Compassion Fatigue: Exploration and Prevalence
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Background
- Many direct care providers are secondary witnesses to the trauma and serious illness experienced by others
- Compassion, a feeling of empathy for the distress of another, commonly gives rise to an active desire to alleviate another’s suffering and is considered a cornerstone of the health care professions
- The continuing stress of meeting the often overwhelming needs of patients and families can result in Compassion Fatigue
- Compassion Fatigue is composed of Secondary Traumatic Stress + Burnout

Methods
- Cross-sectional descriptive study design
- Direct care nursing staff including registered nurses, advanced practice nurses, licensed practice nurses and patient care technicians electronically completed demographic questions and the Professional Quality of Life (PQoL) 30-item survey. The survey measures the subscales of Compassion Fatigue: Secondary Traumatic Stress, Burnout & Compassion Satisfaction
- The average score of all three concepts is 50
- Higher scores on Compassion Satisfaction indicate professional satisfaction
- Higher scores on Secondary Trauma and Burnout indicate negative feelings about work and increased Compassion Fatigue

Data Collection & Analysis
- A sample of 366 participants was used for data analysis
- Demographic data included age, gender, job category, primary work departments, education, and years of nursing experience
- Data was analyzed by grouping all hospital units into 6 departments
- Data analysis included:
  - univariate summary statistics for demographic data
  - t-tests and analysis of variance (ANOVA) to compare subscale categories and work departments
  - Additional analysis completed by post-hoc comparisons and Pearson’s Chi-Square

Results

Demographic Data
- N = 366
- Participants were more commonly:
  - 19-30 years (26%) or 51-60 years (27.9%)
  - 94% female
  - 79% RN; 17.5% PCT; 1.9% APRN
  - 55.2% BSN graduates
  - 32% had <5 years experience as RN
  - 34% certified in their specialty area

Compassion Satisfaction
- RNs and those with a Bachelors degree or higher had significantly lower Compassion Satisfaction (p=0.008) than Non-RNs
- RNs with <10 years of experience reported lower Compassion Satisfaction
- RNs certified in their specialty area evidenced significantly higher Compassion Satisfaction (p=0.013)

Burnout
- Critical care participants had significantly higher levels of Burnout than Acute Care and Outpatient (p=0.003)

Secondary Traumatic Stress
- RNs and those with a Bachelors degree or higher had significantly higher levels of Secondary Traumatic Stress than Non-RNs (p=0.006)
- Critical Care had significantly higher levels of Secondary Traumatic Stress than Acute Care or Outpatient (p=0.003)

Conclusion
- The study demonstrated that Compassion Fatigue is present within the organization and consistent with prevalence found in other hospitals throughout the country

Practice Implications
- Compassion Fatigue takes a toll on the provider & on the workplace causing decreased productivity, high turnover, errors, and compromised quality of care
- The literature indicates that when organizations implement programs which offer connection and support to healthcare providers that Compassion Satisfaction rates improve
- Data clearly supported development of a debriefing program within the organization to support and counsel health care providers after an adverse event. Improving the work environment can improve patient care safety and quality

Selected References