A Systematic Review: Factors for Burnout and Compassion Fatigue in U.S. Nurses

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Author’s Note

Kaitlyn Marcum, Mckenzie Koch, & Tabitha Rusnak, College of Nursing, The University of Akron. This systematic review is in fulfillment for the course: Nursing Research Honors, 8200: 435. Due May, 2018. Instructor Dr. Christine Heifner Graor, PhD, RN.
Abstract

Many nurses suffer from burnout and compassion fatigue. Compassion fatigue is “fatigue, emotional distress, or apathy resulting from the constant demands of caring for others or from constant appeals from charities” (Compassion Fatigue, n.d.). Burnout develops over a long period of time as a result of cumulative frustrations within a work environment (Sacco, Ciurzynski, Harvey, & Ingersoll, 2015). Burnout and compassion fatigue both result in physical and mental strain on the person experiencing it. Compassion fatigue and burnout in nurses are associated with decreased patient satisfaction and poorer outcomes with care (Potter et al., 2010). The goal of the systematic study was to describe and critically appraise the evidence of factors for compassion fatigue and burnout in U.S. nurses. Twenty primary source publications between years 2010 and 2017 were analyzed for this systematic review. Factors for compassion fatigue and burnout in U.S. nurses include: age, years working as a nurse, environment of work, coping mechanisms, and specialties.
Compassion fatigue and burnout are problems that many nurses face throughout their careers (Smart et al., 2013). Although in our research some articles describe burnout and compassion fatigue as separate concepts, they recognize that they are similar concepts that influence the performance of nurses. Compassion fatigue is defined as “fatigue, emotional distress, or apathy resulting from the constant demands of caring for others or from constant appeals from charities” (Compassion Fatigue, n.d.). Burnout is intertwined with compassion fatigue as a result of emotional exhaustion and feeling depersonalized and unable to accomplish personal goals (Kelly, Runge, & Spencer, 2015). For example, Saco et al. (2015) describes compassion fatigue as a subcategory of burnout which is consistent with the research by Kelly et al. (2015). Sacco et al. explain that compassion fatigue is a specific type of burnout that occurs when healthcare professionals care for patients who experience trauma (2015). Hinderer et al. (2014) also explains burnout and compassion fatigue separately but states that compassion fatigue is more specific to caregivers of patients who experienced trauma. Burnout is also defined in the article by Sacco et al. as “a cumulative state of frustration with a person’s work environment” (2015, p. 33). Although burnout and compassion fatigue are related and often occur together, compassion fatigue is more specific to those who care for trauma patients.

Not only do compassion fatigue and burnout affect the wellbeing of nurses, but they can also affect the goal of nursing, which is quality and safe patient care. According to Fennessey “Between 210,000 and 440,000 patients die annually from preventable harm that occurred during hospitalization” (2016, p. 346). Generally, errors are more likely when people are distracted, tired, or overwhelmed. The safety of patients could be at a higher risk when the nurse experiences compassion fatigue and burnout. While researching it was found that patient satisfaction is lower on units with high rates of burnout (Hinderer et al., 2014). Higher burnout levels have been linked
to lower job satisfaction, increased judgment errors, and decreased work efficiency (Fennessey, 2016). Hinderer et al. (2014) studied emergency, intensive care, oncology, and nephrology nurses and found that 82% of the nurses had moderate to high levels of burnout, which shows how prevalent this problem is. Johansen and Cadmus (2016) also found that compassion fatigue and burnout are associated with poor work environments. The purpose of this systematic review was to describe and critically appraise the evidence for factors for compassion fatigue and burnout in nurses practicing in the United States. Based on the findings, recommendations for future research and practice to reduce the occurrence of burnout and compassion fatigue will be noted. This review hopes to answer the following PICOT question: In nurses practicing in the US, what are the factors for burnout and compassion fatigue?

