

Introduction

Compassion fatigue (CF) is defined as, “a state of exhaustion which limits the ability to engage in caring relationships – has been identified as a crucial component impacting professional nursing performance” (Nolte et al., 2017, p.4365). The emergency department (ED) is a high-stakes environment where one decision can result in life or death. The constant pressure of these decisions takes a toll on the nursing staff, ultimately affecting their ability to provide effective care (West et al., 2017). Compassion fatigue can mimic post-traumatic stress disorder in that symptoms relate to traumatic memories, causing hyperarousal or numbness, exhaustion, and avoidance of similar situations (Sorenson et al., 2016, p.457). Emergency nurses deal with complex situations and difficult decisions daily while having to provide skilled, high quality nursing care to their patients. Through balancing extraordinary patient loads, high acuity patients, and meeting a myriad of demands in a fast-paced environment, ED nurses deal with emotional and physical challenges that eventually result in CF (Tavakoli et al., 2018). This project focuses on reducing the prevalence of CF in ED nurses working in a Magnet-accredited level two trauma center through resilience training, using evidence-based practices.



(Potomac Programs, 2020)

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).

Methodology

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 resilience 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



Figure 1. Mean scores of the pre-and post-intervention results

Pre- and Post-Test Statistics

	CS	BO	STS
Mann-Whitney U	60.500	174.500	274.500
Wilcoxon W	963.500	954.500	1054.500
Z	-7.180	-6.102	-5.158
Asymp. Sig. (2-tailed)	.000	.000	.000

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.

Forty-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 ($p = .000$).

Implications

Practice

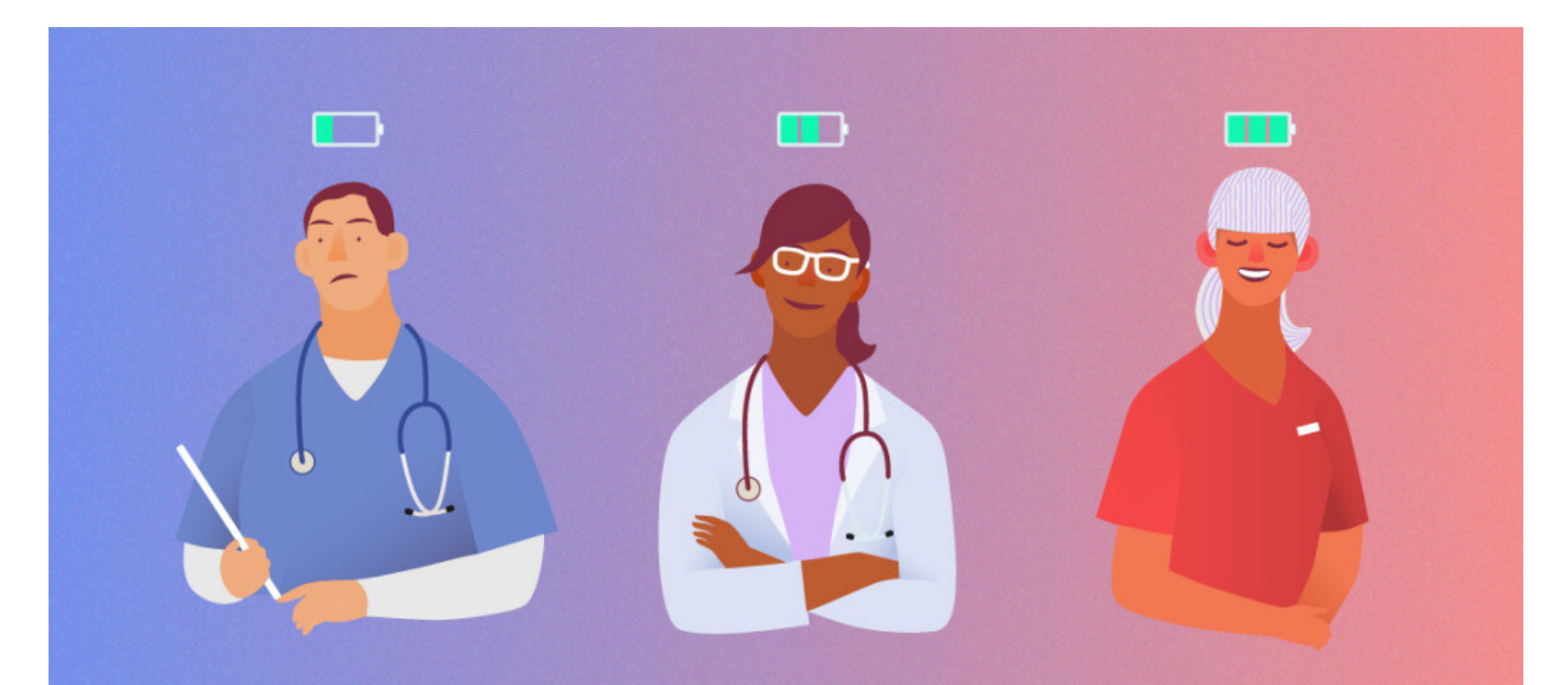
1. RNs should develop resilience strategies
2. Resilience training should be introduced in new-hire orientations and annual competencies
3. Staff support through mentorship programs

Quality and safety

1. Healthcare facilities should provide spaces for staff to decompress on a hectic shift
2. Debriefing sessions should be normalized after every traumatic event

Economics

1. Through implementation of resilience strategies by healthcare facilities, and the support of nurse leaders for their staff, CF in ED RNs would decrease, thus decreasing the rate of turnover.
2. Healthcare corporations would spend less money on staff recruitment and orientation.
3. With staff satisfaction, quality of care is expected to improve.
4. Improvement in patient satisfaction surveys would also be expected, thus allowing for more Medicaid reimbursements.



(2U Inc., 2020)

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