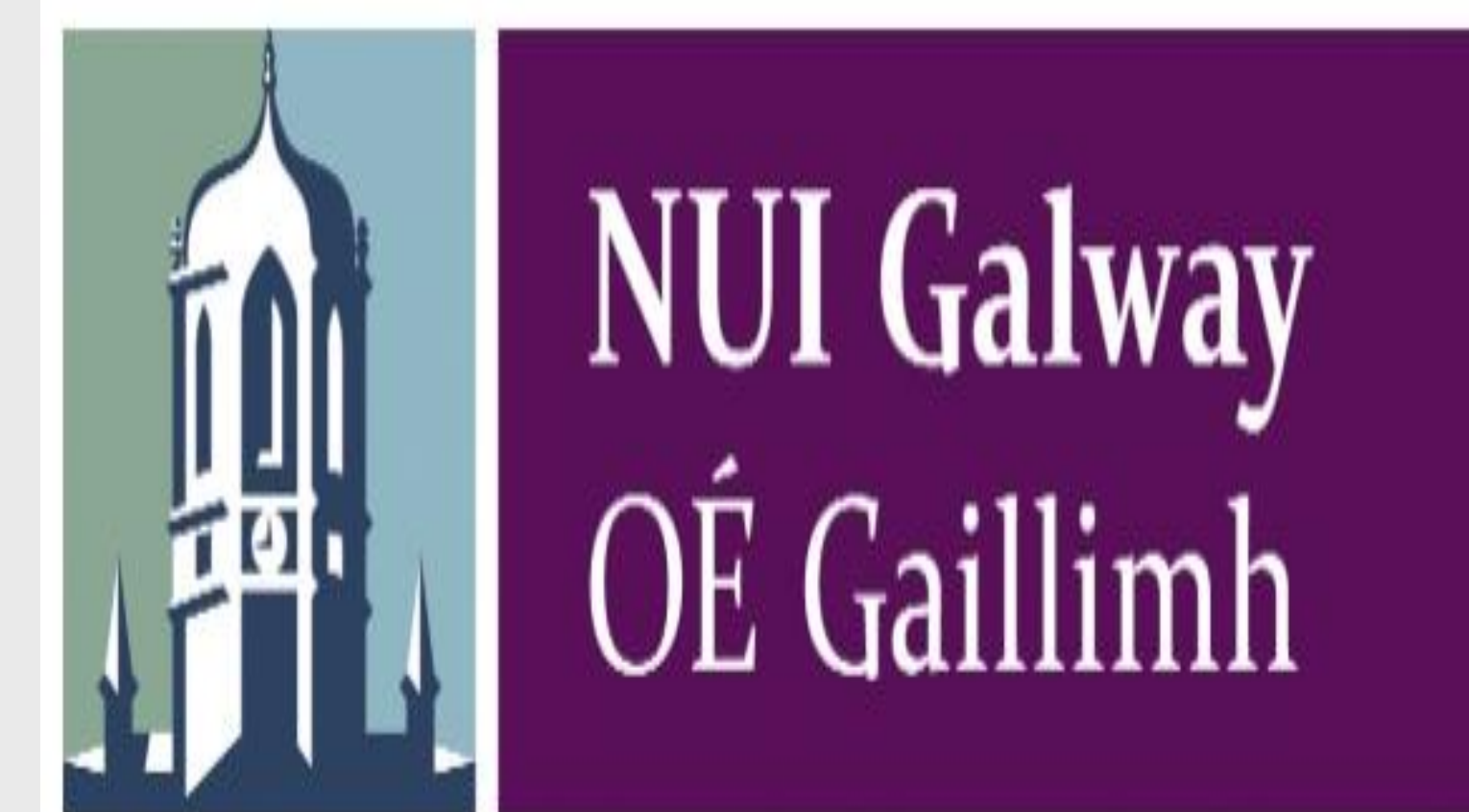


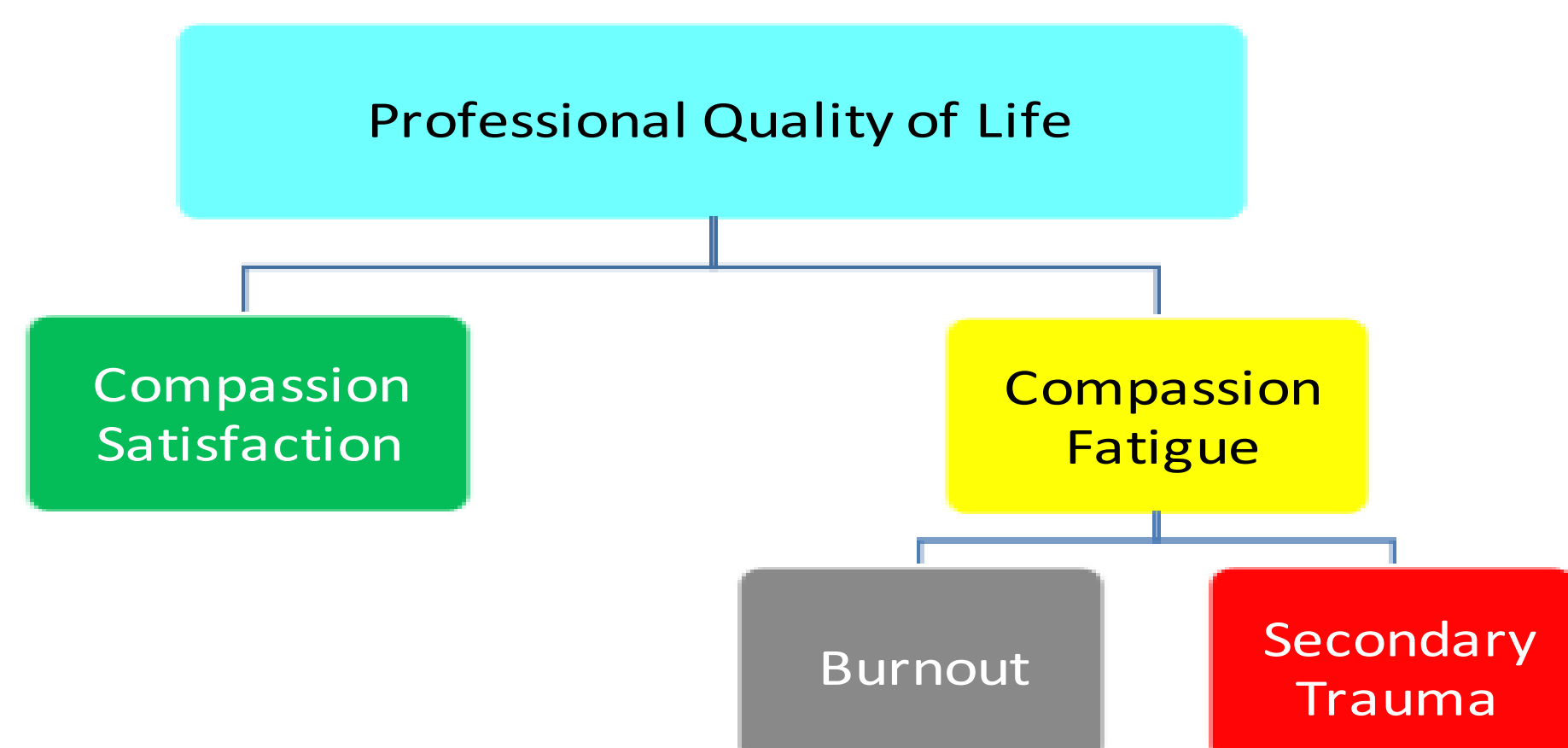
# Compassion Fatigue in Nursing Staff caring for Palliative Patients in Tertiary Care Setting in Ireland

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## Introduction

Professional Quality of life is the quality one feels in relation to providing care to others who are in need (Stamm 2009).



