

For Nurses on a Critical Care Unit, Does the Implementation of a Relationship-Based Care Model Intervention Decrease the Risk of Compassion Fatigue Over Eight Weeks?

Practice Problem

The work environment on a critical care unit is crucial to patient care. This unit is one of the most complex environments in a healthcare facility (Shostek, 2007). A nurse’s role can often lead to burnout when the ability to positively affect patient outcomes becomes impossible. According to Kravits, McAllister-Black, Grant, and Kirk (2010), nurses on a critical care unit experience high levels of stress, which has contributed to the nursing shortage.

Compassion fatigue is a term describing burnout and traumatic stress (Kelly, Runge, & Spencer, 2015), Compassion is acknowledging the suffering of others and having the ability to relieve it (Marcial, Brazina, Diaz, Jaramillo, Marentes, & Mazmanian, 2013). The psychological impact on nurses may result in the inability to care for themselves as well as a decrease in the quality of care patients receive (Marcial et al., 2013). Self-care interventions may help relieve some of the psychological effects of stress and burnout. Most research supports self-care interventions to lessen the risk of nurses developing compassion fatigue (Marcial et al., 2013).

Clinical Question

Can the implementation of a relationship-based care model reduce the risk of compassion fatigue for registered nurses on a critical care unit? Can self-care strategies, a component of RBC, help reduce compassion fatigue over eight weeks of implementation?

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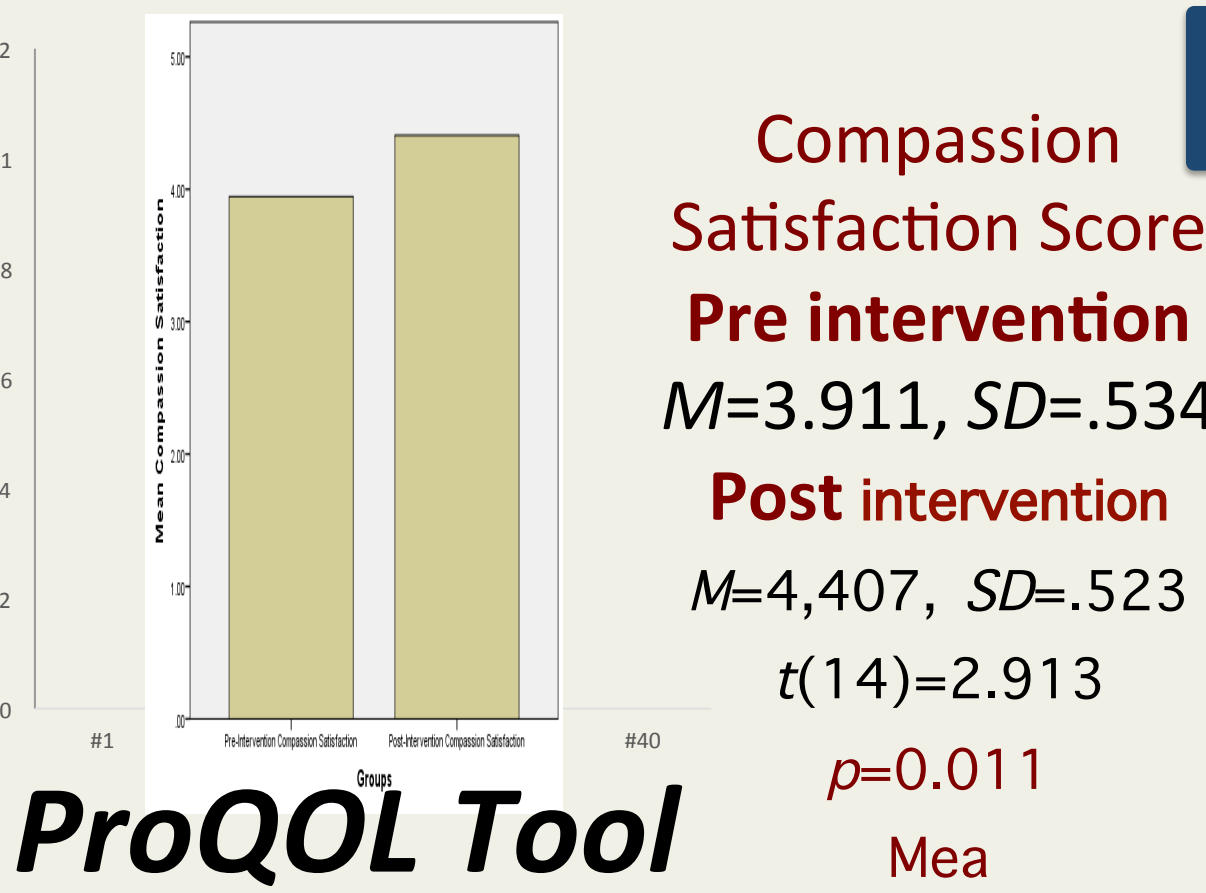
Project Description

The project began with an identification of the practice issue.
Educational sessions were held on RBC & Self-Care Strategies
Pre-Test Survey was completed
Implementation: Education regarding self-care strategies.
Observation: Nurses were observed in their environment.
Post-Test Survey and Post Implementation Education was performed
Data Analysis & Project Presentation

Nursing and Healthcare Implications

- A relationship-based care model promotes and supports self-care and healing as well as therapeutic relationships with patients and colleagues (Koloroutis, 2004).
- The model supports the health of an organization in all areas needed to measure success (Maklebust & Suchy, 2007).
- The model can have a significant impact on nurse turnover (Winsett & Hauck, 2011).
- Implementation of a RBC integrates caring behaviors across all disciplines and departments (Winsett & Hauck, 2011).
- Self-care strategies and coping skills help reduce stress in the workplace (Moola, ehlers, & Hattingh (2008).

Project Evaluation



Conclusions

The framework of a relationship-based care model provides a basis for implementing self-care. The ProQOL tool measures the negative and positive effects of helping those who experience suffering and trauma (Stamm, 2009). There is value in examining the occurrence of compassion fatigue among health care providers (Potter et al., 2010). Self-care strategies provide an overall benefit to the quality of care patients receive.

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