INPLASY

Interventions for Compassion Fatigue in Nurses: A Network Meta-analysis

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ADMINISTRATIVE INFORMATION

INTRODUCTION

Review question / Objective This study utilizes network meta-analysis to comprehensively and systematically evaluate the effectiveness of various intervention methods for addressing empathy fatigue in nurses. The objective is to assess and compare the efficacy of different intervention strategies.

P: Nurses diagnosed with compassion fatigue or exhibiting symptoms of compassion fatigue.

I: Various types of interventions, including but not limited to psychological interventions (such as cognitive behavioral therapy and psychological counseling), sensory interventions (such as music therapy and aromatherapy), behavioral training (such as mindfulness training and relaxation training), and comprehensive support programs.

C: The control group may include routine intervention, no intervention, placebo, or other comparison interventions.

O: At least one measure of compassion fatigue, such as the Maslach Burnout Inventory (MBI) or the Professional Quality of Life Scale (ProQOL).

Condition being studied The prevalence of compassion fatigue among nurses significantly impacts their mental health, reduces the quality of patient care, and undermines the efficiency of the healthcare system. Various interventions, including psychological, behavioral, and integrated strategies, aim to reduce compassion fatigue. However, the lack of conclusive evidence on their relative effectiveness creates uncertainty in determining the best approach to manage compassion fatigue in nurses.

METHODS

Search strategy Search: ((((("Compassion Fatigue"[Mesh]) OR ((((((((((((((((((Fatigue, Compassion[Title/Abstract]) OR (Secondary

Trauma[Title/Abstract])) OR (Secondary Traumas[Title/Abstract])) OR (Trauma, Secondary[Title/Abstract])) OR (Traumas, Secondary[Title/Abstract])) OR (Secondary Traumatization[Title/Abstract])) OR (Secondary Traumatizations[Title/Abstract])) OR (Traumatization, Secondary[Title/Abstract])) OR (Traumatizations, Secondary[Title/Abstract])) OR (Vicarious Trauma[Title/Abstract])) OR (Traumas, Vicarious[Title/Abstract])) OR (Trauma, Vicarious[Title/Abstract])) OR (Vicarious Traumas[Title/Abstract])) OR (Secondary Traumatic Stress[Title/Abstract])) OR (Stresses, Secondary Traumatic[Title/Abstract])) OR (Stress, Secondary Traumatic[Title/Abstract])) OR (Traumatic Stress, Secondary[Title/Abstract])) OR (Vicarious Traumatization[Title/Abstract])) OR (Traumatization, Vicarious[Title/Abstract]))) AND (nurse)) AND ((((((((((((((((((((((Intervention, Psychosocial) OR (Interventions, Psychosocial)) OR (Psychosocial Interventions)) OR (Psychological Intervention)) OR (Intervention, Psychological)) OR (Interventions, Psychological)) OR (Psychological Interventions)) OR (Behavior Therapy)) OR (Behavior Therapies)) OR (Behavior Change Techniques)) OR (Behavior Change Technique)) OR (Technique, Behavior Change)) OR (Behavior Treatment)) OR (Treatment, Behavior)) OR (Behavior Modification)) OR (Behavior Modifications)) OR (Modification, Behavior)) OR (Conditioning Therapy)) OR (Conditioning Therapies)) OR (Therapy, Behavior)) OR (Therapy, Conditioning))) AND (Randomized controlled trial[Publication Type] OR randomized [Title/Abstract] OR placebo[Title/Abstract]).

Participant or population P: Nurses diagnosed with compassion fatigue or exhibiting symptoms of compassion fatigue.

Intervention I: Various types of interventions, including but not limited to psychological interventions (such as cognitive behavioral therapy and psychological counseling), sensory interventions (such as music therapy and aromatherapy), behavioral training (such as mindfulness training and relaxation training), and comprehensive support programs.

Comparator C: The control group may include routine intervention, no intervention, placebo, or other comparison interventions.

Study designs to be included RCT.

Eligibility criteria Studies that met the following criteria were excluded:
(I) Study Type: Non-randomized controlled trials, observational studies, case reports, reviews,

commentaries, conference abstracts, and similar publications.
(II) Participants: Non-nurses .
(III) Interventions: Interventions that are not clearly described or cannot be classified.
(IV) Outcome Measures: Studies that do not measure compassion fatigue-related outcomes or have unclear outcome measures.
(V) Language: Studies published in languages other than Chinese or English.

Information sources We searched six electronic databases—PubMed, Embase, Chinese Biomedical Literature Database (CBM), Chinese Scientific Journal Database (VIP), Cochrane Library, CNKI, and WanfangDatabase.

Main outcome(s) The network plots illustrate all interventions for compassion fatigue, compassion satisfaction, burnout.

Additional outcome(s) secondary traumatic stress.

Data management Endnote.

Quality assessment / Risk of bias analysis Cochrane tool.

Strategy of data synthesis Random effects were selected when there was heterogeneity, and fixed effects were selected when there was no heterogeneity.

Subgroup analysis Subgroup analysis was performed according to intervention time.

Sensitivity analysis After deleting any of the papers, the combined results of the remaining papers were not different from those without deletion, which means that the sensitivity analysis was passed.

Country(ies) involved China.

Keywords compassion fatigue, nursing interventions, network meta-analysis, behavioral interventions, psychological interventions, burnout management.

Contributions of each author
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