

Post hoc Analysis of the Compassion Fatigue Phenomenon

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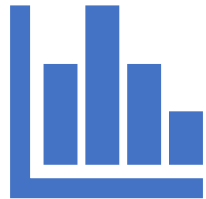
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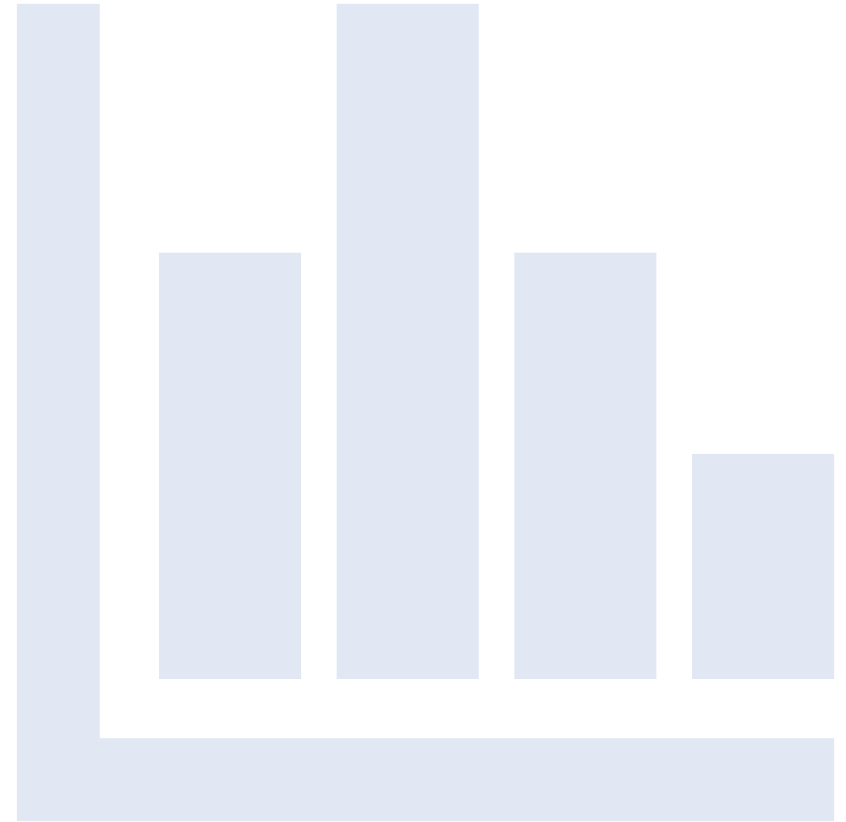




Post hoc analysis

“after the facts” (Srinivas, Ho, Kang & Kaplan, 2015,p.1)

The Post hoc analysis is used after the data has been collected. The goal of this type of analysis is to look for patterns(Srinivas et al., 2015).



The Journey to the Compassion Fatigue phenomenon:

Compassion Fatigue

Lateral Violence

Horizontal Violence

Moral Injury

Compassion Fatigue

- A Personal Impact!
- A Compassion Fatigue Story



Compassion Fatigue

- Definition:
- The *draining of emotional energy* for those who interact with or care for those in pain (Walter 2020)



A real perspective!

Compassion Fatigue

The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.

- Naomi Rachel Remen

LATERAL VIOLENCE
IS Interchangeable
WITH:

H O R I Z O N T A L
V I O L E N C E

Bullying



Incivility: Lateral Violence

- Lateral Violence among nurses is a prevalent problem contributing to psychological distress, staff turnover, and attrition. Newly graduated nurses are at particular risk of lateral violence. A review of literature was conducted to determine how nursing faculty could change the cycle of lateral violence. Three strategies were recommended from the literature review to reduce incidences of lateral violence and to prepare nursing students in managing this phenomenon.
- **First, integrate** lateral violence content into curricular content, simulation experience, and clinical experiences.
- **Second, apply** use codes of conduct to guide both faculty and student behaviors.
- **Finally, educate** faculty on how individual behaviors, respectful communications, and courteous academic environments, can help nurses identify and appropriately respond to lateral violence barriers.



