PERSONALITY, COMPASSION FATIGUE AND BURNOUT AMONG NURSES

A Thesis Presented to

The Faculty of the College of Graduate School

Samar State University

Catbalogan City, Samar

In Partial Fulfillment

of the Requirements for the Degree

MASTER OF SCIENCE IN NURSING

Major in Nursing Management and Clinical Supervision

RUBY GRACE BELLO PACOLOR, MSN, RN

March 2018

APPROVAL SHEET

This thesis entitled, **"PERSONALITY, COMPASSION FATIGUE AND BURNOUT AMONG NURSES"** has been prepared and submitted by **Ruby Grace Bello-Pacolor,** who having passed the comprehensive examination, is hereby recommended for oral examination.

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ACKNOWLEDGEMENT

The researcher would like to express her deepest gratitude, first and foremost, to the Almighty Father for His blessings, the gift of life knowledge, which enabled the researcher to conduct this study.

To the researcher's beloved parents and in-laws, Mr. Ranulfo S. Bello and Mrs. Aniceta O. Bello, Dr. Eusebio T. Pacolor and Mrs. Nenita F. Pacolor for their love, support and understanding which inspired her to continue with this research despite the problems encountered in the process of fulfilling this piece of work.

To her husband, Mr. Cesar F. Pacolor and children, Kurt Nathan and Kyle Zander, for their love and emotional support which gave the researcher strength and willpower to work hard to complete this manuscript.

To Ms. Mae V. Caňal, RGC for her encouragement, her expertise in the psychological field/side of the study, her advice and suggestions in making this paper.

To the Career Guidance staff (Andrea, Angelyn & Christine) for their valuable time and effort in administering the psychological test.

To the Chief of Hospital, Chief Nurse and Admintrative Officer of Samar Provincial Hospital for their cooperation in allowing the administration of the research instruments among their nurses.

Likewise to the nurse-respondents, for their understanding and cooperation.

Sincere appreciation is also extended to Ms. Charmaine R. Quiña, MAN, faculty member and research adviser, for sharing her expertise, valuable time and advices, for painstakingly reviewing the manuscript and for supporting through the whole research process.

The researcher also wish to extend her sincere appreciation to the member of the thesis committee, Dr. Ronald L. Orale, Dr. Dolores L. Arteche, Dr. Florabelle B. Patosa, and the head of the panel evaluator and dean of College of Graduates Studies Dr. Felisa E. Gomba, for their insightful comments, constructive criticisms and suggestions for the refinement of this manuscripts.

Thank you so much!

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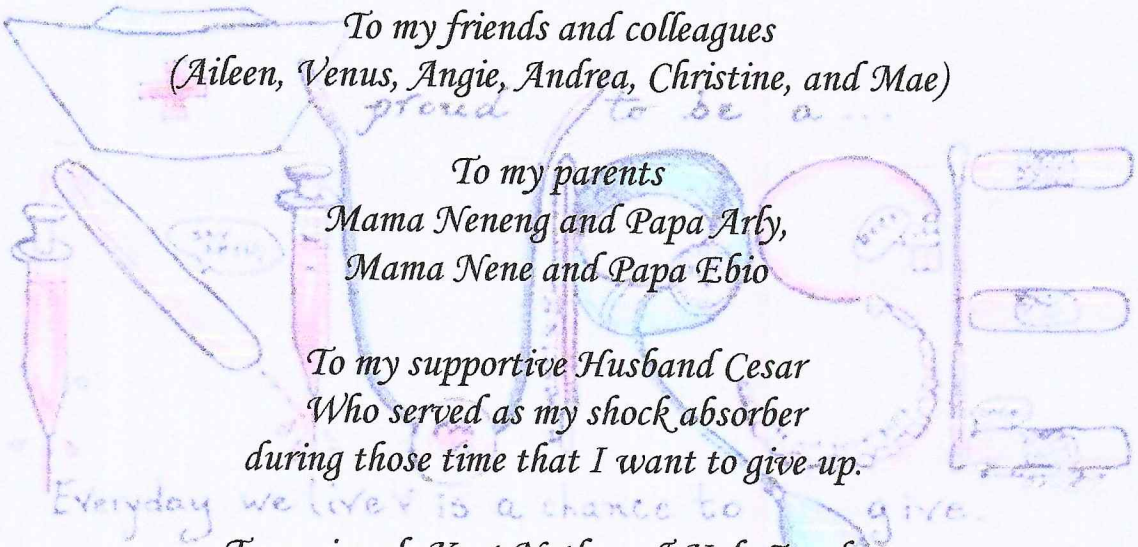
DEDICATION

I humbly dedicate this work

To my friends and colleagues
(Aileen, Venus, Angie, Andrea, Christine, and Mae)



To my parents
Mama Neneng and Papa Arly,
Mama Nene and Papa Ebio

To my supportive Husband Cesar
Who served as my shock absorber
during those time that I want to give up.

To my jewels Kurt Nathan & Kyle Zander,
Who served as my inspiration to continue despite all the difficulties.

And above all, to the Almighty God,
For the gift of knowledge and wisdom.

ABSTRACT

This study aims to determine the prevalence and relationship of compassion fatigue, burnout and compassion satisfaction experienced by a nurse working in Samar Provincial Hospital. This study employed the descriptive research design using correlational analysis. Based on the findings of an assessment conducted by the Department of Health, the institutions have 95% compliance. But there are still aspects that need to be considered in terms of the needs of the nurses such as the compensation, the increasing number of patients, the lack of training and seminars and the lack of supplies and equipment. Additionally, as discussed in the limitations, the questionnaire may have skewed the results of the study by eliminating individuals who have high anxiety and tough-mindedness and who may have been appropriate for the study. The personality profile along with emotional stability, apprehension, and abstraction had a significant relationship with the nurse-respondents' compassion fatigue and burnout. Moreover, the personality profile along openness to change had a significant relationship with the nurses' compassion fatigue while tension on burnout. Work-related components can also be a mitigating factor in the development of compassion fatigue and burnout if these components are not addressed respectively. Nurse-respondents should be encouraged to grow professionally through active involvement in relevant in-service training and pursuing master's degree for them to internalize their duties and accountabilities.

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Chapter 1

THE PROBLEM AND ITS SETTING

Introduction

The nursing profession is physically and emotionally demanding. Complex patient loads, long shifts, demanding physicians, fast-paced environment and working in an emotionally and physically challenging area can cause stress to nurses. Despite these factors that are mentioned, nurses are trying their best to give the patients the quality care they need. A type of care that is compassionate, enduring and empathetic.

But this compassionate care can diminish over time due to the increasing number of patients and continues exposure to patients who are severely ill, wounded, traumatized, or simply vulnerable, therefore, they become witnesses to human sufferings on a daily basis. They become so used to human suffering that they eventually get tired of it, leading to loss of compassion and empathy towards the patient.

Harmer and Henderson (2009) claim that it is a nurse's responsibility to empathize with patients and their relatives and to show them compassion. But according to Simpson (2004), during the process of empathizing with patients, nurses tend to reduce their self-efficiency and sacrifice more for their needy patient.

Filipino nurses according to Relos (2014) are highly skilled, efficient, compassionate and caring. They are not thinking about their own home but to keep their patient safety. Furthermore, in the Filipino Nurses Organization 2011, states that despite the worst facilities and medical supplies of the government hospital of the Philippines, real compassion is being shared by everyone. Nurses learned to take initiative and they never give up and they always find ways to survive. And this sacrifices for the needy tend to expose nurses to trauma and suffering experienced by the patient and this exposure has a direct effect on the caregiver's ability to empathize, engage and develop a therapeutic relationship with patients.

Healthcare provider (nurse) should not only focus on the therapeutic nurse-patient relation but also to its relationship with self. Working in a stressful environment with lots of patients such as the emergency room, ward, OR/DR and even in a community setting can alter a nurse relationship with self and its emotional and physical stability and later may result into compassion fatigue and eventually burnout.

With the amount of negative physical and psychological effects impacting a person's personal life and work environment, it is necessary to further investigate compassion fatigue.

There were only a few types of research that examine the relationship between compassion fatigue and personality. Over the past 60 years, there has been an increased interest in exploring the different personality theories

including a factor analysis study of traits. This includes the 16 Personality Factors questionnaire.

Personality also refers to stable internal factors or traits which underlie consistent individual differences in behavior. These internal factors, according to Eysenck, are called traits (Shalabi & Nodoushan, 2009). It is expected that any given individual will behave in a reasonably consistent manner on different occasions. Eysenck (1994) believes that everyday experience indicates that most people have non-extreme personalities, and claims that this view is supported by personality research (as cited by Shalabi et al., 2009).

Furthermore, the researcher has studied personality characteristics working as moderator variables and demonstrated that certain personality characteristics act as a buffer against other stressors and can even work to an advantage. Overall, the five-factor personality characteristics have provided useful knowledge in understanding individuals in social, interpersonal and institutional settings and therefore are important in researching compassion fatigue (Bonfield, 2014).

Hence, the researcher would like to investigate the prevalence of compassion fatigue and burnout and the possible relationship between personality traits and compassion fatigue and burnout as well as the work-related components and environmental and organizational profile of the institution.

Statement of the Problem

This study aims to determine the prevalence and relationship of compassion fatigue, burnout and compassion satisfaction experienced by a nurse working in Samar Provincial Hospital. Specifically, it seeks to answer the following questions:

1. What is the personality profile of the respondents?
2. What is the environmental and organizational profile of the hospital?
3. What is the prevalence of compassion fatigue, compassion satisfaction and burnout among the respondents?
4. What is the level of contribution of work-related components to the experience of compassion fatigue and burn out among the respondents?
5. What are the recent challenging situation experienced by the respondents along:
    - 5.1. administrative support services;
    - 5.2. nursing services;
    - 5.3. emergency services;
    - 5.4. pedia/nursery services;
    - 5.5. medical services;
    - 5.6. surgery services; and
    - 5.7. out-patient department services?

6. Is there a relationship between compassion fatigue, burnout, compassion satisfaction, personality profile, environmental and organizational profile?

Hypothesis

There is no significant relationship between compassion fatigue, burnout, compassion satisfaction, personality profile and environmental and organizational profile.

Theoretical Framework

Compassion and empathy are the basic components of care. When these two components will deplete this will results in compassion fatigue and eventually burnout. In this study, Watson's theory of Human Caring and Hans Selye's stress model "General Adaptation Syndrome" are considered to better understand the development, prevention, and management of compassion fatigue and burnout.

Watson's Theory of Human Caring emphasizes the relationship between the transaction of care between patient and nurse. The human care processes are composed of 10 carative factors and the nurses must practice these factors before actual transference care can occur (Sourial, 1996).

Watson's theory of human care assumes that the care interaction between nurse and patient is a shared experience that only the caregiver and patient can benefit. When nurses do not engage in developing relationships with patients

and are not authentic and genuine in their work, positive feedbacks will likely not occur because there was no "unity of the mind, body, and spirit" (Watson, 2014). Instead, a transition of tasks occurred that was mistakenly perceived as care by the nurse.

This pragmatic approach can consequently create dissatisfaction for both patient and nurse. The patient would not perceive the interaction as one that entailed "care with love and kindness" (Watson, 2014), therefore, "a trusting and caring relationship" (Watson, 2014) did not develop because "basic needs were not met with dignity and it lacked honor to the patient's value system" (Watson, 2014). The nurse, on the other hand, would not feel a sense of accomplishment due to inadequate acknowledgment by the patient and institution for his or her contribution to the patient's health and well-being.

Hans Selye created the stress model "General Adaptation Syndrome". The body has been adapting to external stressors in terms of a biological pattern that is predictable. So, the internal balance or homeostasis would be restored and maintained. Three phases of stress response were then identified. These phases are the alarm stage, resistance stage, and the exhaustion stage.

Nurses experience CF and BO because of continued exposure to the different type of patient with different types of cases every day, as well as the family members which are worried about the situations. The body tries to maintain its balance from this stressful situation to function well. Continued exposure to this situation will make the body's defense become weaker. As a

result, nurses become prone to developing maladaptive behaviors that ultimately lead to CF and BO.

Conceptual Framework

The schematic diagram represented by Figure 1 is the conceptual framework of the study. The diagram starts with two ovals at the right that represents the work-related components (environmental and organizational) and the personality profile of the nurse-respondents who are staff nurses of Samar Provincial Hospital.

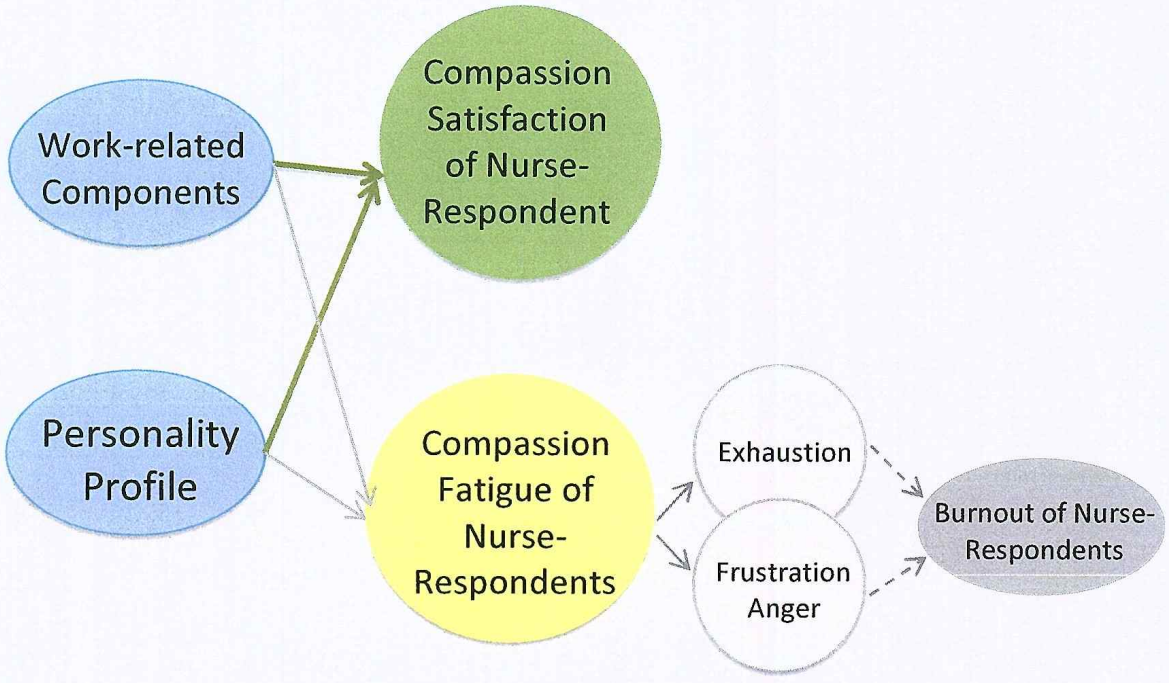

Figure 1. Conceptual Framework of the Study

These ovals are connected to large frame circle which represents the variable of the study which is the compassion satisfaction and compassion fatigue of the nurse respondents. The next small circles that are connected to the variable compassion fatigue are the stressor/factors that continuously bombarded the nurse-respondents which later on develop into burnout represented by the last oval. This diagram was adopted from Stamm's (2009) Theoretical Model of Compassion Satisfaction and Compassion Fatigue.

