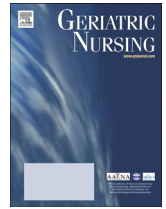




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Feature Article

Compassion fatigue among nurses working with older adults

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ABSTRACT

Nurses who care for older patients are exposed to significant suffering and loss that can lead to the development of compassion fatigue and burnout. An exploratory descriptive study was conducted to assess compassion fatigue, burnout, and compassion satisfaction in a group of 42 nurses who worked on a geriatric medicine unit using the Professional Quality of Life (ProQOL) compassion satisfaction and compassion fatigue 5 scale. Nurses reported average levels of compassion fatigue, burnout, and compassion satisfaction. However, new nurses reported higher levels of compassion fatigue ($p < .01$) and burnout ($p = .02$) than experienced nurses. Findings suggest the need to purposely build a supportive environment that focuses on new nurses to reduce compassion fatigue and burnout while enhancing compassion satisfaction.

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Nurses who care for older adults are routinely exposed to suffering and loss in the course of caring for high needs patients. These experiences can result in the development of *compassion fatigue* that can make continuing to care for patients challenging.¹ Compassion fatigue may occur in situations when the patient cannot be rescued or saved from harm, such as geriatric adults who experiences a loss of function, independence or death. This may result in the nurse feeling guilt or distress.² Compassion fatigue, also known as secondary traumatic stress, is an emotional, physical and mental exhaustion. A person experiencing compassion fatigue feels depleted, chronically tired, helpless, hopeless and sad, even cynical about work, life, the state of the world and about oneself.^{3,4} Empathy and emotional energy are underlying drivers in the development of compassion fatigue.³ Individuals who suffer from compassion fatigue love what they do, but have difficulty maintaining emotional engagement with their patients.

The term compassion fatigue was first introduced in the early 1990s to describe situations where nurses had either turned off their own feelings or experienced helplessness and anger in response to the stress they feel watching patients go through

devastating illnesses or trauma.⁵ The concept of compassion fatigue initially emerged from the field of nursing, though it can be experienced by other professions such as police officers, firefighters, and psychologists.⁴ According to Potter et al,⁶ compassion fatigue is a prevalent condition. Recent research has shown that compassion fatigue is common among forensic nurses, psychologists, licensed social workers, and nurses who work in emergency departments, oncology, pediatrics and hospice. Other studies have demonstrated that psychiatrists have high rates of suicide, severe depression, and general compassion fatigue. This occupational hazard can have a profound effect on well-being. It may cause stress-related symptoms⁷ and is associated with fear, sleep difficulties, and avoidance.⁴ Accumulating research in nursing indicates that poor professional quality of life, which includes manifestations of both compassion fatigue and burnout, negatively impacts quality of care.⁸ *Professional burnout* is a related construct that results from a work environment that makes it difficult to achieve work goals and do ones job effectively.^{3,4} In contrast, *compassion satisfaction* is about the enjoyment a nurse derives from being able to do his/her work well.⁴

This exploratory descriptive study was designed to achieve the following goals: 1) determine the prevalence of compassion fatigue, burnout, and compassion satisfaction in nurses caring for high needs older adults; 2) assess the association between compassion fatigue, burnout, and compassion satisfaction and years of professional experience. It is hypothesized that relatively inexperienced nurses who care for high needs older adults will have higher levels of compassion fatigue and burnout in

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comparison to experienced nurses who have worked with geriatric patients greater than one year. This study will fill a gap in literature by providing information about factors influencing compassion fatigues in nurses caring for geriatric patients.

Methods

Setting

This study was reviewed and approved by the Indiana University Institutional Review Board (IRBs) and the study sponsor IRB. The research was conducted in a Midwestern non-for-profit, faith-based hospital in a 35-bed inpatient geriatric medicine unit.

Sample

The sample consisted of registered nurses (RNs). In order to be eligible for participation, nurses needed to meet the following inclusion criteria: employed full time or part time on the geriatric medicine unit; work at the bedside delivering direct patient care; and identify the unit as their primary unit. Middle management nurses who also delivered patient care (e.g., charge nurses, patient care coordinators), were also invited to participate in the study. Senior management was excluded.

