

LETTERS TO THE EDITOR

Submit all letters to JEN Managing Editor Annie Kelly at anniewkelly@gmail.com

Response to Long and Dowdell Article on Human Trafficking



Dear Editor:

Upon reading Long and Dowdell's article "Nurses' Perceptions of Victims of Human Trafficking in an Urban Emergency Department" in the July 2018 issue of JEN, I was inspired to research current human trafficking in North Carolina due to our network of colleges, international airports and seaports, and intersecting interstates.

Unfortunately, in 2017, the National Human Trafficking Hotline report lists North Carolina as 8th highest nationally for reports of suspected human trafficking. Hubs of transient populations were the hot spots for North Carolina, such as Wilmington, Fayetteville, Jacksonville, Research Triangle Park, and Charlotte. I looked further and found local organizations such as Project C.O.P.E (Collaborate Outreach Protection Empowerment) and Project No Rest, and on the national level, organizations such as the Blue Campaign through which one can report victims and find resources focused on labor and sex trafficking. However, I see little connection and communication between these organizations when browsing their online resources.

Scientists studying migration and populations use tracking methods such as "catch and release" in which subjects receive unique identifiers to globally monitor their movements to more accurately assess population size and exact location. Similar methods can be used to address trafficking. Nurses are on the front lines and have an overwhelming opportunity to reach these victims and report, but less than 2% of the time North Carolina medical professionals "caught and released" those victims according to the 2016 National Human Trafficking Hotline report. Through collaboration, community leaders and members of nursing subspecialties most likely to encounter these victims (eg, emergency department, operating room, ICU, clinic, public health, and corrections) must develop tracking methods for these transient victims, perhaps similar to an AMBER alert or a crowd-sourced tool, to

input current knowledge of concentrated areas of known victims.

As the article suggests, nurses need formal intensive training to replace bias with skills and tools necessary to help trafficking victims, especially because, as Long and Dowdell found, almost 90% of victims reported being seen by a health care professional while enslaved. Data are only useful when they are used. These data must be used on a local, national, and international level to create a network we can use to track and possibly predict or, even better, prevent further victims from being enslaved and robbed of their freedom.—*Erin Bode, RN, Garner, NC; E-mail: erinbode@gmail.com*

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Why Emergency Nurses Are Said to Succumb to "Burnout" While Other Nurse Specialties Are Said to Succumb to "Compassion Fatigue"; Is There a Difference?



Dear Editor:

In practice, the terms "burnout" and "compassion fatigue" are regularly referenced in relation to emergency nursing retention. While reviewing emergency literature, a perception was forming whereby emergency nurse retention pieces appeared to constantly reference the term "burnout." This term seems to harbor a feeling of harshness, generating an unforgiving sense of sharpness that did not appear to exist in other nurse specialties. A discussion with nursing colleagues noted that the nursing team felt the same.

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The opinion had formed whereby oncology nurses were being referenced as suffering from compassion fatigue and intellectual disability nurses as succumbing to moral distress prior to leaving their current roles. These terms appear softer, with a hint of melancholy. Why was the literature referencing emergency nursing colleagues as being “burned out”? Is there less of an understanding of emergency nurses’ feelings of emotional exhaustion when exposed to grief, death, and sickness on a daily basis? This led to the question, is there a difference between the terms burnout and compassion fatigue? Are they interchangeable? The decision was made to complete a literature search to gain a better understanding.

The search terms used were “burnout,” “compassion fatigue,” and “emergency nursing” in various search forms. The search was performed using CINAHL and PUBMED. PUBMED was included to ensure a nursing bias was not formed by using CINAHL nursing publications only, ensuring a broad search. The literature search provided 17 articles in CINAHL and 17 in PUBMED. Once 4 duplicates were removed, 30 were deemed to be relevant to the search.

The search findings were in direct contrast to initial thoughts. Burnout and compassion fatigue were used interchangeably in some literature, whereas other articles underlined the contrast between the 2 phrases. For example, Hinderer et al refer to emergency nurse compassion fatigue; they discuss this fatigue as being a significant factor in a nurse’s decision to leave emergency practice. Li et al have published a systematic review quantifying burnout in emergency nurses.

This letter does not serve to distract from the serious issues in nurse recruitment and retention in emergency nursing today. It merely aims to discuss why in practice the term “burnout” is heard more often than other terms.

Both burnout and compassion fatigue are serious concerns within the emergency nursing profession no matter how they are used in the literature. However, because the term burnout may place a more negative connotation on an individual and indeed a specialty, our recommendation is to attempt to standardize the terminology in practice. Changing this terminology in practice may engender more awareness that the exposure of emergency nurses to grief, death, and suffering does affect the nursing team. Developing fatigue as a result of being constantly compassionate in a difficult and challenging environment is not a negative. It is a reality that requires awareness and support from our colleagues and management teams.—*Una Cronin, Clinical Research Nurse, REDSPoT: Retrieval Emergency and Disaster Medicine Support and Development Unit, Emergency Department, University Hospital Limerick, Ireland; E-mail: Unaab.cronin@hse.ie; Damien Ryan, Consultant in Emergency Medicine, REDSPoT: Retrieval, Emergency and Disaster Medicine, Research and Development Unit, Emergency Department, University Hospital Limerick, Ireland; and Fergal Cummins, Consultant in Emergency Medicine, REDSPoT: Retrieval, Emergency and Disaster Medicine, Research and Development Unit, Emergency Department, University Hospital Limerick, Ireland*

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