



*Thank You, Lisa Lawrence, RN,
PhD--for Partial Replication of her
doctoral study & SICU NURSES*

***Compassion Satisfaction & Fatigue,
Moral Distress & Work Engagement
in SICU Trauma Nurses: A Pilot Study***

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RN-Focused Trauma Study - Background

- SICU nurses caring for trauma patients are at risk for compassion fatigue & moral distress & may leave the ICU or the nursing profession prematurely.
- Much of the research on moral distress has involved MICU's. Since 2004, AACN has recognized moral distress as a national problem.

Background

- Preparation for replacing the large proportion of staff nurses reaching retirement age in the next decade is essential to improving patient outcomes.
- Retaining experienced critical care nurses is imperative to successfully precepting new ICU nurses.

Why worry about replacing nursing staff?

- The median age of nurses is 46. More than 50% of the nursing workforce is close to retirement. **Retention of experienced nurses** as well as recruitment of new nurses is crucial to caring for the needs of America as more “baby boomers” become senior citizens.
- Replacing a specialty nurse such as a critical care nurse was estimated at **\$64,000**. Adding additional personnel costs to cover the shortage created by turnover, increase costs to...**\$145,000** for a specialty nurse.

(Hatcher et al., 2006)

Purpose and specific aims:

The purpose of this study of was to examine the effects of :

- compassion satisfaction & fatigue
- moral distress
- work engagement

Nurses identified crucial work themes in the open ended questions which were qualitatively analyzed

Krippendorff's content analysis

CS /CF what's the difference?



Compassion Satisfaction

is a more positive attribute- “about the pleasure you derive from being able to do your work well.” (Stamm, 1999; 2005)



Compassion Fatigue

is more negative; it may occur in situations when a patient cannot be rescued or saved from harm, & that may result in the nurse feeling guilt or distress.

Compassion Fatigue

1. Burnout is a concept in which the nurse experiences slowly developing frustration, a loss of control, & generally low morale.