**Methods**

The inclusion criteria for this systematic review were primary sources of research publications about nurses in the U.S. Keywords were: compassion fatigue, burnout, predictors, and nursing. Databases were Google Scholar, CINAHL, and Search-A-Roo. Retrieval and selection of studies were considered by these criteria: peer reviewed journals, publications within the last seven years, PICOT question relevance, validity and reliability, size of sample, study design, methods, location, and sampling methods. Excluded were studies about LPNs and unlicensed care providers. The studies were selected based on relevance to the topic (inclusion criteria) and quality of the study. Quality was evaluated based on sample size, researcher credibility, and type of study utilized. Over a hundred publications were found regarding compassion fatigue and burnout in nurses, and only publications that were relevant to the criteria were included in this review. Supportive and contradicting studies were included to show an all-inclusive view of the literature.
Review of Literature

All studies included focused on nursing specialties that undergo high emotional and physical stress such as intensive care, emergency department, and oncology. After reviewing these articles, the content was analyzed for possible factors for compassion fatigue. Years worked positively correlated with burnout and compassion fatigue. Nurses who had over 11 years of experience in healthcare had the highest risk of experiencing compassion fatigue (Potter et al., 2010). Age was investigated as a factor, but conflicting evidence was found. Sacco et al. (2015) found that nurses age 40-49 had higher incidence of burnout than any of the younger groups, but Berger, Polivka, Smoot, and Owens (2015) found that younger nurses (18-39) experienced higher burnout compared to those over the age of 40. Younger nurses also reported less feelings of personal accomplishment with their jobs, leading to burnout (Jesse, Abouljoud, Hogan, & Eshelman, 2015). Results of the abovementioned studies indicate inconsistent findings about age as a factor for compassion fatigue.

Environment

Hinderer et al. found that nurses who felt they had negative coworker relationships had higher incidence of burnout and compassion fatigue (2014). Poor organizational support and poor management, specifically avoidant conflict management style, have been shown to increase levels of stress at work and increase burnout and compassion fatigue (Johansen & Cadmus, 2016). Another factor is change in the unit or environment on the unit. Nurses who worked on units with either change of management or change in major system or practice reported significantly higher burnout and secondary traumatic stress (Sacco et al., 2015). Low job satisfaction was also found to contribute to compassion fatigue and burnout in clinicians (Whitebird et al., 2017). Russell (2016) found that nurses believed some reasons burnout was being experienced so frequently is
because of increased nurse-patient ratios. They also found that skipped or shortened lunch breaks contributed to a poor work environment. Many nurses in the study reported being interrupted during already shortened lunch breaks, so they didn’t get a chance to mentally regroup for the rest of their shift.

**Nurse specialty**

Conflicting evidence was found regarding nurse specialty as it relates to compassion fatigue and burnout. Kelly et al. (2015) found that there are no variations in compassion fatigue and burnout related to specialties, units, or departments. However, Hooper, Craig, Janvrin, Wetsel, and Reimels (2010) found that when comparing emergency department, ICU, and oncology, emergency room nurses, ICU nurses had greatest risk for burnout, and oncology had highest risk for compassion fatigue. Nurses who work in critical care were also found to have high levels of burnout due to higher rates of death in theses settings (Young, Derr, Cicchillo, & Bressler, 2011). Neonate and pediatric nurses have been found to have the highest risk for emotional exhaustion, and adult critical care nurses had the highest rate of depersonalization (Rushton, Batcheller, Schroeder, & Donohue, 2015). According to Papa-Rodriguez et al. (2015), nurses on the bone marrow transplant unit displayed high amounts of compassion fatigue as well.

**Education Level**

Education level has also been identified as a factor for burnout and compassion fatigue in nurses. Conflicting evidence was found on whether this is a consistent factor for compassion fatigue and burnout, which are closely related ideas described earlier in the systematic review. Potter et al. (2010) found that nurses with a BSN had the highest risk for compassion fatigue, advanced practice nurses were at the highest risk for burnout, and nurses with associate's degrees were at the highest risk for low compassion satisfaction. Compassion satisfaction is how fulfilled
a nurse is with their work (Potter et al., 2010). However, Hunsaker, Chen, Maughan, and Heaston (2015) found that advanced practice nurses had a lower risk of compassion fatigue, and that nurses with more than a BSN experienced more compassion satisfaction. According to Michalec, Diefenbeck, and Mahoney (2013), student nurses could tell that when they graduated and became nurses, they were likely going to experience compassion fatigue and burnout, even though during school they reported high levels of compassion satisfaction.

### Coping Skills

A nurse’s coping skills were reviewed in the literature in relation to compassion fatigue and burnout. There was an inverse relationship between wellbeing and burnout (Rushton et al., 2015). Nurses without adequate coping skills were found to be at higher risk for compassion fatigue (Melvin, 2012). Lack of meaningful recognition was also a significant predictor of burnout (Kelly et al., 2015). Using a non-experimental, descriptive correlational design, Neville and Cole (2013) found that health promoting behaviors and spiritual growth inversely related with compassion fatigue. Suping and Taliaferro (2015) studied the relationship between psychological capital and compassion fatigue/burnout. Suping & Taliaferro stated that psychological capital is a second order construct that is composed of four dynamically interactive concepts, namely self-efficacy, optimism, hope, and resiliency. They found that nurses had similar psychological capital, but still reported higher levels of burnout and compassion fatigue, compared to 20 other professions (2015). Suping & Taliaferro’s findings revealed that psychological capital was moderately to strongly negatively correlate with compassion fatigue. This result suggested that those with higher psychological capital have better coping mechanisms and are less likely to experience compassion fatigue and burnout (2015).

