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When Helping Becomes Hurting: Compassion Fatigue in Pediatric Nurses

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Abstract

Compassion fatigue is prevalent in all nursing settings; however, it is particularly important to consider in pediatric nursing because of the unique aspects of this nursing speciality. Compassion fatigue, comprised of burnout and secondary traumatic stress, is a risk to pediatric patients due to the nurse's inability to care adequately secondary to the overwhelming feelings of physical and mental exhaustion contributing to nursing attrition and inadequate nurse-to-patient ratios. This thesis applies Jean Watson's Theory of Human Caring to study the problem of compassion fatigue in pediatric nursing. Compassion fatigue must be recognized and managed, and the necessary interventions employed to mitigate nursing attrition. Understanding the prevalence of compassion fatigue, the coping mechanisms in place, and the interventions against compassion fatigue provide insight on how to prevent compassion fatigue in nurses and promote resilience. Current recommendations to reduce compassion fatigue in bedside pediatric nurses include appropriate debriefings after traumatic shifts, having management in place to promote resilience and education of compassion fatigue and burnout, creating interventions for the stressors of care, appropriate time off from work, orientation and annual education programs, and collaboration within the whole unit to help protect against the negative feelings of compassion fatigue. Compassion fatigue is causing nurses to develop burnout and leave the field, therefore it is imperative that nurses and organizations work together to omit compassion fatigue.

Introduction

Both new and experienced nurses can struggle with emotions related to patients and their care. Compassion fatigue is a topic that is essential to understand in relation to nursing so that both seasoned and new nurses can have satisfying careers and provide high quality care. However, compassion fatigue can make it difficult to deliver quality care when nurses feel as though they have nothing left to offer their patients. Understanding the root of the problem and working to change the underlying causes will positively reflect patient and family centered care and help decrease nursing turnover.

Compassion fatigue occurs when the compassion expended exceeds the ability to cope and/or recover from caring for one's patients. Nurses often become engulfed in their work and can feel helpless and powerless. Treating and caring for patients with negative outcomes can be difficult for nurses and can lead to compassion fatigue. Compassion fatigue encompasses physical, emotional, spiritual depletion, and poses a threat to physical and psychological health issues, causing nurses to suffer from anxiety, depression, post-traumatic stress disorder, fatigue, hypertension, diabetes, obesity, increased inflammatory responses, and gastrointestinal disorders (Berger et al., 2015). The consequences of compassion fatigue are burnout, a desire to quit, decreased productivity, ineffective patient care, poor patient outcomes, and low patient satisfaction (Berger et al., 2015). Compassion fatigue has negative effects on nurses, so decreasing compassion fatigue in medical staff is an urgent priority to deliver effective patient care.

The inverse of compassion fatigue is compassion satisfaction, Chen et al. (2018) defines as the "pleasure derived from being able to do work well," and comes from workload, team dynamics, and leadership style (p. 1182 & Roney & Acri, 2018). Compassion satisfaction is a

buffer to compassion fatigue and burnout, and boosts nurses' sense of accomplishment (Walden et al., 2018). Compassion fatigue and compassion satisfaction together create the professional quality of life reflected in the nurse. Therefore, having higher rates of compassion satisfaction than compassion fatigue helps create a better professional quality of life for the nurse and lead to less burnout and secondary traumatic stress (Walden et al., 2018).

Pediatrics differs from other specialties within nursing because children are going through growth and development phases, making them a vulnerable population, while also needing an advocate for their care (Hamama et al., 2019; Chen et al., 2018; Lombardo, 2011). All of these unique challenges are a part of pediatric nursing, making it a specialty that is more prone to compassion fatigue (Berger et al., 2015). Children, unlike adults, are still developing and growing, and are expected to grow and reach milestones, but chronically ill children often fail to reach developmental milestones due to their delays impacted by illness and injury. Seeing these children suffer from their illnesses and injuries instead of growing and thriving is difficult for nurses because the typical process of growth and development is being disrupted. As children age, their ability to advocate for themselves increases as they understand more intellectually and are able to participate in their own care more. However, even as their communication and understanding advances, pediatric patients are especially vulnerable since they still rely heavily on adults as their caregivers and to meet their basic needs, mainly their families and nurses (Chen et al., 2018). Pediatric nursing as a whole encompasses birth until teen years, however, many children cannot advocate for themselves due to their stage in growth and development and therefore require an advocate for their care. Even adolescents can struggle with advocating for themselves due to the complexity of their care at times. Nurses are meant to serve as patient advocates and be a liaison between patients and providers so that the specific needs of patients

are met. The pediatric population can be unable to speak for themselves at times and can become victims of medical errors if proper care and attention to detail is not taken. When considering compassion fatigue, the pediatric population requires purposeful and detail oriented nurses in order to prevent medical errors and be advocates for their patient's needs.

Aside from the growth and development aspect of pediatric nursing, this field also includes the entire family unit, and the nurse must consider both the child and their family while providing care. Patient-centered care and family-centered care is the responsibility of the nurse. In some cases, the caregivers of children can feel overwhelmed and they too are suffering from compassion fatigue, thus making the nurse's job harder because the nurse must now care for the patient and the patient's family. When having to care for the caregivers of the child, as well as the patient, the nurse's workload can increase (Lombardo, 2011). Family-centered care is another aspect of pediatric nursing that makes it unique, but also challenging, subsequently leading to compassion fatigue and burnout.

As with any type of nursing, safety is the priority, especially in pediatrics. Nursing has been rated one of the most trusted professions in the world, meaning that people are more likely to trust nurses without question and feel safe in the care of a nurse (Berger et al., 2015). Seeing that compassion fatigue can lead to ineffective patient care with poor patient outcomes due to the nurse's own feelings, the need to combat compassion fatigue and become resilient is imperative to ensure quality patient care (Berger et al., 2015). Once compassion fatigue causes undesirable consequences and negatively impacts the nurse and patient, it can be hard to come to work without feelings of negativity. In turn, nurses may leave or be terminated from their workplace due to the hardships that they might experience when coming to work.

