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Examining Predictors Related to Intent to Leave Nursing Among Advanced Beginner Nurses

A Doctor of Nursing Practice Project Defense

Presented in

Partial Fulfillment of the

Requirement for the Degree of

Doctor of Nursing Practice

By

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Abstract

Introduction: Advanced beginner nurses are at risk of leaving the nursing profession prematurely and therefore further contributing to the nursing shortage. After a review of the literature, there are no known studies to date that examine the impact of compassion fatigue (including burnout and secondary traumatic stress), and compassion satisfaction on intent to leave nursing in the advanced beginner nurses.

Objective: The objective of this study is (1) to examine the difference between demographic characteristics and compassion fatigue, and compassion satisfaction, and (2) to examine significant predictors for intent to leave nursing in the advanced beginner nurse measured by compassion fatigue and compassion satisfaction.

Methods: A descriptive online survey design was used. Data was collected from an online survey that was shared with nursing alumni from a Chicago-area nursing school. Descriptive statistics, logistic regression model, Kruskal – Wallis H Test, and a post Hoc Dunn's test were used to interpret data significance.

Results: A total of 68 nursing alumni participated in the online survey. 91.2% of respondents stated they currently do not have any intent to leave the nursing profession, while 8.8% stated they do intend to leave the nursing profession. 36 (53%) respondents scored below 40 on the compassion satisfaction scale, 32 (47%) scored above 40. The compassion satisfaction level is average for the respondents. 67 (98.5%) respondents score below 43 on the burnout scale, 1 (1.5%) respondent scored above 43. The amount of burnout is average for respondents. 68 (100%) respondents scored above 41 on the secondary traumatic stress scale. The amount of secondary traumatic stress is average for the respondents.

Conclusion: To address the nursing shortage, it is critical to create supportive and positive working environments to promote the well-being of advanced beginner nurses. Providing additional emotional support for advanced beginner nurses needs that contribute to compassion fatigue (including burnout and secondary traumatic stress) and compassion satisfaction will help prevent the advanced beginner nurse from leaving the profession of nursing and successfully transition into this new role.

Key Words: Compassion Fatigue, Advanced Beginner Nurse, Compassion Satisfaction, Burnout

Examining Predictors Related to Intent to Leave Nursing Among Advanced Beginner Nurses

Background

The nursing field is one of the fastest growing fields in health care in the United States. With the increase in new nurses entering the field, it is essential to acknowledge and address some of the issues they may encounter that impact their retention. New nurses are commonly called advanced beginner nurses. According to Benner (1982), the advanced beginner nurse is defined as “new grads in their first jobs, who demonstrate marginally acceptable performance. He/she is efficient and skillful in parts of the practice area, requiring occasional supportive cues. The major implications of the advanced beginner nurse are that they need help in setting priorities since they operate on general guidelines and are only beginning to perceive recurrent meaningful patterns in their clinical practice. The patient care must be backed up by competent level nurses to ensure that important patient needs do not go unattended because the advanced beginner nurse cannot yet sort out what is most important (Benner, 1982, p.403)”.

The advanced beginner nurse will face many demands in their professional role, which will require much preparation and support to successfully transition and ultimately prevent them from leaving the profession of nursing. The demands placed on advanced beginner nurses puts them at high risk for burnout (Jack, 2017). Burnout is referred to as a syndrome in which a previously committed, helping professional gradually disengages from full participation in a job in response to excessive job-related stressors (Maslach, Jackson, & Leiter, 1996). Advanced beginner nurses face additional challenges including learning new information while working in a fast-paced environment. Many nurse graduates report anxiety as they experience their own perceptions of inadequacy and lack of independence while integrating into their new role and beginning to develop coping skills (Flarity, Rhodes, & Reckard, 2016).

