Abstract

Compassion fatigue has been found to influence nursing care providers in a variety of specialized healthcare settings. This study was undertaken to: (a) describe compassion fatigue in the workplace setting of a general medical nursing care provider and health care attendants (HCAs) and (b) determine to what extent workplace empowerment structures (i.e., opportunity, information, resources, and support) are associated with compassion fatigue in nursing care providers (i.e., registered nurses and licensed practical nurses) and HCAs who work on acute general medical units in a hospital context.

The study was carried out within a large urban health authority in British Columbia, Canada. Nursing care providers and health care attendants (N = 117) from five medical care units within four hospital sites participated in the study. Descriptive statistics were employed to describe the sample. Multivariate linear regression and ordinal logistic regression analysis were used to examine variables that explain variation in compassion fatigue.

Findings revealed that 55% of the sample reported moderate to severe levels of compassion fatigue. Accessibility to resources was the only empowerment structure that explained variability in nursing care providers’ and health care attendants’ compassion fatigue (p < 0.01). In addition, the variance of compassion fatigue was partially explained by the participant’s highest level of education and marital status (p < 0.05). An ordinal logistic regression further added interpretation to the data by revealing that a one-unit increase in perceived resource empowerment corresponds with being two times more likely to be in a lower category of compassion fatigue, with all the other variables in the model held constant.

This research highlights three things: (a) that compassion fatigue exists in the nursing care provider and health care attendant in general medical unit settings within hospitals, (b) that one area to mitigate compassion fatigue onset may be enhanced access to resources (i.e., time to do the job and paperwork and
acquiring temporary help when needed), and (c) those that have specific individual characteristics such as being divorced or having a degree in nursing may be more likely to experience compassion fatigue. Further research is needed to investigate empowerment structures and other potential predictors of compassion fatigue in general medical units.