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Predictors of Compassion Fatigue and Compassion Satisfaction in Acute Care Nurses

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Abstract

Purpose: To examine compassion fatigue and compassion satisfaction in acute care nurses across multiple specialties in a hospital-based setting.
Design: A cross-sectional electronic survey design was used to collect data from direct care nurses in a 700-bed, quaternary care, teaching facility in the southwestern United States.
Methods: A total of 491 direct care registered nurses completed a survey measuring their professional quality of life (burnout, secondary traumatic stress, and compassion satisfaction). Analysis was conducted to assess for differences between demographics, specialties, job satisfaction, and intent to leave their current position.
Findings: Significant predictors of burnout included lack of meaningful recognition, nurses with more years of experience, and nurses in the "Millennial" generation (ages 21–33 years). Receiving meaningful recognition, higher job satisfaction, nurses in the "Baby Boomer" generation (ages 50–65 years), and nurses with fewer years of experience significantly predicted compassion satisfaction. No significant differences were noted across nurse specialties, units, or departments.
Conclusions: This study adds to the literature the impact meaningful recognition may have on compassion satisfaction and fatigue. Our findings provide a potential explanation for the lack of retention of nurses in the millennial generation who leave their positions with limited years of experience. Based on our research, meaningful recognition may increase compassion satisfaction, positively impact retention, and elevate job satisfaction.
Clinical Relevance: Compassion fatigue in nurses has clear implications for nursing retention and the quality of care. Organizations willing to invest in reducing compassion fatigue have the potential to improve financial savings by reducing turnover and adverse events associated with burnout.

As caregivers, acute care nurses have always been at high risk for the burnout and stress associated with their role (Hall, 2004; Joinson, 1992). Despite decades of research, poor nurse staffing and work environments, high nursing workload, and burnout continue to contribute to nurses' dissatisfaction (Aiken, Sloane, Bruyneel, Van den Heede, & Sermeus, 2013; Li et al., 2013). Additionally, the increasing complexity of healthcare reform and structure of the workforce has decreased satisfaction for direct care nurses who are experiencing the burden of delivering high-quality patient outcomes (Hooper, Craig, Janvrin, Wetsel, & Reimels, 2010; Shang et al., 2014). Nurses must be conscientious of the public reporting of hospital quality outcomes and the transparency of patient experience scores, creating a struggle to balance the demands of patient satisfaction and outcomes in conjunction with

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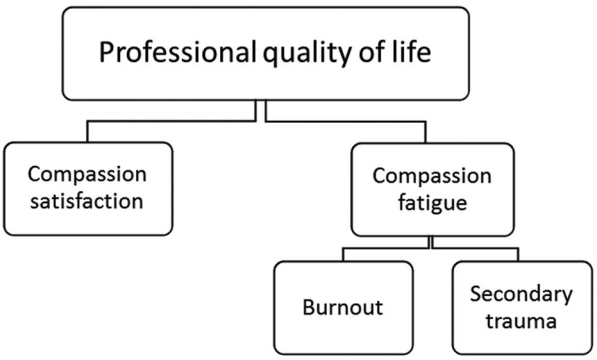

Figure 1. Professional Quality of Life Model (Stamm, 2010).

the competing demands of greater efficiency (Hooper et al., 2010). As a result, nurses who provide care to inpatients are experiencing a strained workload that inhibits their ability to foster caring behaviors towards their patients.

Compassion fatigue (CF) is the term used to describe the combination of burnout and secondary traumatic stress (**Figure 1**). Burnout is composed of three constructs: emotional exhaustion, depersonalization, and diminishing one's personal accomplishments (Maslach, Schaufeli, & Leiter, 2001). Secondary traumatic stress (STS) results from pressure, anxiety, and a host of other negative feelings that can occur from caring for people who have directly experienced a traumatic situation. While "secondary" refers to absence of directly experiencing traumatic events, this term accounts for the interaction that can occur when providers are helping those people who have experienced suffering (Stamm, 2010). From a nursing perspective, prolonged, continuous, and intense contact with patients and families undergoing stressful life changes can lead to CF (Coetzee & Klopper, 2010; Stamm, 2010). From a behavioral perspective, CF is demonstrated by those actions that prevent the development and sustainment of caring relationships with patients or family members (Coetzee & Klopper, 2010).

