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


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
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

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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

### Discipline

- **AND (n=71)**: 20.3%
- **BSN (n=228)**: 65.1%
- **MSN/PhD (n=21)**: 6.0%
- **APRN (CNS/DNP/MSN, n=30)**: 8.5%

### Service Setting

- **Intensive care (n=110)**: 31.4%
- **Emergency (n=50)**: 14.3%
- **General Wards (n=124)**: 35.4%
- **Oncology (n=15)**: 4.3%
- **Psychiatry (n=32)**: 9.1%
- **Outpatient (n=19)**: 5.4%

### Workplace Violence

- **Witnessed (n=181)**: 51.7%
- **Experienced (n=120)**: 34.3%
Nursing Degree
(F=3.4, p=.019)

<table>
<thead>
<tr>
<th>Degree</th>
<th>Scale Score</th>
<th>ADN (n=71)</th>
<th>BSN (n=228)</th>
<th>MSN/PhD (n=21)</th>
<th>APRN/CNS (n=30)</th>
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<tr>
<td>ADN (n=71)</td>
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Work Setting
(F=3.1, p=.009)

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<td>Emergency (n=50)</td>
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<td>General (n=124)</td>
<td>37.4</td>
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<tr>
<td>Oncology (n=15)</td>
<td>41.7</td>
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<tr>
<td>Psychiatric (n=32)</td>
<td>37.8</td>
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<tr>
<td>Outpatient (n=19)</td>
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Nursing Degree
(F=2.9, p=.035)

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<td>ADN (n=71)</td>
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<td>APRN/CNS (n=30)</td>
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Work Setting
(F=3.7, p=.003)

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<tr>
<td>Emergency (n=50)</td>
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<tr>
<td>General (n=124)</td>
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<td>Oncology (n=15)</td>
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<tr>
<td>Outpatient (n=19)</td>
<td>19.8±</td>
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</table>
Nursing Degree
(F=0.9, p=.456)

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<td>APRN/CNS (n=30)</td>
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Work Setting
(F=3.6, p=.003)

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<th>Scale Score</th>
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<td>Intensive (n=110)</td>
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STS

*P<.05; **p<.01
Hierarchical Multivariate Regression Analysis of Factors Associated with CS, BO, and STS

<table>
<thead>
<tr>
<th>CS</th>
<th>BO</th>
<th>STS</th>
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<tbody>
<tr>
<td>(AdjR²=.15, F=2.82, p&lt;.0001)</td>
<td>(AdjR²=.24, F=4.12, p&lt;.0001)</td>
<td>(AdjR²=.09, F=4.92, p&lt;.0001)</td>
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<tr>
<td><strong>Demographics</strong></td>
<td><strong>Demographics</strong></td>
<td><strong>Behavioral/Lifestyle factors</strong></td>
</tr>
<tr>
<td>- Separated/Divorced</td>
<td>- Single (compared to married or separated/divorced)</td>
<td>- Poorer quality of sleep</td>
</tr>
<tr>
<td><strong>Work-related variables</strong></td>
<td><strong>Behavioral/Lifestyle factors</strong></td>
<td><strong>Workplace violence</strong></td>
</tr>
<tr>
<td>- Serving pediatric population</td>
<td>- Poorer quality of sleep</td>
<td>- Ever witnessed</td>
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<tr>
<td><strong>Workplace violence</strong></td>
<td><strong>Work-related variables</strong></td>
<td><strong>Workplace violence</strong></td>
</tr>
<tr>
<td>- No experience</td>
<td>- BSN (compared to APRN)</td>
<td>- Ever experienced</td>
</tr>
<tr>
<td></td>
<td>- Serving adult population</td>
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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).

Redeker, Caruso, Hashmi, Mullington, Grandner, & Morgenthaler. (2019). Workplace interventions to promote sleep health and an alert, healthy workforce. *Journal of Clinical Sleep Medicine, 15*(04), 649-657.


Questions?