Compassion Fatigue: An Education Intervention Program for Trauma Nurses

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Abstract

With the increasing demands of health care on nurses, nurse leaders should focus on ensuring that providers have the resources needed for self-care. Compassion fatigue was identified as a problem at the practice site. The quality improvement project aimed to provide the development and implementation of a policy driven initiative for trauma nurses regarding education on recognizing, preventing, and identifying methods of coping with compassion fatigue. Participants completed a demographic form, pre-questionnaire over compassion fatigue, and a ProQOL scale prior to the education intervention. Four weeks after the education intervention, the participants completed a post-questionnaire and a ProQOL scale to measure the differences. The pre-questionnaire results showed that trauma nursing participants all had average to high compassion levels. None of the questionnaires indicated high levels of burnout or secondary traumatic stress. 33.3% of participants' questionnaires demonstrated average burnout and 22% with average secondary traumatic stress. Four weeks after the education intervention, post-questionnaires were completed and analyzed. Two questionnaires from participants had a change in a subscale category demonstrated by a decrease from high compassion satisfaction to average and an increase from low burnout to average burnout. Such a quality improvement project places emphasis on training programs that may have a positive impact on the personal and professional lives of nursing staff. The goal of such programs is aimed at improving the well-being of nurses and promoting high quality patient care.

Keywords: compassion fatigue in nursing, burnout, secondary stress syndrome, education for compassion fatigue, interventions for compassion fatigue

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Introduction and Background

Compassion fatigue, a common phenomenon in nursing, compromises a health care provider's ability to provide high-quality care to the patient population. Adams, Boscarino, & Figley (2006) describe compassion fatigue as the emotional exhausting professionals experience from working with traumatized patients.

Trauma nurses are continuously exposed to the suffering of others in the workplace which in return can cause stress. Individuals experiencing compassion fatigue report symptoms of sadness, depression, and anxiety (Figley, 1995). Other reported symptoms include disconnectedness, helplessness, and lack of motivation (Harris & Griffin, 2015).

Job related stress can have a negative effect on an individual´s enjoyment of work (Van Mol, Kompanje, Benoit, Bakker, & Nijiamp, 2015). Increase in absenteeism, turnover, poor quality of care and patient satisfaction are some of the effects of compassion fatigue felt by health care providers (Wentzel & Brysiewicz, 2014).

Nurses may acquire coping skills after being educated about the problem to help ensure they are mentally and physically equipped to perform their duties (Harris et al., 2015). Nurse leaders can provide education necessary to promptly identify symptoms of compassion fatigue and the ability to implement interventions to maintain a healthy lifestyle.

Problem Statement

Policy development may be one way to help leadership identify and assist trauma nurses that may be experiencing compassion fatigue. Working in a chaotic environment can take a toll on nurses. Exposure to pain, suffering, and trauma may affect the health and well-being of health care professionals (Sabo, 2011).

By addressing compassion fatigue, institutions may ultimately see reduced nursing turnover (Slatten, 2011). Additionally, compassion fatigue awareness can enhance self-esteem and foster the ability to handle difficult situations and stressors experienced in health care environments (Finzi-Dottan & Kormosh, 2016).

Throughout the last year, a large acute care center in Kansas has experienced 30% turnover within the trauma department. Compassion fatigue could be linked to the turnover within the trauma department. Nurses within the trauma team have expressed concerns over high patient acuity and a large increase in trauma activations. It was observed by the project leader that the above-mentioned factors may be contributing to compassion fatigue and high turnover of the nursing staff at a large acute care center in Kansas.

Purpose Statement

The purpose of this project will be to develop and implement a policy on compassion fatigue which will include an initiative to educate trauma nurses on recognizing, preventing, and identifying methods of coping with compassion fatigue. The policy will include guidelines to assist nursing leadership in helping nurses acquire coping mechanisms for compassion fatigue. The implications for positive social change include ensuring nurses are prepared with the tools needed to bring about an increase of nursing and patient satisfaction while recognizing a condition that will affect the outcomes of patient care and their well-being.

The problem addressed in this quality improvement (QI) DNP project will be CF, which may be experienced by nurses working in the trauma unit. The effects of CF cross nurse-patient boundaries and affect patients and what is expected as part of the patient's quality care experience.

Nurses have a history of witnessing tragedy faced by patients and family members (Boyle, 2011). With multiple environmental stressors within the workplace, tools need to be provided to the nurses on the forefront to ensure the mental health of these providers. Policy development utilizing an educational seminar regarding the implementation of strategies is an example of a project development and a practice change initiative.

Nurses need to become knowledgeable about compassion fatigue symptoms and interventions to develop a personal plan of care to achieve a healthy work-life balance (Lombardo & Eyre, 2011). Sorenson, Bolick, Wright, & Hamilton (2016) found that education programs that taught recognition and prevention of compassion fatigue were found to be effective for coping. To sustain knowledge among the trauma nursing staff, a policy will be created that requires annual compassion fatigue education.

Project Objectives

The goal of this doctoral prepared project (DNP) will be to develop a policy that will be used to support the awareness and coping strategies for trauma nurses regarding compassion fatigue. An internal education initiative will be included to provide the nurses knowledge of this policy and subject matter. Objectives for the DNP project will include:

1. Develop a policy on compassion fatigue to be used by trauma staff nurses.
2. Present the developed compassion fatigue policy to stakeholders for approval.
3. Evaluate the impact that a compassion fatigue policy may have to nurse leaders when working with trauma nursing staff.

The Project Question

The project question will be: will a policy (I) promote how compassion fatigue is identified in trauma nurses (O) in a hospital trauma department?

Search Terms

Scholarly articles were examined for this DNP project utilizing nursing databases such as The Cumulative Index of Nursing and Allied Health (CINAHL) and Medline for peer-reviewed nursing journals and articles via the Touro University library. The key terms used when conducting the literature search included compassion fatigue in nursing, burnout, secondary stress syndrome, education for compassion fatigue, and interventions for compassion fatigue.

The 30 articles chosen for the literature review were peer reviewed and ranged in year of publication from 2007 to 2017. Only the last ten years of literature was utilized to find the most current definitions and concepts utilized in research. Unpublished materials such as dissertations and theoretical papers were not included. The literature selected was then reviewed and synthesized for this literature review.

Review of Literature

Many strategies exist for combating compassion fatigue. This DNP project will focus on the development and implementation of a policy that delivers education surrounding compassion fatigue. The ability to provide compassionate care is an expectation of all nurses (Bloomfield & Pegram, 2015). Along with technical skills, providing compassion is an intrinsic element of nursing care. The purpose of this literature review is to identify, review, synthesize, and analyze existing literature that addresses compassion fatigue and interventions to include during policy development.

