Compassion Fatigue
Are nurses running on empty?

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Acknowledgments

• Peggy Kalowes, PhD, RN, CNS, FAHA
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  – Long Beach Memorial Medical Center

• Sadeeka Al-Majid, PhD, RN
  – Graduate Project Chair
  – California State University, Fullerton
What is Compassion Satisfaction?
Compassion Fatigue

Occurs from repeated exposures to pain and suffering.

2 subscales:
- Burnout
- Secondary Traumatic Stress

Burnout

Secondary Trauma
Burnout

Feelings of:
- Hopelessness
- Difficulties at work
- Doing your job effectively

Often related to organizational factors.
Secondary Traumatic Stress

Work-related or secondary exposure to extremely/traumatically stressful events.

Often will avoid situations in life that remind them of the traumatic events.
Symptoms

Spiritual
Organizational Impact

Staff Turnover

- Reduced Productivity
- Increased Sick Days
- Decreased Patient Satisfaction
- Decrease in Patient Safety
- Decrease in Quality of Care
Why are we Concerned

Demands on Nursing are greater then ever…

- HCAHPS
- Baby Boomer’s Retiring
- Access to Healthcare
1. How prevalent is compassion fatigue among registered nurses?
2. Are there correlations between health promotion behaviors and compassion fatigue?
3. Are there correlations between nurse demographics, compassion fatigue and health promotion behaviors?
Cross-sectional, descriptive design using an electronic survey methodology

A convenience sample of registered nurses (n = 364) across multiple hospitals and patient care settings

- Only direct care nurses included, all non-direct care RNs were excluded
Instruments

✓ Demographics
✓ Professional Quality of Life (ProQOL)
✓ Health Promotion Lifestyle (HPLP II)
Procedures

- Institutional Review Board
  CSUF and Hospital Organization
- Sample recruitment
  Announcements
  Email invitations
  Flyers
- SurveyMonkey®
  Eight weeks
  Bi-weekly emails
Data Analysis

- Demographic frequencies
- One-way ANOVA to measure variances between the means
- Correlations between demographics, CS and Health promotion Behaviors
- Significance = .05
Results

364 responses

Years of Nursing Experience

- 98, 27% (0-5 years)
- 95, 26% (6-10 years)
- 75, 21% (11-15 years)
- 54, 15% (16-20 years)
- 42, 11% (More than 20 years)

Years in Current Specialty

- 125, 34% (0-5 years)
- 67, 19% (6-10 years)
- 62, 17% (11-15 years)
- 37, 10% (16-20 years)
- 73, 20% (More than 20 years)
<table>
<thead>
<tr>
<th>Department</th>
<th>n  (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult ICU/CCU</td>
<td>37 (10.2)</td>
</tr>
<tr>
<td>Behavioral health</td>
<td>6 (1.6)</td>
</tr>
<tr>
<td>Emergency room</td>
<td>71 (19.5)</td>
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<tr>
<td>Float pool</td>
<td>3 (0.8)</td>
</tr>
<tr>
<td>Surgical services</td>
<td>19 (5.2)</td>
</tr>
<tr>
<td>Labor and delivery</td>
<td>22 (6.0)</td>
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<tr>
<td>Medical/Surgical</td>
<td>58 (15.9)</td>
</tr>
<tr>
<td>Neonatal ICU</td>
<td>29 (8.0)</td>
</tr>
<tr>
<td>Oncology</td>
<td>19 (5.2)</td>
</tr>
<tr>
<td>Pediatric ICU</td>
<td>8 (2.2)</td>
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<tr>
<td>Pediatric medical/surgical</td>
<td>15 (4.1)</td>
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<tr>
<td>Pediatric oncology</td>
<td>5 (1.4)</td>
</tr>
<tr>
<td>Recovery room</td>
<td>10 (2.7)</td>
</tr>
<tr>
<td>Special procedures</td>
<td>12 (3.3)</td>
</tr>
<tr>
<td>Telemetry</td>
<td>28 (7.7)</td>
</tr>
<tr>
<td>Women’s health</td>
<td>16 (4.4)</td>
</tr>
<tr>
<td>Hospice/palliative care</td>
<td>5 (1.4)</td>
</tr>
<tr>
<td>Other</td>
<td>1 (0.3)</td>
</tr>
</tbody>
</table>

**Overtime Hours per Week**

- None: 243, 67%
- 4-8: 86, 24%
- 9-12: 13, 3%
- Greater than 12: 2, 0.5%
Results

**Overall ProQOL mean scores**

- **CS** = 50.06 (10.08)
- **BO** = 49.97 (10.07)
- **STS** = 49.74 (10.03)

Low risk ≤ 44; Average risk = 50; High risk ≥ 56
Results

Overall Health Promotion mean scores

Health Promotion = 2.6 (.43)
Health Responsibility = 2.3 (.49)
Physical Activity = 2.5 (.71)
Nutrition = 2.6 (.51)
Spiritual = 2.9 (.56)
Interpersonal Relations = 2.9 (.52)
Stress Management = 2.4 (.53)
So, What does this all mean? 
Absolutely Nothing!
Let’s dig a little deeper into the data…

- Department
- Professional Certifications
- Wellness Programs
- Overtime
Results

Departments

(CS: $p < .001$, BO: $p = .04$)
# Professional Certification

<table>
<thead>
<tr>
<th></th>
<th>CS</th>
<th>Health Promotion</th>
<th>Nutrition</th>
<th>Spiritual</th>
<th>Relationships</th>
<th>Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified</td>
<td>52.4 (9.7)</td>
<td>2.7 (.45)</td>
<td>2.7 (.53)</td>
<td>3.1 (.56)</td>
<td>3.1 (.53)</td>
<td>2.5 (.60)</td>
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<tr>
<td>Non-Certified</td>
<td>49.0 (10.0)</td>
<td>2.5 (.41)</td>
<td>2.5 (.50)</td>
<td>2.8 (.55)</td>
<td>2.9 (.52)</td>
<td>2.3 (.50)</td>
</tr>
</tbody>
</table>

(CS: $p = .007$; Health Promotion: $p = .006$; Nutrition: $p = .003$; Spiritual: $p = .001$; Relationships: $p = .03$; Stress: $p = .003$)
Results

Wellness Program

- Compassion Satisfaction (CS: p = .36; BO: p = .19; STS: p = .60)
- Health Promotion: p = .007
- Health Responsibility: p = .015
- Physical Activity: p = .008
- Nutrition: p < .0001

(All p-values are significant at the 0.05 level)
Results

Overtime Hours per Week

(\ p = .05)
CS & HP Correlation

- Health Promotion
- Interpersonal Relations
- Spiritual
- Compassion Satisfaction

Low Burnout vs. High Burnout:
- Low HP: Increased Spirituality, Decreased Burnout, Poor Health Promotion, Decreased Personal Relations
- High HP: Decreased Stress, Increased Burnout, Poor Personal Relations, Increased Stress

Promotion and Satisfaction:
- Increased: High HP
- Decreased: Low HP
Summary
Implications for Research

• ProQOL survey sensitivity
  – Replication using a different instrument

• Test effects of structured workplace wellness program on CF and Health Promotion Behaviors

• Test effects of professional growth with health promotion
Questions?