Procedures

Data were collected between April 2014 and May 2014. Surveys and demographic questionnaires were placed in the mailboxes of all eligible nurses. Each packet had pre-assigned study identification number. The master roster was kept in a locked file cabinet in a locked office, accessible only to the PI.

After completion of the survey and demographic questionnaire, participants were asked to place both items in a sealed envelope and drop it in a locked box located in the staff breakroom. Data were entered into SPSS and stored in a password protected file. The raw data was shared only with members of the research team.

Data collection tools

Participant characteristics

General sociodemographics were collected from each nurse participant including gender, ethnicity, race, age, highest degree earned. Participants were also asked to provide information about their work responsibilities and years of experience. Nurses who have worked on the geriatric medicine unit for less than one year were identified as inexperienced nurses. Nurses who have worked on the geriatric medicine unit for greater than one year were identified as experienced nurses.

Professional Quality of Life 5 Scale

This 30-item tool is used to measure compassion fatigue, professional burnout, and compassion satisfaction.^{3,4} The Professional Quality of Life (ProQOL) Scale⁴ evolved from Compassion Fatigue Self-Test.³ Participants were asked to respond to statements indicating how often they have experienced each situation in the last 30 days using a Likert scale that ranges from 1 (never) to 5 (very often). Subscale scores are calculated by adding together individual item responses within each subscale (compassion fatigue, professional burnout, and compassion satisfaction). A subscale total score of ≥ 22 = low; 23–41 = average; and ≥ 42 = high. There is good construct validity with over 200 published papers. There is also more than 100,000 articles on the internet. Of the 100 published research papers on compassion fatigue, secondary traumatic stress and vicarious traumatization, nearly half have utilized the ProQOL

or one of its earlier versions. The alpha reliability for each subscale is as follows: compassion fatigue $\alpha = .81$, burnout $\alpha = .65$, and compassion satisfaction $\alpha = .88$.⁴ The 3 subscales measure separate constructs and show good construct validity.

Data analysis

Data were analyzed using SPSS v21.0. Descriptive statistics were used to describe sociodemographic variables. Independent *t*-tests were performed to compare the subscale scores of experienced versus inexperienced nurses. The *p*-value was set at $p < .05$.

Results

Overall, 42/50 (84%) of surveys were returned. A majority of nurses who responded (37/42 or 88%) had one or more years of experience; a minority (5/42) had less than a year of experience. Participant demographics are presented in Table 1.

The data for all participants ($n = 42$) were aggregated to determine the overall subscale scores for compassion fatigue, burnout, and compassion satisfaction. Subscale scores fell within the average range on each subscale (see Table 2).

Using the independent *t*-test, there was a significant difference in compassion fatigue scores between inexperienced nurses (mean score = 28.7, std = 9.75) versus experienced nurses (mean score = 21.9, std = 4.66) ($t = 2.88$, $p = .006$). There was also a significant difference in burnout scores between nurses who have worked on the geriatric medicine unit for less than one year (mean

Table 1
Demographic variables for Geriatric Nurse Participants.

Variable	<i>n</i> = 42 <i>n</i> (%)
Age (years)	
20–29	8 (19%)
30–39	10 (24%)
40 or older	24 (57%)
Highest level of nursing education	
Associate	19 (45%)
Diploma	3 (8%)
Bachelors	19 (45%)
Masters	1 (2%)
Years of experience as RN on the Center for Geriatric Medicine	
<1 year	5 (12%)
>1 year	37 (88%)
Gender	
Male	5 (12%)
Female	37 (88%)
Hours per week worked on the Center for Geriatric Medicine	
<20	3 (7%)
>20	39 (93%)
Hours per week worked outside of the Center for Geriatric Medicine	
None	37 (88%)
<20	2 (5%)
>20	3 (7%)
Primary position	
Staff nurse	40 (95%)
Management	2 (5%)
Preceptor	
Yes	15 (36%)
No	27 (64%)
Ethnicity	
Hispanic	0 (0%)
Non-Hispanic	42 (100%)
Race	
Black/African American	7 (17%)
White/Caucasian	32 (76%)
Asian	2 (5%)
Other	1 (2%)

Table 2
The Professional Quality of Life⁴ compassion fatigue, professional burnout, and compassion satisfaction scores for inexperienced and experienced nurses.

