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## Educational Tool Kit for Mental Health Nurses to Combat Compassion Fatigue

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# Walden University

College of Nursing

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Cleopatra Enakhena

has been found to be complete and satisfactory in all respects,  
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the review committee have been made.

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Walden University  
2022

Abstract

Educational Tool Kit for Mental Health Nurses to Combat Compassion Fatigue

by

Cleopatra Enakhena

MSN, Walden University, 2019

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

Walden University

October 2022

## Abstract

Health care professionals, such as mental health nurses, use the two essential tenets of compassion and empathy when caring for their patients. But constant exposure to traumatized patients under a nurse's care can lead to burnout and compassion fatigue (CF), which affects the nurse's provision of adequate patient care. Mental health nurses' lack of education and awareness on CF has led to diminished provision of safe, effective, and quality care to their patients. Therefore, the purpose of this scholarly doctoral of nursing project was to develop an educational tool kit that might help mental health nurses combat CF within their practice settings. The human caring theory was used as a guide to help improve a nurse's empathy, compassion, and communication skills. Information used in creating the educational tool kit was derived from several evidence-based studies. Six nursing experts evaluated the educational tool kit and determined that it may be useful to increase knowledge of CF among mental health nurses. The six nursing experts (100%) strongly agreed that the tool kit content was clear, easy to understand, and recommendable. All six-nursing expert's strongly agreed the tool kit content is important for education and may increase knowledge of CF. Regarding meeting practice guidelines and expression of compassion satisfaction, five nursing experts (83.34%) strongly agreed with this, one nurse expert (16.66%) agreed, and another was neutral (16.66%). The tool kit may impact social change by providing ways for nurses to identify CF and plan interventions to combat CF, improving practice, quality of patient care, and societal health and wellness.

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## Dedication

This paper is dedicated to God and to my very supportive husband, children, parents, siblings, and friends who have stood by me throughout all my nursing programs. It has indeed been a long journey, with lots of sacrifices. I appreciate your patience, love, support, and prayers. I love you all unconditionally.

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## Section 1: Nature of the Project

Compassion and empathy are core elements in nursing care. These essential skills involve verbally claiming to understand a patient's personal and emotional experiences and a nurse's display of emotional, cognitive, and behavioral understanding of the patient's present state (Moudatsou et al., 2020). Evidence and practice guidelines suggest that health care workers who display adequate empathy and compassion tend to work more effectively and efficiently, providing more therapeutic care for their patients (Moudatsou et al., 2020; Substance Abuse and Mental Health Services Administration [SAMHSA], 2016). The effectiveness of empathy is seen in a nurse's ability to associate better with patients, develop a good rapport, and initiate an effective therapeutic alliance (Moudatsou et al., 2020). Research has also shown an association between compassion, empathy, and patients' adherence to treatment. Increased commitment to treatment, medication compliance, and a patient's medication self-efficacy are made possible with a strong connection and effective communication between the nurse and the patient (Flickinger et al., 2016).

Empathetic communications, when continuously manifested via interpersonal interactions between the nurse and the patient, can further lead to better control and management of patient symptoms (Park et al., 2020). In mental health settings, a good response to treatment by the patient can help prevent the increase of hospital admissions rates, reduce escalation of aggressive behaviors, reduce violence on the units, and allow an increase in patient satisfaction and safety (Lown & Setnik, 2018).

Although nurses can gain several other benefits from empathetic and compassionate care, evidence has shown that multiple factors can influence the effective display of nurses' empathy while working in a stressful mental health unit (Santamaría-García et al., 2017). Factors including fear, poor listening skills, poor communication skills, and lack of good judgment can be detrimental to a nurse's display of empathy to their patients (Lown & Setnik, 2018). Thus, a fearful nurse who prioritizes avoiding failure compared to communicating with their patients effectively may empathize poorly with patients.

Lack of awareness and understanding of compassion fatigue (CF) can also cause nurses difficulty in providing continuous quality patient care, including difficulties in nurses' private lives. If not promptly addressed, CF can lead to psychological problems, such as anxiety, depression, lack of motivation, and job dissatisfaction (Pérez-García et al., 2021). Nurses who suffer from CF do not even know they suffer from this problem (Cocker & Joss, 2016). Evidence has shown that these nurses with CF are too preoccupied with trying to resolve the emotional and psychological stressors of their patients with trauma that those nurses do not seek help promptly, thus aggravating the problem of CF (Cocker & Joss, 2016). Therefore, nurses may prevent the progression of CF if promptly educated and provided with frequent supervising, counseling, and mentoring to help them personally and collectively resolve the issue of CF (Pérez-García et al., 2021).

### **Problem Statement**

Compassion is considered a valuable requirement in nursing care (Merrifield, 2017). Compassion may promote effective communication with patients and their families. Compassion may also lead to ongoing patient trust, allowing patients to share significant histories and other information about their health. When effectively used, compassionate care can lead to a continued excellent therapeutic alliance between the nurse and patient (Cocker & Joss, 2016). Compassion can also increase a patient's self-confidence during recovery, ensure support during therapy, and reduce their suffering during treatment (Merrifield, 2017). Despite these advantages, evidence-based studies have shown excessive exposure to traumatized individuals can lead to CF (Cocker & Joss, 2016). Nurses experience tension due to preoccupation with their patients' emotional and physical pain or stressors, thus causing the nurse to experience secondary traumatic stress (Cocker & Joss, 2016).

For this Doctor of Nursing practice (DNP) project, the problem identified was the frequent prevalence of CF among nurses working in a mental health clinic. When CF occurs in a mental health setting, nurses experience a lot of psychological and emotional stressors due to observing, listening, and caring for suffering patients (Cocker & Joss, 2016). Therefore, the need was noted to educate these nurses on CF, including providing nurses with early warning signs and evidence-based interventions to help them combat CF (Singh et al., 2020). Developing a tool kit to address CF was considered necessary to allow mental health nurses easy access and identification of educational items to increase

their knowledge on CF and possibly prevent CF. Appendix B describes the contents of the tool kit.

### **Purpose Statement**

The gap in practice was the nurse's lack of education on CF, including lack of awareness of evidence-based interventions to combat CF in the mental health setting. The purpose of this DNP project was to develop an educational tool kit for these mental health nurses and have the tool kit content evaluated by a panel of six nursing experts. The objectives of this scholarly DNP project included the following: (a) Providing evidence-based resources on strategies to educate mental health nurses on CF in a tool kit format and (b) Evaluating the contents of the tool kit by using the panel of six experts

### **Nature of Doctoral Project**

The goal for developing the educational tool kit was to provide information on CF to nurses working in mental health settings. The tool kit provided evidence-based interventions to the nurses to help them combat CF, including guiding them to improve their skills in empathy, compassionate care, and communication with their patients during care. The goal entailed promoting compassion satisfaction, nurse resilience, and increasing therapeutic alliance with patients. The tool kit was also created to provide information to nurses on how to assess for and avoid CF during patient care. Information from several sources was used in developing the tool kit, including the best available evidence (Mattioli, 2018; Peters, 2018).

Before evaluating the tool kit, the panel of six nursing experts received a PowerPoint presentation on CF and a copy of the content in the tool kit. The nursing

experts had a maximum of 2 weeks to go through the tool kit and evaluate the contents. Those experts completed a survey, and then the data were analyzed using descriptive statistics. The expert panel completed the survey without giving any written feedback.

A literature review was the method used to collect evidence-based information on the importance of increasing awareness of CF and developing an evidence-based intervention to improve practice. It is imperative to know that the pathway to wellness for many nurses, including nurses working in a mental health setting, begins with awareness. Awareness can be increased by educating nurses on CF. Increasing a nurse's knowledge on CF may allow them to remain well-informed on CF and gain insight regarding past and present stressful situations leading to CF and interventions to prevent CF. Increasing awareness can also enhance nurses' skills in communication and empathy, including other interventions used to combat CF (Mattioli, 2018).

### **Significance of the Tool Kit**

Although nurses must develop and use compassionate and empathetic communication with their patients, they must remain cautious while using empathy and compassion. In this way, a nurse may prevent the physical, mental, and emotional stress from exposure to a patient's trauma (Peters, 2018). In this current study, the tool kit may provide nurses with knowledge of CF and how to assess for CF during practice, including information about preventative measures and interventions to allow safe practices now and in the future. Nurses may learn the importance of self-care activities to increase compassion satisfaction and reduce CF. Activities, such as exercise, relaxation

techniques, meditation, and deep breathing, are shown as beneficial in research (SAMHSA, 2016).

The tool kit may allow mental health nurses in the current nursing organization to become more aware of dealing with stressful and traumatic situations within health care settings than before. Mental health nurses in outpatient facilities often care for patients with dual diagnoses of drug addictions and other mental illnesses. Many patients also present with other stressors, including social, economic, housing, and financial issues. Mental health nurses caring for these patients find themselves too overwhelmed from caring while trying to resolve their patients' health and personal stressors (Cocker & Joss, 2016).

