

2018

Compassion Fatigue and Burnout: Awareness and Prevention for the Novice Nurse Population

Jamie B. Lopez
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

 Part of the [Nursing Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Health Sciences

This is to certify that the doctoral study by

Jamie Lopez

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

Review Committee

Dr. Dana Leach, Committee Chairperson, Nursing Faculty

Dr. Donna Williams, Committee Member, Nursing Faculty

Dr. Jennie De Gagne, University Reviewer, Nursing Faculty

Chief Academic Officer

Eric Riedel, Ph.D.

Walden University

2018

Abstract

Compassion Fatigue and Burnout: Awareness and Prevention for the Novice Nurse

Population

by

Jamie Lopez

MS, Walden University, 2015

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

May 2018

Abstract

Compassion fatigue (CF) and burnout (BO) in the novice nurse population can negatively affect the organization, patient safety, patient satisfaction, and the individual. Novice nurses are susceptible to the development of CF and BO due to a lack of knowledge about the causes and the stress experienced as the novice nurse transitions to practice. The purpose of this staff education project was to fill the gap in practice by creating awareness about CF and BO during the nurse orientation process and by providing prevention strategies. The relationship-based care model and the theory of planned behavior were used to guide the project development and to discover motivational factors to encourage self-care and improve the wellbeing and resiliency of the novice nurse. The post-education evaluation was an anonymous, 10-question, Likert-type survey. All participants scored each question based on the course learning objectives, feasibility, and efficacy of the program, with a (5) *strongly agree* or (4) *agree*. A descriptive analysis of the data collected from the survey scores provided information that positively supported the practice-focused question that staff education on CF, BO, and prevention strategies would add value to the novice nurses' orientation program by validating the stressors of working with patients and providing tools to promote self care as they transition from student to practicing registered nurses. Future recommendations would be to offer this education to staff nurses in all units during the annual skills day, huddles, and staff meetings. This project has the ability to create positive social change by educating novice nurses early in their career about the symptoms and self-care measures designed to promote resiliency, thus preventing CF and BO.

Compassion Fatigue and Burnout: Awareness and Prevention for the Novice Nurse

Population

by

Jamie Lopez

MS, Walden University 2015

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

May 2018

Dedication

I would like to dedicate this project to the amazing nurses who constantly give their heart and soul, weekends, and holidays to care for our fellow humans. I hope this project helps us all to continue doing what we do.

To my husband, who has literally endured me being in school since the day we met, thank you for always being there for me throughout this journey with your support and understanding. I really appreciated your willingness to hug me when I felt defeated and celebrate with me when I achieved a goal. I know this seemed like a never-ending road but I am finally done now.

To my mother, thank you for your daily praise and shared excitement over every milestone achieved throughout the past few years. You have always been my biggest cheerleader and you kept me going even on days when I felt like I had nothing left.

To my children, Samuel, Jillian, and Marisa, thank you all for motivating me to work hard and be the best role model I could be. I love you all so much and I hope I have inspired you the way you have all inspired me.

Acknowledgments

To Dr. Dana Leach and Dr. Michelle Williams, thank you for your encouragement, guidance, and patience. Dr. Leach, you kept me sane with your reassuring responses to my millions of texts and emails. I do not know how I would have achieved this without you your calm approach to this overwhelming project.

Table of Contents

List of Tables.....	iv
Section 1: Nature of the Project.....	1
Introduction.....	1
Problem Statement.....	1
Purpose.....	3
Practice-Focused Questions.....	5
Nature of the Doctoral Project.....	6
Significance.....	8
Summary.....	11
Section 2: Background and Context.....	12
Introduction.....	12
Concepts, Models, and Theories.....	13
Clarification of Terms.....	15
Relevance to Nursing Practice.....	18
Local Background and Context.....	19
Role of the DNP Student.....	20
Role of the Project Team.....	22
Summary.....	23
Section 3: Collection and Analysis of Evidence.....	24
Introduction.....	24
Practice Focus Questions.....	25

Sources of Evidence.....	25
Evidence Generated for the Doctoral Project	26
Analysis and Synthesis	27
Summary.....	28
Section 4: Findings and Recommendations.....	29
Introduction.....	29
Sources of Evidence.....	29
Findings and Implications.....	30
Qualitative Comments	32
Unanticipated Findings and Limitations.....	33
Implications based on the findings	33
Potential Implications for Positive Social Change.....	34
Recommendations.....	34
Future Recommendations	35
Strengths and Limitations	35
Summary.....	36
Section 5: Dissemination Plan	37
Introduction.....	37
Analysis of Self.....	37
Challenges, Solutions, and Insights	38
Summary.....	39
References.....	40

Appendix A: Impact Evaluation Survey45

List of Tables

Table 1. Survey Results.....31

Section 1: Nature of the Project

Introduction

There is a need for education and prevention of compassion fatigue (CF) and burnout (BO) in the novice nurse population based on personal experience, observation of staff in the practice setting, and review of current literature. Approximately 20% of the novice nurse population leaves their positions within the first year because novice nurses are more susceptible to CF and BO than their experienced colleagues (Kelly, Baker, & Horton, 2017).

The purpose of this doctor of nursing practice (DNP) was to focus on the development of an education program designed to create awareness of CF, BO, and prevention strategies for novice nurses. The purpose of this project was to promote a culture of awareness and mindfulness regarding CF in order to foster satisfied, resilient novice nurses. The positive social change implications are to strengthen the nursing workforce, increase novice nurse satisfaction, decrease novice nurse turnover rates, and improve overall quality of care given by the novice nurse.

Problem Statement

CF is described as emotional, physical, and spiritual exhaustion from witnessing the suffering of others (Hunsaker, Chen, Maughan, & Heaston, 2014). CF occurs as a direct result of exposure to other people's traumas and the desire to want to help patients. Overtime, these experiences can cause symptoms that accumulate and interfere with the nurse's ability to feel empathy and care for patients (Harris & Quinn Griffin, 2015). Novice nurses who develop CF may experience negative effects in their personal and professional lives leading to feelings of depression, job dissatisfaction, and inadequacy (Hamilton, Tran, & Jamieson, 2016). The novice

nurses may display a decrease in job performance, increased mistakes, and a decline in health (Potter et al., 2013). CF in the nurse population affects patient satisfaction rates and may cause financial instability for the organization (Harris & Quinn Griffin, 2015).

BO is described as a state of cynicism, depersonalization, and loss of motivation caused overtime due to long hours, heavy patient assignments, and poor working environments (Portnoy, 2011). CF and BO are connected and are sometimes confused as the same issue. However, in CF, the nurse has the element of compassion whereas BO is associated with workload, long hours, and poor management (Hunsaker et al., 2014). As the pace of health care continues to increase, early interventions are needed to address both CF and BO to retain staff. Caring and empathy are the cause of CF, while BO is associated with environmental factors such as patient acuity, long hours, and management dissatisfaction (Hunsaker et al., 2014). CF and BO both cause similar symptoms for the nurse; however, burnout occurs gradually, and CF accumulates with a sudden onset. CF and BO may have severe consequences for a nurse both personally and professionally, in addition to problems with patient safety, satisfaction, and nurse retention (Hunsaker et al., 2014).

A compassionate nurse at the bedside often comforts patients who are in a vulnerable situation, hospitalized, and experiencing elevated emotions. When people have surgery, deliver a baby, suffer from a trauma, or lose a family member, a nurse works to make sure that the patients and families are cared for. This constant state of caring impacts the nurse's physical, emotional, spiritual, and social functioning. Novice nurses enter the profession and immediately must care for complex patients on an ongoing basis with increased demands and fewer resources (Sinclair, Raffin-Bouchal, Venturato, Mijovic, & Smith-MacDonald, 2017). Novice nurses suffer from CF and BO due to an unawareness of the link between work stress and their own health (Woonhwa

& Kiser-Larson, 2016). If the novice nurses are unaware of the self-care needed to prevent CF and BO, ineffective coping behaviors and negative emotions can begin to accrue (Woonhwa & Kiser-Larson, 2016). Novice nurses show less adaptive coping skills than their experienced coworkers and frequently handle stress with resignation (Li, Early, Mahrer, Klaristenfeld, & Gold, 2014). CF in the novice nurse has a high correlation with intention to leave the profession early in their career (Lin, Kreider & McHugh, 2014). Lin, Kreider, and McHugh (2014) found that 30-69% of novice nurses will leave the profession within the first year of employment, costing the hospital up to \$90,000.00 for every nurse resignation. Turnover rates due to CF and BO are not only costly to hospitals, but can lead to a weak workforce and poor patient outcomes (Lin, Kreider & McHugh, 2014). The field of nursing can use the results of this DNP project to cultivate strategies of educating, acknowledgment, and prevention strategies for CF and BO in order to retain nurses. Although there is no way to prevent stressful situations when novice nurses are caring for sick patients, consciousness and daily self-care can help protect them from the onset of CF and BO (Henson, 2017).

