

Psychological Capital and Compassion Fatigue Among Nurses Working in Port Said Hospitals

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ABSTRACT

Background: Nursing is an extremely stressful profession that can lead to compassion fatigue. Psychological capital is largely found to have an immense contribution toward advancing nurses' capacity to deal with stressful situations and protecting them from compassion fatigue. **Aim:** The study expected to explore the correlation between psychological capital and compassion fatigue among nurses working in Port Said hospitals. **Subjects and Method: Design:** A descriptive correlational research design was employed. **Setting:** The study was carried out in eight hospitals in Port Said Governorate namely; El Salam Hospital, El Hayah Port Fouad Hospital, El-Nasr Hospital, El-Zohor Hospital, El-Mesah El-Bahary Hospital, Tropical (Fevers) & Liver Diseases Hospital, El-Ramad Hospital, and Port Said Psychiatric Health and Addiction Treatment Hospital. **Subjects:** Encompassed a convenience sample of 201 nurses employed in the aforementioned hospitals. **Tools:** Two instruments were used to collect the necessary data including; Psychological Capital Questionnaire, plus Secondary Traumatic Stress Scale, as well as a Personal and Job Data Sheet. **Results:** The study publicized that, more than three quarters (80.1%) of the studied nurses had moderate level of psychological capital, and less than two thirds (63.7%) of them had mild level of compassion fatigue. **Conclusion:** Obviously, a statistically significant negative correlation was found between total scores of psychological capital and compassion fatigue. **Recommendations:** Designing and applying periodically training programs to advance nurses' perception and skills regarding psychological capital, resilience, effective coping strategies, and stress-control approaches which may decline the prevalence of compassion fatigue.

Keywords: Compassion fatigue, Nurses, Psychological capital.

INTRODUCTION

Nursing is considered to be an extremely challenging and demanding profession. There are numerous encounters that face nurses which can cause stress, comprising poor working conditions, long working hours, high turnover level, and lesser patient fulfillment. With the contemporary deficiency in nursing staff, nurses are generally working extended periods. Rising work burden, low salary, and insufficient financial rewards, absence of recognition and appreciation, ethical dilemmas, and inappropriate attitudes or lack of cooperation from patients and their families, all give the impression to cause frustration, dissatisfaction, a high level of stress, and undesirably affect nurses' passion and work fulfillment (Elsherif & Sabra, 2022; Itzhaki, Bluvstein, Broty, & Kostistky, 2018).

Nurses deliver empathetic care for patients suffering from critical emotional, somatic, mental, and spiritual requirements. Nevertheless, providing empathetic care can affect nurses negatively, making them sufferers of the ongoing stress of meeting workload of caring, amplified patient acuity, as well as great physical and psychological burdens (Lamadah & Sayed, 2014). Compassion is an indispensable element of nursing and a distinct trait of professional nurses. It comprises the capacity to assume a non-judgmental attitude, besides bear one's own suffering when confronted with others' pain and distress. Compassion has been broadly acknowledged as the dominant standard of ethical caring and promotion of exceptional care (Papadopoulos & Ali, 2016; Tehranineshat, Rakhshan, Torabizadeh, & Fararouei, 2019).

Compassion fatigue can be explained as "the state of significant depletion or exhaustion of the nurse's store of compassion, resulting from recurrent activation over time of emphatic and sympathetic responses to pain and distress in patients and their families" (Cocker & Joss, 2016). Compassion fatigue symptoms classified into; work-related symptoms comprising avoidance of working with certain patients, diminished capacity to feel empathy toward patients and families, and absence of happiness. Compassion fatigue leads nurses to distance themselves from the patient and family and emphasize on the technical features of the job, evade the crucial establishment of the nurse-patient relationship, and in general become more pessimistic regarding the capability for positive change (Duarte & Pinto-Gouveia, 2017).

Compassion fatigue causing increased staff turnover among nurses, poor quality of care, diminished productivity, and low quality of life, which in turn bring about undesirable influence toward patient's security and fulfillment, along with negatively affect nurses psychologically, intellectually, socially, spiritually, and professionally (Pehlivan & Güner, 2018). In deduction, compassion fatigue accumulative influences can destruct personal and professional health, causing damaging coping conducts as impaired decision-making regarding patients' care, drug and alcohol misuse, and continuous absenteeism, (Cocker & Joss, 2016).

Psychological capital is considered the greatest significant protective aspect against challenges that nurse face in the health care system. Once persons utilize positive resources that aid as an internal defense to threatening conditions, consequences of undesirable events or experiences may be diminished. The unique feature of flexibility of psychological capital makes it a potential tool in promoting nurses' innovativeness while performing their tasks, which could in turn, enhance their wellbeing, quality of life, and job performance (Yim, Seo, Cho, & Kim, 2017).

Psychological capital is defined as "a comprehensive personal source representing a person's positive appraisal of circumstances and probability for success based on motivated effort and perseverance" (Luthans & Youssef-Morgan, 2017). Psychological capital includes four personal resources namely; self-efficacy which means self-confidence to be able to take every opportunity as a form of strength to achieve success in stimulating tasks, hope that includes the perseverance in attaining goals, and raising hopes for accomplishment, optimism which reflects one's ability to create positive attributes within themselves to achieve success in challenging tasks, and resilience that comprises persistence toward goals and when necessary redirecting pathways to goals, and positive coping, and capacity to recover from failure and adversity (Asbari, Prasetya, Santoso, & Purwanto, 2021).

Psychological capital empowers nurses to be resilient and prosperous in devastating circumstances, increase their probability of developing optimistic emotions and capacities, and energize them to make effort which leads to upgraded performance over a prolonged time. Likewise, a positive correlation is established between psychological capital and innovative work behaviors (Novitasari, Siswanto, Purwanto, & Fahmi, 2022). Employees with psychological capital accomplish better and are highly satisfied in their

work, demonstrate more support and have low levels of anxiety, emotional labor, and burnout because the features of it permit them to approach circumstances in a positive manner that supports self-determination and later self-confidence (Grover, Teo, Pick, Roche, & Newton, 2018; Slåtten, Lien, Horn, & Pedersen, 2019).

Significance of the study:

Nurses are called to care for patients in acute suffering from pain, sorrow, distress, and death. The precise nature of nurses' work make them at risk for developing compassion fatigue which adversely affecting equally nurses' professional quality of life plus the excellence of patients' care. Generally, literature highlighting the study of compassion fatigue among nurses has verified that, the prevalence of compassion fatigue was raised enough to deserve advance research as most of professional care providers comprising nurses displayed compassion fatigue symptomatology (Bao & Taliaferro, 2015; Peters, 2018).

Promoting and maintaining nurses' compassionate care is fundamental to enable them to provide nursing care with optimum outcomes. Additionally, psychological capital can provide extra protection from developing compassion fatigue. Also, psychological capital constructs comprising self-efficacy, optimism, hoping, and resiliency could help nurses to cope with stressful and traumatic situations definitely, which leads to psychological well-being of the nurses. This topic at the connection of these two significant variables is essential nevertheless has not been researched. Hence, considering several deleterious consequences of the compassion fatigue on both the patients and nurses, it is indispensable to shed light on compassion fatigue and psychological capital among nurses to help them to handle all conceivable threats and stressors efficiently, accomplish their role, prevent psychological exhaustion, and maintain their mental health.

AIM OF THE STUDY

This study was designed to explore the correlation between psychological capital and compassion fatigue among nurses working in Port Said hospitals.

