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# Developing an Educational Module on Compassion Fatigue

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This is to certify that the doctoral study by

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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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Abstract

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BSN, Shenandoah University, 2010

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## Abstract

Compassion fatigue is viewed as a disconcerting issue facing healthcare professionals in the clinical care milieu, and nurses are identified as the most susceptible population among healthcare professionals. The purpose of this project was to create positive social change by helping oncology nurses find ways to enhance self-care and self-awareness, thereby reducing the risk of compassion fatigue and burnout among healthcare professionals. This project investigated an educational module on compassion fatigue that focused on (a) identifying the occurrence rates of compassion fatigue among oncology nurses, (b) evaluating the demographic features that were associated with the most frequent rates of compassion fatigue, and (c) educating nurses about ways to decrease or alleviate this problem. The 5 participants for this project included oncology nurses working at a healthcare facility in east Texas. The project was conducted using a quantitative methodology with a descriptive design. Data were collected using a structured questionnaire consisting of 5 Likert-type items. The analysis of the information received shows the high levels of compassion fatigue among nurses include (a) staff shortages that require working for long hours under unusual strenuous conditions, such as shifts lasting more than 12 hours without allotted breaks; (b) wearing heavy protective gear that result in a number of adverse reactions; and (c) the fear of contracting the potentially fatal diseases and/or bringing such illnesses back to the families of staff members. The outcome of the project consisted of an education module for oncology nurses that provide information about issues related to compassion fatigue, and compassion satisfaction. Positive social change may occur by improving the quality of patient care and self-transcendence for healthcare professionals.

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# Dedication

I dedicate this project with deepest appreciation to my loving and caring husband, Mr. Moryeo Hennes, who inspired me to achieve greater heights and created a stress-free home environment that helped me to succeed.

I am thankful to my mother, Apostle Veronica Nwizu, whose prayers kept me strong throughout this journey. I am grateful to my sister, Caroline Orizu, for her unwavering support throughout this journey. Finally, I am thankful to my five bundles of joy--Chidinma (Star), Nnaemeka, Tochukwu, Kelechi, and Joshua-Caleb--who expressed confidence in me and gave me the motivation to succeed.

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I also would like to offer my sincere appreciation to my other committee members--Dr. Amy Swango-Wilson and Dr. Anna Valdez--for their encouragement, valued support, and effective criticism. During challenging times, I assured myself that this “boat” will not sink as long as God and these committee members are on it.

Table of Contents

List of Tables

List of Figures

Section 1: Introduction

## Introduction

Stakeholders in the healthcare field often face the challenge of critically evaluating the nature of the healthcare environment and offering appropriate suggestions and techniques for improving the working conditions of nurses (Tomajan, 2012). In response, leaders in the healthcare sector have been encouraged to review and improve the working condition of their staff members, especially nurses. According to Todaro-Franceschi (2013), nurses evaluate patients and apply their skill, experience, and knowledge in their daily nursing activities to improve the quality of care delivered to patients. However, this process often affects the psychological lives and emotional judgments of nurses, leading to a condition that has been referred to as *compassion fatigue* (Figley, 2013). It is important to address the issue of compassion fatigue within the context of nursing practice because nurses often interact with patients at least once every hour if not more frequently (Figley, 2013). In order for nurses to deliver high-quality care to patients on a consistent basis, a balanced, temperate, and emotionally healthy state of mind and a conducive work environment for nurses must be assured at all time.

The term *trauma* often tends to be associated with organ damage and tissue damage within the healthcare profession; in other words, individuals who suffer from sepsis, stroke, organ failure, or other life-threatening health complications have experienced trauma (Figley, 2013). However, the American Psychiatric Association considers trauma to be any event that may bring about death or severe injury to a person (Ray et al., 2013), and this includes emotional or psychological trauma. From this perspective, trauma can affect not only patients but also individual caregivers

(Joinson, 1992; Potter et al., 2010; Sacco et al., 2015). For example, nurses providing care for critically ill patients tend to have an extensive understanding of human suffering (Figley, 2013). Even though nurses gain professional satisfaction from performing their duties and providing quality healthcare, the repetitive exposure to events that follow a patient's death places them at a significant risk of suffering compassion fatigue (Hooper et al., 2010). Sacco et al. (2015) described the signs and symptoms of this particular phenomenon as similar to posttraumatic stress disorder. For example, several studies revealed that nurses working under high-stress conditions are more susceptible to physical and mental exhaustion, leading to an increased number of missed days of duty as well as higher rates of attrition (Sacco et al., 2015). Even more alarmingly, one cross-sectional study indicated that 86% of nurses experience moderate to high levels of compassion fatigue (Hopper et al., 2010). Therefore, any review and evaluation of the nursing environment that is conducted by leaders and administrators in the healthcare industry should involve the consideration of risk factors as well as the provision of resources required to reduce or alleviate the occurrence of compassion fatigue.

The social benefits of conducting a project focusing on compassion fatigue are that it addresses a variety of issues within the healthcare profession. The potential positive social change benefits include creating more effective healthcare policies that help nurses to be more mindful, to be more self-aware, and to increase their ability to provide self-care. Exploring compassion fatigue also provides a foundation for developing more effective interventions that address this phenomenon. Perhaps most importantly, a more complete understanding of compassion fatigue also is useful in developing prevention programs, which can further help ensure the well-being of

nurses and, by extension, the well-being of their patients (Figley, 2002; Mathieu, 2012; Wicks, 2005).

## Background

The nursing profession has been defined by different scholars as a combination of the art of nurturing and caring for people (Black, 2014). Globally, nurses blend their technical skills and nontechnical skills every day in their interactions with patients and their families in order to create a proper healing environment (Black, 2014; Peterson & Bredow, 2009). Many of the experiences that nurses encounter in the workplace require the ability to provide psychological management and empathetic care to patients. It should not be surprising that providing this type of care often affects the personal lives of nurses outside the clinical work environment (Mathieu, 2012). In such situations, nurses consistently express sympathy and empathy for these patients and their families, which often results in compassion fatigue and distress among caregivers (Petleski, 2014).

In a project that focused on burnout among emergency care nurses, Joinson (1992) conceptualized compassion fatigue as a loss of the desire to nurture others due to the physical and psychological stress encountered while caring for patients. The symptoms of compassion fatigue in nurses include exhaustion, frequent headaches and stomach aches, a shortened attention span, depression, low immunity, and prolonged anger (Joinson, 1992). Figley (2002) explained compassion fatigue as a phenomenon that an individual experiences upon providing long-term care for another person in distress. According to this definition, in addition to nurses, counselors, doctors, parents, and other family members also can experience compassion fatigue.

Not surprisingly, nurses tend to be influenced by the emotions they experience whenever they encounter critically ill patients. This relationship between the condition of patients and the emotional status of their nurses is often reflected in episodes of compassion fatigue (e.g., a patient's decreasing temperature and the simultaneous fluctuation of a nurse's empathetic state; Todaro-Franceschi, 2013; Wicks, 2005). As compassion fatigue increases, the ability of nurses to empathize and sympathize with others decreases dramatically (Dogbey, 2009; Figley, 2013).

