Objectives

At the end of this presentation the participants will be able to:

1. Discuss the concept of compassion fatigue
2. Describe the study methodology and results
3. List possible implications for Baptist Health
Compassion

• By definition it is the human emotion prompted by the pain and suffering of others

• It is the foundation of nursing practice
Compassion Fatigue

- Was first recognized by Carla Joinson in 1992
- Described as the loss of ability to nurture
Compassion Fatigue

Warning Signs of Compassion Fatigue in Staff

- Exhaustion
- Reduced ability to feel sympathy and empathy
- Anger and irritability
- Increased use of alcohol and drugs
- Dread of working with certain clients
- Diminished sense of enjoyment of career
- Disruption to world view
- Heightened anxiety or irrational fears
- Intrusive imagery or dissociation
- Hypersensitivity or insensitivity to emotional material
- Difficulty separating work life from personal life
- Absenteeism
- Impaired ability to make decisions and care for clients
- Problems with intimacy and in personal relationships

Developed by Christina Clarke, MS, HS-BCP, Coordinator of Continuing Medical Education and faculty, Wake Forest School of Medicine, Northwest AHEC
CS-CF Model

- Professional Quality of Life
  - Compassion Satisfaction
  - Compassion Fatigue
    - Burnout
    - Secondary Trauma

Burnout

Definition – the result of work related feelings of hopelessness and ineffectiveness

Causes - Long shifts, inadequate staffing, high acuity, inadequate supplies, lack of leadership
Graph 1: Early warning signs for burnout syndrome
Burnout

System Effect:
- high absenteeism
- low morale
- high nurse turnover

Patient Effect:
- low satisfaction scores
- high risk of nurse error
Secondary Traumatic Stress

• Definition – the natural consequence of continuous and repeated exposure to the traumas of others

• Causes – working in high stress areas: EDs, ICUs, Oncology, trauma centers
Secondary Traumatic Stress

• System Effect
  - high absenteeism
  - low morale
  - high nurse turnover

• Patient Effect –
  - low satisfaction scores
  - high risk of nurse error
The purpose of this study was to:

- examine prevalence of compassion fatigue among nurses working at Baptist Health

- evaluate effect of an intervention, a Compassion Fatigue workshop, on levels of compassion satisfaction, burnout and secondary traumatic stress.
Methods

• Design
  – Phase 1 descriptive
  – Phase 2 pre & post-test quasi-experimental

• Setting
  – Baptist Health of Jacksonville, Florida
  – 5 hospital facilities and Home Health
Methods

- Protection of Human Subjects
  - The study was submitted to and approved by the Institutional Review Board on November 26, 2013
Methods

- Consent – Implied by completing and submitting the Professional Quality of Life Scale (ProQOL 5)

- Sample – Convenience; all RNs
  - Phase 1 N=2479; n=468
    Response rate 19%
  - Phase 2 N=132; n= 54
    Response rate 38%
### SECTION 8: THE PROQOL TEST AND HANDOUT

**PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)**

**COMPASSION SATISFACTION AND COMPASSION FATIGUE (PROQOL) VERSION 5 (2009)**

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

<table>
<thead>
<tr>
<th></th>
<th>1=Never</th>
<th>2=Rarely</th>
<th>3=Sometimes</th>
<th>4=Often</th>
<th>5=Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I am happy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I am preoccupied with more than one person I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I get satisfaction from being able to [help] people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I feel connected to others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I jump or am startled by unexpected sounds.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B.H. Stamm. 2010
Methods: Instrument

- **Validity**: 1995 - 2010 – more than 50 studies have used the ProQOL 5 scale

- **Reliability**: by subscale
  - Compassion Satisfaction $\alpha = .88 (,91, .88)$
  - Burnout $\alpha = .75 (,78, .77)$
  - Secondary Traumatic Stress $\alpha = .81 (,81, .79)$
Methods: Instrument
Subscale Score Calculation

