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Addressing Compassion Fatigue in Critical Care Nurses

Melissa Bowen

Gardner-Webb University, mbowen3@gardner-webb.edu

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Addressing Compassion Fatigue in Critical Care Nurses

by

Melissa Bowen

A project submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the degree of
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Submitted by:

Approved by:

Melissa Bowen

Brittany Hudgins-Graham, EdD,
MSN, RN

Date

Date

Abstract

Compassion fatigue causes a ripple effect that impacts caregivers, patient outcomes, and the reliability of healthcare organizations. Jarrad et al. (2018) suggests the physical, emotional, spiritual, social, and organizational consequences of compassion fatigue are so extensive that they threaten the integrity of the nurse. Addressing compassion fatigue in critical care nurses is an indispensable part of maintaining the integrity and trust of the healthcare profession. It is imperative to care for the caregivers to warrant a solid foundation for optimal patient outcomes and engagement. Self-education and awareness, nursing leadership involvement, and self-care are integral to ensuring that compassion fatigue does not pilot the “cost of caring” (Sabery et al., 2017). The relationship between burnout and the cost of caring has implications for multilevel efforts to prevent and treat burnout, minimize errors, and improve standards of care (Haik et al., 2017). Integrating education will promote nullification, early identification, and management of compassion fatigue in critical care nurses. Education and intervention methods will assist in productive mental health of individual nurses, contribute to improved patient outcomes, and assist in building an organizational culture that fosters nurse empowerment and retention.

Keywords: compassion, fatigue, nurses

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Problem Recognition

Critical care nurses are responsible for providing care for patients who are facing life-threatening or potentially life-threatening issues and assisting the families of these individuals. Jarrad et al. (2018) suggests the physical, emotional, spiritual, social, and organizational consequences of compassion fatigue are so extensive that they threaten the integrity of the nurse. This exhaustion has a direct impact on the patients, nurses, and the healthcare organization.

Literature Review

Literature supports the need for addressing compassion fatigue in critical care nurses for a multitude of reasons affecting the nurse, patient outcomes, and organization. Alhalal et al. (2020) suggests that intensive care units have the lowest level of compassion satisfaction. This identifies the need to focus the aim on critical care nurses.

Additionally, Storm and Chen (2020) suggest that the advances in healthcare technology such as clinical monitors having alarm functions used in critical care units, have caused alarm fatigue in nurses. The mental health of nurses is directly affected by compassion fatigue and burnout. Jarrad et al. (2018) found when combating stressful feelings of compassion fatigue at work, nurses may turn to negative styles of coping such as cigarette smoking, sleeping pills, power drinks, antidepressants, and anxiolytics. Burnout increased risk of work-home disputes, depression, and career satisfaction. Burnout was also associated with higher physical and lower mental Quality of Life Scores (Haik et al., 2017). Patient outcomes are also found to be directly affected by compassion fatigue of the nurses providing care. Copeland (2021) stated burnout among

health care providers has been linked to patient safety measures including mortality, length of stay, and provider self-perception of safety in the work environment.

Not only are patient outcomes affected by these aspects, but also organizational effects such as reimbursement, nurse retention rates, and morale stem from compassion fatigue. Compassion satisfaction, fatigue, and/or burnout may influence critical care nurses' decisions to either continue or leave the profession and may impact the extent to which they are able to deliver compassionate patient centered care (Jakimowicz et al., 2018). Pang et al. (2020) suggests when compassion satisfaction was moderate or high the turnover decreased.

Overall, compassion fatigue can affect patient care standards, relationships with colleagues, and lead to more serious mental health conditions such as posttraumatic stress disorder, anxiety, or depression (McMahon, 2021)

Scope of the Problem

Compassion is one of the moral phenomena that nurses are involved in the daily care that they provide for patients (Babaei & Haratian, 2020). What happens when the continual effort of compassion encompasses a burden on nurses, the care they provide, and the organization for whom they work? According to Sabery et al. (2017), compassion fatigue, also termed the "cost of caring" (p. 41), in nurses can be explained as a cumulative and progressive absorption process of patient's pain and suffering formed from the caring interactions with patients and their families. The intensive care environment oftentimes embodies a patient population experiencing life threatening illness or injury, patients that are unable to communicate, and conditions that can change rapidly requiring continual critical thinking and intervention. Constant exposure to such

challenging situations may contribute to compassion fatigue (Jakimowicz et al., 2018). Compassion fatigue can have adverse effects on the well-being of the inpatient nurse, quality patient outcomes, and the healthcare organization.

