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Compassion Fatigue in Medical Surgical Nurses

Ashlee Nicole Simmons

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Compassion Fatigue in Medical Surgical Nurses

by

Ashlee Nicole Simmons

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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Abstract

Often nurses are consumed by providing care to others and forget to care for themselves. The lack of self-care can lead to compassion fatigue in the nurse's life. The purpose of this thesis was to assess the level of compassion fatigue within medical surgical nurses, and determine the correlation between years of experience as a registered nurse and compassion fatigue. The Professional Quality of Life (ProQOL-5) was used to identify the existence of compassion fatigue in medical surgical nurses. Data was collected and analyzed using Statistical Package for Social Sciences (SPSS) software. Seventy-five medical surgical nurses working in an acute care hospital completed the survey. Each participant's survey results provided a score for compassion satisfaction, burnout, and secondary traumatic stress. The results showed that years of experience had a positive correlation with burnout and secondary traumatic stress, and a negative correlation with compassion satisfaction. However, these correlations were not significant.

Keywords: compassion fatigue, burnout, secondary traumatic stress, compassion satisfaction

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Table of Contents

CHAPTER I: INTRODUCTION

Significance.....	1
Purpose.....	2
Conceptual Framework.....	2
Thesis Hypothesis	3
Definition of Terms.....	3
Summary.....	3

CHAPTER II: LITERATURE REVIEW

Review of Literature	4
Compassion Fatigue.....	4
Strategies to Prevent Compassion Fatigue.....	8
Novice Nurses	11
Transactional Model of Stress and Coping.....	13
Conclusion	14

CHAPTER III: METHODOLOGY

Study Design.....	15
Setting and Sample	15
Design for Data Collection	16
Measurement Methods.....	17
Data Collection Procedure	17
Protection of Human Subjects	18

Data Analysis	18
CHAPTER IV: RESULTS	
Sample Characteristics	19
Major Findings	21
Summary	22
CHAPTER V: DISCUSSION	
Implications of Findings	23
Application to Theoretical Framework	24
Limitations	24
Implications for Nursing	25
Recommendations	25
Conclusion	26
REFERENCES	27
APPENDICES	
Appendix A: Informed Consent	31
Appendix B: Professional Quality of Life Scale (ProQOL-5)	32

List of Figures

Figure 1: CTE diagram	2
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List of Tables

Table 1: Descriptive Years of Experience20

Table 2: Frequency of Compassion Satisfaction, Burnout, and Secondary Traumatic
Stress20

Table 3: Correlations of Years of Experience to Compassion Satisfaction and
Compassion Fatigue.....21

Table 4: Correlations of Compassion Satisfaction, Burnout, and Secondary Traumatic
Stress21

CHAPTER

Introduction

Nurses provide care to patients going through many different scenarios. It can be at the beginning of the patient's life or at the end. No matter the timing of the care, nurses are there to support and tend to the patient's needs. "Nurses aren't always aware of the effects that others' suffering is having on them" (Mazzotta, 2015, p.13). Throughout all, these nurses often forget to care for themselves. The lack of self-care can lead to stress and compassion fatigue in the nurse's life. The result can leave nurses unable to deal with emotions in their personal and professional lives (Boyle, 2015). This will not only impact the nurse, but potentially his or her patients, peers, family, and friends.

Significance

Nurses face many different forms of stress throughout their shift. It may begin when they first arrive and discover that the unit is working understaffed for the day. The stress may continue to increase after the nurse receives report on a complicated patient who will require increased attention, in addition to the other five patients the nurse must care for. Nurses are challenged each shift to pour out care and attention. However, many do not take the time to step away and recharge, leading to stress and compassion fatigue. A study involving critical care nurses found that 86% experienced at least one symptom of stress (Critical Care Societies Collaborative, 2016).

Stress and compassion fatigue can be exhibited by fatigue, lack of motivation, insomnia, and apathy (Boyle, 2015). If nurses are unable to cope with stress and compassion fatigue, it may lead to a serious illness or life change. Stress has caused nurses to have increased absenteeism from work (Awa, Plaumann, & Walter, 2010).

Nurses have also changed professions due to compassion fatigue (Boyle, 2015). With the current nursing shortage, organizations must implement programs to help arm nurses with ways to cope with stress and compassion fatigue (Lombardo & Eyre, 2011). Programs must be designed to support nurses and the work stress they encounter.

Purpose

The purpose of this Masters of Science in Nursing thesis was to identify the existence of compassion fatigue in medical surgical nurses. This thesis also examined the correlation between years of experience as a registered nurse and compassion fatigue.

Conceptual Framework

Lazarus and Folkman's (1984) Transaction Model of Stress and Coping was the framework utilized for this thesis. This model identifies how an individual reacts to stress. It also considers the resources the individual has when dealing with the stress (Lazarus & Folkman, 1984). An individual with good resources will process the stress more effectively. Nurses deal with different types of stress at work. Self-care is one practice that can be a resource to help the nurse deal with stress. The scores from the ProQOL-5 survey will demonstrate the outcome for each nurse.

