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Professional quality of life among psychiatric and non-psychiatric nurses in Jeddah

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ABSTRACT

Context: Compassion fatigue and burnout are prevalent in many health care professions; however, the prevalence in nurses is very high. The nurses working in psychiatric and non-psychiatric departments are also different, respectively. There is a need to examine psychiatric nurses' overall professional quality of life by assessing the factors that influence compassion satisfaction, compassion fatigue and traumatic stress. *Methodology:* A total of 320 nurses were recruited who completed a demographics questionnaire and the Professional Quality of Life Survey Descriptive statistics were used to determine the prevalence of the professional quality of life scales, including compassion satisfaction and compassion fatigue and a comparative statistical analysis was conducted to examine the scale of professional quality of life and demographic profile. *Results:* The mean compassion satisfaction score of nurses working in psychiatric units and non-psychiatric units was 20.1 ± 13.58 and 41.8 ± 9.45. Total mean burnout score of compassion satisfaction of nurses working in psychiatric units was 41.3 ± 13.84 and nurses working in non-psychiatric departments had a mean burnout score of 23.7 ± 11.14. The mean Secondary Traumatic stress score of nurses working in psychiatric units and non-psychiatric departments was 35.7 ± 13.64 and 21.8 ± 11.62. We observed significant difference in Professional Quality of Life in both groups of nurses. ($p < 0.01$). *Conclusion:* Psychiatric nurses reported low compassion satisfaction, more burnout and while other nurses had moderate compassion satisfaction and under moderate stress. A higher risk of burnout and secondary traumatic stress among female psychiatric nurses was identified than male psychiatric nurses.

Keywords: Professioanl quality of life, burnout, psychiatric nurses, Emotional Exhaustion.

1. INTRODUCTION

Professional Quality of Life (ProQol) comprises two concepts: Compassion Satisfaction and Compassion Fatigue. Compassion Fatigue is further divided into two constituents: Burnout and Secondary Traumatic Stress. The good and bad or undesirable features of one's job impact one's ProQoL (Heritage et al.,

2018, Stamm, 2010).

Burnout is a concept, which describes the emotional exhaustion and decreased motivation that can occur as a result of long-term exposure to emotional and interpersonal stressors at work. Burnout is characterised as long-term exposure to an emotional, stressful and dysfunctional work environment in which hard and intriguing tasks become sad and meaningless (Khamisa et al., 2015). The term "burnout" was first coined in the field of human services in the 80s (Maslach and Jackson, 1981). The word was coined to characterise the progressive fatigue, cynicism and loss of dedication witnessed in those working in this environment. Burnout was classified as a multimodal condition characterised by three symptoms: Weariness, cynicism and decreased efficacy, based on these findings (Maslach and Jackson, 1981). Unsurprisingly, these symptoms are linked to a slew of bad outcomes in the workplace. These include social isolation, absenteeism and poor performance, among other things. Secondary traumatic stress is stress related to one's job, where one is exposed to disturbing experiences at their workplace or through the distress that their customers have perceived; it is linked to particular happenings and expresses with acute indications like anxiety, sleep disorders, insomnia, disturbing thoughts and flashbacks (Heritage et al., 2018).

Dolan et al., (1992) defined stress as the interaction of a stimulus and a response. Since then, it's been described in various ways, and while the terminology varies, the concept remains essentially the same, depending on how people perceive stress. Inadequate human resources, unskilled, unprofessional, or uninspired Care workers, interpersonal interactions and bureaucratic political restraints were listed in a study as contributing causes to the experience of stress (Dolan et al., 1992). According to a study, occupational stress can be caused by inadequate administration, a lack of resources, staff conflict, difficult patients, an excessive workload, working shifts and weekends, all associated with occupational stress and burnout (Khamisa et al., 2015). Occupational stresses, such as burnout, have been well documented since the 1980s and represent major challenges in various contexts, including hospitals and universities. Burnout and exhaustion in health care personnel can have a detrimental impact on the institution because they tend to take time off, have low job satisfaction and have poor work performance, leading to poor patient care.

According to studies, the wellness of health professionals and a good work environment are critical components of functional healthcare systems. In any healthcare context, this should be applied to all sectors. This is especially true for psychiatric nurses, who may face verbal, physical, emotional and psychic abuse. According to a comprehensive review, nearly one in every five patients hospitalised to acute psychiatric facilities may commit a violent act against nurses working in these units (Iozzino et al., 2015). These mentally ill people probably feel anxious and, as a result, lash out against the nurses who are caring for them. They also discovered that characteristics linked to levels of violence in psychiatric facilities, such as male gender, schizophrenia diagnosis, drug use and violent history, were similar to factors linked to violence among individual patients. Workers in these units are prone to Secondary traumatic Stress and burnout due to the issues above (Iozzino et al., 2015). The aim is to investigate Professional Quality of Life among nurses working in psychiatric observation units in Jeddah, Kingdom of Saudi Arabia.