The literature has consistently reported that nurses frequently experience compassion fatigue (including burnout and secondary traumatic stress), contributing to their decision to leave the nursing profession. Compassion fatigue is the negative aspect of helping those who experience traumatic stress and suffering (Stamm, 2010). Evidence suggests that younger, less experienced nurses show a higher prevalence of compassion fatigue and lower prevalence of compassion satisfaction compared to nurses

who are older and more experienced (Flarity et al., 2016). According to Flarity et al. (2016), the millennial generation (ages 21 – 33) are at greater risk for burnout. It is estimated that nearly 27% of new nurses will leave their positions within the first year (Kovner, Brewer, Fatehi, & Jun, 2014). Even though a concerning trend shows that many advanced beginner nurses choose to leave the profession of nursing altogether very early in their careers, there are limited studies to examine what factors affect intent to leave nursing in this population. Based on these factors advanced beginner nurses may benefit from interventions to prevent compassion fatigue more so than their experienced colleagues. Therefore, it is critical to identify factors to prevent the onset of adverse nurse outcomes.

Purpose of The Study

The purpose of this descriptive online survey study was (1) to examine the difference between demographic characteristics and compassion fatigue (including burnout and secondary traumatic stress), and compassion satisfaction, and (2) to examine significant predictors for intent to leave nursing in the advanced beginner nurse measured by compassion fatigue and compassion satisfaction.

The independent variables include demographics, compassion fatigue and compassion satisfaction. The dependent variable includes intent to leave the nursing profession. The research question for this study was: What are the differences among demographic characteristics and compassion fatigue (including burnout and secondary traumatic stress) and compassion satisfaction? What are the relationships among compassion fatigue (including burnout and secondary traumatic stress), compassion satisfaction, demographics, and intent to leave nursing in the advanced beginner nurse?

Conceptual Definitions of Key Variables

- Compassion fatigue: Compassion fatigue is broken down into two parts including burnout and secondary traumatic stress. The first part burnout concerns things such as exhaustion, fatigue, anger, and depression. It is associated with feelings of hopelessness and difficulties in dealing with work or in doing the job effectively. These negative feelings are usually associated with a very high workload or a non-supportive work environment (Stamm, 2010). The second part secondary traumatic stress is a negative feeling driven by fear and work-related trauma (Stamm, 2010).

- Compassing Satisfaction: is the pleasure you derive from being able to do ones work well (Stamm, 2010).

Literature Review

Compassion fatigue (including burnout and secondary traumatic stress), and compassion satisfaction were carefully examined to further understand the impact they have on nurses and the importance of examining correlations of these factors in advanced beginner nurses. Their effect on the advanced beginner nurse will also assist in clarifying the concept of what drives the advanced beginner nurse to think about leaving nursing. Interventions can be made once there is further understanding of the influencing factors for intent to leave nursing among advanced beginner nurses. Addressing these interventions will assist in combating its effect on the retention of the advanced beginner nurse within the healthcare world.

The nurse who develops compassion fatigue does so because they do their job compassionately. A survey of approximately 3,000 nurses across England revealed that 40% were suffering from emotional exhaustion or "burnout" (Mendes, 2014). Good nurses will do their job compassionately, expending the emotional energy required to make meaningful connections – but this can quite naturally lead to feeling emotionally drained and over time lead to burnout. Showalter (2010), states

"Professional caregivers suffering compassion fatigue may become worried about their patients and exhibit signs and symptoms that are not beneficial to optimal patient care. Compassion fatigue can negatively affect the ability to provide services, maintain personal and professional relationships, lead to higher turnover rates, loss of productivity, and the diminished capacity for life (Showalter, 2010, p.240)."

If compassion fatigue is not addressed in the nursing profession, it will have negative consequences for the nurses themselves as well as for the healthcare organizations that employ them.

