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Combating Compassion Fatigue in the Emergency Department

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by

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Abstract

Combating compassion fatigue in the emergency department is vital to nurses' well-being. Compassion fatigue is the result of negative physical, emotional, and spiritual strains that often burden nurses. The weight of compassion fatigue is explored throughout this conceptualization of Combating Compassion Fatigue. Two questions were explored: Does compassion fatigue affect compassion satisfaction? If so, is compassion fatigue a precursor to suboptimal compassion satisfaction?

Keywords: compassion fatigue, compassion satisfaction

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Problem Recognition

Compassion fatigue (CF) may be defined as resulting chronic work-related stress among healthcare professionals. Nursing is a high-risk profession that increases the risk of CF symptoms (Xie et al., 2021). With increased stressors on healthcare workers, there is an increased need for emphasis on interventions to decrease the burden of compassion fatigue.

Since the beginning of the COVID-19 pandemic many healthcare workers experience an increased sense of feeling overwhelmed and stressed, which increases the risk of developing compassion fatigue (Fountain, 2022). It is paramount that interventions are implemented to increase compassion satisfaction (CS).

Problem Statement

CF negatively affects nurses and patients in the emergency department. It is important for nurses to become knowledgeable about CF symptoms and intervention strategies to increase compassion satisfaction, CS.

Literature Review

Many studies have concluded that compassion fatigue affects more than the individual experiencing it. It affects the quality of care nurses give their patients. Nurturing the well-being of nurses will result in improvement in areas of quality and compassionate care given to patients (Upton, 2021). The literature matrix is shown in Table 1.

Table 1

Literature Matrix

Source	Method	Purpose	Findings
Bouchard (2016)	Mixed-Method Study	Using a CF toolkit to decrease CF and increase CS	Subjects to used the toolkit CF score decreased and CS increased
Dev et al. (2018)	Quantitative study	Self-compassion may mitigate compassion fatigue	Greater burnout predicted greater barriers to self-compassion
Fountain (2022)	Qualitative study	Show the effects of a pandemic on compassion fatigue	Since COVID-19, CF has increased with increased work demands
Kelly et al. (2015)	A systematic review, meta-analysis	To systematically assess the prevalence of compassion satisfaction and compassion fatigue among nurses, and to evaluate the effect of different geographical regions, years, and departments on the prevalence of compassion fatigue.	By improving CS, CF can be alleviated.
Mendes (2014)	Qualitative study	Reasons why nurses feel compassion fatigue	Nurses can engage in activities that will renew their emotional energy.

Source	Method	Purpose	Findings
Sadovich (2005)	Mixed review	This suggests that utilization of the Work Excitement Model by healthcare organizations may reduce nursing burnout and improve productivity and quality of care.	Work excitement in nursing: an examination of the relationship between work excitement and burnout.
Slocum-Gori et al. (2013)	Self-report study	The relationship between CF, CS, and burnout	Results indicate that healthcare systems could increase the prevalence of Compassion Satisfaction through both policy and institutional-level programs to support HPC professionals in their jurisdictions.
Upton (2021)	Mixed method study	CF affects more than just the nurse or individual	Nurturing the well-being of nurses will result in improvement
Van Bogaert et al. (2017)	Mixed-Method	A comprehensive understanding of nurses' psychosocial work environment is necessary to respond to complex patients' needs.	A deep understanding of various associations and impacts on studied outcome variables such as risk factors and protective factors was gained through the retested models and the interviews with the study participants

Source	Method	Purpose	Findings
Xie et al. (2021)	Systematic review and meta-analysis	The prevalence of compassion fatigue	Nursing is a high-risk area for compassion fatigue

Needs Assessment

Bouchard (2016) completed a study exploring compassion fatigue in emergency nurses and found the main symptoms of compassion fatigue to be exhaustion, impaired communication, decreased emotional tolerance, coping with dark humor, and detachment/dissociation. These symptoms affected the participants both at work and at home (Bouchard, 2016). The suggested potential interventions comprised of self-care activities, debriefing with clinical staff, continuing education, and increasing awareness about compassion fatigue in the work setting (Bouchard, 2016). The data from this qualitative descriptive study expands knowledge of the concept and ramifications of compassion fatigue in nursing, specifically in the emergency setting. It also offers potentially effective interventions to prevent and address the negative effects of compassion fatigue.

