



Compassion Fatigue: Caring for the Caregiver



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Introduction

- ❖ Compassion Fatigue: “the emotional residue or strain of exposure to working with those suffering from the consequences of traumatic events.”
- ❖ The US Army Institute of Surgical Research (USAISR) burn center provides care for combat casualties who have been seriously burned. The relentless onslaught of combat casualties has resulted in observed psychological symptoms in the USAISR clinical burn staff, believed to be compassion fatigue.
- ❖ In response, a process improvement initiative aimed at assessment, intervention, and prevention was developed, “Caring for the Caregiver.”

Methods

- ❖ Initial assessment: clinical burn staff completed Professional Quality of Life Scale (ProQOL IV; B. Hudnall Stamm, 2005).
- ❖ The ProQOL IV is composed of three discrete scales:
 - ❖ Compassion Satisfaction (avg. score 37; SD 7, $a = .87$),
 - ❖ Burnout (avg. score 23; SD 6, $a = .80$),
 - ❖ Compassion Fatigue/Secondary Trauma (avg. score 13; SD 6, $a = .72$).
- ❖ The measure is best used in its continuous form.
- ❖ Does not yield a composite score.
- ❖ Confidential survey scores were entered into an Excel database for analysis in the aggregate.

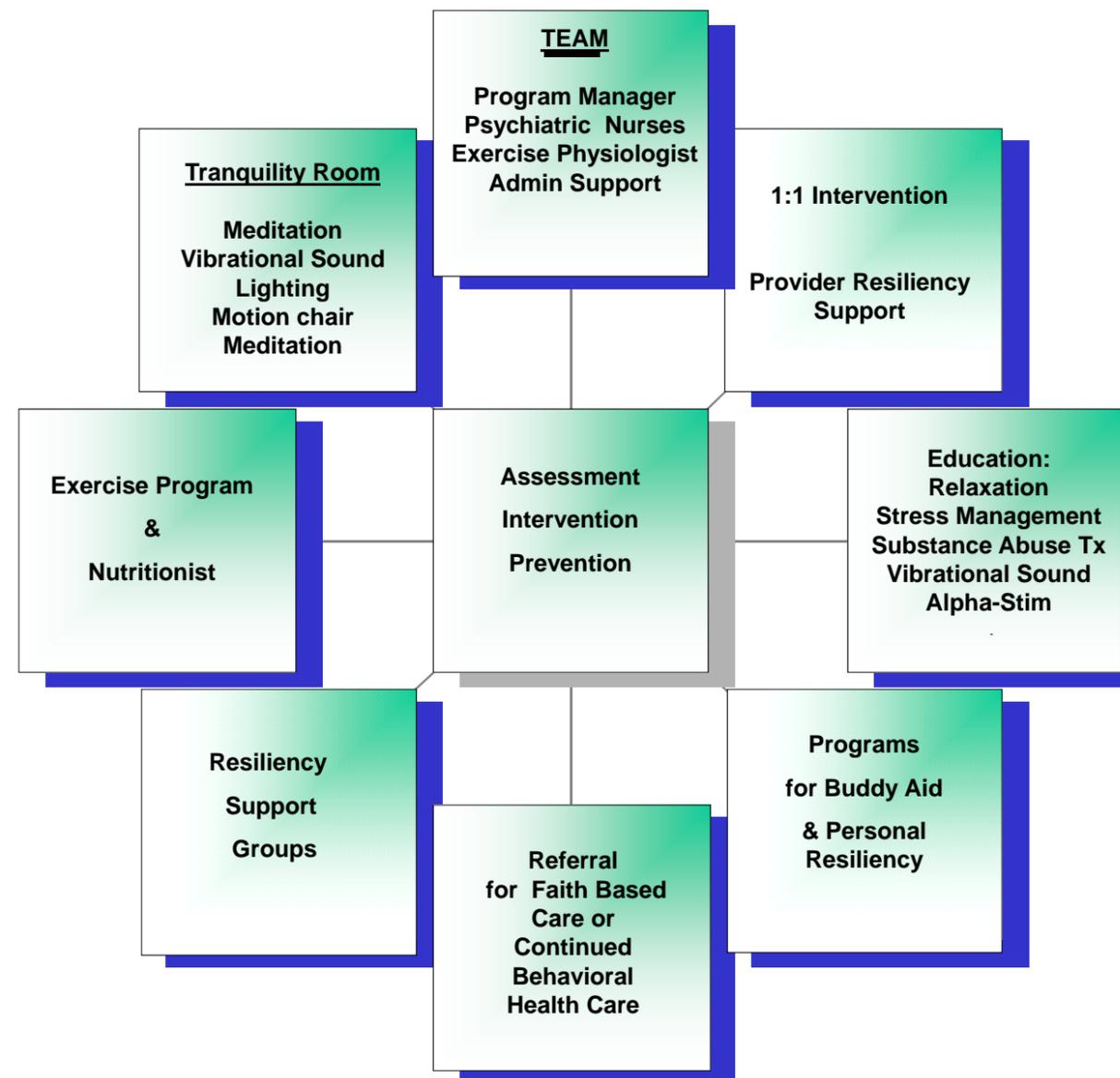


Figure 1. “Care for the Caregiver” Model

•Figley CR. Compassion Fatigue. In BH Stamm, (Ed.) *Secondary traumatic stress: Self-care issues for clinicians, researchers and educators*. 2nd Ed. Lutherville, MD: Sidran Press. <http://www.sidran.org/catalog/stss.html>.

•Kenney DJ, Hull MS. Critical care nurses' caring for the casualties of war evacuated from the front line: Lessons learned and needs identified. *Critique Nurs Clin N Amer*. 2008:41-49.

•Sabo BM. Compassion fatigue and nursing work: Can we accurately capture the consequences of caring work. *Intl J Nurs Prac*. 2006;12:136-142.

Results

- ❖ ProQOL IV completion: 234/261 (90%) clinical staff.
 - ❖ Compassion Satisfaction, 154/234 (65.8%)
 - ❖ Burnout 87/234 (37.2%)
 - ❖ Compassion Fatigue 118/234 (50.4%).
- ❖ Quartile cut-points: Compassion Fatigue
 - ❖ 38% moderate symptoms
 - ❖ 32% high symptoms

Quartile Cut-Points	Compassion Satisfaction	Burnout	Compassion Fatigue
Bottom Quartile	38%	22%	30%
Mid-Point	38%	36%	38%
Top Quartile	30%	42%	32%

Figure 2. USAISR clinical staff experience of Compassion Satisfaction, Burnout, Compassion Fatigue

Conclusions

- ❖ 50% of USAISR clinical burn staff have self-reported symptoms of Compassion Fatigue.
- ❖ As the OEF/OIF war continues, the potential for combat casualties will continue. Resiliency of Care Provider staff will continue to be stretched.
- ❖ These findings demonstrate the critical need for compassion fatigue programs aimed at increasing resiliency in clinical burn staff, or any clinical staff caring for critically injured combat casualties.