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Staff Education to Reduce Compassion Fatigue Among Emergency Department Nurses

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Executive Summary: Staff Education Project

Staff Education to Reduce Compassion Fatigue Among Emergency Department Nurses

by

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Summary

I created this Doctor of Nursing Practice (DNP) project as a staff education initiative to inform emergency department (ED) nurses about the emotional toll of caring for patients in distress. This condition, known as compassion fatigue (CF), is characterized by emotional exhaustion from ongoing exposure to trauma and can lead to increased stress, reduced job satisfaction, and a decline in care quality. A gap in staff support and coping strategies was identified among frontline nurses in a large, urban healthcare environment. I developed the project to increase nurses' knowledge and self-awareness of CF through an evidence-based educational session. The guiding question asked whether such an intervention could improve staff understanding and promote the use of personal and institutional coping resources. A pre-/posttest design was used with registered nurses ($N = 31$) participating in a brief anonymous assessment before and after attending the session. The educational content included definitions, risk factors, symptoms, and strategies for prevention. I analyzed the participants' scores using descriptive statistics. Post implementation results showed that participants had an 87% prior awareness of CF, and 94% intended to apply the strategies learned in the educational session. With knowledge pretest mean score mean of 4.3 and posttest mean score of 8.2. The project demonstrated that education increases nurses' knowledge of CF and strengthens emotional resilience. These findings support the idea that education can enhance nurses' well-being and job performance. As a result, the intervention may contribute to a healthier work culture, promote positive social change in how nurses are supported, and foster more inclusive care that addresses the emotional needs of all healthcare professionals.

Background

During the COVID-19 pandemic, nurses faced intense emotional strain due to constant exposure to critically ill patients, unpredictable environments, and overwhelming workloads. These experiences brought national attention to the emotional toll of ED nursing and highlighted the urgent need for meaningful support systems (Alharbi et al., 2019). Many ED nurses reported symptoms consistent with CF, including emotional exhaustion, detachment, and decreased sense of accomplishment (Gilder, 2023). As these challenges became more evident, healthcare organizations began to recognize the long-term effects of emotional stress on staff well-being, job satisfaction, and patient care quality.

In response to these findings and ongoing workplace challenges, a staff education project was developed to assist ED nurses recognize CF and apply effective coping strategies. This staff education project explored whether educating nurses can improve CF levels. The purpose of the project was to increase awareness, provide practical strategies, and build emotional resilience among nurses. The goal was to improve the work environment by supporting nurses' well-being and encouraging a culture grounded in self-care and professional growth.

A comprehensive literature search was conducted using databases such as CINAHL, PubMed, and PsycINFO. Keywords included *compassion fatigue, emergency nurses, resilience training, and staff education*. Boolean operators helped refine results, and filters were applied for peer reviewed articles published within the past five years. The search yielded several high-quality sources supporting the use of structured

education to address compassion fatigue, particularly when practical strategies like mindfulness, peer support, and resilience training are included. Research supports the use of structured education to address CF, particularly when it includes practical strategies, such as mindfulness, peer support, and resilience training. Gilder (2023) found that targeted education can help reduce symptoms of secondary traumatic stress and promote emotional regulation among ED nurses. Alharbi et al. (2023) noted that up to 52% of ED nurses are affected by CF, which contributes to burnout and increased turnover. Educational interventions that focus on coping mechanisms and emotional awareness have been shown to improve retention and job satisfaction (Francis Wenger, 2023). This evidence, rated moderate to high using the Johns Hopkins Evidence Based Practice scale, includes systematic reviews, a quasi-experimental study, and a mixed methods study, demonstrating both reliability and clinical relevance.

Staff Education Project Development

A sample of 31 RNs from a busy, high-acuity ED located in the downtown area of a major city recognized for managing large volumes of critically ill and trauma patients voluntarily participated in one of three on-site educational sessions conducted in the staff break room. To maximize participation, three sessions were offered during the day shift on alternating days, and attendance was voluntary. Promotional flyers were placed in high-traffic areas, and nurse leaders reinforced participation through direct verbal communication.

