

Title:

Compassion Fatigue: Exploration and Prevalence

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Session Title:

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References:

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Abstract Summary:

This research study used the Professional Quality of Life 5 instrument to explore the prevalence of compassion fatigue in direct care nursing staff at a community hospital. Results were used to develop a support program.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
▶ The learner will be able to understand the concept of Compassion Fatigue.	The concept of Compassion Fatigue is explored and defined.
▶ The learner will be able to describe a research based project that studied the prevalence of Compassion Fatigue among direct care nursing staff at a large Midwest community hospital.	Methodology and results of a research based project on Compassion Fatigue are provided and clinical implications are examined.

Abstract Text:

Purpose: The study purpose was to improve patient care safety and quality by determining the prevalence of compassion fatigue among direct care nursing staff at a community hospital. Data was used to develop a support program for nursing staff experiencing distress following secondary traumatization.

Background/Significance: The concept of compassion fatigue remains a concern with financial, safety and human resource implications. There is a cost to caring. Nurses are secondary witnesses to the

trauma and serious illness experienced by others. Few of these caring professionals anticipate the emotional implications that come from close interpersonal relationships with patients and families. The primary study aim was to determine the prevalence of compassion fatigue in an effort to improve the work environment.

Methods: A cross-sectional descriptive survey design was used at this 480 bed hospital. Study participants included registered nurses, advanced practice nurses, licensed practical nurses and patient care technicians within all acute and critical care units. Respondents electronically completed demographic questions and the Professional Quality of Life 5 instrument that measures the subscales of compassion fatigue: secondary traumatic stress, burnout and compassion satisfaction. Univariate summary measures were created for background variables and sub-scale scores. A series of t-tests was used to compare sub-scales and an analysis of variance test was used to compare sub-scale scores by unit.

Results: Analysis was conducted on 366 respondents. 79% were RNs, 55.2% were BSN graduates, 32% had less than 5 years RN experience and 34% were certified in their specialty. Compassion fatigue levels differed significantly by department area ($p=0.003$) with critical care units having significantly higher burnout and secondary traumatic stress than acute care units. RNs and those with a Bachelor's degree or higher had significantly higher secondary traumatic stress ($p=0.006$) and lower compassion satisfaction ($p=0.008$) than non-RNs. RNs with less experience reported lower compassion satisfaction. RNs certified in their specialty evidenced significantly higher compassion satisfaction ($p=0.013$).

Conclusions/Implications for Practice: Compassion fatigue is present at this community hospital and is consistent with the prevalence in other hospitals throughout the country. Data clearly supported development of a program to improve the nurse work environment and thus improve patient care safety and quality.