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Nurse Workloads: The Relationship between Nurse Compassion Satisfaction and Burnout

Lisa M. Greene

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Nurse Workloads: The Relationship between Nurse
Compassion Satisfaction and Burnout

by

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A thesis submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
In partial fulfillment of the requirements for the
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Submitted by:

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Abstract

Nurses face a wide variety of challenges and demands while caring for their patients and families. While nurses are an important part of healthcare, both for their compassion and care and for their skills at the bedside, they can become stressed and burned out.

Compassion satisfaction is essential for nurses in today's society. Compassion satisfaction has been defined as the pleasure an individual derives from being able to help others and do their work to the best of their ability. The lack of compassion satisfaction can lead to compassion fatigue. Compassion fatigue affects the care provided to patients. Compassion fatigue leads to burnout. Burnout has been defined as physical, mental, and emotional exhaustion and can lead to nurse disengagement. The purpose of this thesis was to assess the actual relationship between nurses' burnout and the patient load during their workdays as well as the relationship between nurse compassion satisfaction and burnout. The theoretical framework was based on Helen Erickson's Modeling and Role Modeling Theory. The participants of the study were registered nurses or licensed practical nurses working at the bedside. Study results showed a significant relationship between burnout and compassion satisfaction, while showing no association between burnout and patient load. The data analysis showed no significant correlation between patient load and the likelihood of leaving the job in the next year.

Keywords: compassion satisfaction, burnout, patient load, Erickson's Modeling and Role Modeling Theory

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Do not go where the path may lead; go instead where there is no path and leave a trail. –Ralph Waldo Emerson

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CHAPTER I

Introduction

Nurses are an important part of the healthcare world. They hold patients' hands, provide daily medications, watch for changes in behavior or symptoms, ensure appropriate tests are performed, educate about illness, provide comfort, and are present during the most joyous and heart-breaking moments of life. Nurses spend countless time and energy ensuring patient safety, monitoring for clinical deterioration, and performing tasks to ensure patients receives high-quality care (Agency for Healthcare Research and Quality [AHRQ], 2016). Providing high-quality, safe patient care requires a sufficient number of nurses making nurse retention essential.

Nurse retention impacts patients, their families, and healthcare facilities. Sufficient staffing is necessary for quality patient care, as well as financial stability for healthcare facilities. Poor retention is a growing concern in healthcare and affects the accessibility of healthcare for many individuals (Mbemba, Gagnon, Pare, & Cote, 2013). Compassion satisfaction or the pleasure nurses find in the work they perform is an important factor in nursing (Mooney et al., 2017). When healthcare facilities have enough trained, committed nurses, hospitals, patients, and the communities have more positive outcomes. By the same standard, lack of trained nursing staff increases the risk for negative patient outcomes.

This study focused on the relationship between nurse compassion satisfaction and burnout, as well as the relationship between nurses' burnout and their patient load.

Significance

Nurses are required for everyday tasks, bedside care, education, and other things that meet patients' needs. The reduction in the numbers of nurses creates a negative impact on patient care.

Healthcare is ever-changing causing an increased demand for nurses. However, more nurses than ever are leaving practice. This creates concern for patient care when the number of new nurses outweighs the number of experienced nurses. Additionally, training new nurses is expensive and time consuming. The lack of nurse retention also means that inexperienced nurses are training new graduate nurses, raising questions about overall competence with patient care. The retention of skilled, qualified nurses has emerged as a major challenge for healthcare facilities (Terera & Ngirande, 2014). High nurse-patient ratios makes nurses feel overworked and leads to increased stress, burnout, and a higher nurse turnover rate.

The nursing shortage has been a decade's long issue in healthcare. Hospitals cannot afford to lose the competent nurses they employ. Turnover can have a profound impact on the hospital margin. Training new nurses consists of months of education, classes, and certifications. The cost of pay difference between new nurses and experienced nurses is not enough to offset the new expenses. In order to care for patients during the nursing shortage, hospitals must pay overtime to the nurses who remain, costing the hospital more money (Sawatzky, Enns, & Legare, 2015).

Working conditions for nurses have deteriorated due to an inadequate nursing workforce, prompting the consideration of regulatory measures to assure adequate staffing (Welton, 2007). The loss of qualified nurses can be detrimental to a hospital unit,

the patients, and the hospital making retention a priority (Nursing Solutions, Inc, 2016). The mandated ratio legislation in California achieved the goal of improving nurse retention and reducing nurse workload according to the bedside nurses and managers (Aiken et al., 2010).

Nurse retention and quality patient care are intertwined, making nurse retention of the utmost importance in the hospital setting. Nursing job performance and satisfaction are affected by nurse workload and the nurse-to-patient ratio, both of which contribute to burnout and turnover (Bogaert, Kowalski, Weeks, Heusden, & Clarke, 2013). It is of great importance that healthcare facilities keep their employees satisfied and workloads at an acceptable level to improve employee retention and nurse satisfaction. Low compassion satisfaction in nurses has been associated with a decline in quality patient care (Mooney et al., 2017).

Purpose

According to Terera and Ngirande (2014), employers have a difficult time predicting the future needs of their nurses, making retention strategies difficult. While many nurses are furthering their education and taking managerial positions, others are leaving their bedside jobs due to controllable factors. The purpose of this study was to determine if a relationship existed between the nurses' burnout and their patient load and if a relationship existed between nurse compassion satisfaction and burnout.

Theoretical/Conceptual Framework

Helen Erickson's Modeling and Role Modeling Theory discusses five goals of nursing intervention; building trust, promoting the patient's positive orientation, promoting the patient's control, affirming and promoting the patient's strengths, and set,

mutual health-directed goals (Erickson, 2016. Para 9). The theory proposes that the nurse is enabled to care for and nurture every patient with awareness and respect for each patient's uniqueness. Modeling refers to the nurse's understanding of the patient's world.

Role modeling refers to the nursing intervention or nurturance that requires an unconditional acceptance. In this model, nursing is considered a self-care model based on the patient's perception of the world and his or her adaptation to stressors. The same can be said true for nurses, their perceptions and adaptation to stressors.

The basic theoretical linkages used in nursing practice that are associated with this model are developmental task resolution and need satisfaction are related; basic need status, object attachment and loss, growth and development are all interrelated; and adaptive potential and need status are related (Erickson, 2016). Concepts from a variety of sources are drawn in Erickson's Modeling and Role Modeling Theory, including concepts from Maslow's Theory of Hierarch of Needs, Erikson's Theory of Psychosocial Stages, Piaget's Theory of Cognitive Development, and Seyle and Lazarus's General Adaptation Syndrome.

