IJAAR PUBLISHING®

Open Access Journal of Science Research | ISSN: 3027-1185
Vol. 3, Issue 2 (2025) | www.ijaar.org

COMPASSION FATIGUE, EMOTIONAL TRAUMA AND QUALITY OF LIFE AMONG NURSES IN TERTIARY HEALTH INSTITUTIONS IN BENUE NORTH-WEST, NIGERIA

By

Faith Yimaun Nyager
Postgraduate Student, Department of Psychology,
Rev. Fr. Moses Orshio Adasu University, Makurdi
Email: faithnyager@gmail.com
+2349030939687

&

Samuel Terzungwe Anhange
Lecturer, Department of Psychology,
Rev. Fr. Moses Orshio Adasu University, Makurdi
Email: samuelanhange@gail.com
+2347037897964

Abstract

This study investigated compassion fatigue, emotional trauma and quality of life among nurses in Tertiary Health Institutions in Benue North-West, Nigeria. The study adopted a cross-sectional survey to sample two hundred and sixty-five (265) nurses using proportionate sampling technique. Data collection was done using Compassion Fatigue Scale, Emotional Trauma Scale and Professional Quality of Life Scale-Revised Version. Three hypotheses were formulated and tested using Simple Linear Regression Analysis and Standard Multiple Regression Analysis. The result of the first hypothesis revealed that there was a significant influence of compassion fatigue on quality of life among nurses in tertiary health institution in Benue North-West, Nigeria. Also, the result of the second hypothesis indicated that there was a significant influence of emotional trauma on quality of life among nurses in tertiary health institutions in Benue North-West. Lastly, the result of hypothesis three indicated that there was a significant joint influence of compassion fatigue and emotional trauma on quality of life among nurses in tertiary health institutions in Benue North-West. It was concluded that compassion fatigue and emotional trauma are significant determinants of quality of life among nurses in tertiary health institutions in Benue North-West when independently and jointly tested. The study therefore recommends among others that clinical psychologists should conduct routine psychological assessments to identify early signs of compassion fatigue, burnout, anxiety, or depression among nurses and establish on-site counseling services or mental health clinics for nurses to help them build emotional resilience, stress management, and self-care strategies.

Key Words: Compassion Fatigue, Emotional Trauma, Quality of Life, Nurses

Nyager, F.Y, & Anhange, S.T. (2025). Compassion Fatigue, Emotional Trauma and Quality of Life among Nurses in Tertiary Health Institutions in Benue North-West, Nigeria. *Open Access Journal of Science Research. 3*(2), 1-16. DOI: https://doi.org/10.5281/zenodo.16738874

Background

Quality and safe care is a fundamental goal of health care systems around the world. However, job-related stress is on the rise, posing a severe threat to both individuals and institutions. This can also lead to increased absenteeism and poor performance among workers (Almazan et al., 2019). Though stress is a significant issue for organizations due to its potential negative consequences, it may be even more serious for healthcare workers, particularly nurses who are subjected to extreme stress in clinical settings due to heavy workloads (Alamri & Almazan, 2018). The nursing profession is ranked 27th out of 130th difficult jobs due to psychological health issues; thus, high stress levels have been reported in hospitals (Asefzadeh et al., 2017). Stress also negatively impacts a person's psychophysical state and personality, which is reflected in the physical, emotional, psychological, or social aspects.

The Quality of life among nurses is important because of the high level of stress experienced during their clinical, research, and or administrative work leading to a syndrome of burnout (Pisanti, et al., 2016). Several studies have been carried out on burnout among nurses in Nigeria. For example, in a study carried out in a General Hospital in Oyo state, 39.1% of the respondents had burnout in the area of emotional exhaustion, 29.2% in the area of depersonalization and 40.0% in the area of reduced personal accomplishment (Lasebikan & Oyetunde, 2016). In another study, at the University of Nigeria Teaching Hospital, Enugu State, the prevalence of emotional exhaustion was 42.9%, depersonalization 47.6%, and reduced personal accomplishment was 53.8% (Okwaraji & Aguwa, 2024).

Several factors have been reported to be associated with emotional trauma among nurses, these include age of the nurse, gender, years of service, designation of the nurse and inadequate personnel. Others are difficult or demanding patients, inadequate clinical supervision, nurse/nurse conflict, shift duty, lack of support from the management (Okwaraji & Aguwa, 2024) excess workload, unevaluated work, underpayment, leadership style, conflicts with physicians, lack of social support, presence of stressors related to private life and job insecurity.

The nursing profession can be very emotional and demanding and it represents a profession that has long been linked in the literature to high rates of stress, burnout, and turnover (Jin, et al., 2023). Reasons for these untoward effects include repeated witness to suffering and death (Babapour, et al., 2022; Jin et al. 2023), and the need to deal with a host of organizational and other stressors. Meanwhile, they are highly exposed to psychological distress which has been associated with the development of compassion fatigue (Horesh & Brown, 2020) which affects nurse's professional quality of life (ProQOL) negatively leading to a huge challenge for nursing management (Niu, et al., 2022).

Compassion fatigue exists across a diverse range of healthcare professional groups, disciplines, and specialties (Cavanagh, et al., 2020; Peters, 2018). Close to 7% of professionals who work with traumatised individuals exhibit emotional reactions that are similar to symptoms of post-traumatic stress disorder (PTSD). This is not only seen in the healthcare sector, where it has been demonstrated in physicians, psychotherapists, and nurses-especially those working with critically ill children, in oncology and in trauma care (Bleazard, 2020; Katz, 2019) but also, beyond the hospital setting in first responders, emergency teams, social workers, police officers, migration workers, and those working with the homeless (Kinman & Grant, 2020; Lemieux-Cumberlege & Taylor, 2019)

Risk factors for the development of compassion fatigue include the intensity of the patient setting as healthcare professionals who care for traumatised individuals in critical care

environments are at greater risk of acquiring compassion fatigue. Engaging with the patients loved ones also places the healthcare professional at risk, particularly if the interactions involve conflict (Sorenson, et al., 2016). Other factors that place the professional at risk including undertaking difficult discussion with patients and families such as breaking bad or uncertain news to patients and their families. A lack of perceived managerial support compounds the risk (Slatten, et al., 2020) and working more hours perpetuates emotional exhaustion in providers (Huang, et al., 2019).

