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Improving Compassion Fatigue and Vicarious Trauma Knowledge for Psychiatric Nurses

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Walden University
2019

Abstract

Improving Compassion Fatigue and Vicarious Trauma Knowledge for Psychiatric Nurses

by

Natalie Rebelo

MS, Simmons College, 2016

BS, University of Rhode Island, 2011

Project Submitted in Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

May 2020

Abstract

Nurses are exposed to traumatic patients and high stress regularly; this repeated exposure can increase rates of compassion fatigue and vicarious trauma. When nurses are not properly educated about compassion fatigue and vicarious trauma, it can impact their ability to provide effective patient care and result in harmful effects including insecurity, altered cognitive functioning, loss of empathy and diminished self-esteem. This project focused on educating psychiatric nurses regarding compassion fatigue and vicarious trauma. The theory guiding the project was the Neuman's system model. Fifty-six psychiatric nurses were administered a pretest consisting of 10 multiple choice test questions. They were educated on the concepts of vicarious trauma and compassion fatigue using a presentation and handouts. After the education was completed, participants were administered a posttest with the same 10 multiple choice questions. An evaluation tool consisting of Likert-scale questions to evaluate the presentation was also completed after the posttest. The pretest and posttest scores were analyzed using a learning-scores-gained formula. The results showed that the mean pretest score was 89.2% while the posttest score was 97.1%. The aggregate score difference was 7.9, indicating a group knowledge gain of 7.3 %. The majority scores for the educational presentation evaluation were outstanding and all feedback was positive. This project would benefit nurses by increasing their knowledge on compassion fatigue and vicarious trauma leading to positive social change by improving their workplace environment and reducing nursing turnover.

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Thank you to all the psychiatric nurses that participated in this doctoral project. It would have not been able to come together without your participation.

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Section 1: Introduction

Introduction

This doctoral project focused on educating psychiatric nurses on vicarious trauma and compassion fatigue. According to Finklestein, Stein, Greene, Bronstein, and Solomon (2015), mental health professionals develop psychosocial symptoms through exposure to others' traumatic accounts, even though they have not been exposed to these incidents directly. This phenomenon has been defined as *vicarious trauma*. In the last decade, vicarious trauma and compassion fatigue have become widespread among nurses (Devilly, Wright, & Varker, 2009). It is crucial to educate psychiatric nurses on compassion fatigue and vicarious trauma to decrease long-term side effects due to repeated exposure to trauma. Educating the nursing profession can lead to positive social change by improving the workplace environment and reducing nursing turnover. Nurses gain the knowledge and tools to guarantee a positive workplace and reduce exposure to vicarious trauma and compassion fatigue.

Problem Statement

In recent years, there has been developing knowledge of the effects of stress on nurses (Tabor, 2011). Vicarious trauma happens when healthcare professionals experience the detrimental effects of working with traumatized patients (Robinson, Clements, & Land, 2003). The American Psychological Association defines *trauma* as "an emotional response to a terrible event like an accident, rape or natural disaster" (American Psychological Association, 2018). Long-term reactions to trauma include unpredictable moods, memories, and difficult relationships (American Psychological

Association, 2018). *Compassion fatigue*, on the other hand, is when nurses lose empathy and compassion due to repeatedly taking care of patients who have suffered trauma (Hinderer & VonRueden, 2014). If left untreated, nurses can develop harmful psychological and physical effects including insecurity, altered cognitive functioning, loss of empathy and self-esteem (Tabor, 2011).

Nurses are exposed to traumatic patients and high stress regularly, and this repeated exposure can increase rates of compassion fatigue and vicarious trauma (Hinderer & VonRueden, 2014). When nurses are not sufficiently educated on vicarious trauma and compassion fatigue it can impact their ability to provide effective patient care; thus, it is important to educate psychiatric nurses on the development of compassion fatigue and vicarious trauma to improve nursing practice (Robinson et al., 2003).

Purpose

In recent years, healthcare professionals have come to believe that there are effects to repeated exposure to patient trauma; however, there have been obstacles in developing empirical evidence (Devilly, Wright, & Varker, 2009). There has been a recent increase in offering compassion fatigue and vicarious trauma workshops to healthcare workers; therefore, it is important that an empirical base be developed (Devilly et al., 2009). Research has shown that integrating an educational program regarding compassion fatigue among emergency room nurses provided them with tools to minimize compassion fatigue and prevent its frequency (Flarity, Gentry, & Mesnikoff, 2013). All health care workers who are affected by compassion fatigue should be educated and supported (Flarity et al., 2013). Flarity et al. (2013) suggested that additional research is

needed to further investigate interventions to prevent compassion fatigue in nurses. Regarding vicarious trauma, according to Sommer (2008), educators have a commitment to inform counselors about the consequences of working with people who have had trauma; therefore, educators need to counsel on vicarious trauma (Sommer, 2008). Research has shown the inconsistency between what is necessary vicarious trauma education and what is practiced; thus, educators may incorporate education on vicarious trauma only when it is required (Sommer, 2008). According to Finklestein, Stein, Greene, Bronstein, and Solomon (2015), specialized training and debriefing may mitigate the impacts of vicarious trauma among mental health professionals. They concluded that there needs to be further research that incorporates different groups of professionals within the mental health field, for example, psychologists, social workers, and psychiatrists (Finklestein et al., 2015). There continues to be a demand for further research for nurses taking care of patients with trauma and increase of interventions to support nurses dealing with compassion fatigue (Hinderer & VonRueden, 2014). Lastly, research has shown that social workers who had inadequate educational training on vicarious trauma experienced more negative effects from repeated exposure to traumatic patients (Tabor, 2011). As previously stated, there is a need for further research regarding training mental health professional on vicarious trauma and compassion fatigue. Further research is also needed regarding education and training among different groups within the mental health profession (Finklestein et al., 2015). The purpose of this doctoral project was to provide education to support increased knowledge regarding vicarious trauma and compassion fatigue among nurses.