Compassion fatigue has two main components: burnout and secondary traumatic stress. Burnout includes feelings of mental and physical exhaustion and powerlessness (Walden et al., 2018). Burnout has three dimensions: exhaustion, cynicism, and inefficacy (Meyer et al., 2015). Nurses experience exhaustion from the nature of their work, trying to save critically ill patients who might fail to get better. Other aspects of nursing can also lead to exhaustion, such as high patient to nurse ratios, the nursing shortage, time pressure, demanding tasks, and working with both patients and families, such as in pediatric care (Starc, 2018). This, in turn, leads to cynicism, questioning the work performed by nurses and, eventually, to inefficacy (Meyer, 2015). Nurses who suffer from burnout may experience low morale, avoid patients, decrease productivity, absenteeism, and, in their personal life, can experience substance abuse and stress in personal relationships (Gribben et al., 2019). This all adds up to make nursing a stressful job, in turn causing exhaustion and, subsequently, burnout.

Compassion fatigue is positively correlated with burnout and nursing attrition, nurses are leaving the field due to undervaluing their work and a sense of hopelessness (Walden et al., 2018; Delgado 2021). Nursing attrition happens primarily within the first five years of caring for patients (Delgado, 2021). Unfortunately, these high attrition rates compromise patient safety, particularly by leaving organizations short staffed so that nurse-to-patient ratios are higher than can be managed. In 2015, RN turnover was 17.2%, and, to cover the loss of nurses, the average hospital had to pay $5.2-8 million. Unfortunately, despite the costliness of losing nurses, 32.9% of hospitals report an RN vacancy of greater than 10%, but only 51.5% have formal RN retention plans in place (Roney & Acri, 2018). Although burnout is raging through hospitals, there is very little being done currently to stop or slow the nursing attrition. By 2030, it is estimated that there will be half a million RN vacancies in the nursing profession (Zhang et al., 2016). Unfortunately,

inadequate staffing raises the stress of nurses and increases burnout and decreases job satisfaction (Rosseter, 2020). Burnout is dangerous and rampant throughout the world and taking a serious toll.

Burnout is also related to moral distress, which can be caused by knowing the morally correct decision to make regarding patient care but being inhibited from taking that action. This leaves nurses feeling powerless, which can then lead to burnout, the most damaging consequence of moral distress. Of 196 nurses, 45% have either left or thought about leaving the profession due to moral distress (Epstein, 2010). Moral distress not only affects turnover in nursing, but also the professional quality of life. When moral distress is present in a unit, nurses are more at risk for burnout and secondary traumatic stress, which are the causes of compassion fatigue (Austin et al., 2017). Staffing ratios also affect the safety of patients and put them at risk for poor patient care. The nursing shortage across the United States could potentially affect the quality of care given to the patients and the safety of the nurse and the patient. When staffing is inadequate, nurses have a higher number of patients to care for than what is deemed safe. Therefore, they are less able to round on patients, and patients are at a safety risk (Keepnews, 2022). Pediatrics is a specialty that requires attention to detail, so when nurses are unable to give quality care, their potential for missing details increases, putting patients at higher risk for negative patient outcomes. Nurses must decide what is ethically correct; and when they must choose, their risk for burnout and secondary traumatic stress increases. Compassion fatigue is a danger to pediatric patients, and interventions need to be put into place to help combat the negative effects that compassion fatigue has on nurses.

The other factor of compassion fatigue is secondary traumatic stress, which is stress resulting from helping or wanting to help a traumatized or suffering patient. Symptoms of

secondary traumatic stress include thinking about that patient when not intending to, avoiding situations that remind the nurse of previous patients, uneasiness, and/or sleep disturbances (Kellogg et al., 2018). Unwell nurses have significant chronic stress and thus quality care is unable to be provided. Both burnout and secondary traumatic stress play a role in unsatisfactory patient outcomes and nurses leaving their profession or compromising patient safety.

Looking at compassion fatigue through a theoretical lens can contribute to understanding the problem. Jean Watson, an American nurse theorist, developed the Theory of Human Caring, which argues that caring is derived from an empathetic relationship between the nurse and the patient. It also includes being attentive to human needs, being sensitive, and developing a trusting relationship with patients (Watson, 1988). Caring for patients is one of the main aspects of a nurse's job, however, when a nurse cares too much, compassion fatigue can occur and they can experience exhaustion, both physical and mental, due to internalizing feelings, leading to compassion fatigue. Watson's theory also argues that self-care is necessary for nurses, that nurses themselves must be well and able to expend energy physically and mentally to to care for others without depleting themselves (Watson, 1988). However, when compassion fatigue occurs, the nurse is unable to adequately care for patients in the way that they need (Park, 2020). According to Watson's theory, self-compassion, the ability to allow one self-love and self-kindness, is important for nurses to continue to care for others (Watson, 1988). Therefore, nurses must recognize their own compassion fatigue and burnout and actively work to overcome them in order to remain competent at their job. As Kellogg et al. (2018) and Gribben et al. (2019) found, nurses suffering from their own lack of self-care, such as lack of sleep, unintentionally thinking of patients, and even suffering from substance abuse, shows that, without caring for the self, effective nursing care is damaged. Using interventions such as wellness programs and education

for nurses can aid in recognizing and overcoming compassion fatigue (Waldron, 2017, Branch & Klinkenberg, 2015, Sullivan et al., 2019).

Compassion satisfaction also fits in with Watson's theory because it helps nurses to remain caring and compassionate towards their patients and find joy in coming to work. Nurse caring consists of nurses transferring their own compassion to their patients, so it becomes an interpersonal act (Watson, 1988). When nurses deliver care, such as using therapeutic listening, competently answering questions, and giving directions to patients, the patients perceive this as having concern and care for them, and thus as an act of caring (Watson, 1988). This interpersonal relationship between the nurse and patient can help raise compassion satisfaction in nurses.

Although Watson does not address compassion fatigue, her theory is relevant to the issue because it incorporates the idea of self-care and interpersonal connections. Watson advocates for interactions between nurses and patients to be beneficial for both, which emphasizes compassion satisfaction, and in doing so, decreases compassion fatigue and burnout in nurses. Using this theoretical framework, the literature can be better understood as to why compassion fatigue occurs in pediatric nurses. Watson's theory directly relates to having a caring and compassionate attitude towards patients which provides growth in developing relationships for nurses. The Theory of Human Caring directly relates to compassion fatigue due to how caring and compassion can cause nurses to experience burnout. As established with the above literature, compassion fatigue is a direct result of exhaustion from work, and manifests itself in physical and emotional problems that cause health concerns for the nurse.

