Compassion Fatigue: When caring takes a toll
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Abstract
Compassion fatigue is of significant concern in critical care settings. Nurses experiencing compassion fatigue suffer physical, emotional, and behavioral symptoms that impact them personally and professionally. Patient care is negatively impacted as nurses lose their sense of caring, compassion, and ability to relate to patients or meet their needs. The impact includes reduced patient outcomes and satisfaction scores. Compassion fatigue prevention programs must be implemented to educate nurses and nurse leaders regarding risk factors, symptoms, and interventions to prevent and treat compassion fatigue.

Development of a compassion fatigue training (CFT) module occurred to address compassion fatigue concerns at a local healthcare organization. Project development phases:
- Administration of a Professional Quality of Life (ProQOL) Scale to critical care and high-risk area nurses
- Data analysis to determine specific education needs and address deficits
- Creation of a CFT Module based on the ProQOL Scale results
- Assignment of CFT and deployment of the module in the HealthSystem system
- Nurse completion of CFT
- Post training evaluation of learning
- Analysis of evaluation data and summary of learning

Objectives & Design
Objectives
Upon completion of this professional training, staff reported compassion fatigue awareness, recognized signs and symptoms, discussed interventions and resources, and applied skills to achieve work-life balance.

Long-term benefits include career enrichment, compassion satisfaction, and overall feelings of improved patient care. Nurses were provided with resources during CFT training encouraging them to seek assistance managing compassion fatigue.

Design
Quantitative data was collected using the ProQOL Scale to collect information from nursing staff. The ProQOL Scale is used to identify aspects of compassion fatigue. Hudnall Stamm (2010) described compassion fatigue as the combination of burnout and secondary traumatic stress. Research supports the use of the ProQOL Scale, and it was utilized in more than half of the articles researched for this project. Critical care and high trauma areas were identified as areas of need.

Project description
Setting, Participants, and Training
- 154-bed acute care facility
- 94 registered nurses
- Intensive Care Unit and Emergency Room RN’s
- ProQOL packets

Data collection
- Quantitative data
- ProQOL Scale
- Anonymous and secure

Each ProQOL Scale packet consisted of a project description letter, project consent form, 30-question ProQOL Scale, scoring sheet, scoring key, and a study debriefing. Packets were delivered by the researcher to department management. Packets were completed and returned to the education department manager via sealed envelopes and kept in a locked location to ensure security and confidentiality were maintained.

ProQOL Data Analysis
Aggregate data of the nurses completing the survey was obtained, analyzed, and compiled in table form. Results from each component area of the ProQOL scale were reported. Packet return rate was 36.17%. Aggregate data per category was evaluated. Compassion Satisfaction Scale data showed higher than average amounts of compassion satisfaction. Burnout Scale data demonstrated higher than average risk for burnout. Secondary Traumatic Stress Scale results demonstrated lower risk for secondary traumatic stress. Based on these findings, the key area of concern was risk for burnout.

<table>
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<th>High</th>
<th>Avg</th>
<th>Low</th>
<th>Total</th>
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<th>Avg%</th>
<th>Low%</th>
<th>Total%</th>
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<td>34</td>
<td>29.4</td>
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Conclusion
Compassion Fatigue Training
A customized learning module was created, and nurses were assigned the module via the Healthstream software system. CFT was tailored to address burnout risk. Nursing staff from the ICU and ER were assigned the module for completion. Module contents included a post quiz and a learning evaluation. A passing score of 80% was required on the post quiz to complete the training.

Future Implications
Module assignment completion rate was 78.72%. Learning evaluation completion rate was 76.6%. Based on learning evaluation data, CFT Module objectives were met. Nurses reported the ability to define the components of compassion fatigue, identified signs and symptoms, discussed coping strategies and resources for assistance, and communicated they would use the information to achieve work-life balance (Caldwell, 2019).

Long-term benefits of CFT include career enrichment, compassion satisfaction, and overall feelings of improved patient care. CFT must be maintained and expanded through:
- Continuous monitoring and updates of training materials
- Inclusion of CFT for all nursing staff as an annual competency
- Providing CFT to all support personnel
- Promoting CFT and resources on the organization website
- Maintaining current lists of resources such as support personnel and smart technology applications
- Expanding CFT to all entities within the organization
- Development of a Compassion Fatigue Awareness committee for growth and compliance

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References