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There is growing interest internationally in the clinical phenomenon of compassion fatigue and how it can impact on healthcare workers. In 2010 there were 6,733 deaths in Ireland that was supported by specialist palliative care service. This accounts for 25% of all deaths and 72% of cancer deaths in Ireland (IHF 2013). However the extent to which the nursing staff caring for these patients experience compassion fatigue is relatively unknown. Given the increasing aging population of Ireland (IHF & HSE 2008) and the fact that people are living for longer more nursing staff will increasingly be involved in the delivery of care to palliative patients. It is therefore imperative that compassion fatigue among nursing staff caring for palliative patients is explored.

## Aims of the study

- Examine to what extent do nursing staff experience compassion fatigue
- Identify any relationship between nursing staff demographics and compassion fatigue
- Identify whether different settings experience higher or lower levels of compassion fatigue than others

## Methods

- A cross-sectional descriptive design was undertaken across three palliative care sites in the Mid-Western region of Ireland using the Professional Quality of Life Scale: Compassion satisfaction and Fatigue questionnaire (Stamm 2009) and a Demographic questionnaire were used.
- A convenience sample of 139 nursing staff were surveyed.
- Data was analysed using IBM SPSS Statistics 20.
- The results demonstrated mean difference between ProQOL subscales and Locations using ANOVA and T-Tests.
- There were also comparisons of mean differences between ProQOL subscales and demographic data using ANOVA and T-Tests.

## Results

Percentage of participants answering questions on Compassion Satisfaction

Questions in ProQOL r-v	never	rarely	Some times	often	very often
3. I get satisfaction from being able to help people	0%	0%	10%	31%	59%
6. I feel invigorated after working with those I help	5%	10%	27%	47%	11%
12. I like my work as a helper	0%	1%	6%	35%	58%
16. I am pleased with how I am able to keep up with 'helping' techniques and protocols	4%	7%	30%	48%	11%
18. My work makes me feel satisfied	0%	3%	13%	59%	25%
20. I have happy thoughts about those I help and how I could help them	1%	7%	22%	52%	18%
22. I believe I can make a difference through my work	0%	4%	19%	50%	27%
24. I am proud of what I can do to help	0%	5%	11%	42%	42%
27. I have thoughts that I am a success as a helper	3%	15%	38%	37%	7%
30. I am happy that I chose to do this work	0%	0%	16%	31%	53%

Percentage of Participants answering question on Compassion Fatigue

Questions in ProQOL r-v	never	rarely	Some times	often	very often
2. I am preoccupied with more than one person I help	1%	27%	39%	19%	14%
5. I jump or am startled by unexpected sounds	11%	35%	43%	9%	2%
7. I find it difficult to separate my work life from my life as a helper	11%	53%	32%	2%	2%
9. I think that I may have been affected by the traumatic stress of those I help	14%	39%	39%	5%	3%
11. Because of my helping I have felt 'on edge' about various things	33%	39%	24%	2%	2%
13. I feel depressed because of the traumatic experience of the people I help	37%	46%	15%	2%	0%
14. I feel as though I am experiencing the trauma of someone I have helped	40%	42%	12%	5%	1%
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I help	51%	36%	7%	4%	2%
25. As a result of my 'helping' I have intrusive, frightening thoughts	53%	37%	7%	2%	1%
28. I can't recall important parts of my work with trauma victims	30%	40%	27%	3%	0%

Percentage Of Participants answering question on Burnout

Questions in ProQOL r-v	never	rarely	Some times	often	very often
1. I am happy	2%	4%	10%	42%	42%
4. I feel connected to others	2%	8%	12%	51%	27%
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I help	39%	50%	10%	1%	0%
10. I feel trapped by my job as a helper	50%	34%	13%	2%	1%
15. I have beliefs that sustain me	2%	10%	14%	41%	33%
17. I am the person I always wanted to be	2%	10%	38%	38%	12%
19. I feel worn out because of my work as a helper	4%	31%	45%	14%	6%
21. I feel overwhelmed because my caseload seems endless	5%	45%	38%	9%	3%
26. I feel 'bogged down' by the system	14%	28%	36%	13%	9%
29. I am a very caring person	3%	1%	18%	46%	32%

