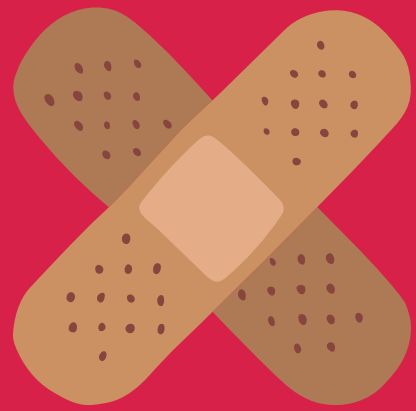
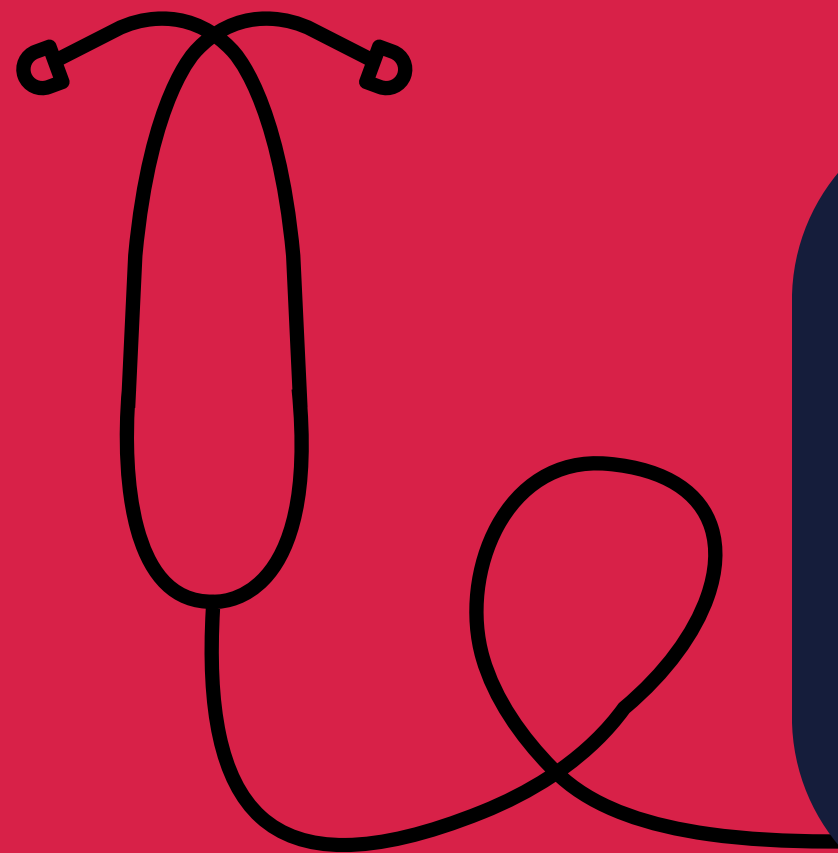




Literature Review

Is there enough support surrounding Burnout, Compassion Fatigue and Vicarious traumatisation and Secondary traumatic stress within field of nursing?



Module lead: Jodie Croxall & Kalee Thomas
Module Code: BMHP5005
Created by: Ashley Jones
Student number: 2109767





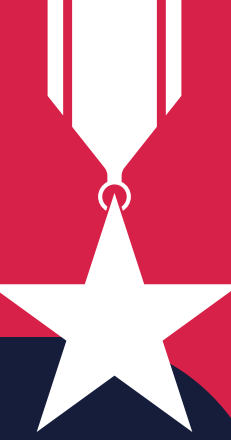
Overview

- ✓ Background of study
- ✓ Introduction
- ✓ Problems
- ✓ Aims

- ✓ Objectives
- ✓ Methodology and methods
- ✓ Recommendations
- ✓ Conclusion



Background of study



Posttraumatic stress disorder (PTSD) was first listed in the Diagnostic and Statistical Manual of Mental Disorders in 1980.

