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Using Provider Education About Self Care to Reduce Compassion Fatigue Among Nurses

Priscella Caron
Pittsburg State University, pcaron@gus.pittstate.edu

USING PROVIDER EDUCATION ABOUT SELF CARE TO REDUCE COMPASSION FATIGUE AMONG NURSES

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Priscella Caron

Pittsburg State University

Pittsburg, Kansas

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Priscella Caron

APPROVED:

DNP Scholarly Project Advisor _____
Dr. Barbara McClaskey, School of Nursing

Committee Member _____
Dr. Jennifer Harris, School of Nursing

Committee Member _____
Dr. Greg Belcher, Kansas Center for Career and Technical Education

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An Abstract of the Project by
Priscella Caron

Many have scrolled through Facebook and news stories highlighting nurses as "heroes" of the current coronavirus pandemic. Pictures of nurses in personal protective equipment while at work or clips of nurses making fun tiktok video's celebrating recovered COVID -19 patients. Social media does not capture the sheer emotional, physical, and spiritual wear that nurses experience providing compassionate care to patients facing light threatening illness or events. Health care organizations are under pressure to control cost, increase productivity, and increase patient satisfaction scores, all while facing a pandemic crisis. This type of pressure can create inadequate staffing and increase clinical responsibilities for the nurse. An atmosphere that creates the foundation for compassion fatigue and nurse burnout. Compassion fatigue is linked to poor personal health, nursing retention and recruitment rates, and quality of patient care with increased safety and medication errors (Registered Nurses' Association of Ontario, 2011). Raising awareness of Compassion Fatigue in nursing is vital to improving patient outcomes and addressing the "dying" roll of the bedside nurse.

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Chapter I

Introduction

The nature of nursing is to provide compassion, healing, and nurturing to those individuals and families facing illness or injury. Constantly giving and caring for others before oneself, often leads to compassion fatigue. If left unresolved, severe mental distress, burnout, and poor health could be the consequence, affecting the nurse's job performance (Han, Trinkoff, & Geiger-Brown, 2014). As higher workloads and sicker patient populations continue to rise, compassion fatigue could threaten the nursing workforce and patient outcomes.

Compassion fatigue (CF) is the state of emotional, mental, spiritual and physical exhaustion triggered by excessive and prolonged stress experienced by people working in "helping" occupations, such as nursing. Compassion fatigue can be described as physical, emotional, and spiritual drainage through "giving of oneself" or chronic exposure to high stress situations that could result in a person developing an uncaring attitude, or emotionally dissociate from their work (Harris & Griffin, 2015). It occurs from unconsciously absorbing our patients stress, anxiety, fears, and trauma. Continuous stress can result in feeling exhausted, overwhelmed, self-doubt, anxiety, bitterness, and disparagement.

"Burnout" coined by American psychologist, Herbert Freudenberger in the 1970s, described this phenomenon as emotional and physical exhaustion from prolonged exposure to stressors and anxiety experienced in the "helping" occupation when workplace needs are not being met. This results in depersonalization from work, emotional and physical elements', and reduced work performance. Stress in the workplace can lead to burnout, increasing the risk of CF. Severe mental distress and anxiety can lead to physical elements and increase risk of developing a chronic disease. Often nurses become disassociated from their work and develop job dissatisfaction with intent to leave the bedside or leave the workforce altogether. According to Rushton, Batcheller, Schroeder, & Donohue (2015), hospital nurses experience higher rates of burnout and compassion fatigue more than any other healthcare professional, with one and five nurses reporting intent to leave the nursing profession. In the same study nurses experiencing CF have increased by 23% over the past decade and is thought to continue to climb. In highlight of the current nursing shortage, CF and burnout can further threaten turnover rates, nurse recruitment and nurse retention. The goal of this project is to increase nurse's knowledge of compassion fatigue and burnout. Nurses will be educated on signs and symptoms, self-care practices for prevention, and interventions to mitigate burnout and CF.

Description of Clinical Problem

The phenomenon of compassion fatigue develops through a stress response from being exposed to another's emotions while experiencing illness or a traumatic injury. Webster (2019) describes compassion fatigue as physical and mental exhaustion, followed by emotional withdrawal. Figley, an American Psychiatrist in the 1990's,

described “compassion fatigue as secondary traumatic stress from bearing witness to traumatic deaths, injuries, or threats of death” (Sorenson, Bolick, Wright, & Hamilton, 2017, p.559). Often the person in the helping role develops a sense of tension and emotional distress when caring for someone experiencing emotional pain or physical suffering. This stress stems from wanting to help and care for this person in their time of need. When an individual is unable to rescue or save someone from harm, survivor guilt and moral distress develop. Prolonged exposure to difficult situations can render a person unable to nurture, care for, or empathize. Burnout is thought to be a precursor to developing compassion fatigue. While burnout is similar to compassion fatigue, it is a different concept. Literature often cites burnout and compassion fatigue together, but the two terms are diverse in their development. Burnout develops through physical and emotional exhaustion in response to lack of resources in one’s environment. Burnout occurs when apparent demands overshadow available resources (Potter, Deshields, Berger, Clarke, Olsen, & Chen, 2013). Potter et al. (2013) discussed “burnout in the health care setting develops in response to limited resources such as inadequate staffing, increased workloads, limited supplies, disorganized workspace, poor interprofessional relationships, and management conflicts” (p. 181). Burnout arises when a person is unable to reach their goal (taking good care of their patients), they develop a sense of failure, and loss of control. This loss of control leads to disengagement and depersonalization (loss of self), laying the foundation for CF. When burnout exists at high degrees the person’s ability to show compassion depletes, developing into compassion fatigue. Compassion fatigue can also increase the risk of burnout but usually occurs as a result of burnout.

Consequences of Compassion Fatigue

Compassion fatigue and burnout are unnecessary and unacceptable risks to patient safety and can result in poor patient outcomes and low satisfaction scores. Poor work environment that leads to burnout and CF, increases the risk of patient safety events which increases morbidity and mortality rates. According to Nejati, Shepley, and Rodiek (2016), physical and mental exhaustion in the nurse can alter performance, increase the risk of medication errors, result in missed care tasks, and decrease attentiveness to patients, all which can result in poor patient outcomes.

While CF can lead to poor patient outcomes, it also affects the health of the nurse and the nursing workforce. Compassion fatigue not only affects the quality of patient care but can lead to lower job satisfaction, missed workdays, and higher nurse turnover, all which affect the well-being of the organization (Galletta et al. 2016). A qualitative study by Bogossian, Winters-Chang and Tuckett (2014) quoted a staff nurse interviewee over their perception of the nature of nursing "lack of time to show real care for patients, this is heartbreaking and demoralizing for those of us who really do care" (p. 379). This kind of moral distress and inability to provide quality care leads to burnout which results in nurses exiting the profession causing a continuous vicious cycle impacting healthcare today.

Significance of the Problem

Nurse outcomes are affected by both compassion fatigue and burnout rates. The next section will explore the measurable consequences of CF and burnout occurrence in nursing. A global study found that "thirty-four percent of nurses in the U.S. considered themselves "burnt out", with twenty-five percent dissatisfied with their job, and fourteen

percent reported intent to leave the nursing profession in the next year" (Aiken et al., 2012, table 4). This may not seem like large numbers, but the nursing profession is projected to grow fifteen percent in new job demands by the year 2026, which equates to more than 437,000 new positions (United States Department of Labor, 2017). An adequate supply of nurses is vital for ensuring access to health care for our nation considering our current nursing shortages.

A Joy Survey was conducted across Ascension medical facilities within the State of Oklahoma. The survey looked at leading indicators of Joy in the workplace including basic needs, support, belonging, inspiration, and purpose, looking at their impact over outcomes such as net promoter scores, turnover intent, and burnout rates. The national average turnover rates for the nursing role is at 31% and the facilities turnover rates for Oklahoma are 30% (Elements of Joy Survey: Oklahoma Results, 2019). Burnout rates are at 32% with staff reporting,

"…I feel burned out when I work to the best of my ability and instead of hearing a thank you or being appreciated for the massive amount of work that I do all I hear is the negativity of why one or two things may not be done instead... I feel burned out when the environment of people I work with are hostile and my manager blatantly ignores it and allows it to continue… The honest truth is I always feel burned out even after a day of work because it never changes. We'll always be undervalued, underappreciated and in a workplace, we don't have a voice in …" (Elements of Joy Survey: Oklahoma Results, 2019).

These findings are concerning for our nursing workforce. Compassion fatigue and burnout rates throughout literature have found a connection between job satisfaction, work environment, and leadership support affecting rates of burnout, nurse retention, and turnover intents. Literature review has highlighted links of compassion fatigue in healthcare providers to poor job performance and negative patient outcomes. Research

has proven that nurse fatigue is a critical issue among the nursing workforce but is often unrecognized by institutions and policy makers.

Prevention interventions can mitigate Compassion Fatigue

Practicing mindfulness-based practice, self-awareness exercises, and self-care techniques provide a protective layer around the nurse, preventing vicarious trauma developing into secondary traumatic stress. Mindfulness-based practice results in a sense of well-being, improved general health, decreased stress level and lower burnout rates. Learning self-awareness techniques increases self-esteem and enhances your ability to contribute in the workplace and feel a sense of comradery toward coworkers. A study conducted by Bazarko, Café, Azocar, and Kreitzer (2013) concluded that nurses who participated in mindfulness-based training exercises experienced an increase in overall health, improved compassion satisfaction, empathy, and self-compassion. Compassion satisfaction is the act of deriving pleasure from your work (Compassion Fatigue Awareness Project, 2017). Being mindful allows one to manage their emotions connected with trauma input while developing coping mechanisms that release negative emotions. Kinman and Sandra (2016) reported in their study a link between social support, peer team building exercises, and journal writing as effective resources for nurses to develop emotional resilience protecting them from burnout.

Purpose of the DNP Scholarly Project

The purpose of this scholarly project was to address the clinical practice problem regarding compassion fatigue in relation to a nurse's ability to recognize signs of burnout within oneself, how to prevent, and treat. Nursing staff were educated in recognizing signs of compassion fatigue, prevention, and interventions to mitigate nurse burnout.

This project addressed nurse fatigue by providing nurses with an empowered self-awareness and education course that promoted a healthier nurse, lower turnover rates, and increase nurse retention. My goal was to educate the nursing staff on the importance of recognizing signs and symptoms of compassion fatigue and burnout. Self-care practices were discussed that prevent CF and burnout. Prevention is an important aspect in stopping a problem before it ever occurs. Education training discussed interventions to treat CF and burnout if symptoms are identified. Identification of compassion fatigue is a vital step to combating the negative effects of compassion fatigue. Identification can be achieved through self-assessment tools such as the one available through compassion fatigue awareness project (compassion fatigue.org, 2017). Educating our nurses can pave the way for a culture change in the direction of improving the nurse's knowledge of compassion fatigue, how to recognize, prevent and treat, allowing the nurse to provide the best possible care for their patients.