Impact of the Problem

Compassion fatigue may place the nursing staff at high risk for poor professional judgement, reduced job satisfaction, and increased turnover (Yang & Kim, 2016). Consequences

such as these can cause disruption in the health care environment. Compassion fatigue is often integrated with secondary stress syndrome and burnout.

Researchers from different professions such as nursing, social work, and psychology have been studying compassion fatigue to further understand and address the problem. If compassion fatigue is not addressed early, it can cause permanent consequences (Boyle, 2011). Health care organizations must acknowledge the importance of compassion fatigue and have an understanding of how to recognize when someone may be experiencing and appropriate intervention (Harris et al., 2015).

Yang et al. (2016) conducted a research study with the aim of identifying turnover intention while considering compassion fatigue as one factor. Data collected and analyzed found that occupational trauma events were found often a direct impact on compassion fatigue. With such results, compassion fatigue can negatively affect a nurse's job satisfaction. The study highlighted the importance of nurse manager's awareness of the relationship between occupational trauma events and compassion fatigue. This study is only one of multiple in which research was conducted on compassion fatigue vs. compassion satisfaction in health care environments.

Nurses working in critical care environments are at risk for compassion fatigue (Sacco, Ciurzynski, Harvey, & Ingersoll, 2015). Additional risk factors such as caring for traumatized individuals were at higher risk for developing compassion fatigue. The relationship between standards for a health work environment and professional quality of life requires further investigation (Sacco et al., 2015).

Addressing the Problem with Current Evidence

Schroeter (2014) recommended that trauma programs should acknowledge that compassion fatigue exists and are a reality in trauma-related professions. The team should be educated on how to recognize symptoms in themselves (Fearon & Nicol, 2011).

Additionally, educational programs that taught recognition and prevention of compassion fatigue were effective in teaching resilience and coping mechanisms (Michalec, Diefenbeck, & Mahoney, 2013). In addition to educational interventions, researchers found a positive workplace environment can affect compassion fatigue. Hunsaker, Chen, Maughan, and Heaston (2015) found that poor administration was another contributing factor to developing compassion fatigue.

The literature supports the need for providing education on the prevention, recognition, and coping strategies for compassion fatigue. Within previously published literature, educational interventions have proven to be successful for reducing the effect of compassion fatigue.

A common theme among the literature was a formal education that a program or seminar was utilized. Flarity, Gentry, and Mesinkoff (2013) implemented a four-hour compassion fatigue seminar that included a video documentary and an interactive group discussion. The efficacy of the education was measured with the Professional Quality of Life Scale (ProQOL) and determined to have significance by decreasing compassion fatigue. The ProQOL scale is a common scale utilized to measure compassion satisfaction and compassion fatigue.

Of the many articles examined, one aspect was constant in that nursing staff benefited from a formal education program or seminar on compassion fatigue. By implementing a policy with best practice guidelines regarding compassion fatigue identification, nurses and leaders can self-identify and use coping strategies to combat compassion fatigue.

Theoretical Model

Charles Figley is well known for his role in trauma research and scholarship. Figley's (2002) compassion stress and fatigue model will serve a guide throughout this DNP project. Figley's (1995) studies over the cost of caring emerged over two decades ago.

The model is based on the assumptions that empathy and emotional energy are the driving forces necessary for working with those suffering and how to establish and maintain an effective therapeutic alliance and how to deliver effective services (Figley, 1995; 2002a). The model is made up of eleven different variables that together predict compassion fatigue. The model provides appreciation for what causes compassion fatigue and what is required to prevent and treat it (Figley, 2002).

Nursing leaders can use the model to predict compassion fatigue in nursing staff and work through interventions to treat the problem. The model can promote better understanding of compassion fatigue. With a better understanding, nurse leaders can identify how to address compassion fatigue within the professional environment. Understanding the risks and predictors of compassion fatigue can lead to policies that help promote awareness among nursing staff.

Empathetic Ability

Health care providers often attempt to alter the behaviors and/or emotions of patients while providing care, by providing emotional support, also known as empathy (Adams et al., 2006). Empathetic behaviors include listening to others, which also includes discussing feelings, and perspective taking. The ability to empathize is key to helping others and being vulnerable to the costs that come with caring (Figley, 2002). The virtues of empathy provide the resources and skills necessary to deliver the high-quality health care in a professional manner (Marcum, 2013).

Tenets of the Theory

The key elements of the theory include empathic ability, empathic response, and residual compassion fatigue. The model is based on assumptions that empathy and emotional energy are all highly critical elements necessary for the formation of a therapeutic relationship with the patient and a therapeutic response from the provider (Sabo, 2011). The tenets of theory which support compassion fatigue are those discussed further as follows:

Empathetic Concern

Stocks, Lishner, Waits, & Downum (2011) define empathic concern as an emotional response of compassion and concern by witnessing someone else in need. Compassion satisfaction has been strongly associated with empathic concern (Gleichgerrcht & Decety, 2013). Clinical empathy is an element of high quality care and is associated with that of improve patient satisfaction and adherence to treatment plans (Gleichgerrcht et al. 2013).

Exposure to the Client

Figley (2002) defines exposure to the client as experiencing the emotional energy of the individual through that of direct exposure. Empathic concern and empathic ability in the nurse can produce an empathic response which may result in compassion stress (Sabo, 2011).

Empathetic Response

Health care providers often aim to reduce the suffering of a patient which is considered the empathetic response. Empathetic communication is an example of how the health care provider can respond to patients that are suffering. Empathy is an essential skill that can be taught and provide improvement. (Buckman, Tulsky, & Rodin, 2011).

Compassion Stress

The perceived demands derived from experiencing the suffering of others and wanting to help relieve individual suffering in some way is called compassion stress (Figley, 1995; 2002). Compassion fatigue is defined as resulting from prolonged exposure to compassion stress according to Figley (1995).

Sense of Achievement

The sense of achievement is one factor that Figley (2002) identifies as effective in lowering or preventing compassion stress. The sense of achievement is what some professionals may feel after being satisfied with the help or care provided to the patients. For example, trauma nurses may get this feeling after doing everything possible in a resuscitation and having a successful outcome.

Disengagement

Disengagement is the second factor Figley (2002) described as another method to lower or prevent compassion fatigue. With disengagement, providing distance from the suffering is one way the professional may try to disengage. Self-care methods have the potential to minimize harm from compassion fatigue and promote personal and professional well-being (Sanchez-Reilly et al., 2013).