The practice-focused question was: Does providing education about compassion fatigue and vicarious trauma in the workplace improve nurses' knowledge?

Nature of the Doctoral Project

According to Flarity et al. (2013), nurses evaluate and care for patients during the beginning phases of trauma; therefore, nurses work in an atmosphere that can be traumatic, and they can develop compassion fatigue. Developing compassion fatigue may trigger reactions including emotional distancing from patients and can interfere with their ability to continue helping the patient (Flarity et al., 2013). It is important to validate the difficulty of working in a stressful environment and educating staff members with compassion fatigue (Flarity et al., 2013). Greater levels of contact with traumatized patients is a considerable predictor of vicarious trauma (Devilly et al., 2009). Educators have a moral obligation to prepare workers to distinguish and resolve vicarious trauma within them (Sommer, 2008).

For this doctoral project, I collected data pre and post educational sessions. These data allowed me to identify the change in knowledge related to my educational project. Once I educated the psychiatric nurses via PowerPoint, I collected data to assess the knowledge gained. I analyzed the data to assess whether educating the nurses had improved their knowledge of vicarious trauma and compassion fatigue. Upon analyzing the data obtained by educating psychiatric nurses during pre and post education, the goal of this project was to begin developing empirical support for this education program.

Significance

According to Marsh, Beard, & Adams (1999), nurses experience a higher risk of burnout than other professionals do due to job stress in the workplace. According to Flarity et al. (2013), organizational prevention programs, such as educational training, may reduce the risk of compassion fatigue. The importance of educating interns about compassion fatigue has been noted and thus they need to be prepared with an education of protective factors (Merriman, 2015) Compassion fatigue is considered an occupational hazard, and it is important to instill knowledge among staff (Merriman, 2015). Professionals who are frequently exposed to patients' trauma are at an increased risk of facing cognitive changes in worldviews from the frequent exposure to trauma (Raunick, Lindell, Morris, & Backman, 2015). Vicarious trauma can adversely affect a professional's career and personal life (Raunick, Lindell, Morris, & Backman, 2015). According to Sommer (2008), recommendations for lessening vicarious traumatization are a healthy lifestyle and continuing education about trauma; therefore, it is important to educate staff on vicarious trauma.

For this doctoral project, psychiatric nurses were the stakeholders. If the education was successful, the nurses would have a strong knowledge base of both vicarious trauma and compassion fatigue and, in turn, would have a more positive workplace. According to Hunsaker, Chen, & Maughan (2015), emergency nurses work in an atmosphere that is emotionally and physically demanding, causing stress among them. This doctoral educational project can benefit other practice areas, such as emergency department nurses. By educating psychiatric nurses on these concepts, this project can

bring greater awareness of vicarious trauma and compassion fatigue to the nursing profession.

Summary

Research has shown that educational training can reduce the possibility of developing compassion fatigue, so it is essential to teach mental health professionals about compassion fatigue. Health professionals who are exposed to vicarious trauma can endure psychological consequences, and these results can accumulate over time. To lessen the effects of vicarious trauma, recommendations include continuing education about trauma. This doctoral project focused on increasing the knowledge among psychiatric nurses regarding vicarious trauma and compassion fatigue. The content of education session focused on the nature of vicarious trauma and compassion fatigue. This will allow nurses to be able to recognize these concepts if they do begin experiencing symptoms.

Section 2: Background and Context

Introduction

As previously stated in Section 1, knowledge of the consequences of stress on nurses has increased (Tabor, 2011). Vicarious trauma results when healthcare professionals develop detrimental effects when working with patients with trauma (Robinson, Clements, & Land, 2003). Compassion fatigue, on the other hand, is when nurses lose empathy and compassion due to repeatedly taking care of traumatic patients (Hinderer & VonRueden, 2014). It was noted that all health care workers should be educated and supported that are affected by compassion fatigue (Flarity et al., 2013).

Regarding vicarious trauma, according to Sommer (2008), educators have a commitment to inform counselors regarding the consequences of working with people who have had trauma. Educators need to offer counsel on vicarious trauma (Sommer, 2008). Research has shown the inconsistency between what is necessary vicarious trauma education and what is practiced; therefore, educators may not incorporate education on vicarious trauma until it is required (Sommer, 2008). According to Finklestein, Stein, Greene, Bronstein, and Solomon (2015), specialized training and debriefing may protect against the effects of vicarious trauma among mental health professionals. The purpose of this doctoral project was to gain further data regarding vicarious trauma and compassion fatigue training among nurses. The practice-focused question that was addressed was as follows: Does providing education to psychiatric nurses regarding compassion fatigue and vicarious trauma in the workplace improve their knowledge?