Theoretical Framework

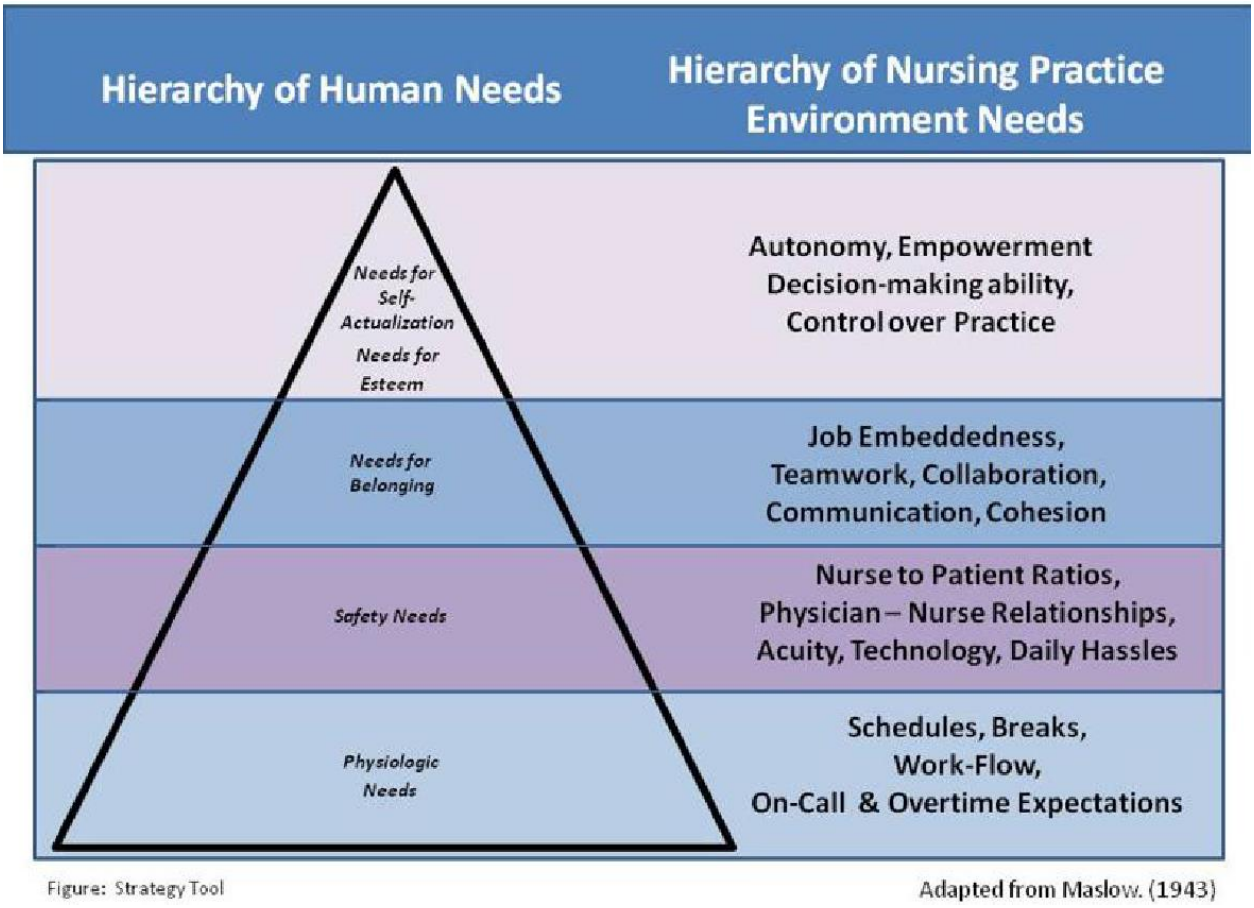

Figure 1.

Theories are formulated to explain, predict, and understand a phenomenon. Abraham Maslow of Hierarchy of Inborn Needs was used as the structure to support this research project. Paris & Terhaar (2010) discuss that "good communication, control over practice, empowered decision making, and teamwork, are aspects of the practice environment that increase nurse/patient satisfaction and quality outcomes" (p. 11). Abraham Maslow developed his theory of Hierarchy of Inborn Needs in the mid 1940's. Maslow theorized that "people are intrinsically motivated toward psychological growth and self-development" (Paris & Teraar, 2010, p. 12). Maslow developed the pyramid of Hierarchy of Human Needs with five levels in ascending order, ranging from physiologic needs at the base, through safety, belonging, and needs for esteem and self-actualization

at the top of the pyramid. He explained that humans work to achieve unmet needs at a low level before advancing to the next level when those needs have been satisfied or met. According to this model pertaining to nursing practice, when nurses are experiencing compassion fatigue, they will be less motivated and less likely to progress to higher levels of functioning. The model was adjusted using the Hierarchy of Inborn Needs theory to show a correspondence between Maslow's hierarchy and the knowledge base of compassion fatigue and symptoms that nurse's face, using key variables from the proposed DNP Scholarly Project. See diagram below.

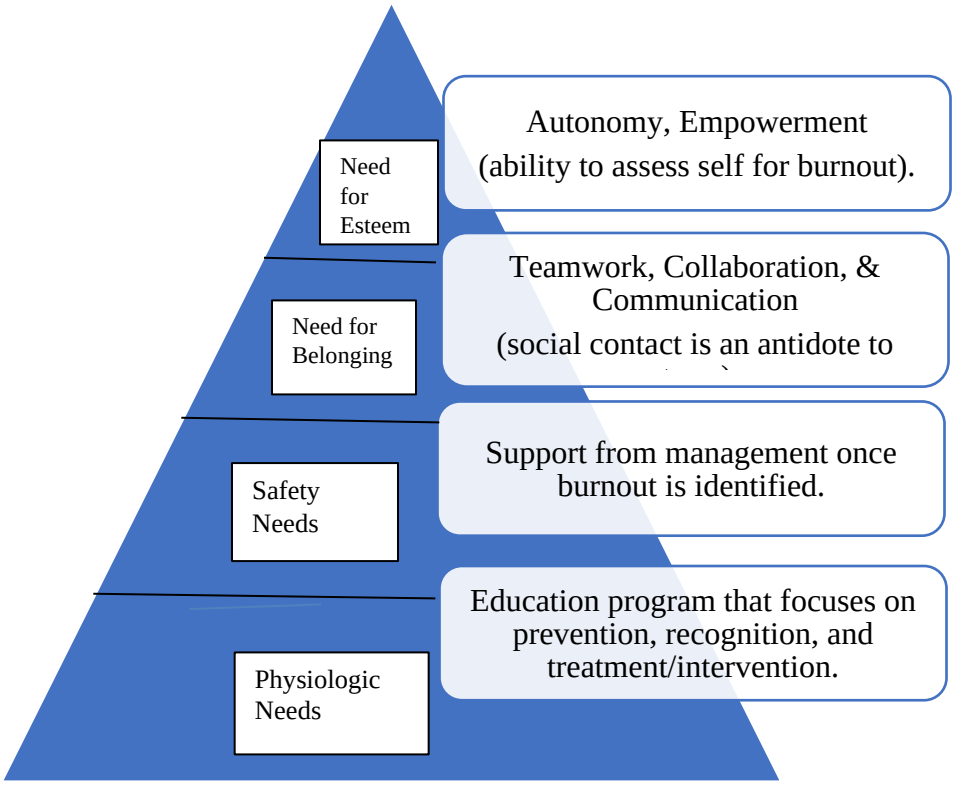

Figure 2.

Project Questions

There is abundant research that concludes that a healthy work environment promotes the well-being of the nurse, thus lowering the prevalence of nurse fatigue, while increasing positive patient outcomes. Throughout the research it was noted there were limited studies in the United States pertaining to practice environment interventions that prevented and mitigated nurse fatigue. The Patient-Intervention-Comparison-Outcome-Time Frame (PICOT) is a well-designed process to guide the researcher in developing a question focused on identifying a clinical issue (Mazurek-Melnyk & Fineout-Overholt, 2015). It also provides a clear direction in the process of planning, implementing, and evaluating a practice change.

The following clinical PICOT question were developed in relation to the prevalence of nurse compassion fatigue. “For nursing professionals (P), how does implementation of compassion fatigue education program (I), improve nurses ability to recognize CF and mitigate compassion fatigue symptoms (O), evaluated through a pretest and posttest evaluation prior to education course, after course completion, over four weeks’ time(T). Research questions addressed in this study:

- What is the current knowledge base and attitudes over compassion fatigue?
- Does implementing a compassion fatigue education module increase understanding of compassion fatigue and nurse burnout?
- Can education regarding self-care or self-awareness interventions and compassion fatigue self-assessment training tools set a foundation of culture change?

Definition of Key Terms

Several key terms are mentioned throughout this paper that require

clarification to facilitate understanding.

- **Secondary Traumatic Stress or Compassion Fatigue:** Compassion fatigue (CF) is physical, emotional, and spiritual weariness experienced from prolonged exposure to another person's suffering, traumatic situations, or giving of oneself. (Zeidner, Hadar, Matthews & Roberts, 2013).
- **Burnout:** Emotional and physical exhaustion from prolonged exposure to stressors and anxiety experienced in the "helping" occupation when workplace needs are not being met (Lanier,2019).
- **Vicarious Trauma:** Indirect exposure and emotional residue bearing witness of a traumatic event or verbalization of the event by a client (Maslach & Leiter, 2016).
- **Compassion Satisfaction:** Compassion satisfaction is the pleasure you gain from being able to do your work well and help someone in need (Cocker & Joss, 2016).

Logic Model

This logic model begins with the target population Registered Nurses providing direct patient care. The setting was a rural southeast Oklahoma hospital. Resources were researched to develop this pretest and posttest educational project. Educational support was received from Pittsburg State University DNP Scholarly Project board members assigned to my project. Support from the organizational nursing research council to conduct this project was obtained. Next the pretest and posttest educational project was initiated, in compliance with the program goals to complete the DNP Scholarly Project. Results and outcomes were evaluated based on nurses' understanding of compassion fatigue symptoms, self-assessment, prevention, and interventions/tools to combat compassion fatigue.

If one focuses on the issue of compassion fatigue and how it affects the patient, nurse, and workforce then one will understand the importance of recognizing, preventing and treating compassion fatigue. The goal was to increase awareness of the issue and develop interventions that can mitigate this growing problem. The health of the “bedside nurse” is at risk, the literature review will highlight facts about nurse retention, turnover, and intent to leave the workforce. Quality compassionate care will not be achieved if the nurse is not empowered with the skills to mitigate burn out. Being able to recognize, prevent, and treat burnout and compassion fatigue was the key objectives to this scholarly project. The figure below highlights the programs framework.

