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Educating Registered Nurses on Interventions to Alleviate Compassion Fatigue

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Walden University

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Walden University

College of Nursing

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Andre Sabrina Castor

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2022

Abstract

Educating Registered Nurses on Interventions to Alleviate Compassion Fatigue

by

Andre Sabrina Castor

MS, Regis College, 2007

BS, Regis College, 2006

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

April 2022

Abstract

When nurses lose their ability to care for their patients due to stress and other compounding factors, the result may be compassion fatigue (CF), which can lead to unhealthy work environments, decreased nurse satisfaction, and negative work behaviors. The purpose of this DNP project was to determine if an educational intervention focused on the signs and symptoms of CF and healthy coping strategies increased knowledge and awareness of CF among staff nurses working on an acute medical-surgical unit. Watson's Human Caring Theory grounded this project. Twenty-five nurses ($N = 25$) volunteered to participate in the educational intervention. Following a pretest survey, participants reviewed a PowerPoint presentation on CF signs and symptoms and completed a posttest survey. The mean pretest score was 7.36 ($SD = 1.44$) with the mean posttest score 9.56 ($SD = 0.65$). Using a Wilcoxon Signed Rank test to estimate the data, there was a statistically significant difference in pretest and posttest scores ($z = -3.94, p < 0.001$) indicating an increase in knowledge. Participants were also asked to assess their awareness of signs and symptoms (AS) of CF and awareness of interventions and strategies (AI) to address CF using a Likert scale between 1 to 7 with 1 = *no awareness* and 7 = *full awareness*. The mean pretest score for AS was 5.32 ($SD = 1.18$) and the mean posttest score was 6.72 ($SD = 0.542$). The mean pretest score for AI was 4.40 ($SD = 1.63$) and the mean posttest score was 6.72 ($SD = 0.54$). Using a Wilcoxon Signed Rank test to estimate the data, there was a statistically significant difference in pretest and posttest AS scores ($z = -3.83, p < 0.001$) and in pretest and posttest AI scores ($z = -4.05, p < 0.001$) indicating an increase in awareness. This project may positively impact social change by making the nurses aware of the signs and symptoms of CF and offering healthy work strategies to address and manage CF.

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Dedication

First and foremost, this project is dedicated to God Almighty for his numerous blessings and miracles. Without his blessings, none of this would have been possible. Thank you for being given me the wisdom, knowledge to complete this project and to achieve my goals. I am eternally grateful for all the blessing. Next, I dedicate this work to my loving and wonderful husband. Thank you for all the nights cups of tea, morning coffees, listening to me complaining about how difficult this journey has been, and all your ongoing support. My sons, Maxime, Darren, and Jayden, and my daughter Sasha, thank you for all your support and encouragement. To my dad, Jean-Claude, mother Maria, sister Cassandra, nieces Philicia, Catrina, and nephews Pedro, Quincy, and Marcus thank you for all your support. My family gave me the inspiration to embark on this journey to complete my DNP program and have been with me through every phase.

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Section 1: Nature of the Project

Introduction

Caring and compassion are two important qualities that often describe nursing and the nursing profession (Beevi et al., 2019). While caring and compassion are critical to nursing, these concepts can also place nurses at risk for compassion fatigue (CF). CF is defined as a sudden onset of an inability to experience feelings or compassion for others that is triggered by an individual's ineffectiveness to separate feelings of stress and anxiety associated with caring for others (Henson, 2017). Nurses suffering from CF may show signs and symptoms of headaches, fatigue, avoidance, or dread of working with certain patients, frequent use of sick days, reduced ability to feel empathy towards patients or families, depression, anxiety, irritability, restlessness, poor concentration, anger, and resentment (Lombardo & Eyre, 2011). Beevi et al. (2019) posited that CF is a serious occupational hazard among those who are working in any type of helping profession, such as nursing.

Further, Barzgaran et al. (2019) found nurses who experience CF may have a negative effect on quality of patient care. If the CF is not addressed and managed, it can disrupt an individual's performance and ultimately, reduce the quality and outcome of patient care delivery. Additionally, CF may gradually create feelings of cruelty in an individual, which then may result in emotionless and indifferent care delivery. CF may occur in any clinical setting and as a result, nurses need to be aware of signs and symptoms of this phenomenon (Mealer et al., 2012). Thus, the purpose of this doctoral project was to educate nurses on the signs and symptoms of CF and to provide them with plausible strategies and interventions with the hope of mitigating the negative outcomes of CF. By increasing the knowledge and awareness of CF among this targeted

population, it is hoped that the knowledge and awareness may translate into practice and will ultimately promote quality patient, provider, and organizational outcomes.

Problem Statement

The nursing profession is one of the most demanding professions as it involves high levels of tension, pressure, and trauma. As a result of these stressors, nurses are at risk for CF. CF was first identified by Joinson (1992) as a unique form of burnout related to care-giving professions, particularly nursing. Figley (1995) operationally defined CF “as a state of exhaustion and dysfunction biologically, psychologically, and socially as a result of prolonged exposure to compassion stress and all that it invokes” (p. 253) and aligned CF with secondary trauma stress (STS) and burnout (BO). Similarly, Mooney et al. (2017) posited CF as a specific condition in which nurses display a lack of compassion or empathy towards patients or are desensitized to caring for patients. Henson (2017) hypothesized that nurses gain satisfaction “from the ability to provide compassion care to their patients” (p. 139), however, when nurses lose their ability to care due to stress and other factors, the result is CF (Todaro-Franceschi, 2013). As a result, CF can lead to unhealthy work environments, decreased nurse satisfaction, and negative work behaviors (Syrek et al., 2013).