An educational PowerPoint (see Appendix A), which I created based on nationally recognized CF programs and peer-reviewed literature, consisted of a 20-minute multimedia lecture, a pre- and posttest, guided mindfulness breathing exercise,

and a printed packet of mindfulness techniques. The question asked whether a focused education session could improve nurses' understanding of CF and strengthen their resilience.

A 10-question multiple-choice test was used to measure the participants' knowledge before and after the session (see Appendix B). To evaluate the effectiveness of the intervention, I compared the participants' average test scores before and after the educational PowerPoint session, allowing for a clear assessment of knowledge gains. In addition to the quantitative data, ED nurses were invited to provide written feedback on open-ended response cards, which were analyzed to identify recurring themes and insights (see Appendix C).

All 31 ED nurses who attended the educational sessions first completed a pretest to assess their baseline knowledge of CF and related coping strategies. Following the pretest, participants viewed a brief educational PowerPoint presentation focused on key concepts such as emotional resilience, self-awareness, and stress reduction techniques. After the presentation, the nurses completed a post-test to evaluate changes in understanding. The results showed a clear improvement in knowledge scores, indicating the effectiveness of the educational intervention. Most ED nurses answered more questions correctly on the posttest, showing a stronger understanding of CF and helpful coping strategies. The data were analyzed using a straightforward approach. Pre- and post-intervention responses were reviewed and grouped based on shared ideas, with a focus on changes in knowledge, attitudes, and coping strategies. Repeated phrases and common themes across participant responses helped identify key trends. Handwritten suggestion notes collected during the sessions were reviewed to gain further insight.

These notes offered honest feedback and personal reflections, revealing individual experiences and practical suggestions that may not have been captured in the formal assessments. This qualitative input added depth to the analysis and helped confirm the relevance and impact of the intervention.

The project was carried out collaboratively with departmental leadership to ensure staff felt included and invested in the process. After each session, I shared updates with nursing leadership to maintain transparency and alignment with clinical workflows. The support of hospital and unit leadership played a critical role in addressing logistical challenges and ensuring the sessions were integrated smoothly into the busy ED environment.

Results

A total of 31 nurses completed the pretest and posttest. Table 1 shows that nearly all participants gained knowledge in these areas, indicating that the content was easy to follow and effective. Many ED nurses shared their appreciation for the useful, real-life tools offered during the session. The improvement in scores across the board suggests that the educational module worked well for everyone, regardless of their experience level. All participants completed each portion of the intervention in full, and no data were excluded from analysis. Handwritten suggestion notes confirmed the value of the coping strategies taught, with multiple participants requesting similar sessions in the future. No participants reported confusion with the content, and the posttest results showed consistent increases in knowledge scores when compared to baseline. These findings support the intervention’s relevance and reinforce the need for continued staff education on CF.

Table 1

Summary of Knowledge Improvement and Participant Feedback

Measure	Value
Pretest mean score	4.3
Posttest mean score	8.2
Participants unaware of compassion fatigue (before session)	87%
Participants intending to use coping strategies (after session)	94%
Most common strategies	Mindfulness pauses, peer check-ins

Note. Pre- and posttest scores reflect participant knowledge before and after the educational session. Percentages are based on participant self-report. Most common strategies were identified through written feedback.

Several nurses expressed surprise that CF was a real and recognized condition, with many stating they had previously attributed their symptoms to burnout or personal weakness. This lack of awareness highlighted a significant gap in knowledge prior to the intervention. Further verbal dialogue with participants revealed a strong interest in learning more about CF, including its signs, long-term effects, and how it differs from other forms of emotional exhaustion. Many nurses voiced a desire for additional training and ongoing support, noting that this was the first time the topic had been formally addressed in their professional setting. This feedback reinforces the importance of continued education and open discussion around emotional well-being in high stress environments like the ED.

