

An examination of Compassion Satisfaction and Compassion Fatigue among nursing staff at UK Healthcare

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Learning Outcomes

Upon completion of this presentation, participants will be able to:

1. Define compassion satisfaction (CS), burnout (BO), and secondary traumatic stress (STS)
2. Identify demographic, behavioral and work-related risk factors for CS, BO, and STS among nursing staff at UK Healthcare
3. Discuss solutions to mitigate STS & BO, and enhance CS among nursing staff at UK Healthcare

Compassion Satisfaction (CS) & Fatigue (CF)

- CS is pleasure derived from caring for others
- CF is a loss of the ability to nurture, often defined as a combination of BO and STS



Burnout (BO)

- An overwhelming state of emotional exhaustion, patient depersonalization and feelings of professional insufficiency

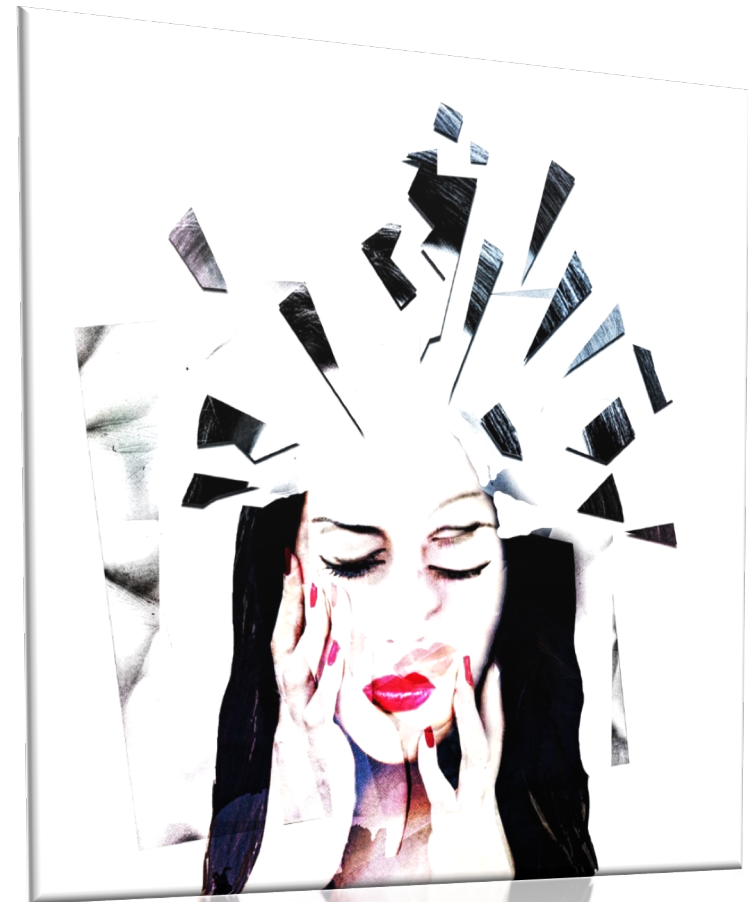


Hinderer, K. A., VonRueden, K. T., Friedmann, E., McQuillan, K. A., Gilmore, R., Kramer, B., & Murray, M. (2014). Burnout, Compassion Fatigue, Compassion Satisfaction, and Secondary Traumatic Stress in Trauma Nurses. *Journal of Trauma Nursing*, 21(4), 160-169.
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Wagaman, M. A., Geiger, J. M., Shockley, C., & Segal, E. A. (2015). The Role of Empathy in Burnout, Compassion Satisfaction, and Secondary Traumatic Stress among Social Workers. *Soc Work*, 60(3), 201-209.

Secondary Traumatic Stress (STS or Vicarious Trauma)

- Resulting from indirect contact with a traumatic event
- Characterized by physical and psychosocial symptoms such as:
 - Poor concentration
 - Anger
 - Disturbing thoughts
 - Sleep disturbances
 - Avoidance of patients or others



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Why study Compassion Satisfaction/Fatigue, Burnout, & STS?