Overall, it is estimated that CF affects 16 to 39% of registered nurses nationwide (Todaro-Franceschi, 2013). A growing body of literature acknowledges the implications and risks of CF for the individual and the organization for which they work (Syrek et al., 2013). For example, CF can physically present as headaches, sleep disturbance, concentration problems, fatigue, and muscle tension. If these signs and symptoms of CF are left untreated, it can lead to more serious problems such as clinical errors, increased frustration with coworkers, absenteeism,

poor patient and family communication, chronic worry, depression, exhaustion, dread of going to work, poor engagement and reduced quality of care (Coetzee & Klopper, 2010; Dunn & Rivas, 2014). All these factors may then influence patient and organizational outcomes. As a result, CF may be a cause for concern for hospitals and healthcare organizations.

Researchers reported that nurses who work in high stress level environments tended to be at higher risk for compassion fatigue (Mealer et al., 2013). For example, intensive care units (ICUs) and emergency departments (EDs) are recognized as highly stressful work environments given the levels of exposure to traumatic events (Yang et al., 2012). Thus, nurses working in these types of units may be at a higher risk for CF. However, Yang et al. (2012) found a higher prevalence of CF among nurses working in not only in ICUs and EDs, but also in psychiatric units, pediatric units, hospice, and oncology units. Kelly et al. (2015) studied CF in 491 nurses in a southwestern magnet designated hospital and found that there were no differences in the incident of CF across all units in the organization. Moreover, Burtson and Stichler (2010) found that medical surgical nurses were at equal risk for CF as those nurses working in ICUs and EDs and at higher risk for CF as compared to nurses working in hospice, long term care, and public health. Thus, it is posited that all nurses, regardless of setting, may be at risk for CF (Mealer et al., 2012).

CF and its negative impact on nurses, patient satisfaction, and safety is becoming a better understood phenomenon in the nursing field (Henson, 2013) as CF has affected many nurses' health and wellbeing. Kestler et al. (2020) conducted a cross-sectional, pre/post intervention, and found that educational programs helped nurses develop strategies to reduce compassion fatigue and prevent future occurrences. Therefore, organizational managers who have knowledge of

compassion fatigue can support nurses who are at risk for developing compassion fatigue (Kestler et al., 2020).

As presented, CF is a cause for concern among the nursing profession. In the identified organization, leadership has acknowledged that CF is a cause for concern. Thus, there is an identified need for nurses to be educated regarding CF to provide them with information about CF and strategies to address CF to minimize risk to themselves and their patients. Cocker and Joss (2016) performed a systemic review on compassion fatigue and found that despite an awareness of the prevalence of CF, there is a lack of information and evidence about effective workplace-based strategies to reduce CF. Therefore, effective interventions and increased knowledge of CF could help reduce the effects of CF among these nurses. As a result, the purpose of this DNP project is to determine if an educational intervention focused on the signs and symptoms of compassion fatigue and healthy coping strategies increased knowledge and awareness of compassion fatigue among staff nurses working on a medical-surgical unit.

Purpose

The purpose of this doctoral project was to determine if an educational intervention focused on the signs and symptoms of CF and healthy coping strategies increased knowledge and awareness of compassion fatigue among staff nurses working on an acute medical-surgical unit. In this doctoral project, I focused on educating medical-surgical nurses on how to recognize and manage the signs and symptoms of CF as well as provided them with plausible strategies and interventions to mitigate the negative outcomes of CF. It is hoped that by educating nurses on CF and healthy coping strategies that the knowledge would be translated into practice and result in positive nurse, patient, and organizational outcomes.

Nature of the Doctoral Project

To achieve the purpose of this staff education project, a comprehensive search of the current literature was completed using four databases with full text articles. Several databases including Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, ProQuest and Google Scholar were accessed for relevant evidence regarding compassion fatigue and strategies to address compassion fatigue. The following search terms were used to identify appropriate articles: *compassion fatigue*, *secondary trauma*, *burnout*, *nurses compassion fatigue*, *nursing*, *self-care*, *compassionate care*, and *resilience* as well as a combination of the search terms.

Following Walden IRB approval and approval from the practice site, I worked with my mentor to identify four specific stakeholders to gain support and further information into my organization's identified problem. With my stakeholder's input and the current literature, an educational intervention was created to address the proposed project question. Along with the educational intervention, a pretest and posttest was created to reflect the educational intervention's content. Once completed, the stakeholders reviewed and established the content validity of the educational program, pretest, and posttest using the Item-Content Validity Index (I-CVI) and Scale-Content Validity Index (S-CVI) (Polit & Beck, 2006). Once content validity was established, nurses working on the medical-surgical unit were invited to attend an educational intervention. Before the educational intervention, the nurse managers completed a pretest. Following the educational intervention, the posttest was given. The scores on the pretest were compared to the scores on the posttest to determine if there was an increase in knowledge and awareness of CF among the nurses.

Significance

CF and its negative outcome have long been recognized among nurses who provide direct, intimate care to patients (Alharbi et al., 2019; Nolte et al., 2017). By educating nurses on the signs and symptoms of CF, it is hoped that the newly found knowledge will be translated into practice and result in positive nurse's outcomes. The stakeholders affected by the changes of this doctoral project include: the nurse manager, the nurse educator, senior nursing staff members, and staff nurses. These stakeholders were involved in guiding the project as the project addresses the signs and symptoms of CF. By providing nurses with information about CF and effective strategies to address CF, it was hoped that the education is then translated into practice and result in minimizing and addressing CF among nurses. Researchers have reported that nurses benefit from CF education and programs interventions to address the phenomenon (Zajac et al., 2015). By educating nurses on the importance of identifying the signs and symptoms CF, it was hoped that positive nurse's outcomes would be an outcome, which aligns with Walden University's goals for developing social change agents and promoting positive social change, thus improving the lives of patients through enhanced quality of care (Walden University, 2019).