2. METHODOLOGY

Research Design

We used a quantitative, descriptive design to describe life quality among nursing staff in mental observation facilities in the current cross-sectional study.

Study Participants and Sample

In quantitative investigations, sampling plays an important role in ensuring the validity of the results. In quantitative studies, sampling tries to obtain significant and representative participant numbers in order to generalize the findings to the population from which the sample was selected.

Psychiatric nurse staff working in the inpatient ward, outpatient clinic and emergency room (ER) in Eradah and Mental Health Complex Jeddah, Saudi Arabia, were eligible to participate as respondents. Nurses who work in non-psychiatric hospitals, inpatient wards, outpatient clinics and emergency rooms (ER). Because the study's target population is those who interact directly with patients, nurse managers were excluded.

The target population was obtained from the hospital's records after receiving confirmation from the administrators. Rao soft (www.raosoft.com) was utilized to find the required sample. The calculated sample size was 304, based on a population of 1500 nurses, a 95% CI and a 5% margin of error. An extra 5% (n=16) was added to account for inconsistencies and anomalies. As a result, the sample size of 320 was determined to be adequate for the current investigation.

Setting and Recruitment

The present study was performed in the period between May 2022 and November 2022. Nurses who took part in the study work in Eradah and Mental Health Complex Jeddah, Saudi Arabia, in inpatient wards, outpatient wards and emergency rooms (ER). Saudi Arabia's Ministry of Health is linked with and oversees these facilities. The hospital comprises psychiatric clinics that give services to patients with various psychiatric problems and non-psychiatric nurses from Jeddah's east hospital, which is also affiliated with and regulated by the Saudi Arabian Ministry of Health. In both circumstances, psychiatric and non-psychiatric nurses were recruited to participate in the study and data was collected via an online survey.

Data Collection Procedure

The principal investigator approached eligible nurses to inform them about the study and invited them to participate. Participants' socio-demographic data were collected after obtaining informed consent. Their contact number and email ids were taken. The online questionnaire was sent to the nurses via email or Whatsapp. The study obtained the approval of the ethical committee at the Saudi Ministry of Health (IRB log No. A01483)

Translation Process of the Outcome Measures

The instruments were administered in Arabic by the research team. This is because the nurses' primary language is Arabic and they may find it difficult to understand and interpret some sophisticated terms, potentially jeopardizing the validity and trustworthiness of the results. According to a previous study, many Saudi Arabian undergraduate nursing students find it difficult to communicate in English even after completing their nursing education (Alshammari et al., 2019).

Outcome Measures (Scales/Instruments)

The study used the standardized Professional Quality of Life (ProQOL) Scale, which is routinely used to assess compassion fatigue and satisfaction (Stamm, 2010). The ProQOL is a screening instrument for the positive and negative elements of a working profession like nursing. The ProQOL is a 30-item self-report tool that assesses the benefits and drawbacks of dealing with persons who have been through traumatic events. Reverse items 1, 4, 15, 17 and 29, then score the three scales using the ProQOL.

Questionnaire Validity

ProQoL 5 has sufficient construct validity, as evidenced by more than 200 published papers (Stamm, 2010).

Questionnaire Reliability

The instrument's equilibrium, accuracy and stability ensure its reliability; instruments with higher equilibrium, accuracy and stability are more reliable (Glasofer and Townsend, 2019). Reliability is determined by the accuracy and lack of deviation of collected data (Polit and Beck, 2020). Cronbach Alpha measurements were adopted in determining tool's dependability and internal consistency for each component and the entire tool. Because the questionnaire is valid, it was distributed without pilot testing.

The score related to Cronbach alpha is the indicator of to how items are internally consistent to the variables presented in the questionnaire. Cronbach alpha score ranges 0.5-0.9 from unacceptable to excellent respectively. In the current study, all variables in the questionnaire were analysed on the basis of statistical tools and confirmed in line with Cronbach alpha. The Cronbach's alpha coefficients for the study instrument was 0.88, which is considered good.