Many nurses tend to put their own health and wellbeing in hindsight in order to care for others. The lack of self-care, in turn, allows for negative coping mechanisms leading to adverse health outcomes for nurses. The Professional Quality of Life Scale (ProQOL) is commonly used to measure compassion fatigue in nurses. Higher compassion fatigue scores are associated with increased substance abuse and mental health conditions such as posttraumatic stress disorder, anxiety, or depression (Singh et al., 2020)

Compassion fatigue directly affects the quality of care provided to patients. Inadequate care critically impacts patient outcomes, quality of nursing care, and patient safety. Nursing is considered the most trusted profession where individuals are vulnerable in trusting a stranger to restore their quality of life. Addressing compassion fatigue is of upmost importance as, nurses who are more compassionate have been found to pay more attention to patients' needs and suffering and thus respond more fully and appropriately to provide required care (Kim & Lee, 2019).

Work stressors presented at an organizational level opens the opportunity for increased compassion fatigue in nurses. Examples of work stressors include: paperwork, the electronic medical records, changes in leadership or staffing, accreditation requirements, and expectations of best practices (Jarrad et al., 2018). Open communication, trust, and transparency in leadership are practices that could help

delineate the stress from an organizational level and help to make nurses feel appreciated and recognized, increasing their compassion satisfaction. Meaningful recognition may play a role in reducing burnout and raising compassion satisfaction (Kelly & Lefton, 2017).

Workplace engagement, self-care, awareness, and work life balance are important factors that must be addressed in efforts to decrease compassion fatigue in nurses and its accompanying possibility of negative outcomes. To improve workplace engagement, managers could employ these six basic strategies: (1) recognizing their nurses with praise and appreciation; (2) supporting their nurses with adequate staffing; (3) using adequate nurse patient ratios and providing appropriate equipment; (4) displaying compassion and promoting teamwork; (5) encouraging positive work life balance; (6) using transparent communication techniques (Mattioli et al., 2018). It is imperative that efforts be made to combat compassion fatigue in order to uphold the wellbeing of critical care nurses, improve quality patient outcomes, and endure a highly reliable organization.

Needs Assessment

Target Population

After purposeful education and guided self-care interventions, critical care nurses will express increased compassion satisfaction, decreased burnout and compassion fatigue compared to nurses without education and intervention over a 3-month period. Education will provide insight to critical care assistant managers on ways to identify, combat, and address compassion fatigue promoting increased unit morale and high nurse retention rates.

Key Stakeholders

In addressing compassion fatigue throughout the organization, many individuals serve as stakeholders to ensure desired outcomes are met. Both internal and external stakeholders are impacted by the project. Internal stakeholders include critical care bedside and charge nurses, members of the leadership throughout the organization. External stakeholders include patients, regulatory agencies, and insurers. Table 1 identifies both internal and external stakeholders.

Table 1

Key Stakeholders

<u>Internal Stakeholders</u>	<u>External Stakeholders</u>
Critical care nurses	Patients (outcomes and inpatient experience)
Charge nurse – ensuring sufficient teamwork and support present throughout each shift, mandatory, uninterrupted breaks	Regulatory agencies – higher quality care leads to better patient outcomes and meeting regulatory standards
Nurse managers –proper screening and identification of compassion fatigue, promoting open communication and trust with staff	Insurers (better patient outcomes, higher quality care = increased reimbursement opportunities)
Senior Leadership – Higher quality care leads to increased patient satisfaction scores (job security)	
Organization – Increased compassion satisfaction leads to nurse retention	

Organizational Assessment

The organizational mission statement is to provide compassionate, exceptional, and highly reliable care. In efforts to ensure this mission is conveyed, the healthcare organization holds firmly to CARES values. Compassion, Accountability, Reliability, Excellence, and Safety are principal measures that ensure the vision of being the community's most trusted healthcare partner is attained.