Summary

The literature revealed the negative outcomes of CF and the need for educational programs to mitigate the impact. The purpose of this doctoral project was to bridge the gap in practice concerning of the signs and symptoms of CF through an educational intervention addressing the phenomenon as well as providing them with plausible strategies and interventions to minimize or prevent its negative outcomes. In Section 2, I explored the model that framed this

project, the relevance of the project to nursing practice, local background and context, my role as the DNP student, and the project team's role in guiding this project.

Section 2: Background and Context

Introduction

The guiding question for this project was: Does an educational intervention focused on the signs and symptoms of compassion fatigue and healthy coping strategies increase knowledge and awareness of compassion fatigue among staff nurses working on a medical-surgical unit? The purpose of this doctoral project was to bridge the gap in practice concerning of the signs and symptoms of CF through an educational intervention addressing the signs and symptoms of CF as well as providing them with plausible strategies and interventions to mitigate the negative outcomes of CF.

Concepts, Models, and Theories

This doctoral project was grounded in Watson's theory of human caring. The human caring theory focuses on nursing is to help patients improve body, mind, and spirit resulting in self-knowledge and self-healing through compassionate care to their patients. (Henson, 2017). As a result, Watson's theory provided guidance for overcoming compassion fatigue. For a nurse to be able to provide care to a patient, the nurse must first be able to care for oneself. Self-care practices for nurses are a must to ensure the complete ability to provide care. Watson's theory of human caring consists of three main conceptual elements in both the original and evolving theory, carative factors, caring relationship, and caring moments.

Carative Factors

The carative factors is guide for nursing practice which include 10 carative factors including humanistic altruistic value systems, instilling faith, and hope, cultivating a sensitivity to self and others, development a helping-trust relationship, promoting an expression of

feelings, using problem-solving for decision-making, promoting teaching-learning, promoting a supportive environment, assisting with gratification of human needs, and allowing for existential-phenomenological forces. These carative factors support and enhance the patient's caring experience (Watson, 2010) because of the nurse's caring behavior. Thus, for the nurse to engage in these carative factors, the nurse herself must be able to foster caring and empathy. This is because these carative factors are seen as nurse-patient interactions that can be employed to support and enhance the experience of the actual caring occasion.

Caring Relationships

The second concept is a transpersonal caring relationship which means moving from ego self to spiritual. Watson's emphasizes that we must care for ourselves first to be able to care for others. Thus, for a nurse to be able to provide care to a patient, the nurse must first be able to care for oneself. Self-care practices for nurses are a must to ensure the complete ability to provide care (Watson, 2010). Nurses may apply Watson's caritas processes as a way of preventing or dealing with their own CF. Watson's concepts can be aligned to promote self-care of the nurse, improve CF, and improve care of the patient.

Caring Moments

The third concept of Watson's theory is caring occasions or caring moments, which occur when there is an interaction between nurse and patient at the spirit level (Alharbi, 2020). Caring moments contain the "whole caring healing-loving consciousness" (Watson, 2013, para. 7) and occurs when the nursing and patient can be present with one another and focus on the other person. Given that it is the nurse that is the position of caring, the caring moment "transcends time, space and physicality" (Watson, 2013, para. 7) and provides meaning to a nurse's work as

a professional individual. It stresses the importance of empathy and interpersonal communication abilities as priorities in nursing and nursing practice and addresses the needs of both patient and the nurse.

Overall, Watson's theory grounds this project very well as it captures the spiritual essence of nursing and nursing practice (Watson, 2013). To nurse, an individual must be aware of one's ability to be actively present with the patient and to create a unique opportunity to connect with the patient through one's actions. If the nurse is not in a position to provide actions that are patient-focused, the nurse is not providing care that meets the needs of the patient, and thus, are not caring (Watson, 2013). Caring is not free of consequences and often as result, nurses experience CF because of caring. By educating nurses on the signs and symptoms of compassion fatigue, strategies may be put into place to avoid CF and to promote caring that is truly focused on the patient (Watson, 2013).

Relevance to Nursing Practice

The relevance of CF in the hospital setting was that when nurses are experiencing CF, it has a negative impact on the nurses' ability to provide positive patient care. When CF is left unrecognized, it can cause lack of empathy, detachment, reduced ability to feel sympathy, emotional exhaustion, depression, anxiety, depersonalization, and job dissatisfaction among caregivers (Vu et al., 2017). By educating nurses on CF and strategies to recognize, manage, and prevent CF, it is hoped that the newly found knowledge and awareness will be translated into practice and result in positive patient, nurse, and organizational outcomes.

Search Strategy

To achieve the purpose of this staff education project, a comprehensive search of the literature was completed using four databases with full text articles. The databases used were Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, ProQuest, and Google Scholar. The following search terms were used to identify appropriate articles: *compassion fatigue, secondary trauma, burnout, nurses compassion fatigue, nursing, self-care, compassionate care, and resilience* as well as a combination of the search terms. The following literature review is the result of the search.