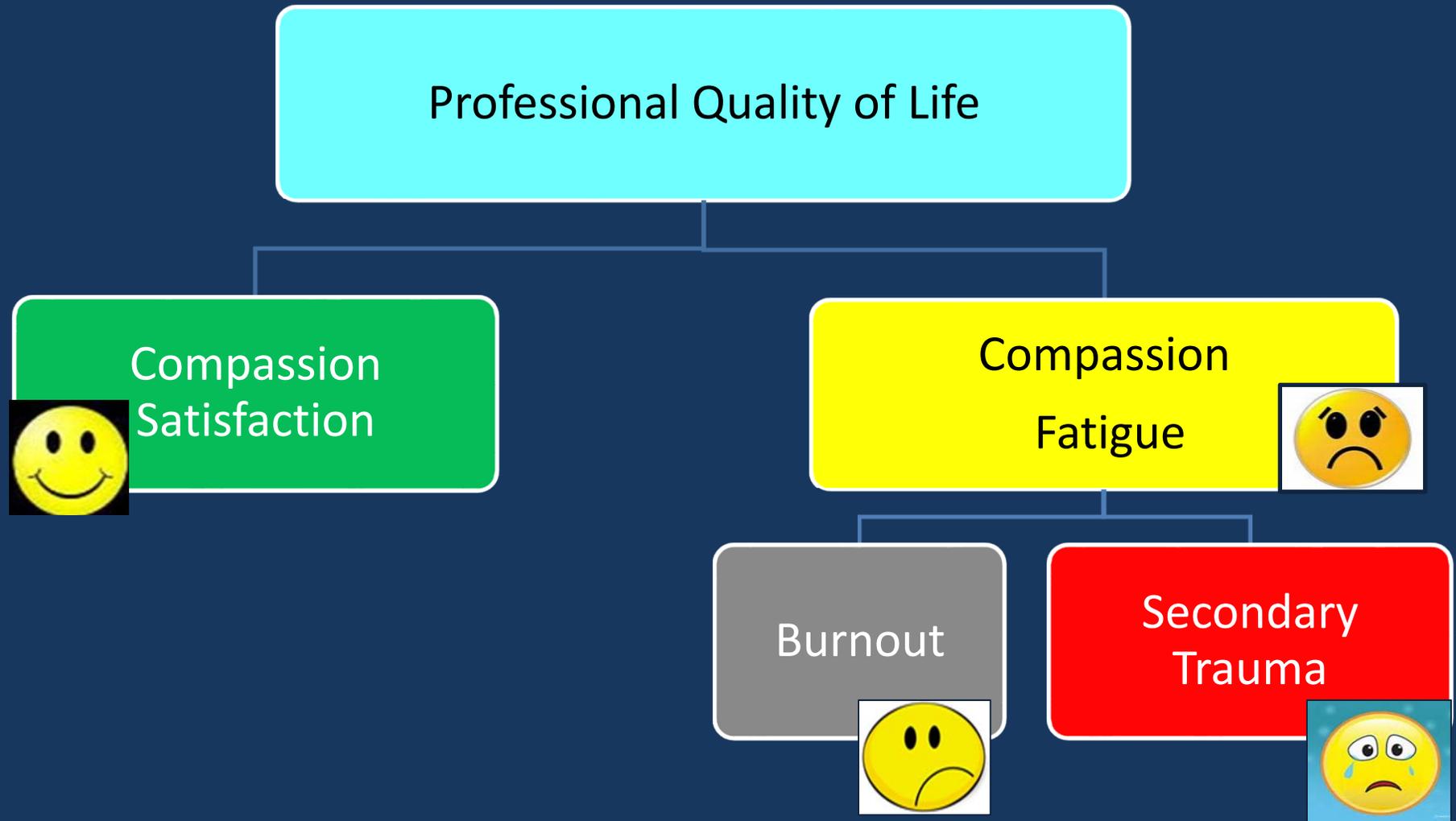


2. Secondary Traumatic Stress (STS) is ... Vicarious Trauma—the cumulative transformative effect of working/helping survivors of traumatic life events as they suffer through reliving their experience.



Secondary exposure is extremely stressful. STS is usually related to one event. Symptoms are usually rapid in onset & may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event. May be life issues involved- identification with victim or pt.'s family/parents....

Compassion Satisfaction-C. Fatigue Model



? Moral Distress

- A Study in Social Science & Medicine in 2007 reported that 25% of 1,215 nurses wanted to leave their jobs due to moral distress

Of those:

- *41% failed to say that they would choose nursing as a profession again
- *53% expressed frustration about moral dilemmas.
- In this study feelings of being *overwhelmed* & *powerless* accompanied moral distress

Work Engagement & Retention- what's that got to do with it?

- Christian, Garza, and Slaughter (2011) meta-analyzed over 90 engagement research studies & found that engagement is NOT job satisfaction, organizational commitment, or job involvement.
- Work Engagement depends on:
 1. Job resources —
social support, feedback & opportunities for autonomy, variety, and growth
 2. Employees' own personal resources —
self-esteem and optimism

WORK Engagement



- Interestingly enough...

“Engagement is greatest when the demands of the job are highest!”

The UWES scale measures 3 components:

1. **Vigor --> energy**
2. **Dedication --> enthusiasm**
3. **Absorption --> flow = time flies**

Tool: 4 pages of Likert scale questions

- I. ProQOL-5 Professional Quality of Life Scale
30 items –with 3 components: Compassion Satisfaction & Compassion Fatigue made up of burn out & vicarious stress subscales
- II. MDS- Moral Distress Situations- 7 item- subscale of “not in the patient's best interest”
- III. UWES - Work and Well being Scale
9 item -Utrecht Work Engagement Scale from the Netherlands used with nurses
- IV. Demographics
- V. Open-ended Questions

Study Design/Setting/Sample

- non-experimental, descriptive, correlational design
 - A partial replication of Lawrence's study.
 - A purposive sample of 34 trauma SICU nurses
- Setting: All SICU nurses were experienced in trauma working in a 496-bed safety net urban hospital with a Level 1 trauma center.
- Sample: A convenience sample of 26 out of 34 nurses responded to the survey, which is a 77% response rate.

RESULTS of Spearman Correlations

- Significant positive correlations between Work Engagement & Compassion Satisfaction ($r = +0.49$, $p < 0.05$) were demonstrated;
 - ❖ As Work Engagement increased, Compassion Satisfaction increased.