Organizational SWOT Analysis

A SWOT analysis identifies organizational strengths, weaknesses, opportunities, and threats that may present during this project. In addressing compassion fatigue in critical care nurses, the strengths identified are teamwork, communication, and trust. Resources, patient acuity, and staff shortages serve as weaknesses. Opportunities at hand are increasing organizational communication, promoting fairness and consistency, setting firm expectations, and education/utilization of organizational resources. Higher paying job offers, increased patient: nurse ratios, and fear of retaliation are posed threats. Table 2 identifies strengths, weaknesses, opportunities, and threats that may present during this project.

Table 2*SWOT Analysis*

Strengths, Weaknesses, Opportunities & Threats	
Strengths	Weaknesses
1. Teamwork	1. Resources
2. Open communication between staff nurses	2. Patient acuity
3. Increased trust between staff and nurse manager	3. Staff shortage
Opportunities	Threats
1. Increasing organizational communication	1. Higher paying job offers (travel agencies)
2. Fairness and consistency throughout each unit	2. Increased patient: nurse ratios
3. Setting firm expectations	3. Fear of retaliation
4. Education/utilization of organizational resources present (EAP, reimbursements)	

Desired and Expected Outcomes

Outcomes of compassion satisfaction, burnout, and compassion fatigue will be measured based on ProQOL questionnaires pre/post intervention. Education of compassion fatigue will be utilized to promote self-reflection in critical care nurses. Self-care interventions will be aimed towards purposeful debriefing, uninterrupted breaks, and stress management. With the aim towards increased satisfaction, decreased burnout, and

compassion fatigue, it is sought after that critical care nurses will have a greater sense of compassion and empathy, increased job satisfaction, and decreased negative mental health outcomes. As a result, patients will receive higher quality care increasing health outcomes and the organization will have an awareness of increased nurse retention.

Team Selection

The project leader developed and oversaw the education and intervention of addressing compassion fatigue. The staff nurses served the key stakeholder that provided personal, yet pertinent information regarding satisfaction, burnout, and fatigue. In efforts to achieve pertinent information, open communication and privacy were held constantly. The project leader then worked with charge nurses and the nurse manager on effective ways to promote trust, communication, and teamwork throughout the unit. By addressing organization benefits such as nurse retention, support from senior leadership served as a stronghold to ensure increased job satisfaction, decreased burnout, and compassion fatigue to a continual effort throughout the entire organization.

Cost/Benefit Analysis

Potential revenue and benefits of compassion fatigue identification and education and self-care interventions include, but not limited to, increased compassion satisfaction, decreased burnout and compassion fatigue, and lower risk for mental health complications in critical care nurses. Compassionate care also leads to improved patient experience and outcomes. Organizational effects would be apparent in increased reimbursement opportunities and nurse retention. Fixed cost associated with this project would include online training using NetLearning Computer Based Learning (CBL) provided through the organization at no cost to employees. Variable costs include

educational materials and supplies such as printing handouts, office supplies, and printed surveys costing approximately \$150 to complete the project.

Goals of Addressing Compassion Fatigue in Critical Care Nurses

Critical care nurses will be able to verbalize the value of self-awareness using The Professional Quality of Life Scale (ProQOL) tool and the understanding of early signs and symptoms in recognition of compassion fatigue after receiving a hospital based educational in-service. The goal will be achieved by providing education to critical care nurses regarding components of compassion fatigue such as causes and accompanying symptoms. The Professional Quality of Life Scale (ProQOL) will assist in providing a baseline evaluation of compassion fatigue.

Nursing Leadership will be able to verbalize understanding and importance of their role in assessing (using The Professional Quality of Life Scale (ProQOL)), recognizing, and managing compassion fatigue after receiving a hospital based educational in-service. The goal will be achieved by educating nurse managers and leaders on early recognition of compassion fatigue in staff nurses and ways to promote healthy work environments. It is well documented that positive practice environments lead to better nurse and patient outcomes (Alharbi et al., 2019)

Critical care nurses will be able to verbalize self-care interventions and their importance in the strive against compassion fatigue after receiving a hospital based educational in-service. The goal will be achieved by promoting self-care interventions, providing structured debriefing, educating on healthy coping mechanisms, and fostering resilience in critical care nurses are factors that would contribute to decreasing the

incident of compassion fatigue and burnout. Figure 1 identifies specific goal of addressing compassion fatigue in critical care nurses.