Item	Inexperienced nurses (n = 5)	Experienced nurses (n = 37)	Total (n = 42)
Compassion fatigue subscale			
I am preoccupied with more than one person I [help]	3.8	3.5	3.7
I jump or am startled by unexpected sounds	3.7	2.6	3.2
I find it difficult to separate my personal life from my life as a [helper]	2.5	2.3	3.2
I think that I might have been affected by the traumatic stress of those I [help]	2.7	1.2	2.4
Because of my [helping], I have felt "on edge" about various things	3.0	2.5	2.0
I feel depressed because of the traumatic experiences of the people I [help]	2.5	2.0	2.3
I feel as though I am experiencing the trauma of someone I have [helped]	2.7	1.8	2.3
I avoid certain activities or situations because they remind me of frightening experiences of the people I [help]	2.3	1.6	2
As a result of my [helping], I have intrusive, frightening thoughts	1.5	1.6	2
I can not recall important parts of my work with trauma victims	3.7	2	2.9
Average compassion fatigue score (std)	28.7 (9.8)**	21.9 (4.8)**	23.02 (6.2)
Burnout subscale			
I am happy. Item is reversed scored	2.5	2.1	2.3
I feel connected to others. Item is reversed scored	2.3	2	2.2
I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help]	1.8	1.75	1.8
I feel trapped by my job as a [helper]	2.8	2.3	2.6
I have beliefs that sustain me. Item is reversed scored	2.2	2.8	2.5
I am the person I always wanted to be. Item is reversed scored	2.3	3.2	2.8
I feel worn out because of my work as a [helper]	4.2	3.8	4
I feel overwhelmed because my case [work] load seems endless	4	3.7	3.9
I feel "bogged down" by the system	4	3.2	3.6
I am a very caring person. Item is reversed scored	1.3	1.6	1.5
Average burnout score (std)	31.6 (7.6)*	25.7 (5.4)*	26.69 (6.1)
Compassion satisfaction subscale			
I get satisfaction from being able to [help] people	4.5	4.4	4.5
I feel invigorated after working with those I [help]	3.7	3.1	3.4
I like my work as a [helper]	3.8	3.9	3.9
I am pleased with how I am able to keep up with [helping] techniques and protocols	3	3.4	3.2
My work makes me feel satisfied	3.2	3.4	3.3
I have happy thoughts and feelings about those I [help] and how I could help them	4.0	3.5	3.8
I believe I can make a difference through my work	4.3	3.8	4.1
I am proud of what I can do to [help]	4.2	3.1	3.7
I have thoughts that I am a "success" as a [helper]	3.7	3.4	3.6
I am happy that I chose to do this work	3.9	4	4
Average compassion satisfaction score (std)	37.6 (4.6)	37.3 (5.5)	37.4 (5.2)

Note: Participants were asked to rate each item using the following scale: 1 = never; 2 = rarely; 3 = sometimes; 4 = often; 5 = very often.

* Significant differences ($p < .05$) between new and experienced nurses.

** Significant differences ($p < .01$) between new and experienced nurses.

score = 31.6, std = 7.64) versus those who have worked there greater than one year (mean score = 25.7, std = 5.38) ($t = 2.45$, $p = .019$). The findings of this study suggest that nurses with fewer years of experience on the geriatric medicine unit have higher levels of compassion fatigue and burnout in comparison to nurses who have worked there greater than one year. However there was no significant difference in compassion satisfaction scores between experienced nurses (mean score = 37.6, std = 4.58) versus inexperienced nurses (mean score = 37.3, std = 5.45) ($t = .119$, $p = .906$).

Discussion

The findings of this study suggest that inexperienced nurses working with high needs older adults have higher levels of compassion fatigue and burnout in comparison to experienced nurses. It has been suggested in the literature that the new nurse who brings high expectations to a job is at risk for compassion fatigue.⁹ New or relatively inexperienced nurses may be more vulnerable to compassion fatigue because they have not yet developed a peer support group or because they may fail to incorporate activities that renew or re-energize them to help better respond to the needs of others. These nurses may also be more prone to work extra shifts and fail to set realistic boundaries and timelines to complete necessary tasks, increasing their risk of

burnout.⁹ More experienced nurses have had time to develop professional resiliency skills to be maximally functional under the emotional demands of their work environment.³