Prolonged Exposure

Prolonged exposure occurs when the professional feels responsible for the care of an individual for an ongoing period. Prolonged exposure to compassion fatigue can result in less enjoyment of career and self-worth which could result in drug and alcohol usage (Wentzel et al., 2014).

Traumatic Recollections

Memories that trigger symptoms such as depression and anxiety make up traumatic recollections. Traumatic recollections stimulate the symptoms of posttraumatic stress disorder (PTSD), depression, and generalized anxiety (Figley, 1995).

Life Disruption

Life disruptions can cause a various amount of stress in a health care professional. Figley (2002) described these disruptions as unexpected changes in schedule, routine, and managing the responsibilities of life. When combined with the other variables of the model, the health care professional has an increased risk of compassion fatigue (Figley, 2002).

Compassion Fatigue

Figley's (2002) model can help predict the onset of compassion fatigue and help in preventing and/or mitigating fatigue. Negative consequences can occur from experiencing compassion fatigue. Using the model as a guide, the DNP project can be designed to meet the needs of the health care providers.

Applications of Tenets to DNP Project

Harrison and Westwood (2009) argued that addressing the problem of compassion fatigue is an ethical requirement for professionals and those who employ them. A combination of the tenets in the model increased the chance of developing compassion fatigue. Using the understanding of what predicts compassion fatigue, an educational initiative can be delivered targeting the key tenets.

Description of Project Design

The project design includes the development of a policy that outlines an annual educational initiative for the topic of compassion fatigue. The DNP project is intended to identify

whether the implementation of an educational initiative supported by a policy can impact the compassion fatigue trauma nurses experience. In addition, the policy includes that education will be provided to the trauma nurses annually on compassion fatigue. The education will include information on the possibility of developing compassion fatigue as a result of caring for patients experiencing traumatic life events, the emotional and physical symptoms associated with compassion fatigue and to develop self-care activities that can be implemented at the first sign of compassion fatigue. By implementing this project, the hospital can better prepare the trauma nurses on self-care and provide the education necessary for resiliency.

Initial planning for this project consisted of a literature review to determine best practice interventions for covering the topic of compassion fatigue. After the critical appraisal of relevant evidence, it was determined that the intervention of the development of a policy on compassion fatigue supported by an educational offering would be the best practice. The trauma nursing population was identified as an area of interest due to the traumatic events witnessed every day.

Population of Interest & Stakeholders

The population of interest for the participants in the project will include approximately 15 nurses within the trauma department at a level one trauma center. Non-accidental trauma related deaths doubled in the past year. Trauma nurses have verbalized that these added resuscitations have been difficult on their emotional well-being.

When a nurse develops symptoms of compassion fatigue, it can have a lasting effect on physical and emotional health. These last effects can cause increased errors on the job, decreased efficiency, low morale, and high turnover which all affects the patient in some way (McSteen, 2010).

Several meetings were held with key stakeholders within the hospital to gain support for the project. Key stakeholders included the director of trauma services, the director of trauma research, the director of chaplain services, the process improvement coordinator, and the nurses within the department that may be affected by compassion fatigue. The stakeholders deal with the direct results of the impact compassion fatigue has on the nurses.

Whether the impact is that of turnover, increased call-ins, or other negative effects, the key stakeholders should work towards proactively addressing these issues. While recognizing and providing supporting interventions for nurses is crucial, employers would also be wise to consider incorporating preventative measures (McSteen, 2012).

Recruitment Methods

Recruitment of participants will take place by email notifications and announcements within monthly staff meetings leading up to the implementation of the project. Email notifications were selected as the primary means of communication because the nursing staff are expected to check their emails during each shift. The participants were self-selected to participate as a part of a pre-established cohort. The pre-established cohort will include nurses working within the trauma department at the established site. Nurses who float to work within the trauma bay from other units or who respond to trauma activations but are not primarily employed within by the department will be excluded from the project.

Tools/Instrumentation

The data collection for this project will be accomplished by a pre-and post-questionnaire created by the project leader. The questionnaire will be completed by the participating nurses measuring the knowledge and understanding of compassion fatigue. The questionnaire was sent out to three experts to rate the content validity of each questionnaire item. From the relevance

rating, the project leader was able to calculate a content validity index score of 1.5. This calculated content validity index score is appropriate as the acceptable score is 0.78 (Polit & Beck, 2006).

The project leader will conduct an hour long educational session to address the phenomena of compassion fatigue via a PowerPoint presentation. The education will include definitions, the risk factors for developing compassion fatigue, and resiliency strategies which include self-care activities that can be implemented at the first sign of compassion fatigue.

The ProQOL and accompanying materials are free tools that may be freely copied and used as long as the author is credited, no changes are made, and the material is not sold. Additional permission was obtained from the author via email. The PowerPoint was developed based on evidence-based practice in the literature by the project leader and will focus further on compassion fatigue.

The ProQOL-V scale will be used to allow for nurses to be aware of the calculated scores and how compassion may affect the personal life of an individual. The tool is used to measure compassion satisfaction and compassion fatigue. The scale is comprised of 30 statements which are rated on a 5-point Likert scale.

The author of the ProQOL-V tool has established construct validity. Additionally, the tool has been tested extensively and found to be reliable with the following Cronbach alphas reported for the 3 scales are as follows: CS 0.88, burnout: 0.75, and secondary traumatic stress: 0.81 (Berger, Polivka, Smoot, & Owens, 2015).

Additionally, the nurses will be introduced to the proposed policy that requires annual education surrounding compassion fatigue. The annual education in the proposed policy will be conducted in the same manner as that included in this project.

Data Collection Procedures

Prior to the presentation, the nurses will complete a demographic information form, and a ProQOL-V scale via paper form. After the presentation, a post-questionnaire will be handed out that collects what the nurses learned from the education provided. The post test will be picked up by the project leader.

Paper questionnaires will be utilized for collection of the data thirty days post intervention. Identical questionnaires will be placed in each participant's work mailbox for completion. The questionnaire will include the ProQOL scale and additional questions related to the content presented in the PowerPoint presentation. After completion of the questionnaires the nurses will put the questionnaires in the drop box for the project leader to pick up. The questionnaires and data will be stored in a locked cabinet within a locked office. The project leader will be the only individual with access to the data.

The aggregate data will be downloaded into an excel spreadsheet and imported into SPSS. Following the manual, the score will indicate whether the individual is at a low, average, or high level of compassion satisfaction, burnout, and secondary stress syndrome. Additional SPSS tests that will be run will described in further detail in the analysis section.

