

Original Article

Nurses' Patient-Centered Care Competency and Compassion Fatigue

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Abstract

Background: Intensive care nurses may experience compassion fatigue because of hard work hours. Compassion fatigue may dampen patient-centered care competence and the quality of nursing care.

Aims: The research was conducted to determine the relationship between patient-centered care competence and compassion fatigue in adult intensive care unit nurses.

Methodology: This study is a descriptive and cross-sectional research. Research data were collected by using a questionnaire on 270 nurses who agreed to participate between November 15, 2021 and January 30, 2022. The survey consisted of three instruments: (1) Descriptive Characteristics Questionnaire Form, (2) Patient-Centered Care Competence Scale, and (3) Compassion Fatigue Scale.

Results: The total mean score of the patient-centered care competence scale was found to be 68.76 ± 9.83 . The mean total score of the compassion fatigue scale was found to be 75.21 ± 9.29 . When the results of the study were examined, no statistically significant relationship was found between the patient-centered care competence scale and the compassion fatigue scale. However, a statistically negative and weakly relationship was found between patient-centered care competence and disconnection, indifference, and disconnection which are the subdimensions of compassion fatigue, in contrary a statistically positive and moderately significant relationship was found between mindfulness, compassion, and awareness of sharing. As the nurses' patient-centered care competence increases, the levels of disconnection, indifference and disconnection decrease, and the levels of conscious awareness, compassion and awareness of sharing increases.

Conclusions: According to the results obtained with this research, it can be said that intensive care nurses experience compassion fatigue, although patient-centered care competence were high. Therefore necessary measures should be taken to dampen compassion fatigue by the authority.

Keywords: Patient-Centered Care; Competency; Compassion Fatigue; Intensive care; Nursing.

Introduction

As a member of the healthcare team, nurses have a critical role in delivery and development of health care services. As a matter of fact, today's changing health service understanding and demand encourage healthcare institutions to provide a patient-centred service, apart from the traditional

paternalist approach, regarding the care processes and needs of patients. The studies reveal that advanced care hospitals have started to transform their approaches into "care-oriented organizations" with a change that adopts the "patient-centred care" (Delaney, 2018; Saygili et al., 2020). In the literature, patient-centred care is

defined as “knowing and respecting the values, preferences, and needs of patients, encouraging partnership with patients in their decisions, ensuring the physical and emotional comfort of patients, and advocacy of patients” (Arslanoglu and Kirilmaz, 2019; Sahin and Artrun Igde, 2014). The main goal of the patient-centred care approach is to provide a business partnership between patients and their families, dependent on the delivery of health services, and to encourage conscious decision-making (Delaney, 2018; Erdogan and Kirilmaz 2020). In this approach, care focuses on relationship between patients and the healthcare providers, who involve in decision-making processes (Kreindler, 2013). Healthcare providers establish real and collaborative relationships with the patient in the delivery of health services by evaluating the health service needs from the patients' point of view (Erdogan and Kirilmaz, 2020). Patients involving in this process have more opportunities to observe, determine, and report potential problems, so that errors and deficiencies in the treatment and care of the patient are eliminated, and safe and quality care is provided (Broom et al., 2013; Delaney, 2018). The studies have indicated that the patient-centred care approach is associated with improved patient outcomes, increased organizational commitment, decreased unnecessary use of healthcare services, increased patient satisfaction and high quality of care (Fix et al., 2017; Hinds, 2013; Saygili et al., 2020).

The concept of compassion is defined as the motivation to help and empathize with the individual who needs help (Bloomfield and Pegram 2015). The compassion fatigue, on the other hand, refers to emotional, spiritual and physical exhaustion associated with “witnessing and internalizing the problems and pains of others” while helping individuals experiencing traumatic stress (Pehlivan and Guner, 2017; Alharbi et al., 2019).