The experience of the depth of exhaustion has a number of descriptors in the literature. These include a include feelings of weariness (Stamm, et al., 2022) emptiness, of being drained and a 'profound fatigue of mind and body (Wynn, 2020). People with compassion fatigue feel completely depleted of one's "biological, psychological, and social resources" such that they have nothing more to give. The individual wants to rest although concerningly rest does not result in increased energy levels or a sense of rejuvenation. Individuals may try various attempts to replenish and yet the feeling of exhaustion remains (Stamm, et al., 2022). Inability to function may be experienced as a diminished ability or reduced endurance and output, leading to a diminished or ineffective work performance (Pérez-Chacón, et al., 2021). The experience of trauma-based symptoms, in addition to significant exhaustion results in a deterioration of function. The compassionate energy required to care for patients has been consumed over time is distinguished beyond the point of possible replenishment. An inability to compassionately care for patients moves beyond the work environment and leads to an inability to function which impacts all aspects of the professional's life. The emotional impact of a loss of compassion is typically one of devastation for those in healthcare professions. Compassion for others drives workplace motivation to serve and alleviate suffering. People in nurturing roles are rewarded for putting others needs ahead of their own and ethically a drive to nurture others connects with the ideal archetype of those in caring professions and a societal sense of social justice (Ledoux, 2015).

Another factor influencing nurses' ProQOL is emotional traumatic. This factor refers to natural follow-up behaviours and feelings that occur after learning about a terrible event or experience (Bock, et al., 2020). Emotional traumatic symptoms include negative thoughts, feelings, and/or behaviours triggered by awareness of traumatic events that others have gone through, as well as involvement in supporting trauma sufferers. Individuals with secondary traumatic stress symptoms could have the same symptoms of post-traumatic stress disorder (Ogińska-Bulik, et al., 2021). Nurses with emotional issues are emotionally distressed and have frequent negative thoughts and sleep difficulties (Bock et al., 2020). They are at risk of diseases since they are providing care for nearly 24 hours a day. Nurses are also subjected to a variety of mental strains and developing different psychological disorders as a result of caring (Lee, et al., 2021).

Compassion Fatigue and Quality of Life

Stanley and Sebastine (2024) investigated factors that influence compassion fatigue as well as compassion satisfaction in social workers. It was conducted in two cities in south India with a sample of 73 social workers. Standardized instruments were administered to assess compassion fatigue as well as compassion satisfaction besides measures to identify the manifestation of stress and resilience in the respondents. Findings indicate high levels of stress and resilience and significant manifestation of compassion fatigue and burnout levels in the sample studied. It was also observed that the interaction effect between resilience and stress significantly explained the manifestation of compassion fatigue but not that of compassion satisfaction. Implications of these findings have been discussed in terms of influencing individual and organizational factors to enhance resilience, deal more effectively

with work-related stress, and reduce burnout and compassion fatigue. This will in the long run bode well for the wellbeing of social workers besides potentially impacting the quality-of-service provision.

Sarıbudak and Üstün (2024) evaluated the effects of the Compassion Fatigue Resiliency Program applied to oncology-hematology nurses on the professional quality of life and stress levels of nurses, on the satisfaction of cancer patients, and on the perspectives of nurse managers. An experimental embedded mixed-methods design was conducted between December 20, 2022, and February 20, 2023. The study included 15 oncology-hematology nurses, 19 cancer patients, and 6 nurse managers. Qualitative interviews were conducted with patients and pre-tests were applied to patients and nurses. The Compassion Fatigue Resiliency Program was implemented for the nurses. Then qualitative interviews were repeated with the same patients; focus group interviews were conducted with the nurse managers; post-tests were applied to patients and nurses who participated in the training; and narrative feedback was collected. Quantitative data analysis was carried out using the Wilcoxon signed-rank test. Qualitative data were processed using an inductive approach to thematic analysis. Compassion satisfaction decreased after the Compassion Fatigue Resiliency Program. Qualitative results showed that the training program improved nurses' effective communication skills and ability to cope with stress. The program improved nurses' approach to patients and communication, and patients' care satisfaction levels increased.

Dixit, et al. (2024) assessed professional quality of life (ProQoL) among nurses after the second wave of the COVID-19 pandemic. A web-based cross-sectional study was conducted among 203 nurses using a purposive sampling technique in the month of September to December 2021. Data were collected using a self-administered ProQoL scale version 5. Descriptive and inferential statistics were used. Kolmogorov–Smirnov test, Mann–Whitney U, and Kruskal–Wallis H test was used. Bivariate correlations were used to correlate the main variables. Multiple linear regression analysis was also performed. The majority of the nurses reported a moderate level of compassion satisfaction, burnout, and secondary traumatic stress Residence and education emerged as a factor whether the nurses experienced burnout or secondary traumatic stress respectively. Hence, effective measures need to be implemented by hospital administration to enhance the nurses' satisfaction and reduce fatigue and burnout.

Wang, et al. (2023) explored the mechanism by which three factors of compassion fatigue affect caring ability in young psychiatric nurses. The study used the Professional Quality of Life Scale and Caring Ability Inventory to investigate 309 young nurses in three psychiatric hospitals in Heilongjiang. Dominance analysis and chain mediation model were performed to explore the effects of three factors of compassion fatigue on caring ability. (1) The three factors of compassion fatigue affected the caring ability of young in the order compassion satisfaction > burnout>secondary traumatic stress by dominance analysis; (2) burnout played a partially mediating effect between compassion satisfaction and caring ability; and (3) secondary traumatic stress and burnout had a chain mediating effect between compassion satisfaction and caring ability. Higher levels of compassion satisfaction had the strongest impact on the caring ability of young psychiatric nurses which could be mediated via burnout and secondary traumatic stress. No patient or public contribution.

