



The Impact of Caring for COVID-19 Patients on Compassion and Burnout at Two New York Hospitals

ORIGINAL PROJECTS

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ABSTRACT

Compassion fatigue and burnout are prevalent in nursing, which is widely recognized as a stressful profession. The COVID-19 pandemic heightened the awareness and prevalence of compassion fatigue and burnout in nursing, which may contribute to nurses leaving patient-facing roles. The aim of this study was to describe and compare compassion satisfaction, compassion fatigue, and burnout among nursing staff at two New York hospitals—a community Magnet hospital and a tertiary care non-Magnet hospital—following a prolonged period of caring for patients with COVID-19. Compassion satisfaction, compassion fatigue, and burnout were measured using the Professional Quality of Life (ProQOL) scale. There was no statistically significant difference between hospitals in compassion satisfaction and compassion fatigue, however the community hospital had a significantly higher level of burnout, which could be attributed to the younger age and fewer years of experience among nurses at that facility.

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BACKGROUND

Nursing is widely recognized as a stressful profession (Sinclair et al., 2017). Nurses, as caring professionals, provide skilled care and psychosocial support to patients who are facing physical and emotional distress (Zhang et al., 2018b). Stress in the workplace has been associated with increased turnover, decline in physical and emotional well-being, poor decision making, decreased concentration and motivation, and increased apathy and anxiety (Hoolahan et al., 2012). Stress can also lead to compassion fatigue and burnout (Hoolahan et al., 2012).

Compassion fatigue is reduced empathy resulting from work-related stress and secondary exposure to very stressful situations, while burnout is exhaustion resulting from the feeling of hopelessness and inability to have a positive impact at one's job (Stamm, 2010). Compassion satisfaction, on the other hand, relates to the feelings obtained from having a positive impact and providing help (Sacco et al., 2015). Professional quality of life is the balance between compassion satisfaction, compassion fatigue, and burnout (Sacco et al., 2015).

Burnout and compassion fatigue are prevalent in healthcare, especially within the nursing profession, and are detrimental to nurses' professional quality of life. When experiencing burnout and compassion fatigue, nurses can feel they have failed in the duties of their profession (Adimando, 2018). Compassion fatigue and burnout are generally higher among healthcare workers who work under conditions that are interpreted as hopeless, and in which they feel their actions will not make a difference (Wallace et al., 2020; Portnoy, 2011). This was the case in the early stages of the COVID-19 pandemic, when patients admitted to critical care units often did not survive (Alharbi et al., 2020; Macedo et al., 2021). Indeed, the pandemic heightened workplace stress—a precursor to compassion fatigue and burnout—due to the risk of contracting the virus or transmitting it to family members, the uncertainty of short- and long-term disease progression, the limitations in disease treatment options, and the overwhelming workload and exhaustion (Wallace et al., 2020; Orrù et al., 2021).

Factors impacting burnout, compassion fatigue, compassion satisfaction, and the balance between them include age, sex, marital status, educational level, work setting, patient acuity, work shift, experience, and major system changes (Ruiz-Fernandez et al., 2020; Sacco et al., 2015; Zhang et al., 2018a; Zhang et al., 2018b). Younger nurses with less experience, lower education levels, and higher-acuity patient assignments may be at higher risk for compassion fatigue and burnout (Sacco et al., 2015). Early in the COVID-19 pandemic, studies in Europe reported elevated levels of burnout and compassion fatigue, as well as lower levels of compassion satisfaction, among healthcare workers, particularly among those working in COVID-19 units or emergency departments (Ruiz-Fernandez et al., 2020; Franza et al., 2020; Trumello et al., 2020). The purpose of this study is to add to this body of knowledge from the perspective of American hospitals. This study describes and compares compassion satisfaction, compassion fatigue, and burnout among nursing staff at two New York hospitals following a prolonged period of caring for patients with COVID-19. The theoretical framework guiding this study was Jean Watson's theory of human caring, which stresses the importance of self-care, asserting that nurses must care for themselves before they can care for others (Sitzman, 2017).

METHODS

SETTING

This study took place at two hospitals within the Northwell Health System on Long Island, New York. The first location was Huntington Hospital, a 371-bed community hospital with a Level III Trauma Center located in the town of Huntington, New York. This hospital is a five-time recipient of the Magnet Designation for Nursing Excellence from the American Nurses Credentialing Center. The second location, South Shore University Hospital, is a 305-bed tertiary hospital with a Level II Trauma Center located in the town of Bay Shore, New York. These hospitals were selected due to their similar location yet different characteristics, with one having a community focus and Magnet designation and the other providing tertiary care and lacking a Magnet designation. The study took place in the fall of 2021 during the third wave of the pandemic following the surge of the Delta variant (Centers for Disease Control and Prevention, 2022). The study was submitted and approved as an exempt study (#21-0446) by the Northwell Health Institutional Review Board.

