

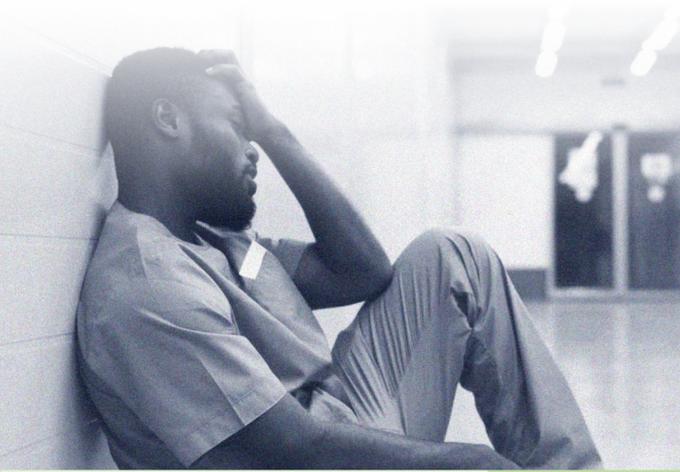
UNIT MANAGERS' PERCEPTIONS OF COMPASSION FATIGUE AMONG NURSES AT PRIVATE HOSPITALS IN THE EASTERN CAPE

Lisa Els, David Morton, Karin Gerber (Nelson Mandela University)

INTRODUCTION

Caring has been described in literature as encompassing empathy, attentiveness, experience, and sensitivity, which is then translated into nursing bedside practice. However, the cost of caring may cause nurses to become withdrawn and unable to care for their patients. This phenomenon is called compassion fatigue (CF), where nurses feel unable to respond to their patients and become withdrawn from stressful scenarios in the unit.

Healthcare professionals, especially nurses, are often exposed to the trauma experienced by their clients and as a result they may experience strong emotions, which may weaken their therapeutic ability and negatively influence the other areas of their lives (Finzi-Dottan & Kormosh, 2016:1). This exposure to a patient's trauma can lead to compassion fatigue (CF). Figley (2005:35) describes CF as a situation of emotional fatigue stemming from encounters with compassion stress and can rise abruptly without any warning, leaving the nurse feeling confused, secluded and helpless.



AIM OF THE STUDY

The aim of the study was to explore unit managers' perceptions of compassion fatigue among nurses in private hospitals in the Eastern Cape in order to develop recommendations for UMs on how to respond to CF among nursing staff.

DESIGN AND METHODOLOGY

- ◆ The study adopted a qualitative, exploratory-descriptive approach
- ◆ The researcher utilised purposive sampling
- ◆ Altogether, 13 UMs took part in the study
- ◆ Semi-structured interviews were conducted with UMs at private hospitals
- ◆ Data was analysed using Tesch's data analysis
- ◆ An independent coder helped to enhance the rigour of the analysis



RESULTS

Theme 1: UMs' perceptions of the manifestations of CF among their nursing staff

"We work with patients that are so stressed... Staff we all become... physically and emotionally exhausted ...totally exhausted...The point where we feel like we're not doing enough for them and we can't do anymore." (P7)

Theme 2: UMs' perceptions of the contributors of CF among their nursing staff

"...they [staff] are saying to me it's the demands from these no visiting rules. So these demands from the visitors, there's a constant pressure to keep the visitors updated... the constant demands from the patients because they can't do anything for themselves. So more demanding than what we were used to." (P13)

Theme 3: UMs felt that patient outcomes may have been hindered by CF among their nursing staff

*"...also find a lot of like patient complaints." (P10)
"I've noticed that there are lots of incidents"(P4)*

Theme 4: UMs sought to enhance the well-being of their nursing staff which may have mitigated possible CF

"So I'm quite in tune with my staff and I have an open-door policy which they know about so they do feel comfortable to come and chat with me and I do check up on them." (P10)

Theme 5: Suggestions by UMs regarding UM self-awareness and improved support for each other

"Like we said there needs to be a strategy, especially to empower the unit managers to be able to help the staff we need to help ourselves, so that we can help our staff". (P7)

"You even feel like sometimes, uh, you just alone" (P8)

DISCUSSION

The UMs shared the difficulty of their roles, most especially related to how they struggled to support their staff while at the same time, feeling unsupported themselves. It was evident to the researcher that the UMs were struggling, both with staff who may have been suffering from CF, as well as themselves possibly suffering from CF. Flowing from the findings of the study, three recommendations were developed to address the challenges faced by UMs who are managing staff who have symptoms of CF.

Recommendation 1: Facilitate UM peer support regarding CF management

- Facilitate peer support in the form of group sessions
- Initiate journal clubs for UMs to discuss solutions related to practice
- Promote evidence-based management among UMs
- Provide counselling and debriefing to UMs
- Encourage UMs to engage in reflective practice
- Promote networking among UMs

Recommendation 2: Train UMs regarding CF and related conditions

- Ensure CF training is provided to UMs across the hospital group
- Prepare and support UMs to manage their staff with CF and related conditions
- Initiate an EWP national helpline to be made available to UMs to ask questions regarding staff with CF and related conditions
- Train UMs how to mitigate the effects of CF on patient care

Recommendation 3: Assist UMs to support their staff who have CF

- Train all nursing staff regarding CF and other conditions
- Allow flexibility of shifts for nursing staff to ensure adequate rest periods
- Budget for team building exercises
- Set aside time for team building exercises
- Train all staff regarding patient and family-centred care
- Provide counselling on the hospital premises
- De-stigmatise mental health conditions among all hospital staff
- Management to provide visible care for UMs

CONCLUSION

The aim of this study was to understand the UMs' ability to understand and recognise the phenomenon of CF. Understanding their perceptions of CF would allow the researcher to provide recommendations to assist UMs to provide care and support to nurses who may have, or be at risk of suffering from CF. By understanding CF, early recognition and management thereof, nursing staff as well as the UMs would be able to mitigate the effects related to the cost of caring, thereby impacting on the quality of work life as well as patient outcomes.

Reflection Questions - Compassion Fatigue

- 1 Have you ever experienced compassion fatigue in your own life?
- 2 What symptoms showed up for you around compassion fatigue in the past?
- 3 What coping strategies did you use to help you feel more like yourself again?

References

- Figley, C.R. ed., 2002. Treating compassion fatigue. New York: Routledge
- Finzi-Dottan, R. & Kormosh, M.B., 2016. Social workers in Israel: Compassion, fatigue, and spillover into married life. *Journal of Social Service Research*, 42(5), 703-717.
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