Title:

COMPASSION SATISFACTION AND COMPASSION FATIGUE AMONG EMERGENCY DEPARTMENT REGISTERED NURSES

Author

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Purpose and Rationale:

Responses of emergency nurses caring for patients who experience suffering or trauma have received little attention. These effects may be positive, leading to compassion satisfaction, or negative, causing compassion fatigue.

Research Questions:

Some of the research questions that guide this study are the following:

What is the prevalence of compassion fatigue and compassion satisfaction among registered nurses who work in an emergency department? Is the type of reaction (compassion fatigue or compassion satisfaction) related to the type of emergency department setting, length of experience as an emergency room nurse, educational level, or other sociodemographic characteristics?

Synthesis of Review of Literature:

The pressure of increased workload contributes to additional stress for nurses (Sherman, 2004). Systems and workload problems that contribute to stress and burnout among nurses

include institutional policies, staffing shortages, insurance frustrations, excessive paperwork, needing to justify their position, and a feeling of general health care system dysfunction

(Maytum, Heiman & Garwick, 2004). Many nurses have accepted these as stresses as part of their daily professional lives, however, the affects are remain unidentified and untreated.

The combined effects of compassion fatigue, chronic grief and emotional and physical exhaustion have led to significant burnout and prolonged job dissatisfaction in the nursing

profession. It is crucial that these factors are addressed to help with the nursing shortage (Repar & Patton, 2007). Organizations and their leaders play a role in mitigating the effects of compassion fatigue among personnel (Stewart, 2009). Inevitably, compassion fatigue will have an adverse impact on staff recruitment, retention, morale and performance (Hofman, 2009).

Methods/Procedures:

A descriptive study of these variables in ninety-three participants who were members of the Emergency Nurses Association (ENA) was conducted using the Professional Quality of Life (ProQOL) instrument.

Results:

Results yielded a statistically significant inverse relationship between the variables of age and secondary traumatic stress (p < .05). Other variables approached statistical significance with a positive relationship: age and compassion satisfaction (p = .10); age and compassion fatigue (p = .08); and years as a registered nurse and compassion fatigue (p = .07). An inverse relationship between years as an emergency nurse and secondary traumatic stress (p = .10) also approached statistical significance.

Discussion/ Application to Practice:

Findings support the presence of compassion satisfaction as a positive experience for emergency nurses, and compassion fatigue as a problem that should be recognized and prevented.