Aug 18th, 10:00 AM - 11:30 AM

The Influence of Compassion Satisfaction and its Effect on the Nurse-Patient Relationship

Brandon Larsen
bjlars11@smumn.edu

Follow this and additional works at: https://via.library.depaul.edu/nursing-colloquium

Part of the Nursing Commons

https://via.library.depaul.edu/nursing-colloquium/2017/Summer_2017/58

This Event is brought to you for free and open access by the School of Nursing at Via Sapientiae. It has been accepted for inclusion in Grace Peterson Nursing Research Colloquium by an authorized administrator of Via Sapientiae. For more information, please contact wsulliv6@depaul.edu, c.mcclure@depaul.edu.
The Influence of Compassion Satisfaction and its Effect on the Nurse-Patient Relationship: An Integrative Review of Literature

Brandon Larsen

DePaul University
Abstract

Background: Nurse caring is the most influential dimension of predicting patient advocacy, outcomes, and overall satisfaction. A nurse with compassion satisfaction is more able to provide a caring atmosphere in healthcare.

Objectives: The purpose of this integrative literature review is to analyze the impact of compassion satisfaction on nurses and the nurse-patient relationship.

Method: The integrative literature review for this study included searches of CINAHL, PubMed, and PsychInfo. A search using the keywords “(compassion fatigue OR compassion satisfaction) AND (nursing practice OR nursing staff)”.

Results: Compassion satisfaction had a significant impact on the success of nurses in healthcare. Demographic and work environment were major factors in determining the level of compassion satisfaction of a nursing staff. A direct correlation was found between a nurse’s ability to care and patient satisfaction. This correlation lead to a more successful nurse-patient relationship and better patient outcomes.

Conclusion: Fostering compassion satisfaction and providing the framework to prevent compassion fatigue will improve nurse caring and potentially provide a sustained improvement in the nurse-patient relationship.
Introduction

Background and Significance

The profession of nursing is physically and emotionally demanding as it entails complex patient loads, long shifts, demanding physicians, and a fast-paced environment (Hunsaker, S., Maughan, D., & Heaston, S., 2014). Everyday nursing becomes more multifaceted with increasing complexities along with often constant intense human interactions. When a nurse is dealing with all of these factors it’s important that they maintain a high level of caring and compassion for their patients. Florence Nightingale wrote that caring is the foundation of nursing practice, and this can also be seen in Boykin and Schoenhofer's Theory of Caring (Nightingale, F., 1969; Boykin, A. & Schoenhofer, S., 2001). The nurse-patient relationship is built on these concepts of compassion and caring.

All nurses can face “fatigue, emotional distress, or apathy resulting from the constant demands of caring for others” (Figur, 2005). This can result in compassion fatigue (CF) which as described by Figur, is the cost of caring. CF can cause “marked physical, social, emotional, spiritual, and intellectual changes that increase in intensity” (Neville and Cole, 2013). The opposite side of the spectrum from CF would be compassion satisfaction (CS). CS is defined as the sum of all the positive feelings a person derives from helping others (Sacco, T., Ciurzynksi, S., Harvey, M. E., & Ingersoll, G., 2016). It’s important to analyze compassion levels as they affect a nurse’s response to suffering and motivate their desire to help.

The cumulative experience of both CF and CS is described as professional quality of life (ProQOL) (Stamm, 2005). Sustaining a ProQOL is achieved by maintaining a healthy balance between the positive and negative aspects of caring.
Numerous research has been performed on the negative effects of CF, such as increased turnover rates, performance decreases, loss of empathy, and poor judgment, (Jenkins & Warren, 2012; Fetter, 2012; Yoder 2008) but few have looked at the positive aspects of CS and how it impacts the nurse-patient relationship.

**Problem Statement**

Both CS and CF have been identified as a predictor of overall satisfaction by hospitalized patients (Merrill, A., Hayes, J., Clukey, L. & Curtis, D., 2012). Numerous research has been performed on the negative effects of CF, such as increased turnover rates, performance decreases, loss of empathy, and poor judgment (Jenkins & Warren, 2012; Fetter, 2012; Yoder 2008).

