Preparedness and Risk Factors of Compassion Fatigue in Undergraduate Nursing Students

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Abstract

The incidence of compassion fatigue is increasing among healthcare workers especially those who do not know what compassion fatigue is and have not developed healthy ways to cope with compassion fatigue. Unfamiliarity with compassion fatigue stems back to nursing school. Research has been done on what compassion fatigue is, its causes and coping mechanisms but there is limited research as to how compassion fatigue effects students or whether or not nursing school prepares students on how to combat compassion fatigue in high stress or difficult situations.

The intended purpose of this study is to evaluate the risk factors of compassion fatigue in undergraduate nursing students and their preparedness to deal with compassion fatigue as novice nurses.

Methods: The study was set up as a quantitative study of a convenience sample of freshman, sophomore, junior and senior undergraduate nursing students in the Salem State University Nursing Program. The ten-question survey developed by the author contained questions related to demographics, risk factors for compassion fatigue and preparedness.

Results: Data was analyzed using SPSS. Of the 607 possible BSN students, 105 (18%) BSN students completed the survey. 0% of students reported having no stress while 67.7% of students reported having an above average to extreme stress. 43.2% of BSN students reported frequently or constantly being preoccupied with the stressors of others. 73.3% of students reported that they had never heard of the term compassion fatigue. 96.2% of students reported that they do not frequently take time to wind down and reflect after a stressful situation.

Conclusion: The results demonstrate that students are in need of further education regarding the risk of compassion fatigue and how to better prepare themselves. The undergraduate nursing student's reported having several risk factors already in place including high stress and ineffective coping. They also reported being unprepared to deal with challenging situations involving patients. The results provide implications for both nursing faculty as well as nurse educators in the clinical setting working with novice nurses.

Introduction

Operational Definitions

Compassion Fatigue: Compassion fatigue is a combination of physical, emotional and spiritual exhaustion associated with caring for patients in emotional pain and physical distress (Lombardo, & Eyre, 2011). Compassion fatigue can be triggered by exposure to traumatic patient experiences where the nurse cannot disassociate and separate their feelings of stress and anxiety with the patient's condition (Thompson, 2013). This reaction can result in the nurse to isolate themselves from the patient and a lack of adequate care (Coetzee & Klopper, 2010).

Compassion satisfaction: Compassion satisfaction is the opposite of compassion fatigue. A person is exposed to risk factors but they are able to continue to provide selfless care without a negative outcome. Compassion satisfaction allows a person to feel personal and professional self-worth and connect with their patients regardless of the circumstances (Coetzee & Klopper, 2010).

Burnout: Burnout is defined as the process in which workers begin to develop negative attitudes and behaviors in response to excessive work stress (Li, Early, Mahrer, Klaristenfeld, & Gold, 2014). This negativity essentially results in a division between the expectation of the worker related to role performance and the structure of the organization. (Sabo, 2006). Burnout is also associated with nurses over extended by long hours (10-12 hour shifts); repeatedly working overtime or double shifts; and/or inadequate patient staff ratios.

Risk: Risk can be defined as a hazard, danger, and chance of loss or injury. A risk poses a chance or offers a certain probability of developing an ailment (Coetzee & Klopper, 2010). When a health care provider is consistently exposed to high risk situation they are more at risk for loss or injury including but not limited to: loss of positive wellbeing and health consequences related to repeated risk exposure.

Novice Nurse: A novice nurse is a nurse who has had little to no clinical experience and/or a new graduate. Common attributes accessible to the novice nurse are impartial or measurable parameters of the patient's condition. The main skill that novice nurses lack is the ability to use discretionary judgement because they rely so heavily on the measurable parameters they have been taught. Situations that force a novice nurse to prioritize a situation or create an exception to a common known parameter may cause a catastrophe. (Benner, 1994)

Background

Compassion is a trait exhibited by most nurses but there is a fine line between caring just enough and caring too much. Compassion fatigue was first defined by Figley in 1995 as a combination of physical, emotional and spiritual depletion associated with caring for patients in significant emotional pain and physical distress (Lombardo, & Eyre, 2011) However, Joinson, a nurse in the emergency department, was the first to actually describe the phenomenon in 1992 (Lombardo, & Eyre, 2011). Since then, research has been done on what it is, causes and coping mechanisms but there is limited research as to how compassion fatigue effects nursing students or novice nurses and whether or not nursing school prepares students on how to combat compassion fatigue in high stress or

difficult situations. A study on preclinical education by Wear and Zarconi showed that some students found preclinical education to "enhance their ability to consider other people's life situations and opinions before implementing a course of action for their care" (2008, p. 950). However in many nursing schools no such "preclinical" course on combatting compassion fatigue exists even though it has been found that nursing students anticipate experiencing burnout at some point during their nursing careers as though it was an unavoidable phenomenon (Michalec, Diefenbeck, & Mahoney, 2013).