Research objectives:

1. Assess the levels of psychological capital among nurses working in Port Said hospitals.

2. Determine the levels of compassion fatigue among nurses working in Port Said hospitals.
3. Find out the correlation amid psychological capital and compassion fatigue among nurses working in Port Said hospitals.

Conceptual definitions:

For the purpose of this study, **psychological capital** is defined as a positive situation for personal development with the features of self-reliance while dealing with the challenges, positive expectations for the future success, and being full of determination and accomplishment in spite of obstacles.

Compassion fatigue is defined as the emotional, physical, social, and spiritual exhaustion that overtakes a person and causes a pervasive decline in his or her passion, desire, ability, and energy to feel and care for others.

SUBJECTS AND METHOD**Study design:**

This existing study used a descriptive correlational design.

Study setting:

The study was applied at eight hospitals in Port Said Governorate namely; El Salam Hospital, El Hayah Port Fouad Hospital, El-Nasr Hospital, El-Zohor Hospital, El-Mesah El-Bahary Hospital, Tropical (Fevers) & Liver Diseases Hospital, and El-Ramad Hospital. All of these hospitals are affiliated to the Universal Health Insurance. In addition to Port Said Psychiatric Health and Addiction Treatment Hospital which is associated to General Secretariat of Mental Health and Addiction Treatment (GSMHAT), Ministry of Health, Egypt.

Study subjects:

The subjects encompassed a convenience sample of 201 nurses who were employed in the aforementioned hospitals. They came across the subsequent criteria to be encompassed in the study:

- 1) From both sexes.
- 2) Willing to share in the study.
- 3) With at least one year of engagement in nursing.

Sample size:

The subsequent formula was used to determine the sample size (Mugenda & Mugenda, 2003)

$$\text{Sample Size (n)} = \frac{20 \times \text{total number of nurses}}{100} = \frac{20 \times 914}{100} = 183 \text{ nurses.}$$

Hospital Name	Total number of nurses in the targeted hospitals	Sample size from each hospital
El Salam Hospital	260	52
El Hayah Port Fouad Hospital	118	24
El-Nasr Hospital	141	28
El-Zohor Hospital	118	24
El-Mesah El-Bahary Hospital	42	8
Tropical (Fevers) & Liver Diseases Hospital	62	12
El-Ramad Hospital	48	10
Port Said Psychiatric Health and Addiction Treatment Hospital	125	25
Total	914 nurses	183 nurses
N.B: Data about total number of nurses obtained from Directorate of Health Affairs in Port Said Governorate, 2019.		

The calculated sample size was 183 nurses, because of the anticipated drop out proportion (10%); the concluding sample size encompassed **201** nurses. They were recruited from any department of the above mentioned hospitals.

Instruments of data collection:

Instrument I: Psychological Capital Questionnaire:

The Psychological Capital Questionnaire was developed by Luthans, Youssef, & Avolio (2007) in the English language and was translated by the researcher into the Arabic language. It is a self-reported Questionnaire consisted of 24 questions to assess different domains of psychological capital encompassing, self-efficacy, hope, resiliency, besides optimism. Every domain was considered by six questions.

Scoring system:

Every item of the questionnaire was rated by means of a six-point Likert scale extending from (1) "strongly disagree" to (6) "strongly agree." The scoring was reversed for items 13, 20, and 23. The score of the whole questions were summed; the highest score points toward a high level of psychological capital. For each domain, the scores of the questions were summed-up and the entire was distributed by the number of the questions, getting a mean score for each domain. Psychological capital levels was high if the percent score was higher than 90%, moderate if the percent score was between 60 to 90%, and low if the percent score was fewer than 60%.

Instrument II: Secondary Traumatic Stress Scale (STSS):

Secondary Traumatic Stress Scale was developed by Bride, Robinson, Yegidis, and Figley (2004) in the English language and was translated by the researcher into the Arabic language. It determined the frequency of compassion fatigue symptoms associated with indirect exposure to traumatic events through clinical work with traumatic populations within the last 7 days. The STSS is a 17-items self-report instrument consisted of three domains comprising intrusion (5 items), avoidance (7 items), and arousal (5 items).

Scoring system:

Each item in the STSS was ranked on a Likert scale extending from (1) "never" to (5) "very often." No reverse-scored items were found. The contributors' responses were summed up, and the total was scattered by the items' number giving a mean score of each respective domain. Compassion fatigue levels was suggested to be high if the percentage score was excess than 90%, moderate when the percent score was amongst 76 to 90%, mild if the percent score was between 50 to 75%, and little or no compassion fatigue if the percent score was fewer than 50%.

In addition to, **A Personal and Job Data Sheet:** This structured sheet was developed by the researcher in the Arabic language. It comprised personal data such as nurses' age, sex, marital status, income, and educational qualification. As well, it involved questions covering data interrelated to job characteristics as years of experience, and department.

Validity of the study instruments:

Data collection instruments were translated into Arabic language to realize the objectives of the existing study. The translation was completed in its two chief phases, forward and backward. The instruments' Arabic versions were translated back into English by two supplementary linguistic experts who were not familiar with the original versions after the forward translation was accomplished by two multilingual experts. The researchers then checked their translations for accurateness and eradicated any differences by comparing them to the original versions.

The construction, clarity, relevance, and extensiveness of the translated instruments were appraised by five judges in the psychiatric nursing field, four professors from Nursing Faculty, Port Said University, and one from Nursing Faculty, Mansoura University who were also invited to provide feedback on the final Arabic versions. Hence, the necessary amendments were taken into account. Verifying the validity of the translated instruments extends for 6 weeks.

Reliability of the study instruments:

The translated instruments were verified to be reliable as Cronbach's alpha coefficient was judicious by means of $\alpha = 0.84$ and 0.89 for Psychological Capital Questionnaire and Secondary Traumatic Stress Scale respectively. Ascertaining reliability continued for three weeks.

Pilot study:

Before incoming the actual study, a pilot study was carried out on 21 randomly selected nurses, who denote 10% of all the nurses being studied. The intention of the pilot study was to ascertain clarity, feasibility, and applicability of the study tools, evaluate the time required for filling in the study instruments, and to recognize obstacles that may be faced during data collection. Grounded on the outcomes of the pilot study, no modifications were done. The study tools were clear and vibrant. Nurses who shared in pilot study were excluded from the entire sample of the research work to reassure the constancy of the results. Pilot study was conducted on June 2020 for one month.

Field work:

Initially, an official letter was issued from the Dean of the Faculty of Nursing; Port Said University to the Directorate of Health Affairs in Port Said Governorate to obtain the entire number of nurses employed in Port Said Hospitals in order to estimate the

sample size. Likewise, Official letters were delivered from the Dean of the Nursing Faculty; at Port Said University to the aforementioned settings' Directors wishing their cooperation and promise to carry out the study after appropriately description the inducement of the study. Accordingly, the directors referred the researcher to the nursing director of every hospital, the researcher attended every nursing director's office to illuminate the intention of the study and track an agreement. Successively, staff nurses who encountered the eligibility criteria as well as delivered their informed agreement were interviewed by the researcher afterward elucidating the intention and nature of the study to advance their collaboration.

The data collection instruments were filled by the studied nurses using a self-report technique that was done either individually or in small group in the attendance of the researcher to simplify any inquest to the studied nurses. Each participant needs approximately 20 to 30 minutes to complete the instruments. In order to evade patient care interference, the data collection process was done afterward around two hours of commencement of morning and afternoon shifts. After accomplishment, the researcher confirmed that wholly items incorporated in the instruments accomplished. Subsequently, the researcher showed gratefulness for the studied nurses for the effort and time they generously presented. The data were collected over three days weekly (Saturday, Monday, and Wednesday); covering three months from the first of July to the termination of September 2020.