Theoretical propositions presented by Erickson's model include a person's ability to contend with new stressors is directly related to the ability to gather resources needed, and the person's ability to gather resources is related to their need deficits and assets. Deficits in basic needs co-exist with the grief process. Distressors are unmet basic needs while stressors are unmet growth (Erickson, 2016). Secure attachment produces feeling of worthiness in individuals which result in a sense of futurity.

Nurses' ability to contend with stressors is directly related to their ability to care for patients. Erickson (2016) explained that sometimes something happens that results in

a cascade of events. Those events can have a clear trajectory as well as a predicted outcome. Health and wellness coaching for holistic nursing care not only applies to patients but also to nurses. The needs of the nurse must be met in order for them to provide high-quality, holistic care to patients.

Research Questions

- What is the relationship between the nurses' burnout and their patient load?
- What is the relationship between nurse compassion satisfaction and burnout?

Summary

The role nurses play is critical to quality patient care. The retention of trained, competent nursing staff is beneficial for both the patient and the hospital. Nurse-to-patient ratio is one aspect of the relationship between the workload and patient safety. Nursing workload is linked to patient safety and patient outcomes (AHRQ, 2016). In order to retain qualified nurses, healthcare organizations must plan for and monitor areas of distress for the nurses and have a willingness to change problem areas. The nurses' compassion satisfaction plays an important role in the quality of care provided to patients.

The purpose of this study was to determine if a relationship existed between nurses' burnout and their patient load and if a relationship existed between nurse compassion satisfaction and burnout. Nurse retention should be maintained to provide high-quality care to patients, minimize costs to hospitals for the training of new nurses, and improve patient and nurse satisfaction. Nursing leaders must be committed to adapting to change to retain qualified, skilled nursing staff for the best outcomes for patients.

CHAPTER II

Literature Review

Nurse retention is a growing problem in healthcare. Determining how nurse workloads impact burnout could be a key in greater nurse retention. With the shortage of nurses already a problem, determining why they are leaving could help with retention. It is thought that nurse workloads play a part in burnout; however, is that why they leave practice? Does compassion satisfaction and burnout have a relationship that affects nurse retention? A review of literature helped to gain an appreciation for research that has been completed on this topic. It also revealed the need for further research on the topic. This chapter will offer an overview of the literature regarding nurse workloads, the relationship with nurse burnout and compassion satisfaction. The literature was analyzed and critiqued related to the relationship between workload, burnout, and compassion satisfaction.

Review of Literature

A web-based search was performed using CINAHL, EBSCO, AHEC, and Google Scholar databases. The following keywords were utilized as search criteria: nurse to patient ratios, nurse burnout, job satisfaction, healthcare shortages, nurse retention, nurse practice environment, and safe staffing. All resources used were peer-reviewed journals, articles, reports from reputable websites, and thesis/dissertations. Results of the literature review were limited to a 12-year time frame ranging from 2005 to 2017.

Theoretical Literature

Research suggested that changes are needed to increase nurse retention and lower burnout rates among bedside nurses. Unmet needs and inadequate resources bring about

stressors that create stress responses that require resolutions, such as establishing adequate resources or adequate staffing to prevent nurse burnout. There was a relationship between nurse-patient ratio and nurse burnout in healthcare, suggesting that the nurse's ability to contend with stressors was directly related to their ability to care for patients. Erickson (2016) explained how something can happen, and it directly results in a cascade of events that affect patient care. Nurses must have their needs met in order to provide high quality care and ensure positive patient outcomes. When needs are left unmet, a situation can escalate and be perceived as a threat and lead to distress and illness (Erickson, 2016). Holistic nurses working to the fullest of their ability with the evolving healthcare system can assist other nurses in seeing the importance of holistic nursing and the advantages in today's nursing world (Erickson et al., 2016).

Nurse to Patient Ratio

Quality of care is directly related to a nurse's ability to interact with their patients. The nurse's ability to positively interact with patients is lessened by a higher number of assigned patients to care for. Workload and nurse-patient ratios was a top 10 reason for increased turnover rates, according to Nursing Solutions, Incorporated (2016). There was obviously a direct correlation between nurses who are constantly working with higher nurse-patient ratios and less resources to burnout and turnover. Research has focused on nurse-patient ratios and quality of nurse staffing in relation to nurse burnout. Bogaert et al. (2013) confirmed that workload and the dimensions of burnout was a contributing factor to the type of nursing care given to patients.

The factors affecting the retention of nurses were examined by Buffington, Zwink, Fink, DeVine and Sanders (2012) and results indicated the majority of the nurses

that stayed in their current positions did so due to their fellow nurses and patients. The reasons nurses were leaving were management, workload/staffing, salary/benefits, scheduling/shift hours, and retirement and family (Buffington et al., 2012). Mandated nurse-patient ratios, according to Aiken et al. (2010) confirmed patient quality of care increased as a result of the legislation. Nurses were more likely to stay in their jobs as a result of mandated nurse-patient making nurse retention better for those hospitals. Nurses experienced a significantly lower rate of burnout with lower nurse-patient ratios due to the legislation of mandated nurse-patient ratios (Aiken et al., 2010).

Patients present to acute care hospital settings with higher acuity levels than in the past. Nurses who care for these patients have a more intense demand of their time. High quality care and patient safety are directly related to the size and experience of the nursing workforce (Welton, 2007). There has been a growing need for nurses in recent years based on higher patient acuity and an increased number of patients. Welton (2007) argued that implementing a minimum nurse-patient ratio causes hospitals to lose money and can cause the nurse to do more work to offset staff cuts. He suggested billing for inpatient nursing care with reimbursement to the hospital, which in turn will increase nurses at the bedside. Ultimately, that suggestion decreases nurse-patient ratio, making quality of care higher and reduces nurse burnout. Research showed a gap between patient needs and the nursing care available to them. This problem continues to worsen as nurses experience burnout and leave the profession.

According to Teeter (2014), an increase in nurse-patient ratios and job dissatisfaction were two leading causes of burnout in the United States. Nurses in the hospital setting had a higher burnout rate than those in other healthcare settings. As

nurse-patient ratios increase, so do emotional exhaustion, job dissatisfaction, and burnout (Teeter, 2014). Bedside nurses who expressed their hospital floor had adequate staff reported less burnout than those who reported inadequate staffing with higher nurse patient ratios. Teeter (2014) acknowledged that before interventions could be started to decrease the amount of burnout in nurses, determining the cause of the burnout is essential. Nurses who feel they cannot properly care for their patients or spend an adequate amount of time with them cause a strain on those nurses. Job satisfaction plays a part in nurse burnout. If nurse-patient ratio and job satisfaction are positively associated, it appears nurse-patient ratios play a part in burnout (Teeter, 2014).