Some mental health nurses take a patient's stressors too personally and may make the patient's problems the nurses' responsibilities while attempting to resolve issues beyond a nurse's power and control (Cocker & Joss, 2016). Nurses should know when to avoid being too personal with the patient or becoming too empathetic. Sometimes, these nurses might want to reach out to colleagues and supervisors to avoid CF (Cocker & Joss, 2016). With the tool kit, nurses in the mental health facility may have better information on communicating with patients to prevent being too empathetic while possibly preventing CF. The tool kit may allow mental health nurses to learn how to relieve stress and develop strategies to avoid fatigue, increasing their resilience and determination to work (Cocker & Joss, 2016).



### **Implications for Social Change**

This project can contribute to positive social change because the tool kit may improve a nurse's knowledge and awareness of the existence of CF. Increased awareness of CF may further enhance communication and interactions with mental health patients, subsequently improving nurses' physical, mental, and emotional well-being (Peters, 2018). A healthy and unfatigued nurse will provide quality and optimal care to their patient (Peters, 2018). Provision of optimal care can improve patient safety and increase patient outcomes. Optimizing patient care may allow room for a better therapeutic relationship built on trust and respect for the nurse. After gaining access to the tool kit, the mental health nurses may have the necessary information to maintain resilience for patient care to combat CF.

### **Summary**

The primary purpose of this project was to develop an educational tool to address nursing empathy/communication techniques and other behaviors that could prevent CF. The project was also created to help increase awareness of CF's signs and symptoms, including providing interventions to prevent and resolve CF problems among mental health nurses. It was noted that successful utilization of the educational tool kit could contribute to social change as the tool kit aimed to provide information to help improve nurses' knowledge and lead to efficient practices.

## Section 2: Background and Context

In current mental health setting for which the tool kit was created, nursing employees complained of mental, physical, and emotional fatigue from continuously caring for patients with severe mental illnesses and other traumas. Therefore, many nurses were frequently absent from work to avoid the stress of caring for this population. In contrast, some other nurses managed to get through the difficult work hours but complained of anxiety and requested an intervention. Some nurses blamed their feelings of burnout and fatigue on the fast-paced environment, where they must stay ready to work mentally, emotionally, and physically to help their patients combat the burden of their illnesses (see Peters, 2018). Some nurses did not understand that the constant exposure to the challenging and traumatizing issues experienced by their patients could lead to CF. The nurses in the current organization also complained of poor communication skills used with their patients leading to over-empathizing with the patients, making the nurses feel more emotionally exhausted than before.

The problem identified in this DNP project was nurses' lack of awareness and understanding of the meaning and prevalence of CF, especially in mental health settings. The purpose of the project was to create an educational tool kit to help address this problem of lack of awareness. The creation of the tool kit can help educate these mental health nurses, especially on warning signs of CF, and provide a better understanding of the meaning of CF, including evidence-based interventions to help prevent or reduce CF in the clinic. Research showed that preventing nurses' stress and emotional burdens was paramount to safe, effective, and efficient care (Arnetz et al., 2020).

### **Concepts, Models, and Theories**

Watson (1999) developed the human caring theory between 1975 to 1979 to explore the vast and crucial nursing roles. Watson developed the human caring theory to make a distinction between nursing and medical science. Watson suggested that communication was a fundamental tenet of nursing, and human caring must be a part of communication that nurses should demonstrate or practice to develop a therapeutic relationship with their patients (Pajnkihar et al., 2017). Watson explored nursing duties, emphasizing the humanistic part of nursing as important in a patient's care. Watson suggested combining it with other necessary components of nursing, including the nurse's expression of scientific knowledge and nursing practices (Wei & Watson, 2018).

Although nursing entails health promotion and the treatment of various illnesses, Watson (1999) asserted that nurses must establish caring behaviors and use communication techniques as a core tenet of health promotion and treatment. Caring acts can promote better and improved health when combined with medical therapy than when used alone (Pajnkihar et al., 2017). In the human caring theory, Watson also emphasized the importance of using a holistic approach when providing nursing care, including applying ethical and spiritual considerations when providing care to patients to ensure that the bio-psycho-spiritual and social needs of the patients remained met (Pajnkihar et al., 2017). Watson's human caring theory urges nurses to focus on patients' ethical and spiritual needs and engage in improving critical thinking processes to make effective changes in the health care system (Pajnkihar et al., 2017).

Nurses are also urged to acknowledge this value and ensure respect and autonomy of their patients, including providing the highest level of care that can lead to better physical, mental, and social functioning. Therefore, Watson related nursing caring with the four metaparadigm concepts of nursing: the patient, environment, health, and nursing (Nikfarid et al., 2018). Watson's (1999) 10 curative factors also serve as a foundation for the caring model: (a) promoting humanistic/altruistic behaviors, (b) displaying behavior of faith and hope, (c) being sensitive of others' feelings, (d) having helpful and trusting behavior, (e) expressing feelings, (f) utilizing problem solving approach, (g) promoting education, (h) providing a supportive environment, (i) assisting with the provision of human needs, and (j) attempting to understand others. The curative factors emphasize the centrality of human caring, including the importance of developing a care-to-care transpersonal relationship that can result in a healing benefit for both the patients and the nurses (Pajnkihar et al., 2017).

The human caring model is important in health care, as nurses can apply it in the current mental health setting to help promote nurse resilience while reducing CF. In this outpatient mental health setting, nurses with the privilege to care for a vulnerable and diverse population with vast needs, including mental health, addiction, social, and physical needs, can apply this human need theory effectively when caring for their patients and themselves. Thus, nurses may avoid the stressors from an excessive display of empathy that may lead to CF (Pajnkihar et al., 2017). When caring for patients, nurses must value the patients and the care provided while valuing and caring for themselves as

providers. Nurses can apply certain self-care interventions to help promote compassion satisfaction, leading to safe and effective care to their patients.

### **Relevance to Nursing Practice**

The tool kit may be relevant to nurses working in mental health care organizations and other health care settings, including hospital settings, trauma, intensive care units, and emergency rooms/clinics. Research has shown that most patients with mental health symptoms tend to visit primary care clinics and emergency rooms as their first points of care during mental health crises (Capp et al., 2017). Some nurses may not have the experience or expertise to care for patients with dual diagnoses who are also experiencing mental health crises. These nurses may become overwhelmed and present with physical, emotional, and psychological exhaustion from being empathetic while providing therapeutic and patient-centered care (Capp et al., 2017). Nurses working in such emergency health care settings and providing crisis intervention care to mental health patients may benefit from a tool kit that can increase their awareness of CF.

This tool kit was developed to create awareness and provide interventions that might help prevent the occurrence of CF during practice. Improving empathetic communication, developing therapeutic boundaries, and utilizing effective coping mechanisms are interventions to prevent stress and fatigue during a patient's care (Cocker & Joss, 2016). The tool kit was also developed to help mental health nurses recognize the importance of utilizing effective techniques, including personal coping strategies during patient care to prevent situations that might lead to CF (see Cocker & Joss, 2016). Although developing a solid and effective boundary is needed to prevent nurses from

over-empathizing, nurses need to know how to appreciate the importance of utilizing effective therapeutic communication with the patients. Nurses must also recognize the need to go above expectations to interact better with patients, develop a good relationship with those patients, and deliver the utmost care (Cocker & Joss, 2016). Nurses should also understand appropriate theories and applications during patient care to improve the nurse–patient interpersonal relationship and quality care (Pajnkihar et al., 2017).

The tool kit also helped the nurse know when and how to seek help to prevent CF and manage worsening symptoms. Early identification of CF can be beneficial. A nurse may seek help on time and engage in other interventions to prevent the occurrence or worsening symptoms, such as persisting nightmares, intrusive thoughts, and anxiety. Identifying CF and early interventions can help a nurse function better at work with other team members while having a productive life outside work with family and friends (Cocker & Joss, 2016). Although nurses have tight schedules in the current mental health organization, each nurse is allotted two 15 min administrative breaks and a 30 min lunch break that, if used effectively, may help prevent stress and burnout throughout work hours. The nurses can take off work and spend quality time away from patient care. Nurses can also destress during these breaks by engaging in deep breathing, mindfulness, yoga, and meditation (Cocker & Joss, 2016).

### **Local Background and Context**

The nature of nurses' work in mental health settings exposes them to care for a wide range of vulnerable patients from different backgrounds, including caring for patients with behavioral problems, drug addictions, terminal diseases, posttraumatic

stress, and other social stressors. These mental health nurses also work long hours and may not have time from work to destress or relax after caring for their patients (Cocker & Joss, 2016). Thus, these nurses may use frequent call-offs and accrued sick leave to gain time from work to destress. Local augmentation for CF in the mental health clinic was also evidenced by the high nurses' turnover rates, including evidence derived from surveys and questionnaire data. This information had led to the belief that an increase in the nursing turnover rate could influence safe and effective care to patients. Some nurses also reported no job satisfaction and a lack of confidence in their care (Wubetie et al., 2020).