Ethical considerations:

Firstly, an ethical permission was granted by the Scientific Research Ethics Committee of the Faculty of Nursing; Port Said University (NUR 2019071609), and the study protocol was approved by the General Authority for Universal Health Insurance and Ethical Committee of the General Secretariat of Mental Health and Addiction Treatment (GSMHAT), Ministry of Health, Egypt. Second, written consent was attained from the significant authorities of the above-mentioned settings. Thirdly, subsequent a vibrant elucidation of the study's intention, the nurses who were being studied provided their informed consent. Fourthly, the researched nurses' willing participation was guaranteed since they were allowed to end involvement in the study at any time without any repercussions. Fifthly, a complete discretion was sustained, and the researcher confirmed that the collected data will only be utilized for the study objectives. Lastly, the

equivalence of the work of the aforementioned settings didn't disturb due to the data collection process.

Statistical analysis:

SPSS software, version 20.0 was utilized for data analysis. For qualitative data presentation, numbers and percentages were used, after performing the Kolmogorov-Smirnov test to confirm that the data were normally distributed, quantitative variables were described utilizing means besides standard deviations. To conclude the correlation between various study variables Spearman's rank correlation coefficient was calculated. The acquired results were reflected significant if the P-value was equal or lower than 0.05.

RESULTS

Table (1): illustrates that nurses' age ranged between 20-51 years with a mean age \pm SD of 29.1 ± 6.9 years, the age of almost two thirds of them (65.7%) ranged between 20 to less than 30 years, 58.7% were females, and 46.2% of them were single. Regarding the educational qualification, it was found that, 44.8% of them graduated from the Technical Institute of Nursing, while only 1.0% of them had a master degree. In relation to income, above two thirds (69.1%) of the considered nurses had not enough monthly income.

Table (2): reveals job characteristics of the studied nurses, as elicited, more than half of the studied nurses had less than 5 years of experience and worked in inpatient departments (55.7% and 54.7% respectively), 64.2% of them were working from 30 to less than 50 hours weekly. The table also showed that almost two thirds of the studied nurses (67.2%) were proud of nursing.

Figure (1): apparently, the figure describes that, more than three quarters of the studied nurses (80.1%) had a moderate level of psychological capital, while only 6.5% of them had a high level.

Figure (2): it was vibrant from the figure that, a mild level of compassion fatigue was exhibited by less than two thirds of the studied nurses (63.7%), whereas 27.4% of them had little or no compassion fatigue.

Table (3): puzzles out the relation between personal, job characteristics, and psychological capital levels among the studied nurses. The results illustrated that, there were statistically significant relations between personal, job characteristics, and

psychological capital levels among the studied nurses in relation to age, marital status, and nurses' being proud of nursing where $P \leq 0.01$.

Table (4): shows the relation between personal, job characteristics and compassion fatigue levels among the studied nurses. The result revealed that, there were statistically significant relations between personal, job characteristics, and compassion fatigue levels among the studied nurses in relation to monthly income and working hours where $P \leq 0.05$. The results also indicated that, there were statistically significant relations between gender, age, marital status, department, and nurses' being proud of nursing and their levels of compassion fatigue at $P \leq 0.01$.

Table (5): it was evidenced that there was a statistically significant negative correlation between total scores of hope and intrusion ($r = -0.199$). In addition, there were statistically significant negative correlations between total scores of avoidance, self-efficacy, hope, and optimism ($r = -0.291, -0.246, \text{ and } -0.153$ respectively).

Table (6): submits the correlation between total scores of psychological capital and compassion fatigue among the studied nurses. The table clarified that, the total score of psychological capital was significantly negatively correlated with the total score of compassion fatigue ($r = -0.18$). By means of as psychological capital total score increased, the total score of a compassion fatigue decreased significantly.

Table (1): Frequency and percent distribution of the studied nurses according to their personal characteristics (n=201)

Personal Characteristics	No.	%
<u>Gender</u>		
Male	83	41.3
Female	118	58.7
<u>Age (years)</u>		
20-<30	132	65.7
30-<40	47	23.3
40-<50	18	9.0
≥ 50	4	2.0
Min-Max,	20-51	
Mean ±SD	29.1±6.9	
<u>Marital Status</u>		
Single	93	46.2
Married	92	45.8
Divorced	13	6.5
Widow	3	1.5
<u>Educational Qualifications</u>		
School of Nursing	47	23.4
Technical Institute of Nursing	90	44.8
Bachelor's degree	55	27.4
Diploma degree	7	3.4
Master's degree	2	1.0
<u>Income (month)</u>		
Enough	56	27.9
Not enough	139	69.1
Enough and overflowing	6	3.0

Table (2): Frequency and percent distribution of the studied nurses according their job characteristics (n=201)

Job Characteristics	No.	%
<u>Years of Experience</u>		
less than 5	112	55.7
5-<10	53	26.4
≥ 10	36	17.9
<u>Department</u>		
Emergency	32	15.9
Inpatient	110	54.7
Operating theater	30	14.9
I.C.U and C.C.U	18	9.0
Quality accreditation and infection control	3	1.5
Administration	8	4.0
<u>Working Hours (week)</u>		
less than 30	9	4.5
30-<50	129	64.2
≥ 50	63	31.3
<u>Being Proud of Nursing</u>		
Yes	135	67.2
To some extent	57	28.3
No	9	4.5

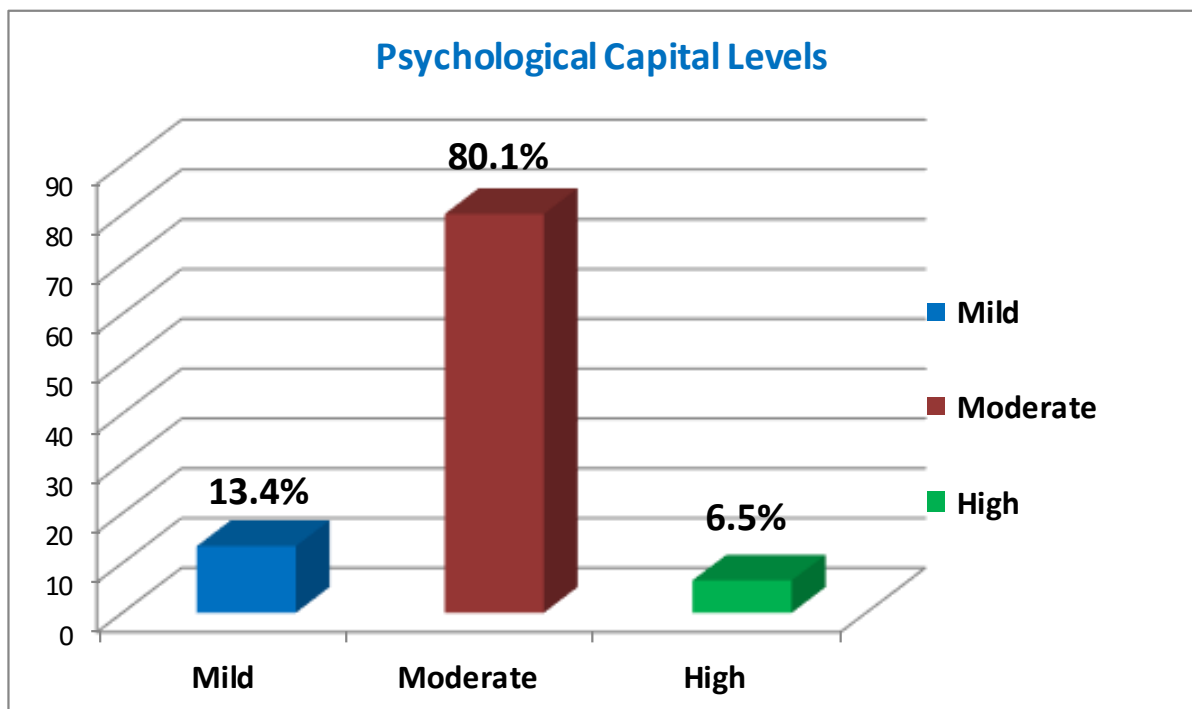


Figure (1): Distribution of the studied nurses according to their levels of psychological capital