Significance of the Study

Among those who would benefit from this study are the nurses, nursing services, clients/patients, the institution, and future researchers.

Nurses. The result of this study will help increase the awareness of nurses to compassion fatigue and burnout and on how to prevent it and how to cope with it. This will inform the nurses of the importance of self-evaluation and this will help achieve a better holistic care for the client/patients as well as the institution.

Nursing services/administrator. The result of the study will be an eye-opener to the condition of the nurses from the data that will be collected, and this will provide an appropriate approach in the implementation of a support system for the staff nurses.

The Institution. The data from this study will provide an insight on how the nurses are performing in the respective areas and this will be a springboard

on what programs and reorganizations that will be implemented to motivate the workers.

Clients/patients. The result of the study will enhance the nurse's way of caring and the client will receive the best quality health care services from the healthcare providers (nurses) that are holistically well.

Future Researchers. This study will serve as a reference and can be used as a comparison for a modification and recommendation for further studies.

Scope and Delimitation

This study is limited to measuring the personality profile of nurses using the 16 Personality Factor Questionnaire (16PF), the prevalence of compassion fatigue, compassion satisfaction and burnout using the ProQOL version 5 and the level of work-related components among registered nurses of Samar Provincial Hospital who has a direct contact with the patient and their families and how these factors are related to one other.

Nurse-respondents who were found to have a high result in anxiety and tough-mindedness were excluded in the focused group discussion.

Furthermore, this study used a descriptive-correlational research design; this method was used to describe the profile of the respondents who are the staff nurses of Samar Provincial Hospital and the environmental and organizational profile of this institution. This would also determine the relationship of

compassion fatigue, burnout and compassion satisfaction and personality traits as well as the work-related components of the nurses.

The study was conducted during the second semester of the school year 2017-2018.

Definition of Terms

To give the reader a better understanding of the textual presentation of the study, the following terms are defined conceptually and operationally.

Anxiety. Conceptually defined as the fear or nervousness about what might happen. This is use in the study as a global factor in the 16PF test that is consisted of the primary factors emotional stability, vigilant, apprehension and tension (Cattell, et. Al, 16 Personality Factor Test).

Burnout (BO). Defined and used in the study as a syndrome of emotional exhaustion, depolarization, and reduced personal accomplishment that can occur among individuals who do people work of some kind. It is a response to the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems (Maslach 1982).

Caring. Defined effort made to do something correctly, safely, or without causing damage (Merriam-Webster). This is used in the study as the feeling or affection of the nurses to help the patients.

Compassion Fatigue (CF). Defined and used in the study as emotional residue or strain of exposure to working with those suffering from the

consequences of traumatic events. Can occur due to exposure on one case or can be due to a "cumulative" level of trauma (Figley, 1995).

Compassion Satisfaction (CS). Defined and used in the study as the pleasure one receives from doing his/her work (Stamm, 2010c).

Empathy. Defined and used in the study as the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner (Merriam-Webster).

Environmental Profile. Defined as characterization of the environment in which a system will be used. Aspects may include ambient lighting and noise, temperature, humidity, smoke, chemical substances, vibrations, the visual environment, enclosures and furnishings, the user terminal, and other human activity; this is used in the study as the different indicator in the DOH assessment tool (Annex K1 0012-2012).

Extroversion. Defines as the act, state or habit of being predominantly concerned with and obtaining gratification from what is outside the self(Merriam-Webster); Used in the study as the first global factor in the 16 personality factors (16PF) and a combination of the primary factors namely: warmth, liveliness, boldness, privateness and self-reliant.

Independence. Defined as the freedom from outside control or support (Merriam-Webster); operationally, this is the 4th global factor in the 16 personality factors (16PF) and a combination of the primary factors namely: dominance, social boldness, vigilant and openness to change.

Staff Nurses. Refers to a person who cares for the sick or infirm; specifically: a licensed health-care professional who practice independently or is supervised by a physician, surgeon, or dentist and who is skilled in promoting and maintaining health (Merriam-Webster).

Organizational Profile. This refers to the brief information about the history and evolution of the company/institution, the performance history and anticipated performance in the future, the reputation of the company and details of the goods and services provided by them (Merriam-Webster). This refers to the brief information of Samar Provincial Hospital.

Personality traits. This term refers to enduring personal characteristics that are revealed in a particular pattern of behavior in a variety of situations (Cattell's 16PF). This refers to the primary and global factors of personality traits of the nurses of Samar Provincial Hospital.

Prevalence. Defined as the degree to which something is prevalent (Merriam-Webster); Used in the study as the occurrence of the CF, BO, and CS in the study.

Respondents. A person who replies to something, especially one supplying information for a survey or questionnaire or responding to an

advertisement (Merriam-Webster); in the study, these are the staff nurses of Samar Provincial Hospital.

Self-control. Defined as control over one's feeling or actions, operationally it is the 5th global factor in the 16 personality factors (16PF) and a combination of the primary factors namely: liveliness, rule-consciousness, abstractedness, and perfectionism (Cattell's 16PF).

Tough-mindedness. Defined as realistic or unsentimental in temper or outlook (Merriam-Webster); operationally it is the 3rd global factor in the 16 personality factors (16PF) and a combination of the primary factors namely: warmth, sensitiveness, abstractedness, and openness to change.

Work-related components. Work-related factors experienced by the nurses that can contribute to the development of compassion fatigue and burnout.

16 personality factors. There are the 16 primary factors that are measured in the standardized 16 Personality Factor Test (16PF). This includes warmth, reasoning, emotional stability, dominance, liveliness, rule-consciousness, social boldness, sensitivity, vigilance, abstractedness, privateness, apprehension, openness to change, self-reliance, perfectionism, and tension. These factors are then grouped into five global factors that represent the whole personality of an individual. This includes extraversion, anxiety tough-mindedness, independence, and self-control (Cattell, 16PF 5th Edition).

Chapter 2

RELATED LITERATURE AND RELATED STUDIES

This chapter contains ideas and information's relevant to the study. These ideas and information's are categorized into themes.

Related Literature

The model below shows how three key environments feed into the positive and negative aspects of helping others. These three environments are the actual work situation itself, the environment of the person or people with whom we are providing care or assistance and the personal environment that we bring to the work we do. Compassion satisfaction is about the pleasure you derive from being able to do your work. On the other side of compassion satisfaction can be Compassion Fatigue. This is the negative aspect of work as helpers. There are two parts: the first part concerns things such as exhaustion, frustration, anger, and depression that are typical of burnout. The second part is Secondary Traumatic Stress, a negative feeling driven by fear and work-related trauma. In other cases, work-related trauma can be a combination of both primary and secondary trauma.

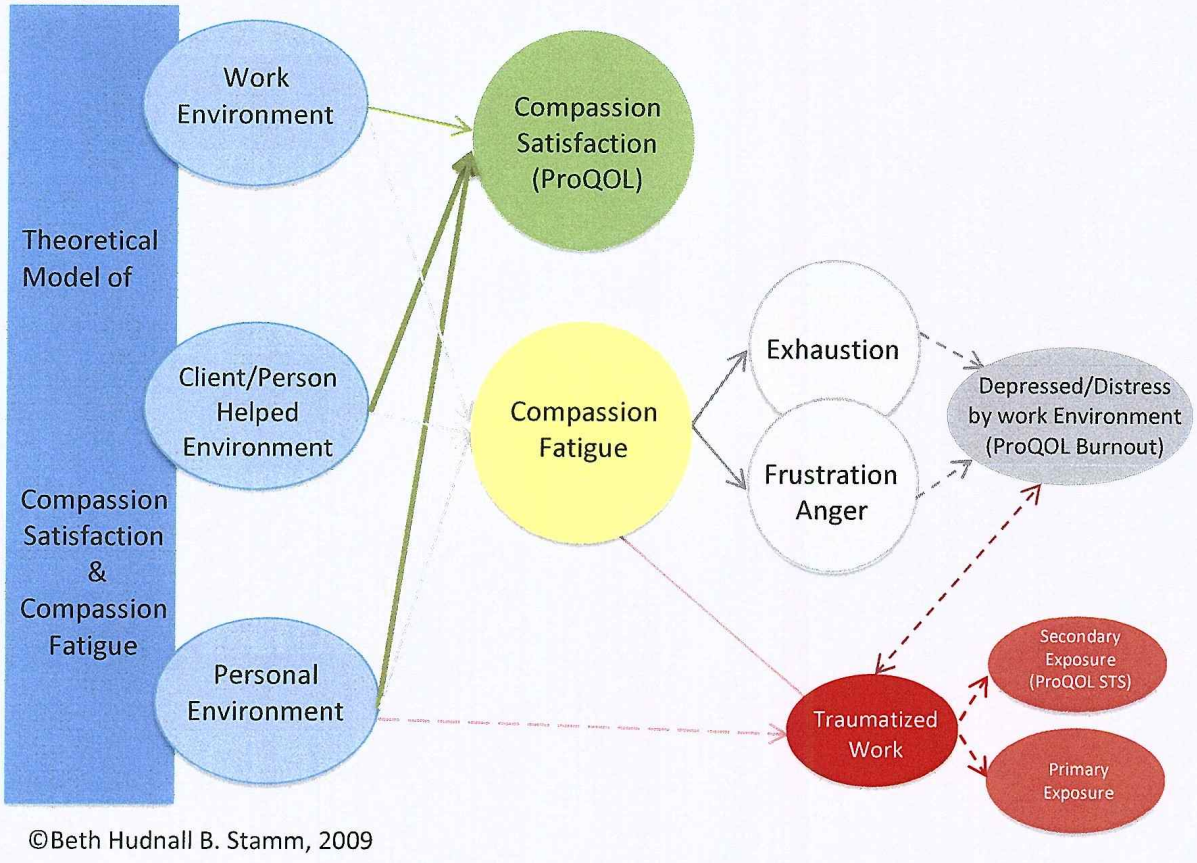

Figure 2. Beth Hudnall B. Stamm Model

Compassion Fatigue is the latest in an evolving concept that is known in the field of Traumatology as Secondary traumatic stress. This was first described by Figley (1982) as the cost of caring for others in emotional and physical pain. Throughout the years many have come up with their own definition of the term.

Burnout, on the other hand, was described by Maslach (1982) as a syndrome of emotional exhaustion, depolarization, and reduced personal accomplishment that can occur among individuals who do people work of some kind. This phenomenon is a response to the chronic emotional strain of dealing

extensively with other human beings, particularly when they are troubled or having problems.

On the other hand, Figley Institute defined burnout as a result when individuals are exposed to trauma, fear or uncertainty, loss of economic security or position and anger over diminished control or circumstances. Braunschneider (2013) defined burnout is more gradual in onset and is related to problems in the workplace rather than from becoming attached to patients.

Burnout is the result of an internal conflict that opposes or hinders the employment of personal values in projects of the company. The nursing staff has certain professional expectations and inclinations that make them susceptible to suffering burnout. Working conditions of nurses (work overload, excessively long working days, role ambiguity and conflict, lack of autonomy…) that are increasingly difficult to cope will result in a progressive loss of idealism and energy, the reasons that led to the choice of this profession. Before long, the nurse starts to experience emotional exhaustion, depersonalization, and reduced personal fulfillment. These are the three main dimensions of burnout syndrome measured by the Maslach Burnout Inventory (MBI).

Both terms have been used interchangeably in the past. According to Figley (1995), the presence of burnout could increase the likelihood of developing compassion fatigue. Burnout can also occur in any profession, but compassion fatigue is specific to helping and caregiving professions. While Sabo (2006) differentiate compassion fatigue and burnout by stating that compassion fatigue

is a consequence of caring suffering people rather than a response to the work environment.

On the other hand, Anewalt (2009) in his study concludes that some symptoms of burnout and compassion fatigue are similar. However, the distinguishing factors include the onset of symptoms and the effect upon the caregiver's (nurse) role. It further explains that in burnout the onset is more progressive and may cause indifference, disengagement, and withdrawal from the patients and the work environment while compassion fatigue is acute in onset and may precipitate over involvement in patient care.

Some studies identified factors that influence the development of both compassion fatigue and burnout. Tadaro-Franceschi (2013) concluded that compassion fatigue is being related to the connection with others and bearing witness to their sufferings, whereas burnout is a more generalized dissatisfaction with work resulting from things like salary, workload, benefits and organizational culture. This can also be caused by working longer shifts. In the research conducted by the Gori., et. Al (2011), nurses whose working shift is 10 hours or longer are up to two and a half more times to experience burnout and job dissatisfaction. This notion was supported by the study of Yoder (2008) that 8 hours shift and less than 10 years of experience have higher tendency to develop compassion fatigue.