### **The Need for the Educational Tool kit**

There was a need to develop an educational tool kit to help nurses develop better understandings of CF's manifestations. The tool kit may also help increase nurses' resilience and promote compassion satisfaction when effectively used. Compassion satisfaction could increase nurses' confidence at work, including improving their ability to provide safe and effective care to patients (Wubetie et al., 2020). Good knowledge and understanding of CF could also help nurses remain vigilant and develop other strategies to help prevent and reduce the risk of CF.

### **The Role of the Doctor of Nursing Practice Student**

This DNP project met the goals and requirements of the DNP curriculum at Walden University. Although some existing research studies created awareness of CF, there remained a practice gap in most health care settings, as most nurses did not know how to identify or prevent CF during practice (Peters, 2018). As a DNP nurse, there was

need to meet the requirements of using the best evidence to guide practice; thus, the role of me as a DNP student was to evaluate evidence-based literature for this project and translate the literature into practice. Another DNP role was to communicate and collaborate with the panel of six nursing experts who reviewed and evaluated the educational tool kit. They helped determine its relevancy to the work.

### **The Role of the Doctor of Nursing Practice Team**

Six nursing experts in the mental health field were selected to form a panel. They were part of the project team that evaluated the tool kit. Inclusion criteria used to choose these six nursing experts included the following: (a) The nurses had a working knowledge of CF, with more than 5 years' experience caring for mental health patients. (b) The panel of experts must include nursing health care providers currently working in outpatient mental health organization in Hamilton County Cincinnati, United States, (c) The nursing experts must have a minimum of a Bachelor of Science in nursing or Master of Science in nursing degree. (d) The nursing experts must be health care providers, with leadership roles in the organization.

### **Summary**

The main areas covered in Section 2 include the introduction, theoretical framework, relevance to nursing practice, local background and context, need for educational, the DNP student's role, and the DNP team's role. Mental health nurses are prone to CF; if not promptly addressed, CF can lead to nurses' frequent call-offs and use of sick leave, adding to poor quality of care and patient outcomes (Wubetie et al., 2020). The theoretical framework provided information on the relationship between Watson's



(1999) human caring theory and how nurses could use this theory to develop effective patient care and self-healing. The theory was well-aligned with this project's concept as it focused on providing adequate care to the patient and allowed nurses to show value and respect for themselves, relating to the project's purpose of addressing CF.

### Section 3: Collection and Analysis of Evidence

Empathy and compassion are fundamental tenets of nursing. When effectively used in practice, both can lead to good patient care, effective communication, and trust by the patient. However, despite their advantages, nurses caring for vulnerable patients, including mental health patients, often experience emotional, physical, and psychological stress while attempting to meet the needs of their patients and the demands of the families (Moudatsou et al., 2020). Sometimes, these nurses do not acknowledge stress and CF symptoms until too late. Educating nurses on promptly recognizing CF and creating awareness of existing interventions may help prevent increased incidents of CF.

I aimed to use a tool kit to increase awareness and educate nurses on CF. The objectives of this tool kit included (a) providing evidence-based resources on strategies to educate mental health nurses on CF in a tool kit format and (b) evaluating the contents of the tool kit by a panel of six experts. Information added on the tool kit was gathered from various evidence-based sources to help guide practice and prevent CF.

This section of the DNP project includes focused practice questions. This section also contains a discussion of the definitions of essential terms and information derived from different sources of evidence. Finally, the section entails discussing the need for participants' protection, data analysis, and results synthesis, ending with the project's assumptions and limitations.

#### **Practice-Focused Question**

The project-focused question identified the issues addressed in the project. The question allowed a better understanding of the project and evaluation of essential

components. Answers to the question also helped create a solid foundation for the DNP project, allowing room for practically assessing, planning, implementing, and evaluating the essential components of the project. The practice-focused question for this project was the following:

Is the tool kit considered effective in addressing CF for the target population of mental health nurses?

Evidence-based studies have shown a gap in nursing practice regarding education and awareness of CF, including poor acknowledgment of signs and symptoms of CF (Sarafis et al., 2016). This lack of understanding has affected nurses' work, including their interactions and engagement levels with mental health patients. The project was developed to assist in creating awareness about the existence and symptoms of CF, including suggesting possible interventions to help manage and prevent CF in nurses working with mental health patients.

Improving understanding is important because nursing is already a strenuous profession, with many complicated demands that contribute to occupational stress. Research has shown that if occupational stressors are not well managed or prevented, they can significantly affect a nurse's quality of life, including emotional, psychological, and physical health (Sarafis et al., 2016). Added stressors from a nurse's exposure to caring for traumatized and vulnerable individuals further worsen that nurse's physical and psychological state, leading to poor interactions and quality of care delivered to patients (Sarafis et al., 2016).

### **Definition of Terms**

This section contains some terms used in the project in various contexts and with different meanings.

*Compassion fatigue (CF)*: CF derives from stress that originates from prolonged exposure to traumatized individuals leading to psychological, biological, and social exhaustion (Singh et al., 2020).

*Empathy*: Empathy refers to understanding and exhibiting feelings for suffering people. Regarding this project, empathy referred to the feeling shown by nurses on the unit caring for mentally ill patients (e.g., Cocker & Joss, 2016).

*Mental health nurses*: These nursing professionals work in mental health settings and are at possible risk of developing CF and other psychological distress symptoms (Turgoose & Maddox, 2017).

*Nursing education*: This formal education or training is provided to nurses and includes therapeutic communications skills and other information needed to practice successfully and develop good relationships with patients on the unit (Turgoose & Maddox, 2017). In this context, education involved training and creating awareness in nurses on the mental health unit to enable the nurses to provide adequate care for their patients.

*Vicarious traumatization*: Such traumatization refers to the adverse effects or repeated empathy to traumatized individuals (Cocker & Joss, 2016).

### Sources of Evidence

For this DNP project, a literature review was used to provide more research evidence and seek similarities in themes among different studies on CF, nurses' lack of awareness, and its impact on patient care. The literature review search entailed using various databases, including CINAHL plus with full text, EBSCO Host, Cochrane, and PubMed. The limitation to publication was between 2016 to 2022. Search terms included *CF, resiliency, secondary traumatic stress, mental health nurses, and nursing education*. The literature analysis comprised journal articles, with themes focused on improving nurses' knowledge and increasing awareness of CF.

The findings from the current doctoral study were supported by the themes of the literature reviewed in which educating nurses and increasing their knowledge on secondary traumatic stress and CF were considered essential to improving their resilience, including their personal and professional well-being. Section 3 explores the importance of resiliency education, increasing knowledge and awareness on trauma prevalence, and interventions to reduce CF. The section also includes using online education to create awareness and educate nurses on CF. The literature review also shows the importance of education to increase self-care needs to prevent fatigue, nurses' prompt recognition of CF, improvements to nurses' personal and professional quality of life, education of nurses to increase compassion satisfaction, and acknowledgment of their ethical responsibilities.

### **Education and Improved Awareness and Understanding of Compassion Fatigue**

Because of the prevalence of CF in health care, an educational program could help nurses increase awareness and develop effective strategies that might help reduce other risk factors, including emotional and psychological issues (Kestler et al., 2020).

Researchers have discussed the importance of utilizing educational means to increase understanding of the prevalence of traumatic diseases experienced by patients, leading to CF by staff caring for the patient over time. For example, Cain and Gautreaux (2022) stated that expanding knowledge would give nurses a better understanding of what to expect so that they would be more prepared to care for themselves throughout the progression of a patient's disease. Findings from their study showed that increasing health care providers' knowledge of incidents or diseases increased their ability to recognize the traumatic event, including improving their knowledge of reporting. The implication of the study was that educational activities could significantly improve nurses' knowledge, understanding, and recognition of health care trauma, including facilitating secondary traumatic stress reporting and reduction.

Some research studies have also supported education on CF, which comprises work-related issues that could impact a nurse's physical, mental, social, psychological, and emotional well-being (e Silva et al., 2021). Findings from a study of health care providers suggested that an online education program might be an intervention to help support caregivers suffering secondary traumatic stress, possibly improving caregivers' mental health (Koller et al., 2022). Research has also shown the effectiveness of education and frequently evaluating health care providers for CF, burnout, and

compassion satisfaction (Polat et al., 2020). The level of CF, burnout, and compassion satisfaction experienced by nurses would determine the type and level of care provided to their patients. A nurse with good knowledge of using self-care approaches to prevent work stressors has better chances of experiencing compassion satisfaction, thus providing optimal patient care (Polat et al., 2020).

Research has also explored the importance of using educational interventions to improve healthcare providers' physical and mental well-being, as well as Professional quality of life (Fu et al., 2021). In the study, researchers used a cluster experimental design approach to recruit nurse participants who were registered nurses recruited from two different health care settings in the southern part of Taiwan. Findings in the study showed the importance of 3R educational interventions such as CF resiliency, mindfulness respiration, and support of relatives and friends to increase compassion satisfaction, ProQoL, and healthcare providers' physical, mental and psychological well-being.

