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# Enhancer elements of compassion satisfaction in healthcare professionals

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**Título:** Elementos potenciadores de la satisfacción por compasión en profesionales sociosanitarios.

**Resumen:** *Objetivo*: análisis de la influencia de estilos de apego, autocompasión, vocación, demanda asistencial, satisfacción de cuidar, satisfacción con el trabajo y *burnout* sobre la satisfacción por compasión (SC) en profesionales sociosanitarios.
*Método*: Contestaron al cuestionario online 480 profesionales sociosanitarios asistencialmente activos. Se recogieron variables sociodemográficas, de experiencia laboral, *burnout* y satisfacción por compasión (Cuestionario de Calidad de Vida ProQoL), autocompasión (de Neff) y estilos de apego (Cuestionario de Relación). Se analizaron correlaciones, diferencias de medias, regresión lineal múltiple (RLM) y análisis cualitativo de la descripción emocional del trabajo.
*Resultados*: El 79.6% (382) fueron mujeres, edad media de 44.6 (*DT* = 10.86). Resultó significativamente ($p < .001$) mayor la puntuación SC que *burnout*. El modelo de SC explicó un 51.5% de la varianza ($R^2_{corregida}$ = 0.515); como variables predictoras ($p < .001$), satisfacción de cuidar personas (Beta = .309), vocación (Beta = .184), autoamabilidad (Beta = .158) y *burnout* (Beta = -.306).
*Conclusiones*: sobre la satisfacción por compasión, directamente influye la satisfacción de cuidar personas, vocación, autoamabilidad y ausencia de *burnout*. Indirectamente también, la capacidad de atención plena, sentimientos de humanidad compartida, vínculo de apego seguro y satisfacción con el equipo de trabajo. También son factores protectores ante *burnout*, que se relaciona directamente con estilos de apego preocupado, temeroso y falta de autocompasión; autocrítica, sobreidentificación y aislamiento.
**Palabras clave:** satisfacción por compasión; profesionales sociosanitarios; vocación; Síndrome de Burnout; vínculo de apego; autocompasión.

**Abstract:** *Objective*: to analyze adult attachment styles, self-compassion, vocation, health care demands, caring satisfaction, job satisfaction and burnout on compassion satisfaction (CS) in healthcare professionals.
*Method*: An online questionnaire was answered by 480 assistentially active healthcare professionals. Variables collected were socio-demographic, work experience, burnout and compassion satisfaction (ProQoL Quality of Life Questionnaire), self-compassion (by Neff), and attachment styles (Relation Questionnaire). Correlations, mean differences, multiple linear regression (MLR) and qualitative analysis of the emotional description of the job were analyzed.
*Results*: 79.6% (382) were women, age average of 44.6 (*SD* = 10.86). CS score resulted significantly ($p < .001$) higher than burnout. Model for CS explained 51.5% of the variability ($_{corrected}R^2$ = .515); as predictor variables ($p < .001$), people caring satisfaction (Beta = .309), vocation (Beta = .184), self-kindness (Beta = .158) and burnout (Beta = .306).
*Conclusions*: people caring satisfaction, vocation, self-kindness and absence of burnout directly influence compassion satisfaction. It is also indirectly influenced by mindfulness capacity, feelings of common humanity, secure attachment style and work team satisfaction. These are also factors that prevent from burnout, and which are directly related to concerned and fearful attachment styles, lack of self-compassion, self-judgement, over-identification and isolation.
**Key words**: compassion satisfaction; healthcare professionals; vocation; Burnout Syndrome; attachment styles; self-compassion.

## Introduction

Health professionals from different areas are involved in caring people on a daily basis, taking this experience with emotional fluctuations, that demand certain coping capacities (Bermejo, 2018; Bermejo, Díaz-Albo & Sánchez, 2011; Bermejo, 2012) for their own well-being and also, to be able to establish healthy aid relationships. Care for people exposes the caregiver to a series of complex experiences that are described below, and which are classified in negative (compassion fatigue and stress, burnout or empathy fatigue) and positive (compassion satisfaction, vocation or happiness) emotions.

Within the field of negative experiences, it should be noted that Figley (2001) developed a compassion stress and fatigue model, defining the latter as the capacity in being empathic or "bearing the suffering of others"; an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it is traumatizing for the helper (Figley, 2002). On the other hand, *burnout* is defined as a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job. It is identified by an overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment (Leiter & Maslach, 2004).

Likewise, compassion fatigue, is defined as the "natural, predictable, treatable and preventable consequence of working with people who suffer; it is the emotional residue resulting from exposure to work with those who suffer the consequences of traumatic events", and caused by the lack of tools to manage our own suffering, the patient´s and his/her family members (Acinas, 2012).

Empathy entails warmth in a relationship, an emotional proximity that must be self-regulated to avoid losing therapeutic distance, (Bermejo, 2012; García Laborda & Rodríguez Rodríguez, 2005) something considered as positive, as long as it doesn´t lead to cool the relation with the patient or develops into *burnout*, due to a poor management in the distance of the emotional involvement (Bermejo et al., 2011).