While CF describes some of the occupational hazards of nursing, compassion satisfaction (CS) encompasses the pleasure and gratitude that develops from caregiving for patients (Simon, Pryce, Roff, & Klemmack, 2005). Nurses can gain CS through activities that help reinvigorate or renew their passion for caring for patients (Perry, 2008). These moments reconnect nurses to their initial purpose or intention, providing an energy that helps prevent or reverse CF and promote CS (Perry, 2008). Additionally, it has been found that awareness, self-renewal, and health promotion activities promote CS (Potter, Deshields, & Rodriguez, 2013; Romano, Trotta, & Rich, 2013).

Research involving the impact of meaningful recognition has demonstrated that nurses receiving this type of acknowledgment about their work have experienced feelings associated with honor, pride, re-invigoration for the profession, and increased satisfaction (Hunsaker, Chen, Maughan, & Heaston, 2015; Lefton, 2012; Perry, 2008). However, little research exists regarding the relationship between this type of meaningful recognition and CF. From a construct perspective, meaningful recognition is defined as providing feedback that acknowledges one's work, is relevant, and equals one's contribution (American Association of Critical-Care Nurses, 2005). Recognizing one's contributions in a meaningful way has been linked to resiliency (Perry, 2008), and recently, recognition in the form of manager support of acute care nurses was found to contribute to higher CS (Hunsaker et al., 2015)

Due to the lack of research on CS and meaningful recognition, many of the strategies addressing these factors are designed to diminish CF. These strategies include education (Flarity, Gentry, & Mesnikoff, 2013), debriefing (Keene, Hutton, Hall, & Rushton, 2010), and self-care activities (Neville & Cole, 2013; Quinal, Harford, & Rutledge, 2009). A shared limitation among these strategies involves the nurse's recognition of his or her own CF. Although rare, systematic efforts from hospitals have seen measurable success in facilitating a reduction in nurse CF (Potter et al., 2013; Romano et al., 2013; Thompson, 2013). To combat CF, there must be an increase in awareness and a conscientious effort to reduce CF and elevate CS (Neville & Cole, 2013). While CF and CS represent an individual's perception of his or her professional quality of life, various studies have focused on the impact of CF and are limited to a specific unit, which limits the sample size.

Based on the impact of CF and the positive outcomes that can occur related to CS, a need exists for research to utilize a large sample size to explore the professional quality of life in acute care nurses across multiple types of specialties, evaluate the prevalence of CF and CS, and identify predictors of these variables (Frederickson & Losada, 2005). The purpose of this study was to comprehensively examine CF and CS in acute care nurses across specialties at a large hospital in the southwestern United States.

Methods

A cross-sectional, quantitative, survey research study was conducted to assess CF and CS over a 3-week period in May 2013. Human subject's approval was attained from the health system's institutional review board.

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Table 1. Demographic Characteristics of Nurses ($N = 491$)

Demographic	Mean (*SD*)
Age (years)	39.3 (10.9)
Experience in years	11.3 (9.8)
Tenure on unit in years	6.0 (6.3)
Hours worked per week	36.3 (5.29)
Ratio	4.69 (2.97)
Demographic	*n* (%)
Female	435 (88.6)
Full time	457 (93.1)
Day shift	298 (60.7)
Certified	155 (31.6)
Education	
Diploma	19 (3.9)
Associate's	193 (39.3)
Bachelor's	261 (53.2)
Master's or higher	18 (3.7)
DAISY recognition	124 (25.3)
Highly satisfied ($n = 489$)	377 (77.1)
Intent to leave ($n = 489$)	73 (14.9)

Note. Ratio defined as average number of patients cared for during the nurse's last shift. DAISY recognition indicates nurses that have been formally nominated for a DAISY Foundation Award. Satisfaction includes nurses who indicated they are moderately to highly satisfied with the overall job. Intent to leave indicates nurses who intend to leave their position within the next year.