Compassion fatigue needs to be recognized and managed, and individuals and organizations should employ interventions necessary to combat compassion fatigue and mitigate nursing attrition. To achieve this, it is beneficial to review the literature on this topic to explore

the prevalence of compassion fatigue within the pediatric nurse population, the coping mechanisms utilized, and the current interventions for pediatric nurses implemented by organizations. Early recognition of compassion fatigue is necessary so that it can be identified before there are subsequent issues and burnout, leading to nursing attrition.

Materials and Methods

Studies published between 2011 and 2021 were reviewed using two electronic databases, Cumulative Index to Nursing and Allied Health Literature (CINAHL) and PubMed. The population studied was pediatric nurses and caregivers who work in pediatric critical care settings. Keywords entered into the electronic search included *compassion fatigue in pediatric nurses, burnout in pediatric nurses, pediatrics, PICU, secondary traumatic stress in pediatric nurses, compassion satisfaction, resilience, stress, family-centered care, and resilience programs*. Inclusion criteria entailed full-text articles written in English with search terms found in the title, or as keywords in the academic journals. Each study was evaluated for the rigor of study design, sample, and analysis. Exclusion criteria for full-text articles included articles unrelated to compassion fatigue in the pediatric care setting, resource manuals, articles not focused on compassion fatigue and its similar keywords, mixed adult and pediatric studies, and opinion pieces. The studies were conducted in the United States.

The keywords were searched in CINAHL and PubMed, with the 2011-2021 limitation placed on it, filtered for only academic journals. The overall search criteria yielded 52 sources that were narrowed down. The articles were viewed individually and annotated to determine relevance. Eventually, 17 articles were included in the literature review.

All sources were examined and annotated according to the theoretical framework of Watson's Theory of Human Caring. Using the sources helped guide organizations in ways to handle compassion fatigue and reduce burnout to decrease nursing attrition.

Literature Review

The main themes focused on in the studies include the prevalence of compassion fatigue, coping mechanisms utilized by nurses, and the current interventions implemented in hospitals to combat compassion fatigue. Jean Watson's Theory of Human Caring analysis is also included, as well as some critical evaluations of her theory by other researchers in the nursing field.

Prevalence of Compassion Fatigue

The prevalence of compassion fatigue measures the rates of compassion fatigue, compassion satisfaction, burnout, and secondary traumatic stress within nurse's careers. Berger et al. (2015) surveyed 700 nurses to examine the prevalence of compassion fatigue, compassion satisfaction, burnout, and secondary traumatic stress in pediatric nurses. Using a self-reported survey among pediatric nurses, Berger et al. (2015) found that a quarter of the nurses surveyed had high to moderate levels of compassion satisfaction (71.5%). However, one quarter had low compassion satisfaction (28.5%) and high rates of burnout (29%), high secondary traumatic stress (27%). This quarter of nurses experiencing the low compassion satisfaction, burnout, and secondary traumatic stress are prone to developing compassion fatigue and, thus, nursing attrition. Even when nurses responded to the survey saying that they experienced moderate levels of compassion satisfaction, they also had moderate levels of both burnout (47.7%) and secondary traumatic stress (51%); suggesting an increase in the probability of leaving the workforce. Therefore, despite high to moderate levels of compassion satisfaction, it is not a strong buffer to

keep nurses from leaving their jobs, so burnout and attrition still occur. Waldron (2021) surveyed pediatric nurses with a scale from 1 to 5, 1 being low and 5 being high, to perceive nurses' compassion fatigue and compassion satisfaction. The mean compassion fatigue score was 2.04-2.39, a relatively low score. The mean compassion satisfaction score was 3.83-4.05, a relatively high score. These findings correlate with Berger et al. (2015) to show that pediatric nurses seem to have high compassion satisfaction scores and low compassion fatigue scores. These are important to consider when identifying which nurses are at risk for leaving the nursing profession.

Other researchers considered the alternative contributing factors for compassion fatigue. Two studies had differing risk factors for compassion fatigue, one being the years of experience and the other personality traits. Berger et al. (2015) found in their self-reported study that nurses aged 18-39 experienced compassion fatigue, burnout, and secondary traumatic stress at higher levels than nurses aged 40 and older. The researchers determined that pediatric nurses with only 4-10 years of experience are at the highest risk for burnout, and nurses with 20 and more years of experience had the highest rates of compassion satisfaction (Berger, 2015). This indicates that nurses grow in resilience, meaning the longer they continue to care and practice, the more they are able to come back from situations and combat them. Personally, each nurse is able to adapt to the changes and use their hardships to grow professionally in nursing. Nurses with 20 or more years of experience have found compassion satisfaction in their jobs, enough so that they can work against the compassion fatigue they may feel in their work.

However, Chen, et al., (2018) focused on personality traits as a predictor for compassion fatigue. Chen and colleagues (2018) hypothesized that personality traits, such as openness, conscientiousness, extraversion, agreeableness, and emotional stability can help determine how

nurses internalize stress, and display compassion fatigue and compassion satisfaction. The results yielded high levels of satisfaction, at 83.53%, and low levels of compassion fatigue, at 38.32%. The particular hospital where the study was conducted was a supportive workplace, having bonuses and programs for social activities, and was found to have a positive buffering effect in compassion fatigue, burnout, absenteeism, and turnover. Compassion fatigue was positively correlated with the personality traits of conscientiousness, agreeableness, and emotional stability (Chen, 2018). High levels of compassion satisfaction indicate that organizational support, such as incentives and social support, helps to decrease compassion fatigue in nurses (Chen, 2018). When putting Berger (2015) and Chen's (2018) findings together, the nurses with more experience in a supportive environment are more likely to have high compassion satisfaction, whereas those most at risk for compassion fatigue are new nurses in unsupportive hospital systems.