On the other hand, the Job Demands-Resources model has been described as a tool to predict burnout, organizational commitment, work connection and *engagement*, and it is also useful to predict possible consequences that could arise, such as sickness absenteeism, job performance and employee

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well-being (Bakker & Demerouti, 2013). It seems that workload and healthcare demand are associated with emotional exhaustion; in this regard, Burke & Richardsen (1996) considered that burnout scores are always higher in work environments characterized by an excessive workload.

In recent years, most of the research has been focused on *burnout* and its effects, which hides a much more satisfactorily side of reality. The care of people can imply what has been called, compassion satisfaction (CS): the positivity resulting from caring (Phelps, Lloyd, Creamer, & Forbes, 2009), taken as the "ability to receive gratification from caregiving" (Simon, Pryce & Klemmack, 2006) or as the selflessness and positive feelings resulting from the ability to help. Within the job performance of healthcare professionals, CS is associated with an understanding of the healing process, an internal self-reflexion, a connection with fellowmen, an increased sense of spirituality, and a higher degree of empathy (Hernández García, 2017); it also has its own measuring instrument called the *Compassion Fatigue and Satisfaction Test* (Stamm, 2010). According to some authors, a proper management of self-compassion helps professionals to reduce stress and prevent burnout (Aranda Auserón et al., 2017).

Palliative care professionals who are in permanent contact with situations that expose suffering, have similar levels of anxiety and depression that colleagues in other healthcare areas or specialties, but they pose lower levels of burnout, since they work with their own objectives and philosophy, along with an on-going training and education which helps them to prevent it (Pérez, 2011).

Within this context, we can talk about vocation, defined as a mankind inner call that connects feelings, experiences, awareness and emotions; it is a connection with a desire for happiness expressed as a passion towards a specific field or happiness, in the professional area (Buceta, 2017). It happens on a daily basis, and it may also be influenced by depersonalization, burnout syndrome or stress.

Attachment works in the same way because the importance of interpersonal relations for the well-being of individuals is an undeniable fact, and attachment styles reflect the perception a person has on the receptiveness and responsiveness to oneself and others (Yárnoz et al., 2001); and here is where self-compassion makes its appearance, defined and studied by Neff (2003) as being kind and understanding towards oneself in instances of pain and failure. Neff (2003) states that self-compassion involves interconnected components that can emerge when confronted with emotional pain situations, entailing positive aspects such as self-kindness, common humanity and *mindfulness*, and negative ones, such as self-judgment, isolation and over-identification (Araya & Moncada, 2016).

In order to evaluate the experience of the described emotions, Stamm (2010) developed the concept of professional quality of life; quality of emotions having opposite sides: compassion satisfaction (CS) and compassion fatigue (CF). CS contributes to psychological well-being by alleviating the negative effects of the professional activity (Mathieu, 2012); it is also related to work satisfaction (Salessi & Omar, 2016), by showing a sense of competence, pleasure and control in one´s own work, which may become a coping strategy to those who devote themselves to end of life care (Barreto, 2014).

Likewise, Herzberg (as quoted in Rodríguez Alonso, Gómez Fernández, & De Dios del Valle, 2017) proposed the two-factor theory in which he contends that job satisfaction is contingent upon the existence of two groups of factors, that give meaning to the nature of one´s work; these are extrinsic factors that can only prevent or avoid work dissatisfaction, and intrinsic factors, which result in satisfaction.

Nowadays, there is some interest in studying the effects of the cultivation of compassion in the relationship with patients, which includes factors such as compassion fatigue and stress as elements that make professionals work difficult. Compassion fatigue causes physical and emotional exhaustion, and a behaviour that can lead to depersonalization similarly to *burnout* syndrome. However, an appropriate management of self-compassion helps professionals to reduce stress and prevent burnout (Aranda Auserón et al., 2017). The relation among the variables described can lead to a humanized care that may include satisfaction, compassion and vocation happiness or on the contrary, to the opposite side, which can result in fatigue, *burnout* and exhaustion.

For all that, the purpose of this work was to study the potentially humanizing factors or compassion satisfaction triggers in healthcare professionals; in particular, the relation of adult attachment styles, self-compassion, vocation, level of healthcare demand, people care satisfaction, work satisfaction and burnout, were analysed with the feeling of compassion satisfaction.

## Methods

### Participants

480 assistentially active health professionals replied to the questionnaire. Most of them (79.6%; 382) were women, with an average age of 44.6 years ($SD$ = 10.86), married or in a relationship (58.3%; 280) and with more than 8 years of working experience (69%; 331). The largest group have nursing education (29%; 139), work in the Community of Madrid (58.8%; 282), in the field of dependent and elderly care services (25.6%; 123) or in medical-surgical treatment and rehabilitation areas (25.2%; 121) (Table 1).