A recent research study also explored the effect of short-term resiliency educational intervention programs and long-term programs compared to nurses' professional quality of life, secondary traumatic stress, and resilience (Pehlivan & Güner, 2020). The study used a randomized control trial method to recruit participants. One-hundred-twenty-five randomly picked oncology-hematology nurses were in a group of three (i.e., Experimental Group 1, Experimental Group II, and a control group). Experimental Group I experienced the short-term intervention, Experimental Group II participants had a more extended intervention education program, and the control group

participants received no program intervention. The study result analysis indicated no statistically significant differences between the extended- and short-term groups in measuring CF scores, burnout, and perceived stress. However, the study showed a significantly higher score in Experimental Groups I and II than in the control group. In the long run, the implication of the study showed that long or short resiliency education programs could influence reducing CF and increasing resiliency (Pehlivan & Güner, 2020).

Another recent study also explored the importance of educating nurses about compassion satisfaction to prevent CF. Nurses can achieve compassion satisfaction when they know their ethical responsibility to provide adequate patient care while utilizing compassion and empathy. Gustafsson and Hemberg stated that ineffective expression of compassion and empathy could lead to CF. The researchers used a qualitative exploratory interview method to collect data from nurses in different contexts of the nursing field. Data were on those nurses' experiences of CF in their various places of work. At the end of the study, the findings showed that failure to deliver compassionate and empathetic care could occur if nurses considered and approached patient care as a technical task rather than an ethical responsibility, leading to CF due to compassion overload. The study implied that educating nurses on the ethical duties of compassionate and empathetic care could help prevent CF (Gustafsson & Hemberg, 2022).

In a cross-sectional pilot study, Kase et al. (2019) discussed the impact of CF, burnout, and compassion satisfaction on healthcare providers and the need to improve knowledge of predictors of CF to prevent occurrence. The researchers used CF, the



Satisfactory Self-Test, and the Questionnaire on Palliative Health Care Providers to assess their professional and personal life for predictors. Findings in the study showed a high prevalence in health care providers who reported CF, burnout, and compassion satisfaction. The reported distress was related to clinical stressors, physical exhaustion, and personal losses. All posed as significant determinants of CF. The study's implication showed that healthcare providers must be cautious and knowledgeable of predictors of CF to provide effective, empathetic, and compassionate care (Kase et al., 2019).

Similarly, a research study also discussed the importance of educating nurses on prompt CF interventions, including using interprofessional intervention programs as effective ways to help prevent CF in healthcare settings (Pfaff et al., 2017). The results showed that CF interprofessional intervention program supported healthcare providers and staff working in different specialty areas (Pfaff et al., 2017). The study result showed that if effectively utilized CF interprofessional intervention program can help support healthcare providers and staff working in different specialty areas (Pfaff et al., 2017).

On the same note, another study also explored the value of balancing empathetic activities with therapeutic communication skills to allow effective nurse-patient relationships. In balancing empathy and therapeutic communication, nurses must remain cautious and remember that even though empathy is a core requirement in nursing care, poor utilization of empathy and self-compassion measures could lead to negative consequences (Pfaff et al., 2017). The study also explored the importance of educating nurses on compassionate care toward others and its connectivity with nurses' self-compassion toward themselves (Duarte et al., 2016). When nurses know the role

compassionate care plays toward patients, they might feel more focused on compassion toward themselves. The study suggested that teaching nurse's self-compassion and self-care interventions were essential in nursing education programs. Such teaching would reduce CF and burnout while increasing compassion satisfaction (Duarte et al., 2016).

Another research study also discussed the importance of studying the relationship between job demands and resources to CF in mental health settings (Singh et al., 2020). The researchers examined articles that explored work-related factors contributing to CF. The findings showed that empathy was a core necessity of nursing care that nurses must effectively use, along with a therapeutic relationship with the patient to allow positive treatment outcomes. The research findings also showed that nurses must learn to use good listening skills and feel their patients' pain to empathize with them effectively. Nurses must utilize early intervention measures to prevent the negative impact of excessive empathetic involvement, including burnout and secondary traumatic stress, popularly referred to as CF (Singh et al., 2020).

CF is not only experienced by floor nurses engaging in bedside duties alone but also experienced by nursing leaders, including nurse managers and supervisors who provide guidance and directions in healthcare settings (Kelly et al., 2019). With the pervasive challenges these healthcare leaders face, it is imperative to educate and create awareness in these nurse leaders on their roles in assessing for and reporting burnout, CF, and secondary trauma experienced within the healthcare setting (Kelly et al., 2019). The study also confirmed that effective interactions with other healthcare workers and

colleagues could help alleviate stress and CF while increasing work satisfaction (Kelly et al., 2019).

With the support of the studies discussed, the current project focused on establishing practical teachings of CF within the context of mental health nursing. The future goal is that with an educational tool kit, mental health nurses may report higher compassion satisfaction rates than CF, including developing stronger resilience to work-related stressors (Thapa et al., 2021). The above literature review used the evidence derived from the various studies to create the tool kit outline.

### **Data Collection**

The data used for the tool kit were collected after the panel of six nursing experts completed an evaluation survey of the tool kit content. Before completing the evaluation, the participants were informed of the topic, reason, and nature of study. After acceptance to participate in the questionnaire, the expert panel were provided with a PowerPoint presentation on CF and content of the educational tool kit. The tool kit content was in a Word document, where participants only had access to view and lacked permission to use it in another way. After viewing the contents of the tool kit, participants could only rate the contents via a Google Form using a 5-point Likert rating scale to the best of their ability: 1 (*strongly disagree*), 2 (*disagree*), 3 (*neutral*), 4 (*agree*), and 5 (*strongly agree*). Quantitative data were collected after completion of the questionnaire. The expert panel did not make any new suggestions or recommendations to this approach.

### **Analysis and Synthesis**

A panel of six nursing experts evaluated the tool kit using an evaluation tool (see Appendix I). Their expertise was guaranteed by the nurses' extensive knowledge of CF, levels of education, qualifications, and the number of years worked in a mental health setting. Evaluation forms were sent to the participants via a Google Form using a 5-point Likert scale.

### **Protection**

Following Walden University's recommendations, this DNP project was educational and followed the requirements of the DNP manual for staff and nursing education projects. The project did not involve the research of life participants. However, the panel of six experts read and viewed the tool kit's content and questionnaire, after which they participated in a voluntary evaluation of the tool kit's content surveys. The questionnaire was viewed, and responses provided via Google Form links. To ensure privacy and confidentiality, the participants' email addresses and other personal information were not collected as part of the process because there was no such requirement for research protection.

The questionnaire data collected will be kept for a period of at least 5 years, as required by Walden university. A copy of the DNP project proposal was also sent to Walden University's institutional review board (IRB) to confirm the participative rights of the six nursing experts. The IRB approval number for conducting this study was 05-25-22-0749142. Also obtained was a letter of approval from the partner site for the expert

panel to participate in the study and complete the questionnaire. Signatures were not required, as the study was educational.

### **Assumptions**

The assumption was that the panel of six nursing experts would assess and evaluate the tool kit content accurately. It was also assumed that the nursing experts would be honest and unbiased, including believing that findings may be applicable to nurses working in mental health settings

### **Limitations**

The project was limited to one mental health setting and a panel of six expert nurses; therefore, the generalizability was limited. The tool kit had not been scientifically proven. However, it had been evaluated by the panel of six nursing experts and was created by me in collaboration with nursing supervisors, manager, and organization project team leaders. Throughout the DNP project, nurses did not obtain the tool kit for use. The project concluded, and the panel evaluation determined that the educational tool kit may be useful in increasing knowledge and awareness of CF among nurses in mental health settings.

### **Summary**

CF is critical for nurses to address when working with vulnerable populations. If unaddressed, CF can affect a nurse's health and profession, including the care provided to their patients, reducing patient outcomes and quality of care. Although multiple research studies have shown information on CF, only a few evidence-based studies have discussed the need for and importance of tool kits to educate nurses on CF.

This DNP project aimed to provide mental health nurses with an education tool kit on CF. This goal was attempted by utilizing the help of a panel of six expert nurses who read the educational tool kit and evaluated its content. This section covered the introduction, practice-focused questions, definitions of terms, sources of evidence, participants' protection, analysis and synthesis, project design/method, and project assumptions and limitations. The following section will cover the findings and implications, recommendations, and the strengths and limitations of the study.