### Critical Appraisal of Evidence
Limitations

Of the studies in this review, designs included: cross-sectional, qualitative, descriptive, correlational, cohort, experimental, and nonexperimental. Settings of the studied varied from suburban and urban hospitals (Fennessey, 2016) to home health agencies in the Midwestern United States (Melvin, 2012). Nurses who were included in the studies included: pediatric (Berger et al., 2015), trauma, ICU, nephrology (Hooper et al., 2010), oncology (Potter et al., 2010), transplant (Jesse et al., 2015), acute care, home health (Melvin, 2012), hospice, as well as BSN students (Michalec et al., 2013). Many of the studies utilized convenience sampling including Fennessey (2016) and Hinderer et al., (2014). Some other studies discussed self-evaluation surveys which were sent in the mail, like Hunsaker et al. (2015). These surveys utilized the ProQOL 5 scale, which is a professional quality of life scale that specifically analyzes compassion satisfaction and fatigue. Others utilized email surveys (Jesse et al., 2015) while a few used purposive sampling (Melvin, 2012). The sample size ranged from 6 nurses (Melvin, 2012) to 1,554 nurses (Whitebird et al., 2017).

Although the studies were reviewed in depth they are not without their limitations. Of the 20 studies, nine limited by small sample sizes, which could have caused results to be an unreliable indicator of the population of nurses as a whole. The some of the studies with small sample sizes were Fennessey (2016), Hinderer et al. (2014), Hooper et al. (2010), Johansen and Cadmus (2016), and Melvin (2012). Nurses could have been worried about repercussions of being honest on a survey as well, since some of them were filled out on their unit during a shift (Smart et al., 2013), or they may not have been truthful due to a negative stigma surrounding being a nurse with compassion fatigue (Hunsaker et al., 2015). Coworkers could have discussed the survey, which could have changed how others answered them. Perhaps only nurses who felt strongly about the
topic filled out surveys. Also, due to the voluntary nature of the surveys (Smart et al., 2013), feedback could have been biased based on how the nurse was feeling that day, and if he or she was feeling particularly burnt out.

**Validity and Reliability**

Different instruments were used throughout the studies which had different levels of validity. Most studies were cross-sectional via surveys given by hard copy, electronically, or both. Cross-sectional studies are considered a reliable and valid source of evidence since multiple outcomes can be studied and they are good for descriptions and formation of hypotheses for future studies (Barratt & Kirwan, 2009). Cross-sectional studies can be descriptive or analytical, and they are concerned with prevalence (Barratt & Kirwan, 2009). Weaknesses of cross-sectional studies includes; bias that can come from different characteristics of those who decide to participate or respond in comparison to the population as a whole; an inability to measure incidence; and difficulties in interpretation of associations from results (Barratt & Kirwan, 2009). Neville & Cole is an example of a descriptive study, which described the possible correlation of health promoting behaviors and nurse satisfaction (2013). Fennessey (2016), Russel (2016), Suping and Taliaferro (2015), and Young et al. (2011) used a convenience sample, which utilizes only those who are willing to participate, which can result in bias. Some studies used scales based on psychological research for their surveys, such as Johansen and Cadmus who used a nurse stress scale (2016), and Smart et al. (2013) who used a professional quality of life scale, which are defined in their studies. Melvin (2012) used purposive sampling, with which the sample is selected rather than random, which can leave room for selection bias.