Many novice nurses focus on the needs of others while neglecting their own well-being. In some cases, novice nurses feel like attending to their own needs is selfish or self-indulgent, however, self-care increases the nurse's capacity to care for others (Harris & Quinn Griffin, 2015). The education module created for this project addressed the barriers of self-care and reinforced why self-care is the novice nurse's responsibility to maintain a healthy mind, body, and spirit.

Purpose

Many novice nurses enter the nursing profession because they have a desire to help people; yet, it is the act of caring that causes CF. Nurses are recognized as brave, strong, and

compassionate professionals who help and care for patients and families. This high expectation prevents novice nurses from reaching out or even recognizing when they need help (Henson, 2017). Acknowledgment that CF is a normal response to working in a caring profession may allow novice nurses to accept that their health is as important as their patient's health. Despite the evidence that novice nurses need help preventing CF and BO, there is a lack of dissemination at the practice site on what CF and BO are, and what steps novice nurses must take to protect themselves. Novice nurses need formal education and daily support to become aware of CF and how it can affect their health and professional life.

Novice nurses are unaware of the accumulation and development of CF. The novice nurse may not recognize the signs until they feel the physical and mental exhaustion (Henson, 2017). At this point, interventions to prevent CF are not enough (Henson, 2017). Novice nurses need to be taught early on in their training what CF is and why it is important to take steps to prevent the onset. Novice nurses cannot take care of other people if they are tired, worn, or emotionally drained (Hamilton et al., 2016).

Advanced practice nurses have a responsibility to support interventions used to retain novice nurses. Newer registered novice nurses have much to learn due to the high acuity populations, diverse patient needs, and demands of many quality performance measures (Lin, Kreider, & McHugh, 2014). The first few years for practicing registered nurses (RN) is a stressful time, and if not handled appropriately, may lead to high turnover rates, job dissatisfaction, and errors (Lin, Kreider, & McHugh, 2014).

The curriculum for the project included why a nurse should practice the prevention of CF in both their personal and professional lives. The hospital has many resources available to novice nurses that have been shown to decrease CF and to increase compassion satisfaction (CS).

However, these resources may not have been discussed or taught to the novice nursing staff. The wellness program at the practice site has implemented different types of interventions, such as meditation rooms, afternoon tea breaks, Daisy Awards, and a roving healthy snack cart (Kelly et al., 2017). Leadership has not promoted these resources, and nurses are not using them. There is a lack of education on why these resources are in place and why the novice nurses should participate in the activities. Novice nurses need formal education to become aware of CF and how participating in self-care activities will promote healthy coping skills and improve their wellbeing.

In this doctoral project, I defined CF, BO, and CS to inform the novice nurses about the differences, similarities, and causes of each. The intention of DNP project was to improve education for novice nurses and leadership on the multiple components leading to CF and BO. The education session also included ways to recognize and prevent the negative outcomes associated with this phenomenon. Due to the nature of nursing, it is unrealistic to teach novice nurses how to avoid stressful situations and emotional encounters when caring for patients. Instead, nurses should protect themselves through awareness and daily self-care activities (Crowe, 2016).

Practice-Focused Questions

The long-term goal of this DNP project was to improve novice nurses' wellbeing, job satisfaction, and retention. This long-term goal will take time to assess and is out of the scope for this DNP project; however, stakeholders may be interested in obtaining the final project for continued use in the hospital. The short-term goal was to provide education on CF, BO, and prevention strategies to help support novice nurses as they enter practice and to provide tools to

deal with the stress of their new job. Due to this variation, the practice-focused questions were separated to highlight the long-term organizational standpoint and my short-term standpoint.

Organizational Question: Long-Term

Will a staff education program on CF, BO, and prevention during the new graduate nursing orientation improve novice nurse retention rates during the first 3 years in practice?

DNP Student Project: Short-Term

Based on the evaluation of content experts in the field of nursing, will an education program on CF, BO, and prevention during the new graduate orientation process provide the information novice nurses need to be aware of CF and BO, be prepared, and feel supported as they transition from students to RNs?

This project was designed to address the gap in practice by applying evidence to solve the problem of BO and CF leading to high turnover rates, employee absenteeism, depersonalization, decreased performance, and poor patient outcomes (Potter et al., 2013). The high demands of the nursing profession can make it difficult for hospitals to retain and recruit novice nurses. Early preparation through education on CF and BO will help the novice nurses develop awareness, coping skills, and greater resilience in both their personal and professional lives. When novice nurses resign from their positions due to CF and BO, it is not only difficult for the individual, but it impacts the remaining staff and patient safety (Li et al., 2014).

Nature of the Doctoral Project

The education module was created based on literature and resources found in a variety of profession journals. Anonymous questionnaires were used to evaluate whether the education met the objectives for this project and whether it provided information to increase the knowledge about CF and BO for the novice nurses. There were multiple sources on the prevention of CF and

BO used in preparation for the project. The literature search was conducted using ProQuest, Medline, and CINAHL databases through the Walden library. The search terms in various combinations were *CF, Generation Y novice nurses, mindfulness, BO, nurse satisfaction, patient satisfaction, turnover, retention, self-care, relationship-based care model, effects of interventions, and the transtheoretical model*. Most articles selected are within the last 5 years, and there were numerous resources that were applied to the project. The articles contained literature reviews, curriculum of current CF education programs, and original research on multiple prevention strategies.

To develop this education module, I focused on educating the novice nurse population on what CF and BO are, the reason self-care is important, and the resources available to them. Learning objectives included definitions, causes, scenarios, and prevention strategies. The target population was the novice nurse population because one of five nurses indicated that they intended to leave their position within the first year (Rushton, Batcheller, Schroeder, & Donahue, 2015).

Once the education module was completed and presented to the panel of experts, the participants completed an anonymous, paper-based questionnaire. This questionnaire provided data for the evaluation of the effectiveness of the education module. The results were then interpreted for applicability and social change within the organization. The purpose of this evaluation was to determine whether education on awareness and prevention of CF will be valuable in the novice nurse population and close the gap in practice to promote a stronger workforce, improve retention rates, improve novice nurses' satisfaction rates, and improve patient satisfaction scores.

Significance

To support the future of health care, leadership will need to include educational opportunities to promote wellness and self-care to ensure that novice nurses find meaning and joy in their work. Emotional risks associated with the significant and complex relationships nurses have with their patients have been overlooked and replaced with demanding tasks threatened by decreased reimbursement (Sikka, Morath, & Leape, 2015). Ultimately, all stakeholders will be involved and impacted by improving novice nurses' ability to recognize and prevent CF.

Patient care has shifted to wellness promotion and disease prevention. Hospitals must apply this concept to their nursing staff as well. The new generation of novice nurses is at risk for the development of CF due to the many stressors of moving from the school environment to the responsibility of the work environment (Richez, 2014). The purpose of the DNP project was to create a program that provides education to new novice nurses about CF and BO. This module was not intended to reduce the stress associated with nursing, but to empower the novice nurses to recognize and seek support when needed.

The nursing profession is unique because they have the ability to help and develop connections with patients. Many novice nurses develop their self-confidence and feelings of worth through accomplishments, work ethic, dependability, and self-sufficiency. However, this prevents the nurse from recognizing the need for emotional support and self-care (Portnoy, 2011). Novice nurses have reported that they do not want to have a formal stress support programs; however, leadership is acknowledging that novice nurses will benefit from a program designed to provide tools to recognize and avoid CF (Houck, 2014).