Intensive Care Units (ICUs) are extremely traumatic and stressful environments for patients, for their relatives and healthcare providers. Especially, heavy and intense workload, unethical working conditions, lack of personnel, low wage policies, lack of materials, working with patients who suffer

from pain for a long time, making ethical decisions and encountering negative situations such as death can affect intensive care nurses by physically and emotionally, thus resulting in compassion fatigue (Pehlivan and Guner 2017). Compassion fatigue effect healthcare professionals negatively and cause damage to personal and professional relationships, loss of motivation, increased health care costs, and a decrease in the sense of enjoying life (Alan, 2018).

The studies have reported that nurses working in specialized units such as intensive care, psychiatry, paediatrics and oncology are more vulnerable to traumatic stress and compassion fatigue (Yilmaz and Ustun, 2018). Sacco et al. stated that nurses working in those units have a higher tendency to wear out physically and mentally compared to nurses working in other less stress areas (Sacco et al., 2015).

Occupational effects such as job dissatisfaction, making inappropriate decisions, loss of empathy, overwork, decreased sense of helping, hating work, and quitting are seen in nurses who experience compassion fatigue (Koca, 2018). As a result compassion fatigue negatively affects patient satisfaction and nursing care (Dikmen and Aydın, 2016; Koca, 2018). Compassionate care is a patient-centred affordable holistic care model that has positive effects on both physiological and psychological recovery by increasing patient satisfaction (Dikmen and Aydın 2016; Cingol et al., 2018; Cinar and Eti Aslan, 2018). The aim of this study was to determine the correlation between compassion fatigue and patient-centred care competency.

Research Questions and Hypothesis

H1: There is a significant relationship between compassion fatigue and patient-centered care competence.

H2: Compassion fatigue has a significant effect on patient-centered care competence.

Methodology

Design: The study was conducted as a descriptive and cross-sectional research to determine the correlation between patient-centred care competency and compassion fatigue in adult ICU nurses at a tertiary care university hospital.

Population and Sample: The population of the study consisted of 344 participants, all of whom were adult ICU nurses. The sample consisted of 270 nurses who agreed to participate in the study.

Setting and Time of the Study: The researcher collected the data by using a questionnaire on 270 nurses working as ICU nurse. Once the participants were informed about the study, their written and verbal consents were obtained. It took an average of 15-20 minutes to complete the data collection tools. The data were collected between 15 November 2021 and 30 January 2022.

Data Collection Tools: The data were collected by using the Descriptive Characteristics Questionnaire Form, Patient-Centered Care Competence Scale, and Compassion Fatigue Scale.

Descriptive Characteristics Questionnaire Form: This form included 16 questions about age, gender, education level, marital status, type of ICU, total duration of service, status of willingly to work in the ICU, status of willingly to choose the profession, and status of experiencing compassion fatigue in order to demonstrate the socio-demographic characteristics of nurses.

Patient-Centred Care Competency Scale: This scale was developed by Hwang et al. (2015) to determine patient-centred care competencies of nurses working in patient care. The Turkish validity and reliability study of this scale was conducted by Arslanoglu and Kirilmaz in 2019. This scale consists of four subscales: "respecting the patient's perspectives", "promoting patient participation in care processes", "providing for patient comfort", and "advocating for patients". The scale has a total of 17 items (6 items in the subscale of respecting the patient's perspectives, 5 items in the subscale of promoting patient participation in care processes, and 3 items in the subscale of providing for patient comfort, and 3 items in the subscale of advocating for patients). A five-point Likert type scale method is used with a frequency range varying between "(1) I strongly disagree" and "(5) I strongly agree". The Cronbach's Alpha coefficient was calculated as 0.85 for the overall scale (Arslanoglu & Kirilmaz, 2019; Hwang, 2015).

Compassion Fatigue Scale: This scale was developed by Pommier and its validity and reliability study was carried out by Akdeniz & Deniz in 2016. This five-point Likert type scale (1=Never, 5=Always) has a total of 24 items. The scale consists of six subscales: kindness (items 6, 8, 16, and 24), indifference (items 2, 12, 14, and 18), common humanity (items 11, 15, 17, and 20), separation (items 3, 5, 10, and 22), mindfulness (items 4, 9, 13, 21), and disengagement (items 1, 7, 19, and 23). Items in the subscales of indifference, separation, and disengagement of the scale are reverse scored. The scores obtained by this method are calculated to obtain the total mean score. The lowest and highest scores of the scale are 5 and 120 points, respectively.

