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HONORS THESIS ABSTRACT

The purpose of this honors project was to educate, inform, and provide relevant interventions for future and current nurses on the topics of compassion care fatigue and burnout. By conducting an integrative literature review, a total of seven studies were examined to present assessment tools used to determine variable characteristics that place a nurse at risk for developing compassion fatigue or burnout. The studies also provided relevant interventions that were shown to be successful in increasing compassion satisfaction and decreasing burnout and compassion fatigue in nurses. Compassion fatigue and burnout have a deep impact on nurses’ professional quality of life and patient satisfaction. It is important to increase awareness and provide interventions to reduce compassion fatigue and increase compassion satisfaction.
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Promoting Awareness and Prevention of Compassion Care Fatigue and Burnout in Nurses

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Promoting Awareness and Prevention of Compassion Care Fatigue and Burnout in Nurses

Nursing is a career focused on helping others. Compassion, the ability to provide sympathy and assistance for the misfortunes of others plays a key role in nursing care (Merriam-Webster, 2017). According to the American Nurses Association (ANA; 2011) 74% of nurses feel that stress and overwork exacerbate feelings of fatigue and burnout. Kovner, Brewer, Fatehi, and Jun (2014) estimated that almost 1 in 5 nurses leave their job in s/he’s first year. Caregiving can affect a nurse emotionally, physically, mentally, and spiritually from observing others suffering. This stress can lead to compassion fatigue and burnout in nurses. Stamm’s (2010) Professional Quality of Life Model describes how positive and negative aspects of one’s job influences the enjoyment or compassion satisfaction one experiences in performing his/her work well. Compassion fatigue and burnout are often used interchangeably, but are different from one another. When a nurse experiences compassion fatigue s/he has become emotionally, spiritually and physically exhausted from witnessing others suffering. Burnout has a gradual onset, and often presents with hopelessness, exhaustion and anger due to a non-supportive work environment, understaffing, or poor management. Both compassion fatigue and burnout influence the quality of care the nurse provides, affecting patient safety, satisfaction, and nurse retention (Stamm, 2010). This review will provide attention to the seriousness of compassion care fatigue and burnout with knowledge on how to prevent and treat nurses experiencing these problems.

Purpose

The purpose of this paper is to review pertinent literature in order to devise relevant interventions on the topics of compassion care fatigue and burnout.

Methodology
The methodology of this project is a literature review using seven articles that deal with compassion care fatigue and burnout. This research design will be an integrative literature review consisting of both qualitative and quantitative studies. This project will be a summary of the literature found in CINAHL, ProQuest and PUBMED. The completion of this project will end with a literature paper and honors poster presentation.

**Review of Literature**

**Assessment**

In order to understand the presenting symptoms of compassion satisfaction, compassion fatigue and burnout, it is important to understand what they are and how they are caused. Burnout often develops over time, and presents with feelings of exhaustion, anger, depression, hopelessness and frustration (Flarity, Gentry & Mesnikoff, 2013). It develops from environmental and workplace factors, such as: overcrowding, poor administration, workplace violence, high nurse workload, and understaffing. Whereas compassion fatigue, commonly referred to as secondary traumatic stress, often develops suddenly from witnessing others trauma, pain, and suffering (Flarity, Gentry & Mesnikoff, 2013). Nurses who are at high risk for experiencing compassion fatigue may demonstrate signs that can impair their care, such as: loss of sympathy, impatience, hopelessness, depression, disengagement, and frustration. Burnout symptoms may include anger, fatigue, insomnia, helplessness, and bitterness that may worsen due to exhaustion. Compassion fatigue and burnout can have severe consequences such as increased tardiness, absence from work, and increased turnover, which contributes to influencing factors of burnout such as understaffing (Hooper et al, 2010). Contrary to compassion fatigue and burnout, compassion satisfaction is the comfort a nurse feels from helping s/he’s patient and being able to do one’s job well. When nurses experience compassion fatigue or burnout they may
become unable to attend to their patient’s needs, whereas nurses with high levels of compassion satisfaction create high levels of patient satisfaction  

