

Title:

Enhancing Resilience: The Impact of a Compassion Fatigue Prevention Program on Undergraduate Nursing Students

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Abstract Summary:

This research project developed an educational initiative to inform undergraduate nursing students on resiliency strategies to prevent compassion fatigue in their future nursing practice. We investigated the effectiveness of this educational initiative, and explored compassion satisfaction, burnout, and secondary traumatic stress in nursing students using the ProQOL-V.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
<p>The learner will be able to identify at least two strategies to enhance their resilience to compassion fatigue by the end of the presentation.</p>	<p>Individuals that care for patients who have undergone trauma will always have an inherent risk of experiencing compassion fatigue. However, several evidence-based techniques have been identified to enhance resiliency and prevent the deleterious effects of compassion fatigue. These principles and techniques include connection, anxiety management, and self-care (Gentry, 2002). Connecting with others is important in both the treatment and prevention of compassion fatigue. Developing and maintaining healthy relationships is a powerful mitigating factor in preventing compassion fatigue symptoms (Gentry, 2002). Through connecting with others, the caregiver gains support and the opportunity to share images and stories that may convert to secondary traumatic stress if left unacknowledged. Through his extensive research on compassion fatigue, Gentry (2002) found that providing caregiving services while experiencing intense anxiety is one of the primary causes of compassion fatigue. Therefore, the ability to remain non-anxious is essential in maintaining compassion fatigue resilience. The ability to self-regulate and soothe anxiety under intense pressure and stress is a skill that takes years to develop (Gentry, 2002). Nurses with little to no experience are unlikely to have had the opportunities necessary to cultivate these skills, and are thus very susceptible to</p>

	<p>experiencing compassion fatigue symptoms (Gentry, 2002). By practicing relaxation and mindfulness while experiencing the stresses of nursing school, nursing students can begin to develop their abilities to self-regulate and remain non-anxious before beginning their professional nursing careers. Self-care is the ability to replenish one's emotional, physical, and spiritual self in healthy ways. Examples of self-care include exercise, meditation, artistic expression, and spirituality. The single most important type of self-care that has been found to enhance resiliency is regularly exercising (Gentry, 2002). Examples of harmful coping techniques include overeating, overspending, alcohol/drug abuse, and breaching professional boundaries (Gentry, 2002). While it goes against the instincts of many individuals who enter a helping profession to care for themselves in addition to caring for others, this is of critical importance (Portnoy, 2011). Even the most resilient caregiver cannot sustain the rigor of this intensive and depleting work without concern for their wellbeing (Gentry, 2002). Self-care, also including self-reflection, finding balance in daily activities, spending time alone, and setting boundaries, is a necessity in order to combat compassion fatigue (ISNA, 2012). Watson's Theory of Human Caring explains that the risk of fatigue that accompanies caring can be minimized with the practice of self-care. Watson's theory emphasizes that self-care and self-love are requisite to caring for others and gaining a sense of compassion satisfaction (Watson, 1985). Watson's reinforcement of the importance of self-care is fundamental in the prevention of compassion fatigue in nurses. Not only does self-care increase a practitioner's capacity to care for their patients; nurses who practice self-care are less likely to suffer from compassion fatigue than those who do not (Portnoy, 2011).</p>
<p>The learner will be able to verbalize the potential negative impact of compassion fatigue on nurses, employers, and patients.</p>	<p>Compassion fatigue has detrimental effects on nurses, patients, and employers. Nurses experiencing compassion fatigue are less</p>

	likely to be able to provide compassionate care (Joinson, 1992), and their patients are found to receive a decrease in quality of care (Meadors & Lamson, 2008). This is likely because patient satisfaction and patient safety have been directly linked to nurses job satisfaction. The cost of compassion fatigue extends far beyond its emotional and physical effects on nurses; it is a financial nightmare for institutions as well. The workplace environment is negatively impacted by compassion fatigue due to decreased productivity, increased use of sick days, and increased turnover rates (Aycock & Boyle, 2009; Coetzee & Klopper, 2010; Showalter, 2010).
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Abstract Text:

Background: Nurses are expected to provide safe, competent care while showing compassion to their patients and families. The constant need for nurses to demonstrate compassion often leads to a phenomenon referred to as compassion fatigue (CF). New graduate nurses are at a high risk for experiencing compassion fatigue, and report high levels of burnout (BO) and job turnover (Cho, Laschinger, & Wong, 2006; Brewer et al., 2011). Given the well documented detrimental effects of compassion fatigue and burnout on nurses, patients, and employers, it is the responsibility of nursing educators to instill the importance of compassion fatigue resiliency in our future-nursing professionals. However, there is no current standardized inclusion of compassion fatigue education in nursing school curricula.