Pediatric nurses self-reported their burnout to be between 30-50% (Hamama, 2019). Richardson and Greenle (2020) surveyed Pediatric ICU nurses and found that 37% of nurses showed signs of burnout with lower rates of compassion satisfaction and higher burnout and secondary traumatic stress rates than other pediatric units. Considering the nurses' experience of death in the PICUs, the average burnout is 45%, despite the fact that nurses were exposed to three to five deaths of their patients in the preceding months. The research revealed no relationship between nurses' reported exposure to patient death or near-death and the burnout rates (Richardson & Greenle, 2020). This evidence was gathered through self-reporting data to examine the nurses' experiences related to death or near death, and to determine the impact those experiences had on the patients. According to Kellogg (2018), secondary traumatic stress, the trauma that nurses experience, also contributes to the feelings of compassion fatigue, and leads to

negative outcomes. Moderate, high, or severe secondary traumatic stress was found in 50.3% of nurses, and 23% had no secondary traumatic stress. Pediatric nurses' rates of secondary traumatic stress were most comparable to those of emergency department nurses. Unlike compassion fatigue, age, experience, and years of pediatric experience were not relevant predictors of secondary trauma (Kellogg, 2018). Park et al. (2020), examined the role that trauma and post-traumatic stress disorder play in caring for patients after traumatic experiences. A nurse's experiences in the first year of working can make them more likely to have post-traumatic stress disorder; however, more years of experience help combat post-traumatic stress disorder. Post-traumatic stress disorder decreases by 4% as age increases, and 5% as experience increases. Triggers of moral distress can be overriding parental decision making in emergent situations, conflict over treatment, and team communication. Providing long-term care affects nurses' emotional attachment to patients, so having boundaries to deal with emotions and avoid attachment can be healthy. Pediatric nurses are unique in that they provide family-centered care, encompassing the trauma of the entire family, including that of the patient, rather than focusing on one patient. The pediatric nurses can feel like a failure when a child dies or stops responding to treatment (Park, 2020). All of these factors of trauma build up so that the nurse may eventually suffer the symptoms of secondary traumatic stress, and is at risk for.. Burnout leads to compassion fatigue, and the prevalence of burnout among nurses is important in determining compassion fatigue rates, compassion satisfaction, and job turnover.

Keeping compassion satisfaction rates high lowers the rates of burnout. When surveying nurses, Roney and Acri (2018) found that pediatric nurses had high levels of compassion satisfaction and moderate levels of compassion fatigue. When there were high levels of compassion satisfaction and a decreased number of assigned patients, burnout rates decreased.

The financial costs of losing nurses associated with the moderate levels of compassion fatigue and burnout lead researchers to believe that hospitals need to develop plans to support employees in caring relationships with staff, administration, patients, and their families (Roney & Acri, 2018). Having high rates of compassion satisfaction decreases nurses leaving the field, and increases nursing retention rates.

Compassion fatigue, compassion satisfaction, and patient satisfaction all show opportunities for improvement within nursing and imply that interventions are necessary to decrease compassion fatigue and both increase compassion and patient satisfaction. Burnout and secondary traumatic stress scores are consistently high, and attributing to nursing attrition, while compassion satisfaction scores are not a strong enough buffer to entice workers to stay. Patient satisfaction is an important indicator of health care, helping to gauge provider performance, patient outcomes, and areas for improvement when analyzed by the organization (Waldron, 2021). Sixty percent of nurses perceived themselves as accountable for their patient's satisfaction (Waldron, 2021). Since so many nurses feel accountable for patient's satisfaction, if they are exhausted and unable to provide meaningful and quality care due to burnout, then it will reflect in patient satisfaction. Therefore, managing levels of compassion fatigue and burnout is essential. Understanding the prevalence of compassion fatigue is important to grasp so that organizations can use strategies to help nurses manage those negative feelings and contribute positive interventions to mitigate nurses leaving.

Coping Mechanisms for Compassion Fatigue

The coping mechanisms associated with compassion fatigue are indicative of the above rates of burnout, compassion fatigue, and compassion satisfaction. Organizations where nurses utilize positive coping mechanisms are correlated with a higher compassion satisfaction and

lower compassion fatigue (Chen et al., 2018). Understanding the coping mechanisms nurses use can help researchers understand where the compassion fatigue and compassion satisfaction stem from, and develop and test ways to implement and instill positive coping mechanisms in nurses to combat compassion fatigue and burnout.

Positive coping mechanisms actively used by pediatric nurses to combat the stressors of work include having a good support system, hobbies, exercise, travel, and religion (Von Rueden, et al., 2010). High personal stress along with lack of social support has been found to lead to high compassion fatigue (Walden, et al., 2018). Chen et al. (2018) found that compassion fatigue scores lowered and compassion satisfaction scores were raised when the workplace was considered supportive, in this case having bonuses and programs for social activities. Gribben et al. (2019) and Hamama et al. (2019) found that socializing and having a supportive relationship with friends and family can also help to lower compassion fatigue, and is vital to having a healthy nursing profession. All of these positive coping mechanisms revolve around having a way to express emotions positively and share them with someone else, rather than internalizing them. Positive coping mechanisms are a way to manage stress and negative emotions related towards work. These studies suggest positive coping mechanisms, such as support from family, friends, coworkers, and hospital chaplains, talking about their experiences, taking appropriate time off, requesting a change of assignments if they feel overwhelmed, and attending the funerals of patients who have passed away, are ways to appropriately let out emotions and work towards having a positive relationship with both work and self (Berger, 2015).

Negative coping mechanisms in pediatric nurses can be fueled by the secondary traumatic stress experienced due to losses and stressors on the job. Nurses compensate by becoming “super nurses" and trying to overcompensate, such as spending an excess amount of time with patients,

become cynical at other providers and policies, and violate nurse-patient boundaries, for previously passed patients by having undefined patient-nurse boundaries. These actions put the patient at risk for a safety issue, resulting in the nurse needing clinical supervision by a peer nurse or nursing management to assist the nurse and ensure there is no safety risk (Missouridou, 2017). Compassion fatigue stems from secondary traumatic stress and, unfortunately, secondary traumatic stress can result from an overidentification with the patient. Compassion fatigue is a result of negative coping measures that develop in nurses (Kellogg, 2018).

Current Interventions for Compassion Fatigue

Focusing on and understanding current, effective intervention programs hospitals utilize against compassion fatigue can increase compassion satisfaction in pediatric nurses. The risk of compassion fatigue can be mediated with proactive interventions that support nursing resiliency and compassion satisfaction (Waldron, 2017). The financial costs of losing nurses due to the moderate levels of compassion fatigue lead Roney and Acri (2018) to believe that hospitals need to develop plans to support employees in caring relationships with staff, administration, patients, and their families. Hospitals can work with nurses to increase and educate on their caring conscientiousness skills that can promote wellness in both nurses and patients.