Dev et al. (2018) completed a cross-sectional quantitative study of 799 nurses. As expected, greater burnout predicted greater barriers to compassion while self-compassion predicted fewer barriers (Dev et al., 2018). However, self-compassion mitigated the association between burnout and burnout-related barriers to compassion, but not other barriers (Dev et al., 2018). The interaction suggested that the association was stronger, rather than weaker, among those with greater self-compassion (Dev et al., 2018).

Fountain (2022) self-aimed to address how self-care can improve the impact of the COVID-19 pandemic on physical, mental, and emotional health are explored. One avenue to decrease the risk of these conditions is to ensure adequate rest is achieved. Sleep deprivation and stress make the body more susceptible to disease and make it more difficult to manage emotions. In order to improve sleep, it is recommended to obtain natural light throughout the day, avoid bright lights in the bedroom, and avoid excessive consumption of caffeine. By limiting excessive media coverage regarding COVID-19, stress levels may decrease (Fountain, 2022).

Kelly et al. (2015) concluded that as the complexity of health care continues to increase, nurses will continue to feel the burden, likely increasing their compassion fatigue and decreasing their compassion satisfaction. This study demonstrates that the younger generations of nurses are experiencing burnout and secondary traumatic stress, potentially contributing to their leaving the positions and possibly the profession. Fortunately, the research shows that meaningful recognition and increasing satisfaction have the potential to combat CF by increasing CS. Organizations should actively address CF and CS in their nurses to promote retention and the quality of their workforce (Kelly et al., 2015).

Mendes (2014) discussed within nursing, areas of greater risk for CF and secondary stress trauma are those who work in intensive care, mental health, pediatrics, and community health. Reasons are explored why these nurses may feel CF are ways organizations such as the NHS and other nursing organizations may engage in activities that will assist in renewing emotional energy. By renewing nurses' emotional energy CF may be decreased and secondary stress trauma may be decreased (Mendes, 2014).

Sadovich (2005), results showcased a trend to support much of the research on burnout and the research on work excitement. The literature related to work excitement suggests that the level of work excitement is enhanced when the individual's work environment promotes a positive perception of working conditions and arrangements. Positive work conditions include favorable hours, scheduling, and minimized feelings of frustration with work. In addition, when the work environment promotes learning opportunities and variety in experiences and activities, work excitement is enhanced. This supports Maslach and Jackson's (1981) thought that burnout is embedded within social relationships involving the person's conception of both self and others (Sadovich, 2005).

Slocum-Gori et al. (2013) indicated a significant negative correlation between compassion satisfaction and burnout ($r = -0.531$, $p < 0.001$) and between compassion satisfaction and compassion fatigue ($r = -0.208$, $p < 0.001$), and a significant positive correlation between burnout and compassion fatigue ($r = 0.532$, $p < 0.001$). Variations in self-reported levels of the above constructs were noted by key practice characteristics. Levels of all three constructs are significantly, but differentially, affected by the type of service provided, principal institution, practice status, and professional affiliation. Results indicate that healthcare systems could increase the prevalence of compassion satisfaction through both policy and institutional-level programs to support healthcare professionals in their jurisdictions (Slocum-Gori et al., 2013).”