**Table 1.** Sample socio demographic characteristics.

| Variables | Categories | *N* | % |
|---|---|---|---|
| Gender | Woman | 382 | 79.6 |
| | Man | 98 | 20.4 |
| Marital status | Married | 227 | 47.3 |
| | In a relationship | 53 | 11.0 |
| | Single | 136 | 28.3 |
| | Separated/divorced | 50 | 10.4 |
| | Widow/widower | 10 | 2.1 |
| | Other | 4 | 0.8 |

| Variables | Categories | *N* | % |
|---|---|---|---|
| Education | Nursing | 139 | 29.0 |
| | Medicine | 81 | 16.9 |
| | Psychology | 66 | 13.8 |
| | Nursing assistant | 51 | 10.6 |
| | Other healthcare | 51 | 10.6 |
| | Social Worker | 39 | 8.1 |
| | Other | 22 | 4.6 |
| | Other social work | 19 | 4.0 |
| | Physiotherapy | 12 | 2.5 |
| Experience in the healthcare field | Less than 1 year | 16 | 3.3 |
| | Between 1 and 3 years | 50 | 10.4 |
| | Between 3 and 5 years | 37 | 7.7 |
| | Between 5 and 8 years | 46 | 9.6 |
| | More than 8 years | 331 | 69.0 |
| Work location | Community of Madrid | 282 | 58.8 |
| | Rest of Spain | 165 | 34.4 |
| | Latin American | 26 | 5.4 |
| | Other countries | 7 | 1.5 |
| Occupation/ area of work | Family and communitarian care | 47 | 9.8 |
| | Mental health | 50 | 10.4 |
| | Dependent and elderly care | 123 | 25.6 |
| | Paediatrics | 23 | 4.8 |
| | Obstetrics and gynaecology | 9 | 1.9 |
| | Management and teaching | 26 | 5.4 |
| | Medical-surgical and rehabilitation | 121 | 25.2 |
| | Urgent and emergency care | 34 | 7.1 |
| | Palliative Care (Listening centre and Spiritual care) | 45 | 9.4 |

### Instrumentation

A self-report was used (Annex) to collect:

*Socio-demographic* variables**:** age, gender, marital status, education and job location.

Working experience variables; years working in the healthcare field (annex, question No 6), healthcare demand perceived (No 7), vocation (No 10), work team satisfaction (or socio-labour support) (No 11), caring satisfaction (No 12) and emotional description of working experience (No 13 to 17).

In order to assess the levels of *burnout* (or feelings of hopelessness resulting from work) and *Compassion satisfaction* (or the pleasure resulting from the ability to do well in one´s own work), the Spanish version of ProQoL (Stamm, 2002), and Compassion Satisfaction and Fatigue ProQoLvIV (Morante, Moreno & Rodríguez, 2006) questionnaires were used. Twenty items from the *burnout* and *compassion satisfaction* dimensions were taken and rated with the Likert type scale (from 0 to 5). In this study, the 10 items of the CS scale obtained an internal consistency of .84 measured according to Cronbach's alpha, while the 10 items of the *burnout* scale obtained .7.

In order to assess *self compassion*, the Neff (2003) self compassion scale in its Spanish version (García-Campayo et al., 2014) was used. This 26 items questionnaire, rated by using the Likert type scale (from 1 to 5), measures the level of kindness and appreciation towards oneself, as a human being aware of its own deficiencies. It evaluates six opposed aspects (in italics); *self kindness* as an alterative to *self-judgment*, feelings of belonging to a *common humanity* as an alternative to *isolation*, and *complete care* as alternative to *over-identification* with one´s own feelings and emotions (Neff, 2003). In this study, the complete scale obtained a Cronbach α of .91, and the subscales ranged between .73 (common humanity) and .84 (self-judgement).

Lastly, in order to assess attachment styles (or strategies to organise and regulate emotions and cognitions about oneself and others, Bowlby, 1988), the RQ or Relationship Questionnaire (Bartholomew & Horowitz, 1991) in its Spanish version (Yárnoz-Yaben, 2008) was used, rating the four items in a scale from 1 to 7, and identifying the attachment styles by considering the participant´s own self-identification. The four category model of attachment styles include: secure style, suitable for people that experience positive and negative relations and whose representation of oneself and others tend to be positive; dismissing style, characterized by experiences with inaccessible attachment figures, and preoccupied and fearful styles, that corresponds to those who experience an unpredictable affordability (Bartholomew & Horowitz, 1991).

### Procedure

A convenience sampling was applied (not probabilistic) since participants were selected by their accessibility to the researchers behind the study. The questionnaire was uploaded into Google Drive, and requests were sent to healthcare professionals to complete it by using social networks (of the authors of the study), and email addresses (of the databases of the two centres where the study was carried out). That is to say, it was sent to staff primarily related to the healthcare field at different levels, from vocational training to college, mainly located in the Community of Madrid, but also in places of the rest of Spain and Latin American countries, since there is a working relationship with them from the centres where the study was taking place.

Data collection ended after 4 weeks.

### Statistical analysis

For the purpose of describing the characteristics of the sample regarding socio demographical variables, and the scoring achieved in each scale and subscale, descriptive ratio statistics were used. Likewise, with a view to describe and identify differences between profiles, Student´s T-test was used for independent (in the case of groups with categorical variables) and paired (in the case of intrasubject comparisons) samples. In the event of comparing more than two groups, one-way ANOVA was used.

An analysis of word frequency was carried out using the qualitative data analysis software NVivo 11.0, with the aim of carrying out an emotional description of the working experience.