Despite the fact that compassion fatigue and burnout possess similar characteristics, compassion fatigue is different from burnout because of its unique nature and the fact that compassion fatigue occurs among individuals who provide care to others (Figley, 2002). On the other hand, burnout can occur in any profession because it is associated with environmental stress (Petleski, 2014). Burnout occurs primarily when an environment is negative and the resources are insufficient to meet the demands of the job (Figley, 2002). Most scholars have agreed that burnout refers to a dissatisfaction with work and a specific work environment, and while burnout can occur among nurses, nurses nevertheless have a professional and ethical obligation to fulfil their healthcare duties (Cherry & Jacob, 2013). According to Emergency Medicine Lifestyles (2013), burnout rates vary among professional nurses among different countries and at different ages (see Figures 1 and 2).

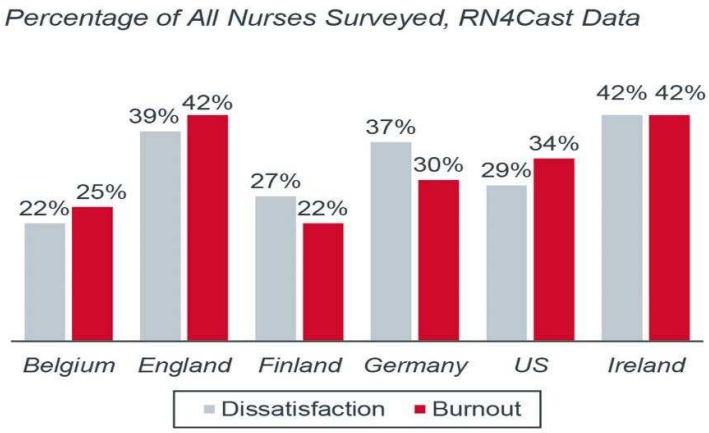


*Figure 1.* Relationship between dissatisfaction and burnout in developed healthcare systems (Source: Expert Insight, 2014). From *Contemporary nursing: Issues, trends and management*, by B. Cherry & S. Jacob, (2013), (6th ed.). St. Louis, MO: Elsevier.

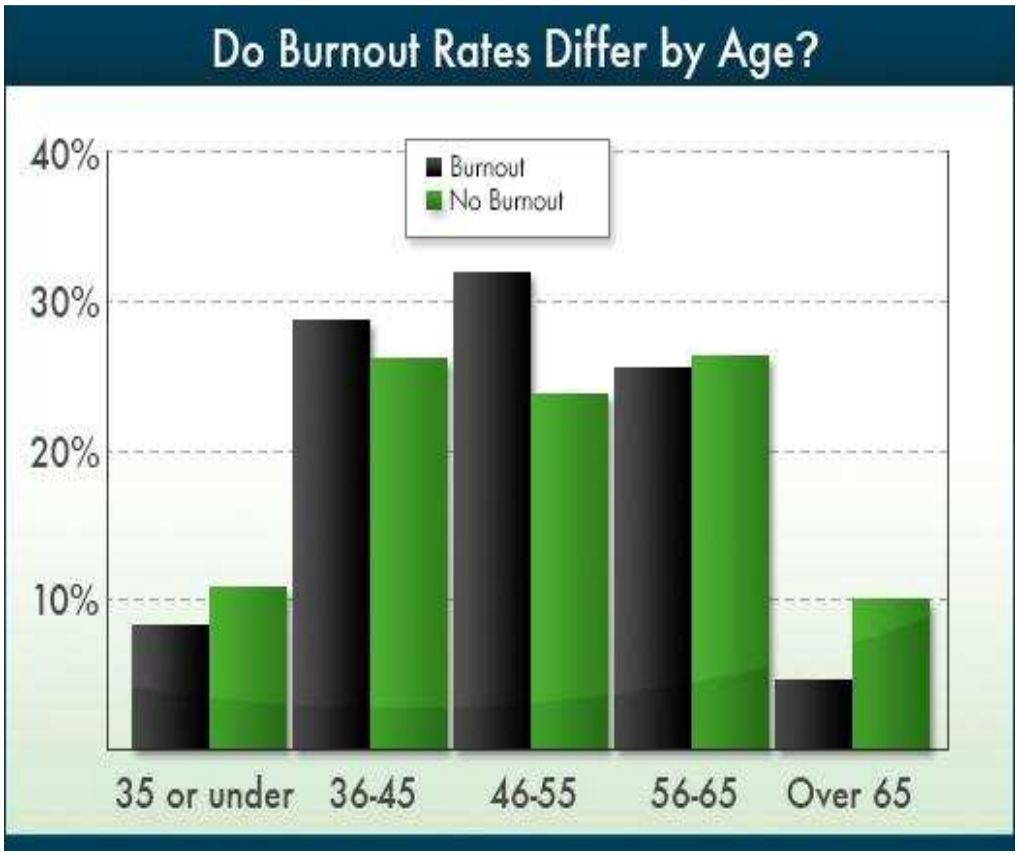

*Figure 2.* Variation of burnout with age (Source: Emergency Medicine Lifestyles, 2013). From *Contemporary nursing: Issues, trends and management*, by B. Cherry & S. Jacob, (2013), (6th ed.). St. Louis, MO: Elsevier.

In comparison to burnout, which can occur in any work environment, compassion fatigue specifically occurs during the course of an individual's duty to provide care to the distressed (Figley, 2002). Compassion fatigue is associated with the repeated obligation to care for patients and their family members who are faced with emotional and physical distress, grief, and even trauma (Figley, 2002). The symptoms of burnout tend to appear gradually, while the onset of compassion fatigue may be swift (Figley, 2002). The concept of burnout can be compared to a slow-burning candle. Such a comparison is appropriate because whenever individuals undergo environmental stress in combination with other negative factors, their emotional, spiritual, physical, and mental state degrade gradually (Figley, 2002). The wick keeps burning slowly as long as individuals are exposed to the causative stressful factors or the negative environment. In a healthcare environment, both burnout and compassion fatigue can be detrimental to the well-being of nurses as well as patients.

## Problem Statement

Compassion fatigue is indeed a challenge to individuals who work within the caregiving profession. It is especially challenging to nurses, particularly nurses who work in an oncology setting. The impact of compassion fatigue can be harmful both to caregivers and to patients. In their persistent effort to improve health and save the lives of patients, these caregivers do not realize that they also are risking their own lives in the process and that the personal and professional costs to nurses also may be

quite profound.

In addition to the harm that compassion fatigue can cause to patients and nurses, this phenomenon also can result in an increased attrition rate. More specifically, it can result in an increased attrition rate among staff members and expensive repercussions for healthcare institutions (Potter et al., 2010). If the healthcare workforce is challenged with compassion fatigue and burnout, there is a significant risk to the delivery of healthcare services because nurses will not be able to properly provide the services required or the high-quality of care expected (Potter et al., 2010).

## Practice-Focused Question

In this project, I explored an educational model that provides strategies to reduce compassion fatigue amongst nurses. The practice-focused question that guided this project was the following: Why is compassion fatigue so prevalent among nurses, particularly oncology nurses, and what interventions might help reduce this phenomenon? To answer this question, I developed an educational module on the topic of compassion fatigue. The module was designed to identify the rate of occurrence of compassion fatigue among oncology nurses. More specifically, the model was aimed at (a) evaluating the demographic features that are associated with higher rates of compassion fatigue and (b) educating nurses about ways to lower the rates of compassion fatigue.