- Estimates of STS experienced by nurses are high
 - 85% among critical care nurses
 - **XX%** among Emergency Department nurses, **XXX** among oncology nurses
 - **XXX%** among psychiatric nurses
- The World Health Organization has classified 'Burnout' as an occupational health problem in the ICD-10
- CF is associated with increased mental health problems, low work productivity, absenteeism, low morale
- These problems combined are known to:
 - Increase rates of medical errors
 - Malpractice claims
 - Greater work turnover
 - Poor patient care



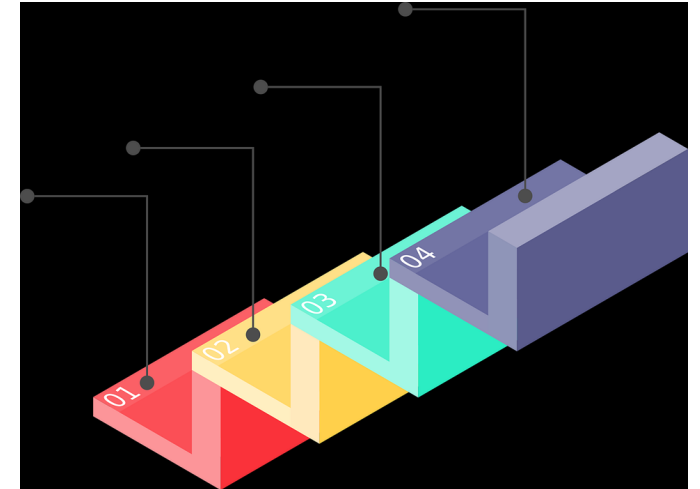
Study AIMS

The **aims** of this study were to examine:

1. CS and CF among nursing staff by degree and work setting
2. Demographic, work-related, behavioral factors, and witnessing and experiencing workplace violence covariates of CS and CF

Design & Procedures

- **Correlational study design** using on an electronic survey
- Participants from **UK Healthcare enterprise**
 - UK Chandler (inpatient and Outpatient)
 - Kentucky Clinic
 - UK Children's Hospital
 - Good Samaritan Hospital
 - Eastern State Hospital
 - Central Kentucky Recovery Center
- Procedure:
 - IRB Approval (# 46822), October 2018
 - Eligibility: ≥ 18 years of age, employed full/part-time, directly involved in patient care
 - Surveys distributed between November 2018 to April 2019 (5 months)
 - Anticipated 900 participants (i.e., 10% of approximately 9,000 employees)
 - Obtained responses from 1006
 - Useable data from 764 (75.9%) of which 358 were nursing staff



Measures

- **Demographics**

- Age categories
- Gender & Sexual Orientation
- Marital status
- Education level
- Marital Status
- Having children living with them

- **Behavioral/Lifestyle factors**

- Current tobacco use
- Perceived Secondhand Smoke Exposure
- Alcohol Consumption
- Average sleep & Quality of Sleep
- Physical activity
- Having a behavioral health diagnosis
- Ever received professional trauma treatment

- **Work-related variables**

- Discipline: Advance Practice, Nursing staff, Social work/Psychology, Nursing care assistants, Therapists, Pharmacy, Other (i.e., clerical staff)
- Primary service setting: Intensive care, Emergency, General Wards, oncology, psychiatry, outpatient services, ancillary services, other (i.e., administrative)
- Work shift & Length of work day
- Time worked in setting & discipline