Purpose

The incidence of compassion fatigue is increasing among healthcare workers especially those who do not know what compassion fatigue is and have not developed healthy ways to cope with compassion fatigue. Unfamiliarity with compassion fatigue coping stems back to nursing school. In many programs, hospice or palliative care is a topic that is merely brushed upon during major courses such as medical-surgical nursing or the fundamentals of nursing, however most students are not provided with course content that talks specifically about dealing with death, dealing with families, stress related to the work environment and healthy ways to cope.

The intended purpose of this study is to evaluate the risk factors of compassion fatigue in nursing students and their preparedness to deal with compassion fatigue. More specifically whether they know what compassion fatigue is, ways to prevent it, how to recognize symptoms and healthy ways to cope. The focus of the study will be on undergraduate nursing students at Salem State University in Salem Massachusetts during 2015.

The research questions that will guide this study include: Do students know what compassion fatigue is? Do they know how to prevent compassion fatigue? If they are put in a stressful situation, do they know how to recognize signs and symptoms? Do they have positive coping skills to manage compassion fatigue? Does nursing school prepare them to properly evade compassion fatigue?

Materials and Methods

The study was set up as a quantitative study of a convenience sample of freshman, sophomore, junior and senior undergraduate nursing students in the Salem State University Nursing Program. The surveying process began in the summer of 2015 after the approval by the Salem State Institutional Review Board (IRB) in accordance with the US Department of Health and Human Services for use of human subjects. The questions in the survey begin as basic questions about the participant's gender and year in nursing school and continue onto questions about the extent of knowledge the student has regarding compassion fatigue, healthy coping methods and their current levels of stress and preparedness relating to clinical situations such as the death of a patient and other difficult situations. All survey questions were designed using information about the basic risk factors of compassion fatigue along with background research on ways to combat compassion fatigue.

The nursing program at Salem State University is a four-year program that prepares undergraduate nursing students to complete the NCLEX exam after receiving a BSN degree. The group of students were chosen based on the knowledge that they have participated in at least one nursing course. This includes freshmen, sophomore, junior and senior nursing students

An email was sent out June 8, 2015 to all freshmen, sophomore, junior and senior nursing students through the Salem State listserv for nursing students containing a short 10 question survey located on surveymonkey.com. Before beginning the survey students were required to read and accept the conditions explained on the disclosure form. Participants were assured that participation in the study was completely voluntary and at any time they could stop taking the survey or skip a question. Participants were informed that there were no risks or benefits to completing the survey and at no point would they be asked to provide any identifying information. Data was analyzed with the use of SPSS, Version 23.

Results

Table 1. ***Demographics of Nursing (BSN) Student Participants***

(N = 105)

	Frequency (#)	**Valid Percent (%)**
Gender		
Female	95	92.2 %
Male	8	7.8 %
Missing	2	
BSN Year		
1st Year/Freshmen	3	2.9 %
2nd Year/Sophomore	12	11.8 %
3rd Year/Junior	42	41.2 %
4th Year/Senior	45	44.1 %
Missing	3	

Of the possible 607 students 105 (18 %) students successfully completed the survey. The participants in this study consisted of mostly female BSN students (n = 95), (92.2 %) with only 8 of the 105 participants being male (7.8 %). Interestingly the majority (85.3 %) of the participants were either 3rd year/Junior (n = 42) or 4th year/senior (n = 45) BSN students. The remainder of the participants consisted of 3 1st year/freshmen students (2.9 %) and 12 2nd year/sophomore students (11.8 %).