Hooper et al. (2010) conducted a cross-sectional survey distributed to 138 eligible nurses in a Southeast, United States acute care health system. Participants worked in the emergency department, intensive care unit, nephrology and oncology. The purpose of this study was to explore the occurrence of compassion satisfaction, compassion fatigue and burnout among nurses in multiple inpatient settings. Participants completed Stamm’s ProQOL 5 that examines the nurses compassion satisfaction, burnout and compassion fatigue. The survey, information about the study, and a demographic profile were delivered to all eligible nurses at work. The nurses were given ten weeks to complete the survey and demographic profile and mail the documents back. Of the 138 nurses, 114 returned their surveys, eight of which were omitted. The results demonstrated that only 27.5% of the nurse’s experience high compassion satisfaction in their work, with 20.2% of nurse’s experience low compassion satisfaction. Twenty-six-point-six percent experience high feelings of burnout, and 28.4% experience high feelings of compassion fatigue. Indicating a large number of nurses experiencing compassion fatigue or burnout. Eighty-two percent of emergency nurses have moderate to high levels of burnout, with almost 86% experiencing moderate to high levels of compassion fatigue. Overall, the study produced a large number of nurses experiencing compassion fatigue, supporting the need to investigate prevention and treatment options to improve patient satisfaction, and prevent adverse events associated with compassion fatigue and burnout.

Hunsaker, Chen, Maughan and Heaston (2014) conducted a nonexperimental, cross-sectional study by emailing 1,000 qualifying emergency nurses in the Emergency Nurses Association throughout the United States. Two-hundred-and-eighty-four nurses completed
Stamm’s ProQOL 5 and a demographic profile. The purpose of this study was to find factors that influence the development of compassion satisfaction, compassion fatigue and burnout in nurses who work in the emergency department (ED). The results reported that older nurses have higher rates of compassion satisfaction, and low compassion fatigue and burnout. Whereas, younger nurses were found more likely to experience compassion fatigue due to a challenging learning environment and inexperience. Compassion satisfaction was also found to increase with longer work experience as a nurse, increased ED experience, having a masters or doctoral degree, shorter shift length, and supportive management. Recognizing that compassion fatigue and burnout are highly influenced by years of experience as a nurse, age, education, and work demographics is necessary to help provide interventions to prevent compassion fatigue and improve compassion satisfaction.

Kelly, Runge and Spencer (2015) performed a cross-sectional, quantitative study on 491 registered nurses working at a medical center in Southwest United Stated. The purpose of the study was to examine the presence of compassion fatigue and compassion satisfaction in full-time, part-time and resource nurses who provided direct patient care in an inpatient setting. Stamm’s ProQOL 5 and an investigator-derived questionnaire were provided to 1,400 nurses to examine the presence of compassion satisfaction, fatigue, burnout and the demographics of the nurses completing the survey. Stamm’s Professional Quality of Life Scale (ProQOL 5), consists of a 30-item self-report tool that examines compassion satisfaction, secondary traumatic stress, burnout, and measures positive and negative aspects of caring. The researchers collected data on current position, work status, professional background, job satisfaction, intent to leave, and meaningful recognition at work. The nurses were provided one month to voluntarily complete the survey, 491 (35%) responded. The study found that nurses within the age of 21-33 years were
more likely to experience lower levels of compassion satisfaction and higher levels of compassion fatigue such as secondary traumatic stress or burnout than their peers between the ages of 34-49 or 50-65 years. This potentially provides an explanation for the high rate of turnover and lack of retention in first year nurses. Nurses who experienced higher rates of compassion satisfaction had received meaningful recognition at work, and were between the ages of 50-65 years. This is important to notice, so that hospitals can be knowledgeable of areas to improve compassion satisfaction, retention, and performance of their employees. Additionally, encouraging hospitals to address compassion fatigue by assisting new and inexperienced nurses to prevent a high rate of turnover in first year nurses.