Multiple studies examine wellness programs as a way to help nurses channel negative feelings based around work into positive experiences to help decrease compassion fatigue. St. Jude's Hospital in Memphis, Tennessee created an evidence- and intervention-based program with education materials and the use of interventions to target physical health as well as emotional health. These interventions resulted in decreased levels of secondary traumatic stress and burnout. However, secondary traumatic stress, burnout, and maladaptive coping strategies were not eliminated. The researchers hypothesized that this also could have been due to holiday

time hospitalizations when staff to patient ratios were decreased (Sullivan et al., 2019). The respite rooms, rooms provided for medical staff to have quiet time, proved to be very helpful, and were implemented into every unit in the hospital (Sullivan et al., 2019). Sullivan et al. (2019) found that personal resilience, such as taking time in a respite room, promotes compassion satisfaction and combats compassion fatigue. Zadeh et al. (2012) developed another intervention program of a ten-session wellness program offered twice in a year to the pediatric nurses of the National Institutes of Health Clinical Center. After the sessions took place, the ability to change job performance "considerably" was increased when workers learned new, practical "tools" to enhance their nursing skills, and 75% reported that they would view work more positively (p. 296). Results found that hospital administrators must acknowledge and support wellness activities focused on caregivers, and that time away from the bedside is vital to prevent compassion fatigue. These programs that focus on wellness are important to note because they are ways for nurses to manage feelings of compassion fatigue and take charge of their own health.

Increased awareness of secondary traumatic stress and burnout are also key to combating compassion fatigue. Flanders et al. (2020) initiated a "Staff Resiliency Program" that was aimed to help nurses identify and cope with grief, and to improve job satisfaction which consisted of formal and informal interventions. After completing the Staff Resilience Program, RN turnover decreased, and employee engagement increased as an outcome. RN turnover was reduced by 6%, and employee engagement increased from 4.15, on a scale of 1-5, to 4.18 over the three month program, however, these results were not statistically significant. Compassion fatigue scores remained low, while compassion satisfaction scores remained high. The Staff Resilience Program was found to be helpful in mitigating compassion fatigue, secondary traumatic stress, and

burnout, and in reducing RN turnover and educating nurses, an overall positive impact on the PICU nurses (Flanders et al., 2020).

Branch and Klinkenberg (2015) surveyed healthcare workers after finding high rates of compassion fatigue surveyed in particular units, one being the PICU. They used the Professional Quality of Life Scale Version 5 for comparison between the units (Branch and Klinkenberg, 2015). Branch and Klinkenberg (2015) implemented a four-hour resilience program on compassion fatigue and chronic effects of stress to help workers become more aware of the effects of compassion fatigue, after surveying and finding that PICU nurses scored lower on compassion satisfaction and higher on burnout and secondary traumatic stress, the most worrisome combination of scores. This study found a direct problem within a unit, and the program was designed to both educate and mitigate the problem within the nurse population, proving to be successful in teaching the nurses about the negative effects of stress and compassion fatigue. Nurse resilience developed through nurses experiencing hard times and gaining more experience, much like what was seen in Berger et al's (2015) study. Teaching resilience is still helpful so that nurses are gaining the concepts and can then use the knowledge in their own practices, by using information learned to decrease stress and increase self-care.

As seen in the literature, support systems are necessary to positively cope with compassion fatigue. Black et al. (2021) created a program that allowed the staff to invite their families and loved ones to their unit to learn about what workers in the hospital PICU experience on a day-to-day basis. Meaningful recognition of the nurse's work being done helps to decrease compassion fatigue. The families were provided with different stations, consisting of videos discussing compassion fatigue and emotions of challenging work, and hands-on interactions with pediatric mannequins designed to resemble a PICU patient to observe what a typical day in the

PICU consists of. The overall feedback showed this was a positive experience, and the family and loved ones had a new appreciation for the work being done (Black, et al., 2021). This program strengthened the nurse's love for pediatric nursing and helped the family and loved ones understand what a typical day on the job looks like for such a draining and high-stakes job. Hosting the family day helped to build a social support system at home and work and staff recognition by their families and being able to share their work with their families.

Understanding the different types of interventions, those focused on wellness, resiliency, or social support, is important so that other organizations can learn from these programs and use the basic concepts and ideas to implement them into their own systems and help care for their own nurses. Organizations need to be focused and committed to caring for their own nurses and helping them succeed so that the rates of compassion satisfaction can rise while compassion fatigue and burnout are mitigated, and nurses remain dedicated to their careers.

Watson's Theory of Human Caring

Jean Watson created the Theory of Human Caring to recognize caring in both the patient and the nurse, while emphasizing mindful, committed care that helps to deepen the knowledge of compassion. Watson argues in her theory that nursing and caring is a transpersonal act that the nurse and patient feel emotions together (Watson, 1988). According to Watson (1988), "The transpersonal caring process is largely art because of the way it touches another person's soul and feels the emotion and union with another…" (p. 71). She goes on to argue that patients will have better care experiences when they are using the feelings of the nurse, and that negative emotions can contribute to illness (Watson, 1988). This would become a problem in compassion fatigue due to the negative feelings and experiences that the nurses have, so patients would be at a disadvantage if a nurse felt this way.

Watson advocates that caring promotes better health in patients than any medicine could (Watson, 1988). Caring is practiced and demonstrated by all nurses, and the nurse and patient dynamic determines what direction the relationship will move into. Both the nurse and the patient must be present and in-the-moment in order to reap the benefits of the caring attitude (Watson, 1988). Burnout and compassion fatigue actively deplete the nurse, so when emotions are lacking, the patients may not be receiving any positive emotions and thus, as in Watson's theory, continue to get sicker (Berger et al., 2015; Watson, 1988). The Theory of Human Caring stipulates that nurses need to realize their emotions have an impact on patients, and thus be working towards positive attitudes for patients to thrive off of (Watson, 1988). Compassion fatigue and burnout endanger a patient's overall wellbeing and their recovery, especially in pediatric nursing. Pediatric patients are continuing through growth and development, and in order to successfully reach milestones, they must be cared for, and the nurse being mindful of their emotions is a positive aspect to their care.