Concepts, Models, and Theories

Two concepts are discussed in this doctoral project: compassion fatigue and vicarious trauma. As stated, compassion fatigue is when nurses lose empathy and compassion due to repeatedly taking care of traumatized patients (Hinderer & VonRueden, 2014); vicarious trauma can result when healthcare professionals develop detrimental effects when working with patients with trauma (Robinson, Clements, & Land, 2003).

The model used to inform this doctoral project was Neuman's systems model. This model uses a logical method to focus on human stress and a human's need for security and distance from it. Neuman suggests that a person has multiple "variables" including psychological, physiological, spiritual, socio-cultural and developmental (McEwen & Evelyn, 2014). These variables continuously work together at any moment to sustain stability. Neuman developed a structure with three rings internal, external and created environments that could interchangeably affect a patient's adaptation to stress. If a patient's system is unstable due to stressors, it could overrun his or her normal line of defense. Neuman believes that health is when a patient's system has stability (Neuman & Reed, 2007). The complete model sees stress in a widespread view and considers health promotion and wellness to be vital (Marsh, Beard, & Adams, 1999). As stated by Robinson et al., (2003) vicarious trauma incidents are indications of workplace stress. Compassion fatigue is a shared effect of secondary stress and may stem from work (Flarity et al., 2013).

Neuman's system model is significant because it has been utilized for nursing education and practice (Neuman & Reed, 2007). The Neuman's system model can be significant to the topic of vicarious trauma and compassion fatigue and how nurses are educated on these concepts in the workplace. The model focuses on coping and how to preserve a person's stability while there are under stress. It touches on various variables within a person and how they all work together to maintain stability and how three rings representing different environments affect patient's adaptation (McEwen & Evelyn, 2014). Neuman's system model is more appropriate for assessing the issue of vicarious trauma and compassion fatigue among psychiatric nurses and how more knowledge on the concepts are needed. It is appropriate because it has been utilized many times during nursing education (Neuman & Reed, 2007). An education program was utilized to educate the nursing staff on both concepts discussed in the doctoral project. This student utilized major concepts of system model within her education. It is essential to teach nurses about Neuman's systematic approach to human stress and their need for relief from it. They need to be knowledgeable of the different variables that work together to maintain stability within one self. It was crucial for the nurse to be educated utilizing the system model to maintain sound knowledge of compassion fatigue and vicarious trauma to maintain one's stability. There were no terms used in the doctoral project that needed to be clarified.

Relevance to Nursing Practice

The broader problem regarding compassion fatigue and vicarious trauma is if it is left untreated it can result in physical and emotional effects on the nurse. To aid in the problem it is essential to educate nurses on both concepts, so they are aware. Regarding compassion fatigue current evidence implies that emergency room nurses have a possibility of suffering compassion fatigue. Due to the incapacitating nature of compassion fatigue, emergency department nurses will need assistance to manage symptoms related to compassion fatigue. As noted by Flarity and colleagues (2013) it is proposed that nursing leaders have a responsibility to confirm the difficulty of the work environment and educate on compassion fatigue. Strategies that have been used regarding compassion fatigue in nurses in employee assistance programs in hospital setting or staff that are educated in techniques that address the stress that are readily available to staff (Flarity et al., 2013). There have been comprehensive training programs developed to help professionals provide education and training on compassion fatigue to caregivers (Flarity et al., 2013).

Detrimental effects on health care professionals working with trauma patients have been noted from some time (Robinson et al., 2003). Patient's traumatic stories can become an element of the healthcare professional's memory system ensuing symptoms such as anxiety, poor coping and nightmares (Robinson et al., 2003). Research in the past few years has continued to explain the consequences of vicarious experience in trauma (Sommer, 2008). Supervision preparations for healthcare professionals that actively focus on vicarious traumatization have been encouraged (Sommer, 2008). Sommer (2008)

recommended strategies, for alleviating vicarious trauma, these strategies emphasize personal self-care and work-related tactics. The recommended strategies include agencies executing practices to reduce vicarious trauma and educator's notification of counselors concerning harmful effects inherited in working with patients who have experienced trauma (Sommer, 2008). Nurses should only practice when they have received proper education regarding trauma, and if educators fail to train them, it can add to the problem of developing vicarious trauma (Sommer, 2008).

Local Background and Context

Compassion fatigue is defined as a "practitioner's reduced capacity to be empathic or bear the suffering of clients" (Cetrano, Tedeschi, Rabbi, & Gosetti, 2017, p. 2). Through exposure to patients' reports of traumatic experiences, healthcare professionals become susceptible to symptoms of compassion fatigue, including depression and social/relation problems (Cetrano et al., 2017). Vicarious trauma is defined as "negative changes experienced by health professionals dealing with survivors of trauma" (Tabor, 2011, p. 203). Due to the frequent and cumulative long-term stress exposure in the workplace, vicarious trauma becomes a risk for nurses (Tabor, 2011). Vicarious trauma can result in negative thoughts, loss of safety and security and affect cognitive functioning (Tabor, 2011). According to Tabor (2011) understanding the notion of vicarious trauma is crucial for nurses working with victims of trauma to educate and intervene when it is required.