## Purpose of the Project

Compassion fatigue has been a problem among nurses caring for traumatized patients and represents a substantial gap in healthcare practice. The broad aim of this project was primarily to explore the phenomenon of compassion fatigue among nurses

working in healthcare centers and to develop an educational module that will help to minimize or alleviate this problem. The more specific purpose of this project was to design, evaluate, and implement an educational module focusing on the issue of compassion fatigue among oncology nurses. In other words, the purpose of this doctoral project was (a) to better understand the extent to which compassion fatigue affects nurses and (b) to propose an educational module for oncology nurses that includes strategies to help them address and prevent compassion fatigue.

The results of this DNP project have the potential to fill a gap in the research by advancing an educational module that can inform and enlighten nurses about compassion fatigue. Through the use of this educational model, as well as informational questionnaires, relevant information can be disseminated to nurses that can inform nursing and healthcare policies, which can, in turn, improve the mental health of nurses and the quality of care they provide to patients and their families. Ultimately, the purpose of this project was to gain a more complete understanding of the predominance of compassion fatigue among oncology nurses using an educational module and questionnaires to address this issue.

## Nature of the Doctoral Project

I conducted this descriptive doctoral project with the aim of reviewing the impact of compassion fatigue among oncology nurses, implementing an educational model on compassion fatigue, and identifying strategies and interventions that will limit the occurrences of compassion fatigue. Evidence to support this project was collected by inviting participants to complete an anonymous questionnaire. I did not collect any personally identifiable information from participants, such as their name, department, or address. I provided participants with an opportunity to complete a

paper-and-pencil structured questionnaire about a compassion fatigue educational model. Participants anonymously returned the questionnaire via a sealed envelope to my workplace mailbox without any identifying information. I then analyzed the data using descriptive statistics. I will store the completed questionnaires in a locked file cabinet at my home for 5 years and then shredded.

## Summary

Compassion fatigue is a disturbing issue that affects a variety of members within the healthcare profession, but in particular, oncology care nurses. Nurses play a crucial role in the treatment process, and they need to be aware of the signs of compassion fatigue so that they can identify and address it promptly. Nurses assigned to undertake duties in oncology units are exposed to death and other traumatic events, and such experiences have a substantial influence on the mental health of these nurses. The purpose of this doctoral project was (a) to better understand the extent to which compassion fatigue affects critical care nurses and (b) to propose an educational module for oncology nurses that includes strategies to help them address and prevent compassion fatigue. The next section provides background information and context for this project. It distinguishes between compassion fatigue and burnout and also describes factors that contribute to compassion fatigue. The next section further describes interventions for compassion fatigue, provides a theoretical framework, and describes the role of the DNP student in this project.

Section 2: Background and Context

## Introduction

Research on compassion fatigue has clearly indicated that this is a challenging problem for nurses, and exploring this issue further is essential in improving efficiency within the current U.S. healthcare system. One contributing factor to compassion fatigue is grief. According to Wakefield's (2000) description of compassion fatigue, grief can be a "powder keg" within nurses who are often tasked with providing care for critically ill patients (p. 245). Wakefield's powder keg analogy implies that nurses may not be aware that they are experiencing grief. In other words, the expression of grief may be rather explosive and create complications for practitioners at any given moment. The perception that grief is similar to a powder keg is often appropriate when describing oncology nurses, who frequently develop intimate relationships with critically ill patients while caring for them during an extended period (Wakefield, 2000), which clearly has the potential to result in reservoirs of stress. Nevertheless, oncology nurses are bound by professional and ethical obligations to remain calm, persevere, and provide comfort after the death of, for example, a cancer patient, regardless of how distraught or grieved these nurses may be.

Compassion fatigue is a challenge for healthcare professionals as the effects of this fatigue can be harmful to caregivers and even to patients. Joinson (1992) has described the term "compassion fatigue" as a lack of empathy demonstrated by those nurses who no longer possess the ability to provide proper care. Joinson referred to three major issues concerning compassion fatigue. First, caregivers submit themselves to the individuals who receive care from them, which in the case of individuals who

are very ill, may be very demanding. Additionally, Joinson has suggested that human suffering has no end, and nurses often believe that they may be able to offer a bit more compassion and care than their resources would indicate. Finally, nurses assume a variety of roles in their daily routines. For instance, a nurse may be required to switch from caring for one patient to addressing multiple crisis situations. Performing such duties inevitably tends to consume a great deal of emotional and mental energy among nurses.

A nurse undergoing compassion fatigue may exhibit forgetfulness, lack of attention, tiredness, pains in various parts of his or her body, headaches, mood swings, and depression (Wakefield, 2000). Despite the fact that compassion fatigue tends to have some adverse physical effects, the social and emotional impacts may be disturbing too. Unresponsiveness, indifference, irritability, anxiety, and apathy are some of the numerous symptoms of compassion fatigue that may inhibit the ability of oncology nurses to provide appropriate care to patients (Wakefield, 2000). Wakefield (2000) has argued that particular symptoms of compassion fatigue, such as callousness and oversensitivity, should be used to identify the failure of nurses to demonstrate a degree of compassion towards the patients to whom they are providing care.

According to Figley (2002), compassion fatigue is the pressure that results from helping or desiring to offer support to a suffering patient. Essentially, Figley's definition reflects the idea of *secondary traumatic stresses*, a term that was initially used to describe compassion fatigue (Figley, 2002). Figley seems to use the two terms interchangeably. Compassion fatigue is the stress that results from preoccupation with patients and is demonstrated by reliving traumatic experiences, avoiding instances

that would trigger a memory of the event, and continuous arousal that emerges together with the impacts of burnout (Figley, 2002). It is similar to having a "heavy heart" after offering or providing care to patients and their family members.

## Compassion Fatigue Versus Burnout

Joinson (1992) investigated burnout among nurses and the concept of compassion fatigue. The impetus for the article was the necessity to better understand the differences between these two phenomena. Compassion fatigue results from offering care to patients and is not a response to the working surroundings (Joinson 1992). The similarities and differences between compassion fatigue and burnout are vivid and striking (Joinson,1992). For instance, compassion fatigue is linked to the connection that human beings develop with each other and witnessing their suffering, while burnout refers to a lack of satisfaction with work brought about by factors such as workload, wages, organizational culture, and benefits (Joinson, 1992).

Todaro-Franceschi (2013) described burnout in terms of a work-associated enervation related to extensive exposure to demanding work triggers. Such triggers include role ambiguity, workload, understaffing, and inadequate peer support. Todaro-Franceschi further stated that burnout is a consequence of a disconnection between the high standards of nursing performance and the degree of support nurses receive from organizations that employ them. It is necessary to encourage nurses so that they are able to achieve the specific goals of their particular healthcare units. Burnout also has an alternative definition: the culmination of numerous stress factors, which results in the loss of coping ability (Todaro-Franceschi, 2013). Some factors that cause burnout include an increase in patient acuity with little or no staffing, an increase in the ratio of patients to nurses, and extended working hours (Todaro-

Franceschi, 2013). Therefore, it is sometimes difficult to differentiate between burnout and compassion fatigue in almost any given profession. An additional and outstanding point of difference is the fact that compassion fatigue emerges in waves, while burnout tends to arise and subside in a somewhat slower manner (Todaro-Franceschi, 2013).

