

Research Article

Compassion Fatigue Resiliency Program to Reduce Compassion Fatigue of Midwifery Students, Muhammadiyah University of Sidoarjo

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Abstract

Compassion fatigue is a feeling of distress experienced by individuals due to being immersed in the patient's trauma. This situation is commonly experienced by social workers or health workers who are intensely dealing with and providing assistance to patients. The purpose of this study was to provide knowledge about compassion fatigue and its handling through resilience techniques. The compassion fatigue resiliency training program was given for two days to 14 students with an average age of 21-22. The training provides an increase in students' knowledge about compassion fatigue and resilience. There was also a higher decrease in student compassion fatigue at follow-up than at the post-test. It can be concluded that; participants need time to practice resilience techniques in their daily lives first.

Keywords: compassion fatigue; resiliency; students

Abstrak

Compassion fatigue adalah perasaan tertekan yang dialami individu akibat tenggelam dalam trauma yang dialami pasien. Keadaan ini biasa dialami oleh pekerja sosial atau petugas kesehatan yang secara intens menangani dan memberikan bantuan kepada pasien. Tujuan dari penelitian ini adalah untuk memberikan pengetahuan tentang kelelahan welas asih dan penanganannya melalui teknik resiliensi. Program pelatihan ketahanan lelah welas asih diberikan selama dua hari kepada 14 siswa dengan usia rata-rata 21-22. Pelatihan memberikan peningkatan pengetahuan siswa tentang welas asih kelelahan dan ketahanan. Ada juga penurunan yang lebih tinggi pada kelelahan belas kasih siswa saat follow-up dibandingkan pada post-test. Itu bisa disimpulkan; peserta membutuhkan waktu untuk mempraktikkan teknik ketahanan dalam kehidupan sehari-hari terlebih dahulu.

Kata kunci: kelelahan belas kasih; kegembiraan; siswa

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Introduction

According to Law number 36 of 2014, a health worker is any person who devotes himself to the health sector and has the knowledge and skills through education in the health sector, which for certain types requires the authority to carry out health efforts. (Indonesia, 2014). Health efforts, in this case, take the form of a series of activities carried out in an integrated, integrated, and sustainable manner to maintain and improve the degree of public health in the form of disease prevention, health improvement, disease treatment, and health restoration by the government and the community. (Indonesia, 2014).

Currently, there are 12 types of health workers, namely, medical personnel, clinical psychology personnel, nursing staff, midwifery workers, pharmaceutical workers, public health workers, environmental health workers, nutrition workers, physical trainers, medical technicians, biomedical engineering workers, and traditional health workers (Indonesia, 2014). Based on the 12 types of health workers, one of the professions or health workers who play an essential role in Indonesia is a midwife, who primarily plays a role in promoting maternal and child health. (<http://www.depkes.go.id/>). The role of a health worker in the field of midwifery, in addition to assisting the delivery process, also helps monitor the process of pregnancy, postpartum, and the health condition of the baby/child born, so that the adequacy and competence of a midwife are important ("[Http://Www.Depkes.Go.Id/](http://www.Depkes.Go.Id/)," n.d.)

If a midwife can provide satisfaction in health services to her patients, this will undoubtedly positively impact both herself and the patient. Even so, as a midwife who works to help other people, she is prone to burnout. There is a demand to intensely assist others even though the situation is not favorable for himself or sometimes does not appreciate the person who is being assisted (COLEBEAVER, SHARP, & COTSONIS, 1986). If you have experienced this burnout condition, it will impact psychological distress, somatic complaints, insomnia, use of drugs, and low satisfaction with the work you are doing. (Geuens, Bogaert & Franck, 2017). This unfavorable condition or impact is also known as compassion fatigue. Compassion fatigue is a feeling of individual distress due to being immersed in the patient (Figley, 2002). According to Figley (Potter, Deshields, & Rodriguez, 2013). compassion fatigue is a combination of secondary traumatic stress (STS) and burnout (BO).

STS is a stress that naturally arises from knowing a traumatic event or sharing what the patient is experiencing (Figley, 2002). BO is a state of physical, emotional, and mental exhaustion caused by prolonged involvement in emotionally demanding situations (Figley, 2002). If you have experienced this painful condition, it will impact psychological distress, somatic complaints, insomnia, use of drugs, and low satisfaction with the work you are doing. (Geuens, Bogaert & Franck, 2017). Based on an initial survey of 40 midwifery students at UMSIDA, it can be concluded that students experience compassion fatigue during the internship process. The STS condition, 35 students, said they were sad if the patient had a miscarriage, the patient had an incurable disease, the baby was infected with a virus. Students also position themselves as patients through feeling the patient's pain and efforts during childbirth, imagining how, in the future, students will be able to withstand the pain.

The condition of BO, 38 students, stated feelings of fear, disappointment, shame, and failure if they could not help or provide the best service. Meanwhile, students blame themselves for their actions, which they feel are still incompetent. Faced with the STS and BO conditions, nine students expressed their desire not to resume their profession. The students' initial data results were in line with the research (Tucker, Bouvette, Daly, & Grassau, 2017), which shows that

third-year students have started to show signs of compassion fatigue. Marked by decreasing compassion satisfaction and increasing BO from the beginning to the end of the third year (Tucker et al., 2017).

