Patient-centred nursing, compassion satisfaction and compassion fatigue in intensive care units

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Aim
To determine critical care nurses’ experience of compassion satisfaction and compassion fatigue
What is compassion satisfaction and compassion fatigue?
‘… it’s a bit hidden because it’s kind of like admitting that if you’re fatigued that you’re kind of failing in some way and that you’re not coping.’ RN15
Significance

Patients

Nurses

Health Systems
Project Design

- Concept Analysis
- Integrative Literature Review
- Mixed Methods Study
- Survey
- Interviews
Methods

• A self-reported cross-sectional survey
• Two adult Australian ICUs
• The Professional Quality of Life Scale 5
• Analysis - SPSS
Scoring:

- Low = 22 or less
- Average = 23 to 41
- High = 42 or above
Scores across dataset

Compassion satisfaction 35.49 (6.00)

Burnout 25.47 (5.31)

Secondary traumatic stress 21.43 (4.64)

Low = 22 or less    Average = 23 to 41    High = 42 or above
Compassion satisfaction, burnout & secondary traumatic stress

- **Secondary traumatic stress**
  - Low
  - Average: 25%
  - High

- **Burnout**
  - Low: 0%
  - Average: 75%
  - High: 25%

- **Compassion satisfaction**
  - Low: 50%
  - Average: 25%
  - High: 25%
Demographic comparison between sites

- Majority female – more males at Site A
- Postgrad qualifications – same
- Difference in years of experience and tenure – not significant
- Differences in age groups – significant
Compassion satisfaction, burnout and secondary traumatic stress

Compassion satisfaction
- Increased with years of practice and tenure
- Higher with post grad qualifications
- Site A higher CS than Site B

Burnout
- Reduced with increasing age, years of practice and tenure
- Mid-career nurses at higher risk

Secondary Traumatic Stress
- Site B higher STS than Site A
Predictors and Key Findings

Higher **compassion satisfaction** and lower **burnout** with *increasing* years of practice/tenure.

Post-grad qualifications = higher **compassion satisfaction**

Mid-career nurses at highest risk

Site and tenure impact professional quality of life
Conclusion … more questions
Thank you to the ICU nurses for participating and supporting my research
Patient in the bed …

‘Sometimes if the patients are really, really sick, … you can sometimes forget that there’s a body in the bed because there is so much else going on that you’ve got to manage and if you don’t manage that there’s not going to be a body in the bed.’ RN15

‘Like we’re really good with our turning and our pressure area prevention and our management of IV lines, CVADS … but I think there are other things that we forget about ….’ RN8

You can’t be giving love to somebody when they haven’t got an airway …’ RN12
‘…. patients beg me to stop. I’ll be doing suctioning and I’ll be doing all the stuff and they’ll be saying please stop. And the family are going like “nope, got to go, keep going” … Let the patient go with dignity.’ RN8 Site A

‘At the coal face you feel like you’re the only one that cares and um, I think that’s one of that areas here that’s really challenging when we see people who are at the end of their lives and they just keep going for a bit longer.’ RN8 Site B
‘I was always carrying the arrest page, I was always getting the new admissions, I was always having the sickest patient in the unit. I felt like I was being burdened a lot with a lot of responsibility. Like a lot of senior RN’s.’ RN8

‘Yeah, we do get the Arrest Page when we’re in charge and on night shift we generally have it as well. And you have to go to the arrests and sometimes you’re leaving the unit. And you run then and could be an hour or 2 hours out for a major arrest.’ RN20

‘….. It means those patients are often getting nurses that are feeling, what I was feeling, feeling fatigued. ... So I definitely think it would affect the patient centred care when you don’t feel like there is an even distribution of workload in the unit.’ RN8
Fatigue ..... 

‘I don’t think I could do ICU for another 5, another 10 years. I don’t think I could.’ RN8

‘It’s just a job now – I used to care but now … no support .. Just a job’ RN15

‘You need to be able to be the professional and to control your emotions. This is part of your job this is part of your responsibility.’ RN8

‘It’s assumed you will cope. I was told ‘you’re a good nurse, you’ll cope’ RN15

‘ … I never want them to see me upset. I think one time I did cry, and I thought, oh no. I think you’ve got to maintain that kind of professional …’ RN8
Satisfaction ....

‘Those little moments of thanks go a long way.’ RN15

There’s days when you go home and decide that you’ve done the best you can even if it might be a bad result, you know what I mean. You know that you’ve done everything that you possibly could. You’re satisfied with yourself that you’ve done that.’ RN20

‘Sometimes it can be really stressed and really, really busy but then I like, at the end of the day I like it when I’ve got everything done.’ RN3

‘In this job, when the patients are unconscious and things like that you don’t always get that positive feedback that you ….. want.’ RN8
Colleagues ..... 

‘It’s nice to talk to someone about your feelings sometimes….’ RN20

‘You know you develop friendships and things like that and people you’re confident and comfortable to talk to you kind of in an informal way. But I don’t think there is an actual supportive kind of network..’ RN8

‘Yeah, debriefing definitely helps. I think it does. I think management - there’s more of a gap between.. I think sometimes in management they lose the ability to remember what its like to be in the clinical role.’ RN3
References


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EXTRA SLIDES
Compassion satisfaction
Sites

Significant (p = .008)
Burnout Sites

Low

Average

High

Site B

Site A

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Secondary traumatic stress
Sites

Significant (p = .025)
Compassion Satisfaction and Years of Practice

\[ R^2 \text{ Linear } = 0.081 \]
Burnout and Years of Practice

Site A

Site B
Burnout and Years of Tenure

Site B
Secondary Traumatic Stress and Years of Practice

Site A

R² Linear = 0.076
**Patient-centred nursing in the intensive care unit**

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