It is understood that the working environment has a profound effect on stress levels (Sacco, T., Ciurzynksi, S., Harvey, M. E., & Ingersoll, G. 2016). In 2005, the American Association of Critical-Care Nurses published 6 standards for establishing and maintaining a healthy work environment (2005). These standards dealt with professional practice, management, collaboration, competence, responsibilities and autonomy. If these standards are not achieved a negative environment will form. This can leave the nurse more prone to mental and physical exhaustion, more absenteeism, and higher rates of attrition (Sawatzky, *et al*, 2015). This is seen to eventually have an effect on patient satisfaction, safety on the unit, and increased occurrence of CF (Sawatzky, *et al*, 2015).

There is an established cause and result of compassion fatigue, but little research into CS and its effects. A deeper understanding needs to be established looking at the influence CS for the nurse and how it impacts the nurse-patient relationship.
Purpose

The purpose of this integrative research of literature will review what influences CS, its effect on nurses and the impact on the nurse-patient relationships. Using the knowledge gained from this integrative literature review, medical professionals, hospital administrators, healthcare architects and designers will help to have a more comprehensive understanding and approach on the effects of CS. By analyzing the current evidence based research, more positive outcomes for nurses and patients will occur and overall satisfaction in the healthcare settings can be achieved.

Research Questions and Hypotheses

The following questions guide this integrative literature review:

1. What influences a nurse to feel compassion satisfaction?
2. What effect does compassion satisfaction have on a nurse?
3. What is the compassion satisfactions effect on the nurse-patient relationship?

This study hypothesizes that maintaining a high level of CS is key to many factors that are essential to a successful healthcare environment. Establishing and maintaining a prominent feel of CS in nurses will lead to better retention and a decrease in staff stress. This study also predicts that CS will have a positive correlation in establishing an effective nurse-patients relationship. Acknowledgment of the evidence based effects of CS will make a difference in every aspect of healthcare and help transform the work environment- inevitably transforming care.

Conceptual Framework

The Theoretical Model of Compassion Satisfaction and Compassion Fatigue is a great way to show the relationship between positive and negative aspects of helping others who experience suffering and trauma (Stamm, 2002). Work, patient, and personal environment are major factors
that influence a nurse feeling either compassion satisfaction or fatigue. These feelings impact a nurse’s professional quality of life which directly affects how a person feels in relation to their work. The model shows elements that subsequently stem from CF such as exhaustion and anger. These ingredients are often followed by depression and a distressed working environment. What the theoretical model lacks is showing outcomes of compassion satisfaction. Surely, if compassion fatigue can have negative outcomes the opposite being compassion satisfaction can lead to many positive results.

Figure 1. Evidence-based design model. This theoretical model outlines the environmental forces that can either positively or negatively impact a provider's professional quality of life. It analyzes the outcomes that can lead to depression and distress in the working environment.
Methodology

Design

This study will examine compassion satisfaction and what effects it will have on the nurse-patient relationship through an integrative review of literature. An integrative review is a broad research method that allows for a comprehensive understanding of the phenomenon of concern (Whittemore & Knafl, 2005). An integrative review of literature is particularly applicable in healthcare as it looks at various research articles and can relate them to create a more clear identity to the phenomenon of interest. Looking at research from a well-defined search strategy provides both qualitative and quantitative articles that are the most relevant and applicable to expanding on the already established concepts.

Literature Search Limitations and Inclusion/Exclusion Criteria

Articles included in this study were used with applied limiters; years between 2010 to 2016, only academic articles, and articles in English. After the search was performed further filtering was done based on the retrieved articles relevant to the phenomenon of interest.

Literature Search Strategies

The integrative literature review for this study included searches of Cumulative Index of Nursing and Allied Health (CINAHL), PubMed, and PsychInfo. These search engines were used because they contain an extensive database and are directed towards healthcare and biomedical literature. To find the most relevant and specific articles “(compassion fatigue OR compassion satisfaction) AND (nursing practice OR nursing staff)” were used as key search phrases. Both compassion fatigue and compassion satisfaction were used to ensure that all related articles were identified. Nursing practice and nursing staff were searched because it narrowed the search to more applicable articles.
Data Evaluation

Acquired articles were assessed for relevance and rigor that contributed to the overall analysis of the phenomenon (Whittemore & Knafl, 2005; Thomas, E. & Magilvy, J., 2010; Shenton, A., 2003). Articles were then grouped into how they contributed to the understanding of the phenomenon; understanding CS, CS’s effect on nurses, and CS’s effect on the nurse-patient relationship. The process of grouping each article allowed for a clearer review of CS and its overall effect on the nurse-patient relationship.