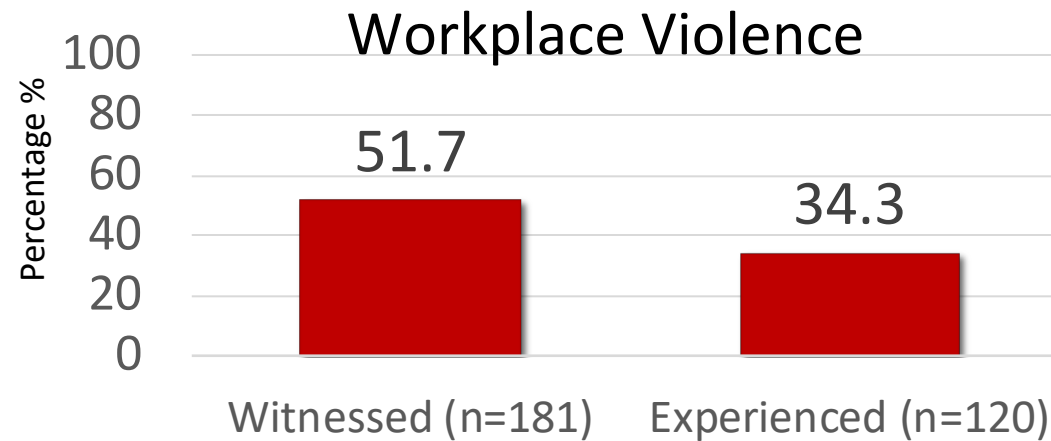
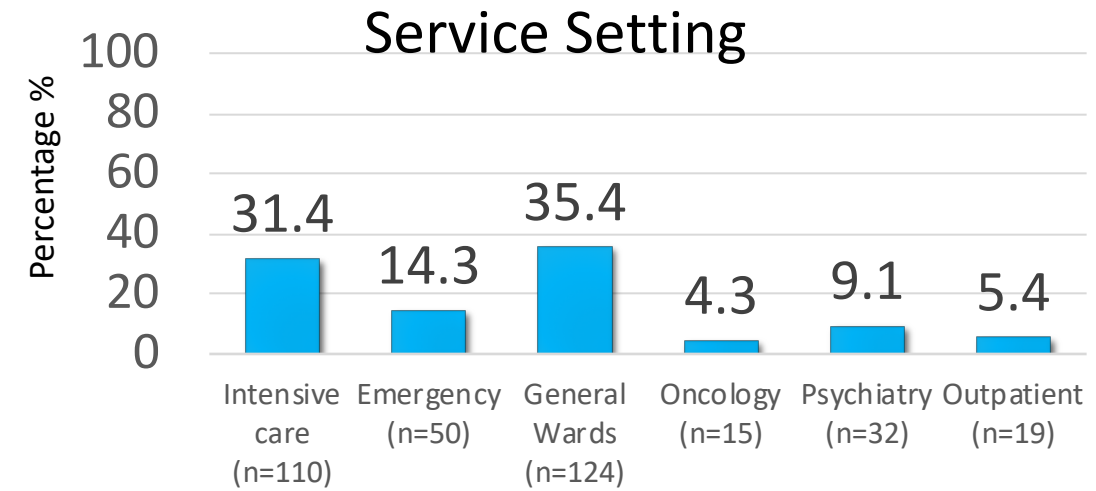
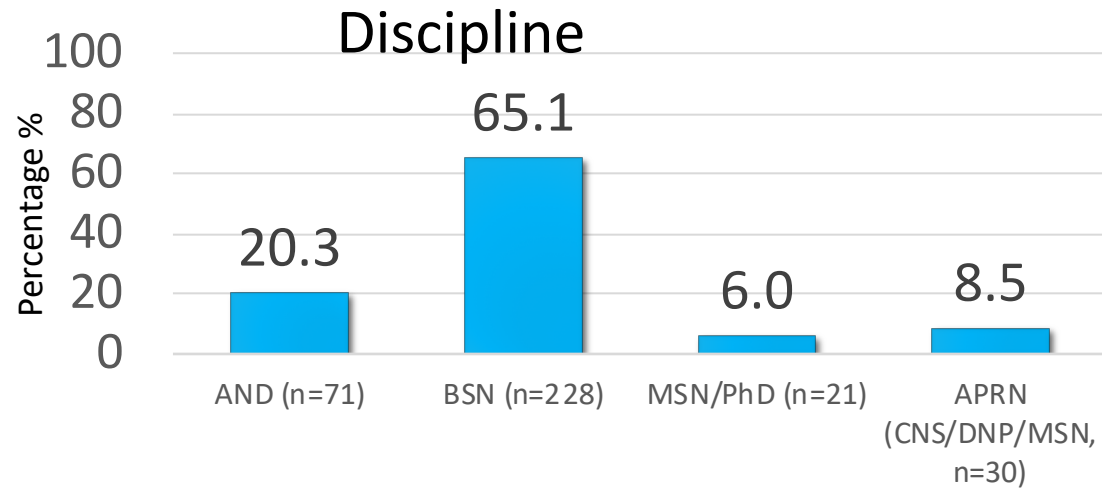
- **Witnessed or Experienced Workplace violence**

- Patient assault, co-worker bullying, physical/sexual/verbal abuse (Yes vs. No)