Table 2. ***Frequencies for Questions Related to Risk Factors of Compassion Fatigue from Nursing (BSN) Student Participants*** (N = 105)

	Frequency (#)	Valid Percent (%)
Q3. On average what is your stress level?		
No stress	0	0 %
Slight stress	2	1.9 %
Average	32	30.5 %
Above average	66	62.9 %
Extreme	5	4.8 %
Q6. How often do you find yourself preoccupied with the emotional stressors of others?		
Rarely	12	11.5 %
Sometimes	47	45.2 %
Frequently	38	36.5 %
Constantly	7	6.7 %
Missing	1	
Q8. How effective do you find your present coping mechanisms for stress?		
Not at all	6	5.8 %
Slightly	22	21.2 %
Okay	51	49.0 %
Good	18	17.3 %
Excellent	7	6.7 %
Missing	1	
Q10. How often do you take time for self-care activities?		
Never	1	1.0 %
Rarely	22	21.4 %
Sometimes	45	43.7 %
Frequently	32	31.1 %
Constantly	3	2.9 %
Missing	2	

The questions related to the risk factors of compassion fatigue followed a normal distribution pattern aside from question 3, which was negatively skewed indicating that the group reported high stress levels. Interestingly 0 % of students reported having no

stress while 67.7 % of students reported having an above average to extreme stress. In regards to question 6 (Q6), the highest points fall between *sometimes* (n = 47) and *frequently* (n = 38), with the two ends being *rarely* (n = 12) and *constantly* (n = 7). Remarkably, 43.2 % of BSN students reported frequently or constantly being preoccupied with the stressors of others. In regards to question 8 (Q8), the mode was *okay* (n = 51). *Slightly* (n = 22) and *good* (n = 18) lie on either side of *okay* followed by *not at all* (n = 6) and *excellent* (n = 7). Only 24% of students found their present coping mechanisms for stress good or above. Question 10 (Q10), had a mode of *sometimes* (n = 45) followed closely by *rarely* (n = 22) and *frequently* (n = 32). The ends are at *never* (n = 1) and *constantly* (n = 3).

Table 3. ***Frequencies for Questions Related to Preparedness for Compassion Fatigue Experienced by Nursing (BSN) Student Participants*** (N = 105)

	Frequency (#)	Valid Percent (%)
Q4. How often have you heard the term compassion fatigue used in the classroom or work setting?		
Never	77	73.3 %
Rarely	15	14.3 %
Sometimes	9	8.6 %
Frequently	4	3.8 %
Constantly	0	0 %
Q5. How prepared do you feel to deal with a difficult situation involving a patient?		
Unprepared	22	21.0 %
Neutral	42	40.0 %
Prepared	32	30.5 %
Very prepared	9	8.6 %
Q7. How prepared do you feel do deal with the death of a patient?		
Very unprepared	5	4.8 %
Unprepared	34	32.4 %
Neutral	31	29.5 %
Prepared	30	28.6 %
Very prepared	5	4.8 %
Q9. How often do you take time to wind down and reflect after a stressful situation?		
Never	2	1.9 %
Rarely	25	23.8 %
Sometimes	44	41.9 %
Frequently	30	28.6 %
Constantly	4	3.8 %

On table 4 and in regards to question 4 (Q4), 73.3 % of students reported that they had never heard of the term compassion fatigue (n = 77) and only 3.8 % of students reported frequently hearing the term compassion fatigue causing a positive skew (1.86). In regards to question 5 (Q5), 39.1 % of students reported that they felt prepared to deal

with a difficult situation involving a patient, while 21 % of students reported feeling unprepared to deal with a difficult situation involving a patient. Overall question 5 (Q5) had the highest mean. Interestingly in question 7 (Q7), 34 students (32.4 %) reported feeling unprepared to deal with the death of a patient while 30 students (28.6 %) reported feeling prepared, and 31 students (29.5 %) responded to feeling neutral. The responses to this question identifies a lack of consensus on a broad range of feeling prepared and had the highest standard deviation (0.99). Likewise, question 9 (Q9) followed a normal distribution pattern with the mean answer being *sometimes* (n = 44) followed by *rarely* (n = 25) and *frequently* (n = 30) with *never* (n = 2) and *constantly* (n = 4) at the tail ends. Notably 96.2% of students reported that they do not frequently take time to wind down and reflect after a stressful situation.