Figure 1

Goals of Addressing Compassion Fatigue in Critical Care Nurses

Goals	
1. Critical care nurses will be able to verbalize the value of self-awareness and the understanding of early signs and symptoms in recognition of compassion fatigue after receiving a hospital based educational in-service.	
Specific? Who? What? When? Where?	Critical care nurses Education in early signs and symptoms in recognition of compassion fatigue Assessing understanding after education Hospital based
Measurable?	Professional Quality of Life Scale (ProQOL)
Achievable?	Driving factors to improve job satisfaction and decrease burnout in critical care nurses
Relevant?	National nursing shortage, increasing health comorbidities and illnesses requiring nurses to provide optimal care
Timely?	After receiving a hospital based educational in-service
2. Nursing Leadership will be able to verbalize understanding and importance of their role in assessing, recognizing, and managing compassion fatigue after receiving a hospital based educational in-service.	
Specific? Who? What? When? Where?	Nursing leadership (Manager, Assistant Manager, Charge Nurses) Education in assessing, recognizing, and managing compassion fatigue in staff nurses Assessing understanding after education Hospital based
Measurable?	The Professional Quality of Life Scale (ProQOL)

Achievable?	Driving factors to improve job satisfaction by promoting a healthy work environment and teamwork.
Relevant?	Job satisfaction improves retention rate of nurses, in turn, alleviating nursing shortages
Timely?	After receiving a hospital based educational in-service
3. Nursing Leadership will be able to verbalize understanding and importance of their role in assessing, recognizing, and managing compassion fatigue after receiving a hospital based educational in-service.	
Specific? Who? What? When? Where?	Nursing leadership (Manager, Assistant Manager, Charge Nurses) Education in assessing, recognizing, and managing compassion fatigue in staff nurses Assessing understanding after education Hospital based
Measurable?	The Professional Quality of Life Scale (ProQOL)
Achievable?	Driving factors to improve job satisfaction by promoting a healthy work environment and teamwork.
Relevant?	Job satisfaction improves retention rate of nurses, in turn, alleviating nursing shortages
Timely?	After receiving a hospital based educational in-service
4. Critical care nurses will be able to verbalize self-care interventions and their importance in the strive against compassion fatigue after receiving a hospital based educational in-service.	
Specific? Who? What? When? Where?	Critical care nurses Education on self-care interventions to decrease compassion satisfaction Assessing understanding after education Hospital based
Measurable?	Verbalization on self-care interventions
Achievable?	Driving factors promoting nursing resilience and healthy coping mechanisms

Relevant?	Critical care nurses care for patients with increased acuity increasing demands of nurses both physically and mentally.
Timely?	After receiving a hospital based educational in-service

Define Process/Outcome Objectives

Compassion fatigue in nurses working in Intensive Care Units will be assessed using the Professional Quality of Life Scale (ProQOL) prior to education and intervention and again after 3 months of purposeful education and intervention. Based on the Professional Quality of Life Scale (ProQOL), post education and intervention, critical care nurses will report an increased sense of compassion satisfaction and decreased compassion fatigue.

Mission Statement

Compassion fatigue causes a ripple effect that impacts caregivers, patient outcomes, and the reliability of healthcare organizations. Addressing compassion fatigue in critical care nurses is an indispensable part of maintaining the integrity and trust of the healthcare profession. It is imperative to care for the caregivers to warrant a solid foundation for optimal patient outcomes and engagement. Self-education and awareness, nursing leadership involvement, and self-care are integral to ensuring that compassion fatigue does not pilot the “cost of caring” (Sabery et al., 2017).

Theoretical Underpinnings

Jean Watson’s Theory of Human Caring

The Theory of Human Caring focuses on the care that nurses provide for patients can affect overall outcomes. Caring is central to nursing practice and promotes health better than a simple medical cure (Nursing Theory, 2020). This theory is important when

addressing compassion fatigue in critical care settings as compassion fatigue can lead to a deficiency of carative factors imperative to forming the nurse patient relationship.

Dorothea Orem's Self-Care Deficit Theory




Self-Care Deficit Theory focuses on each individual and the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health, and well-being (American Sentinel College of Nursing & Health Sciences (ASCNHS), 2020). Nurses should utilize this theory in the care they provide patients ensuring that holistic care addresses the patient. Additionally, this theory could employ the health of nurses by circumventing compassion fatigue. Nurses must practice self-care in efforts to maintain optimal health to care for others. Nurse managers can assist in these efforts by provide nurses with the resources and support to empower themselves (ASCNHS, 2020).

