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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.

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 as 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 symptoms[7] 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) Scale[4] 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 $\geq$22 = low; 23–41 = average; and $\geq$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 α = .81, burnout α = .65, and compassion satisfaction α = .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. Subscales 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

Table 1
Demographic variables for Geriatric Nurse Participants.

Variable	n = 42
	n (%)
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%)