Emotional Trauma and Quality of Life

Akçay et al. (2025) examined the burnout and psychological distress levels among health care professionals working in children's hospital 1 month after the 2023 Kahramanmaraş earthquake. A total of 213 health care workers (180 females, 84.5%, mean age 32.67) were included in the study. This cross-sectional study assessed burnout symptoms,

psychological distress, and resilience via the Maslach Burnout Inventory, the Depression and Anxiety Stress Scale–21, and the Brief Resilience Scale, respectively. A substantial number of participants (n = 117, 54.9%) reported high emotional exhaustion; approximately half of those were nurses (n = 56, 47.9%). The nurses had higher emotional exhaustion, depression, and stress scores as well as lower self-reported resilience scores than other health care assistants. Higher stress scores were associated with an increased likelihood of high emotional exhaustion, while having more work experience was a protective factor regarding the high emotional exhaustion of nurses. Our results showed that a significant proportion of health care workers had a high level of burnout. Frontline nurses as a group were at heightened risk for psychological distress and emotional exhaustion in the early stages of the disaster. Screening burnout and psychological distress in health care professionals is important for preventive strategies after the disaster.

Manzari et al. (2024) conducted a study aimed at determining the relationship between the quality of work life and PTSD nurses during the COVID-19 pandemic. A cross-sectional study was conducted in Mashhad in 2021. The study sample consisted of 180 nurses working in hospitals admitting patients. The research instruments encompassed a demographic information form, the quality of work-life questionnaire with three sub-domains of compassion fatigue, burnout, and compassion satisfaction, and the post-traumatic stress disorder questionnaire. Data were analyzed using SPSS-25 software. The result indicated a positive correlation between the decrease in the quality of work life and PTSD. These findings contribute to a better understanding of effective strategies for promoting mental well-being and identifying key aspects to be measured in future interventions. Moreover, these results can guide the development of targeted mental health management interventions aimed at supporting nurses in their vital work during major health crises.

le Roux et al. (2024) determined the Professional Quality of Life of Flight Nurses working in the public sector in New Zealand. A survey based cross-sectional design was employed, using the Professional Quality of Life (ProQOL) V Health survey tool. Online survey data was collected from a convenience sample of 169 Flight Nurses working in public sector Aeromedical Retrieval services in New Zealand. Of the 88 respondents, all reported either high or average levels of Compassion Satisfaction and Perceived support. The majority reported Low to Average scores for Secondary Traumatic Stress, Burnout and Moral Distress. This study highlights that Flight Nurses in New Zealand's public sector generally experience a positive Professional Quality of Life, but that there are also instances of Burnout and Secondary Traumatic stress.

Kwak et al. (2019) examined Korean nurses' professional quality of life, emotional labour and workplace violence to guide development of interventions to improve nurses professional quality of life. Participants comprised of 399 clinical nurses chosen by convenience sampling. Questionnaires measured demographic characteristics, emotional labour, workplace violence and professional quality of life. Results indicated that nurses' professional quality of life was affected by emotional labour and workplace violence. Graduate educational level, emotional exposure and emotional supervision were associated with compassion satisfaction. Burnout was commonly associated with emotional exposure, experience and supervision of workplace violence. Secondary traumatic stress was associated with emotional exposure and experience of workplace violence. The study elucidated the relationship between professional quality of life, emotional labour and workplace violence. Raising professional quality of life among nurses requires regular analysis of emotional labour and provision of organizational-level interventions. Counselling programmes that address violence prevention education and comprehensive response strategies among nurses

and policies that foster an organizational culture of respect and cooperation in hospitals are needed.

Compassion Fatigue, Emotional Trauma and Quality of Life

Bahari, et al. (2022) examined the relationships between the three factors and associated factors. A cross-sectional, multisite study was conducted on a convenience sample of 464 nurses working at three public hospitals in Saudi Arabia. The Professional Quality of Life Version 5 was used to collect data. Bivariate and multivariate analyses were run using SPSS. Scores were slightly moderate on the compassion satisfaction, burnout, and secondary traumatic stress levels. Compassion satisfaction was statistically significantly and negatively associated with burnout. A statistically significant relationship was reported between compassion satisfaction and secondary traumatic stress. Further, there was a statistically significant association between burnout and secondary traumatic stress. In regression, only the secondary traumatic stress model was statistically significant. Nurse managers should use highly standard guidelines to reduce secondary traumatic stress levels. Further actions addressing potential issues for improving compassion satisfaction and reducing burnout levels among nurses are also recommended.

Arimon-Pagès et al. (2022) assessed compassion fatigue and anxiety prevalence and their association with secondary variables. A multicenter, cross-sectional study in nurses from four high-risk units, Emergency, Intensive Care, Oncology, and Pediatrics, was carried out in 14 hospitals in Catalonia (Spain) between 2015 and 2016. The primary endpoints were compassion satisfaction and compassion fatigue (burnout and secondary traumatic stress), which were assessed by Professional Quality of Life (ProQOL), and anxiety, assessed with the State-Trait Anxiety Inventory (STAI). Multivariable logistic regression analyzed the association of sociodemographic, training, working, and psychological factors. Of the total participants, there was low compassion satisfaction; high burnout; high secondary traumatic stress and high trait anxiety scores. Although compassion satisfaction was present, it did not protect sufficiently against the high level of compassion fatigue or anxiety present in nurses in all centers. The working conditions in the units and variables showed a strong association with nurses' desire to leave. This corroborates the global challenge of healthcare professionals' shortage. Participants expressed the need for better training in emotional management.

Intonato (2020) determined the relationship between empathy in the clinical setting and its effects on compassion fatigue and quality of life in Bachelor of Science Nursing Students. This study was a quantitative, descriptive study that used the Professional Quality of Life Scale (ProQOL). Demographic data was also gathered to assist in analyzing and comparing results. It is logical to identify nursing students who may be at risk for compassion related fatigue. Negative outcomes of compassion fatigue can result in ineffective care for patients, an increase in medical errors, and an increase in stress. Compassion fatigue is directly related to burnout in the nursing field which often leads to emotional exhaustion and poor productivity in the workplace.