PARTICIPANTS AND RECRUITMENT

Full-time and part-time registered nurses who provided patient care at Huntington Hospital and South Shore University Hospital in emergency, critical care, medical/surgical, maternal/child, ambulatory, or procedural areas were eligible to participate. Potential subjects were recruited via a flyer posted at the hospitals. The flyer provided information about the study, as well as a link to an informational letter providing details about the study purpose, eligibility criteria, anonymity of responses, voluntary nature of participation, resources for those experiencing distress, and a link to the survey hosted on REDCap.

DATA COLLECTION AND ANALYSIS

Participants responded to survey questions about their demographic characteristics and work environments. Compassion satisfaction, compassion fatigue, and burnout were measured using version five of the Professional Quality of Life Scale (ProQOL) (Stamm, 2009). The ProQOL consists of three subscales—compassion satisfaction, compassion fatigue, and burnout—with a total of 30 questions rated using a 5-point Likert scale (1 = never; 2 = rarely; 3 = sometimes; 4 = often; 5 = very often; Table 1). Responses are summed separately for each subscale, with totals of ≤ 22 categorized as low, 23 – 41 as moderate, and ≥ 42 as high (Stamm, 2009). The ProQOL is a valid and reliable tool (Chronbach’s alpha for compassion satisfaction, compassion fatigue, and burnout are 0.87, 0.80, and 0.72, respectively) that is used in many “helping” professions across multiple countries and languages (Stamm, 2010). Permission to use the ProQOL tool was requested and granted.

1. I am happy.
2. I am preoccupied with more than 1 person I help.
3. I get satisfaction from being able to help people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I help.
7. I find it difficult to separate my personal life from my life as a nurse.
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I help.
9. I think that I might have been affected by the traumatic stress of those I nurse.
10. I feel trapped by my job as a nurse.
11. Because of my nursing, I have felt “on edge” about various things.
12. I like my work as a nurse.
13. I feel depressed because of the traumatic experiences of the people I nurse.
14. I feel as though I am experiencing the trauma of someone I have nursed.
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with nursing techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a nurse.
20. I have happy thoughts and feelings about those I nurse and how I could help them.
21. I feel overwhelmed because my workload seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities and situations because they remind me of frightening experiences of the people I nurse.
24. I am proud of what I can do to help.
25. As a result of my nursing, I have intrusive, frightening thoughts.
26. I feel “bogged down” by the system.
27. I have thoughts that I am a “success” as a nurse.
28. I can’t recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.

Table 1 Professional Quality of Life Scale – 5 (ProQOL).

Subscales are comprised as follows: compassion satisfaction (items 3, 6, 12, 16, 18, 20, 22, 24, 27, 30), compassion fatigue (items 2, 5, 7, 9, 11, 13, 14, 23, 25, 28), and burnout (items 1, 4, 8, 10, 15, 17, 19, 21, 26, 29).

Data were analyzed using SAS Studio 3.8 (SAS Institute, Inc., Cary, NC). Demographic and work environment data were summarized descriptively overall and by hospital. Compassion satisfaction, compassion fatigue, and burnout were described by hospital and compared using two-sample t-tests.

RESULTS

There were a total of 75 participants: 27 at the community hospital and 48 at the tertiary care hospital. The characteristics of the nurses at each facility are provided in Table 2. Overall, the average age of the nurses was 43 years, with 97% identifying as female. Most nurses were baccalaureate prepared (67%) and employed full-time (82%), with an average of 17 years of experience. The majority of participants identified as not Hispanic or Latino (89%), white (85%), married (60%), and having children at home (51%). Forty-nine percent of the nurses were deployed away from their usual role or department during the pandemic and 79% reported caring for COVID-19 patients for greater than six months.