Horizontal Violence Includes:

- & Belittling gestures (eye-rolling, folding arms, staring into space when someone's talking to you)
- & Backstabbing/Scapegoating
- & Withholding information (about patients, meetings, new equipment, etc.)
- & Verbal abuse (name calling, threatening, intimidating, undermining)
- & Needling



Types of Bullies

18

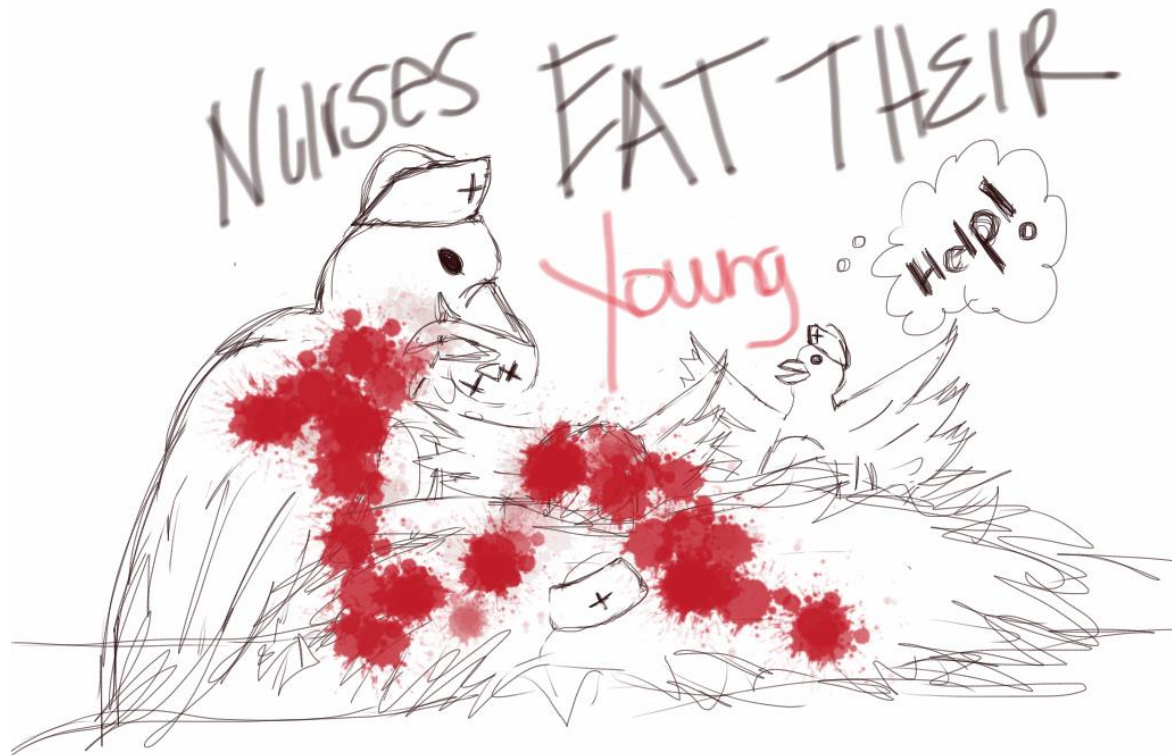


The Screaming Mimi



Two Headed Snake

Horizon Violence



Lateral Violence 101

My personal Lateral Violence Story





Incivility: Lateral Violence

A PERSONAL STORY: NURSING SCHOOL

Moral Injury

- An event causing betrayal from leadership, others in power, or peers; resulting in adverse outcomes. The result of the event generates psychological distress leading to behavioral, social, or spiritual changes after exposure

- Act of commission:

When someone does something that is against their beliefs

- Act of omission:

Failure to do something in line with their beliefs

Moral Injury: Hallmark reactions

- Guilt
 - Shame
 - Disgust
 - Anger
 - Self-forgive
- Feelings of distress and remorse regarding the morally injurious event...
“I did something bad”.
 - The belief about the event generalizes to the whole self...
“I am bad because of what I did”
 - A response to memories as an act of perpetration
 - Response to a loss or feeling betrayed
 - Inability to self-forgive, often engaging in self-sabotaging behaviors...
“Feelings like you don’t deserve to succeed at work or relationships”

COMPASSION FATIGUE DEFINING SIGNS

VISIBLE SIGNS

Marked decline in work efficiency clinical tasks

More callous toward patients than previous encounters

Shows mental or physical signs breakdown during crisis periods

Anger or irritability with little provocation

Shows a declining opinion of the caregiver role

Treats patients like impersonal "objects"

An attempt to leave one work position for another work position

Repeatedly fails to fulfil clinical tasks

INVISIBLE SIGNS

- Feeling a decreased sense of accomplishment
- Secretly happy when a procedure is cancelled
- Avoiding interactions with patients and colleagues when possible
- Often leaving work feeling ineffective in job duties
- Often mood swings with every patient interaction
- Feeling resentment about the caregiver role
- Displaying and unhealthy attachment to patients
- Feelings that poor patient outcomes affect performance
- Experiencing anxiety when interacting with emotional patients.

