Stress and Compassion Fatigue among Nurses Volunteering in International Service: A Mixed Methods Study

Caroline Warren, MSN, RN, CHES, Diana Lyn Baptiste, DNP, MSN, RN, Rebecca Wright, PhD, BSc (Hons), RN

Department of Emergency Medicine, The Johns Hopkins Hospital, Baltimore, MD, Department of Acute and Chronic Care, Johns Hopkins University School of Nursing, Baltimore, MD, Community and Public Health, Johns Hopkins University School of Nursing, Baltimore, MD, USA

Introduction
The phenomenon of compassion fatigue results from the repeated stress of a clinical setting and can have a physical, emotional, and spiritual impact on nurses. There is limited research about USA nurses’ experiences working in lower middle income countries and the impact it may have on stress and compassion fatigue.

Objectives
The aim of this research is to establish a baseline stress, compassion satisfaction, burnout, and secondary trauma stress for a group of USA hospital-based nurses; and analyze their perceptions after exposure during a short-term peacetime international service experience in rural Nicaragua.

Participants
For this descriptive, mixed methods a small group of nurses who were employed at an urban academic medical center in the Northeastern region of the United States.

Methods
We employed two valid instruments, the Holmes-Rahe Life Inventory1 prior to departure and the Professional Quality-of-Life Scale (ProQOL)2 before and after volunteering for a non-governmental organization (NGO) in rural Nicaragua. A short open-ended qualitative questionnaire was used to examine nurses’ perceptions of their experience during the one-year follow-up, utilizing thematic analysis.

Results
Holmes-Rahe Life Inventory scores (N=7) were highest among two nurses who reported difficult events such as a death of a close family member, change in responsibilities at work, or changing their line of work within the previous year. ProQOL scores were analyzed for (N=6) nurses with no significant difference in the pre and post mean scores within the three categories of compassion satisfaction, burnout, and secondary trauma stress. When asked about their reflections for the trip (N=6), nurses’ responses thematically focused on 1) learning about a new culture, 2) experience was enjoyable or fulfilling and, 3) concerns about making a sustainable difference among the population. When asked about how the international service trip impacted their current job, responses were notably 1) increased consciousness or knowledge about vulnerable populations and, 2) improved sense of cultural competence.

Conclusion
Our data suggests that nurses who travel to lower middle income countries may already have a moderate level of stress and varied interpretation of perceived quality of life. Nurses traveling to lower middle income countries for medical missions, service trips, and working with NGOs must consider how compassion fatigue and levels of stress can have an impact on their current nursing practice within their clinical settings and when they are volunteering abroad. Further investigation is necessary to explore correlations between the Holmes-Rahe Life Inventory and ProQOL scores.

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