**Synthesis of Evidence**
Through research of numerous studies many possible factors for compassion fatigue and burnout were identified in the current state of evidence. Some of the most common factors included number of years working as a nurse, age, environment, and coping skills/strategies. Overall it was found that nurses who have been working for a longer time (greater than 11 years) had a much higher risk of experiencing compassion fatigue and burnout than those who have not worked as long (Potter et al., 2010). Although years worked was an important factor, the evidence showed that age is not a strong predictor for compassion fatigue or burnout. Age is not currently a significant factor because while Saco et al. (2015) found nurses over 40 years old experience more burnout, Berger et al. found younger nurses experience more burnout (2015). Due to the discrepancies in these studies, it is still unclear if age correlates with compassion fatigue or burnout significantly. Another potential factor that was researched was if particular specialties in nursing exhibited higher incidences of compassion fatigue and burnout. For example Kelly et al. found that compassion fatigue and burnout occur at about the same rate across units (2015). Other studies reported that particular units had higher incidence of burnout than others such as those who work in critical care (Smart et al., 2013), and HVICU and HVIMC units (Young et al., 2011). According to Hooper et al. (2010), specialty was not a consistent predictor because all specialties had a high risk of compassion fatigue.

Under the area of environment, many factors are linked to compassion fatigue and burnout including, but not limited to: negative coworker relationships (Hinderer et al., 2014), changes on the unit (Saco et al., 2015), management style (Hunsaker et al., 2015), shortened/interrupted breaks (Russel, 2016), and high patient to nurse ratio (Johansen & Cadmus, 2016). Papa-Rodriguez et al. (2015) found that interventions on the units to improve working conditions lead to higher compassion satisfaction and decreased burnout. Personal attributes such as coping skills
are a strong factor for compassion fatigue and burnout. Melvin (2012), for instance, found that nurses without the ability to cope with stress were at high risk for compassion fatigue and burnout. Although this study as qualitative in nature, it could help to identify possible predictors for future research. Rushton et al (2015) also found that there is an inverse relationship between compassion fatigue and wellbeing. Nevel and Cole (2013) found that health promotion helped decrease incidence of burnout. There was conflicting evidence regarding education level and compassion fatigue and burnout. Michalec et al. (2013) found that nursing students had low levels of burnout and compassion fatigue, and Potter et al. (2010) found that different levels of education experienced varying levels compassion fatigue, burnout, and compassion satisfaction.

**Recommendations**

Compassion fatigue and burnout are common in US nurses. There are options to decrease compassion fatigue and burnout in nurses. Uninterrupted lunch breaks (Russel, 2016), a decrease in changes on the unit (Saco et al., 2015), and a progressive and positive management style (Hunsaker et al., 2015) could help to decrease compassion fatigue and burnout, and increase nurse satisfaction at work. Nevel and Cole (2013) discussed the positive effects of health promotion as a way to decrease compassion fatigue and burnout. Meaningful recognition of hard work or other positive attributes could also help to increase satisfaction (Kelly et al., 2015). Relationships with coworkers was found to make an impact on compassion fatigue and burnout (Hinderer et. al, 2014), and a positive relationship could help reduce stress and increase feelings of teamwork and support throughout a shift.

Certain specialties seemed to vary in whether they were a factor in compassion fatigue and burnout in the nurses who worked there. Critical care nurses had higher amounts of compassion fatigue (Young et al., 2011), as well as nurses on bone marrow transplant units (Papa-Rodriguez
et al., 2015). Kelly et al. found that there was no difference in specialty and burnout and compassion fatigue (2015). More research could be done as to if specialties with “heavy” patients, or other factors such as management style, coworker relationships, or average age of nurses in a specialty are what contribute to compassion fatigue and burnout. There could be more research into levels of education, as well as whether the amount of bedside care involved which that varies with education contributes to compassion fatigue and burnout. Age of nurses had conflicting evidence as well. Berger et al. (2015) found that younger nurses had less compassion fatigue (2015), and Sacco et al. found that older nurses had more burnout (2015). More research should be done to determine if there is any difference in age, or if it is related to amount of time as a nurse, changes in healthcare, age at which a nurse entered healthcare, or other factors that could contribute. More research into the reasons that nurses experience compassion fatigue and burnout could be done in order to improve understanding, and begin more progressive measures to prevent it.

**Conclusion**

Nursing can be a stressful profession, and compassion fatigue and burnout are common among practicing nurses. This synthesis of evidence explored compassion fatigue and burnout among nurses, and factors that either increased or decreased them. The prominence of compassion fatigue and burnout varies with management style, age or nurse, coping skills, and amount of time working as a nurse. While there is still research to be done in areas such as age and amount of time in nursing and whether they do or do not directly relate to compassion fatigue and burnout, current research did reveal some possible factors. Factors that help alleviate compassion fatigue and burnout, such as positive environment, as well as recognition and appreciation from staff and
managers were also found. These all could be implemented to help increase satisfaction among nurses.
References