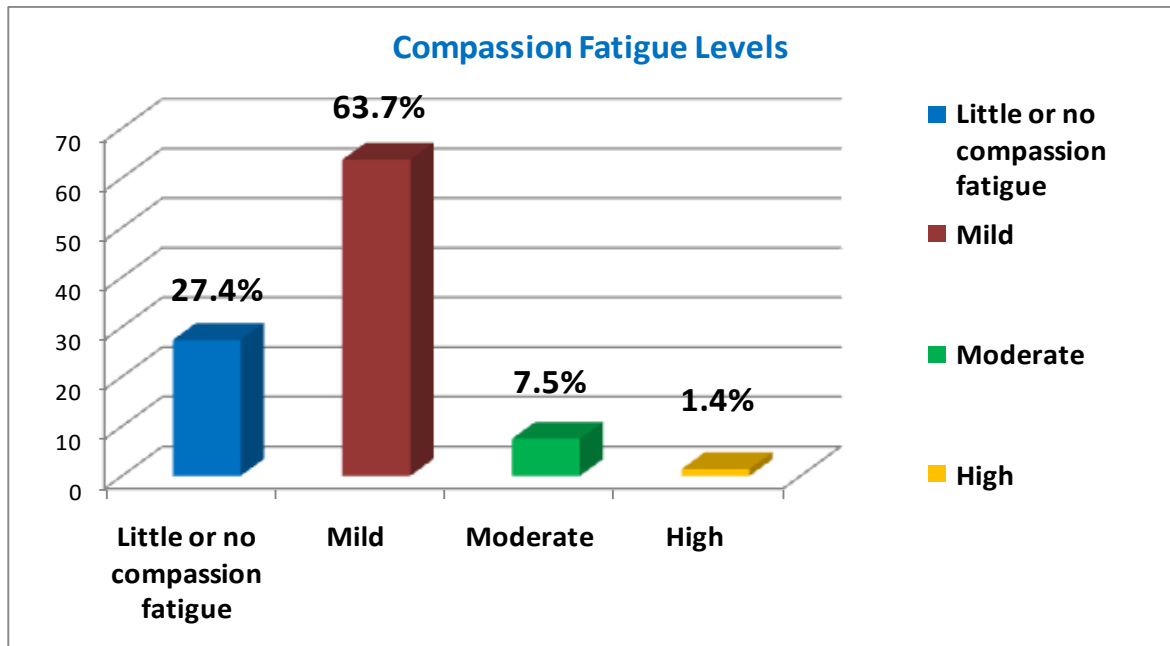


Figure (2): Distribution of the studied nurses according to their compassion fatigue levels

Table (3): Relation between personal, job characteristics, and psychological capital levels among the studied nurses (n =201)

Personal and Job Characteristics	Psychological Capital Levels						Significance
	Mild [n=27]		Moderate [n=161]		High [n=13]		
	No.	%	No.	%	No.	%	
Gender							
Male	14	51.9	65	40.4	4	30.8	X ² =1.89 P=0.38
Female	13	48.1	96	59.6	9	69.2	
Age (years)							
20-<30	12	44.5	114	70.8	6	46.1	X ² =16.82 P=0.01**
30-<40	10	37.0	34	21.1	3	23.1	
40-<50	3	11.1	12	7.5	3	23.17	
≥ 50	2	7.4	1	0.6	1	.7	
Marital Status							
Single	11	40.7	77	47.8	5	38.5	X ² =18.92 P=0.004**
Married	14	51.9	73	45.4	5	38.5	
Divorced	2	7.4	10	6.2	1	7.6	
Widow	0	0.0	1	0.6	2	15.4	
Educational Qualifications							
School of Nursing	8	29.6	34	21.1	5	38.4	X ² =11.53 P=0.173
Technical Institute of Nursing	14	51.9	72	44.7	4	30.8	
Bachelor's degree	2	7.4	49	30.5	4	30.8	
Diploma degree	2	7.4	5	3.1	0	0.0	
Master's degree	1	3.7	1	0.6	0	0.0	
Years of Experience							
less than 5	13	48.2	93	57.8	6	46.2	X ² =5.749 P=0.219
5-<10	10	37.0	41	25.5	2	15.3	
≥ 10	4	14.8	27	16.7	5	38.5	
Income (month)							
Enough	9	33.3	40	24.8	7	53.8	X ² =7.322 P=0.120
Not enough	17	63.0	117	72.7	5	38.5	
Enough and overflowing	1	3.7	4	2.5	1	7.7	
Department							
Emergency	8	29.6	21	13.0	3	23.1	X ² =12.69 P=0.241
Inpatient	13	48.1	90	55.9	7	53.8	
Operating theater	3	11.2	27	16.9	0	0.0	
I.C.U and C.C.U	2	7.4	15	9.4	1	7.7	
Quality accreditation and infection control	0	0.0	3	1.7	0	0.0	
Administration	1	3.7	5	3.1	2	15.4	
Working Hours (week)							
less than 30	3	11.1	4	2.5	2	15.4	X ² =8.034 P=0.090
30-<50	16	59.3	105	65.2	8	61.5	
≥ 50	8	29.6	52	32.3	3	23.1	
Being Proud of Nursing							
Yes	12	44.5	110	68.3	13	100.0	X ² =17.04 P=0.002**
To some extent	11	40.7	46	28.6	0	0.0	
No	4	14.8	5	3.1	0	0.0	

X²: Chi-Square test

**Significant at P ≤0.01

Table (4): Relation between personal, job characteristics, and compassion fatigue levels among the studied nurses (n =201)