Compassion Fatigue

Compassion fatigue in nursing can be the cumulative effect of the strong, genuine, empathetic feelings experienced by nurses while providing emotional support and medical care to patients and families. For example, nurses may experience increased CF due to higher patient acuity, increased workload, secondary traumatic stress disorder, and witnessing pain and suffering (Mennella, 2018). Similarly, Alharbi et al. (2019) posited that “CF is typically understood as emotional, physical, and spiritual exhaustion from witnessing and absorbing the problems and suffering of others” (p. 1088) when working with traumatized individuals.

Compassion Fatigue and Medical-Surgical Nurses

Boyle (2015) stated nurses cannot give and care for the sick when they are exhausted and worn. The lack of self-care can lead to compassion fatigue in the medical-surgical nurse’s life, which can leave the nurses facing difficulties dealing with daily emotions personal and professional. Medical-surgical nurses in acute care settings may be at a greater risk for experiencing emotional distress related to the long hours of direct patient care (Bao & Taliaferro,

2015). Ongoing stressful interactions with patients can initiate compassion fatigue and leave nurses to feel more obligated and less empathetic (Mattioli et al., 2018). CF studies among intensive care, hospice, emergency, and general medical units identify high levels of CF (Henson, 2017).

The identified sign of CF has three categories: emotional effects, physical effects, and spiritual effects. The emotional effects on nurses consist of stress, anxiety, nightmares, exhaustion, and depression (Henson, 2017). The most reported physical effect was loss of sleep and decreased spiritual well-being was the most reported for spiritual effects. Henson (2017) described that CF can be influenced by environmental factors such as staffing, increased workloads, unexpected death, poor patient outcomes, lack of manager's support. The most significant preventive measure nurses can use to decrease or prevent the chance of developing CF is practicing self-care interventions (Sorenson et al., 2016). All nurses are at risk for compassion fatigue, and little is known about the existence in medical-surgical nurses.

Strategies to Approach CF

An essential first step in developing an intervention plan is awareness of the problem (Lombardo et al., 2011). Researchers have reported that educational programs and strategies have a positive impact on minimizing the effect of CF. Developing positive self-care strategies and healthy rituals are very important for nurses to recover from compassion fatigue (Lombardo et al., 2011). It is important for nurses to become knowledgeable about CF symptoms and intervention strategies and to develop a personal plan of care to and achieve a healthy work-life balance (Lombardi et al., 2011). Similarly, Wentzel and Brysiewicz (2016) found educational interventions shows effectiveness in reducing in compassion fatigue, better coping with job

difficulties, and the value of peer support groups. Considering organizations that promote or encourage group meetings, support groups, educational interventions and strategies can enhance or improve positive nurse's outcomes.

Local Background and Context

The intended setting for this project will take place on a medical-surgical unit located in the northern United States. The unit houses 33 beds and is staffed with 35 Registered Nurses (RNs). The nurse manager of the unit identified this project as feasible given the risk of CF among nurses and healthcare providers. The hope of this project was to minimize or prevent compassion fatigue by educating the nurses about the signs and symptoms and healthy coping strategies to mitigate this phenomenon.

Role of the DNP Student

My role in this doctoral project was to develop an educational intervention focused on CF and strategies to reduce or prevent CF compassion fatigue that may assist in minimizing, addressing, and ultimately, preventing this phenomenon. The steps in this doctoral project as required by the Walden University *Manual for Staff Education Project* (Walden University, 2019) included planning, implementing, and evaluating the staff education project. In the planning step, the curriculum plan, educational intervention, pretest (Appendix A), and posttest (Appendix A) were developed. I worked closely with the DNP stakeholder team to complete this project with the hope of addressing this issue that currently faces the organization. Given that DNP-prepared nurses possess the skill and knowledge to translate the current evidence into practice, I hoped to use the evidence to create an educational intervention that has the potential to change current practice.

Role of the Project Team

The role of the doctoral project team was to assess, review, and to evaluate specific areas of the education components that best fit each of their roles. The project team included four to six stakeholders (the nurse manager, the nurse educator, and senior nursing staff members) from the unit who guided and supported my project. First, an educational intervention based on the current literature was developed to meet the needs of the organization. Along with the educational intervention, a pretest and posttest was created to reflect the educational intervention's content. The team reviewed and established the content validity of the educational intervention and provided ongoing support of this DNP project to improve positive nurse's outcomes.

Summary

The purpose of this DNP project was to determine if an educational intervention focused on the signs and symptoms of compassion fatigue and healthy coping strategies increased knowledge and awareness of compassion fatigue among staff nurses working on a medical-surgical unit. This doctoral project was framed within Watson's Human Caring Theory. CF among medical-surgical nurses is a relevant nursing practice issue because nurses experience CF from continuous exposure to traumatic events leads nurses to experience the signs and symptoms of CF (Henson, 2017). It was hoped that educating nurses to identify, manage, and ultimately prevent CF, nursing practice may be improved, which hopefully result in positive patient, nursing, and organizational outcomes.

Section 3: Collection and Analysis of Evidence

Introduction

The purpose of this doctoral project was to determine if an educational intervention focused on the signs and symptoms of compassion fatigue and healthy coping strategies increase knowledge and awareness of compassion fatigue among staff nurses working on an acute medical-surgical unit. It was hoped that this project will address the gap-in-practice problem by educating nurses on the signs and symptoms of CF as well as providing them with plausible strategies and interventions to mitigate the negative outcomes of CF.

Practice-Focused Question

Given the cause for concern CF presents among nurses, the question for this DNP project was: Does an educational intervention focused on the signs and symptoms of CF and healthy coping strategies increase knowledge and awareness of CF among staff nurses working on a medical-surgical unit?

