

Relationship Between Liking of Children and Burnout, Compassion Fatigue, Occupational Satisfaction in Pediatric Nurses

Pediatric Hemşirelerinde Çocuk Sevme ile Tükenmişlik, Eşduyum Yorgunluğu, Mesleki Tatmin Arasındaki İlişki

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ABSTRACT Objective: This study aimed to determine the relationship between the liking of children level of pediatric nurses and their compassion fatigue, burnout and occupational satisfaction levels. **Material and Methods:** This correlational study was conducted with 536 nurses who worked in the emergency, intensive care and pediatric units of six hospitals in four provinces in western Turkey between January and September 2017. Data were collected using a questionnaire form, the Barnett Liking of Children Scale, and the Professional Quality of Life Scale (burnout, compassion fatigue, and occupational satisfaction subscales). Data collection forms were filled out based on the nurses' self-reports. Data analyses were performed using the descriptive statistics and the Spearman correlation analysis. **Results:** The participants' mean age was 32±7.40 years, and their liking of children, burnout subscale, compassion fatigue subscale and occupational satisfaction subscale mean scores were 86.51 (min-max=74-94), 24 (min-max=21-29), 24 (min-max=21-28), and 39 (min-max=32-41), respectively. The analyses showed a very weak negative relationship ($r=-0.177$; $p<0.001$) between liking of children and compassion fatigue, a weak negative relationship ($r=-0.398$; $p<0.001$) between liking of children and burnout, and a positive moderate relationship ($r=0.516$; $p<0.001$) between liking of children and occupational satisfaction. **Conclusion:** The study found that as pediatric nurses' liking of children scores increased, their occupational satisfaction also increased, and their burnout and compassion fatigue decreased. Support programs may decrease pediatric nurses' burnout and compassion fatigue and increase their occupational satisfaction, thereby increasing their liking of children.

Keywords: Burnout; compassion fatigue; job satisfaction; liking of children; nurses; pediatric; professional

ÖZET Amaç: Bu çalışmada amaç, pediatri hemşirelerinin çocuk sevme düzeyi ile eşduyum yorgunluğu, tükenmişlik ve mesleki tatmin düzeyleri arasındaki ilişkiyi belirlemektir. **Gereç ve Yöntemler:** İlişki arayıcı olarak yapılan bu araştırma, Ocak ve Eylül 2017 tarihleri arasında Türkiye'nin batısındaki dört ilde bulunan altı hastanenin pediatri kliniklerinde çalışan 536 hemşire ile yapıldı. Veriler, anket formu, Barnett Çocuk Sevme Ölçeği ve Çalışanlar için Yaşam Kalitesi Ölçeği (tükenmişlik, eşduyum yorgunluğu ve mesleki tatmin alt ölçekleri) kullanılarak toplandı. Araştırmada tanımlayıcı istatistikler ve Spearman korelasyon analizi kullanıldı. **Bulgular:** Araştırmaya katılan pediatri hemşirelerinin yaş ortalaması 32±7,40 yıl, tükenmişlik alt ölçeğinin ortanca puanı 24 (alt-üst=21-29), eşduyum yorgunluğunun ortanca puanı 24 (alt-üst=21-28), mesleki tatmin alt ölçeğinin ortanca puanı 39 (alt-üst= 32-41) ve çocuk sevme ölçeği ortanca puanı ise 86,51 (alt-üst=74-94), olarak bulundu. Pediatri hemşirelerinin çocuk sevme toplam puanı ile eşduyum yorgunluğu puanı arasında ise negatif yönde çok zayıf ($r=-0,177$; $p<0,001$); tükenmişlik puanı arasında negatif yönde zayıf ($r=-0,398$; $p<0,001$) ve mesleki tatmin puanı arasında ise pozitif yönde orta ($r=0,516$; $p<0,001$) ilişki bulundu. **Sonuç:** Pediatri hemşirelerinin çocuk sevme puanları arttıkça mesleki tatminlerinin arttığı, tükenmişlik ve eşduyum yorgunluğunun azaldığı saptandı. Pediatri hemşirelerine yönelik destek programları uygulanarak, onların tükenmişlik ve eşduyum yorgunlukları azaltılabilir, mesleki tatminleri artırılabilir, böylece çocukları sevmelerine katkı sağlanabilir.