Personal and Job Characteristics	Compassion Fatigue Levels								Significance
	Little or no Compassion Fatigue[n=55]		Mild [n=27]		Moderate [n=15]		High [n=3]		
	No.	%	No.	%	No.	%	No.	%	
Gender									
Male	13	23.6	63	49.2	5	33.3	2	66.7	X ² =11.57 P=0.00**
Female	42	76.4	65	50.8	10	66.7	1	33.3	
Age (years)									
20-<30	36	65.5	81	63.3	13	86.7	2	66.7	X ² =26.42 P=0.00**
30-<40	10	18.2	37	28.9	0	0.0	0	0.0	
40-<50	7	12.7	9	7.0	2	13.3	0	0.0	
≥ 50	2	3.6	1	0.8	0	0.0	1	33.3	
Marital Status									
Single	30	54.5	55	43.0	7	46.7	1	33.3	X ² =30.03 P=0.00**
Married	20	36.4	66	51.5	5	33.3	1	33.4	
Divorced	4	7.3	6	4.7	3	20.0	0	0.0	
Widow	1	1.8	1	0.8	0	0.0	1	33.3	
Educational Qualifications									
School of Nursing	11	20.0	33	25.8	3	20.0	0	0.0	X ² =8.09 P=0.77
Technical Institute of Nursing	22	40.0	59	46.1	8	53.3	1	33.3	
Bachelor's degree	20	36.4	30	23.4	3	20.0	2	66.7	
Diploma degree	2	3.6	4	3.1	1	6.7	0	0.0	
Master's degree	0	0.0	2	1.6	0	0.0	0	0.0	
Years of Experience									
less than 5	32	58.2	69	53.9	9	60.0	2	66.7	X ² =8.15 P=0.22
5-<10	9	16.4	41	32.0	3	20.0	0	0.0	
≥ 10	14	25.4	18	14.1	3	20.0	1	33.3	
Income (month)									
Enough	21	38.2	32	25.0	3	20.0	0	0.0	X ² =15.84 P=0.01*
Not enough	34	61.8	92	71.9	11	73.3	2	66.7	
Enough and overflowing	0	0.0	4	3.1	1	6.7	1	33.3	
Department									
Emergency	6	10.9	24	18.8	2	13.3	0	0.0	X ² =35.32 P=0.00**
Inpatient	34	61.8	67	52.3	9	60.0	0	0.0	
Operating theater	9	16.4	21	16.4	0	0.0	0	0.0	
I.C.U and C.C.U	2	3.6	11	8.6	3	20.0	2	66.7	
Quality accreditation and infection control	0	0.0	2	1.6	1	6.7	0	0.0	
Administration	4	7.3	3	2.3	0	0.0	1	33.3	
Working Hours (week)									
less than 30	4	7.3	3	2.3	1	6.7	1	33.3	X ² =13.87 P=0.03*
30-<50	39	70.9	80	62.5	10	66.6	0	0.0	
≥ 50	12	21.8	45	35.2	4	26.7	2	66.7	
Being Proud of Nursing									
Yes	49	89.1	80	62.5	5	33.3	1	33.4	X ² =28.35 P=0.00**
To some extent	5	9.1	43	33.6	8	53.3	1	33.3	
No	1	1.8	5	3.9	2	13.3	1	33.3	

X²: Chi-Square test
P≤0.01

*Significant at P≤0.05

**Significant at

Table(5): Correlation between total scores of domains of psychological capital and compassion fatigue among the studied nurses (n=201)

Psychological Capital Domains	Compassion Fatigue Domains					
	Intrusion		Arousal		Avoidance	
	r	P	r	P	r	P
Self-efficacy	-0.096	0.174	-0.089	0.209	-0.291	0.000**
Hope	-0.199	0.005**	-0.100	0.159	-0.246	0.000**
Resiliency	0.041	0.567	0.073	0.301	-0.072	0.307
Optimism	-0.078	0.269	-0.011	0.875	-0.153	0.030*

r= Spearman correlation
P≤0.01

*Significant at P≤0.05

**Significant at

Table (6): Correlation between total scores of psychological capital and compassion fatigue among the studied nurses (n=201)

Total scores of	Compassion Fatigue	
	r	p- value
Psychological Capital	-0.18	0.007**

r= Spearman correlation
P≤0.01

**Significant at

DISCUSSION

Nurses perform in extremely stressful environments characterized by plain workloads leading to the development of concurrent psychological hazards as compassion fatigue which in turn affects not only the nurse in a negative manner, but also the patient, the organization, and society at large. Compassion fatigue is the absolute consequence of sustained, continuous, and extreme interaction with patients, perceiving distress, besides feeling impotent to do extra help (Kumar& Madhu, 2017; Pehlivan & Güner, 2018).

Worldwide, nursing is considered as the furthestmost demanding occupation. It is regarded as a stimulating profession for nurses psychologically besides physically. Hence, paying attention of nurses' well-being must be a top concern. Compassion fatigue is a phenomenon requiring further investigation in the nursing profession to increase the

understanding of its effect on nurses and the quality of care they deliver. Psychological capital has the capacity to empower nurses to be flexible and prosperous in stressful conditions. It had noteworthy effect on well-being, cognition, and behavior (Nolzen, 2018; Novitasari et al., 2022).

Psychological capital urges one to participate and perform in productive behaviors. The four fundamental constructs of psychological capital including hope, optimism, resilience, plus efficacy are openly interrelated to workers' emotions and attitudes which in turn might influence their behavioral intentions (Pierdziwol, 2022). Thereupon, it was indispensable to assess psychological capital and compassion fatigue among nurses for sustaining their psychological health, and supporting them to cope assertively with their stresses, and accomplishing their valued role.

One of the existing work imperative outcomes was that, most of the study subjects had a moderate psychological capital level. The explanation of this result may be by reason of that psychological capital grows with the person from young age as a result of numerous factors such as love and support of the parents, and the person's past experience. Also, it may be enhanced by effective communication between nurses and their supervisors, an effective organizational environment, or nurses may perceive a low level of occupational stress. This result was supported by Zhou et al. (2017) who studied "Mediating effect of coping styles on the association between psychological capital and psychological distress among Chinese nurses" and argued that the majority of the nurses exhibited moderate level of psychological capital. However, an Egyptian study conducted by Metwaly and Ahmed (2018) to examine the impact of psychiatric nurses' psychological capital on their burnout and coping style, publicized that the studied nurses had a low level of psychological capital.

The contemporary findings broadcasted that mild level of compassion fatigue was exhibited by less than two thirds of the considered nurses. This might be interpreted by that, nurses may be afraid of telling that they were suffering from compassion fatigue because if they are expressing that, this may be an indication of seeking help, which may be discouraged or not considered because of the stigma attached to counseling, or expressing that they had compassion fatigue inferences reduced competency. Alternatively, this may be due to the positive aspects of conveying support and caring for others may overshadow the distresses of the profession.

Similar findings were verified from United States, as Hunsaker, Chen, Maughan, and Heaston (2015) studied "Factors that influence the development of compassion fatigue in emergency department nurses" and revealed that nurses had low level of compassion fatigue. Conversely, Zhang et al. (2018) elaborated that, the prevalence rates of compassion fatigue and burnout are high in nursing. Additionally, Xie et al. (2020) who studied "Prevalence and factors of compassion fatigue among Chinese nurses" conveyed that nurses had high level of compassion fatigue.

Considering the relation between personal and job characteristics, and psychological capital among the studied nurses. The findings revealed that, married nurses had mild psychological capital level, this might be explained by that married people may have more responsibilities and concerns like home and children which can reduce their psychological capital. This explanation is supported by, Yim et al. (2017) who studied "Mediating role of psychological capital in relationship between occupational stress and turnover intention among nurses" in Korea, and conveyed that married nurses have mild level of psychological capital.

The contemporary study indicated that, young nurses had moderate psychological capital level. This could be due to that young nurses usually have physical and mental power to work hard to reach their goals and adapt to challenges and change. When facing failure, they bounce back quickly and change their approach to make sure they don't fail again. They have more aspiration, hope, and optimistic view for the future than older. In the same scene, Avey, Nimnicht and Pigeon (2010) in their study entitled "Two field studies examining the association between positive psychological capital and employee performance" confirmed that, psychological capital and age were negatively correlated significantly. Whereas, Sweet and Swayze (2017) in United States disclosed that, older nurses had high psychological capital level.

