Courageous Caring to Promote Compassion Satisfaction
Tara L. Sacco RN, MS, CCRN, AGCNS-BC, ACCNS-AG
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Objectives
• Differentiate the aspects of compassion satisfaction, compassion fatigue, burnout, and moral distress in acute care nursing.
• Reconstruct thinking to support ongoing conversations of compassion satisfaction in the nursing workforce.
• Discover methods to promote compassion satisfaction in acute care nursing.

Background
• 12 years of experience in the Adult Critical Care Units at Strong
  – 3+ years teaching at St. John Fisher College
• Research Internship: Professional Quality of Life in Adult, Pediatric, & Neonatal Critical Care units
• PhD Student, Villanova University
  – Dissertation focus: Healthy Work Environment, Compassion Satisfaction & Compassion Fatigue

NOTE:
These concepts are not unique to nursing and have been reported in other helping professionals. Each is a subjective feeling that may vary person to person. An understanding of each has the potential to enhance the work environment for all members of the healthcare team.

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Literature Search
• Ovid
  – Compassion Fatigue: 255
  – Burnout: 8,975
  – Secondary Traumatic Stress: 105
  – Moral Distress: 344
  – Compassion Satisfaction: 55
• CINHAL
  – Compassion Fatigue: 297
  – Burnout: 5,131
  – Secondary Traumatic Stress: 115
  – Moral Distress: 441
  – Compassion Satisfaction: 71

**Search completed in June**
Moral Distress: Definition

• First described in 1984 by Jameton:
  – When someone knows the right thing to do, but can’t due to constraints (internal/external)
• The mental suffering that results from being aware of the morally appropriate intervention, but despite efforts it cannot be implemented.

Compassion Fatigue (CF): Definition

• A state where compassionate energy expended by helpers is greater than the helper’s restorative processes resulting in an inability to recover
• Develops as a result of the exposure to patients’ experiences and the caregivers’ empathetic response.
• A consequence of caring, the loss of the ability to nurture patients.
• Cynicism and emotional exhaustion in health professionals; sustained exhaustion and decreased capacity for work.
• Two main components: Burnout & Secondary Traumatic Stress

Moral Distress
• Nurses are susceptible due to the moral undertones of nursing practice, closeness of the nurse-patient relationships, and the caring role.
• Causes:
  – Poor-quality/futile care
  – Unsuccessful advocacy
  – Unrealistic hope
  – Anything that may interfere with the ability to provide optimal care
• Physical symptoms
  – Headache, neck pain, GI disturbances, sleeplessness
• Psychological symptoms
  – Anger, guilt, depression, frustration, anguish, reduced self-worth, withdrawal from family/friends, powerlessness
• Effects
  – Traumatization
  – Effects on patient care

Compassion Fatigue
• Results from continuous & repeated exposure to stressors (patient suffering or others within the work environment).
  – Stressors lead to emotional exhaustion
  – Can result in depersonalization, poor performance, loss of empathy, poor judgement
• Symptoms: difficulty concentrating, intrusive imagery, loss of hope, exhaustion, irritability, absence of energy, emotional breakdown, feeling overwhelmed, lack of enthusiasm for patient care, weight gain/loss, loss of endurance, other physical complaints

INTERPERSONAL RELATIONSHIPS THAT INCLUDE EMPATHY AND EMOTIONAL ENERGY, I.E. THE NURSE-PATIENT RELATIONSHIP, ARE A KEY FACTOR IN THE DEVELOPMENT OF COMPASSION SATISFACTION AND COMPASSION FATIGUE.

“THE MANAGER’S MOST EMPATHETIC EMPLOYEES ARE MOST LIKELY TO EXPERIENCE COMPASSION FATIGUE WHEN DEALING WITH SUFFERING PATIENTS”
**Burnout (BO): Definition**

- Syndrome of emotional exhaustion*, depersonalization, lack of personal accomplishment that develops over time.

*Beck, 2011; Beck & Gable, 2012; Oyeleye et al, 2013; Spence Laschinger et al, 2010*

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**Secondary Traumatic Stress (STS): Definition**

- Emotions and behaviors that result from knowing about someone else’s traumatic event and wanting to help that person; can result from one or more exposures.