Results

Factors Influencing Compassion Satisfaction

CS occurs when the provider feels a sense of connection with the patients and feels a sense of achievement in their work (Stamm et al., 2010). In order to feel CS it is essential that caring for others and providing support outweighs the difficulties that a nurse feels when doing their job. Establishing and maintaining a high level of professional quality of life is essential for a nurse to feel compassion satisfaction.

Demographic-Related Effects. A major impact on CS is the demographic of the nurses. Lower levels of compassion fatigue are found in nurses with increased age and work experience (Hunsaker, 2014). Correspondingly older nurses demonstrate higher levels of CS. A nurse’s knowledge and experience has an existential impact on the prevalence of CF (Burton, 2010). Staff with higher educational degree also can lead to decreased levels of CF (Sacco, 2015). Nurses with inexperience perceive challenges as more difficult and tend to cause a busier work environment and stress. This is compounded even more in critical units were nursing often requires speed and skill. (Smart, 2013). Compassion satisfaction and fatigue in nursing staff has shown little correlation between different ethnic groups in nursing (Burton, 2010).
**Work-Related Effects.** Working environment is key in determining CS levels in the nursing population (Sacco, 2015). The environment can either promote or detract from a nurses’ ability to meet their motivational needs (Burton, 2010). Nurses who have recently had a change in management had significantly lower levels of CS compared to those who had a stable leadership structure (ANA, 2016). This instability reduces the retention of knowledgeable, caring experienced nurses. Maintenance of these essential resources help establish and preserve CS. Reduction of number of senior nurses depletes the teaching coping strategies that can mitigate the stress and the effects of compassion fatigue. Adequate leadership and experienced staff are able to provide a supportive and collaborative environment (Hunsaker, 2014). When leadership understand the principles and balance of the CS it can have a positive effect on the working environment.

**Compassion Satisfaction’s Effect on Nurses**

There is a huge amount of evidence-based research on the effects of CF and the negative impact it has on a nurse such as exhaustion, anger, frustration (Stamm et al, 2010). This can lead to depression and burnout that can impact not only the nurse but the working environment as a whole. According to Neville and Cole (2013) “compassion fatigue is the final result of progressive and cumulative process, which is caused by prolonged, continuous, and intense contact with patients, the use of self and exposure to stress, which manifests with marked physical, social, emotional, spiritual, and intellectual changes that increase in intensity” (p. 350). Signs and symptoms of CF are “chronic fatigue, irritability, dread going to work, aggravation of physical ailments and lack of joy in life” (Potter, Deshields, Divanbeigi, Berger, Cipriano, Norris, & Olsen, 2010).
If a nurse is absent of CF and feels satisfaction it can lead to many positive outcomes not only for themselves but for the unit and patients (Smart, 2014). As mentioned earlier there is far fewer research done on the positives outcomes of CS compared to the negatives of CF. A nurse experiencing CS is able to provide care, compassion, and empathy for patients that leads to an enriched live for the caregiver both personally and professionally (Smart, 2014). Experiencing CS increase the level of pleasure that nurse feels when caring (Merill, 2012). This has been shown to not only impact a nurse personally, but make a profound impact on the ability of colleagues to gain CS (ANA, 2016). Maintaining high levels of CS has shown to decrease the level of turnover (Sawatzky & Enns 2012). This turnover as previously stated results in a lack in senior leadership that have profound effect on a nurse’s ability to steer away from fatigue (ANA, 2016). Nurses experiencing CS have also been linked to less absenteeism (Dunn, 2014).