When advanced beginner nurses transition into professional practice, most positions are employed within a hospital environment. It is clear that the transition for the advanced beginner nurse is often stressful, frustrating, discouraging, and disillusioning. Advanced beginner nurses have been shown to feel incompetent and less confident during their first year on the job (Rika, Meyer, Klaristenfeld, &

Gold, 2013). Compassion Fatigue is the emotional stress that people may experience by having close contact with a trauma survivor, also described as a “cost to caring” (Figley, 2002). Newly hired nurses were found to demonstrate fewer adaptive coping reactions than experienced nurses and frequently end up resigning (Rika et al., 2013). Understanding compassion fatigue in advanced beginner nurses may help improve job retention and prevent the adverse effects of compassion fatigue on the job (Meyer et al., 2013).

Method

Study Design

A descriptive online survey design was utilized for this study to identify the influencing factors for intent to leave nursing among advanced beginner nurses. The descriptive online survey design was utilized for this study due to the feasibility and accessibility of the participant population. A one-time online survey was administered to study participants using the Professional Quality of Life Scale (ProQOL R - IV) (Stamm, 2010), to measure compassion fatigue (including burnout and secondary traumatic stress), and compassion satisfaction. Two open-ended questions were also administered to further understand advanced beginner nurses reasons for intent to leave the nursing profession.

Sampling, Setting and Subject Recruitment Procedure

The online survey was disseminated to the alumni of an urban university located in Chicago, Illinois. The university is a Catholic, not - for - profit, healthcare learning institution which focuses on Nursing, Health informatics, Information Management, and Imaging Technology. The university has approximately 5600 undergraduate nursing alumni whose mission is to serve and engage in the communities they foster. All 620 nursing alumni from an urban university graduating in years 2016, 2017, and 2018 were contacted via email from the office of alumni relations to participate in the study. Inclusion criteria included being a Bachelor of Science Nursing (BSN) graduate from the University within the years 2016, 2017, and 2018. The participants need to have one to three years of nursing experience after undergraduate nursing graduation. The sample size was estimated based on the number of BSN graduates from the years 2016, 2017, and 2018. Based on a report of BSN graduates in those

years from the office of alumni affairs at the university there were a total of 620 participants. Those 620 participants were provided with a link to participate in the survey. The survey acquired 80 initial responses, which were then reduced to yield a final of 68 participants to be included in the data analysis per the exclusion criteria of failing to answer greater than fifty percent of key study questions on intent to leave the nursing profession.

Data Collection

An email database of alumni from an urban university was generated and disseminated by the office of alumni relations from the urban university. A blinded mass recruitment email was sent to the alumni from years 2016, 2017, and 2018. The recruitment email contained the purpose of the study, the inclusion criteria and what was required for participation (burden of the participant). Those who met the inclusion criteria were directed to open the link to the Professional Quality of Life Scale (ProQOL R - IV) posted on Survey Monkey. Upon opening the link, there was an information sheet that provided study details, investigator contact information, and a notification that completion of the survey would imply agreement to participate in the study. Participants were assured confidentiality and that all data will be reported as aggregate data. To increase participation, a reminder email was sent within a week to ten days following the original email sent. The study involved a one – time collection of data, with no, follow – up after survey completion. The survey remained active a minimum of 45 days post start date, however since the minimum sample size was not reached within 45 days a third and final email reminder was sent to all alumni in the database. Data is stored on a password protected laptop and Dropbox cloud storage accessible only to the researchers. Once the study is completed, all data will be destroyed.

Instrument

The study utilized one electronic survey that incorporated both a formalized scale and two open - ended questions. The structure of the survey was comprised of three main components.

Section I – Demographic Information

Eight general demographic questions were included regarding age, gender, ethnicity/race, years of nursing experience, job status (full-time, part-time, unemployed), nursing specialty, and institution type (hospital, community clinic, other).

Section II-Intent to Leave Nursing Profession

As a dependent and outcome variable in this present study, two specific questions related to intent to leave were used: intent to leave the nursing profession (yes or no) and have you already left the nursing profession (yes/no).