The Compassion Fatigue Conference *Topic* line-up

- Each HealthCare System created a video of how their organization **supported nurses**
- Organization Sponsor: **Compassion Care video**
- **Gratitude Presentation**
- **Relax and Deep Breath Exercises**
- Cardiologist Presentation: **Sleep and the value of Exercise**
- Team Nurse **Supporting peer nurses**

Compassion Care Main Speakers:

- ***American Nurse Association:***

Dr. Earnest Grant

Podiatry: Dr. Tanisha Richmond,

Foot Care Advice

Spiritual Care: Dr. Carlton Byrd,

President of 5 state area churches, Protecting your purpose

- **Skin Care:** Oil of Olay

Oil of Olay Representative

- ***Emotional care:*** Von Eaglin,
Crisis Therapy

- ***Nurse Educator:*** Jillian Wills,
Generation Gap Fight support

Compassion Care Main Speakers:

- ***Lessons in Gratitude***: Dr. Pat O'Malley
- ***Crisis Management for Nurses***: Charlene Planton(CEO, fifth Window app) emotional app
- ***Lamp Lighting***: Nicole Ruttencutter, sharing nurse's story for healing, mental health
- ***HealthCare System***: Developed a 3-year plan for a wellness program among nurses

Compassion Fatigue

Compassion Care Conference



Refresh  *& Recharge*

Compassion Care Conference
September 16 | Virtual

[*Register Now*](#)

VIRTUAL COMPASSION CARE CONFERENCE

16 SEPTEMBER, 2022
9 AM - 4 PM

*Relax.
Refresh.
Recharge.*



dayton
children's



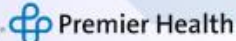
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Kettering
HEALTH



Olay



Premier Health



PROLINK
HEALTHCARE

Register Now!



Tickets \$100
(\$50 Students)



**ERNEST J. GRANT,
PHD, RN, FAAN**
President, American
Nurses Association



**DR. CARLTON
BYRD**
President of
Southwest Region
Conference of SDA

<https://mvp.markeys.net/nursearing>

Refresh & Recharge Compassion Care Conference

The evaluation form must be completed by 11:59 pm on October 23, 2022.

Name*

First Name*

Last Name*

Email*

Identify one new thing that you learned and can apply to your [practice](#).*

Select the presentations that you attended or [watched](#).*

- Keynote - The Well-Being Initiative, Healthy Nurse, Healthy Nation, Practice & Advocacy Dr. Earnest Grant 1.0 Contact Hour
- Generational Age Difference in Nursing: Can We All Get Along? Jillian Wills, RN 0.5 Contact Hour
- Lessons in Gratitude Dr. Patricia O'Malley, PhD, APRN-CNS, CCRN 0.5 Contact Hour
- You Can Sleep When You're Dead... Dr. Harvey Hahn 0.5 Contact Hour
- Dayton Children's Hospital Wellbeing Initiative Pamela Bucaro; Mrs. Kate Barrett, MS, RN, CPON; Tina Schmitt, MSN, RN, CCRN-K 1.5 Contact Hour
- Foot Care Treatment Modalities Dr. Tanisha Richmond, DPM 0.5 Contact Hour
- Self-Caring in The Workplace & Embracing the Pause Yamika Leeper-Stephens and Heather Krey, BSN, RN, NE-BC 0.5 Contact Hour
- Keynote - Protecting Your Purpose Dr. Carlton Byrd
- Crisis Therapy and Intervention [Von](#) Eaglin Crisis Therapist 0.8 Contact Hour

Compassion Fatigue

Evaluating the
Conference!

Overview of steps in Completing Data for Responses to the Compassion Fatigue Survey

- Data combines perceptions and measures of reality. As a result, care must be taken in data analysis to ensure congruence between perceptions and measures. The following information provides an overview of steps in completing data analysis for responses to the Compassion Fatigue Survey.
- The steps outlined in this overview support congruence between (a) perceptions of reality associated with items in the Compassion Fatigue Survey and (b) subsequent measures of reality provided in the interpretation of results generated through data analysis. Addressing congruence between perceptions and measures of reality supports both the internal and external validity of results and interpretations taken from data analysis.

Defining Questions

- Nurses remain a vital link in the chain between first responders and medical care.
- Research on nurses in the current social environment combine empirical measures of complex internal human emotions (e.g., compassion fatigue) with policy prescriptions to ameliorate potential negative outcomes (e.g., poor self-care).
- The Compassion Fatigue survey measures both visible and invisible signs of compassion fatigue in nurses. Results from analysis of responses to the Compassion Fatigue Survey better inform stakeholders (e.g., institutional administrators) in the field of nursing to describe the current state of compassion fatigue for nurses and shape policy to address concerns of poor self-care on the part of nurses.