### Appendix A

#### Table of Evidence

<table>
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<tr>
<th>APA formatted reference</th>
<th>Purpose Statement, Research Question</th>
<th>Clinical Practice Setting, Sampling, Methods, Sample Size</th>
<th>Design, Level of Evidence</th>
<th>Findings, Conclusion</th>
<th>Practice &amp; Research Implications</th>
<th>Limitations of Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berger, J., Polivka, B., Smoot, E. A., &amp; Owens, H. (2015). Compassion Fatigue in Pediatric Nurses. <em>Journal of Pediatric Nursing</em>, 30(6). doi:10.1016/j.pedn.2015.02.005</td>
<td>Identify prevalence and variations of compassion fatigue in pediatric nurses as well as causes.</td>
<td>Cross-sectional survey of pediatric nurses, in five different hospital settings. Surveys were given via hard copy and online and organized and evaluated using SPSS-PC syntax.</td>
<td>Design: Cross-sectional, Level of Evidence: 4</td>
<td>Nurses with more experience and higher age experienced less compassion fatigue, and more burnout. Stressful situations contributed to higher compassion fatigue in pediatric nurses.</td>
<td>Education based on results could be used to teach nurses ways to cope with compassion fatigue. Workshops, mindfulness, and exercise are some interventions.</td>
<td>Cannot use data outside of pediatric population and geographical population. Security of surveys and amount of people or who took them was not guaranteed.</td>
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<td>Fennessey, A. G. (2016). The Relationship of Burnout, Work Environment, and Knowledge to Self-Reported Performance of Physical Assessment by Registered Nurses, <em>Medsurg Nursing</em>, 25(5), 346-350.</td>
<td>Purpose Statement: Burnout has been identified as a contributor to RNs’ inability to perform assessment skills consistently and thoroughly. Research Question: What is the relationship between burnout and work performance?</td>
<td>Setting: two hospitals (one suburban, one urban) comparable in size and number of RNs Sampling Method: Convenience Sample Sample Size: 150</td>
<td>Design: Descriptive, Correlational, Cross-Sectional Level of Evidence: 6</td>
<td>No statistical significance was found relating to quality of assessment related to burnout but this could be because it was a self report study. It did show that assessments weren’t performed as often or as thoroughly as they should be.</td>
<td>The research showed that regardless of burnout assessments an important part of patient care and need to be thorough. It also will lead to more studies about the relationship between burnout and quality of patient care.</td>
<td>Some limitations include that only 11% of those the study was sent to replied to the study. Also the study only took place in two hospitals.</td>
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<td>Hinderer, K. A., VonRueden, K. T., Friedmann, E., McQuillan, K. A., Gilmore, R., Kramer, B., &amp; Murray, M. (2014). Burnout, Compassion Fatigue, Compassion Satisfaction, and Secondary Traumatic Stress in Trauma Nurses. <em>Journal Of Trauma Nursing</em>, 21(4), 160-169. doi:10.1097/JTN.000000000000055</td>
<td>Purpose Statement: Caring for trauma patients may lead to BO, CF, and STS; identifying predictors of these can inform the development of interventions to mitigate or minimize</td>
<td>Setting: large urban trauma center in a university hospital in the eastern United States Sampling Method: Convenience Sample Sample Size: 128 Trauma nurses</td>
<td>Design: non-experimental with Cross-Sectional data Level of Evidence: 4</td>
<td>Although it is evident that trauma nurses do experience compassion fatigue, the study states the more research is needed to find</td>
<td>This study showed evidence of compassion fatigue and burnout but also evidence of high compassion</td>
<td>This sample size was small and limited to one hospital. The study did take into consideration many different variables</td>
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<td>BO, CF, and STS in trauma nurses. Research Question: What are factors of burnout in trauma nurses?</td>
<td>out why it affects some nurses but not others. satisfaction. This opens the door to find out what factors lead to satisfaction and what leads to fatigue and burnout. concerning compassion fatigue and compassion satisfaction.</td>
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<td>Purpose Statement: The purpose was to explore the prevalence of compassion satisfaction, burnout, and compassion fatigue among emergency nurses and nurses in other selected inpatient specialties. Research Question: Is there a difference in the risk for burnout, compassion fatigue, and compassion satisfaction between ED nurses when compared to other units?</td>
<td>Self-selected participation in emergency room nurses and nurses from 3 other specialty areas (ICU, nephrology, oncology). 138 surveys were sent to eligible nurses. Design: Cross-sectional Level of Evidence: 6 All of the nurses, within their own specialty, were at a high risk of developing compassion fatigue; regardless of their specialty. The results of this study show that it may not be the area of nursing causing the burnout and compassion fatigue, so it is imperative to nurses everywhere to uncover what is causing the high risk of burnout and try to prevent it. The limitations of this study are the small population which was surveyed and the fact that only 114 of the surveys were filled out.</td>
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<td>Hooper, C., Craig, J., Janvrin, D. R., Wetsel, M. A., &amp; Reimels, E. (2010). Compassion satisfaction, burnout, and compassion fatigue among emergency nurses compared with nurses in other selected inpatient specialties. Journal Of Emergency Nursing: JEN: Official Publication Of The Emergency Department Nurses Association, 36(5), 420-427. doi:10.1016/j.jen.2009.11.027</td>
<td>Purpose Statement: To determine the prevalence of compassion fatigue and the demographics related to it among ED nurses. Research Question: Do ED nurses experience compassion fatigue differently based on their demographics?</td>
<td>Self-administered survey mailed to 1,000 emergency nurses throughout the United States. ProQOL 5 scale to measure compassion satisfaction, compassion fatigue, and burnout. Design: Cohort Level of Evidence: 4 Low to average levels of compassion fatigue and burnout, average to high levels of compassion satisfaction. Low levels of manager support lead to higher levels of burnout and compassion fatigue. The predictors found in the study linked with higher levels of burnout and compassion fatigue can be reduced in the work pace to increase compassion satisfaction. This was a self-administered survey, meaning there can be a lack of honesty with that. Additionally, the survey was only offered to 1,000 nurses which limits the results to a small group of people when compared to the population of nurses.</td>
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FACTORS FOR COMPASSION FATIGUE AND BURNOUT IN U.S. NURSES