Research proposed by Summerfield (2001), suggests that Veterans of the Vietnam War were the first persons diagnosed with this PTSD. Over the past three decades, the psychological effects of direct exposure to extreme traumatic stressors have been well documented.

Figley (1988) expressed that secondary exposure can have the same detrimental effects from an extreme traumatic stressor as those who experienced the primary exposure.



Introduction

- Figley (1988) expressed that secondary exposure can have the same detrimental effects from an extreme traumatic stressor as those who experienced the primary exposure.
-
- Secondary traumatic stress (STS) is an occupational hazard for persons who provide direct patient care to traumatised victims.
- Research have struggled to conceptualise the difference between, Compassion fatigue, burnout, well-being and vicarious traumatisation which have create ambiguity.
- Newly qualified nurses are at greater risk of experiencing such forms of indirect trauma as they are often unprepared and not provided with the tools to cope with the new experiences and such demands.



Problems



Little research within nursing



Lack of conceptualisation



Lack of education



Limited coping
strategies/intervention

Rationale

The purpose of this narrative review is to provide an overview of the research surrounding burnout, well-being and vicarious traumatisation in field of nursing, particularly surrounding the support and education for newly qualified nurses. Furthermore, to attempt to bring understanding and differentiation of Compassion fatigue, burnout, well-being and vicarious traumatisation within nursing. Lastly, to provide theoretically informed recommendations to support newly qualified nursing dealing and managing STS (Mol et al, 2015)

Aim



Burnout



Vicarious traumatisation



Well-being

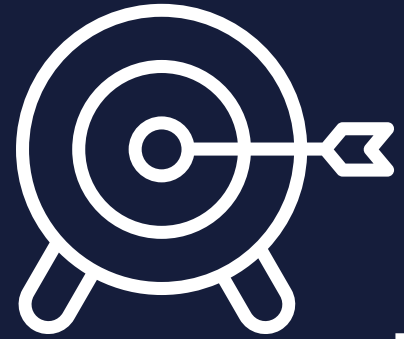


Compassion Fatigue

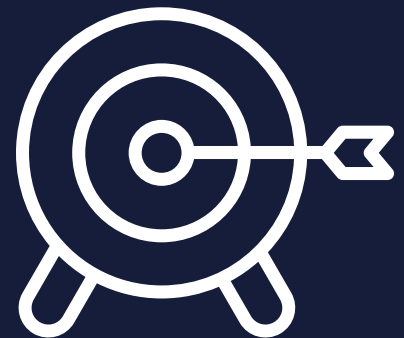


Aim: An narrative review of the education to support and cope with Burnout, Compassion Fatigue and Vicarious traumatisation and Secondary traumatic stress within field of nursing.

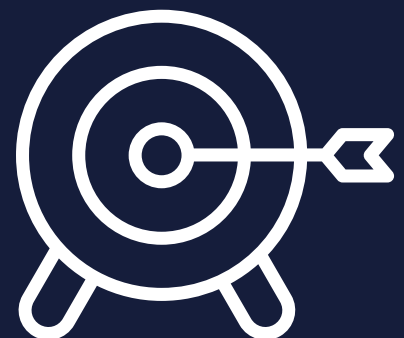
Objectives



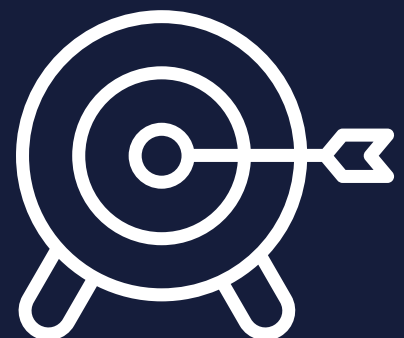
To discover the tools provided to nurses to identify burnout, compassion fatigue, vicarious trauma and secondary trauma.



To explore the skills and identify the measures in place to monitor burnout, compassion fatigue, vicarious trauma and secondary trauma.



To identify the warning signs and ways to prevent and treat burnout, compassion fatigue, vicarious trauma and secondary trauma within nurses.



To provide recommendations for planning, implementing, and evaluating the nurse's experiences and needed support in these areas.

