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PROGRAMS THAT CAN SUPPORT NURSES TO REDUCE COMPASSION FATIGUE AND SECONDARY TRAUMATIC STRESS: AN INTEGRATIVE LITERATURE REVIEW

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BACKGROUND

- Nurses are compassionate people, allowing them to empathize with their patient and their family, but it does not prepare the nurse to cope with stressful events.
- Burnout as emotional fatigue, patient depersonalization, negative attitude towards patients, and feelings of work and personal failures.
- Compassion fatigue is a unique form of burnout that directly affects caregivers and is caused by a chronic desire to care and be concerned about others.
- Four reasons why compassion fatigue must be recognized: 1. It is emotionally overwhelming. 2. The personality of the caregiver leads them to it. 3. There are unavoidable outside stressors. 4. Impossible to recognize unless you are aware of it.

SECONDARY TRAUMATIC STRESS (STS) the natural behaviors and emotions that occur after learning about another person’s traumatic event. It is the stress that results from helping a traumatized or suffering patient.

TRAUMA nurses are at greatest risk for compassion fatigue and STS due to putting the needs of their patients before their own.

RESEARCH QUESTIONS

1. What causes compassion fatigue and STS?
2. What are the signs and symptoms to recognize in nurses experiencing compassion fatigue and STS?
3. What interventional programs can be implemented to reduce compassion fatigue and STS in trauma nurses?
4. Can compassion fatigue and STS be prevented in trauma nurses with interventional programs?

PROBLEM STATEMENT

It is essential to create programs and interventions to minimize compassion fatigue and STS to ensure retention and patient satisfaction is met.

METHODOLOGY

The design of this study is an integrative literature review intended to reveal effective interventional programs to reduce compassion fatigue and STS in trauma nurses. Literature was obtained from two databases that included Ebscohost and PubMed. Sources were gathered which included the key terms (a) compassion fatigue, (b) secondary traumatic stress, and (c) nurse.

NURSING CONSIDERATIONS

Nurse managers and leaders should be aware of the symptoms of compassion fatigue and STS on their unit to decrease turnover rates and increase work satisfaction. It is also important for these leaders to be conscious of the variety of causes of, prevention of, and intervention for compassion fatigue and STS.

RESULTS

Causes:
- Witnessing a patient’s death, patient aggression, involvement in end-of-life care, verbal abuse from family members, physicians, and other nurses, open surgical wounds, massive bleeding, trauma-related injuries, care futility, performing CPR, feeling overextended, not saving a life
- Work environment
- Age of the nurse
- Education
- Unit

Signs and Symptoms
- Sleep difficulty, nightmares
- Unpleasant thoughts
- Irritability
- Flashbulb memories
- Over protective of own family

Intervention
- Wellness programs
- Counseling, support groups, bereavement interventions

Prevention
- Training in schools
- Professional quality of life
- Healthy work environment
- Social support
- Self-care
- Humor

CONCLUSION

There are numerous studies that discuss compassion fatigue and STS to classify what it is. However, there are limited studies on programs to combat these two problems. It is evident that more research needs to be conducted to determine the significance of interventional and prevention programs. It is also important to determine the significant difference between the rate of compassion fatigue and STS between the different population of nurse and units. Improving compassion fatigue and STS will increase patient satisfaction and decrease nurse turn-over rates.