Furthermore, Abendroth and Flannery (2006) study found that nurse is in the high-risk category of developing when they possess 'self-sacrificing behavior.

This study also considered high census, heavy patient assignments, high acuity, overtime and extra work days as triggering factors. On the other hand Hunsaker, et. Al (2014) found that nurses who worked 8 to 10-hour shifts had higher levels of CS and lower levels of BO than nurses working 12 hours or "other" shifts. And nurses who felt that they had managerial support had significantly higher levels of CS than nurses who did not report having managerial support.

Additionally Young & Kim 2012 organized the factors that are associated with compassion fatigue into five categories: personal, professional, psychological support and coping factors. Factors that are associated with high compassion fatigue are less experience with a traumatized patient, long work hours or overload, terminal caseload, job insecurity and informal discussion about work. Some psychological factors were also identified. Among these factors were high work stress, traumatic stress, moral distress personal stress, anxiety traumatic response and excessive empathy.

Related Studies

Presently, there are only a few studies that measure the relationship between the personality factors and compassion fatigue but many related studies have examined the relationship between personality and burnout. Investigation of personality as it specifically relates to compassion fatigue is necessary.

It is important to understand to what extent personality and situational factors play a role in mental health in which ultimately lead some to succeed and others to burnout. Burnout in is often measured by the Maslach Burnout Inventory while compassion fatigue is measured nowadays with the use of ProQOL Version 5. On the other hand, personality is measured by different types of standardized personality test that is administered by registered psychometricians. Some of these psychological tests are NEO-Pi-R, the Big Five, and the 16 Personality Factor Test.

Many studies about burnout have been conducted adding in one or two variables that had not been previously examined. However, the relationship of burnout to other obviously related psychological processes and concepts has not been sufficiently clarified nor have cultural factors in the definition and experience of burnout ever been fully explored.

The prevalence of burnout syndrome in nurses is a variable and is related to the working shift. Albendín et al. carried out a revision of 27 works undertaken in 13 different countries and found a high burnout prevalence rate of 32.2% in nurses working in emergency services. In Spain, San Clemente et al. (2010) showed that burnout figures in nursing professionals range between 18% and 33%. Between 26.74% and 55%, Spanish nursing professionals show emotional exhaustion.

The previous study of Albendin was only focused on burnout among nurses from different part of the globe. The present study was concerned with

the relationship of personality profile to burnout. Despite the difference, however Albendin study provide a background of burnout of nurses.

Nursing staff suffers a variety of stressors that have been recognized and studied in previous papers as antecedents to burnout syndrome. Stressors affecting nurses are related to their professional performance (e.g. autonomy). Stressors related to their work environment (e.g. managerial support for nursing, doctor-nurse collegial relations, promotion of care quality), social support (e.g. friends, family relatives, colleagues, supervisors), the type of assistance they provide, their lifestyle (e.g. physical exercise, sleeping hours, diet), personality traits (e.g. type A personality, extraversion) or the economic and social context have also been described and studied (Garcia & Ayala, 2017).

The study of Garcia & Ayala was focused on the stressors such as professional performance, work environment, social support, and type of assistance, lifestyle, personality traits and economic and social context that influence the development of burnout. Some of the above mentions stressors are also included in the present study such as the personality traits and work environment of the respondents.

Piedmont (1993) conducted a three-year longitudinal analysis of burnout in healthcare setting examining the role of personal dispositions. Findings indicate that burnout represents a stable phenomenon that is clearly associated with enduring qualities of the individual. Furthermore, the study concluded that neuroticism and agreeableness predicted increased distress and vulnerability to

symptoms of burnout, and conscientiousness was positively associated with a sense of accomplishment. From the study, it becomes apparent that personality significantly contributes to the outcome of burnout.

Bakker (2006) studied the relationship between burnout and the Big Five personality factors in volunteer counselors who cared for patients that were terminally ill. He found that emotional exhaustion is uniquely predicted by emotional stability, depersonalization is predicted by emotional stability, extraversion, and intellect/autonomy, and personal accomplishment is predicted by extraversion and emotional stability. Overall, burnout was most associated with neuroticism and was shown to be the best predictor of burnout.

Moreover, Bakker (2006) demonstrated that extroversion was negatively correlated with symptoms of burnout, and particularly associated with feelings of personal accomplishment. Specifically, the personal accomplishment was positively correlated to extraversion and agreeableness when volunteers were faced many stressful experiences, which indicates that extroversion and agreeableness are a protective factor and is especially apparent when faced with stressful situations (Bakker, 2006).

The parallelism between the study conducted by Bakker and Piedmont and the present study was on their focus on the relationship between personality profile/traits and burnout. The only difference between the two was Bakker used the Big Five Personality Test while the present study uses the 16 Personality Factor Test.

Researchers Gustafsson & Persson (2009) studied personality traits among burnt out and non-burnt out health-care personnel using Cattell's 16 Personality Factors (16 PF). The burnout group had lower scores regarding emotional stability and higher scores regarding anxiety than the non-burnout group, but the results also showed a wide variation of personality traits within groups (Gustafsson, 2009). These results are similar to another research finding (Bakker, 2006), emotional stability is a key feature in the non-burnout group. Researchers also found that liveliness, privateness, and tension were also associated with those who were not experiencing burnout. In addition, Gustafsson (2009) found that openness to change and anxiety was most closely associated with those with burnout. Anxiety is often described as neuroticism in other personality research models such as the Big Five.

This study was congruent with the present study in terms of the relationship of the Big Five personality factors on the development of burnout. However this study uses the Big Five and a controlled and non-controlled group as respondents while the present study uses the 16PF which includes the 16 primary factors of personality and the respondents were non-controlled group.

Additionally, empathy was also measured in communication, such as my co-workers reassure me about my feelings (Zellars, 2001). Findings revealed associations between affective personality characteristics and social support and burnout. Communication that expressed empathy was associated with increased personal accomplishment. Specifically, extroverts engaged in positive, negative,

and non-job related conversations and demonstrated greater personal accomplishment in which the researcher suggests, relieves stress allowing them to remain optimistic (Zellars, 2001). This finding is reflective of previous research done that emphasized the need for extroverts to engage in conversations and social support in order to avoid emotional exhaustion (Eastburg, 1994). Furthermore, individuals high in agreeableness tended to engage in more positive and empathic communication consisting of non-job related conversations.

The study of Zellars was focused on empathy as was measured through communication. This also connects communication unto the Big Five personality factors. The present study was only focused on the overall personality of nurses in relation to burnout.

Furthermore, Howell (2016) specifies that those with higher levels of extroversion tended to derive greater satisfaction from the helping work that they do where those with higher levels of neuroticism who were at greater risk of developing job burnout and compassion fatigue. He concluded that the current research indicates that personality traits can impact job satisfaction burnout and compassion fatigue in helping occupations. He further concludes that CF can manifest physical, cognitive, and behavioral symptoms that interfere with job performance and affect personal well-being.

Hence, the studies that mentioned are similar to the study that was conducted by the researcher. The studies have often been conducted on

relatively small and non-representative samples, using different measurement instruments or being conducted in culturally different countries. But these studies have come up to almost the same conclusion with regard to the factor that affects compassion fatigue and burnout.

Chapter 3

METHODOLOGY

This chapter describes the method and procedures employed in the conduct of the study which includes the research design, instrumentation, validation of the instruments, sampling procedure, data gathering procedures, and statistical treatment of data.

Research Design

This study employed the descriptive research design using correlational analysis which aimed to determine the prevalence of compassion fatigue, burnout and compassion satisfaction; the relationship of compassion fatigue, burnout, compassion satisfaction to the personality profile, environmental and organizational profile and the level of contribution of work-related components among the nurse-respondents in Samar Provincial Hospital. This study focused on findings and classification of collected data gathered with the aid of three sets of questionnaires, namely: Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL) by Hudnall B. Stamm, 2009, Work-Related Component by Fernando M. Calion, Jr, 2016 and the standardized Personality Test (16PF) by Heather E.P. Cattell.

The descriptive design was used to determine the following variables: prevalence of compassion fatigue, burnout and compassion satisfaction and their

contribution to work-related components, the personality profile of the respondents and the environmental and organizational profile at Samar Provincial Hospital.

Correlational analysis was utilized to assess the relationship between personality profile of the nurse - respondents' and their compassion fatigue, burnout, compassion satisfaction, work-related components, environmental and organizational profile.

The data gathered were tabulated and organized base on the specific questions. Appropriate statistical tools were applied in order to determine the relationships among the variables treated in this study. The researcher utilized frequency counts, percentages, mean, weighted mean, standard deviation, Pearson Product Moment Correlation ® and Fishers T-Test.

Instrumentation

The standardized survey-questionnaire of Beth Hudnall Stamm (The ProQOL 5) and Heather E.P Cattell (16PF) was utilized in gathering relevant information from the respondents. The researcher also utilized documentary analysis to gather necessary data to answer the environmental and organization profile of the hospital.

Questionnaire. The four sets of questionnaires were the following:

The Sixteen Personality Factor (16PF) questionnaire is a major inventory that uses a factor-analytic approach. This contains 185 items that correspond a 16

traits summarized personality characteristics. These 16 traits are known as the primary scale of inventory which includes: warmth, reasoning, emotional stability, dominance, liveliness, rule-consciousness, social boldness, sensitivity, vigilance, abstractedness, privateness, apprehension, openness to change, self-reliance, perfectionism, and tension. And these primary factors are combined into five (5) broader factors that assess more general personality characteristics. These five factors are known as the global factors which include extraversion, anxiety, tough-mindedness, independence, and self-control. It has an average testing time that ranges from 35-50 minutes and can be taken up by individuals' ages 16 years and above.

In scoring the test, a standardized set of four scoring keys was utilized. Raw scores were then converted to sten scores and were interpreted accordingly.

The ProQOL R-V assesses areas of trauma symptoms, cognitive distortions, general psychological distress, and burnout. The Revised Version (ProQOL R-V) inquires about symptoms from the past 30 days. This has three scales consisting of compassion satisfaction, burnout, and compassion fatigue. Each subscale has 10 question items and uses a 5-point Likert scale scoring from 1=never to 5=very often (Stamm, 2010). The following are the corresponding number for each subscale.

Burnout (1, 4, 8, 10, 15, 17, 19, 21, 26, 29) – refers to feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can

reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment.

The average score on this scale is from 23-41. If the score is below 23, this probably reflects positive feelings about the ability to be effective in work. If the score is higher than 41, this reflects that the work makes the respondents feel that they are not effective in their position.

Compassion fatigue (2, 5, 7, 9 11, 13, 14, 23, 25, 28) - this refers to the work-related, secondary exposure to extremely stressful events.

The average score for this scale is 23-41. If the score is below 23, these indicate that the respondents may examine how they feel about their work and their environment. If the score is above 42, this does not mean that they have a problem, these are an indication that they may want to examine how you feel about their work and work environment. They may wish to discuss this with their supervisor, a colleague, or a healthcare professional.

Compassion satisfaction (3, 6, 12, 16, 18, 20, 22, 24, 27, 30) - this refers the pleasure you derive from being able to do your work well.

The average score for this scale is 33-41. If the score is in the higher range, the respondents have a good deal of professional satisfaction from their position. If the score is below 33, there might be problems with their job or there may be some other reason such as satisfaction is derived from activities other than their job.

In scoring this questionnaire the following are needed to be considered. Missing data must be managed by taking a summed score across each of the three rather than an average score. Item number 1, 4, 15, 17 and 29 are a reverse item and it is important to note that 0 remains 0 when scores are reversed as it always denotes the absence of the construct.

This questionnaire remains as one of the most highly used tools for assessing specifically compassion fatigue as well as burnout, and life satisfaction. This has good construct validity with over 200 published papers and more than 100,000 internet articles using the scale as a reference and has reported psychometric properties of α reliability ranging from .84 to .90 on the three subscales.

The work-related component is an adopted questionnaire from Fernando M. Calion, Jr which was also adopted from a Korean study. This questionnaire is consisting 16 generalized work-related questions for nurses. This uses a 5 points Likert Scale scoring from 1=no contribution to 5=high contribution. In answering the questionnaire the respondents must consider their level of compassion fatigue and burnout in their current work.

Focus Group Discussion. A focused group discussion was also conducted in the study in order to answer the question on the recent challenging situations experienced by the nurse-respondents.

Validation of Instrument

The ProQOL version 5 questionnaires were adopted from Stamm, H. with good construct validity with over 200 published papers and more than 100,000 internet articles using the scale as a reference. However, the work-related components were adopted from a related literature. These questionnaires were validated using a test-retest procedure. The questionnaire was given first to ten (10) staff nurses of Gandara District Hospital with the permission from the Chief of hospital thru its Chief Nurse. The test was administered on January 22, 2018, and the re-test was on January 24, 2018, to the same nurse of Gandara District Hospital.

To ascertain the consistency of responses derived from the respondents and to determine reliability and validity of the questionnaire, the Coefficient of Correlation between the first and second administration of the questionnaire was computed using Pearson – Product Moment Coefficient of Correlation ®. The Pearson r of the instrument is 0.95 which is a very high coefficient.

16PF Fifth Edition is a standardized questionnaire by Raymond B. Cattell, A. Karen S. Catell, and Heather E.P. Cattell.

Upon attaining a valid and reliable instrument, the instruments were administered together with the Personality Test (16PF) was administered to the main respondents of this study, the registered nurses of Samar Provincial Hospital.

Sampling Procedure

The researcher used the Samar Provincial Hospital as a respondent hospital. The selected hospital is located in the capital town of Samar Province. The respondent hospital can provide data specific to the objectives of the study.

