



Compassion Fatigue, Burnout, Compassion Satisfaction, and Social Support Among Oncology Nurses Compared with Nurses in Other Specialties in the General Hospital

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Outline

- **Introduction**
- **Purpose**
- **Design and Methods**
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Introduction

Taiwan lies off the southeastern coast of mainland Asia, across the Taiwan Strait from China - an island on the western edge of the Pacific Ocean. To the north is Japan; to the south is the Philippines.

(Tourism Bureau, Republic of China (Taiwan), 2016)





Introduction

- Taiwan mixes urban and nature!
- Taiwan is a kingdom of delicacies
- Tons of technology
- Ethnic fusion
- The National Health Insurance (NHI): Comprehensive Benefits and Convenient Access



(Tourism Bureau, Republic of China (Taiwan), 2016)



Introduction

- The National Health Insurance (NHI) was implemented to promote the health of all citizens.
- When insureds, who have paid their NHI premiums and have received their health insurance cards, get sick, injured in an accident, or give birth, they can receive medical services at medical service organizations such as hospitals, clinics, pharmacies, and medical examination organizations upon presentation of their health insurance card.

(2017-2018 National Health Insurance Annual Report)

Introduction

- The scope of medical payments includes diagnosis, examination, lab tests, consultation, surgery, anesthesia, medication, materials, treatment, nursing, and insurance hospital rooms; essentially all necessary health care services are covered by the system.

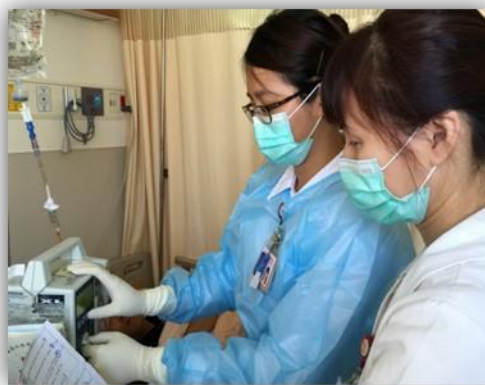


(2017-2018 National Health Insurance Annual Report)



Introduction

- In Taiwan
 - Nurses work shifts(day shift, night shift and graveyard shift).
 - Nurse- patients ratio: average care 11~12 patients.
 - Day shift: 7~10 ↑
 - Night shift: 11~13 ↑
 - Graveyard shift: 14~16 ↑





Introduction

- Over-involvement patients loss in oncology ward or other clinical settings had negatively affect nurses, which may cause compassion fatigue and burnout.
- In addition, social support may affects professional quality of life, compassion fatigue and burnout.





Introduction

- Nurses unable to adapt and to cope, may leads to physically and psychologically stress, reduce quality of care, and ultimately become frustrated and decide to leave the nursing profession.
- Few studies have examined the compassion fatigue, burnout, compassion satisfaction and social support for nurses in different settings.



Purpose

The purpose of this study is to demonstrated:

1. Factors that influence the development of compassion fatigue, burnout, and compassion satisfaction.
2. Explored the relationships between social support and compassion fatigue, burnout and satisfaction among oncology nurses compared with nurses in other specialties in metropolitan hospital in Taiwan.



Design and Methods

- This is a cross-sectional study by using a self-administered survey.
- Survey has included:
 1. Demographic questionnaire
 2. Professional Quality of Life Scale- 5 in Chinese Version (ProQOL-5):
which included Compassion Fatigue, Burnout, Compassion Satisfaction Subscales.
 3. Personal Resource Questionnaire 2000 in Chinese Version (PRQ 2000)



Design and Methods

- Data were collected from 1st of January to 31st of March in 2017, similar procedures were carried out in all clinical settings.
- Total of 567 nurses were recruited in Hsinchu City, Taiwan. 495 nurses had completed the survey (41 nurses working in oncology ward and 454 nurses from the other clinical settings).



Statistical analyses

- Descriptive statistics
- *t*-tests
- One Way Analysis of Variance
- Linear regression
- Pearson's product-moment correlation



Results

- Demographic characteristics of respondents in oncology department and other specialties were revealed no significance in gender and education level.
- However, younger age and less working experience junior nurses have found in oncology department compared to other clinical specialties.