Table 4. ***Descriptive Statistics***

Question	Minimum	Maximum	Mean	SD	Skewness
Q3	0	4	1.35	0.65	**1.00**
Q4	0	3	0.43	0.81	**1.86**
Q5	2	5	**3.27**	0.89	0.19
Q6	0	3	1.62	0.78	-0.08
Q7	1	5	2.96	**0.99**	0.08
Q8	1	5	2.98	0.95	0.11
Q9	0	4	2.09	0.87	0.01
Q10	0	4	2.14	0.82	-0.04

According to the calculations question 3 had a standard deviation of 0.65. This was the lowest of the calculated standard deviations. This indicates consensus or agreement as the majority of the nursing students reported a similar stress level. Question 7 had a standard deviation of 0.99. This was the highest of the calculated standard deviations. Data indicates that there was a higher level of diversity in the students' responses on how prepared they feel to deal with the death of a patient compared to the other questions. Both Q3. (1.00) and Q4 (1.86) are positively skewed or skewed to the right. As a whole the majority of the student's responses were on the low side.

Table 5. ***Correlations between Survey Questions***

	Q4	Q6	Q7	Q8	Q9	Q10
Q1	-	-	-	.279*	-	-
Q2	**.207***	-	-	-	-	-
Q3	-	**.272****	-	-	-	-
Q4	-	-	-	-	-	-
Q5	-	**.213***	**.292****	**.282****	-	-
Q6	-	-	**.224***	-	-	-
Q7	-	-	-	**.256****	**.192***	-
Q8	-	-	-	-	**.297****	-
Q9	-	-	-	-	-	**.230***

*** p < 0.05 C. I. 95 %**
**** p < 0.01 C.I. 99 %**

According to the correlational data there were no negative correlation between any of the questions. There is a statistically significant correlation at the 0.01 level ($p<0.01$) between gender (Q1) and how effective students found their present coping mechanisms for stress (Q8). Current year of study (Q2) and how often students had heard of the term compassion fatigue (Q4). How prepared students feel to deal with a difficult situation involving patient (Q5) and how often students find themselves preoccupied with the emotional stressors of others (Q6). How prepared students feel to deal with the death of a patient (Q7) and how often students find themselves preoccupied with the emotional stressors of others (Q6). How prepared students feel to deal with the death of a patient (Q7) and how often students take time to wind down and reflect after a stressful situation (Q9). And lastly, how often students take time for self-care activities (Q10) and how often students take time to wind down and reflect after a stressful situation (Q9).

There is a significant correlation at the 0.05 level ($p < 0.05$) between average stress level and how preoccupied students find themselves with the emotional stressors of

others, how prepared students feel to deal with a difficult situation involving patient and how prepared students feel to deal with the death of a patient, how prepared students feel to deal with a difficult situation involving patient and how effective the students find their current coping mechanisms for stress, how prepared students feel to deal with the death of a patient and how effective the students find their current coping mechanisms for stress, and how often students take time to wind down and reflect after a stressful situation and how effective the students find their current coping mechanisms for stress. Although there is a correlation between all of these questions each correlation is weak.

Discussion

This study examined the risk factors of compassion fatigue in undergraduate nursing students and their preparedness to deal with compassion fatigue once in practice. The study was based on the idea that through education and awareness nursing students could be prepared to evade compassion fatigue as they become novice nurses. Figure 1. *Homan's Conceptual Model: Preparing Nursing Students for Perseverance through Compassion Fatigue* (below) became the conceptual model for the study along with Patricia Benner's theoretical model of the stages of clinical competence. The Homan's Conceptual Model looks at the relationship between risk factors and preparedness as they relate to the progression of nursing roles from student to novice nurse and then again to experienced nurses in their roles as clinical educators and academic faculty.

Figure 1.

Homan's Conceptual Model: Preparing Nursing Students for Perseverance Through Compassion Fatigue

Nursing Roles Progression	**Risk Factors for Compassion Fatigue**	**Preparedness**
Student Nurse	**X**	**-**
Novice Nurse	**X**	**Z**
Clinical Educators or Academic Faculty	**Y**	**Z**

X ~> Z; X ~> Y ~> Z
X = Risk factors are prominent and expected
Y = Clinical Faculty may be experiencing compassion fatigue in the faculty-student dyad while academic based faculty (unless having a clinical practice) may be at less risk
Z = Through education, nursing leadership and support, and clinical experience nurses can preserver through compassion fatigue