On an even deeper level a nurse's CS can foster self-actualization. Self-actualization helps a nurse realize and fulfill their talents and potentialities. It helps motivate their drive and feel their appreciation with everyone involved in the patient’s care. A nurse will then feel more meaningfulness in their vocation and in turn enhances their own lives (Burtson, 2010). This achievement is directly related to a nurse staying with a single hospital.

**Compassion Satisfaction’s Effect on Nurse-Patient Relationship**

CS alone can explain varying levels of nurse caring (Hooper, 2016). There has been a very significant correlation between nurse caring and patient satisfaction (Hooper, 2016). A caring nurse-patient relationship is one of the most important predictors in not only patients satisfaction with the hospital but the global outcomes of patients in the health care system (Hooper, 2010). Positive care perception is the most influential dimension of patient advocating for a hospital and their intentions on returning or recommend a facility to others (Burtson, 2010).
This elevates the idea that understanding the link between caring and patient satisfaction is more important now more than ever.

In addition, CS can create an intimate relationship with patients and make life changing differences for all involved. Positive encounters are linked to creating higher positive outcomes for both the nurse and patient (ANA, 2016). Dunn described that a nurse who engages with a patient from a place of caring and compassion is energized (2014). These encounters creates a compounding effect of repeated positive encounters and can change the culture in a unit for everyone involved.

CS is at the highest level of personal motivation and gratification in Maslow’s hierarchy of needs. Experiencing CS fosters development of self-actualization that opens up the highest level of care that can be achieved (Burston, 2010). This develops real meaningfulness for the nurse and therefore enhances the nurse-patient relationship. It is imperative that nurse’s internal motivation is satisfied because it increase the frequency of caring behaviors and consequently impact patient satisfaction (Burston, 2010).

If nurse is unable to feel CS it has been shown to impact the nurse’s ability to distinguish their emotions from their patients (Thompson, 2013). Although a close relationship is required in nursing it is essential that the nurse is able to remove themselves in order to maintain the best care possible (Smart, 2014). A nurse’s ability to care in a professional way is at the foundational of nursing. Patient’s perceived care from a nurse is as described by Merrill almost as important as the medical treatment that they receive (2012).

Maintaining CS nurtures many other impactful factors in the nurse-patient relationship. For example, nurse compassion was strongly correlated with patient satisfaction with pain management in patients (Burston, 2010). High levels of care help establish trust and can lead to
patients feeling calmer and at ease with their treatment (Stamm, 2016). Trust has been shown to lead to better patient outcomes (Dunn, 2014). Patients who feel cared for also reported less stress and feeling more in sync with their care (Hooper, 2011). CS as detailed can have a life altering impact on nurse, patient and their relationship.

Conclusion

According to the studies surveyed for this integrative literature review, there is clear data outlining the importance of CS in nursing. The aspect of CS is a huge determinant in the nurse’s health and cultivating a healthy nurse-patient relationship. Caring and compassion are primary factors in the success in healthcare as described by the theorist such as Nightengale and Boykin & Schoenhofer. As a deeper understanding is developed it is imperative that nursing leaders are vigilant in cultivating CS in their nurses. There are many factors that are uncontrollable such as a nurse’s experience, while a stable staff and healthy working environment are controllable.

If a nurse is absent of CF and feels satisfaction it can lead to many positive outcomes for themselves and their unit (Smart, 2014). When a nurse feels compassion it brings more meaning and energy to their performance. A compassionate nurse is better able to recognize and empathize with a patient in distress and this helps them to better alleviate their suffering.

Through this integrative literature review, it’s clear that there are gaps in the research concerned with the positive outcomes of compassion satisfaction. Research has suggested that healthcare is more concerned with combating the negative outcomes of CF. As shown propagating CS is just as important as combating fatigue in nurses. Future studies should directly analyze and evaluate the relationship between a nursing staff’s CF levels and the patient’s satisfaction with care.
Nursing Implications

Evidence-based care has a large impact on the nursing field, from the physical work environment to impacting clinical patients and staff outcomes. Critical care nurses are at an increased risk for CF and this has been shown to have a profound influence on the level of care they are able to achieve. With an evidence-based protocol in place to combat CF a unit will better be able to optimize patient’s care and achieve a healthy nurse-patient relationship.