For the nurse-respondents, purposive sampling was used in the sense that there are a total of 88 registered nurses who are directly in contact with patients and their families. All of these registered nurses were considered for personality profiling. These respondents can provide enough data to answer the research questions.

One week after the pre-oral examination, the researcher revisited the hospital to determine the list of nurse-respondents, their corresponding schedule and other relevant data needed.

Out of 88 nurse-respondents, 20 staff nurses declined from participation for unknown reasons and the remaining 9 staff nurses were excluded from participation due to high anxiety and tough-mindedness. As a whole, there were 59 nurse-respondents involved in the study.

DOH Assessment Tool is a standardized instrument used in the licensing of health care facilities in the country which assessment the different organization profile and environmental area. The tool evaluates the status of compliance by the hospital institution as mandated by the Department of Health.

Data Gathering Procedure

In initiating for the proper inquiry, the researcher with the permission secured from the Chief of the Hospital and the Chief Nurse conducted the actual data collection among the nurse respondents. The formal communication explained the nature and objective of the study.

The researcher together with the registered psychometrician personally conducted the personality test. During the distribution of the questionnaires, the researcher explained thoroughly how the instrument would be accomplished to ensure accuracy, sincerity, and honesty of the respondents, the purpose of the study, the risk and the benefits, the right to withdraw at any time and the authorization of consent. They were informed of the nature of participation that includes 2 sessions.

The first session was the psychological test (16PF) which was administered by a registered psychometrician. After checking and interpreting the personality test of the respondents, those who have high anxiety and tough-mindedness were excluded for the second session.

The second session was the administration of the ProQOL R V and work-related components instrument and a focused group discussion with regards to the recent challenging situation that the nurses encountered. The researcher gave the respondents ample time to answer the questionnaire. The data was gathered from January 2017 to February of 2018 which was then analyzed.

The assessment of the organizational and environmental profile of Samar Provincial Hospital was conducted by the Department of Health. The result shows that the institution has 96% compliance.

Documentary analysis. This instrument was used to scrutinize records on the environmental and organizational profile of Samar Provincial Hospital.

Statistical Treatment of Data

This study employed statistical tools that were used in data analysis and interpretation. This includes frequency counts, percentage, mean, weighted mean, Pearson - Product Moment Correlation Coefficient (Pearson r) and Fisher's t-test.

Frequency counts and percentages. These statistical tools were used to summarize the nurse - respondents' personality, the prevalence of compassion fatigue, burnout, compassion satisfaction and work-related components.

Mean. This was further used to describe the nurse - respondents' compassion fatigue, compassion satisfaction burnout and work-related components.

Weighted mean. This statistical tool was used to analyze the response of the nurse - respondents' compassion fatigue, compassion satisfaction burnout and work-related components.

The following weighted ratings were used to interpret the data:

4.51 - 5.00 - Very Highly Contribution (VHC)/Very Often

3.51 - 4.50 - High Contribution (HC)/ Often

2.51 - 3.50 - Moderately Contribution (MC)/ Sometimes

1.51 - 2.50 - Less Contribution (LC)/ Rarely

1.00 - 1.50 - No Contribution (NC)/ Never

Standard Deviation. This statistical measure was utilized to describe the extent to which the data vary among themselves.

Pearson-Product Moment Correlation Coefficient. This treatment was applied to determine the degree of relationship between nurse – respondents' personality profile and their compassion fatigue, compassion satisfaction burnout and work-related components.

Fisher's t-test. This treatment was applied to test the significance of the degree of relationship between nurse-respondents personality profile and their compassion fatigue, compassion satisfaction burnout and work-related components.

Testing was facilitated using the Microsoft EXCEL and SPSS version 21.

Chapter 4

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

This chapter involves a thorough presentation, analysis and interpretation of data as specified in this study. These includes the profile of the respondents as a reference of the study, compassion fatigue, burnout and compassion satisfaction, personality profile as well as the most recent challenging situation experienced by the respondents and the environmental and organizational profile of the institutions. Furthermore, correlation coefficient among variates with respect to the objectives of the study was also specified.

Personality Profile of Nurse-Respondents

Table 1 shows the summary 16 primary factor and 5 global factors of the personality test (16PF) of the nurse-respondents. These are the 16 major ways that ordinary people/individuals differ from one another. The mean for each factor revealed that the personality of the nurse-respondents was on the average scale that ranges from 4.36 - 6.95. These profiles suggested that the nurse respondents are neither on the high or low scale of the personality. This suggests that they can easily imitate the high and the low level when a situation calls for it.

This is supported by Cattell 16PF in predicting occupational outcomes which states that people in social/helping occupations such as nurses tend to be

above average on Extraversion, and particularly on Warmth (A+); they also tend to be below average on Tough-Mindedness (in the Receptive/open direction) – above average on Sensitivity (I+) and Open-to-Change (Q1+). They also tend to be below average on Anxiety: Relaxed (Q4−), Self-Assured (O−), Trusting (L−), and Emotionally Stable (C+); and above average on Self-Control traits of Perfectionism (Q3) and Rule-Consciousness (G+).

Table 1

Personality Profile

Personality Traits	Low (1-3)		Average (4-7)		High (8-10)		Mean	SD	Interpretation
	f	%	*F*	%	*f*	%			
Primary Factors									
Warmth	8	14	42	71	9	15	5.49	1.92	Average
Reasoning	15	25	44	75	0	0	4.36	1.44	Average
Emotional Stability	5	8	53	90	1	2	5.24	1.32	Average
Dominance	6	10	48	81	5	8	5.29	1.49	Average
Liveliness	1	2	52	88	6	10	5.42	1.28	Average
Rule-Consciousness	3	5	56	95	0	0	5.24	0.93	Average
Social Boldness	9	15	49	83	1	2	4.85	1.36	Average
Sensitivity	6	10	41	69	12	20	5.90	2.16	Average
Vigilance	0	0	41	69	18	31	6.95	1.67	Average
Abstractness	2	3	43	73	14	24	6.27	1.54	Average
Privateness	2	3	50	85	7	12	5.95	1.29	Average
Apprehension	0	0	45	76	14	24	6.34	1.45	Average
Open to Change	6	10	49	83	4	7	5.27	1.66	Average
Self-Reliance	7	12	51	86	1	2	5.08	1.42	Average
Perfectionism	1	2	50	85	8	14	5.95	1.36	Average
Tension	16	27	41	69	2	3	4.39	1.66	Average
Global Factors									
Extraversion	7	12	49	83	3	5	5.27	1.39	Average
Anxiety	5	8	54	92	0	0	5.54	1.67	Average
Tough-Mindedness	5	8	54	92	0	0	5.14	1.50	Average
Independence	5	8	48	81	6	10	5.42	1.46	Average
Self-Control	2	3	57	97	0	0	5.32	0.94	Average

Of the 59 nurse-respondents, 14% (8) described themselves to be either reserved, impersonal, distant; while 71% (42) balance themselves being warm, outgoing, reserved; and 15% (9) found themselves warm, outgoing, attentive to other.

Nurses who display warmth, positivity, energy, and capability enhance a patient satisfaction with care. These effective behaviors were expressed more strongly through vocal communication and instrumental behaviors such as conveying medical information or managing tasks. The researchers suggest that even though it takes time to develop a rapport with patients, still this may influence patients' decisions to adhere to their recommended regimens.

Moreover, nurses who are reserved tend to keep their personal emotions under control, keep their personal views about people to themselves and keep quiet about their ambitions (Babao, Ballenas, Beñales and Pueyo, 2008).

As to the respondents reasoning level (Table 3), 25% (15) had concrete reasoning; 75% (44) had average reasoning and none had higher reasoning capacity.

Heaslip (2008) suggests that nurses who are critical thinkers' value intellectually challenging situations and are self-confident in their well-reasoned thoughts. For them to be able to reason effectively, nurses must develop skills and abilities essential for sound reasoning. Sloppy, superficial thinking leads to poor practice which may alter the proper practice of care. Therefore a critical inquiry is an important quality for safe practice.

On emotional stability, affected by feelings, reactive, emotionally changeable were 8% (5) of the respondents, while 90% were on the average or maintain a balance emotion; the rest 2% (1) was emotionally stable, adaptive and mature.

Research conducted by Teng, Chang & Hsu (2009) suggest that individuals with greater emotional stability are less likely to exhibit strong emotional reactions to stressful situations, and tend to be more proactive and successful in problem-solving. Effectively managing patient safety is a priority concern in countries where nurses face high pressure. A heavy workload leads to burnout (a syndrome associated with negative emotions), reduced job satisfaction and increased turnover. While emotional stability influences job performance in various contexts and as a predictor of patient safety.

Eighty-two percent (48) were balanced when it comes to being dominance; 10% (6) were deferential, cooperative, avoids conflict and the remaining 8% (5) regarded themselves as more dominant, forceful and assertive.

This factor is included in the global factor independence. Independence is commonly known as agreeableness in the Big Five personality. Agreeableness in the study of McAdam (2009) indicates that this embodies empathy, love friendliness, and cooperation. These individuals are described as nice by those who know them.

Approximately 2% (1) of the respondent were serious, restrained and careful, while 88% (52) were on the average, meaning, they can balance any or all of the above to their being serious, restrained, careful, lively, animated and spontaneous; only 10% (6) were lively, animated and spontaneous.

Liveliness is a factor in extraversion of both 16PF and Big Five. Extraversion, as suggested by McAdam (2009), is a facet of warmth,

gregariousness, assertiveness, activity, excitement seeking and positive emotion. These individuals are understood as one who is friendly, lead a life that is fact in pace, has the ability to converse at ease with strangers and is able to thrive in an environment that is noisy.

With regards to their rule-consciousness, 95% (56) had average superego strength, which is a balance between being expedient and conscientious; while 5% (3) had weak superego strength, that is expedient and non-conformity.

Rule-consciousness measures a person's orientation to rules and procedures. High scorers are rule-oriented or they stick to the rules. Nurses who have a high score in this area tend to be comfortable with the system. They tended to follow rules and procedures and reduced risks. While low scores think that rules are made to be broken.

Rule-consciousness is a factor of self-control in 16PF and conscientiousness in Big Five. Conscientiousness is associated with individual's persistence and self-discipline to get things done. This is the most desired trait in job performance and these individuals make use of active coping mechanism (McAdam, 2009).

Eighty-three percent (49) of the nurse-respondents balanced their shyness, threat sensitive, timid, socially bold, venturesome and thick-skinned, while 2% (1) were more socially bold, venturesome, and thick-skinned and 15% (9) were shyer, threat sensitive and timid.

Social boldness is a factor in extraversion which is described by McAdam (2009) as those individuals optimistic, voice out frustrations and adopts a positive outlook towards their working situation. With these traits, nurse tends to work positively whatever situation they're facing. This is further supported by the study of Kennedy (2014) that concluded that that score that fell within the middle of the range possess both extraversion and introversion (ambiversion). These individuals alternate between the two dimension given the requirements of the situation.

As to the respondents' sensitivity, 10% (6) were utilitarian, objective and unsentimental; 20% (12) were sensitive, aesthetic, and sentimental and 70% (41) had an average sensitivity or balance themselves between being utilitarian and sensitive.

Sensitivity is a factor of tough-mindedness in 16PF or openness in Big Five. These individuals are highly reflective, sensitive, artistic and imaginative. This trait is also identified to have a positive relationship with personal accomplishment. This individual tends to be satisfied if their jobs/works were done correctly (McAdam, 2009).

At time trusting and at times suspicious were 69% (41) of the respondents or a balance between trusting, unsuspecting, vigilant, suspicious, skeptical and wary, while 31% (18) declared themselves to be vigilant, suspicious, skeptical and wary.

Hirter & Van Nest (1995) defined vigilance as a state of watchful attention, of maximal physiological readiness to act and of having the ability to detect and react to danger. With this definition comes a professional nursing vigilance in which is based on nursing knowledge and is prerequisite for informed nursing action.

Only 3% (2) of the respondents were practical, grounded, solution-oriented; 73% (43) could balance between being theses and being abstract; while 24% (14) were more imaginative, abstract and idea-oriented.

This trait is included in the global factor tough-mindedness in 16PF or openness in Big Five. These individuals according to McAdam (2009) are highly reflective, sensitive, artistic and imaginative. A study of Chang, et. Al (2016) concluded that openness of nurses to their work experience and patient safety is a new means to improve patient care.

On the average or between being forthright and being discrete were 85% (50) of the nurse-respondents; while 3% (2) were forthright, genuine, artless; with 12% (7) as being discrete, private, non-disclosing.

Privateness is one of the primary factors that are included in the global factor extraversion of 16PF. Nurses who have a genuine interest in their patient more likely enjoy and provide better quality patient care than those nurses who are more private or discreet (Pubmed, Nurs Stand, 1994). In the 16PF interpretation, this measures a person's discreteness and forthrightness. High scorers have difficulty to open up to others (careful in sharing information) and

tend to do well in roles that require caution, on the other hand, low scorers easily disclose information and strike other in a more open and forthright way.

Majority of the respondents, 76% (45) were balanced between being self-assured, unworried, complacent and apprehensive, self-doubting and worried; while the remaining 24% (14) were apprehensive, worried and self-doubting.

Apprehension measures a person's doubtfulness and self-assured. High scorers are doubtful and they are prone to experience guilt and worry while low scorers are self-assured and rarely worry about themselves. Nurses that are low in apprehension tends to be calm, relaxed and self-confident, hence less concerned about what people think of them and tended not to worry about things (Babao, 2008). But very low scores can turn into arrogance or even denial of one's true faults.

Eighty-three percent (49) of the nurse-respondents were balanced when it came to traditional and open to change - they could either respect traditional idea or be tolerant of traditional difficulties or they could be experimenting. While 10% (6) were really traditional and attached to familiar, only 7% (4) regarded themselves as more open to change and experimenting.