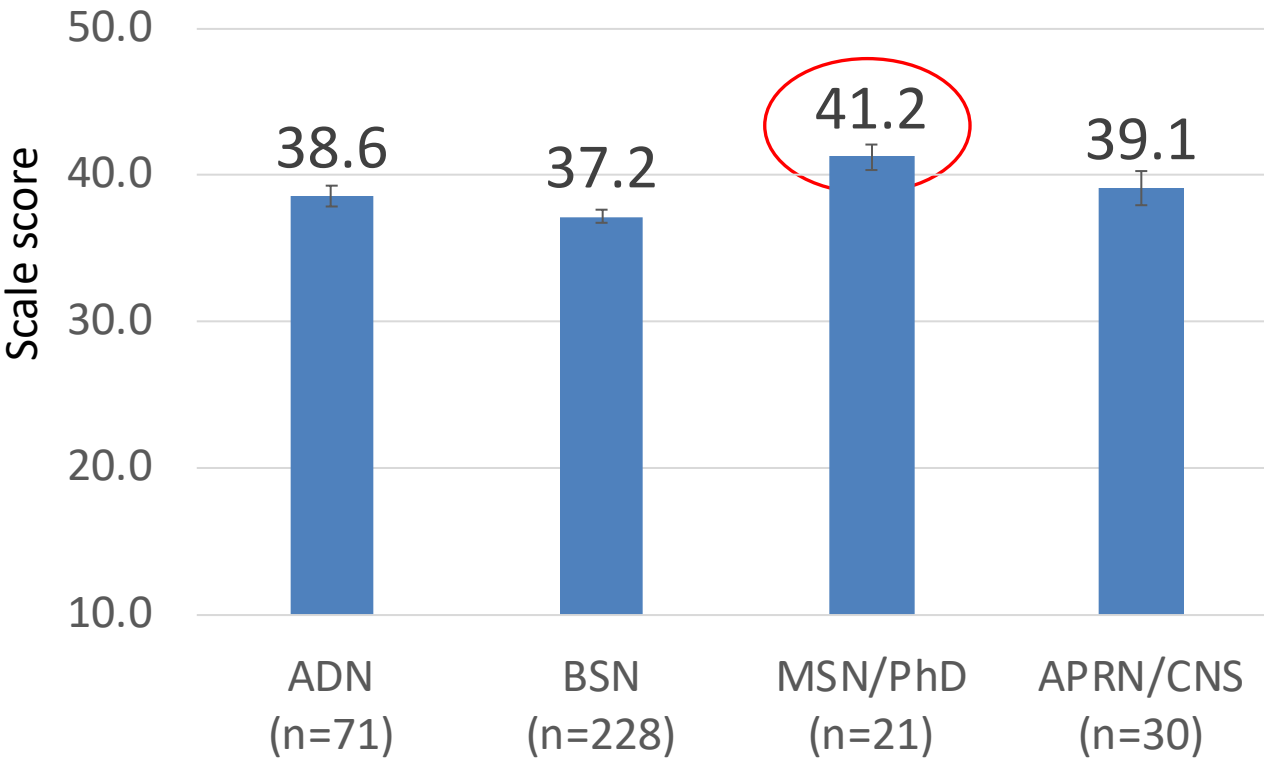
- **Professional Quality of Life Scale (ProQOL)**

- Secondary Traumatic Stress (Cronbach's alpha= **.81**)
- Burnout (Cronbach's alpha= **.83**)
- Compassion Satisfaction (Cronbach's alpha= **.92**)