Successful healthcare is ranked by measurable data such as falls, healthcare associated infections, medication errors and mortalities. Through the literature review in this study, it’s clear that nurses who display compassion are a key component in an auspicious healthcare system. Educational interventions and organizational accountability measures have failed to sustain continual gains in these areas and lack growth in patient satisfaction. Nursing leaders that focus more on reawakening the caring ability of their nurses will find improvement in all of these factors.
## Appendix A: Research Grid

<table>
<thead>
<tr>
<th>Citation</th>
<th>Phenomenon &amp; Research Question</th>
<th>Design, Methodology &amp; Analysis</th>
<th>Population</th>
<th>Results/Findings</th>
<th>Critique/Evaluation</th>
<th>Thematic Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Nursing Association. (2016). Examining compassion fatigue, compassion satisfaction. <em>The American Nurse.</em></td>
<td>This article looked to analyze and expand on CS and CF and the effect demographics, units, and organization factors have on it.</td>
<td>A demographic and ProQOL survey was used to measure the levels of CS and CF</td>
<td>221 nurses from nine units responded to the cross-sectional survey</td>
<td>Critical care nurses scored within the average range for all three areas (CS, CF, and burnout). There was no difference between critical care and other units</td>
<td>This article analyzed the results of the research nicely and explained the relationship between CS and patient satisfaction nicely</td>
<td>Compassion satisfaction, effect on nurse-patient relationship</td>
</tr>
<tr>
<td>Burton, P. &amp; Stichler, J. (2010). Nursing work environment and nursing caring: relationship among motivational factors. <em>Journal of Advanced Nursing.</em> 1819-1825.</td>
<td>Report of a study of the relationships among CS, nurse job satisfaction, stress, burnout, and compassion fatigue to nurse caring</td>
<td>A correlational study of nurses was conducted looking at six variables of interest using four valid and reliable research instruments</td>
<td>A convenience sample was recruited from a target population of approximately 450 nurses from nine medical surgical units, two emergency units, and two critical care units. 126 nurses response were used</td>
<td>Results show a statistical significance in the relationship between nurse caring and CS.</td>
<td>This was a good article looking at everything that can impact a nurse and their ability to care. Taking in the multiple factors allowed a broad understanding</td>
<td>Effect on nurse-patient relationship</td>
</tr>
<tr>
<td>Dunn, D. &amp; Rivas, D. (2014). Transforming Compassion Satisfaction. <em>International Journal of Healing and Caring.</em> 18.1:45-49.</td>
<td>To identify what is the lived experience of compassion in nursing practice</td>
<td>An exploratory qualitative secondary analysis grounded in textual data obtained from original study that looks at what keeps a nurse in nursing</td>
<td>Eight registered nurse participants</td>
<td>Results concluded that caring for another with compassion yields a transformation in compassion satisfaction</td>
<td>This article did a good job at describing compassion and what it does for a nurse and the patient</td>
<td>Effect on nurse-patient relationship</td>
</tr>
<tr>
<td>Hooper, C., Craig, F., Janvrin, D., Wetzel, M. &amp; Reimels, E. (2010) Compassion satisfaction, burnout, and compassion fatigue among emergency nurses compared with nurses in other selected specialties</td>
<td>This study explores the prevalence of CS, burnout, and CF among emergency nurses and nurses in other selected inpatient specialties</td>
<td>ER nurses and nurses from three other specialty units self-selected participation in a cross-sectional survey. Participants completed sociodemographic profile, ProQOL, andR-IV scales.</td>
<td>The study examined the results of 114 nurses</td>
<td>Results concluded that recognizing the signs and symptoms, and identifying best practice interventions was the best way to help nurses maintain caring attitudes. No difference was found between units</td>
<td>This article was interesting in that it analyzed the differences between units and the prevalence of differences possible emotional feelings of the nurses</td>
<td>Compassion Satisfactions, effects on nurse-patient relationship</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Title</td>
<td>Study Details</td>
<td>Results/Conclusion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>--------</td>
<td>---------------</td>
<td>--------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hunsaker, S., Maughan, D., &amp; Heaston, S. (2014)</td>
<td>Factors that influence the development of compassion fatigue, burnout, and compassion satisfaction in emergency department nurses. <em>All Faculty Publications</em>. 1549.</td>
<td>The purpose of this study was to determine the prevalence of CS, CF, and burnout in the ED. It also looked to relate the demographic and work-related components that affect them. This was a non-experimental, descriptive, predictive study using a self-administered survey. The survey was sent to 1000 nurses. The study used 284 responses from ED nurses. Results showed there was an overall low level of CF and burnout and high level of CS in this particular group of ED nurses. It was determined that a low level manager support was a significant predictor of higher levels of burnout.</td>
<td>I really enjoyed this article because it helped explain ways that medical facilities can promote CS among their nurses and prevent CF.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Merrill, A., Hayes, J., Clukey, L., &amp; Curtis, D. (2012)</td>
<td>Do they really care? How trauma patients perceive nurses’ caring behavior. <em>Journal of Trauma Nursing</em>. 16.1.</td>
<td>This study looked to see how patients were able to perceive caring behaviors in their nurses. This was a descriptive study to assess how trauma patients with multiple injuries perceive caring behaviors in their nurses. A convenience sample of 205 patients at regional medical center in northern Colorado was performed. Patients determined caring based on their gender and ethnicity. Another factor was the perceived competence of the nurse.</td>
<td>This paper did a good job relating caring behaviors in the nurse to patient satisfaction.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neville, K. &amp; Cole, D. (2013).</td>
<td>The relationships among health promotion behaviors, compassion fatigue, burnout, and compassion satisfaction in nurses practicing in a community medical center. The Journal of Nursing Administration, 43(6), 348-354.</td>
<td>The objective of this study was to examine the relationships among health promotion behaviors, compassion fatigue, burnout, and compassion satisfaction among nurses practicing in a community medical center. A nonexperimental design using a convenience sample of nurses completed the Health Promoting Lifestyle Profile II, the Professional Quality of Life Scale, and a demographic data sheet. 136 community health nurses responded to the survey. Statistically significant relationships among health promotional behaviors and compassion fatigue, compassion satisfaction, and burnout were identified.</td>
<td>This article was interesting because it looked at what steps nurses took to promote healthy behaviors.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sacco, T., Ciurzynski, S., Harvey, M. E., & Ingersoll, G. (2016). Compassion satisfaction and compassion fatigue among critical care nurses. Critical Care Nurse. 35.4. The objective of this paper was to establish the prevalence of CS and CF on the basis of sex, age, education level, unit, acuity, change in nursing management, and major system changes. A cross-sectional design surveyed demographic questionnaire and a ProQOL survey. 221 nurses reported and took the surveys. Understanding ProQOL elements can have a positive effect on work environment. Stability in management was one of the most important elements to having nurses that have CS. This article did a good job at describing different factors that can have an impact on CS and CF in the workplace.