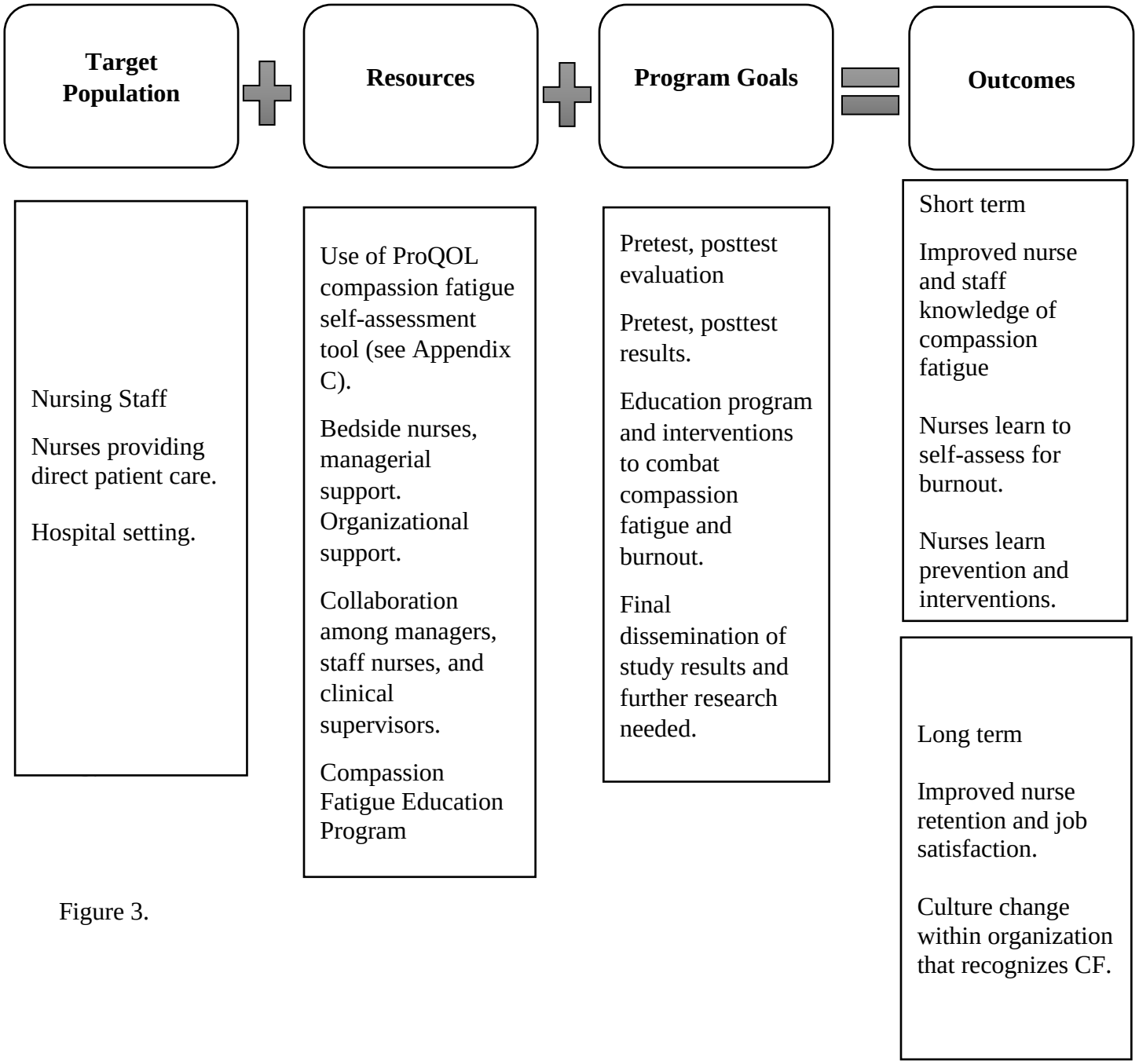
Target Population
Resources
Program Goals
Outcomes
Nursing Staff
Nurses providing direct patient care.
Hospital setting.
Use of ProQOL compassion fatigue self-assessment tool (see Appendix C).
Bedside nurses, managerial support. Organizational support.
Collaboration among managers, staff nurses, and clinical supervisors.
Compassion Fatigue Education Program
Pretest, posttest evaluation
Pretest, posttest results.
Education program and interventions to combat compassion fatigue and burnout.
Final dissemination of study results and further research needed.
Short term
Improved nurse and staff knowledge of compassion fatigue
Nurses learn to self-assess for burnout.
Nurses learn prevention and interventions.
Long term
Improved nurse retention and job satisfaction.
Culture change within organization that recognizes CF.

Figure 3.

Summary

Compassion fatigue and burnout has been an ongoing problem for more than a decade and affects the quality of care we can give our patients and patient outcomes. It also affects the nurse's health and influences many nurses to leave the nursing profession or away from the bedside. It is our job to advocate for our patients and ourselves for a better work environment that fosters safer patient and nurse outcomes. Using data from the project can facilitate a growth of programs developed within health care organizations to foster a healthy workforce and offset the detrimental effects from compassion fatigue.

Chapter II

A Literature Review of Compassion Fatigue and Burnout in Nursing

Description of Phenomenon & Significance of the Problem

Definition of compassion means to show empathy, or experience a deep awareness of another persons' suffering, combined with the desire to alleviate that suffering (Dictionary.com, 2018; Merriam-Webster.com, 2019). The job of the nurse is to provide compassionate care to the sick or ill, assisting them to maintain a sense of wellness. Nurses continually give themselves to help others and often take in the emotions of suffering or traumatic experiences of their patients, this emotional exchange increases the risk of compassion fatigue (Harris & Griffen, 2015). Compassion fatigue (CF) is the state of emotional, mental, and physical exhaustion triggered by excessive and prolonged stress experienced by people working in "helping" occupations, such as nursing. Compassion fatigue can be described as physical, emotional, and spiritual drainage through "giving of oneself" or chronic exposure to high stress situations that may contribute to developing an uncaring attitude, or to emotionally dissociate from their work (Harris & Griffin, 2015).

A nurse who is experiencing compassion fatigue is often anxious, has a negative outlook, experiences low self-esteem, snaps at fellow nurses, and dreads going to work (Potter, Deshields, Berger, Clarke, Olsen, & Chin, 2013). These emotional outcomes

affect the nurse's ability to provide compassionate care and affect the quality of their work and can even result in poor patient outcomes. This goes on to affect the nurse's home life such as sleep quality, relationships with family and friends, and can cause social isolation. Over time this type of stress can affect the nurse's physical and mental health and increases the risk of substance abuse (Potter et al., 2013).

A global study found 34% of nurses in the U.S. considered themselves "burnout" in nursing (Aiken et al., 2012). CF prevalence among professional nurses in a study performed by Hooper, Craig, Janvrin, Wetsel, & Reimels (2010) resulted in about 16 to 39% and burnout rates from 8 to 38%. Throughout the literature three main symptoms of compassion fatigue are emotional exhaustion, depersonalization, and reduced work performance (quality of care) or personal accomplishment. Rushton, Batcheller, Schroeder, & Donohue (2015) described that burnout is significantly higher in hospital nurses than other professions. Results from their study found that one in five nurses intend to leave the nursing occupation. In this same study, burnout in nursing has been reported to increase over the past decade and has shown an increase of 23% for each additional patient added to the nurses' workload. In light of the ever growing "nursing shortage", nurse retention and intent to leave should be a policy priority.

In recent years health care organizations have geared towards patient satisfaction scores and patient outcomes to generate hospital reimbursements based on these numbers. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a national standard survey representing the patient's opinion concerning their care while being hospitalized (Agency for Healthcare Research and Quality, 2012). CF in nurses can greatly affect these results and potentially endanger organizations.

Workplace environment plays a huge role in compassion fatigue and burnout rates. If organizations are willing to admit that there is a problem with nurse burnout and compassion fatigue rates in relation to nurse turnover and retention issues, then interventions could be developed to combat this rising issue. Often a solution to a problem starts by admitting that there is a problem! Programs should be initiated within healthcare organizations to prepare nursing staff to recognize, prevent, and manage compassion fatigue. Courses should be developed within the nursing education curriculum as well.

Literature Synthesis

This review explores the literature on compassion fatigue and burnout in the nursing profession, with emphasis on the phenomenology of nurse burnout and compassion fatigue, possibilities for prevention, and evidence-based interventions. A systematic search of the literature within the past five years was executed using electronic databases CINAHL, PubMed, and ProQuest. Keywords used: compassion fatigue, burnout, work environment, and nursing. Two landmark studies by Aiken et al. were later added. Interlibrary loan was used to obtain full text articles.

Much of the research concerning nurse burnout focused on work environment. An empowered work environment decreases nurse burn out, thus increasing nurse job satisfaction and patient satisfaction. Recognizing the issue is the first key to a solution. If organizations support the concept of compassion fatigue and nurse burnout then education and intervention programs can be incorporated within the organization to mitigate this problem. Some studies used mixed methods and several studies used a qualitative nature using many quotes from nursing staff describing their experience of

nurse burnout. The body of this research review utilizes quantitative data exhausting cross-sectional surveys. Limits to most studies cited in this literature review concerns the cross-sectional designs which restrict the ability to draw causal implications due to response rates (Terry, 2018).

Experience of Compassion Fatigue and Burnout in Nursing

The first set was to explore the meaning behind compassion fatigue and burnout, definitions of the two, how they are related, and connected. Compassion fatigue (CF) is physical, emotional, and spiritual weariness experienced from prolonged exposure to another person's suffering, traumatic situations, or giving of oneself. This leads to disconnection of feelings, inability to nurture, care for, or empathize (Zeidner, Hadar, Matthews & Roberts, 2013). CF is often thought to be relational between empathy, survivor guilt-ship, and dissociation from taking on emotional hardship. This disconnect can lead to lack of compassion and inability to sympathize or empathize with another.

"Burnout" coined by American psychologist, Herbert Freudenberger in the 1970s, described this phenomenon as emotional and physical exhaustion from prolonged exposure to stressors and anxiety experienced in the "helping" occupation when workplace needs are not being met. This results in depersonalization from work, emotional and physical elements, and reduced work performance. Burnout is a psychological syndrome characterized by a devastating sense of exhaustion, pessimism, and disassociation. Burnout includes the "experience of daily low energy greater than two weeks, poor concentration, irritability, emotional instability, dizziness, and sleep disturbances" (Maslach & Leiter, 2016, p.108). Todaro-Franeschi (2013) identifies the progression of burnout as experienced through workplace interaction, often influenced by

imbalances of demands and resources depicted through phases. Those phases include need to prove oneself, working harder, neglecting self needs, displaced conflicts, value revisions, denial of problem, withdrawal, behavior changes, depersonalization, feeling of emptiness, depression, and development of burnout syndrome.

Experiencing burnout increases the risk to developing CF. Compassion fatigue is present when the balance of spiritual, physical, and emotional protection is lost through internalization of chronic exposure to another's suffering. CF is experienced by a loss of energy and passion for one's work or purpose. One can experience burnout and not CF because they still have an ability to provide and feel compassion for others. When one becomes "burnt out" and their resources are exhausted, disconnection begins, causing loss of compassion as a form of self-protection. The terms CF and burnout are often used interchangeably throughout literature.

In a multimethod study, clinicians working with trauma victims, report knowing when they are experiencing CF through physical symptoms such as muscle tension, headaches, and lack of energy (Killian, 2008). One interviewee described their experience "I get physically, emotionally and mentally exhausted, and I also become emotionally shutdown and I am not as emotionally responsive to people. I feel like I don't have any more to give, it is all used up and gone". A performance improvement project designed to enhance compassion fatigue (CF) training for nurses characterized CF as mental and physical exhaustion, fatigue, irritability, anger, poor coping mechanisms (substance abuse), reduced ability to feel sympathy and empathy, diminished sense of enjoyment or work satisfaction, low self-esteem, social isolation, helplessness, and impaired ability to make decisions or care for patients (Harris & Griffin, 2015). Managers

can be clued in by noticing a nurse exhibiting a sudden decline in health, missed workdays, increased medication errors, and increase in patient dissatisfaction scores. Teamwork within the unit can suffer when staff is experiencing burnout. Staff can become bad tempered, snap at each other, and at times become defensive. This causes the team to suffer and teamwork will be undermined by this vicious cycle if not corrected.