Even though the research literature seems to draw important distinctions between the terms *compassion fatigue* and *burnout*, Sabo (2011) has described burnout as a component of compassion fatigue. Sabo noted that burnout has been linked with the emotion of hopelessness, helplessness, and the feeling of hardship with work life. For instance, Sabo used the term compassion fatigue to refer to secondary traumatic stress identified in three subscales: (a) compassion satisfaction, (b) compassion fatigue, and (c) burnout. Nonetheless, Sabo's argument that burnout is "quite slow" in its progression may be attributed to an enormous workload or insufficient support within the work environment (Figley, 2002; Todaro-Fransceschi, 2013, p. 68).

Sabo (2011) insisted that burnout is an element of compassion fatigue and involves the feeling of being exhausted by work, and such a feeling may grow progressively. Subordinate traumatic tension often emerges as the second element of compassion fatigue (Sabo, 2011). As such, it appears suddenly and is associated with the emotion of fear attributed to work (Sabo, 2011).

## Factors Contributing to Compassion Fatigue

A high degree of empathy has been closely associated with an increased vulnerability and susceptibility to compassion fatigue (Wakefield, 2000). According to Wakefield (2000), (a) providing care for patients with chronic complications, (b)

witnessing numerous painful procedures, (c) watching the agony of patients and their family members, and (d) having a close relationship with patients are all factors that promote compassion fatigue and burnout among oncology nurses. The onset of compassion fatigue is a natural effect of expressing compassion for patients and families who experience different levels of medical difficulties. Nurses, therefore, require a great deal of support after providing care for dying patients and their families, especially end-of-life care. Existing literature has indicated that some nurses have managed compassion fatigue previously by accepting support from employers and managers (Black, 2014). Other nurses have relied on strategies and resources that are more emotionally oriented (e.g., by seeking out mentors or leaders/managers within the healthcare unit, more experienced staff members, and members of the pastoral care department; Anewalt, 2009; Black, 2014; Petleski, 2014).

However, in a project focusing on nurses, Wenzel et al. (2011) sought to investigate the opinions of oncology nurses about bereavement in their profession. The oncology nurses who participated in this Wenzel et al.'s study pointed out that the worsening of a patient's health and subsequent death was particularly difficult to handle. They further reported that they had received insufficient support in dealing with the physical, personal, and psychological demands of such experiences. Most participants in Wenzel et al.'s study stated that they were given inadequate time to process these difficult experiences and the emotions they aroused; as a result, participants reported that they harbored negative emotions. According to the Institute of Medicine (2003), nurses offering care for critically ill patients often witness "marked" human suffering as their patients experience events that are usually sudden, disfiguring, and life threatening (p. 102). Despite the fact that the nurses attending to

these patients derive professional satisfaction from their work, witnessing such events for extended durations tends to put them at a significant risk for compassion fatigue (Institute of Medicine, 2003).

In addition to Wenzel et al. (2011), Potter et al. (2010) also investigated the occurrence of burnout and compassion fatigue among oncology nurses at a major cancer institute. Their results indicated that there was an enhanced danger of compassion fatigue and burnout among oncology nurses. The researchers' results further indicated that oncology nurses with 10 to 20 years of experience in the nursing profession are at a greater risk for developing compassion fatigue. Wenzel et al., who held that compassion fatigue was likely more prevalent among nurses with less experience, disputed these results. Wenzel et al. suggested that oncology nurses, or any other types of nurses, with fewer than 10 years of experience encounter considerably greater compassion fatigue than their more experienced counterparts. In addition, Wenzel et al. found that the danger of compassion fatigue was considerably greater among nurses who were on duty for 12 hours daily compared to those who were on duty for 8 hours. Wenzel et al. further identified three factors that promoted compassion fatigue and burnout among these nurses: (a) the nature of the patient, (b) personal issues, and (c) system issues.

## Interventions for Compassion Fatigue

The persistent problem of compassion fatigue has characterized the contemporary nursing profession to the extent that this phenomenon deserves intensive research. Such research must also provide prevention and intervention measures. Already, several interventions have been recommended to reduce compassion fatigue among oncology nurses. These interventions have focused on

compassion fatigue and attempted to create heightened awareness about issues related to end-of-life care (Figley, 2002). For example, one suggested intervention is to encourage nurses suffering from compassion fatigue to identify some of the resources that are available in their workplace environment (Figley, 2013). Most hospitals have an employee assistance program that functions as part of the human resources department. The main purpose of employee assistance programs is to offer employees supportive counseling to help cope with and manage challenging personal and/or work-related issues (Figley, 2013). This counseling can take the form of formal classes on relevant topics, such as managing time, reducing stress, and caring for the critically ill and the elderly (Gentry et al., 2004). Other strategies include learning ways to balance a budget and enhancing work-life balance (Gentry et al., 2004). Nurses are encouraged to identify a counselor or mentor who might be an experienced nursing supervisor and who would be a source of hope during difficult time (Gentry et al., 2004).

Furthermore, oncology nurses are instructed to develop useful self-care coping strategies and rituals that help to alleviate work-related stress; such strategies include taking time off, changing shifts or work assignments when feasible, consulting with clergy for spiritual care through prayer and counseling services, reducing excessive overtime hours, attending relevant nursing conferences, and participating in after-work relaxation techniques that help to reduce work-related stress (Kolorutis, 2007). Nurses provide care for patients who are sick and or injured, and they tend to maintain close ties with their professions. As a result, nurses tend to burn out, and their compassion level for patients may diminish (Figley, 2002). In response, nurses need

to be aware of their thoughts, feelings, and behaviors, and they must take care of themselves.

Nurse educators and health facility managers are in an excellent position to recognize and treat compassion fatigue. Managers should be proficient in recognizing when signs of compassion fatigue arise as this recognition can help managers address the problem of compassion fatigue before it escalates (Figley, 2002). In addition, managers also should provide adequate information to their nurses and train them to take care of themselves as they provide care for end-of-life patients (Joinson, 1992). Managers also should be open to discussions with nurses and should be sensitive to their emotional needs (Figley, 2002).

According to Joinson (1992), it is vital for nurse leaders to provide emotional support for nurses who may be experiencing negative, troubling, or difficult emotions. They should also encourage activities that result in personal emotional renewal to help reduce compassion fatigue (Figley, 2002). Also, managers and nurse educators should change nurses' workloads to ensure that nurses do not feel overloaded, overworked, or overwhelmed on a frequent or chronic basis (Wenzel et al., 2013). Additionally, nurses should be encouraged to rest, reflect, exercise, and practice their hobbies to help stabilize their emotions (Wenzel et al., 2013). Nurses deserve frequent breaks from work, pastoral care, and debriefing to increase their job satisfaction (Wenzel et al., 2013). To help nurses further, they should consider massages, therapy, support groups, and spiritual nourishment (Wenzel et al., 2013). All these strategies have been designed to help nurses maintain emotional stability in the workplace at all times.

According to Wenzel et al. (2013), self-care is important in preventing compassion fatigue. Fostering a culture that promotes healthy eating habits during

nursing shifts can reduce and minimize compassion fatigue (Wenzel et al., 2013). This means that nurses do not stay hungry until the end of their shift; therefore, they maintain enough energy to work consistently and diligently. During holidays, nurses may tend to experience additional psychological stress as a result of pressure at home (Wenzel et al., 2013). Therefore, it is important that nurses receive support at work to ensure that they are able to meet both their responsibilities at home as well as their professional responsibilities on the job.

