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Empathy and Compassion Fatigue Among Staff Nurses in selected Public Hospitals in Iloilo: Basis for an Enhanced Workplace Action Plan

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ABSTRACT

This study examined empathy and compassion fatigue among staff nurses in selected public hospitals in Iloilo, Philippines, as a basis for an enhanced workplace action plan. A quantitative descriptive-correlational research design was employed involving staff nurses assigned to wards, emergency rooms, delivery rooms, and operating rooms. Standardized instruments, including the Toronto Empathy Questionnaire (TEQ), Jefferson Scale of Empathy (JSE), and the Professional Quality of Life Scale (ProQOL-V), were used to collect data. Data were analyzed using descriptive statistics, an independent samples t-test, one-way ANOVA, and Pearson's r at a 0.05 level of significance. Findings revealed that the nursing workforce was predominantly female, early- to mid-career, and mostly assigned to high-demand clinical areas with standard 8-hour shifts. Overall, nurses demonstrated a high level of empathy, with very high cognitive empathy and compassionate care, while affective empathy was moderate. This suggests strong cognitive understanding of patients' experiences and consistent delivery of compassionate care, accompanied by a balanced level of emotional engagement. In terms of compassion fatigue, nurses generally experienced low levels of burnout and secondary traumatic stress, indicating effective coping mechanisms and psychological resilience despite demanding work conditions. However, a considerable proportion of respondents reported moderate levels on both dimensions, suggesting ongoing occupational emotional strain that warrants attention. Correlation analysis showed that cognitive empathy and compassionate care were significantly and negatively associated with burnout and secondary traumatic stress, indicating that these dimensions function as protective factors against compassion fatigue. In contrast, affective empathy showed no significant relationship with either burnout or secondary traumatic stress. Comparative analyses revealed that empathy and compassion fatigue were generally not significantly influenced by sex, shift schedule, years of experience, or area of assignment. Age had a partial influence on affective empathy and compassionate care, while burnout varied with years of experience and area of assignment. Secondary traumatic stress remained consistent across all groups. The study concludes that nurses exhibit high empathy and low compassion fatigue, with outcomes largely shaped by professional and organizational factors rather than demographic characteristics. These findings inform the development of a targeted workplace action plan to strengthen cognitive empathy, sustain compassionate care, and mitigate burnout through organizational and psychosocial support interventions.

Keywords: *Empathy, Compassion fatigue, Staff Nurses, Burnout, Workplace action plan.*

INTRODUCTION

Nationally, the DOH reported that over 70% of nurses developed moderate to high emotional distress during the COVID-19 pandemic. Locally, the Center for Health Development (Region VI) has observed high levels of attrition, burnout, and stress-related absenteeism in public hospitals in Western Visayas. Despite these trends, there was a "missing link": no local research had directly connected empathy levels to compassion fatigue among hospital staff in Iloilo. This study aims to fill that gap to develop an evidence-based workplace action plan.

Statement of the Problem

This research study aimed to answer the following questions:

1. What are the demographic and professional profiles of nurses?
2. What is the level of empathy (cognitive, affective, and compassionate care)?
3. What is the level of compassionate fatigue (burnout and secondary traumatic stress)?
4. Is there a significant relationship between empathy and compassion fatigue?
5. Is there a significant difference in the level of empathy and compassion fatigue when grouped according to respondents' profiles?

Scope and Delimitations

The study investigated how empathy relates to compassion fatigue among nurses working in selected public hospitals in Iloilo. It will take place in the years 2025 2026 using a purely quantitative approach and will measure demographic factors, including age, sex, years of nursing experience, area of assignment, and average shifting hours per day, as independent variables, while measuring empathy levels and compassion fatigue as dependent variables. The study will include only registered nurses who meet the established inclusion criteria and are currently employed at the selected public hospitals, selected through stratified random sampling.

Review of Related Literatures

The empathy that healthcare professionals demonstrate through their work with patients, especially during demanding situations, is a necessary component of effective therapeutic interactions. It enables nurses to better understand their patients' needs and perceptions, strengthening the therapeutic relationship and building trust, thereby enhancing communication and patient care outcomes (Moreno-Poyato et al., 2021; Atta, Abdel-Hamid Hammad, & Elzohairy, 2024). In the Philippines, researchers found that Filipino nurses evaluated their emotional empathy abilities as strong, but they experienced emotional distress more in their continuous contact with patients suffering during the pandemic. Research from around the world highlights that empathy is a crucial part of providing patient-centered care, but it can also have complex effects on nurses' mental health.

Theoretical Framework

This study is anchored in three foundational nursing theories:,

1. **Jean Watson's Theory of Human Caring**: Which posits that while authentic empathy is the fundamental nature of nursing, investing too much emotion without organizational backing leads to burnout.
2. **Joyce Travelbee's Human to Human Relationship**: Which emphasizes that while emotional interaction is essential for coping with illness, prolonged exposure increases the risk of compassion fatigue.
3. **Betty Newman's System Model**: Which views the nurse as an open system where interventions must help maintain balance and promote wellness in demanding environments.