Compassion Fatigue and Burnout Causes Related to Work Environment

Killian (2008) spoke of key risk factors, lack of supportive environment, lack of supportive social network, and poor self-awareness. Burnout can be a personal experience from environmental factors (unsupportive organization), poor coping mechanisms, and imbalance of stressors and accomplishments (Maslach & Leiter, 2016). In a qualitative portion of a mixed method study, two investigators conducted individual semi-structured interviews with staff nurses and managers. The authors found that many interviewees stressed that insufficient communication and lack of vital information exchange between healthcare workers was experienced (Bogaert et al., 2017).

Aiken et al. (2012) reported that data from nurses in every country suggested an improvement in confidence of hospital administration/management would solve problems in patient care identified by nurses. Nurses feel a lack of empowerment to make a true difference and feel they do not have control over their practice. This can cause nurses to lose self-worth, develop low self-esteem and become more susceptible to stressors, lowering one's ability to provide quality care. With elevated levels of stress associated with high workloads nurses often feel they are unable to give the best possible care to their patients and are afraid of making an error that could potentially hurt their patient. Nurses are ethically bound to "do not harm". When nurses feel there is a moral problem

(unsafe working conditions) but because of perceived practice constraints are unable to fix the moral problem, the nurse feels this is moral wrongdoing (Rushton et al., 2015). This produces a feeling of moral distress which is the leading cause of emotional exhaustion leading to burnout. The authors discuss that emotional exhaustion has the greatest predictive validity for burnout.

A Nurses Sleep Study (NSS) was conducted consisting of eighty nurses, authors Han, Trinkoff, & Geiger-Brown (2014). Based on data from this study, the researchers discussed that shift rotation (night shift/day shift), twelve hour shifts greater than three in a row, and inflexible work schedules between work and home life lead to higher psychological stress on the nurses. Nurses who work twelve hour shifts on average get about five hours of sleep between shifts. Insufficient sleep over time can result in acute and chronic physical fatigue in nurses, leading to higher rates of adverse patient events. In order to work at one's highest ability, adequate rest is needed and recovery between shifts is essential to preventing fatigue in nurses. A supportive work environment that allows for flexible schedules, fixed shifts, and schedules that allow adequate time between shifts, increase recovery periods so nurses receive adequate rest allowing them to function at their best.

Throughout the literature several factors such as nurse to patient staff ratio, work schedule, workflow (resources and management support), and excessive overtime were characteristics of the nurses' work environment that increased the risk of burnout. In a cross-sectional survey using logistic regression models to survey 534 hospitals across four states in the US (California, Florida, New Jersey, and Pennsylvania) results indicated 25% of the nurses expressed job dissatisfaction, 34% reported high burnout on a personal

index indicator, and 14% expressed intent to leave their current nursing position (McHugh & Ma, 2014). The study results suggested that excessive workload (poor workflow) exhausts workers thus depleting their energy to provide good quality care to patients. Even when wages were factored into the study there were no alteration in the results that nurses with a high workload were not able to provide good quality personal care.

High workloads over prolonged periods (low nurse to patient ratio) decreases adequacy and efficacy causing nurses to experience effects of fatigue, anxiety, and vulnerability for diseases (Van Bogaert et al., 2017). A recent global mixed method study using a cross sectional survey explored nurses' perceptions (qualitative) of work conditions. The authors Van Bogaert et al., 2017 discussed that nurses expressed a concern that they have noted an increase in unit turnover, increased chronic conditions, and influx of complex care demands (acuity), that are not being accounted for in nurse staffing ratios. Nurses also expressed during the survey that time constraints like technology, constant change in electronic charting, location of supplies, and patient tests located off the unit, also affected their ability to care for their patients. Van Bogaert et al. (2017) quoted a staff nurse interviewee "Our management expects good patient care quality but with a decrease of care personnel…not easy (p. 8)". Many authors stress that work demands exceed clinical time available to nurses which compromises patient safety. In another qualitative study, Bogossian, Winters-Chang and Tuckett (2014) quoted a staff nurse interviewee over their perception of the nature of nursing "lack of time to show real care for patients, this is heartbreaking and demoralizing for those of us who really do care (p. 379)". This kind of moral distress and inability to provide quality care leads to

burnout and CF, resulting in nurses exiting the profession. A continuous vicious cycle impacting healthcare today.

Prevention and Mitigation Evidence-based Interventions

Collaboration, communication, and cohesion

Bogaert et al. (2017) a mixed method study found that an empowered work environment with supportive relationships among peers and supervisors allows staff to meet patient care goals thus protecting the nurses from getting overstressed and "burnt out". One limitation to this study is that it was conducted in only one hospital on the medical surgical unit. In the future more hospitals should be used along with different units to extend study results. Interdisciplinary collaboration that support nursing practice, teamwork, provides opportunities for staff to speak up and express their opinions were protective factors to a balanced work environment (Bogaert et al., 2017) Semi-structured interviews revealed that participants expressed that when nursing staff has access to relevant information, opportunities for learning and personal development, supportive relationships with peers and management the nurse is equipped to provide good quality care to their clients and communities (Bogaert et al., 2017). Limitation to this study were that cross-sectional data cannot establish causality, but the results were consistent across countries. Management needs to be supportive of not only the individual nurse but for the whole team. With time constraints, high acuity patients, and unrealistic patient expectations, teamwork is a must to deliver safe, effective and quality targeted care. The team needs to be strong and interventions for good teamwork and cohesion should be implemented daily.

Teamwork building exercises are great to include at staff meetings. Employees identify coworkers that they can confide in when feeling overwhelmed or stressed. Social contact is an antidote to stress. Developing trusting and fostering relationships with co-workers can help off load stress and prevent burnout. Being aware of proper roles and assignments during a nursing shift is important for collaboration and strong work relationships as well.

Taking breaks is another factor in the workplace that prevents burnout. Taking breaks refreshes the mind and allows for time to destress, going back to work with the ability to focus and be productive. Paris & Terhaar (2010) conducted a performance improvement project to improve the nurses' perception of their work environment and promote delivery of safe quality of patient care. This 2010 study of 513 nurses found that developing a lunch break coverage schedule increased lunch break participation from 25% to 39% (Paris & Terhaar, 2010). This performance improvement study measured outcomes by using open-ended interview questions. Nurses reported the program helped them feel empowered and a product of a culture change within their unit. Another study initiated an off-unit meal break program on a twenty-bed medical surgical unit. Nurses in this study reported less fatigue, felt rejuvenated, more alert, and experienced improved time management during their shift (Stefancyk, 2009).

Oasis or Zen rooms have begun to be explored in research as a place for nurses to recharge and reflect on stressful events. Creating a space for self-awareness and self-care practice can essentially protect nurses from compassion fatigue or burnout. An evidence-based practice study in an acute care hospital created an oasis room to provide nurses with a space intended to promote a stress-free environment, encouraging break times. The

study reported that nurses who participated in taking breaks in the oasis room reported a decrease in stress levels and led to more self-care practices (Wisotzkey, 2017). Wisotzkey (2017) reported a nurse described her experience in the oasis room as “a tranquil space for self-reflection and recharging resiliency”. A quality improvement project conducted by an urban ICU department launched an Oasis room and found a 12% reduction in unit turnover rates and a 18% reduction in use of sick days (Christiana Care News, 2017).

Self-awareness and self-esteem

Rushton et al. 2015 define resilience “the ability to adapt coping strategies to minimize distress, resilience involves external activities such as developing problem-solving skills or engaging in work, prayer, physical exercise, play, or art (p.413)”. Developing resilience which is the capacity to cope with the reality of nursing can protect nurses from burnout and moral distress. In this cross-sectional survey descriptive statistics were used to summarize all study measures. Tactics to provide the nurse with coping skills to increase their resilience during challenging situations should be explored. Interventions to help nurses expand their coping abilities that support their physical well-being include exercise, healthy eating, and adequate sleep. Rushton et al. 2015 report that even additional fifteen minutes of exercise improves your health. Connecting to the spiritual dimensions of life can also offer additional resources when confronted with situations that increase moral distress (death and dying).

Journaling and writing down frustrations, allow for reflection and self-awareness (Perregrini, 2019). One recommendation is for providers to write out the events of the day, note frustrations, obstacles, write out what went well, who was supportive during your shift, and what can be improved upon, at the end of each shift. Along with self-

reflection, self-assessment is an important tool used to evaluate burnout and compassion fatigue level. Stamm (2012) developed a self-assessment tool the Professional Quality of Life Scale (ProQOL). ProQOL quality of life scale has thirty questions with scoring assessed across three sections including compassion satisfaction, burnout level, and secondary traumatic stress or compassion fatigue. Compassion satisfaction is about the pleasure nurses derive from being able to do their work well. Higher scores on this scale represent a greater satisfaction related to their ability to be an effective caregiver in their job. Burnout level assessment is associated with feelings of hopelessness and difficulty dealing with their work or doing a job effectively, influenced by the work environment (Lanier, 2019). Higher scores on burnout levels, mean that you are at higher risk for CF.

A study by Rao & Kemper (2016) incorporated online training focused on positive-emotion-generating meditation among nursing personnel to foster mindfulness. The training included positive emotion thinking to increased cognitive function, mental health, and overall sense of well-being to combat moral distress and mental exhaustion. Meditation focuses on gratitude, positive words, compassion, and loving. This type of training increases positive emotion, social support, and mental health, several factors that combat compassion fatigue. Rao & Kemper (2016) discusses that meditation is linked to immunologic and cardiovascular benefits that improve physical health. Meditation training enhances the healthcare professional's ability to provide compassionate care and increase their health and wellness.

Self-care

Healthy nutrition and a balanced diet can strengthen a person and protect from stress through antioxidants (Harris & Griffin, 2015). Skipping meals or eating unhealthy

snacks can increase fatigue and contribute to poor health. It is important to avoid excess caffeine, trans fat, and food high in preservatives which can adversely affect ones mood. It is important to minimize sugar and refined carbs such as French fries or pasta, high-carbohydrate foods can lead to a crash in mood and energy. Meeusen (2014) conducted a study over foods that enhance the brain and decrease stress levels. Foods high in Omega-3 fatty acids can be mood boosting, increase focus and concentration, while decreasing oxidative/inflammatory processes in the brain. Foods high in Omega-3 are salmon, herring, mackerel, anchovies, sardines, seaweed, flaxseed, and walnuts. Hydration is necessary for improved cognition and focus as dehydration can cause a slowing of executive functions of the brain (Meeusen, 2014). It is also important to avoid excessive alcohol as a stress reliever due to the addictive property that leads to substance abuse.