I conducted this doctoral project at a local children's psychiatric hospital. The hospital is a private not-for-profit hospital. It provides mental health care services to

children, adolescents, and young adults with mental health disorders. It is committed to improving health status as part of a comprehensive, integrated, and accessible health care system. The hospital's vision is wisdom acquired from education. This vision ties into this doctoral project. Wisdom is gathered from education; therefore, educating nurses on compassion fatigue and vicarious trauma is the wisdom they needed to gain further knowledge of these concepts.

Role of the DNP Student

This doctoral project was important to me because I used to be a psychiatric nurse working at a children's psychiatric hospital. I was exposed to trauma daily while working with the psychiatric patients, which created at times a difficult environment to work in. Repeated exposure to trauma in the workplace can negatively influence a person's sense of safety (Robinson et al., 2003). My role in the doctoral project was to gather evidence and create and implement an educational effort based on theory on the development of vicarious trauma and compassion fatigue to improve the conditions of nurses and patients. My previous experience motivated me to help other nurses be aware of how these issues can affect them.

Summary

In summary, there is research that educational training can reduce the chance of developing compassion fatigue. It is important to teach mental health professionals about compassion fatigue. To lessen the effects of vicarious trauma recommendations, include educating staff on trauma before practicing. This doctoral project focused on increasing knowledge among psychiatric nurses regarding vicarious trauma and compassion fatigue

among nurses. My content of education focused on what is vicarious trauma and

compassion fatigue. I will discuss further in section three the steps how the evidence was

collected and plan for analyzing the data.

Section 3: Collection and Analysis of Evidence

Introduction

As stated in Section 2, there has been increasing information regarding the consequences of stress on nurses (Tabor, 2011). It was noted that all health care workers should be educated about compassion fatigue (Flarity et al., 2013). Regarding vicarious trauma, according to Sommer (2008) educators have a commitment to inform counselors and educators need to counsel on vicarious trauma. Research has shown the inconsistency between what is necessary vicarious trauma education and what is practiced; therefore, educators may only incorporate education on vicarious trauma when it is required (Sommer, 2008). According to Finklestein, Stein, Greene, Bronstein, and Solomon (2015) specialized training and debriefing may protect the effects of vicarious trauma among mental health professionals. As discussed in Section 2, Neuman's system model is significant because it has been utilized for nursing education and practice. It can be significant to the education on concepts of vicarious trauma and compassion fatigue among psychiatric nurses. The model focuses on coping and how to preserve a person's stability while under stress. It discusses variables within a person and how they all maintain stability (McEwen & Evelyn, 2014).

Practice-Focused Question

The purpose of this doctoral project was to gain further data regarding vicarious trauma and compassion fatigue training among nurses. Research has shown that incorporating an educational program regarding compassion fatigue among emergency

department nurses offered them a means to diminish it (Flarity, Gentry, & Mesnikoff, 2013). All health care workers should be educated and supported that are affected by compassion fatigue (Flarity et al., 2013). Flarity and colleagues (2013) suggested that additional research is needed to further investigate interventions to prevent compassion fatigue in nurses.

Regarding vicarious trauma, according to Sommer (2008) educators have a commitment to inform counselors regarding the consequences of working with people who have had trauma. Educators need to counsel on vicarious trauma. Research has shown the inconsistency between what is necessary vicarious trauma education and what is practiced; therefore, educators may only incorporate education on vicarious trauma until it is required. The practice-focused question addressed was as follows: Does providing education to psychiatric nurses regarding compassion fatigue and vicarious trauma in the workplace improve their knowledge?

Sources of Evidence

The sources that this writer relied on to address the practice focused question regarding educating psychiatric nurses on compassion fatigue and vicarious trauma was the data collected before and after the education session. This data depicted if nurses had gained knowledge on compassion fatigue and vicarious trauma when presented with education on both concepts. Flarity et al. (2013) suggested that additional research is needed to further investigate interventions to prevent compassion fatigue in nurses and according to Sommer (2008), educators need to counsel on vicarious trauma. Research has noted inconsistencies between what is necessary vicarious trauma education and what

is practiced (Sommer, 2008). Data collected pre- and post-education on vicarious trauma and compassion fatigue facilitated the practice addressed in this doctoral project. I was able to assess whether knowledge had improved on vicarious trauma and compassion fatigue once nurses had been educated.

Participants and Procedures

The participants for this project were psychiatric nurses working in a local children's psychiatric hospital during nursing education week. Each nurse was required to attend nursing education week. It was an appropriate setting for educating nurses on compassion fatigue and vicarious trauma because most nurses working in the hospital attended all educational sessions during that week. Nurses rotated throughout the educational topics and booths making it a convenience sample. It was unknown how many nurses would participate. The participants varied in ages, education and years in the profession. These participants were relevant to the doctoral program because they were important to data collection regarding increasing knowledge related to compassion fatigue and vicarious trauma.

The education was offered as part of the 3-day-long nurses' week education program. Nurses rotated through each individual educational/training session station. Nurses rotated through the educational sessions in small groups. I administered a multiple-choice pretest immediately prior to the educational session. (Appendix A). I educated them on the topics of vicarious trauma and compassion fatigue. The session lasted approximately 15 minutes and I utilized a PowerPoint presentation (Appendix B). I also provided the nurses with the PowerPoint slides in a handout. Once the education had

been conducted, I immediately administered a multiple-choice post-test to gather data on

the knowledge they had gained on both concepts. The nurses were also given an

education presentation evaluation tool at the end of the session to evaluate the

presentation. The tool consisted of six Likert-scale questions and nurses answered 0 for

poor to 5 outstanding for each question. There were also two questions that nurses could

write in areas for improvement or most useful features of the presentation (Appendix C).