In a research study conducted by Potter et al. (2010), an inpatient oncology unit executed two interventions in an attempt to address the issue of compassion fatigue. In the first intervention, they placed a magnet depicting the image of a dove on the entrance to rooms where nurses offered end-of-life care for cancer patients. The magnet was a symbol of and reminder for the need for silence and confidentiality in that area, thereby encouraging nurses to offer their best care to patients and families (Potter et al., 2010). The second intervention consisted of offering bereavement care packages to the families of the deceased. This package contained items such as bibles, stress balls, and recordings of soothing music. Of the total number of nurses who participated in the study, 88% admitted that both interventions were beneficial and assisted in providing closure (Potter et al., 2010).

Romano et al. (2013) proposed an intervention for compassion fatigue at a health institute in Pennsylvania that resulted in the creation of a center for nursing renewal. The intention of the institute was to present a relaxing environment with a considerably large floor space for numerous massage chairs, a place to practice yoga, a refreshment section with tea and coffee, a library, and a bank of computers (Romano et al., 2013). This space also included candles, low lighting, soothing music, and

guided imagery videos. The nurses in the institute were encouraged to participate in break sessions so that they could relax, interact, and socialize. As expected, the response was significantly positive, evidenced by a reduction in stress levels at the rate of about 40% (Romano et al., 2013). The job satisfaction ratings among these nurses increased, and therefore only a few of them were willing to abandon their direct patient care duties (Romano et al., 2013).

Sufficient preparation may help avoid situations in which nurses suffer compassion fatigue. The American Association of Colleges of Nursing (2009) described a health institution's development of a nurse residency program that stressed skills for proper decision-making, mentorship, self-care, and reflection. The objective of the program was to soften the transition into the RN role and facilitate the health and general well being of nurses.

## Theoretical Framework: Concepts, Models, and Theories

The theoretical framework for this project consists of a combination of several models. First, it consists of Dossey's (2008) theory of integral nursing and Carper's (1978) fundamental Patterns of knowing. In addition, the magnet model and the dominant theoretical model are also incorporated. The researcher combined Dossey's and Carper's theories by focusing attention on personal awareness and holistic care as major elements affecting the likelihood of nurses developing compassion fatigue. The well being of nurses is a structural joint between these two ideologies and is critical to this project. The magnet model emphasizes the supportive facets of nursing (Todaro-Franceschi 2013). However, the Magnet model specifies that the welfare of nurses has been neglected because leaders have not acted positively to improve their welfare. This neglect has provided a way for compassion fatigue to creep in easily. Together,

these theories combine to suggest that the management of compassion fatigue is based on three important elements: empathetic ability, empathetic response, and residual compassion stress (Adam et al., 2006). Adam et al. (2006) suggested that these three elements work together to achieve a therapeutic stability both in patients as well as nurses.

## Fundamental Patterns of Knowing

Carper (1978) designed four essential patterns of knowing as a method for assessing various aspects of nursing knowledge. This was followed by the theory of how such patterns are applicable in nursing practices. These four patterns include personal, aesthetic, ethical, and empirical knowledge. An understanding of these four patterns of knowing is vital in developing new studies and comprehending facts that already have been established in the field of nursing (Carper, 1978). These patterns of knowing form the foundation for and greatly contribute to the content in Dossey's (2008) theory of integral nursing.

The most common pattern of knowing within the field of nursing is empirical knowledge, primarily because it involves theories, concepts, laws, findings, and principles that guide nursing practice (Carper, 1978). Personal knowledge is also vital, especially while providing care to patients, and it may be the most difficult to master or impart. Patients deserve to be respected and treated as individuals moving toward executing their destiny (Carper, 1978). This element of personal knowledge emphasizes the significance of interpersonal relationships involving patients and their nurses. Additionally, personal knowledge stresses the issue of knowing oneself. Ethical knowing is also important within a nursing context because it brings out moral and ethical issues that encompass the profession. Ethical knowledge provides

guidelines to nurses, despite the complex nature of providing care to patients, by establishing standards concerning what is acceptable and required (American Association of Colleges of Nursing, 2009; Carper, 1978).

Finally, the aesthetic pattern of knowing has been defined as the art of nursing. Fundamentally, it consists of the original application of knowledge in providing care. Empathy is a significant element in the aesthetic pattern of knowing (American Association of Colleges of Nursing, 2009). Based on these theories, this DNP project will (a) help advocate for programs and policies that enhance nurses' ability to provide self-care, (b) enable nurses to increase their self-awareness, and (c) provide effective strategies to combat and prevent compassion fatigue.

## Relevance to Nursing Practice

The United States has been facing a shortage in the number of qualified healthcare providers, and this shortage has been projected to increase because of the aging workforce and expanded insurance coverage as a result of the Affordable Care Act (2012). The significance of this DNP project to nursing practice is that it addresses the need for an increased quality of mental and emotional health among nurses as well as the need to increase the quality of healthcare for patients. The stakeholders include nurses, nurse managers, employers, and patients. Nurse managers and employers can benefit by (a) monitoring the well-being of their nurses via the Mindful Attention Awareness Scale, (b) enforcing a compulsory periodic nursing self-care program, and (c) promoting professional quality of life (Anewalt, 2009).

In addition to providing guidance for nurse managers and employers, this doctoral project provides guidance for policy making related to interventions and

strategies that promote mental and emotional health among nurses and reduce the rates of compassion fatigue. This project provides relevant data about compassion fatigue among oncology nurses, and positive social change is reflected primarily in the advocacy of self-awareness and self-care among nurses. Finally, this project serves as a driver for future studies aimed at developing interventions designed to explore and reduce compassion fatigue among oncology nurses.

## Local Background and Context

The first intensive care services emerged in the 1950s for patients who required more sophisticated care. Currently, more than 2 million people receive services from these intensive care units, where lives are lost at an alarming rate between 10% and 29% (Society of Critical Care Medicine, 2013). Nurses in critical care units are exposed to death, trauma, and grieving families. Such stressors have led to an increase in compassion fatigue among nurses, creating a need to increase the number of professions in the healthcare sector so that there is a manageable division of stress (Society of Critical Care Medicine, 2013). The symptom of compassion fatigue affect not only the performance of nurses in critical care units but also their physical and mental health. The exhaustion of mind and body among nurses increases the probability of errors in medication administration, which is extremely dangerous for patients (Potter et al., 2010; Society of Critical Care Medicine, 2013). Nurses working in critical care units need sobriety of mind and body in order to provide high-quality healthcare.

## Role of the DNP Student

My role in this this project is that of an educator informing nurses about compassion fatigue. I became interested in this topic because throughout my career as

a clinical nurse, compassion fatigue has been a great concern to me. I have consistently observed oncology nurses experiencing compassion fatigue and the impact it had both on the nurses and their patients. Additionally, as a fresh graduate, I experienced a great deal of psychological distress and compassion fatigue each time I provided care for critically ill patients. I realized that the empathetic care I rendered to patients influenced my own frame of mind, and it impacted the quality of care I provided (Belton, 2014). I interacted with other young colleagues, and they confided that they too had experienced this same fear. These experiences propelled my interest in this topic as well as my desire to help novice nurses become experts (Benner, 1981) in handling compassion fatigue.