Participant responses revealed that 87% of ED nurses had not previously recognized CF as a distinct issue. After the session, 94% reported they intended to apply at least one strategy to manage emotional stress. The most selected tools were brief

mindfulness pauses and peer-to-peer check-ins during shifts. These results suggest that the education was both informative and practical (see Table 2). Participants indicated the techniques were realistic for use during busy clinical environments. The strong intent to implement strategies also reflects increased awareness and perceived relevance. Overall, the findings support the value of a brief, targeted education in promoting emotional resilience among ED nurses.

Table 2

Pre- and Post education Survey Results on Compassion Fatigue Awareness and Coping Strategies

Survey item	Response (%)	Description
Nurses unaware of compassion fatigue as a distinct issue	87%	Prior to the education session
Nurses intending to apply at least one coping strategy post session	94%	After the education session
Most frequently selected strategies	—	Mindfulness pauses and peer-to-peer check-ins

Note. Post education responses indicated a practical application of coping strategies. Results suggest that the intervention was both informative and actionable.

Qualitative feedback revealed a profound emotional impact on participants following the educational session (see Table 3). Many nurses expressed a sense of relief in finally having language to articulate experiences with CF. The simplicity and practicality of the strategies, such as brief mindfulness pauses and peer check ins, were consistently highlighted as strengths of the intervention. Participant comments reflected increased confidence in managing emotional stress and a renewed sense of connection with colleagues. Several participants reported feeling validated and supported, recognizing their challenges were shared by others in the department. This emotional

resonance, combined with the practicality of the tools provided, highlights the effectiveness of the session in addressing an often unspoken but deeply felt issue. The feedback strongly suggests that brief and targeted education can foster both awareness and meaningful behavioral change in high stress clinical environments.

Table 3

Themes Identified in Participant Feedback on Compassion Fatigue Education

Theme	Description	Representative quote	Frequency ($N = 36$)
Emotional validation	Participants expressed relief in identifying their emotional state	"I finally have a name for how I feel."	22
Appreciation for simplicity	Techniques were seen as easy to remember and apply during work	"The breathing exercise was simple enough to use between patients."	18
Increased confidence	Participants felt more equipped to manage stress	"I feel like I can actually do this on my shift."	15
Practical application	Strategies were viewed as realistic and immediately useful	"I used a peer check-in during my last shift, and it helped."	12

Note. Frequencies reflect how many participants mentioned each theme in their written feedback. Total participant count: $N = 36$. Some participants expressed more than one theme.

A limitation of this project was low staff attendance during the final session due to high patient volume; however, this did not affect the overall results. This challenge was anticipated in a high acuity setting, and I offered alternative materials for staff unable to attend in person. These efforts helped minimize data loss and ensured that key content was still accessible.

This project also adds to the growing discussion around staff retention and mental health in nursing. The findings suggest that integrating CF education into routine clinical

training could improve nurse retention, emotional resilience, and overall staff engagement. The strong response to this initiative highlights its value as a practical and scalable approach to enhancing organizational wellness in high-stress environments. While the focus was on one ED, the results point to a larger need for emotional support and staff wellness in emergency care settings nationwide.

No adverse events were reported during the project. The positive response from participants suggests that brief, well-timed training can have a meaningful impact on staff awareness and emotional well-being. The project also demonstrated that addressing CF through simple, evidence-based methods is both feasible and well-received in fast-paced clinical environments. This initiative addressed a widespread issue in ED nursing, where CF contributes to burnout, staff turnover, and decreased quality of care. Demonstrating the effectiveness of brief, evidence-based education in improving awareness and resilience, the intervention offers a model that can be adapted across various clinical settings. Expanding such efforts can support a healthier nursing workforce and enhance patient outcomes on a broader scale.

Conclusions

The postimplementation outcomes of this project demonstrated that brief, evidence-based education can significantly improve ED nurses' awareness of CF and encourage the use of practical resilience strategies. These improvements align with organizational priorities, such as nurse retention, psychological safety, and the promotion of a healthy work environment. Integrating the module into annual competency training is a logical next step to sustain its impact.