- Significant negative correlations between Work Engagement & Burnout ($r = -0.49$, $p < 0.05$) a subscale of Compassion Fatigue were demonstrated ;
 - ❖ As Work Engagement scores increased, Burnout (CF) decreased.

(dedication subscale of UWES-9, $r = -0.66$, $p < 0.001$)

RESULTS

- **Compassion Satisfaction**: 73% scored average; 27% high.
None of the nurses scored low on Compassion Satisfaction.
- **Compassion Fatigue**:
 1. **Burnout subscale**: 58% average ; scored 42% low.
None of the nurses scored high on the burnout subscale.
 2. **Secondary Traumatic Stress subscale (STSS)**
62% scored low & 38% scored average
No one scored high on STSS.
- **Moral Distress** was elevated at a mean of 3.4 & was a clinically significant issue for these trauma nurses.
- **UWES Engagement** The mean total score was 3.8 which is considered low compared to nurses in other ICUs.

Discussion/Conclusions/Implications

- Compassion Satisfaction was reported as high to moderate, which may have a positive effect on patient outcomes as demonstrated in other studies.
- There were no significant findings between shift worked and any of the variables in this study: work engagement, compassion satisfaction, burnout, secondary traumatic stress, moral distress, or demographics.

Worst Experiences of Distress

Summary Revealed :

- 1) Role Conflict with Management/Rules 39% (10/26)
- 2) Death and Suffering end-of-life decision making 23% (6/26)
- 3) Dealing with Violence in the ICU 19% (5/26)
- 4) Dealing with Family 15% (4/26)
- 5) Powerlessness-Moral Distress 15% (4 /26)
- 6) Physical Distress 12% (3/26)
- 7) Medical vs Nursing Values- Moral Distress 8% (2/26)

“What You Like about Nursing”

Summary Revealed:

1. Caring, 27% (7/26)
2. Helping families, 15% (4/26)
3. Longtime interdependent supportive relationships of colleagues, 15% (4/26)
4. Satisfaction in trauma nursing from caring for patients, 15% (4/26)

“How Do You Replenish Yourself?”

- 1) Self-care -54% (14/26)
- 2) Relationships of Professionals- 23% (6/26)
- 3) Compassion/ Empathy -23% (6/26).

Future recommendations include:

- **examining the interaction of these variables in larger samples to examine additional explanatory factors as well as strategies for self-care, motivation and behavior change.**
- **Inclusion of new or inexperienced nurses is indicated with staffing changes**

Thank you for your time & attention!

THE END

“...Caring for the patient is authenticated and caring for the caregiver is crucial to nursing practice-...to develop creative approaches ... that will cultivate moral solutions for patients that are fair for all stakeholders.” Browning 2011

<u>Worst Experience of Distress?</u>	%	<u>Summary of Content Analysis</u>
Theme	(n)	Exemplars
Role Conflict With Management/ Rules	39 (10/26)	Workload issues, Staffing levels, Acuity of patients, increasing inordinate amount of computer work, Changing regulatory requirements; Time away from patient care, Lack of equipment; Fear of delivering less than optimal desired nursing care
Death and Suffering End-of-life Decision Making	23 (6/26)	Young patients with less than full recovery to achieve full potential; Negative patient outcomes; Uncertainty of patient outcomes
Dealing with Violence In the ICU	19 (5/26)	Fear for safety; danger of violence from combative patient; Threat of potential violence from visitors; Verbal abuse from patients, colleagues, families, and visitors
Dealing With Family	15 (4/26)	Burden of watching families deal with tragedies; Dysfunctional families
Powerlessness – Moral Distress	15 (4 /26)	Training; consequence of working in a teaching facility
Physical Distress	12 (3/26)	Hard, Exhausting work
Medical versus Nursing Values- Moral Distress	8 (2/26)	Suspected futility of patient outcome; Mandated actions by fear of lawsuits

Summary of Content Analysis:

What do you Like about Nursing?

