The Relationship Between Compassion Fatigue and Health Promotion Behavior in Nursing Personnel Practicing in Long Term Care Settings

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Introduction/Need
- Compassion fatigue is the final result of a progressive and cumulative process which is caused by prolonged continuous and intense contact with patients, the use of self and exposure to stress which manifests with marked physical, social, emotional, spiritual and intellectual changes that increase intensity (Coetzee & Klopper, 2010, p.237).
- Nurses in Long Term Care (LTC) face unique work demands that warrant further investigation.
- Moderate to high levels of Compassion Fatigue have been identified in acute care settings (ACS) with far less research conducted in long term care centers.

Methodology
- Non-experimental descriptive correlational design.
- Using a convenience sample, 61 subjects (RNs, LPNs & CNAs) practicing at Parker at McCarrick completed the:
  - Demographic Data Sheet
  - ProQOL 5 (Stamm, 2005), a 5 point likert scale measuring burnout (BO), secondary traumatic stress (STS, known as Compassion fatigue (CF), and compassion satisfaction (CS).
  - HPLP II, a self-reporting 52-item questionnaire with 6 subscales: health responsibility (HR), physical activity (PA), nutrition, interpersonal relations (IR), spiritual growth (SG) and stress management (SM) & a total score of health promoting lifestyle.

Hypothesis
- There will be a relationship between compassion fatigue and health promotion behaviors in nursing personnel practicing in long term care settings.

Findings
In this study, Cronbach alpha reliabilities were:
Total HPLP=.92, CF=.86, CS=.85, BO=.64

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- Normative T score is 50 for CF, CS & BO
- CF - Above scores indicate low compassion fatigue mean scores.
- CS – Above scores indicate satisfaction, albeit low scores with their work settings.
- BO - Above scores indicate low level of burnout.

Discussion
- Contrary to previous findings, compassion fatigue was not evident in this study.
- While compassion fatigue is well supported in the literature in acute care, this study provides evidence that differences in compassion fatigue may exist in long term care settings.
- Deriving meaning from work and positive interactions with colleagues facilitated satisfaction in work environment.

Implications from Research and Practice
- Further research is needed to explore the difference between compassion fatigue in long term and acute care settings.
- Additional research needs to be conducted to determine the influence of factors such as: consistency of patient care, staff relationships, and work environment.

Findings continued
- There is no relationship between compassion fatigue and health promotion total as well as of HPLP II subscales.
- However, compassion satisfaction was moderately – high related to total health promotion as well as spiritual growth and interpersonal relations.

Definitions of Terms
- Compassion Fatigue is composed of traumatic events, burnout and job related stress; it co-exists with burnout which affects individuals in care giving roles (Joinson, 1992).
- Health promotion behaviors: “multi dimensional pattern of self-initiated actions and perceptions that serve to maintain or enhance the level of wellness, self-actualization and fulfillment of an individual” (Neville & Cole, 2013, p. 349).

Theoretical Framework
- Evolved from the integrated concepts of the following theories:
  - Stamm (2005) –Professional quality of life pertains to the quality one feels regarding their work.
  - Pender’s Health promotion model focuses on improving one’s well being.

Problem Statement
What is the relationship between compassion fatigue and health promotion behavior among nursing personnel practicing in long term care settings?

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