Upton (2021), recognized compassion fatigue and protecting well-being, and understood that the stress and emotional exhaustion caused by caring not only takes its toll on a nurse on a personal level but also their workplace. Worryingly, in order to cope with the emotional and physical symptoms of CF, unproductive, self-protective coping

strategies, such as 'avoidance', 'withdrawal', and 'emotional numbing', may be adopted (Upton, 2021). Studies have also shown that CF can cause more sick days, decreased productivity (Pfifferling & Gilley, 2000), changes in job performance, patient dissatisfaction, poor professional judgment, and an increase in mistakes (Burtson et al., 2010; Figley & Abendroth, 2011; Hunsaker (2013); Potter et al, 2010). The consequence of these factors is that the quality of compassionate care a patient receives can be negatively impacted (Upton, 2021).

Van Bogaert et al. (2017) predicted that burnout, work engagement, nurse reported job outcomes, and quality of care; a mixed-method study, high levels of work-related stress, burnout, job dissatisfaction, and poor health are common within the nursing profession. A comprehensive understanding of nurses' psychosocial work environment is necessary to respond to complex patients' needs. This study aimed to

- retest and confirm two structural models exploring associations between practice environment and work characteristics as predictors of burnout and engagement as well as nurse-reported job outcome and quality of care;
- to study staff nurses' and nurse managers' perceptions and experiences of staff nurses' workload;
- to explain and interpret the two models by using the qualitative study findings (Van Bogaert et al., 2017).

The two models with burnout and engagement as mediating outcome variables fitted sufficiently to the data. Nurse-reported job outcomes and quality of care explained variances between 52% and 62%. Nurse management at the unit level and workload had a direct impact on outcome variables with explained variances between 23%-36% and

between 12%-17%, respectively. Personal accomplishment and depersonalization had an explained variance in job outcomes of 23% and vigor of 20%. Burnout and engagement had a less relevant direct impact on the quality of care (≤5%). The qualitative study revealed various themes such as

- organization of daily practice and work conditions;
- interdisciplinary collaboration, communication, and teamwork;
- staff nurse personal characteristics and competencies;
- patient-centeredness, quality, and patient safety.

Respondents' statements corresponded closely to the models' associations (Van Bogaert et al., 2017).”

Xie et al. (2021) found that a deep understanding of various associations and impacts on studied outcome variables such as risk factors and shielding factors was attained through the revisited models and the interviews with the study participants. Besides the downy work characteristics - such as decision latitude, social capital, and team cohesion - more discernment and knowledge of the hard work characteristic workload is required (Xie et al., 2021).

Target Population

The target population for this project was emergency department nurses. The sample asked to participate included licensed practical nurses (LPNs) and registered nurses (RNs).

PICOT

Questions asked for this project were:

1. In emergency department nurses, how does a compassion fatigue tool kit assist with compassion fatigue compared to nurses who choose not to utilize the compassion fatigue tool kit?
2. Does compassion satisfaction improve by using the compassion fatigue tool kit among nurses in the emergency department?

Sponsors and Stakeholders

An emergency department in a hospital setting in the Southern US was the site of implementation for this project. Stakeholders included the department manager, department clinical supervisors, and unit-based counsel.

Organization Assessment

Nurse shortages, challenging work environments, and a lack of professional development contribute to high nurse turnover rates (Smith, 2022). High turnover adversely impacts the quality-of-care patients receive and is costly to organizations (Relias, 2022). It is estimated that the new-hire cost for an RN in 2020 ranges from $37,700 to $58,400 (Schlanser, 2020).

SWOT Analysis

Figure 1 depicts the project's SWOT analysis.

Figure 1

SWOT Analysis

Strengths: CF toolkit will offer nurses interventions to utilize at work while feeling decreased CS	**Weaknesses:** Nurses will have to take the time and space to utilize the toolkit. Nurses will have to buy into the process of using the toolkits.
Opportunities: Nurses who feel more CS can share their experience to encourage other nurses to utilize the CF toolkit.	**Threats:** Skeptical or reluctant nurses may cause a decrease in buy-in among participants.

Available Resources

Available resources for this DNP project included the nurse manager, clinical supervising staff, unit-based counsel, and invested teammates who are committed to improving nursing and patient outcomes. Quarterly staff meetings are mandatory for nurses and the CF assessments could be conducted during these mandatory meetings. Paper, ink, and printouts/surveys may be completed at the facility once approval from management has been obtained.