Anahtar Kelimeler: Tükenmişlik; eşduyum yorgunluğu; meslek tatmini; çocuk sevme; hemşireler; pediatri; meslek

Nursing, especially pediatric nursing is a profession that can be physically and emotionally taxing.¹ Nurses are among the workers who are at risk of com-

passion fatigue, burnout, and occupational satisfaction, due to their professional roles, which include working at nights, bearing a heavy workload, always having to

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care for ill people, facing their patients' death, being unaware of their responsibilities, and lacking necessary competencies.^{2,3} Compassion fatigue, burnout, and occupational satisfaction may have a profound impact on both the personal well-being and professional performance of healthcare providers.⁴

Burnout can be described as compassion fatigue, desensitization and reduced personal success.^{5,6} The problems of nurses who experience burnout can pose a number of disruptive issues, such as heightening the risk of harming the people for whom they provide care, high job turnover, occupational dissatisfaction, loss of interest, and depression, desperation and hopelessness, in addition to the physical symptoms.^{3,5} The number of missed work days may increase and their motivations may be lower, both of which may negatively affect the patients to whom they are responsible for providing care.^{5,6}

Compassion fatigue is described as joylessness resulting from the care provided to patients with pain. Tiredness, performance loss, pain, sleep disorder, burnout, disinterest, desire to leave job, decreased enthusiasm, desensitization, anxiety and depression may be observed in nurses experiencing compassion fatigue.^{2,7} Studies have found that pediatric nurses experience high levels of burnout and compassion fatigue.^{8,9}

Occupational satisfaction is described as the satisfaction, joy and happiness experienced as a result of helping someone in need.^{10,11} Nurses who are not satisfied with their occupation may show a decreased performance, tend to criticize their job, feel dissatisfied, desire to leave job, lack the compassion in patient care, and resign from their job. Nurses' occupational satisfaction is related to high motivation, institutional and occupational loyalty, and decision-making.¹⁰ These features of pediatric nursing, a field responsible for providing care to one of the most sensitive and vulnerable groups of individuals, can explain the higher rates of burnout and compassion fatigue and lower occupational satisfaction in this occupational group, both of which lead to a decrease in the quality of care.

Liking a child is one of the most admissible forms of unrequited love.^{12,13} Pediatric nursing is a

profession which requires high levels of liking of children.¹⁴ Significant difficulties may arise when pediatric nurses lack the enjoyment of actually working with children. Pediatric nurses who like children can be more enthusiastic about performing their professional roles, such as taking children and their families to the healthcare center, providing the best care, and protecting children's rights.¹⁴ Moreover, they can better engage in intimate communication with pediatric patients, enjoy spending time with them, and are more respectful, tolerant, and caring towards them.¹³⁻¹⁵ Provided that the nurses like children, their satisfaction and happiness with their occupation increase, as well as the satisfaction and happiness the children and families derive from the care they receive.¹⁶ On the other hand, nurses who do not like children may experience difficulties in providing care and performing their roles.¹⁵ A review of the literature found that there are many studies on nursing students' liking of children,^{13,14,17-19} but only a few studies on pediatric nurses' liking of children.^{15,16}

Pediatric nurses' liking of children can increase their occupational satisfaction level and decrease their levels of burnout and compassion fatigue. Studies have found that individuals experience secondary trauma due to burnout and compassion fatigue, which negatively affect their occupational satisfaction.²⁰⁻²³ However, no study was found to assess the relationship between burnout, compassion fatigue, occupational satisfaction levels and liking of children in pediatric nurses. Determining whether there is a relationship between these concepts can contribute to filling the existing information gap. Therefore, this study aimed to determine the relationship between pediatric nurses' liking of children and their burnout, compassion fatigue, occupational satisfaction levels. The following questions were developed for the study;

1) What are the pediatric nurses' liking of children, burnout, compassion fatigue and occupational satisfaction levels?

2) Is there any relationship between pediatric nurses' liking of children and their burnout, compassion fatigue and occupational satisfaction levels?

MATERIAL AND METHODS

DESIGN, PARTICIPANTS AND SETTING

This correlational study was conducted between January and September 2017 in pediatric clinics (pediatric units, emergency, pediatric and neonatal intensive care units etc.) of 6 hospitals in four provinces in western Turkey to determine the correlation between the liking of children level of pediatric nurses and their compassion fatigue, burnout and occupational satisfaction levels. The study population consisted of 682 nurses who were working in the pediatric service of these six hospitals (three university and three state hospitals) during this period. No sampling selection method was used, and the study sample included 536 nurses who were available within this period, who met the inclusion criteria, and agreed to participate in the study. The inclusion criterion was having been working in pediatric clinics for at least 6 months. During the period of the study, 16 nurses were absent, 50 nurses did not agree to participate in the study and 80 nurses had been working for less than 6 months; thus, the study was conducted with 536 nurses.