Continuing education credits were offered as part of nursing education week.

    The tool utilized to collect the data was a multiple-choice test that was developed

from the objectives for the education program. The pre- and post-test was then reviewed

by the DNP Project chair and one organization stakeholder to ensure content validity.

The educational session and multiple-choice test were developed by utilizing the

principles of the adult learning theory developed by Knowles (1968). The adult learning

theory involves learning approaches focused particularly on adults (Schultz, 2012).

Knowles' theory stated six statements associated with the motivation of adult learning.

The education session and multiple-choice test discussed the important reason for

learning about both concepts; which was one assumption of the learning theory. One

assumption of the theory is adults need to know why they are learning something

(Schultz, 2012). The other assumption of the theory is adults are concerned in learning

something that has direct significance to their employment or personal lives (Schultz,

2012). During the educational session and by completing the multiple-choice test the

adult learned concepts that can affect their work and personal lives making it relevant.

The proposed educational objective for the education program were nurses would score a

higher score on the multiple-choice posttest then the pretest to show learning gained on both concepts of vicarious trauma and compassion fatigue. There were specific learning objectives for the education session. These were by the end of the educational session the nurse would be able to:

- identify who is vulnerable to develop compassion fatigue

- recognize the signs and symptoms of developing vicarious trauma

- state the percentage of nurses that develop vicarious trauma and compassion fatigue

- identify how vicarious trauma affects nursing practice

- recognize ways they can prevent themselves from developing vicarious trauma

- identify what is compassion fatigue

- recognize signs and symptoms of compassion fatigue

- recognize how developing compassion fatigue affects nursing practice

- state ways they can prevent compassion fatigue

- identify helpful resources available if they develop compassion fatigue or vicarious trauma

Protections

Participants of this doctoral study were protected in various ways. Participants were made aware that they are participating in research for collecting data for this doctoral project. They remained anonymous when completing their educational posttest and pretest. The sample was a convenience sample of participants. I compared the

knowledge gained of the psychiatric nursing group as a whole other than individual participants.

They were allowed to withdraw from participation at any time. This writer applied for Walden IRB approval and completed the process for IRB approval. The Walden IRB approval number was 03-26-19-0415004. This writer also followed up with the educational department at the local children's psychiatric hospital to ensure that the educational information, surveys, plan for completing the doctoral project were approved.

Analysis and Synthesis

The data collected was pre and post education, the knowledge tests had a 10-point multiple choice test. Pretest and posttest scores were organized in a excel spreadsheet to record the data. Once this occurred, I calculated the learning gained utilizing the pre and post-learning test scores. This would show the improvement between the pre- and post-learning assessment scores. To calculate the learning gained the formula was posttest score minus pretest score divided by maximum score minus pretest score times one hundred. The percentage would show the learning gained between pretest and posttests.

Summary

As previously stated, research indicates that educational training can reduce the chance of developing compassion fatigue. It was important to teach mental health professionals about compassion fatigue. To lessen the effects of vicarious trauma recommendations, include educating staff on trauma before practicing. This doctoral

project focused on increasing the knowledge among psychiatric nurses regarding

vicarious trauma and compassion fatigue among nurses. My content of education

focused on what is vicarious trauma and compassion fatigue. This was completed by

having participants complete pre and post multiple-choice question tests on the

educational content. Data were analyzed to assess if psychiatric nurses gained knowledge

on vicarious trauma and compassion fatigue once they were educated on both concepts.

Section 4: Findings and Recommendations

Introduction

This doctoral project focused on educating psychiatric nurses on vicarious trauma and compassion fatigue. In the last decade, these two issues have become prevalent among nurses (Devilly et al., 2009). It was crucial to inform psychiatric nurses about them to decrease long-term effects due to the frequent exposure to trauma. There is evidence that all health care workers who are affected by compassion fatigue should be educated and supported (Flarity et al., 2013). According to Sommer (2008), educators have a commitment to inform and counsel counselors regarding the consequences of working with people who have had trauma. Studies have shown the inconsistency between what is necessary vicarious trauma education and what is practiced; therefore, educators may only incorporate education on vicarious trauma until it is required (Sommer, 2008). According to Finklestein, Stein, Greene, Bronstein, and Solomon (2015) specialized training and debriefing may protect the effects of vicarious trauma among mental health professionals. The purpose of this doctoral project was to gain further data regarding vicarious trauma and compassion fatigue training among nurses. The practice-focused question that was addressed was as follows: Does providing education to psychiatric nurses regarding compassion fatigue and vicarious trauma in the workplace improve their knowledge?

The sources of evidence for this doctoral project was the scores of the pretest and posttest scores. The pretest was given to the participants prior to the educational session,

once the education was completed the posttest was then completed by the participants. The pretest and posttest were made up of 10 multiple choice questions, each question was worth 10 points with total of 100 points. Both tests had identical questions and scores for learning gained were calculated to achieve the total learning score for the aggregate.