Of the questions related to the risk of compassion fatigue, question 3 (Q3) was the least diverse or most concise. A good majority of the students (67.7 %) responded that they had either above average or extreme stress levels. This is indicative of a higher risk for compassion fatigue in the future. A high stress level can impact not only the way nurses are able to care for themselves but how well they are able to care for their patients. A recent study by Wright stated that "stress is the most common cause of long-term sickness absence" (Wright, 2004, p. 18) There was a correlation of r = 0.27 between the amount of stress that students are experiencing and how often they find themselves preoccupied with the emotional stressors of others. One way to counteract stress levels

are to have an effective coping mechanism, however only 24% of students felt that their coping mechanisms were good or excellent. This is another risk factor that is suggestive of the development of compassion fatigue in the future. This finding indicates that students may not be being taught about ways to cope with not only the stresses of nursing but the stresses of life as well.

The questions related to preparedness for compassion fatigue as whole indicate that students were undeniably unprepared to combat compassion fatigue. Of the 105 students 77 had never even heard of the term compassion fatigue. If they have never heard of the term compassion fatigue how can they possibly be prepared to avoid it or recognize when they experience it? The first step to avoiding compassion fatigue is understanding what it is, how it works and its risk factors. A recent study suggested that "a key to understanding the onset and experience of burnout and compassion fatigue among nurses is to continue to examine the transition from student to professional nurse and the cultural atmosphere of nursing education compared to the professional practice" (Michalec, Diefenbeck, & Mahoney, 2013, p. 1). Being prepared for any situation involving loss of quality of life in a patient is one way to prepare to avoid compassion fatigue. However only 9 students felt very prepared to deal with a difficult situation involving a patient and even less (n = 5) felt very prepared to deal with the death of a patient. Another surefire way to avoid compassion fatigue is by taking time to wind down and reflect after a stressful situation. The act of debriefing is generally taught in the clinical setting while in nursing school. However a small percentage of students (3.8 %) stated that they constantly take time to reflect after a stressful situation. Lack of reflection

and relaxation lead to an increased risk of compassion fatigue and even burnout if the problem is not addressed early on.

Surprisingly there was no strong correlation between any two questions. Most all of the correlations were on the weaker side being less than r = 0.3. Of the correlations it is interesting that as the year of study increased the awareness of the term compassion fatigue increased as well. This could possibly be suggestive of the use of the term compassion fatigue in a higher level nursing course. There was also an interesting correlation between how often students took time to wind down and how effective they think their current coping mechanisms for stress are. It could be possible that the students that take more time to reflect are expected to have stronger coping mechanisms in place to deal with stressors.

Limitations

The research had several limitations. Ideally the number of participants should have been more evenly distributed across gender and year of study. As a whole the students in the Salem State University Nursing Program are predominately female. If the surveying process had lasted longer there may have been more diversity among the demographics of the students. The study would have also benefited from a larger question bank including questions related to previous experiences in the nursing field, amount of patient contact, and current emotional state. The analysis would have been better analyzed if a common scale was used for each question. For instance if each question was scaled from 0-4 rather than having a varied scale for each question.

Implications

The results of this study suggest a number of implications for both faculty and students. Nursing education provided by faculty should provide information on both compassion fatigue and compassion satisfaction in order to empower students as they enter the nursing field as novice nurses. Courses on palliative care, hospice and trauma could greatly decrease the stress associated with the nature of the topics through repeat exposure in a controlled environment that allows for debriefing. Students entering the field of nursing should better understand the risk factors associated with the development of compassion fatigue including but not limited to increased stress and preoccupation with the stresses of others. Students should also be focusing more on wellness and stress reduction activities in order to decrease stress levels and combat compassion fatigue. Furthermore, nurse educators in the clinical setting should prepare novice nurses during orientation.

Conclusion

In conclusion, the research clearly demonstrates that students are in need of further education regarding the risk of compassion fatigue and how to better prepare themselves. The undergraduate nursing student's reported having several risk factors already in place including high stress and ineffective coping. They also reported being unprepared to deal with challenging situations involving patients. As a whole undergraduate nursing students are not prepared to deal with compassion fatigue and its associated risks. Further studies could explore the extent of this issue in other nursing programs across the world. Greater depth of information regarding risk factors and

preparedness may be obtained in the future through small focus groups or the use of the ProQOL Compassion Fatigue/Secondary Trauma scale on students or novice nurses.

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