In this DNP project, I focused on the new graduate novice nurses; but, the results of this study can be transferable to all areas of the hospital. Some possible recommendations are to include the CF education at new hire orientation, the annual skills training day, and in weekly or daily huddles. This education will help novice nurses feel supported and better prepared to recognize signs of CF and BO. Talking about CF and making sure novice nurses know that this is normal is important in creating a healthy work environment. If the novice nurses are provided with this education on CF, they will be more likely to participate in self-care and accept help (Harris & Quinn Griffin, 2015). The education program can also provide a system-wide acknowledgement of the need for better self-care, support amongst colleagues, and when to reach out for help (Houck, 2014).

The DNP project has the potential to create a positive social change by preparing the new graduate novice nurses to begin their careers with intention and to live and work in a rewarding manner (Potter et al., 2014). The practice site has implemented many evidence-based interventions designed to improve nurse satisfaction and prevent CF and BO. Although these activities are available, the nurses do not participate and do not have the information about why the tools are in place. This project included the available resources and the importance of participation. The objectives for this DNP project included the development of a healthier nursing workforce, increased nursing retention rates, higher nursing satisfaction scores, and improved patient satisfaction scores.

Healthier Workforce

A healthy workforce is when the employees feel safe, happy, and supported. A healthy workforce promotes a positive working environment, which improves productivity and financial stability for the hospital. The education will create a healthier workforce by raising awareness

about CF and how novice nurses are at risk for the development of CF and BO (Harris & Quinn Griffin, 2015). This awareness may create opportunities for novice nurses to use strategies to include daily self-care activities and improve the overall moral of the hospital.

Increased Nursing Retention Rates

New novice nurses are at risk for developing CF and BO early in their careers. The loss of these novice nurses may negatively impact the staffing needs required to provide excellent nursing care (Kelly et al., 2017). Early recognition and prevention education will not only combat CF and keep the novice nurses in the profession, but it will improve patient satisfaction and outcomes as well (Harris & Quinn Griffin, 2015).

Nursing Satisfaction

Providing education on CF, BO, and prevention strategies will help the new nurses develop positive coping skills. Nurses who are able to manage their stress and continue to be compassionate providers report a higher level of nurse satisfaction (Hinderer et al., 2014). CF should not wait to be addressed until the novice nurses are already weary and discouraged (Crowe, 2016). Creating a culture of normalcy surrounding CF can promote a feeling of connectedness between novice nurses and improve the overall relationship of the staff.

Patient Satisfaction

Novice nurses who suffer from CF lose their ability to care and connect to the patients. This can cause the patients to be dissatisfied with their care and report negatively on the hospital surveys (Harris & Quinn Griffin, 2015). Poor patient satisfaction scores lead to financial instability for the hospital and feelings of helplessness for the novice nurses (Harris & Quinn Griffin, 2015).

Increase Nurse Retention Rates

Supporting the new novice nurses with awareness of CF prevention can improve retention rates (Friedman, Delaney, Schmidt, Quinn, & Macyk, 2013). Improving retention rates allows for a more skilled nursing staff and better patient outcomes.

Summary

CF and BO are common in helping professions, such as nursing, and there is a need within health care organizations to promote awareness and prevention strategies for staff on a continuous basis. Even in hospital settings where interventions for prevention of CF are in place, novice nurses may be resistant to acknowledge the need for support. Creating a culture where CF prevention is taught and openly discussed will help new novice nurses develop mindful self-care practices to improve well-being and job satisfaction (Harris & Quinn Griffin, 2015). A review of past interventions to prevent CF guided the education module and the approaches needed for prevention. The concepts, models, and theories used to design the education module will be discussed in the following section.

Section 2: Background and Context

Introduction

Education about CF and BO is needed for the success and support of the novice nurse population. Novice nurses are new to the profession and have many stressors and less experience working in the patient care areas. Novice nurses are at high risk for the development of CF, BO, and job dissatisfaction leading to high turnover rates (Kelly et al., 2017). Constant caring and empathy contribute to CF, while BO is associated with environmental factors such as patient acuity, long hours, and management dissatisfaction (Hunsaker et al., 2014). CF and BO both cause similar symptoms for the novice nurse; however, BO occurs gradually while CF manifests suddenly. CF and BO create severe personal and professional consequences, as well as cause problems in patient safety, satisfaction, and nurse retention (Hunsaker et al., 2014). Novice nurses are exposed to multiple stressors as they transition from the school environment to practice and are unaware of the link between unmanaged stress and their own health (Woonhwa & Kiser-Larson, 2016).

Novice nurses are more likely to experience CF and BO than their seasoned coworkers because of the demands of a new profession, along with new experiences with complex patients, new business models, and economic restraints (Henson, 2017). Novice nurses may feel a sense of disempowerment, an inability to help certain populations, and lack of control (Henson, 2017). High levels of CF and BO in the novice nurse population are correlated with an intent to leave the profession (Henson, 2017).

The practice-focused question for the short-term doctoral project was based on the population, intervention, current standards, and outcome desired (PICO)(Elkins, 2010). Based on the evaluation of content experts, will this education program on CF, BO, and prevention during

the new graduate orientation process provide the information novice nurses need to be aware, prepared, and feel supported as they transition from students to RNs?

In this section, I will provide the rationale for the concepts, models, and theories used in this project to provide the novice nurses with the information needed to understand and acknowledge the potential of developing CF and BO as they transition to working as RNs. In addition, I will explain the reasons for the tools the novice nurses need to incorporate in their daily lives to promote positive coping skills.

Concepts, Models, and Theories

The theory and model selected to develop this evidence-based practice project of teaching novice nurses about preventing CF and BO were the relationship-based care model (RBC) and the theory of planned behavior (TPB). With so many theories surrounding patient care, it was important to identify the most appropriate theory, which included the care of the nurses as a part of the desired outcome (Mitchell, 2013).

According to RBC, there are three crucial relationships within the health care setting needed to provide the best patient care. A part of RBC includes the importance of nurses needing to care for their own well-being, which made this model suitable for this project (Glembocki & Fitzpatrick, 2013). The TPB is appropriate for this project because the change agent has the ability to select interventions based on the perceived deficit or barrier to change and discover the motivational factors to create change (Ajzen, 1991). In this case, the lack of education is the barrier for the novice nurse in preventing CF and BO. RBC and TPB complement each other towards the goal of preventing CF and BO by providing validation and empowerment regarding self-care and self-awareness. The novice nurse must learn the importance of self-care and use intentional behaviors to promote well-being (Ajzen, 1991).

RBC is a simplified framework based on Swanson-Kauffman's middle range theory of caring with a focus on self-care as the foundation for caring for others (Glembocki & Fitzpatrick, 2013). According to RBC, in helping professions, there are three relationships that need attention in order to provide the best care. The key relationships are with patients and families, colleagues, and with self (Grobbel, Penprase, & VanWagoner, 2015). Alleviating pain and increasing physical, emotional, mental, and spiritual health is one of the privileges of nursing and caring for vulnerable patients. Nurses are able to heal people because of their knowledge, skill set, and willingness to be involved with patients as they care for them (Glembocki & Fitzpatrick, 2013). Even if a cure is not possible, nurses can heal other aspects of patients and families through their care and compassion. However, this constant state of empathy can negatively affect nurses and cause CF and BO (Houk, 2014).

The relationship with self, with colleagues, and with patients and families are all important in quality care. According to the RBC, the primary relationship in patient safety, organizational success, and a strong workforce is the relationship with self (Glembocki & Fitzpatrick, 2013). Novice nurses cannot care for their patients efficiently, be a productive member of the organization, or show compassion and empathy if they do not take care of themselves first. Self-care begins with self-awareness, including a person's emotional, physical, spiritual, and mental needs (Glembocki & Fitzpatrick, 2013).

In the RBC, self-care and self-awareness are important to acknowledge to achieve success with the other relationships. The nurse must participate in self-care to create successful patient outcomes, quality patient care, healthy relationships, and improved wellbeing (Ledesma, 2011). This knowledge, theory, and research guided my project in educating novice nurses about preventing CF and teaching nurses how to be self-aware and care for themselves.