Findings and Implications

The sample size consisted of 56 psychiatric nurses. Learning gained scores were calculated. The aggregate mean score was 89.2 for the pretest scores, while the mean score was 97.1 for posttest scores. The aggregate difference was 7.9, indicating a group knowledge gained of 7.3%. Scores from the educational presentation evaluation tool were also recorded and these scores are shown in Appendix D. In the open-ended question regarding most useful features of the presentation nurses reported that the educational project was "accurate," it "opened my eyes to my need for self-care while working in a traumatic environment," "vicarious trauma was well defined and explained", "fantastic job", "the handouts were helpful and were presented well", the "knowledge of presenter, visual aids", the "presenter did a fantastic job presenting the information clearly and concisely", the "visual content", "the before and after quizzes", it was a "excellent presentation", it was "excellent", it was a "awesome topic", it "made you more aware of self-care in the line or work we are in", it had "great info and statistics", the "presenter provided various services I did not know employees had access to for help", the "interaction with viewers, personal stories", the "presentation clear and enhanced nursing professional development day of nurses", it was "wonderful communication, great topic, so important when working in psych", "it's very important to have self-awareness when

you are headed towards burnout and be aware of this this will help you" and "good to make nurses self-aware". Nurses reported on suggestions for improvement "real life examples."

Unanticipated limitations to the study were time constraints. The entire educational session including administration of the pretest and posttest had to be within fifteen minutes. The time constraints could have potentially impacted test scores and limited the educational content that was presented. Another limitation to the study were a few of the psychiatric nurses were already knowledgeable on vicarious trauma due to trauma informed care training at the organization. This pre knowledge on the topic could have improved pretest scores for some participants.

The results from the learning gained scores implied that educating psychiatric nurses on vicarious trauma and compassion did increase their education on both concepts. The education gained on both concepts on an individual level can potentially improve job satisfaction and reduce burnout. This on an organization level can reduce psychiatric nursing turnover and improve patient care resulting in overall greater psychiatric care and availability within the community. The education provided on both concepts was successful as noted by the learning gained scores. This strong knowledge base on both concepts will create a more positive workplace. This project can bring awareness to educating psychiatric nurses on compassion fatigue and trauma. There are nurses from other practice areas that would benefit from this education. According to Hunsaker, Chen, & Maughan, (2015) emergency nurses work in an atmosphere that is emotionally and physically demanding causing stress among them. By educating psychiatric nurses on

these concepts, it can bring awareness to vicarious trauma and compassion fatigue regarding the nursing profession and bring on social positive change.

Recommendations

Currently evidence notes that all health care workers should be educated and supported that are affected by compassion fatigue (Flarity et al., 2013). On the topic of vicarious trauma according to (Sommer, 2008) educators have a commitment to inform counselors regarding the consequences of working with people who have had trauma. Educators need to counsel on vicarious trauma (Sommer, 2008). Research has shown the inconsistency between what is necessary vicarious trauma education and what is practiced; therefore, educators may only incorporate education on vicarious trauma until it is required (Sommer, 2008). According to Finklestein, Stein, Greene, Bronstein, and Solomon (2015) specialized training and debriefing may protect the effects of vicarious trauma among mental health professionals. The proposed recommendation to address this lack of education in mental health professionals on vicarious trauma and compassion fatigue is for organizations to facilitate mandatory training on both concepts. As shown by the findings of this study educating participants on both concepts it did increase their knowledge.

Strength and Limitations of the Project

The strengths of the doctoral project were overall psychiatric nurses at the organization were receptive to the education. There were no participants that did not volunteer to participant. The sample size was anonymous and a large sample. The limitations to the study was the time constraints. As previously mentioned, the

educational session and testing in entirety had to be fifteen minutes. This made it difficult to give participants more time to complete the test. All tests were completed, and no question was not answered. Another limitation to the study was one of the questions on the test many participants needed clarification if it was only one right answer; therefore, that would have to be clarified on the test that there is only one right answer to each question.

Recommendations for future projects addressing similar topic were to give yourself more time for participants to complete the testing and run the educational group. The wording and questions on the pretest and posttest were easily readable and understandable; therefore, tests would be a valid and reliable tool to use. The educational session was easily understood and many of the participants were receptive to the PowerPoint and poster board presentation.

Section 5: Dissemination Plan

This doctoral educational project took place at a local children's psychiatric hospital. Education was given to the psychiatric nurses who took part in the nursing professional development day. Based on the educational evaluation tool, the psychiatric nurses were receptive to the information. The data showed that there was a percentage of psychiatric nurses who increased their knowledge on vicarious trauma and compassion fatigue. Because it was shown to be effective, it is important to show nursing leadership the results of the educational project so that it can be incorporated within nursing education at the local psychiatric hospital. Compassion fatigue and vicarious trauma as previously discussed, can affect various healthcare professionals and nurses of different disciplines. This educational project can be modified and used to educate nurses disciplines with high rates of compassion fatigue and vicarious trauma, such as emergency room nurses.

Analysis of Self

As a former psychiatric nurse, I felt it was imperative to educate psychiatric nurses on compassion fatigue and vicarious trauma. As a doctoral nursing student and current nurse practitioner it is important that my doctoral project connected with my long-term professional goals. It is a professional goal of mine to educate my fellow colleagues on important topics such as compassion fatigue and vicarious trauma to improve their nursing practice. The completion of this project shows the importance of educating psychiatric nurses on both topics and that they can be receptive of the information. The challenges I faced was the timeline in conducting the project. Aspects

of the doctoral project process took longer than expected and I had to adjust my goals and timelines numerous times. By conducting the doctoral educational project, I realized how vital it is to educate nurses and that if it is done in an appropriate setting with accurate information, nurses can be receptive and engaged in the learning process.