## Summary

The review of literature in this section provides important information about research that has been conducted on compassion fatigue among nurses within critical care units. This review of literature reveals a knowledge gap about the prevalence rate of compassion fatigue among nurses. More specifically, the research literature used in this project provides information about the background of compassion fatigue, the distinction between compassion fatigue and burnout, causative factors of compassion fatigue, and projected interventions. The theoretical framework adopted for this project consists of Dossey's (2008) theory of integral nursing, and Carper's (1978) fundamental patterns of knowing. In addition, the magnet model and the dominant theoretical model also are incorporated. Section 3 presents the practice-focused question; the sources of evidence, data sources, and search strategy; the research design; the method of data collection; and the method of data analysis.

# Section 3: Collection and Analysis of Evidence

## Introduction

The overall problem that I attempted to address with this project was the impact of compassion fatigue on the psychology and psychosocial state of nurses. More specifically, the practice problems included the effect of compassion fatigue on nurses, the lack of self-care that gives rise to compassion fatigue, and a lack of self-awareness about their feelings that often occurs when nurses suffer from compassion fatigue. In this section, I present the practice-focused question; describe the sources of evidence, the data sources, search strategies, and keywords; describe the design of the project; describe the participants and the procedures; and provide an analysis and synthesis.

## Practice-Focused Question

When compassion fatigue occurs, self-care, self-awareness, and the mindsets of nurses are negatively disrupted during the course of providing patient care. The purpose-focused question that guided this project was aimed at exploring the reasons why compassion fatigue is so prevalent amongst nurses. More specifically, the practice-focused question for this project was as follows:

> Why is compassion fatigue so prevalent among nurses, particularly oncology nurses, and what interventions might help reduce this phenomenon?

I designed this doctoral project to answer this research question and provide measures to solve the research problem. A more specific purpose of this project was to explore strategies and interventions that may reduce or prevent compassion fatigue among oncology nurses. In this descriptive doctoral project, I aimed at reviewing the

impact of compassion fatigue among nurses and providing an educational model that will limit the incidence rate of compassion fatigue.

## Sources of Evidence, Data Sources, and Search Strategy

The search strategy I used employed keywords that reflected the concepts of the project topic and identified important sources (see Blanche et al., 2006). The electronic databases and search engines used included those accessible through the Cochrane Library and Walden University Library (search terms: *educational module on compassion fatigue* and *compassion fatigue among nurses*), CINALH (search terms: *educational module on compassion fatigue among nurses*), Medscape (search terms: *educational module on compassion fatigue among nurses*), Nursingworld.org (search terms: *educational module on compassion fatigue among nurses*), Center for Disease Control and Prevention (search terms: *educational module on compassion fatigue among nurses*), and Google (search terms: *compassion fatigue* and *compassion fatigue among nurses*). Other sources included online e-books, hand-picked articles, and peer-reviewed journals. The information included in this project was derived from research studies that were conducted between 2000 and 2016. Additional search terms included the following: *burnout, compassion fatigue, trauma, oncology, self-care,* and *self-awareness.*

## Design of the Project

In this descriptive DNP project, I sought information from oncology registered nurses at a health institution within the state of Texas. A descriptive project model is useful for this type of project in that it allows for the acquisition of data about the nature of a given problem and the identification of current challenges in a particular field (Jenkins & Warren, 2012). Through the application of this project design,

current data were obtained in an attempt to address a current knowledge gap. In this project, the knowledge gap was related to the rate of occurrence of compassion fatigue within a critical care context.

My objective with this project included developing an education module focused on the topic of compassion fatigue. I designed this education module (a) to provide relevant data about ways to identify and address symptoms of compassion fatigue within oneself and among other nurses and (b) to identify the resources necessary for assistance. The module was designed in a manner that allows for interaction between the participants. The module and the questionnaire in this project were presented to each participant. Participants were asked to complete the questionnaire, which consisted of 10 items. The purpose of this questionnaire was to identify participants' understanding about compassion fatigue and their opinions of the educational model. Participants were encouraged to offer feedback on the contents of the module. They voluntarily described particular aspects of the module they considered beneficial, and they reported that they obtained knowledge that they would integrate into their current nursing practice.

**Population and Sample**

The population for this study consisted of nurses who were subject to compassion fatigue, specifically oncology nurses. The sample consisted of oncology RNs, who were invited to participate at the health center that served as the research site for this project. The five nurses who participated in this project comprised a convenience sample. According to Penslar (2008), the idea of project ethics is viewed as a practical process aimed at solving defined problems that are relevant when conducting research. For this project, I confirmed informed consent, confidentiality,

and anonymity of the participants by obtaining a signed informed consent form from all five participants. Obtaining a signed informed consent form maintains the ethical values of the researcher as well as the participants (Cohen, 2013). Maintaining confidentiality and anonymity promotes good communication and decision making and further prevents breach of contract (Chitty, 2013; NMC, 2013). Therefore, I designed the questionnaire in such a manner as not to collect any form of personally identifiable information from participants in order to ensure confidentiality and anonymity. The questionnaires were identified with numbers prior to data analysis.

**Collection of Data**

I developed the instructional materials included in the education module exclusively for oncology nurses. These materials focused on compassion fatigue, compassion satisfaction, burnout, and self-transcendence. These materials also focused on strategies that would reduce compassion fatigue among nurses. In addition to focusing on the coping strategies of oncology nurses, the module also focused on the role of oncology nurses in different settings, such as acute care hospitals, ambulatory care clinics, radiation therapy facilities, private oncologists' offices, home healthcare agencies, and community agencies.

Participants received project materials in paper form enclosed in an envelope. I distributed informative materials, including a detailed consent form, to each participant. The anonymity of each participant was preserved (and will continue to be preserved), and participants were informed that their responses would be kept confidential. In an attempt to encourage oncology nurses in this health institution to participate in the project, I provided supervisors with a script and asked them to communicate information about the project to oncology nurses. Furthermore, a flyer

describing the educational module was presented in the break rooms with a brief description of the project and an invitation to participate. The questionnaire solicited feedback from participants about the administration of the module, about future actions they might take to identify and reduce instances of compassion fatigue, what they learned from the module, and their opinions about beneficial aspects of the module. The participants were instructed to review the educational module and complete the questionnaire, to place the completed forms in a sealed envelope, and then to deliver the sealed envelope to a locked box within the healthcare institution. The locked box and materials were placed in a convenient location at the health institution. After participants reviewed the materials, I collected the completed questionnaires and materials from the locked box.

I asked each participant to volunteer to participate through a flyer that provided information about the importance of understanding compassion fatigue, as described in the education module. The education module did not require any of the participating nurses to provide personally identifiable information in order to protect their confidentiality and preserve their anonymity. The consent form provided a brief overview of what was expected of participants.

## Analysis and Synthesis

Through the application of this project design, current data were obtained in an attempt to address a current knowledge gap. After the participants reviewed the educational module, commented on its relevance, completed the questionnaire, placed the completed forms in a sealed envelope, and then delivered the sealed envelope to a locked box within the healthcare institution, I collected and analyzed the data from the

questionnaires. Descriptive statistics were calculated using the data from the questionnaires.

## Summary

In this DNP project, I employed a descriptive design based on a questionnaire presented to oncology registered nurses in a health institution within the state of Texas. The project included the development of an educational model about compassion fatigue. Flyers were distributed at the health institution that explained the purpose of the project and the educational module to possible participants. Informational flyers, the educational module, and informed consent forms were provided in the break rooms. Five oncology nurses working in the health institution were asked to participate. Participants were presented with project materials in paper form. They then completed the questionnaire, placed it in an envelope, and placed it in a locked box so I could collect and analyse them.