Edgar Schein's Model of Organization Culture

Schein's Model of Organization Culture implies that the culture of an organization serves as a key driving factor to influence behavior and attitudes of clinicians. Evidence is reported that nurses' job satisfaction and nurses' psychological distress influence patient outcomes (Herold-Majumdar, Marijic, & Stemmer, 2020). Nurse managers play a beneficial role in identifying and addressing compassion fatigue in staff nurses therefore, ensuring the workplace environment is one of teamwork and empowerment can instill job satisfaction and a forward-looking organizational culture. Figure 2 identifies theoretical underpinnings supporting the needs for addressing compassion fatigue in critical care nurses.

Figure 2

Theoretical Underpinnings

Jean Watson's Theory of Human Caring			
Middle Range Theory Concept	Transpersonal Caring Relationship/Caring Moment	Carative Factors	
	Nurse/Patient Relationship	Compassion, Forming Trusting Relationship with Patients and Families	
Empirical Indicators	Patient Outcomes/ Nurse Compassion Satisfaction	Patient outcomes/ experience	
Dorothea Orem's Self-Care Deficit Theory			
Middle Range Theory Concept	Self-care	Self-care deficit	Nursing system
	Individual performance or practice	Individual is limited or incapable of providing self-care and needs help	Relationship between a nurse/client and supportive educative system
Empirical Indicators	Annual review of nurses	ProQOL Scale	Job satisfaction of critical care nurses
Edgar Schein's Model of Organization Culture			
Middle Range Theory Concept	Artifacts	Values	Basic Assumptions
	Physical space, language, and stories of the organization	Reflect members opinions	Makes the core of organizational culture

Empirical Indicators	Visible items. Organization of unit/ communication between colleagues	Critical Care nurse opinion of what “value” means	Critical Care nurse assumptions of culture and morale of unit
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Work Planning

Educating management on strategies to improve morale, resiliency, and sense of value in staff nurses is one of the efforts utilized in this project. Charge nurses are encouraged to promote daily teamwork, provide uninterrupted breaks for staff, and make fair, safe patient assignments based on patient acuity. Staff nurses are educated on signs and symptoms of compassion fatigue, the importance of self-care interventions, and to collaborate with clergy support on Code CARES. Table 3 identifies a work planning structure to address compassion fatigue in critical care nurses.

Table 3

Work Breakdown Structure

Educate Management	Educate Charge Nurses	Educate Staff Nurses
Improve morale, resiliency, and sense of value in staff nurses	Promote uninterrupted breaks for staff throughout shift	Educate on signs and symptoms of compassion fatigue (i.e., poster in breakroom)
Early identification and yearly Pro-QOL with annual evaluation	Promote daily teamwork and collegiality on unit	Importance of self-care interventions to avoid compassion fatigue
	Make fair, safe patient assignments based on patient acuity	Work with clergy support on Code CARES

Timeline

The project spanned over several months. The process involved planning, approval, implementation, and evaluation. Table 4 provides an overview of the working phase or implementation of the project.

Table 4

Task Length

Task	Estimated Start	Estimated Length to Completion	Dependents
Educate Management	October 3, 2021	3 weeks	
Educate Charge Nurses	October 31, 2021	3 weeks	Schedule availability
Educate Staff Nurses	November 21, 2021	3 weeks	Schedule availability

- October 3, 2021 – October 21, 2021** This time period was spent focused on educating management benefit to the patient, nurse, and organization of focusing on improvement of unit morale, staff resiliency, and sense of value. Nurses who feel satisfied with their work are more likely to be engaged and energized when caring for patients; however, the nurse who has symptoms of compassion fatigue may have a complete lack of satisfaction that's negatively affecting his or her work performance (Shingler-Nace et al., 2018).
- October 31, 2021 – November 14, 2021** focused on educating nurses who serve the role of charge nurse on critical care units. Health care workers are identified as high risk for developing burnout due to time pressure, lack of control over work, role conflict, the emotional intensity of the work, and poor relationships with colleagues (Copeland, 2021). Charge nurses can work to ensure daily

collegiality, appropriate assignments are dispersed based upon patient acuity, and uninterrupted breaks are given to each nurse. Each of these efforts promote increased job satisfaction and decreased burnout.