The facility's lavender room is a room where staff can decompress; there are two massage chairs, soothing music, and a fountain. It is adjacent to the emergency department (ED). This room is designed to decrease stress and tension. In the past, nurses have underutilized this space. However, part of the compassion fatigue tool kit will include the utilization of this area for increased compassion satisfaction.

Directly outside of the ER doors, there was an area of lush grass that could also be used as part of the toolkit. This space offers fresh air and a relaxing environment to those

who enter. In the past, nurses have walked outside momentarily here to practice mindfulness. By utilizing this space, CS should increase.

Desired and Expected Outcomes

By utilizing the CF toolkit, nurses' CS scores should increase, thus decreasing CF among nurses in the ER. The Project Leader aimsed for more than half of the nurses to utilize the toolkit. It is anticipated nurse buy-in will initially be low, but once nurses see the outcome, more will advocate for coworkers to participate in utilizing the toolkits. It is desired for the overall CF ratings to decrease and CS to increase among the target population of ER nurses.

Team Selection

The project chair was a DNP and Associate Professor of Nursing. A clinical supervisor served as the practice partner. She has a Master's in Nursing and is responsible for staffing the department. She is invested in the facility and the satisfaction of its nurses. She has worked within the department for 17 years.

Cost/Benefit Analysis

The cost of the project included wages of staff during the education of the CF toolkit, time spent while utilizing the toolkit, and materials needed to educate, promote, and utilize the toolkit. There were approximately 50 RNs within the ER who were asked to participate in the project. Education time was estimated at 20 minutes per participant. Utilization was estimated at 15 minutes per shift, which could be included during one of the two provided 15-minute breaks or within active work. It was estimated to cost the department $10,000 a year to allow nurses to be educated on how to utilize the toolkit and actually have time permitted for utilization.

The benefits of the project included increased CS, nurse retention and patient satisfaction, and improved patient care. The practice partner had estimated the cost of orienting a newly hired nurse to be $70,000 each. It is clear the benefit outweighs the cost.

Scope of Project

The project was implemented in the emergency department. RNs and LPNs were both educated on the toolkit. After education, participants were given an assessment tool. Assessment tools were completed pre and post utilization of the CF toolkit. Results were analyzed and evaluated accordingly.

Goal, Objectives, and Mission Statement

Goal

The goal of this project was to decrease compassion fatigue and increase compassion satisfaction in the emergency department.

Objectives

The objectives of this project was:

- **specific**: decrease compassion fatigue and increase compassion satisfaction.
- **measurable**: pre and post utilization surveys will demonstrate the validity of the tool kit.
- **attainable**: more accessible and available utilization of the compassion fatigue tool kit
- **relevant:** by utilizing the tool kit, compassion fatigue will decrease, and compassion satisfaction will increase.

- **time-based**: 1 month of the utilization of the tool kit will result in improved compassion fatigue and compassion satisfaction scores.

Mission Statement

Compassion fatigue and compassion satisfaction are both vital to nurse satisfaction. In the emergency department, nurses will be encouraged to utilize the compassion fatigue tool kit to decrease compassion fatigue and increase compassion satisfaction. By utilization of the compassion fatigue tool kit, it is anticipated that more nurses will convey decreased compassion fatigue scores and increased compassion satisfaction scores.