<table>
<thead>
<tr>
<th>Compassion Satisfaction Scale:</th>
<th>The sum of my Compassion Satisfaction questions</th>
<th>My Level of Compassion Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.    ____</td>
<td>22 or less</td>
<td>Low</td>
</tr>
<tr>
<td>6.    ____</td>
<td>Between 23 and 41</td>
<td>Average</td>
</tr>
<tr>
<td>12.   ____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.   ____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.   ____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.   ____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.   ____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.   ____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.   ____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.   ____</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong> ____</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Compassion Satisfaction Scale includes questions 3, 6, 12, 16, 18, 20, 22, 24, 27, and 30. The sum of these questions determines the level of Compassion Satisfaction as follows:

- 22 or less: Low
- Between 23 and 41: Average
- 42 or more: High
Results: Phase I Sample

- Email invitation to all RNs with access to the Professional Quality of Life Scale (ProQOL 5) attached
- Mailed to 2479 RNs
- \( n = 468 \)
  - Beaches = 63
  - Home Health = 11
  - Clay = 0
  - Jacksonville = 183
  - Nassau = 44
  - South = 72
  - Primary Care = 0
  - Wolfson = 95
## Results: Phase 1
### Comparison of Nurses in Management to Non-management Positions

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Management Mean (SD)</th>
<th>Non-management Mean (SD)</th>
<th>Test statistic</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassion Satisfaction</td>
<td>40.9 (5.3)</td>
<td>38.9 (6.0)</td>
<td>t=(51.4) = -2.23</td>
<td>0.03*</td>
</tr>
<tr>
<td>Burnout</td>
<td>30.3 (7.0)</td>
<td>29.2 (6.8)</td>
<td>t=(48.3) = -0.93</td>
<td>0.36</td>
</tr>
<tr>
<td>Secondary Traumatic Stress</td>
<td>22.4 (6.5)</td>
<td>21.3 (5.5)</td>
<td>t=(41.5) = -1.05</td>
<td>0.30</td>
</tr>
</tbody>
</table>
Phase 1
All Responses n=468

High > 41
Average 23-41
Low < 23

Compassion Satisfaction Results
Range 17-50
Burnout Results
Range 11-44
Secondary Traumatic Stress Results
Range 7-40
Results Phase 1

**Burnout**
- High: 1.2%
- Average: 79.3%
- Low: 19.5%

**Secondary Traumatic Stress**
- High: 60.5%
- Average: 39.5%
- Low: 6.0%
Phase 1
Demographic Differences

• No differences were noted due to shift, gender, degree, years in nursing or years at Baptist Health or outside activities.

• Younger nurses were at higher risk of low compassion satisfaction and high burnout. (p = 0.007)
Phase 1
Demographic Differences

• Those who were caregivers at home had a higher secondary traumatic stress score (22.5%) than those who were not caregivers (14.1%) (p=0.0313)

• Those who have not participated in Caring Resource activities (Caritas room, Spirit of Caregiving, HeartMath) had a 34.4% rate of low compassion satisfaction compared to a 20% rate for those who had participated in one or more (p = 0.0011)
Results Phase 2 - Sample

• Email invitation to all nurses to attend a Compassion Satisfaction/Compassion Fatigue workshop offered four times, once at each major Baptist Hospital site

• Mailed to 2585 nurses

• Register on e-Learning – 158 attended

• N =132 (completed ProQOL 5 scale)
  - Beaches 4
  - Home Health 2
  - Clay 1
  - Jacksonville 27
  - Nassau 20
  - South 22
  - Primary Care 1
  - Wolfson 54
The Intervention

• A workshop - Compassion Satisfaction or Compassion Fatigue was held in September 2014

• 4 hours sessions, offered 4 times, once at each hospital site over two days

• Program consisted of didactic and participatory sections

• Guest Speaker – Compassion Fatigue expert, Dr. Noel Holdsworth, DNH-PMHNP-BC, CTS, from Winter Haven Hospital
The Intervention

- Pre-workshop completion of ProQOL 5 Scale
  - Each attendee received a Scale packet numbered and accompanied by an envelope with the corresponding number to address (no name to be included)

- Post-workshop completion of ProQOL 5 Scale
  - Scale packet mailed to attendees, with SASE for return, sent out six weeks after workshop
Results Phase 2
Pre-Intervention n=131