Literature also supported a lower nurse-patient ratio was needed to create a richer staff mix (RinaldiFuller, 2008). Researchers found that improved nurse-patient ratios led to higher quality of care and a lower turnover rate, arguing that a higher nurse-patient ratio impacted patients negatively and increased stress, burnout and turnover for nurses.

A large body of research has been conducted in hospitals on the positive attributes of nurse staffing and positive patient outcomes. In hospitals, the level of burnout for nurses was higher than in outpatient settings. Significant predictors of nurse burnout included workload and schedule, work environment, care processes left undone, and lack of confidence in management (Agency for Healthcare Research and Quality [AHRQ], 2016; Thomas-Hawkins & Flynn, 2007). Nurses with high levels of burnout were less satisfied with their job and were two and a half times more likely to leave their job. Workload and poor environment ratings were predictors of the nurses' intent to leave. The study confirmed higher nurse-patient ratios were significantly related to multiple

adverse events (Thomas-Hawkins & Flynn, 2007). The findings consistently showed a relationship between nurse burnout and nurses' intent to leave their jobs.

Nurse Retention

Nurse retention is important, as nurse turnover can be quite challenging to healthcare facilities. According to Terera and Ngirande (2014), voluntary turnover is a major cost for organizations. The retention of quality nurses is a major challenge. The impact of rewards on job satisfaction and employee retention was examined. Employee rewards can assist in decreasing turnover if the proper rewards are given to staff. There was a significant relationship between job satisfaction and employee retention (Terera & Ngirande, 2014). Employers should examine other reasons besides rewards to maintain job satisfaction.

Twigg and McCullough (2014) examined strategies to create and enhance a positive work environment for nurses in clinical settings. Literature supporting the relationship between staff retention and a positive practice environment has been well documented. Hospitals with adequate staffing and positive work environments supported higher nurse retention. Few examples were found that detailed strategies or reported the effectiveness those strategies had on the practice environment (Twigg & McCullough, 2014). There were several recommendations to improve the work environment for nurses including: (1) nurses participating in hospital affairs, (2) nursing foundations for quality of care, (3) support and visibility for nurses from managers, (4) staffing and resource adequacy, and (5) collaborative nurse and physician relationships (Twigg & McCullough, 2014, p. 88). Retention of experienced nurses helps to establish a more positive work

environment on hospital units. Creating a positive practice environment is an important strategy for nurse retention and positive patient outcomes.

Researchers have acknowledged the crisis in the shortage of nurses and the need to find influencing factors to improve nurse retentions. Higher nurse-patient ratios were identified in compromising patient care in critical care areas. The results obtained from the study showed a statistically significant relationship between the following organizational factors and the intent to leave a position: professional practice, management, doctor and nurse collaboration, competence of the nurse, and autonomy (Sawatzky et al., 2015). Among critical care nurses, a statistically significant relationship between intent to leave, staffing resources, and positive scheduling environment was identified. The respondents reported the intent to leave critical care at 24% in the next year however, only 4% stated they were leaving nursing. Outcome variables that were also included were job satisfaction, engagement, compassion satisfaction, compassion failure, and burnout (Sawatzky et al., 2015).

Job satisfaction, compassion fatigue, and burnout have been proven to be organizational factors that influence a nurse's intent to leave a position or the nursing profession (Sawatzky et al., 2015). Adequate preparation and organizational structure are valued among nurses working in critical care areas.

The importance of nurse retention has become a substantial concern in healthcare with the looming problem of a nursing shortage on the horizon (Silvers, 2013). The growing numbers of sick patients require an adequate amount of staffing to care for them. "The value that hospitals place on their staff will have a direct effect to their commitment to the organization" (Silvers, 2013, p. 5).

Staff that left the hospital did so due to management, poor staffing practices, the inability to communicate with manager, and concerns about unprofessional behavior (Silvers, 2013). One major complaint was having too large of a nurse-patient ratio and the inability to provide quality care for patients due to such a high number of patients. Stress was another concern including workplace stress, negative energy from coworkers, and communication concerns. Nurse retention has been proven to be a costly problem for hospitals. Stress is a major factor relating to burnout in nurses.

A positive healthcare environment is essential in nurse retention (Erenstein & McCaffrey, 2007). Multiple regulations, denying care to the uninsured, short staffing, and poor communication are among the examples of an unhealthy work environment. Unhealthy work environments cause stress and dissatisfaction among nurses. Those stressors come from high nurse-patient ratios, overwhelming physical demands, communication problems, and physical and verbal abuse (Erenstein & McCaffrey, 2007). Job dissatisfaction and nurse burnout result from those stressors and the unhealthy work environments.

The nursing shortage carries consequences that affect staff and patients. Medical errors and unsafe working conditions can be contributed to high turnover rates that cause nurses to fill in to those empty areas, have an increased workload, and an increased level of stress. An improvement in the work area supports morale, job satisfaction, positive patient outcomes, as well as the retention of professional nurses (Erenstein & McCaffrey, 2007).

Nursing shortage can be felt on a global scale and if not addressed properly may lead to the failure of a healthcare system (Mbemba et al., 2013). Rural and remote areas

have more difficulty in the recruitment and retention of nurses compared to urban areas. They have some of the same barriers as urban areas including poor working conditions, professional isolation, and lack of services. In the United States, financial incentives, supportive relationships in nursing, and career pathways are potential strategies that may influence the retention of nurses.

Burnout was consistently associated with nurses' intention to leave their position (Heinen et al., 2013). Job dissatisfaction is a major issue relating to burnout. Several factors associated in one country or another included nurse-patient ratios and the nurses' perceived quality of care given to patients (Heinen et al., 2013). Burnout is consistently associated with nurses' intent to leave the nursing profession. Studies on the intention to leave practice remain important for the development of nurse retention programs. There was not one factor that completely influenced nurses to leave practice but multiple factors add to burnout which is linked to the intent to leave.

Nurse Resilience

Lowe (2013) expressed an understanding of the nursing shortage related to stress, burnout, and an unhealthy work environment that may prompt nurses to leave a position or the nursing profession. The nursing shortage, which is expected to rise greatly in numbers in the near future, affects individual nurse well-being as well as patient care. It contributes to an increased workload that increases stress and causes burnout (Lowe, 2013). Other situations affecting nurse burnout include high patient acuities, critical decisions, professional conflicts, and situations that conflict with the nurse's morals.

There are nurses who have the ability to thrive in stressful situations despite the unfavorable work conditions (Lowe, 2013). Those nurses are recognized as resilient, and

resilience will become imperative for nurses to survive the upcoming nursing shortage. Resilience can be developed through support and education from the workplace. Resilient nurses employ characteristics such as positive coping skills that assist in adapting with stressful work environments. Supportive environments can foster resilience. The literature supported that resilience can be learned in supportive work environments, which in turn will decrease distress, enhance job satisfaction, and decrease the number of nurses that leave practice (Lowe, 2013).

