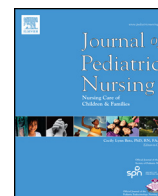




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## The Cost of Caring: An Exploration of Compassion Fatigue, Compassion Satisfaction, and Job Satisfaction in Pediatric Nurses

Linda Nancy Roney, EdD, RN-BC, CPEN, CNE<sup>a,\*</sup>, Mary C. Acri, PhD<sup>b,c</sup>

<sup>a</sup> Fairfield University, Marion Peckham Egan School of Nursing and Health Studies, 1073 N Benson Road, Fairfield, CT 06824, United States

<sup>b</sup> The McSilver Institute for Poverty, Policy, and Research at New York University, East 11th Street, 7th Floor, New York, NY 10023, United States

<sup>c</sup> New York University School of Medicine, Child and Adolescent Psychiatry, United States

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## ABSTRACT

**Purpose:** The purpose of this study was to describe levels of compassion satisfaction, compassion fatigue, and job satisfaction among pediatric nurses in the United States and determine if there was a relationship among these constructs.

**Design and Methods:** All members Society of Pediatric Nurses were sent an electronic invitation to participate, and those who consented received three measures; a demographic questionnaire, the Job Satisfaction Survey (JSS) and the Professional Quality of Life (ProQOL) measure.

**Results:** Three hundred eighteen (10.6%) of members of the Society of Pediatric Nurses participated in the study: Over three quarters (245, 76%) of the sample had another career before nursing. The sample's mean job satisfaction level was 149.8 (SD = 29.74), which was significantly higher than published reported means for nurses. Bivariate analyses revealed a significant relationship between gender and the compassion satisfaction, in that women were more likely to evidence compassion satisfaction than men ( $t = 1.967, p = .05, df = 298$ ). No other significant relationships were found.

**Conclusions:** The majority of nurses had high levels of compassion satisfaction and job satisfaction; further, female gender was associated with higher levels of compassion satisfaction.

**Practice Implications:** This current study had a very high response from second-career nurses ( $n = 245, 76.8%$ ) and overall, the sample had higher levels of compassion satisfaction. It is possible that second career nurses are better equipped in some way that helps them mediate negative responses of caring as a pediatric nurse and future research should explore this. Due to the significant financial costs to institutions of having nurses who have low levels of job satisfaction and high levels on compassion fatigue, it is imperative for hospital administrators to develop infrastructures to support employees.

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## Introduction

In their day-to-day work, pediatric nurses commonly witness the extremes of human lived experience, and substantially more so than the average person may see, if at all, over the course of their lifetime. Caring for a toddler in a Pediatric Intensive Care Unit (PICU) who has sustained multiple injuries from physical abuse by a parent may leave a pediatric nurse feeling hopeless, angry or distressed. When that same nurse cares for that same patient over a significant period of time and witnesses the many strides that the patient makes toward their own recovery, such as being weaned from the ventilator or getting out of bed with assistance for the first time, that same nurse may feel very positive about their role as a pediatric nurse. While patient care

is the most important component of the role of the pediatric nurse, it is not the only part of being the employee who is hired to care for patients. Workload, influence and leadership style of the supervisor, and team dynamics on the unit may all play a role in how satisfied the same nurse is with their current job (Goodare, 2017).

While nurses leave their jobs for many reasons, turnover rates are at their highest when nurses are not satisfied in their current position (Shimp, 2017).

The 2016 National Healthcare and RN Staffing Report (Nursing Solutions, 2016) reported that the national turnover rate for bedside registered nurses (RN) in 2015 was 17.2%. According to the report, the average cost for turnover of bedside RN can result in the average hospital losing 5.2 to 8.1 million dollars. A third (32.9%) of hospitals report a RN vacancy rate of >10%, yet only half of all hospitals (51.5%) have formal RN retention strategies in place (Nursing Solutions, 2016).

Chan, Tam, Lung, Wong, and Chau (2013) completed a systematic literature review on nurses' intention to leave their current nursing

\* Corresponding author.

E-mail addresses: lroney@fairfield.edu (L.N. Roney), mac2281@nyu.edu (M.C. Acri).

position or the nursing profession and identified two categories of factors associated with leaving: organizational factors, which include work environment, culture, work demands, commitment, and social support, and individual factors such as burnout, job satisfaction, and demographic characteristics (Chan et al., 2013). The focus of this study is on the individual factors that can lead nurses to leave their current position.

#### *Burnout, a Component of Compassion Fatigue, and Compassion Satisfaction*

The concept of compassion fatigue was identified by Charles Figley after he interviewed >800 Vietnam Veterans about their traumatic war-time experiences and the role that those traumas played in their later relationships (Figley, 1978). He then considered the impact of the veterans' stories on his own reactions to the war and own experiences of professional stress. While he described publishing the results of his research and developing a consortium on veteran's studies, as being a positive influence on his life, many of his colleagues did not share the same feelings, a phenomenon later referred to as secondary traumatic stress (Stamm, 2010).

According to Figley (2002), compassion fatigue is a state of tension and preoccupation with traumatized patients by re-experiencing the traumatic events, avoidance of reminders and persistent arousal associated with the patient. Those who experience compassion fatigue endure emotional, physical, social and spiritual exhaustion that causes a decline in their own desire, ability and energy to care for others (Henson, 2017). Compassion fatigue is comprised of two subconstructs, burnout and secondary traumatic stress (Stamm, 2010).

