



The Effect of an Educational Intervention on Nurses' Healthy Behaviors, Compassion Fatigue and Compassion Satisfaction

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Introduction

The Institute of Medicine (2011) asserted that the future of health care in the United States of America depends on the ability of nurses to deliver cost-effective, high quality care to patients, families, and populations. However, evidence indicates that nurses may be limited in their professional capacities by job stress, physical exhaustion, compassion fatigue, and less-than-optimal personal health. Obesity, disordered sleep, depression, and chronic pain result from nurses' long-term neglect of self-care. Currently evidence is lacking on relationships among nurses' health-related behaviors and professional quality of life, specifically compassion fatigue and compassion satisfaction. In addition more knowledge is needed regarding interventions that improve nurses' self-care practices, as well as professional quality of life.

Purpose

The purposes of this study were threefold: to explore the extent to which direct care nurses engage in healthy behaviors; to examine the inter-relationships among healthy behaviors, compassion satisfaction and compassion fatigue in direct care nurses; and to evaluate the effect of an educational intervention on professional quality of life and engagement in healthy behaviors among direct care nurses in the USA.



Methodology

Population and Setting: Direct care RNs employed at a Midwestern teaching hospital.

Instrumentation:

- Figley's Professional Quality of Life tool (ProQOL, ver 5) with three subscales
- Health-promoting Lifestyle Profile II (HLP II) with six subscales

Design: Correlational, cross-sectional design, with no matching of participant responses over data collection phases.

Sample: A convenience sample of 180 nurses participated in the intervention. 601 surveys were submitted across four phases of data collection.

Data Collection: Participants electronically completed the study instrumentation at baseline pre-intervention and at 30-, 90- and 180-days post-intervention.

Educational intervention:

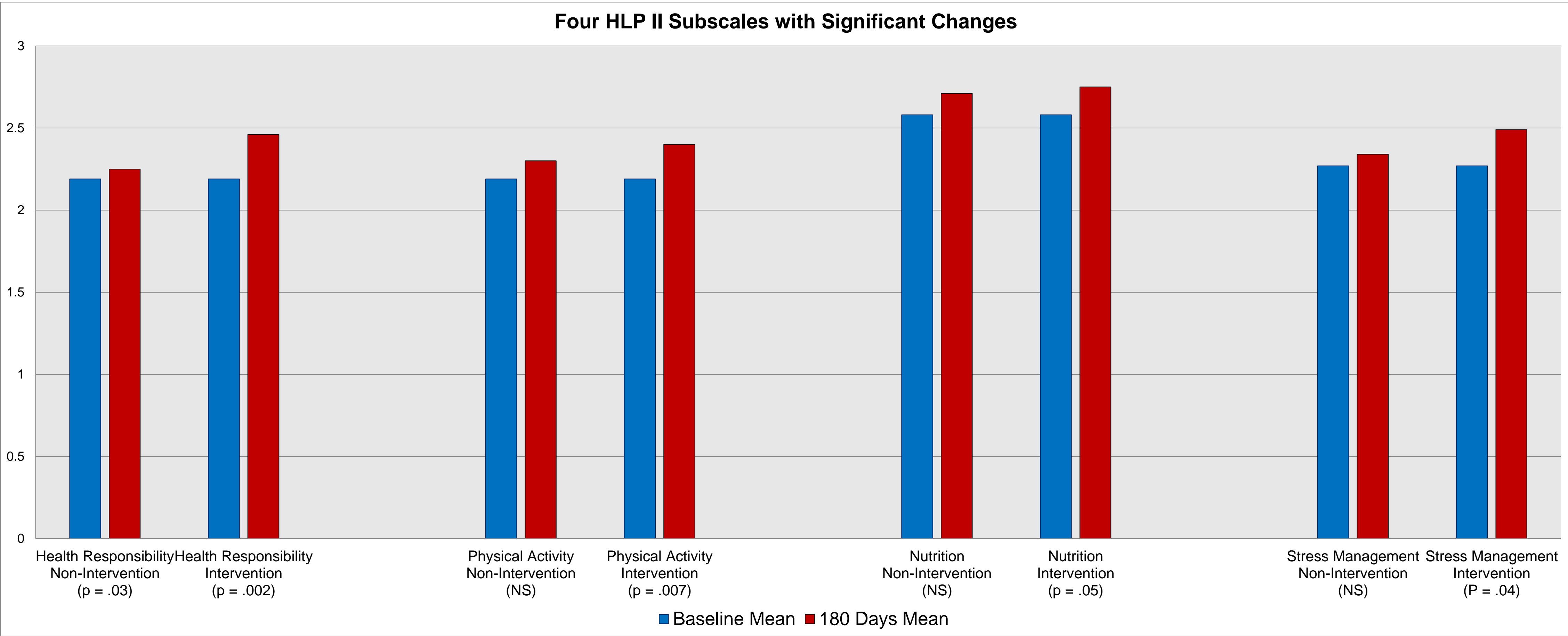
- Two-hour interactive self-care session
- Nationally known nurse expert
- On-site during work hours