Theoretical Underpinnings

Dorothea Orem's self-care deficit theory of nursing should be applied to nursing in itself. When idealized that the nurse is the 'patient' and responsible for caring for himself or herself, self-care can be taken to a new summit. The six central concepts of Orem's theory conceptualize care for patients but can also be applied when considering the self-care of the nurse. Zaccagini and Pechacek (2021) discussed the following basic concepts of Orem's theory:

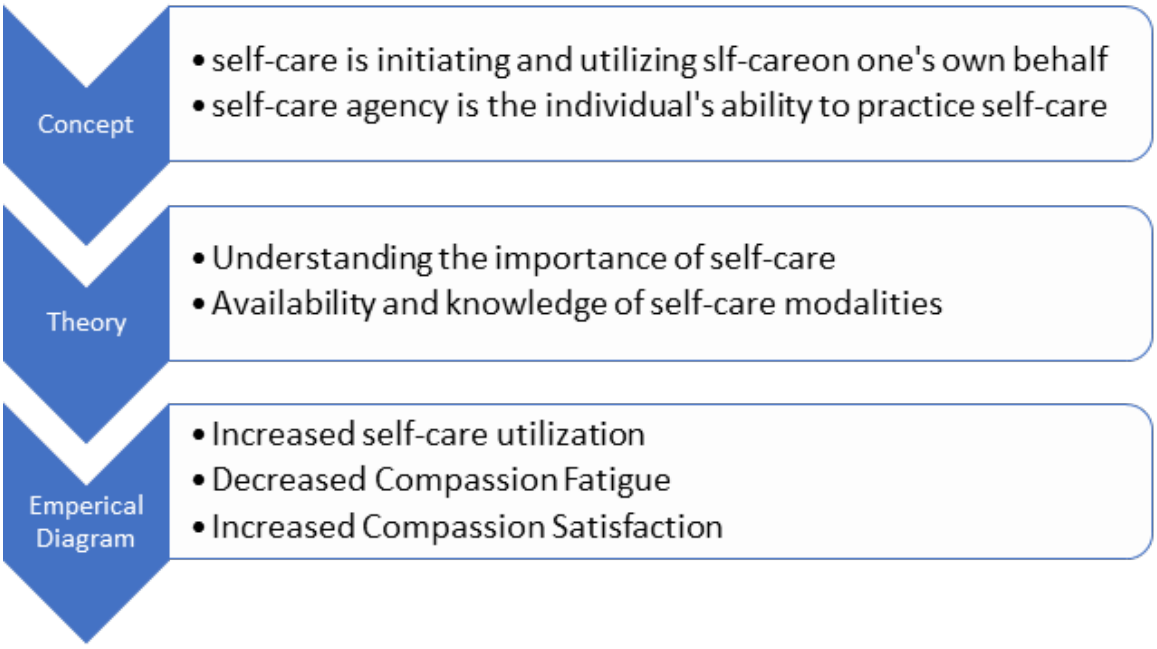
1. Self-care is commencing and performing activities on one's own to maintain life, health, and well-being.
2. Self-care agency is the individual, in this case, the nurse's ability to practice or maintain self-care. The demand for therapeutic self-care includes the sum of activities required to meet self-care needs.
3. Self-care deficit is the interval between self-care practice adherence and self-care demand.

4. Nursing instrumentally is the nurses' ability to meet therapeutic self-care demands of others, and when applied to nurses, themselves as well.
5. The nursing system is multifaceted with the inclusion of responsibilities, roles, relationships, and actions that are conceptualized to meet the needs of patients. When applied to the deliverer, and the nurse, paramount care will ensue.

By utilizing conceptual ideas of Orem's theory within the DNP project, the nurse will be better equipped to practice self-care, recognize self-care deficits, and utilize the self-care tool kit to increase compassion satisfaction while decreasing compassion fatigue. In utilizing the tool kit, nurses will be enabled to give more comprehensive and compassionate care to patients. In decreasing compassion fatigue, not only will nurses' self-health be improved, but so will the nurses' relationships with other healthcare team members and their families. Orem's concepts may be seen in Figure 2.

Figure 2

Orem's Concept



Project Planning

Project Tasks

Implementation of combating compassion fatigue in the ED began February 2, 2023. The project kicked off with self-assessments of individuals caring for patients within the role of LPN and RN. Self-assessments included a standardized questionnaire. After completing the questionnaire, staff then were educated on the importance of being aware of compassion fatigue and ways to utilize the toolkit to help decrease compassion fatigue and increase compassion satisfaction. The toolkit included instructions for practicing mindfulness, a meditation guide, and mindful breathing exercises.