Intervention/Project Timeline

As discussed, the intervention will take place as an hour long educational session that includes a pre-test and post-test to assess the previous knowledge and learning of the nurses. After the approval of the project by the hospital quality department and Touro University, the educational initiative driven by the new policy will take place approximately one month later.

Recruitment of participants will start in January 2018. Emails will be sent requesting the nurses within the department to participate and the details of the project. The nurses will be notified of the date in which the implementation of the project is taking place.

During this same month, the project lead will work on the educational PowerPoint to meet the outlined objectives. The instruments, educational tools, and the quality improvement proposal will be submitted the first week of January to receive site approval by the start the project.

A reminder email will be sent to the nurses the week prior to the implementation. During this time, the project lead will finalize the educational PowerPoints and make copies of the paper questionnaires in preparation for distribute to participants on the date of project implementation. The chaplain will be contacted again to ensure his presence during the session.

At the educational session, the nurses will be briefed again on the DNP project and that participation is voluntarily. The project lead will describe the instruments and how to fill out the instrument without using any identifying data. The demographic form, pre-questionnaire, and ProQOL scale will be passed out for completion and collected by the project lead. After collection, the project lead will present the educational PowerPoints.

After completion of the educational initiative, knowledge will be re-assessed immediately using a post-questionnaire. The post-questionnaire will collect data over the content presented in the education. After collection of the completed questionnaires and PROQOL-5 scale the project lead will describe to the nurses how to complete the 30-day post-intervention questionnaire.

A reminder email will be sent to the participants three weeks after the educational offering reminding them about the upcoming questionnaire and ProQOL scale. At the 30-day mark, post-educational questionnaire and ProQOL tool will be distributed to the nurses' work

mailboxes via paper forms. After completion, the nurses will leave completed questionnaires in the designated drop box.

The nurses will be able to turn the questionnaires during the seven-day period. After the seven-day period, the questionnaires will be collected and analyzed. Once the data is analyzed, the data will be evaluated to see whether there is an inverse relationship between the implementation of a policy driven educational intervention and retained knowledge of compassion fatigue. In addition, the results of the ProQOL will be assessed to determine whether the nurses experienced any changes in compassion satisfaction and compassion fatigue.

Ethics and Human Subjects Protection

The practice site will not require separate IRB approval. The following project is quality improvement in nature and therefore, do not require formal IRB review. The protection of human rights will be maintained throughout the implementation of this evidence-based DNP project. The identity of the staff nurses and the facility will be confidential. The participants in this project are the staff nurses of a trauma unit at a hospital. To protect ethical project implementation and human subjects, measures will be put in place to prevent confidentiality and privacy breaches. To protect the participants no identifiers or names will be used during data collection or analysis of the information. Each participant's forms will be numerically identified to avoid the use of names of participants. The participants agree to participate in the educational program by reading the introductory letter explaining the project.

The data will be shared with nurse leaders after coding has been completed to maintain confidentiality. For confidentiality purposes the only individuals with access to pre and post questionnaires will be the nurse and the project leader. The benefits of participating in this quality improvement project include increasing knowledge of compassion fatigue and strategies

to decrease it in order to create a healthier work environment for trauma nurses. There are minimal risks to participating in the quality improvement project. Participants will spend about one hour of personal time to attend the educational session and completion of the pre and post questionnaires; there will be no other compensation for participating.

Plan for Analysis/Evaluation

The analysis process will be a formative process after the completion of the educational initiative and policy development. The tools will be scored as recommended in the ProQOL manual developed by Stamm (2010). The completed ProQOL-5 tool will be statistically analyzed using IBM SPSS Statistics. The internal validity of each subscale within the ProQOL-5 tool will be assessed using Cronbach's Alpha test.

Demographics will be reported with descriptive statistics using means and standard deviation or frequencies and percentages where appropriate. Open-ended questions will be reviewed and themes identified. The scores for the three subscales in the ProQOL-5 (compassion fatigue, compassion satisfaction, and secondary traumatic stress) scale will be scored and participant will be categorized based on interpretation scales. Frequencies (percentages) of category inclusion will be reported. Shifts in CF categories between pre and post scale assessments will be analyzed using Pearson chi square analysis and/or Fisher's exact test to determine change in categorical assignment.

The project will answer two questions: 1) What is the severity and prevalence of compassion fatigue among trauma nurses at Wesley Medical Center? 2) Did an educational initiative lead to improvement in level of compassion fatigue among trauma nurses?

Significance/Implications for Nursing

This DNP project will help the facility develop a policy for future development of how to address compassion fatigue within the nursing population. Care may be affected by nurses who develop compassion fatigue and secondary stress from work related experiences. Using the educational initiative and the policy, the nurses can identify potential changes in their own behavior to improve self-care. By addressing compassion fatigue in nursing, leaders are opening the door to ensure open lines of communication between staff.

Identifying elements in the work environment that may contribute to compassion fatigue is essential to maintaining a healthy, professional quality of life. Successful interventions to reduce compassion fatigue include individual coping skills, effective communication, and relaxation exercises (Van Mol et al., 2015). Leaders can work to provide available resources to the staff by understanding what can contribute to compassion satisfaction. A better understanding of compassion fatigue has the potential to improve the overall well-being of health care provides which ultimately leads to better patient care and retention within the profession (Sorenson et al., 2016).

Analysis of Results

The quality improvement project was expected to determine will a policy on compassion fatigue (1) promote how compassion fatigue is identified in trauma nurses and, (O) in the hospital trauma department at a practice site by implementing a policy on compassion fatigues and a training in-service to trauma staff nurses. The data analyzed included pre and post questionnaire tools and the ProQOL-v tool.

Demographic findings were analyzed with descriptive statistics using means and standard deviation or frequencies and percentages. Open-ended questions were reviewed, and themes

identified. The scores for the three subscales in the ProQOL-5 (compassion fatigue, compassion satisfaction, and secondary traumatic stress) scale were scored and the results were categorized using the interpretation scales provided by the ProQOL v-tool manual.

Frequencies (percentages) of category inclusion will be reported. Shifts in compassion fatigue categories between pre and post scale assessments were analyzed using Pearson chi square analysis and/or Fisher's exact test. The pre and post questionnaires were completed by participants and the data was analyzed using the Statistical Package of Social Sciences (SPSS), version 25.

Demographics of Participants

The pre-questionnaire tool included demographic data (Appendix C). There were five items that were evaluated: age, gender, highest education obtained, years of experience, and employment status. The descriptive statistics using means and standard deviation, or frequencies and percentages were used to report the demographic information collected from participants.