Pearson correlations were used in order to find associa-

tions between the main variable in the study (compassion satisfaction), and the other quantitative variables collected (adult attachment styles; self compassion scales and subscales; vocation, healthcare demand, people caring satisfaction, work satisfaction and *burnout* levels).

Finally, backwards hierarchical multiple linear regression (MLR) was also used to assess the individual impact (eliminating the effect of other variables) of possible predictors of compassion satisfaction (as dependent).

The software SPSS v20 was used to complete this task.

## Results

### Qualitative analysis of open-ended questions

Participants provided 5 words to describe their emotions in the workplace by using free text. After converting free text into equivalent key words (e.g.: "*a lot of empathy*", changed into empathy, tired into tiredness or satisfied into satisfaction); the 10 most repeated words that participants used to describe the emotions resulting from work were: useful (184 repetitions; 7.6%), satisfaction (177; 7.3%), happiness (145; 6.04%), fulfilment (127; 5.29%), responsibility (118; 4.9%), good (83; 3.4%), fatigue (75; 3.1%), valued (59; 2.4%), human (56; 2.3%) and gratitude (51; 2.1%) (Figure 1). It should be noted that this frequency analysis, in its qualitative variable, changes into feelings with a positive meaning (9 out of 10) in relation to compassion satisfaction.

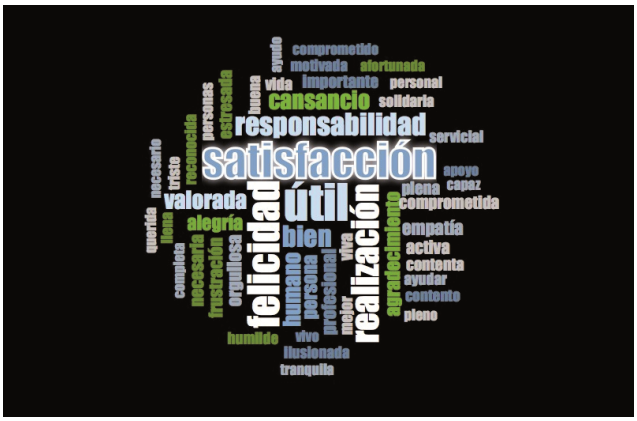


**Figure 1.** Map of words: 50 more frequent words resulting from the free text analysis of five words to describe emotions in the workplace. Size (bigger) and location of words (centre) are related to the number of repetitions obtained.

### Mean comparisons

Means obtained in scales, subscales and variables on working experience are shown in table 2. Scoring of scales and subscales with the same number of items were compared, (attachment styles were compared to each other as well as self-compassion subscales; self-judgement and self-kindness scores were weighted); satisfaction compassion scale was compared to burnout, and the scoring obtained was compared to the rest of the other variables in relation to each other. The differences obtained among the scoring of the four attachment styles and between the scales of compassion satisfaction and *burnout* (23.37 points) were statistically significant ($p < .001$), being the highest scores those of secure attachment and CS. The differences among the means of the four variables on working experience were also statistically significant ($p < .001$), being vocation and caring satisfaction the ones getting higher scores.

**Table 2.** Statistical descriptions of the scoring obtained in the scales and subscales of the study questionnaires, in the variables of work experience and the results of mean comparisons (Student´s T-test for paired samples).

| Study scales and subscales | *M* | *Mn* | *SD* | Min | Max | *N* Items |
|---|---|---|---|---|---|---|
| Secure attachment | 5.11[a] | 5 | 1.52 | 1 | 7 | 1 |
| Dismissing attachment | 4.16[b] | 4 | 1.84 | 1 | 7 | 1 |
| Preoccupied attachment | 2.90[c] | 3 | 1.55 | 1 | 7 | 1 |
| Fearful attachment | 2.73[d] | 2 | 1.66 | 1 | 7 | 1 |
| Self-judgement | 13.35 | 13 | 4.24 | 5 | 25 | 5 |
| Self-kindness | 16.77 | 16.5 | 3.80 | 5 | 25 | 5 |
| Common humanity | 13.18 | 13 | 3.05 | 4 | 20 | 4 |
| Isolation | 9.28 | 9 | 3.29 | 4 | 20 | 4 |
| Mindfulness | 14.71 | 15 | 2.82 | 6 | 20 | 4 |
| Over-identification | 9.79 | 10 | 3.36 | 4 | 20 | 4 |
| Self-compassion scale | 20.89 | 20.82 | 3.50 | 5 | 30 | 26 |
| Compassion satisfaction scale | 41.56[a] | 42 | 5.54 | 15 | 50 | 10 |
| *Burnout* scale | 18.19[b] | 18 | 6.74 | 0 | 39 | 10 |
| Variables on work experience: | M | Mn | SD | Min | Max | N Items |
| Healthcare demand received | 8.35[a] | 9 | 1.95 | 1 | 10 | 1 |
| Vocation | 9.07[b.d] | 10 | 1.36 | 2 | 10 | 1 |
| Team satisfaction | 7.62[c] | 8 | 2.04 | 1 | 10 | 1 |
| Caring satisfaction | 9.16[b.d] | 10 | 1.16 | 1 | 10 | 1 |

*Note*: Global scoring of self-compassion scale was calculated changing reverse item scores of the self-judgement, isolation and over-identification scales and adding the scores of the six scales. Values of the same column and sub-table that don´t share the same superscript have a significantly different $p < .05$ in the Student´s T-test for paired samples.