#### Section 4: Findings and Recommendations

It was noticed that at the partner site mental health nurses lacked knowledge and awareness of CF. However, these nurses had continuously provided care and services to vulnerable and sick individuals with multiple stressors and traumatic experiences. By caring for these individuals, these nurses faced secondary traumatic experiences, including physical, mental, psychological, and emotional signs of CF (Marshman et al., 2021). Instead of these mental health nurses seeking the right interventions, they would make multiple call-offs from work, have increasing no shows, and use sick leave as the answer to the problem. Thus, the practice-focused question for this project was the following: Is the tool kit considered effective in addressing CF for the target population of mental health nurses?

The tool kit may be practical and adequate in increasing nurses' awareness and knowledge of CF. It can be used to increase knowledge and understanding of evidence-based interventions nurses can employ to combat CF. The study used Watson's (1999) human caring theory when creating this tool kit. The approach was a guide for this study in developing an effective tool kit to increase nurses' knowledge of CF. The theory is used to explore the humanistic part of nursing and other elements, including the importance of expressing scientific knowledge and effective nursing practice. The theory aligns with this DNP study, as it expresses the importance of nurses selfcare needs as an essential requirement in practice to allow nurses provision of safe, efficient, empathetic, and compassionate care to their patients. The purpose of this study was met, which involved developing an educational tool kit to address the gap in practice relating to

nurses' lack of education on CF, including lack of awareness of evidence-based interventions to combat CF in mental health settings, while assessing and evaluating tool kit content by a panel of six nursing experts.

### **Findings and Implications**

For this current doctoral study, eight nursing experts were initially invited via phone to be present for an online PowerPoint presentation on CF and educational tool kit content, including taking part in evaluating the tool kit. The nursing experts were educated on Watson's Human caring theory (Appendix A) and the objectives and intended learning outcomes (Appendix B). Although all eight experts had access online to read the PowerPoint presentation, only six expert nurses responded to the call. Participants were informed of their voluntary rights, including right to refuse participation, nature of the project and other contents of the tool kit. Participation in the project posed no risks; however, it was possible that reviewing of materials related to CF might have caused the reviewers to be aware of their own CF. The participants were encouraged to seek additional community resources to reduce the possibility of CF occurring.

The nursing experts engaged in an online survey through a Google Form. The PowerPoint presentation provided the expert panel with needed information, including up-to-date, evidence-based information on the importance of increasing awareness and educating mental health nurses on CF, using education to increase knowledge on nurse resilience, and educating nurses on trauma awareness. The tool kit also provided information on the importance of using different educational approaches to raise



awareness and the role of education in increasing nurses' professional quality of life.

Data from a 6-item survey/questionnaire were collected and analyzed using descriptive statistics (i.e., frequencies and percentages) to determine the average score and frequency

### **Nurse Expert Evaluation Result**

The evaluation of the tool kit by the six panels of nursing experts was designed to determine the effectiveness of the CF educational tool kit for nurses in mental health settings. The survey completion rate was 83.34%. A 5-point Likert scale was used for the evaluation: (1) *strongly disagree*, (2) *disagree*, (3) *neutral*, (4) *agree*, and (5) *strongly agree*.

At the end of the survey/research, the six nursing experts (100%) strongly agreed on the clarity and easy understanding of the tool kit content, including agreeing that the tool kit content expressed the importance of educating nurses on CF. Regarding meeting practice guidelines, although five of the expert nurses (83.34%) strongly agreed that the tool kit content met practice guidelines, one nurse expert (16.66%) neither agreed nor disagreed. Additionally, five nursing experts (83.34%) strongly agreed that the tool kit expressed the importance of compassion satisfaction and the need for nursing resilience, while one participant agreed (16.66%).

In conclusion, all six-panel nursing experts (100%) strongly agreed that the tool kit content was recommendable and made no suggestions for adjustments. It is imperative to note that utilizing a tool kit in a health care setting may be useful in helping nurses gain a better understanding of CF, including other work-related stressors. The tool kit may also be helpful in providing nurses with evidence-based interventions to help combat

CF. Improving nursing knowledge through this means may lead to improved patient care, increased organizational outcomes, and enhanced health and wellness in society.

### **Recommendation**

DNP nurse must continue to work closely with nursing leaders and management to encourage nurses to use available materials on CF to increase knowledge and awareness on CF in the mental health setting. In addition to already existing material in the organization's curriculum, nurses needing extra information on CF are encouraged to use this tool kit content online via a Google Form to increase knowledge.

### **Contribution of the Project Team**

Six nursing experts played a significant role in the project, including attending the online PowerPoint presentation of CF and reviewing the educational tool kit content on CF. The panel of six nursing experts also participated in the survey and evaluated the tool kit content for clarity, understanding, and effectiveness in increasing mental health nurses' awareness and knowledge on CF. All six nursing experts did not only strongly agree on clarity and ease of understanding of content but also agreed that they would recommend the tool kit. Also playing a significant role in this doctoral study were leaders who allowed room for great collaboration and communication. They gave good advice to help with understanding CF. These leaders included onsite nursing managers/preceptors, the associate director for adult behavioral health, the adult mental health nursing supervisor, and an internal subject matter expert.

### **Strength and Limitations**

The tool kit had several strengths, including that its content was considered clear, easy to understand, and recommendable. The experts who participated in the project were interested and willing to participate in evaluating the tool kit. The online PowerPoint presentation was an adequate means to share information with the expert nurses, and the method made their participation easy. A panel of eight nursing experts was initially invited to participate; however, only six agreed and met the inclusion criteria.

### **Summary**

Empathy and compassion are two fundamental tenets needed in nursing practice. However, nurses may suffer from burnout or CF while using these methods during service to the patient. Studies have shown the importance of education and increasing nurses' awareness to combat CF and allow a better understanding of evidence-based interventions (Merrifield, 2017). Many mental health nurses complain of feeling burned out and fatigued due to the nature of their job and exposure to individuals dealing with multiple stressors and traumatic experiences. Some nurses may call off work and request sick leave (Cocker & Joss, 2016).

Although some nurses present with the popular signs of CF, they report a lack of understanding and awareness of the meaning of CF. This issue represented the reason for the study's creation of an educational tool kit. The purpose of this DNP project was to provide an educational tool kit on CF to serve as a guide to mental health nurses. The tool kit may help improve understanding of CF and increase awareness of evidence-based interventions to combat CF. The goal is that when mental health nurses understand CF,

including knowing when to use evidence-based interventions, they may complain less of fatigue and burnout, have lesser call-off rates, show improvement in practices, and exert better care for their patients.

The panel of six nursing experts used their expertise in this study. The six experts participated in an online PowerPoint presentation, completed a survey, and evaluated the tool kit content. In conclusion, the six-expert panel considered the CF educational tool kit content effective in educating mental health nurses on CF.

## Section 5: Dissemination Plan

After completing this DNP project, the plan is for me to communicate the findings with nursing leaders, including the nursing manager and organization's research team. The project results, including copies of the findings, will be shared with these leaders. If permitted, a PowerPoint presentation will be provided for mental health nurses in the various organization sites during the monthly meeting to discuss the study's findings and provide education on how creating awareness via a tool kit can help combat CF.

### **Analysis of Self**

While working on this DNP project, there were many positive experiences and challenges that have contributed to my growth and development as a graduate student and health care provider. Working on a project of this nature had led me to work closely with many intelligent and influential leaders in Walden University and the partner organization. This opportunity helped improve my leadership skills, including developing my role as a facilitator and educator in the mental health setting. The entire time working on this project also helped me build a relationship with the expert nursing leaders, allowing me to develop my collaboration and communication skills to deal with different individuals while conducting my duties.

The evidence derived during the study also increased my knowledge of CF and nurse burnout. I feel knowledgeable enough to make good decisions for myself and my subordinates to prevent the future occurrence of CF and burnout during practice. Reduced CF may improve patients' health and wellness, contribute to positive social changes, and

determine the project's overall goal to enhance practice and optimize the patient experience.

Despite the many positive experiences derived during the preparation of this project, the process was not without challenges. Among these challenges were difficulties determining my project topic, deciding what steps to take to accomplish the intended goal for the project, choosing the type of project to complete, gathering evidence-based research findings, and locating and learning how to use specific tools for the project. Other challenges included tracking down organization leaders, communicating requests from the school's IRB to the partner site, and gaining approval for the project.

### **Summary**

The goal of this scholarly DNP project was to develop an educational tool kit to be used by mental health nurses to help them combat CF during practice. The tool kit was developed to help provide information to educate the nurses on CF, thereby increasing awareness. Because mental health nurses constantly face patients with trauma and different stressors, these nurses must remain fully and always prepared to prevent signs of CF. The nurses must also use effective communication skills, including good empathetic and compassionate skills, to prevent CF. If the nurses use information derived from this tool kit, they can provide safe and effective care to their patients, including a display of more patient-centered therapeutic and quality care than before.

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### Appendix A: Watson Human Caring Theory (1975-1979)

Watson (1999) human caring theory explores the vast and crucial roles of nurses, nursing duties, and the humanistic part of nursing as important in a patient's care (Wei & Watson, 2018). Watson (1999) also emphasized the importance of using a holistic approach when providing nursing care, including applying ethical and spiritual considerations to ensure that the bio-psycho-spiritual and social needs of the patients are met (Pajnkihar et al., 2017).