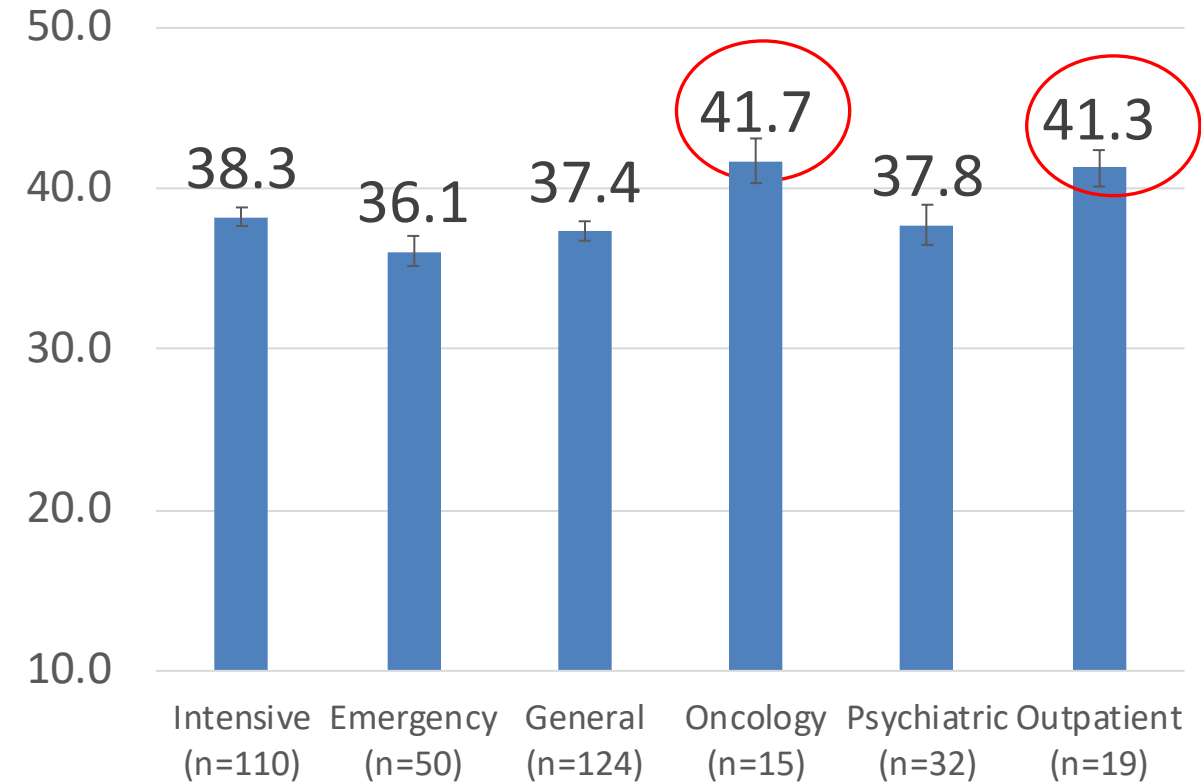
Sample Discipline, Service Setting, Experience of Workplace Violence



Nursing Degree ($F=3.4$, $p=.019$)