Openness to change measures a person's orientation to change, novelty and innovation. High scorers' respond positively to change and more oriented to the side of opportunity. Low scorers are skeptical to change. They tend to be threatened and frustrated by situations that provide excessive change.

This factor is included in the global factor independence or agreeableness. This factor is explained by Fuentes, et. Al (2015) an individual who is humble and modest have a tendency to note the achievement of others rather than theirs and would rather not appreciate the attention to be brought upon them.

Most respondents, 86% (51) were average when it came to their group-orientation and self-reliant tendencies, meaning, they were sound followers, joiners at times and could affiliates, individualistic, preferring their own decisions at times; while 12% (7) describes themselves as group-oriented and affiliative; 2% (1) were more self-reliant, solitary and individualistic.

Self-reliant is a primary factor that is included in extraversion. An individual that are high in this factor is expected to perform well in work environment which demands a high aptitude for social skills (Zellars, 2000). Self-reliance measures a person's tendency to seek group support or to strike out on their own. High scorers like to solve the problem on their own and like to act independently while its counterpart likes group support and have hard time acting alone. This means that nurses were more sociable and fitted into groups quickly.

Approximately, 2% (1) of the respondents were flexible, tolerated disorder, unexacting; while 85% (50) were on the average, that is, they could be all of the above at times and at other times they could be perfectionist, organized, self-disciplined; and 13% (8) were perfectionist, organized and self-disciplined.

A primary factor of 16PF that is included in the self-control or

conscientiousness in Big Five. This refers to an individual who is hard-working and self-disciplined and who possess traits in the similar vein (McAdam, 2009). Perfectionism is a complex factor that includes "task orientation vs process orientation", "structure seeking vs structure avoidant" and lastly it has to do with image management. High scorers are more organized, systematic, goal oriented and tend have a steady work habit. Low scorers are more flexible, spontaneous and they are better starters than finishers.

Twenty-seven percent (16) of the nurse-respondents were relaxed, placid and patient while 3% (2) were opposite, which is tense, high energy, impatient and driven. The rest 70% (41) were in between, meaning they could be relaxed, patient and at other times they could be tense and impatient.

Tensions measure a person's patience in response environmental demands and stressors. High scorers are always on the go but delays make them frustrated and impatience on the other hand low scorers are patient, relaxed, most likely believed on the phrase "don't worry be happy" but has less sense of urgency.

Environmental and Organizational Profile of SPH

Table 2 shows the Department of Health's summary of the assessment to Samar Provincial Hospital for Level I Licensing. It reveals that majority of the requirements (95.61%) listed in the assessment tool were complied by the institution. And only 4.49% were still in the process of compliance.

Table 2

DOH Assessment for Samar Provincial Hospital

Statements	Complied	Not Complied
I. Patient Rights and Organizational Ethics	2	
II. Patient Care		
A. Access	19	
B. Implementation Of Care	6	
C. Evaluation Of Care	1	
III. Leadership And Management		
A. Management Review	5	
B. Outsourced Services	1	
1. Administrative Services	7	
2. Ancillary Services	3	
IV. Human Resource Management		
A. Human Resources Planning	2	
B. Staff Recruitment, Selection, Appointment and Responsibilities	2	
C. Staff Training and Development	2	
V. Information Management		
A. Data Collection and Aggregation	3	
B. Records Management	2	
VI. Safe Practice And Environment		
A. Patient and Staff Safety	6	1
B. Maintenance of the Environment of Care	4	
C. Infection Control	8	
D. Energy and Waste Management	2	
VII. Improving Performance	4	
VIII. DOH Programs Implemented In Hospitals And Other Health Facilities	6	3
Total	**85**	**4**
Percentage	**95.51**	**4.49**

Samar Provincial Hospital is a 100-bed government-owned hospital that is re-classified to General Level 1 government hospital in 2013 per DOH-AO 0012 s.

2012. The institution got its license to operate as a Level 1 hospital after they passed a series of documentary review, interview and observation using the Annex K1 A0 No. 2012-0012 form as an Assessment Tool for Licensing a Level 1 Hospital of the Department of Health.

The institution provides services for all kinds of illnesses, disease, injuries, and deformities. They also provide medical and surgical care to the sick and injured, maternity, newborn and child care. It caters 3 Interlocal Health Zone (ILHZ) comprising 15 municipalities with an estimated population of 394, 000 and a core referral government hospital. It is also accredited by Philhealth.

There are four wards that cater the health needs of the clients/patients that need to be admitted. Ward A is the pay ward; Ward B is the surgical ward that caters the needs for those who will undergo surgery and those who are recovering from a surgery, as well as the OB-Gyne, maternity, and newborn care; Ward C is for the indigent patients. This ward is divided into two sections: the media and medicine ward that include the isolation room. Women's health ward is for the private ob-gyne cases.

On the record, ward C has the greatest number of patients that are admitted. There is an average of 50-70 patients and can even reach up to a hundred patient at times and are only taken cared off of 2-3 nurses per shift or sometimes 4 nurses if the ambulance nurse doesn't have referrals. Ward B is next in rank with an average number of patients ranging from 30-70. On the record, this ward can also reach up to a hundred patients during the picking

season of delivery which is from November to January. Next is the ward A with an average of 15-35 patients and followed by the Women's Health Ward that can reach up to 15-20 patients. For the Emergency room department, an average of 30 to 40 patients are being admitted per day and more or less than a hundred clients are given check-up and medical care in the Out-Patient Department. It also has a Delivery room and Operating room as well as a post-operative recovery room with 2 nurses having a shift every 24 hours.

Samar Provincial Hospital has adhered to the Revised Organizational Structure and Staffing Standards for Government Hospital 2013 Edition of the Philippines, that there must be a 1:12 nurse-patient ratio for a 100-bed capacity hospital that will cater the needs of the patients. But Samar Provincial Hospital has an increased number of patients than its total bed capacity. Excess patients will bring their own bed and will stay in the lobby just to be admitted and given the appropriate medical care that they need.

There are a total of 42 nursing attendants that are assigned to different areas and are divided into different shifts that assist and help the nurses and a total of 44 institutional workers that is also divided into 3 shifts and are also assigned to the different areas that helps in transporting the patients and maintaining the cleanliness of the intuitions.

The institution is headed by a qualified medical physician and administrative personnel. It has a clinical service for in-patients consisting of 4

medicine consultant specialists, 3 pediatrics specialist, 2 OB-GYNE specialists, 3 surgeons and 3 anesthesiologists.

It also has an ancillary service which includes a clinical laboratory, sub lead blood station, 1st level x-ray and a pharmacy that is open 24/7 that is accessible by the patient.

Even with this kind of situation and with the minor lapses specifically on the management of their waste disposal and their chapel/prayer room the nurses as well as the other hospital staff try to adhere with the policies and standards that are stipulated in the Annex K-1 A0 No. 0012-2012 of DOH.

Furthermore, different areas in the DOH assessment tool such as leadership and management, patient....are further investigated if it can contribute to the development of CF and BO in work-related components questionnaire and in the focused group discussion.

Prevalence of CF, BO, and CS in Nurses

As can be seen in Table 3, it appears that the strongest responses as indicated by the sum of compassion satisfaction with corresponding frequency were mostly concentrated on the "average" satisfaction level with 36 or 61% of the nurse-respondents. This was followed by "high" satisfaction level with 23 or 39%. Higher scores on the scale represent a better satisfaction related to the nurse-respondents ability to be an effective deliverer of health services to the clients.

Table 3

Prevalence of Compassion Satisfaction, Compassion Fatigue and Burnout

Score	Compassion Satisfaction		Compassion Fatigue		Burnout		Level
	Frequency	%	Frequency	%	Frequency	%	
22 or less	0	0%	22	37%	23	39%	Low
23 - 41	36	61%	37	63%	36	61%	Average
42 or more	23	39%	0	0%	0	0%	High
Total	59	100%	59	100%	59	100%	Average

The table also shows that the strongest responses as indicated by the sum of compassion fatigue with corresponding frequency were mostly concentrated on the "average" fatigue level with 37 or 63% of the nurse-respondents. This was followed by "low" compassion fatigue level with 22 or 37%. Higher scores on the scale represent a compassion fatigue related to the nurse-respondents ability to be an effective deliverer of health services to the clients.

For burnout, it seems that the strongest responses as indicated by the sum of burnout with corresponding frequency were mostly concentrated on the "average" burnout level with 36 or 61% of the nurses choosing it. This was followed by "low" burnout level with 23 or 39%. Higher scores on the scale represent a burnout related to the nurse-respondents ability to be an effective deliverer of health services to the clients.

The finding implies that majority of the nurse-respondents are satisfied with their professional work with average to high level of compassion

satisfaction and low to average level of compassion fatigue and burnout. This is supported by the study of Tamayo, et. Al (2016) that indicates that the majority of the staff nurses have moderate levels of compassion satisfaction, and low to average level of burnout and secondary traumatic stress or compassion fatigue. But, these conclude that the neutrality could be a sign or an onset of disinterest and emotional detachment which is a factor in burnout. This is further supported by the study of Harr, Brice, Riley, and Moore (2014) that higher level of compassion satisfaction can help to mitigate the impact of compassion fatigue.

Burnout, on the other hand, is the result of an internal conflict that opposes or hinders the employment of personal values in projects of the company. The nursing staffs have certain professional expectations and inclinations that make them susceptible to suffering burnout.

Level of Contribution of Work-Related Components to CF & BO among Nurse-Respondents

As gleaned from Table 4, most aspects of work-related components were considered "moderate contribution" and "high contribution" by the respondents. However, examination of the weighted mean rating for each aspect has a slight difference that can be noted.

Table 4

Work-Related Components

WORK-RELATED COMPONENTS	1 NC	2 LC	3 MC	4 HC	5 VHC	Total	Xw	Interpretation
1. Minimal superior support	2	12	17	25	3	59	3.25	MC
2. Excessive patient volume resulting to unproportioned nurse to patient ratio	0	2	13	27	17	59	4.00	HC
3. Uncollaborative work environment	1	4	16	27	11	59	3.73	HC
4. The non-existence of support group of bereavement interventions for the nurses	8	13	19	10	9	59	2.98	MC
5. Job satisfaction	3	14	20	16	6	59	3.14	MC
6. Insufficient fringe benefits	0	3	17	22	17	59	3.90	HC
7. Inadequate salary	1	8	4	25	21	59	3.97	HC
8. Poor work values	3	5	17	25	9	59	3.54	HC
9. Professional growth	7	8	17	16	11	59	3.27	MC
10. Untimely and poor-quality supervision	3	18	16	11	11	59	3.15	MC
11. Lack of training on the development of mental health	3	16	19	13	8	59	3.12	MC
12. Lack of training on the development of spiritual health	2	15	19	14	9	59	3.22	MC
13. Personality of the nurse in conflict with institutional policies	0	10	18	23	8	59	3.49	MC
14. Hours worked	6	12	6	13	22	59	3.56	HC
15. Weak emotional intelligence	5	18	20	7	9	59	2.95	MC
16. Personal belief and practices of the nurse	5	15	16	16	7	59	3.08	MC

Legend:

4.51 - 5.00	Very Highly Contribution (VHC)
3.51 - 4.50	High Contribution (HC)
2.51 - 3.50	Moderately Contribution (MC)
1.51 - 2.50	Less Contribution (LC)
1.00 - 1.50	No Contribution (NC)

Work-related components such as "Excessive patient volume resulting to unproportioned nurse to patient ratio', "Inadequate salary", "Insufficient fringe benefits", "Uncollaborative work environment", "Hours worked" and "Poor work values" got a high mean rating that ranges from 4.00 - 3.54 with an interpretation of "high contribution" respectively.

This implies that the nurse-respondents considered these aspects of work-related components as crucial to their experience of compassion fatigue and burnout. And during the focused group discussion, those work-related components were mentioned as part of their challenging situations and these are vital for their performance and productivity.

This finding is supported by the study of Yoder (2008) that is higher on those nurses who worked 8 hours shift and other triggering factors are also identifies such as high census, heavy patient assignments, high acuity, overtime and extra work days. In addition Yang, Young He and Kim (2012) research relate factors such as longs hours of work or overload, job insecurity, goal diffusion and organizational support as a contributing factor for compassion fatigue.

Moreover, a research by Hunsaker (2014) revealed that low manager support was a significant predictor of the high level of burnout and compassion fatigue in emergency room nurses.

Recent Challenging Situation Experienced by the Nurse Respondents

This section presents the recent challenging situation experience by the nurse-respondent. A focused group discussion was conducted to clarify the challenging situations as to the area of assignments.

In the Administrative Support Services, lack of the implementation of the RA 9173 in terms of salary and compensation as well as the regularization process and their security of tenure was the primary concern of the nurses. This includes delayed in the release of salaries. This is followed by poor employee-employer communication in the sense that they were not able to voice out their side in term of understaffing due to the increase in the patient population.

Dormitory to stay in for those nurses that are far from the city that is scheduled on the night shift, lack of trainings and seminars that is facilitated/conducted by the institution or lack or support to nurses in attending trainings and seminars that will enhance their skills and knowledge in their area of specialization/assignment and occupational safety in term of waste disposal were also included in the challenges that the nurses were facing.

For the nursing service, the nurses agreed that understaffing is the major challenging situation. Following rules such as swapping of schedule and poor staffing & scheduling techniques and sudden change of supervisors were also considered as challenging.

In the emergency services lack of staff due to increase patient admission, lack of apparatus and medical equipment, untrained personnel on BLS, ACLS

and other emergency protocols, lack of supplies for the department due to increased demand and inadequate ambulance for referrals were the challenging situations that were encountered.

Majority of the nurses in the pediatrics services consider the lack of apparatus, equipment and medical supplies such as oxygen, insufficient knowledge in term of the latest treatment methods and the absence NICU (Neonatal Intensive Care Unit) were the challenging situations that were encountered.