Proponents of the TPB address an intentional means of behavior modification through various interventions based on the deficit or barrier towards the desired change. For this doctoral project, the use of education as the intervention to create awareness of needed behavior modifications was used. The central focus of the TPB is the person's intention to perform certain behaviors. The interventions used in TPB are designed to capture motivational factors to influence behavior changes (Ajzen, 1991). In the case of this project, patient safety and job satisfaction were the motivation factors. Ajzen, (1991) stated this change theory only applies to behaviors under volitional control. The person must have the ability to perform or not to perform the behaviors at will. The TPB includes self-inspection and a person's ability to analyze attitudes, beliefs, and importance of the needed change (Lee, Bowen, Mosley, & Turner, 2017). Nurses should be motivated to improve their self-care to improve their poor coping skills and patient safety. The novice nurses' unawareness of their natural vulnerability to CF and BO and the need for self-care to prevent this. Self-care takes significant amounts of purposeful work, and the novice nurse must be educated about why these steps to wellness are not only necessary but also a responsibility as a caregiver (Harris & Quinn Griffin, 2015).

Clarification of Terms

Novice Nurse

In the novice to expert nursing theory, Benner (1984) described the various stages of a nurse's development. The term novice nurse is used for beginning nurses with no experience to perform in many required situations (Benner, 1984). Novice nurses need continuous verbal cues and lack confidence in demonstrating safe practice. Novice nurses are known to experience extreme stress and feelings of failure leading to resignation (Friedman et al., 2013). Newer RNs have much to learn due to the high acuity populations, diverse patient needs, and demands of

many performance measures (Friedman et al., 2013). The first few years for practicing RNs is a stressful time, and if not handled appropriately, may lead to high turnover rates, job dissatisfaction, and errors (Lin et al., 2014).

Benner (1982) described the final stage of nursing as the expert nurse. This is the stage where a nurse becomes intuitive and skilled. Advanced practice nurses are in the expert category and have a responsibility to support interventions to retain nurses. For this doctoral project, the expert, advanced practice nurses participated in the evaluation of the education module and analyzed whether it supports the educational needs of the novice nurse.

Compassion Fatigue

CF is a state of emotional, physical, and spiritual exhaustion associated to caregivers. CF is defined as a sudden loss of a caregiver's ability to nurture and care for their patients (Hinderer et al., 2014). CF is a result of continuous self-sacrifice and exposure to difficult situations (Harris & Quinn Griffin, 2015). CF is caused by empathy and stress resulting from another person's traumatic experience, also known as secondary traumatic stress (STS).

Secondary Traumatic Stress

STS is a form of posttraumatic stress disorder that health care workers develop in response to caring for patients who have experienced trauma. The nurse does not need to have witnessed the traumatic event to develop STS (Hunsaker et al., 2014). STS can cause a variety of negative cognitive, emotional, and physical symptoms, such as irritability, anger, lack of concentration, and sleep disturbances (Hinderer et al., 2014). Hinderer et al. (2014) conducted a study on emergency department and found that nurses reported that 86% had at least one symptom of STS.

Burnout

BO in the workplace is a process that occurs over time and causes negative behaviors and poor attitudes amongst the nurses. People with BO become cynical, less efficient, and emotionally exhausted (Meyer, Li, Klaristenfeld, & Gold, 2013). A nurse who is suffering from BO loses the ability to cope with their environment, leading to increased turnover rates, decreased work performance, depression, and substance abuse (Potter et al., 2013). Nurses with fewer than 2 years of experience are at a high risk for developing BO, and there is a link between facilities with high levels of BO in the staff nurses to low patient satisfaction score (Hinderer et al., 2014).

Compassion Satisfaction

Compassion satisfaction (CS) is the positive feelings associated with caring for others and the connections made with patients (Hunsaker et al., 2014). CS happens when novice nurses feel that they are contributing to the workplace and that they are making a difference in their patient's lives (Crowe, 2016).

Self-Care

Self-care can be a confusing concept and is often viewed incorrectly. Self-care is mindfully choosing behaviors to counteract stressors in lives (Richards, 2013). A person must know himself or herself first to decide what activities will work best. Exercising, practicing meditation, relaxation techniques, and removing toxic relationships are methods of self-care (Richards, 2013).

The practice site tracks the turnover rate for each unit on a quarterly basis. The data are divided by years of experience, age, reasons for leaving, and specialty. High turnover rates due to CF and BO are costly to hospitals, create added stress for the staff, and are linked to poor

patient outcomes (Li et al., 2014). One strategy in retaining the new generation of nurses is the prevention of CF and BO. Stress will always be a part of the nursing profession, especially when caring for sick patients. Novice nurses need education as they enter this profession and support to find healthy ways to cope with stress.

Relevance to Nursing Practice

Novice nurses who enter the profession of nursing and are exposed to stress and traumatic experiences suffer from negative nursing outcomes, such as CF and BO. There is a large cohort of nurses approaching retirement, and retaining our new nurses is crucial to promote positive outcomes for the patients and organizations (Li et al., 2014). Nurses who exhibit high levels of CF and BO not only report intent to leave the profession, but are incapable of delivering quality care, which causes many negative effects for the hospital and patients (Hinderer et al., 2014).

Reaching out to the novice nurse is important because of their desire to fit in with their colleagues and succeed as a professional nurse. The novice nurse may avoid asking for help or admitting that they are overwhelmed because they want to be perceived as strong and competent (Lin et al., 2014). The novice nurse needs to know that stress and emotions are a normal response to patient care, and self-care is a necessary part of the job. If they neglect their own wellbeing, they place patients at risk (Glembocki & Fitzpatrick, 2013).

Previous strategies found in the literature to help prevent compassion fatigue vary from long-term education interventions to an immediate intervention after a stressful event. A Code Compassion program is where a cart is brought to a unit if there happens to be a stressful event during the shift. If the unit experiences a death or unexpected situation, a Chaplain takes the cart and offers snacks, aromatherapy, stress balls, portable chair massages, inspirational cards, and

journals (Kelly et al., 2017). This project has been in place for over 2 years, and demonstrates the effectiveness and desirability of support systems for nurses in preventing CF (Kelly et al., 2017). Other interventions include mindful-based stress reduction education, emotional intelligence, and self-compassion training (Mealer et al., 2014).

Despite the evidence that novice nurses need help managing stress, CF, and BO, there is a lack of dissemination on what CF and BO are at the local practice site. The American Nurses Association (2011) revealed 74% of 4614 nurses reported chronic stress, which leads to CF and BO, as their primary safety concern. Novice nurses who experience CF and BO report intent to leave the profession within the first 1-5 years (Li et al., 2014). Incorporating education and awareness from the beginning may decrease CF in the novice nurse population and create a positive outcome for the individual, the patient, and the profession.

Nurses need formal education and daily support to become aware of CF and the link it has to their health and professional life. The common stereotype of the hardworking nurse may prevent novice nurses from reaching out or recognizing when they need help in order to seem competent (Harris & Quinn Griffin, 2015). Acknowledgment that CF is a normal response to working in a caring profession may allow nurses to accept that their health is as important as their patient's health.

Local Background and Context

There is no literature on CF and BO within the local area for this doctoral project; however, there has been concern amongst the leadership regarding the turnover rates in the 1- to 5-year nurse population along with lower than expected nurse satisfaction scores. At the practice site, when a nurse resigns, the manager conducts an exit interview, and the nurse is given an anonymous survey on reasons for leaving. The exit interview questions are set up in a way that

the choices for “reason for leaving” do not address whether CF or BO contributed to their decision to leave. Due to the high turnover rates, the nurse managers have been working on a nurse residency program to improve the nurse satisfaction scores and retention rates over the last few months. In reviewing the curriculum and timeline of this nurse residency program, there is nothing that addresses the concepts, prevention, and risk of CF or BO for the novice nurse.

Other contributing factors to the stress of novice nurses are the local minority, impoverished, and homeless populations surrounding the hospital. A large portion of the local population has multiple comorbidities, language barriers, and high acuities. The patients often arrive without insurance, means of transportation, or previous medical care. The high nursing turnover rate leaves the units short staffed or staffed with temporary, traveling nurses. This pattern creates more nurse dissatisfaction and higher stress levels for the novice nurse, which further increases turnover rates. Managers from various departments report high absenteeism, high turnover rates, medication errors, and high patient fall rates.