Watson's human caring theory urges nurses to focus on patients' ethical and spiritual needs and engage in improving critical thinking to make effective changes in the health care system (Pajnkihar et al., 2017). Watson believed communication is a fundamental tenet of nursing, and human caring must be a part of communication that nurses should demonstrate to allow therapeutic relationship with patients (Pajnkihar et al., 2017). Nurses are also urged to ensure respect and autonomy of their patients, including providing the highest level of care.

**The Four Metaparadigm Concepts of Nursing:** (a). The patient, (b). Environment, (c). Health, (d). Nursing.

**The 10 Curative Factors of Watson's Human Caring Theory are:** (a) promoting humanistic/altruistic behaviors, (b) displaying behavior of faith and hope, (c) being sensitive of others' feelings, (d) having helpful and trusting behavior, (e) expressing feelings, (f) utilizing problem solving approach, (g) promoting education, (h) providing a supportive environment, (i) assisting with the provision of human needs, and (j) attempting to understand others.

## Appendix B: Objectives and Learning Outcomes of the Educational Tool kit

Mental health nurses will have access to the tool kit and use its content as an educational guide and Intervention to increase knowledge of compassion Fatigue and possibly reduce its occurrence. The interventions provided in the tool will help improve the nurse's compassion satisfaction, resilience, and prevent the onset and escalation of compassion fatigue on the unit. In support of this objective, Mental health nurses will be assessed six months after hire and, annually afterward for the presence of Compassion Fatigue.

The nurse educator will complete the task of providing refresh education to nurses and assessing the nurses for understanding of education contents. Nurse educators will also ensure that the nurses have access to the tool kit and understand its content. The nurse educator will assess for visible and non-visible signs of CF and remind nurses of the need for prompt identification of CF. A simulation method will be used to demonstrate understanding of educational content and interventions. The nurse educator will also interview the nurses to determine effectiveness of approach including completion of a check-off assessment form.

**Objectives:** Mental Health nurses will report understanding of compassion fatigue education including the importance of compassion satisfaction and resilience during practice.

**Learning Outcome Assessment:** Nurses will use empathy, therapeutic communication, compassionate skills, and other educational interventions discussed in the tool kit during practice to prevent CF.

- Improved knowledge and understanding of CF
- Learn effective communication of empathy and compassion during care
- Develop an understanding of the need for self-care
- Understanding the importance of Self-assessment and prompt Recognition of CF
- Develop an understanding of significant nursing theories emphasizing the importance of Human and self-care.

### **Nurses Learning Outcome Assessment Check off List**

**The nurse educator will complete this form 6 months after hire and subsequently every year. The result will determine whether there is a need to facilitate further discussion with the nurse. The form will be kept in the nurse/employee folder.**

Review content of educational tool kit upon hire	Complete 6 months/Annual refresh course	Understand Educational content	Simulation Case Study	Complete CF Assessment	No Visible or Invisible Signs of CF



## Appendix C: Compassion Fatigue/ Education PowerPoint Presented to Nurse Experts

### **Introduction/History**

- Carla Joinson first used compassion fatigue in 1992 to describe incidents of burnout experienced by health care workers.
- CF can cause nurses' job dissatisfaction and poor patient care (Stoewen, 2019).

### **Meaning of Compassion Fatigue**

- Compassion fatigue refers to physical, emotional, psychological, and spiritual fatigue experienced by nurses while caring for vulnerable and traumatized individuals.
- CF is a result of Compassion overload.
- Compassion fatigue is failure to experience physical and psychological satisfaction when working or during patient care (Cocker & Joss, 2016).

### **Causes of Compassion Fatigue**

- CF can be caused by stress from helping or wanting to help individuals with traumatic experiences (Gustafsson & Hemberg, 2022).
- CF can affect nurses providing services to individuals in different situations and setting, especially where there is a lot of caregiving and display of emotions, including empathy and compassion to others.
- Compassion fatigue occurs when the nurse considers patient care as a technical task than an ethical responsibility (Gustafsson & Hemberg, 2022).

### **Who can be Affected by Compassion Fatigue?**

- Individuals working in the health care field, including mental health floor nurses, supervisors, and nurse managers.
- Emergency and Community service workers.
- Family members as caregivers (Kelly et al., 2019).

### **Signs of Compassion Fatigue**

- Biological- frequent physical illness, e.g., headaches, body pain.
- Psychological – Feeling of worthlessness, depression, anxiety, despair, and stagnation (e Silva et al., 2021).
- Social – Isolating behaviors, Rejection, emptiness, and disintegration.

### **Educational Intervention to Prevent Compassion Fatigue**

- Online and Onsite education.
- Encourage engagement in self-care activities.
- Set boundaries with patient and colleagues.
- Teach the importance of self-assessment and prompt reporting.
- Increase resilience (Pfaff et al., 2017).

### **Educate Nurses on the Importance of Compassion Satisfaction?**

- The positive feelings derived from caring for traumatized individuals.
- Pleasure and satisfaction.
- Employment of self-care strategies.
- Ability to manage stress well (Gustafsson & Hemberg, 2022).

## Appendix D: Comprehensive Content of the Educational Tool kit

This section of the tool kit will explore the meaning of compassion fatigue, the importance of utilizing education as an intervention to prevent CF, and other essential resources that can help improve awareness of CF for nurses based on evidence-based practice.

### **Meaning of Compassion**

There are many definitions of compassion. However, in nursing, compassion is sympathy and concern for individuals who are suffering. Compassion involves both the nurse's acknowledgment of the individual's suffering and empathetic behaviors and motivation to help the individual reduce pain (Cocker & Joss, 2016). It is imperative to note that nurses may not always be successful in entirely alleviating the suffering and pain of patients under their care. However, this must not stop nurses' communication and compassionate care toward patients. These compassionate behaviors can go a long way to positively impact the patients' health, including improving the patient's response to treatment.

### **How to Show Compassionate Care**

Nurses can show their compassion and care for patients in multiple ways. There is no set orderly way in which nurses must exhibit compassionate care. However, research has shown that caring behaviors toward the patient can be helpful. Nurses can show compassionate care by:

- Utilizing active listening skills
- Developing a genuine relationship with the patient

- Improving nurse-patient interaction
- Utilizing touch
- Focusing on patient-centered communication.

These are all ways the nurses can show compassionate care for their patients (Aagard et al., 2018). Nurses must note that compassionate care toward their patients can be built and improved over time. If consistent, compassion toward patients can increase in depth, improve nurse-patient rapport, and increase trust (Aagard et al., 2018).

### **What is Compassionate Fatigue and its Causes?**

Compassion fatigue is described as the physical, emotional, and psychological exhaustion that can occur due to nurses' constant exposure and care of individuals facing stress or traumatic experiences (Cocker & Joss, 2016). Unlike burnout, compassion fatigue may arise due to specific experiences within the health care setting. Examples of triggers of compassion fatigue include:

- Nurse's constant exposure and need to care for violent and agitated patients
- Working continuously in a stressful environment
- Working in settings with limited work resources
- Working continuously with patients who are suicidal or reports constant suicidal ideations
- Nurses who work long shifts with little or no breaks.
- Poor self-care/management approach

Compassion fatigue arises when the nurse with these triggers begins to feel overwhelmed and presents with disturbances in thoughts, mood, and general wellbeing. These

disturbances extend beyond the nurse's work environment to the nurse's social and personal lives (Cocker & Joss, 2016). Compassion fatigue can persist and worsen if the nurse fails to recognize its presence. Failure to promptly address CF can negatively impact the patient, their families, and the organization. Therefore, it is essential as nurses to maintain a healthy and open, compassionate approach toward patients. Since compassion fatigue is known to develop slowly over time and may be difficult to recognize, nurses and organizations must develop the habit of frequently assessing for CF.

### **Signs of Compassion Fatigue**

Compassion fatigue can affect a nurse physically, mentally, emotionally, spiritually, and psychologically (e Silva et al., 2021). Nurses who present with one or all of these categories of symptoms must report them immediately to take precautions to prevent further escalation of symptoms. Although symptoms may occur differently in nurses, the study shows the following to be common warning signs to look out for:

- Depression
- Anxiety
- Irritable mood
- Anger
- Feeling of worthlessness
- Feeling of dread
- Isolating behaviors
- Persisting headaches

- Nausea/vomiting
- Hypertension
- Sleep disturbance
- Job dissatisfaction

## Appendix E: Educational Interventions and Flyers

Educational intervention will be used to teach nurses the importance of developing resiliency even when exposed to traumatized patients or when some other bad event happens.