Frequency Analysis For

- Demographic Variables

Statistics

		Age of respondent	Gender of respondent	Race of respondent	Education level of respondent	License level of respondent	Work setting for respondent	Income level for respondent
N	Valid	27	26	27	21	20	23	20
	Missing	0	1	0	6	7	4	7

Descriptive information for age of respondents

- The least number of respondents (n=1) to the Compassion Fatigue survey were between the ages of 45 and 54.
- The greatest number of respondents (n=11) to the Compassion Fatigue survey were between the ages of 35 and 44.
- Taken together, 66.7% (18 out of 27) of respondents were between the ages of 25 and 54.

Age of respondents					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	25-34	6	22.2	22.2	22.2
	35-44	11	40.7	40.7	63.0
	45-54	1	3.7	3.7	66.7
	55-64	4	14.8	14.8	81.5
	65-74	5	18.5	18.5	100.0
	Total		27	100.0	100.0

Statistics

		Age of respondent	Gender of respondent	Race of respondent	Education level of respondent	License level of respondent	Work setting for respondent	Income level for respondent
N	Valid	27	26	27	21	20	23	20
	Missing	0	1	0	6	7	4	7

Race of *Respondents*

Frequency

Gender of respondent					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	26	9.3	100.0	100.0
Missing	System	1	3.7		
Total		27	100.0		

Race of respondents					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	African American	3	11.1	11.1	11.1
	Caucasian American	24	88.9	88.9	100.0
	Total	27	100.0	100.0	

Educational Level & License Level

License level of respondent				
	Frequency	Percent	Valid Percent	Cumulative Percent
RN	20	74.1	100.0	100.0
System	7	25.9		
Total	27	100.0		

Education level of respondent					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	BSN	7	25.9	33.3	33.3
	MSN	12	44.4	57.1	90.5
	PhD	2	7.4	9.5	100.0
	Total	21	77.8	100.0	
Missing	System	6	22.2		
Total		27	100.0		

Income Level for Respondents

Income level for respondent					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	31,000-60,000	4	14.8	20.0	20.0
	61,000-90,000	8	29.6	40.0	60.0
	91,000-120,000	7	25.9	35.0	95.0
	121,000	1	3.7	5.0	100.0
	Total	20	74.1	100.0	
	Missing	System	7	25.9	
Total		27	100.0		

Work setting for respondent					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hospital	22	81.5	95.7	95.7
	School	1	3.7	4.3	100.0
	Total	23	85.2	100.0	
Missing	System	4	14.8		
Total		27	100.0		

ANOVA for Visible and Invisible Signs by Age

- First ANOVA is Visible signs by age
- Second ANOVA is Invisible signs by age

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Tot_Vis_Sign	Between Groups	21.338	4	5.334	.662	.625
	Within Groups	177.329	22	8.060		
	Total	198.667	26			
Tot_Inv_Sign	Between Groups	26.288	4	6.572	.839	.515
	Within Groups	172.379	22	7.835		
	Total	198.667	26			

ANOVA for Visible and Invisible Signs by Income

- First ANOVA is Visible signs by income
- Second ANOVA is Invisible signs by income

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Tot_Vis_Sign	Between Groups	12.736	3	4.245	.464	.712
	Within Groups	146.464	16	9.154		
	Total	159.200	19			
Tot_Inv_Sign	Between Groups	18.871	3	6.290	.671	.582
	Within Groups	149.929	16	9.371		
	Total	168.800	19			

Results of Compassion Care Conference:

- 2/3 of respondents were between 25-54
- Largest income between age 35-54
- Half of the respondents had Master degree in nursing
- Majority of respondents salary range \$31-120K
- Age does not appear to make a difference between invisible or visible signs
- Income does not make a difference between invisible or visible outcomes



Conclusion

- We are all affected by compassion fatigue regardless of age, salary, gender, education, place of employment...we are all affected by Compassion Fatigue!

References

Slide one:

Photo sourced by: Frenette, L.(2019) Compassion Fatigue is real – and it’s impacting professionals working with traumatized students. Retrieved from: <https://www.nysut.org/news/2019/may/compassion-fatigue-is-real-and-its-impacting-professionals-working-with-traumatized-students>

Slide two: Srinivas, T. R., Ho, B., Kang, J., & Kaplan, B. (2015). Post hoc analyses: after the facts. *Transplantation*, 99(1), 17–20. <https://doi.org/10.1097/TP.0000000000000581>

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Slide Eight

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Slide eleven:

Photo sourced by: The Advisory Board (2019). The Compassion Fatigue Assessment Tool. [Measurement Tool]. Retrieved from: <https://advisory-prod.azureedge.net/-/media/project/advisoryboard/shared/research/nec/resources/complimentary/nurses-week/compassion-fatigue-assessment.pdf?rev=579a04264ee64e98a02a9dcc6a0f9762&hash=7AA8E7453C4E12F2C86F29BC89D32413>