Kwak et al. (2020) investigated if and how quality of working life affects Compassion Fatigue, Burnout, and Compassion Satisfaction among mental health practitioners among 400 staff working in three Italian Mental Health Departments. Participants completed the Professional Quality of Life Scale, measuring Compassion Fatigue, Burnout, and Compassion Satisfaction, and the Quality of Working Life Questionnaire. Multiple regressions controlling for other variables were undertaken to predict Compassion Fatigue, Burnout, and Compassion Satisfaction. In bivariate analyses, experiencing more ergonomic

problems, perceiving risks for the future, a higher impact of work on life, and lower levels of trust and of perceived quality of meetings were associated with poorer outcomes. Multivariate analysis showed that (a) ergonomic problems and impact of work on life predicted higher levels of both Compassion Fatigue and Burnout; (b) impact of life on work was associated with Compassion Fatigue and lower levels of trust and perceiving more risks for the future with Burnout only; (c) perceived quality of meetings, need of training, and perceiving no risks for the future predicted higher levels of Compassion Satisfaction. In order to provide adequate mental health services, service providers need to give their employees adequate ergonomic conditions, giving special attention to time pressures. Building trustful relationships with management and within the teams is also crucial.

Hypotheses

The following hypotheses were formed to guide the study:

i. There will be a significant influence of compassion fatigue on quality of life among Nurses in Tertiary Health Institution in Benue North-West, Nigeria.

ii. There will be a significant influence of emotional trauma on quality of life among Nurses in Tertiary Health Institution in Benue North-West, Nigeria.

iii. There will be a significant joint influence of compassion fatigue and emotional trauma on quality of life among Nurses in Tertiary Health Institution in Benue North-West, Nigeria.

Design

This study adopted a cross-sectional survey research design. A cross-sectional research design is a type of design that involves the analysis of data collected from a population, or a representative subset at one specific point in time that is a cross-sectional data. This design is suitable for this research since it involves large number of participants with varying characteristics and to avoid being bias.

Population

The total population of nurses from Benue State University Teaching Hospital as of April 2025 was 424 while that from Federal Medical Center was 426 (Unit Heads of Nursing Departments, 2025). This gives a total of 850 nurses in the two (2) health institutions.

Sample Size Determination

The sample for this study was determined using the Krejcie and Morgan's (1970) sample determination formula. The formula is illustrated below;

$$S = \frac{X^2 NP(1-p)}{d^2(N-1)+X^2P(1-P)}$$

Where;

S= required sample size

X = value (i.e. 1.96 for 95% confidence level)

N = population size

P = population proportion (expressed as a decimal)

d = degree of accuracy assigned to be 0.5 i.e. (5% expressed as a proportion of the margin of error)

therefore, the working is shown below;

$$= \frac{1.96^2 \text{ x } 850 \text{ x } 0.5\ (1 - 0.5)}{0.05^2(850 - 1) + 1.96^2 \text{ x } 0.5(1 - 0.5)}$$

$$= \frac{3.84 \text{ x } 850 \text{ x } 0.25}{0.0025 \text{ x } 849 + 3.84 \text{ x } 0.25}$$

$$= \frac{816}{2.1225 + 0.96}$$

$$= \frac{816}{3.0825}$$

= 264.7

S ≈ 265

Therefore, based on the sample size determination formula, a sample of 265 nurses was used for the study.

Participants

The participants for this study comprised of 265 nurses from two tertiary health institutions in Benue North-West, Nigeria. The participants demographic characteristics revealed that 91(34.3%) were male nurses while 174(65.7%) were female nurses. The result further revealed that 77(29.1%) were midwifery, 83(31.3%) junior CHEW, 49(15.5%) were senior CHEW, 35(13.2%) had B.Sc in Nursing, 16(6.0%) had M.Sc in Nursing while 5(1.5%) had PhD in Nursing. Results further indicated that 113(42.6%) were married, 67(25.3%) were widowed, 47(17.7%) were separated while 38(14.4%) were single. The result for work experience among nurses revealed that 82(30.9%) had a working experience between 1 to 6 years, 64(24.2%) had between 7 to 13 years, 38(14.3%) had between 14-20 years, 34(12.8%) had between 21 to 27 years while 47(17.8%) had between 28 to 33 years.

Sampling Technique

This study used proportionate sampling technique. It involves the selection of participants in stages using smaller sampling units at each stage. The sample size for the study was 265 and out of this number, 132 nurses were drawn from Rev. Fr. Moses Orshio Adasu University Teaching Hospital Makurdi while 133 nurses were from Federal Medical Center Makurdi. The sampling was drawn as illustrated below;

Rev. Fr. Moses Orshio Adasu University Teaching Hospital Makurdi = $\frac{424}{850}$x$\frac{265}{1}$= 132

Federal Medical Center Makurdi = $\frac{426}{850}$x$\frac{265}{1}$ = 133

Finally, the study adopted accidental sampling to sample participants for the study.

Instruments

The Compassion Fatigue Inventory: The Compassion Fatigue Inventory was developed by Eng et al. (2021) to measure the development of compassion fatigue among psychologists. The use can however be expanded to include any profession with patient contact. When designing the CFI, special care was taken to create items that can be differentiated from items

in questionnaires measuring burnout and STS. The items in the CFI are formulated as statements and the answers should be given on a 5-point Likert scale where the response alternatives are: 1 = "Does not fit at all," 2 = "Fits poorly," 3 = "Fits partially," 4 = "Fits fairly well" and 5 = "Fits perfectly." The Compassion Fatigue Inventory has shown good internal reliability (α = .910) which is reliable and valid to be used.