To strengthen long-term outcomes, I recommend that leadership designate protected time for ongoing sessions; incorporate brief mindfulness practices into daily team huddles; and monitor metrics, such as absenteeism and turnover rates. These strategies may offer valuable insights into the sustained effectiveness of the intervention while supporting a healthier work environment. Expanding the initiative to other high-stress units not only standardizes emotional health support across the organization but also advances health equity by meeting the diverse emotional and cultural needs of a multifaceted nursing workforce (Francis-Wenger, 2023). When emotional support systems are designed with inclusion in mind, they can help reduce disparities in staff well-being and foster a sense of belonging. On a broader scale, cultivating a culture where compassion is actively supported rather than depleted promotes psychological safety, strengthens team cohesion, and enhances the quality of care delivered to patients from all backgrounds. This shift contributes to positive social change by modeling empathy, respect, and cultural humility in daily nursing practice and by embedding diversity, equity, and inclusion into the fabric of workplace wellness (Xia & Li, 2023). Ultimately, addressing CF through inclusive and equitable practices can empower nurses, improve organizational culture, and reinforce the nursing profession's role as a driver of systemic change in healthcare.

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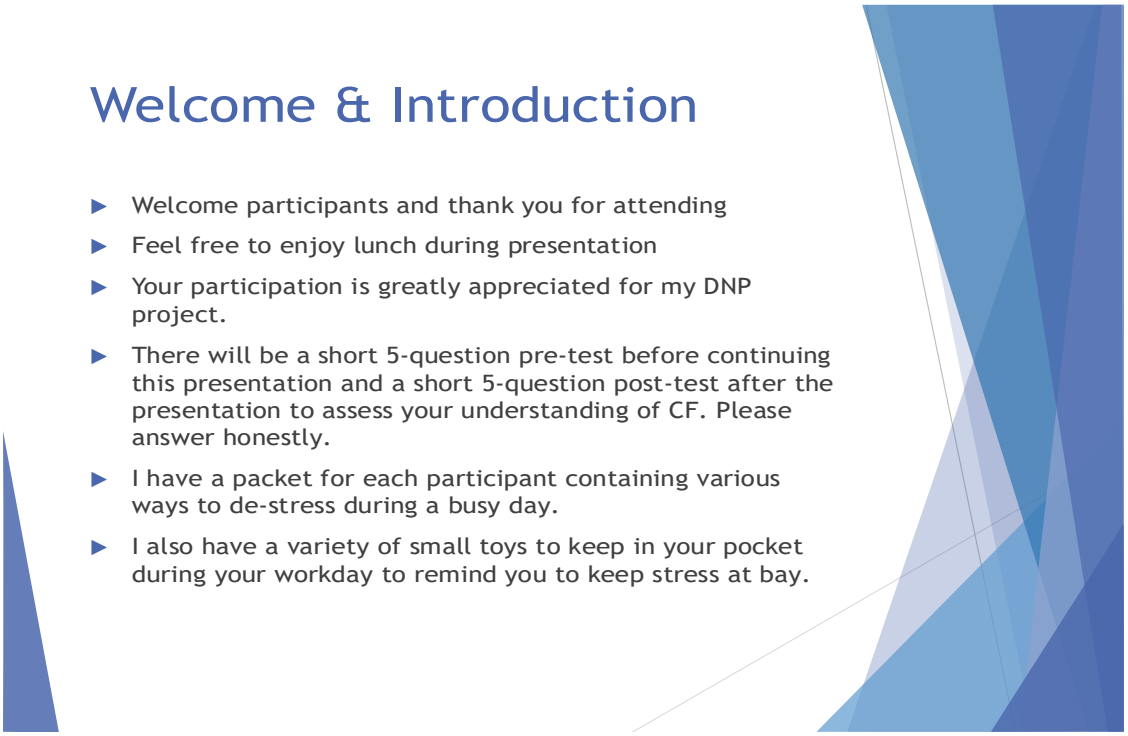
Appendix A: PowerPoint Presentation



Objectives

- Attendees will be able to describe what compassion fatigue is and how it manifests in the workplace.
- Participants will recognize at least three emotional or physical indicators of compassion fatigue.
- Participants will identify at least two practical strategies they can implement immediately
- Attendees will be informed about internal resources and feel empowered to seek help when needed.

