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Psychological Capital and Compassion Fatigue Among Nurses Working in Selected Hospitals in Batangas

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ABSTRACT

Nurses are vulnerable to compassion fatigue due to persistent workplace stress, underscoring the importance of Psychological Capital as a protective resource. This study examined the relationship between Psychological Capital and Compassion Fatigue among 130 nurses in selected hospitals in Batangas using a descriptive correlational design and validated questionnaires (PCQ-24 and ProQOL-5). Results revealed very high Psychological Capital and moderate Compassion Satisfaction, Burnout, and Secondary Traumatic Stress. Psychological Capital showed no demographic differences but was significantly associated with higher Compassion Satisfaction and lower Burnout and Secondary Traumatic Stress. The findings support resilience-based interventions to enhance nurses' well-being, workforce sustainability, and quality patient care.

Keywords: *Psychological capital, compassion fatigue, burnout, secondary traumatic stress, compassion satisfaction, nurses, Batangas*

INTRODUCTION

Nurses face continuous emotional demands that increase their risk of compassion fatigue, potentially affecting their well-being and the quality of patient care. Psychological Capital, encompassing hope, self-efficacy, resilience, and optimism, has emerged as a vital psychological resource that enhances coping and professional performance. Although international studies highlight its protective role, evidence among Filipino nurses, particularly in regional healthcare settings, remains limited. Addressing this gap, this study examined the relationship between Psychological Capital and Compassion Fatigue among nurses working in selected hospitals in Batangas. The findings provide localized evidence to inform resilience-focused interventions, strengthen nurses' psychological well-being, and promote sustainable, high-quality healthcare delivery.

Statement of the Problem

This research study aimed to examine the relationship between Psychological Capital and Compassion Fatigue among nurses working in selected hospitals in Batangas.
Specifically, it sought to answer the following questions:

1. What is the demographic profile of the respondents in terms of:
1.1 Age;
1.2 Sex;
1.3 Civil status;

1.4 Years of nursing experience;
1.5 Years of experience in the current unit of assignment;
1.6 Area or unit of assignment;
1.7 Shift schedule; and
1.8 Access to related professional development or seminars?
2. What is the level of Psychological Capital among the respondents in terms of:
2.1 Hope;
2.2 Self-efficacy;
2.3 Resilience; and
2.4 Optimism?
3. What is the level of Compassion Fatigue among the respondents in terms of:
3.1 Burnout;
3.2 Secondary Traumatic Stress; and
3.3 Compassion Satisfaction?
4. Is there a significant difference in the level of Psychological Capital when the respondents are grouped according to their demographic profile?
5. Is there a significant difference in the level of Compassion Fatigue when the respondents are grouped according to their demographic profile?
6. Is there a significant relationship between Psychological Capital and Compassion Fatigue among nurses working in selected hospitals in Batangas?
7. Based on the findings of the study, what recommendations may be proposed to enhance Psychological Capital and reduce Compassion Fatigue among nurses?

Scope and Delimitations

This study examined the relationship between Psychological Capital and Compassion Fatigue among 130 registered nurses working in selected hospitals in Batangas. It assessed Psychological Capital in terms of hope, self-efficacy, resilience, and optimism, and Compassion Fatigue in terms of compassion satisfaction, burnout, and secondary traumatic stress. Differences across selected demographic characteristics and the relationship between the study variables were also examined using the PCQ-24 and ProQOL-5. The study was limited to nurses providing direct patient care and excluded administrators, student nurses, interns, and nonclinical nurses. As a cross-sectional study using self-report measures, the findings indicate associations rather than causation and are generalizable only to the participating hospitals.

Review of Related Literature

Psychological Capital (PsyCap), which comprises hope, self-efficacy, resilience, and optimism, is recognized as a positive psychological resource that enhances employees' well-being and work performance (Luthans et al., 2007). Among nurses, higher resilience and psychological well-being have been associated with lower stress, greater job satisfaction, and improved retention, particularly during challenging situations such as the COVID-19 pandemic (De los Santos & Labrague, 2021). Similarly, the Professional Quality of Life (ProQOL) framework explains that compassion satisfaction, burnout, and secondary traumatic stress reflect healthcare professionals' quality of work life (Stamm, 2010). These concepts provide

the theoretical and empirical foundation for examining how Psychological Capital influences Compassion Fatigue among nurses, supporting the need for interventions that strengthen psychological resources and promote quality patient care.

Theoretical Framework

This study is anchored in the Psychological Capital (PsyCap) Theory of Luthans et al. (2007) and the Professional Quality of Life (ProQOL) Model of Stamm (2010). These theories suggest that nurses with higher levels of hope, self-efficacy, resilience, and optimism are more likely to experience greater compassion satisfaction and lower levels of burnout and secondary traumatic stress.

Conceptual Framework

The study is anchored on the Input–Process–Output (IPO) Framework. The input comprises the nurses' demographic profile, Psychological Capital (hope, self-efficacy, resilience, and optimism), and Compassion Fatigue (compassion satisfaction, burnout, and secondary traumatic stress). The process involves administering standardized questionnaires and analyzing the data using appropriate statistical methods. The output is an evidence-based intervention framework aimed at strengthening Psychological Capital, reducing Compassion Fatigue, and enhancing nurses' psychological well-being, workforce resilience, and quality patient care.