Setting and Sample

The study was conducted at a large, quaternary care, teaching facility in the southwest United States. The Magnet-recognized facility is licensed for over 700 beds and employs approximately 1,400 direct care nurses across 32 different departments or types of specialty units. As the goal of the study was to evaluate CF and CS in nurses who provide direct patient care, respondents must have been a full-time, part-time, or per diem nurse in an inpatient setting (e.g., intensive care, oncology, neurology) on their unit for at least 3 months. Nurses in leadership, education, or advanced practice positions and nurses who work in outpatient settings were excluded.

Instrument and Data Collection

An electronic survey was generated consisting of demographics, the Professional Quality of Life Scale (ProQOL; Stamm, 2010), and investigator-derived questions. Demographics included questions about the nurses, their work status, their professional backgrounds, job satisfaction, and intent to leave their current positions within the next year (**Table 1**). Additionally, nurses were asked if they had ever received meaningful recognition. As a proxy for meaningful recognition, nurses were asked if they had ever been nominated for a DAISY (acronym for "Diseases Attacking the Immune SYstem") Award. The DAISY Award formally recognizes nurses for their extraordinary contributions and is offered through the nonprofit organization the DAISY Foundation. The foundation was formed after co-founders Mark and Bonnie Barnes experienced an extended hospitalization and loss of their 33-year-old son to an autoimmune disease. In hospitals that participate in the program, patients and colleagues can nominate nurses to be honored. Nurses who are nominated receive their nomination form, as well as recognition from their employer. From the nominees, a single awardee is selected and honored in front of his or her colleagues. At the study hospital, nominees receive a DAISY pin and their nomination form from their direct supervisor, and awardees are recognized on their unit in front of their colleagues. To date approximately 1,965 hospitals participate in the DAISY recognition program in 15 countries.

The ProQOL scale has been used extensively in burnout research and has been deemed reliable in assessing CF and CS in the nursing population (Burtson & Stichler, 2010; Hooper et al., 2010; Young, Derr, Cicchillo & Bressler, 2011). The 30-item questionnaire asks respondents to rate items on a 5-point Likert scale ranging from 0 (*never*) to 5 (*very often*). Responses are divided into three subscales (Burnout, STS, and CS). Reliability of the scales has been reported with alphas of 0.75, 0.81, and 0.88, respectively (Stamm, 2010). Each subscale has 10 items, and some items require reverse scoring, as outlined in the ProQOL manual; subscale scores cannot be combined to create a total score.

The electronic survey was distributed through a website address within an email to all direct care nurses in the hospital. The email was sent via a distribution list to all direct care, inpatient nurses and asked for voluntary participation; reminder emails were sent at days 7, 14, and 21. At the end of the survey, nurses who chose to participate in an incentive raffle drawing to win an electronic tablet were directed to a separate web address to enter their email address so that their survey data would not be linked to their email address.

Data Analysis

Descriptive data, including frequencies of demographics, were used to describe the sample. The ProQOL subscales (Burnout, STS, and CS) were reverse scored and averaged. Satisfaction was dichotomized into low and high satisfaction. The age variable was transformed into three generational categories: "Millennials" (ages 21–33 years), "Generation X" (ages 34–49 years), and "Baby Boomers" (ages 50–65 years). Differences in ProQOL scores between generations and specialties were assessed

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Table 2. Professional Quality of Life Outcome Measures ($N = 491$)

Subscale	Mean (*SD*)
Burnout	25.63 (5.58)
Secondary Traumatic Stress	20.86 (5.27)
Compassion Satisfaction	40.51 (6.42)