The current state and federal nursing shortage is gaining attention from the World Health Organization (WHO) and with nurses experiencing increasing CF, BO, and job dissatisfaction, the health care delivery is affected (Chung & Fitzsimons, 2013). Every intervention is needed to retain the nursing work force. Nurse residency programs should incorporate clinical and professional competency support. These programs focus on patient simulation, evidence-based practices, skill-based learning, and patient safety (Letourneau & Fater, 2015). A missing factor is the prevention and awareness of CF and BO for the novice nurses as they transition to practice.

Role of the DNP Student

The motivation behind this doctoral project came from both personal and professional experiences. As a new graduate nurse, I started working in the emergency department (ED) and

could not have been more excited to finally be a RN working in the most dynamic profession and helping people. The ED was busy with constant traumas, code blues, and nonstop patient care. In nursing school, I was taught that patients are the primary priority, and I made sure that I helped them as much as possible. I worked extra shifts if the department was short staffed, worked through my lunch breaks, and stayed after to finish charting. To me, this was what a dedicated nurse was supposed to do. After 4 years, I suffered from what I now know to be BO and CF. This was devastating because I loved my job and caring for patients until I had nothing left to give to my patients, my family, and myself. I had to quit my job and went to work for an ambulance company as a critical care transport nurse for 8 months. This job had a lot of down time and allowed me to regroup and recover. During this time, I felt hopeless and worried that I might never be able to work as a nurse in the hospital again. After the 8 months, I hesitantly returned to the hospital and still had no idea what happened to me when I had loved helping people so much.

It was not until I returned to the ED and began courses at Walden University in pursuit of my master of science in nursing (MSN) degree that I began reading articles that described CF and BO. I was surprised to know this was a known concept and wondered why I had never heard of it or learned how to prevent it from happening. It was during the MSN program that I knew I had to teach people about CF and BO and help novice nurses avoid going through a painful experience.

Once I returned to the ED and began precepting novice nurses, I witnessed young, excited nurses change from motivated individuals to cynical, negative nurses. Some would fight with other employees, call in sick frequently, and many ended up leaving the department. Now as an educator at the local college, I read the graduating students' papers on their philosophy of

nursing and what made them want to become a nurse. Their stories are all full of excitement, dedication, and love for the nursing profession. This enthusiasm causes me distress because my personal and professional experiences lead me to believe that they are all at risk of losing those positive feelings simply because they care so much.

Early education and interventions is the best way to protect the novice nurses and nursing work force. This is why I chose this group as the focus for this project. The novice nurses are a greater risk for CF and BO, and prevention needs to happen before the onset of symptoms (Richez, 2014).

A bias that I had entering this project is that nurses with more years of experience would be at greater risk for the development of CF and BO. However, I found that nurses in every department and every age are at risk for the development of CF and BO, depending on different factors (Li et al., 2014). CF and BO as factors in the novice nurse turnover rate usually occurs within the first few years of practice. CF and BO rates of novice nurses cannot be compared to nurses with more years of experience because the nurses with more years of experience are the ones who were stayed and were stronger, more resilient, and less prone to developing CF and BO than the ones who left (Hinderer et al., 2014).

Role of the Project Team

The doctoral project on prevention and awareness of CF and BO in the novice nurse was evaluated based on evaluations of selected project participants. The project participant members consisted of five advanced practice nurses from different backgrounds. All project team members had a minimum of a master's degree and had worked in the field of nursing for many years. The background and context were shared with the team before the presentation began. An anonymous, 10-question, Likert-type scale, postsurvey with both quantitative and qualitative

data was used for evaluation and future revisions. The timeline for gathering the data from the team was on the day of the presentation.

Summary

In this section, I highlighted the need to educate the novice nurse population on awareness and prevention of CF and BO. The RBC and TPB guided the development of the education module and provided a framework for the project. In Section 3, a review of the literature was conducted and the procedures to finalize the project are reviewed.

Section 3: Collection and Analysis of Evidence

Introduction

There is a gap in practice when it comes to staff education on recognition and prevention of CF and BO in the novice nurse population. Novice nurses are starting their careers and have little experience in the workplace. The novice nurse is unprepared for the stressors that come with decision making and demands of the profession (Benner, 1982). Novice nurses are susceptible to CF and BO because, as they transition from their academic environment to practice, they are unaware of how harmful the stress of caring for sick people is on their own health (Woonhwa & Kiser-Larson, 2016). High turnover rates are linked to CF and BO for novice nurses in their first year of practice (Kelly et al., 2017). This pattern is seen when novice nurses feel overwhelmed and turn to unhealthy coping skills. The novice nurse who suffers from CF or BO may leave the profession (Li et al., 2014).

The first step in preventing CF and BO is awareness. Novice nurses want to appear strong and ready for the responsibilities of the profession. Novice nurses want to fit in and appear competent. They may not feel comfortable or even be aware to ask for help when needed. This leads to using unhealthy means of stress management, which worsens the problem of CF and BO (Harris & Quinn Griffin, 2015).

The staff education for preventing CF and BO was designed based on the RBC, which includes the relationship with self as the most important component in safe, quality patient care (Glembocki & Fitzpatrick, 2013). From the beginning of their careers, novice nurses need to learn how to be mindful and reflective and incorporate daily self-care activities to protect themselves from CF and BO. The TPB was used to discover the motivating factors to promote

these voluntary activities for each novice nurse and will assist in discovering the barriers for the nurse to participate in self-care activities (Ajzen, 1991).

Section 3 includes a review of the practice focus questions and how this project will address the problem. I will identify the sources of evidence used to address the practice focus questions and guide the final outcomes. In addition, I provide information on the participants who will evaluate the program for efficacy and feasibility in the novice nurse's first year in practice.

Practice Focus Questions

The local problem addressed in this doctoral project was the gap in practice regarding awareness of the common issue of CF and BO in the novice nursing population. The short-term question was the following: Will an education module on CF, BO, and prevention provide the information for social and organizational change based on the feedback provided content experts in the field of nursing? Based on this feedback, the goal is to add future programs on CF, BO, and self-care to improve turnover rates, nursing satisfaction, and patient satisfaction scores. The additional education could be provided at annual skills day or in daily huddles.

Sources of Evidence

The purpose of this doctoral project on CF, BO, and prevention in the novice nurse population was designed to provide awareness and education as nurses begin their careers. The sources of evidence used to address the practice-focused questions were studies conducted in various settings on successful programs in prevention of CF and BO, what new nurses need to succeed during their first year working, factors that increase the likelihood of developing CF and BO, and barriers to self-care. The collection of data from a wide variety of programs allowed for a custom program designed for the novice nurse population.

Evidence Generated for the Doctoral Project

The doctoral project on prevention and awareness of CF and BO in the novice nurse population was assessed and revised based on evaluations by participants on the project team. Each of the five participants brought unique expertise in the subjects of curriculum, novice nurses, transitioning to practice, CF, BO, and the orientation process for novice nurses.

Expert #1 has a master's degree in nursing and had worked in the intensive care unit for 13 years. Expert # 2 had a master's degree in nursing and worked in the intensive care unit for over 20 years before becoming an educator. This expert taught the final semester in an associate degree nursing program and was familiar with the novice nurses' needs. Expert #3 had a master of science in nursing degree and was the clinical educator for a large peri-operative department. She organized and oversaw the new graduate OR orientation and training courses. Expert # 4 had her master of science in nursing degree and worked as the clinical educator in an outpatient setting. This expert worked the ED and experienced CF and BO early in her career before leaving acute care. Expert #5 had her PhD in education and a master of science in nursing degree. She taught at both the community college and a local state university. She worked with the novice nurse population as they worked as associate degree novice nurses and were in school for their bachelor of science in nursing degree.

The background and context were shared with the participants before the presentation began. There was an anonymous, 10-question, Likert-type, posttest with both quantitative and qualitative data to use for evaluation and revisions. The timeline for gathering the data from the team was on the day of the presentation. In order to have a posttest survey that would be directly related to the identified learning objects, a new questioner was created. The 10 questions created were based on the desired learning outcomes for the novice nurses and the feasibility of

including the program in the new graduate orientation program. Each participant had his or her own skill set and motivations for a new program and each may perceive the questions differently. There was a space for suggestions if the participants felt area of the program should be changed.