METHODOLOGY

This study used a descriptive-correlational quantitative design involving 130 registered nurses from selected hospitals in Batangas. Data were collected using the PCQ-24 and ProQOL Version 5 and analyzed using descriptive statistics, ANOVA, and Pearson correlation.

Research Design

This study employed a descriptive correlational quantitative research design to determine the levels of Psychological Capital and Compassion Fatigue and examine the relationship between these variables among nurses working in selected hospitals in Batangas. Standardized questionnaires were used to collect data, while descriptive and inferential statistics were applied to analyze the findings.

Research Steps

Following approval from the Institutional Ethics Review Board and participating hospitals, eligible registered nurses were recruited through purposive sampling and provided informed consent. Participants completed the Psychological Capital Questionnaire (PCQ-24) and Professional Quality of Life Scale Version 5 (ProQOL-5) through an online survey. A registered psychometrician guided the scoring and interpretation of the instruments. The data were screened, encoded, and analyzed using appropriate statistical methods, and the findings informed evidence-based recommendations to strengthen Psychological Capital and reduce Compassion Fatigue among nurses.

Data Collection and Sample Selection

Following approval from the Institutional Ethics Review Board and participating hospitals, eligible registered nurses were recruited through purposive sampling and provided informed consent. Participants completed the validated Psychological Capital Questionnaire (PCQ-24) and Professional Quality of Life Scale Version 5 (ProQOL-5) through an online survey. The scoring and interpretation of the questionnaires were guided by a registered psychometrician to ensure psychometric accuracy. Responses were screened, securely encoded, and analyzed using appropriate statistical methods. This systematic process ensured ethical compliance, data integrity, and reliable evidence on the relationship between Psychological Capital and Compassion Fatigue among nurses working in selected hospitals in Batangas.

Data Analysis Methods

Data were analyzed using frequencies, percentages, means, standard deviations, ANOVA, and Pearson correlations to describe the respondents, determine the levels of Psychological Capital and Compassion Fatigue, and examine significant differences and relationships at the 0.05 level of significance.

Research Hypotheses and Validation

The study tested the null hypothesis that no significant relationship exists between Psychological Capital and Compassion Fatigue among nurses. Data were gathered using the validated PCQ-24 and ProQOL Version 5.

Study Limitations and Ethical Considerations

The study was limited to registered nurses from selected hospitals in Batangas using a cross-sectional, descriptive-correlational design. Ethical standards were observed through ERB approval, informed consent, voluntary participation, confidentiality, anonymity, and compliance with the Data Privacy Act of 2012 (Republic Act No. 10173).

RESULTS AND DISCUSSION

SOP 1. What is the demographic profile of the respondents?

Answer: The respondents were predominantly female, aged 30–39 years, married, with 1–5 years of nursing experience and 1–3 years in their current unit. Most were assigned to the ICU and Ward, worked the day shift, and had access to professional development programs, representing an active and developing nursing workforce.

SOP 2. What is the level of Psychological Capital of the nurses?

Answer: The respondents demonstrated a very high level of Psychological Capital, with hope, self-efficacy, resilience, and optimism all interpreted as very high, indicating strong positive psychological resources.

SOP 3. What is the level of Compassion Fatigue among the nurses?

Answer: The respondents exhibited moderate Compassion Satisfaction, Burnout, and Secondary Traumatic Stress, indicating balanced professional fulfillment while experiencing manageable levels of work-related stress.

SOP 4. Is there a significant difference in Psychological Capital when grouped according to demographic profile?

Answer: There was no significant difference in Psychological Capital across the respondents' demographic characteristics, indicating that Psychological Capital was consistent regardless of demographic profile.

SOP 5. Is there a significant difference in Compassion Fatigue when grouped according to demographic profile?

Answer: Compassion Fatigue differed significantly according to sex and years of nursing experience, while Secondary Traumatic Stress significantly differed according to area of assignment. No significant differences were found for the remaining demographic variables.

SOP 6. Is there a significant relationship between Psychological Capital and Compassion Fatigue?

Answer: Psychological Capital showed a strong positive relationship with Compassion Satisfaction and significant negative relationships with Burnout and Secondary Traumatic Stress, demonstrating that higher Psychological Capital is associated with better professional quality of life and lower compassion fatigue.

SOP 7. What recommendations can be proposed based on the findings?

Answer: The study recommends implementing resilience-building programs, psychological support services, mentoring, stress management interventions, and continuing professional development to strengthen Psychological Capital and reduce Compassion Fatigue among nurses.

SUMMARY

This study examined the relationship between Psychological Capital and Compassion Fatigue among 130 registered nurses in selected hospitals in Batangas using a descriptive-correlational design. The findings revealed very high Psychological Capital, moderate Compassion Fatigue, and a significant relationship between the two variables, indicating that higher Psychological Capital was associated with greater compassion satisfaction and lower burnout and secondary traumatic stress.

CONCLUSIONS

The findings showed that nurses in selected hospitals in Batangas had very high Psychological Capital and moderate Compassion Fatigue. A significant relationship was found between the two variables, indicating that higher Psychological Capital was associated with lower Compassion Fatigue and better nurses' well-being.

RECOMMENDATIONS

Based on the findings, hospital administrators and nursing leaders are encouraged to implement resilience-building, psychological wellness, and stress management programs to strengthen nurses' Psychological Capital and reduce Compassion Fatigue. Future researchers are also encouraged to conduct similar studies with larger and more diverse samples.

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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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