There were fifteen nurses that were invited to participate in the quality improvement project. The findings indicated that there were nine participants (60%) that attended the compassion fatigue offering and completed the pre and post implementation questionnaires. The (60%) participant rate was considered appropriate due to the small department size and requirement of adequate staffing of the trauma resuscitation bay so patient care would not be affected. A sample size does not have to be large in order gaps in a system that require quality improvement (Etchells, Ho, & Shojania, 2016).

The findings indicated that all nine participants completed the pre- and post-questionnaire-ProQOL-V tool. The findings indicated that the nine participants specialized in trauma resuscitation nursing. The findings indicated that the participants were 77.7% female with ages ranging from 28-59 years of age. The mean age for the participants was 38.

The findings indicated 44.4% of participants with an associate degree and 33.3% of participants with a master's degree. The number of years in trauma nursing practice of participants included: 33.3% with 1-5 years, 22.2% with 6-10 years, and 44.4% with greater than 12 years of experience. All nine participants were of full time employment status. Table 1 included the demographics of participants in this quality improvement project.

Table 1

Participant Demographics (N=9)

	M (SD)
Age	38 (10.8)
Years of experience	12.3 (8.9)
	f (%)
Gender	
Female	7 (77.7)
Male	2 (22.2)
Highest education	
Associates	4 (44.4)
Bachelors	2 (22.2)
Masters	3 (33.3)
Employment status	
Full time	9 (100)

Note. SD= standard deviation.

Analysis of Pro-QOL Scores

All pre and post questionnaires were de-identified to protect the confidentiality and privacy of all participants. The data was collected and scored using Microsoft Excel to create a codebook. The data was analyzed using the SPSS 25.0 software. The Pro-QOL V tool has three subscales within the questionnaire tool (compassion satisfaction, compassion fatigue, and

secondary traumatic stress). The Pro-QOL V scale were scored by reversing indicated scores, finding the sum of each subscale, and converting the raw score to a t-score using the t-score conversion table published by Stamm (2009) as recommended in the Pro-QOL V manual. After the conversion, each participant was categorized back on the interpretation scales of the Pro-QOL V tool.

According to the Pro-QOL V manual, a score of 22 or less has correlation with low levels of compassion fatigue, secondary traumatic stress, and that of burnout. A score between 23 and 41 on the scale correlates with average levels and a score of 42 or higher is correlated to high levels.

The pre-questionnaire results of the Pro-QOL scale showed average to high compassion levels were reported by nine (100%) of the participants. Additionally, none of the participants reported high levels of burnout or secondary traumatic stress. Average burnout was reported by 33.3% of the participants and average secondary traumatic stress by 22.2% of participants (Table 2).

Table 2

Interpretation of individual scales of the Pro-QOL Pre- Education Questionnaire (N=9)

	f (%)		
	Low	**Average**	**High**
Compassion satisfaction[a] (high score desired)	0 (0)	5 (55.5)	4(44.4)
Burnout[b]	6(66.6)	3(33.3)	0 (0)
Secondary trauma stress[c]	7 (77.7)	2(22.2)	0 (0)
The Pro-QOL 30 Post-Education Questionnaire (N=4)			
	f (%)		
	Low	**Average**	**High**
Compassion satisfaction[a]	0(0)	2 (50)	2 (50)
Burnout [b]	3(75)	1(25)	0(0)
Secondary trauma stress[c]	4(100)	0(0)	0(0)

From The Concise ProQOL Manual (2nd ed.). Pocatello, ID: ProQOL.org
[a] Satisfied with one's job and helping
[b] Unhappiness, disconnectedness, and insensitivity
[c] Feeling trapped, on the edge, exhausted, and overwhelmed

There were four 30-day post questionnaires that were returned. The findings of these questionnaires indicated that of these four participants (50%) experienced high levels of compassion satisfaction. 75% of participants -reported low burnout levels and 100% of participants reported low levels of secondary traumatic stress (Table 3). The pre and post Pro-QOL V scale scores showed only two participants had a change in a subscale. One participant went from a high compassion satisfaction average while another participant went from low burnout to average.

Identification of Themes

There were nine participants that completed a pre-questionnaire (Appendix C) which showed what themes were currently identified with compassion fatigue risks, prevention, and coping mechanisms. After completion-of an education session on a compassion fatigue (Appendix D), the participants completed an identical questionnaire to evaluate if any of the themes had changed. Thirty days following the intervention, the participants completed the same questionnaire to identify the themes and compassion fatigue information was retained by the participants.

The open-ended questions were reviewed and themes identified. For all the pre-questionnaires, the themes that were identified by the participants included that of emotional states and loss of ambition.

The pre-implementation questionnaire common themes identified for self-care strategies included: making time for self and away from work, healthy habits, and seeking assistance. The

immediate post-questionnaire revealed the same themes except for taking time away from work. In the 30-day post questionnaire, the participants identified less toward seeking assistance and more towards taking time for self or away from work. These themes are outlined in Table 4.

Table 4

Common Themes Identified

Themes Identified	Pre-Questionnaire	Immediate Post-Questionnaire	30 Day Post-Questionnaire
Signs/symptoms of CF			
Emotional states	15	11	9
Lack of ambition	7	0	2
Isolation	0	2	0
Substance use	0	1	0
Fatigue, Headache	1	2	1
Other	1	3	1
Risk factors for developing CF			
Traumatic experiences, caring for traumatized	3	6	2
High Demand, work load	13	9	7
Neglecting self-care	0	1	1
Problems occurring at home	2	1	
Lacking support system	1	0	2
Other	3	0	1
Strategies for to avoid when addressing CF			
Avoidance of issue	3	4	4
Substance use	1	5	8
Assigning blame	10	0	0
Avoiding healthy behaviors such as eating well, appropriate amount of sleep	0	6	0
Other	2	1	0
Self-care strategies to maintain resiliency			
Exercise	2	3	4
Healthy eating, proper hydration	2	4	2
Recommended amount of sleep	2	2	1
Avoiding substance use	2	0	0
Time for self, away from work	7	3	6
Friends and family support	2	3	0
Seeking assistance	4	9	1

Discussion of Findings

The purpose of the evidence-based project was to increase awareness about compassion fatigue through the development of a policy on addressing compassion fatigue within the trauma department. The departmental policy included an outline of a formal education offering that supported the facility and nurse leaders' commitment in addressing compassion fatigue and available resources.