Note. Burnout scores ranged from 14 to 42; Secondary Traumatic Stress scores ranged from 10 to 45; Compassion Satisfaction scores ranged from 20 to 50.

using analysis of variance (ANOVA). Regression analysis was conducted on the ProQOL subscale scores and individual nurse characteristics. Univariate analysis was used to assess initial significance of nurse demographics, satisfaction, and intent to leave on the three outcome variables (Burnout, STS, and CS) separately. Predictors were included in final models for analysis if they were significant at $p < .10$. Three final models were created for Burnout, STS, and CS, with all significant predictors kept in as controls. Significance in the final regression models was determined at $p < .05$.

Results

Survey responses were analyzed using Microsoft Excel 2007 (Microsoft Corporation, Redmond, WA, USA) and SPSS 19.0 (SPSS Inc., Chicago, IL, USA). From a potential sample of approximately 1,400 direct care nurses in the hospital, 491 nurses completed the survey, for a response rate of 35%. The sample represented 25 units within the hospital; however, two units (wound care and transport nurses) were combined to represent "support services" and four units (cardiac procedures, endoscopy, catheterization laboratory, and medical imaging) were combined to represent "procedural areas." One unit was excluded due to an extremely low response rate.

Nurse demographics (see **Table 1**) show the average age of the nurses was 39 years, with approximately 11 years of total experience and 6 years of tenure on their current units. Approximately half of the sample was bachelor's degree prepared, and the majority of nurses answering the survey worked full time. A third of the sample held a nursing certification, and a quarter had received formal recognition through a DAISY Award nomination. The majority of the sample identified they were highly satisfied with their jobs, and 15% of the sample stated they intended to leave their current positions within the next year.

Average and range scores for Burnout, STS, and CS are presented in **Table 2**. The ProQOL manual outlines that scores of 23 to 41 on each subscale would be considered within the "average" range; scores of 42 or above would be considered high burnout or high STS; and scores of 22 or less would be considered low CS. Conversely, scores of 22 or less would be considered low burnout or low STS, and scores of 42 or above would be considered high CS (Stamm, 2010). Average scores in **Table 2** demonstrate nurses in this study would be considered within the normal range for burnout and CS, and in the lower range for STS, according to the published cutoffs (Stamm, 2010). Reliability for each subscale was also computed and determined to be acceptable for burnout ($\alpha = 0.83$), STS ($\alpha = 0.79$), and CS ($\alpha = 0.92$).

Table 3. Linear Regression Models of Significant Predictors

Outcome variables	Coefficient	*p*
Burnout		
Generation	−1.05	.010
Experience	0.10	.001
Full-time employment	2.04	.023
DAISY nomination	−1.52	.05
Highly satisfied	−4.06	<.001
Intent to leave in 1 year	3.79	<.001
Secondary Traumatic Stress		
Generation	−0.69	.010
Highly satisfied	−1.42	.019
Compassion Satisfaction		
Generation	1.08	.009
Experience	−0.08	.028
DAISY nomination	2.30	.014
Highly satisfied	5.02	<.001
Intent to leave	−3.57	<.001

Note. Models were conducted with all demographic variables, satisfaction, and intent to leave and were clustered by unit.

An ANOVA and simple regression showed no significant differences in burnout, STS, or CS scores between the 25 units within the hospital. Univariate analysis of burnout, STS, and CS were analyzed, and significant predictors ($p < .10$) were entered into final regression models of burnout, STS, and CS (**Table 3**). Models were clustered by units to account for aspects of the environment or for a particular culture that might influence outcomes. Age, categorized by generation, was highly significant in all three models. Additionally, satisfaction and intent to leave were indicators of CF and CS. Having received a DAISY nomination was a significant predictor of lower CF and higher CS.