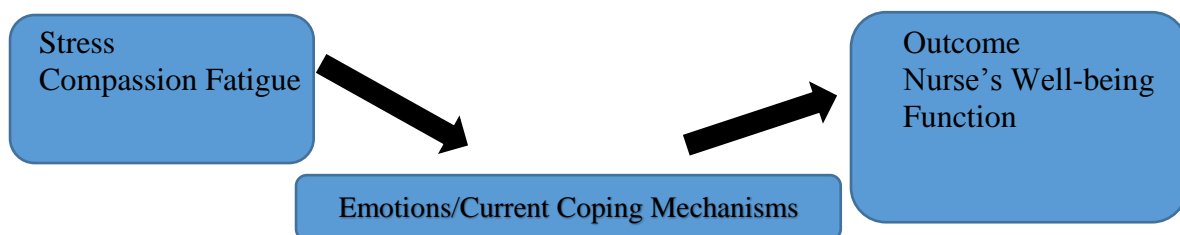


Figure 1: Conceptual-Theoretical-Empirical (CTE) Diagram

Thesis Hypothesis

The thesis hypothesis was that there would be an existence of compassion fatigue in medical surgical nurses. Also, that there would be a positive correlation between years of experience as a registered nurse and compassion fatigue.

Definition of Terms

- *Compassion Fatigue*- the state when someone has given out emotional energy without refilling their source.
- *Medical Surgical Nurse*- a registered nurse who cares for adult patients with medical issues or recovering from surgery in an acute care hospital outside of the critical care units.

Summary

The inability to cope with stress can impact the care nurses provide. Each shift nurses deal with stress related to patient care, home life, and the work environment. Nurses and healthcare organizations must learn to identify and cope with this stress. This will benefit the nurse by leading to greater work life balance. The organization who creates an environment that decrease stress will see a decrease in nursing turnover and increased retention (Lombardo & Eyre, 2011). By working together, organizations and nurses can create a support system and encourage each nurse to practice self-care. In return, nurses will be better equipped to meet patient care needs.

CHAPTER II

Literature Review

Nursing is a challenging, yet rewarding profession. Nurses are present at each stage of life. This includes all the difficult times as well. The difficult times bring suffering not only to the patient and family, but also to the nurse. The purpose of this Masters of Science in Nursing thesis was to identify the existence of compassion fatigue in medical surgical nurses. This thesis also examined the correlation between years of experience as a registered nurse and compassion fatigue.

Review of Literature

A literature review was conducted to evaluate the current information about compassion fatigue and self-care in nursing. The literature review was conducted primarily using CINAHL Plus with full text. In addition, Medline and Google were used as other search engines. The keywords used for the searches were as follows: compassion fatigue, compassion satisfaction, stress, burnout, self-care, and retention. The searches produced 20 articles published between the years of 2010 and 2017.

Compassion Fatigue

As a nurse, it is difficult to identify whether the feelings are related to burnout or compassion fatigue. Burnout is related to the nurse's job (Lachman, 2016). Burnout may be experienced from working short staffed or not having a manager who seems to listen to the nurse's concerns. Compassion fatigue is related to the care of the patient provided by the nurse (Lachman, 2016). This care goes beyond the physical part to include the emotional and mental care that is provided by the nurse. When nurses endure suffering from not only their own lives, but from their patient's life as well, it can be overwhelming

and draining to the nurse, resulting in compassion fatigue. Lachman (2016) points out that compassion fatigue is different for nurses than other healthcare professionals due to nurses remaining so close and spending more time with the patients during these stressful events.

Often, nurses provide ongoing care without thinking about stopping to care for themselves. This occurs in all settings of care, but has been closely related to nurses who work in oncology, combat situations, hospice care, or chronically ill children (Carpenter, 2013). These nurses experience more grief and loss than other specialties. Typically, these nurses have also spent more time and developed a relationship with the patients. Burnout is related to job satisfaction and can contribute to compassion fatigue, which is related to patient care (Carpenter, 2013). Both burnout and compassion fatigue can be discouraging to any nurse's career. Carpenter (2013) recommends that nurses remain aware of their feelings and try to maintain a good work life balance. Employers can also take actions to assist nurses. This can be allowing time off, support groups, changing assignments or duties (Carpenter, 2013).

Engagement in nursing is important to the patient, organization, and profession. Dempsey and Reilly (2016) completed a qualitative study that compared Press Ganey employee engagement scores to tenure and level of care. The Press Ganey employee engagement scores were retrieved from national database with over 200,000 survey participants (Dempsey & Reilly, 2016). Nurses with less than six months of experience had a higher engagement score. Nurses in non-direct patient care settings also had a high engagement score (Dempsey & Reilly, 2016). There are many variables that impact nurse engagement, such as leadership, staffing, and unit environment. These same variables

also impact the development of compassion fatigue. Nurse engagement reduces compassion fatigue and burnout (Dempsey & Reilly, 2016). Highly engaged nurses are committed to delivering high quality patient care. This is important to not only the patient, but also the organization and nursing profession.