Next, utilization of the CF toolkit began. Team members were encouraged to take time for their selves to practice utilization of the toolkit. Members were reminded that mindfulness, meditation, and mindful breathing are expected to improve their CF. Utilization of the toolkit was observed and teammates were assisted with utilization.

After utilizing the toolkit, members were asked to complete the CF questionnaire a second time. Scores from individuals were compared to the initial and data included a value of increase or decrease in scores. This value was then analyzed among team members and a mean score was calculated.

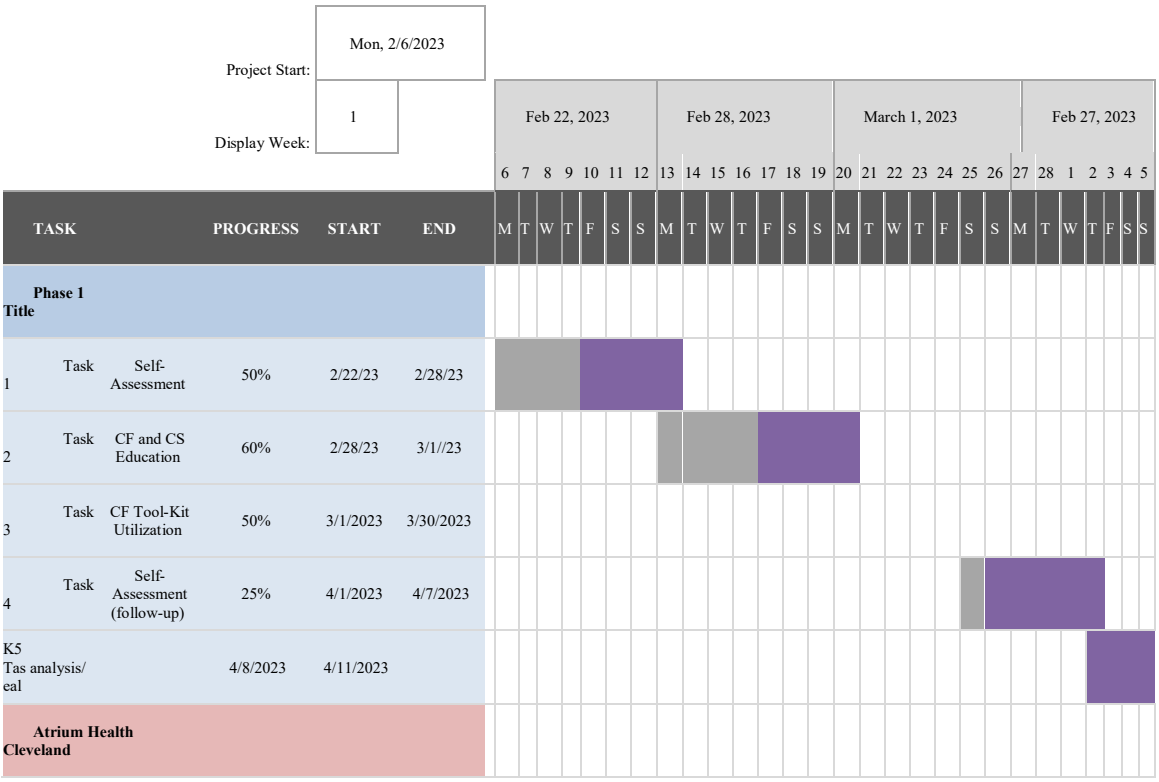
Calculated scores were analyzed to determine if the utilization of the toolkit improved scores. Participation was key in determining the success of the project. Questionnaires were reviewed to determine if participants had barriers to the utilization of the toolkit. For barriers found, an investigation of ways to navigate the barriers was considered.