To comply with the ethical protection of the participants, this project was conducted within the Walden University preapproved parameters of the Staff Education Project. Each participant received a consent form explaining the procedure regarding the project and that the primary goal was to provide information to help the novice nurses avoid early CF and BO. The participants were informed of the voluntary nature of the project and if they wished to withdraw their participation at any time they could. The participants were aware that an anonymous posttest would be conducted and their answers to the questions would be used in the doctorate project and kept for 5 years as required by the university. The participants were assured that their identity will be protected and that I will not know who provided which responses on the posttest questions. Finally, the participants were provided with an approval number of the study and a phone number for the university's advocacy line, should they have any concerns.

Analysis and Synthesis

The data analysis was used to evaluate the education program on the stated objectives and feasibility of implementation in practice. The five participants evaluated the program and a descriptive analysis was used to report the results. The purpose of this project was to create an education program for novice nurses that will provide awareness of CF and BO during their orientation as new hires. This required not only an education program that meets the learning objectives but also acceptance and implementation by the unit managers and nurse residency program directors. The responses to the postsurvey provided insight from the participants on whether this program could achieve both goals.

Summary

This doctoral project on creating an education module to create awareness of CF and BO was based on studies found in the literature in various health care settings. The literature guided the learning objectives and interventions used in the program. The participants involved in the doctoral project provided insight into the feasibility of implementing this project and whether the objectives had been met. Once this Section 3 was completed, the process for institutional review board approval began. In Section 4 the findings, implications, and recommendations for practice will be reviewed.

Section 4: Findings and Recommendations

Introduction

The purpose of this education project was to offer the novice nurse population the information to create awareness and prevent the effects of CF and BO. The gap in practice is that although there is evidence, which shows that novice nurses are susceptible to CF, and BO, education on the subject, and prevention is lacking (Lin et al., 2014). Novice nurses enter the profession with the desire to help others, and they often neglect their own needs. Novice nurses may perceive self-care as selfish or self-indulgent, when self-care improves the nurse's ability to care for others (Harris & Quinn Griffin, 2015). The education on CF and BO prevention must begin early on in a novice nurse's career because the effects accumulate and can manifest suddenly. Once the nurses show signs of CF and BO, interventions have been shown to be ineffective (Henson, 2017).

The long-term, practice-focused question was whether staff education on CF and BO for the novice nurse population will improve nurse satisfaction levels, patient satisfaction scores, and novice nurse retention rates. The short-term question was whether the staff education on CF and BO will provide the information needed to support the novice nurse and help create a positive social change within the organization base on the expert participant's postsurvey evaluation.

Sources of Evidence

The sources of evidence on whether the objectives for this project were met was based on the evaluations from five experts in the field of nursing. All of the project participants had a minimum of a master's degree in nursing, as well as certifications in their field of specialization. After each participant reviewed the staff education project on CF and BO, they completed an anonymous, 5-point, Likert-scale survey. The survey was designed to evaluate the efficacy of the

project goals and objectives. The overall goals and objectives were to provide information about CF and BO to the novice nurse population, along with interventions for prevention. The survey included a comment sections for areas of improvement and recommendations.

Findings and Implications

Using a 10-question, 5-point, Likert-type survey, a descriptive analysis was conducted to evaluate the data. Five expert participants completed the survey after reviewing the staff education on CF, BO, and prevention for novice nurses. The participants were provided with a consent form and were aware that the surveys would be anonymous. The surveys will be placed in a sealed envelope and in a locked file cabinet and kept for 5 years as required by the university.

The results of the survey in Table 1 indicate that all of the participants selected *strongly agree* or agree to all 10 questions. Based on the participants' answers, the staff education will help the novice nurses become aware of CF, BO, and prevention strategies.

Table 1

Survey Results

Question	Scores	Total	Mean	Percent
1. This education module met the stated objectives for this program.	5, 5, 5, 5, 5	25	5	100
2. This education module was based on evidence and best practice.	5, 5, 5, 5, 5	25	5	100
3. The content of this education module will be a positive addition to the curriculum in a novice nurse's orientation.	5, 5, 5, 5, 5	25	5	100
4. This education module highlighted various methods to promote self-care.	5, 5, 5, 5, 5	25	5	100
5. The delivery of the material was clear and easy to understand.	5, 5, 5, 5, 5	25	5	100
6. This education module was provided in a timeframe, which could be implemented in future programs/orientations.	5, 5, 5, 5, 4	24	4.8	80
7. This education module provided information to create awareness of CF, BO and Self- Care.	5, 5, 5, 5, 5	25	5	100
8. Do you feel this education module will provide novice nurses with information on how prevent CF and BO?	5, 5, 5, 5, 4	24	4.8	80
9. Would you recommend the continuation of this program in future orientations for novice nurses?	5, 5, 5, 5, 4	24	4.8	80
10. I would recommend offering this education module to all staff nurses at the hospital?	5, 5, 5, 5, 4	24	4.8	80

Note: (1) Strongly Disagree, (2) Disagree, (3) Neutral, (4) Agree, (5) Strongly Agree. All questions were weighted equally based on a five point Likert-type scale.

Further breakdown of each question indicated that (a) this education module met the stated objectives for this program ($n=5, M=5$); (b) this education module was based on evidence and best practice ($n=5, M=5$); (c) the content of this education module will be a positive addition to the curriculum in a novice nurse's orientation ($n=5, M=5$); (d) this education module highlighted various methods to promote self-care ($n=5, M=5$); (e) the delivery of the material was clear and easy to understand ($n=5, M=5$); (f) this education module was provided in a timeframe that could be implemented in future programs/orientations ($n=5, M=4.8$); (g) this education module provided information to create awareness of CF, BO, and self-care ($n=5, M=5$); (h) this education module will provide novice nurses with information on how prevent CF and BO ($n=5, M=4.8$); (i) the participants would recommend the continuation of this program in future orientations for novice nurses ($n=5, M=4.8$); and (j) the participants would recommend offering this education module to all staff nurses at the hospital ($n=5, M=4.8$).

Qualitative Comments

The participants had the option to leave a comment for improvement or suggestions for changes. One comment was to make the wording and explanations on the slides clear enough that if an organization wanted to make this an independent study module, the slides would be clearly explained and would have more information. Another suggestion was to break up the session into two parts of an hour each: 1 hour for education on CF and BO and another hour for an introduction to self-care and prevention with time to practice the various self-care techniques in the presentation. One participant wrote, "great information which will be helpful to both nurses and students."

Initially, I had wanted the staff education session to be 1 hour due to time constraints and the amount of information in a new nurse orientation program. The suggestion for a 2-hour block

of time would be beneficial and allow for group participation in the relaxation and breathing exercises. The quantitative and qualitative data results positively supported the research question.

Unanticipated Findings and Limitations

The subject of CF and BO prevention in nursing has been a passion of mine ever since I experienced the effects not only in myself, but also witnessed them in other nurses. After years of researching about CF and BO, it has become a familiar subject, and I had almost forgotten how unfamiliar this topic is to other people. Working with the participants reminded me that nurses are not innately aware of CF and BO, and this project is meaningful for the wellbeing of nurses. The five participants were experts in the field of nursing; yet, they were interested in CF and BO and reported learning new aspects of self-care and stress reduction while reviewing this staff education project. Another unexpected finding was how one of the participants felt that this education on CF and BO should be incorporated in the nursing school curriculum. Lanier (2012) mentioned that people who are drawn into helping professions often enter already experiencing some degree of CF.

An unanticipated limitation was time and the participants' desire to expand of the self-care component. The time allotted for the staff education was 1 hour, and all information was covered in detail during that hour. The unanticipated outcome was that the participants expressed a desire to perform the self-care activities as a group and discuss feelings and experiences after each exercise in addition to the education.

Implications Based on the Findings

The addition of an extra hour for practicing the breathing exercises and relaxation techniques will be recommended for future implementation for the staff education. The self-care activities, such as breathing exercises and the different types of meditation, may be unfamiliar to

some people. Performing the activities as a group may help dispel any uncomfortable feelings about meditation, breathing activities, and relaxation techniques. This hour will also be a period of reflection on current coping strategies and whether they are beneficial or harmful to the novice nurses.

Potential Implications for Positive Social Change

Incorporating a staff education session on CF, BO, and self-care has the ability to promote positive social change. Nurses are known for their hard work and dedication towards caring for other people while neglecting their own needs (Harris & Quinn Griffin, 2015). This staff education will allow the novice nurses to feel a sense of comfort and support knowing that stress and difficult feelings are expected in the nursing profession and are normal as they transition to practice. Creating awareness that CF and BO are common in nursing and that self-care is necessary to provide quality care will create a more supportive environment through the organization.