Sources of Evidence

To achieve the purpose of this staff education project, a comprehensive search of the literature was completed using four databases with full text articles. The databases used were Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, ProQuest, and Google Scholar. The following search terms were used to identify appropriate articles: *compassion fatigue*, *secondary trauma*, *burnout*, *nurses compassion fatigue*, *nursing*, *self-care*, *compassionate care*, and *resilience* as well as a combination of the search terms. The literature was used to answer the practice-focused question and provide evidence to support and develop the evidence-based educational intervention in this project.

Participants

Following IRB approval (#1051789) and approval from the practice site, a convenience sample of nurses working on the medical-surgical unit was invited to participate in this doctoral project. Participants who volunteered to be part of this doctoral project was first given a pretest prior to the intervention. Following the educational intervention, the participants were given the posttest to assess their knowledge of CF.

Procedures

Following IRB approval, four to six stakeholders (the nurse manager, the nurse educator, and senior nursing staff members) for the unit were identified from the project site to guide and provide support for my project. First, an educational intervention based on the current literature was developed to meet the needs of the organization. Along with the educational intervention, a pretest and posttest were created to reflect the educational intervention's content. Once completed, the stakeholders reviewed and established the content validity of the educational program, pretest, and posttest using the Item-Content Validity Index (I-CVI) and Scale-Content Validity Index (S-CVI) (Polit & Beck, 2006). Once content validity has been determined, flyers were used to advertise the educational intervention for the RNs working on the medical-surgical unit at the hospital.

Prior to the intervention, each participant was asked to create a unique identifier that was used to identify the pretest and the posttest. The pretest included five demographic questions (age, gender, level of education, years as a nurse, years in current position) in order to describe the sample; 10 true/false questions regarding CF; and two Likert-scale questions asking the participant for rate his/her awareness of signs and symptoms of CF and his/her awareness of

interventions and strategies to address CF on a scale of 1 to 7 where 1 = “*no awareness at all*” to 7 = “*fully aware*”. The pretest was given prior to the intervention.

Following the educational intervention, the posttest was given. The posttest contained the same 10 true/false questions and the two Likert-style questions regarding awareness of signs and symptoms of CF and interventions and strategies of CF. The participants were asked to use their unique identifier to match the pretest to the posttest to determine if there was a difference in scores between the pretest and posttest which served as a proxy for increased knowledge and awareness. No identifying information was collected, and all data were reported in the aggregate. Descriptive statistics were used to describe the sample and inferential statistics were used to determine if there was a difference in pretest and posttest scores regarding knowledge and awareness.

Protections

IRB approval was obtained through Walden University (#1051789) and the project site. This was a minimal risk educational project focused on nurses working on a medical-surgical unit. This proposed project took place at an acute care hospital located in the northeast United States. No identifying information was collected, and all information collected was reported in the aggregate. All questionnaires were identified by a unique identifier known only to the participant. After completion, the questionnaires were kept in a locked draw in a locked office.

Analysis and Synthesis

Through the application of this doctoral project, data were obtained to address the practice-focused question. The participants were asked to use their unique identifier to match the pretest to the posttest to determine if there was a difference in scores between the pretest and

posttest which served as a proxy for increased knowledge. I recorded, tracked, and organized the content validation of the educational intervention, pretest, and posttest, as well as analyzed the data from the questionnaires. Descriptive statistics were used to describe the sample and inferential statistics were used to determine if there is a difference in pre-test and post-test scores regarding knowledge and awareness.

Summary

To achieve the purpose of this staff education project, a comprehensive search of the literature was completed using four databases with full text articles. The databases used were Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, ProQuest, and Google Scholar. The search from the literature review was placed into a literature review matrix. Following IRB approval from Walden University and the clinical site, I developed a pretest and posttest which were used to assess if there was an increase in knowledge and awareness among the nurses who participated in the intervention. No identifying information was collected, and all data were reported in the aggregate.

Section 4: Findings and Recommendations

Introduction

The local nursing practice problem and purpose of this doctoral project was to determine if an educational intervention focused on the signs and symptoms of compassion fatigue and healthy coping strategies increase knowledge and awareness of compassion fatigue among staff nurses working on an acute medical-surgical unit. The practice-focused question was: Does an educational intervention focused on the signs and symptoms of compassion fatigue and healthy coping strategies increase knowledge and awareness of compassion fatigue among staff nurses working on medical-surgical unit? Ultimately, it is hoped that by educating the nurses on CF that the increased knowledge and awareness would translate into practice and bridge the gap in recognizing, managing, and preventing CF.

The sources of evidence I utilize in this project were the literature matrix, the knowledge-based pretest and posttest, and content expert reviews. A literature search was conducted through the Walden University library online database by exploring academic, full-text, peer-reviewed articles within the last five years. The doctoral project involved testing the knowledge and awareness of medical-surgical nurses on CF. Guided by the information most recent obtained from the literature and feedback from the project stakeholders, a staff educational intervention addressing CF was developed in a PowerPoint presentation. Prior to the presentation, participants were asked to use a unique identifier to match the pretest to the posttest to determine if there is a difference in scores between the pretest and posttest. The pretest included five demographic questions (age, gender, level of education, years as a nurse, years in current position) to describe the sample; 10 true/false questions regarding CF; and two Likert-scale questions asking the

participant to rate his/her awareness of signs and symptoms of CF and his/her awareness of interventions and strategies to address CF on a scale of 1 to 7 where 1 = “no awareness at all” to 7 = “fully aware”. The pretest was given prior to the intervention with the posttest being given after the intervention. The pretest and posttest contained the same ten questions. Descriptive statistics were used to describe the sample and inferential statistics were used to determine if there was a difference in pretest and posttest scores regarding knowledge and awareness.