Despite the significant differences in compassion fatigue and burnout between inexperienced versus experienced nurses, the overall subscale scores of compassion fatigue and burnout were in the average range. There were also no differences in compassion satisfaction for inexperienced versus more experienced nurses. These results indicate these nurses experience a sense of satisfaction and achievement in their ability to empathize and to relieve suffering without getting emotionally overwhelmed.³ These findings also suggest that the geriatric medicine nurses are able to connect with patients they care for regardless of the outlook and may lead to purposeful and meaningful interactions between the nurse and their patients.¹⁰

Findings suggest the need to purposely build a supportive environment that prevents professional burnout and compassion fatigue and sustains compassion satisfaction. Department values as expressed through policies and procedures should support staff in balancing work and personal needs, as well as provide for adequate time off, assignment rotations, flexible scheduling, education benefits, and other self-care and development activities.⁹ Many compassion fatigue interventions are free, such as management actively listening to their staff. Self-care is a priority in trauma

informed initiatives because the effects of working with the geriatric population can take its toll.

Optimally, organizations should provide preventative and proactive support services instead of reactive support in response to a difficult case or crisis. For example, Barnes-Jewish Hospital has developed a systemic program for compassion fatigue resiliency. The implementation of a hospital wide resiliency program is designed to help professional caregivers understand compassion fatigue, recognize the physical, mental and emotional effects of stress, and adopt resiliency strategies. The compassion fatigue resiliency program is based on Dr. J. Eric Gentry Accelerated Recovery Program treatment protocol for professionals who experience the effects of compassion fatigue. This voluntary program has been well received by participants and post evaluation surveys show promising results with a decline in compassion fatigue and burnout among participants.⁶

Compassion fatigue prevention and screening programs should ideally be developed for nurses and other frontline employees.² If nurses are provided with the screening scale for early identification and recognition of burnout and compassion fatigue, it is possible it will enhance long term retention, increase nursing engagement and promote professional development.⁹ Periodic re-screening is important to monitor progress over time.⁹

Nurses caring for older adults and nurse executives should be mindful that burnout and compassion fatigue affects not only individual performance, but also that of the work group.⁸ One potentially important use of the information is to reevaluate and adjust one's self care plan or even a groups' or organization's plan. According to the American Nurses Association Code of Ethics Provision 5, nurses have a responsibility to try to reduce the effects of compassion fatigue through a healthy lifestyle that supports their own well-being.¹¹ Similarly, nurses have the responsibility to intervene, support, and help each other in recognizing and addressing the signs and symptoms of burnout and compassion fatigue. Nurse executives should focus on strategies that emphasize relationship-centered values and promote a culture of caring that recognizes the extraordinary acts of staff with patients on a day-to-day basis.

Limitations

There are several limitations to this study. First, the findings of this study reflect the scores of convenience sample of nurses and overall number of inexperienced nurses participating was low ($n = 5$). Second, this study was conducted on one unit at one suburban non-for-profit faith-based health care system that is pursuing Magnet designation, so the results may not be generalizable. Third, the population lacked diversity so the results may not be generalizable to more diverse settings. Finally, the study measured

compassion fatigue, compassion satisfaction, and burnout at a single point in time with no long-term follow-up. It is likely that perceptions change over time due to changes in individual and workplace circumstances.⁸

Conclusion

Study findings indicate that this group of nurses who work with high needs older adults experience average levels of compassion fatigue, burnout, and compassion satisfaction. However, there were significant differences in the levels of compassion fatigue and burnout for inexperienced nurses in comparison to experienced nurses. Data was disseminated to the nursing shared governance unit based staff council to help develop and promote creative unit based compassion fatigue interventions to address these burgeoning threats to job satisfaction. Sustained compassion satisfaction in the new and experienced geriatric medicine nurses will possibly help with nurse retention. The personal and organizational benefits of compassion fatigue interventions will occur over an extended time, on more than one occasion, with results that may not appear immediately and may be incremental and cumulative rather than sudden and dramatic.⁹ These findings of this study underscore the importance of adopting a "geriatric medicine compassion fatigue resiliency program." Future research should explore the effect of regularly screening nurses and its effect on long-term retention, enhanced nursing engagement and professional development will be the outcomes. These interventions may be particularly beneficial for new nurses.

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