Data Analysis

Questionnaires were given to all the eligible nurses over the internet. As voluntary respondents, the respondents were educated on their roles and rights. Before they answered the questionnaires, the participants were given clear instructions. The questionnaires were delivered electronically via email and social media (WhatsApp), with instructions to return them after completing them at a particular time. For data input and analysis, incomplete questionnaires were removed. The Statistical Package for Social Science was used to examine the data (SPSS 24). To offer an analytical description of the study participants' demographic data and responses to the study scales, descriptive statistics such as means, standard deviations, frequencies and percentages were used. For statistical analysis T-test and ANOVA were applied. P-value of < 0.05 was considered significant.

3. RESULTS

The present study aimed at investigating the ProQoL among psychiatric and non-psychiatric nurses in Jeddah city. Three hundred and twenty nurses were recruited in the present study and represented 160 psychiatric nurses and 160 non-psychiatric nurses. This section provides an overview of the study findings related to the demographic characteristics of the study participants from both settings departments, in addition to the prevalence rates of compassion satisfaction, burnout and traumatic stress.

Demographic traits of the enrolled nursing staff

The results presented in table (1) represents the demographic traits of the enrolled nursing staff from both settings/groups (psychiatric and non-psychiatric).

The results shown in table (1) revealed that 63.4% (n=203) of the study participants were male nurses, whereas 36.6% (n=117) were females. In addition, distributing the study participants based on age revealed that the highest represented category, ages 31-40 years old and constituted 60.9% (n=195), followed by nurses ages 20 - 30 years old that constituted 30.3% (n=97) and the nurses' ages 41-50-year-old, representing 8.1% (n=26) from the total study sample. The least represented category, ages above 50year old, constituted 0.6% (n=2). Regarding the marital status of the enrolled nurses, the results showed that married participants had the highest represented category (63.7%, n=204), followed by single participants who represented 26.3% (n=84). The least represented category; divorced and widowed participants, which constituted 9.7% (n=31) and 0.3% (n=1), respectively.

About 40.9% (n=131) of the recruited nurses had professional experience between 6 and 10 years, whereas 28.1% (n=90) had more than ten years of professional experience. The participants who had 4 to 5 years of experience constituted 21% (n=67). The least represented category was the participants who had 1 to 3 years of professional experience and constituted 10% (n=32). Finally, distributing the study participants based on their educational qualification revealed that bachelor degree holders were the most represented category as they constituted 69.1% (n=221), followed by diploma degree holders (17.2%, n=55). On the other hand, the least represented category were nurses holding master's degrees, constituting 13.8% (n=44).

Demographic traits of the psychiatric nursing staff members

Exploring the demographic characteristics of the psychiatric nurses indicated that male nurses constituted the majority of the psychiatric nurses as they constituted 75.6% (n=121), whereas females constituted 24.4% (n=39). Distributing the psychiatric nurses based on age revealed that psychiatric nurses ages 31-40 years got the highest represented category constituted 56.3% (n=90), followed by psychiatric nurses ages 20-30 years constituted 31.9% (n=51) and psychiatric nurses ages 41-50year old constituted 11.3% (n=18). The least represented category was the psychiatric nurses' ages 51year old and above, representing 0.6% (n=1). Exploring the distribution of the psychiatric nurses based on their marital status indicated that married nurses were 68.8% (n=110), followed by single psychiatric nurses who were representing 25.6% (n=41), whereas divorced and widowed psychiatric nurses were representing 5% (n=8) and 0.6% (n=1), respectively.

The data relating to the professional experience of the study participants revealed that psychiatric nurses who had 6 to 10 years of professional experience were the most represented category (42.5%, n=68), followed by psychiatric nurses who had 4 to 5 years of experience, which constituted 30.6% (n=49). The third rank is the psychiatric nurses category that had more than 10 years of professional experience, constituting 21.3% (n=34). The least represented category was the psychiatric nurses having 1 to 3 years of professional experience (5.6%, n=9).

Finally, distributing the psychiatric nurses based on their educational qualification revealed that bachelor degree holders were the most prevalent as they constituted 65% (n=104), followed by diploma degree holders who represented 23.1% (n=37). The least represented category was the psychiatric nurses having master's degrees and constituted 11.9% (n=19).