Discussion

More research is being conducted on CF in nurses, and this study contributes to what is known by comprehensively describing CF in a large acute care nurse sample, across multiple units, and assessing nursing characteristics. The average Burnout and CS scores, as measured by

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the ProQOL instrument, categorize the nurses' responses in this study as being within an "average" range. However, the average scores in this study align with similar research studies using the ProQOL version 5 (Flarity et al., 2013; Hunsaker et al., 2015; Young et al., 2011), yet all of these studies hypothesize their nurses are at high risk for CF. It could be purported that the standardized cutoffs for the ProQOL scores, which are based on a database of responses from all professions, might not be reflecting the nature of nursing work or the nurse population. More research should be conducted to determine if nurses consistently average higher on the ProQOL instrument, especially when the instrument is used to assess levels of burnout, STS, or CS in pre-post measurement related to interventions to improve CF and CS.

Interestingly, our study also has unique findings with regard to age and experience. We found that nurses in the "Millennial" generation (ages 21–33 years) were more likely to be experiencing higher levels of burnout and STS and lower levels of CS than their counterparts in the "Baby Boomer" (ages 50–65 year) or "Generation X" (ages 34–49 years). More worrisome yet is that we found as nurses gained experience, they were more likely to have higher CF and lower CS. Statistical analysis of the models we generated show that these relationships hold true when controlling for other factors (i.e., regardless of age, increased experience equates to a higher likelihood of burnout). Recent evidence has demonstrated that nearly one in five nurses leave their position within their first year of nursing (Kovner, Brewer, Fatehi, & Jun, 2014), and an alarming trend demonstrates that many young nurses choose to leave the nursing profession altogether very early in their careers (Flinkman, Isopahkala-Bouret, & Salantera, 2013; MacKusick & Minick, 2010). Our findings potentially provide explanation in that these nurses are experiencing higher levels of CF that are going unresolved. While conventional thinking may be that early career nurses are at less risk for CF because they have spent less time in the profession, CF early in their careers could be a major cause for turnover and lack of retention.

Although research has demonstrated the importance of nurse satisfaction and meaningful recognition in providing quality care and retention efforts (Hunsaker et al., 2015; McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011), it should again be noted so that organizations are aware of the potential area of opportunity. We find that highly satisfied nurses experience significantly less CF and higher CS than their less satisfied counterparts. Our findings can remind organizations that nurse satisfaction has implications related to the consequences of CF, including turnover, work days lost, safety risks, and poor judgment (Coetzee & Klopper, 2010; Jenkins & Warren, 2012). The study hospital was a Magnet-designated organization, and research has demonstrated higher satisfaction and more positive work environments in Magnet organizations (Kelly, McHugh & Aiken, 2011), although more research is needed to evaluate the influence of Magnet designation on preventing CF and promoting CS. Remarkably, we found significant positive associations with meaningful recognition, and CF and CS. With nearly 2,000 hospitals in the United States and internationally, the DAISY Award served as a useful proxy for a meaningful recognition program. Additionally, our findings demonstrate that even the act of being nominated for the recognition award was a significant predictor of those nurses that have lower CF and higher CS.

As a broad analysis of CF and CS in acute care nurses, our research draws attention to areas that nurses and organizations can be aware of when addressing CF and promoting CS. CF can lead to poor judgment, loss of empathy, work days lost, accident proneness, and emotional breakdown, all detrimental to the nurse, organization, and patients (Jenkins & Warren, 2012). While hospitals may be aware of their older generations of nurses experiencing burnout and loss of empathy from their prolonged time in the profession, they must also be aware of the younger generations who demonstrate increased risk for CF. Additionally, recruitment efforts should be matched with efforts to retain nurses, specifically as they gain more experience and increase their risk for burnout and STS.

On the other hand, addressing CF results in energized moments and feelings of contribution, which is beneficial for both the nurse as well as the hospital system. Addressing CF provides the opportunity for nurses to reconnect to their original passion to enter into the profession, as well as align with an organization's values and mission (Potter et al., 2013). The DAISY Award serves as one mechanism for providing recognition. However, meaningful recognition can come in many beneficial forms, such as feedback about how one's work impacted another and made a difference (Lefton, 2012, 2014).

