Objective: To examine the relationship between compassion fatigue and health promotion behaviors in nursing personnel practicing in a long term care setting.

Background: In long term care settings, nurses now face the unique challenges and stressors of caring for clients with higher acuity than previous years. Compassion fatigue is recognized as a negative outcome of caring for individuals and is frequently experienced by nursing personnel. 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.

• Compassion fatigue is composed of traumatic events, burnout and job-related stress;
• It co-exists with burnout which affects individuals in caregiving roles (Joinson, 1992).
• Secondary traumatic stress and burnout are other terms relative to compassion fatigue.
• Exhaustion, frustration, anger and depression are common with burnout and secondary traumatic stress is a negative feeling directed by fear and work-related stress (Stamm, 2002). Stamm and Figley (2010) suggest that secondary traumatic stress and burnout together contribute to an increased risk of compassion fatigue. When compassion fatigue manifests, the physical and mental well-being of nurses is compromised (Sheppard, 2014).

Method and Design: A non-experimental, descriptive correlational design using a convenience sample of 61 subjects consisting of registered nurses, licensed practical nurses and certified nursing assistants practicing at Parker at McCarrick in Somerset, New Jersey participated in this study. Subjects completed a demographic data sheet, the Health Promoting Lifestyle Profile II (HPLP-II), and the Professional Quality of Life Scale (ProQOL).

Findings: There was no relationship between compassion fatigue and the total health promotion score as well as any of HPLP II subscales. However, compassion satisfaction revealed a moderate to high relationship to total health promotion ($r = .47$, $p <.001$), as well as spiritual growth ($r = .45$, $p <.001$), and interpersonal relations ($r = .56$, $p <.001$).

Conclusion: Further research needs to be conducted to determine how factors such as consistency of patient care, staff relationships, and work environment influence or prohibit the development of compassion fatigue in long term care settings. Additional research to explore differences in compassion fatigue based on patient care settings is warranted. Programs should be developed and evaluated to measure interventions to sustain or support compassion satisfaction in work settings for nursing personnel practicing in the long term care settings.

Title: Relationship Between Compassion Fatigue and Health Promotion Behavior Practicing in Long-Term Care

Keywords:
Compassion Fatigue, Health Promotion Behavior and Nursing Personnel practicing in long term care

References:


Neville, K., & Cole, D. (2013). The Relationships among Health Promotion Behaviors, Compassion Fatigue, Burnout and Compassion Satisfaction in Nurses Practicing in a Community Medical Center. The Journal of Nursing Administration, 43(6), 348-354.


Abstract Summary:
Descriptive correlational study exploring relationship between compassion fatigue and health promotion behavior using the following instruments: the Professional Quality of Life Scale-Version 5 and the Health Promotion Lifestyle Profile. Assessing compassion fatigue, compassion satisfaction and burnout. Additionally, self-report on health promoting lifestyle habits. Participants consist nursing personnel,employed at long-term.

Content Outline:
Compassion fatigue is recognized as a negative outcome of caring for individuals when exposed to traumatic events, burnout, and job-related stress. It is frequently experienced by those in caregiving roles, including nursing personnel. Individuals experiencing compassion fatigue and burnout may also be experiencing exhaustion, frustration, anger, and depression. When compassion fatigue manifests, the physical and mental well-being of nurses is compromised (Sheppard, 2014) and research has suggested that self-care or engaging in health promotion activities is essential for managing compassion fatigue. While compassion fatigue has been studied extensively in acute care settings (Sacco, Ciurzynski, Elizabeth, & Ingersoll, 2015), no studies have examined health promotion and compassion fatigue in
long-term care settings. Examining the influence of health promotion behaviors on the reduction of compassion fatigue among nursing personnel practicing in long-term care facilities is needed, as increasing numbers of elderly clients now reside in such facilities, and there has been an increase in the number of nurses practicing in long-term care settings. Therefore, the research question posed in this study is: What is the relationship between health promotion and compassion fatigue in nursing personnel practicing in a long-term care setting?

This descriptive correlational study will explore the relationship between compassion fatigue and health promotion behavior using the following instruments: the Professional Quality of Life Scale-Version 5 (PROQOL-R-5) and the Health Promotion Lifestyle Profile (HPLP-II). The Pro-QOL-R-5 (Stamm, 2009) is a 30-item, 5-point Likert scale which assesses compassion fatigue, compassion satisfaction and burnout. The HPLP II (Walker, Sechrist, & Pender, 1996) is a self-report 52-item questionnaire with 7 subscales on health promoting lifestyle habits. Volunteer participants will consist of all nursing personnel (i.e., registered nurses, licensed practical nurses and certified nursing assistants) involved in direct care who are employed at a long-term care setting in New Jersey. Using a convenience sample with two variables based on the 30 subjects rule, a sample size of sixty participants is needed (Boswell & Cannon, 2014).

This study will add to the knowledge gain and understanding of the relationship between health promotion behaviors and compassion fatigue among nursing personnel specific to practicing in long-term care. Knowledge gained from this study may encourage individuals, particularly nursing personnel, to engage in more health promotion behaviors.

Brief description

Compassion fatigue is recognized as a negative outcome of caring for individuals when exposed to traumatic events, burnout, and job-related stress. When compassion fatigue manifests, the physical and mental well-being of nurses is compromised and research has suggested that self-care or engaging in health promotion activities is essential for managing compassion fatigue. While compassion fatigue has been studied extensively in acute care settings, no studies have examined health promotion and compassion fatigue in long-term care settings. Therefore, the research question posed in this study is: What is the relationship between health promotion and compassion fatigue in nursing personnel practicing in a long-term care setting? This descriptive correlational study will explore the relationship between compassion fatigue and health promotion behavior. Volunteer participants will consist of all nursing personnel involved in direct care who are employed at a long-term care setting in New Jersey. This study will add to the knowledge gain and understanding of the relationship between health promotion behaviors and compassion fatigue among nursing personnel specific to practicing in long-term care. Knowledge gained from this study may encourage individuals, particularly nursing personnel, to engage in more health promotion behaviors.

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