

Resilience, compassion satisfaction, and the professional practice environment for rural nurses

Robert Eley^{1,2}, Desley Hegney^{3,6}, Clare Rees⁴, Karen Francis⁵, Rebecca Osseiran-Moisson³

¹Emergency Department, Princess Alexandra Hospital; ²The University of Queensland, School of Medicine; ³School of Nursing and Midwifery, Faculty of Health Sciences, Curtin University; ⁴School of Psychology and Speech Pathology, Faculty of Health Sciences, Curtin University; ⁵School of Nursing, Midwifery and Indigenous Health, Charles Sturt University; ⁶School of Nursing and Midwifery, James Cook University

Objective: To ascertain if differences exist in the perception of the professional practice environment and personal wellbeing of nurses across different geographical areas in Queensland.

Design: Prospective, self-report cross-sectional on-line survey.

Setting: Nurses employed in public and private health care settings: acute hospitals, community health and aged care in Queensland, Australia.

Participants: 1608 registered and enrolled nurses and assistants in nursing, who were current members of the Queensland Nurses Union in 2013 and who provided a workplace postcode. 1008 worked in major cities, 382 in rural locations and 238 in remote areas.

Main Outcome Measures: Scores of wellbeing as determined by DASS21, ProQoL5, CD-RISC25 and of Professional Practice Environment using the PES-NWI [R].

Results: Nurses employed in major cities perceived “nursing foundations for quality care” more favourably than those from other settings. Remote area nurses had lower levels of secondary traumatic stress than nurses in major cities and rural areas. There was no difference between nurses across their geographical locations for stress, anxiety, depression, compassion satisfaction, burnout, resilience and the four other measures of the Practice Environment Scale.

Conclusions: The study findings provide new data suggesting that, with the exception of secondary traumatic stress, the personal wellbeing of nurses does not differ across geographical settings. Similarly, with the exception of the sub-scale of “nursing foundations for quality care” there was no difference in perceptions of the professional practice environment. As secondary traumatic stress is associated with burnout, this finding needs to be investigated further.