INSTRUMENTS

The data were collected using a questionnaire form, the Barnett Liking of Children Scale (BLOCS) and the Professional Quality of Life Scale (PQLS).

The questionnaire form consisted of questions on the socio-demographic characteristics (age, marital status, education level) and occupational experiences (working year, the service they worked at) of the pediatric nurses.^{11,12}

The Barnett Liking of Children Scale (BLOCS) was developed to measure people's attitudes towards children, and was adapted to Turkish.^{12,24} The scale consists of fourteen items, four of which are negative (items 3, 6, 10 and 13) and reversely calculated. The items are scored between "1= Strongly disagree" and "7= Strongly agree". The total score varies between 14 and 98; scores between 14 and 38 indicate low, 39 and 74 indicate moderate, and 75 and 98 indicate high liking of children levels. High scores indicate that a person likes children and vice versa.¹² The Cronbach's alpha reliability coefficient was 0.92 for the

Turkish scale. The present study also found the Cronbach's alpha value to be 0.92.

The Professional Quality of Life Scale (PQLS) was translated into Turkish and includes 30 items under three subscales. The *occupational satisfaction* subscale (10 items) measures the satisfaction and happiness felt as a result of helping someone in need as part of one's profession or job.¹¹ The maximum score is 50 on this subscale; and a score of 0 to 33 indicates low, 34 to 42 indicates moderate, and 43 to 50 indicates high occupational satisfaction levels.²⁵ Higher scores on this subscale indicate higher levels of happiness or satisfaction about being able to help others. The *burnout* subscale (10 items) measures the level of difficulty in coping with the problems in work life, and higher scores indicate higher burnout levels.¹¹ The maximum score is 50 on this scale, and a score of 0 to 18 indicates low, 19 to 27 indicates moderate, and 28 to 50 indicates high burnout levels.²⁵ The *compassion fatigue* subscale (10 items) measures the symptoms manifested as a result of facing a stressful situation.¹¹ The maximum score is 50 on this subscale, and a score of 0 to 8 indicates low, 9 to 17 indicates moderate, and 18 to 50 indicates high level of secondary traumatic stress.²⁵ Employees who obtain higher scores on this scale are recommended to receive support or help. The PQLS is a 5-point Likert-type scale scored between "never" (0) and "very frequently" (5). The reliability coefficients of the subscales for its Turkish version are as follows: $\alpha = 0.82$ for the *occupational satisfaction* subscale, $\alpha = 0.62$ for the *burnout* subscale, and $\alpha = 0.83$ for the *compassion fatigue* subscale.¹¹ In the present study, the reliability coefficient of the subscales was found to be 0.88, 0.67 and 0.78, respectively.

DATA COLLECTION

Data were collected in the nurses' room in the hospital during the nurses' resting time. In order to reach all nurses, they were visited during daytime working hours, two to three times a week, and on different days. Prior to conducting the study, the nurses were informed about the study in detail, and their questions were answered. The data collection forms were distributed to the nurses who agreed to participate in the study, and they were asked to answer all of the ques-

tions on their own. They were under the supervision of the researchers during that time. The data collection forms were completed in approximately 15 to 20 minutes.

DATA ANALYSIS

The Statistical Package for the Social Sciences (SPSS) 19.0 for Windows was used for data analysis (Serial number: 10241440). Normal distribution of the BLOCS and PQLS scores was examined using the Kolmogorov-Smirnov test, which showed that they were normally distributed ($p < 0.05$). Descriptive statistics (percentage, standard deviation, mean) were used to analyze the socio-demographic data (percentage, standard deviation, mean). The relationship of the BLOCS and its subscales with the PQLS scores was assessed using the Spearman correlation analysis. Values at $p < 0.05$ were considered statistically significant.²⁶

ETHICAL CONSIDERATIONS

Prior to conducting the study, written and verbal approval was obtained from the nurses. Permission of the managers of the hospitals was also obtained to conduct the study. In addition, approval was obtained from the Non-Interventional Clinical Research Ethics Committee of the Faculty of Medicine of Adnan Menderes University (Approval number: 2016/964). All participants voluntarily agreed to participate in the study, which was carried out in accordance with the Helsinki Declaration Principles.