Conceptualisation Clarification

The conceptualisation of secondary traumatic stress (STS) has been described as multifaceted; thus, researchers have stated there is a lack of conceptual clarity surrounding STS. The use of different terminology at times to refer to the same concept contributes to this confusion. Closely related concepts of secondary traumatic stress such as compassion fatigue, burnout, well-being, and vicarious traumatisation, needs to be differentiated and will be differentiated throughout this programme of work (Cummings et al, 2021).

Methodology



Qualitative - Narrative review
PRIMSA (2009) Flow Chart

Methodology

The literature search was performed through December 2022, using google scholar, PubMed and ProQuest Such literature search allows the research to be theoretically informed through credible research surrounding the aims and objectives of this research (Patton, 1999)

To provide an 'efficient' narrative review, the literature search was restricted to articles published in the last 10 years (2012-22).

Literature Review Strategy

What databases did I use?

Pubmed, google scholar and ProQuest

Boolean Search operators

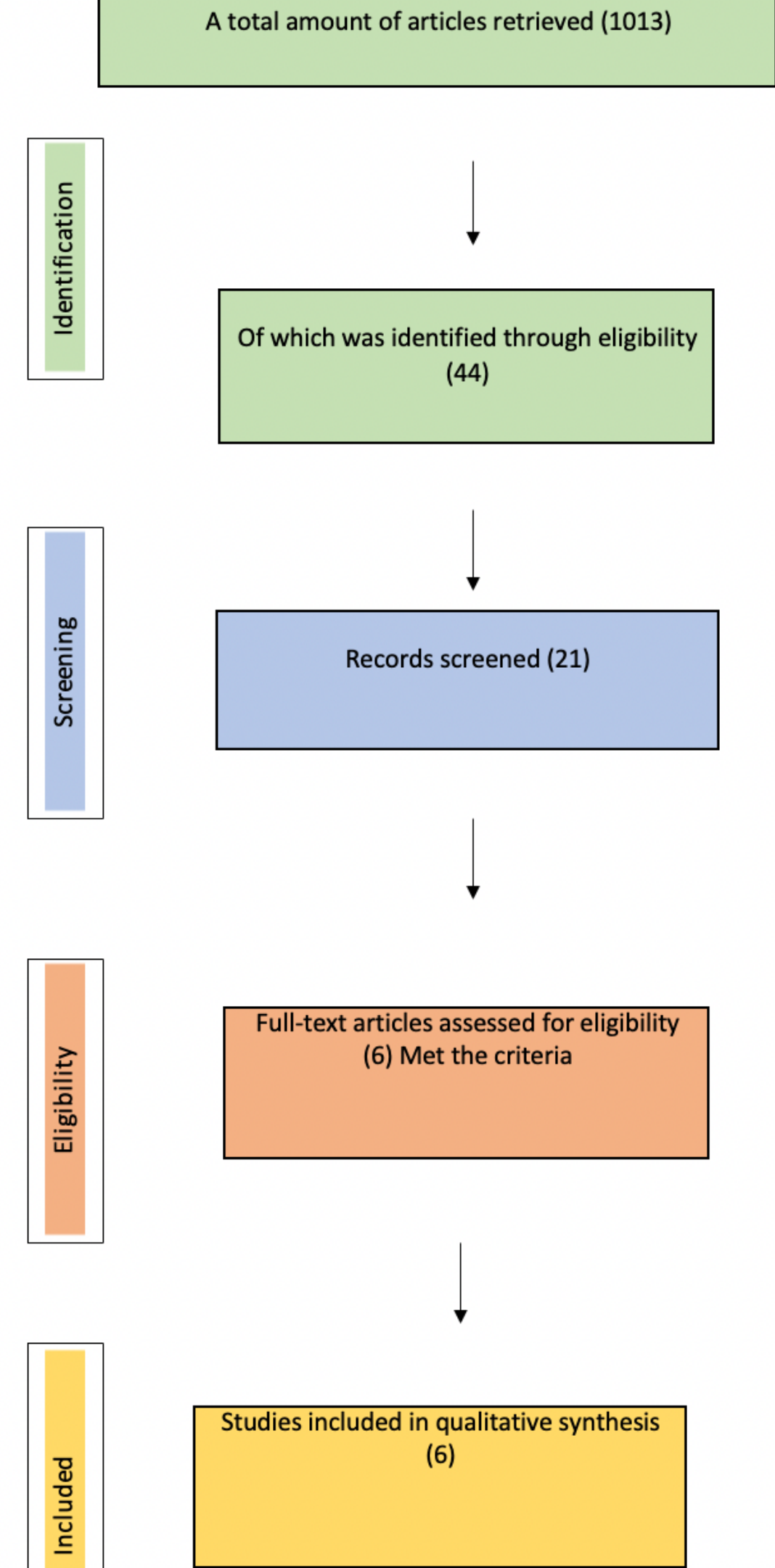


Boolean Operator	Search
AND	Compassion fatigue AND burnout
OR	Stress or anxiety
NOT	Nurses not patients

Literature Review Strategy

Figure 1

The flow-diagram of the literature search strategy and the review process systematic follows the PRISMA (2009) flow diagram rules (Moher et al, 2009)



These are the 6 articles identified that met the criteria

Name of Study and Authors	Type of Study	Methods used	Populations	Findings
Newell, J.M. and MacNeil, G.A., 2010. Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue. <i>Best practices in mental health</i> , 6(2), pp.57-68.	Qualitative	Maslach's Burnout Inventory (MBI)	Mental health nurses	Micro social work courses are ideal settings for providing education and skills training on individual self-care strategies as preventive measures. This material is also appropriate for any mental health practice course, particularly when infused with lectures on crisis intervention and crisis management.
Van Mol, M.M., Kompanje, E.J., Benoit, D.D., Bakker, J. and Nijkamp, M.D., 2015. The prevalence of compassion fatigue and burnout among healthcare professionals in intensive care units: a systematic review. <i>PloS one</i> , 10(8), p.e0136955.	Qualitative	Post-Traumatic Stress Syndrome 10 Questions Inventory,	Healthcare professionals	A wide range of intervention strategies emerged from the recent literature search, such as different intensivist work schedules, educational programs on coping with emotional distress, improving communication skills, and relaxation methods.