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<th>doi:10.7182/pit2015213</th>
<th>burnout (emotional exhaustion, depersonalization, and reduced personal accomplishment) in organ transplant nurses and to examine factors that contribute to the development of burnout in transplant nurses.</th>
<th>Evidence: 6</th>
<th>difference between a nurse experiencing burnout or compassion fatigue. This study is a big step towards understanding this difference and what is causing it.</th>
<th>did involve a larger population, it is only limited to transplant nurses. Additionally, differences in institutes and geography need to be considered.</th>
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<tr>
<td>Research Question: What is the prevalence of emotional exhaustion, depersonalization and reduced personal accomplishment in organ transplant nurses? What factors contribute to the prevalence of burnout?</td>
<td>This study looked at 222 emergency department nurses, using on expanded nurse work stress scale.</td>
<td>Design: Correlation design. Level of Evidence: 4</td>
<td>The study discovered that the perception of a supportive work environment and approach to conflict resolution may be related to one’s experience of work stress.</td>
<td>The limitations of this study is the small sample of nursing population as well as the the limitation to only emergency department nurses.</td>
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<td>Purpose Statement: The purpose was to examine the conflict management style that emergency department (ED) nurses use to resolve conflict and to determine whether their style of managing conflict and a supportive work environment affects their experience of work stress</td>
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<td>The suggested findings of this study allow for further research to be done on the best way to organize units to further decrease the feelings of stress among staff.</td>
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**Purpose Statement:**
This pilot study aimed at further exploration of the prevalence of PCF among hospice and palliative care nurses, as well as the nature of its effects and any coping strategies that nurses adopt.

**Research Question:**
What is the relationship between hospice and palliative care nurses and compassion fatigue.

**Setting:** home health agency in northeast USA.

**Sampling Method:** purposive sampling

**Sample Size:** 6 nurses

**Design:** Descriptive qualitative study. Semi-structured interviews

**Level of Evidence:** 6

There are clear physical and emotional health consequences for nurses who provide hospice and palliative care over extended periods of time.

Further research is needed into the extent of the problem, specific causes, and coping strategies.

The study is limited to due its extremely small scope and because it only utilized one home health agency.


**Examine undergraduate nursing student’s experiences in nursing school and the relationship between those and burnout**

**University of Delaware school of Nursing surveys and interviews with nursing students. 436 BSN students took the survey, and 20 interviewed who were in their 3rd or 4th years of school.**

**Design:** Descriptive, Level of Evidence: 4

Low to moderate levels of burnout and compassion fatigue were found in nursing students. Many students felt that they were working as nurses and felt more empathy for their patients while in school.

Compare to nurses after having more experience and see how their ideas of nursing changed after being a nurse for some time.

Only one school of nursing was examined, and the students were not very diverse.