Future research should address the quality, turnover, and financial consequences associated with CF. With the complexity of healthcare reform and the addition of pay for performance, direct care nurses are feeling the impact of providing quality patient outcomes. Nurses struggle to balance the demands of patient satisfaction and outcomes with the increasing role responsibility and need for greater efficiency (Hooper et al., 2010). Additionally, the role of patient satisfaction can be explored in relation to CF and CS. As nurses experience CF and the associated consequences, organizations are at risk for low patient satisfaction scores, which can lead to decreased reimbursement and decreased patient volume.

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Conclusions

As the complexity of health care continues to increase, nurses will continue to feel the burden, likely increasing their CF and decreasing their CS. This study demonstrates that the younger generations of nurses are experiencing burnout and STS, potentially contributing to their leaving the positions and possibly the profession. Fortunately, the research shows that meaningful recognition and increasing satisfaction have the potential to combat CF by increasing CS. Organizations should actively address CF and CS in their nurses to promote retention and the quality of their workforce.

Clinical Resources

- DAISY Foundation. http://daisyfoundation.org/
- Professional Quality of Life. http://www.proqol.org/

References

Aiken, L. H., Sloane, D. M., Bruyneel, L., Van den Heede, K., & Sermeus, W. (2013). Nurses' reports of work conditions and hospital quality of care in 12 countries in Europe. *International Journal of Nursing Studies*, *50*, 143–153.

American Association of Critical-Care Nurses. (2005). AACN standards for establishing and sustaining healthy work environments: A journey to excellence. *American Journal of Critical Care*, *14*(3), 187–197.

Burtson, P. L., & Stichler, J. F. (2010). Nursing work environment and nurse caring: Relationship among motivational factors. *Journal of Advanced Nursing*, *66*(8), 1819–1831.

Coetzee, S. K., & Klopper, H. C. (2010). Compassion fatigue within nursing: A concept analysis. *Nursing & Health Sciences*, *12*(2), 235–243.

The DAISY Foundation. (n.d.). *DAISY award*. Retrieved from http://daisyfoundation.org/ daisy-award

Flarity, K., Gentry, J. E., & Mesnikoff, N. (2013). The effectiveness of an educational program on preventing and treating compassion fatigue in emergency room nurses. *Advanced Emergency Nursing Journal*, *35*(3), 247–258.

Flinkman, M., Isopahkala-Bouret, U., & Salantera, S. (2013). Young registered nurses' intention to leave the profession and professional turnover in early career: A qualitative case study. *ISRN Nursing*. doi: 10.1155/2013/916061

Frederickson, B. L., & Losada, M. F. (2005). Positive affect and the complex dynamics of human flourishing. *American Psychologist*, *60*(7), 678–686.

Hall, D. S. (2004). Work-related stress of registered nurses in a hospital setting. *Journal of Nurses in Staff Development*, *20*(1), 6–14.

Hooper, C., Craig, J., Janvrin, D. R., Wetsel, M. A., & Reimels, E. (2010). Compassion satisfaction, burnout and compassion fatigue among emergency nurses compared with nurses in other selected inpatient specialties. *Journal of Emergency Nursing*, *36*(5), 420–427.

Hunsaker, S., Chen, H., Maughan, D., & Heaston, S. (2015). Factors that influence the development of compassion fatigue, burnout, and compassion satisfaction in emergency department nurses. *Journal of Nursing Scholarship*, *47*(2), 186–194.

Jenkins, B., & Warren, N. A. (2012). Compassion fatigue and effects upon critical care nurses. *Critical Care Nursing Quarterly*, *35*(4), 388–395.

Joinson, C. (1992). Coping with compassion fatigue. *Nursing*, *22*(4), 118–120.