Exercise is a stress reducer that releases endorphins, decreasing the sense of stress and pain. Aerobic physical activity increases cognition and academic achievement (Meeusen, 2014). Exercise is important for overall physical health and can enhance mental health by effects of releasing endorphins and reducing cortisol levels produced from stress (Balchin et al., 2016). It is recommended to aim for thirty minutes of exercise daily or at least five days a week. This can be difficult for nurses working twelve-hour shifts but can be attained during ten-minute breaks by taking the stairs or walking around the unit. For nurses who have patients able to walk, take the patient on a walk can boost the patient's mood, as well as the nurse. This can also foster a trusting relationship with the nurse and patient. Sleep is another important aspect of stress prevention and stress relief (Lanier, 2019). One should practice going to bed the same time every night and

waking up at the same time. Most phones have sleep hygiene alarms. Making sure to get at least eight hours of sleep is important for resting the brain and the body.

Other self-care activities explored in an independent study by Lanier (2019), explains the importance of balancing work and home life, taking time for leisure activity. Limit overtime hours and avoid switching from night and day shifts during the same schedule period. Learn to say “no”, if one is feeling “burnt out”, it is important to not work extra and utilize time off. It is also important for persons working night shift to space shifts out, allowing time for our bodies to adjust to our sleep cycle. One should attend continuing education courses and workshops or professional training exercises regularly. Team building workshops are also important to foster healthy work relationships that build lasting friendships. Social engagement and social contact allow for expression of stress and protects us from burnout and compassion fatigue (Lanier, 2019).

Summary of Literature Review

The first step in reducing compassion fatigue is to acknowledge that it does exist, and nurses are at risk. The workplace should support nurses in achieving healthy self-care and self-awareness practices, encourage self-assessment, and aid nurses in obtaining interventions to mitigate compassion fatigue. Policy should support a healthy workplace allowing adequate breaks, productive workflow, flexible schedules, and support systems through leadership and teamwork collaboration. Education should be offered to nurses and organizations over compassion fatigue and burnout to increase awareness and foster a culture change. A culture change should allow for recognition and support, therefore decreasing nurse turnover rates and increasing job satisfaction.

Chapter III

Methods

Project Design

For this scholarly project, quantitative research was utilized using quasi-experimental design. This study's intention is to evaluate compassion fatigue knowledge before and after implementing an intervention using compassion fatigue education and self-assessment techniques. This study design allows the researcher to gather objective data and statistically examine results to answer research questions:

- What is the current knowledge base and attitudes over compassion fatigue?
- Does implementing a compassion fatigue education module increase understanding development of compassion fatigue and nurse burnout?
- Can education regarding self-care or self-awareness interventions, and compassion fatigue self-assessment training tools set a foundation of culture change?

The project examined compassion fatigue knowledge before and after education training using pre and post-test measures. Responses will be kept confidential using Qualtrics software. Although there is a greater risk of violation of confidentiality using a

pre and posttest design, responses will be kept confidential using an anonymous identifier.

Target Population and Setting

The target population for this scholarly project consisted of registered nurses who provide direct patient care within a rural hospital in northeast Oklahoma. BSN-DNP registered nurse colleagues were also included to increase response rates. To determine sample size a confidence interval is used and Terry (2018) described this process as "sample mean derived from a population parameter". A sample size calculator calculated the minimum number of participants as x to reach a ninety five percent of confidence. There are approximately 49 nurses available, the sample size goal will be 44 participants to meet statistical constraints using 5% margin of error.

Target population recruitment

Nurses were recruited using convenience sampling. The type of sampling consists of selecting volunteer participants who are widely available and easily accessible (Terry, 2018). All Registered Nurses providing direct patient care were sent an email inviting then to participate in the education program. Emails were sent through a global nursing leadership distribution list. A designated nursing leader sent the email utilizing the instruction links to pretest, posttest, and educational tool and video that was provided by the primary investigator. A full explanation over course details is provided. Email and responses will be kept confidential using Qualtrics software. Informed consent was assumed by accepting to participate.

Financial Analysis

- Indirect cost includes individual RN participating in the online education presentation, pretest and posttest questionnaires on their own time.
- Presentations was recorded and emailed via link at no cost to participants.
- SPSS program to evaluate results of projects provided by Pittsburg University.
- Total cost was indirect and did not cost institution dollar amounts.

Inclusion and Exclusion Criteria

Inclusion criteria required participants to have an active Registered Nurse license, working or continuing education in areas of clinical practice chosen for this study. Exclusion criteria were ages less than eighteen years, non-English speaking, and any registered nurse with an active grievance against the health care organization.

Protection of Human Subjects

IRB approval was obtained from Irene Ransom Bradley School of Nursing, Pittsburg State University, and from the rural hospital research committee. Participants were voluntary and data was collected anonymously. All participants were over the age of eighteen years. Informed consent was assumed by accepting to participate in the pretest questionnaire.

Instruments

Pretest and posttest questionnaires were provided to all participants to collect data. The pretest included demographic questions including age, gender, years of practice, and education background. Participants were assigned a unique code number so personal identification was kept anonymous for each form.

Following the pretest participants participated in an online compassion fatigue education video or podcast and nurses were coached on self-assessment and awareness techniques to recognize signs and symptoms of compassion fatigue and burnout. Interventions and resources to prevent and protect nurses from Compassion Fatigue were included. An educational handout was printed with education objectives. A pre and posttest was developed to evaluate the effectiveness of the educational presentation. The educational video was available to be viewed as a presentation or listened to as a podcast via the following link: https://youtu.be/EkcnWtUwjPA.

Often people learn by different methods such as visual aids, listening, or hands on. Education podcasts or YouTube video allowed the listener portability and convenience since nurses are busy and often unable to participate in continuing education during the workday due to their demanding jobs. Podcasts could be downloaded to a mobile device, or car Bluetooth, providing instant access to learning modules with ease anytime or anywhere (The Podcast Host, 2020). Allowing easy access kept participants involved and increased retention of participants.

Procedure

The project committee approval of proposed research program and obtainment of IRB approval began the study process. Then informed consent was acquired of participants before beginning the compassion fatigue awareness and education program. Data collection began with an email to participants to partake in the pre-test prior to the CF education program. Following the pre-test within the same email a link provided for nurses to participate in the educational presentation through an online presentation. After education training was completed participants were provided a link to complete the post-

test. The pre and post-test survey questions served to gather data regarding the studies outlined objectives and research questions. Qualtrics software kept email and responses confidential.

Pretest-Posttest Design

The pretest-posttest research design examined products or outcomes of interest, before applying the intervention compared to after integrating the intervention (Terry, 2018). Refer to appendix A for pretest survey and appendix B for posttest survey questions. The order of implementation:

- Pretest evaluating nurses' knowledge of compassion fatigue.
- Education tool and PowerPoint presentation/media video over compassion fatigue was presented. The presentation included how to recognize warning signs or symptoms, prevention, and interventions, tailored to individuals and to the organization.
- Nurses were educated over a self-assessment tool developed by Stamm (2012) Professional Quality of Life Scale (ProQOL). The thirty questions scale assessed three sections including compassion satisfaction, burnout level, and secondary traumatic stress or compassion fatigue.
- Posttest was conducted to evaluate the knowledge gained from compassion fatigue education.
- Data was collected over the effectiveness of the education tool and presentation.

Registered Nurses providing direct patient care were sent an email inviting then to participate in the education program. Emails were sent through a global nursing

leadership distribution list that included all nursing staff. A designated nursing leader sent the email utilizing the instruction links to pretest, posttest, and educational tool and video that was provided by the primary investigator. A full explanation over course details was provided. Email and responses were kept confidential using Qualtrics software. Qualtrics software is a secure web application to build and operate research, manage online surveys and databases (Qualtrics, 2020). It provided the primary investigator the ability to collect input and output data from surveys using autonomous features. The software used audit trails, automated export features, and had a built-in project calendar.

After participants read the explanation, they were informed that they gave consent by participating in the pre-test, viewing the educational video, and completing the posttest. Demographic data was collected with pretests. No personal identification information will be obtained. A pre-test will be conducted to evaluate the participants' understanding of compassion fatigue in nursing. Compassion fatigue education presentation was emailed to all participants, along with attached educational tools. The presentation was followed by a post-test to determine and examine the nurse's knowledge of compassion fatigue.

Evaluation Methods

Responses to the pre and posttest were coded and analyzed using SPSS. Statistical analysis included the use of descriptive statistics, frequencies, comparison of means, correlational analysis using Eta and Pearson's as appropriate for the type of data being analyzed, and independent samples t-test for analysis of variances.

The overall goal of the statistical analysis portion of this project was to assess the value of compassion fatigue education and the relationships to nurse perceived burnout

and nurse outcomes. Evidence was gathered to show the value of the CF education program for use in future nursing education. This study revealed future research needs as well.

Educational Tools

Attached to appendix will be pretest, posttest, and educational tools.

Chapter IV

Results

The purpose of this study was to evaluate knowledge and increased awareness of compassion fatigue in nursing. Knowledge and attitudes were assessed before and after an educational presentation utilizing pre-test and post-test surveys. Educating nursing staff on the warning signs of compassion fatigue (CF), prevention measures, and interventions to mitigate CF could create a culture change with the goal of decreasing nurse burnout and turnover rates. The following PICOT question was proposed: "For nursing professionals (P), how does implementation of a compassion fatigue education program (I), improve nurses ability to recognize CF and mitigate compassion fatigue symptoms (O), evaluated with a pretest prior to the education course, and posttest after course completion, over two weeks' time (T)?

Demographics

The survey was offered to forty-nine registered nurses at a rural hospital in Northeast Oklahoma and to BSN-DNP registered nurse colleagues at Pittsburg State University. Twenty-nine respondents participated in both the pretest and posttest, resulting in about a sixty percent participation rate (59.2%). Inclusion criteria required participants to be registered nurses actively working in a clinical setting. Demographic

information was collected via pretest including age, gender, years of nursing practice, nursing program first completed, highest degree achieved, and area of specialty.

The age of respondents ranged from 20-60 years of age and older. The age group of 30-39 represented almost one half (44.8%) of the participants in this study. Most participants were female (96.6%). The participants reported varying years of experience ranging from 1-5 (31%), 6-10 (24.1%), 11-15 (31%), and 15 or greater (13.8%). Most respondents initially obtained an associate degree in nursing (55.2%), and many of the nurses went on to obtain their bachelor's degree (55.2%). A diversity of specialty was reported by participants. Additional demographic information is presented in Table 1.