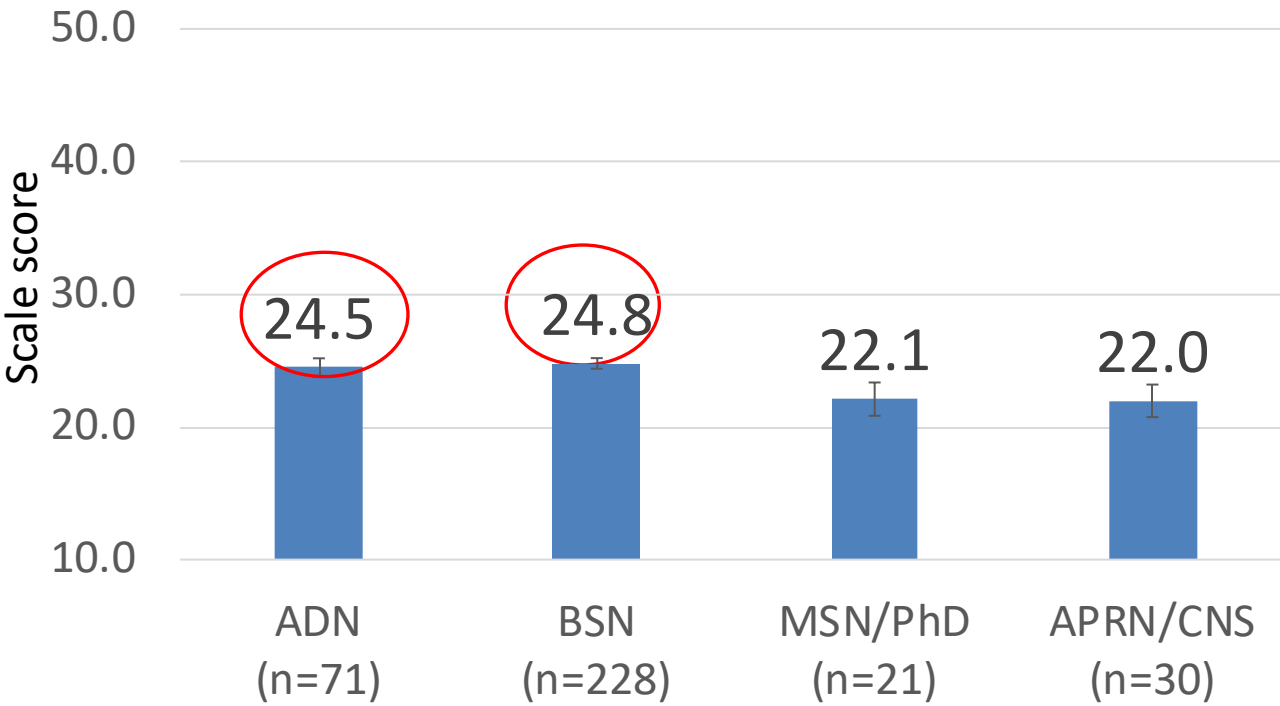


Work Setting ($F=3.1$, $p=.009$)

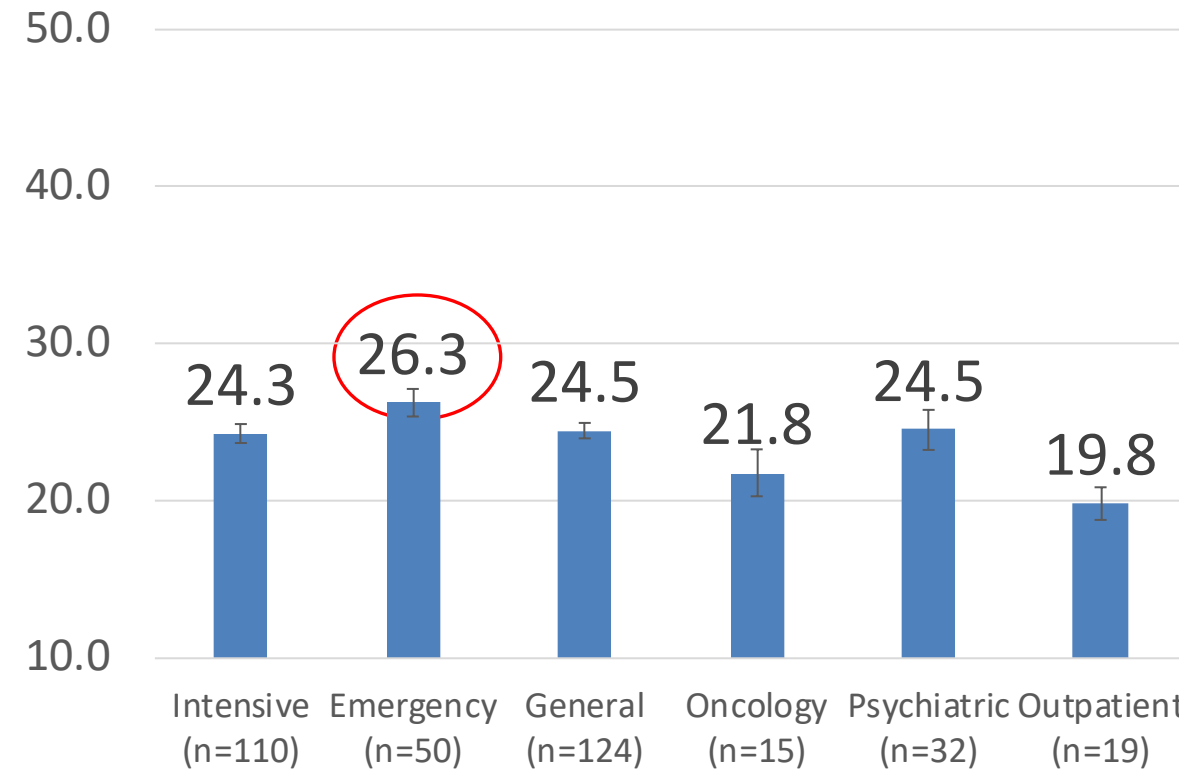


CS

Nursing Degree ($F=2.9$, $p=.035$)