In doing the comparison of all variables included in table 2 between men and women, only *burnout*, self-judgement and over-identification had significant results ($p < .05$); it was higher in women (mean of 18.6; 13.6 and 10 respectively) than in men (mean of 16.4; 12.4 and 9.2). Neither marital status (singles $n = 200$ vs. in a relationship $n = 280$), nor location (Community of Madrid $n = 282$ vs. rest of Spain $n = 165$) showed significant differences between them.

With regard to the different services provided, professionals working in the Palliative Care area obtained the lower mean in the *burnout* scale (15.3), the second higher mean were in self-compassion (93) and working team satisfaction (7.9), but none of them were statistically significant; so, in seeking to maximise the statistical power, the services were grouped into four healthcare areas according to the idiosyncrasy of the work performed in them: Community Care by Life Cycle Stages, Hospital Care, Palliative Care and Management and Teaching ($n = 26$) and then, the analysis was conducted again (Table 3).

**Table 3.** Mean comparison results (one-way ANOVA) between the different groups of service areas, with respect to variables that obtained significant differences.

| Variables | Service where I work by areas: Community Care ($n$ = 193) | | Hospital Care ($n$ = 214) | | Palliative Care ($n$ = 45) | | Management and Teaching ($n$ = 26) | |
|---|---|---|---|---|---|---|---|---|
| | Mean | *SD* | Mean | *SD* | Mean | *SD* | Mean | *SD* |
| *Burnout* scale | 18.45[a] | 6.7 | 18.51[a] | 6.7 | 15.29[b] | 6.9 | 19.12[a,b] | 5.9 |
| Level of healthcare demand | 8.55[a] | 2.0 | 8.49[a] | 2.1 | 8.47[a] | 2.2 | 6.00[b] | 1.5 |
| Team satisfaction | 7.48[a,b] | 1.6 | 7.56[a] | 1.8 | 7.87[a,b] | 1.8 | 8.58[b] | 3.3 |
| People care satisfaction | 9.23[a] | 1.0 | 9.17[a,b] | 1.2 | 9.11[a,b] | 1.0 | 8.58[b] | 2.0 |

*Note*: Community Care by Life Cycle Stages includes family and communitarian care, dependent and elderly care and paediatrics; Hospital Care includes obstetrics and gynaecology, medical-surgical care and rehabilitation, urgent and emergency care and mental health; Palliative Care includes Listening centre and Spiritual care. Values of the same line and sub-table that don´t share the same superscript have a significantly different $p < .05$. This comparison was carried out using one-way ANOVA and post hoc test. Games Howell, since Levene's test didn´t allow the assumptions of homoscedasticity in all cases.

There were only significant differences ($p < .05$) in *burnout*, work team satisfaction, care satisfaction and health care demand scales; Palliative Care obtained a lower mean in *burnout* scale than Community Care and Hospital Care (15.3 vs. mean of 18.5). Management and Teaching, even with an small *n*, distinguished from the other groups in regards to the lower level of health care demand it registers (mean of 6 vs. mean of 8.5; $p < .05$); it obtained higher work team satisfaction than Hospital Care (8.6 vs. 7.5; $p < .05$), and lower people care satisfaction than Community Care (8.6 vs. 9.2; $p < .05$).

Regarding different occupations (using one-way ANOVA and Tukey HSD post hoc test, since Levene's test didn´t allow the assumption of homoscedasticity in all cases), it was found that assistant nurses obtained significantly higher mean ($p < .05$) in compassion satisfaction (44.2) than doctors (40.2) and psychologists (40.7); in self-judgement, their mean was lower than in other healthcare professionals (12.0 vs. 14.8); and in over-identification, their mean was lower than that of doctors (8.6 vs. 10.6). Likewise, psychologists obtained a mean ($p < .05$) significantly higher (18.4) than nurses (16.3), doctors (16.1) and other social workers (15.1). In the rest of variables, the different occupations did not show significant differences.

### Correlations between the variables in the study

Table 4 shows CS and burnout correlations with the rest of the variables; mostly all of them are statistically significant. Significant ($p < .001$) and direct correlations of CS with secure attachment, self-compassion, self-kindness, mindfulness, variables related to working experience are highlighted, as well as reverse variables with *burnout*, isolation and over-identification.

### Multiple linear regression with compassion satisfaction dependent variable

MLR included four types of attachment, six scales of self-compassion, *burnout* scale, and also gender, age, professional experience, healthcare demand, vocation, team satisfaction and people caring satisfaction scales.