## Conclusion

Compassion fatigue has a substantial impact on the lives of nurses, especially those who work in intensive care units and critical care units. Therefore, this DNP project focused on identifying and providing intervention measures through an educational module that is geared towards reducing the rate of compassion fatigue among nurses. This project may result in (a) an increase in the quality of care provided by nurses as well as (b) improved health status of nurses by helping them recognize and address compassion fatigue.

# Section 4: Findings and Recommendations

## Introduction

The problem I addressed with this project was the impact of compassion fatigue on the psychological and psychosocial condition of nurses. Compassion fatigue negatively disrupts the self-care, self-awareness, and mindset of nurses during the course of providing care to patients (Figley, 2013) I designed the purpose-focused question that provided direction for this project to explore the reasons why compassion fatigue is prevalent amongst nurses.

## Overview

The purpose of this project was to explore the reasons why compassion fatigue has been so prevalent among nurses as well as to explore strategies to reduce compassion fatigue among them. More specifically, I aimed this study at creating positive social change by helping oncology nurses find ways to enhance self-care and self-awareness, thereby reducing the risk of compassion fatigue and burnout. The educational module on compassion fatigue helps ensure that nurses respond effectively to emerging issues related to self-care, self-awareness, compassion fatigue, and burnout.

The purpose of Section 4 of this study is to explore strategies and interventions to reduce or prevent the rate of compassion fatigue among nurses, specifically oncology nurses. I will use Section 4 to help represent the focal point of the project report. All the steps and activities that I conducted in this study helped to establish the groundwork for the project, and I have described these steps in the previous sections. In Section 4, I will continue with a presentation of the results

produced by the analysis of the data gathered based on the objectives of the project (see Rank, 2012).

This analysis and discussion section was driven by two main purposes. First, I analyzed the resulting data with the goal of exploring the reasons why compassion fatigue has been so prevalent among nurses working in healthcare centers. The second goal of the analysis process was to reveal ways to strategize, evaluate, and implement an educational component focused on the issues of compassion fatigue.

## Findings and Implications

I analyzed the resulting data in this project with the aim of exploring opinions about compassion fatigue among nurses in a healthcare institution at one specific point in time. The major strategy to reduce compassion fatigue that I investigated in this project was an educational module designed for oncology nurses. I designed the model to provide instruction about issues related to compassion fatigue, compassion satisfaction, burnout, and self-transcendence (see Figley, 2013).

### Findings

The results of the questionnaire indicated that the educational module was well received by nurses and that they were optimistic about its success (see Table 1).

Table 1

*Questionnaire Results*

| Item | Score | Total | *M* | Percent |
|---|---|---|---|---|
| 1. Do you believe the module is easy to understand? | 3, 4, 2, 4, 5 | 18 | 3.6 | 90 |
| 2. Do you believe the module is relevant to issues affecting nurses with regards to compassion fatigue? | 4, 4, 4,4,4 | 20 | 4 | 100 |

| Item | Score | Total | *M* | Percent |
|---|---|---|---|---|
| 3. I believe the module is relevant to issues related to burnout | 4, 4, 1, 3, 4 | 16 | 3.2 | 80 |
| 4. The module is relevant with regards to the issues affecting nurse with regards to self-transcendence. | 4, 3, 3, 4, 3 | 17 | 3.4 | 85 |
| 5. The module is relevant with regards to issues affecting nurses and self-care? | 4, 4, 4, 2, 3 | 16 | 3.2 | 80 |
| 6. Do you think there will be a constructive outcome after the implementation of the education module? | 4, 4 | | | |
| 7. Do you believe that the educational module is comprehensive? | 4, 4, 3, 3, 1 | 15 | 3 | 75 |
| 8. I would encourage other staff members to engage people in learning bout compassion fatigue. | 4, 3, 2, 4, 2 | 15 | 3 | 75 |
| 9. Do you believe the steps indicated in the module will result in achieving a positive impact? | 3, 3, 3, 4, 3 | 16 | 3.2 | 80 |
| 10. I believe the module will decrease the impact of compassion fatigue | 4, 2, 3, 4, 4 | 17 | 3.4 | 85 |

*Note*. All Questions, 1-10, are equally weighted on a 4-point Likert-type scale.

More specifically, the results indicated that (a) participants were very satisfied with the ease of the module ($n = 5$, $M = 3.6$); (b) the module was relevant in terms of addressing issues associated with compassion fatigue and how those issues influence nurses ($n = 5$, $M = 4$); (c) the module was relevant in terms of addressing issues

associated with burnout ($n$ = 5, $M$ = 3.2); (d) the module was relevant in terms of addressing issues associated with self-transcendence ($n$ = 5, $M$ = 3.4); (e) the module was relevant to the issues affecting the nurses with regards to self-care ($n$ = 5, $M$ = 3.2); (f) the module was is likely to produce a successful outcome after implementation ($n$ = 5, $M$ = 4); (g) the module was comprehensive ($n$ = 5, $M$ = 3); (h) the module was successful in encouraging others to learn more about compassion fatigue ($n$ = 5, $M$ = 3); (i) the steps in the module are likely to result in a positive impact ($n$ = 5, $M$ = 3.2); and (j) implementation of the module is likely to decrease the impact of compassion fatigue ($n$ = 5, $M$ = 3.4).

**Implications**

The United States has faced a shortage of healthcare workers--a shortage that was projected to increase because of the aging workforce in this field and the expanded insurance coverage provided by the Affordable Care Act (2012). The results of this project provided relevant data concerning the occurrence of compassion fatigue among oncology nurses. The results of this project indicated that the educational module was relevant and successfully reflected issues affecting nurses, such as compassion fatigue, burnout, self-transcendence, and self-care. The results further revealed that participants viewed the module as comprehensive and helpful.

The implications of the findings of this educational module on compassion fatigue suggest that the module is able to influence various constituencies, including healthcare professionals, nurse managers, nurse educators, and administrators, by the following: (a) encouraging them to identify compassion fatigue among healthcare providers, (b) increasing self-awareness of the incidents early in their professional lives, and (c) incorporating solutions to these problems. Quick resolution to

compassion fatigue is recommended because it can result in a healthy workforce and a higher-quality of patient care (Figley, 2013).

The educational module provides implications for social change because creating awareness and expanding education are important contributions of nursing practice. Healthy nurses create positive working environments that produce healthy nursing practices (Figley, 2013), which results in creating positive changes in society. With the shortage of nurses, a lack of self-care and self-awareness can lead to workplace dissatisfaction and decreases in work production. Positive social change can occur as more nurses become knowledgeable about the impact and the consequences of neglecting compassion fatigue, burnout, self-transcendence, and their relationships to nurses' professional lives.

## Recommendations

Based on the results of this project, I can make several recommendations for future research. According to the results of this study, compassion fatigue was very common among nurses, and it is attributable to multiple factors, which jointly and individually contributed to its impact. One recommendation for future research is to apply multiple regression analyses to the data in order to better understand the variables that predict compassion fatigue among oncology nurses. Independent variables might include demographic variables, such as age or years of experience, as well as environmental variables, such as length of shifts, number of breaks, and staffing levels.