RESULTS

The mean age of the pediatric nurses were 32 ± 7.40 years, with 42.9% being between the ages of 18 and 29. Of the nurses, 96.1% were female, 76.5% had completed their university education, 52.6% were single, and 53.6% did not have children. Of them, 54.3% were working in the pediatric clinics, 53.1% were working in the pediatric/neonatal intensive care units, 10.6% were working in the pediatric emergency/outpatient clinics, 33.8% had been working for 10 to 20 years, 36.8% had been working in a pediatric clinic for 1 to 5 years, and 42.5% worked 41 to 48 hours per week (Table 1).

The distribution of the median values on the BLOCS and the PQLS subscales (burnout, compas-

TABLE 1: Pediatric nurses' descriptive characteristics.

Characteristics	n	%
Age, years		
18-29	230	42.9
30-39	187	34.9
≥ 40	119	22.2
Gender		
Female	515	96.1
Male	21	3.9
Educational level		
High school	58	10.8
University (associate/bachelor's degree)	410	76.5
Graduate	68	12.7
Marital status		
Married	254	47.4
Single	282	52.6
Having a child		
Yes	254	47.4
No	282	52.6
Clinics		
Pediatric clinic	291	54.3
Pediatric/neonatal intensive care unit	188	35.1
Pediatric emergency unit/outpatient clinic	57	10.6
Periods of nursing experience		
6-11 months	45	8.4
1-5 years	135	25.2
6-10 years	164	30.6
11-20 years	181	33.8
≥ 20 years	11	2.0
Periods of pediatric experience		
6-11 months	92	17.2
1-5 years	197	36.8
6-10 years	146	27.2
11-20 years	101	18.8
Working hours in a week		
40 hours	201	37.5
41-48 hours	228	42.5
≥ 49 hours	107	20.0

sion fatigue and occupational satisfaction) was given in Table 2. Median score on the burnout, compassion fatigue, occupational satisfaction subscales and the BLOCS were found to be 24 (21-29), 24 (21-28), 39 (32-41.81) and 86.51 (74-94), respectively.

Examination of the relationship between the BLOCS and the PQLS subscales showed a very weak negative relationship ($r = -0.177$; $p < 0.001$) be-

TABLE 2: Nurses' BLOCS, burnout, compassion fatigue and occupational satisfaction scores.

Scale/Subscales	Median	I-R*	Min	Max
BLOCS	86.51	(74-94)	31	98
Burnout	24	(21-29)	12	42
Compassion Fatigue	24	(21-28)	10	47
Occupational Satisfaction	39	(32-41.81)	10	50

BLOCS: The Barnett Liking of Children Scale; *I-R: Interquartile range; Min: Minimum; Max: Maximum.

TABLE 3: Correlations between the nurses' scores on the BLOCS and the PQLS subscales.

	Occupational satisfaction score	Burnout score	Compassion fatigue score
BLOCS score			
r*	0.516	- 0.398	- 0.177
p**	<0.001	<0.001	<0.001

*r: Spearman correlation coefficient; **p: Statistically significant ($p < 0.001$); BLOCS: The Barnett Liking of Children Scale; PQLS: The Professional Quality of Life Scale.

tween liking of children and compassion fatigue, a weak negative relationship ($r = -0.398$; $p < 0.001$) between liking of children and burnout, and a positive moderate relationship ($r = 0.516$; $p < 0.001$) between liking of children and occupational satisfaction (Table 3).

DISCUSSION

The present study found that pediatric nurses had high levels of liking of children and compassion fatigue, and moderate levels of burnout and occupational satisfaction. Similar studies in the literature, however, reported different results. For example, some studies found that pediatric nurses' occupational satisfaction was low, while their burnout and compassion fatigue were high.^{5,27-29} On the other hand, unlike the results of the present study, other studies found that the health-care personnel working with pediatric nurses had low burnout and compassion fatigue and moderate occupational satisfaction.^{22,30,31} In the other studies compared to the present study, the participants' socio-demographic characteristics were mostly similar and similar methods were used, except for a study by Maytum, Heiman, Garwick, (2004).³² The difference can be explained by the fact that the samples of these previous studies included other health-care professionals along with pediatric nurses, and that different measurement tools

were used in these studies. Finally, most of the studies had been conducted in the United States of America, and thus, these conflicting results may have occurred due to the cultural differences between Turkish and Western societies. It was concluded that these different results reported by the previous studies and the present study are caused by the socio-demographic and cultural characteristics of the pediatric nurses, their work experience and work environment, and the characteristics of the children for whom they provide care.