Compassion Satisfaction

Mooney et al. (2017) found that nurses exhibited average levels of compassion satisfaction however, the nurses who cared for patients with high acuity exhibited lower levels of compassion satisfaction. Again, burnout in nurses was reported as average with intensive care nurses exhibiting a much higher burnout score than nurses caring for lower acuity patients. Burnout and higher level of patient care appeared to affect the compassion satisfaction nurses felt in the job. Nurses who took advantage of their employer's interventions and programs had a significant increase in compassion satisfaction. Research is needed to determine why more nurses are not utilizing the programs provided by employers to diminish burnout and compassion fatigue.

Maintaining a healthy balance between the good and the bad aspects of patient care and patient experiences directly relates to burnout, compassion fatigue, and compassion satisfaction. Balancing compassion fatigue and compassion satisfaction needs to be achieved in both the workplace and in an individual's personal life (Sacco, Ciurzynski, Harvey, & Ingersoll, 2015). While more seasoned nurses, who have proven better able to deal with stressors and have higher levels of compassion satisfaction, tend

to fade out of bedside nursing, the younger generation of nurses report significantly higher levels of burnout and compassion fatigue and in turn, lower levels of compassion satisfaction. The level of nursing experience played a major role in burnout, compassion fatigue, and compassion satisfaction.

Summary

Nurse retention is affected by multiple factors. Nurse patient ratio and nurse workload leads to stress and an unhealthy work environment. An unhealthy work environment, many times lead nurses to leave their position or even the nursing profession. In order to foster nurse retention, studies must be completed to assess the full impact nurse patient ratio and workload has on burnout, along with the relationship between burnout and compassion satisfaction. With the prediction of the future nursing shortage, retention should be a priority for healthcare systems. Multiple studies showed there was a relationship to be determined between nurse workload, nurse burnout, and compassion satisfaction in the work environment.

CHAPTER III

Methodology

The goal of this study was to analyze the relationship between nurse burnout and patient load, as well as the relationship between nurse compassion satisfaction and burnout. Of particular interest was the correlation between nurse workload and burnout. The intention of this study was to gain information that may be helpful in determining causes of burnout.

Research Question

The research questions for this study was, *What is the relationship between nurses' burnout and their patient load? What is the relationship between nurse compassion satisfaction and burnout?*

Study Design

This study used a quantitative descriptive design. Convenience sampling methodology was used as surveys were distributed via Survey Monkey and shared through a private, closed Facebook page whose membership includes nurses in North and South Carolina. The group had more than 1,700 members who were not associated with a specific facility or organization. The population being studied was Registered Nurses (RNs) and Licensed Practical Nurses (LPNs), 18 years of age or older, who work in a variety of specialties, both inpatient and outpatient settings as a bedside nurse.

Instrumentation

Participants were given the Professional Quality of Life measurement tool (ProQOL) (see Appendix A). The researcher was granted permission to use the survey via a blanket permission for use of the tool that is given to anyone who chooses to use the

survey for research and educational purposes (see Appendix B). The survey contained 30 Likert-type questions related to compassion satisfaction, burnout, and secondary trauma. According to Stamm (2010) the survey has content validity and reliability.

“There is good construct validity with over 200 published papers. There are also more than 100,000 articles on the internet. Of the 100 published research papers on compassion fatigue, secondary traumatic stress and vicarious traumatization, nearly half have utilized the ProQOL or one of its earlier versions. The three scales measure separate constructs. The Compassion Fatigue scale is distinct. The interscale correlations show two percent shared variance ($r=-.23$; $\text{co-}\sigma=5\%$; $n=1187$) with Secondary Traumatic Stress and five percent shared variance ($r=-.14$; $\text{co-}\sigma=2\%$; $n=1187$) with Burnout. While there is shared variance between Burnout and Secondary Traumatic Stress the two scales measure different constructs with the shared variance likely reflecting the distress that is common to both conditions. The shared variance between these two scales is 34% ($r=.58$; $\text{co-}\sigma=34\%$; $n=1187$). The scales both measure negative affect but are clearly different; The BO scale does not address fear while the STS scale does.” (Stamm, 2010, p. 13).

Four additional questions were added to the survey:

- Which nursing specialty do you currently work in?
- How long have you been employed as a nurse?
- What is your typical patient load?
- How likely are you to leave your job in the next year?

Design for Data Collection

The data was collected by posting a link to the survey in the private Facebook group weekly for three weeks. The post included an explanation of the purpose of the study, the potential risks, and benefits associated with the study and privacy concerns (Appendix C). The number of times the post was shared, with the attached survey, is unknown as the researcher was unable to identify members within the group, the number of times they shared the post, or the friends of those participants who also shared the post.

Protection of Human Subjects

Prior to beginning the study, the researcher obtained approval from the University's Institutional Review Board (IRB). Included in the survey was an explanation that the survey was voluntary and participants were asked not to provide any identifying information in order to protect each participant's identity and anonymity. Instructions were provided via the Survey Monkey survey. Completion of the survey implied consent from the participant (Appendix D). The research posed minimal risk to the participants.

Data Analysis

Pearson's r was used to correlate the reported patient load with the burnout score calculated from the survey. Descriptive statistics was used to report on participant demographics, as well as the compassion satisfaction and secondary trauma scoring information. Spearman's correlation coefficient was used to determine if a relationship exists between the burnout score and the participants' compassion satisfaction. It was also used to correlate the reported patient load and participant's response to the question "How likely are you to leave your job in the next year?"

CHAPTER IV

Results

The purpose of this study was to determine the relationship between nurses' burnout and their patient load and the relationship between nurse compassion satisfaction and burnout. This chapter will present the analysis of the relationship between nurses' burnout and their patient load, as well as the relationship between nurse compassion satisfaction and burnout.

Setting and Sample

Surveys were distributed via a convenience sampling through a private, closed Facebook page containing more than 1,700 members via an anonymous Survey Monkey survey. A total of 108 surveys were returned. Only 92 of the 108 surveys were finished to completion (n=92). The years employed as a nurse ranged from one year to greater than 10 years. The participants' patient loads ranged from two to 30. The nursing specialty in which the nurses worked varied throughout all the specialties. The likelihood of nurses' to leave their job in the next year was low. (Table 1)

Table 1

Descriptive Statistics for Nursing Specialty and Years Employed as a Nurse.

Variable	Category	Frequency (%)
Nursing specialty	1	12 (13.0)
	2	2 (2.2)
	3	27 (29.4)
	4	23 (25.0)
	5	4 (4.4)
	6	21 (22.8)
	No response	3 (3.2)
Years employed	1-3	14 (15.2)
	4-6	14 (15.2)
	7-9	15 (16.3)
	10+	49 (53.3)

Note. This table illustrates the percentages of the participants' nursing specialty and years employed as a nurse.

Major Findings

The sample consisted of 92 nurses working in direct patient care. The response rate is unknown due to the sampling method. Percentages were determined for each of the three categories; compassion satisfaction, burnout, and compassion fatigue/secondary trauma. The relationship between nurses' burnout and their patient load was determined using a Pearson's correlation. The correlation coefficient was 0.003, with a p-value of 0.98. The miniscule correlation coefficient and large p-value indicated there was no association between burnout and patient load. The relationship between nurse compassion satisfaction and burnout were determined using Spearman's correlation coefficient. The correlation coefficient was -0.75, with a p-value <0.001. The small p-value means that the correlation coefficient was significantly different from 0. A correlation coefficient of -0.75 is a moderate to high correlation in the negative direction.

On average as burnout increases, compassion satisfaction decreases. The correlation between the reported patient load and the participants' response to the likelihood of leaving their job in the next year, using Spearman's correlation coefficient was 0.19, with a p-value of 0.09. The small correlation coefficient and p-value >0.05 mean there was no significant correlation between patient load and the likelihood of leaving the job in the next year. (See Figures 1, 2, 3)

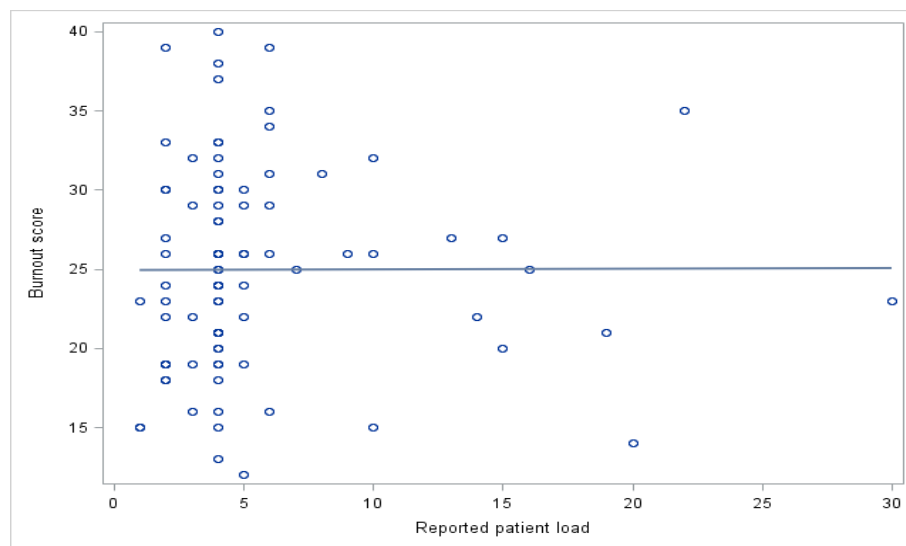


Figure 1: Scatterplot of Burnout and Reported Patient Load

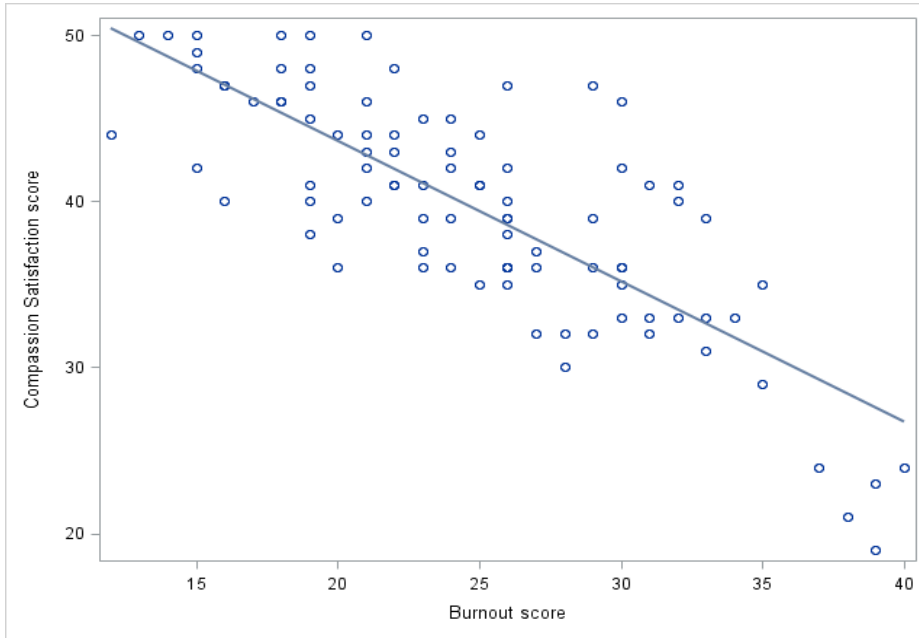


Figure 2: Scatterplot of Burnout Score and Compassion Satisfaction Score

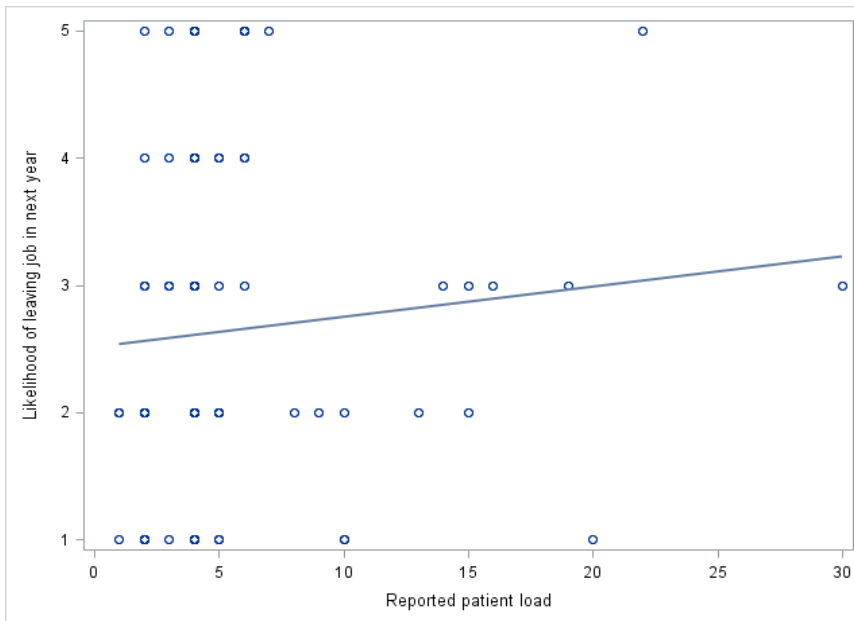


Figure 3: Scatterplot of Reported Patient Load and the Likelihood of Leaving Job in the Next Year

Summary

This quantitative, correlational descriptive study investigated the questions as to the relationship between the nurses' burnout and their patient load and the relationship between nurse compassion satisfaction and burnout. A total of 108 surveys were completed by nurses and returned via Survey Monkey. The survey included The Professional Quality of Life Scale: Compassion Satisfaction, Burnout and compassion Fatigue/Secondary Trauma scales (ProQOL), the nursing specialty in which the individual nurses work in direct care, the number of years the individual has been in nursing, the typical number of patients the nurse cares for, and the likelihood in which the nurse will leave their job in the next year.

CHAPTER V

Discussion

Implications of Findings

The purpose of this thesis was to determine if there was a relationship between nurses' burnout and their patient load and between burnout and compassion satisfaction. The data analysis of the study did not reveal an association between burnout and patient load. The data analysis showed a moderate to high association between burnout and compassion satisfaction, showing as burnout increased, compassion satisfaction decreased. There was no significant correlation between patient load and the likelihood of nurses leaving the job in the next year.

This study was aimed to identify a relationship between nurses' burnout and compassion satisfaction. Researchers have found that an even balance between compassion satisfaction, burnout, and compassion fatigue should be achieved in the workplace and at home, acknowledging the possible significance of burnout affecting compassion satisfaction and compassion fatigue (Sacco et al., 2015). They determined maintaining that healthy balance between good and bad directly relates to burnout and compassion satisfaction, similar to the results found in this study. A significant relationship was found in this study between burnout and compassion satisfaction that showed that as burnout increased compassion satisfaction decreased, directly relating that balance of good and bad to nursing outcomes. As the study showed, without a healthy balance, burnout occurs, therefore decreasing compassion satisfaction and increasing stress and turnover.

Study results did not reveal an association between patient load and burnout, however prior research found that an increased workload contributed to increased stress and caused burnout among nurses and found that nurses who took advantage of their employer's interventions and programs designed to reduce burnout and compassion fatigue had a significant increase in compassion satisfaction (Lowe, 2013; Mooney, Fetter, Gross, Rinehart, Lynch, and Rogers 2017). It is important for nurses across all specialties to be cognizant of the risk of burnout and participate in the activities provided by their employers or in the community to prevent burnout.

Application to Theoretical/Conceptual Framework

Nurses have been enabled to care for and nurture every patient with awareness and respect for each patient's uniqueness. The five goals of nursing intervention include building trust, promoting the patient's positive orientation, promoting patient control, affirming and promoting the patient's strengths, and setting mutual health-directed goals (Erickson, 2016. Para 9).

Modeling refers to the nurse's understanding of the patient's world, while role modeling refers to nursing interventions and nurturance that requires unconditional acceptance. Nursing is considered a self-care model based on the patient's perception of the world and his or her own adaptation to stressors. The same applies for nurses, their perceptions, and adaptation to their own stressors. Erickson (2016) explained there was a relationship between developmental task resolution, and need satisfaction, including basic needs, object attachment and loss, growth and development, adaptive potential and need status.

The questions of this master's thesis was to determine whether there was a relationship between nurses' burnout and their patient load and if there was a relationship between nurse compassion satisfaction and burnout. The results did not demonstrate a relationship between nurses' burnout and their patient load. The results did however determine there was a relationship between burnout and compassion satisfaction. While the Modeling and Role Modeling Theory has not been tested specifically in the context of evaluating compassion satisfaction being affected by burnout, its concepts that a person's ability to contend with stressors is directly related to their ability to gather resources needed, and the person's ability to gather resources is related to their need deficits and assets were applicable. Erickson (2016) explained how one thing happens that results in a cascade of events, such as events leading to burnout that decreased compassion satisfaction. Holistic care not only applies to patients but also nurses meaning needs must be met on both sides.

Limitations

The purpose of this thesis was to assess if a relationship existed between nurses' patient load and burnout and if a relationship existed between nurses' burnout and compassion satisfaction. Possible limitations to this study included: the only nurses who participated were from North Carolina, small sample size, and the survey did not ask the nurses to explain why they plan to leave in the next year. Inclusion of demographics would be beneficial in determining any relationship between age, gender, home support, and continued education and the prevalence of burnout. A qualitative portion that digs deeper into the reasons why the nurses wanted to leave their job would be beneficial.

Implications for Nursing

The implications of compassion satisfaction, burnout, and the identification of appropriate coping strategies are evident and supported through research. Nurses experience traumatic events in caring for patient and their families, a lack of support programs to combat burnout and increase compassion satisfaction, and an overwhelming demand to meet the expectations of patients, patients' families, and management. The combination of those factors leads to increased stress, burnout, and a decrease in compassion satisfaction. According to Teeter (2014) evidence exists that an increase in nurse-patient ratios and job dissatisfaction are two of the leading causes of burnout in the United States. Emotional exhaustion, job dissatisfaction and burnout lead to a decrease in compassion satisfaction. Determining the causes of burnout is essential in order to build programs and interventions to decrease nurse burnout (Teeter, 2014).

Burnout and compassion fatigue affects compassion satisfaction, the nurse's overall wellness, and their work environment and can lead to adverse reactions for the patient and the nurse causing the nurse to leave the profession according to a study by the Agency for Healthcare Research and Quality (2016). Without appropriate interventions, nurses who experience burnout may eventually decide to leave the nursing profession, leading to a major nursing shortage. According to Terera and Ngirande (2014), turnover is a major cost for organizations and the retention of nurses is a huge challenge. The turnover rate affects those nurses who remain in the profession. Those left behind experience an increase in workload in turn creating a never ending cycle leading to job dissatisfaction. There should be a priority in effectively identifying and decreasing burnout in nurses. The development of interventional programs, support, teaching

resilience and increasing compassion satisfaction to combat burnout is vital to the sustainability of nurses and the profession of nursing.

Recommendations

There is overwhelming evidence of the widespread occurrence of nurse burnout across all specialties all over the world (AHRQ, 2016; Aiken et al., 2010; Bogaert et al., 2013; Erenstein & McCaffrey, 2007; Lowe, 2013; Nursing Solutions, Inc, 2016; Sacco et al., 2015; Sawatzky et al., 2015; Teeter, 2014; Thomas-Hawkins & Flynn, 2007; Welton, 2007). Nurses in healthcare are challenged by a variety of issues including: leadership, patient and families, and personal expectations. Awareness is the first step in identifying if burnout leading to a decrease in compassion satisfaction exists in a healthcare organization. Education, interventions, and strategies are key factors in combating burnout in nurses. A limited amount of studies have been completed on programs to prevent burnout and increase compassion satisfaction. Further research is needed into the identification of strategies to increase resilience, and build coping strategies to increase compassion satisfaction and decrease nurse burnout. The knowledge gained from this research thesis provides support for further testing utilizing Erickson's Modeling and Role Modeling Theory as a framework; targeting the nurse's ability to build their own basic needs as it relates to patient care and preventing burnout.

Conclusion

Evaluating and determining the prevalence of nurse burnout, and whether a relationship existed between compassion satisfaction and burnout was the aim of this study. The results did not reveal a relationship between patient load and burnout. The results did reveal a significant relationship between compassion satisfaction and nurse

burnout. On average, as nurse burnout increased, compassion satisfaction decreased.

There was no significant correlation between patient load and the likelihood of leaving the job in the next year. Every nurse is at risk for burnout, despite their specialty, making intervention programs and building coping skills all the more important. An increase in burnout therefore causing a decrease in compassion satisfaction can negatively affect patient care and alter the nurses' ability to properly care for patients as well as themselves. There is overwhelming support of the necessity to identify, treat, and if possible prevent burnout. Currently, there are no mandated programs to intervene and prevent burnout across the nursing profession. It is essential to the nursing profession that further research is conducted along with strategies and ideas to prevent, treat, and improve burnout among nurses, thereby increasing compassion satisfaction.

References

- Agency for Healthcare Research and Quality. (2016). Nursing and patient safety. *Patient Safety Network*. Retrieved from <https://psnet.ahrq.gov/primers/primer/22/nursing-and-patient-safety>
- Aiken, L. H., Sloane, D. M., Cimiotti, J. P., Clarke, S. P., Flynn, L., Seago, J. A., ...& Smith, H. L. (2010). *Implications of the California nurse staffing mandate for other states*. Retrieved from http://www.massnurses.org/files/file/Legislation-and-Politics/HSR_article.pdf
- Bogaert, P. V., Kowalski, C., Weeks, S. M., Heusden, D. V., & Clarke, S. P. (2013). The relationship between nurse practice environment, nurse work characteristics, burnout and job outcome and quality of nursing care: A cross-sectional survey. *International Journal of Nursing Studies*, 50, 1667-1677. Retrieved from [http://www.journalofnursingstudies.com/article/S0020-7489\(13\)00153-3/pdf](http://www.journalofnursingstudies.com/article/S0020-7489(13)00153-3/pdf)
- Buffington, A., Zwink, J., Fink, R., DeVine, D., & Sanders, C. (2012). Factors affecting nurse retention at an academic magnet hospital. *The Journal of Nursing Administration*, 42(5), 273-281. Retrieved from <file:///C:/Users/lmgreene/Documents/JONA-Casey-Fink-Nurse-Retention-Article.pdf>

Erenstein, C. F., & McCaffrey, R. (2007). How healthcare work environments influence nurse retention. *Holistic Nursing Practice*, 21(6), 303-307. Retrieved from http://ovidsp.tx.ovid.com.ahecpoxxy.ncahec.net/sp-3.24.1b/ovidweb.cgi?WebLinkFrameset=1&S=IOGMFPPKDJDHCGANCHKOCLBPGNNA00&returnUrl=ovidweb.cgi%3f%26TOC%3dS.sh.22.23.27.31%257c6%257c50%26FORMAT%3dto%26FIELDS%3dTOC%26S%3dIOGMFPPKDJDHCGANCHKOCLBPGNNA00&directlink=http%3a%2f%2fovidsp.tx.ovid.com%2fovftpdfs%2fFPDDNCLBOCGADJ00%2ffs047%2fovft%2flive%2fgv024%2f00004650%2f00004650-200711000-00006.pdf&filename=How+Healthcare+Work+Environments+Influence+Nurse+Retention.&PDFIdLinkField=%2ffs047%2fovft%2flive%2fgv024%2f00004650%2f00004650-200711000-00006&link_from=S.sh.22.23.27.31%7c6&pdf_key=B&pdf_index=S.sh.22.23.27.31&D=ovft

Erickson, H.L. (2016). *Modeling and Role Modeling Theory*. Retrieved from <http://www.nursing-theory.org/theories-and-models/erickson-modeling-and-role-modeling-theory.php>

Erickson, H. L., Erickson, M. E., Southard, M. E., Brekke, M. E., Sandor, M. K., & Natschke, M. (2016). A proactive innovation for health care transformation: Health and wellness nurse coaching. *Journal of Holistic Nursing*, 34(1), 44-55. <http://dx.doi.org/10.1177/0898010115579770>

- Heinen, M. M., Achterberg, T. V., Schwendimann, R., Zander, B., Matthews, A., Kozka, M., ... & Schoonhoven, L. (2013). Nurses' intention to leave their profession: A cross sectional observational study in ten European countries. *International Journal of Nursing Studies*, 50, 174-184. Retrieved from [http://www.journalofnursingstudies.com/article/S0020-7489\(12\)00330-6/pdf](http://www.journalofnursingstudies.com/article/S0020-7489(12)00330-6/pdf)
- Lowe, L. D. (2013). Creating a caring work environment and fostering nurse resilience. *International Journal of Human Caring*, 17(4), 52-59. Retrieved from <http://web.a.ebscohost.com.ahcproxy.ncahec.net/ehost/pdfviewer/pdfviewer?vid=5&sid=f0a1e38c-0c09-4d01-95c6-06c44b4b8155%40sessionmgr4006&hid=4107>
- Mbemba, G., Gagnon, M., Pare, G., & Cote, J. (2013). Interventions for supporting nurse retention in rural and remote areas: An umbrella review. *Human Resources for Health*, 11(44), 1-9. Retrieved from http://download.springer.com/static/pdf/833/art%253A10.1186%252F1478-4491-11-44.pdf?originUrl=http%3A%2F%2Fhuman-resources-health.biomedcentral.com%2Farticle%2F10.1186%2F1478-4491-11-44&token2=exp=1485705818~acl=%2Fstatic%2Fpdf%2F833%2Fart%25253A10.1186%25252F1478-4491-11-44.pdf*~hmac=b72a443942e2e735584f59fa4a91cd08e8dd299f51b9ae40f934553059657616