Nurse Survey. Nurses work closely with patients going through traumatic and life changing events. Trauma nurses are especially close to these events. Hinderer et al. (2014) completed a cross-sectional descriptive study that surveyed 262 trauma nurses about burnout, compassion fatigue, secondary traumatic stress, and compassion satisfaction. This was completed using the following three survey tools: Demographic/Behavioral Instrument, Professional Quality of Life Scale (ProQOL), and Penn Inventory. The results show that “35.9% of the trauma nurses had ProQOL scores consistent with burnout or high risk for burnout, 27.3% reported compassion fatigue, and 7% had scores consistent with secondary traumatic stress” (Hinderer et al., 2014, p.164). There was a correlation between burnout and compassion fatigue. Compassion satisfaction was reported by 75% of trauma nurses, which correlated with increased age and lower education levels (Hinderer et al., 2014). The study identified key practices by the trauma nurses who scored high on the compassion satisfaction. These nurses reported stronger support systems, uses of exercise, meditation, and positive co-worker relationships (Hinderer et al., 2014). The role of a trauma nurse can be very high pace and intense. The role can also be rewarding to see patient progress. Hinderer et al. (2014) recommended that a future study be done to develop policies, interventions, and support programs for burnout, compassion fatigue, and secondary traumatic stress.

Another cross-sectional descriptive study was conducted in critical care nurses. The study involved 221 nurses from nine different critical care units (Sacco, Ciurzynski, Harvey, & Ingersoll, 2015). The survey used the ProQOL survey tool, which was emailed to each nurse. Measurements of compassion fatigue and compassion satisfaction levels were obtained (Sacco et al., 2015). Older nurses scored higher on compassion satisfaction and lower on compassion fatigue when compared to younger nurses. Average compassion satisfaction score for nurses over 50 was 54.7 with a burnout score of 45.7 and secondary traumatic stress of 45.8 (Sacco et al., 2015). The age category of 20-29 had an average compassion satisfaction score of 49.5 with a burnout score of 50.0 and secondary traumatic stress of 51.2 (Sacco et al., 2015). Sacco et al. (2015) developed a possible conclusion that older nurses are better prepared to deal with stress in critical care due to their life and professional experiences. This information can empower experienced nurses to assist novice nurses. The study also found compassion satisfaction was supported with a stable leadership (Sacco et al., 2015). Leadership should develop ways to offer greater support for staff during times of instability.

Leader Implications. Developing strategies for compassion fatigue is important for nurse leaders. Workload, schedule, and recognition are some areas that nurse leaders can impact (Lewis & Cunningham, 2016). These things can encourage the nurse to maintain a balanced work life. The recognition can also help to support the nurse's practice. Lewis and Cunningham (2016) conducted a descriptive study by surveying 120 working nurses on perception of transformational leadership and relation to nurse burnout. Transformational leadership creates a positive and inspiring work environment. The results of the study support lower levels of burnout (coefficient = -.36) and high

levels of engagement (coefficient = 0.27) are seen with transformational leadership (Lewis & Cunningham, 2016). The environment created by leaders influences the nurses' practice and development of burnout.

A nurse's practice may be negatively affected if the nurse suffers from compassion fatigue. Newsom (2010) encouraged leaders to view each employee's performance independently. Performance problems can arise when a nurse is suffering from compassion fatigue. Progressive disciplinary actions will not help to correct the underlying problem of compassion fatigue (Newsom, 2010). Leaders should be knowledgeable of compassion fatigue signs and symptoms. There is also a responsibility of the leader to create an environment that supports and encourages staff.

When an environment is created that promotes support and openness, nurses will feel that they can talk about their experiences and feelings. Mazzotta (2015) shares that it is the leaders' and educators' responsibility to establish resources for nurses. This can begin by creating an environment that first raises the awareness of compassion fatigue. Each nurse may develop his or her own coping strategies. The role of the leader is to support these, such as creating a room that can be utilized by staff for meditation (Mazzotta, 2015). Some areas of nursing have a greater chance of experiencing compassion fatigue. For example, nurses in the emergency room witness repeated traumatic events (Mazzotta, 2015). It is important for areas like the emergency room to have regular opportunities to express nurses' feelings.

Strategies to Prevent Compassion Fatigue

Allowing nurses the opportunity to talk about their feelings will encourage nurses to be more open with each other. Compassion fatigue and burnout develop over time.

Nurses tend to turn themselves off to the emotions over time as a form of “defense mechanism” (Todaro-Franceschi, 2015). Without education and self-care strategies the nurse will continue down this path and possibly leave the profession. A strategy recommended by Todaro-Franceschi (2015) is empowering staff and leaders to use ART, which stands for Acknowledge your feelings, Recognize choices, and Turn toward yourself and others. It is important for the healthcare team to have an awareness of compassion fatigue. This allows them to work together and help identify compassion fatigue in peers. If a nurse is experiencing compassion fatigue, it may be difficult for the nurse to identify this and engage in self-care strategies (Todaro-Franceschi, 2015). A peer can step in to assist the nurse during this time.

As a team, there are strategies that can be utilized together. One strategy is communication within the team. Effective team communication can improve worker morale and patient safety (Vertino, 2014). Communication is a vital part of healthcare. From reviewing treatment plans with patients to contacting the physician for urgent patient needs. Stress may be reduced by effective interpersonal communication (Vertino, 2014). Interpersonal communication allows nurses to discuss information, thoughts, and feelings. In return this will reduce the risk for developing compassion fatigue.