Section III – Professional Quality of Life Scale (ProQOL R-IV)

The Professional Quality of Life Scale (ProQOL R - IV) (Stamm, 2010), is the latest version of the Compassion Fatigue test (including burnout and secondary traumatic stress) created by Figley in 1995. The professional quality of life scale incorporates two aspects, the positive (Compassion Satisfaction) and the negative (Compassion Fatigue). In relation to compassion fatigue some trauma at work can be direct (primary) trauma. In other cases, work-related trauma can be a combination of both primary and secondary trauma (Stamm, 2010, p.8). This model is displayed in (Figure 1).

The ProQOL R-IV includes three subscales measuring compassion satisfaction, and compassion fatigue (including burnout, and secondary traumatic stress). The instrument includes 30 items, 10 in each scale, which are rated numerically on a 5 - point Likert scale, ranging from 0 (never) to 5 (very often). According to Stamm, (2010) there are three main steps to scoring the ProQOL. The first step is to reverse some items. The second step is to sum the items by subscale, and the third step is to convert the raw score to a t-score. The scoring method can be completed using computer scoring through SPSS. Three independent scores are achieved for each section of the ProQOL scale.

A Cronbach's alpha reliability analysis (DeVellis, 2016) was completed for the 30 question ProQOL survey. The Cronbach's alpha coefficient was 0.734 as seen in Table 3. A coefficient value of .70 to .80 indicates adequate internal consistency of the items in the ProQOL instrument. An inter – item correlation was completed on each item in the ProQOL scale. Based on this analysis no items needed to

be removed from the scale, if items would be deleted, it would result in a decrease in the alpha. According to Stamm, (2010), the Cronbach's alpha for each of the three scales is: CSS = 0.88, BO = 0.75, and STS = 0.81.

Section IV – Open-Ended Questions

In order to further understand advanced beginner nurses' reasons for intent to leave the nursing profession, two open – ended questions were included in the survey. The opened ended questions were (1) If you intend to leave your nursing professional career in the near future, please explain why? (2) If you have already left your nursing professional career, please explain why? The open ended – questions were utilized to assess advanced beginners' self-reported reasons for intent to leave nursing and/or reasons they already left the nursing profession.

Analysis

The data was collected and downloaded from Survey Monkey into the IBM Statistical Package for Social Scientists (SPSS version 25.0) software (International Business Machines, 2019). In the first stage of analysis, descriptive statistics were calculated for key variables related to advanced beginners' intent to leave nursing. A Cronbach's alpha was completed to check the reliability of the scale and subscales. A logistic regression model was completed in the initial phase of results analysis to predict the target dependent variable. Additional analysis was completed in the form of non-parametric Kruskal Wallis H Test. The Kruskal Wallis H Test was completed on three or more groupings of the samples that are independent, and that may have different sample sizes. Finally, a Dunn's test was performed after a statistically significant result was found in the Kruskal Wallis H test to identify the statistically significant differences between two independent groups. A Dunn's test is akin to a post hoc test after statistically significant analysis of variance (ANOVA) test is found (DeVellis, 2016).

Human Subjects

The project obtained institutional review board approval from institutions. The protection of human subjects was upheld by ensuring that the participants knew that the participation was voluntary, and all participants responses were kept anonymous by not collecting any directly identifiable information

or IP address. Before beginning the survey, participants were provided an information sheet that contained information about the purpose of the study, information about privacy, right of cessation of participation without penalty, and contact information of the researcher was provided. All data was kept in a password protected computer, and only the PIs were able to access the data.