Some programs have been proven to reduce compassion fatigue, namely the compassion fatigue resilience program. The training program was designed to improve resilience abilities and skills, thereby reducing the level of compassion fatigue experienced by individuals (Gentry & Baranowsky, 2013; Potter, Deshields, Berger, et al., 2013). In this program, students will be taught several techniques to increase resilience through self-regulation, intentionality, perceptual maturation, connection and support, and self-care. (Gentry & Baranowsky, 2013; Potter, Deshields, & Rodriguez, 2013).

Method

Extracting data through an initial survey on 40 students, and further interviews with four students who filled out the survey. Participants in the training were 14 midwifery science students in semester 6. Participants were representatives of 40 students who had filled out the initial survey. The average age of students is 21-22 years. The trainer in this training is Mei Shinta Dewi, S.Psi. And Tanalin Norfirdausi, S.Psi. Both trainers are undergraduate psychology graduates who are currently studying the Professional Psychology Masters program with a concentration in the clinical field at the University of Surabaya.

The training was given for two days. Materials on compassion fatigue, self-regulation, and intentionality were given on the first day. On the second day, students received material on perceptual maturation, connection and support, self-care, and revitalization. The method of delivering material is through lecturing, audiovisual, discussion, role play, and games. Lecturing, where the trainer explains the material orally to the participants, while the participants listen carefully and take notes on the core of the explanation if necessary. Audiovisual, namely explaining the material with the help of video, is expected to provide a more realistic picture to the participants. Discussion, namely the process of verbal interaction between trainers and participants and participants and participants, aims to express opinions, exchange information, or solve problems. Roleplay, which is to apply the existing material directly, helps participants not only know the theory but also be able to apply it in other situations. Games, Measurements in this training were given before and after training, then one week after training/follow-up. Measurement is also divided into three, namely (1). Measurement of knowledge, an arrangement based on theory/material, (2). Measurement of attitudes, using a professional quality of life (ProQOL) scale compiled by Stamm (2010) with a total of 30 items (10 compassion satisfaction items, ten secondary traumatic stress items, and then burns out items), (3). Measurement of behavior, using specific, measurable, achievable, reliable, time-limited (SMART) methods.

As additional data, observations were made during the training, and an evaluation of the participants' reactions to the training program was given at the end of each training. The data analysis technique used is a non-parametric statistical analysis with the Wilcoxon test. Data analysis using the help of the IBM SPSS 16 program.

Result and Discussion

Result

There were 25 students on the first day of training, 23 students on the second day, and 14 students at follow-up. Therefore, the pre and post-training data of 14 students will only be used. Based on the analysis of the measurement of knowledge, it was obtained sig 0.001 < 0.05 and an increase in the mean score of 5.7857. It can be concluded and there are differences in knowledge before and after training. 93% of students showed an increase in their scores from being high before. Attitude measurement is divided into three subscales. Obtained sig 0.505 > 0.05 and an increase in the mean score of 0.5714 on compassion satisfaction. Sig 0.898 > 0.05 and a decrease in the mean score of 0.2143 on burn out. Sig. 0.861 > 0, 05, and an increase in the mean score of 0.4286 in secondary traumatic stress. It can be concluded and there is no difference in compassion satisfaction, burnout, and secondary traumatic stress on students. Even so, there was an increase in students' compassion satisfaction scores by 64%, a decrease in burn out scores, and secondary traumatic stress by 50%.

Furthermore, the follow-up results, comparison through the results after training, and five days after the training was given. Obtained sig 0.682 > 0.05 and an increase in the mean score of 0.2857 on compassion satisfaction. Sig 0.570 > 0.05 and an increase in the mean score of 0.5 on burn out. Sig 0.058 > 0.05 and a decrease in the mean score of 1.7857 for secondary traumatic stress. In conclusion, there is no difference in compassion satisfaction, burnout, and secondary traumatic stress on students. There was an increase in the compassion satisfaction score by 43%, a decrease in the burnout score by 43%, and a decrease in the secondary traumatic stress score by 71%. Data for behavior measurement were obtained after five days of training / follow up. Each student has a behavior plan to practice implementing the resilience stages. Through the results of the interviews, there were two students who routinely carried out all stages of resilience every day and without experiencing obstacles to carry them out. The other 12 students have not routinely carried out all resilience stages due to obstacles from internal and external factors.