(N =26)

Theme	% (n)	Exemplars
Compassion / Relationships	27 (7/26)	Caring, helping families
Satisfaction	15 (4/26)	Satisfaction in trauma nursing;
Relationships	15 (4/26)	Interdependent relationships are supportive; longtime supportive colleagues; teamwork

Summary of Content Analysis:

How do you Replenish Yourself? (N =26)

<u>Theme</u>	<u>% (n)</u>	<u>Exemplars</u>
Self-care	54 (14/26)	Separate work and home life, exercise, compartmentalize, vacation, focus on task at hand, pets, massage, take a break
Relationships	23 (6/26)	Supportive co-workers, Pastoral Care
Compassion/ Empathy	23 (6/26)	Separate self from patient/family; think of them as family

Spearman Correlation Coefficients between Scales

n=26	1	2	3	4	5	6 CS Compassion Satisfaction	7 CF Burnout	8
1. Work Engagement	-	-	-	-	-0.16	0.49*	-0.49*	0.11
2. Vigor		-	0.71**	0.40*	-0.13	0.38	-0.43*	0.14
3. Dedication			-	0.33	-0.16	0.39*	-0.66**	0.03
4. Absorption				-	0.17	0.29	-0.09	0.32
5. Moral Situations					-	-0.04	0.21	0.47
6. Compassion Satisfaction						-	-0.36	-0.30
7. Burnout (CF)							-	0.20
8. Secondary Traumatic Stress (CF)								-

*p<0.05
**p<0.001

Overall Descriptive Statistics

Professional Quality of Life Scales

n=26

ProQOLS-5	Low, N (%)	Average, N (%)	High, N (%)
Compassion Satisfaction	0	19 (73.1)	7 (26.9)
Burnout	11 (42.3)	15 (57.7)	0
Secondary Traumatic Stress	16 (61.5)	10 (38.5)	0

MORAL DISTRESS SITUATIONS		All	Days	Nights	Rotatio	p- value
		N=26	N=11	N=10	n N=5	
Variable By shift						
Moral Situations Scale: Mean score	N	24	9	10	5	0.4977
	Mean (SD)	3.4 (1.4)	3.0 (0.7)	3.4 (1.6)	3.9 (1.7)	
	Median (IQR)	3.2 (2.9, 3.9)	3.1 (2.9, 3.3)	3.5 (2.9, 5.0)	3.6 (2.9, 5.6)	

UWES-9	Utrecht Work Engagement Scale (UWES)	All N=26	Shift: Days N=11	Shift: Nights N=10	Shift: Rotation N=5	p- value
Variable	by shift					
UWES: total score	N	26	11	10	5	0.3410
	Mean (SD)	3.8 (0.8)	3.6 (0.7)	3.7 (0.7)	4.3 (0.9)	
	Median (IQR)	3.7 (3.3, 4.2)	3.6 (3.2, 4.2)	3.6 (3.1, 4.1)	4.0 (3.7,4.6)	

Variable			All N=26	Shift: Days N=11	Shift: Nights N=10	Shift: Rotation N=5	p-value
DEMOGRAPHICS							
Years in nursing	N (%)	11-20	4 (15.4)	1 (9.1)	2 (20.0)	1 (20.0)	0.9355
		21-30	20 (76.9)	9 (81.8)	7 (70.0)	4 (80.0)	
		31+	2 (7.7)	1 (9.1)	1 (10.0)	0 (0.0)	
Years in SICU	N (%)	1-10	1 (3.8)	0 (0.0)	1 (10.0)	0 (0.0)	0.0403
		11-20	9 (34.6)	1 (9.1)	5 (50.0)	3 (60.0)	
		21-30	16 (61.5)	10 (90.9)	4 (40.0)	2 (40.0)	
Education	N (%)	AD	1 (3.8)	0 (0.0)	0 (0.0)	1 (20.0)	0.7321
		BS	23 (88.5)	10 (90.9)	9 (90.0)	4 (80.0)	
		MSN	2 (7.7)	1 (9.1)	1 (10.0)	0 (0.0)	

What can we do about Compassion Fatigue?

“Trauma research indicates that people involved in traumatic events need to be able to “tell their story **“8 or 9 times to defuse the physiologic and psychological impact of what they have been through.”**

Yoder (2010)

- Providing opportunities for nurses to get together to talk and support each other is common sense. As laypeople, we support and care for each other during stressful times. We have to provide that same sort of commonsense therapy for healthcare professionals. Once people share what they are feeling, then strategies can be developed to cope with those feelings.