The contemporary work verified that, nurses who were proud of nursing, had high psychological capital level. This may be owing to that, people who take pride in their work may be more confident in themselves, having more hope for the future, and being more optimistic. Positive feelings towards job can help individual overcome difficulties, obstacles, and acquire accomplishments in the end. Accordingly, Badran and Youssef-Morgan (2015) who studied psychological capital and job satisfaction in Egypt stated that, there was a positive relation between job satisfaction and psychological capital.

Additionally, Tang (2020) clarified that, employees' job satisfaction and sustainable entrepreneurship have positive relationships with the resilience, hope, and optimism dimensions of the psychological capital.

Speaking about the relation between personal and job characteristics, and compassion fatigue levels, the results of the existing study illustrated that, moderate compassion fatigue level was statistically significant among nurses aged from 20 to less than 30 years. This might be attributed to that; younger nurses may be more susceptible to compassion fatigue as they bring great anticipations to a job. Also, they have not yet developed a peer support group or because they may fail to incorporate activities that renew or re-energize them to help better respond to the needs of others. These nurses may also be more prone to work extra shifts and fail to set realistic boundaries and timelines to complete necessary tasks, and this increasing their risk of compassion fatigue. While older nurses may have a higher amount of maturation, possess social and emotional competencies, and had time to develop professional resiliency skills to be maximally functional under the emotional demands of their work environment, thus improving their sense of self efficacy.

In line with the abovementioned, Sacco, Ciurzynski, Harvey, and Ingersoll (2015) in United States studied compassion satisfaction and compassion fatigue among critical care nurses and explored that, younger nurses generally experience high compassion fatigue than older nurses. In a discrepancy, Young, Derr, Cicchillo, and Bressler (2011) who studied compassion satisfaction, burnout, and secondary traumatic stress in heart and vascular nurses in Sweden verified that, younger nurses might not have been in the profession long enough for signs of compassion fatigue to develop. In such vein, Zhang et al. (2018) mentioned that the prevalence rate of compassion fatigue among nurses was not significantly correlated with age.

The contemporary study results publicized that, nurses with not enough income, had moderate compassion fatigue level. This may be probably due to the fact that, insufficient income would increase nurses' sense of emotional tension leading to compassion fatigue. This result was on the same track with Circenis and Millere (2011) who reported that, inadequate salary was one of the contributing factors of compassion fatigue. Nonetheless, a study by Balinbin et al. (2020) who studied "Occupational determinants of compassion satisfaction and compassion fatigue among Filipino registered nurses" conveyed that,

high monthly income was weighty a work-related factor of compassion fatigue. Nevertheless, Jarrad, Hammad, Shawashi, and Mahmoud (2018) in Jordon, revealed that nurses' income did not bring dissimilarities to compassion fatigue rates.

The current study illustrated that, I.C.U and C.C.U nurses had higher level of compassion fatigue than nurses in other units. Possible explanation for this finding was that, I.C.U and C.C.U nurses was related to higher exposure to patients' deaths because of higher acuity, more severe symptoms, likelihood for complications, grieving families, repeatedly seeing pain and suffering, ongoing states of exhaustion, risk of exposure to danger, and more aggressive treatment regimes. In the same scene, Hinderer et al. (2014) in United States pointed out that, nurses worked in intensive care units had high compassion fatigue level. Besides, Elkonin and Van der Vyver (2011) in a study entitled "Positive and negative emotional responses to work-related trauma of intensive care nurses in private health care facilities" clarified that I.C.U nurses are at a great threat for compassion fatigue.

Results indicated that, female nurses had little compassion fatigue level than male nurses. This result was inconsistent with, Mooney et al. (2017) who studied "A preliminary analysis of compassion satisfaction and compassion fatigue with considerations for nursing unit specialization and demographic factors" and found that, compassion fatigue score was significantly lower in males than females. While, Hunsaker et al. (2015) revealed that there were no statistical significance relation was found between gender and compassion fatigue. Furthermore, Zhang et al. (2018) found that compassion fatigue among nurses was not significantly associated with gender and work duration.

The study findings explored that, nurses who were proud of nursing had little compassion fatigue level. This may be due to that, the more the person is proud of his profession, the more he can bear the troubles of this profession. In this concern, Chegini, Asghari Jafarabadi, and Kakemam (2019) studied "Occupational stress, quality of working life and turnover intention amongst nurses in Iran" and conveyed that, perceived job pride was associated with lower occupational stress, which may alleviate compassion fatigue. Also, Garg, Yadav, Chauhan, Verma, and Bansal (2020) who studied "Prevalence of psychological morbidities and their influential variables among nurses in a designated COVID-19 tertiary care hospital in India," mentioned that, the only protective

factor from psychological stress that may diminish compassion fatigue was being proud of working in nursing profession.

As derived from the contemporary study, little compassion fatigue was statistically significant among single nurses. This may be elucidated by that, single nurses did not have the escalating burden of married life like increased life demands, difficulties, and worries of married people that add second pressure on married nurses that escalate their compassion fatigue level. This is analogous with, Ruiz-Fernández et al. (2020) who publicized that, married nurses were more prone to compassion fatigue than single nurses. Dissimilar outcomes are reported in a different study, Yang and Kim (2012) found that, single nurses had higher compassion fatigue level.

Regarding the correlation between domains of psychological capital and compassion fatigue, findings disclosed that, statistically significant negative correlations were found between total scores of hope, intrusion, and avoidance. This could be attributed to that, hope may combat the consequences of compassion fatigue, and individuals with high hope function at a more optimal level than do their low-hope counterparts. Hope has a positive influence on health and well-being, and hopeful individuals are less reactive to stressful situations. Hopeful individuals are also able to identify productive paths toward reaching their identified goals and to manage and overcome stress easier, and they report overall low levels of daily stress.

Accordingly, Rustøen, Cooper, and Miaskowski (2011) conveyed that level of hope was negatively correlated with intrusion and avoidance. Correspondingly, Hart et al. (2014) mentioned that, hope and adaptableness provide the possibility for incapacitating compassion fatigue; moreover, from a real-world view, hope among nurses is linked to better quality of life. Besides, Passmore, Hemming, McIntosh, and Hellman (2020) who studied "The relationship between hope, meaning in work, secondary traumatic stress, and burnout" described that, hope was negatively correlated with burnout and secondary traumatic stress.

Psychological capital has a vast contribution toward refining individuals along with organizational performance. It is a vibrant motivational issue that supplies nurses with compassion, passion, energies, and optimism in the face of complaints and despair. Mostly, nurses work in an atmosphere characterized by a sustained series of stressful

occasions; they pay no concern to the signs of distress and do not pay attention to their own requirements, leading to compassion fatigue. The current study eventual aim was to explore the correlation between psychological capital and compassion fatigue among nurses. The results publicized that, the total score of psychological capital was significantly negatively correlated with the total score of compassion fatigue, this may be illuminated by that, psychological capital could be invested through interventions to booster self-efficacy, optimism, resilience, and hope which are proposed as significant weapons against compassion fatigue.

Corresponding to the abovementioned, the conclusion of a study directed by Bao and Taliaferro (2015) conveyed that, a negative correlation was established between psychological capital and compassion fatigue. Zhao and Zhang (2010) also argued that there was a negative correlation between psychological capital and burnout which leading to compassion fatigue. In the same scene, Tang (2020) clearly stated that, psychological capital denotes typically the optimistic feature of an individual behavior. Therefore, it signifies hope, creativity, insight, accountability and other aspects of human nature which are necessary for becoming an entrepreneur and compassionate. These positive attributes of a human nature are mostly suggested to overshadow the negative sides such as stress, burnout, and compassion fatigue. It hence, focuses on getting a positive change within an individual by realizing future condition from its present situation.

