

# Effects of Compassion Fatigue in Critical Care Nurses on Retention An Integrated Research Review

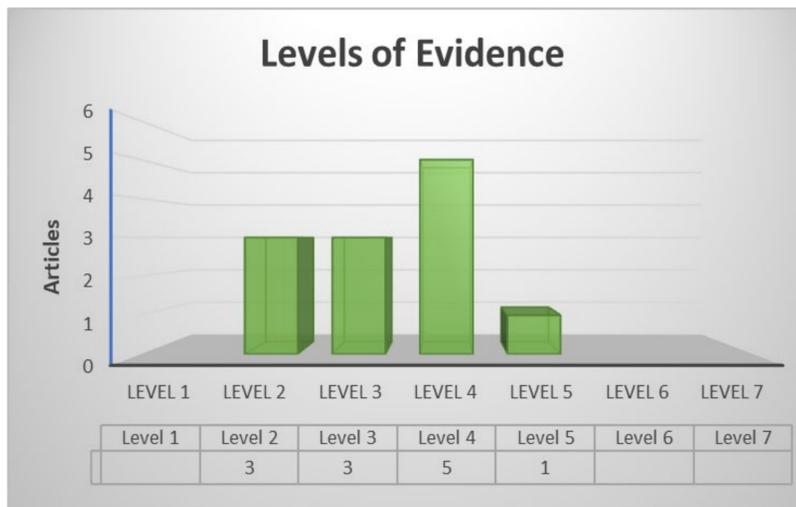
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## Background and Significance

- Compassion fatigue (CF) is often thought of as the caregiver's cost of caring and results when caregivers are exposed to repeated interactions requiring high levels of empathic engagement with distressed clients (Sorenson et al., 2016).
- Intensive care unit (ICU) nurses have reported to have one of the highest rates of burnout (Rivaz et al., 2020).
- Numerous studies have demonstrated strong relationships between nurse work environments and nurses' job satisfaction, work-related burnout, and intent to leave (Alharbi et al., 2020).
- Associations have been found between workplace stressors and poor physical and mental health of nurses (Steinberg et al., 2017).
- Moral distress causes complications such as headache, digestive disorders, heart palpitations, anger, and disruption in patient treatment goals (Asgari et al., 2019).
- Compassion fatigue can result in nurses suffering debilitating symptoms or leaving the profession altogether (Jakimowicz et al., 2017).

## Research Question

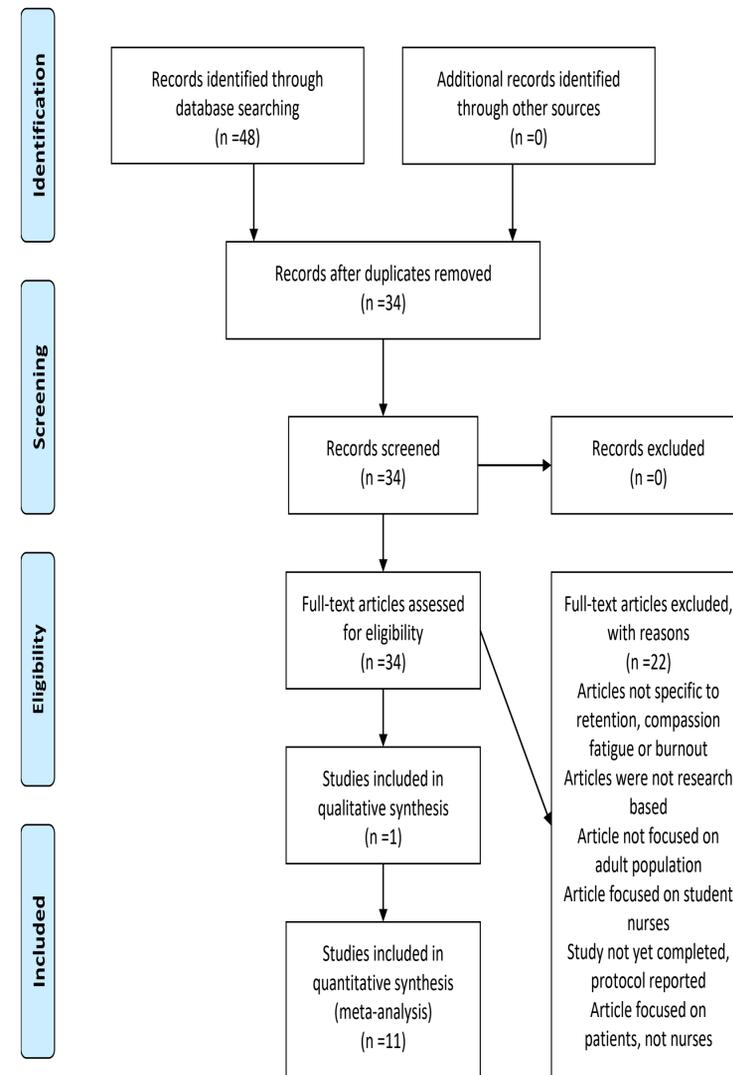
- In registered nurses working in critical care, what effects do strategies to prevent compassion fatigue have on retention?



## Methods

- The integrative research review was conducted under the methodology suggested by Whittemore & Knaf (2005) and Brown (2018).
- CINAHL, MEDLINE, PubMed, and Cochrane with the search terms: compassion fatigue or burnout or secondary traumatic stress and critical care nursing and retention
- Search criteria limited to full text and years between 2016-2022 for all data bases
- Inclusion criteria included adult critical care, adult emergency departments, retention, moral distress, and turnover
- A total of forty-eight articles were found, fourteen articles were duplicates and twenty-two did not meet inclusion criteria. The remaining twelve articles consisted of three level two articles, three level three articles, five level four articles, and one level five article.
- Findings from the studies were synthesized for comparative analysis of results.

## Literature Search Flow Diagram



- Forty-eight articles were initially identified; twelve included in final sample.
- Level of evidence rated using evidence pyramid published by Long & Gannaway (2015) and Appraisal Guides by Brown (2018).

## References

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## Literature Synthesis

- Maslach Burnout Inventory (MBI) surveys with higher scores in Emotional Exhaustion and Depersonalization related to higher levels of burnout. This was noted by several studies (Alharbi et al., 2020; Gensimore et al., 2020; Nantsupawat et al., 2017; Rivaz et al., 2021; and Steinberg et al., 2017).
- Nurse Work Index (NWI) and Professional Quality of Life (PROQOL) findings imply that better work environments will help nurses to provide better care to patients, increase their job satisfaction and lower intention to leave and decrease burnout noted by multiple studies (Alharbi et al., 2020; Gensimore et al., 2020; and Nantsupawat et al., 2017).
- The most distressing situations reported were unsafe staffing but more frequently related to futile care of patients and unsafe or incompetent staff (Sauerland et al., 2014).
- The higher the level of burnout nurses experienced, the more likely they were to leave their current job. This was supported by several studies (Alharbi et al., 2020; Gensimore et al., 2020; Nantsupawat et al., 2017; Rivaz et al., 2021; Sauerland et al., 2014; and Steinberg et al., 2017).

## Clinical Implications

- Compassion fatigue and related concepts were pervasive and affected a wide variety of healthcare providers working in many clinical settings (Sorenson et al., 2016).
- Potential strategies to combat CF include mentoring, cognitive techniques, mindfulness, and peer discussion (Jakimowicz et al., 2017).

## Conclusion

- Further research and stronger levels of evidence is needed to answer the clinical question.