Findings and Implications

The doctoral project stakeholder team reviewed and established I-CVI and S-CVI of the educational intervention content, the pretest, and the posttest (Polit & Beck, 2006). Utilizing a 4-point scale for the review with 1 = content not relevant; 2 = content as slightly relevant; 3 = content relevant, and 4 = content highly relevant, the stakeholders were asked to review and evaluate the PowerPoint presentation, pretest, and posttest. All stakeholders rated the elements of each component either a 3 or a 4, thus the materials for the educational intervention were relevant and the content validity was established and met for this project (Polit & Beck, 2006).

A total of 25 ($N = 25$) nurses were recruited and agreed to participate in the educational intervention focused CF and interventions to alleviate CF. 76% ($n = 19$) of the participants were female and 24% ($n = 6$) were male. The average age was 42.24 years of age ($SD = 14.68$) with a range 23 to 76 years of age. Sixteen percent ($n = 4$) were MS/MSN prepared; 68% ($n = 17$) were BS/BSN with the remainder of the sample (16%; $n = 4$) having an associate degree. On average, the participants had 13 years ($SD = 11.42$) of nursing experience with a range of 0.5 to 37 years; and were in their current position for almost 9 years ($SD = 10.83$) with a range of 0.4 to 34 years.

Upon completion of the educational intervention, the pretest and posttest were reviewed and scored for number of correct answers. The average pretest score was 7.36 ($SD = 1.44$) with a range of 4 to 10 points. The average posttest score was 9.56 ($SD=0.65$) with a range of 8 to 10 points. Using a Wilcoxon Signed Rank test to estimate the data, there was a statistically significant difference in pretest and posttest scores ($z = -3.94, p < 0.001$) indicating an increase in knowledge.

Additionally, prior to the interventional intervention, the participants were asked to rate their awareness of signs and symptoms of CF on a scale of 1 to 7 with 1 = *no awareness* and 7 = *full awareness*. The average pretest score of signs and symptoms of CF was 5.32 ($SD = 1.18$) with a range of 3 to 7. The average posttest score of signs and symptoms of CF was 6.72 ($SD = 0.542$) with a range of 5 to 7. Using a Wilcoxon Signed Rank test to estimate the data, there was a statistically significant difference in pretest awareness of signs and symptoms of CF and posttest awareness of signs and symptoms of CF ($z = -3.83, p < 0.001$) indicating an increase in awareness.

Last, the participants were also asked to rate their awareness of interventions and strategies on a scale of 1 to 7 with 1 = *no awareness* and 7 = *full awareness*. The average pretest score of awareness of interventions and strategies was 4.40 ($SD = 1.63$) with a range of 1 to 7. The average posttest score of awareness of interventions and strategies was 6.80 ($SD = 0.408$) with a range of 6 to 7. Using a Wilcoxon Signed Rank test to estimate the data, there was a statistically significant difference in the pretest awareness of interventions and strategies as compared to the posttest score of awareness of interventions and strategies ($z = -4.05, p < 0.001$) indicating an increase in awareness. (Table 1).

Table 1*Descriptive and Inferential Statistics, N = 25*

	Frequency	(%)	Mean (SD)	Range
Gender				
Male	6	24%		
Female	19	76%		
			42.24 (14.68)	23 to 76
Age			13.0 (11.42)	0.5 to 37
Years in Nursing			9.0 (10.83)	0.4 to 34
Years in Current Position				
Education				
Associates Degree	4	16%		
Bachelors / BSN	17	68%		
Masters / MS / MSN	4	16%		
Knowledge*			7.36 (1.44)	4 to 10
Pretest Score			9.56 (0.65)	8 to 10
Posttest Score				
Awareness of Signs & Symptoms*			5.32 (1.18)	3 to 7
Pretest			6.72 (0.54)	5 to 7
Posttest				
Awareness of Interventions & Strategies*			4.40 (1.63)	1 to 7
Pretest			6.72 (0.54)	6 to 7
Posttest				

*Statistically significant at $p < 0.001$

Implications

CF is often described as the stress resulting from helping others (Figley, 1995). Research has suggested that CF is manifested by signs and symptoms such as headache, fatigue, depression, anxiety, irritability, anger, absenteeism. Given the challenges of today's nursing, CF is often seen in nurses and research has demonstrated that CF among nurses may result in poor

patient, provider, and organizational outcomes. Thus, with the emphasis being placed on patient satisfaction, organizations must address this cause for concern and promote creative educational interventions and strategies on how to combat this phenomenon.

Based on the project findings, there are several implications for nurses. First, as demonstrated, this educational intervention increased the nurses' knowledge and awareness of CF. Thus, by providing educational interventions to nurses, the knowledge and awareness of CF may be then translated into practice and result in positive patient and organizational outcomes. This project findings are consistent with and add to the current literature that describe the importance of educational interventions programs as a strategy to assist nurses in being knowledgeable about CF and strategies that may reduce CF and prevent future occurrences (Kestler et al., 2020). By increasing awareness of risk factors, causes, and signs and symptoms of CF, nurses can potentially prevent adverse effects of the phenomena from occurring (Adimando, 2017).

Additionally, the results of this project indicated that the increased knowledge and awareness of CF may contribute to creating and promoting a healthy work environment for the nurses. The literature is replete with examples demonstrating that support for CF can result in enhancing nursing work environments, which ultimately will result in positive patient and organizational outcomes (Kestler et al., 2020). For example, a positive work environment is associated with attracting and retaining healthcare professionals, reducing hospital-acquired infections and adverse events, as well as enhance the culture of safety (Maaseen et al., 2021). Thus, by educating nurses on important topics such as CF, the results may be far reaching in the betterment of organizational outcomes.

Last, it is plausible that by increasing the knowledge and awareness of CF among nurses, the likelihood of CF among these nurses may be reduced. In a recent meta-analysis of 79 articles, Xie et al. (2021) reported that education has a significant impact on the reduction of CF among nurses. As a result, it is hoped that by promoting educational interventions that educate nurses regarding the signs and symptoms of CF and offer strategies that may address and mediate the CF, rates of CF may be potentially reduced. As result, reducing CF among nurses may increase their ability to provide better care resulting in positive patient outcomes, which will simultaneously contribute to improved patient outcomes and enhanced nurses' well-being. This aligns well with Walden University's goal of developing social change agents and promote positive social change through enhanced quality of care (Walden University, 2019).

Recommendations

This DNP project increased the knowledge and awareness of the nurses on the medical-surgical unit. The project was able to bridge the gap in practice through an educational intervention addressing how to recognize and prevent CF. As a result, it is imperative that the topic of CF being included in educational opportunities and made readily available for nurses in the organization. For example, this module may be added to the annual education updates for nurses and included in new nurse orientation. Additionally, nurse managers may wish to include monthly "check-ins" to with staff or may wish to post informational posters in convenient locations where the information would be readily available to the nurses and nurses should feel free to discuss their concerns regarding CF with their employers.

Contribution of the Doctoral Project Team

The doctoral project team that supported this project included the Nurse Manager, Nurse Educator, Director of Nursing, and senior nursing staff members who provided support and guidance for this project's educational interventions and strategies. An overview of the relevant information and evidence on the project was presented to the team. Additionally, these stakeholders reviewed and established the educational interventions and strategies content validity, pretest, and posttest. As critical stakeholders for this project, the project team provided suggestions to address the gap in practice at the project facility. The nurse manager maintained open communication with the organization to facilitate the positive results of this project. The DNP project team was determined to assist in completing the goal of the project.

Strengths and Limitations of the Project

First, a major strength of the project was the dedication of the DNP Stakeholder Team in terms of their willingness and perseverance in seeing this project to completion. Second, the strength of this project lies in the 25 nurses who participated in this educational intervention. Last, a strength lies in the fact that the educational intervention was created using the current evidence and the content validity of the educational intervention was demonstrated with the review of the DNP Stakeholder Team.

Despite these strengths, there were some limitations to the doctoral project. First, the nurses that were targeted for the project were recruited from a convenience sample of nurses belonging to a single professional organization on a medical-surgical unit. Thus, the results may not generalize to other professionals in other units. Additionally, while the educational intervention was offered at numerous times, there may have been nurses that would have wished

to attend but were not able due to conflicting schedules. Finally, the sample size of 25 participants may not adequately represent the medical unit population of the project. It is recommended that this project be replicated with a larger sample, perhaps across multiple units throughout the hospital organization, to evaluate results further.

Summary

CF and its adverse outcome have been identified and recognized from the educational intervention and strategies. Therefore Section 4 has reviewed the findings, implications, strengths, limitations, and recommendations for the DNP project. The section demonstrated the validity of the practice-focused question and addressed the gap in practice identified. Furthermore, recommendations for the project replication and additional interventions have been identified. Section 5 will address the dissemination plan as practitioner self-assessment.

Section 5: Dissemination Plan

Introduction

In Section 4, I developed the educational intervention and strategies at the hospital of this project specifically to help educate medical-surgical nurses about the adverse effects of CF. I demonstrated the efficacy of increasing the awareness and knowledge of CF among nurses on a medical-surgical unit. In this section, I will discuss the dissemination plan for the project organization. Additionally, I assess myself as a scholar-practitioner and assess my professional goals.

Dissemination

Based on the findings from this project, I recommended that hospitals and other healthcare organizations facilitate and implement interventions and strategies to raise awareness on how to combat CF and its adverse effects. Given that the educational intervention and strategies were designed to help educate nurses on the awareness and knowledge of CF, the findings of my DNP project will first be disseminated through PowerPoint presentation to key nurse leaders in my organization including those individuals that served on my DNP stakeholder team. Second, I plan to reach out to professional nursing organizations in my area who may be interested in my DNP project. Last, I plan to investigate the possible publication of this DNP scholarly project in a professional nursing journal.

Analysis of Self

As a Practitioner

In the role of a practitioner in the doctoral project, I was able to use my experience, knowledge, skills, and expertise to translate research into evidence while working with the

project. This DNP project experience enables me to prepare better to implement new, evidence-based nursing practices. My professional goals are to continue developing these educational interventions and strategies that will guide nurses in the field, and help them to recognize and prevent CF.

As a Scholar

My growth in the nursing scholar role was exponentially improved through the DNP program. The DNP project involved a rigorous process and commitment. The commitment to enhance the development of educational interventions and strategies required extensive review of the literature and different step process. Each of these steps enhanced my scholarly development. I learned how to identify a nursing practice problem, search databases for scholarly articles evidence-based, execute a literature review matrix, and develop an educational interventions and strategies for the identified practice problem. This scholarly ability will be critical to my success as I continue to facilitate to raise awareness of CF.