Demographic characteristics of the non-psychiatric nurses

Exploring the demographic characteristics of the non-psychiatric nurses revealed that 51.2% (n=82) were males, whereas 48.8% (n=78) were females. In addition, t 56.6% (n=105) ages 31 to 40 years, 28.7% (n=46) ages 20-30 year old. The lowest categories of non-psychiatric nurses regarding age were those ages 41 to 50 years and older than 50 years, which constituted 5% (n=8) and 0.6% (n=1), respectively. Distributing the non-psychiatric nurses based on their marital status revealed that 58.8% (n=94) were married, whereas 26.9% (n=43) were single nurses. Divorced non-psychiatric nurses constituted 14.4% (n=23). The widowed category has no respondents.

Moreover, the results showed that 39.4% (n=63) of the non-psychiatric nurses had a professional experience of 6 to 10 years, whereas 35% (n=56) had more than 10 years of professional experience. In addition, those who had a professional experience of 1 to

3 years constituted 14.4% (n=23), whereas 11.3% (n=18) of non-psychiatric nurses had 4 to 5 years of professional experience. Finally, distributing the non-psychiatric nurses based on their educational qualification revealed that 73.1% (n=117) had bachelor degree, whereas for master's degree constituted 15.6% (n=25 and for diploma degree 11.3% (n=18) and 15.6% (n=25), respectively.

Table 1 Demographic Characteristics of the Psychiatric and Non-Psychiatric Nurses in terms of Gender, Age, Marital Status, Professional Experience and Educational Qualification

	Psychiatric Nurses (N=160)		Non-Psychiatric Nurses (N=160)		Total Sample (N=320)	
Variable	F	%	F	%	F	%
Gender						
Male	121	75.6	82	51.2	203	63.4
Female	39	24.4	78	48.8	117	36.6
Age (Years)						
20 – 30	51	31.9	46	28.7	97	30.3
31 – 40	90	56.3	105	56.6	195	60.9
41 – 50	18	11.3	8	5	26	8.1
More than 50	1	0.6	1	0.6	2	0.6
Marital Status						
Single	41	25.6	43	26.9	84	26.3
Married	110	68.8	94	58.8	204	63.7
Divorced	8	5	23	14.4	31	9.7
Widowed	1	0.6	0	0	1	0.3
Professional Experience (Years)						
1 – 3	9	5.6	23	14.4	32	10
4 – 6	49	30.6	18	11.3	67	21
7 – 9	68	42.5	63	39.4	131	40.9
10 and more	34	21.3	56	35	90	28.1
Educational Qualification						
Diploma	37	23.1	18	11.3	55	17.2
Bachelor	104	65	117	73.1	221	69.1
Master	19	11.9	25	15.6	44	13.8
Total	160	100%	160	100%	320	100%

Level of burnout domains among psychiatric and non-psychiatric nurses

The result presented in table (2) shows the study participants' scores on the level of compassion satisfaction with; the results revealed that psychiatric nurses had low satisfaction score (20.1) while the non-psychiatric satisfaction score (41,8) high result. Based from the statistical result, the level of burnout among psychiatric nurses is (41.3) with a high interpretation and the level of burnout of non-psychiatric nurses (23.7) with moderate interpretation. Finally, the level of secondary traumatic stress among psychiatric nurses (35.7) with moderate interpretation and the level of secondary traumatic stress of non-psychiatric nurses (21.8) interpreted as low.

Table 2 Levels of Compassion Satisfaction, Burnout and Secondary Traumatic Stress among Psychiatric and Non-Psychiatric Nurses.