Timeline

Figure 3 depicts the project timeline.

Figure 3

Timeline



Budget

The cost of implementing the CF toolkit was estimated to be $10,000 per year for the facility. Ten to 15 minutes of the utilization of the toolkit for each shift was expected to increase teammates' compassion satisfaction which was in turn expected to increase the quality of care given by the teammate. Utilization of the toolkit was also expected to improve the quality of the interactions between team members. Improved work environments are expected to facilitate staff retention, which will decrease the cost of

training new teammates. Overall, a significate cost reduction is expected for the facility once the full effects of the project implementation are experienced.

Evaluation Plan

Evaluation for this project included pre and post surveys. The Professional Quality of Life Scale-5 (ProQOL) was utilized. ProQOL is a 30-question survey designed to measure compassion fatigue. Participants self-report personal feelings related to compassion satisfaction and fatigue. Project participants will be asked to complete and submit the ProQOL before and after utilization of the compassion fatigue toolkit. The results of the ProQOL surveys were analyzed using an impact evaluation. Survey scores prior to implementation and after utilization were compared to determine the project's efficacy. The data was then analyzed by the Project Leader and the unit's department educator. Once the analysis was complete, the Project Leader made plans to share results with the unit during a quarterly meeting.

Implementation

Threats and Barriers

The biggest challenge for the DNP Leader proved to be the Institutional Review Board (IRB) approval process through the university and facility of implementation. The DNP Leader was aware the approval process could be lengthy due to the level of detail and clarity required. The delivery format for one form of evaluation changed multiple times to meet the requests of the IRB committee members. However, after many discussions, the DNP Leader was thankful for the decision to go with a paper form, because this made it easier for participants to complete and receive assistance from the

DNP Leader with participation. The IRB process taught the DNP Leader more about patience and that clear communication and explanations are key.

While obtaining the initial ProQol surveys, the DNP Leader was surprised at the number of participants that volunteered. The DNP Leader was greeted with kind words of encouragement from participants. Out of 50 registered nurses (RNs) asked to participate, 41 RNs completed surveys. Pre-utilization ProQol surveys were available from February 22, 2023, through March 1, 2023.

Once the toolkit was placed in the designated location for use on March 1, 2023, there were some negative comments made and actions noticed. Once others started to participate and engage with others, the toolkit gained positive use by the RNs. Meditation cards were found taped to computers within the unit; team members were handed cards to encourage participants. One of the physicians played the singing bowl and offered encouragement for others to play it.

Time and time management became another threat to participation. Nurses were encouraged to utilize the toolkit during times of overstimulation or stress. The DNP Leader believed it was helpful that the DNP Leader was an extra resource to manage patients so other RNs could take a moment for themselves to ‘fill their cups’ by participating in the DNP project.

On March 31, 2023, post utilization ProQOl surveys were made available to participants. Returned post utilization surveys were fewer than the initial pre-utilization surveys. Of the 50 RNs asked to participate, 34 RNs completed and returned the ProQOl post-utilization survey.

Data Interpretation

To evaluate the effectiveness of the DNP project, average scores were determined and analyzed. First, an average score was calculated from the pre utilization ProQol survey data. The averages of the 41 returned surveys indicated a compassion satisfaction score of 33.02 and the compassion fatigue score of 27.93. Next, an average score was calculated from the post utilization ProQol survey data. The averages of the 34 returned surveys indicated a compassion satisfaction score of 31.44 and the compassion fatigue score of 22.11. Thus, compassion satisfaction scores decreased along with compassion fatigue. This project was implemented to decrease compassion fatigue and according to the ProQol survey, compassion fatigue was decreased by 10%.

Indication of Findings

Compassion fatigue and compassion satisfaction scores both decreased in this project. Compassion fatigue may have decreased due to the utilization of the toolkit along with other increased measures put in place to advocate for staff lunch breaks. Compassion satisfaction scores may increase after compassion fatigue scores have decreased over a longer period of time. Since this project was used for 30 days, more time may be needed to utilize the toolkit, and the inclusion of all teammates may be needed to increase compassion satisfaction.