Objective/Purpose: The first purpose of this research project was to investigate the effectiveness of a compassion fatigue prevention program in an undergraduate nursing curriculum. The second purpose of this project was to explore compassion satisfaction, burnout, and secondary traumatic stress in nursing students. The third purpose of this project was to compare the subjects' compassion satisfaction (CS), burnout (BO), and secondary traumatic stress (STS) scores on the ProQOL-V to their (1) year in school, (2) experience working in health care, (3) practice of self-care, and (4) perceived risk for experiencing compassion fatigue. Figley's Compassion Stress and Fatigue Model (1995) guided this study.

Method/Materials: In this initial study, we present a pilot evidence-based educational initiative titled "the compassion fatigue prevention program (CFPP)." The CFPP consists of lecture, discussion, and completion of a self-report survey, and was developed to inform undergraduate nursing students on how to recognize, prevent, and identify methods of coping with compassion fatigue. This study used a quantitative quasi-experimental design. The sample consisted of 95 undergraduate nursing students at a southeastern university. The survey consisted of a demographic questionnaire, the Professional Quality of Life Scale (ProQOL-V), and seven Likert-style questions.

Data Analysis: Data were downloaded from the online survey platform and then uploaded and analyzed using the Statistical Package for the Social Science (SPSS) for Windows, version 23. Nine t tests were performed to assess the mean differences of the sub-factors (CS, BO, STS) along the groupings of experience working in health care, the practice of self-care, and perceived risk for experiencing compassion fatigue. Three one-way analysis of variance (ANOVA) were used to assess the mean

differences of the sub-factors (CS, BO, STS) along the groupings of year in school. The α level was set at ≤ 0.05 for statistical significance in all tests.

Results: 98% of the students reported that the program made them more prepared to reduce their risk of experiencing compassion fatigue, and more prepared to recognize the signs and symptoms of compassion fatigue. 97% of the students reported that the program made them more aware of the importance of self-care, and more prepared to seek help for compassion fatigue if they experience it in their future nursing careers. The subjects' mean compassion satisfaction (CS) *t* score was 59.8, which is a high level of CS. The subjects' mean burnout (BO) *t* score was 50.3, which is an average level of BO. The subjects' mean secondary traumatic stress (STS) *t* score was 67.5, which is a high level of STS. Independent *t*-tests revealed no significant differences in compassion satisfaction (CS) ($p=0.565$), burnout (BO) ($p=0.640$), and secondary traumatic stress (STS) ($p=0.212$) when compared to experience working in health care. The one-way ANOVAs indicate there were no statistically significant mean group difference between years in school when evaluating compassion satisfaction (CS) ($p=0.873$), burnout (BO) ($p=0.898$), and secondary traumatic stress (STS) ($p=0.705$). Independent *t*-tests revealed significant differences in burnout (BO) ($p=0.001$) and secondary traumatic stress (STS) ($p<0.001$) when compared to perceived risk for experiencing compassion fatigue. Independent *t*-tests revealed significant differences in burnout (BO) ($p=0.002$) and moderately significant differences in compassion satisfaction (CS) ($p=0.055$) when compared to the practice of self-care.

Discussion: Results indicate that compassion fatigue education positively impacts how prepared undergraduate nursing students feel to prevent and combat compassion fatigue throughout their nursing careers. On average, the subjects reported high levels of compassion satisfaction (CS), average levels of burnout (BO), and high levels of secondary traumatic stress (STS). Subjects who identified themselves as being at high risk for experiencing compassion fatigue had statistically significantly higher burnout (BO) and secondary traumatic stress (STS) scores on the ProQOL-V. Subjects who identified themselves as practicing self-care had statistically significantly lower burnout (BO) scores and moderately statistically significantly higher compassion satisfaction (CS) scores on the ProQOL-V.

Conclusion/Significance: These results reinforce the current literature on the importance of self-care in enhancing compassion fatigue resiliency, and provide new insight into the levels of compassion fatigue and compassion satisfaction in nursing students. This study contributes to the nursing literature on compassion fatigue with the addition and emphasis on prevention, and to nursing education with considerations on compassion fatigue resiliency education in nursing school curricula. No studies to date have investigated the impact of introducing compassion fatigue education into undergraduate nursing curricula. Considering the results of this pilot study, we recommend that the long-term benefits of introducing of compassion fatigue resiliency techniques into the education of nursing professionals should be research in the future. The continuance of this research is valuable not only in the prevention of compassion fatigue in our future nursing professionals, but also in the enhancement of patient outcomes and care.