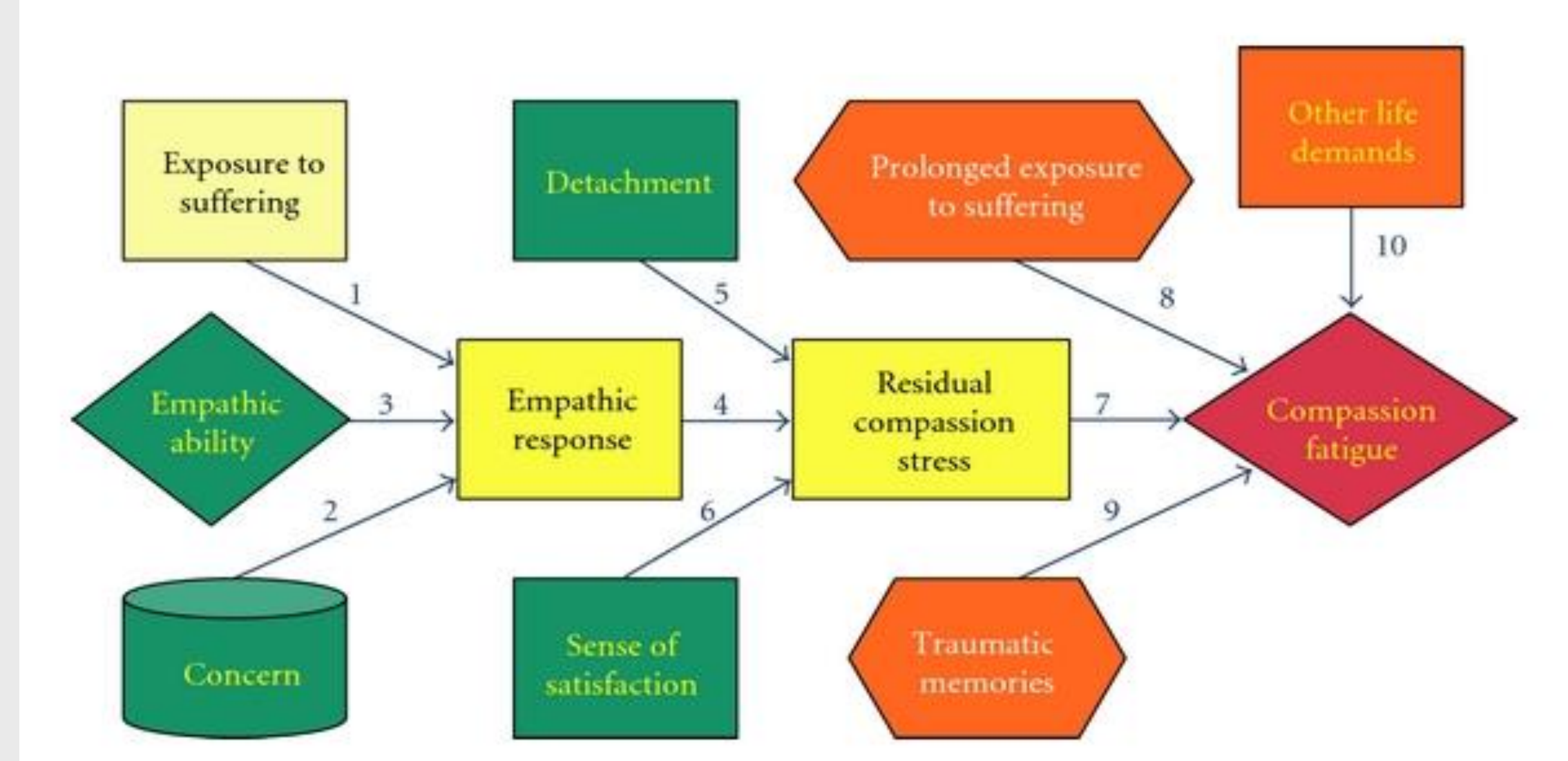
ProQOL R-V subscale mean and standard deviation by demographic characteristics