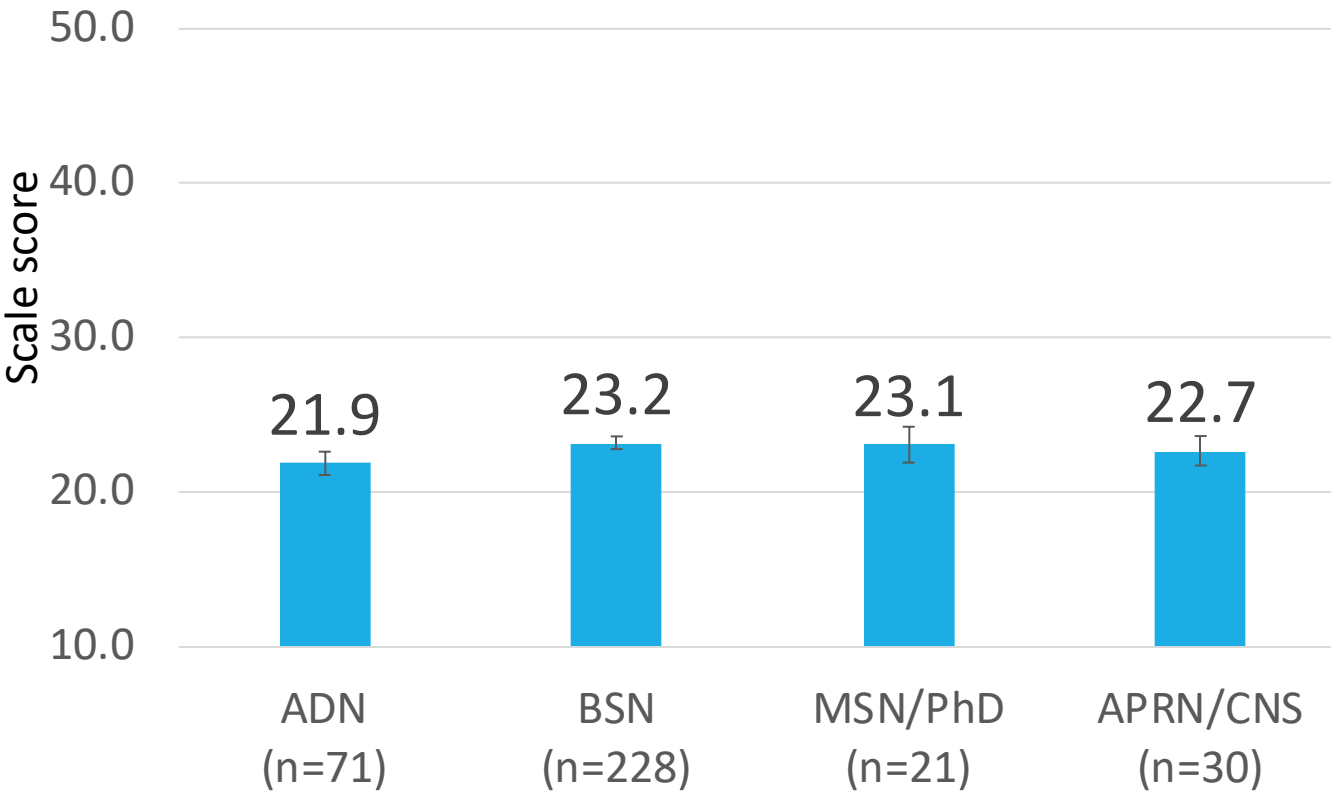


Work Setting ($F=3.7$, $p=.003$)