Ethical Considerations: The researchers paid attention to comply with ethical principles at every stage of the study. Ethics Committee Approval (decision no: 514) was obtained from the local Clinical Trials Ethics Committee, and written institutional permission (decision no: 55) was obtained from the related hospital. The participants were informed about the purpose of the study and gave their written and verbal consents by signing the Informed Voluntary Consent Form.

Statistical Analysis: The SPSS (Version 26.0. Armonk, NY: IBM Corp) software was used to analyse the data. While numerical data were presented as mean \pm standard deviation, categorical data were presented as numbers and ratios. The compatibility of the data to normal distribution was confirmed by the Kolmogorov-Smirnov test and histogram. Mann-Whitney U test and one-way Anova test were employed to compare numerical data. Pearson's Correlation test was used for the correlation between scores. The value of $p < 0.05$ was considered as statistically significant.

Results

Table 1 shows the socio-demographic characteristics of the nurses. It was determined that 55.2% of the nurses were female, 40.7% were between the ages of 26-30, 58.5% were married, and 83.7% had a bachelor's degree. Of the nurses, 44.8% had a total service duration of 1-5 years, 53% worked in the ICU for 3 years or less, 17.4% worked in the anaesthesia ICU and 90%

worked at night-day shifts, 81.1% could not rest enough outside of working hours, and 38.4% worked for 70 hours or more per week. Of the nurses, 83.3% provided patient-centred care in the ICU, 68.1% experienced compassion fatigue and 83.7% thought that compassion fatigue affected patient-centred care (Table 1).

The mean score of patient-centred care competency was determined as 68.76 ± 9.83 . The mean scores of the subscales were 24.14 ± 3.86 for respecting the patient's perspectives, 19.39 ± 3.16 for promoting patient participation in care processes, 12.63 ± 2.03 for providing for patient comfort, and 12.58 ± 2.01 for advocating for patients, respectively, all of which were at high level. The total mean score of compassion fatigue scale was 75.21 ± 9.29 , and the nurses working in the ICU experienced compassion fatigue. The highest and lowest mean scores determined between subscales were 16.20 ± 3.13 points in the kindness and 8.99 ± 3.41 points in the disengagement (Table 2).

As seen in Table 3, no statistically significant difference was found between the total scores of patient-centred care competency and compassion fatigue in terms of variables such as age, gender, marital status, education level, duration of service, duration of working in the ICU, shifts worked, rest status, working position, status of choosing the profession willingly ($p > 0.05$). However, the difference between total scores of patient-centred care competency and compassion fatigue in terms of experiencing compassion fatigue and providing patient-centred care in ICU was statistically significant ($p < 0.05$).

Correlation analysis was performed to analyse the correlation between patient-centred care competency and compassion fatigue (Table 4). No significant correlation was found between overall patient-centred care competency and compassion fatigue scales ($r = 0.04$; $p > 0.05$). However, when the correlation between patient-centred care competency and compassion fatigue subscales was evaluated, it was determined that there was a statistically significant weak negative correlation between patient-centred care competency and disengagement ($r = -0.44$; $p < 0.01$), indifference ($r = -0.37$; $p < 0.01$)

and disengagement ($r = -0.40$; $p < 0.01$); whereas, there was a statistically significant moderate positive correlation between patient-centred care competency and mindfulness ($r = 0.59$; $p < 0.01$) and kindness ($r = 0.59$; $p < 0.01$) and a statistically significant weak positive correlation between patient-centred care competency and common humanity ($r = 0.40$; $p < 0.01$).

While there was a statistically significant weak negative correlation between respecting the patient's perspectives and disengagement ($r = -0.41$; $p < 0.01$), indifference ($r = -0.34$; $p < 0.01$) and separation ($r = -0.37$; $p < 0.01$), there was a statistically significant moderate positive correlation between respecting the patient's perspectives and mindfulness ($r = 0.54$; $p < 0.01$), kindness ($r = 0.56$; $p < 0.01$) and a statistically significant weak positive correlation between respecting the patient's perspectives and common humanity ($r = 0.39$; $p < 0.01$).