Demographic Variable	n	Compassion Fatigue mean (SD)	Burnout mean (SD)	Compassion Satisfaction mean (SD)
<b>Marital Status</b>				
Single	19	19.3 (3.5)	22.2 (5.4)	40.5 (5.9)
Co-habiting	10	21.0 (4.0)	24.2 (5.3)	38.8 (5.1)
married	63	22.4 (5.4)	22.0 (5.5)	39.6 (4.9)
<b>Number of Children</b>				
0	29	20.7 (3.8)	23.1 (4.5)	39.6 (5.0)
1	13	21.6 (5.1)	21.3 (5.3)	42.3 (4.1)
2	25	21.0 (6.2)	20.3 (5.2)	40.4 (4.2)
3	18	22.3 (5.4)	23.0 (6.4)	37.7 (6.7)
4+	15	23.0 (3.5)	22.7 (5.5)	39.0 (5.0)
<b>Age Range</b>				
21-30	10	21.1 (4.1)	24.9 (5.9)	40.1 (4.0)
31-40	32	21.3 (5.3)	21.2 (4.1)	40.0 (5.0)
41-50	30	21.0 (5.6)	23.0 (6.9)	39.6 (6.0)
51+	28	22.5 (3.8)	21.0 (4.1)	39.5 (5.0)
<b>Highest level of Education</b>				
FETAC	13	22.4 (3.4)	20.7 (3.7)	38.5 (6.0)
Nursing Certificate	22	21.6 (4.6)	22.0 (6.2)	40.4 (4.9)
Nursing Diploma	17	22.0 (7.0)	23.0 (6.6)	36.7 (6.5)
Nursing Degree	17	19.9 (3.8)	21.1 (5.3)	41.5 (4.3)
Post-Graduate Diploma	30	21.7 (4.9)	22.6 (4.4)	40.5 (4.0)
<b>Occupational Role</b>				
Health Care Assistant	16	22.7 (3.2)	21.5 (4.0)	37.8 (6.1)
Staff Nurse	65	21.3 (5.2)	22.0 (5.6)	40.0 (4.9)
Clinical Nurse Manager	6	21.8 (5.6)	20.6 (3.1)	40.8 (3.9)
Clinical Nurse Specialists	13	21.3 (4.8)	24.0 (6.2)	40.6 (5.2)
<b>Years of Experience</b>				
1-5	19	21.0 (4.2)	23.0 (4.6)	39.8 (3.4)
6-10	32	22.0 (4.8)	22.2 (5.2)	39.7 (5.6)
11-15	32	21.2 (4.4)	21.0 (4.7)	39.6 (5.5)
16-25	12	21.5 (7.4)	23.5 (8.6)	39.6 (6.5)
26+	5	23.0 (4.9)	21.0 (2.5)	41.2 (0.83)
<b>Depression</b>				
Yes	15	24.0 (6.1)	23.4 (6.4)	37.8 (5.9)
No	85	21.1 (4.6)	21.8 (5.1)	40.1 (5.0)

## Discussions

- The most important contribution of this study is to raise awareness of its findings and how these findings can contribute to the development of compassion fatigue.
- It is also essential to raise awareness of how burnout and compassion fatigue experienced by individuals affects not only individual performance but also those whom the individual is working with and caring for.
- The most important factors reported as influencing risk for compassion fatigue were the traumatic experiences of patients, difficulty separating professional and personal life and the nature of the work being carried out
- Risks such as crossing professional boundaries and unhealthy levels of empathy would alert nursing staff to reassess how they approach their overall behavior during patient interaction.
- The findings that, the majority of participants experienced high means scores in compassion fatigue and burnout suggests that significant education, guidance and support are needed.
- There is a need to carefully manage the demands of personal and professional life, to seek support from colleagues and friends and be more aware of the importance of self-care.

## The Compassion Fatigue Process (Figley 2002)



## Conclusion

- This is one of the first studies that examined compassion fatigue among nursing staff caring for palliative patients in tertiary care setting in Ireland.
- It demonstrates the extent of compassion fatigue among palliative care nursing staff and clearly indicates that this is a significant problem that requires urgent attention.
- Furthermore the identification of the factors that lead to compassion fatigue may enable the development of strategies to reduce or prevent compassion fatigue and thereby maintain the health of nursing staff, ensuring that optimal care is continually provided with care and compassion.

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