Results

Description of sample

A total of 80 nursing alumni responded to the online survey. The response rate was 7.75%. Of the 80 respondents who responded to the survey, twelve respondents were removed from the total number of 80 because they answered less than 50% of the survey questions. This brought the total number of survey responses analyzed to 68 (N=68). Of the 68 responses analyzed 7.4% of the respondents (n=5) had three or more years of nursing experience, 4.4% of the respondents (n=3) had 3 years of nursing, 22.1% of the respondents (n=15) had 2 years of nursing experience, and 66.2% of the respondents (n=45) had 1 year of nursing experience. 7.4% of the respondents were 45 -55 years of age, 27.9% were 35 – 44 years of age, 50% were between the ages of 25 – 34 and 14.7% were 18 – 24 years of age. The majority of the sample was female with 83.8% of the respondents (n=57) identifying as female and only 16.2% (n=11) identifying as male. The racial/ethnic breakdown of respondents are as follows: 57.4% (n=39) Caucasian, 10.3% (n=7) African American, 16.2% (n=12) Hispanic/Latino, 13.2% (n=9) Asian, and 1.5% (n=1) another race. The majority of respondents work in the following nursing specialties (Table 2): 16.2% (n=11) medical/surgical nursing, 14.7% (n=10) emergency room nursing, 13.2% (n=9) telemetry nursing, 10.3% (n=7) occupational Health nursing, 8.8% (n=6) psychiatric nursing. Finally, the respondents were asked about the likelihood of intent to leave the nursing profession. Of the 68 alumni who completed the survey 91.2% (n=62) of respondents stated currently they do not have any intent to leave the nursing profession. 8.8% (n=6) stated they do intend to leave the nursing profession. (Table 1).

Description of ProQOL Survey

Based on the results from the ProQOL Survey (Table 4), the respondents had a mean score of 38.9 ($SD=6.396$) on the Compassion Satisfaction scale (CSS). Based on the survey the compassion

satisfaction level is average, 36 (53%) respondents had a score below 40 and 32 (47%) respondents had a score of 40 or above. According to Stamm, (2010), although the score was average if the score is below 40, the respondents may either find problems with their job, or there may be some other reason for the score, such as the respondents might derive satisfaction from other activities than their job. The mean score on the burnout scale (BOS) was 33.7 ($SD=3.789$), based on the survey the amount of burnout is average. If the BOS score is below 43, this reflects positive feelings about one's ability to be effective in their work (Stamm, 2010). The third scale Secondary Traumatic Stress (STS) had a mean score per respondents of 23.9 ($SD=5.379$). Based on the mean score of stress from STS, the stress level is average per respondents. If the score is above 41, one may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. Higher scores can be an indicator that the subject might want to examine how one feels about the work environment and about work. In relation to the STS scale all respondents scored below 41 (Table 5).

Differences Between Median Scores in ProQOL and Demographics

Kruskal Wallis H testing (table 6) was used to analyze differences in the median scores for the three subscales in the ProQOL according to Ethnicity/race, Nursing experience and Age. The distribution of compassion satisfaction (CS), burnout (BO), and secondary traumatic stress (STS) was the same across all ethnicities/races. There was no significant difference between a specific population of ethnicity/race in relation to the subscales of CS ($p = 0.241$), BO ($p = 0.151$), and STS ($p = 0.338$). The distribution of CS, BO, and STS was the same across all categories of nursing experience. There was no significant difference between years of nursing experience and the subscales of CS ($p = 0.260$), BO ($p = 0.816$) or STS ($p = 0.788$). The distribution of CS and BO were the same across all categories of age. . There was no significant difference between age and the subscales of CS ($p = 0.105$), BO ($p = 0.248$). The distribution of the median scores from STS was not distributed equally across all age groups ($p = 0.032$). Therefore, a Dunn's test (DeVellis, 2016) was completed to determine the age groupings that had significant differences in the median scores for STS. Each row in the Dunn's test (see table 7) investigates if the STS level is more significant in one age group versus another. The significance level used was 0.05.

Based on the Dunn's Test for Post Hoc analysis of STS and age it is noted that there is a significant difference in STS between the age group 35 - 44 years (STS = 24.53) and 18 - 24 years (STS = 46.15) ($p=0.03$; $df=5$; $F=21.62$). Based on the STS results for the two age groups we can conclude that STS is more significant in the age group 18 - 24 years than the age group 35 -55.