Discussion

Based on the results of statistical tests, it can be stated that training increases student knowledge. Training cannot be fully stated to increase compassion satisfaction, reduce burn out, and secondary traumatic stress. Before being given the training, the measuring instrument results showed that the students' compassion satisfaction was in the medium to a high category, burn out and secondary traumatic stress were in the medium to low category. This is different from the survey results and initial interviews with 40 students, namely 35 students showing STS conditions, 38 students showing BO conditions, and nine students showing compassion dissatisfaction. This difference is due to several things. First, there is high social desirability (SD) on the ProQOL measuring tool so that students tend to answer well. Supported by research [Jaya, Hartana & Mangundjaya \(2011\)](#), Indonesian people are very obedient to society's moral values so that they can unwittingly do SD when giving a response. Second, the variable compassion satisfaction on participants compensates for the emergence of compassion fatigue. Even though the students felt tired physically and mentally, satisfaction was satisfied after successfully providing assistance and assistance to patients.

Third, the training is given for two consecutive days, while based on the reference journal, it is given for several weeks (Potter, Deshields, & Rodriguez, 2013). Likewise, the score's change was higher at follow-up, supporting that participants need time to practice skills and benefit first. During the follow-up, interviews were conducted with several participants who had attended the training process and carried out an action plan. From the interview results, it was found that most of the participants had practiced the resilience techniques that had been taught during the training. For example, to conduct self-regulation, participants practice breathing techniques in the morning before starting activities. For self-care, participants apply adequate night sleep and do their hobbies. The results of the interview also showed that most of the participants felt the changes that occurred in them, more positive changes, such as decreased anxiety when dealing with lecturers, decreased stress levels due to the demands of many assignments, and increased self-control skills, for example not quickly panicking when facing a 'killer' lecturer. Unfortunately at the time of implementing the action plan, the participants had not yet practiced resilience techniques into their practice as a midwife because the practice period was off and at that time the participants were undergoing a mentoring period with a lecturer, so they could only integrate resilience techniques and the benefits they received into in his daily activities as a student.

The implementation of resilience techniques that have been carried out by the participants includes the five resilience techniques that have been learned. For example, related to self-regulation techniques, breathing exercises when waking up and before starting activities. For the technique of achieving goals (intentionality), which is making goals that will be achieved on that day, for example, going to guidance with a lecturer or completing revisions. Positive thinking techniques (perceptual maturation) are carried out by diverting negative thoughts such as being scolded by lecturers to be more positive, namely "lecturers who scold means that we need to be corrected so that we can become better midwives." The connection and support technique is done by listening to a friend's confession for 15 minutes and complaining to friends when facing difficulties. Self-care techniques are carried out by getting enough sleep at night, namely 6-8 hours or doing relaxation. Although there was no significant change quantitatively, the qualitative results indicated that there were benefits for the participants that could be applied in their daily lives.

Conclusion

In conclusion, training shows positive changes in knowledge and is shown through positive changes in student behavior. It is just that changes in behavior/skills are manifested only in daily activities as a student. Students have not had the opportunity to apply skills in the hospital or to patients because they are not yet in an internship. The following describes the strengths and weaknesses of the training. The advantages are (1). The training theme is relatively new and appropriate to address the participants' problems or needs (2). The training methods provided vary and are tailored to the characteristics of the participants, (3). The material and language used have been adjusted or simplified to be easy for participants to understand (4). Participants are interested and cooperative in following the activation process from the beginning to the end of the training session. The weaknesses are (1). Some participants were late because the training schedule coincided with the student guidance implementation schedule so that the training was also late, (2). Training sessions often start not on time because they have to wait for all participants to finish praying, while the prayer room, which is only adequate for a few people, causes participants to have to queue each other, (3). The training is carried out when students are fasting so that near the end of the session, some participants begin to look tired,

(4). The first session of the training discussed compassion fatigue or intervention targets that should not have been given in a training session.

The following suggestions can be given to future students and trainers for students, (1). Routinely practice implementing self-regulation so that they can better control the emotions that are felt when doing the mentoring process and daily life (2). Carrying out tasks or demands in life always based on the goals or values that are owned so that it is not easily discouraged, and self-satisfaction is achieved by fulfilling goals that have been successfully carried out (3). The application of perceptual maturation immediately realizes and changes negative thoughts to be more positive not to trigger harmful impacts on the body or other people, (4). Trying to assist with fellow midwifery professionals or other professions who are experiencing difficulties by referring to a good listener's criteria (5). Discipline in implementing self-care to optimize oneself to increase positive emotions in oneself and provide maximum assistance to those around you. For the next trainer, (1). Giving a simple psychological test to find out the differences in the participants' characteristics so that they adjust the training method accordingly, (2). Establish a good rapport so that participants want to be active and cooperative in following the training activity process Discipline in implementing self-care to optimize oneself to increase positive emotions in oneself and provide maximum assistance to those around you. For the next trainer, (1). Giving a simple psychological test to find out the differences in the participants' characteristics so that they adjust the training method accordingly, (2). Establish a good rapport so that participants are willing to participate actively and cooperatively in following training activities. Discipline in implementing self-care to optimize oneself to increase positive emotions and provide maximum assistance to those around you, for the next trainer, (1). Giving a simple psychological test to find out the differences in the participants' characteristics so that they adjust the training method accordingly, (2). Establish a good rapport so that participants are willing to participate actively and cooperatively in following the process of training activities

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