Organizations may consider other strategies that can be developed to impact compassion fatigue. Letvak (2014) reviewed 18 studies that explored improving nurses' health. One simple strategy is providing education to all healthcare providers. This will allow others to develop awareness and identify compassion fatigue in peers. Another strategy is to create onsite programs such as wellness and fitness programs (Letvak, 2014). These strategies can encourage nurses to practice self-care. Organizations may

also hold debriefing sessions to provide nurses an opportunity to talk about feelings (Letvak, 2014). Without an avenue of release, the feelings may remain bottled up inside the nurse, risking the development of compassion fatigue.

Self-Care. Compassion fatigue education is important for nurses. Many times, nurses do not identify what they are going through as compassion fatigue. The prolonged exposure over months and years to suffering can take a toll on the nurse's well-being (Boyle, 2015). Compassion fatigue affects more than just the nurse's well-being. The consequences can be seen in the nurse's practice (Boyle, 2015). Compassion fatigue may lead to poor judgement from the nurse which can result in medication errors. To fight against this, nurses must receive education and develop self-care strategies. Boyle (2015) brings increased attention to self-awareness, including talking with co-workers or a family member to receive feedback on behavior.

Nurses also have a personal responsibility to themselves to understand and practice self-care. Kiss (2017) shares that nurses should "be accountable for maintaining their own mental and physical health" (p. 8). This empowers nurses to find self-care strategies that work best for them. A simple strategy can be taking the time to thank teammates or stepping away from the care setting to relax for a moment (Kiss, 2017).

Although there are many different strategies that can be practiced for self-care, not all nurses utilize self-care on a regular basis. Thacker, Brancato, and Stavarski (2016) studied health promoting lifestyle practices in nurses working in seven different institutions utilizing a descriptive correlation design. Participants received an email containing the Health-Promoting Lifestyle Profile II (HPLPII) survey (Thacker et al., 2016). The lowest average scores for the eight subscales were physical activity (17.67)

and stress management (19.03) (Thacker et al., 2016). A greater number of participants credited spiritual growth (27.31) and interpersonal relationships (27.31) as a practice of health promotion (Thacker et al., 2016). No statistically significant relationship was found between the eight subscales and four additional variables (age, education, nursing position, or nursing specialty (Thacker et al., 2016). Although limited by the 26% response rate, the information from this study supports the idea that all nurses should increase physical activity to improve stress management (Thacker et al., 2016). This information is not only valuable to the nurses, but also to the profession and organizations. The next steps are to develop institutional plans and support for nurses to implement more self-care strategies (Thacker et al., 2016). The health of the nurses impacts the care provided by organizations.

Aromatherapy. Aromatherapy has proven effective in many different settings such as dealing with test anxiety and assisting patients in dealing with pain (Allard & Katseres, 2016). The popularity of aromatherapy is increasing. Nurses must be sure to provide education and follow institutional policies when utilizing this therapy with patients. Allard and Katseres (2016) performed a literature review of 18 studies that utilized aromatherapy. Although, aromatherapy has been reported effective by individuals, it still is not FDA approved (Allard & Katseres, 2016).

Novice Nurses

To prevent compassion fatigue, strategies must be taught to nurses at the beginning of careers. Hensel and Laux (2014) conducted a longitudinal study on nursing students to measure professional identity, self-care practices, and stress levels. A convenience sample was taken from a class of 60 BSN students with 45 students

completing all the questionnaires (Hensel & Laux, 2014). The study revealed that “increased spiritual growth and decreased perceptions of stress” had the strongest relationship (Hensel & Laux, 2014). There was a positive association between spiritual growth and decreased perceived stress at all three data collection points ($r = -0.508$ to -0.646) (Hensel & Laux, 2014). The next step is for educators to develop ways to teach stress management by using spiritual practices, such as awareness of personal values and connecting with a higher power. The limitation of this study is that there is no information on these students after graduation and entering the workforce.

Deciding to begin a nursing career is a big step. The education and training can be stressful for students. Blum (2014) explored ways to implement self-care strategies by reviewing current literature. Self-care strategies can be taught to students before they are immersed into the demanding career. A course related to Caring for Self was developed as an elective for baccalaureate students (Blum, 2014). The class utilized reflective journals, treasure maps, presentations, and practice self-care. The course was a challenge for educators as many students seen it as “easy A,” however, the need to teach self-care was evident (Blum, 2014).

Teaching self-care and stress management techniques can be useful to students at the beginning of their career. Support must be offered as the student’s transition into the role of a nurse. Foster, Benavides-Vaello, Katz, & Eide (2012) as an organization, self-care education can help to promote retention and decrease turnover (Foster et al., 2012). New nurses can be armed with skills to decrease the development of compassion fatigue, stress, and burnout. Experienced nurses and leaders can serve as role models.