Neville, K., & Cole, D. A. (2013). The satisfaction of nurses is important for patient care, nurse retention, and well-being of the nurses.

There was no control group or compare group because the aim of this study wasn’t experimental. This study also covered a wide range of nurses, although, only 419 people responded to the study which was only 35% of those it was sent to.


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Only one school of nursing was examined, and the students were not very diverse.
**Relationships Among Health Promotion Behaviors, Compassion Fatigue, Burnout, and Compassion Satisfaction in Nurses Practicing in a Community Medical Center. JONA: The Journal of Nursing Administration, 43(6), 348-354. doi:10.1097/nna.0b013e3182942c23**

- **Purpose Statement:** To explore the prevalence of burnout and compassion fatigue among oncology healthcare providers working within a large oncology medical center.
- **Research Question:** Does the amount of experience a nurse have or the unit they work on have an impact on their risk of compassion fatigue and burnout?
- **Design:** Descriptive, cross-sectional
- **Level of Evidence:** 6
- **Findings:** The findings revealed that staff with more experience had a higher percentage of high-risk burnout. Staff working on inpatient units experienced less compassion satisfaction when compared to outpatient units.


- **Purpose Statement:** To address compassion fatigue and create a plan to alleviate burnout and to increase nurses’ resiliency in BMT nurses.
- **Research Question:** How do different interventions affect the prevalence of compassion fatigue in BMT nurses?
- **Design:** Cohort
- **Level of Evidence:** 4
- **Interventions:** The interventions utilized can possibly be implemented on other units to improve compassion satisfaction and decrease burnout.


- **Purpose Statement:** To explore the prevalence of burnout and compassion fatigue among oncology healthcare providers working within a large oncology medical center.
- **Research Question:** Does the amount of experience a nurse have or the unit they work on have an impact on their risk of compassion fatigue and burnout?
- **Design:** Descriptive, cross-sectional
- **Level of Evidence:** 6
- **Findings:** These findings can be utilized to understand further, why it is that these areas have higher rates of burnout and compassion fatigue. More research can help increase compassion satisfaction.
<table>
<thead>
<tr>
<th>Reference</th>
<th>Purpose Statement</th>
<th>Setting</th>
<th>Design</th>
<th>Results</th>
<th>Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rushton, C. H., Batcheller, J., Schroeder, K., &amp; Donohue, P. (2015). Burnout and Resilience Among Nurses Practicing in High-Intensity Settings. <em>American Journal of Critical Care, 24</em>(5), 412-420. doi:10.4037/ajcc2015291</td>
<td>Create a 2-phase project to help with reducing turnover, burnout, and increase resilience and retention. Phase 1 of a 2-phase cross-sectional survey given to 114 nurses in high-stress jobs and was statistically analyzed. Design: Cross-sectional.</td>
<td>Inpatient oncology nurses report a moderate level of perceived burnout. In addition, this nursing population perceived that this burnout had a negative impact on the care they provided. Nurses believed they experienced burnout because of increased nurse–patient ratios and skipped or shortened lunches or breaks. However, they perceived that burnout could be prevented when adequate resources, collaboration, teamwork, and the support of family and friends existed.</td>
<td>Moral distress was associated with more burnout, while nurses with more resilience and spiritual well-being had better results with burnout. Results confirmed phase 2 of the study, which would use the information and put it into action to prevent burnout in nurses.</td>
<td>Implications include more studies about the importance of healthcare professionals (especially nurses) take care of themselves in order to provide quality patient care. This study is limited by the small scope of the study including sample size. Also it was a convenience sample so bias may be present.</td>
<td></td>
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<tr>
<td>Russell, K. (2016). Perceptions of Burnout, Its Prevention, and Its Effect on Patient Care as Described by Oncology Nurses in the Hospital Setting. <em>Oncology Nursing Forum, 43</em>(1), 103-109. doi:10.1188/16.ONF.103-109</td>
<td>Purpose Statement: To identify overall perceptions of burnout within the inpatient oncology nursing population, how they perceived that burnout affected the care they provided, and how they perceived that burnout could be decreased. Research Question: What are the perceptions of burnout among inpatient oncology nurses?</td>
<td>Setting: A university-affiliated hospital using inpatient oncology nurses from three nursing units at University of Pittsburgh Medical Center Presbyterian in Pennsylvania.</td>
<td>Inpatient oncology nurses report a moderate level of perceived burnout. In addition, this nursing population perceived that this burnout had a negative impact on the care they provided. Nurses believed they experienced burnout because of increased nurse–patient ratios and skipped or shortened lunches or breaks. However, they perceived that burnout could be prevented when adequate resources, collaboration, teamwork, and the support of family and friends existed.</td>
<td>Implications include more studies about the importance of healthcare professionals (especially nurses) take care of themselves in order to provide quality patient care. This study is limited by the small scope of the study including sample size. Also it was a convenience sample so bias may be present.</td>
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<tr>
<td>Sacco, T. L., Ciurzynski, S. M., Harvey, M. E., &amp; Ingersoll, G. L.</td>
<td>Purpose Statement: Although critical</td>
<td>Setting: Magnet designated medical</td>
<td>The study found that the</td>
<td>The study showed that</td>
<td>Overall this study had a</td>
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FACTORS FOR COMPASSION FATIGUE AND BURNOUT IN U.S. NURSES