Recommendations

As recommended by one of the expert participants, the novice nurse population is only one of the many populations in need of education on CF and BO in the nursing workforce. One way to introduce the topic of CF and BO to all nurses is to incorporate the staff education at the annual skills day for all nursing staff. Skills day is an event where all nurses participate and validate necessary nursing skills. This presentation could be in the form of a required submodule or a poster presentation at the skills day event. The submodule or poster presentation would include the same information provided in the staff education given during new hire orientation. The poster presentation would also include the resources available to staff, such as meditation rooms and healthy snack carts, and would be updated as new interventions are presented. An in-

service for management would also provide information about novice nurses' susceptibility to CF and BO. This will provide leadership with awareness and ways to better support the novice nurses as they begin their careers.

Future research should include whether awareness of CF and BO increases the novice nurses' commitment to self-care, improves retention rates, increases nurse satisfaction scores, and improves patient satisfaction scores. This data collection was out of the scope for this project; however, in many organizations, these data are collected on a regular basis and would be valuable to assess once the CF education begins for the new graduates.

Future Recommendations

A 2-hour, in-person class session with the PowerPoint presentation and speaker is the most beneficial implementation of this project for the novice nurses orientation. The novice nurses will benefit from working with their new peers towards understanding and planning for CF and BO prevention. However, parts of this project can be implemented in many different ways. One easy way to provide ongoing support for CF prevention is to bring up various aspects of CF and BO at staff meetings and in the morning huddles. In the case of a significant event happening on the units, a short discussion on CF and a show of support from management would benefit the nurses. Flyers could be placed in the break rooms with recommendations for 5-minute self-care activities and the signs and symptoms of CF and BO.

Strengths and Limitations

Strengths

One of the strengths of this project was the amount of literature from different disciplines and perspectives. Each article provided new information and a variety of interventions. This allowed me to take parts from each article and create a unique staff education designed for

novice nurses. Another strength was the positive feedback received from everyone involved in this DNP program. Whether it was conversations during the courses or in the practicum setting, nurses expressed excitement and agreement that the education on CF and BO is needed. Many of the nurses made comments about how they would like to learn more about CF and ways to prevent BO on a daily basis.

Limitations

The limitations of this project were the small sample size of the participants and the expert level they all have accomplished. Because this project was designed to meet the needs of novice nurse who are susceptible to the effects of CF and BO, the seasoned nurses may not be able to completely relate. The younger, less experienced nurses are more at risk for developing CF and BO and is suggestive of why turnover rates are higher in the novice nurse population. Nurses who continue to work past the first few years without CF or BO, such as the participants, may be naturally more resilient (Kelly et al., 2017). In future projects, the inclusion of the novice nurses would help provide feedback from which changes could take place. A longer duration of data collection would offer insight into what prevention interventions are realistic as the new nurses transitions to practice.

Summary

The results gathered from the surveys provided positive support for incorporating education to the novice nurses on CF, BO, and prevention strategies as they transition to practice. This education program has implications for a positive social change by increasing the novice nurses' ability to manage the stressors associated with the nursing profession. The projected long-term goal is to promote positive coping skills, improve new nurse retention rates, improve nurse satisfaction, and promote quality patient care.

Section 5: Dissemination Plan

Introduction

The population for this project was the novice nurses. Ideally, education on CF, BO, and self-care will begin at the beginning of their careers. After completion of this project, my goal is to promote incorporation of this presentation during the new hire orientation and during the annual skills day presentations. The education session needs a 2-hour block of time to provide the information and allow time to practice the various self-care activities. The format is a Power Point presentation with pictures and bullet points with me speaking to the points. This evidence-based project has many possibilities for dissemination. The information can be provided and practiced during huddles, at staff meetings, and after stressful events on the units.

To reach a larger population of nurses, this project could be published in the *Journal of Nursing Education*. This journal reaches nursing professionals both in academia and in the clinical setting. An article published in this journal would reach nursing professionals who have an influence on novice nurses from the start of their education and beyond.

Analysis of Self

Scholar

Walden University's DNP program and the DNP project has pushed me beyond what I thought would be possible to accomplish. I realized early on in the program that although support from family and instructors is needed, the perseverance and dedication must come from within myself. This program has taught me how to think systematically and improve my organization skills. My confidence and abilities as a scholar have grown as each seemingly impossible task was accomplished. The duration of the course work allowed me to gather data over time and enabled me to create a project with numerous sources of evidence from various perspectives and

disciplines. Throughout this program, I began to recognize gaps in practice and an increased desire to solve those issues through research. I learned to find quality research articles, analyze evidence, and apply the evidence to the gaps in practice. My long-term goal for this project is to write an article on preventing CF and have it published in a nursing journal.

Practitioner

This project on awareness and prevention of CF and BO helped me to renew my own sense of empathy, compassion, and love for the nursing profession. As I researched this topic, I became more aware of the need to support other nurses and disseminate the tools to promote wellbeing. As a practitioner, this project will allow me to support nurses, patients, and the organization by creating an environment where self-care is accepted and encouraged by all stakeholders. This education tool will help support the novice nurse population with a long-term goal of increased resiliency and decreased turnover rates.

Project Developer

Developing this education project was fulfilling because novice nurses are in need of this information. Over the past 2 years, I became familiar with the CF, BO, and self-care articles. This reinforced knowledge made working on the project rewarding. During the creation of the Power Point presentation, I felt confident that the project was interesting, high quality, and based on evidence. Recruiting and lecturing in front of the panel of experts helped me grow both personally and professionally. I felt proud of the project, and I believe this work has meaning for the future of the nursing profession.

Challenges, Solutions, and Insights

The most challenging aspect of this project was taking all of the information and evidence found in the literature and putting it together in one paper. I began reading articles on

CF, BO, and self-care over 3 years ago and saved articles with information that was relevant and meaningful for this project. An insight gained was to choose a project I had a passion for because I would live and breathe this topic for years while reading, writing, and completing my final project. Another insight gained was to trust my committee chairperson. My mind would take this project in a million different directions, and without the guidance a redirection from Dr. Leach, I would have made each step much harder on myself.

Summary

Staff education on awareness and prevention of CF and BO will provide support to the novice nurse population as they transition to practice. Awareness of CF is the first step in prevention due to the silent accumulation of symptoms. By creating a culture of awareness surrounding CF and BO, the novice nurses can start to take responsibility for their own self-care. Self-care is not self-indulgent, but rather a responsibility for increasing resilience, decreasing nursing turnover rates, improving patient safety, and improving novice nurses quality of care (Potter et al., 2013).

References

- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Process*, 50, 179-211. Retrieved from <https://www.sciencedirect.com/science/article/pii/074959789190020T>
- Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison Wesley.
- Benner, P. E. (1982). From novice to expert. *American Journal of Nursing*, 82, 3, 402-407
Retrieved from <https://www.medicalcenter.virginia.edu/therapy-services/3%20-%20Benner%20-%20Novice%20to%20Expert-1.pdf>
- Chung, S., & Fitzsimons, V. (2013) Knowing generation Y: A new generation of nurses in practice. *Nursing Development*, 22, 1173-1179. <http://dx.doi.org/10.12968/bjon.2013.22.20.1173>
- Crowe, L. (2016). Identifying the risk of compassion fatigue, improving compassion satisfaction and building resilience in emergency medicine. *Emergency Medicine Australasia*, 28, 106-108. <http://dx.doi.org/10.1111/1742-6723.12535>
- Elkins, M. (2010). Using pico and the brief report to answer clinical questions. *Nursing*, 2010, 59-60. Retrieved from www.nusing2010.com
- Friedman, M., Delaney, M., Schmidt, K., Quinn, C., & Macyk, I. (2013). Specialized new graduate RN pediatric orientation: A strategy for nursing retention and its financial impact. *Nursing Economics*, 34, 162-170. Retrieved from <https://www.nursingeconomics.net/ce/2015/article3104162170.pdf>
- Glebocki, M., & Fitzpatrick, J. (2013). *Advancing professional nursing practice: Relationship-based care and the ANA standards of professional nursing practice*. Minneapolis, MN:

Creative Health Care Management.