Stimpfel, Sloane, & Aiken (2012) conducted a cross-sectional secondary analysis on three other studies focused on nursing care and patient experiences. The sample consisted of 22,275 registered nurses from the Multi-State Nursing Care and Patient Safety Study, working in hospitals in California, New Jersey, Pennsylvania, and Florida. Patient satisfaction data was collected from Centers for Medicare and Medicaid Services, Hospital Consumer Assessment of Healthcare Providers and Systems survey, and American Hospital Association Annual Survey of Hospitals. The results revealed that nurses working shifts more than 13 hours were more likely to be dissatisfied with their jobs than nurses working shorter shifts. The increased shift length also correlated with an increase occurrence of burnout, job dissatisfaction and plans to leave the job. These odds increased two and a half times with nurses working shifts longer than 8-9 hours. Increased shift length is important to notice as a significant influencing factor of compassion fatigue and burnout in nurses. The nurses working longer shifts are proven to be experiencing feelings of burnout and compassion fatigue which lead to an increase in adverse events with their patients. The results found that as the shift increased in length, nurse burnout increased, and
patient outcomes decreased, such as: good nurse communication, explaining of medication, controlled pain, time to receive help, clean room, and receiving information about discharge. These findings are important, revealing a relationship between shift length, nurse satisfaction and performance in one’s responsibilities at work. Recognizing the seriousness of consequences resulting from compassion fatigue and burnout is important. These adverse events can be prevented by recognizing the causes of compassion fatigue and burnout, and preventing them or treating them early. The relationship found between shift length and nurse’s satisfaction and performance at work can help nurse leaders improve hospital safety for their staff and patient’s by focusing on adequate staffing and support for employees.

Self-care of a nurse to promote compassion satisfaction begins as a new graduate. Transitioning into professional practice has been shown to be difficult and can lead to burnout and compassion fatigue without adequate support. Laschinger, Finegan and Wilk (2009) conducted a cross-sectional analysis on data collected in a study in Ontario from 2006, focused on workplace empowerment and nursing outcomes. They examined data on 3,180 staff nurses, and found that new graduates who work in supportive work environments that nourish professional practice and individual development have better retention rates and compassion satisfaction. New graduates who perceive their work as supportive, with civil working relationships, and a sense of empowerment experienced lower levels of emotional exhaustion or burnout. Emotional exhaustion leading to burnout was largely associated with inadequate staffing and poor management. These findings suggest that strong managerial strategies that support and empower nurses create a positive working environment. Therefore, it is important to understand factors that make a difference in the new graduates’ transition to professional practice and well-being. By supporting professional nursing practice and development, new graduate
nurses are less likely to experience emotional exhaustion, burnout and compassion fatigue in their first two years as a new nurse, improving turnover and compassion satisfaction.

**Interventions**

Flarity, Gentry, and Mesikoff (2013) conducted a quasi-experimental study to assess the effects of a multifaceted treatment program on compassion fatigue, burnout and compassion satisfaction among emergency nurses. The study was conducted at two Emergency Departments in Colorado Springs, Colorado. All emergency nurses were provided information regarding the research. The sample consisted of 73 self-selected emergency nurses who responded to a research packet provided to them. The participants were asked to complete a pretest using Stamm’s Professional Quality of Life Scale (ProQOL 5). The nurses than participated in an organized compassion fatigue resiliency program that included resilience seminars, interactive activities, group exercises, and guided imagery. They were provided education on compassion fatigue origin, signs and symptoms, and prevention and treatment strategies such as: self-regulation, intentionality, perceptual maturation/self-validated caregiving, connection, and self-care. After the interventions, the participants completed the ProQOL 5 post-test. The results showed an increase in high levels of compassion satisfaction by 10.2%. There was a 34% decrease in participants who indicated moderate to high levels of burnout, and a 19% decrease in participants who indicated moderate to high levels of secondary traumatic stress. These results suggest that organized prevention and education programs on compassion fatigue, burnout and compassion satisfaction can benefit caregivers. Resulting in an increase in compassion satisfaction and decrease in compassion fatigue.