1. Resiliency educational intervention will help the nurses stay strong, optimistic, and healthy (Kestler et al., 2020).
2. Educational Intervention will help increase awareness of the possible trauma experienced by the patients, including disease prevalence, potential risk factors, and the need to report burnout and exhaustion when they occur (Cain & Gautreaux, 2022).
3. An online approach will be used to improve knowledge on CF. It is easy, readily available, and can be used to educate nurses in different sites/locations (Koller et al., 2022).
4. Educational Intervention will teach the nurses the need to improve self-care, including increasing and effectively utilizing the time spent on leisure and breaks. Both the nurses and organization can Use the ProQoL test and questionnaire to assess for Compassion fatigue (Polat et al., 2020).
5. Education intervention will allow prompt recognition of exhaustion, including signs of compassion fatigue (e Silva et al., 2021).
6. Contents in educational Intervention will not only focus on increasing awareness of CF but will also focus on improving the nurse's professional quality of life,

including the nurse's physical, psychological, and mental well-being (Fu et al., 2021).

7. Educational Intervention will also focus on improving the nurse's knowledge of ethical responsibility to provide good care to the patient by utilizing effective communication, compassion skills, and empathy (Gustafsson & Hemberg, 2022).
8. Education will also teach the nurses how to predict the possibility of specific occurrences before they happen, thus enabling them to be better prepared (Kase et al., 2019).
9. With good knowledge, nurses can then engage in prompt interventions for CF and other interprofessional intervention programs (Kase et al., 2019).
10. Nurses can then be able to balance empathetic and therapeutic communication skills to allow effective nurse-patient relationships and rapport (Duarte et al., 2016).
11. Nurses will be able to identify job demands and request needed resources to prevent stress and exhaustion (Singh et al., 2020).
12. Nurse managers will also be better equipped with the knowledge to engage in self-care as well and engage in effective interactions with their staff (Kelly et al., 2019).



## Importance of Developing Nursing Resilience Develop Resilience



Test yourself....

- 1). Nurses promote resilience by working on improving self-esteem (Y/ N).
- 2). Nurses who care for themselves are more likely to be resilient. (Y/N).
- 3.). Resilience is handling stress but staying focused and positive? (Y/N)

*Note.* From *The Resilient Nurse* [YouTube streaming Video], by Nurseguidance.com, 2016 (<http://nurseguidance.com/the-resilient-nurse/>).

### What is Resilience

- The ability to face difficult and stressful Situations without losing confidence or focus for the future.
- A vital characteristic needed by nurse in today's Health care system to help promote needed change.
- The ability to adjust and function on the unit prior to, during, and after major changes and still maintaining focus and optimism.

### Strategies to Promote Resilience

- Build self-esteem by improving quality and building on personal strength and goals
- Consider utilizing colleagues and social network
- Always develop optimistic and positive attitude.
- Remain flexible to change

## The 7 Cs of Resilience



*Competence:* Having skills and determination to handle stressful situations.

- *Confidence:* Demonstrating competence by being self-confident in real life situations.
- *Connection:* close connections with colleagues, and groups in the organization can give sense of belonging and security.
- *Character:* gives feeling of self-worth and allows display of values.
- *Contribution:* gives a feeling of belonging and self-worth.
- *Coping:* coping skills such as stress reduction and socialization skills can help relieve stress and work challenges.

*Control:* helps with good

decisions and healthy choices (Community parent network, 2015).

Note. From *the 7 C's of Resilience* [YouTube streaming Video], by community parent network, 2015) (<https://www.bing.com/images/7Cs of Resilience>).

## Trauma-Informed Education

Teach yourself.... How much did you learn?



1). Trauma informed nursing practice is practice that involves staying vigilant, sensitive and responsive within the health care setting (Y/N).

2). Trauma informed care education can help nurses be more informed and prepared to actively resist signs and symptoms of trauma during practice (Y/N)

3). A successful trauma informed nurse is a nurse that is: competent, sensitive (Y/N)

*Note.* Picture copied from *Core Principles of Trauma Informed Care Key Learnings*, by Social Work Career, 2014 (<https://www.socialwork.career/2014/07/core-principles-of-trauma-informed-care-key-learnings-2-of-3-htlm1.html>).

### **What is Trauma Informed Nursing Care?**

- Teaches a nursing approach to patient centered care
- Care is therefore focused on learning about trauma and providing care that prevents re-traumatization of the patient or the nurse
- Nurses who use trauma informed care in practice are well protected, report job satisfaction, and may report lower risk of compassion fatigue

### **Three Key Elements of Trauma-Informed Teaching**

- Understand the prevalence of the Trauma
- Recognize how the trauma affects all parties involved including the patient, the nurse, the organization, and the system
- Respond by putting all information derived into practice



*Note.* Picture copied from *Core Principles of Trauma Informed Care Key Learnings*, by Social Work Career, 2014 (<https://www.socialwork.career/2014/07/core-principles-of-trauma-informed-care-key-learnings-2-of-3-htlm1.html>).

## Importance of Social Media and Online Education



Test yourself... How much did you learn?

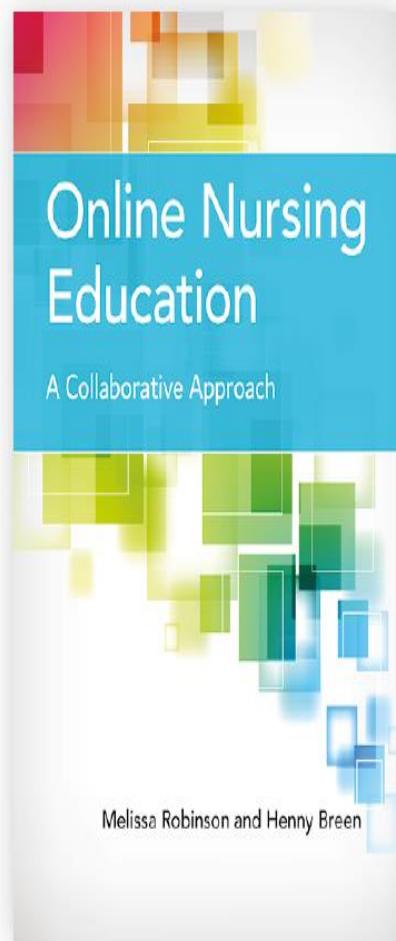
- 1). Online education and social media can help improve practice by allowing numerous interactions, including sharing of information's, collaboration, and accessing of information. (Y/N)
- 2). Social media is an effective tool to teach self-understanding of empathy and compassion (Y/N).
- 3). Social media improve cognitive and affective display of empathy (Y/N).

*Note.* From 15 Benefits of *Using Social Media in Education Industry*, by M. Gola, 2020 (<https://www.curvearro.com/blog/15-benefits-of-using-social-media-in-education-industry/>).

## The Importance of Online Education and Social Media to Improve Compassion Satisfaction

- Social media/online resources can help reduce compassion fatigue by providing good information on effective empathetic and compassionate skills.
- With the vary busy and fast paced nature of the nursing profession, online resources can be easier to access.
- Most social media resources often provide reliable and up to date information's including information's on selfcare and options for safe hobbies,
- Online education resources and social media can be cheap and quick to use
- Online approach is convenient and can be use at work sites or in the comfort of the nurse's homes
- Nurses can have variety of educational approach to choose from online.
- Provides increase visibility
- Nurses can easily connect with other's
- Nurses can share experience and collaborate with others

### Importance of Selfcare Education



Note. From *Online Nursing Education. A Collaborative Approach*, by M. Robinson and H. Breen, 2020  
 (<https://www.goodreads.com/book/show/52580583-online-nursing-education>).



Test yourself...How much did you learn?

1). Selfcare awareness and practice help nurses manage stress, reduce the risks of illness, and increase confidence? (Y/N).

2). Is practicing selfcare choosing yourself and disregarding patients and loved ones (Y/N).

3). Nurses that are stress free and practice good self-care skills are better prepared to meet the needs of their patients (Y/N).

*Note.* From *The Resilient Nurse* [YouTube streaming Video], by Nurseguidance.com, 2016 (<http://nurseguidance.com/the-resilient-nurse/>).

### How to Manage Selfcare and Barriers

- **Physical selfcare:**  
Engage in healthy activities to improve strength and body. e.g. take breaks, sleep, eat, exercise
- **Emotional Selfcare:** Stay emotionally healthy by engaging in activities to improve mood/emotions e.g. talk to colleagues, journal, positive support system.
- **Social Selfcare:**  
Engage in social activities to keep you happy and healthy e.g. socialize with family, peers, take vacations.



*Note.* From *The Resilient Nurse* [YouTube streaming Video], by Nurseguidance.com, 2016 (<http://nurseguidance.com/the-resilient-nurse/>).

- **Spiritual Selfcare:** Engage in spiritual coping strategies to help build your perspective of life e.g. church groups, prayers.
- **Financial Selfcare:** Stay financially stable to meet life goals and be happy
- **Cognitive selfcare:** Participate in activities to help improve mind and cognition e.g. read books, engage in new activities, continue education.