- Grobbe, C., Penprase, B., & VanWagoner, K. (2015). Bridging the quality and nursing care gap: Innovative clinical and academic partnership using the relationship-based care theoretical framework. *Nurse Leader*, 80-83. <http://dx.doi.org/10.1016/j.mnl.2015.01.017>
- Groves, S. K., Burns, N., & Gray, J. R. (2013). *The practice of nursing research appraisal, synthesis and generation of evidence* (7th ed.). St. Louis, MO: Elsevier Saunders.
- Hamilton, S., Tran, V., & Jamieson, J. (2016). Compassion fatigue in emergency medicine: The cost of caring. *Emergency Medicine Australasia*, 28, 100-103.
<http://dx.doi.org/10.1111/1742-6723.12533>
- Harris, C., & Quinn Griffin, M. (2015). Nursing on empty. *Journal of Christian Nursing*, 32, 80-85. <http://dx.doi.org/10.1097/cnj.0000000000000155>
- Henson, J. (2017). When compassion is lost. *Medsurg Nursing*, 26, 139-142. Retrieved from <https://www.medsurnursing.net>
- Hinderer, K., Von Ruden, K., Friedman, E., Mcquillan, K., Gillmore, R., Cramer, B., & Murray, M. (2014). Burnout, compassion fatigue, compassion satisfaction, and secondary trauma stress in trauma nurses. *Journal of Trauma Nursing*, 21, 160-169.
<http://dx.doi.org/10.1097/jtn.0000000000000055>
- Hodges, B., & Videto, D. (2011). *Assessment and planning in health programs* (2nd ed.). Sudbury, MA: Jones & Bartlett Learning.
- Houck, D. (2014). Helping nurses cope with grief and compassion fatigue: An educational intervention. *Critical Journal of Oncology Nursing*, 18, 454-458.
<http://dx.doi.org/10.1188/14.cjon.454-458>
- Hunsaker, S., Chen, H., Maughan, D., & Heaston, S. (2014). Factors that influence the

- development of compassion fatigue, burnout and compassion satisfaction in emergency department nurses. *Journal of Nursing Scholarship*, 47, 186-194.
<http://dx.doi.org/10.1111/jnu.12122>
- Hutchinson, M. (2009). Restorative approaches to workplace bullying: Educating nurses toward shared responsibility. *Contemporary Nurse*, 32, 147-154. Retrieved from
<https://www.ncbi.nlm.nih.gov/pubmed/19697985>
- Kelly, L., Baker, M., & Horton, K. (2017). Code compassion: A caring fatigue reduction intervention. *Nursing Management*, 48, 18-22. <http://dx.doi.org/10.1097/01.numa.0000515800.02592.d4>
- Lanier, J. (2012). I've fallen and I can't get up: Compassion fatigue in nursing and non-professional caregivers. *Iowa State Nursing Association*, 1-10. Retrieved from
<http://centerpointtherapy.com/images/user/ivefallenandcantgetup.pdf>
- Ledesma, C. (2011). Relationship-based care: A new approach. *Nursing*, 42(2), 46-49.
<http://dx.doi.org/10.1097/01.NURSE.0000392921.06907.0e>
- Lee, L. T., Bowen, P. G., Mosley, M., & Turner, C. (2017). Theory of planned behavior: Social support and diabetes self-management. *The Journal of Nurse Practitioners*, 13, 265-270.
<http://dx.doi.org/10.1016/j.nurpra.2016.07.013>
- Letourneau, R., & Fater, K. (2015). Nurse residency programs: An integrative review of the literature. *Nursing Education Perspectives*, 36(2), 96-101. <http://dx.doi.org/10.5480/13-1229>
- Li, A., Early, S., Mahrer, N., Klaristenfeld, J., & Gold, J. (2014). Group cohesion and organizational commitment: Protective factors for nurse residents' job satisfaction, compassion fatigue, compassion satisfaction, and burnout. *Journal of Professional*

- Nursing*, 30, 89-99. <http://dx.doi.org/10.1016/j.profnurs.2013.04.004>
- Lin, P., Kreider, M., & McHugh, M. (2014). Factors influencing job satisfaction of new graduate nurses participating in nurse residency programs: A systematic review. *Journal of Continuing Education Nursing*, 45, 439-452. <http://dx.doi.org/10.3928/00220124>
- Mealer, M., Conrad, D., Evans, J., Jooste, K., Solynties, J., Rothbaum, B., & Moss, M. (2014). Feasibility and acceptability of a resilience training program for intensive care unit nurses. *American Association of Critical Care Nurses*, 97-106. <http://dx.doi.org/10.4037/ajcc2014747>
- Meyer, R., Li, A., Klaristenfeld, J., & Gold, J. (2013). Pediatric novice nurses: Examining compassion fatigue as a mediator between stress exposure and compassion satisfaction, burnout, and job satisfaction. *Journal of Pediatric Nursing*, 30, 174-183. <http://dx.doi.org/10.1016/j.pedn.2013.12.008>
- Mitchell, G. (2013). Selecting the best theory to implement change. *Nursing Management* 32-37. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23705547>
- Portnoy, D. (2011). Burnout and compassion fatigue: Watch for the signs. *Health progress*, 47-50. Retrieved from www.chausa.org
- Potter, P., Deshields, T., Berger, J., Clark, M., Olsen, S., & Chen, L. (2013). Evaluation of compassion fatigue resiliency program for oncology nurses. *Oncology Nursing Forum*, 40, 180-187. <http://dx.doi.org/10.1188/13.ONF.180-187>.
- Richards, K. (2013). Self-care is a lifelong journey. *Nursing Economics*, 31, 198. Retrieved from http://self-careacademy.com/PDFs/NEC_JA_13_p198.pdf
- Richez, M. (2014). Resilience-building strategies for nurses in transition. *The Journal of Continuing Education in Nursing*, 45, 54-56. <http://dx.doi.org/10.3928/00220124->

20140124-12

- Rushton, C., Batcheller, J., Schroeder, K., & Donahue, P. (2015). Burnout and resilience among nurses practicing in high intensity settings. *American Journal of Critical Care, 24*(), 412-420. <http://dx.doi.org/10.4037/ajcc2015291>
- Sikka, R., Morath, J., & Leape, L. (2015). The quadruple aim: Care, health, cost, and meaning in work. *BMJ Quality and Safety Online First*, 1-3. <http://dx.doi.org/10.1136/bmjqs-2015-004160>
- Sinclair, S., Raffin-Bouchal, S., Venturato, L., Mijovic, J., & Smith-MacDonald, L. (2017). Compassion fatigue: A meta-narrative review of the healthcare literature. *International Journal of Nursing Studies, 69*, 9-24. <http://dx.doi.org/10.1016/j.ijnurstu.2017.01.003>
- Smith, S. (2014). Mindfulness-based stress reduction: An intervention to enhance the effectiveness of nurses coping with work related stress. *International Journal of Nursing Knowledge, 25*, 119-129. <http://dx.doi.org/http://dx.doi.org/10.1111/2047-10.1016/3095.12025>
- Woonhwa, K., & Kiser-Larson, N. (2016). Stress levels of nurses in oncology outpatient units. *Clinical Journal of Oncology Nursing, 20*, 158-164. <http://dx.doi.org/10.1188/16.cjon.158-164>

Appendix A: Impact Evaluation Survey

Impact Evaluation of Compassion Fatigue and Burnout Awareness and Prevention in the Novice Nurse Population.	1	2	3	4	5
This education module met the stated objectives for this program.					
This education module was based on evidence and best practice.					
The content of this education module will contribute to the curriculum in a novice nurse's orientation.					
This education module highlighted various methods to promote self-care.					
The delivery of the material was easy to understand.					
This education module was provided in a timeframe, which could be implemented in future programs/orientations.					
This education module provided information to create awareness of CF, BO and Self- Care.					
Do you feel this education module will provide novice nurses with information on how prevent CF and BO?					
Would you recommend the continuation of this program in future orientations for novice nurses?					
Would you recommend offering this education module to all staff nurses at the hospital?					

(1) Strongly Disagree, (2) Disagree, (3) Neutral, (4) Agree, (5) Strongly Agree

Suggestions for improvements:
