Compassion Fatigue: Do Caregivers at UNC Health Care Heart and Vascular Units Experience It?

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Purpose

• Compassion fatigue, also known as secondary stress disorder, has been identified as the final stage of the “progressive and cumulative process caused by prolonged and continuous contact with patients, use of self and exposure to stressors” (Coetzee, 2010, p. 237).

• Compassion discomfort and compassion stress, which precede compassion fatigue are thought to be reversible through rest and other restorative activities.

• A literature review discusses compassion fatigue in the areas of End-of-Life Care, Oncology, Psychiatric, and Military Nursing, however, little research exists on the presence and/or effects in Heart and Vascular (H&V) Nursing (Young, Den, Chicchillo & Bressler, 2011).

Therefore, this study seeks to fill this gap by examining compassion fatigue in this population.

Research Questions

• To what degree are Heart & Vascular healthcare workers likely to experience compassion satisfaction (CS), burnout (BO), or secondary traumatic stress (STS)?

• Does the risk for BO or STS vary significantly with demographics measured in the Heart & Vascular healthcare worker population?

References:


Methodology

Descriptive study using the ProQOL scale to survey for the presence of compassion fatigue within H&V caregivers.

Survey was electronically distributed to all H&V nursing staff, both inpatient and outpatient.

• Critical Care areas: Cardiotoracic Intensive Care Unit (CTICU) and Cardiac Intensive Care Unit (CICU)

• Intermediate Care areas: 3 Anderson/Intermediate Cardiac Care Unit (3AND/ICCU) and Cardiotoracic Steepdown Unit (CTSU)

• Acute Care area: 5 Anderson (SAN)

• Procedural areas: Cardiac Catheterization Lab and Vascular Radiology.

Response rate: 80.4%

Sample Demographics

• Ages: 20-62

• Gender: male and female

• Education level: High school graduate – Masters prepared

• Years at UNCCH: 0-38

• Positions: HUC, NA, Staff nurses (CNI-CCRN)

• Shifts worked: all (day, night, evenings, and rotating)

Our Results:

![Graph showing results](graph.png)

Discussion

Within H&V, the average healthcare worker is likely to experience an average level of CS, low level of BO and low level of STS.

The study found that as the age of participants increased, the likelihood of experiencing CS increased and the likelihood of experiencing BO decreased.

Results also suggest that participants working in outpatient settings have a lower likelihood of experiencing STS.

Implications

Although, UNC H&V healthcare workers do not report high levels of STS or BO, younger staff did exhibit higher levels of this phenomena. These findings indicate that either resources or early interventions are needed to help prevent high levels of STS and BO in younger H&V healthcare workers.

Future Research

• Identify specific stress reliever (stress management) to utilize for younger members of H&V healthcare workers.

• Examine variability of Compassion Fatigue across H&V units over time.