	Psychiatric Nurses (N=160)		Non-Psychiatric Nurses (N=160)	
Category	M	SD	M	SD
Compassion Satisfaction				
I get satisfaction from being able to (help) people	2.45	1.5	4.38	0.89
I feel invigorated after working with those I (help)	2.11	1.44	3.80	0.99
I like my work as a (helper).	1.18	1.46	3.82	1.07
I am pleased with how I am able to keep up with (helping) techniques and protocols.	2.05	1.38	3.78	0.89
My work makes me feel satisfied.	1.91	1.40	4.81	1.07
I have happy thoughts and feelings about those I (help) and how I could help them.	2.05	1.26	4.27	0.91
I presume that my job could have an impact.	2.25	1.25	4.37	0.89
I am appreciative of the things that I'm capable of (help)	2.03	1.33	4.14	0.89
I have thoughts that I am a "success" as a (helper).	1.85	1.18	4.41	0.84
I am happy that I chose to do this work.	2.15	1.33	3.97	1.01
Compassion Satisfaction Total Score	20.1	Low	41.8	High
Burnout				
I am happy.	3.41	1.54	2.01	1.05
I feel connected to others.	3.53	1.46	3.14	1.07
I'm not as effective at work since I'm having nightmares about an individual I know (help).	4.63	1.49	2.85	1.28
My work as a (carer) has locked me.	4.55	1.47	1.23	1.31
I have beliefs that sustain me.	4.51	1.40	1.55	1.00
I am the person I always wanted to be	4.19	1.25	3.72	1.02
I'm exhausted from my job as a (assistant).	4.32	1.43	2.45	1.16
I feel overwhelmed because my case (work) load seems endless.	4.11	1.26	2.44	1.07
I feel "bogged down" by the system	3.73	1.28	2.04	1.13
I am a very caring person.	4.33	1.26	2.28	1.05
Burnout Total Score	41.3	High	23.7	Moderate
Secondary Traumatic stress				
I am preoccupied with more than one person I (help).	3.08	1.30	2.75	1.00
I jump or am startled by unexpected sounds.	3.25	1.42	2.16	1.17
I find it difficult to separate my personal life from my life as a (helper).	3.17	1.46	3.09	1.18
I think that I might have been affected by the traumatic stress of those I (help).	3.17	1.43	2.18	1.19
Because of my (helping), I have felt "on edge" about various things.	3.33	1.47	1.27	1.13
I feel depressed because of the traumatic experiences of the people I (help).	3.06	1.49	2.06	1.13
I perceive like I'm living through the trauma from somebody I've (assisted).	4.13	1.50	2.91	1.13
Definite events or scenarios terrify me even though they reassure me of the terrifying experiences of the individuals I (assist).	3.89	1.22	2.13	1.25

As a result of my (helping), I have intrusive, frightening thoughts.	4.31	1.23	1.09	1.21
I can't recall important parts of my work with trauma victims.	4.35	1.12	2.11	1.23
Secondary Traumatic Stress Total Score	35.7	Moderate	21.8	Low

Prevalence of Compassion Satisfaction (CS) and Compassion Fatigue (CF) Among Psychiatric and Non-Psychiatric Nurses

The results presented in table (3) and figures (1-3) represent the prevalence of CS and CF among the study participants. The result of the total sample showed that 40.3% (n=129) interpreted as the moderate prevalence of CS, whereas 30% (n=96) had a high prevalence of CS and 29.7% (n=95) had a low level of CS. The results related to the prevalence of burnout among the whole study sample revealed that 39.1% (n=125) had a medium level of burnout, whereas 31.5% (n=101) had a high level of burnout and 29.4% (n=94) had a low level of burnout. Finally, it was found that 39.7% (n=127) had a low level of secondary traumatic stress, 39.1% (n=125) had a medium level of secondary traumatic stress and 21.2% (n=68) had a high level of secondary traumatic stress.