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Management Mean (SD)</th>
<th>Non-Management Mean (SD)</th>
<th>Test Statistic</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassion Satisfaction</td>
<td>40.9 (4.5)</td>
<td>41.0 (6.0)</td>
<td>t= (80.3) = 0.17</td>
<td>0.8670</td>
</tr>
<tr>
<td>Burnout</td>
<td>22.4 (5.0)</td>
<td>22.1 (5.3)</td>
<td>t= (63.1) = -0.31</td>
<td>0.7611</td>
</tr>
<tr>
<td>Secondary Traumatic Stress</td>
<td>23.5 (5.3)</td>
<td>22.6 (5.7)</td>
<td>t= (63.9) = -0.78</td>
<td>0.4369</td>
</tr>
</tbody>
</table>
### Results Phase 2

**Post-Intervention n=54**

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Management Mean (SD)</th>
<th>Non-Management Mean (SD)</th>
<th>Test Statistic</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassion Satisfaction</td>
<td>43.7 (4.7)</td>
<td>42.6 (5.2)</td>
<td>( t = (19.2) = -0.63 )</td>
<td>0.5351</td>
</tr>
<tr>
<td>Burnout</td>
<td>20.0 (4.3)</td>
<td>20.4 (5.0)</td>
<td>( t = (20.3) = 0.26 )</td>
<td>0.7972</td>
</tr>
<tr>
<td>Secondary Traumatic Stress</td>
<td>20.3 (5.2)</td>
<td>20.0 (4.5)</td>
<td>( t = (15.9) = -0.15 )</td>
<td>0.8821</td>
</tr>
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</table>
Results Phase 2
Comparison Pre/Post
Management n=35/12

<table>
<thead>
<tr>
<th></th>
<th>Management - Pre</th>
<th>Management - Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassion Satisfaction</td>
<td>40.9</td>
<td>43.7</td>
</tr>
<tr>
<td>Burnout</td>
<td>22.4</td>
<td>20</td>
</tr>
<tr>
<td>Secondary Traumatic Stress</td>
<td>23.5</td>
<td>20.3</td>
</tr>
</tbody>
</table>
Results Phase 2
Comparison Pre/Post
Non-Management n=97/42

Compassion Satisfaction
Burnout
Secondary Traumatic Stress

Pre Intervention | Post Intervention
---|---
22.1 | 20.4
22.6 | 20.0
Pre/Post-Intervention Means

n=54

High

Average

Low

Compassion Satisfaction (p = 0.0001)

Burnout (p = 0.0022)

Secondary Traumatic Stress (p = 0.0011)

Pre-Intervention (Mean)

Post-Intervention (Mean)
Limitations

– Phase 2 - small sample size for both the pre and post intervention groups

– Participants in all groups were self-selected. It is likely that many of the nurses suffering from compassion fatigue did not participate because… They are suffering from compassion fatigue!
Suggestions for Future Research

- Consider repeating the ProQOL 5 Scale as part of the evaluation of nurse satisfaction at Baptist Health for a full scale assessment of the state of compassion satisfaction and compassion fatigue.
Implications for Baptist Health

- Improved compassion satisfaction for nurses and others in health care results in:
  - Improved Morale
  - Improved Nurse Retention
  - Decreased Nurse Turnover
  - Improved Patient Safety and Satisfaction!
Implications for Baptist Health

• Continue the work of the Caring Council
• Encourage staff to participate in any and all methods of self-care to give them the energy to care for others
Future Program Development

• Nurses at Baptist Health would benefit from a workshop or other program to:
  – Educate them about the existence of compassion fatigue,
  – Help them identify the risks for developing compassion fatigue
  – Recognize symptoms of compassion fatigue in themselves and their peers
  – Learn self care modalities to prevent and treat compassion fatigue
Acknowledgements

My sincere thanks to the following nurses, who have provided many levels of support and teaching while carrying out this study:

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- Peggy McCartt
- Pam Turner
- Donna Mohr
- Jenna Rowe
Thank You!

References available on request

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