Model Building for the Predictor Variables of Intent to Leave Nursing Profession

Chi-square statistics and its extension Pearson's Chi-square (X^2) test of independence (Knapp, 2017) correlations were performed to determine any associations of STS, CSS and BOS and the ProQOL with the discrete binary outcome variable, intention to leave (0=*No* and 1=*Yes*). The only chi-square analysis that was significant at 0.05 or below was between the categories of burnout and the categories of institution (place of employment) ($p= 0.02$; $df=6$; $X^2=21.00$) as seen in Table 7. Burnout and institution are associated, no association was noted for the other variables such as stress and ProQOL variables.

In building a model for the predictors for the outcome variable, intent to leave, Logistic Regression models were tested. First, the unadjusted models were analyzed with intent to leave as the dependent variable as calculated, and each of the scales, CSS, BOS, and STS. These models show that only the CSS variable is significantly related to intent to leave ($p= 0.10$) (each one unit increase in CSS decreases the odds of a participant intending to leave by about 21%. In the full model, with CSS, BOS, and STS modeled onto intent to leave, CSS is significant at the $p=0.05$ level and BOS is statistically significant at $p=0.10$ level but the overall p value did not reach statistical significance level at $p=0.06$, indicating CSS, BOS, and STS are not predictors for intent to leave.

Open-Ended Questions

The purpose of the open ended – questions were to assess advanced beginners' self-reported reasons for intent to leave nursing and/or reasons they already left the nursing profession. Although this was the intent, the open-ended questions did not yield significant results that could be utilized, and therefore the qualitative portion of the survey was not utilized for analysis.

Discussion

The purpose of this study was to identify predictors of intent to leave nursing in the advanced beginner nurse in order to better address the nursing shortage. The respondents in this study were advanced beginner nurses with three or less years of nursing experience. Of the 68 respondents who answered the survey only 8.8% of them stated they are likely to leave the nursing profession. Although this is not a significant number, this amount will still contribute to the current and future nursing shortage. The findings of this study did not support the purpose of this study, which is to identify what are the predictors for intent to leave nursing in the advanced beginner nurse. It is possible with a larger sample; as well as analyzing predictors that were not included in this study, to potentially uncover this study's intended findings. As noted in the results section this sample had lower levels of STS and BOS. Additionally, very few respondents have an intent to leave the nursing profession. Thus, it makes it difficult to find factors related to the intent to leave with this sample size. More research would be helpful in developing evidence on which to base future interventions for advanced beginner nurses. According to the logistic regression model results each one unit increase in compassion satisfaction decreases the odds of a participant intending to leave by about 21%. Therefore, if compassion fatigue (including burnout and secondary traumatic stress) is not addressed in the nursing profession, it will have a negative impact for nurses themselves as well as for healthcare organizations that employ them.

A concerning trend shows that many advanced beginner nurses choose to leave the profession of nursing altogether very early in their careers. Although we did not see this in our results it is clear in the research that the transition for the advanced beginner nurse is often stressful, frustrating, discouraging, and disillusioning. It has been claimed that less than fifty percent of practicing nurses would currently recommend nursing as a career option (Whitebird, Asche, Thompson, Rossom, & Heinrich, , 2013), while twenty - five percent would "actively discourage someone from going into nursing" (Carter, & Tourangeau, 2012). Advanced beginner nurses have been shown to feel incompetent and less confident during their first year on the job (Rika, Meyer, Klaristenfeld, Gold, 2013). They also experience many

challenges such as high job expectations, which are associated with heavy workloads and developing competencies both ultimately leading to an increased risk of burnout (Mendes, 2014). Understanding the factors that may influence intent to leave nursing among the advanced beginner nurses may help improve job retention and prevent a further increase in the nursing shortage.