**Table 4.** Pearson Correlations obtained among the quantitative variables of the study and the Compassion Satisfaction and Burnout scales.

| Pearson Correlations | Compassion Satisfaction | *Burnout* |
|---|---|---|
| Compassion Satisfaction | 1 | -.541[a] |
| *Burnout* | -.541[a] | 1 |
| Secure Attachment | .305[a] | -.209[a] |
| Dismissing Attachment | .099[b] | .009 |
| Preoccupied Attachment | -.084 | .180[a] |
| Fearful Attachment | -.172[a] | .223[a] |
| Self-kindness | .388[a] | -.394[a] |
| Common Humanity | .204[a] | -.113[b] |
| Mindfulness | .381[a] | -.367[a] |
| Isolation | -.326[a] | .440[a] |
| Self-Judgement | -.240[a] | .428[a] |
| Over-identification | -.316[a] | .440[a] |
| Self compassion | .414[a] | -.499[a] |
| "I work in an area with a level of healthcare demand" | .104[b] | -.011 |
| "My work is vocational" | .472[a] | -.311[a] |
| "My work team gives me satisfaction" | .309[a] | -.315[a] |
| "People I take care of give me satisfaction" | .534[a] | -.292[a] |
| Years of work experience in the healthcare field | -.005 | -.047 |
| Your age (in years): | .068 | -.219[a] |

*Note*: [a]. Correlation is significant at .01 level (bilateral); [b] Correlation is significant at .05 level (bilateral).

A compassion satisfaction predictor model was obtained, that explained 51.5% of the variability ($_{corrected}R^2$=0.515), and left the following predictor variables: caring satisfaction, vocation, self-kindness and *burnout*, (table 5). Self-judgement, dismissing attachment, team satisfaction, and isolation variables obtained significant Beta ($p < .05$), but they were eliminated of the model because of their low contribution to adjustment (squared semi partial correlation coefficients smaller than a tenth), which resulted in the following regression equation (with non standardized *B* coefficients):

*Compassion satisfaction = 19.098 + (1.469 * caring satisfaction) + (0.75 * vocation) + (0.23 * self-kindness) - (0.252 * burnout)*

**Table 5.** Results on multiple linear regression with compassion satisfaction dependent variable

| Model | Beta | *t* | Sig. | 95.0% confidence interval for *B* | | Semi partial Corr. coeff | Semiparcial Corr. coeff² |
|---|---|---|---|---|---|---|---|
| | | | | Inferior Limit | Superior Limit | | |
| Constant | | 8.297 | < .001 | 14.575 | 23.621 | | |
| Care satisfaction | .309 | 8.367 | < .001 | 1.124 | 1.814 | .266 | .071 |
| Vocation | .184 | 4.928 | < .001 | .451 | 1.049 | .157 | .025 |
| Self-kindness | .158 | 4.070 | < .001 | .119 | .341 | .129 | .017 |
| *Burnout* Scale | -.306 | -7.735 | < .001 | -.316 | -.188 | -.246 | .061 |

## Discussion

The purpose of this work was to study the potentially humanizing aspects of healthcare professionals. The relations found among the selected variables just as the characteristics that define the sample, discussed below, allow establishing humanizing factors or compassion satisfaction emotion triggers, as well as dehumanizing factors or *burnout* triggers.

Feelings of work vocation and a high degree of people caring satisfaction are observed, as well as a high level of healthcare demand, except in the Management and Teaching areas (where patient care does not apply). In this sample, the level of compassion satisfaction is much higher than that of *burnout*. For this reason, the most repeated words evoke positive emotions that are far from professional fatigue or dehumanization: "useful", "satisfaction" and "happiness". As it happens in other studies which conclude that most professionals in healthcare areas are satisfied (Carrillo, Martínez, Gómez, & Meseguer, 2015), our results suggest that professionals in this sample feel generally fulfilled in their professional area, since their work generates pleasant and encouraging emotions.

With reference to personal characteristics, secure attachment style was the most prevailing, which entails a low anxiety factor in relations with others. Regarding self-compassion, the tendency observed in this study is to view oneself in a comprehensive and positive way (self-kindness), with a sense of persistent common humanity that recognizes both, the limitations and virtues of others as well as one´s own (common humanity). It also enjoys a balanced attitude that observes and connects with one´s own personal emotions (complete care) (Neff, 2003).

Both, in the results of the sample correlations and MLR, the factors that emerge with higher humanizing power include to feel caring satisfaction, feelings of vocation in the workplace, self-kindness and, as it would be expected, the absence of *burnout*. Furthermore, self-compassion (the three positive scales defined in the introduction) and the secured attachment bond, from the four attachment styles, are directly linked to compassion satisfaction and inversely linked to *burnout*; for that reason, it can be asserted that those who show kindness and common humanity towards their own, and have the ability to mind and to accept what happens, along with an attachment relation that combines a positive idea of themselves and of others (secure attachment), will provide a satisfactory compassionate treatment to patients, and will find happiness in their care; and this happens because when the professional analyses its own work and shares pain with patients, his/her own life is challenged and this is something that helps him/her to grow (Buceta, 2017).

These factors (self-compassion, secure attachment, compassion satisfaction) along with age can be considered as protector factors against *burnout*. On the contrary, those factors that in this study are related to burnout syndrome are, preoccupied and fearful attachment and lack of self-compassion (or its three negative scales: critical judgement, feelings of isolation and over-identification).