Transitioning from a student to a nurse can be challenging, therefore, during this time support must be provided from peers and leaders. Bonczek, Quinlan-Colwell, Tran, & Wines, (2016) conducted a quasi-experimental study utilizing a convenience sample of 89 nurses. Participants attended weekly self-care workshops for four weeks. The first year was identified as a time of high anxiety and frustration. The workshops allowed nurses to receive the education and resources to be able to implement self-care strategies. The nurses who completed the workshops appreciated the education and felt supported by the employers to practice self-care activities (Bonczek et al., 2016). Prior to the study the organization had 12% of newly hired nurses leave. During the study only 10.5% of newly hired nurses left the organization. Initially the workshops were thought to benefit new nurses, however, experienced nurses seemed to benefit from the workshops (Bonczek et al., 2016). Both new and experienced nurses encounter the same types of stress, so self-care education can be helpful to both.

Transactional Model of Stress and Coping

Nurses encounter stressful situations throughout the shift. During stress, individuals appraise the situation before acting (Lazarus & Folkman, 1984). A leader can also influence the effect that stress has on an individual. LePine, Zhang, Crawford, and Rich (2016) evaluated the effects of a charismatic leader through a two correlation studies utilizing U.S. Marines from different ranks. The transactional model of stress was utilized as the framework. For this study, the stressors were the job demands (LePine et al., 2016). Charismatic leaders could have a positive influence on how the team appraised the challenge. The two studies found that a more charismatic leader “the challenge stressors were more positively related to challenge appraisals ($\beta = .75, p < .05$) than for

those whose unit leaders are less charismatic ($\beta = 0.16, p > .05$)” (LePine et al. 2016, p.1046). The leaders turned the “stressors pain to performance gain” (LePine et al., 2016).

The coping skills of a nurse can serve as a self-care strategy to decrease the risk of compassion fatigue. Kato (2014) compared the job stress of 204 hospital nurses and 142 salespeople. The correlational study utilized the Lazarus and Folkman transactional theory to evaluate coping skills and adaptation related to interpersonal stress (Kato, 2014). The findings revealed that nurses reported more psychological distress than salespeople. The average score for nurses experiencing psychological distress was 9.44 and average score for salespeople was 7.84 (Kato, 2014). This can be due to repeated encounters and environment stressors in healthcare (Kato, 2014).

Conclusion

Nurses deal with stress in many forms throughout their day. The stress may begin when the alarm fails to go off, then continue as the nurse is at work and has a patient who requires an increased amount of attention. This stress can lead to compassion fatigue if not dealt with by the nurse. Research related to compassion fatigue has been performed using nursing students, novice nurses, trauma nurses, and critical care nurses (Bonczek et al., 2016; Hensel & Laux, 2014; Hinderer et al., 2014; Sacco et al., 2015). Courses have been developed to support student nurses. Transition to practice programs have been developed to support novice nurses at the beginning of their career. Studies have evaluated tenure, age, and engagement related to the development compassion fatigue. This MSN thesis looks to identify the prevalence in bedside medical-surgical nurses, along with identifying self-care strategies that are currently being utilized by nurses.

CHAPTER III

Methodology

Patients go through many different emotions throughout the day. During this time the nurse is at the bedside to help support the patient. The nurse feels for the patient and their suffering. The purpose of this thesis was to evaluate compassion fatigue experienced by medical surgical bedside nurses. The goal was to increase awareness of compassion fatigue and prepare nurses to prevent it from developing.

Study Design

This MSN thesis utilized a correlational quantitative design. Each participant completed the Professional Quality of Life Scale (ProQOL-5) scale, giving the participant a score for compassion satisfaction, burnout, and secondary traumatic stress. The symptoms of burnout and secondary traumatic stress are both similar. These develop as nurses are continuously exposed to other individual's suffering. The three scores were then compared to each other to see if there were any relationships between the variables. The participant's years of experience as a nurse was also compared to results of the ProQOL-5 to determine the correlation between years of experience and compassion fatigue.

Setting and Sample

The setting for this thesis was an acute care hospital. The hospital includes an emergency department and inpatient nursing units. All individuals in bedside nursing roles on medical-surgical units at this hospital were invited to take the survey. Nurses working in the emergency department, critical care, and maternity were excluded from the survey. The focus of this thesis was to identify compassion fatigue in medical-

surgical bedside nurses. Previous studies have evaluated compassion fatigue in emergency department and critical care nurses (Boyle, 2015; Critical Care Societies Collaborative, 2016; Mazzotta, 2015). The sample included both male and female nurses, who were 18 and older. Participation in the survey was on a voluntary basis. This was a convenience sample consisting of the completed surveys from medical surgical nurses. There were 315 available medical surgical nurses. Utilizing the online G*power analysis program, a sample size of 69 participants was determined adequate, to obtain an alpha (α) of .05, power of .95, and a medium effect size of 0.6 (Cohen's d). The survey was open until 69 usable surveys were completed.