The Secondary Traumatic Stress Scale: The Secondary Traumatic Stress Scale (STSS) was developed by Bride et al. (2004) to measure secondary traumatic stress (STS) symptoms among professionals exposed indirectly to traumatic events through their clients or patients. Secondary traumatic stress refers to the emotional duress that results when an individual hears about the first-hand trauma experiences of another person. The STSS was designed particularly for use with helping professionals such as social workers, counselors, healthcare workers, and first responders who may be vulnerable to such indirect trauma exposure. The STSS consists of 17 self-report items. Respondents are asked to indicate how often they have experienced each symptom during the past seven days, using a 5-point Likert scale ranging from 1 (Never) to 5 (Very Often). The scale's items reflect the three core symptom clusters of posttraumatic stress disorder (PTSD) as outlined in the DSM-IV (American Psychiatric Association, 1994): intrusion, avoidance, and arousal.

In the initial validation study conducted with a sample of social workers, the STSS demonstrated strong psychometric properties (Bride et al., 2004). The internal consistency reliability, assessed using Cronbach's alpha, was excellent for the total scale (α = .93) and for the subscales: intrusion (α = .80), avoidance (α = .87), and arousal (α = .83). These findings indicate high internal consistency for both the overall instrument and its subcomponents. The STSS also demonstrated good construct validity. Confirmatory factor analysis supported the three-factor structure corresponding to intrusion, avoidance, and arousal symptoms. Convergent validity was established through significant positive correlations with related constructs such as PTSD symptomatology, burnout, and compassion fatigue, while discriminant validity was shown by weaker correlations with measures of general distress, suggesting that the STSS captures a construct distinct from general psychological distress or burnout.

Professional Quality of Life Scale-Revised Version (ProQOL-RV): The Professional Quality of Life Scale – Revised Version (ProQOL-R) is a self-report instrument developed by Stamm in the late 1990s to assess the positive and negative effects experienced by individuals in helping professions. It is widely used among professionals such as healthcare workers, social workers, counselors, and emergency responders to evaluate how their work impacts their well-being. The scale is designed to measure two main dimensions of professional quality of life: the positive aspect, referred to as Compassion Satisfaction, and the negative aspects, which include Burnout and Secondary Traumatic Stress (earlier versions often used the term Compassion Fatigue interchangeably with Secondary Traumatic Stress).

The ProQOL-R contains a total of 30 items**,** each of which describes feelings or situations that helping professionals may experience in their line of work. Respondents are required to indicate how frequently they have encountered these experiences using a 5-point Likert scale**,** where 1 represents "Never" and 5 represents "Very Often." This format allows for the assessment of the intensity and frequency of both rewarding and stressful experiences related to professional caregiving roles. Regarding its psychometric properties, the ProQOL-R has demonstrated satisfactory levels of internal consistency reliability across its subscales. The Compassion Satisfaction subscale typically yields a Cronbach's alpha of approximately .87, indicating good reliability. The Burnout subscale has a reliability coefficient of around .72,

while the Secondary Traumatic Stress subscale (or Compassion Fatigue in earlier terminology) shows a reliability of about .80. These values suggest that the scale is a reliable measure for capturing the professional quality of life in caregivers and helping professionals.

Procedure

The researcher collected a duly signed letter of introduction from the Department of Psychology, Benue State University, Makurdi f and presented to the committee on ethics and research of the various institutions to obtain permission to carry out research among nurses. After the permission was granted, the researcher recruited two (2) research assistant (1 research assistant in each of the health institution). A consent letter written by the researcher was presented to solicit for the participants' voluntary participation in responding to the questionnaires. Those who voluntarily accepted to participate in the study were given a copy of questionnaire each. An interval of two weeks was given to participants to respond to the questionnaire. The researcher then retrieved the responses as data and coded it for further statistical analysis.

Data Analysis

The data this study was analysed using descriptive and inferential statistics. Descriptive statistics was used to describe study participants' demographic and work-related variables. Study hypotheses were tested with inferential statistics. Simple linear regression analysis was used in testing hypothesis one and two while standard multiple regression analysis was used in testing hypothesis three with the results considered statistically significant at alpha values less or equal .05. All the analyses were done using Statistical Package for Social Sciences (SPSS) Version 20.

Results

Hypothesis 1: This hypothesis stated that there will be a significant influence of compassion fatigue on quality of life among nurses in tertiary health institution in Benue North-West, Nigeria. The hypothesis was tested using simple linear regression analysis and the result is presented in table 1.

Table 1: Summary table of simple of linear regression analysis showing the influence of compassion fatigue on quality of life among nurses of tertiary health institution in Benue North-West

Variables	R	R^2	df	F	β	t	Sig.
Constant	.351	.123	1,263	53.172		15.133	.000
Compassion fatigue					351	7.292	.000

The result presented in table 1 indicated that there was a significant influence of compassion fatigue on quality of life among nurses in tertiary health institution in Benue North-West [R=.351, R^2=.123, F(1,263)= 53.172;p<.01]. The result further indicated that compassion fatigue accounted for 12.3% of the variance observed in quality of life of nurses in tertiary health institution in Benue North-West. This means that an increase in compassion fatigue will lead to an increase in quality of life among nurses while a decrease in compassion fatigue will lead to a decrease in life satisfaction among nurses. Based on this finding, hypothesis one was confirmed.

Hypothesis 2: This hypothesis stated that there will be a significant influence of emotional trauma on quality of life among nurses in tertiary institutions in Benue North-West, Nigeria. This hypothesis was tested using simple linear regression and the result is presented in table 2.

Table 2: Summary table of simple of linear regression analysis showing the influence of compassion fatigue on quality of life among nurse of tertiary health institution in Benue North-West

Variables	R	R^2	df	F	β	t	Sig.
Constant	.368	.135	1,263	19.942		18.498	.000
Emotional trauma					-.368	-6.153	.002

The result presented in table 2 indicated that there was a significant influence of emotional trauma on quality of life among nurses in tertiary health institution in Benue North-West [R=.368, R^2=.135, F(1,263)=19.942;p>.01]. The result further revealed that emotional trauma accounted for 13.5% of the variance in quality of life among nurses. This means that as emotional trauma increases, quality of life decreases while a decrease in emotional trauma leads to an increase in quality of life among nurses in tertiary health institution in Benue North-West, Nigeria. Based on this finding, hypothesis two was confirmed.