Medical services encountered some situations that were similar to the media services. Additionally, the following situations were also experienced: insufficient rooms due to increase number of patient, demanding/arrogant, significant others (SO), uncooperative/ noncollaborative workmate and an 8 hours shift are insufficient to finish all nursing works due to increase number of the patient.

Like the other services, surgery department also experience situations such as lack of apparatus and equipment, insufficient rooms due to increasing number of patients, insufficient surgical sets due to increasing number of surgery, demanding significant other and most of all there were no surgeon on duty during Thursdays wherein the department needs to contact or to have an on-call surgeon in term of emergency surgery.

Lastly, the out-patient department experiences the following challenging situations: lack of OPD Doctors, the majority of the physicians has an

overlapping of responsibility/schedules in the ward round and in their duty in the OPD, there is a lack OPD staff such as nurses and an increasing number of the patient.

Findings for this area show support to the findings of the contribution of work-related components to compassion fatigue, burnout and compassion satisfaction among the nurse-respondents. This can also be supported by the studies that support the result of work-related components in this study.

Given the current study results, it is important that healthcare organizations give weight to the need for prevention programmes (which include aspects of positive psychology and training in coping strategies), targeted at nurses with vulnerable personality traits. Nurses at risk may benefit from such programmes to improve their coping skills in dealing with stressful work situations and in reducing their negative emotional responses under such circumstances (Leeman, 2015).

Furthermore, working conditions of nurses (work overload, excessively long working days, role ambiguity and conflict, lack of autonomy…), are increasingly difficult to cope which may result in a progressive loss of idealism and energy, the reasons that led to the choice of this profession. Before long, the nurse starts to experience emotional exhaustion, depersonalization, and reduced personal fulfillment. This is the three main dimensions of burnout syndrome measured by the Maslach Burnout Inventory (MBI) (Guadalupe and Ayala 2017).

Additionally, Keift, et. Al. (2014) research revealed that the key elements to provide a quality nursing care are clinically competent nurses, collaborative working relationships, autonomous nursing practice, adequate staffing, control over nursing practice and managerial support.

The relationship between the Nurse-Respondents Personality Profile and CF, BO and CS

This section presents the results of correlational analysis between compassion fatigue, burnout, compassion satisfaction, personality profile environmental and organizational profile.

Warmth. Table 5 contains the data on the coefficient of correlation and p-values obtained between the nurse-respondents personality profile (warmth) and their compassion fatigue, burnout and compassion satisfaction. As can be gleaned from the table, the correlational analysis between two groups of variables resulted to computed r-values and p-values as 0.003 and 0.983 respectively for compassion satisfaction; 0.089 and 0.504 respectively compassion fatigue and -0.096 and 0.470 respectively burnout. It is obvious that all computed p-values proved higher than the 0.05 level of significance. Thus, the hypothesis involving the relationships between the paired variables was correspondingly accepted.

Table 5

Relationship between Warmth and Compassion Satisfaction, Compassion Fatigue and Burnout

Profile Variates	r_{xy}	p-value	Decision	Interpretation
Compassion Satisfaction	-0.003	0.983	Accept H_o	NS
Compassion Fatigue	0.089	0.504	Accept H_o	NS
Burnout	-0.096	0.470	Accept H_o	NS

Reasoning. Table 6 present the coefficient of correlation and p-values obtained between the nurse-respondents personality (reasoning) along compassion satisfaction, compassion fatigue, and burnout. The data revealed the following r-values and p-values: 0.226 and 0.085 respectively for compassion satisfaction; -0.076 and 0.570 respectively compassion fatigue and -0.045 and 0.734 respectively burnout. It is obvious that all computed p-values proved higher than the 0.05 level of significance. Therefore, the corresponding hypotheses involving the paired variables were accepted. It meant that the respondent's personality trait (reasoning) did not correlate significantly with the aforementioned variables, indicating further that the variates had nothing to do with the respondent's personality profile (reasoning).

Table 6

Relationship between Reasoning and Compassion Satisfaction, Compassion Fatigue and Burnout

Profile Variates	r_{xy}	p-value	Decision	Interpretation
Compassion Satisfaction	0.226	0.085	Accept H_o	NS
Compassion Fatigue	-0.076	0.570	Accept H_o	NS
Burnout	-0.045	0.734	Accept H_o	NS

Emotional Stability. Table 7 showcases the summary of the obtained correlational analysis performed between the respondent's personality trait (emotional stability) at their profile variates. The following correlations were obtained: compassion satisfaction (r = 0.151/p = 0.253), compassion fatigue (r = -0253/p = 0.53) and burnout (r = 0.365/p = 0.004). It indicated that the respondent's emotional stability is correlated significantly with their compassion fatigue and burnout.

Table 7

Relationship between Emotional Stability and Compassion Satisfaction, Compassion Fatigue and Burnout

Profile Variates	r_{xy}	p-value	Decision	Interpretation
Compassion Satisfaction	0.151	0.253	Accept H_o	NS
Compassion Fatigue	-0.253	0.053	Reject H_o	S
Burnout	-0.365	0.004	Reject H_o	S

This finding is congruent with the study of Bakker (2006) that determines that emotional exhaustion is uniquely predicted by emotional stability, depersonalization is predicted by emotional stability, extraversion, and intellect/autonomy, and personal accomplishment is predicted by extraversion and emotional stability.

This study concluded that burnout is mostly associated with neuroticism and was shown to be the best predictor of this phenomenon. This also suggests that those with higher neuroticism were most likely to underestimate their performance and become self-critical in stressful situations. The study recommends that neurotic personality may be less likely to cope well in a stressful situation that they tend to be more likely to burnout.

Dominance. A chosen examination of the data in Table 8 clearly revealed the following: compassion satisfaction ($r = 0.121/p = 0.360$), compassion fatigue ($r = -0.032/p = 0.810$) and burnout ($r = 0.049/p = 0.710$). It is clear that all computed p-values proved higher than the 0.05 level of significance. Therefore, the corresponding hypotheses involving the paired variables were accepted. It meant that the respondent's personality trait (dominance) did not correlate significantly with the aforementioned variables, indicating further that the variates had nothing to do with the respondent's personality trait (dominance).

Table 8

Relationship between Dominance and Compassion Satisfaction, Compassion Fatigue and Burnout

Profile Variates	r_{xy}	p-value	Decision	Interpretation
Compassion Satisfaction	0.121	0.360	Accept H_o	NS
Compassion Fatigue	-0.032	0.810	Accept H_o	NS
Burnout	0.049	0.710	Accept H_o	NS

Liveliness. Table 9 contains the data on the coefficient of correlation and p-values obtained between the nurse-respondents personality (liveliness) and their compassion fatigue, burnout and compassion satisfaction. As can be gleaned from the table, the correlational analysis between two groups of variables resulted to computed compassion satisfaction (r = -0.071/p = 0.595), compassion fatigue 9r = 0.098/p = 0.460) and burnout (r = 0.132/p = 0.317). It is obvious that all computed p-values proved higher than the 0.05 level of significance. Thus, the hypothesis involving the relationships between the paired variables was correspondingly accepted.

Table 9

Relationship between Liveliness and Compassion Satisfaction, Compassion Fatigue and Burnout

Profile Variates	r_{xy}	p-value	Decision	Interpretation
Compassion Satisfaction	-0.071	0.595	Accept H_o	NS
Compassion Fatigue	0.098	0.460	Accept H_o	NS
Burnout	0.132	0.317	Accept H_o	NS

Rule-Consciousness. Table 10 present the coefficient of correlation and p-values obtained between the nurse-respondents personality (rule-consciousness) along compassion satisfaction, compassion fatigue, and burnout. The data revealed the following: compassion satisfaction (r = -0.208/p = 0.114); compassion fatigue (r = -0.127/p = 0.337) and burnout (r = -0.038/p = 0.774). It can be noted that all the p-values proved higher than the 0.05 level of significance. Therefore, the corresponding hypotheses involving the paired variables were accepted. It meant that the respondent's personality trait (rule-consciousness) did not correlate significantly with the aforementioned variables, indicating further that the variates had nothing to do with the respondent's personality trait (rule-consciousness).

Table 10

Relationship between Rule-Consciousness and Compassion Satisfaction, Compassion Fatigue and Burnout

Profile Variates	r_{xy}	p-value	Decision	Interpretation
Compassion Satisfaction	-0.208	0.114	Accept H_o	NS
Compassion Fatigue	-0.127	0.337	Accept H_o	NS
Burnout	-0.038	0.774	Accept H_o	NS

Social Boldness. Table 11 represents the coefficient of correlation and p-values obtained between the respondents' personality trait (social boldness) and their profile variates. The data obtained the following: compassion satisfaction (r = 0.003/p = 0.021); compassion fatigue (r = 0.017/p = 0.896) and burnout (r = -

0.120/p = 0.364). It is evident from the data that the computed p-values for compassion fatigue and burnout proved higher than the 0.05 level of significance. Thus, the hypotheses involving the relationships between the paired variables were correspondingly accepted. However, the data further disclosed that the respondent' social boldness are correlated significantly with their compassion satisfaction.

Table 11

Relationship between Social-Boldness and Compassion Satisfaction, Compassion Fatigue and Burnout

Profile Variates	r_{xy}	p-value	Decision	Interpretation
Compassion Satisfaction	0.300	0.021	Reject H_o	S
Compassion Fatigue	0.017	0.896	Accept H_o	NS
Burnout	-0.120	0.364	Accept H_o	NS

As can be gleaned in the social boldness has a significant in compassion satisfaction. Social Boldness based on its interpretation of 16FP personality scale is the being venturesome, have courage and initiative in doing a new thing. In the Big Five Personality Model, social boldness/boldness is included in extraversion. Extraversion is described as how energetic and enthusiastic a person is when dealing with people. It describes an individual's preference for quantity and intensity of interpersonal relationships (McCrae & Costa, 1996).

This finding was supported by the study of Howell (2016) that concludes that those with higher levels of extroversion tended to derive greater satisfaction

from the helping work that they do, where those with higher levels of neuroticism who were at greater risk of developing job burnout and compassion fatigue. He concluded that the current research indicates that personality traits can impact job satisfaction burnout and compassion fatigue in helping occupations.

Sensitivity. Table 12 represent the coefficient of correlation and p-values obtained between the respondents' personality trait (sensitivity) and there variates resulted to the following: compassion satisfaction (r = -0.033/p = 0.802); compassion fatigue (r = -0.026/p = 0.846) and burnout (r = 0.001/p = 0.995). It is obvious that all completed p-values proved higher than the 0.05 level of significance. Thus, the hypotheses involving the relationships between the paired variables were correspondingly accepted. It indicates that personality trait (sensitivity) did not correlate significantly with their compassion satisfaction, compassion fatigue, and burnout.

Table 12

Relationship between Sensitivity and Compassion Satisfaction, Compassion Fatigue and Burnout

Profile Variates	r_{xy}	p-value	Decision	Interpretation
Compassion Satisfaction	-0.033	0.802	Accept H_o	NS
Compassion Fatigue	-0.026	0.846	Accept H_o	NS
Burnout	0.001	0.995	Accept H_o	NS

Vigilance. The computed coefficient of correlation and p-values in Table 13 between nurse-respondents personality (vigilance) and their profile variates resulted to: compassion satisfaction (r = 0.032/p = -0.812); compassion fatigue (r = 0.018/p = 0.893) and burnout (r = 0.029/p = 0.812). It can be noted that all the p-values proved higher than the 0.05 level of significance. This connotes further, the acceptance of the null hypothesis.

Table 13

Relationship between Vigilance and Compassion Satisfaction, Compassion Fatigue and Burnout

Profile Variates	r_{xy}	p-value	Decision	Interpretation
Compassion Satisfaction	0.032	0.812	Accept H_o	NS
Compassion Fatigue	-0.018	0.893	Accept H_o	NS
Burnout	0.029	0.826	Accept H_o	NS

Abstractedness. An examination of the data in Table 14 clearly revealed the following: compassion satisfaction (r = -0.110/p = 0.409); compassion fatigue (r = 0.354/p = 0.006) and burnout (r = 0.432/p = 0.001). The r-value of compassion satisfaction has corresponding p-values which are greater than 0.05 significant level. Therefore, the corresponding hypotheses involving the paired variables were accepted. The results revealed further that the respondents' personality (abstractedness) is correlated significantly with their compassion fatigue and burnout. This implies further that variation from the average scale of

abstractedness can increase the likelihood of developing compassion fatigue and burnout.

Table 14

Relationship between Abstractedness and Compassion Satisfaction, Compassion Fatigue and Burnout

Profile Variates	r_{xy}	p-value	Decision	Interpretation
Compassion Satisfaction	-0.110	0.409	Accept H_o	NS
Compassion Fatigue	0.354	0.006	Reject H_o	S
Burnout	0.432	0.001	Reject H_o	S

Abstractedness is one of the primary factors that are included in the global factor self-control. Self-control in the study of Schmidt, Neubach & Heuer (2007) involves inhibiting undesired behaviors and emotions, and it can be particularly relevant in the service sectors. The study found that cognitive and self-control was a predictor in relation to burnout. This directly affects the emotional exhaustion and depolarization of burnout.

Moreover, Liu, et. Al (2015) findings revealed that individuals with a higher sense of self-control possess more psychological resources, compared to those with lower self-control. When faced with tasks requiring emotion, they can take advantage of their self-control resources so that they can engage in emotion regulation actively, avoid negative emotional distress, and reduce emotion burnout or experience less emotional depletion.

Privateness. The data in Table 15 showed the coefficients of correlation and p-values obtained between the respondents' personality trait (privateness) and their profile variates. The computed r-value and p-values are as follows: compassion satisfaction (r = -0.028/p = 0.834); compassion fatigue (r = -0.061/p = 0.646) and burnout (r = 0.129/p = 0.329). It is evident from the data gathered that all computed p-values proved higher than the 0.05 level of significance. Thus, the hypotheses involving the relationships between the paired variates were correspondingly accepted.