Differences in RN’s, physicians, and nursing assistants related to compassion fatigue in a hospital.

Cross-sectional survey given to 139 caregivers at one hospital. Survey was Professional Quality of Life Scale self-report instrument.

Design: Cross-sectional, Level of Evidence: 4

Critical care workers had lower scores than those not in critical care. Increased sleep also was related to less burnout.

Predictors found in the surveys could be used for other departments, and could be modified, added, or removed depending on type.

Self-reporting and self-selection allowed for possibility of non-random sample. Only one hospital site was used, which does not allow for a broader application. Survey was most likely completed while at work, which could alter the participant’s answers.


Purpose Statement: Recent studies have demonstrated that

Setting: The setting was an 1188-bed acute care adult

Design: non-experimental, descriptive

The study found that PsyCap had contributed to finding the professional

The study only consisted of nurses in an...
### Factors for Compassion Fatigue and Burnout in U.S. Nurses

**Care Settings. *International Journal For Human Caring*, 19(2), 35-40.**

<table>
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<tr>
<th>The prevalence of compassion fatigue is negatively impacting both the quality of caring for patients and nurses’ professional quality of life. Research Question: What is the relationship between compassion fatigue and psychological capital in nurses?</th>
<th>Comprehensive teaching hospital located in a city population of 300,000 and a county of more than one million in the Midwest of the United States. Sampling Method: Convenience Sample Size: 260</th>
<th>With Cross-Sectional data Level Of Evidence: 4</th>
<th>Moderate to strong negative correlation with compassion fatigue.</th>
<th>Acute care setting in an urban hospital so the research may not apply to other communities. Also, the study was not randomized.</th>
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<tr>
<th>Describe primary clinicians’ self-reported satisfaction, burnout, and barriers for treating complex patients.</th>
<th>Surveys were sent to providers of care to COMPASS (Care of Mental, Physical, and Substance-use Syndrome). There were 1554 surveyed, which included physicians, nurse practitioners, and physician assistants. They were sent to providers in 8 different states.</th>
<th>Design: Cohort Study, Level of Evidence: 3</th>
<th>Most of those who were surveyed did not report experiencing burnout. 31% did report burnout, though, and they said it did affect their care for patients. Those experiencing it had also been in practice for longer than those who did not report it.</th>
<th>Patients with chronic or complex needs will become more prevalent, which will add to the stress that providers are already experiencing. Because of this, job satisfaction and reduction in burnout should be a focus.</th>
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<th>Purpose statement: To determine the prevalence of compassion satisfaction, burnout, and secondary traumatic stress in heart and vascular nurses. Research Question: What is the prevalence of CS, BO, and STS in heart and vascular nurses? Are there differences in CS, BO, and STS between HVICU nurses and HVIMC nurses?</th>
<th>Setting: HVICU and HVIMC units in a 484-bed academic medical center in central Pennsylvania. Sampling Method: convenience sample; aged 20 years or older, employed within the HVIMC or HVICU, and providing direct patient care. Hard copies and emailing the survey. Sampling Size: 25 HVICU and 45 HVICU</th>
<th>Design: Exploratory descriptive study Level of Evidence: 6</th>
<th>Findings/Conclusion: Compassion satisfaction (high levels)-60% for HVIMC and 18% for HVICU. Burnout (low levels)-84% HVIMC and 36: HVICU STS - no significant differences</th>
<th>Practice and Research Implications: Understanding what is causing the burnout can help to prevent future incidents and improve the workplace in the future. Decreasing burnout and increasing compassion satisfaction can help improve patient satisfaction and</th>
</tr>
</thead>
</table>

**Limitations of Findings:** no demographics were collected. Small sample.**
outcomes.