highlighted the factors that contribute to STS among healthcare professionals. A study conducted by Ogińska-Bulik et al., 2021[30] found that healthcare professionals who are exposed to traumatic events may develop STS as a result of their empathy with their patients suffering. In our study, it is possible that nurses' exposure to traumatic events could contribute to the STS. On the other hand, it was found that not all previous studies reported high levels of STS among healthcare professionals who work with traumatized populations. For example, a study conducted by Bride and Figley, 2007[21] found that nurses who reported high levels of CS were less likely to experience STS. This indicates that positive experiences, such as CS, may be preventive measure that help reduce the negative effects of STS.

The current study found that psychiatric nurses in the hospital have some levels of STS related to their work helping others, which may have negative impact on their mental health status. Specifically, nurses reported feeling preoccupied with more than one patient they help and facing difficulties splitting their personal life from work conditions. Additionally, nurses reported feeling depressed because of the traumatic experiences of the people they help, feeling as though

they are experiencing the trauma of someone they have helped. These symptoms are similar to previous study conducted by Beck, 2011[31] which found that nurses are at high risk for symptoms such as depression, anxiety, and intrusive thoughts, it was also reflected that STS as a significant problem among healthcare workers.

The current study found that most of the psychiatric nurses at Eradah and Mental Health Complex experience a moderate level of professional quality of life. This finding is similar to some previous studies that have shown that healthcare professionals, including nurses, experience moderate levels of ProQOL which is characterized by a balance between CS, burnout, and STS[32]. However, the study also found that a significant proportion of psychiatric nurses reported experiencing burnout and STS. This finding is in line of previous study that has identified that both burnout and STS as common problems among healthcare workers[28]. The presence of burnout and STS among psychiatric nurses is worrying, as it can have negative consequences on their mental health, as well as on the quality of care they provide for patients. The study also identified the importance of promoting CS among healthcare professionals who work with traumatized populations to mitigate the negative effects of burnout and STS.

It is also important to recognize the positive impact that psychiatric nurses can have on their patients and the importance of promoting CS. Research has shown that promoting CS can help mitigate the negative effects of burnout and STS [21]. It was recommended that reducing the risk of burnout and STS among healthcare workers and improving their CS such as mindfulness-based stress reduction and compassion-focused therapy are crucial[31,33].

This study found that there were no significant differences in the ProQOL among participants based on their sociodemographic characteristics. This finding is in line with some previous studies[32,34]. However, other previous studies have found mixed results regarding the influence of sociodemographic factors on ProQOL. One of these studies was conducted by Shahin et al., 2020[35] which showed that younger nurses and higher educational level were associated with high levels of burnout. Another study was conducted by Hegney et al., 2014a[36] found that female nurses have high levels of burnout and low levels of CS. It is important to note that our findings might be influenced by several factors, such as small sample size and the sociodemographic characteristics of nurses.

The current study reflected a strong negative correlation between CS and CF among psychiatric nurses at Eradah and Mental Health Complex in Jeddah. This finding is consistent with previous research studies that have found a negative correlation between CS and CF among healthcare professionals, including nurses[21,32]. The negative correlation CS, they are less likely to experience CF. CS refers to the positive emotions and sense of fulfillment experienced by healthcare professionals when they are able to positively impact the lives of their patients. In contrast, CF describes the negative emotions and emotional exhaustion experienced by healthcare professionals when exposed to the suffering and trauma of their patients[37]. The negative correlation between CS and CF emphasizes the importance of improving CS as a protective measure for CF. it was recommended some interventions such as mindfulness-based stress reduction, compassion-focused therapy, and self-care training to promote the CS and reduce the CF[31,33].

Moreover, it is important to realize that the relationship between CS and CF is complex and multifaceted. Other factors such as workload, job demands, organizational culture, and support may also affect the levels of CS and CF among healthcare professionals[38]. Therefore, focusing on positive work environment, providing adequate support

and resources, and implementing guidelines and policies to reduce workload and promote work-life may also be effective in decreasing the CF among workers. It is also important to mention that these factors may have influence on the ProQOL more than sociodemographic factors[39]. Therefore, addressing these factors will result in promoting ProQOL, reducing CF and mitigating the risk of burnout and STS among healthcare workers.

The study has several limitations such as the use of self-administered questionnaires with possibility of response bias, among small sample size of 173 psychiatric nurses from one hospital which limits the generalizability of findings. Other limitations include lack of a comparison group, and the need for cultural considerations in interpretation of study findings.

CONCLUSION

In summary, the study provided valuable insights into the ProQOL of psychiatric nurses in Jeddah, highlighting the significance of addressing burnout, CS, and STS. The findings emphasized the importance of promoting positive qualities and characteristics, such as empathy and resilience, to mitigate the negative effects of burnout. The study recommended further research to explore factors contributing to CS and interventions that promote well-being among healthcare professionals. It also suggested considering interventions such as therapy and organizational support to reduce burnout and secondary traumatic stress. However, the study had limitations in terms of sample size and generalizability. Future research should explore the relationship between CS and CF, consider sociodemographic factors, and address limitations to gain a comprehensive understanding of ProQOL among healthcare professionals in different settings.

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