Watson's theory affects a broader aspect of nursing than just compassion fatigue, as its realm can reach many different nursing specialties and aspects. Pajnkihar et al. (2015) appreciate that Watson's theory encompasses nursing as a holistic approach to patient care and supports safe and humane patient care. Watson establishes the idea that caring is a moral ideal in nursing (1988) but this concept is also reiterated in Pajnkihar et al. (2015) analysis of the theory in nursing. Clark (2016) also values Watson's theory as being a way to share interpersonally in nurse to patient relationships. Another valuable concept Watson brings is the consciousness with which human caring brings out in nursing. When nurses are purposeful with their actions towards patients, they are aware and can reflect on their actions and thus create a better healing process within the patient (Clark, 2016) .

A problem identified by Pajnkihar et al. (2015) and Clark (2016) is that Watson's theory is not taught in nursing schools, so the idea is less well known than it should be in practical settings. They argue for the need to teach the Theory of Human Caring in undergraduate nursing programs to teach safe and humane nursing to students so that the practice will transfer into the clinical setting as well (Pajnkihar et al., 2015; Clark, 2016). Without it being taught in schools, new nurses will not understand the relevance and importance of such a theory, and therefore be unable to use it in the clinical setting.

Watson's theory is both practical and improves nursing practice, and the theory relates to compassion fatigue and burnout. Using Watson's framework, caring starts with the nurse themself, and personal growth and development occurs when wellness is put first. This helps their caring improve as they understand how to better handle their own emotional health. The transpersonal act of caring requires emotions of both the nurse and the patient to be able to work together to create a positive caring experience and enhance the wellness of the patient.

Discussion

Compassion fatigue is a prevalent problem in pediatric nursing, but it remains neglected and overlooked by hospital administrations. Compassion fatigue is leading to burnout and subsequent attrition, and yet so many organizations are not aptly equipped to help nurses work against it.

Prevalence of Compassion Fatigue

Compassion fatigue is pervasive in pediatric nursing due to the unique challenges presented with children, such as the growth and development patterns and the family-centered care that is necessary when caring for the vulnerable pediatric population. Chen et al. (2018)

specifically addresses the concerns of nursing when seeing the trauma and chronic illnesses that inhibit natural growth and development. It can be difficult to see such sick children without having personal emotions depleted. Chen et al. (2018) also discusses the added layer of having the family involved in the care as well, often dictating the decisions regarding the child's care. Pediatric nursing levels of compassion fatigue were comparable to that of emergency department nurses (Kellogg, 2018). This indicates that pediatric nurses are at high levels of stress and being in stressful environments that take an overall toll on their health. As nurses gain more experience, their compassion fatigue scores lowered, while newer nurses suffer the most from compassion fatigue and are not balanced by compassion satisfaction. Experience is a preventative factor in compassion fatigue as found by Berger et al. (2015), showing that a higher prevalence of compassion fatigue can be expected in newer nurses, and interventions aimed at helping new nurses is a way to lower compassion fatigue scores. These new nurses are just getting exposure to the stressful environment of the hospital and have less skills to work around the stressful obstacles, which correlates to increased compassion fatigue. Keeping compassion fatigue at reasonable levels and educating nurses on the prevalence and problems that come with compassion fatigue is crucial to ensuring that nurses can remain professional and deliver safe, effective nursing care.

Nursing attrition is increasing as nurses struggle with burnout, so recognizing the signs of burnout and being able to manage them is pertinent. When children are admitted to a healthcare facility, many parents face their own kinds of burnout and are completely reliant on the nurse once in a healthcare organization.

For individual nurses, it is important that they are able to separate work from their personal lives. When the two blur together, nurses become unable to focus at work or at home,

thus compromising their health. Organizations can help with the prevalence of compassion fatigue by educating both their nurses and nurse managers on the signs of compassion fatigue so that compassion fatigue and burnout can be spotted at their first manifestations. By both recognizing and managing the compassion fatigue prevalence, nursing attrition may be decreased, and thus more nurses can stay in the field providing care.

Coping Mechanisms for Compassion Fatigue

Coping mechanisms can be positive or negative, and choosing positive ways to deal with excessive feelings of compassion fatigue is important for reducing burnout. The strongest coping mechanism found in the literature was the social support system. Having people for pediatric nurses to confide in, whether it be professionally or personally, is the best way for a nurse to decompress and discuss the hard feelings and emotions that come with caring for the pediatric population (Gribben et al. 2019; Hamama et al., 2019).

Watson's Theory of Human Caring promotes self-care as a way to heal first and then work to heal others as well. Nurses need to have positive coping skills to separate their professional and personal lives and be able to find satisfaction in both. Nurses who engage in these positive coping mechanisms will be able to handle burnout better than those who do not, thus improving their self-care.

Learning positive coping skills and teaching nurses how to stay away from negative coping methods will help to manage compassion fatigue, nursing attrition, and burnout. These positive coping skills can be utilized at an individual level and an organizational level. Teaching nurses skills to decompress can be accomplished in an onboarding module during orientation, or assigning nurse mentors to help guide and understand different ways to handle stress. Nurses guiding nurses can be a way to promote camaraderie and the positive coping skill of social

support. Organizations can help provide nurses with ways to develop positive coping mechanisms, such as hosting seminars that educate on coping strategies. Also, organizations can have social events for nurses to attend to help build their social support system. The "Staff Family Day" Program, conducted by Black et al. (2021), would be beneficial to every hospital because it gave the pediatric nurses pride in their jobs, informed their family and closest loved ones, who are crucial to the social support system, about their jobs, and helped strengthen their support systems. The organization's responsibility to teach and the nurse's responsibility to practice positive coping mechanisms will help to increase compassion satisfaction, as well decrease burnout and reduce attrition rates.

Current Interventions for Compassion Fatigue

The interventions being researched at hospitals are being evaluated for their effectiveness to gauge what would be most beneficial to nurses suffering from compassion fatigue. These interventions ranged from a ten session seminar to respite rooms for a moment of peace while at work. All of the interventions were focused on working to improve both the nurse's physical and emotional well-being.

Interventions against compassion fatigue are significant to nursing because they give both nurses and hospital systems an idea of how to effectively explore ways to decrease compassion fatigue in nurses. The interventions researched show that there is not one way to overcome compassion fatigue; instead it is a multi-faceted approach that takes all aspects of health into consideration in order to develop a plan that is effective for many nurses. Understanding what works for nurses to reduce the level of burnout is important, and using those same interventions at other organizations can be useful in creating systems that work to care for a broad range of nurses.

