Compassion Fatigue Resiliency in Emergency Nurses

JUDITH BOYLE, CYNTHIA COHEN, & VALERIE COTTER
EXECUTIVE DNP PROGRAM, JOHNS HOPKINS UNIVERSITY SCHOOL OF NURSING, BALTIMORE, MARYLAND

Problem
Compassion fatigue can interfere with the nurse’s capacity and/or ability to be kind and compassionate.

Aims
- Provide compassion fatigue resiliency training to emergency nurses
- Determine the effectiveness of a compassion fatigue resiliency training program on levels of compassion satisfaction, burnout, secondary traumatic stress, resiliency

Methods
Revised Measures/Design
- Pre-test/post-test
Setting
- One metropolitan emergency department in the Mid-Atlantic region
Participants
- All emergency nurses and/or Forensic Nurse Examiners who work at or provide services at facility
Compassion fatigue resiliency training program
- Multi-faceted, multi-modal
- Two 2-hour sessions
- Addressed key areas:
  - Self-regulation
  - Intentionality
  - Perceptual maturation
  - Connectedness
  - Self-care

Measures
Demographic survey:
- Professional Quality of Life Survey version 5 (PQoL)
- Connor-Davidson Resiliency Scale (CD-RISC)
- Secondary Traumatic Stress (STS)
- Burnout (BO)
- Compassion Satisfaction (CS)

Analyses
SPSS 24 using descriptive statistics
Wilcoxon signed-rank test
Course evaluations

Results

<table>
<thead>
<tr>
<th>Demographic Characteristics</th>
<th>N = 26</th>
<th>Pre-</th>
<th>Post-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Range/Mean (SD)</td>
<td>29-42 (37.36) (14.40)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Gender | Female | 22 (84.6%) | 100% |%
| Ethnicity | All African | 4 (14.3%) | 19 (73.1%) |%
| | Asian | 4 (14.3%) | 7 (28.6%) |%
| | African American | 3 (11.5%) | 8 (31.5%) |%
| | Male | 4 (14.3%) | 2 (8.1%) |%
| Highest degree held | BSN | 20 (76.9%) | 100% |%
| | MSN | 6 (21.4%) | 8 (30.8%) |%
| | ADN | 1 (3.6%) | 2 (7.7%) |%
| | Nursing | 1 (3.6%) | 2 (7.7%) |%
| | Presence of a religious belief | Yes | 21 (80.8%) | 100% |%
| | No | 5 (19.2%) | 0 (0%) |%
| | Clinical level | Clinical nurse III | 9 (34.6%) | 67.9% |%
| | Clinical nurse II | 19 (73.1%) | 67.9% |%
| | Clinical nurse I | 1 (3.6%) | 4 (14.3%) |%
| | Work as a charge nurse on shift? | No | 20 (76.9%) | 78.8% |%
| | Yes | 6 (23.1%) | 21.2% |%
| | Years as an RN | Range/Mean (SD) | 0.16 – 44/8.25 (11.91) | 0.16 – 45.50/10.82 (14.06) |%
| | Years as an emergency nurse Range/Mean (SD) | 0.16 – 44/8.25 (11.91) | 0.16 – 45.50/10.82 (14.06) |%

<table>
<thead>
<tr>
<th>CD-RISC Quartiles</th>
<th>Pre-intervention N = 26</th>
<th>Post-intervention N = 26</th>
<th>Z (p value)</th>
<th>r (effect size)</th>
<th>Wilcoxon statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 - 25% quartile</td>
<td>Score – 0 – 75</td>
<td>17 (65.3%)</td>
<td>12 (46.2%)</td>
<td>0.4164 (Moderate to large effect)</td>
<td>137.50 (98)</td>
</tr>
<tr>
<td>Q2 - 75% quartile</td>
<td>Score – 51 – 100</td>
<td>1 (3.8%)</td>
<td>4 (14.3%)</td>
<td>0.5578 (Large effect)</td>
<td>51 (98)</td>
</tr>
<tr>
<td>Q3 - 90% quartile</td>
<td>Score – 84 – 100</td>
<td>6 (21.4%)</td>
<td>8 (28.6%)</td>
<td>2.123 (0.034**)</td>
<td>51 (98)</td>
</tr>
<tr>
<td>Q4 – 76-100% quartile</td>
<td>Score – 91 – 100</td>
<td>13 (50%)</td>
<td>6 (21.4%)</td>
<td>0.4164 (Moderate to large effect)</td>
<td>137.50 (98)</td>
</tr>
</tbody>
</table>

Pre-Post Intervention Resiliency Scores in National Quartiles

Discussion
Results similar to those found in literature
- Levels of CS & resiliency increased; BO & STS decreased post multi-faceted intervention
- Levels of BO and STS in emergency nurses were not as high as expected

Limitations
- Small sample size (N=26)
- Short project time-frame
- Inconsistencies in educational sessions may have affected item responses
- Results may not be generalizable/only one site
- One longer session preferable to two shorter sessions

Conclusions
- Results suggest intervention was effective in increasing levels of compassion satisfaction and resiliency and decreasing levels of burnout
- No statistically significant results detected with regards to secondary traumatic stress
- Results similar to those found in literature
- Further research is needed
- Clinical significance was achieved as noted in course evaluations with both quantitative data and qualitative responses

Course Evaluations
Qualitative Responses:
- “Like learning resiliency skills”
- “Well thought out presentation. Obvious time was taken to form a complete multi-media presentation”
- “Given guidelines and encouraged us to make a plan. Mentioned several times”
- “The information will be utilized as I move forward in my personal life and career. Working in a high-stress environment results in being in a ‘certain’ level of perceived threat; therefore, by having this training will allow me to have an outlet to help me deal with how I feel and to be resilient”
- “Wonderful presentation!”
- “Thank you!”
- “Excellent, allowed me to look into myself/ more fulfilled in life”
- “Love the different exercises and video. Well planned.”
- “Very helpful”
- “Life changing. Well done!”
- “Any well done. Made me think – so much I need to do now!”
- “So great to learn this at the start of my career!”
- “This was a super helpful course”

Measurement/Outcome N = 26

<table>
<thead>
<tr>
<th>Q</th>
<th>p value</th>
<th>r (effect size)</th>
<th>Wilcoxon statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>P=0.05, two tailed test</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Conclusions
- Further research is needed
- Clinical significance was achieved as noted in course evaluations with both quantitative data and qualitative responses

Analyses
- Wilcoxon signed-rank test
- Course evaluations with both quantitative data and qualitative responses