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Use of Mind-Body Exercise Performed by Nurses to Effectively Decrease Compassion Fatigue: An Integrative Literature Review

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THE IMPACT OF MIND-BODY INTERVENTIONS TO REDUCE COMPASSION FATIGUE IN NURSING
Carly Grimes, DePaul School of Nursing

BACKGROUND & SIGNIFICANCE
• Compassion fatigue is the emotional, physical, or mental exhaustion experienced by a care provider resulting from helping a traumatized or suffering person
• Compassion fatigue has a prevalence ranging from 16-39% among registered nurses
• Work related stress is thought to be related to: absenteeism, turnover, direct medical costs, legal costs and accidents and the total cost to U.S. businesses could be as high as $300 billion
• Physical and emotional impact of maladaptive stress responses on a nurse:
  • Impaired digestive function
  • Impaired immune response/delayed healing
  • Cardiovascular disease
  • Psychiatric disorders
  • Social disorders
  • Sleep disturbances

METHODS
• Integrative literature review
• Utilized DePaul’s online library database
• Key search terms and phrases:
  • “Compassion fatigue”
  • “Nursing”
  • “Mindfulness”
• Search produced 168 peer reviewed articles
• Data analysis: Chart matrix

RESEARCH QUESTIONS
• How does compassion fatigue impact nurses in various specialties?
• How does nursing compassion fatigue impact the quality of patient care?
• How does compassion fatigue impact the health of afflicted nurses?
• What are the health benefits of mind-body exercises for nurses?

SUMMARY OF EVIDENCE
• Significant common findings among nurses with an increased risk for compassion fatigue:
  • Younger nurses (21-33 years old)
  • Nurses with more years of experience in current position
  • Nurses who reported poor co-worker relations
  • Nurses who worked in facilities that lack meaningful recognition
• Results from studies may suggest that nursing specialty does not have a significant impact on a nurse’s compassion fatigue and burnout.

PERCEIVED SELF-EFFICACY
• Definition: an individual’s ability to recognize barriers to action and to overcome those barriers and execute a health promoting behavior.
• A common barrier among participants in studies is lack of self-awareness or mindfulness.
• Nurses tend to focus on caring for their patients and can overlook or fail to recognize their own needs.
• Use of Professional Quality of Life Scale to raise self-awareness

BEHAVIORAL OUTCOME
• Increase in satisfaction with life, mindfulness, and self-compassion and a decrease in compassion fatigue, burnout, and stress.
• Increased feelings of wellbeing and relaxation

LIMITATIONS
• Small sample size
• Limited data on long-term effects

DIRECTION FOR FUTURE RESEARCH
• Tailor MBSR intervention to best suit a nurse’s schedule
  • Utilizing technology/alternate delivery methods
• Uncover which aspects of MBSR intervention are most effective
• Determine appropriate audience for targeted intervention to maximize benefits
• Research long-term effects of MBSR intervention

CONCEPTUAL MODEL

NOLA PENDER’S HEALTH PROMOTION MODEL

BARRIERS TO ACTION
• Time constraints and competing demands were mentioned as perceived barriers to action
• Use of telephonic sessions and smart phone delivered sessions have demonstrated effectiveness