Yang, Y.H. and Kim, J.K., 2012. A literature review of compassion fatigue in nursing. <i>Korean Journal of Adult Nursing</i> , 24(1), pp.38-51.	Literature Review	N/A	N/A	There were 7 kinds of tools used in 32 the studies. The Professional Quality of Life (ProQOL) scale was most commonly used (n=18, 56.3%), and measured the concepts of 'compassion fatigue,' 'secondary traumatic stress,' and 'vicarious traumatization.' The Compassion Fatigue Self Test (CFST) was used in 8 studies (25.5%) and measured the concepts of 'compassion fatigue,' 'secondary traumatization,' and 'vicarious traumatization.'
Cummings, C., Singer, J., Hisaka, R. and Benuto, L.T., 2021. Compassion satisfaction to combat work-related burnout, vicarious trauma, and secondary traumatic stress. <i>Journal of interpersonal violence</i> , 36(9-10), pp.NP5304-NP5319.	Literature Review	N/A	N/A	Two-level hierarchical multiple regression analyses demonstrated that burnout accounted for 47.3% of the variance in STS, and CS contributed an additional 3.9%. Furthermore, burnout accounted 45.8% of the variance in VT, whereas CS contributed an additional 0.6%, indicating that burnout is a strong predictor of VT and STS, but CS may serve as a protective factor against experiencing both. Prevention and intervention efforts should target reducing burnout to combat these psychological sequelae and increasing CS.
Vicarious Trauma Experienced by Health Care Providers Involved in Traumatic Childbirths: A Meta-Synthesis. Shorey S, Wong PZE.	Systemic Review	N/A	N/A	The overarching theme of "Tunneling through the trauma with a hope of finding an end" was derived, and four main themes along with 15 subthemes were identified. The four main themes were (1) "instantaneous response to the trauma," (2) "finding hope in the midst of chaos," (3) "dealing with the aftermath," and (4) "resolution to move on." Communication and teamwork among health care team members were identified as challenges contributed by professional hierarchy and lack of role clarity.
Compassion satisfaction, compassion fatigue, anxiety, depression and stress in registered nurses in Australia: phase 2 results. Drury, Vicki; Craigie, Mark; Francis, Karen; Aoun, Samar; Hegney, Desley G; et al. Journal of nursing management Vol. 22, Is. 4, (May 2014): 519-531.	Qualitative	Cross-sectional Study-interview and Braun and Clarke's thematic analysis method and NVivo9 software assisted researchers to manage the data (Braun & Clarke 2006).	Registered Nurses	Accessibility to locally available pastoral carers to debrief with, and/or being able to retreat to a quiet space to destress and reassess, are techniques that participants suggested would improve their capacity to manage and prevent the work and the workplace from becoming overwhelming. Providing this support, and also creating such spaces that enable staff to withdraw for short periods, is therefore recommended.