Table 15

Relationship between Privateness and Compassion Satisfaction, Compassion Fatigue and Burnout

Profile Variates	r_{xy}	p-value	Decision	Interpretation
Compassion Satisfaction	-0.028	0.834	Accept H_o	NS
Compassion Fatigue	-0.061	0.646	Accept H_o	NS
Burnout	0.129	0.329	Accept H_o	NS

Apprehension. Table 16 provides the results of the correlational analyses and p-values between the respondents' personality (apprehension) and their profile variates. A significant relationship was present between the respondents personality trait (apprehension) along compassion fatigue and burnout based on the r-values and p-values of (r = 0.272/p = 0.037) and (r = 0.302/p = 0.020) respectively. This is supported by a p=value less than the 0.05 significant level.

Hence, the "hypotheses there is no significant relationship between the respondents' personality (apprehension) along compassion fatigue and burnout" was rejected. On the other hand, the following were the r-values and p-values for compassion satisfaction (r = 0.029/p = 0.829). The p = value obtained was greater than the 0.05 significance level thus, led to the acceptance of the hypotheses.

Table 16

Relationship between Apprehension and Compassion Satisfaction, Compassion Fatigue and Burnout

Profile Variates	r_{xy}	p-value	Decision	Interpretation
Compassion Satisfaction	-0.029	0.829	Accept H_o	NS
Compassion Fatigue	0.272	0.037	Reject H_o	S
Burnout	0.302	0.020	Reject H_o	S

Apprehension is included in the global factor anxiety in 16PF or neuroticism in the Big Five or Neo-Pi-R which is defined as an individual's experience of negative emotions or negative affectivity (McAdams, 2009). This was found to have a significant positive relationship with emotional exhaustion which is a dimension of burnout. Additionally, this was further explained by Ang, et. Al. (2016) that this individual tends to exaggerate the severity of frequency of personal problems that the nurses face and employ a coping mechanism that requires to avoid or distract themselves from the problem, subsequently leading to experience emotional exhaustion and depersonalization.

Openness to Change. Table 17 reflects the r-values and p-values between respondents' personality (openness to change) and their profile variates. The significant relationship was found out between the respondents' personality and compassion fatigue since the accompanying p-values were found less than the 0.05 significant level. The correlational analysis was done between the personality and compassion satisfaction and burnout results in computed r-value and p-values as 0.062/0.643 and -0.177/0.180 respectively. It can be noted that these p-values were higher than the 0.05 significance level which gave a reason for the researcher to the corresponding hypotheses.

Table 17

Relationship between Openness to Change and Compassion Satisfaction, Compassion Fatigue and Burnout

Profile Variates	r_{xy}	p-value	Decision	Interpretation
Compassion Satisfaction	0.062	0.643	Accept H_o	NS
Compassion Fatigue	-0.311	0.017	Reject H_o	S
Burnout	-0.177	0.180	Accept H_o	NS

Openness to change is included in the global factor of 16PF tough-mindedness. Tough-mindedness in the article of Brownlow (2014) is divided into to two aspects of empathy. One is the open-heartedness which enables a healthcare provider to feel the pain of others that can possibly turn into emotional distancing which may lead to an ineffective therapy to other and later on turns into compassion fatigue. The other aspect of empathy is tough-

mindedness. It is suggested that both must go hand in hand so that a health care provider will not only feel the pain of other and suffer from it but also can help them get out of that pain.

Moreover, the study of Ang et. Al. (2016) indicates those individuals who are open to experience tend to embrace and succeed in the new and vague situation and are willing to learn and view challenges as an opportunity to do so.

This result further implies that those nurses who are not open to change are more likely to develop compassion fatigue because of the lack of willingness to face changes or new experiences in their work field.

Self-Reliance. The relationship between the respondent' personality (self-reliance) and their profile variates resulted in the following which can be seen in Table 18. Compassion satisfaction (r = -0.028/p = 0.832); compassion fatigue (r = 0.039/p = 0.767) and burnout (r = 0.197/p = 0.134). It is evident that all computed p=values were higher than the 0.05 significant level. Thus the hypotheses involving the relationships between the paired variables were correspondingly accepted. It indicates that the respondents' personality trait (self-reliance) did not correlate significantly with their compassion satisfaction, compassion fatigue, and burnout.

Table 18

Relationship between Self-Reliance and Compassion Satisfaction, Compassion Fatigue and Burnout

Profile Variates	r_{xy}	p-value	Decision	Interpretation
Compassion Satisfaction	-0.028	0.832	Accept H_o	NS
Compassion Fatigue	0.039	0.767	Accept H_o	NS
Burnout	0.197	0.134	Accept H_o	NS

Perfectionism. Table 19 contains the summary of the obtained correlational analyses performed between the respondents' personality traits (perfectionism) and their profile variates. The following r-values and p-values were: compassion satisfaction (r = 0.011/p = 0.934); compassion fatigue (r = 0.031/p = 0.816) and burnout (r = 0.111/p = 0.404). The r-values have corresponding p-values which are greater than 0.05 significant levels. This connotes therefore, the acceptance of the null hypotheses.

Table 19

Relationship between Perfectionism and Compassion Satisfaction, Compassion Fatigue and Burnout

Profile Variates	r_{xy}	p-value	Decision	Interpretation
Compassion Satisfaction	-0.011	0.934	Accept H_o	NS
Compassion Fatigue	0.031	0.816	Accept H_o	NS
Burnout	0.111	0.404	Accept H_o	NS

Tension. Table 20 presents the coefficient of correlation and p-values obtained between the respondents' personality (tension) and their profile variates. The data revealed the following r-values and p-values; compassion satisfaction (r = -0.100/p = 0.450); compassion fatigue (r = 0.155/p = 0.241). It is evident from the data that the computed p-values for the aforementioned variates were higher than 0.05 significant level. Thus, the hypotheses involving the relationships between the paired variable were correspondingly accepted. However, the data further disclosed that the respondents' personality trait (tension) is correlated significantly with burnout.

Table 20

Relationship between Tension and Compassion Satisfaction, Compassion Fatigue and Burnout

Profile Variates	r_{xy}	p-value	Decision	Interpretation
Compassion Satisfaction	-0.100	0.450	Accept H_o	NS
Compassion Fatigue	0.155	0.241	Accept H_o	NS
Burnout	0.376	0.003	Reject H_o	S

Tension is a factor of anxiety in the 16PF. An article of Carter (2012) states that anxiety is common to cases of burnout. This can be experienced as nagging feelings of tension, worry, and edginess, which may interfere with the ability to attend and concentrate. This can also affect a person physically which can be manifested by heart pounding and tightening of muscles. Over time,

anxiety may become so severe that it interferes with the ability of a nurse to go to work or take care of their responsibilities.

This is further supported by the study of Azeem (2013) that neuroticism or commonly known as anxiety in 16PF was found to be positively correlated with burnout. This affects all three components of burnout which are emotional exhaustion, depolarization, and personal accomplishment.

Relationship between CF, BO and CS and Work-Related Components

As can be gleaned in Table 21 the correlational analysis was done between the nurses' work-related components and compassion satisfaction, compassion fatigue, and burnout resulted in computed r's and p-values as 0.072 and 0.586 respectively for compassion satisfaction; 0.131 and 0.322 respectively for compassion fatigue; 0.095 and 0.473 respectively for burnout. It can be noted that all computed p-values proved higher than the 0.05 significance level. Thus, the hypotheses involving the relationships between the paired variables were correspondingly accepted. Hence, the extent of the contribution of the nurses to their work-related components did not show correlation to their compassion satisfaction, compassion fatigue, and burnout.

Table 21

Compassion Satisfaction, Compassion Fatigue and Burnout relationship to Work-Related Components

Variates		Work-related components
Compassion Satisfaction	Pearson Correlation	0.072
	Sig. (2-tailed)	0.586
	Interpretation	NS
Compassion Fatigue	Pearson Correlation	0.131
	Sig. (2-tailed)	0.322
	Interpretation	NS
Burnout	Pearson Correlation	0.095
	Sig. (2-tailed)	0.473
	Interpretation	NS

All of 16 statements that were included in the work-related questionnaire agrees with the hypothesis that it has no significant relationship to compassion fatigue, burnout and compassion satisfaction. This finding reveals that nurse respondents were resilient in their work. Resilience involves the awareness, flexibility, and internal stability enables a person to navigate high-stress situations in ways that reduce burnout and moral distress (Rushton, Batcheller, Schoeder and Donohue, 2015).

Jackson et al. (2007) found that nurses who participated in personal activities, rather than concentrating solely on their profession, were better able to foster physical, emotional, and spiritual development, and achieve work-life balance. This applied especially to those with highly demanding careers. It was found that clinical expertise, a sense of purpose in holistic care, a positive

attitude, and a strong work-life balance are important determinants of resilience in that specific group of nurses. Resilience is a process of on-going development, whereby participants drew on personal and institutional resources and maintained increasingly objective views on dealing with issues and conflicts (Yuen, Wong , Tang 2014).

Chapter 5

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This chapter involves a thorough presentation, analysis and interpretation of data as specified in this study. This includes the profile of the respondents as a reference of the study, compassion fatigue, burnout and compassion satisfaction, personality profile as well as the most recent challenging situation experienced by the respondents and the environmental and organizational profile of the institutions. Furthermore, correlation coefficient among variates with respect to the objectives of the study is also specified.

Summary of Findings

The following were the major findings of the study:

1. In terms of personality traits, the nurse respondents obtained high score description on warmth, liveliness, sensitivity, vigilance, abstractedness, privateness, apprehension and perfectionism. Moreover, the nurse-respondents considered low score description on reasoning. Emotional stability, dominance, rule-consciousness, social boldness, openness to change, self-reliance and tension.

2. Based on the findings of an assessment conducted by the Department of the Health, the institutions have 96% compliance. But there are still aspects that need to be considered in term of the needs of the nurses such as the

compensation, the increasing number of patient, the lack of training and seminars and the lack of supplies and equipment.

3. The nurse respondents results revealed overall low to average levels of compassion fatigue and burnout and generally high to the average level of compassion satisfaction.

4. Work-related components such as "Excessive patient volume resulting to unproportioned nurse to patient ratio', "Inadequate salary", "Insufficient fringe benefits", "Uncollaborative work environment", "Hours worked" and "Poor work values" get high mean ratings that ranged from 3.54 to 4.00 with an interpretation of high contribution to compassion fatigue and burnout.

5. There was no relationship found between CF, BO, CS and work-related components. On personality profile, social boldness has a relationship to compassion satisfaction; emotional stability, abstractedness, apprehension and openness to change have significance to compassion fatigue. On the other hand, emotional stability, abstractedness, apprehension, and tension have significant to burnout.

6. Additionally, as discussed in the limitations, the questionnaire may have skewed the results of the study by eliminating individuals who have high anxiety and tough-mindedness and who may have been appropriate for the study.

Conclusions

On the bases of the findings in this study, the following conclusions can be drawn:

1. The nurse-respondents possessed the personality traits in terms of warmth, liveliness, sensitivity, vigilance, abstractedness, privateness, apprehension and perfectionism.

2. The personality profile along emotional stability, apprehension, and abstractedness had a significant relationship with the nurse-respondents compassion fatigue and burnout. Moreover, the personality profile along openness to change had a significant relationship with the nurses' compassion fatigue while tension on burnout.

3. The nurse-respondents are satisfied with their professional work with average to high level of compassion satisfaction and low to average level of compassion fatigue and burnout.

4. The nurse-respondents experienced compassion fatigue and burnout to their work. These factors are vital for their performance and productivity.

5. Work-related components can also be a mitigating factor in the development of compassion fatigue and burnout if these components are not addressed respectively.

Recommendations

In the light of the findings and conclusion of the study, the researcher recommends the following:

1. The staff nurses should be provided with information on their personality profile along the 16 personality traits to improve their perceptions of their personality profile and be able to adjust to their work environment easily.

2. The personality inventory result can help the administrator and supervisors make a better choice when selecting staff nurses as this instrument provide clues to the day-to-day behavioral pattern of staff nurses.

3. Personality development on nurse-respondents is indispensable to enhance their compassion satisfaction and minimize compassion fatigue and burnout.

4. There is a need to incorporate preventive education and training to the nurses that address the risk and symptoms of compassion fatigue and burnout.

5. Nurse-respondents should be encouraged to grow professionally through active involvement in relevant in-service training and pursuing master's degree for them to internalize their duties and accountabilities.

6. The administration should come up with sustainability measure or even improve the conditions in work environment, strengthen supervision for a healthy and harmonious working relationship.

7. A study parallels to this research by utilizing the same instruments may be conducted to another provincial hospital to examine the compassion, satisfaction, compassion fatigue and burnout of staff nurses.

8. A follow-up study may be done to correlate personality profile, compassion fatigue, burnout and work-related components with the addition of other related variables such as nurses' job satisfaction and productivity in order to know other factors that would make successful and effective staff nurses.

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APPENDICES

APPENDIX A

Nurse -Respondents' Profile

Variables		*f*	%	Mean	SD
Age				28	8.03
Sex	Male	16	27.12		
	Female	53	89.83		
Civil Status	Single	46	77.97		
	Married	13	22.03		
Years of Experience				4.79	6.91
Monthly Income				11,502.23	7,628.74
Area of Assignment	Delivery Room	5	8.47		
	Emergency Room	8	13.56		
	Nursing Service	4	6.78		
	Out-patient Department	4	6.78		
	Ward A	6	10.17		
	Ward B	8	13.56		
	Ward C – M	7	11.86		
	Ward C – P	10	16.95		
	Ward H	7	11.86		
Nature of Employment	Casual	5	8.47		
	J.O.	36	61.02		
	Permanent	10	16.95		
Educational Attainment	BSN	43	72.88		
	MS Units	14	23.73		
	Others	2	3.39		

APPENDIX B

LETTER REQUESTING TO CONDUCT TESTT-RETEST

January 19, 2018

DR. JED B. PALOMO
OIC, Chief of Hospital
Gandara District Hospital
Gandara Samar

Thru: **SUSANA UY, R.N.**
The Chief Nurse

Madam:

Greetings!

