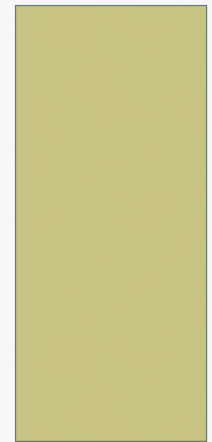


A QUALITATIVE RESEARCH STUDY TO INVESTIGATE NURSE'S  
EXPERIENCES AND PERCEPTIONS OF COMPASSION FATIGUE  
WHILE CARING FOR PATIENTS IN A RURAL EMERGENCY  
DEPARTMENT

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# COMMITTEE

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# INTRODUCTION

- A little about myself as the researcher
- Rural focus
- Compassion fatigue
- Methods
- Findings
- Implications
- Recommendations for future research

# ABOUT THE RESEARCHER

- RN for many years
- Worked in large trauma centers and small rural ERs



# WHY COMPASSION FATIGUE

- Personal experience
- Timely topic
- Foster acceptance

# WHAT IS CF ?

Coetzee & Klopper offered a theoretical definition of compassion fatigue in 2010 . Compassion fatigue (CF) is caused by prolonged, continuous and intense contact with patients, the use of self and exposure to stress. The compassionate energy of the nurse is depleted and has surpassed their restorative abilities.



# COMPASSION DISCOMFORT

- Physically----weariness
- Emotionally-----less enthusiasm, desensitized, diminished ability
- Intellectually---weakened attention

# COMPASSION STRESS

- Physically---loss of strength, loss of endurance,
- Emotionally---irritable, emotionally overwhelmed
- Intellectually----boredom, impaired ability to concentrate



# COMPASSION FATIGUE

- Physically---no energy, increased accidents, burnout
- Emotionally----apathy, desire to quit
- Intellectually---disorderly, also social effects of callousness and indifference.

# WHAT HAPPENS?

Compassion fatigue manifests in

- Physical
- Social
- Emotional
- Spiritual
- Intellectual changes

# RURAL NURSES

- Rural Institute of Canada estimates that 20% of Ontario's residents live in rural areas.
- These can be communities ranging in population from 2500 up to 50,000
- CIHI (2010) reported 10.7% of R.N.s work in rural and remote areas. This breaks down to 5.9% of R.Ns in Ontario



# PURPOSE

- The purpose of this study is to gain an understanding of how compassion fatigue impacts the professional and personal life of the rural emergency nurse.

# METHODS

- Qualitative descriptive
- Little research on this research question and I am seeking a straightforward description
- Not theory driven
- Low level of interpretation
- Qualitative descriptive offers a summary of events in the everyday recollection of those events (Sandelowski, 2000)

# SAMPLING FRAME

- Small rural ER dept. 2 hours north of Toronto
- Purposive sampling
- 2 years of ER experience
- RN's



# DATA COLLECTION

- Face to face interviews
- One time, semi structured in-depth interviews , ½ hour to 1 hour in length
- Field notes
- Interviews are recorded and transcribed



# DATA ANALYSIS

- Conventional content analysis
- Coding, creating categories and abstraction
- No pre-determined categories
- NVivo 10

# FINDINGS

## Demographics

- All female.
- Mostly diploma educated nurses who live in the community this emergency serves.
- $\frac{1}{2}$  of the sample (5) were between 50-59 years old

# TWO OVERARCHING THEMES

The data analysis revealed two overarching themes with multiple subthemes.

1-the context of working in a rural ED

2-the emotional stress of working in a rural ED

The themes were thickly intertwined

# SUBTHEMES (CONTEXT)

Lack of resources

*“you are very restricted in the resources you have. I have to run and phone for x-ray, I have to run and phone for bloodwork. We have no security, no registration” (Kim)*

# WORKLOAD

The lack of resources included human resource issues such as staffing to meet increases in patient acuity and volume.

*“ We don't have enough people... sometimes when you are in trauma and you are with a single patient, you don't see the other two trauma patients for for two hours and you are thinking: someone check on them.” (Zoe)*

# SCOPE OF PRACTICE

A few nurses voiced concerns about having to work outside their scope of practice in order to care for the patients.

*“Sometimes we cross the line, out of the scope of a nurse...but if I don't ....that patient dies. So we cross the line and it's not right” (Kim)*

# LACK OF PRIVACY

Working in a small community can mean a lack of privacy for the patients as well as for the nurse in the community.

*“ I see people I know every day...I just tell them, I can't discuss that right now” (Jan)*

*“Treating family members can be upsetting and embarrassing” (Jes)*

# EMOTIONAL STRESS

## SUBTHEMES

### WORK STRESS RELATED TO CARING FOR ACUTELY ILL CHILDREN

Work stress related to caring for acutely ill children

*“That’s the hardest thing I find. I’ve been doing pediatric traumas and having them die and expect to come back to work the next day and be able to focus and provide good patient care. I always think, why can’t they just give you a day off?” (Sue)*



# REACTIONS TO EMOTIONAL STRAIN

The nurses talked about how they react to emotional stress and the impact this has on their own mental health.

Half of the nurses described crying about work events either at home or still at work

# IMPACT OF WORK LIFE ON HOME LIFE

The nurses were able to identify that work life could impact their families as well

*“Grouchy, I found I was grouchier and stressier and yelling more...and as a nurse, you come home, you get supper and you just keep going, you don't deal with it” (Dar)*

# COPING MECHANISMS FOR EMOTIONAL STRESS

- Emotionally withdrawing from family
- Avoid emotionally supporting patients
- Become hardened, cynical or just block out situations
- Alcohol

# CAMARADERIE

The nurses felt they were a tight knit group and relied on each other for support

“Seeing the others that cried and how emotional they got, it tended to make you have a stronger bond that way, a better understanding of each other.” (Jan)

# WORK LIFE BALANCE

- Trying to balance a personal life with work life was a challenge for the nurses.
- Leave nursing
- Take time off
- Vacation
- Job share
- Trapped

# COMPASSION FATIGUE AWARENESS

Most had heard of compassion fatigue.

Various definitions and experiences

# AWARENESS OF EMOTIONAL SUPPORT PROGRAMS

20% had no idea of any programs

A few attended debriefings

Mixed reviews on helpful vs. not helpful

# DISCUSSION

- The purpose of this study was to understand how compassion fatigue impacts the personal and professional life of the rural ER nurse
- Look at conditions that contribute to the experience of compassion fatigue in this population.



# RECOMMENDATIONS

- Provide programs
- Increase awareness
- ER nurses do not have to be “tough” or hardened.
- Teach self-care in nursing programs
- Look at alternate staffing

# RELEVANCE

- Nurses who are vulnerable to compassion fatigue may quit their job, use poor judgment, be apathetic to their patients and have a chance of increased errors ( Coetzee & Klopper, 2010)
- Staff retention, workload issues
- Of interest to nurses, policy makers and administrators

# FUTURE RESEARCH?

- Longitudinal study
- Look at how home life impacts work life
- Larger study, more sites
- Mixed methods study

Thank you !

Sorry my anxiety made  
you anxious about  
my anxiety.



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