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**Consequences**

- MD has been linked to the development of burnout, decreased job satisfaction and turnover
- BO can lead to the transfer of frustrations to others, low organization commitment, and turnover
- CF can result in poor job performance, substandard patient care, absenteeism, interpersonal conflicts, and diminished sense of effectiveness, competency, and accomplishment, and stress related illnesses
- Risk to patient safety and patient dissatisfaction may result from CF
- All can negatively affect the nurse’s personal life.


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**Measurement**

- **Tools**
  - Moral Distress
    - Moral Distress Scale, also available in pediatric/neonatal version
  - Compassion Fatigue
    - Professional Quality of Life Scale (ProQOL)
    - Compassion Fatigue Self Test
    - Compassion Satisfaction and Fatigue Test
    - Compassion Fatigue Scale Revised
  - Burnout
    - Maslach BO Inventory
    - Copenhagen BO Inventory
  - Secondary Traumatic Stress
    - ProQOL
    - Secondary Traumatic Stress Scale
    - Compassion Fatigue Self Test
    - Compassion Satisfaction and Fatigue Test
    - Compassion Fatigue Scale Revised
Professional Quality of Life (ProQOL) Scale
- Available for use: www.proqol.org

Compassion Satisfaction (CS)
- May be a protective mechanism, a counterbalance to CF
  - Maintains well-being
- Motivation to care for patients is tied to the satisfaction caregivers get from helping
- Achieved from the connection with patients and their families, an emotion reward
- Feeling supported by colleagues and contributing to the organization may contribute to feelings of CS
- May outweigh the negative aspects of a job
- Less robustly researched as compared to MD, CF, STS, and BO

“DEMOnstration OF COMPASSION...DOES NOT ALWAYS LEAD TO NEGATIVE EMOTIONAL STATES OR OUTCOMES”

Measurement
- ProQOL

Compassion Satisfaction (CS): Definition
- The sense of accomplishment and reward derived from caregiving
- The joy, purpose, and meaning derived from the work of a helper
- Rewarding aspects of a job that connects a helper with suffering patients.
- Being able to empathize and relieve suffering while not becoming emotionally exhausted

Consequences
- Positive feelings towards colleagues
- Positive contributions to the work environment and beyond
- Improved patient satisfaction
- As a motivational factor, it may improve recruitment and retention rates
- Has been linked to self-efficacy, a sense of community, and healthy coping mechanisms

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Slocum-Gori et al., 2011, pp. 173

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(Abbott & Long, 2003; Hedges, et al., 2010; Hinds, et al., 2010; Hinderer et al., 2014; Meyer et al., 2015; Slocum-Gori et al., 2011; Smart et al., 2014; Todaro-Franceschi, 2013)
Fostering Compassion Satisfaction

• Resiliency Training
  – Some suggested topics: self-regulation, intentionality, perceptual maturation self-validation, connection and support, and self-care revitalization

WE, AS NURSES, ARE RESPONSIBLE TO AID ONE ANOTHER TO FOSTER COMPASSION SATISFACTION, WHILE BEING ABLE TO RECOGNIZE THE SIGNS OF COMPASSION FATIGUE AND BURNOUT.

Fostering Compassion Satisfaction

• Positive self-concept
• Understanding of others
• Development of self-awareness
• Workplace empowerment
  – Psychological empowerment
• Caring for oneself personally and professionally
  – Listening to ones physical and mental needs
• Self-care activities
• BALANCE

QUESTIONS?

Contact info:
Tara_sacco@urmc.rochester.edu or tsacco@grf.edu

Fostering Compassion Satisfaction

• Use of alternative therapies: massage, reflexology, aromatherapy, mindfulness
• Mentoring/Strong Co-worker Relations
  – Formal or informal, with debriefing
• Participation in professional development
• Giving (and receiving) positive feedback
• Formal support systems
  – Ex. Pastoral care
• Availability of a quiet space


• Tordaro-Francheschi, V. (2013). *Compassion Fatigue and Burnout In Nursing: Enhancing Professional Quality of Life*. New York : Springer.