Figure (1). Levels of compassion satisfaction among the study sample

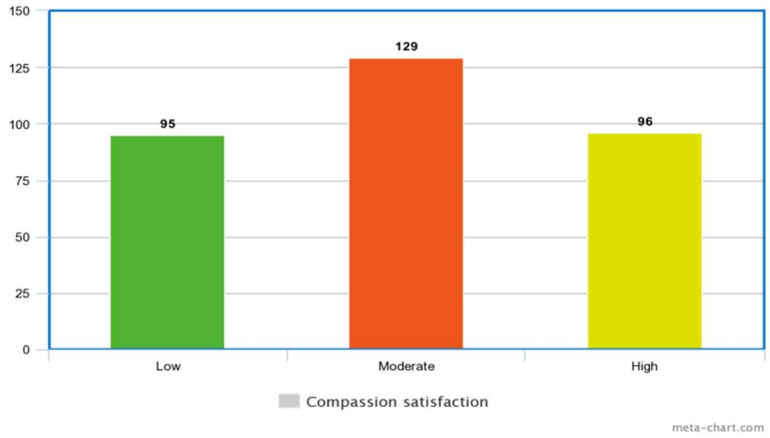


Figure (2). Levels of burnout among the study sample

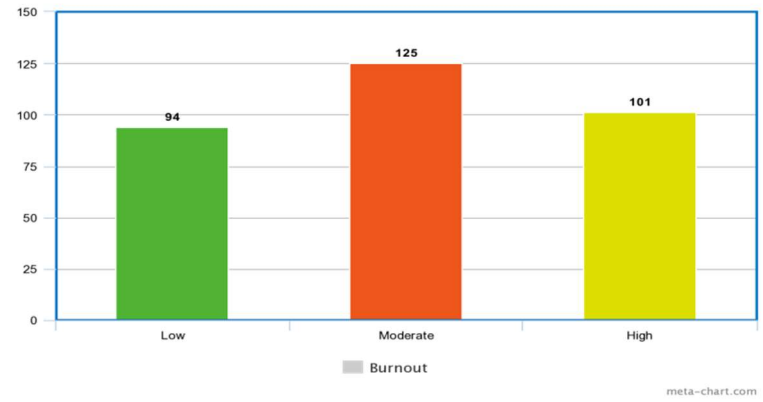
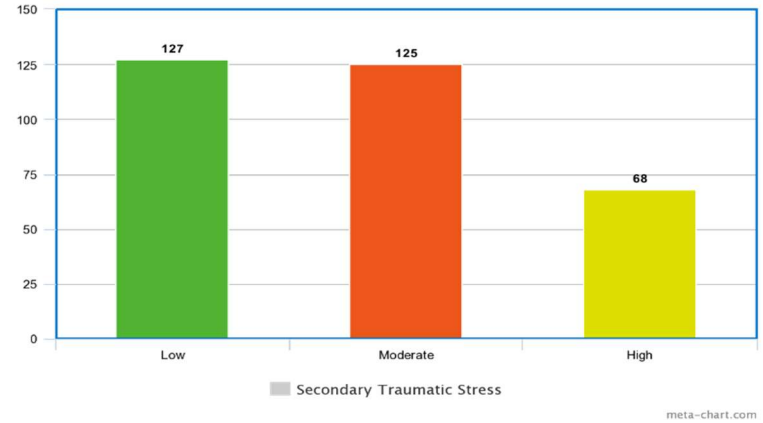


Figure (3). Levels of Secondary Traumatic Stress among the study sample



Prevalence among psychiatric nurses

The results are shown in table (3) revealed that the prevalence of psychiatric nurses with regards to CS got the highest percentage 56.9% (n=91) with an interpretation of low prevalence of compassion satisfaction, 28.1% (n=45) responded and interpreted as a moderate prevalence of compassion satisfaction and 15% (n=24) among other respondent had a high prevalence of compassion satisfaction.

In addition, based on the results of the gathered data, the highest percentage of 47.5% (n=76) had a high prevalence of burnout, 45.6% (n=73) had a moderate prevalence of burnout and 6.9% (n=11) had a low prevalence of burnout. Finally, it was found that 57.5% (n=92) had a moderate prevalence of secondary traumatic stress, 28.1% (n=45) had a high prevalence of secondary traumatic stress and about 14.4% (n=23) had a low prevalence of secondary traumatic stress.

Prevalence among non-psychiatric nurses

Exploring the prevalence rates of compassion satisfaction among non-psychiatric nurses revealed that 52.5% (n=84) had a moderate prevalence of compassion satisfaction, whereas 45% (n=72) had a high prevalence of compassion satisfaction and 2.5% (n=4) had a low prevalence of compassion satisfaction. In addition, it was found that 51.9% (n=83) had a low prevalence of burnout, 32.5% (n=52) had a moderate prevalence of burnout and 15.6% (n=25) had a high prevalence of burnout. Finally, it was found that 65% (n=104) had a low prevalence of secondary traumatic stress, whereas 20.6% (n=33) had a moderate prevalence of secondary

Table 3 Prevalence Compassion Fatigue Among the Psychiatric and Non-Psychiatric Nurses

	Psychiatric Nurses (N=160)		Non-Psychiatric Nurses (N=160)		Total Sample (N=279)	
Variable	F	%	F	%	F	%
Compassion Fatigue						
Low	91	56.9	4	2.5	95	29.7
Moderate	45	28.1	84	52.5	129	40.3
High	24	15	72	45	96	30
Burnout						
Low	11	6.9	83	51.9	94	29.4
Moderate	73	45.6	52	32.5	125	39.1
High	76	47.5	25	15.6	101	31.5
Secondary Traumatic Stress						
Low	23	14.4	104	65	127	39.7
Moderate	92	57.5	33	20.6	125	39.1
High	45	28.1	23	14.4	68	21.2
Total	160	100%	160	100%	320	100 %

4. DISCUSSION

This descriptive, cross-sectional study was carried out to determine the nurses' professional quality of life among psychiatric and non-psychiatric nurses, including the demographic profile in terms of gender, age, marital status, professional experience and years of professional experience. The study also assessed the significant difference in the demographic profile and compassion satisfaction and compassion fatigue (Burnout and secondary traumatic stress). The study was conducted by adapting standardized questionnaires, ProQOL version 5 to assess the Quality of Life.