Sample Characteristics

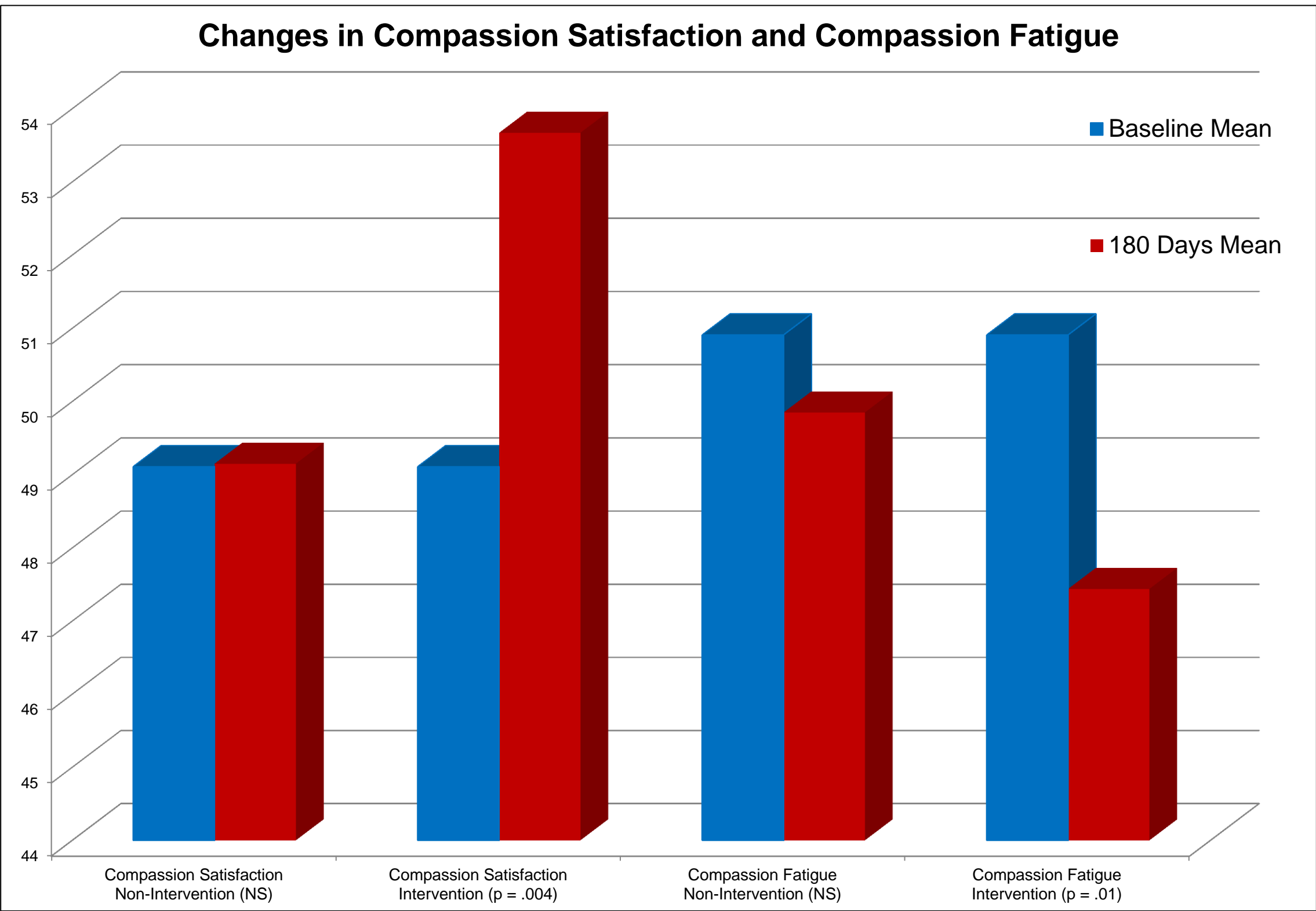
Characteristics of Respondents, Four Phases	Non-intervention Group (242 responses)	Intervention Group (169 responses)	Difference Between Groups
Age			NS
Under 40	132 (55%)	64 (38%)	
41 and over	112 (46%)	104 (62%)	
Gender			NS
Male	13 (5%)	4 (2%)	
Female	227 (94%)	166 (98%)	
Education			NS
Associate degree	72 (30%)	46 (27%)	
Bachelor degree	153 (64%)	109 (64%)	
Graduate degree	15 (6%)	10 (6%)	
Unit worked			NS
Critical care/ER	56 (23%)	39 (23%)	
Medical-surgical	76 (31%)	67 (40%)	
Surgery	53 (22%)	35 (21%)	
Maternal-child	45 (19%)	16 (10%)	
Employment/Week			NS
Less than 33 hrs	88 (36%)	60 (36%)	
33 hrs or more	154 (64%)	110 (65%)	
Marital Status			NS
Married/Cohab	186 (93%)	136 (81%)	
Single	54 (22%)	33 (20%)	

Key Results

Improvement in Health-promoting Self-care Behaviors: Significant improvement was noted on four subscales of the HLP II among nurses who participated in the intervention ($p < .002 - .05$), compared to one significant change on a subscale among nurses who did not participate.



Improvement in Professional Quality of Life: Significant increase in compassion satisfaction and decrease in compassion fatigue were noted among nurses who participated 180-days post-intervention ($p < .004 - .01$).



Engagement of HLP II Behaviors: Nurses' lowest scores were on the subscales health responsibility ($X = 2.19 - 2.38$) and physical activity ($X = 2.18 - 2.39$). Highest HLP II subscale scores were for spiritual growth ($X = 2.90 - 3.0$) and interpersonal relationships ($X = 2.9 - 3.0$).

Interrelationship Among Study Variables: Scores on compassion satisfaction, compassion fatigue and all subscales of the HLP II were significantly intercorrelated ($r = .25 - .77, p < .001$).

Conclusion

Direct care nurses who participated in an educational intervention on self-care reported an increase in healthy behaviors, higher compassion satisfaction scores and lower compassion fatigue scores 180-days post-intervention. A one-time educational intervention in the workplace may heighten nurses' awareness of self-care needs and contribute to positive changes in professional quality of life.

Future research could include a more rigorous research design, such as a quasi-experimental approach in which participants are tracked over time. Innovative educational interventions can be developed to improve quality of work life and strengthen nurses' commitment to engage in healthy behaviors.

Acknowledgements

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