LOCATION		COMMUNITY HOSPITAL	TERTIARY CARE HOSPITAL
Number of Respondents		27	48
Age (years)	Average	37.5	45.7
Gender	Female	96.3%	97.9%
	Male	3.7%	2.1%
Ethnicity	Hispanic or Latino	3.9%	14.6%
	Not Hispanic or Latino	96.2%	85.4%
Race	American Indian or Alaska Native	0%	2.1%
	Black or African American	7.4%	12.5%
	Asian	3.7%	2.1%
	Native Hawaiian or Other Pacific Islander	0%	0%
	White	88.9%	83.3%
Marital Status	Married	74.1%	52.1%
	Separated	0%	4.2%
	Divorced	0%	12.5%
	Single	25.9%	31.3%
Children	No Children	44.4%	33.3%
	Yes, living at home	48.2%	52.1%
	Yes, not living at home	7.4%	14.6%
Nursing Education	Diploma	0%	6.3%
	Associates	0%	10.4%
	Bachelors	85.2%	56.3%
	Masters	11.1%	22.9%
	Doctorate	3.7%	4.2%
Employment Status	Part-Time	29.6%	10.4%
	Full-Time	70.4%	89.6%
Length of time caring for COVID-19 patients	Less than 1 month	0%	2.1%
	1–3 months	14.8%	10.4%
	4–6 months	7.4%	4.2%
	6 months or greater	77.8%	83.3%
Usual Work Setting	Emergency Department	40.7%	12.5%
	Critical Care	33.3%	27.1%
	Non-Critical Care (i.e., Medical-Surgical)	25.9%	45.8%
	Ambulatory	0%	14.6%
Deployed from usual role or department	Yes	55.6%	45.8%
	No	44.4%	54.2%

Table 2 Characteristics of the Study Sample.

(Contd.)

LOCATION		COMMUNITY HOSPITAL	TERTIARY CARE HOSPITAL
Location of deployment	Emergency Department	14.3%	0%
	Critical Care	85.7%	77.3%
	Non-Critical Care (i.e., Medical-Surgical)	0%	22.7%
Usual work shift	Days	66.7%	79.2%
	Evenings	25.9%	8.3%
	Nights	7.41%	12.50%
Did your shift change as a result of COVID-19	Yes	18.5%	16.7%
	No	81.5%	83.3%

Compassion satisfaction and compassion fatigue scores were similarly moderate among nurses at both hospitals; though compassion satisfaction was slightly higher and compassion fatigue was slightly lower at the tertiary care hospital, these differences were not statistically significant (Table 3). Burnout was significantly higher at the community hospital ($p = 0.012$) with nurses there reporting moderate burnout (26) compared to low burnout (22) at the tertiary care hospital; however, the absolute differences between the hospitals were relatively small.

	COMMUNITY HOSPITAL	TERTIARY CARE HOSPITAL	P VALUE
Compassion Satisfaction	38 Moderate	40 Moderate	0.106
Compassion Fatigue	26 Moderate	24 Moderate	0.224
Burnout	26 Moderate	22 Low	0.012

Table 3 Nurses’ Professional Quality of Life Scale – 5 (ProQOL) Responses at Two New York Hospitals During the Third Wave of the COVID-19 Pandemic.

DISCUSSION

This study found that nurses experienced moderate levels of compassion satisfaction and compassion fatigue during the third wave of the COVID-19 pandemic at two New York Hospitals. Burnout was higher at the community hospital, which was unexpected due to its Magnet® designation. However, respondents at this hospital were younger, less experienced, more likely to have been redeployed to another work environment, and more likely to work in the emergency department, all of which are independent risk factors for burnout (Ruiz-Fernandez et al., 2020; Sacco et al., 2015; Zhang et al., 2018a; Zhang et al., 2018b). Moreover, because the burnout score falls on the upper limit of the “low” classification at the tertiary care hospital, further reflection on the causes of and strategies to address burnout and compassion fatigue is warranted in both hospitals. To that end, results of this study were shared with leadership at both organizations.


The COVID-19 pandemic significantly changed the landscape of the healthcare system. Higher levels of compassion fatigue and burnout appear to have altered the balance of factors that drove nurses to the profession prior to the pandemic, contributing to an employment phenomenon called “The Great Resignation,” in which nurses are leaving inpatient and front-line patient care roles (Boston-Fleischhauer, 2022). This study reinforces the need to mitigate the risk of compassion fatigue and burnout within the nursing profession and provides further evidence for the individual and profession-level impacts of caring for COVID-19 patients. Additional studies to evaluate the impact of caring for COVID-19 patients on the compassion satisfaction, compassion fatigue, and burnout of nurses on a larger scale are warranted across New York State, the United States, and around the world.

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The author has no competing interests to declare.

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