In addition, future researchers should apply correlational analysis to capture information about the magnitude and direction of the relationships between each explanatory variable and the level of compassion fatigue among nurses. The

significance of this project to nursing practice is that I attempted to meet the need for an improved quality of life among nurses. The stakeholders included nurse managers and employers. They can use the results of this project to make a positive impact by (a) training nurses, (b) using resources such as the *Mindful Attention Awareness Scale,* (c) enforcing compulsory regular staff self-care, and (d) promoting professional quality of life (see Anewalt, 2009).

## Limitations of the Project

The research literature on compassion fatigue has indicated the global impact of this issue. However, one limitation of this project was that the results of this project are not generalizable to nurses in developing countries because the participants were not selected randomly and therefore did not provide an accurate representation of the population. The second limitation was cost. Most studies accessed online are blocked and require an exorbitant amount to be paid in order to access the findings. Consequently, this greatly reduced the number of studies that I was able to access online for this project. The third limitation was that the participants did not provide suggestions for improvement of the project.

# Chapter 5: Dissemination Plan

## Dissemination

I designed the educational module at the center of this project specifically to help educate oncology nurses about issues related to compassion fatigue, compassion satisfaction, and burnout. The educational module also showed that self-transcendence would be a helpful strategy in reducing compassion fatigue among nurses. Therefore, nurses should identify any other areas of focus that they feel should be included within the module in order to increase its effectiveness. Based on the positive reception of the education module by the oncology nurses who participated in this project, I recommend that governments, hospitals, healthcare agencies, and other stakeholders should facilitate and implement the module to ensure that all willing nurses are able to receive the benefits of better understanding compassion fatigue.

## Analysis of Self

This doctoral experience exposed me to different approaches to research and to healthcare, which will allow me to advocate for self-awareness and self-care among nurses working in different units of the healthcare system. I will continuously upgrade my knowledge by attending health seminars, attending conferences, and writing for publications that will create awareness about the importance of improving the ability of nurses to monitor themselves for compassion fatigue. My professional goals are to continue to develop this educational module that will guide nurses during their novice and professional years, help them to identify and overcome compassion fatigue, make them more experienced, and increase their competence in their field of practice (see Benner, 1981).

## Summary

The results of this project indicated that compassion fatigue was common among nurses as a result of multiple variables that jointly and individually contributed to its impact (see Gentry, 2013). However, the findings of the project revealed that one of the major contributors to the high level of compassion fatigue among nurses was the nursing shortage. A majority of the participants strongly agreed that the problem of compassion fatigue among nurses would be reduced if the relevant stakeholders addressed shortages in nursing staff. The results of this project also indicated that a majority of the nurses felt like quitting the job after a month of putting up with long hours under unusual and strenuous conditions. The analysis revealed that the strenuous conditions that greatly influenced the nurses' decisions to quit the job included (a) working for more than 12 hours during their shifts without allotted breaks, (b) wearing heavy protective gear that caused them to break out in rashes, and (c) the fear of contracting a potentially fatal disease or bringing one home to their families.

According to the results, developing an education module to help oncology nurses (i.e., teaching them about issues related to compassion fatigue, compassion satisfaction, burnout, and self-transcendence) would be a helpful strategy in identifying and reducing compassion fatigue among oncology nurses. The results indicated that the education module was easy to understand and that a majority of the respondents were satisfied with the ease of the module. The results further indicated that the module was relevant in addressing issues related to compassion fatigue.

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Appendix A: Compassion Fatigue Questionnaire

# Module Evaluation

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**Please rate this educational module by putting a number in each box. See scoring scale below**

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## Scoring

1= Disagree/Not at All

2= Agree/Most Likely

3= Strongly Agree/Unlikely

4= Excellently/Definitely

1. Do you believe the Module is easy to understand?
2. Do you believe the Module is relevant to issues affecting nurses with regards to compassion fatigue?
3. I believe that the Module is relevant to issues related to burnout.
4. The Module is relevant to nurses with regards to self-transcendence.
5. The Module is relevant with regards to issues affecting nurses and self-care.
6. Do you think there will be a constructive outcome after the implementation of the education module?
7. Do you believe that the educational Module is comprehensive?
8. I would encourage other staff members to engage people in learning about compassion fatigue.
9. Do you believe the steps indicated in the Module will result in achieving a positive impact?
10. I believe the module will decrease the impact of compassion fatigue.
11. What other additional comments would you recommend to improve the Module?
12. Please specify the weakness(es) of this Module and list suggestions for improvement.
13. Please list the strength(s) of this module.

## Appendix B: Compassion Fatigue Flyer

You are invited to take part in a project exploring the best way to understand compassion fatigue among nurses working in oncology units.

This project is being conducted by named Francisca C. Hennes, who is a doctoral student at Walden University. You may already know me as a former colleague but I'm writing to you outside this role. This project is overseen by the Walden University.

The purpose of this project is to evaluate a proposed educational module in Compassion Fatigue among health care professional.

Please take 5-7 minutes to review the educational module and complete the questionnaire.

COMPASSION FATIGUE FLYER



Educational Module on Compassion Fatigue

- Nurses, irrespective of their years of experience, will be educated to be aware of compassion fatigue.
- Nurses that have the awareness of these symptoms will be instructed on how to seek for help and will be made aware of the available resources to treat and manage their health and avoid exacerbation.
- Nurses that are experienced would be instructed about the awareness of these problems so that they can become ambassadors and role models behaviors for the new nurses.
- Young and new nurses will be educated to identify these symptoms and to often times seek advice from experienced nurses.
- The projecter will teach current nurses to develop an awareness of compassion fatigue and strategies to protect their holistic health.
- Nurses will be instructed that healthy nurses can positively impact the patients care.
- Nurses that are less experienced that needs mentorship can benefit from the experienced nurses who are modeling knowledge of compassion fatigue.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via e-mail: XXXXXXXX. If you want to talk privately about your rights as a participant, you can call XXXXXXXXX. She is the Walden

University representative who can discuss this with you. Her phone number is XXXXXXXX.

Appendix C: Letter of Cooperation from a Project Partner

Date: 1/17/2017

Dear Mrs. Francisca Hennes

Based on my review of your project proposal, I give permission for you to conduct the project entitled "Proposal to develop an Educational Module on Compassion Fatigue" within XXXXXXXX. As part of this project, I authorize you to conduct Questionnaire as Clinician-Directed Information Component Evaluation.

Individuals' participation will be voluntary and at their own discretion.

We understand that our organization's responsibilities include allowing staffs to complete an anonymous questionnaire at their own discretion. Our Staff reserve the right to withdraw from the project at any time if our circumstances change.

The student will be responsible for complying with our site's project policies and requirements, including protecting staff privacy.

I confirm that I am authorized to approve project in this setting and that this plan complies with the organization's policies.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the student's supervising faculty/staff without permission from the Walden University IRB.

Sincerely,

XXXXXXXXXXXXXXXX. Walden University policy on electronic signatures: An electronic signature is just as valid as a written signature as long as both parties have

agreed to conduct the transaction electronically. Electronic signatures are regulated by the Uniform Electronic Transactions Act. Electronic signatures are only valid when the signer is either (a) the sender of the email, or (b) copied on the email containing the signed document. Legally an "electronic signature" can be the person's typed name, their email address, or any other identifying marker. Walden University staff verify any electronic signatures that do not originate from a password-protected source (i.e., an email address officially on file with Walden).