The aforementioned discussion is directed to illuminate the influence of psychological capital in eliminating compassion fatigue. It can be undoubtedly inferred from the discussion that psychological capital promotes psychological wellbeing of individuals. The positive psychological construct of an individual empowers to take risks and bear challenging stressful situations through emotional stability.

Without the least hesitation, this existing study is remarkable for equally theoretical and clinical implications, as it shed light on the significance and inevitability of bearing in mind psychological capital as a track leading to a scarcity of nurses' predisposition towards compassion fatigue. Therefore, it is hoped and predicted that this contemporary study results may guide and inspire health care organizations and managers in establishing interventions for nursing staff that may probably invest the four fundamental psychological capital constructs comprising optimism, hope, efficacy, and resilience.

This, in turn, may diminish stress and compassion fatigue among nurses, and expand psychological safety in health care organizations.

CONCLUSION

The present study results inferred that, a statistically significant negative correlation was established between total scores of hope and intrusion. In addition, there were statistically remarkable negative correlations between total scores of avoidance, self-efficacy, hope, and optimism. As well, a statistically significant negative correlation was established between total scores of psychological capital and compassion fatigue among nurses.

RECOMMENDATION

The subsequent recommendations were proposed from the attainable study results:

- Designing and applying periodically training programs to advance nurses' perception and skills regarding psychological capital, resilience, effective coping strategies, and stress-control approaches which may decline the prevalence of compassion fatigue.
- Compassion fatigue screening programs should perfectly be developed for early effective detection and management.
- Organizations should provide preventative and proactive support services that prevent compassion fatigue and enhance psychological capital. Organizational policies and procedures should support staff in balancing work and personal needs, as well as provide for adequate time off, assignment rotations, flexible scheduling, education benefits, healthy lifestyle that supports their own well-being, and other self-care and development activities. Many compassion fatigue interventions are free, such as managers actively listening to their staff.
- Additional studies should be conducted to disclose obviously the factors contributing to compassion fatigue.
- It may be crucial for upcoming research to continue the scientific study on psychological capital to allow specialists to maximize the benefit that this concept can bring to the field of human resources.

REFERENCES

Asbari, M., Prasetya, A., Santoso, P., & Purwanto, A. (2021). From creativity to innovation: The role of female employees' psychological capital. *International Journal of Social and Management Studies (IJOSMAS)*, 2 (2), 66-77.

Avey, J., Nimnicht, J., & Pigeon, N. (2010). Two field studies examining the association between positive psychological capital and employee performance. *Leadership & Organization Development Journal*, 31 (5), 384-401.

Badran, M., & Youssef-Morgan, C. (2015). Psychological capital and job satisfaction in Egypt. *Journal of Managerial Psychology*, 30 (3), 19-28.

Balinbin, C., Balatbat, K., Balayan, A., Balcueva, M., Balicat, M., Balidoy, T., & ...Torres, G. (2020). Occupational determinants of compassion satisfaction and compassion fatigue among Filipino registered nurses. *Journal of Clinical Nursing*, 29 (5-6), 955-963.

Bao, S., & Taliaferro, D. (2015). Compassion fatigue and psychological capital in nurses working in acute settings. *International Journal for Human Caring*, 19 (2), 35-40.

Bride, B., Robinson, M., Yegidis, B., & Figley, C. (2004). Development and validation of the secondary traumatic stress scale. *Research on Social Work Practice*, 14 (1), 27-35.

Chegini, Z., Asghari Jafarabadi, M., & Kakemam, E. (2019). Occupational stress, quality of working life, and turnover intention amongst nurses. *Nursing in Critical Care*, 24 (5), 283-289.

Circenis, K., & Millere, I. (2011). Compassion fatigue, burnout, and contributory factors among nurses in Latvia. *Procedia-Social and Behavioral Sciences*, 30, 2042-2046.

Cocker, F., & Joss, N. (2016). Compassion fatigue among healthcare emergency and community service workers: A systematic review. *International Journal of Environmental Research and Public Health*, 13 (6), 618.

Duarte, J., & Pinto-Gouveia, J. (2017). The role of psychological factors in oncology nurses' burnout and compassion fatigue symptoms. *European Journal of Oncology Nursing*, 28, 114-121.

Elkonin, D., & Van der Vyver, L. (2011). Positive and negative emotional responses to work-related trauma of intensive care nurses in private health care facilities. *Health SA Gesondheid*, 16 (1), 8- 20.

Elsherif, Z., & Sabra, A. (2022). Compassion, self-efficacy, and perceived stress among nurses working at Tanta mental health hospital. *Tanta Scientific Nursing Journal*, 25 (2), 48-71.

Garg, S., Yadav, M., Chauhan, A., Verma, D., & Bansal, K. (2020). Prevalence of psychological morbidities and their influential variables among nurses in a designated COVID-19 tertiary care hospital in India: A cross-sectional study. *Industrial Psychiatry Journal*, 29 (2), 237- 245.

Grover, S., Teo, S., Pick, D., Roche, M., & Newton, C. (2018). Psychological capital as a personal resource in the JD-R model. *Personnel Review*, 47 (4), 968-984.

Hart, L., Brannan, D., & De, M. (2014). Resilience in nurses: An integrative review. *Journal of Nursing Management*, 22 (6), 720–734.

Hinderer, K., VonReuden, K., Friedmann, E., McQuillan, K., Gilmore, R., Kramer, B., & Murray, M. (2014). Burnout, compassion fatigue, compassion satisfaction, and secondary traumatic stress in trauma nurses. *Journal of Trauma Nursing*, 21 (4), 160-169.

Hunsaker, S., Chen, H., Maughan, D., & Heaston, S. (2015). Factors that influence the development of compassion fatigue, burnout, and compassion satisfaction in emergency department nurses. *Journal of Nursing Scholarship*, 47 (2), 186-194.

Itzhaki, M., Bluvstein, I., Broty, P & Kostistky, H. (2018). Mental health nurses' exposure to workplace violence, job stress, and professional quality of life. *Journal frontiers in psychiatry*, 9 (59), 331-336.

Jarrad, R., Hammad, S., Shawashi, T., & Mahmoud, N. (2018). Compassion fatigue and substance use among nurses. *Annals of General Psychiatry*, 17 (1), 1-8.

Kumar, R., & Madhu, J. (2017). Efficacy of self-management techniques in reducing perceived occupational stress among nursing staff. *Indian Journal of Positive Psychology*, 8 (3), 360-365.

Lamadah, S., & Sayed, H. (2014). Challenges facing nursing profession in Saudi Arabia. *Journal of Biology, Agriculture and Health care*, 4 (7), 20-25.

Luthans, F., & Youssef-Morgan, M. (2017). Psychological capital: An evidence-based positive approach. *Annual Review of Organizational Psychology and Organizational Behavior*, 4(1), 339–366.

Luthans, F., Youssef, C., & Avolio, B. (2007). *Psychological capital: Developing the human competitive edge*. New York: Oxford University Press.

Metwaly, S., & Ahmed, H. (2018). The impact of psychiatric nurses' psychological capital on their burnout and coping style. *Egyptian Nursing Journal*, 15 (3), 302.

Mooney, C., Fetter, K., Gross, B., Rinehart, C., Lynch, C., & Rogers, F. (2017). A preliminary analysis of compassion satisfaction and compassion fatigue with considerations for nursing unit specialization and demographic factors. *Journal of Trauma Nursing*, 24 (3), 158-163.