The undersigned is a bona fide student of the College of Graduate Studies of Samar State University taking the degree Masters of Science in Nursing. She is currently conducting her thesis writing titled "Personality, Compassion Fatigue and Burnout among Nurses."

In connection to this, the undersigned would like to request from your good office to conduct a test-retest for the validation of her questionnaire among the nurses of your prestigious institution. The data that will be gathered will be treated with utmost confidentiality.

I hope for an affirmative response on this request.

Thank you so much.

Respectfully yours,

(SGD.)RUBY GRACE B. PACOLOR, R.N.
Researcher

Noted by:

(SGD.)CHARMAINE R. QUIÑA, MAN
Adviser

Recommending Approval:

(SGD.) FELISA E. GOMBA, Ph.D.
Dean, College of Graduate Studies/
VP for Academic Affairs

Approved by:

(SGD.)JED B. PALOMO, M.D.
OIC, Chief of Hospital

APPENDIX C

LETTER REQUESTING TO ADMINISTER PERSONALITY TEST

January 29, 2018

MARILYN D. CARDOSO, Ph.D.
University President
Samar State University
Catbalogan City, Samar

Madam:

Greetings!

The undersigned is a bona fide student of the College of Graduate Studies of this university taking the degree Masters of Science in Nursing and who is currently conducting her thesis writing titled "PERSONALITY, COMPASSION FATIGUE AND BURNOUT AMONG NURSES."

The undersigned is interested in the relationship between the nurses' personality and compassion fatigue and how these affect their compassion satisfaction. This study will be conducted under the guidance of her adviser, Charmaine R. Quiña, M.A.N.

In connection to this, the undersigned would like to request from the Career Guidance Center to conduct the Personality Test to the nurses of Samar Provincial Hospital of Catbalogan. The researcher is willing to pay the corresponding amount for the testing fee.

Thank you and God Bless.

Respectfully yours,

(SGD.) RUBY GRACE B. PACOLOR, R.N.
Researcher

Noted by:

(SGD.) CHARMAINE R. QUIÑA, MAN
Adviser

Recommending Approval:

(SGD) FELISA E. GOMBA, Ph.D.
Dean, College of Graduate Studies/
VP for Academic Affairs

Approved by:

(SGD.) MARILYN D. CARDOSO, Ph.D.
University President

APPENDIX D

LETTER REQUESTING TO CONDUCT THE SURVEY

January 29, 2018

Dr. MARIBEL H. PEDRIGAL, MD, MHA, FPAMS
Provincial Health Officer I
Chief of Hospital
Samar Provincial Hospital
Catbalogan City Samar

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN HOSPITAL

Sir:

Good day! My name is Ruby Grace B. Pacolor, a student of the College of Graduate Studies of Samar State University taking the degree Masters of Science in Nursing. I am currently doing my thesis writing titled "PERSONALITY, COMPASSION FATIGUE AND BURNOUT AMONG NURSES."

I am interested in the relationship between the nurses' personality and compassion fatigue and how these affect their compassion satisfaction. This study will be conducted under the guidance of my adviser, Charmiane R, Quiña, M.A.N.

I am hereby seeking your permission to approach your nurses with at least 1 year experience together with their consent to participate in the said research. Participants entail the completion of a standardized Personality Test to be conducted by the Guidance Center of Samar State University, a set of questionnaire on Professional Quality of life and a group discussion regarding the environmental and organizational profile of the institution. This activity is estimated to last about 1 hour. I would also like to ask for your permission to conduct the said study after their shift. Rest assured the data gathered will be treated with utmost confidentiality.

Upon completion of the study, I shall furnish the institution with a bound copy of the full research report.

Your approval will be of great help for the study. I would be happy to answer questions or concerns you may have. I can be reach through mobile number 0905 144 5021 or through Email address <rubygracebello143@yahoo.com>.

Thank you so much and I hope for an affirmative response on this request.

Respectfully yours,

(SGD.) RUBY GRACE B. PACOLOR, R.N.
Researcher

Noted by:

(SGD.) CHARMAINE R. QUIÑA, MAN
Adviser

Recommending Approval:

(SGD.) FELISA E. GOMBA, Ph.D.
Dean, College of Graduate Studies
VP for Academic Affairs

Approved by:

(SGD.) MARIBEL H. PEDRIGAL, MD, MHA, FPAMS
Provincial Health Officer I
Chief of Hospital

APPENDIX E

LETTER REQUESTING TO CONDUCT THE SURVEY

Study Name:	Principal Investigator:	Faculty Supervisor:
Personality, Compassion Fatigue and Burnout among Nurses	RUBY GRACE B. PACOLOR, R.N.	CHARMAINE R. QUIÑA, M.A.N

PLEASE READ THIS DOCUMENT CAREFULLY. YOUR SIGNATURE IS REQUIRED FOR PARTICIPATION. YOU MUST BE AT LEAST 18 YEARS OF AGE TO GIVE YOUR CONSENT TO PARTICIPATE IN RESEARCH. IF YOU DESIRE A COPY OF THIS CONSENT FORM, YOU MAY REQUEST ONE AND WE WILL PROVIDE IT.

The policy of the Department of Psychology is that all research participation in the Department is voluntary, and you have the right to withdraw at any time, without prejudice, should you object to the nature of the research. You are entitled to ask questions and to receive an explanation after your participation.

Description of the Study:
This is a study in which a psychological tests and measures are being evaluated. To do this, we will ask you take the Personality Test (16PF or NEO-PI-R).

Nature of Participation:
You will participate in 1 session (Psychological Test). In the second session (Professional Quality of Life)

Purpose of the Study:
To evaluate psychological tests (16PF or NEO-PI-R), professional quality of life and the possible relations between them. This means the researcher want to find out some general information about your personality and your Professional Quality of Life. The researcher is only interested in the evaluation of these variables, and how they are related to one another. The researcher is **NOT** interested in any specific individual.

Possible Risks: (e.g., for a questionnaire study...)
a) If ever you may come across a question or answer choice that you find unpleasant, upsetting, or otherwise objectionable you can withdraw your participation from this study and the researcher is willing to refer you for a debriefing or counseling activity.

b) There are no right or wrong answers.

c) Test results will be used in the study but information about yourself will be treated as confidential.

Possible Benefits:

a) When your participation is complete, you will be given an opportunity to learn about your test results and this research, which may be useful to your work or in understanding yourself and others.

b) You will have an opportunity to contribute to psychological science by participating in this research.

Confidentiality:
You will be assigned a code number which will protect your identity. All data will be kept in secured files, in accord with the standards of the University. All identifying information will be removed from questionnaires as soon as your participation is complete. No one will be able to know which are your questionnaire responses. Finally, remember that it is no individual person's responses that interest us; the researcher is studying the usefulness of the tests in question for people in general.

Opportunities to Question:
Any technical questions about this research may be directed to the researcher of this study.

Opportunities to Withdraw at will:
If you decide now or at any point to withdraw this consent or stop participating, you are free to do so at no penalty to yourself.

Opportunities to be Informed of Results:
In all likelihood, the results will be fully available after 3 days of taking the test. If you wish to be told the results of this research, please visit the Career Guidance Center.

In addition, there is a chance that the results from this study will be published in a scientific journal, which would be available in many libraries. In such an article, participants would be identified in general terms nurses in a medical institution.

Your signature below indicates that you voluntarily agree to participate in this study.

Dated this _____ day of (month) _____, 2018.

_____ _____

Signature of Participant **Signature of Person Obtaining Consent**

APPENDIX F

THE QUESTIONNAIRE

Dear Respondents:

As part of the requirements for the degree in Master of Science in Nursing, the undersigned is presently working on her thesis entitled: "Compassion Fatigue and Burnout among Nurses in Samar Provincial Hospital". You have been identified as one of the researcher's respondents. In this connection, your kind assistance is hereby requested by way of answering the following questionnaire. Rest assured that the data that will be generated in the survey shall be for research purposes only and will be treated with utmost confidentiality.

Thank you very much.

RUBY GRACE BELLO PACOLOR, R.N.
Researcher

Part I Profile

Name (Optional): _____ Age: _____ Sex: _____
Civil status: _____ Year of experience: _____ Monthly income: _____
Present area of assignment: _____ Nature of Employment: _____

Highest educational attainment (please check):
( ) Bachelor of Science in Nursing (BSN)
( ) With masteral units in nursing
( ) With Masteral Unit Other than Nursing (special specify): _____
( ) Masters of Arts/Science in Nurisng
( ) Masters other than nursing (please specify): _____

Part II Professional Quality of Life Scale (ProQOL)
Compassion Satisfaction and Compassion Fatigue (ProQOL) Version 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you

and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

5=Very Often
4=Often
3=Sometimes
2=Rarely
1=Never

_____ 1. I am happy.
_____ 2. I am preoccupied with more than one person I *[help]*.
_____ 3. I get satisfaction from being able to *[help]* people.
_____ 4. I feel connected to others.
_____ 5. I jump or am startled by unexpected sounds.
_____ 6. I feel invigorated after working with those I *[help]*.
_____ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
_____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
_____ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
_____ 10. I feel trapped by my job as a *[helper]*.
_____ 11. Because of my *[helping]*, I have felt "on edge" about various things.
_____ 12. I like my work as a *[helper]*.
_____ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
_____ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
_____ 15. I have beliefs that sustain me.
_____ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
_____ 17. I am the person I always wanted to be.
_____ 18. My work makes me feel satisfied.
_____ 19. I feel worn out because of my work as a *[helper]*.
_____ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
_____ 21. I feel overwhelmed because my case [work] load seems endless.
_____ 22. I believe I can make a difference through my work.
_____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
_____ 24. I am proud of what I can do to *[help]*.
_____ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
_____ 26. I feel "bogged down" by the system.
_____ 27. I have thoughts that I am a "success" as a *[helper]*.
_____ 28. I can't recall important parts of my work with trauma victims.

_____ 29. I am a very caring person.
_____ 30. I am happy that I chose to do this work.

Part III Work-Related Components

Below are some questions about work-related components. Please rate the level of contribution to you by using the scale at the left column.

To determine the contribution of each component, please consider you experience/level of compassion fatigue and burnout to your current work situation. The scale description is as follows:

5 Very Highly Contribution **VHC**
4 High Contribution **HC**
3 Moderately Contribution **MC**
2 Less Contribution **LC**
1 No contribution **NC**

WORK-RELATED COMPONENTS	5 (VHC)	4 (HC)	3 (MC)	2 (LC)	1 (NC)
1. Minimal superior support					
2. Excessive patient volume resulting to unproportioned nurse to patient ratio					
3. Uncollaborative work environment					
4. Non-existence of support group of bereavement interventions for the nurses					
5. Job satisfaction					
6. Insufficient fringe benefits					
7. Inadequate salary					
8. Poor work values					
9. Professional growth					
10. Untimely and poor-quality supervision					
11. Lack of training on the development of mental health					
12. Lack of training on the development of spiritual health					
13. Personality of the nurse in conflict with institutional policies					
14. Hours worked					
15. Weak emotional intelligence					
16. Personal belief and practices of the nurse					

CURRICULUM VITAE

PERSONAL INFORMATION

NAME	:	**RUBY GRACE BELLO-PACOLOR**
AGE	:	30 years old
ADDRESS	:	City Homes Subdivision, Brgy. Tagbaya-on Jiabong Samar
DATE OF BIRTH	:	January 24, 1988
PLACE OF BIRTH	:	Sogod, Southern Leyte
RELIGION	:	Roman Catholic
CIVIL STATUS	:	Married
HUSBAND	:	Cesar F. Pacolor
PARENTS	:	RANULFO S. BELLO ANICETA O. BELLO
KIDS	:	Kurt Nathan B. Pacolor Kyle Zander B. Pacolor

EDUCATIONAL BACKGROUND

GRADUATE	:	**Masters of Science in Nursing** Samar State University S.Y. 2017-2018
COLLEGE	:	**Bachelor of Science in Nursing** Samar State University S.Y. 2009 – 2010
SECONDARY	:	**St. THOMAS AQUINAS COLLEGE** Sogod, Southern Leyte S.Y. 2004-2005
ELEMENTARY	:	**SOGOD CENTRAL ELEMENTARY SCHOOL** Sogod, Souther Leyte S.Y. 2000-2001

POSITION HELD (SCHOOL DESIGNATION/ORAGANIZATIONS)

Instructor I
Samar State University
Catbalogan City

Head, Orientation & Information, Economic Enterprise Services
Career Guidance Center
Samar State University
Catbalogan City

SEMINARS AND TRAININGS ATTENDED

Seminar Workshop on Curriculum Revision & Enhancement & Construction of Effective Test Question & Table of Specifications	27/02/2017	01/03/2017
Training in Team Development and Developing Costumer Services Execllence for Frontliners	18/08/2016	18/08/2016
Psychological First-Aid Seminar Workshop	05/03/2016	05/03/2016
Stress Management Seminar Workshop	04/03/2016	04/03/2016
ISO 9001:2008 Awareness Course (Quality Management System)	24/02/2016	24/02/2016
Peer Counseling Training Workshop	11/11/2015	13/11/2015
Seminar Workshop on Excellence Towards Teaching through Outcome-Based Education	04/05/2015	08/05/2015
Research Proposal Writeshop Seminar	08/07/2014	09/07/2014
Basic IV Therapy Training	29/04/2013	01/05/2013
Child Growth Standard Seminar	12/03/2012	14/03/2012
PNA Annual Convention	23/10/2011	27/10/2011

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