Promoting patient participation in care processes had a statistically significant weak negative correlation with disengagement ($r = -0.37$; $p < 0.01$), indifference ($r = -0.32$; $p < 0.01$) and separation ($r = -0.38$; $p < 0.01$), but a statistically significant weak positive correlation with mindfulness ($r = 0.49$; $p < 0.01$), kindness ($r = 0.49$; $p < 0.01$) and common humanity ($r = 0.29$; $p < 0.01$).

Providing for patient comfort had a statistically significant weak negative correlation with disengagement ($r = -0.45$; $p < 0.01$), indifference ($r = -0.38$; $p < 0.01$) and disengagement ($r = -0.41$; $p < 0.01$), but a statistically significant moderate positive correlation with mindfulness ($r = 0.56$; $p < 0.01$), kindness ($r = 0.55$; $p < 0.01$), and a statistically significant weak positive with common humanity ($r = 0.36$; $p < 0.01$).

Advocating for patients had a statistically significant weak negative correlation with disengagement ($r = -0.38$; $p < 0.01$), indifference ($r = -0.34$; $p < 0.01$), and separation ($r = -0.35$; $p < 0.01$), but a statistically significant moderate positive correlation with mindfulness ($r = 0.53$; $p < 0.01$), and a statistically significant weak positive with kindness ($r = 0.47$; $p < 0.01$) and common humanity ($r = 0.38$; $p < 0.01$).

Table 1. Socio-demographic characteristics of the participants (n=270)

Parameters	n (%)
Age	
21-25	55 (20.4)
26-30	110 (40.7)
31-35	50 (18.5)
36-40	23 (8.5)
≥ 41	32 (11.9)
Gender	
Female	149 (55.2)
Male	121 (44.8)
Marital status	
Married	158 (58.5)
Single	112 (41.5)
Education status	
High school	8 (3)
Associate degree	20 (7.4)
Licence	226 (83.7)
Graduate	16 (5.9)
Tenure of office (years)	
1-5	121 (44.8)
6-10	77 (28.5)
11-15	35 (13)
16-20	20 (7.4)
21 yıl ve üstü	17 (6.3)
Intensive Care Working Time (years)	
1-3	143 (53)
4-6	59 (21.9)
7-9	31 (11.5)
10-12	30 (11.1)
≥ 13	7 (2.6)
Intensive care	

Anesthesia	47 (17.4)
Internal medicine	43 (15.9)
General surgery	37 (13.7)
Neurology	37 (13.7)
Neurosurgery	26 (9.6)
Chest diseases	15 (5.6)
Cardiovascular surgery	17 (6.3)
Coronary	33 (12.2)
General	15 (5.6)
Shift	
Daytime	18 (6.7)
Night	9 (3.3)
Day and night	243 (90)
Sufficient rest after working hours	
Yes	51 (18.9)
No	219 (81.1)
Position	
Chief nurse	15 (5.6)
Clinic nurse	255 (94.4)
Weekly Working Time (hour)	
40-49	78 (28.9)
50-69	91 (33.7)
>70	101 (37.4)
The case of willingly preferring the profession	
Yes	180 (66.7)
No	90 (33.3)
Status of preferring the unit he/she worked willfully	
Yes	160 (59.3)
No	110 (40.7)
Compassion Fatigue Experiencing Status	
Yes	184 (68.1)
No	86 (31.9)

Situation of patient-centered care in intensive care

Yes	225 (83.3)
No	45 (16.7)

Does Compassion Fatigue affect patient-centered care?