## Appendix F: Prompt Identification of Compassion Fatigue

Many preventative actions can be carried out to maintain wellness and prevent compassion fatigue in the health care system. Both the nurse and the organization have significant roles to play on prompt identification of CF to achieve success of interventions.

<b>Nurses Prompt Recognition of CF Signs</b>	<b>Organizations Prompt recognition of Compassion Fatigue</b>
Can reduce the chances of a much serious physical and mental illness	Observed improvement in organizational productivity
Help increase job satisfaction	Low report of job turnover
Help nurses have balance in their personal and professional quality of life	Increase in organizational and patient outcome
Increases the nurse's confidence in practice	Reduction in report of patient safety and quality rate
Build better therapeutic relationship between the nurse and their patients	Increase teamwork and organizational culture of safety

### Assess Level of Compassion Fatigue

- For early identification of CF signs, nurses and organizations can assess compassion fatigue levels by effectively utilizing self-care tools, including qualitative measures. Nurses can find these measurement tools either on site or online. An example of measuring tools is the famous Professional Quality of life measurement tool. Nurses can find an online sample of this tool at:
- [https://cdn.ymaws.com/www.naswma.org/resource/resmgr/SocialWorkPractice/SWAN\\_ProQOLScale.pdf](https://cdn.ymaws.com/www.naswma.org/resource/resmgr/SocialWorkPractice/SWAN_ProQOLScale.pdf)
- [I Left Nursing Because of Secondary Traumatic Stress:](#)
- [Compassion Fatigue vs. Burnout: 3 Tools:](#)
- [The Secondary Traumatic Stress Informed Organization Assessment Tool:](#)
- [Compassion Fatigue – Are You At Risk?:](#)
- [Strategies that Reduce Compassion Fatigue and Increase Compassion Satisfaction:](#)

Links retrieved from EDUMED: <https://www.edumed.org/resources/compassion-fatigue-online-guide/>

### **Educate on Ethical Responsibility**

Education must help nurses realize they have similar ethical responsibilities toward themselves as they do to their patients. These responsibilities include promoting health/wellness, considering safety, utilizing competency skills, a holistic approach during care, and showing good character and integrity during patient care.

Despite these nurses' duties, compassion fatigue is known to threaten nurses' ethical responsibilities. So that a nurse who presents with signs of compassion fatigue may lack the physical, mental, and emotional capabilities to provide compassionate and empathetic care to their traumatized and suffering patient.

### **Educate to Balance Empathy and Therapeutic Communication**

Being empathetic toward the ill and suffering individuals is essential to therapeutic communication. When effectively used together during patient care, empathy and therapeutic communication can yield good results, including improving patient satisfaction, building trust, increasing understanding of the treatment regimen, and enhancing treatment compliance (Duarte et al., 2016).

<b>Empathetic Communication Skills</b>	<b>Therapeutic communication Skills</b>
<ul style="list-style-type: none"> <li>• Be Supportive</li> <li>• Show encouragement</li> <li>• Acknowledge suffering and pain</li> <li>• Show interest</li> <li>• Have control of your emotions</li> <li>• Understand your feelings</li> </ul>	<ul style="list-style-type: none"> <li>• Active listening</li> <li>• Silence</li> <li>• Focusing</li> <li>• Restating</li> <li>• Clarification</li> <li>• Summarization</li> <li>• Reflecting</li> </ul>



## Appendix G: Compassion Fatigue Assessment

Visible signs of compassion Fatigue	Invisible signs of compassion fatigue
Observable decline in work Performance	Feeling unaccomplished and dissatisfied
Completes work with very little or no interaction with patients	Secretly happy when roles are reduced, or work is cancelled
Uncaring behaviors toward patients	Avoids interaction with patients and colleagues
Physical and mental difficulties managing crisis situations	Feels responsible when patient patient's outcome and goals are not met
Irritable and angry outburst toward patients and peers	Mood swings during job performance
Poor display of caregiver role	Resentment of caregiver role
Non compassionate or empathetic toward patients	Develops unhealthy relationship and interactions with patients
Often complains of desire to change roles or job	Feeling of worthlessness and guilt
Repeated failure in completing roles and responsibilities	Feeling anxious when interacting with emotionally unstable patients

*Note.* From *How to Determine Your Frontline Staff's Risk of Emotional Burnout*, by Advisory Board (<https://www.samhealth.org/-/media/SHS/Documents/English/002-General-Patient-Ed/COVID-19>).

## Appendix H: Case Studies

**Direction:** Please read the simulation case study and communicate your observations with the nurse educator. State if you would or would not act differently and provide a rationale for the answer provided.

### **Case Study 1: A Reactive Mental Health Nurse**

Nurse Lisa is a new nurse in a busy mental health unit. Nurses on that unit experience multiple admissions, including the need to de-escalate aggressive and violent patients fights. Due to the busy nature of the unit, Lisa seldom took breaks and did not engage in any self-care activities. Shortly after being hired, her impressive performance led to her promotion as head nurse. However, upon promotion, she has witnessed the death of a few of her primary patients. The unit, in general, also experiences high patient consensus and an intense workload. With all these challenges, Lisa has started becoming very depressed and voicing dissatisfaction with her work. Lisa has also become very withdrawn, angry and engages in little or no interactions with her patients or colleagues. Due to her inability to maintain an effective work/life balance, Lisa decided to quit her job.

**Solution:** Increased awareness and education on CF could have allowed nurse Lisa to know she was experiencing signs of CF and the importance of assessing for signs, thus talking to colleagues and supervisor about this. To prevent these signs of CF, Lisa could have also engaged in more self-care activities including taking breaks in between patient care, engaging in healthy diet, including participating in relaxation exercises and stretches just like Nurse Mina in the below Scenario who was very proactive.

### **Case Study 2: A Proactive Mental Health Nurse**

Nurse Mina is a new nurse employed to work in a busy mental health unit. She frequently cares for patients with severe mental health symptoms, including suicidal ideation, self-mutilating behaviors, and fierce command auditory hallucinations. Nurse Mina also has an intense workload with little time for breaks or self-care activities. Shortly after her employment, she started to feel overwhelmed and presented with anxiety, especially when attempting to de-escalate crises. Mina also exhibited self-isolating behaviors, crying spells, and frequent call-offs from work. On noticing these behaviors, Mina immediately started talking with other nurses, including her nurse managers on the unit. She is referred to the nurse educator who completed a ProQoL assessment on her and educated Mina on Compassion fatigue and interventions to prevent worsening symptoms. Mina was then able to understand the need for a healthy work/life balance. She was able to take breaks afterward, apply a few self-care changes, and use other healthy communication skills, including practical therapeutic nurse-patient interaction, empathy, and compassion toward her patients.

## Appendix I: Evaluator's Scale for the Tool Kit

**Directions**

Please review the tool kit content provided and provide ratings for the following six statements to the best of your ability. Survey questions will be regarding whether the tool kit content is effective enough to increase knowledge and understanding of compassion fatigue for mental health nurses.

Please note that you can share questions and comments at the end of this survey.

1-Strongly Disagree

2-Disagree

3-Neither agree nor disagree (Neutral).

4-Agree

5-Strongly agree

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Is tool kit content clear?	0	0	0	0	0
Is tool kit content easy to understand?	0	0	0	0	0
Does the tool kit express importance of educating nurses on CF?	0	0	0	0	0
Why is it important for the tool kit to meet practice guidelines?	0	0	0	0	0
Does the Tool kit content express importance of Compassion Satisfaction and need for nurse Resilience?	0	0	0	0	0
Would you recommend the tool kit?	0	0	0	0	0

**Evaluators' Comments**

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**Thanks for your participation and your comments!**

## Appendix J: An Outline of the Educational Tool kit

The tool kit is an educative material containing information to improve nurse's knowledge and understanding of compassion fatigue. The reader will first be presented with this page of content listing all topics covered in the tool kit sequentially and approved by the six panels of nursing experts to allow nurses understand the tool kit better. The educational tool kit will be written in English and will be clear, easy to read, and concise. The content page will immediately be followed by the introduction of the tool kits objectives, including other subsequent pages with essential topics validated by the six expert nurses as critical enough to create awareness for nurses on CF. Included also in the tool kit are evaluations, case studies, and directions/links for more information, including suggestions of interventions to help improve nurses' communication skills to prevent CF. Topics in the educational tool kit are as indicated below.

- Contents of the Tool kit
- Tool kit Objective and Learning Outcome
- CF Assessment checklist
- Compassion Fatigue Educational PowerPoint
  - ✓ Introduction
  - ✓ Meaning of CF
  - ✓ Causes
  - ✓ Who is affected?
  - ✓ Signs of CF

- ✓ Educational intervention
- ✓ Compassion Satisfaction
- Educational intervention and Fliers
- Important links for interventions
- CF assessment tool (visible and nonvisible signs)
- Case studies/solutions
- Evaluators' Scale

*Note.* Appendix B: Compassion Fatigue/Education PowerPoint was PPT Presented to Nurse Experts prior to evaluation.