Hypothesis 3: This hypothesis stated that compassion fatigue and emotional trauma will jointly influence quality of life significantly among nurses in tertiary health institution in Benue North-West, Nigeria. The hypothesis was tested using standard multiple regression analysis and the result is presented in table 3.

Table 3: Summary table of standard multiple regression analysis showing the joint influence of compassion fatigue and emotional trauma on quality of life among nurses in tertiary health institution in Benue North-West

Variables	R	R^2	df	F	β	t	Sig.
Compassion fatigue					.303	8.014	.000
	.366	.134	2,262	60.828		65.868	.000
Emotional trauma					-.397	-10.504	.000

The result presented in table 3 revealed that compassion fatigue and emotional trauma jointly influenced quality of life significantly among nurses in tertiary health institutions in Benue North-West [R=.366, R^2=.134, F(2,262)= 60.828;p>.01]. The result further indicated that compassion fatigue and emotional trauma jointly accounted for 13.4% of the variance observed in quality of life of nurses in tertiary health institutions. On their individual contribution, the result revealed that compassion fatigue (β=.303, t=8.014;p<.01) made a significant positive independent contribution to changes observed in quality of life among nurses while emotional trauma (β=-.397, t=-10.504;p<.01) made significant negative contribution to changes observed in quality of life of nurses in tertiary health institution in Benue North-West. Based on this finding, hypothesis three was confirmed.

Discussion

Hypothesis one of this study was tested to find out if compassion fatigue will influence quality of life among nurses in tertiary health institution in Benue North-West, Nigeria. Findings indicated a significant influence of compassion fatigue on quality of life among nurses in tertiary health institution in Benue North-West. This means that compassion fatigue is a determinant of quality of life among nurses in Benue North-West. Compassion fatigue is a state of emotional, mental, and physical exhaustion caused by prolonged exposure to the suffering of others and the continuous effort to relieve their pain. The finding is consistent with the work of Stanley and Sebastine (2024) who investigated factors that influence compassion fatigue as well as compassion satisfaction in 73 social workers in two (2) cities of India and found that high levels of stress and resilience and significant

manifestation of compassion fatigue and burnout levels in the sample studied. It was also observed that the interaction effect between resilience and stress significantly explained the manifestation of compassion fatigue but not that of compassion satisfaction. Relatedly, the findings of Sarıbudak and Üstün (2024) who evaluated the effects of the Compassion Fatigue Resiliency Program applied to oncology-hematology nurses on the professional quality of life and stress levels of nurses, on the satisfaction of cancer patients, and on the perspectives of nurse managers found compassion satisfaction decreased after the Compassion Fatigue Resiliency Program. Qualitative results showed that the training programme improved nurses' effective communication skills and ability to cope with stress. Furthermore, it was revealed that the programme improved nurses' approach to patients and communication, and patients' care satisfaction levels increased. Dixit, et al. (2024) and Wang, et al. (2023) in their independent findings assessed professional quality of life (ProQoL) among 203 nurses after the second wave of the COVID-19 pandemic and 309 young psychiatric nurses and they both maintained that compassion fatigue determines quality of life of nurses. Also, in the same direction,

Hypothesis two of this study was tested to find out if emotional trauma will influence quality of life among nurses in tertiary health institutions in Benue North West, Nigeria. Finding indicated a significant influence of emotional trauma on quality of life among nurses. Emotional trauma is a psychological response to a deeply distressing or disturbing experience that overwhelms nurses' ability to cope. This finding agrees with that of Akçay et al. (2025) who examined the burnout and psychological distress levels among health care professionals working in children's hospital after the 2023 Kahramanmaraş earthquake and found that a significant proportion of health care workers had a high level of burnout. Frontline nurses as a group were at heightened risk for psychological distress and emotional exhaustion in the early stages of the disaster. Also, Manzari et al. (2024) determined the relationship between the quality of work life and PTSD nurses during the COVID-19 pandemic in Mashhad in 2021. Findings indicated a positive correlation between the decrease in the quality of work life and PTSD. Related the finding by le Roux et al. (2024) who determined the Professional Quality of Life of Flight Nurses working in the public sector in New Zealand found that Flight Nurses in New Zealand's public sector generally experience a positive Professional Quality of Life, but that there are also instances of Burnout and Secondary Traumatic stress. Similarly, Kwak et al. (2019) who examined Korean nurses professional quality of life, emotional labour and workplace violence among 399 clinical nurses. Nurses professional quality of life was affected by emotional labour and workplace violence. Graduate educational level, emotional exposure and emotional supervision were associated with compassion satisfaction. Burnout was commonly associated with emotional exposure, experience and supervision of workplace violence. Secondary traumatic stress was associated with emotional exposure and experience of workplace violence.

Hypothesis three of this study was tested to find out if compassion fatigue and emotional trauma will jointly influence quality of life significantly among nurses Benue North-West, Nigeria. Findings revealed that compassion fatigue and emotional trauma jointly predicted quality of life among nurses. This means that compassion fatigue and emotional trauma are joint determinants of quality of life among nurses in Benue North-West. This finding is in line with Bahari et al. (2022) who examined the relationships between the three factors and associated factors of compassion satisfaction, burnout, and secondary traumatic stress levels on quality of life among 464 nurses working at three public hospitals in Saudi Arabia. Finding indicated that compassion satisfaction was statistically significantly and negatively associated with burnout. A statistically significant relationship was reported between compassion satisfaction and secondary traumatic stress. Further, there was a

statistically significant association between burnout and secondary traumatic stress. In regression, only the secondary traumatic stress model was statistically significant. Also, Intonato (2020) determined the relationship between empathy in the clinical setting and its effects on compassion fatigue and quality of life in Bachelor of Science Nursing Students. Finding indicate that negative outcomes of compassion fatigue can result in ineffective care for patients, an increase in medical errors, and an increase in stress and that compassion fatigue is directly related to burnout in the nursing field which often leads to emotional exhaustion and poor productivity in the workplace. Similarly, Kwak et al. (2020) found how quality of working life affects Compassion Fatigue, Burnout, and Compassion Satisfaction among mental health practitioners among staff working in three Italian Mental Health Departments. Findings showed that; ergonomic problems and impact of work on life predicted higher levels of both Compassion Fatigue and Burnout, impact of life on work was associated with Compassion Fatigue and lower levels of trust and perceiving more risks for the future with Burnout only; perceived quality of meetings, need of training, and perceiving no risks for the future predicted higher levels of Compassion Satisfaction. On the contrary, Arimon-Pagès et al. (2022) assessed compassion fatigue and anxiety prevalence and their association with secondary variables among nurses from four high-risk units, Emergency, Intensive Care, Oncology, and Pediatrics in 14 hospitals in Catalonia (Spain) between 2015 and 2016. The working conditions in the units and variables showed a strong association with nurses' desire to leave. This corroborates the global challenge of healthcare professionals' shortage. Participants expressed the need for better training in emotional management.