Mugenda, O., & Mugenda, A. (2003). *Research methods, quantitative and qualitative approaches* (Revised ed.). Nairobi: African Centre for Technology Studies.

Nolzen, N., (2018). The concept of psychological capital: A comprehensive review. *Management Review*, 68, 237–277.

Novitasari, D., Siswanto, E., Purwanto, A., & Fahmi, K. (2022). Authentic leadership and innovation: What is the role of psychological capital? *International Journal of Social and Management Studies (IJSMAS)*, 1 (1), 1-21.

Papadopoulos, I., & Ali, S. (2016). Measuring compassion in nurses and other healthcare professionals: An integrative review. *Nurse Education Practice*, 16 (1), 133-139.

Passmore, S., Hemming, E., McIntosh, H., & Hellman, C. (2020). The relationship between hope, meaning in work, secondary traumatic stress, and burnout among child abuse pediatric clinicians. *The Permanente Journal*, 24, 19-87.

Pehlivan, T., & Güner, P. (2018). Compassion fatigue: The known and unknown. *Journal of Psychiatric Nursing*, 9 (2), 129-134.

Peters, E. (2018). Compassion fatigue in nursing: A concept analysis. *Nursing Forum*, 53, 466-480.

Pierdziwol, A., (2022). Compassion fatigue: Motive-based approaches to sustaining compassion in palliative care. *Religions*, 14 (50), 2-16.

Ruiz-Fernández, M., Ramos-Pichardo, J., Ibáñez-Masero, O., Cabrera-Troya, J., Carmona-Rega, M., & Ortega-Galán, Á. (2020). Compassion fatigue, burnout, compassion satisfaction, and perceived stress in healthcare professionals during the COVID-19 health crisis in Spain. *Journal of Clinical Nursing*, 29 (21-22), 4321-4330.

Rustøen, T., Cooper, B., & Miaskowski, C. (2011). A longitudinal study of the effects of a hope intervention on levels of hope and psychological distress in a community-based sample of oncology patients. *European Journal of Oncology Nursing*, 15 (4), 351-357.

Sacco, T., Ciurzynski, S., Harvey, M., & Ingersoll, G. (2015). Compassion satisfaction and compassion fatigue among critical care nurses. *Critical Care Nurse*, 35 (4), 32-42.

Slåtten, T., Lien, G., Horn, F., & Pedersen, E. (2019). The links between psychological capital, social capital, and work-related performance: A study of service sales representatives. *Total Quality Management & Business Excellence*, 30(sup1), S195–S209.

Sweet, J., & Swayze, S. (2017). The multi-generational nursing workforce: Analysis of psychological capital by generation and shift. *Journal of Organizational Psychology*, 17 (4), 19-28.

Tang, J., (2020). Psychological capital and entrepreneurship sustainability. *Frontiers in Psychology*. 11 (866), 1-7.

Tehranneshat, B., Rakhshan, M., Torabizadeh, C., & Fararouei, M. (2019). Nurses, patients, and family caregivers' perceptions of compassionate nursing care. *Nursing Ethics*, 26 (6), 1707-1720.

Xie, W., Wang, J., Okoli, C., He, H., Feng, F., Zhuang, L., & Jin, M. (2020). Prevalence and factors of compassion fatigue among Chinese psychiatric nurses: A cross-sectional study. *Medicine*, 99 (29) 105-122.

Yang, Y., & Kim, J. (2012). A literature review of compassion fatigue in nursing. *Korean Journal of Adult Nursing*, 24 (1), 38-51.

Yim, H., Seo, H., Cho, Y., & Kim, J. (2017). Mediating role of psychological capital in relationship between occupational stress and turnover intention among nurses at Veterans administration hospitals in Korea. *Asian Nursing Research*, 11(1), 6-12.

Young, J., Derr, D., Cicchillo, V., & Bressler, S. (2011). Compassion satisfaction, burnout, and secondary traumatic stress in heart and vascular nurses. *Critical Care Nursing Quarterly*, 34 (3), 227-234.

Zhang, Y., Han, W., Qin W, Yin, H., Zhang, C., Kong, C., & Wang, Y. (2018). Extent of compassion satisfaction, compassion fatigue, and burnout in nursing: A meta-analysis. *Journal of Nursing Management*, 26, 810–819.

Zhao, J., & Zhang, X. (2010). Work stress and job burnout: The moderating effects of psychological capital. *Journal of Henan Normal University (Natural Science)*, 38 (3), 139-143.

Zhou, H., Peng, J., Wang, D., Kou, L., Chen, F., Ye, M., & Liao, S. (2017). Mediating effect of coping styles on the association between psychological capital and

psychological distress among Chinese nurses: A cross-sectional study. *Journal of Psychiatric and Mental Health Nursing*, 24 (2-3), 114-122.

المخزون النفسي والإجهاد العاطفي لدى الممرضين في مستشفيات بورسعيد

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الخلاصة

تُعتبر مهنة التمريض مهنة مرهقة للغاية، وقد يؤدي التعرض المستمر للألم المرضي ومعاناتهم إلى الإجهاد العاطفي. إن الممرضون ذو المستوى العالي من المخزون النفسي لديهم الخصائص التحفيزية والمعرفية الأساسية التي يمكن استخدامها من أجل التكيف الفعال مع مواقف العمل المُجهدة وبالتالي حمايتهم من الإجهاد العاطفي. **الهدف:** استكشاف العلاقة الارتباطية بين المخزون النفسي والإجهاد العاطفي لدى الممرضين في مستشفيات بورسعيد. **طرق وأدوات البحث؛ منهج البحث:** تم استخدام التصميم الوصفي الارتباطي. **مكان الدراسة:** أُجريت الدراسة الحالية في ثماني مستشفيات في محافظة بورسعيد وهي السلام، الحياة ببورفؤاد، الزهور، المصح البحري، النصر، الحميات وأمراض الكبد، الرمد، ومستشفى بورسعيد للصحة النفسية وعلاج الإدمان، مصر. **عينة الدراسة:** شملت 201 من الممرضين العاملين في المستشفيات سالفة الذكر. **الأدوات:** تم استخدام أداتين لتجميع البيانات هما استبيان المخزون النفسي، ومقياس إجهاد الصدمات الثانوي، بالإضافة إلى استمارة البيانات الشخصية والوظيفية. **النتائج:** أوضحت النتائج أن أكثر من ثلاثة أرباع (80.1%) الممرضين الخاضعين للدراسة لديهم مستوى متوسط من المخزون النفسي، وأن أقل من ثلثي (63.7%) أفراد العينة لديهم مستوى قليل من الإجهاد العاطفي. **الاستنتاج:** خلُصت الدراسة إلى وجود علاقة ارتباطية عكسية ذات دلالة إحصائية بين الدرجة الكلية للمخزون النفسي والإجهاد العاطفي لدى الممرضين الخاضعين للدراسة العاملين في مستشفيات بورسعيد. **التوصيات:** تصميم وتطبيق برامج تعليمية مستمرة للممرضين لتعزيز الوعي وتنمية المهارات فيما يتعلق بالمخزون النفسي، المرونة النفسية، استراتيجيات التكيف الفعالة، وتقنيات إدارة الضغوط النفسية والتي ستؤدي تبعاً إلى تقليل الإجهاد العاطفي.

الكلمات المرشدة: الإجهاد العاطفي، الممرضين، المخزون النفسي.