Table 1:

Demographics of Respondents (N=29)

Characteristics	N	%
Age		
20-29	7	24.1
30-39	13	44.8
40-49	4	13.8
50-59	4	13.8
60 and greater	1	3.4
Gender		
Male	1	3.4
Female	28	96.6
Years in practice		
1-5	9	31.0
6-10	7	24.1
11-15	9	31.0
15 and greater	4	13.8
First nursing degree		

ADN	16	55.2
BSN	8	27.6
LPN program then enrolled in RN Bridge	5	17.2
Highest degree		
Associate	11	37.9
Bachelor	16	55.2
Master	2	6.9
Area of Primary Work		
Critical Care Unit	5	17.2
Surgical Services	1	3.4
Cardiac Care Unit	3	10.3
Medical Surgical Unit	6	20.7
Rehabilitation	2	6.9
Emergency Department	3	10.3
Obstetrics and Maternity Services	2	6.9
Behavioral Services	5	17.2
Palliative Care	2	6.9

Quantitative Results

Pretest

The pretest questionnaire had twenty-three questions ranging from true or false, multiple choice, or yes and no response. The questions were designed to test knowledge base over compassion fatigue and occurrence of self-care practices. Analysis showed the nurses had a strong knowledge base or awareness of compassion fatigue with a mean score of 29.31 out of forty-four possible points (SD=3.253). The meaning of compassion fatigue and risk of burnout increasing occurrence was well understood by participants. Further education concerning the concept of CF development was identified by question

"caring for a patient experiencing a traumatic illness could result in the nurse developing vicarious trauma", answered correctly at 82%. Again, this is demonstrated through question "compassion fatigue is best defined as a pathological condition that results from a caregivers' inability to manage his/her emotional responses to caring for patients", with 59% of respondents answered this question correctly. Additional area of improvement was identified through the scenario question #19, only 17% of participants answered correctly.

Common themes were identified for current self-care practices and needs for improvement. About half of respondents (52%) did not currently participate in an exercise program. Most of the participants reported that they did not participate in meditation. Participants reported using music therapy 'sometimes' at 41%. Sleep hygiene practices were utilized 'sometimes' by 28% and never utilized by 24%. Less than half of participants reported they would use a Zen room 'sometimes' (45%). Most nurses (97%) reported they have never used the compassion fatigue self-assessment tool. Current rate of self-care and self-awareness practices reveal a need for improvement. Please refer to Tables 2 and 3 for a more complete analysis of the pretest questionnaire.

Table 2.

Item analysis of compassion fatigue in nursing knowledge pretest (n=29)

Questions		Correct Answer	Correct Answer %
2	Compassion is a critical component of providing quality of nursing care.	C	90
3	Learning about compassion fatigue is one method to engage in self-care	A	100

4	Compassion is a critical component of good nursing care and can never be a deterrent to good care.	A	100
5	Nurses experiencing burnout are at greater risk for developing compassion fatigue.	A	100
6	A nurse who is experiencing unresolved compassion fatigue is a greater risk for errors in the workplace.	A	100
7	The first step in dealing with compassion fatigue is acknowledgement	A	100
8	Signs of compassion fatigue include the following	F	90
9	Engaging in self-care means setting boundaries and saying “no”	A	100
10	Self-care practices to prevent compassion fatigue include	F	97
11	Interventions for combating compassion fatigue include	D	97
17	Caring for a patient experiencing a traumatic illness could result in the nurse developing vicarious trauma	A	82
18	A nurse experiencing compassion fatigue	D	80
19	A nurse working in a rehabilitation center has been caring for a patient who suffered life-altering injuries as a result of a fire that destroyed the home. The patient also lost his two young children in the fire. The nurse has two children of similar ages as the patient’s children. She has begun to avoid this patient, complaining to her co-workers that she is unable to sleep. Her irritability, short tempers make others go out of their way to avoid her as much as possible. The nurse is most likely experiencing	D	17
20	Compassion fatigue can affect the overall health care delivery system if	A	100
21	Compassion fatigue is best defined as a pathological condition that results from a caregivers’ inability to manage his/her emotional responses to caring for patients	A	59
23	Seeking social contact, participating in peer support groups, reduces effects from compassion fatigue?	A	100
24	Consuming a healthy diet low in trans-fat, refined sugars, preservatives can lower the effects of stress on the body/ mind?	A	100

Table 3.

Self-care prevention and interventions mitigate compassion fatigue pretest (n=29)

Questions		Common response	Common response %
12	Do you currently participate in an exercise program	No	52
13	Do you currently participate in some type of meditation practice	No	76
14	Would you use a Zen room or Oasis room to relax and take a break if an area was available at your workplace	Sometimes	45
		Most of the time	10.3
15	I listen to music to release stress at work	Sometimes	41
16	Have you ever used the Professional Quality of Life Scale (ProQOL) to assess your level of Compassion Fatigue or Secondary Traumatic Stress	Never	97
22	Do you use sleep hygiene techniques to reduce fatigue levels	Sometimes	28
		Never	24

Posttest

The same questionnaire was completed after watching or listening to the compassion fatigue education course. To have access to the posttest, the participant had to respond 'yes' that they attended compassion fatigue education. If participants reported, "no they did not attend education," answers were eliminated from analysis for pretest and posttest. The mean score for posttest was 30.76, with 44 possible points (SD=4.059). More than half of respondents reported they now participate in an exercise program (53%), prior to the education course, more than half of respondents did not participate in an exercise program (52%). Respondents were more open to using a Zen room (55%), and 17% of respondents reported using ProQOL scale to assess level of compassion fatigue, up by 14% prior to education course.

Table 4.

Item analysis of compassion fatigue in nursing knowledge posttest **(n=29)**

Questions		Correct Answer	Correct Answer %
3	Compassion is a critical component of providing quality of nursing care.	C	94
4	Learning about compassion fatigue is one method to engage in self-care	A	100
5	Compassion is a critical component of good nursing care and can never be a deterrent to good care.	A	100
6	Nurses experiencing burnout are at greater risk for developing compassion fatigue.	A	100
7	A nurse who is experiencing unresolved compassion fatigue is a greater risk for errors in the workplace.	A	100
8	The first step in dealing with compassion fatigue is acknowledgement	A	100
9	Signs of compassion fatigue include the following	F	97
10	Engaging in self-care means setting boundaries and saying “no”	A	100
11	Self-care practices to prevent compassion fatigue include	F	100
12	Interventions for combating compassion fatigue include	D	97
18	Caring for a patient experiencing a traumatic illness could result in the nurse developing vicarious trauma	A	100
19	A nurse experiencing compassion fatigue	D	83
20	A nurse working in a rehabilitation center has been caring for a patient who suffered life-altering injuries as a result of a fire that destroyed the home. The patient also lost his two young children in the fire. The nurse has two children of similar ages as the patient’s children. She has begun to avoid this patient, complaining to her co-workers that she is unable to sleep. Her irritability, short tempers make others go out of their way to avoid her as much as possible. The nurse is most likely experiencing	D	37
21	Compassion fatigue can affect the overall health care delivery system if	A	100
22	Compassion fatigue is best defined as a pathological condition that results from a caregivers’ inability to manage his/her emotional responses to caring for patients	A	73

24	Seeking social contact, participating in peer support groups, reduces effects from compassion fatigue?	A	100
25	Consuming a healthy diet low in trans-fat, refined sugars, preservatives can lower the effects of stress on the body/ mind?	A	100

Table 5.

Self-care prevention and interventions mitigate compassion fatigue posttest (n=29)

Questions		Common response	Common response %
13	Do you currently participate in an exercise program	Yes	53
14	Do you currently participate in some type of meditation practice	No	70
15	Would you use a Zen room or Oasis room to relax and take a break if an area was available at your workplace	Sometimes	40
		Most of the time	30
16	I listen to music to release stress at work	Sometimes	47
17	Have you ever used the Professional Quality of Life Scale (ProQOL) to assess your level of Compassion Fatigue or Secondary Traumatic Stress	Never	83
23	Do you use sleep hygiene techniques to reduce fatigue levels	Sometimes	23
		Never	20

Analysis

The pretest total scores mean was 29.31 with a standard deviation of 3.253. The posttest total scores mean was 30.76 with a standard deviation of 4.702. There was a mean difference of 1.448 points between the pretest and posttest. But this difference was not a statistically significant difference (t=-1.659, p = .108). Alpha value used was .05. See Table 6 and Table 7 for pretest and posttest scores and Table 8 for paired samples statistics.

Table. 6

Pretest Scores

Scores	Frequency	Percent
23	2	6.9
25	1	3.4
26	2	6.9
27	2	6.9
28	5	17.2
29	4	13.8
30	4	13.8
31	3	10.3
33	4	13.8
35	1	3.4
37	1	3.4
Total	29	100.0

Mean = 29.31 SD = 3.253

Table 7.

Post-test Scores

Scores	Frequency	Percent
23	1	3.4
26	2	6.9
27	2	6.9
28	2	6.9
29	3	10.3
30	8	27.6
31	3	10.3
33	2	6.9
34	2	6.9
35	2	6.9
41	1	3.4

42		1	3.4
Total		29	100.0

Mean = 30.76 SD = 4.059

Table 8.

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Pretest Score	29.31	29	3.253	.604
	Posttest Score	30.76	29	4.059	.754

		Paired Differences					
Paired Samples Test		Mean	Std. Deviation	Std. Error Mean	t	df	Sig. (2-tailed)
Pair 1	Pretest Score – Posttest Score	-1.448	4.702	.873	-1.659	28	.108

Summary

Data analysis was performed using IBM SPSS Statistics. A paired sample was completed with the data from the 29 participants. The pretest mean score over CF knowledge was 3.3, and posttest mean score 4.1, which is a mean gain of 1.4. A paired t-test did not show a statistically significant difference as noted in Table 8. Although this study was unable to determine statistical significance, there are positive outcomes noted in an overall increase of correct responses from pretest to posttest concerning nurse's knowledge of compassion fatigue after receiving provider education. Reports of self-care and self-awareness interventions improved after nurses participated in a compassion

fatigue education module (see Tables 2-5). Results could be affected by low response rate of participants and that data collection took place over a two-week time period, creating time constraints for participants. Several participants emailed researchers after the project end date that they would still like to complete the educational module and had full intentions to participate but had prior obligations during project rollout.

Chapter V

Discussion

The purpose of this scholarly project was to evaluate compassion fatigue (CF) knowledge and attitudes of registered nurses before and after implementing an educational presentation teaching warning signs of compassion fatigue, prevention, and interventions to mitigate CF. The project goal was to educate nurses to use ProQOL self-assessment techniques to assess level of compassion satisfaction, burnout, and secondary trauma stress or compassion fatigue, then matching self-care or self-awareness interventions, creating a culture that recognizes compassion fatigue. When compassion fatigue is acknowledged as a concern for nurses, professional outcomes such as turnover and burnout rates will improve. This quasi-experimental study design allows the researcher to gather objective data and statistically examine results to answer the following research questions:

- What is the current knowledge base and attitudes over compassion fatigue in nursing?
- Does implementing compassion fatigue education increase understanding concerning development of compassion fatigue and nurse burnout?

- Can education regarding self-care or self-awareness interventions, and compassion fatigue self-assessment training tools set a foundation of culture change?

Research Outcomes

What are the current knowledge base and attitudes over compassion fatigue in nursing?

Nurses must entirely understand the concept of compassion fatigue to be able to recognize that they are at risk and be able to identify signs and symptoms that could be experienced. Having an understanding will also provide nurses with the ability to support other nurses suffering from CF. Coping with the stress of compassion fatigue is often enhanced by a strong social support network (Harris & Griffen, 2015). According to Perregrini (2019) the term compassion fatigue was created by Carla Joinson in 1992. Joinson stated, “nurses coping with frequent heartache had lost their ability to nurture patents” as cited by Perregrini (p. 51). Over time, nurses caring for patients suffering from an illness, trauma, or life-threatening event, tend to experience their patient’s emotions or grief if not able to relieve that person's suffering. This can lead to internalization of vicarious trauma, and, if not released through proper coping mechanisms, will develop into secondary traumatic stress or termed compassion fatigue (Cocker & Joss, 2016). Improved knowledge of compassion fatigue was an expected outcome and demonstrated by improved scores from pretest and posttest by 1.5 points and a standard deviation of 0.81. Again, this was not statistically significant but could be related to lower response rate of participants and a short collection time of two weeks.