Summary

In conclusion, this doctoral project aimed at increasing knowledge regarding compassion fatigue and vicarious trauma amongst psychiatric nurses. As previously discussed, both concepts can negatively affect a nurse's well-being and patient care. By increasing their knowledge base, it will make them more aware if they were to develop compassion fatigue and vicarious trauma and seek resources to help themselves. Overall the data did show increased knowledge after the educational presentation was provided on both concepts. This concludes that this doctoral educational project was successful in increasing knowledge amongst psychiatric nurses on compassion fatigue and vicarious trauma.

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Appendix A: Pretest and Posttest

Knowledge of Vicarious Trauma and Compassion Fatigue Participant Pretest

This is a test designed to measure your knowledge on vicarious trauma and compassion fatigue. This is a preliminary measurement of your knowledge. By participating in this test, you will also be asked to take part in an educational session on these topics and then asked to take a posttest to measure for learning.

Please circle the letter for the correct answer for each question.

1. Who can develop vicarious trauma?
A. The onlookers who watch an accident or witness a crime
B. The family members of emergency responders
C. Health care professionals who take care of trauma victims
D. People who seek attention by informing others about crises

2. What are the side effect/symptoms of developing vicarious trauma?
A. Making good decisions
B. Accepting or feeling okay about yourself
C. Feeling connected to what's going on around and within you
D. Problems in relationships, loss of meaning or hope, physical problems such as aches and pains

3. What is the percentage of helping professionals including nurses that develop vicarious trauma, compassion fatigue and traumatic side effects?
A. 75%-90%
B. 25%-40%
C. 40%-80%
D. 30%-50%

4. How does vicarious trauma affect nursing practice?
A. Inability to trust your own decisions
B. Unable to organize your thoughts
C. Alterations in sensory experiences
D. All the above

5. What are some things you can do to prevent yourself from developing vicarious trauma?
A. Practicing mindfulness
B. Finding balance between work, play, family and others

C. Not taking breaks during your work day
D. A and B

6. What is compassion fatigue?
A. A disorder that health care workers invent
B. A condition that involves the health care worker to take a break during their work shift
C. When nurses lose empathy and compassion due to repeatedly taking care of patients who have suffered trauma
D. An issue that the patient encounters

7. What is not a side effects/symptom of developing compassion fatigue?
A. Anxiety and lowered frustration tolerance
B. Headaches and gastrointestinal symptoms
C. Increased immune response
D. Lethargy

8. How does developing compassion fatigue affect nursing practice?
A. Avoidance of certain patients
B. Frequent use of sick days
C. Feelings of therapeutic incapability
D. A, B and C

9. What are some ways you can manage compassion fatigue?
A. Working long hours and extra shifts.
B. Journaling
C. Spending time with friends and family
D. B and C

10. What are the helpful recourses available if you as a nurse develop compassion fatigue or vicarious trauma?
A. Coastline EAP
B. Nurse Manager or Supervisor
C. Vicarious Trauma Toolkit
D. All the above

Knowledge of Vicarious Trauma and Compassion Fatigue
Participant Posttest

This is a test designed to measure your knowledge on vicarious trauma and compassion fatigue. This is a preliminary measurement of your knowledge. By participating in this test, you will also be asked to take part in an educational session on these topics and then asked to take a posttest to measure for learning.

Please circle the letter for the correct answer for each question.

1. Who can develop vicarious trauma?
A. The onlookers who watch an accident or witness a crime
B. The family members of emergency responders
C. Health care professionals who take care of trauma victims
D. People who seek attention by informing others about crises

2. What are the side effect/symptoms of developing vicarious trauma?
A. Making good decisions
B. Accepting or feeling okay about yourself
C. Feeling connected to what's going on around and within you
D. Problems in relationships, loss of meaning or hope, physical problems such as aches and pains

3. What is the percentage of helping professionals including nurses that develop vicarious trauma, compassion fatigue and traumatic side effects?
A. 75%-90%
B. 25%-40%
C. 40%-80%
D. 30%-50%

4. How does vicarious trauma affect nursing practice?
A. Inability to trust your own decisions
B. Unable to organize your thoughts
C. Alterations in sensory experiences
D. All the above

5. What are some things you can do to prevent yourself from developing vicarious trauma?
A. Practicing mindfulness
B. Finding balance between work, play, family and others
C. Not taking breaks during your work day

D. A and B

6. What is compassion fatigue?
A. A disorder that health care workers invent
B. A condition that involves the health care worker to take a break during their work shift
C. When nurses lose empathy and compassion due to repeatedly taking care of patients who have suffered trauma
D. An issue that the patient encounters

7. What is not a side effects/symptom of developing compassion fatigue?
A. Anxiety and lowered frustration tolerance
B. Headaches and gastrointestinal symptoms
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D. Lethargy

8. How does developing compassion fatigue affect nursing practice?
A. Avoidance of certain patients
B. Frequent use of sick days
C. Feelings of therapeutic incapability
D. A, B and C

9. What are some ways you can manage compassion fatigue?
A. Working long hours and extra shifts.
B. Journaling
C. Spending time with friends and family
D. B and C

10. What are the helpful recourses available if you as a nurse develop compassion fatigue or vicarious trauma?
A. Coastline EAP
B. Nurse Manager or Supervisor
C. Vicarious Trauma Toolkit
D. All the above

Appendix B: Compassion Fatigue and Vicarious Trauma PowerPoint

Compassion Fatigue
and
Vicarious Trauma

Natalie Rebelo MSN, FNP-BC
Walden University
Doctoral Candidate

Educational Objectives

- identify who is vulnerable to develop compassion fatigue.