Yes	226 (83.7)
No	44 (16.3)

Table 2. Patient-Centred Care Competency (PCCC) and Compassion Fatigue Scale (CFS) Mean Scores

PCCC Subdimensions		
Subdimension	Total average ± SD	Average per factor ± SD
Respecting patient perspectives	24.14 ± 3.86	4.02 ± 0.64
Encouraging patient participation in care processes	19.39 ± 3.16	3.87±0.63
Providing patient comfort	12.63 ± 2.03	4.21±0.68
Defending the rights of patients	12.58 ± 2.01	4.19±0.67
Total	68.76 ± 9.83	4.04 ± 0.58
CFS Subdimensions		
Subdimension	Total average ± SD	Average per factor ± SD
Disconnection	8.99 ± 3.41	2.24 ± 0.85
Indifference	9.13 ± 3.54	2.28 ± 0.88
Disconnexion	9.29 ± 3.30	2.32 ± 0.82
Conscious Awareness	15.82 ± 2.86	3.95 ± 0.71
Compassion	16.20 ± 3.13	4.05±0.78
Being Aware of Sharing	15.74 ± 2.89	3.93 ± 0.72
Total	75.21 ± 9.29	3.13 ± 0.38

PCCC: Patient-Centred Care Competency CFS: Compassion fatigue scale

Table 3. Comparison of patient-centred care competency (PCCC) and compassion fatigue scale (CFS) total scores in terms of socio-demographic and descriptive characteristics

Descriptive characteristics	PCCC Total Score	CFS Total Score	p value
Age	Mean ± SS	Mean ± SS	
21-25	68.2±9.75	74.9±7.9	0.45 / 0.73
26-30	68.7±10.1	75.3±9.5	
31-35	67.8±10.91	75.4±9.9	
36-40	71.7±7.1	74.5±13.4	
≥ 41	69.5±9.3	75.5±6.6	
Gender			
Male	68.3±10.2	76.2±9.6	0.619 /0.052
Female	69.2±9.6	74.4±8.9	
Marital status			
Married	68.9±9.4	75.6±9.8	0.86 / 0.81
Single	68.6±10.5	74.8±8.5	
Education status			
High school	68±6.3	76.4±8.9	0.06 / 0.98
Associate degree	72.3±8.1	75±9.4	
Licence	68.2±10.1	75.3±9.3	
Graduate	73±8.9	73.7±9.9	
Tenure of office (years)			
1-5	68.6±9.9	74.7 ± 8.9	0.112 / 0.63
6-10	67.3±11.1	75.8 ±10.1	
11-15	72.1±6.5	77.7±10.7	
16-20	67.9±10.5	73.3±8.2	
≥ 21	70.2± 7.6	73.9±5.9	
Intensive Care Working Time (years)			
1-3	68.5±9.9	74.5±9.1	0.85 / 0.58
4-6	68.3±10.9	76.3±9	
7-9	69.9±8.5	74.9±9.8	
10-12	68.9±9.6	77.2±11.1	
≥ 13	72.1±5.6	73±3.4	

Intensive care			
Anesthesia	68.9 ± 11.8	75.1 ± 9.8	0.615 / 0.386
Internal medicine	70 ± 8.2	75.5 ± 9.9	
General surgery	68.7 ± 10.8	73.3 ± 10.1	
Neurology	68.4 ± 12.5	77.3 ± 10.1	
Neurosurgery	68.9 ± 8.2	72 ± 8.4	
Chest diseases	67.5 ± 6.7	74.9 ± 7.3	
Cardiovascular surgery	67.9 ± 6.9	76.7 ± 10	
Coronary	67.2 ± 9.3	76.5 ± 7.9	
General	71.1 ± 7.8	75.9 ± 5.9	
Shift			
Daytime	69.1 ± 10.1	73.6 ± 5.5	0.78 / 0.63
Night	70.1 ± 6.7	79.8 ± 15.8	
Day and night	68.7 ± 9.9	75.2 ± 9.2	
Sufficient rest after working hours			
Yes	70.1 ± 10.4	75.2 ± 8.4	0.29/0.86
No	68.5 ± 9.7	75.2 ± 9.5	
Position			
Chief nurse	66.7 ± 15.5	71.2 ± 10.2	0.68/0.17
Clinic nurse	68.9 ± 9.4	75.5 ± 9.2	
Weekly Working Time (hour)			
40-49	68.3 ± 7.6	73.8 ± 8.5	0.94/0.26
50-69	68.1 ± 11.8	75.2 ± 10.7	
>70	68.9 ± 9.5	76.3 ± 8.5	
The case of willingly preferring the profession			
Yes	69.5 ± 8.6	74.9 ± 9.4	0.316/0.410
No	67.4 ± 11.9	75.7 ± 9.1	
Status of preferring the unit he/she worked willfully			
Yes	68.8 ± 9.4	75.1 ± 9.6	0.72/0.77
No	68.8 ± 10.6	75.4 ± 8.9	