What is CF?

- Definition: Emotional, physical, and psychological toll from caring for others in distress
- Symptoms: Exhaustion, detachment, headaches, irritability
- My example of CF from New York during Covid-19

Closing & Resources

- Thank you for joining me and for participating in my DNP project.
- Highlight available resources:

  - EAP services: Short-term counselling, referrals to long-term therapy or psychiatric care when needed. Work-life support. Legal and financial services. Substance use support. Family and relationship counseling. Wellness resources.

  - You already have a valuable resource for CF in your leadership.

  - Free apps (Calm, Insight Timer, Headspace)
- Invite feedback or suggestions for future sessions.

Strategies for Resilience

- Introduce evidence-based coping methods:
  - Daily self-care (hydration, sleep, movement)
  - Mindfulness techniques (breathing, grounding)
  - Briefly explain handouts on how to perform self-care
- Lead 2-minute mindfulness exercise (box breathing & STOP method).
- Hand out self-care flyers and mindfulness cards.

Closing & Resources

- Thank you for joining me and for participating in my DNP project.
- Highlight available resources:

- EAP services: Short-term counselling, referrals to long-term therapy or psychiatric care when needed. Work-life support. Legal and financial services. Substance use support. Family and relationship counseling. Wellness resources.

- You already have a valuable resource for CF in your leadership.

- Free apps (Calm, Insight Timer, Headspace)

- Invite feedback or suggestions for future sessions.

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Appendix B: Pre- and Posttest

Compassion Fatigue Awareness – Pre-Test

Instructions: Please select the most appropriate answer for each question. Only one response per item is correct. Participation in this Doctor of Nursing Practice (DNP) project is voluntary and sincerely appreciated. All responses will be used solely for educational purposes and will remain confidential.

1. **What is compassion fatigue?**

   a) A type of heart disease
   b) Feeling tired from helping others all the time
   c) Being lazy at work
   d) Not getting enough sleep

2. **Which of the following is a sign of compassion fatigue?**

   a) Feeling energized every day
   b) Wanting to help more than ever
   c) Feeling emotionally drained
   d) Sleeping better than usual

3. **Who can experience compassion fatigue?**

   a) Only doctors
   b) Only nurses
   c) Only people with depression
   d) Anyone who helps others

4. **How might compassion fatigue affect your work?**

   a) You feel more productive
   b) You make fewer mistakes
   c) You feel disconnected or less caring
   d) You want to work overtime

5. **What is one way to reduce compassion fatigue?**

   a) Skip breaks
   b) Stay silent about your feelings
   c) Use healthy coping tools
   d) Work more hours

6. **What is self-care?**

   a) Ignoring stress
   b) Taking care of your health and emotions
   c) Caring for others more than yourself
   d) Avoiding your team

7. **Which of these is a healthy way to cope with stress?**

   a) Yelling at coworkers
   b) Taking deep breaths
   c) Skipping meals
   d) Working nonstop

8. **Why is it important to talk about compassion fatigue?**

   a) To complain at work
   b) To get people in trouble
   c) To help recognize it and find support
   d) To get out of doing tasks

9. **What can happen if compassion fatigue is ignored?**

   a) You become more focused
   b) It goes away on its own
   c) It can lead to burnout or mistakes
   d) You become stronger emotionally

Appendix C: Feedback Card

Please share any comments, experiences, or suggestions that may help improve future sessions or deepen our understanding of staff well-being. All responses are confidential and will be used solely to enhance the effectiveness of this initiative.

Thank you for being a part of this meaningful change!

_____
_____
_____
_____
_____