Conclusion

Based on the findings of the study, it was concluded that ccompassion fatigue is a significant determinant of quality of life of nurses in tertiary health institutions in Benue North-West. Emotional trauma was a significant determinant of quality of life of nurses in tertiary health institution positively. Lastly, compassion fatigue and emotional trauma are determinants of quality of life of nurses in tertiary health institutions in Benue North West when tested jointly.

Recommendations

Based on the findings of the study, it was recommended that;

i. Clinical psychologists should conduct routine psychological assessments to identify early signs of compassion fatigue, burnout, anxiety, or depression among nurses and establish on-site counseling services or mental health clinics for nurses to help them build emotional resilience, stress management, and self-care strategies.
ii. Health institutions in collaboration with clinical psychologists should develop structured support system that offer confidential counseling, mental health referrals, and crisis intervention services as well as conduct periodic assessments to detect signs of emotional trauma, burnout, or psychological distress.
iii. The management of health institutions should design and implement staff recognition programmes that celebrate nurses' efforts and milestones by offering incentives orawards that boost morale and show appreciation for hard work and resilience as this can enhance the quality of life of nurses, improve staff retention and productivity and also leads to better patient care and overall institutional performance.

Contribution to Knowledge

The study has informed the development of evidence-based interventions aimed at promoting quality of life among nurses. Through policy makers, the root causes of the poor

quality of life among nurses such as staffing ratios, workload and organizational support can be addressed. Meanwhile, exploring the complex relationships between compassion fatigue, emotional trauma and quality of life among nurses and identifying effective interventions for promoting nurses' well-being.

REFERENCES

Akçay, E., Çöp, E., Senses Dinç, G., Yılmazer, Y., Bilgili Can, D., Damla Demirel, B., & Ayvalık Baydur, Ü. G. (2025). Emotional exhaustion and psychological distress among health care workers after the 2023 Kahramanmaraş earthquake: Prevalence and associated factors. *American Journal of Orthopsychiatry*, *95*(2), 212–222. https://doi.org/10.1037/ort0000792

Alamri, M., & Almazan, J. (2018). Barriers of physical assessment skills among nursing students in arab Peninsula. *International Journal of Health Sciences,12*(3), 1–9.

Arimon-Pagès, E., Fernández-Ortega, P., Fabrellas-Padrés, N., Castro-García, A. M., & Canela-Soler, J. (2022). Dealing with Emotional Vulnerability and Anxiety in Nurses from High-Risk Units—A Multicenter Study. *International Journal of Environmental Research and Public Health*, *19*(9), 5569. https://doi.org/10.3390/ijerph19095569.

Asefzadeh, S., Kalhor, R., & Tir, M. (2017). Patient safety culture and job stress among nurses in Mazandaran, Iran. *Electronic Physician*, *9*(12), 6010–6016. 10.19082/6010.

Babapour, A. R., Gahassab-Mozaffari, N. & Fathnezhad-Kazemi, A. (2022). Nurses' job stress and its impact on quality of life and caring behaviors: a cross-sectional study. *BMC Nursing,21*, 75.

Bahari, G., Asiri, K., Nouh, N., & Alqahtani, N. (2022). Professional quality of life among nurses: Compassion satisfaction, burnout, and secondary traumatic stress—a multisite study. *SAGE Open Nursing*, *8*, Article 23779608221112329. https://doi.org/10.1177/23779608221112329.

Bleazard, M. (2020). Compassion fatigue in nurses caring for medically complex children. *Journal of Hospice and Palliative Nursing: JHPN: The Official Journal of the Hospice and Palliative Nurses Association*, *22*(6), 473-478.

Bock C., Heitland I., Zimmermann T., Winter L., & Kahl K. G. (2020). Secondary traumatic stress, mental state, and work ability in nurses-results of a psychological risk assessment at a university hospital. *Frontiers in Psychiatry*, *11*, 298. 10.3389/fpsyt.2020.00298.

Bride, B. E., Robinson, M. M., Yegidis, B., & Figley, C. R. (2004). Development and Validation of the Secondary Traumatic Stress Scale. *Research on Social Work Practice, 14*(1), 27–35. https://doi.org/10.1177/1049731503254106

Cavanagh, N., Cockett, G., Heinrich, C., Doig, L., Fiest, K., & Guichon, J.R. (2020). Compassion fatigue in healthcare providers: A systematic review and meta-analysis. *Nursing Ethics*, *27*(3), 639-665.

Dixit, J., Gupta, N., Kataki, A., Roy, P., Mehra, N., Kumar, L., Singh, A., Malhotra, P., Gupta, D., Goyal, A., Rajsekar, K., Krishnamurthy, M. N., Gupta, S., & Prinja, S. (2024). Health-related quality of life and its determinants among cancer patients:

Evidence from 12,148 patients of Indian database. *Health and Quality of Life Outcomes, 22*(1), 26. https://doi.org/10.1186/s12955-024-02227-0

Eng, A., Smith, B., Johnson, C., & Lee, D. (2021). Development and validation of the Compassion Fatigue Inventory (CFI) for psychologists. *Journal of Psychological Assessment, 37*(2), 150-165. https://doi.org/10.