Although only 8.8% of our respondents stated they intend to leave the nursing profession at this time this result shows that advanced beginner nurses do consider leaving the nursing profession. The predictors that were found to contribute to the intent to leave nursing in the advanced beginner nurse is the demographic of age and its correlation specifically to compassion fatigue (including secondary traumatic stress). If compassion fatigue is not addressed (specifically in the age group 18 - 24 years) it will only continue to augment the nursing shortage. Efforts to decrease the advanced beginner nurse's intent to leave the nursing profession should be focused on educating all nurses regardless of age of the seriousness of compassion fatigue and its effect on their outlook to stay within the nursing profession. By educating advanced beginner nurses on the effects of compassion fatigue we can combat the nursing shortage.

Limitations

Several limitations are noted in this study. The first limitation is the small sample size, which limited the identifications of trends, specifically in the open – ended section of the survey. This study did not capture the qualitative aspect of the open – ended questions asked. Thus, conducting focus groups or in – depth interviews about why one would leave the nursing profession in the advanced beginner period would add to the current study findings and would be valuable knowledge to help identify appropriate solutions to help address the nursing shortage. Replication of the research with a larger sample size would help determine whether patterns exist within the advanced beginner nurse and intent to leave the nursing profession. A second limitation is the predominance of female respondents compared with male respondents. However, this limitation is a function of the generally low percentage of men in the nursing population. A third limitation is that the study measured compassion fatigue and compassion satisfaction at a single point in time, and there is a high probability that perceptions change over time due to changes

in individual and workplace circumstances. Lastly, the findings are limited to this one urban university and cannot be generalized to other Universities.

Nursing Implications

The implications for advanced beginner nurses are similar to those of the general nursing population. The most important contribution of this study is to make advanced beginner nurses as well as the nursing profession aware that compassion fatigue (including burnout and secondary traumatic stress) can be experienced by all individuals within the nursing profession. It affects individual and group performance, in addition to patient outcomes and satisfaction. Therefore, nurses have the responsibility to intervene, support, and help each other in recognizing and addressing the signs and symptoms of compassion fatigue. The instrument used in this study, the ProQOL R – IV survey, is available in the public domain and can be used within organizations to assess compassion fatigue and compassion satisfaction and when interventions are needed. Education, guidance, support, and assistance are needed if compassion satisfaction is to be preserved and enhanced within the nursing profession.

Conclusion

Although this study did not fill a significant gap in the existing knowledge of the effect of compassion fatigue (including burnout and secondary traumatic stress) and the advanced beginner nurses intention to leave nursing during the transition period from novice nurse to advanced beginner nurse, it validated the literature that was researched before the study was completed. The findings from this study indicate that all alumni from the urban university from classes 2016, 2017 and 2018 all scored average on the three subscales of the ProQOL survey. Based on the survey results no difference was noted between respondents as far as race, place of work, or specialty of nursing. Of the demographics assessed in the survey, the prevalent one was age and how secondary traumatic stress varies in the age group of 35 – 44 and 18 – 24, with the age group 18 – 24 experiencing higher levels of STS. To address the nursing shortage issue, it is critical to create supportive and positive working environments to promote the well-being of the advanced beginner nurse, provide additional emotional support for all nurses but especially the advanced beginner nurse who could have a tendency to be affected by compassion fatigue and

compassion satisfaction. Encouraging nurses to seek out the support needed earlier in their nursing career may help to retain nurses and decrease the nursing shortage.

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FIGURE 1: DIAGRAM OF PROFESSIONAL QUALITY OF LIFE

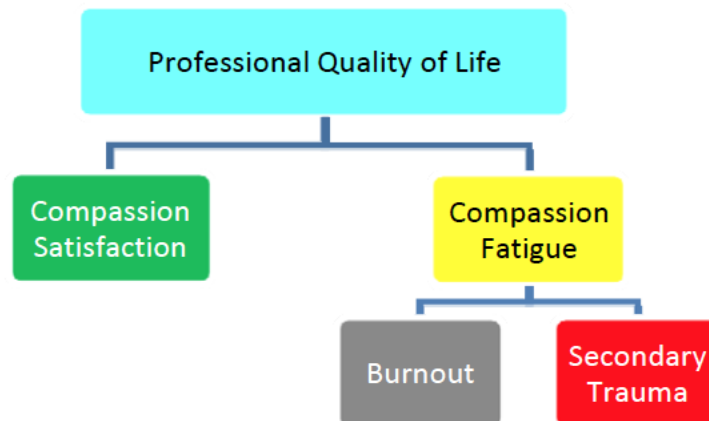


Table 1: Description of the sample (N = 68)