Based on the demographic profile, study results showed that the respondents were dominated by males (63.4%) and females (36.6%). The group age of the respondents ages 31-40 ranked the highest (60.9%) and above 50-year-old ranked the lowest (0.6%). The respondents were mostly married (63.7%), widowed with the lowest (0.3%) rank. Based on the category of professional experience, the highest rank was those respondents that worked for 7-9 years and lowest rank 1-3 years of experience. Lastly, the educational experience, respondents with Bachelors' degree dominated (69.1%) and respondents with Masters' degree with the lowest percentage (13.8%).

Secondary traumatic stress and burnout are both bad features of the ProQOL model- Based on the result of compassion satisfaction, psychiatric nurses have low compassion satisfaction (20.1) while non-psychiatric nurses have high compassion satisfaction (41.8). The reasons behind could be the workload in psychiatric hospitals and the other variables may create the discrepancy. First, repeated exposure of individuals with mental problems to the verbal and physical aggression can lead to physical and emotional load on mental healthcare providers (Itzhaki et al., 2018). Second, continued education and training in workplace violence for psychiatric nurses was insufficient. Finally, these inequalities are also quite significant in geographies, cultures, departments and workload (Zeng et al., 2013). Same as a previous study of Chinese psychiatric nurses can suffer from higher tiredness of compassion, which should draw hospital administrators' attention (Xie et al., 2020). However, other influences can be the family life, work experience, behaviours of the patients and mental stress due to unpredictable behaviours of patients with mental disorders.

Same in this study found that aged and experienced psychiatric nurses have higher compassion satisfaction 0.83 and while the burnout is about 0.330. Which the non psychiatric nurses have less compassion satisfaction and higher burnout levels 0.472 and .804). Regarding the experience and age variables have been studied by (Xie et al., 2020), psychiatric nurses between 36 and 50 years of age had a greater degree of compassion. Meanwhile, nurses working more than 10 years had lower secondary traumatic stress levels and nurses working less than 5 years were more receptive to compassion than older nurses (Xie et al., 2020). Studies have shown that the nusrses who are aged and have more experience have high compassion satisfaction and less compassion fatigue. Experienced nurses can provide superior professional performance and coping methods for psychiatric patients to provide health care and feel capable to handle emergencies immediately. Furthermore, peer support and resilience skills are also helpful approaches for elderly children to lessen.

As the nurses working in psychiatric the level of burnout among psychiatric nurses is high 41.3%, while the non-psychiatric nurses are interpreted as moderate 23.7%. The secondary traumatic stress level results indicated that psychiatric nurses resulted as moderate (35.7) and the non-psychiatric nurses has a low level (21.8) of secondary traumatic stress. Our findings showed a higher degree of compassionate fatigue compared to earlier research among one hundred and seventy-four Greeke psychiatric nurses (Mangoulia et al., 2015) and six hundred and fifty chinese oncology nurses (Yu et al., 2016). In addition, Saudi psychiatric nurses showed higher burnout and secondary traumatic stress risks and reduced sympathy compared to previous study of 491 ICU nurses in the United States (Kelly et al., 2015). CF among psychiatric nurses can have a negative effect on quality of their job, patients and organizations (Dempsey and Reilly, 2016). CF infection workers may feel physical, emotional and mental tiredness symptoms, leading to decreased compassionate care (Alharbi et al., 2020) that can adversely affect the safety of patients, overall treatment quality and patient satisfaction (Houck, 2014). Evidence reveals that patients treated with burnout nurses are more likely to show poor results and reduced care satisfaction. CF can also contribute to lost working days and increased turnover rates among nurses, both of which have negative effects on an organization (Boyle, 2011).

The spread of CS among psychiatric nurses is dominated by low prevalence (56.9%) while the non-psychiatric nurses are moderate (52.2%). The prevailing burnout among psychiatric nurses is moderate (45.6) and the non-psychiatric nurses (51.9) interpreted as low prevalence. The prevalence of ancillary traumatic-stress among psychiatric nurses is moderate (57.5%), while the non-psychiatric nurses interpreted it as low (65%) prevalence. Among the current study participants, about 20.1% (n=32) had a high compassion satisfaction in psychiatric group while 79.9% have modrate to low compassion satisfaction. Moreover, the results related to the prevalence of burnout among nurses revealed that 45.6% (n=73) had a moderate level of burnout, 47.5% (n=76) had a high level of burnout. While in gtoup of non-psychiatric nurses is different about 51.9% (n=83) have low level of burnouts, 32.5% (n=52) and only 15.6% (n=25) have high burnout (Table 3). The results related to the prevalence rate of secondary traumatic stress revealed that moderate traumatic stress was prevalent among 57.5% (n=92), of psychiatric nurses whereas low and high traumatic stress was prevalent among 14.4% (n=23) and 28.1% (n=45) respectively. In non-psychiatric group secondary traumatic stress was lower than the psychiatric group as following low 65% (n=104), moderate 20.6% (n=33) and high 14.4% (n=23) respectively (Table 3).