Design for Data Collection

The survey link to Survey Monkey was emailed to all available participants through the hospital email addresses. The email stated that the purpose of the survey was to obtain information about compassion fatigue in medical surgical nurses. It listed the primary investigator's contact information should there have been any questions. Inclusion criteria were that participants must have been 18 years or older, passed the NCLEX exam, and currently worked on a medical surgical unit in an acute care setting was listed in the email. Informed consent was obtained prior to the participant beginning the survey (Appendix A). Nurses were allowed two weeks to complete the survey that began on a Sunday at midnight and ended on the second Saturday at midnight. One reminder email was sent out on the second Monday to encourage participation. The survey was available to be taken at any time of day during the time the link was open. The first question on the survey asked if the participant worked on a medical surgical unit. If the participant answered "no" to that question, the survey would close.

Participants who answered “yes” to that question would continue with the survey.

Participants were then asked to answer a question about his or her years of experience as a registered nurse. The answer for the experience question was fill in the blank for the total number of years and months. Participants would then continue to complete the Professional Quality of Life Scale (ProQOL-5). The questions for the ProQOL-5 scale were made into an online survey using Survey Monkey.

Measurement Methods

The Professional Quality of Life Scale (ProQOL-5) was the tool used for measurement (Appendix B). This tool contained 30 questions. Each was answered using 1-Never, 2-Rarely, 3-Sometimes, 4-Often, or 5-Very Often. This scale provided an individual with scores in compassion satisfaction, burnout, and secondary traumatic stress. Validity and reliability have been proven as the ProQOL-5 scale has been used in “over two hundred published papers” (Stamm, 2010 p.13). Many studies have been related to compassion fatigue, compassion satisfaction, and burnout. Permission was obtained to use this scale from the Professional Quality of Life Scale website.

Data Collection Procedure

The participants completed the ProQOL-5 scales online through a survey tool. All participants had access to the survey for two weeks beginning on a Sunday at midnight and ending on Saturday at midnight. The survey was able to be taken at any time of day during the time the link is open. The access was available to the participants through a link that will be emailed to them. Completed results were available to the primary investigator. The data was reviewed the following week once the survey was closed to participants.

Protection of Human Subjects

No personal or demographic information was collected in the survey. Individuals were not able to be identified by their survey responses. There was limited risk involved to participants. As participants completed the survey they may have been exposed to past feelings related to compassion and stressful events. Pastoral care was available for staff support. Participants were also able to stop the survey at any point with no consequences. There was no reward or benefit for participation in the survey. All participants' identities were protected throughout the data collection and dissemination of the results. Survey results were stored on a password protected computer. Approval for this thesis was obtained from two separate Institutional Review Boards, the University, and the hospital organization in which the nurses are employed.

Data Analysis

Data was entered into the SPSS statistical software. The primary investigator entered the information. The data was then analyzed using descriptive statistics. Through a bell curve, it was found that the data did not have a normal distribution. The data did not meet assumptions for parametric testing. Kendall's tau-b was used to determine the correlation between compassion fatigue and years of experience as a registered nurse. Two assumptions for Kendall's tau-b were met by all variables being measured on an ordinal or continuous scale and a monotonic relationship existed.

CHAPTER IV

Results

Nursing can be a rewarding profession. Nurses witness some of life's greatest joys. However, nurses also witness suffering and sickness. Nurses can go through many emotions while witnessing these events. These emotions can lead to feelings of compassion fatigue. The purpose of this Masters of Science in Nursing thesis was to identify the existence of compassion fatigue in medical surgical nurses. This thesis also examined the correlation between years of experience as a registered nurse and compassion fatigue.

Sample Characteristics

The sample included 315 available medical surgical nurses working in an acute care hospital. Within two weeks of opening the survey 89 total surveys were completed, however 14 of the surveys were disqualified due to incompleteness of the ProQOL-5 survey. The total remaining 75 surveys were used for data analysis. The years of experience as a registered nurse were organized as 1: less than 1 year, 2: 1 year to 5 years, 3: 5 years 1 day to 10 years, 4: 10 years 1 day to 15 years, 5: 15 years 1 day to 20 years, and 6: 20 years 1 day or more. The least amount of experience was three months and the most amount of experience was 37 years and 4 months (Table 1).

Table 1

Descriptive Years of Experience

Years' Experience	Percentage (Frequency)
Less than 1 year	9.3% (7)
1 – 5 years	30.7% (23)
5-10 years	34.7% (26)
10-15 years	5.3% (4)
15-20 years	5.3% (4)
More than 20 years	14.7% (11)

Scores for compassion satisfaction, burnout, and secondary traumatic stress were calculated for each survey response. The average score for compassion satisfaction was 38.48, burnout was 23.93, and secondary traumatic stress was 22.17. The use of *t* scores produced a standardization of each subscale in which the ProQOL-5 scale mean equaled 50, which indicates moderate compassion fatigue (CF). Scores greater than 57 indicate high CF, whereas scores less than 43 indicate low CF. Findings revealed that none of the sample was at moderate to high risk for burnout and secondary traumatic stress combined, with none in the high-risk category for burnout or secondary traumatic stress. The maximum scores of this sample were 39 for burnout and 41 for secondary traumatic stress. Of the sample, none of the nurses scored at high risk on either of the subscales of burnout and secondary traumatic stress (Table 2).