- Mooney, C., Fetter, K., Gross, B. W., Rinehart, C., Lynch, C., & Rogers, F. B. (2017). A preliminary analysis of compassion satisfaction and compassion fatigue with considerations for nursing unit specialization and demographic factors. *Journal of Trauma Nursing, 24*(3), 158-163.
<http://dx.doi.org/10.1097/JTN.0000000000000028>
- Nursing Solutions, Inc. (2016). *2016 National healthcare retention and RN staffing report*. Retrieved from
<http://www.nsinursingsolutions.com/Files/assets/library/retention-institute/NationalHealthcareRNRetentionReport2016.pdf>
- Rinaldi Fuller, J. (2008). *Patient to nurse ratios and safety outcomes for patients* (Master's thesis, Regis University). Retrieved from
<http://epublications.regis.edu/cgi/viewcontent.cgi?article=1522&context=theses>
- Sacco, T. L., Ciurzynski, S. M., Harvey, M. E., & Ingersoll, G. L. (2015). Compassion satisfaction and compassion fatigue among critical care nurses. *Critical Care Nurse, 35*(4), 32-44. Retrieved from <http://eds.b.ebscohost.com.ezproxy.gardnerwebb.edu/eds/pdfviewer/pdfviewer?vid=3&sid=7d18c32f-87c7-488b-891d-52da49742bf2%40sessionmgr104&hid=104>
- Sawatzky, J. V., Enns, C. L., & Legare, C. (2015). Identifying the key predictors for retention in critical care nurses. *Journal of Advanced Nursing, 71*(10), 2315-2325.
<http://dx.doi.org/10.1111/jan.12701>
- Silvers, G. E. (2013). *Nurse retention in the hospital setting* (Doctoral dissertation, Tennessee Temple University). Retrieved from
<http://www.tntemple.edu/application/files/Academics/DMin/G.Silvers.pdf>

- Stamm, B. H. (2010). *The concise ProQOL manual* (2nd ed.). Retrieved from http://www.proqol.org/uploads/ProQOL_Concise_2ndEd_12-2010.pdf
- Teeter, K. B. (2014). *Relationship between job satisfaction and nurse to patient ratio with nurse burnout* (Master's thesis, Gardner-Webb University). Retrieved from http://digitalcommons.gardner-webb.edu/cgi/viewcontent.cgi?article=1038&context=nursing_etd
- Terera, S. R., & Ngirande, H. (2014). The impact of rewards on job satisfaction and employee retention. *Mediterranean Journal of Social Sciences*, 5(1), 481-487. Retrieved from file:///C:/Users/lmgreene/Downloads/1925-7588-1-PB%20(1).pdf
- Thomas-Hawkins, C., & Flynn, L. (2007). *The work environment, nurse staffing, and outcomes in hemodialysis settings* [White paper]. Retrieved from <https://www.annanurse.org/download/reference/practice/hemoWhitePaper.pdf>
- Twigg, D., & McCullough, K. (2014). Nurse Retention: A review of strategies to create and enhance positive practice environments in clinical settings. *International Journal of Nursing Studies*, 51, 85-92. Retrieved from [http://www.journalofnursingstudies.com/article/S0020-7489\(13\)00158-2/pdf](http://www.journalofnursingstudies.com/article/S0020-7489(13)00158-2/pdf)
- Welton, J. M. (2007). Mandatory hospital nurse to patient staffing ratios: Time to take a different approach. *The Online Journal of Issues in Nursing*, 12(3). Retrieved from <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume122007/No3Sept07/MandatoryNursetoPatientRatios.html>

Appendix A

Professional Quality of Life Scale (ProQOL)

*Compassion Satisfaction and Compassion Fatigue
(ProQOL) Version 5 (2009)*

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very

Often

- _____ 1. I am happy.
- _____ 2. I am preoccupied with more than one 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 [helper].
- _____ 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 [help].
- _____ 10. I feel trapped by my job as a [helper].
- _____ 11. Because of my [helping], I have felt "on edge" about various things.
- _____ 12. I like my work as a [helper].
- _____ 13. I feel depressed because of the traumatic experiences of the people I [help].
- _____ 14. I feel as though I am experiencing the trauma of someone I have [helped].
- _____ 15. I have beliefs that sustain me.
- _____ 16. I am pleased with how I am able to keep up with [helping] 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 [helper].
- _____ 20. I have happy thoughts and feelings about those I [help] and how I could help them.
- _____ 21. I feel overwhelmed because my case [work] load seems endless.
- _____ 22. I believe I can make a difference through my work.

- _____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
- _____ 24. I am proud of what I can do to [help].
- _____ 25. As a result of my [helping], I have intrusive, frightening thoughts.
- _____ 26. I feel "bogged down" by the system.
- _____ 27. I have thoughts that I am a "success" as a [helper].
- _____ 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.

© B. Hudnall Stamm, 2009. *Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL)*. /www.isu.edu/~bhstamm or www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold.

Appendix B

Copy of Permission to Use the ProQOL Survey

The ProQOL measure may be freely copied as long as (a) author is credited, (b) no changes are made other than those authorized below, and (c) it is not sold. You may substitute the appropriate target group for / [helper] / if that is not the best term. For example, if you are working with teachers, replace / [helper] /with teacher. Word changes may be made to any word in italicized square brackets to make the measure read more smoothly for a particular target group.

Additionally you are granted permission to convert the ProQOL into other formats such as a computerized or taped version for the visually impaired.

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Appendix C

Copy of Permission to Post in Positive and Powerful Nurse

On May 18, 2017, at 15:01, Lisa Greene <lgreene5@gardner-webb.edu> wrote:

Good afternoon Ms. Pierce,

My name is Lisa Greene, and I am an MSN student at Gardner-Webb University. I am currently in the process of writing my thesis. I am reaching out to you as the Administrator of the Facebook group called Positive and Powerful Nurses to request permission to post a link in your Facebook group. It will be a survey to collect data for my thesis and will be posted in a Survey Monkey link for anonymity.

Thank you,
Lisa Greene

On May 18, 2017, at 3:33 PM, Viola Pierce <medical411640@gmail.com> wrote:

Hi Ms. Greene,
No problem. Just ask to join the group and once the invitation is accepted, I will try and help you promote the Survey Monkey to all my nursing friends. Good luck. Have an awesome day!
Viola Pierce, RN, MSN, CEN

Appendix D

Copy of Informed Consent

Lisa M. Greene, BSN, RN, graduate student at Gardner-Webb University, is conducting a research study on the relationship between the nurses' burnout and their patient load, as well as the relationship between nurse compassion satisfaction and burnout. This study is being conducted to fulfill the thesis requirements for completion of a MSN in nursing administration.

There are no expected risks of discomforts involved in participating in the study. Your responses will remain confidential and electronic survey results and data analysis will be stored on a password-protected flash drive. After data analysis, all data will be kept in a secured area at Gardner-Webb University Hunt School of Nursing for 3 years, and then destroyed.

Completion of the survey should take approximately 15 minutes. You are free to choose not to participate and may discontinue the survey at any time by simply closing your browser window.

Questions: If you have any further questions, feel free to contact Lisa Greene at lgreene5@gardner-webb.edu or Dr. Quanza Mooring (thesis advisor) at qmooring@gardner-webb.edu

By proceeding to the next question, you are consenting to participation in the study.