Findings : The research shared 'common themes' with one another

- **Burnout is a phenomenon that can occur in almost any 'work setting'. It has been conceptualised that vicarious trauma, secondary traumatic stress, and compassion fatigue are unique to direct practice with crisis and trauma population.**
- **Research proposes that although we have tried to measure trauma, it is a 'constant variable' that depends on the individual past experience of trauma, aligned with their Ecological systems.**
- **Solutions and 'preventive' strategies such as coping with 'emotional distress' and burnout through regular CPDs and Alternative work schedules.**
- **There is still ambiguity surrounding the conceptualisations of CF, VT, STS and BO.**

Findings : What are the gaps in the research?

- It is said that a person who is exposed to personal history of violence, and disruption of cognitive abilities are have increased chance of secondary trauma or burnout. However, there is little research around methods in how the employer identifies the following within nurses.
- Burnout has been 'identified' as the gateway to CF, VT and STS, however the is little research in nursing to make such conceptualisation.
- Solutions and 'preventive' strategies that have been applied throughout the studies have showed 'longitudinal evidence', henceforth are these results reliable enough?

Recommendations



Recommendation 1- Know your staff

Getting to know the person (Social baggage) There is an increased chance of STS / compassion/ burnout when the individual has previously grown through high levels trauma in their past history. Therefore, these members of staff are more vulnerable and need to be closely monitored (Jaekle, et al, 2022).



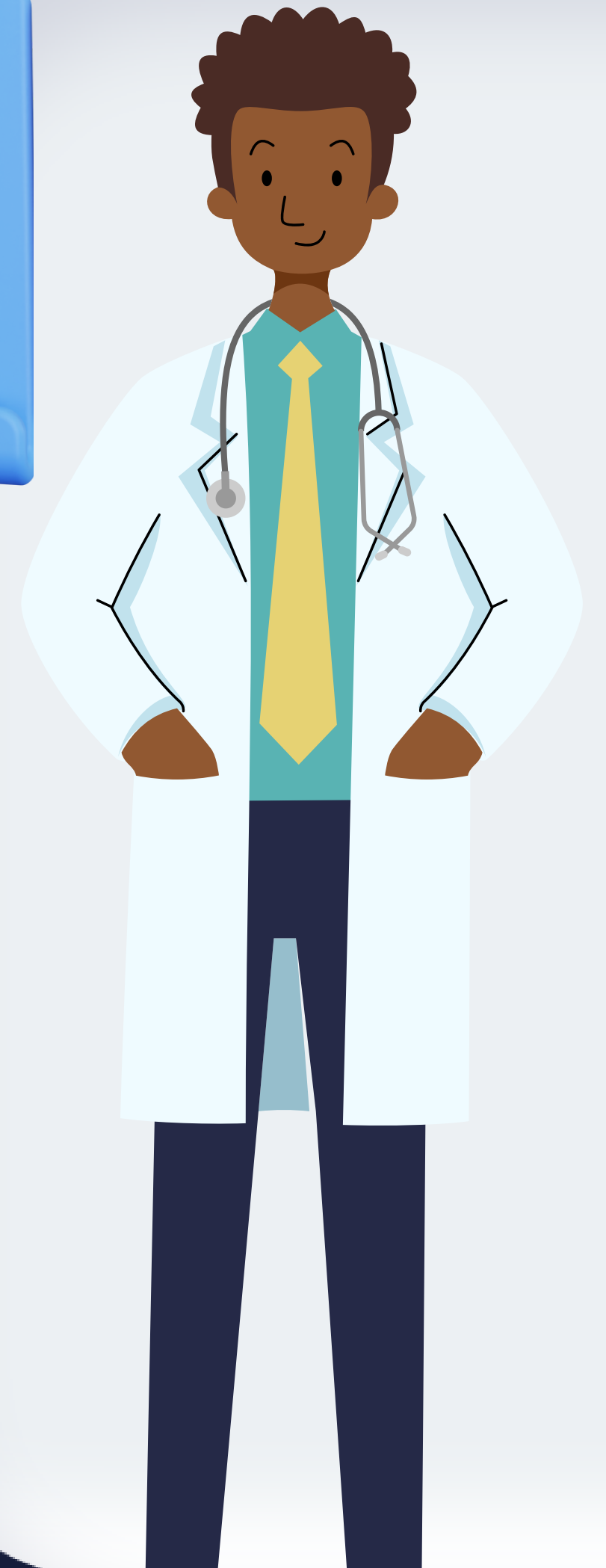
Recommendation 2- Ongoing education

Education through continues professional development (CPDs) throughout the year to all staff, with multilevel interventions to address STS/Compassion fatigue (Aycock and Boyle, 2009), burnout will allow individuals to develop a range of coping methods to support them throughout their occupation (Awe, et al, 2010).



Recommendation 3 - Regular Check ups

Maben and Bridges (2022) suggest that having regular appointments to support mental health and welling being should be prioritised like surgeries and dentists. Thus, regular compulsory appointments will be highly supportive for members of staff.



Conclusion

As an overview of the research, personal factors need to be considered, along with the ecological systems of oneself.

Furthermore, communication played a pivotal roles within the research papers through both hierarchy and the nurses. In light of this research conceptualised that burnout is caused by poor time-management or organisation and a lack of support and resources from management.

Lastly, in order to apply this theory into practice through interventions, it needs to be systematic and through a longitudinal study to promote further research.

Delaney, (2018)

Thank You!



Any Questions please?



References

- Cummings, C., Singer, J., Hisaka, R. and Benuto, L.T., 2021. Compassion satisfaction to combat work-related burnout, vicarious trauma, and secondary traumatic stress. *Journal of interpersonal violence*, 36(9-10), pp.NP5304-NP5319.
- Delaney, M.C., 2018. Caring for the caregivers: Evaluation of the effect of an eight-week pilot mindful self-compassion (MSC) training program on nurses' compassion fatigue and resilience. *PloS one*, 13(11), p.e0207261.
- Figley, C.R., 1988. Toward a field of traumatic stress. *Journal of Traumatic Stress*, 1(1), pp.3-16.
- Newell, J.M. and MacNeil, G.A., 2010. Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue. *Best practices in mental health*, 6(2), pp.57-68.
- Shorey, S. and Wong, P.Z.E., 2021. Vicarious Trauma Experienced by Health Care Providers Involved in Traumatic Childbirths: A Meta-Synthesis. *Trauma, Violence, & Abuse*, p.15248380211013135.
- Van Mol, M.M., Kompanje, E.J., Benoit, D.D., Bakker, J. and Nijkamp, M.D., 2015. The prevalence of compassion fatigue and burnout among healthcare professionals in intensive care units: a systematic review. *PloS one*, 10(8), p.e0136955.
- Yang, Y.H. and Kim, J.K., 2012. A literature review of compassion fatigue in nursing. *Korean Journal of Adult Nursing*, 24(1), pp.38-51.