Previously, it has been noted that high work preesure can affect the efficiency of the nurses and a place with tight and tough conditions can increase their experiences to have CF. However, some studies showed that this can affect low level of CF among thses nurses (Hinderer et al., 2014; Mason et al., 2014). Based on these results, I can conclude that the nurses have a high susceptibility to compassion fatigue. A study supports the current result that intensive care unit nurses in Saudi Arabia are suffering from moderate to high levels of burnout while experiencing only moderate levels of job satisfaction (Alzailai et al., 2021). Moreover, another study concluded with the same result that oncology nurses may develop compassion fatigue, worry and a desire to leave the field due to constant demands on their empathy (Arimon-Pagès et al., 2019). As explained earlier, health care providers, including the nurses, facing severe stress due to high expectations, time constraints, a lack of social support and a sense of

inadequate skills to address patient suffering, which affects their health and performance and impacts job satisfaction, workforce stability, retention and patient outcomes (Cavanagh et al., 2020).

Exploring the current prevalence rates of compassion satisfaction among psychiatric nurses revealed that 20.1% (n=160) had a low level of compassion satisfaction comparing with non-psychiatric nurses; high compassion satisfaction was prevalent among 41.8% (n=160). That supports our result that the psychiatric nurses have less compassion satisfaction, might be due high expectation and psychiatric patient outcome Compassion fatigue has been a result of work-related stress among mental newborns and it has impacted the wellness of psychiatric infirms. However, research into the compassion fatigue of Chinese psychiatric nurses is valuable. The purpose of this cross-sectional study was to look at the prevalence of CF and the factors that contribute to it among Chinese psychiatric nurses (Xie et al., 2020).

Furthermore, psychiatric nurses indicated that 45.6% (n=73) had a moderate level of burnout and 47.5% (n=76) had a high level of burnout. Compared with non-psychiatric nurses, moderate burnout was prevalent among 32.5% (n=52) and high burnout was prevalent among 15.6% (n=25). The result is slightly unexpected, so the majority of the literature review showed that psychiatric nurses have a high burnout. Regarding traumatic stress, moderate and high traumatic stress prevalence rates among psychiatric nurses were 57.5% (n=92) and 28.1% (n=45), respectively. Compare to non-psychiatric nurse moderate traumatic stress was prevalent among 20.6% (n=33) and high traumatic stress was prevalent among 14.4% (n=23). The previous study showed that nurses had a mean total post-traumatic stress score of 35.18 (SD = 10.92, range = 17 to 85), indicating moderate PTSD (Tirgari, 2019), which is close to the current result that the non-psychiatric nurses have a high risk to get secondary traumatic stress.

The results revealed only remarkable variations in the secondary traumatic-stress scale scores among the non-psychiatric nurses referred to differences in marital status and gender. However, a study done in Saudi Arabia reflected that male nurse reported higher levels of stress and burnout than female nurses, according to the study (Alharbi et al., 2020).

5. CONCLUSIONS AND RECOMMENDATIONS

The study recommends establishing the social and physical club in each center of a psychiatric hospital. To enhance social interaction and provide a psychological couch to all nurse staff. The practical experience and education qualification is key to increasing compassion satisfaction in nursing. Burnout and compassion fatigue with nurses in different specialties and departments We highly recommend the following: Establishing a psychological department for staff that will help support all psychiatric nurses. Launching a monthly educational session about the importance of quality of life among health care workers. Recruit a highly qualified nurse in the department of psychiatric to overcome to some extent the compassion fatigue and trauma related to work.

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Author Contributions

All authors contributed equally in the production of this manuscript. The authors collectively formulated the research problem collected data and analyzed the participants' responses and finalized the research report.

Ethical approval

The study was approved by the the ethical committee at the Saudi Ministry of Health (IRB log No. A01483).

Informed consent

Written & Oral informed consent was obtained from all individual participants included in the study.

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Conflict of interest

The authors declare that there is no conflict of interests.

Data and materials availability

All data sets collected during this study are available upon reasonable request from the corresponding author.

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