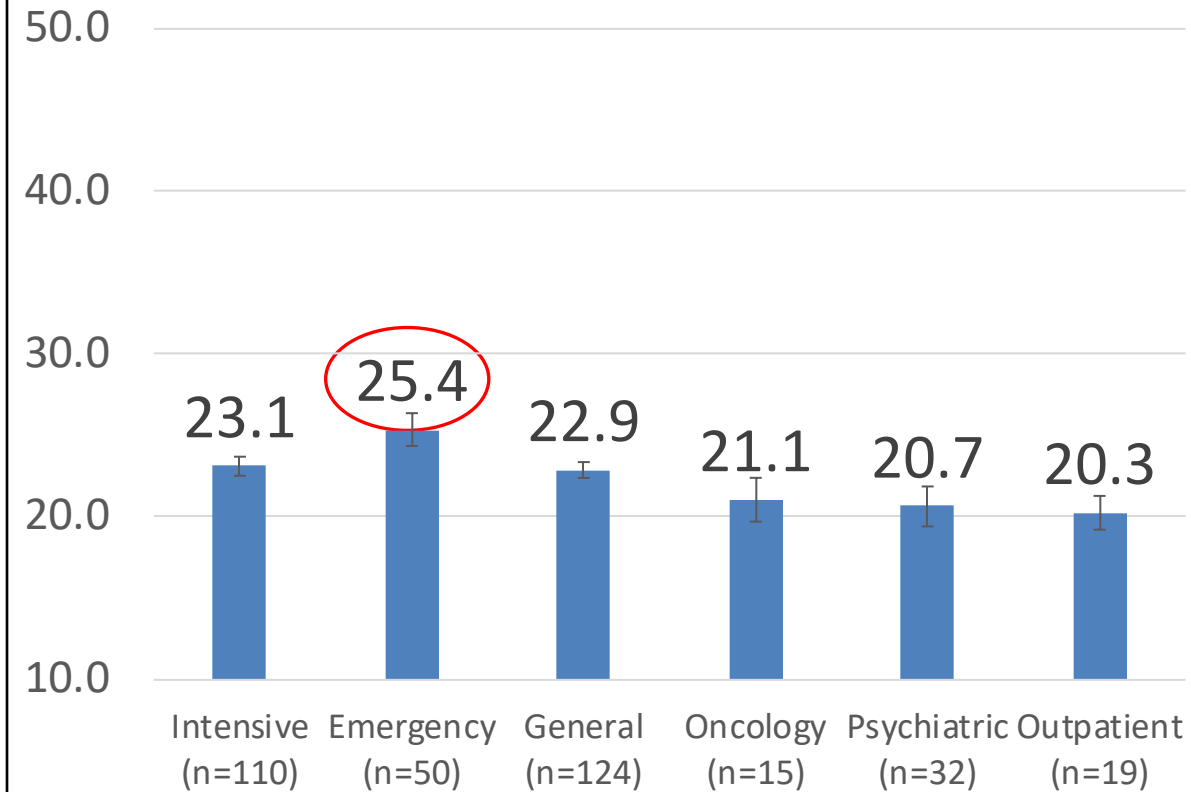


BO

Nursing Degree (F=0.9, p=.456)



Work Setting (F=3.6, p=.003)



STS

*P<.05; **p<.01

Hierarchical Multivariate Regression Analysis of Factors Associated with CS, BO, and STS

CS

(AdjR²=.15, F=2.82, p<.0001)

- **Demographics**
 - Separated/Divorced
- **Work-related variables**
 - Serving pediatric population
- **Workplace violence**
 - No experience

BO

(AdjR²=.24, F=4.12, p<.0001)

- **Demographics**
 - Single (compared to married or separated/divorced)
- **Behavioral/Lifestyle factors**
 - Poorer quality of sleep
 - Diagnosed with behavioral health problem
 - Greater years of practice in discipline
- **Work-related variables**
 - BSN (compared to APRN)
 - Serving adult population
- **Workplace violence**
 - Ever experienced

STS

(AdjR²=.09, F=4.92, p<.0001)

- **Behavioral/Lifestyle factors**
 - Poorer quality of sleep
- **Workplace violence**
 - Ever witnessed

Highlights of Findings

- BO and STS are relatively low among our sample of UK Healthcare enterprise nurses.
- Differences in rates vary by Nursing Degree (i.e., CS, BO) and work setting (i.e., CS, BO, STS)
 - Nurses in the emergency department are at greatest risk for BO and STS
- Common factors associated with CS, BO, and STS were sleep quality and experience of workplace violence
 - 52% witnessed, nearly 35% have experienced

Limitations

- Cross-sectional Analysis
 - No causality can be inferred
- Convenience sample of an estimated 10% of health care workforce
 - May not be representative of the setting
 - Findings cannot be generalized beyond the setting of the study
- Survey did not obtain information on interpersonal factors (e.g., empathy, resilience, mental health status) known to influence main outcomes
 - These factors may have explained more variance in the regression models.

Implications

- Sleep quality is a modifiable variable
 - Sleep hygiene and fatigue management may be supported as a health promotion intervention
 - Workplace environment modifications (e.g., light supplementation, access to windows)
- Adoption of tailored evidence-based interventions to reduce exposure to violence
 - Consumer/Patient risk assessments
 - Staff education and training
 - Aggression/violence management teams
- Future studies needed to understand reasons for increased STS & BO among high risk groups (e.g., BSN/ADN) and service settings (e.g., Emergency Department).

Questions?

