

Title:

The Watson Room: Managing Compassion Fatigue in Clinical Nurses on the Front Line

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Session Title:

Managing Workplace Relationships

Slot:

E 04: Saturday, 18 March 2017: 10:15 AM-11:00 AM

Scheduled Time:

10:15 AM

Keywords:

compassion fatigue, intervention and nurses

References:

Hooper, C., Craig, J., Janvrin, D., Wetsel, M., & Reimels, E. (2010). Compassion satisfaction, burnout, and compassion fatigue among emergency nurses compared 44 with nurses in other selected inpatient specialties. *Journal of Emergency Nursing*, 36(5), 420-427.

Jenkins, B., Warren, N. A. (2012). Concept analysis: compassion fatigue and effects upon critical care nurses. *Critical Care Nursing Quarterly*, 35(4), 388-395.

Mendes, A. (2014). Recognising and combating compassion fatigue in nursing. *British Journal of Nursing*. 23(21), 1146-1146 1p. doi:10.12968/bjon.2014.23.21.1146

Abstract Summary:

Determine if a "quiet zone" in the workplace setting help decrease, or prevent CF in nurses at the bedside. Raise awareness of CF, and emphasize the mental, physical, and emotional impact of caring for patients.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Recognize compassion fatigue and burnout signs and symptoms	Develop a spread sheet with examples of compassion fatigue and burnout
Create a "quiet zone" known as The Watson Room in a pre-existing space for clinical nurses at the bedside.	Present photos of pre-existing space transformed into quiet zone for nurses to decompress
Develop coping skills to manage compassion fatigue and burnout	Demonstration of relaxation techniques by use of a massage chair, aroma therapy, soothing colors on the wall, kinetic sand, visual ocean waves with sound on DVD player

Abstract Text:

The concept of compassion fatigue (CF) emerged in the early 1990s in North America to explain a phenomenon observed in nurses employed in emergency departments. A precursor to burnout, CF is a well-known phenomenon associated with emotional exhaustion, depersonalization, and an inability to work effectively. In nurses, CF has been shown to reduce productivity, increase staff turnover and sick days, and lead to patient dissatisfaction and risks to patient safety. The aim of this study was to determine if the use of a Watson Room designated as a "quiet zone" with warm colors on the wall, massage chair, and soothing sounds in the workplace environment, reduced CF in clinical nurses at the bedside in acute care settings. The data came from a survey of nurses (n = 19) working in a level 1 trauma center in an acute care setting. This quantitative study was conducted over a two week period. A single-group of nurses completed both a pre and post professional quality of life (ProQol) survey, a 30 item self-measurement of positive and negative aspects of caring. The ProQol operationalizes in three subcategories: compassion satisfaction (10 items), burnout (10 items), and CF (10 items). The ProQOL survey results showed statistically significant differences in the mean scores in all three categories. Paired samples t tests indicate the Watson Room proved to be successful in increasing compassion satisfaction ($p = .009$), decreasing burnout ($p = .002$), and decreasing secondary trauma/CF respectively ($p = .02$). This study shows the importance of nurses taking care of themselves while taking care of others.

Understanding CF and devising and implementing interventions to address the subject are important for nurses and patients. Relationship base care of self is very important in our organization. Upper leadership is supportive of managers creating quiet zones from pre-existing spaces to support their staff in care of self, help combat compassion fatigue and burnout.