Variables	Frequency (N)	Value
Age:		
45 – 55	5	7.4%
35 – 44	19	27.9%
25 – 34	34	50.0 %
18 – 24	10	14.7%
Gender:		
Female	57	83.8%
Male	11	16.2%
Race/Ethnicity		
Caucasian	39	57.4%
African American	7	10.3%
Hispanic /Latino	12	17.6%
Asian	9	13.2%
Other Race	1	1.5%
Years of Nursing Experience:		
1 Year	45	66.2%
2 Years	15	22.1%
3 Years	3	4.4%
More Than 3 Years	5	7.4%
Employment Status:		
Full – Time	63	92.6%
Part – Time	4	5.9%
Unemployed	1	1.5%
Intent to leave nursing profession:		
Yes	6	8.8%
No	62	91.2%

Table 2: Nursing Specialty (N= 68)

Variable:	Frequency (N)	Value
Medical/Surgical Nurse	11	16.2%
Emergency Room Nurse	10	14.7%
Telemetry Nurse	9	13.2%
Occupational Health Nurse	7	10.3%
Psychiatric Nurse	6	8.8%
Labor and Delivery Nurse	5	7.4%
Critical Care Nurse (ICU)	5	7.4%
Pediatric Nurse	4	5.9%
Ambulatory Care Nurse	3	4.4%
Public Health Nurse	3	4.4%
Hospice Nurse	2	2.9%
Travel Nurse	1	1.5%
Preoperative Nurse	1	1.5%
Oncology/Hematology Nurse	1	1.5%

Table 4: Response categories based on Professional Quality of Life Survey (ProQOL)

Subscale	N	Minimum	Maximum	Mean	SD
Compassion Satisfaction	68	25	50	38.93	6.396
Burnout	68	23	43	33.72	3.789
Secondary Traumatic Stress	68	13	39	23.90	5.379

Table 5: Responses to subscales

	N	Compassion Satisfaction Scale	Burnout Scale	Secondary Traumatic stress scale
Minimum	68	36 (53%)	1 (1.5%)	0
Maximum		32 (47%)	67 (98.5%)	68 (100%)

Table 6: Description of Kruskal Wallis H testing related to ethnicity, Nursing experience and age

Subscale	Ethnicity (p)	Nursing Experience (p)	Age (p)
Compassion Satisfaction	0.241	0.260	0.105
Burnout	0.151	0.816	0.248
Secondary Traumatic Stress	0.338	0.788	0.032*

*Denotes Significance at 0.05 or less

Table 7: Pairwise Comparison of age group

Sample 1 – Sample 2	Test Statistic	Std. Error	Std. Test Statistic	Sig	Adj. Sig
35 – 44 25 – 34	11.430	5.653	2.022	0.043*	0.259
35 – 44 45 – 55	-14.674	9.919	-1.479	0.139	0.834
35 – 44 18 – 24	21.624	7.710	2.805	0.005*	0.030*
25 – 34 45 – 55	-3.244	9.452	-0.343	0.731	1.000
25 – 34 18- 24	10.194	7.099	1.436	0.151	0.906
45 – 55 18 – 24	6.950	10.809	0.643	0.520	1.000

*Denotes significance at 0.05 or less

Table 8: Chi-Square (X^2) Tests of Independence Between Categories of Burnout and Categories of Institution

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	21.006^a	6	.002
Likelihood Ratio	9.049	6	.171
Linear-by-Linear Association	12.408	1	.000
N of Valid Cases	68		

a. 13 cells (92.9%) have expected count less than 5. The minimum expected count is .04.