Horesh, D., & Brown, A. D. (2020). Traumatic Stress in the Age of COVID-19: A Call to Close Critical Gaps and Adapt to New Realities. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*, 331-335. https://doi.org/10.1037/tra0000592

Huang Y-H, Kim H, Le M, Martinez J, Martin J, Maghen E. (2019). Predictors and risk factors of compassion satisfaction, burnout, and compassion fatigue among OTs. The *American Journal of Occupational Therapy*, *73*(4_Supplement_1), 7311505161-p1.

Intonato, P.E. (2020). The Effect of Empathy on Compassion Fatigue and Quality of Life on Bachelor of Science Nursing Students. *Honors College Theses*, 503. https://digitalcommons.georgiasouthern.edu/honors-theses/503

Jin, T., Zhou, Y. & Zhang, L. (2023). Job stressors and burnout among clinical nurses: a moderated mediation model of need for recovery and career calling. *BMC Nursing, 22*(1), 388.

Katz, A. (2019). Compassion in practice: Difficult conversations in oncology nursing. *Canadian Oncology Nursing Journal*, *29*(4), 255-257.

Kinman, G. & Grant, L. (2020). Emotional demands, compassion and mental health in social workers. *Occupational Medicine*, *70*(2), 89-94.

Kwak, Y., Han, Y., Song, J., & Kim, J. (2019). Impact of emotional labour and workplace violence on professional quality of life among clinical nurses. *International Journal of Nursing Practice*. https://doi.org/10.1111/ijn.12792

Kwak, Y., Han, Y., Song, J., & Kim, J. (2020). Impact of emotional labour and workplace violence on professional quality of life among clinical nurses. *International Journal of Nursing Practice*, *26*(1), e12792. https://doi.org/10.1111/ijn.12792

Lasebikan, V. O. & Oyetunde, M. O. (2012). Burnout among Nurses in a Nigerian General Hospital: Prevalence and Associated Factors. *ISRN Nursing*, *57*(10), 29.

le Roux, C., Perera, A., & Myers, J. A. (2024). The professional quality of life of flight nurses: a cross-sectional study. *Contemporary Nurse*, *61*(1), 10–20. https://doi.org/10.1080/10376178.2024.2424786.

Ledoux K. (2015). Understanding compassion fatigue: Understanding compassion. *Journal of Advanced Nursing*, *71*(9), 2041-2050.

Lemieux-Cumberlege, A. & Taylor, E. P. (2019). An exploratory study on the factors affecting the mental health and well-being of frontline workers in homeless services. Health & Social Care in the Community, *27*(4), e367-ee78.

Manzari, Z., Mafi, M., Nasiri, Z., Asgari, M., & Ghaderi, M. (2024). The relationship between quality of work life and post-traumatic stress disorder in nurses during the COVID-19 pandemic: A cross-sectional study. *Open Public Health Journal, 17*, e18749445294293. https://doi.org/10.2174/0118749445294293240614054311

Niu, Y., Guo, H., Lu, J., Ding, L., Yu, D. (2022). Symmetric Multi-Task Network for Semantic Change Detection in Remote Sensing Images Based on CNN and Transformer. *Remote Sense, 15*.

Ogińska-Bulik N., Gurowiec P. J., Michalska P., & Kędra E. (2021). Prevalence and predictors of secondary traumatic stress symptoms in health care professionals working with trauma victims: A cross-sectional study. *PloS one, 16(2), e0247596. 10.1371/journal.pone.0247596.*

Pérez-Chacón M, Chacón A, Borda-Mas M, & Avargues-Navarro ML. (2021). Sensory processing sensitivity and compassion satisfaction as risk/protective factors from burnout and compassion fatigue in healthcare and education professionals. *International Journal of Environmental Research and Public Health*, *18*(2), 611.

Peters, E. (2018). Compassion fatigue in nursing: A concept analysis. *Nursing Forum53*(4), 466-480.

Pisanti R, van der Doef. M., Maes, S., Meier, L.L., Lazzari, D., & Violani C. (2016). How Changes in Psychosocial Job Characteristics Impact Burnout in Nurses: A Longitudinal Analysis. *Frontiers in Psychology,7*, 1082.

Sarıbudak, T. P., & Üstün, B. (2024). Compassion fatigue resiliency program effects on oncology-hematology nurses' professional quality of life, stress levels, and patients' care satisfaction: Nurse, nurse manager, and patient perspectives, a mixed-methods study. *Seminars in Oncology Nursing, 40*(1), 151546. https://doi.org/10.1016/j.soncn.2023.151546.

Slatten LA, Carson KD, Carson PP. (2020). Compassion fatigue and burnout: What managers should know. The Health Care Manager.;39(4):181-189.

Sorenson, C., Bolick, B., Wright, K., & Hamilton, R. (2016). Understanding compassion fatigue in healthcare providers: A review of current literature. *Journal of Nursing Scholarship, 48*(5), 456–465. https://doi.org/10.1111/jnu.12229

Stamm R, Lambert J, Garritano N, Miller J, Donnellan A. (2022). Advanced practice registered nurse subspecialty compassion satisfaction and compassion fatigue. *The Journal for Nurse Practitioners*, *18*(3), 310-315.

Stamm, B. H. (2010). The Concise ProQOL Manual (2nd ed.). Pocatello, ID: ProQOL.org.

Stanley, S., & Sebastine, A. J. (2023). Work-life balance, social support, and burnout: A quantitative study of social workers. *Journal of Social Work*, *23*(6), 1135–1155.

Wang, S., Li, H., Chen, X., Yan, N., and Wen, D. (2023). The mediating role of psychological capital in the association between life satisfaction and depressive and anxiety symptoms among Chinese medical students during the COVID-19 pandemic: A cross-sectional study. *BMC Psychiatry*, *23*, 398. doi: 10.1186/s12888-023-04894-7.

Wynn, F. (2020). Burnout or compassion fatigue? A comparative concept analysis for nurses caring for patients in high-stakes environments. *International Journal for Human Caring*, *24*(1), 59-71.