COMPASSION FATIGUE AND SELF-COMPASSION IN ACUTE MEDICAL CARE HOSPITAL NURSES

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Introduction

In the acute medical care hospital setting, nursing the sick and dying is both physically and emotionally demanding, making acute medical care hospital nurses more vulnerable to Compassion Fatigue (CF) or Secondary Traumatic Stress (STS). If not addressed in its earliest stages, CF can adversely change the caregiver's ability to provide compassionate care (Boyle, 2011). It has been shown that Self-Compassion (SC) can be beneficial for the caregiver, with corresponding benefits for the individual needing care (Neff, 2003a). However, the relationship of this attribute to CF in the acute medical care hospital nursing setting has not been intensively studied.

Purpose

The main purpose of this study was twofold:

- To *investigate the environmental and psychosocial factors affecting the prevalence and levels of Compassion Fatigue in acute medical care hospital nursing staff.*
- To examine whether *Self-Compassion can be used as a coping strategy that enables acute medical care hospital nurses to mitigate the prevalence and levels of Compassion Fatigue?*

Method

Using a mixed-methods study design, acute medical care hospital nurses were surveyed using a demographic/work-related questionnaire, the Secondary Traumatic Stress (STS) Scale (Bride et al.,2004) (used to measure CF) and the Self-Compassion Scale (Neff, 2003a), questions requiring a narrative written response and semi-structured informal interviews. Participants were recruited from acute medical care hospital wards in a large urban, University general teaching hospital in the West Midlands.

One-way ANOVA was conducted to explore the impact of work-related and demographic characteristics, such as age, on levels of SC and CF. Pearson correlation co-efficient (*r value*) was used to explore the relationship between CF and SC and lastly, multiple regression was used to discover whether a predictive relationship existed between SC and CF. Thematic analysis was used to examine the qualitative data, the findings of which, were triangulated with the quantitative data, the result of which included the development of case studies.

"….best not to bottle things….knowing that other people are feeling the same….they are all scared as [I] am….you are not alone." (SC - Common Humanity)

"….overwhelming…with so many emotions flying around….couldn't keep on top of them."

"….I'm down the other end [of the ward] struggling…..drowning."

Results

The results revealed that a relationship exists between SC and CF, and SC has an ability to be predictive of CF in acute medical care hospital ward nursing staff. The findings indicated that nearly half of these nurses (46%) had moderate to very severe levels of CF and that 36.5% met all three criteria for a diagnosis of Post Traumatic Stress Disorder (PTSD).

The quantitative data also showed that the most frequently reported individual symptoms (based on the criteria used for the diagnosis of PTSD), included, intrusive thoughts ('Intrusion'), discouraged about the future ('Avoidance') and, difficulty sleeping and hypervigilance ('Arousal').

The interviews revealed that the nurses working in the of the acute medical care hospital ward setting were suffering from both physical and psychological problems, including chronic tiredness (both emotionally and physically), disturbed sleep patterns, foot issues, stress, anxiety, hyperarousal, emotional avoidance, exaggerated checking behaviour and, intrusive and self-critical thoughts.

The qualitative data also identified factors that influence the acute medical care hospital nurses distress and vulnerability to CF. These findings included:

- A conflict between the desire to deliver high quality patient care and their actual ability to meet these ideals.
- A feeling of being 'overwhelmed' and 'undervalued' by the 'unrealistic expectations' of their patients, their ward managers and the hospital organisation for which they worked for, and, an opinion that their work was protocol and target driven.
- A belief that the "infamous madness" of the general acute medical care environment, where patients have multiple, complex needs, along with staff shortages, low patient/staff ratios and, poor nurse skill mix and staff retention issues, detrimentally impacted upon the work load situation.

The study revealed the personal approaches of acute medical care hospital nurses, whether successful or not, used to enhance their levels of SC and the 'barrier's to achieving it. This included the view that nursing management needed to actively encourage the opportunity for staff to 'de-brief' in a safe and secure environment. However, the study highlighted concerns about a lack of ward management support and response to the concerns of the acute medical care hospital nurses, leaving them feeling 'isolated' and "neglected".

Conclusion

Through the dissemination of these significant findings, particularly to NHS management, this unique study hopes to raise national and global awareness and the acknowledgment of the existence of CF, and of the need to buffer and minimise its development in acute medical care hospital nurses.

The results of the study demonstrate that it is crucial that health care organisations, such as the NHS, and their leaders, are mindful of the diverse needs and expectations of their multi-generational acute medical care hospital nursing workforce. Developing new and implementing existing strategies that take these factors into account, such as 'Schwartz Rounds' to reduce feelings of 'Isolation' (Goodrich, 2012) and targeted support programmes, such as the Mindfulness-Based Stress Reduction (MBSR) programme (Cohen-Katz, et al., 2005), can improve SC levels and protect nursing staff from the challenges and stresses of delivering acute medical patient care and the consequential risk of developing CF. Given the significant number of acute medical care hospital nurses meeting the diagnosis criteria of PTSD (37.5%) and SC ability to buffer CF, further study is warranted to determine if SC has the potential to be used to manage and treat those suffering from PTSD.

This study could lead to care environments encouraging the self-compassion and well-being of their acute medical care nursing staff and become places where threat cultures, weak leadership, an emphasis on task rather than process and a feeling of being undervalued, do not monopolise, and thereby, facilitate improved compassionate working environments and patient care.

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