As a Project Manager

The DNP project required effective project management. As the project manager for this doctoral project, I learned to identify a practice problem based on my observation of the hospital unit. I used collaborative skills and effective communication with the organization stakeholders and project team while working on my DNP project. I conducted my project with nurses on a medical-surgical unit, and the results were provided to the unit manager for use if needed. As the project manager, I oversaw all aspects of the project from beginning to end to ensure all steps were covered according to the *Walden University Manual for Staff Education Project* (Walden University, 2019).

Completion of Project

Completing the DNP project has been a great experience. This project was developed and implemented to increase knowledge, and awareness of CF. The scope of the project and its results demonstrated the actual value of education in increasing the knowledge and awareness of the signs and symptoms of CF among medical-surgical nurses. The findings of the DNP project will serve as a contribution to improving the knowledge and awareness of the signs and symptoms of CF in clinical settings.

Summary

In conclusion, the local nursing practice problem that was the focus of this doctoral project was to determine if an educational intervention focused on the signs and symptoms of compassion fatigue and healthy coping strategies increase knowledge and awareness of compassion fatigue among staff nurses working on an acute medical-surgical unit. The practice-focused question was: Does an educational intervention focused on the signs and symptoms of compassion fatigue and healthy coping strategies increase knowledge and awareness of compassion fatigue among staff nurses working on medical-surgical unit? The purpose of the doctoral project was to bridge the gap in practice through an educational intervention addressing how to recognize, and prevent CF. The results of the DNP project were compelling and concluded that there was a significant increase in the knowledge and awareness of CF among medical-surgical nurses.

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Appendix A: Compassion Fatigue: Pretest

Thank you for agreeing to participate in this educational intervention.

Please create a unique ID that is only known to you. You will not be asked to share this ID with anyone, nor should you share your ID with anyone. The ID will only be used to match your pretest with your posttest. Please do not provide any additional information outside of the questions being asked. All information collected is anonymous and will be reported in the aggregate. Thank you again for agreeing to participate in this educational intervention.

My Unique ID: _____

Age (in years): _____

Gender: _____ Male _____ Female _____ non-binary

Highest Level of Education:

- _____ Associates (AA)
- _____ Bachelor's (BS or BSN)
- _____ Masters (MS)
- _____ Doctoral (DNP)
- _____ Doctoral (PhD)

Years in Nursing: _____

Years in Current Position: _____

PLEASE answer T (TRUE) or F (FALSE) to the following statements.

1. Compassion fatigue is the inability to care for patients because of stress and other factors.	True	False
2. Compassion fatigue can impact anyone in a helping profession.	True	False
3. Compassion fatigue impacts a wide range of caregivers and professions.	True	False
4. Compassion fatigue can affect your ability to do your work.	True	False
5. Only nurses experiences compassion fatigue.	True	False
6. Compassion fatigue can lead to healthy work environment.	True	False
7. Higher stress level environment tend to increase compassion fatigue.	True	False
8. Signs and symptoms of compassion fatigue include: headaches, fatigue, depression, anxiety, irritability, anger, absenteeism.	True	False
9. Nurses that suffer from compassion fatigue dread of working with certain patients.	True	False
10. Compassion fatigue onset can be sudden	True	False

On a scale of one (1) to seven (7), with one (1) equaling “Not at all aware of the signs and symptoms of compassion fatigue” and seven (7) equaling “Fully aware of the signs and symptoms of compassion fatigue”, how would you rate your awareness of the signs and symptoms of compassion fatigue?

1	2	3	4	5	6	7
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On a scale of one (1) to seven (7), with one (1) equaling “Not at all aware of interventions and strategies to address compassion fatigue” and seven (7) equaling “Fully aware of interventions and strategies to address compassion fatigue”, how would you rate your awareness of interventions and strategies to address compassion fatigue?

1	2	3	4	5	6	7
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Again, thank you for your participation in this educational intervention!

Appendix B: Compassion Fatigue: Posttest

Thank you for agreeing to participate in this educational intervention.

Using your unique ID, please complete this posttest to the best of your ability. Your unique ID will only be used to match your pretest with your posttest. Please do not provide any additional information outside of the questions being asked. All information collected is anonymous and will be reported in the aggregate. Thank you again for agreeing to participate in this educational intervention.

My Unique ID: _____

PLEASE answer T (TRUE) or F (FALSE) to the following statements.

2. Compassion fatigue is the inability to care for patients because of stress and other factors.	True	False
2. Compassion fatigue can impact anyone in a helping profession.	True	False
3. Compassion fatigue impacts a wide range of caregivers and professions.	True	False
4. Compassion fatigue can affect your ability to do your work.	True	False
5. Only nurses experiences compassion fatigue.	True	False
6. Compassion fatigue can lead to healthy work environment.	True	False
7. Higher stress level environment tend to increase compassion fatigue.	True	False
8. Signs and symptoms of compassion fatigue include: headaches, fatigue, depression, anxiety, irritability, anger, absenteeism.	True	False
9. Nurses that suffer from compassion fatigue dread of working with certain patients.	True	False
10. Compassion fatigue onset can be sudden	True	False

On a scale of one (1) to seven (7), with one (1) equaling “Not at all aware of the signs and symptoms of compassion fatigue” and seven (7) equaling “Fully aware of the signs and symptoms of compassion fatigue”, how would you rate your awareness of the signs and symptoms of compassion fatigue?

1	2	3	4	5	6	7
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On a scale of one (1) to seven (7), with one (1) equaling “Not at all aware of interventions and strategies to address compassion fatigue” and seven (7) equaling “Fully aware of interventions and strategies to address compassion fatigue”, how would you rate your awareness of interventions and strategies to address compassion fatigue?

1	2	3	4	5	6	7
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Again, thank you for your participation in this educational intervention!