Does implementing compassion fatigue education increase understanding concerning development of compassion fatigue and nurse burnout?

After completing provider education, scores improved for the posttest questions 3, 18-20, and questions 22. There was a scenario of a nurse experiencing CF in question 20.

> A nurse working in a rehabilitation center has been caring for a patient who suffered life-altering injuries as a result of a fire that destroyed the home. The patient also lost his two young children in the fire. The nurse has two children of similar ages as the patient's children. She has begun to avoid this patient, complaining to her co-workers that she is unable to sleep. Her irritability, short tempers make others go out of their way to avoid her as much as possible. The nurse is most likely experiencing.

Correct responses to this question went up from 17% to 37% from pretest to posttest, a twenty percent increase. This demonstrates gained knowledge concerning development and experience of CF.

Another question examining knowledge of CF concept development is question 22 "compassion fatigue is best defined as a pathological condition that results from a caregivers' inability to manage his/her emotional responses to caring for patients." Correct response rate went up by 14%. The principle of this question was discussed during the educational presentation as knowing your trauma input and matching a positive coping response. Kinman and Leggetter (2016) discuss that "coping is constantly changing cognitive and behavioral efforts to manage specific external and internal demands perceived as taxing or exceeding the resources of the person" (p. 93). Coping

can be emotion or problem focused. Examples of coping skills suggested were journal writing, counseling, peer support groups, and meditation practices using the five senses.

Can education regarding self-care or self-awareness interventions, and compassion fatigue self-assessment training tools set a foundation of culture change?

A study by Rao and Kemper (2016) incorporated online training focused on positive-emotion-generating meditation among nursing personnel to foster mindfulness using positive emotion thinking to increase cognitive function, mental health, and overall sense of well-being. This type of training increases positive emotion, social support, and mental health, several factors that combat compassion fatigue. A meta-analysis study found that mindfulness-based stress reduction resulted in improved depression, anxiety, coping style, and quality of life (Bazarko et al., 2013). The response rate to the question "do you currently participate in some type of meditation practice?", went up by 3% percent from pretest to posttest. Although this was not a substantial increase, nurses were more open to the idea of meditation after receiving education. Further ideas could be generated concerning nurses' attitudes over meditation possibly through qualitative interviews.

Aerobic physical activity increases cognition and academic achievement (Meeusen, 2014). Research has shown that exercise is important for overall physical health but can also enhance mental health by effects of releasing endorphins and reducing cortisol levels produced from stress (Balchin et al., 2016). Exercise can be a great outlet to release trauma input and help protect the nurses' body from injury when performing patient care. Several exercise routines and strengthening exercise techniques tailored to nursing were discussed in the education video. Following education, more than half of

the nurses responded that they do participate in an exercise program at 53%, increased from 49%.

Creating a space for self-awareness and self-care practices can essentially protect nurses from compassion fatigue or burnout. A quality improvement project conducted by an urban ICU department launched an Oasis room and found a 12% reduction in unit turnover rates and an 18% reduction in use of sick days (Christiana Care News, 2017). Although limited research has been conducted concerning use of Oasis rooms, benefits have been noted. There was an increase by 15% in nurses reporting that they would utilize an Oasis room "sometimes" and "most of the time" compared to pretest responses. Use of music therapy as a self-care practice increased by 6%. The fact that sleep hygiene practices showed little to no increase supports the need for further education regarding the benefits of sleep hygiene. ProQOL self-assessment tool education was provided explaining the process of measuring each scale and how to interpret the meaning of each. The ProQOL tool is commonly used in research to measure negative and positive effects of compassion fatigue (Stamm, 2012). The ProQOL has sub-scales for compassion satisfaction, burnout and compassion fatigue and has been around since 1995 and since updated. Posttest response resulted in a 15% increase in likelihood of using the self-assessment tool. Ninety-seven percent reported never using the ProQOL tool prior to receiving education. The website to access the tool was provided to the nurses during the educational presentation.

Observations

Interestingly, the knowledge level of compassion fatigue for nurses was higher than expected at a mean score of 29. It can be assumed that nurses are aware of the

meaning and concepts surrounding compassion fatigue based on project findings. If awareness and understanding exists for nurses, then one must wonder why are there not uniform policies in place within healthcare organizations to protect healthcare providers from CF? One hundred percent of the participants answered correctly that compassion fatigue can affect the overall health care delivery system. Based on the apparent knowledge of nurses regarding compassion fatigue, it is interesting to note that the nurse burnout level and turnover rates are above 30% in our nation. (Elements of Joy Survey: Oklahoma Results, 2019).

Another fascinating finding was that scores improved the most regarding self-care and self-awareness practices after receiving education over their importance to prevent and mitigate CF. The study revealed that nurses are willing to explore and participate in self-care interventions to reduce CF risk and occurrence. A nurse emailed the researcher after participation, "Your presentation was great! As a nurse that just recently suffered from compassion fatigue, I really appreciate this information. I had never heard of vicarious trauma. I appreciate all your interventions to reduce it and methods to prevent it." Nurses are experiencing CF firsthand; organizations need policies in place to address this practice issue. The need for more evidence-based practice guidelines concerning compassion fatigue policy and further research is needed (Harris and Griffin, 2015).

Evaluation of Theoretical Framework

Paris & Terhaar (2010) discuss that "good communication, control over practice, empowered decision making, and teamwork, are all aspects of a practice environment that increase nurse/patient satisfaction and quality outcomes" (p. 11). Maslow theorized that "people are intrinsically motivated toward psychological growth and self-

development" (Paris & Teraar, 2010, p. 12). The hierarchy of human needs has five levels in ascending order, ranging from physiologic needs at the base, through safety, belonging, and needs for esteem and self-actualization at the top of the pyramid. Education was provided to meet physical needs which were identified by the study as self-care, self-awareness, prevention, and interventions to combat CF. Safety needs were identified by the study as a need for social support and support from leadership to create awareness and culture change. Building nurses comfort levels by discussing occurrence of compassion fatigue openly with peers, and leadership members. The needs for belonging was identified as a need for teamwork, collaboration, and communication to create a healthy workplace. Progressing to the top means meeting needs for self-actualization and self-esteem; believing in one's ability is achieved through continued education and being in control of workplace practice, identified as a continued process.

Evaluation of Logic Model

The logic model for this project proposed short-term and long-term goals. Short-term goal was to improve staff knowledge of compassion fatigue and to learn prevention and mitigation steps to correct CF. This achievement was represented by improved pretest to posttest scores. Although an increase in the sample size might increase the potential for significant improvement. Nurses reported a 15% increase in use of self-assessment tools, but further research is needed to explore effectiveness on burnout rates, as this was not measured in this study. Long-term goals concerned improving nurse turnover rates, increasing job satisfaction, and decreasing burnout rates. A repeat Joy survey was to be conducted at the end of this study to assess long term goals but was

delayed due to the COVID-19 pandemic, halting all non-essential communication within the hospital organizations.

Limitations

There were several limitations to this study. First, there was a poor response rate of participants, resulting in a smaller sample size of twenty-nine nurses. Goal response rate was approximated to be forty-four nurses. Response rate could be related to the two-week time constraint for data collection. Dates of the project started March 12,2020, through March 26, 2020, and coincided with the beginning of hospital rapid response to the COVID 19 pandemic. As lead researcher, a question was raised if nurses were experiencing information overload or if time constraints prevented full participation potential. In addition, the researcher was denied the ability to send reminder emails due to the communication overload regarding COVID 19. Second, several respondents reported not viewing the education presentation, so their responses were excluded. A question was raised if the length of the education presentation was too time consuming for nurses to complete. Nurses work long hours and must balance work and family life around twelve-hour shifts. Third, a concern was that the questionnaire pretest was identical to the posttest except for the demographics. Bias could be formed from a sense of formality from pretest to posttest.

A question was raised if shortening the questionnaire and adding in some qualitative open-ended questions could have explored further nurse attitudes concerning CF and common themes formed to mold future research needs.

Implications for Future Projects and Research

To increase response rate, the researcher could easily relaunch the educational project

during the annual competency fair, unit meetings, and safety huddles. Timeframe would be an ideal post COVID outbreak. Handouts could be utilized to decrease the amount of time required for the educational course. Implementing self-care interventions in the workplace such as adding an Oasis room, peer support groups, and providing covered lunch breaks are a few interventions that can provide nursing staff with necessary tools to increase resiliency and manage compassion fatigue. To expand on original research an additional project could be conducted examining levels of CF. Participants can take the Professional Quality of Life Scale. Examining baseline compassion fatigue level, burnout rates, and compassion satisfaction levels among different specialties could expand possible compassion fatigue management interventions, tailoring needs across multiple nursing roles or provider roles.

Implications for Practice, Health Policy, and Education

As discussed before, further evidence-based practice research is required to develop and test interventions for compassion fatigue across different clinical settings. Results could be used to introduce standard policy change in the workplace to provide support and resources for nurses who recognize CF in themselves or colleagues. Providing standards for leadership and healthcare organizations creates a healthy workplace with decreased nurse turnover rates and improved job satisfaction and nurse retention. A healthy nursing workforce will create improved patient outcomes and organizational wellbeing.

Conclusion

This study aimed to improve the knowledge base concerning compassion fatigue and increase awareness. Previous studies noted a lack of policy and evidence-based guidelines concerning interventions to combat compassion fatigue for providers across healthcare organizations. This was supported by studies that found high burnout rates, increased nurse turnover, and decreased job satisfaction linked to high levels of compassion fatigue for healthcare providers. The outcomes of this study revealed a willingness of nurses to use interventions to help reduce compassion fatigue risk and occurrence. It is important that additional research is conducted to develop evidence-based guidelines in the workplace to address intervention needs for healthcare providers who suffer from compassion fatigue. Addressing occurrence and reducing CF leads to a stronger healthcare organization with the ability to provide compassionate quality of care to our communities.

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Appendix

Appendix A

Using self-care and self-assessment education to reduce Compassion Fatigue in Nursing

Pre-Test Form

Directions: Please complete the pre-test and demographic form. There is only one answer per question.

Please circle or otherwise indicate the correct answer.

1. Compassion fatigue is best defined as:

a. A condition experienced only by nurses or professional caregivers.

b. A character flaw that arises when a care provider does not have the resources needed to provide care to patients

c. A syndrome that includes physical, emotional, and spiritual exhaustion that affects an individual's desire and ability to care for others.

2. Learning about compassion fatigue is one method to engage in self-care

a. True

b. False

3. Compassion is a critical component of good nursing care and can never be a deterrent to good care.

a. True

b. False

4. Nurses experiencing burnout are at greater risk for developing compassion fatigue.

a. True

b. False

5. A nurse who is experiencing unresolved compassion fatigue is a greater risk for errors in the workplace.

a. True

b. False

6. The first step in dealing with compassion fatigue is acknowledgement

a. True

b. False

7. Signs of compassion fatigue include the following:

a. Verbalizing frustration at always taking care of high acuity patients.

b. Increased anxiety levels and mood swings.

c. headaches, back pain, muscle aches.

d. Frequent illness/missed days from work

e. Lack of interest with patient care needs

f. All the above.