Changes to the project may be needed to increase its effectiveness. Changes could include but are not limited to, more frequent opportunities to use the toolkit, more guidance to increase effectiveness, and more opportunities to use the toolkit with fellow teammates. Whether this specific toolkit or other avenues are explored, it is important

that compassion fatigue and compassion satisfaction are addressed throughout the department year-round.

Qualitative and Quantitative Data

Of the 50 RNs in the ED, 41 submitted pre utilization ProQol surveys. This represented 82% of the targeted population. Since this study was voluntary, there was no way to ensure 100% participation. Ideally, 100% of the targeted population would have conveyed more accurate results within this project.

After the implementation of the toolkit, 34 out of 41 post-utilization surveys were obtained. Results indicated 83% of participants who completed the pre utilization survey also completed the post utilization surveys. Increased participation would have made results more efficient.

To ensure correct data collection occurred, test scores were calculated three times to eliminate the possibility of mathematical errors. Scores were then input into an Excel spreadsheet to calculate the average score of compassion satisfaction and compassion fatigue. These values were then checked after the input to verify accuracy.

Conclusion

After the implementation of the DNP project, combating compassion fatigue in the emergency department, statistics conveyed that compassion fatigue decreased along with compassion satisfaction. This study did not tie a direct correlation between compassion fatigue and compassion satisfaction. Although the goal of this study was to improve compassion satisfaction while decreasing compassion fatigue, compassion fatigue was decreased without the improvement of compassion satisfaction.

Because of this study, nurses were given more opportunities to practice self-care on the unit. Resources were made more readily available to aid in self-care. Gratitude cards were handed to teammates with statements such as, “Today, I am thankful for you.” Cards were taped to computers with words of insight to encourage nurses while they performed common tasks. This project served to remind nurses they are people too, who need to care for themselves, just as they care for patients.

The impact of how this project was measured reinforces the opportunity of focusing on self-care. Since this project began, the department also incentivized employees for taking their ‘off the clock,’ uninterrupted lunch break. Employees who take all of their breaks, every shift, for a month, are entered into a drawing to get one 12-hour shift of paid time off on a day of choice. The department has also incentivized teammates who take on the responsibilities of others while covering teammates' break responsibilities. Each time someone takes over the care of another nurse’s room set for a lunch break, that teammate is entered into a drawing to receive a catered meal. Although the toolkit was not monumental, awareness of self-care and gratitude were instrumental in assisting teammates to better ‘fill their cups.’

Compassion fatigue was measured using the ProQol survey. This survey reflects both negative and positive aspects of those who may experience compassion fatigue (CF) and compassion satisfaction (CS). Instructions to completion inform the participant to think about their current work situation. In the emergency department, there are at least 12 roles or assignments one could have in a shift. Roles, responsibilities, patient load, patient volume, acuity, and the variation of support staff can all collectively contribute to CS and CF. Scores may vary depending on the particular day the teammate took the

survey along with their assignment and job responsibilities. Overall, this random selection of this specific population may contribute to various scores.

Going forward, the DNP Leader would like to continue the utilization of the toolkit. To better serve others, the DNP Leader would like to use their locker in the employee breakroom to designate as a “compassion locker”. Along with the compassion fatigue toolkit, the DNP Leader would also like to supply staff with various items that may help them through a shift. Items that the DNP Leader would like to include Tylenol, Motrin, Tums, chocolate, and hard candy.

In the future, along with the annual competency fair, the DNP Leader would like to encourage management to give staff the ProQol survey as a check-in for CS and CF. This can serve to better convey areas of improvement with staff. This will also show that leadership is interested in the well-being of their staff, and their people. If an employee feels respected and valued, the employee is more likely to perform at a higher level. This means patients and staff will be better equipped to obtain optimal results and outcomes.

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