Regarding the incidence of *burnout* depending on the services provided, this study confirms a lower level of this syndrome in Palliative Care (Pérez, 2011). Taking care of someone who is suffering causes a number of rewards such as calmness, growth, and also adds value to human life, which along with the closeness to patients, protects them from burnout syndrome (Buceta, 2017).

The model obtained in this study explains more than half of the variability in the sample (51%), which allows to establish that compassion satisfaction appears in those subjects that experience caring through self-kindness, caring satisfaction and vocational experience, and who distance themselves from *burnout*. This way we can state that compassion satisfaction brings the caregiver closer to the patient, connects with him/her, and helps professionals to manage their feelings or emotions. However, those who experience caring as fatigue and manage their work in a bad way, distance themselves from the person cared, and dehumanize their assistance.

Those variables that were eliminated for their low distribution to model adjustment (self-judgement, dismissing attachment, work team satisfaction and isolation), could influence on compassion satisfaction, but they won´t do it without the effect of the rest of variables on satisfaction. Factors under discussion such as age, gender, experience in healthcare areas, or level of healthcare demand, neither seem to be significant. We consider this fact one of the limitations of the study, since its interpretation is questionable. It seems difficult to imagine human beings who can statistically compartmentalise their experiences and prevent some variables from affecting others. In other words (Stamm, 2002), the relationship between fatigue and compassion satisfaction is not clear, there is a balance between them in which both affect each other.

Lastly, the possibility of having generated an anchoring effect between the questions related to vocation and satisfaction work experience (10, 11 and 12) and the five open-ended questions (13 to 17) is given, since there is a relation

between the content of the first ones and the results obtained in the open-ended questions; more specifically, the second most repeated word was "satisfaction". Nevertheless, since sometimes people´s experiences when caring are beyond numbers, we consider that a qualitative approach would be really useful in the future.

In conclusion, and as a fundamental practical implication of the study, it follows that caring satisfaction, vocation to work, self-kindness and lack of *burnout* have a direct and positive impact on compassion satisfaction, while mindfulness, common humanity emotions, secure attachment and work team satisfaction affect it indirectly. Thus, these are humanizing and protector factors against *burnout*, a syndrome that is directly related to preoccupied and fearful attachment styles, lack of self-compassion, self-judgement, over-identification and isolation.

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## Annex: Research questionnarie

From the Research Department of the Centre San Camilo and the College of Nursing and Physiotherapy (Salus Infirmorum), we invite you to take part in a research study. The objective is to analyse personal experiences in work satisfaction; for that reason, we ask you to answer the following questions. This questionnaire is voluntary and confidential. It will only take a few minutes. Have in mind that there are no correct or incorrect answers, we are only interested in your experience.

**To start, please answer the following questions:**

1. **You are:** □ Male □ Female
2. **Age**:_____ years
3. **Marital Status:** □ Married □ In a relationship □ Single □ Widow/widower □ Separated/divorced
4. **Education:** □ Nursing □ Medicine □ Nursing assistant □ Psychology □ Social worker □ Other health professional □ Other social work□ Other
5. **I currently have a healthcare occupation and I work directly with the public:** □ Yes □ No
6. **Professional experience in healthcare environments:** _____ years
7. **I work in a service or unit with a level of healthcare demand _____ (1 to 10)**
8. **More specifically in the Service or Unit of _____**
9. **Located in: _____**

**Choose from 1 (none) to 10 (a great deal) your level according to the following statements regarding your working experience**:

10. *My* ***work*** *is vocational*: ____
11. *My work* ***team*** *makes me feel satisfied*: ____
12. ***Taking care of people*** *makes me feel satisfied*: ____

**Now, describe in FIVE words what your current work makes you feel**:

13. My work makes me feel: _____
14. My work makes me feel: _____
15. My work makes me feel: _____
16. My work makes me feel: _____
17. My work makes me feel: _____

Below you will find a list of questionnaires, please answer them in accordance with the instructions provided:

When you help people you have direct contact with their lives. As you may have found, your compassion or empathy for those you help can affect you in positive and negative ways. We would like to ask you some questions about your experiences, both positive and negative, as a healthcare professional. Consider each of the following questions about you and your current work situation. Select in each sentence the number that honestly reflects how frequently you experienced these things in the last 30 days.