- **November 21, 2021 - December 12, 2021** focused on educating staff nurses on compassion fatigue. Elements of education will pertain to risk factors, signs and symptoms, preventative measures, and management of compassion fatigue. Awareness is key to addressing compassion fatigue in critical care nurses. During this period, work will be done to assist in an ongoing Code CARES initiative at CaroMont to ensure that debriefing, mindfulness, and self-care are utilized avoid incidents of compassion fatigue.

Budget

Budgetary means necessary to carrying out this project include direct and indirect costs. Direct costs include a computer, printer, laminator, and computer programs such as Office and PowerPoint. Indirect costs include printer paper and pens. Table 5 identifies direct and indirect costs necessary to address compassion fatigue in critical care nurses.

Table 5

Budget

	Direct Cost	Indirect Cost
Equipment	<ul style="list-style-type: none"> • Computer • Printer • Laminator • Office 365 • PowerPoint program 	Office supplies <ul style="list-style-type: none"> • Printer paper • Pens
	Approximate cost: \$1000	Approximate cost: \$100

Evaluation Planning

Human Resources

Critical care assistant managers, managers, charges nurses, and bedside nurses, and hospital clergy. Intervention includes 3-week blocks of education for assistant managers, charge nurses, and bedside nurses and collaboration with clergy to educate and promote existing Code Cares policy.

Organizational Tools

ProQOL scale, excel data collection spreadsheet. ProQOL scales will be given to each willing participant prior to education to assess compassion fatigue. ProQOL scales will be encouraged for use during yearly staff evaluations.

Supplies

ProQol educational tools and posters on self-care and Code Cares. Intervention includes utilizing resources to educate and promote awareness of compassion fatigue. Posters will be placed in units providing education on appropriate utilization of Code Cares and the importance of self-care.

Impact

Addressing compassion fatigue and critical care nurses influences improved patient outcomes, increased job satisfaction, and nurse retention. All of these factors provide quality to the patient, nurse and organization.

Outputs

Critical care assistant managers, managers, charges nurses, bedside nurses, patient and family, and the organization.

Activities

Informal in-services for managers and assistant managers on prevention, assessment, and early identification of compassion fatigue. Activities include educating charge nurses on ways to promote teamwork, collegiality and unit morale. Education will include assessment and promotion of awareness and self-identification of compassion fatigue and self-care techniques to prevent compassion fatigue and burnout

Implementation

Addressing compassion fatigue in critical care nurses encompasses establishing the prevalence and severity of the issue, delivering effective education and awareness, and promoting interventions to decrease the incidence of fatigue and burnout in nurses. In efforts to assess the prevalence in critical care nurses at a large urban hospital located in the Piedmont of NC, the Professional Quality of Life Scale was delivered for participants to voluntarily complete. This survey provided anonymous data revealing moderate compassion burnout and secondary traumatic stress in critical care nurses working within the organization. After the need was established, education and awareness on compassion fatigue and self-care interventions were provided to critical care managerial support, charge nurses, and bedside nurses.

During the educational periods, much feedback was gained from staff regarding individualized suggestions to help assist with compassion burnout and fatigue. Topics such as debriefing, managerial presences, and relaxation rooms were all mentioned. In turn, suggestions were discussed with leadership including director of clinical support, director of chaplain support, and critical care managerial teams at the organization to

build compassion satisfaction, improve patient outcomes, and increase nursing retention rates.

Threats and Barriers

During the implementation of addressing compassion fatigue in critical care nurses, barriers such as staffing shortages, time management, and availability of resources reveal themselves. A national pandemic affecting healthcare was a major barrier that affected the time that individuals had to participate in the project. In a time where increasing patient acuity and nursing shortage played a role, it was oftentimes difficult to find a time where nurses found a chance to receive education. In efforts to combat this barrier, monthly rounding was initiated to provide education and awareness.

The availability and responsiveness from administrative support also served as a barrier to implementation. Oftentimes responsiveness to emails and availability for meetings with administrative support was scarce due to preoccupations with daily roles. During implementation, a random joint commission survey was enacted, halting all leadership involvement in implementation.