#### *Burnout*

Berger, Polivka, Smoot, and Owens (2015) have identified that pediatric nurses are at high risk for burnout due to providing clinical care for severely injured who are victims of child abuse or addressing end of life care issues with patients and their families. Sources of burnout for pediatric nurses include workload, high patient acuity and high nursing staff turnover (Berger et al., 2015). Most pediatric nurses in a study by Czaja, Moss, and Mealer (2012) found the majority of participants (82%) had one symptom of posttraumatic stress disorder, anxiety, depression, or burnout syndrome, as a result of their caring for acutely ill pediatric patients and 21% had very strong posttraumatic stress disorder symptoms

#### *Compassion Satisfaction*

Conversely, compassion satisfaction is the term for positive feelings derived from helping others through traumatic situations (Sacco, Ciurzynski, Harvey, & Ingersoll, 2015). Research has sought to describe the relationship between gender and compassion fatigue. Mooney et al. (2017) found higher levels of compassion satisfaction among male intensive care unit and oncology nurses when compared to their female counterparts on the same units. Sacco et al. (2015) also explored compassion fatigue and compassion satisfaction among critical care nurses and found that female critical care nurses reported significantly higher compassion satisfaction scores.

Nurses and other health care providers working with pediatric patients can experience both types of reactions as has been studied and documented in the literature (Berger et al., 2015; Branch & Klinkenberg, 2015; Czaja et al., 2012; Meyer, Li, Klaristenfeld, & Gold, 2015; Sacco et al., 2015; Wyld, Mahrer, Meyer, & Gold, 2017; Yang & Kim, 2016). Adwan (2014) identifies that nurse managers and institutions must be aware of the impact of caring related to nurse job satisfaction and burnout, which may prompt nurses to leave a stressful unit, hospital, or the profession of nursing. This turnover could have significant financial consequences for institutions. While the total cost of turnover in a single staff nursing position is difficult to calculate, the range of turnover costs per RN were calculated in one study as being from

\$82,000 (if the vacancy was filled by an experienced RN) to \$88,000 (if the vacancy was filled by a new graduate RN) (Silvestre, Ulrich, Johnson, Spector, & Blegen, 2017).

The Patient Protection and Affordable Care Act of 2010 (P.L. 111–148) includes HCAHPS among the measures to be used to calculate value-based incentive payments beginning with discharges in October 2012 (CMS.gov, 2014). While hospitals across the country are focusing on patient experiences to improve financial returns, research is beginning to explore the relationship between nurses satisfaction and patient satisfaction (McNicholas et al., 2017). Key factors that keep nurses in their jobs are job satisfaction and reduction of stress (Dotson, Dave, Cazier, & Spaulding, 2014).

#### *Job Satisfaction*

While most could imagine that caring for pediatric patients and their families can be quite stressful, like any other job, it is also important to consider the day to day stresses that nurses experience at work that are not directly related to their reactions to caring for children. The job satisfaction is an individual factor that may lead to a nurse leaving their current position or the nursing profession (Chan et al., 2013) and it has been studied in pediatric nurses (Akman, Ozturk, Bektas, Ayar, & Armstrong, 2016; Meyer et al., 2015; Roberts-Turner, Hinds, Nelson, Pryor, Robinson, & Jichuan, 2014). Intention to leave the current position is influenced by job satisfaction, and job satisfaction is affected by workload, peer support, family-friendly support and compassion fatigue (Yang & Kim, 2016).

Characteristics of the nursing leader and the impact on pediatric nurse job satisfaction have received limited attention in the literature (Roberts-Turner, Hinds, Nelson, Pryor, Robinson, & Jichuan, 2014). Transformational leadership style of the supervisor seems to be most related to higher levels of nurse satisfaction (Roberts-Turner, Hinds, Nelson, Pryor, Robinson, & Jichuan, 2014). Job satisfaction can be measured by the Job Satisfaction Survey (JSS) (Spector, 1994), a tool that has been used to measure job satisfaction among public and private sector workers including nurses, educators, police officers, social service workers, and mental health professionals (Spector, 2011). Nurses with higher patient loads are more likely to report an intention to leave their primary job, as a result of exhaustion, lack of time with colleagues, and time for personal reflection (Chan et al., 2013). With job satisfaction in nursing at all all-time low (Anselmo-Witzel, Orshan, Heitner, & Bachand, 2017), it is imperative that health care organizations are aware of themes that lead to low levels of job satisfaction that result in high rates of staff turnover (Dawson, Stasa, Roche, Homer, & Duffield, 2014). Job demands and patient load are significantly related to lower levels of job satisfaction (Unruh & Zhang, 2014). Job satisfaction has been considered as predictive of safety climate; increasing the job satisfaction might result in safer clinical settings (Alves & Guirardello, 2016).

Because of the continued and projected nursing shortage (Bureau of Labor Statistics, 2013) it is important to consider the perspective of the next generation of nurses. Feeling good, relationships, job strain and having choices and control in the job are four inner feelings that Generation Y nurses (those born between 1981 and 2000) must have met or else they will look for a new job opportunity (Anselmo-Witzel et al., 2017). Burnout (a component of compassion fatigue) (Stamm, 2010) and job satisfaction have been explored together in the pediatric nursing literature. Akman et al. (2016) describe that high levels of job satisfaction and a decreased number of assigned patients (workload) were significantly associated with a low level of burnout in pediatric nurses working in the outpatient clinic setting. Compassion fatigue, compassion satisfaction, and job satisfaction have been studied extensively in the nursing literature; yet there has been very limited exploration of the relationships among these concepts in pediatric nurses in very specific populations, such as novice nurses at one institution (Meyer et al., 2015).

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