Compassion fatigue is a phenomenon that is associated within the clinical setting to healthcare providers that respond to trauma events (Adams et al., 2006). The data collected from the pre and post implementation questionnaires demonstrated that the findings of the project showed that none of the participants demonstrated high risk for burnout and/or secondary traumatic stress syndrome. There were 9 participants that completed the pre-implementation questionnaire and 5 participants that completed the post implementation questionnaire. In addition, the findings showed that all the participants of both the pre and post implementation questionnaires demonstrated average to high compassion satisfaction.

The pre and post implementations questionnaires showed that most of the participants identified exposure of traumatic events and a stressful work environment as a contributing factor putting a person at risk for developing compassion fatigue. In addition, these participants identified emotional states/moods and the lack of ambition as common symptoms of compassion fatigue. The literature indicated that healthcare professionals that may be experiencing a high level of burnout may threaten patient care and outlines the importance that ensuring that healthcare professionals are able to recognize what compassion fatigue consists of and how to implement self-care strategies. (Chuang, Pei-Chi, Kuan-Han, Yen-Yuan, 2016).

Schroeter (2014) recommended that health care systems create a healthy work environment that aimed to prevent compassion fatigue and would address the needs of nursing staff who are currently experiencing compassion fatigue. The creation of a healthy work environment begins with providing the tools to empower the staff to develop a personal plan of care to prevent and address compassion fatigue.

The participants identified seeking assistance and maintaining healthy habits as the main self-care strategies for individuals that may be experiencing compassion fatigue. The project site currently offers an employee assistance program at no cost to the employees and the program can be utilized for several issues which includes compassion fatigue, burnout, and secondary traumatic stress.

Significance/Implications for Nursing

This evidence-based project is significant to nursing due to research that suggested the nurses employed in emergency departments may develop symptoms of compassion fatigue that interfere with providing empathetic care and quality patient outcomes (Dominguez-Gomez, 2009). Lack of empathetic care could interfere with the job performance of a nurse which might directly affect the hospital when it comes to medication errors, patient satisfaction, and overall patient outcomes.

The development and implementation of including compassion fatigue policies and training programs as part of an organization's annual competencies provides a focus on the long-term benefits for the nursing staff and the health care organization. A supportive leadership team that emphasizes the value of compassion fatigue training can lead to a positive culture change within the organization. The incorporation of such training programs and self-care strategies can impact to both personal and professional lives of healthcare providers. (Potter, Pion, & Gentry,

2015). Such a project is aimed at improving the well-being of nurses within the organization and promoting the quality of patient outcomes.

Limitations of the Project

There are several limitations of this DNP project that may have impacted the results. A limitation of this project included several major leadership changes and staffing shortages which occurred during the time fame of the project. During the timeframe of the project, a new trauma director was hired to this position and in addition there was staff turnover that lead to short staffing in the trauma resuscitation bay. These changes could have affected how the participants responded to questions that described the work environment.

In addition, a limitation of the project included that many nurses within the department expressed experiencing tension within the department; which may have affected the willingness to participate in the project which included discussions about compassion fatigue. However, the participants' perceptions of compassion fatigue and compassion satisfaction may change over time due to change within the workplace.

Another limitation of this project is the instrument used during the implementation phase. The tool was a published self-reporting measure which may produce a bias response in participations. Those who chose not to participate and could not participate due to short staffing may have higher or lower risks associated with compassion satisfaction, compassion fatigue, and secondary traumatic stress.

The findings of the project are not generalizable to all trauma nurses within the United States due to the small sample size. Despite such limitations, this project presents a preliminary step in identifying compassion fatigue in trauma nurses and highlights the need for additional research in this specialty.

Areas for Further Dissemination/Project Sustainability

Further projects could be conducted in various levels of trauma centers to determine the association between injury severity scores of patients and compassion satisfaction, compassion fatigue, and secondary traumatic stress syndrome. Different levels of trauma centers may need unique resources to address such experiences.

Health care organizations that sustain quality improvement efforts demonstrate evidence-based leadership that promotes an operation framework to reduce costs, improve quality of care, and enhance the satisfaction of patients (Studer, 2014). To sustain change with an organization, a culture of alignment, collaboration, and empowerment must be fostered.

To help foster such a culture, the facility could easily implement the educational project during the annual competency fair. Handouts could be utilized to decrease the amount of time required for the education deliverables. The project could be sustained with very little financial impact on the organization. Such education can provide nursing staff with the essential tools to increase resiliency and manage compassion fatigue.

Additional methods of dissemination for such a project included publishing in journals centered on health care professionals in the trauma spectrum. Many trauma centers host annual symposiums and such a project could be implemented into discussing the care of the health care professional. Dissemination of the project can motivate others to focus on compassion fatigue within the health care environment and emphasize the need for additional research around the subject.

Conclusion

The DNP project explored the experience of trauma nurses and experiences with compassion fatigue. The project provided the practicum student with further insight into the

perspectives of trauma nurses experiencing compassion fatigue and/or secondary traumatic stress syndrome. Awareness of perspectives and the impact of compassion fatigue on trauma nurses outlines the importance of addressing compassion fatigue experienced by health care providers.

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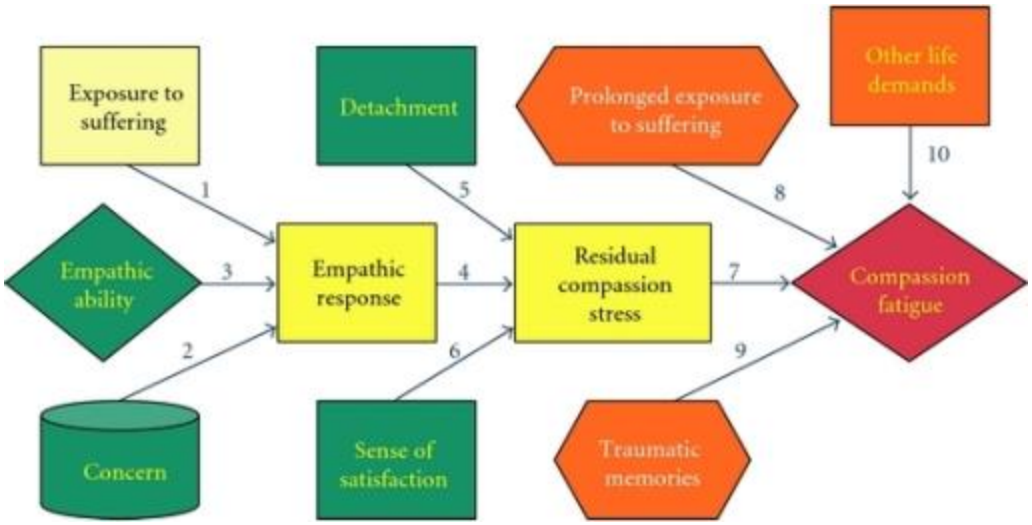
Appendix A