The pediatric nurses' liking of children level was found to be high in the study. Similar to the results from this study, previous studies have found that pediatric nurses working with children and students taking pediatric nursing courses had high liking of children levels.^{15,18,19} People working with children should be sensitive to children and like them. Liking of children must also be prerequisite, and even a primary emotion, for pediatric nursing.^{13,14} A high liking of children level may contribute to pediatric nurses' approach to children, as it means taking the children's developmental level into consideration, defending children and family rights, and providing a family-centered care that suitably addresses the trauma surrounding child patients. It may also contribute to decreasing the negative emotions that nurses experience as a result of their occupation. Nurses with pos-

itive emotions toward children may feel a stronger satisfaction of life and derive greater happiness from their occupation, which in turn may help them to provide better care.

In the present study, a negative relationship was found between the pediatric nurses' liking of children and their burnout and compassion fatigue levels, and a positive relationship between their liking of children and occupational satisfaction levels. These results show that as the pediatric nurses' liking of children level increased, their burnout and compassion fatigue levels decreased, and their occupational satisfaction levels increased. However, no studies were found in the literature that address the relationship between pediatric nurses' liking of children level, burnout, compassion fatigue and occupational satisfaction. Higher levels of liking of children can help nurses spend more time with the children for whom they provide care, as well as increasing the children's happiness and aiding their adaptation to the hospital. As a result, nurses' occupational satisfaction may increase.^{14,16} Studies have shown that nurses with higher occupation satisfaction levels have lower levels of burnout and compassion fatigue.^{4,28,33} These results suggest that pediatric nurses with higher levels of liking of children had greater occupational satisfaction, and lower levels of burnout and compassion fatigue. Pediatric nurses work with the most sensitive and vulnerable group of individuals. Working with this kind of patient group may cause burnout and compassion fatigue, and an increase in these negative emotions may affect occupational satisfaction. However, nurses who actually like children can help to reverse this situation; which means when pediatric nurses like children, their occupational satisfaction increases and their burnout and compassion fatigue decrease.

LIMITATIONS AND FURTHER STUDIES

There were several limitations to this study; the first being that the results of this study cannot be generalized since a non-randomized sampling method was used. In addition, the researchers visited the same clinic more than once in order to reach all the nurses who met the inclusion criteria. Although the data were collected under the supervision of the researcher

in the nurses' room, the nurses who had completed the questionnaire might have given information about the questions to those who had not completed them yet. Thirdly, the pediatric nurses in this study may have tended to give more positive answers on the liking of children scale, on account of their belief that they are expected to like children since they are pediatric nurses.

The liking of children has also an important role in terms of the nurses' experience with children and their knowledge and skills on working with them. Therefore, it is important to support nurses' positive emotions about children and occupational motivations. It is recommended that hospital managers give priority to nurses who like children and who prefer working with the pediatric patient group. In addition, further studies, especially those with a qualitative design, should be conducted to determine whether there are other factors that may affect nurses' liking of children level.

IMPLICATIONS FOR NURSING PRACTICE

This study examined the relationship between pediatric nurses' liking of children and their burnout, compassion fatigue, occupational satisfaction levels. Providing care for children who experience illness and hospitalization may cause pediatric nurses to distance themselves from their work because of the negative emotions they experience. Both hospital management and other team members, as well as particularly psychiatric nurses, can help to prevent this situation. A support program can be implemented to reduce pediatric nurses' burnout and compassion fatigue and boost their occupational satisfaction. Providing spiritual care for nurses who are responsible for providing care to children in the terminal period and for nurses who have lost their child patient can contribute to nurturing a stronger liking of children and thereby decreasing their burnout and compassion fatigue.

CONCLUSION

The present study found that the pediatric nurses had high levels of children's liking and compassion fatigue, and moderate levels of burnout and occupational satisfaction. Nurses' burnout and compassion fatigue lev-

els decreased and occupational satisfaction level increased as their liking of children level increased.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Hüsniye Çalışır , Pelin Karataş; **Design:** Hüsniye Çalışır , Pelin Karataş, Türkan Turan, Dilek Ergin; **Control/Supervision:** Hüsniye Çalışır, Pelin Karataş, Türkan Turan, Dilek Ergin; **Data Collection and/or Processing:** Pelin Karataş, Türkan Turan, Dilek Ergin; **Analysis and/or Interpretation:** Hüsniye Çalışır , Pelin Karataş, Türkan Turan, Dilek Ergin; **Literature Review:** Hüsniye Çalışır, Pelin Karataş; **Writing the Article:** Hüsniye Çalışır, Pelin Karataş, Türkan Turan, Dilek Ergin; **Critical Review:** Hüsniye Çalışır, Pelin Karataş; **References and Fundings:** Aydın Adnan Menderes University Scientific Research Project.

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