0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Very often 5 = Always

| | **0** | **1** | **2** | **3** | **4** | **5** |
|---|---|---|---|---|---|---|
| 1. I am happy. | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. I get satisfaction from being able to help people. | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. I feel connected to others, on the occasion of my job. | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. I feel invigorated after working with those I helped. | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. I am loosing sleep over traumatic experiences of a person I helped. | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. I feel "trapped" by my job. | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. I like my work helping people. | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. I have beliefs (religious. spiritual or others) that sustain me in my professional work. | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. I am pleased with how I am able to keep up with health care techniques and protocols. | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. I am the person I always wanted to be. | 0 | 1 | 2 | 3 | 4 | 5 |
| 11. My work makes me feel satisfied. | 0 | 1 | 2 | 3 | 4 | 5 |
| 12. I feel worn out because of my work. | 0 | 1 | 2 | 3 | 4 | 5 |
| 13. I have happy thoughts and feelings about those I helped and how I could help them. | 0 | 1 | 2 | 3 | 4 | 5 |
| 14. I feel overwhelmed by the load and type of work I have to face. | 0 | 1 | 2 | 3 | 4 | 5 |
| 15. I believe I can make a difference through my work. | 0 | 1 | 2 | 3 | 4 | 5 |
| 16. I plan to keep doing my work for many years. | 0 | 1 | 2 | 3 | 4 | 5 |
| 17. I feel "bogged down" (not knowing what to do) by the way the health system works. | 0 | 1 | 2 | 3 | 4 | 5 |
| 18. I believe I am a good professional. | 0 | 1 | 2 | 3 | 4 | 5 |
| 19. I am an over-sensitive person. | 0 | 1 | 2 | 3 | 4 | 5 |
| 20. I am happy that I chose to do this work. | 0 | 1 | 2 | 3 | 4 | 5 |

**Select 1, 2, 3, 4, or 5 to show to what extend each statement in general applies to you:**

1 = Never 2 = Occasionally 3 = About half of the time 4 = Fairly often 5 = Always

| | **1** | **2** | **3** | **4** | **5** |
|---|---|---|---|---|---|
| 1. I'm disapproving or judgemental about my own flaws and inadequacies | 1 | 2 | 3 | 4 | 5 |
| 2. When I'm feeling down, I tend to obsess and fixate on everything that is wrong | 1 | 2 | 3 | 4 | 5 |
| 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through | 1 | 2 | 3 | 4 | 5 |
| 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world | 1 | 2 | 3 | 4 | 5 |
| 5. I try to be loving towards myself when I'm feeling emotional pain | 1 | 2 | 3 | 4 | 5 |
| 6. When I fail at something important to me I become consumed by feelings of inadequacy | 1 | 2 | 3 | 4 | 5 |
| 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am | 1 | 2 | 3 | 4 | 5 |
| 8. When times are really difficult, I tend to be tough on myself | 1 | 2 | 3 | 4 | 5 |
| 9. When something upsets me I try to keep my emotions in balance | 1 | 2 | 3 | 4 | 5 |
| 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people | 1 | 2 | 3 | 4 | 5 |
| 11. I'm intolerant and impatient towards those aspects of my personality I don´t like | 1 | 2 | 3 | 4 | 5 |
| 12. When I'm going through a very hard time, I give myself the caring and tenderness I need | 1 | 2 | 3 | 4 | 5 |
| 13. When I'm feeling down, I tend to feel like most other people are probably happier than I am | 1 | 2 | 3 | 4 | 5 |
| 14. When something painful happens I try to take a balanced view of the situation | 1 | 2 | 3 | 4 | 5 |
| 15. I try to see my failings as part of the human condition | 1 | 2 | 3 | 4 | 5 |
| 16. When I see aspects of myself that I don´t like, I get down on myself | 1 | 2 | 3 | 4 | 5 |
| 17. When I fail at something important to me I try to keep things in perspective | 1 | 2 | 3 | 4 | 5 |
| 18. When I'm really struggling, I tend to feel like other people must be having an easier time of it | 1 | 2 | 3 | 4 | 5 |
| 19. I'm kind to myself when I'm experiencing suffering | 1 | 2 | 3 | 4 | 5 |
| 20. When something upsets me I get carried away with my feelings | 1 | 2 | 3 | 4 | 5 |
| 21. I can be a bit cold-hearted towards myself when I´m experiencing suffering | 1 | 2 | 3 | 4 | 5 |
| 22. When I´m feeling down I try to approach my feelings with curiosity and openness | 1 | 2 | 3 | 4 | 5 |
| 23. I´m tolerant with my own flaws and inadequacies | 1 | 2 | 3 | 4 | 5 |
| 24. When something painful happens, I tend to blow the incident out of proportion | 1 | 2 | 3 | 4 | 5 |
| 25. When I fail at something that is important to me, I tend to feel alone in my failure | 1 | 2 | 3 | 4 | 5 |
| 26. I try to be understanding and patient towards those aspects of my personality I don´t like | 1 | 2 | 3 | 4 | 5 |

The following are several paragraphs concerning our way of interact with others. This time you must circle the number that reflects the degree of agreement with the idea stated in each paragraph according to the following scale:

| Strongly disagree | Moderately disagree | Mildly disagree | Neither agree/nor disagree | Mildly agree | Moderately agree | Strongly agree |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. I find easy to get emotionally close to others. I feel confortable in situations where I have to trust others as well as in those where others have to trust me. I don´t worry about being alone or about having others not accepting me.

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

2. I feel good when I am in an emotional relationship. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or that others depend on me.

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

3. I want to be completely emotionally intimate with others, but sometimes I find that others are reluctant to get as close as I would like. I feel lost when I am in an emotional relationship, but sometimes it upsets me that others don´t value me as much as I value them.

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

4. I am uncomfortable being emotionally close to others. I want emotionally close relationships, but I find it difficult to trust others completely or depend on others. I worry that I will be hurt if I allow myself to become too close to others.

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**THANK YOU FOR YOUR COOPERATION**