Table 2

Frequency of Compassion Satisfaction, Burnout, and Secondary Traumatic Stress

Characteristic	Low	Moderate	High
Compassion Satisfaction	0	55	20
Burnout	23	52	0
Secondary Traumatic Stress	37	38	0

Major Findings

A Kendall's tau-b correlation was performed to determine the relationship between years of experience as a registered nurse, compassion satisfaction, burnout, and secondary traumatic stress. There was no statistically significant correlation found between years of experience and compassion satisfaction ($\tau_b = -0.121, p = 0.173$); burnout ($\tau_b = 0.054, p = 0.541$); or secondary traumatic stress ($\tau_b = 0.034, p = 0.709$). However, years of experience had a positive correlation between burnout and secondary traumatic stress. Years of experience had a negative correlation with compassion satisfaction (Table 3).

Table 3

Correlations of Years of Experience to Compassion Satisfaction and Compassion Fatigue

Measure	Years of Experience	<i>p</i> value
Compassion Satisfaction	-.121	.173
Burnout	.054	.541
Secondary Traumatic Stress	.034	.709

There was a statistically significant negative correlation found in how compassion satisfaction relates to burnout ($\tau_b = -0.536, p = 0.01$) and secondary traumatic stress ($\tau_b = -0.346, p = 0.01$). A statically significant positive correlation was found between burnout and secondary traumatic stress ($\tau_b = 0.389, p = 0.01$). See Table 4.

Table 4

Correlations of Compassion Satisfaction, Burnout, and Secondary Traumatic Stress

Measure	CS	BO	STS
Compassion Satisfaction (CS)	-		
Burnout (BO)	-.536**	-	
Secondary Traumatic Stress (STS)	-.346**	.389**	-

Note. * $p < .05$, two-tailed. ** $p < .01$, two-tailed.

Summary

The purpose of this Masters of Science in Nursing thesis was to identify the existence of compassion fatigue and to examine the correlation with years of experience. The data collected for this Masters of Science in Nursing thesis included 75 completed surveys from medical surgical nurses. Each participant received a score for compassion satisfaction, burnout, and secondary traumatic stress. The result showed that years of experience had a positive correlation with burnout and secondary traumatic stress, and a negative correlation with compassion satisfaction. However, these correlations were not significant.

CHAPTER V

Discussion

As nurses care for patients, they witness many different emotions. Joy at the birth of a new child, or sadness at the loss of a loved family member. Nurses can be consumed by the care provided to patients during these times. Without taking time to provide care for themselves, nurses can begin to experience compassion fatigue. The purpose of this Masters of Science in Nursing thesis was to assess for the existence of compassion fatigue in medical surgical nurses, and evaluate the correlation between years of experience as a registered nurse and compassion fatigue.

Implications of Findings

Previous research has identified compassion fatigue in emergency department and critical care nurses (Boyle, 2015; Critical Care Societies Collaborative, 2016; Mazzotta, 2015). The existence of compassion fatigue in medical surgical nurses has been identified through this Masters of Science in Nursing thesis. Years of experience as a registered nurse and compassion satisfaction had a negative correlation. As the years increased, the scores for compassion satisfaction decreased. In return the scores for burnout and secondary traumatic stress increased. These results conflict with previous studies on trauma and critical care nurses where compassion satisfaction was found to increase with years of experience (Hinderer et al., 2014; Sacco et al., 2015). Further research should be done to discover the causes for the different correlations for years of experience and compassion satisfaction. One possibility is that trauma and critical care nurses deal with stress more often than medical surgical nurses. The repeated stress forces them to learn to cope if the nurses continue to practice in these high stress environments. Organizations

and professionals must change practices and develop ways to decrease compassion fatigue throughout all specialties of nursing.

Application to Theoretical Framework

The Lazarus and Folkman's (1984) Transaction Model of Stress and Coping was appropriate for this thesis. This model explores how an individual reacts to stressful events. Utilizing the ProQOL-5 survey allowed nurses to answer questions related to their experiences. Answers were then calculated into scores for compassion satisfaction, burnout, and secondary traumatic stress. These scores vary based on nurses' experiences and resources available. Resources may include a strong support system, a higher power, or self-care practices. A nurse who actively practices self-care will be able to process the stressful events more effectively.

Limitations

The total number of participants for this thesis was 75. Having a larger sample may have led to a more statistically significant correlation between years of experience and compassion fatigue, however the sample was adequate. Another limitation of this thesis was that participants were from only one acute care facility. Medical surgical nurses from other facilities should be included in future studies. Seventy six percent of the medical surgical nurses who responded had less than 10 years of experience as a registered nurse, which is another limitation, and may have had an impact when comparing years of experience to compassion fatigue.

Implications for Nursing

Compassion fatigue can lead nurses to change to other professions (Boyle, 2015). According to the 2015 National Healthcare Retention & RN Staffing Report, turnover cost for a bedside registered nurse ranged from \$36,900 to \$57,300 (NSI Nursing Solutions, 2015). With the current nursing shortage, organizations must seek ways to retain the nurses. Nurse compassion satisfaction can also impact the care received by patients. A nurse experiencing compassion fatigue may not express the compassionate and caring attitude to patients and families (Dempsey & Reilly, 2016). One action that should be taken is providing resources and support to help nurses cope with the stress they encounter in their work (Lombardo & Eyre, 2011). Resources may include self-care education. Compassion fatigue awareness must also increase. By educating nurses early in their career, they will become more aware of the symptoms. Then nurses experiencing the symptoms of compassion fatigue will possibly seek assistance sooner.

