

Introduction

- Compassion fatigue is defined as the emotional cost of caring which displays itself as elements of burnout and secondary traumatic stress.
- Compassion fatigue has a significant impact on the caregiver's quality of life and the quality of care they provide to their patients.
- The purpose of the study is to: Determine if rehabilitation nurses working at the bedside suffer compassion fatigue and if interventions are useful in overcoming compassion fatigue.

Learning Objectives

- Define compassion fatigue
- Identify the impact of compassion fatigue on nurses in a rehabilitation setting.
- Identify interventions which are useful in reducing compassion fatigue.



Methodology

- Quantitative experimental design with surveys administered before and after interventions and sick calls also as an outcome measure.
- N=17 rehabilitation nurses
- Site: Large 150 bed rehabilitation hospital in Westchester County, New York.
- Outcome measures: Compassion fatigue & sick calls by participating nurses.
- Validated tool: ProQOL survey
- Training in self care and then optional training in meditation and knitting
- After 6 weeks practicing the interventions, the ProQOL survey was repeated.
- The additional measure of sick calls pre and post was compared.
- Analysis will be done using a paired t-test using a 95% confidence interval

Participant Demographics

Highest Level of Education	
Associates Degree	4
BSN	10
MSN	2
Diploma	1
DNP	0

Gender	
Male	1
Female	16

Age Group	
Veterans (69 + years)	0
Baby Boomers (51-68)	5
Generation X (36-50)	7
Millennials (21-35)	5

Results

Seventeen nurses completed the pre-intervention survey.

- Burnout scores were significantly reduced when using the T test to compare the means pre and post interventions

Paired T Test for Means of Burnout Score	Pre Intervention Burnout	Post Intervention Burnout
Mean	20.17647059	18.88235294
Observations	17	17
t Stat	2.813929709	
P(T<=t) two tail	0.012477461	
t Critical two tail	2.119905299	

T Stat greater than t Critical value; therefore, means of burnout are statistically different before and after the interventions.

Paired T Test for Means of Secondary Traumatic Stress Score	Pre Intervention Secondary Traumatic Stress Score	Post Intervention Secondary Traumatic Stress Score
Mean	21	18.94118
Observations	17	17
t Stat	0.5924795	
P(T<=t) two tail	2.524264561	
t Critical two tail	0.022544933	

T Stat greater than t Critical value; therefore, means of secondary traumatic stress are statistically different before and after the interventions.

Results for Callouts

Callouts were less for participants during the 6 week period versus the period prior to the education and intervention period. Participants called out an average of 1 day versus the non-participants calling out an average of 2 days for the study period. Overall this difference was determined to be significant.

Discussion & Implications for Practice

Conclusions:

- Rehabilitation nurses can also suffer average amounts of compassion fatigue.
- The ProQOL instrument is relatively easy to use.
- Utilizing low cost interventions of self-care planning, meditation, and knitting, nurses were able to improve their compassion fatigue by reducing both burnout and secondary traumatic stress which improved their professional quality of life.
- Gathering nursing staff to participate given the various schedules was difficult
- However, a discussion of the importance of quality improvement projects along with the potential to learn about self-care, meditation, and knitting was enough to attract nurses to the project.

Changes to Hospital Practice & Policy:

Offering education and training to highlight:

- The risks of compassion fatigue
- Impact on staff quality of life
- Impact on patient safety

Expansion to other members of the interdisciplinary team:

- Evaluate usefulness to non-licensed care providers
- Evaluate usefulness to resident physicians
- Make training available to night staff

Reference List

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