The Compassion Stress and Fatigue Model (Figley, 2002)



Appendix B

ProQOL Scale

Professional Quality of Life Scale (ProQOL)

Compassion Satisfaction and Compassion Fatigue
(ProQOL) Version 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some-questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

_____ 1. I am happy.
_____ 2. I am preoccupied with more than one person I *[help]*.
_____ 3. I get satisfaction from being able to *[help]* people.
_____ 4. I feel connected to others.
_____ 5. I jump or am startled by unexpected sounds.
_____ 6. I feel invigorated after working with those I *[help]*.
_____ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
_____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
_____ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
_____ 10. I feel trapped by my job as a *[helper]*.
_____ 11. Because of my *[helping]*, I have felt "on edge" about various things.
_____ 12. I like my work as a *[helper]*.
_____ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
_____ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
_____ 15. I have beliefs that sustain me.
_____ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
_____ 17. I am the person I always wanted to be.
_____ 18. My work makes me feel satisfied.
_____ 19. I feel worn out because of my work as a *[helper]*.
_____ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
_____ 21. I feel overwhelmed because my case [work] load seems endless.
_____ 22. I believe I can make a difference through my work.
_____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
_____ 24. I am proud of what I can do to *[help]*.
_____ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
_____ 26. I feel "bogged down" by the system.
_____ 27. I have thoughts that I am a "success" as a *[helper]*.
_____ 28. I can't recall important parts of my work with trauma victims.
_____ 29. I am a very caring person.
_____ 30. I am happy that I chose to do this work.

Appendix C

Compassion in Trauma Care: Demographic Questionnaire

Thank you for participating in this study. All information obtained from this questionnaire will remain confidential and will only be used for this project.

Instructions:

- Please answer all demographic questions.
- Only select one option for each question.

1. Age_____

2. Gender:
   a. Female
   b. Male

3. Highest level of education:
   a. Associates
   b. Bachelors
   c. Master's
   d. Doctoral

4. Years of experience as an RN:_____

5. Current employment status
   a. Full-time
   b. Part-time
   c. PRN

Thank you for participating in this quality improvement project. Your information will be kept confidential. Your 3/4 ID will only be used to connect each of the three questionnaires. Once all the questionnaires have been completed and put together, your 3/4 ID number will be removed and an anonymous number will be assigned. Your information will not be provided to your supervisor or any administration.

Appendix C

Pre-Questionnaire

#	Item
1.	Name 3 signs and symptoms of compassion fatigue. 1. 2. 3.
2.	Name 3 risk factors of developing compassion fatigue. 1. 2. 3.
3.	Name 3 strategies that should be avoided when addressing compassion fatigue. 1. 2. 3.
4.	Name 3 self-care strategies that can be performed on a daily basis to maintain resiliency. 1. 2. 3.

Thank you for participating in this quality improvement project. Please wait for further instructions.

Appendix C

Immediate Post-Questionnaire

#	Item
1.	Name 3 signs and symptoms of compassion fatigue. 1. 2. 3.
2.	Name 3 risk factors of developing compassion fatigue. 1. 2. 3.
3.	Name 3 strategies that should be avoided when addressing compassion fatigue. 1. 2. 3.
4.	Name 3 self-care strategies that can be performed on a daily basis to maintain resiliency. 1. 2. 3.

Thank you for participating in this quality improvement project. You will be asked to complete the final questionnaire in three weeks. Should you have additional questions or comments, please feel free to contact me, Hunter Nicholas at 316-962-3341. The Chaplain Department is also available to meet any needs.

Appendix C

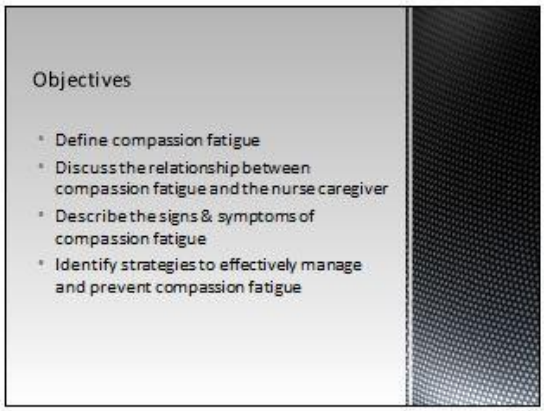
Questionnaire # 3: 4 Weeks Post Intervention Questionnaire

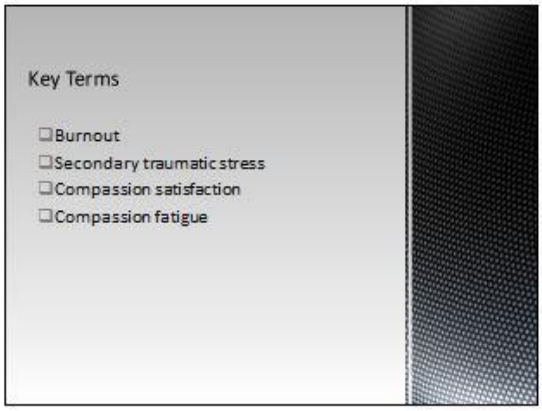
#	Item
1.	Name 3 signs and symptoms of compassion fatigue. 1. 2. 3.
2.	Name 3 risk factors of developing compassion fatigue. 1. 2. 3.
3.	Name 3 strategies that should be avoided when addressing compassion fatigue. 1. 2. 3.
4.	Name 3 self-care strategies that can be performed on a daily basis to maintain resiliency. 1. 2. 3.
5.	What resources would you like to be provided by the trauma department to address compassion fatigue?
6.	Would you be interested in doing an annual self-assessment on compassion fatigue?
7.	What is your satisfaction with stress debriefing using the scale? (1) very dissatisfied (2) dissatisfied (3)neither satisfied nor dissatisfied (4) satisfied (5) very satisfied

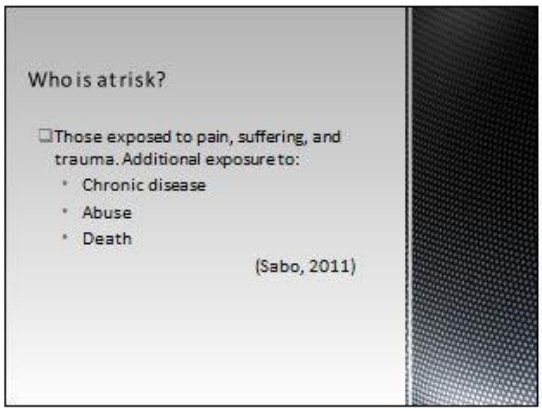
Thank you again for participating in this quality improvement project. This concludes the data collection. Should you have additional questions or comments, please feel free to contact me, Hunter Nicholas at 316-962-3341. The Chaplain Department is also available to meet any needs.