Potter, Deshields, Berger, Clarke, Olsen and Chen (2013) conducted a descriptive pilot study where they evaluated the effectiveness of a compassion fatigue resiliency program on
oncology nurses. The study was conducted at a hospital in St. Louis, MO, where 14 oncology nurses volunteered to participate in two five-week resiliency programs after the nurse’s shifts. The program educated participants on contributing factors to compassion fatigue, understanding the importance of stress management, and resiliency through self-regulation and self-care. The nurses were provided assistance from social workers, pastoral care, and psychiatry. The nurses than participated in interactive group activities where they applied relaxation techniques they were taught in the program such as: breathing exercises and art therapy, self-regulation, and self-validation. This allowed the nurses to learn and achieve relaxation during times of stress. Before and after the program the participants completed a set of surveys including: Maslach Burnout Inventory(MBI) – Human Services Survey, the PROQOL-IV, Impact of Event Scale-Revised, and Nursing Job Satisfaction scale. The surveys used scales to rate and measure job-related feelings such as emotional exhaustion, depersonalization, and lack of personal accomplishment. Additionally, rate of job satisfaction, feelings of compassion fatigue, burnout, distress, and enjoyment in one’s job were measured. Significant changes were seen in the Impact of Event Scale-Revised. The nurses were asked to complete this survey while thinking about a distressing experience with a patient. The survey consists of 22 questions that measures the nurses distress caused by traumatic events, intrusive thoughts and feelings, and behavioral avoidance. The nurses had marked improvement in avoidance, intrusion thoughts, and hyperarousal due to distressing situations with patients. The results also indicated a significant reduction in secondary traumatic stress after completing the resiliency program. This demonstrates that the nurses were able to achieve relaxation and feel less stress by using self-regulation and self-care techniques they learned. The participants evaluated the program, indicating a high overall impact on their attitudes at work, and the ability to use strategies they learned while at work and home. The
results suggest that the resiliency program taught the nurses strategies to manage intrusive thoughts, feelings, and stress at work and home. The program was successful in empowering nurses to recognize threats and to self-regulate the related stress.

In 2009, Cleveland Clinic (2009), Ohio started a new program called Code Lavender. This program provides a rapid response to employees and patients who are experiencing emotionally stressful situations and are in need of support. The Code Lavender team provides multiple holistic tools to help in times of emotional stress, this includes: light massage, reflexology, healing touch, playing music, singing, expressive art, journaling, meditation, breathing exercises, acupressure and more (Cleveland Clinic, 2016). Code Lavender helped over 780 staff members in its first year, and continues to grow, serving over 600 people every quarter. A survey was sent out to staff members and patients who have received support through Code Lavender. Ninety-nine percent of employees reported the services had met or exceeded expectation, with 98% of employees stating they would recommend these services to another nurse. Nurses who received services from Code Lavender reported they felt more appreciated and valued as an employee (Cleveland Clinic, 2009). Code Lavender is a great example of how providing interventions for employees who are experiencing emotional stress at work can provide assistance to nurses in need.

Clinical Evaluation

This literature review illustrates that caring for others during times of suffering can be emotionally, physically, and spiritually exhausting. The review demonstrates that there are high levels of compassion fatigue and burnout among nurses. It also suggests that younger, unexperienced nurses are more likely to experience compassion fatigue due to their inexperience, and challenging transition into s/he’s career. Knowing this can help organizations willing to
implement interventions to assist the transition of new graduates into their nursing careers. These interventions can include mentorship programs that nourish professional development and empower new graduates to succeed with a supportive and positive work environment that increases compassion satisfaction at work.

Workplace environment also highly influences a nurses’ satisfaction in one’s career and occurrence of compassion fatigue or burnout. Strong managerial skills, with positive work demographics, increased education, and meaningful recognition at work increase the likelihood of nurse compassion satisfaction. By recognizing factors that increase the occurrence of compassion fatigue and burnout, programs can be developed to provide interventions to prevent this and benefit nurses. When caring for others it is important to take care of one-self. Educational programs for nurses on the origin of compassion fatigue and burnout, and strategies on self-care have proven to be effective in helping nurses. Resiliency programs should be held at hospitals monthly for their employees and patients. Here, they can learn strategies for self-care and self-regulation. Programs can also include support groups, educational resources, holistic tools, counseling, music therapy, and art therapy to help in times of emotional stress. These interventions have been proven to reduce stress, and improve nurse and patient satisfaction.

**Conclusion**

In conclusion, the purpose of this review is to educate and inform, future and current nurses on the topics of compassion care fatigue and burnout while providing relevant interventions shown to benefit nurses. Compassion fatigue and burnout can have a serious impact on the nurse and his/her patients. Nurses with compassion fatigue or burnout are at risk for decreased quality of care provided to patients, decreased satisfaction, anger, depression, and increased intention to leave one’s job. It is important for managerial staff to empower employees
and provide interventions such as education and holistic resources to ensure that their employees are adequately prepared to recognize and control these symptoms. The goal of this literature review was to provide nurses and employers assessment techniques for compassion fatigue and burn-out and effective interventions to support compassion satisfaction.
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