8. Engaging in self-care means setting boundaries and saying “no”

a. True

b. False

9. Self-care practices to prevent compassion fatigue include.

a. Regular exercise

b. Balance between work life and family life

c. Limit overtime, avoid switching from night shift to day shift

d. Taking breaks to refresh the mind

e. Mindful practices such as spiritual prayer, meditation, deep breathing exercise, and listening to music when feeling stressed.

f. All the above

10. Interventions for combating compassion fatigue include.

a. Setting aside relaxation time.

b. Practicing adequate sleep hygiene

c. Continuing education and professional development.

d. All the above

11. Do you currently participate in an exercise program?

a. Yes

b. No

12. Do you currently participate in some type of meditation practice?

a. Yes

b. No

13. Would you use a Zen room or Oasis room to relax and take a break if an area was available at your workplace?

a. Never

b. Rarely

c. Sometimes

e. Always

14. I listen to music to release stress at work?

a. Never

b. Rarely

c. Sometimes

e. Always

15. Have you ever used the Professional Quality of Life Scale (ProQOL) to assess your level of Compassion Fatigue or Secondary Traumatic Stress?

a. Never

b. Rarely

c. Sometimes

e. Always

16. Caring for a patient experiencing a traumatic illness could result in the nurse developing vicarious trauma.

a. True

b. False

17. A nurse experiencing compassion fatigue:

a. Is at risk for substance abuse

b. Is more likely to make medication errors

c. May avoid intense patient situations

d. All the above

e. None of the above

18. A nurse working in a rehabilitation center has been caring for a patient who suffered life-altering injuries as a result of a fire that destroyed the home. The patient also lost his two young children in the fire. The nurse has two children of similar ages as the patient's children. She has begun to avoid this patient and has complained to her co-workers that she is unable to sleep. Her irritability and short temper make others go out of their way to avoid her as much as possible. The nurse is most likely experiencing

a. Burnout

b. Vicarious trauma

c. Stagnation

d. Compassion fatigue

19. Compassion fatigue can affect the overall health care delivery system if:

a. Nurses who experience compassion fatigue decide to leave nursing for another less stressful occupation.

b. Experienced nurses are not available to mentor new graduates and help them adapt to the demands of patient care.

c. Compassion fatigue results in high unit turnover, increased job dissatisfaction, and decreased nurse retention.

d. All the above are correct.

20. Compassion fatigue is best defined as a pathological condition that results from a caregivers' inability to manage his/her emotional responses to caring for patients?

a. True

b. False

21. Do you use sleep hygiene techniques to enhance your sleep and reduce fatigue levels?

a. Never

b. Rarely

c. Sometimes

d. Always

22. Seeking social contact and participating in peer support groups reduces effects from compassion fatigue?

a. True

b. False

23. Consuming a healthy diet low in trans-fat, refined sugars, and preservatives can lower the effects of stress on the body and mind?

a. True

b. False

24. What is your age group?

a. 20-29

b. 30-39

c. 40-49

d. 50-59

e. > 60

25. What is your gender?

a. Female.

b. Male

c. Transgender

26. Years of practice?

a. 1-5 years

b. 6-10 years

c. 10-15 years

d. > 15 years

27. What type of nursing program did you first complete?

a. ADN program

b. BSN program

c. LPN program then enrolled in RN bridge

d. Other

28. What is your highest degree completed?

a. Associate

b. Bachelor

c. Masters

d. Other

29. What area do you work primarily?

a. Cardiac Care Unit

b. Critical Care Unit

c. Emergency Department

d. Behavioral Services

e. Medical Surgical Unit

f. Obstetrics and Maternity Services

g. Rehabilitation

h. Step Down Unit

i. Surgical services

j. Heart and Vascular Care

k. Wound care

l. Oncology/Pain Management

m. Palliative Care

Appendix B

Using self-care and self-assessment education to reduce Compassion Fatigue in Nursing

Post-Test Form

Directions: Please complete the posttest form. There is only one answer per question.

Please circle or otherwise indicate the correct answer.

Screening Question: Have you watched the educational video/podcast over compassion fatigue.

a. Yes

b. No

(Survey will stop if the answer above is No. Participants will be redirected to view video prior to completing posttest).

1. Compassion fatigue is best defined as:

a. A condition experienced only by nurses or professional caregivers.

b. A character flaw that arises when a care provider does not have the resources needed to provide care to patients

c. A syndrome that includes physical, emotional, and spiritual exhaustion that affects an individual's desire and ability to care for others.

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b. False

3. Compassion is a critical component of good nursing care and can never be a deterrent to good care.

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5. A nurse who is experiencing unresolved compassion fatigue is a greater risk for errors in the workplace.

a. True

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c. headaches, back pain, muscle aches.

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f. All the above.

8. Engaging in self-care means setting boundaries and saying “no”

a. True

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a. Regular exercise

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c. Limit overtime, avoid switching from night shift to day shift

d. Taking breaks to refresh the mind

e. Mindful practices such as spiritual prayer, meditation, deep breathing exercise, and listening to music when feeling stressed.

f. All the above

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d. All the above

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d. Always

22. Seeking social contact and participating in peer support groups reduces effects from compassion fatigue?

a. True

b. False

23. Consuming a healthy diet low in trans-fat, refined sugars, and preservatives can lower the effects of stress on the body and mind?

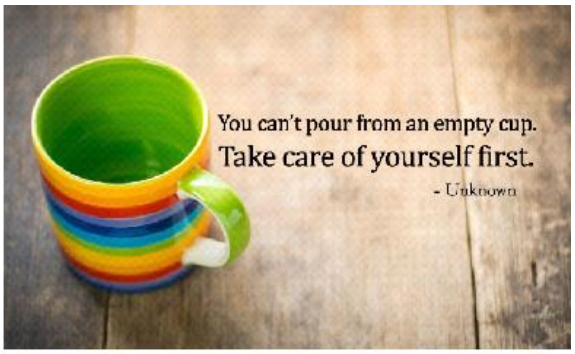
a. True

b. False

Appendix C
Educational Tool

Compassion Fatigue in Nursing: How to recognize the signs

- Health care professionals, especially nurses, are exposed to demanding situations and circumstances that predispose them to experience compassion fatigue that can present itself through physical and psychological health issues.
- Compassion fatigue research has found a link between higher rates of burn out to patient care errors and poor patient outcomes.



How can we combat Compassion Fatigue?

- Learn the signs and symptoms of compassion fatigue
- Prevention is key!

Signs of Compassion Fatigue

Job Dissatisfaction

- Verbalizing frustration at always taking care of the most difficult patients
- Complaining about limited support from the unit and/or supervisor
- Complaints of poor staffing

Physical and mental health decline

- Increased anxiety levels, mood swings
- Lethargy, fatigue
- Difficulty with sleep
- Addictive behavior such as substance abuse
- Headaches, back pain, muscle aches
- Change in appetite
- Frequent illness/missed work days

Detachment/Hopelessness

- Lack of interest in patients
- Decreased response times to patient needs
- Decreased interaction with peers and co-workers
- Decreased participation in unit base activities and committees
- Decreased interaction with family and friends
- Feelings of failure and self-doubt

Compassion Fatigue Prevention and Interventions

Self-awareness Practices

- Taking breaks refresh the mind (lunch breaks are important!)
- Identify a go to coworker you can talk with when feeling stressed or over-whelmed (social contact is an antidote to stress)
- Identifying proper roles or assignments for you and co-workers
- Mindful practices such as spiritual prayer, meditation, deep breathing exercise, and listening to music when feeling stressed
- Journal writing allows for reflection and self-awareness

Self-Care

- Exercise releases endorphins, decreasing sense of stress and pain
- Find balance in your life, take time off for family, friends, and leisure
- Limit overtime, avoid switching from night shift to day shift
- Proper nutrition, drink plenty of water during shift, avoid holding bladder
- Avoid excess caffeine, trans fats, and foods high in preservatives, these can adversely affect mood
- Avoid excess alcohol

Burnout Recovery

- Set Boundaries, learn word "no"
- Set aside relaxation time daily
- Get plenty of sleep
- Continue education and professional development

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Appendix D

Pittsburg State University Application for Approval of Investigations Involving the Use of Human Subjects

Pittsburg State University
Application for Approval of
Investigations Involving the
Use of Human Subjects

This application must be completed by the Investigator and sent to the Office of Graduate and Confluence Studies by the first Tuesday of the month during the fall and spring academic semesters to be considered for full review on the second Tuesday of the month.

exempt reviews can be turned in any time. For questions about the review process contact Brian Peery in Russ Hail, #112, Ext. 4175.

1. Investigate 01(s) Name(s): Priscella Caron

2. Department: BSN-DNP Program PSU Nursing

3. Local Address: 2402 Parkway Ave. Coffeyville KS 67337

4. Phone: 620-870-8384

5. E-mail Address: pcaron@güs.pittstate.edu

6. Project Title: Using provider education about self-care to reduce compassion fatigue in nursing

7. Expected Completion Date: Mav 1 st. 2020

8. Expected Starting Date January 21st -2020

9. Is this project (check all that apply): Use review criteria in Form CR-I to determine which category of review applies.

Application for Full Review	Protocol Change	Thesis/Special Investigation
Being submitted for external support	Continued Review	Application for Expedited Review
Being conducted in a foreign country	Faculty Research	Application for Exempt Review
Publishable research	A Class Project	

10. If notification of human subject approval is required give date required:

Name of agency:

11. If you are a student, complete the following:

Faculty Sponsor: Barbara McClaskey PhD, APRN, RNC

Department: Irene Ransom Bradley School of Nursing

Phone: 60.0-9.3 5-4443

**** If submitted externally, a complete copy of the proposal must be submitted to the RB ****

CERTIFICATION AND APPROVAL

Certification by Investigator: I certify that (a) the information presented in this application is accurate, (b)only the procedures approved by the IRB will be used in this project, (c)modifications to this project will be submitted for approval prior to use, and that all guidelines outlined in the PSU Policy and Assurance Handbook for the Protection of Human Subjects will be followed as well as all applicable federal, state and local laws regarding the protection of human subjects in research as outlined in Form VA-1.

Priscilla Carson 12-2-19

protect• as outlined in Form VA-I.

Signature of Investigator Date

Faculty Sponsor: If the Investigator is a student, his/her Faculty Sponsor must approve this application. I certify that this project is under my direct supervision and that I accept the responsibility for ensuring that all provisions of approval are met by the investigator.

Barbara McCloskey

Signature of Faculty Sponsor

12/11/19

Date

Department Review Committee Chair: I acknowledge that this research is in keeping with the standards set by our department, university, state and federal agencies and I assure that the student principal investigator has met all departmental requirements for review and approval of this research.

Signature of Department Review committee Chairperson

12/11/19

Date

CPHRS Chairperson

12/13/19 BP

Date

L Description of the Subjects (If advertising for subjects, include a copy of the proposed advertisement.)