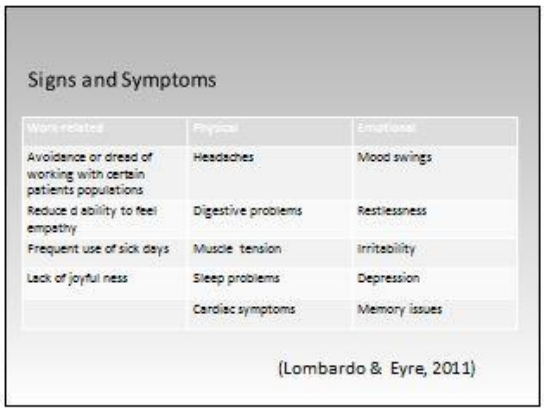
Appendix D

Educational PowerPoint



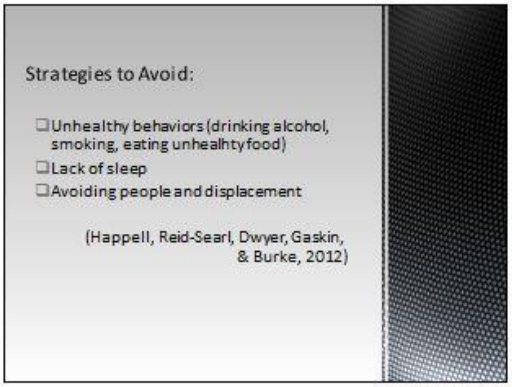


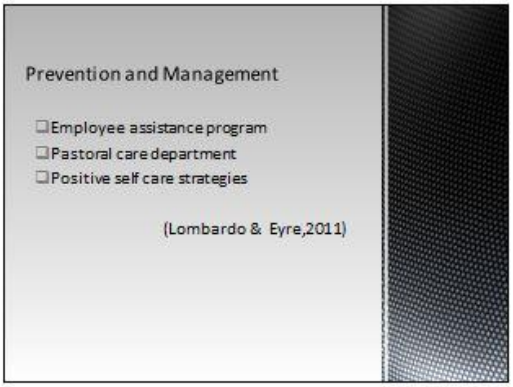


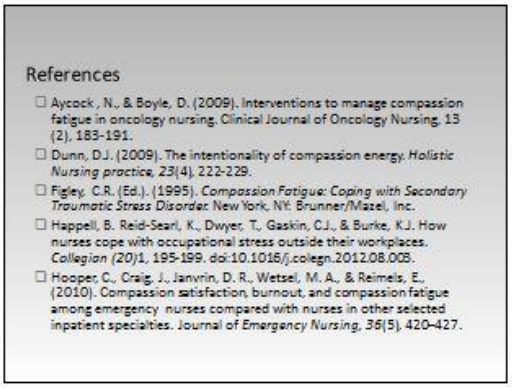


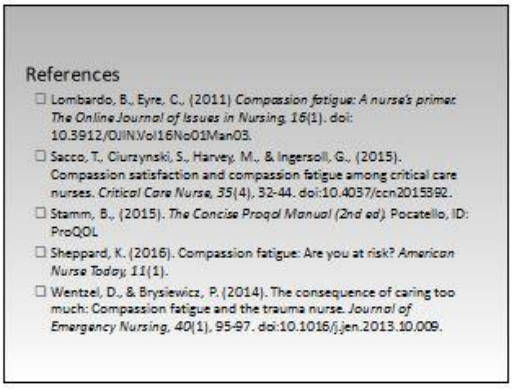
Appendix D

Educational PowerPoint









Appendix E

ProQOL Handout

Caring For Yourself in the Face of Difficult Work

Our work can be overwhelming. Our challenge is to maintain our resilience so that we can keep doing the work with care, energy, and compassion.

10 things to do for each day

1. Get enough sleep.
2. Get enough to eat.
3. Do some light exercise.
4. Vary the work that you do.
5. Do something pleasurable.
6. Focus on what you did well.
7. Learn from your mistakes.
8. Share a private joke.
9. Pray, meditate or relax.
10. Support a colleague.

For more information see your supervisor and visit www.psychosocial.org or www.proqol.org

Beth Hudnall Stamm, Ph.D., *ProQOL.org and Idaho State University*
Craig Higson-Smith, M.A., *South African Institute of Traumatic Stress*
Amy C. Hudnall, M.A., *ProQOL.org and Appalachian State University*
Henry E. Stamm, Ph.D., *ProQOL.org*

Switching On and Off

It is your empathy for others helps you do this work. It is vital to take good care of your thoughts and feelings by monitoring how you use them. Resilient workers know how to turn their feelings off when they go on duty, but on again when they go off duty. This is not denial; it is a coping strategy. It is a way they get maximum protection while working (switched off) and maximum support while resting (switched on).

How to become better at switching on and off

1. Switching is a conscious process. Talk to yourself as you switch.
2. Use images that make you feel safe and protected (switch off) or connected and cared for (switch on) to help you switch.
3. Find rituals that help you switch as you start and stop work.
4. Breathe slowly and deeply to calm yourself when starting a tough job.

Appendix F

Compassion Fatigue Policy

Addressing Compassion Fatigue within the Workplace		
Developed 01/10/2018	Reviewed	Revised

I. Purpose

Wesley Medical Center is committed to preventing and addressing compassion fatigue in the workplace. Wesley Medical Center has adopted the following guidelines to deal with compassion fatigue developed due to the nature of the work environment.

I. Policy

All employees are covered under this policy.

II. Guidelines

Wesley Medical Center will demonstrate

1. Manager commitment and worker participation- By requiring the completion of an annual compassion fatigue module. Staff will complete the annual training on the Health Stream module which will outline how to prevent, identify, and cope with compassion fatigue.
2. Resources to combat compassion fatigue will be provided through the employee assistance program. The employee assistance program is a confidential counseling and referral service which provides personal services for Wesley employees.

III. Summary

In summary, Wesley Medical Center is committed to the well-being of all staff members and visitors. The purpose of the intervention is to provide the resources necessary for employees to protect the employees from experiencing overwhelming amounts of compassion fatigue.