Monitoring of Implementation

In efforts to address compassion fatigue in critical care nurses, barriers did not cease implementation. Considering each barrier, efforts were made to continue education, awareness, and intervention of the project. Monthly self-care rounding to staff, weekly promotion of the organizations Code Care Friday, meetings with chaplain and clinical support were continued to build on staff suggestions for improvement of self-care and overall decreasing the incidence of compassion fatigue. Debriefing is a staff suggestion that, in assistance with the healthcare leadership team, ongoing efforts are being

employed towards improvement strategies. Interprofessional collaboration through chaplain support and critical care leadership is imperative to developing this improved debriefing, not only critical care staff, but organizationally throughout the organization

Project Closure

Addressing compassion fatigue in critical care nurses is an undertaking that will be continued in efforts to enhance compassion satisfaction in nurses, improve patient outcomes, and aid in nurse retention. This endeavor entails interprofessional collaboration and teamwork throughout the organization. Continued improvement of debriefing measures, assisting in the addition of mediation rooms as a form of self-care for nurses, and continued education and awareness will be ongoing efforts throughout addressing compassion fatigue in critical care nurses. As the healthcare organization continues to grow, building a new hospital and critical care tower, obtaining partnership with local schools, and priding itself on being the communities most trusted healthcare organizations, all set the seal on ensuring that the importance of continued efforts be carried out to assist with the prevalence of compassion fatigue.

Interpretation of Data

In addressing compassion fatigue in critical care nurses, many changes have been initiated in efforts to maintain stability of compassion satisfaction and nurse retention throughout the healthcare organization. The prevalence of compassion fatigue in critical care nurses at a large urban hospital located in the Piedmont of NC was assessed by utilizing the Professional Quality of Life Scale sent out for critical care nurses to complete anonymously and voluntarily. The results revealed moderate compassion burnout and secondary traumatic stress throughout nurses currently working in critical

care. Staff education was initiated on compassion fatigue addressing what it looked like, causes, and ways to combat or avoid compassion fatigue. Similar education was provided to the critical care management team including ways to identify and measures to create an environment that would boost unit morale and decrease likelihood of compassion fatigue. After multiple meetings with critical care nurses regarding compassion fatigue, loopholes were identified as areas of improvement throughout the organization; debriefing being a top priority. Table 6 identifies data obtained from utilization of the Professional Quality of Life Scale (ProQOL) to assess the presence of compassion burnout, satisfaction, and secondary traumatic stress in critical care nurses.

Table 6

Interpretation of Data

	n	%
Compassion Satisfaction Scale		
Low	0	0%
Moderate	14	70%
High	6	30%
Burnout Scale		
Low	5	25%
Moderate	15	75%
High	0	0%
Secondary Traumatic Stress Scale		
Low	6	30%
Moderate	13	65%
High	1	5%

Note: Total n=20

Outcomes

After multiple meetings with staff, it was decided that while continuing to address and combat compassion fatigue in critical care nurses, there was also a need to address

the improvement of debriefing strategies throughout the organization. Meeting with chaplain support, debriefing was also an area of improvement they wished to address. Using the interdisciplinary team, ongoing efforts are being utilized to build the debriefing process, particularly after code blue or traumatic situations. Part of this process has also included frequent chaplain rounding, Code Care Fridays, and managerial support after code blue situations.

This hospital is also in the process of building a four-level critical care tower to add approximately 40 ICU (intensive care unit) beds to the organization. After speaking with the director of clinical support services, verified that the talk of meditation rooms that were approved and would be in the building, located on each floor. Ongoing collaboration with clinical and chaplain support is ensuing to assist in what these rooms hold in efforts to combat compassion fatigue. These rooms will serve as a soundproof room for staff to visit as needed to “take a load off” or self-mediate throughout their shift. This component was also mentioned in rounding with critical care nurses.

Critical care management was provided with the Professional Quality of Life Scale and tools to identify and assist in the sustainability of promoting decreased compassion fatigue on the critical care units. The use of the Professional Quality of Life Scale at annual staff evaluations could be a voluntary tool used to identify and intervene with at risk individuals. Staff feedback was also given regarding ways to improve unit morale such as increasing visibility and communication of management.

The aspirations of this project overtime are that prevalence of compassion fatigue will decrease, and compassion satisfaction will be maintained not only throughout critical care but throughout the entire organization. Addressing this issue will not only create

increased job satisfaction but also improve patient outcomes and nurse retention rates throughout the organization.

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