Keene, E. A., Hutton, N., Hall, B., & Rushton, C. (2010). Bereavement debriefing sessions: An intervention to support health care professionals in managing their grief after the death of a patient. *Pediatric Nursing*, *36*(4), 185–189.

Kelly, L. A., McHugh, M. D., & Aiken, L. H. (2011). Nurse outcomes in Magnet® and non-Magnet hospitals. *Journal of Nursing Administration*, *41*(10), 428–433.

Kovner, C. T., Brewer, C. S., Fatehi, F., & Jun, J. (2014). What does nurse turnover rate mean and what is the rate? *Policy, Politics, & Nursing Practice*, *15*(3–4), 64–71.

Lefton, C. (2012). Strengthening the workforce through meaningful recognition. *Nursing Economics*, *30*(6), 331–355.

Lefton, C. (2014). Transforming NICU culture: The power of meaningful recognition. *NeoReviews*, *15*(6), e221–e224.

Li, B., Bruyneel, L., Sermeus, W., Van den Heede, K., Matawie, K., Aiken, L. H., & Lesaffre, E. (2013). Group-level impact of work environment dimensions on burnout experiences among nurses: A multivariate multilevel probit model. *International Journal of Nursing Studies*, *50*, 281–291.

MacKusick, C. I., & Minick, P. (2010). Why are nurses leaving? Findings from an initial qualitative study on nursing attrition. *MEDSURG Nursing*, *19*(10), 335–340.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, *52*(1), 397–422.

McHugh, M. D., Kutney-Lee, A., Cimiotti, J. P., Sloane, D. M., & Aiken, L. A. (2011). Nurses' widespread job dissatisfaction, burnout, and frustration with health benefits signal problems for patient care. *Health Affairs*, *30*(2), 202–210.

Neville, K., & Cole, D. A. (2013). The relationship among health promotion behaviors, compassion fatigue, burnout, and compassion satisfaction in nurses practicing in a community health center. *Journal of Nursing Administration*, *43*(6), 348–354.

Perry, B. (2008). Why exemplary oncology nurses seem to avoid compassion fatigue. *Canadian Oncology Nursing Journal*, *18*(2), 87–89.

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Potter, P., Deshields, T., & Rodriguez, S. (2013). Developing a systematic program for compassion fatigue. *Nursing Administrative Quarterly, 37*(4), 326–332.

Quinal, L., Harford, S., & Rutledge, D. N. (2009). Secondary traumatic stress in oncology staff. *Cancer Nursing*, *32*(4), E1–E7. doi: 10.1097/NCC.0b013e31819ca65a

Romano, J., Trotta, R., & Rich, V. L. (2013). Combating compassion fatigue: An exemplar approach to nursing renewal. *Nursing Administrative Quarterly*, *37*(4), 333–336.

Shang, J., You, L., Ma, C., Altares, D., Sloane, D. M., & Aiken, L. H. (2014). Nurse employment contracts in Chinese hospitals: Impact of inequitable benefit structures on nurse and patient satisfaction. *Human Resources for Health*, *12*, 1. doi: 10.1186/1478-4491-12-1

Simon, C. E., Pryce, J. G., Roff, L. L., & Klemmack, D. (2005). Secondary traumatic stress and oncology social work: Protecting compassion from fatigue and compromising the worker's worldview. *Journal of Psychosocial Oncology*, *23*(4), 1–14.

Stamm, B. H. (2010). *The concise ProQOL manual*. Pocatello, ID: ProQOL.org.

Thompson, A. (2013). How Schwartz rounds can be used to combat compassion fatigue. *Nursing Management*, *30*(4), 16–20.

Young, J., Derr, D. M., Cicchillo, V., & Bressler, S. (2011). Compassion satisfaction, burnout, and secondary traumatic stress in heart and vascular nurses. *Critical Care Nursing Quarterly*, *34*(3), 227–234.

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