Compassion Fatigue Experiencing Status			
Yes	67.7±10.4	75.2±9.6	0.031 / 0.541
No	70±8.1	75.2±8.6	
Situation of patient-centered care in intensive care			
Yes	69.7±9.4	75.1±9.7	0.001/0.44
No	64.3±10.9	75.8±6.9	
Does Compassion Fatigue affect patient-centered care?			
Yes	68.6±9.9	75.1 ± 9.3	0.43/0.58
No	69.8±9.6	75.8±9.3	

PCCC: Patient-Centred Care Competency CFS: Compassion fatigue scale

Table 4. The correlation between patient-centred care competency (PCCC) and compassion fatigue scale (CFS)

	1	2	3	4	5	6	7	8	9	10	11	12
Total PCCC (1)	1											
Respecting patient perspectives (2)	.90**	1										
Encouraging patient participation in care processes (3)	.85**	.69**	1									
Providing patient comfort (4)	.87**	.73**	.67**	1								
Defending the rights of patients (5)	.82**	.65**	.62**	.75**	1							
Total CFS (6)	.04	.06	.02	-.02	.03	1						
Disconnection (7)	-.44**	-.41**	-.37**	-.45**	-.38**	.56**	1					
Indifference (8)	-.37**	-.34**	-.32**	-.38**	-.34**	.57**	.77**	1				
Disconnexion (9)	-.40**	-.37**	-.38**	-.41**	-.35**	.59**	.79**	.80**	1			
Conscious Awareness (10)	.59**	.54**	.49**	.56**	.53**	.18**	-.51**	-.47**	-.48**	1		
Compassion (11)	.59**	.56**	.49**	.55**	.47**	.15*	-.52**	-.50**	-.49**	.74**	1	
Being Aware of Sharing (12)	.40**	.39**	.29**	.36**	.38**	.43**	-.23**	-.26**	-.21**	.58**	.52**	1

** . Correlation is significant at the 0.01 level (2-tailed).* . Correlation is significant at the 0.05 level (2-tailed).

Discussion

Compassion fatigue is more commonly experienced in nursing, and the quality of care provided by nurses is directly associated with compassion fatigue experiences. Compassionate care is also a patient-centred holistic care model. The patient-centred care approach has become the main point of health systems to increase patient satisfaction and improve outcomes throughout the 20th century (Erdogan and Kirilmaz 2020).

In this study, the correlation between patient-centred care competency and compassion fatigue in ICU nurses was investigated. It was determined that 55.2% of the participants were female, and 40.7% were in 26-30 age period. This indicated that most the nurses were female and young. The mean scores of the subscales of patient-centred care competency were 24.14 ± 3.86 for respecting the patient's perspectives, 19.39 ± 3.16 for promoting patient participation in care processes, 12.63 ± 2.03 for providing for patient comfort, and 12.58 ± 2.01 for advocating for patients, respectively, and 68.76 ± 9.83 in the overall group. These findings indicated that nurses had the highest mean score in respecting the patient's perspectives and had a relatively lower mean score in advocating for patients. This result showed that the nurses working in ICU had a high level of consciousness and awareness about their duties.

In the study conducted by Bakir and Demir (2020) with 176 nurses, they reported that the patient-centred care competency mean score of the nurses was high (71.20 ± 5.61) (Bakir and Demir, 2020). In another study, it was determined that the patient-centred care competency level of the student nurses was moderate (LuAnn et al., 2010). Therefore, results of our study show parallelism with the literature. In the present study, it was found that the compassion fatigue total mean score of the nurses was 75.21 ± 9.29 . According to this result, it can be asserted that nurses' compassion fatigue was at a medium-high level. While the kindness subscale had the highest mean score, the lowest mean score belonged to the disengagement subscale. A study conducted with ICU nurses reported that nurses generally experienced compassion fatigue, and nurses preferred the strategy of

being isolated both mentally and physically from the ICU environment in order to cope with this situation (Dikmen and Aydın, 2016). In the same study, it was determined that the participants deliberately lost their empathy towards patients or families and this was interpreted as a symptom of compassion fatigue (Dikmen and Aydın, 2016).

