Background and Significance
The Emergency Nurses Association (2014) identifies symptoms of CF to be physical and psychological that include anxiety, depression, poor judgement, lack of compassion, fatigue, muscle tension, sleep disturbances, and gastrointestinal problems. It is an extensive issue that leads to higher turnover rates, lower patient satisfaction scores, and an increase in the nursing shortage. (Yang & Kim, 2016).

Methods

Setting
A large level-two trauma center in an urban setting in eastern New Jersey with a total of 54 ED beds and an average of 250 patients seen daily

Sample
A convenience sample of male and female RNs. Inclusion criteria includes RNs working in the ED with a device that has access to an Internet connection. Exclusion criteria includes RNs in management, travel nurses, float nurses, and per diem nurses. A total of 42 nurses took the pre-test and 39 took the post-test.

Design
1. Site IRB and Rutgers IRB approval obtained.
2. Consent and pre-intervention ProQOL survey transcribed on SurveyMonkey and sent through Outlook email. Open access to use this tool is given by the author (Hudnall Stamm, 2009).
3. Multiple evidence-based one-hour resiliency training sessions offered through WebEx
4. Post-intervention Pro-QOL survey sent 1 month from time of resiliency session
5. Survey results exported to Microsoft Excel and combined into one dataset
6. Dataset exported to SPSS and analyzed through the Mann Whitney U test

Results
The IBM SPSS v.26 was used to analyze the quantitative data. Prior to analysis, screening was done for outliers, normality, and missing data. The non-parametric Mann-Whitney U test was used to evaluate data for statistical significance. This test was chosen based on the tests of normality, showing that when using a parametric test, burnout (BO) and secondary traumatic stress (STS) revealed a skewed dataset.

Fourty-two participants completed the pre-intervention survey and 39 completed the post intervention survey. Prior to the intervention, the mean score for compassion satisfaction (CS), BO, and STS was 30.50, 29.88, and 29.79, respectively. After the intervention, the CS score increased to 45.13, BO decreased to 17.64, and STS decreased to 20.13. There was a statistically significant change in CS (z = 7.18, p = .000), BO (z = -6.102, p = .000), and STS (z = -5.158, p = .000).

Discussion
The CS subset indicates the pleasure derived from doing a good job at work (Hudnall Stamm, 2009). A high score on this subset signifies a higher satisfaction in one’s ability as a caregiver. The BO subset is correlated with feelings of hopelessness and difficulties with one’s job. A high score on this subset indicates high levels of burnout, and lower scores indicate lower levels of burnout. The STS subset is about work-related traumatically stressful events. The lower score on this subset is more favorable than the higher score.

Five questions in the BO subset were reverse coded as per the Pro-QOL instructions and the total score for each subset was computed through SPSS. Initially, the dataset was tested for normality, which portrayed skewed data for the BO and STS subset when a parametric test was used. Therefore, the non-parametric Mann-Whitney U test was used for comparison of two independent groups. Data analysis for all three subsets portrayed statistically significant results (p = .000).

References