Recommendations

Further research should evaluate the effectiveness of utilizing self-care practices to reduce compassion fatigue in medical surgical nurses. These interventions may include aromatherapy, meditation, and open talking sessions. Often times nurses do not share their feelings and keep them contained inside (Boyle, 2015). Talking sessions would allow for nurses to show support for one another. These interventions would provide resources that can help the nurse to deal with stress. This would benefit the nurse by providing a greater work-life balance, and healthcare organizations will benefit by retaining experienced nurses.

Conclusion

Compassion fatigue does exist in medical surgical nurses. Nurses working in different specialties still witness stressful times for patients. All nurses should be aware of compassion fatigue and strategies to dealing with the symptoms. Although the correlation between years of experience and compassion fatigue was not statistically significant, it did show that there was a positive correlation. As a profession, nursing must act to educate and prevent the development of compassion fatigue. It would benefit healthcare organizations to develop ways to help nurses deal with the symptoms of compassion fatigue. This may help healthcare organizations to retain the experienced nursing staff.

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Appendix A

Compassion Fatigue in Medical Surgical Nurses

Informed Consent

Ashlee Simmons, BSN, RN is a graduate student at Gardner-Webb University, Hunt School of Nursing and is conducting research on compassion fatigue in medical surgical nurses to fulfill requirements for a Master of Science in Nursing thesis. There are no direct benefits to completing this survey; however, the information may provide knowledge regarding the occurrence of compassion fatigue. There are minimal risks to participating in the research study.

Participants will complete the Professional Quality of Life 5 (Pro-QOL 5) Survey consisting of 31 questions. To participate in this survey, you must be at least 18 years of age, have passed the NCLEX-RN exam, and be actively working in a medical-surgical unit in an acute care/hospital setting. Registered nurses working outside of a medical-surgical unit will be excluded from this survey. The survey may be completed at a location and time of convenience for the participant.

This research study is anonymous and confidentiality will be maintained throughout the study. No personal or demographic identifiers will be collected. Data will be stored on a password protected account and computer. The results of all surveys will be combined as aggregate data for analysis. After completion of this research, the research results will remain secure at Gardner-Webb University: Hunt School of Nursing for three years, after which it will be destroyed. The Gardner Webb University Institutional Review Board has approved the research study.

Your completion of the research study is voluntary and you are under no obligation to participate. At any time during the survey, if you choose you do not wish to continue participation, you may discontinue the survey by simply closing your browser window. Pastoral care will be available for staff support in the event you experience stress from participation in the survey. There are no costs or incentives associated with participation in the survey. This survey will take approximately 15 minutes to complete.

Thank you for your time and willingness to participate in the research study.

Questions: If you have any further questions, feel free to contact Ashlee Simmons at asimmons4@gardner-webb.edu or Dr. Abby Garlock at agarlock@gardner-webb.edu.

Research participant statement and consent

I understand that my participation in this research study is entirely voluntary. I may refuse to participate without penalty or loss of benefits. This study has been explained and I have read this document. I have had the opportunity to ask questions and have them answered completely. By completing this survey, I give the primary investigator permission to use the data obtained from the survey for the research study and voluntarily agree to participate in this study.

By clicking begin, you will be giving implied consent to participate in the survey.

Appendix B

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.					
_____ 2.					
_____ 3.					
_____ 4.					
_____ 5.					
_____ 6.					
_____ 7.					
_____ 8.					
_____ 9.					
_____ 10.					
_____ 11.					
_____ 12.					
_____ 13.					
_____ 14.					
_____ 15.					
_____ 16.					
_____ 17.					
_____ 18.					
_____ 19.					
_____ 20.					
_____ 21.					
_____ 22.					
_____ 23.					
_____ 24.					
_____ 25.					
_____ 26.					
_____ 27.					
_____ 28.					
_____ 29.					
_____ 30.					

YOUR SCORES ON THE PROQL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout _____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 43, this probably reflects positive feelings about your ability to be effective in your work. If your score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Traumatic Stress _____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section**, total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

3. _____
6. _____
12. _____
16. _____
18. _____
20. _____
22. _____
24. _____
27. _____
30. _____

Total: _____

The sum of my Compassion Satisfaction questions is	So My Score Equals	And my Compassion Satisfaction level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about

- *1. _____ = _____
*4. _____ = _____
8. _____
10. _____
*15. _____ = _____
*17. _____ = _____
19. _____
21. _____
26. _____
*29. _____ = _____

Total: _____

The sum of my Burnout Questions is	So my score equals	And my Burnout level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

You Wrote	Change to
	5
2	4
3	3
4	2
5	1

the effects of helping when you are *not* happy so you reverse the score

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

2. _____
5. _____
7. _____
9. _____
11. _____
13. _____
14. _____
23. _____
25. _____
28. _____

Total: _____

The sum of my Secondary Trauma questions is	So My Score Equals	And my Secondary Traumatic Stress level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High