Sawatzky, J., Enns, C. & Legare, C. (2015). Identifying the key predictors for retention in critical care nurses. Journal of Advanced Nursing. 2315-2325. The goal of research was to determine key predictors of retention in nurses working in critical care areas. A mixed method study using quantitative, cross-sectional research design. An online survey data was collected from a convenience sample of nurses. 188 nurses working in Manitoba Canada. 25 % of nurses identified they would leave critical care in the next year. Key influences being practice, management, collaboration, competence, control, and autonomy. This article did a good job at showing factors that can affect the caring and compassion for nurses in Critical Care.

Smart, D., English, A., James, J., Wilson, M., Daratha, K., Childers, B. & Magera, C. (2014). Compassion fatigue and satisfaction: a cross-sectional survey among US healthcare workers. Nursing and Health Sciences. 16, 3-10. This research looked to determine CS and CF prevalence and compared them across different units. A cross-sectional survey study examined difference among different medical professions. Study was performed using ProQOL survey. 139 nurses, physicians, and nursing assistants were surveyed. High sleep levels and employment in critical care areas are associated with less burnout. Critical care employees had significantly lower levels of burnout and CF. This article provided a deeper understanding of what causes CS and CF among different healthcare workers.
References


compassion fatigue, burnout, and compassion satisfaction in nurses practicing in a community medical center. The Journal of Nursing Administration, 43(6), 348-354.