Conceptual Framework

The research study draws on theoretical assumptions that argue that nurses' sociodemographic attributes will influence their emotional work engagement. Nurses who deal with emotionally tough situations will face difficulties in managing their empathy and emotional burnout because of their personal characteristics, including age, sex, civil status, educational level, and work experience.

The study results in the creation of a workplace action plan that establishes measures to protect emotional health for nurses working in public hospital settings. The plan will use scientific research with the goal of decreasing compassion fatigue and increasing empathetic care and creating better mental health environments within hospital facilities.

METHODOLOGY

To test these theories, a purposive sampling technique was used to select participants from a total population of 141 registered regular staff nurses and contract service nurses.

Research Design

The study utilized the quantitative, descriptive-correlational research design.

Research Steps

The researcher examined three level one public hospitals in Iloilo. These selected sites represent a combination of regional healthcare facilities, academic medical centers, and community health clinics, which will help the researcher generate findings that apply to public health nursing practices throughout Iloilo. This study follows a systemic process beginning with the identification of the research problem, literature review, and formulation of the objectives, questions, and hypotheses. A quantitative descriptive-correlational design was employed using the TEQ, JSE, ProQol-V, and a demographic questionnaire. After obtaining ethical approval, permission, and informed consent, data were collected, coded, and analyzed using SPSS with descriptive statistics, an independent samples t-test, a one-way ANOVA, and Pearson's correlation at a 0.05 significance level. The findings were interpreted and used as the basis for an enhanced workplace action plan to strengthen empathy and reduce compassion fatigue amongst staff nurses.

Data Collection and Sample Selection

The study involved registered nurses providing direct patient care in selected public hospitals in Iloilo using purposive sampling. Eligible nurses who met the inclusion criteria and provided informed consent participated, while administrative nurses, those on extended leave, and those who declined were excluded. Following ethical approval and institutional permission, data were collected using a demographic questionnaire, the Toronto Empathy Questionnaire, the Jefferson Scale of Empathy, and the Professional Quality of Life Scale Version 5. Completed questionnaires were checked for completeness, securely stored, and prepared for statistical analysis.

Data Analysis Methods

Data were coded and analyzed using IBM SPSS Statistics. Descriptive statistics (frequency, percentage, mean, and standard deviation) summarized respondents' characteristics and determined the levels of empathy and compassion fatigue. JSE scores were converted to mean item scores, while ProQOL-V scores were interpreted following guidelines of Stamm (200). Inferential statistics included the independent samples t-test, one-way ANOVA, and Pearson's correlational coefficient (r) to test the hypotheses, with statistical significance set at $p < .05$.

Research Hypotheses and Validation

There is no significant relationship between empathy and compassion fatigue among staff nurses in public hospitals in Iloilo.

There is no significant difference in the level of empathy and compassion fatigue when grouped according to respondents' profiles.

Standardized, valid, and reliable adapted questionnaires were used; therefore, there is no need for revalidation of instruments.

Study Limitations and Ethical Considerations

The study's cross-sectional, descriptive-correlational design limits causal inference, while its focus on selected public hospitals in Iloilo may restrict the generalizability of the findings. The eight ethical considerations of SBLC, which are autonomy, beneficence, non-maleficence, veracity, confidentiality, informed consent, data privacy, and justice, were obtained prior to collection.

RESULTS AND DISCUSSION

Overall, the findings indicate that nurses maintain strong empathy and low compassion fatigue, with organizational and professional factors playing a stronger role than demographic characteristics.

SUMMARY

To summarize, our Iloilo nurses are resilient and highly empathetic, especially in the cognitive domain. However, a segment (30-40%) is experiencing moderate strain. Fatigue is driven by organizational factors—like where you work and how long you've been a nurse—

rather than individual demographics like sex.

CONCLUSIONS

Therefore, staff nurses in public hospitals in Iloilo demonstrated high levels of empathy, particularly in cognitive empathy and compassionate care, while maintaining low levels of burnout and secondary traumatic stress despite demanding work environments. Cognitive empathy and compassionate care serve as proactive shields against burnout and secondary traumatic stress. Fatigue itself is driven by workload and assignment, not demographics.

RECOMMENDATIONS

Based on the findings and conclusions, hospital administrators should institutionalize psychological support systems (debriefing sessions, peer support, and accessible counseling). Nurse educators should strengthen programs that enhance cognitive empathy as a professional tool. For nursing management. They must implement unit-based wellness initiatives to identify early burnout. Consider flexible deployment or rotational assignments in highly stressful units. Staff nurses should actively engage in self-care practices (mindfulness, reflection, and peer support). Policymakers should establish comprehensive wellness programs applicable to all nurses. Prioritize organizational reforms that address burnout through safe staffing and workload regulation. Future researchers are encouraged to conduct longitudinal and multisite studies and examine additional factors such as emotional intelligence, resilience, leadership, and organizational culture to further understand empathy and compassion fatigue among nurses.

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AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

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