By employing interventions meant to recognize and manage compassion fatigue, nursing attrition can be decreased and nursing retention can increase. Individual nurses need to know ways to prevent compassion fatigue so they can use those strategies to prevent burnout. Strategies that nurses can implement by themselves include developing a plan for a bad shift and focusing on their health. They can also find other nurses or management to confide in when struggling in their jobs. Individual nurses have the power to help themselves and manage their own burnout instead of becoming engulfed in compassion fatigue. Healthcare facilities can organize sessions and education material for nurses to engage in to prevent nurses from leaving the field. They can have appropriate debriefings after nursing shifts when traumatizing events occurred throughout the day. This can help the nurse to immediately process the events with a charge nurse, other nurses, or a counselor to better understand what happened and how to move forward most appropriately. It would also be beneficial to have management in place, and train unit supervisors and coordinators on how to deal with the stressors of their specific unit, so they can provide assistance when needed and be able to use their knowledge to sit with nurses and discuss how to move forward. Also, managers need to be aware when traumatizing events occur so they can appropriately handle the situations after, such as giving appropriate time off of work. Time off can allow the nurse to decompress from strong feelings of compassion fatigue before coming back into work. When nurses are working, the idea of having a respite room to take a step back from work would be beneficial for those nurses to give themselves time to reflect on their patients and also to have a moment away from that stress.

As the prevalence of compassion fatigue is often seen in new nurses, specific interventions aimed at this population of nurses are imperative to ensure that the compassion fatigue does not lead to attrition and burnout. Educating nurses on compassion fatigue and

burnout can be accomplished at orientation when nurses first begin their careers to allow them to better recognize compassion fatigue. Individually, the nurses could recognize the signs of compassion fatigue and learn skills to prevent it. Organizationally, hospitals would be investing in programs to keep nurses in the field and promote the longevity of employment. Subsequently, programs could be implemented annually so that the nurses can have interventions helping to fight against compassion fatigue that occur once a year so the information is being actively displayed and taught. The programs could include continuing education, which would bring the unit together, and be a form of therapy for all nurses to partake in and reap the benefits of. This annual program could help strengthen the nurse and unit so they feel like a community and can perform as such, also preventing nursing attrition by decreasing burnout and strengthening the social support within the unit .

All of the interventions in the studies offer ways for nurses to improve both professionally and personally. The interpersonal caring that Watson discusses in her theory is directly related to having proper interventions for nurses to partake in. Having knowledge of interventions, nurses are better able to learn how to mitigate feelings of compassion fatigue and appropriately care for patients. Interventions and interpersonal caring can help raise a nurse's compassion satisfaction so they have a greater capacity to care for patients.

Recommendations gathered from the literature are focused on mitigating the threat of compassion fatigue for nurses so they can perform their jobs at the highest level without being thwarted by compassion fatigue and burnout. Understanding the underlying causes of compassion fatigue is critical to making good recommendations for the future. When nurses focus their energy and emotions on patients, a positive outcome can be achieved. Retaining

nurses and managing compassion fatigue at both an individual and organizational level can help decrease nursing attrition and also promote safe nurse-to-patient ratios.

Analyzing Compassion Fatigue Through Watson's Theory of Human Caring

Using Watson's Theory of Human Caring to analyze compassion fatigue is helpful in understanding that compassion fatigue is a problem because it depletes nurses and creates uncaring attitudes in nurse-patient relationships. Watson examined how, in order to care for others efficiently, nurses must care for themselves and be able to adequately show themselves compassion and love.

Watson's theory contributes to nursing in that it teaches nurses that they must be well themselves in order to perform competently at their jobs. Therefore, teaching nurses, new or seasoned, about this theory can be beneficial to boosting compassion satisfaction and understanding new interventions that can be helpful to reduce compassion fatigue and burnout. Watson offers a look into the very basics of caring so that nurses can become better and more efficient at their jobs and more efficient. Teaching this theory to nurses would be significant so that they can understand the basis of caring and how to promote caring within themselves and interpersonally.

Watson's theory can be applied both to individual nurses and organizations so that nurses can reduce compassion fatigue and burnout. Individual nurses need to focus on self-care and compassionate attitudes to make sure that they are well before coming to work so that they can adequately care for their patients. Nurses who struggle with self-care should seek help in management, by debriefing with unit supervisors or discussing possible changes to be made, or within their social support system. Hospital systems can conduct in-services so that Watson's theory remains relevant in nursing practice and nurses are aware of the foundations of

interpersonal caring. The act of caring can be forgotten, and nurses can get into a monotonous routine. Instead, nurses need to be reminded of the very basis of their jobs, and continue to work on caring, so they can grow in themselves and see growth within their patients.

Limitations

In the course of gathering data, there were some challenges that affected the literature review, and some data that was unobtainable. First, there were no studies addressing how compassion fatigue directly affected patient outcomes and patient care. While looking for sources and data, case studies illustrating the problems accompanied with compassion fatigue were sought, however, no studies were found. Therefore, the literature did not reveal a connection between compassion fatigue and safety considerations in any literature.

Two limitations of the studies used were the small sample sizes, such as only surveying one unit in one particular hospital with 40 nurses, and that the studies were not repeated to find consistency in the data. Some studies had larger sample sizes, such as Epstein's study of 196 nurses, but others only surveyed particular units of 30 to 40 nurses. Another limitation is the uncontrollable variables that were not taken into account for some studies, such as personal difficulties that research subjects encountered. These shortcomings were acknowledged by the researchers, however, could have added additional stress and burnout to the nurses. The different studies each conducted and grouped their data in certain ways, however, they were all different. There was no overarching theme of separating the data by age, years of experience, professional qualifications, such as level of nursing education. The use of self-reported surveys to gather data is a limitation due to the bias that could be present when answering the survey. Even if the bias was unconscious to the surveyor, it still could have potentially affected the data and skewed the results pertinent to the study. Understanding the limitations and variables surrounding

compassion fatigue warrants additional research should be conducted and evaluated. The data available in these studies helps to illustrate the aspects of compassion fatigue, however, additional research could help to make clear conclusions about compassion fatigue and how to best mitigate it within nursing practice.

The last limitation was the lack of long-term longitudinal data. The longitudinal data would have helped explore how interventions implemented played out in the long run, and how nurses and staff were affected after these interventions ended and time had passed. The study by Flanders, et al. (2015) is the only longitudinal study, looking at 3 months after an intervention aimed at compassion fatigue to see how participants fared after having clinical experience as well. Having more studies look at the long-term effects of the compassion fatigue interventions would be helpful to understand if these programs are effective substantially after the research has concluded.