- recognize the signs and symptoms of developing vicarious trauma.

- state the percentage of nurses that develop vicarious trauma and compassion fatigue.

- identify how vicarious trauma affects nursing practice.

- recognize ways they can prevent themselves from developing vicarious trauma.

Educational Objectives (continued)

- identify what is compassion fatigue.

- recognize signs and symptoms of compassion fatigue.

- recognize how developing compassion fatigue affects nursing practice.

- state ways they can prevent compassion fatigue.

- identify helpful resources available if nurses develop compassion fatigue or vicarious trauma.

Pretest

Compassion Fatigue and Vicarious Trauma

You can't pour from an empty cup.
Take care of yourself first.
- Unknown

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Compassion Fatigue and Vicarious Trauma

- <u>Compassion Fatigue:</u> refers to deep emotional and physical wearing down that takes place when helping professionals are unable to refuel and renew. A combination of physical, emotional and spiritual depletion associated with caring for patients in significant pain or distress.

- <u>Vicarious Trauma:</u> term to describe negative changes on our worldview due to exposure to traumatic content of clients or patients

Signs and Symptoms

- <u>Physical:</u> insomnia, exhaustion, headaches, impaired immune system, aches, diminished concentration
- <u>Behavioral:</u> irritability, nightmares, impatience, moody, hypervigilance, easily startled or frightened
- <u>Psychological:</u> negative self-image, depression, bitterness, low job satisfaction, heightened anxiety

Risk Factors

- Personal history of trauma
- Being overworked or overwhelmed
- Working with too many clients or patients
- Limited professional experience
- Having limited training on vicarious trauma and its prevention
- Working with limited resources or under stressful conditions
- Working with high percentage of traumatized patients

Nursing Practice

- Patient's traumatic stories can become an element of the healthcare professional's memory system ensuing symptoms such as anxiety, poor coping and nightmares.
- Vicarious trauma can result in negative thoughts, loss of safety and security and affect cognitive functioning.
- When nurses are not sufficiently educated on vicarious trauma and compassion fatigue it can impact their ability to provide effective patient care.
- Affect your own decisions
- Unable to organize your thoughts
- Alterations in sensory experiences

Statistics

Between *40%* to *80%* of helping professionals develop vicarious trauma and compassion fatigue.

Do's and Don'ts

Do's
- Find someone to talk to
- Exercise and eat properly
- Get enough sleep
- Take some time off
- Develop interests outside of medicine
- Identify what is important to you

Don'ts
- Blame others
- Fall into the habit of complaining with your colleagues
- Work harder and longer
- Self-medicate
- Neglect your own needs and interests

Ways to Prevent

- Practice self-care

- Get properly trained on vicarious trauma and compassion fatigue

- Stay aware

- Debrief with your colleagues and staff

- Peer support

- Have supportive leadership

- Create a healthy work environment

Resources

- Nursing supervisor
- Nurse manager
- Coastline EAP
- Support groups
- The Vicarious Trauma Toolkit (VTT) available online evidence-informed toolkit to support organizations https://vtt.ovc.ojp.gov/.

Posttest

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Appendix C: Education Presentation Evaluation Tool

Education Presentation Evaluation Form

Date: ___/____/____

Topic: Vicarious Trauma and Compassion Fatigue

Please comment on the most useful features of the presentation:

_____

Please rate today's presentation by circling the appropriate number for each of the following:						
1. Clarity and organization of presentation.	0 Poor	1	2	3	4	5 Outstanding
2. Appropriateness of material presented in the presentation to your role/job.	0 Poor	1	2	3	4	5 Outstanding
3.Degree to which presentation enhanced your understanding of the concepts discussed.	0 Poor	1	2	3	4	5 Outstanding
4.Overall assessment of presenters' communication skills.	0 Poor	1	2	3	4	5 Outstanding
5.Quality of handouts.	0 Poor	1	2	3	4	5 Outstanding
6.Quality of the presentation PowerPoint.	0 Poor	1	2	3	4	5 Outstanding

_____
_____
_____

Please provide any suggestions for improvement:

_____
_____
_____

Appendix D: Educational Presentation Evaluation Tool Scores

n= 56	Scores					
	0 Poor	1	2	3	4	5 Outstanding
1. Clarity and organization of presentation.	0	0	0	0	4 (7%)	52 (93%)
2. Appropriateness of material presented in the presentation to your role/job.	0	0	0	0	2 (4%)	54 (96%)
3.Degree to which presentation enhanced your understanding of the concepts discussed.	0	0	0	0	6 (11%)	50 (89%)
4.Overall assessment of presenters' communication skills.	0	0	0	0	0	56 (100%)
5.Quality of handouts.	0	0	0	0	3 (6%)	53 (94%)
6.Quality of the presentation PowerPoint.	0	0	0	1 (2%)	2 (4%)	53 (94%)