Cingol et al. (2018) reported that nursing students had a high level of compassion and a lower level of compassion fatigue. However the participants were nursing students in this study and they were inexperienced, so lower compassion fatigue was obtained in this study. In the same study, the highest mean score was observed in the kindness subscale and the lowest mean score was determined in the disengagement subscale, which supports the present study (Cingol et al., 2018). The reason why the kindness score was higher than the other subscales can be explained by compassion and tolerance inherent in the nursing profession. Compassion creates understanding, warmth and concern towards oneself and one's circle, and even a sense of mutual intimacy and trust (Akdeniz and Deniz, 2016). In the study conducted by Cinar and Eti Aslan (2018) with 236 nurses, they stated that nurses experienced moderate compassion fatigue and found similar results with the present study. In another study, it was reported that the total mean score of compassion fatigue of nursing students was 72.79 ± 10.2 , and the highest mean score was detected in the mindfulness subscale, the lowest mean score was determined in the disengagement subscale (Ozdelikara and Babur, 2020). In the study conducted by Kayaoglu and Arslanoglu (2021) with 176 psychiatric nurses, they reported that the nurses experienced compassion fatigue in all grades (Kayaoglu and Arslanoglu, 2021). Polat and Erdem (2017) examined the correlation between compassion fatigue and quality of life, and stated that female healthcare professionals experienced more compassion fatigue than male healthcare professionals. Likewise, in their study, Hooper et al. reported that male nurses experienced less compassion fatigue than female nurses (Hopper et al., 2010). In our study, we could not find a relationship between gender and compassion fatigue.

In the present study, no statistically significant difference was found between compassion fatigue and marital status. However, Sacco et al. (2015) conducted a study with 221 ICU nurses and found that unmarried nurses experienced more compassion fatigue. In another study, it was stated that the nurses whose tenure was less than 5 years and intended to leave the job experienced more compassion fatigue (Kilic et al, 2020). In another study, nurses who worked for 21 years or more were found to have high levels of compassion and low levels of compassion fatigue. In our study, no statistically significant difference was found between compassion fatigue and tenure and marital status.

It has been reported in the literature that 90% of nurses experience moderate and high levels of compassion fatigue (Balinbin et al., 2020). Other studies have reported that the rate of experiencing compassion fatigue varied between 78-86% (Abendroth et al., 2006; Hooper et al., 2010). Since the literature were reviewed, no study was found evaluating the relationship between patient-centred care competency and compassion fatigue. And we have found no statistically significant correlation between nurses' patient-centred care competency and compassion fatigue. However, a statistically significant negative correlation was found between patient-centred care competency and the disengagement, indifference, and separation subscales of compassion fatigue, and a statistically significant positive correlation was found between mindfulness, kindness, and common humanity. As the patient-centred care competency of nurses increased, the disengagement, separation and indifference levels decreased, and mindfulness, kindness and common humanity levels increased.

Limitations: The limitation of this study is that the study was conducted in a single centre and only on ICU nurses.

Conclusion: Patient-centred care competency and compassionate care practices are regarded as quality indicators. For this reason, there is a need to raise awareness about compassion fatigue and patient-centred care approach, which are not sufficiently subject to studies in the field of nursing. According to the results

of this study, it can be asserted that ICU nurses experience compassion fatigue. In addition, it was determined that nurses' patient-centred care competencies were high and there was no statistically significant correlation between compassion fatigue and patient-centred care competency. Nevertheless necessary measures should be taken to dampen compassion fatigue in clinics. Finally, more specifically designed prospective studies are needed to externally cross-validate our findings in a larger cohort.

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