Compassion fatigue has been proven to be prevalent, and a danger to the nursing practice, as it helps add to nursing attrition. Compassion fatigue affects new graduate nurses the most and puts them most at risk for leaving the field due to low compassion satisfaction. By understanding the positive use of coping skills and interventions, nurses and organizations can work together to combat compassion fatigue, or at least reduce it, and burnout.

Recommendations

Within this thesis, some limitations were encountered that lead to a gap in the literature review conducted. When beginning to look for sources, there were no sources that explicitly stated how compassion fatigue was detrimental to safety. When looking for data on the impact of compassion fatigue on patient safety, the goal was to find sources that discussed how compassion

fatigue directly impacted safety, with possibly finding cases of that happening. This review discovered a gap in the literature where there is no source that had actual patient cases of how safety was impacted. This could be due to liability issues due to hospitals and healthcare workers being ashamed or worried about publishing how patient care was being negatively impacted; however, this type of data could have added a section in this thesis on how safety was being directly affected by compassion fatigue. Patient safety could also be related to medical errors that were made due to exhaustion and compassion fatigue; however, no literature could show a direct link between the two. Literature that shows how compassion fatigue contributes to poor patient outcomes would be useful for illustrating the dangers of compassion fatigue. Therefore, individual nurses and organizations can work to decrease the safety errors based on data that could specifically show a connection.

Another gap in the literature was studies that expanded over a length of time after the compassion fatigue intervention had stopped to determine rather if the lasting effects were able to continue even though it was over. There were no sources that explored six months to a year after the conclusion of the intervention. Having longitudinal data would show the lasting effects of interventions and see if the nurses continued with their own version of the interventions, or if they again felt burnout from their jobs. Additional research on workplace wellness programs would be beneficial to adding into the literature to analyze their positive or negative effects.

Recommendations for future research include conducting research directly relevant to patient safety. This would provide evidence to show and draw from when looking at not only the prevalence, but also the implications of compassion fatigue. Also, if studies followed participants after the interventions stopped and followed up with nurses for six months to a year to see if

positive changes were present, additional research could provide feedback on if the interventions are truly helpful or if they only provide short-term relief.

Watson's Theory of Human Caring is a helpful theoretical framework to examine compassion fatigue through, however, this theory is up to the individual to use and must have nurses who are willing to participate in the process of self-kindness and compassion. Watson's theory does not offer steps to take in order to be a better caregiver who is more loving or compassionate; instead, it is a broad idea. So, while using this theory as an intervention can be helpful to teaching nurses how to practice self-love, unless the nurse wants to change and reduce the burnout, they must take action themselves. Although the Theory of Human Caring is beneficial to this particular thesis; however, it can be difficult to actually apply it to real life situations.

Recommendations for using Watson's Theory of Human Caring practically in the clinical setting include learning Watson's theory and having an individual set of steps in order to use it in care with patients. As the theory is based around transpersonal care, there are certain ideas that nurses can remember and thus incorporate into their care. To avoid compassion fatigue, nurses should ask themselves if the work is balanced, and if there is time for both the patient's needs and the nurses so that each is getting something meaningful out of the relationship. It is also necessary to embrace the patient for their needs and be open to caring for them as they are. The nurse should then use teamwork of nurses and management on their specific units to create a caring environment for both the patient and the nurse to thrive in. To utilize Watson's Theory of Human Caring to the fullest potential, nurses need to inwardly work on attitudes, such as balance, openness, embracing the patient, and teamwork in order for caring to work naturally. By practicing reflection when caring for patients, Watson's theory can be used to care with the

whole being and be intentional on both the nurse and patient's side. This would also transform the theory into a more practical set of steps to be taken by nurses and make it easier to use.

Conclusion

Compassion fatigue is detrimental to nursing performance and affects nurses' physical, emotional, and spiritual health by causing significant burnout and lead to nursing attrition, creating unsafe nurse-to-patient ratios. The literature review found that the pediatric nurses self-surveyed had high levels of compassion satisfaction with low compassion fatigue, but high rates of burnout and high secondary traumatic stress. Younger, less experienced nurses have a higher chance of developing compassion fatigue, burnout, and secondary traumatic stress than nurses aged 40 and older (Berger et al., 2015). In order to work against compassion fatigue, positive coping skills need to be taught to nurses in order to reduce burnout. The literature found that the strongest coping skill is having strong social support outside of work, and to be able to separate personal and professional boundaries (Gribben et al., 2019 & Hamama et al., 2019). Individuals and organizations can work together to implement interventions to work to decrease compassion fatigue, such as providing educational materials and opportunities to teach nurses about compassion fatigue. Individuals need to be willing to continue learning and engage in the learning process, and organizations should provide ways for nurses to decompress from their work. There are ways to prevent compassion fatigue and reduce the prevalence, however, education is the foundation so that nurses and organizations can work together to reduce compassion fatigue.

Burnout in pediatric nurses is high, however, the protective factor of compassion satisfaction helps to mitigate some of the negative effects of compassion fatigue and helps nurses

avoid burnout. The benefits to stopping compassion fatigue include better personal health of nurses, both physically and emotionally, and nurse retention.

As a technique to prevent compassion fatigue and potential solution, organizations should provide education to nurses to mitigate compassion fatigue. A recommendation includes educational in-services being conducted on pediatric units. Both new and experienced nurses can learn about the signs of compassion fatigue and burnout and interventions put into place for compassion fatigue. Interventions can include ways to strengthen the coping skills of individual nurses, such as a unit t-shirt or Facebook group; or can be helping to improve the self-care of nurses, such as providing wellness activities for nurses to engage in. Watson's theory fits in to show that self-care helps to improve the interpersonal relationships that nurses have; so, by organizations providing these coping interventions, nurses are more likely to have less compassion fatigue. Overall, compassion fatigue is causing nurses to experience burnout and leave the profession, therefore it is imperative that nurses and organizations work together to decrease the prevalence of compassion fatigue. Understanding the prevalence of compassion fatigue, the coping mechanisms in place, and the interventions to combat compassion fatigue help to give a full picture of how to adequately stop compassion fatigue in nurses and help to promote safe patient care and nurse retention.

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