Results

Demographic Characteristics of the Sample

Variable	Total; <i>n</i> =495 <i>n</i> (%)	Oncology; <i>n</i> =41 <i>n</i> (%)	Other; <i>n</i> =454 <i>n</i> (%)	<i>P</i>
Gender				0.500
Male	5(1.0)	0	5(1.1)	
Female	490(99.0)	41	449(98.9)	
Education				0.866
Associate's degree	154(31.1)	13(31.7)	141(31.1)	
Bachelor's degree	338(68.3)	28(68.3)	310(68.3)	
Master's degree	3(0.6)	0	3(0.7)	

Results

Demographic Characteristics of the Sample

Variable	Total; <i>n</i> =495 <i>n</i> (%)	Oncology; <i>n</i> =41 <i>n</i> (%)	Other; <i>n</i> =454 <i>n</i> (%)	<i>P</i>
Age, yrs (mean±SD)	32.67 ± 7.00	29.56 ± 6.33	32.84 ± 7.00	0.004*
Healthcare experience, yrs (mean±SD)	8.14 ± 6.60	5.07 ± 5.20	8.41 ± 6.65	0.002*
Marital status				0.013*
Single	306(61.8)	33(80.5)	273(60.1)	
Married	185(37.4)	8(19.5)	177(39.0)	
Divorced	2(0.4)	0	2(0.4)	
Widowed	2(0.4)	0	2(0.4)	



Results

- Overall, nurses in moderate to high levels of compassion fatigue and burnout, has showed in moderate to low level of compassion satisfaction.
- There were no significant differences between nurse working in oncology department and other specialties.



Results

Professional Quality of Life Scale

Variable	Total (<i>n</i> =495)	Oncology (<i>n</i> =41)	Other (<i>n</i> =454)	<i>P</i>
Compassion fatigue (low<8; Medium 9~16; High>17)	26.01 ± 4.855	26.88 ± 5.202	25.93 ± 4.821	0.232
Burnout (low<18; Medium 19~26; High>27)	26.18 ± 4.557	26.90 ± 3.904	26.11 ± 4.609	0.289
Compassion Satisfaction (low<33; Medium 34~41; High>42)	34.19 ± 5.865	33.73 ± 4.909	34.23 ± 5.946	0.605



Results

- Nurse with moderate level of social support showed no significant differences between nurse in oncology department and other specialties (79.93 ± 11.684 vs. 77.95 ± 13.480 , $P=0.180$).
- High level of social support was a significant predictor of higher level of compassion satisfaction ($B=0.707$, $P<0.001$).
- Low level of social support was a significant predictor of higher levels of compassion fatigue and burnout ($B= -.0225$, $P=0.041$ and $B= -.0709$, $P=<0.001$).



Results

- Demographic variables were significantly related to the social support and compassion fatigue, burnout and compassion satisfaction.
- Older age and senior nurses had higher levels of compassion satisfaction ($P=0.001$), but had lower levels of social support ($P= -0.02$ and $P= -0.004$).
- Married nurses had higher levels of compassion satisfaction ($P=0.01$) and social support ($P=0.027$).



Results

- Older age and senior nurses had higher levels of compassion fatigue ($P=0.049$) ; whereas, younger age and less working experience junior nurses had higher levels of burnout ($P= -0.050$).
- Higher education had higher levels of compassion satisfaction and fatigue ($P=0.023$ and $P=0.031$) ; but had lower levels of burnout ($P= -0.050$).



Conclusions

- The result was suggested that compassion fatigue, burnout, and compassion satisfaction are outcomes associated with social support and demographic characteristics.
- Hospital administrators should understand the factors that cause the nurses fatigue and burnout.
- We should create a supportive environment and development of preventive interventions for nurses to improve their compassion satisfaction.

Conclusions



Fitness



Reward the staff



spiritual care



Gallery





Conclusions



family day



Coffee shop



barbecue



go hiking



year-end party



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Thank you for your attention

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